

THE POWER OF CONNECTIVITY



ONCOLOGY PROGRAM

2007 ANNUAL REPORT

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Multidisciplinary meeting schedules are listed in each section. Please call (847) 570-2102 to confirm conference time and location.

2007 Accomplishments

U.S. News and World Report

Evanston Northwestern Healthcare (ENH) is ranked one of the best hospitals in the United States according to *U.S. News & World Report* in its annual survey of America's hospitals. In the 2007 "Best Hospitals issue" Evanston Northwestern Healthcare's Oncology Program is ranked among the 50 best programs in the country for a second consecutive year.

Only 173 of the country's 5,462 hospitals (about three percent) made at least one of the specialty lists. Many of these hospitals are referral centers, the magazine notes. "They're accustomed to seeing the toughest patients and conducting bench-to-bedside research that advances state-of-the-art care."

Commission on Cancer Outstanding Achievement Award

The Commission on Cancer (CoC) of the American College of Surgeons recently presented Evanston Northwestern Healthcare with the 2004 Commission on Cancer Outstanding Achievement Award. (The evaluation occurs every three years.) To receive the award, ENH demonstrated that it exceeded basic requirements in all of the nine areas required for commendation including an excellent research program, outstanding prevention and early detection programs and strong support for professional education.

The award is based on a rigorous on-site survey process that evaluates a hospital's performance on a variety of standards for cancer care, including commitment to quality care, ongoing improvement, and public accountability for the care and services it provides.

ENH Surgeon Honored with ACS Grant



Ermilo Barrera, Jr., M.D.

Ermilo Barrera, Jr., M.D. head of general surgery at Glenbrook Hospital, was honored for his 20 years of service to the American Cancer Society (ACS) with a research grant in his name. Barrera is immediate past president of the American Cancer Society in Illinois and a member of the Society's National Board of Directors.

The ACS grant was awarded to Maciej Lesniak, M.D. of the University of Chicago in the amount of \$720,000 to provide resources to develop a high-level approach of reengineering a virus to kill brain cancer cells.

Barrera has been instrumental in helping Illinois go smoke-free. He lobbied for increased funding for cancer research in Washington, DC. Barrera also helped Stephen F. Sener, M.D., vice chair of surgery at Evanston Northwestern Healthcare and past president of ACS National Board of Directors, to launch several worldwide strategies to control cancer, including an effort to maximize global sharing of cancer research findings; an unprecedented Million Mammogram Project in China; and the American Cancer Society/India Fellowship Program.

Evanston Northwestern Healthcare's Oncology Program holds the power to connect patients to every aspect of their care starting with diagnosis and continuing through to post-cancer care treatment.

We connect patients to the best available standard as well as new treatment options, providing the highest level of care backed by excellence in research to benefit patients today and for generations to come.

A multi-specialty team convenes on behalf of the patient to design and support their treatment plan. This means the patient not only gets a working team to guide their care, but a "behind the scenes" team of researchers who are working to improve treatment options.

To ensure that we are connecting our patients to a program with the highest standards, we regularly measure our performance against standards established by the American College of Surgeons Commission on Cancer (CoC). Evanston Northwestern Healthcare is a recipient of the Outstanding Achievement Award, created by the CoC to recognize Cancer Programs that exceed the national standard in providing quality care to cancer patients. Areas of excellence include:

- In the Cancer Registry, our follow-up rate is 96 percent, exceeding the benchmark of 90 percent. This lifetime follow-up allows our physicians to evaluate treatment outcomes and survival and makes it possible for the National Cancer Data Base to develop benchmarks.
- We hold at least eight site-specific cancer conferences each week, far exceeding the CoC requirement for one per week for teaching hospitals.
- In 2006, 48 percent of the analytic cases entered into the cancer registry were presented at our cancer conferences, exceeding the CoC benchmark of 10 percent.
- Through the National Cancer Institute, our clinical trials program maintains its designation as a Community Clinical Oncology program. In 2006, nearly 4,000 Patient Informed Consents were signed for prevention, treatment, quality of life, and/or early detection clinical trials.

Please take the time to page through this book and familiarize yourself with the pathway of connections at Evanston Northwestern Healthcare. To request a consult or to refer a patient, please call the appropriate number at the bottom of each article.

Please know that our physicians understand the importance of the relationship you have with your patients and pledge to support you in managing their care.

Sincerely,



Bruce Brockstein, M.D.
Chairman, Cancer Committee
Evanston Northwestern Healthcare
Associate Professor of Medicine,
Feinberg School of Medicine,
Northwestern University



Bruce Brockstein, M.D.



Evanston Northwestern Healthcare is connecting prostate cancer patients to the latest advancements in minimally invasive treatment options including the da Vinci state-of-the-art robotic system. The da Vinci S System allows surgeons to perform a prostatectomy using dime-sized incisions. For most patients, this minimally invasive approach results in significantly less pain, less blood loss, shorter recovery periods and a quicker return to normal daily activities.

Two robotic arms, representing the surgeon's left and right hands, hold the proprietary instruments. The instruments—which have more range of motion than the human hand—are inserted into the patient through 1-2 centimeters incisions. A third arm holds the 3D camera, which the surgeon can easily reposition, as well as zoom and rotate to adjust his or her field of vision, from the console. The System delivers a highly magnified view of the operative field, with bright, crisp images and natural depth-of-field, which enables the surgeon to perform delicate tissue dissection and reconstruction with added precision—even in confined spaces.

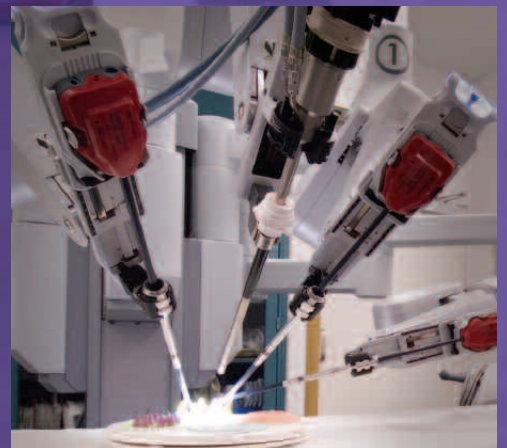
The fourth arm enables the surgeon to add a third instrument to perform supporting tasks like tissue retraction, thereby eliminating the need for a patient-

side assistant for selected procedures. The console surgeon can simultaneously control any two of the operating arms simply by depressing a foot pedal underneath the console.

Patients are reporting successful results that include less pain and shorter hospital stays and recovery times, which amount to patients getting back to their families and work faster. After returning home, most patients report only taking a few pain pills and many are back to work within two weeks. Within one month, patients can return to full activities. For one patient, that meant playing golf. The fact that he shot some of his lowest rounds in years probably had nothing to do with the robot, but it is not uncommon to hear a patient say, "I stopped telling people I had surgery because nobody believes me."

For more information, please contact Lynne Ranz in the ENH Comprehensive Prostate Cancer Center at (847) 657-5730.

Pictured above from left: William K. Johnston, III, M.D., Director of Laparoscopy and Minimally Invasive Urology; Thomas Keeler, M.D., Chief, Division of Urology; Peter Colegrove, M.D.; and Charles B. Brendler, M.D., Vice Chairman of Academics and Development.



Connecting one patient to a team of specialists— all in one day

PROSTATE

Evanston Northwestern Healthcare has established a new Comprehensive Prostate Cancer Center that convenes professionals in surgery, oncology and radiation oncology along with team members from genetics, psychosocial counseling, dietary science and sexual health and rehabilitation to respond to what can now be a survivable disease with individualized recovery plans for each patient.

The Center is designed to help connect men diagnosed with prostate cancer to all of their treatment options and address their concerns about life after treatment and the risk of relatives developing prostate cancer – all in one location and often on a single day.

Patients and their families are able to consult with three primary specialists to determine the most effective treatment plan: a urologist, a radiation oncologist and a medical oncologist. ENH has centralized these relevant disciplines and their associated services to create the most productive model for reaching consensus on treatment, coordinating care and offering men the most conclusive treatment advice. The Comprehensive Prostate Cancer Center offers a seamless continuum of care for our patients and a comprehensive flow of information for patients and their families.

The Center was created under the visionary leadership of **Charles B. Brendler, M.D., Vice Chairman for Academics and Development** in the ENH Department of Surgery and a Professor of Urology at Northwestern University's Feinberg School of Medicine. Brendler served for the past 13 years at The University of Chicago and, previously, for another 13 years at The Johns Hopkins University School of Medicine.

ENH physicians and researchers have established close relationships with other departments and divisions in clinical and investigative activities to avoid fragmentation in patient care. Its main components include the following clinical areas:

Urology

With a team of accomplished staff urologists led by **Thomas C. Keeler, M.D., Chief, Division of Urology**, this department offers a full range of services to diagnose and treat urologic disorders. ENH has considerable experience with the state-of-the-art robotic surgery system—the da Vinci Surgical S System, the surgical robotic system of choice because it minimizes the pain and disruption of conventional open surgery. Men benefit through reduced pain and recovery time, a shorter hospital stay, lower rates of complication and improved recovery of both urinary and sexual function.

Radiation Oncology

Led by **William D. Bloomer, M.D., Chairman, Department of Radiation Medicine**, Radiation Medicine offers advanced therapies for prostate cancer patients, including Brachytherapy (radioactive seeds) and Intensity Modulated Radiation Therapy (IMRT), an advanced form of external beam irradiation that spares the body structures that surround the prostate and reduces the potential complications associated with less precise radiation treatments.

Medical Oncology

Hematologist/oncologist **Daniel H. Shevrin, M.D., Director, Kellogg Cancer Care Center at Glenbrook Hospital, Associate Professor of Medicine, Northwestern University Feinberg School of Medicine**, is currently the principal investigator on a number of clinical trials dealing with the treatment of prostate cancer at ENH's Clinical Trials Center. The Clinical Trials Center facilitates the development of an integrated, nationally-recognized center of excellence in clinical trials research. It is where the latest in bench-to-bedside translational research in prostate cancer treatment will directly benefit our patients.

Pathology and Molecular Diagnostics

Thomas A. Victor, M.D., PhD, Chairman, Department of Pathology. The department has a system for storing, or banking, tumors of the pancreas, prostate, breast and lung to provide intensive screening and evaluation. Tissue research is vital to improved cancer detection and to develop better cancer treatments. Tumor banking and tissue research can provide a wealth of information for physician teams developing individualized treatment plans.

Karen K. Kaul, M.D., PhD, Director of the Molecular Diagnostic Laboratory, provides leadership through a National Institutes of Health (NIH) grant for collecting prostate tissue and exploring the molecular mechanisms affecting disease development and outcomes, and helping to improve early detection and decrease prostate cancer relapse.

Genetics

The Center for Medical Genetics, under the leadership of **Wendy Rubenstein, M.D., PhD, Medical Director, Center for Medical Genetics**, will broaden the diagnostic scope for prostate cancer and offer patients insight into the familial dimensions of their disease and the possibilities of earlier detection and more varied treatment options.

Nutritional and Integrative Medicine

New avenues of healing and comfort are also available by combining conventional medicine with alternative philosophies and therapies to foster men's physical, psychological and spiritual well being. Integrative Medicine Services, led by **Leslie Mendoza-Temple, M.D., Medical Director of Integrative Medicine**, have been of great benefit to men being treated for prostate cancer. ENH's Integrative Medicine Program includes a team of physicians and integrative practitioners who meet weekly to discuss patient care.

Psychosocial Services

With the knowledge that people process emotional issues in different ways, psychosocial services provide supportive care that enables patients and family members to express concerns, hopes and fears. To facilitate the coping process, psychosocial staff responds to each person's unique needs and strengths. By providing comprehensive care that addresses not only the medical but emotional needs of our patients, we help foster improved quality of life for patients and families.

For more information, call (847) 657-5730.

Genito-Urinary System Multidisciplinary Meeting:

**Evanston Hospital
Kellogg Cancer Care Center
Auditorium**

2nd and 4th Wednesdays

7 a.m.

ENH surgeons give patients new option to reduce breast cancer risk

BREAST CANCER

Evanston Northwestern Healthcare's David J. Winchester, M.D., is one of a small but growing group of surgeons in the country offering a new option for women who choose to reduce their risk for breast cancer by undergoing a risk-reducing mastectomy. Winchester has successfully performed the nipple sparing procedure by preserving the nipple-areolar complex, providing women with excellent cosmetic results while significantly reducing their risk for breast cancer.

"The nipple-sparing mastectomy has not been highly regarded in the United States medical community due to biases lacking scientific data," said Winchester, Chief of the Division of General Surgery and Surgical Oncology at Evanston Northwestern Healthcare. "However, data in this country has demonstrated a 90 percent reduction of risk for nipple sparing mastectomy, comparable to operations that include removal of the nipple and areola."

Winchester adds that in the context of risk-reducing surgery, this represents another option for patients to consider. For some, he says, it may make the difference between choosing risk-reducing surgery and an intensive surveillance approach.

This was exactly the case for BRCA1 carrier Deborah Lindner, M.D., 33, of Chicago, who opted for surgery

because even aggressive surveillance could not reduce her risk of getting cancer. "Even though I was having mammograms and MRI's every six months, I was bothered by the fact that our surveillance was not equivalent to prevention. With an 85 percent lifetime risk of breast cancer, I didn't want to catch my cancer early. I wanted to prevent it altogether."

After conducting extensive research and consulting with doctors at other leading institutions, Lindner made the decision to have a team of Evanston Northwestern Healthcare surgeons perform the nipple sparing procedure.

"I felt comfortable with the expertise and knowledge of the surgeons at ENH, and was thrilled to find forward-thinking physicians without having to travel to another city."

The operation, including breast reconstruction, took about seven and a half hours and the incisions were small and well hidden. After six weeks of recovery, Lindner was back to running and delivering babies as if nothing ever happened. "I love the way I look after the surgery, but more importantly, I love not having to worry about being diagnosed with breast cancer."

For more information, please call (847) 570-1700.

Breast Cancer Multidisciplinary Meeting:

**Evanston Hospital
Kellogg Cancer Care Center
Auditorium**

Mondays

7 a.m.

Highland Park Hospital AV Hall

2nd and 4th Wednesdays

8 a.m.



Photo by Sally Ryan

Deborah Lindner, M.D.

THE CENTER FOR MEDICAL GENETICS

Patients can learn about their risk for cancer by going to www.enh.org/mygenerations.

New Breast Center at Glenbrook Hospital Offers Exceptional Care in Compassionate Environment

Once a week in the early morning, most of the staff of the Patricia G. Nolan Center for Breast Health at Glenbrook Hospital convenes for a lively interdisciplinary case review of new patients currently undergoing treatment at the Center. These meetings highlight the commitment to the timely sharing of expertise and information that sets the Center apart from many of the other medical facilities a woman may choose when seeking breast cancer treatment, according to the Center's leaders: Jan Jeske, M.D., Radiology; David J. Winchester, M.D., Surgical Oncology and Elaine Lee Wade, M.D., Medical Oncology and Hematology. Doctors Jeske and Winchester are co-directors of the Center that recently was established with a \$1.5 million gift from the Daniel F. and Ada L. Rice Foundation. Wade is the associate director. All the physicians are on the faculty of Northwestern University's Feinberg School of Medicine.

More than 70,000 breast imaging procedures are performed annually at Evanston Northwestern Healthcare facilities, with more than 25 percent of those taking place at Glenbrook Hospital. The Center for Breast Health makes it easier and more pleasant for women to schedule and undergo screening mammograms. The staff is trained to provide the often over-looked emotional support so critical when a positive diagnosis is made. A wide range of advanced diagnostic screening tests and interventional capabilities are available, including digital mammography, film-screen mammography and computer-aided biopsy systems. Patients also have timely and appropriate access to breast MRIs.

"Our goal is to provide the resources, equipment, knowledge and human compassion to enable a complete breast evaluation, particularly for those women who have a newly diagnosed breast abnormality," said Jeske. "This Center is special because of the close proximity of specialized radiologists,

surgeons, nurses and genetic counselors who provide comprehensive evaluation and support for women requiring therapy or additional monitoring." Housing all of the proposed elements under one roof could have a dramatic impact on the health and peace of mind of the thousands of women we serve.

"The gift from the Rice Foundation demonstrates how charitable giving provides a critical margin of excellence in the care we provide to our patients," said Winchester. "Such support is vital as we continue to enhance our services to meet the evolving needs of the women we serve." Winchester's vision includes offering fully digital mammography capabilities.

"Minimally invasive image-guided biopsy systems will allow for precise evaluation of tumors that may not be detectable by physical findings," said Winchester. "With this close association among specialists, we provide patients with seamless and supportive guidance through their diagnostic evaluation and therapy."

Wade, who has worked with breast cancer patients for 15 years, believes the heightened level of communication that distinguishes the Center, as well as the level of expertise of the staff, offers women an unusually high caliber of care. "We talk about our patients as a whole, carefully coordinating every case and aspect of care," she said. Wade's commitment to her patients is evident in her service to various cancer-related organizations, including the Susan G. Komen Breast Cancer Foundation, the Y-Me National Breast Cancer Organization and the American Cancer Society. "Patients who come to the Center will feel welcome and well-cared for here," said Wade.

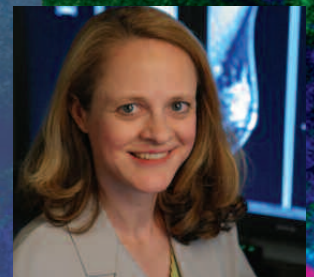
For more information, please call (847) 570-1700.



Elaine Lee Wade, M.D.



David J. Winchester, M.D.



Jan Jeske, M.D.

GYNECOLOGY

Donors Establish Endowed Chair of Gynecologic Oncology Research

Edward and Marie Matthews, along with their daughter, Louise Flickinger, M.D., and her husband, Tom, have pledged \$1.5 million to create the Matthews Family Chair of Gynecologic Oncology Research. Gustavo Rodriguez, M.D., Director of Gynecologic Oncology at Evanston Northwestern Healthcare (ENH) and an Associate Professor at Northwestern University's Feinberg School of Medicine will be the first chairholder.

Considered the ultimate professional tribute at an academic medical institution, Endowed Chairs honor the highest caliber of physician-scientists. Resources generated by this position will support Rodriguez's work, enabling him to pursue research studies for which operating funds are not readily available.

Rodriguez and his research team have uncovered a major biological mechanism underlying the ovarian cancer preventive effects of oral contraceptives. His team is building upon its research discoveries by evaluating not only progestins, but also other agents that activate cancer preventive effects in the ovary in a manner similar to progestins, including vitamin D and omega-3 fatty acids.

ENH Plays Role in Groundbreaking Research for Ovarian Cancer Treatment

Evanston Northwestern Healthcare has played a significant role in groundbreaking research for the treatment of ovarian cancer. The National Cancer Institute (NCI), part of the National Institutes of Health, issued an announcement encouraging treatment with anticancer drugs via two methods, after surgery, for women with advanced ovarian cancer. The combined methods, which deliver drugs into a vein and directly into the abdomen, extend overall survival for women with advanced ovarian cancer by about a year. ENH participated in the NCI-supported clinical trial which led to this clinical announcement.

The two treatment methods used in the trial are called intravenous, or IV, for chemotherapy delivered into a vein and intraperitoneal, or IP, for chemotherapy delivered into the abdominal, or peritoneal, cavity. The Armstrong trial involved 429 women with stage III ovarian cancer who were given chemotherapy following the successful surgical removal of tumors. It compared two treatment regimens: 1) IV paclitaxel followed by IV cisplatin, to 2) IV paclitaxel followed by IP cisplatin and the subsequent administration of IP paclitaxel.

The Gynecology Oncology Program is part of many other clinical trials for ovarian cancer. For more information about the research and the program, please call (847) 570-2639.

Gynecology Multidisciplinary Meeting:

**Evanston Hospital
Kellogg Cancer Care Center
Auditorium**

Thursdays

7 a.m.

Connecting patients to emerging treatment options and clinical trials

LUNG CANCER

The Thoracic Oncology Program at Evanston Northwestern Healthcare combines nationally-renowned lung cancer specialists, compassionate and knowledgeable clinical staff, cutting-edge research and access to novel therapies through clinical trials, to make Evanston Northwestern Healthcare a leader in comprehensive lung cancer care. Our multidisciplinary team of specialists works closely together, providing a caring and supportive atmosphere for patients and their caregivers from pre-diagnosis screening through all stages of the disease.

ENH welcomes thoracic surgeon John Howington, M.D., who has been named director of Thoracic Surgery and co-director of the Thoracic Oncology Program (TOP). He is recognized as one of the top lung cancer experts in the country and is renowned for his minimally invasive surgical approach to lung cancer (see p. 7). His

focus is on the early detection and treatment of lung cancer and quality of life measures following thoracic surgery.

Howington joins Thomas Hensing, M.D., co-director of TOP. Hensing has helped evolve the TOP to the multidisciplinary diagnostic and treatment program that it is today. He is also one of the founders of the Lung Oncology Group in Chicago (LOGIC), comprised of other investigators in the Chicago area. The goal is to develop novel treatment approaches for patients with lung cancer and to bring newer therapies to patients in their home community.

Together, they lead a multi-specialty team of experts that convenes on behalf of each patient to design and support individualized treatment plans.

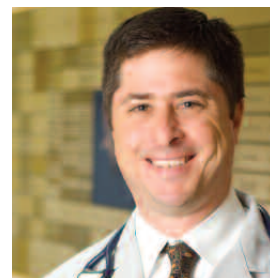
For more information, please call (847) 570-2518.

Thoracic Multidisciplinary Meeting:

**Evanston Hospital
Walgreen Bldg. G520**

Tuesdays

7 a.m.



Thomas Hensing, M.D.



John Howington, M.D.

With studies like I-ELCAP leading to the diagnosis of patients in earlier stages, John Howington, M.D., Director of Thoracic Surgery, is one of a few surgeons in the country performing a minimally invasive approach to lung cancer. Howington is able to remove a portion of the lung without cutting large muscles or spreading open the ribs. As a result, patients leave the hospital in half the time of conventional lung surgery, and they can usually return to work in only two weeks. With a traditional thoracotomy, patients remain in the hospital as long as a week after surgery.

Patients with early stage non-small cell lung cancer are candidates for the procedure, called thoracoscopic lobectomy. With the technique, the surgeon makes two small incisions of 2 centimeters each and one access incision 4 to 5 centimeters in length. A camera is inserted through one of the 2-cm incisions and an endoscopic stapler is used to divide the blood vessels and bronchus to the part of the lung to be removed.

Results to date have been positive. More than 1,500 thoracoscopic lobectomies performed in the United States have shown a 50 percent reduction in complication rates and days in the hospital with lung cancer survival rates comparable to open lobectomy.

For more information please call 847-570-2868.

Leading the team of specialists for the Evanston Northwestern Healthcare hematology oncology program are Lynne Kaminer, M.D. and David Grinblatt, M.D.

Kaminer is a physician researcher whose clinical trials research has been published extensively. She joined ENH in 1991 after completing her fellowship in hematology/oncology at the University of Chicago Medical Center. She is the Virginia and James Cozad Chair of



David Grinblatt, M.D.



Lynne Kaminer, M.D.

Hematology/Oncology and assistant professor of medicine at Northwestern University's Feinberg School of Medicine. Kaminer graduated from the Washington University medical school and completed her internship and residency at Hospital of the University of Pennsylvania in Philadelphia.

Grinblatt, who joined ENH in 2002, is also an active researcher whose findings have been widely published. He is an associate professor of medicine at Northwestern University's Feinberg School of Medicine and serves as director of the Clinical Trials Program at Evanston Northwestern Healthcare. He is a graduate of the Case Western Reserve University medical school and completed his internship and residency at Rush-Presbyterian St. Luke's Medical Center. His fellowship in hematology/ oncology was completed at Northwestern University. Grinblatt is also an invited lecturer at grand rounds and international investigator meetings.

Collaboration and focused expertise provide world-class hematology cancer care

HEMATOLOGY ONCOLOGY

Patients with hematologic malignancies continue to benefit from rapid advances in understanding of the underlying molecular and biological processes causing these diseases. The hematology program at Evanston Northwestern Healthcare offers state-of-the-art care incorporating all the important new therapeutic advances. The hematology program at ENH distinguishes itself through its team approach connecting patients to the expertise of laboratory scientists, pathologists, clinicians, specialty trained nurses, psychologists, nutritionists and the full complement of supportive services. The program builds on the expertise of board certified hematologists who exclusively treat patients with hematologic conditions, allowing patients the benefit from their focused expertise. The close collaboration of the physicians and nurses who are also specialists in the management of hematologic problems further enhances the expertise of patient care. A strong emphasis on clinical research provides novel approaches for the management of some of the most difficult hematologic conditions.

Patients who come to ENH for a diagnosis benefit from the state-of-the-art laboratory services on site. In an era of outsourcing, our team of expert pathologists and scientists dissects the intricacies of the pathologic specimens and refines their diagnostic algorithms in intimate collaboration with the hematology physicians. Diagnoses are rendered more rapidly and accurately through this onsite capability and communication.

Mohamed Eldibany, M.D., is a board certified hematopathologist dedicated to the evaluation of all hematologic malignancy cases at ENH. He has a keen eye for diagnostic subtleties and carries immense respect of other hematopathologists nationwide. He works intimately with Irene Check, M.D., a board certified immunologist, long active in scientific societies such as the College of American Pathologists. Check is responsible for the immunology lab on the ENH campus. The lab is home to a state-of-the-art five-color

flow cytometry instrument which is used to type lymphoma and leukemia cases usually within hours of receipt of samples, leading to more accurate and detailed diagnoses which in turn determines appropriate treatment. Karen Kaul M.D., PhD, a board certified molecular pathologist, directs the Molecular Diagnostics laboratory at ENH, which insures that patient specimens are analyzed using the newest genetic tests. She recently was honored with an endowed chair of molecular diagnostics and serves as the editor in chief of the prestigious *Journal of Molecular Diagnostics*. Transfusion medicine at ENH is headed by James Perkins, M.D., an internationally active blood banking specialist. This service ensures the availability and safety of well matched blood products for the most complicated transfusion support needs. He also oversees the ENH donor center where autologous blood donation, platelet pheresis units are collected and stem cells for autologous transplants are collected and processed.

A hematologic pathology conference is held weekly at which individual cases are presented, pathology is reviewed and new literature and advances are

Patients who come to Evanston Northwestern Healthcare benefit from state-of-the-art laboratory services available on site.

discussed in preparation for an individualized treatment regimen. In addition, this conference has become an important component of the residency teaching program for medicine and pathology at Evanston Northwestern Healthcare.

Lymphoma

The availability of monoclonal antibodies has revolutionized the management of patients with lymphoma.

Hematology Oncology Multidisciplinary Meeting:

Evanston Hospital Pathology Conference Room

Wednesdays

8 a.m.

continued >>



Pictured from left: Michael Ellison, M.D.; Lynne Kaminer, M.D.; Mohamed Eldibany, M.D.; Benjamin Witt, M.D.; and Marcia Kelly, RN.

The multidisciplinary team meets weekly for the hematologic pathology conference. Individual cases are presented and the pathology is reviewed and new literature and advances are discussed in preparation for an individualized treatment regimen.

These antibodies have been incorporated into nearly all phases of treatment. Immune targeted drugs lack most of the toxicities of standard chemotherapy agents and have resulted in improvement in both the short- and long-term outcomes of patients with lymphoma. The overall five year relative survival rate has improved for non-Hodgkin lymphoma from 45 percent to 51 percent nationally between 1994-1997 and 1998-2000, and from 50 percent to 56 percent at Evanston Northwestern Healthcare during the same time period.* Data presented at the annual American Society of Hematology meeting also demonstrated a survival advantage to the use of rituximab as maintenance for indolent lymphomas. Targeted monoclonal antibody drugs have been further refined by adding a radioimmunoconjugate to the antibody with drugs such as Bexxar or Zevalin. The monoclonal antibody identifies potential malignant lymphocytes and allows for the delivery of radiation to a very focused and narrow area. The department of radiation oncology has worked closely with the hematology division to offer this therapeutic approach.

Novel approaches utilizing radioimmunoconjugates are being tested in clinical trials at ENH for patients with lymphoma. Patients with early stage large cell lymphoma may receive Zevalin in lieu of standard radiation in combination with conventional CHOP chemotherapy. A study in large cell lymphoma identifying patients with a poor initial response to CHOP chemotherapy by PET scan assessment which will evaluate whether changing chemotherapy regimens at an early time-point leads to improved survival and outcome is also being conducted. In collaboration with the Lurie Cancer Center, we will be testing the use of Zevalin in combination with high dose chemotherapy and bone marrow transplant. We are also actively incorporating newer chemotherapeutic agents such as bortezomid into existing regimens to enhance the response.

Myeloproliferative Disorders

Myeloproliferative disorders are characterized by the over-production of mature blood cells often leading to symptoms such as strokes, blood clots, abnormal bleeding or massively increased spleen size causing abdominal discomfort. CML, or chronic myelogenous leukemia, represents one of the myeloproliferative diseases and is best understood. Specific changes in the chromosomes of the malignant cells lead to the

synthesis of a novel protein BCR-ABL. A specific therapy imatinib or Gleevec was designed to specifically interact with the BCR-ABL protein revolutionizing the treatment of CML. Now a new mutation has been identified in most patients with the other common myeloproliferative diseases of polycythemia vera, essential thrombocythemia and idiopathic myelofibrosis. A mutation in the JAK-2 gene allows for a constitutively active tyrosine kinase with subsequent growth independence in hematopoietic stem cells. The ability to assay for the specific mutation allows for more precision in diagnosis of myeloproliferative diseases and is redefining diagnostic criteria. More exciting is the anticipated development of targeted therapies similar to Gleevec for patients with polycythemia vera, essential thrombocytosis, and idiopathic myelofibrosis.

Leukemia/Myelodysplastic syndromes

ENH continues to have a thriving program for patients with myelodysplastic syndromes and acute myeloid leukemia. Patients with these disorders benefit from the burgeoning development of new therapeutic agents including azacitidine, decitabine, lenolinomide and clofarabine, all of which received FDA approval in the past 3 years. The ENH multidisciplinary team ensures the patients receive their transfusion support, nutritional guidance and dental attention maximizing their quality of life and reducing risks of infection. ENH hematologists have participated in landmark trials utilizing these agents and remain investigative leaders in this rapidly advancing field. Particularly exciting is improvement in survival for a large percentage of this patient population with availability of these new agents. Until now, many of these diseases had no standard treatment available other than “best supportive care”. Clinical trials that will evaluate the activity of these new agents as part of initial therapy for acute myeloid leukemia are being activated at ENH. The potential for significantly less toxicity as compared to standard approaches makes these new agents attractive options for future patients.

For more information, call (847) 570-2112.

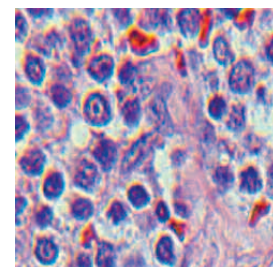
Novel approaches utilizing radioimmunoconjugates are being tested in clinical trials at ENH for patients with lymphoma.



Mohamed Eldibany, M.D., BCH

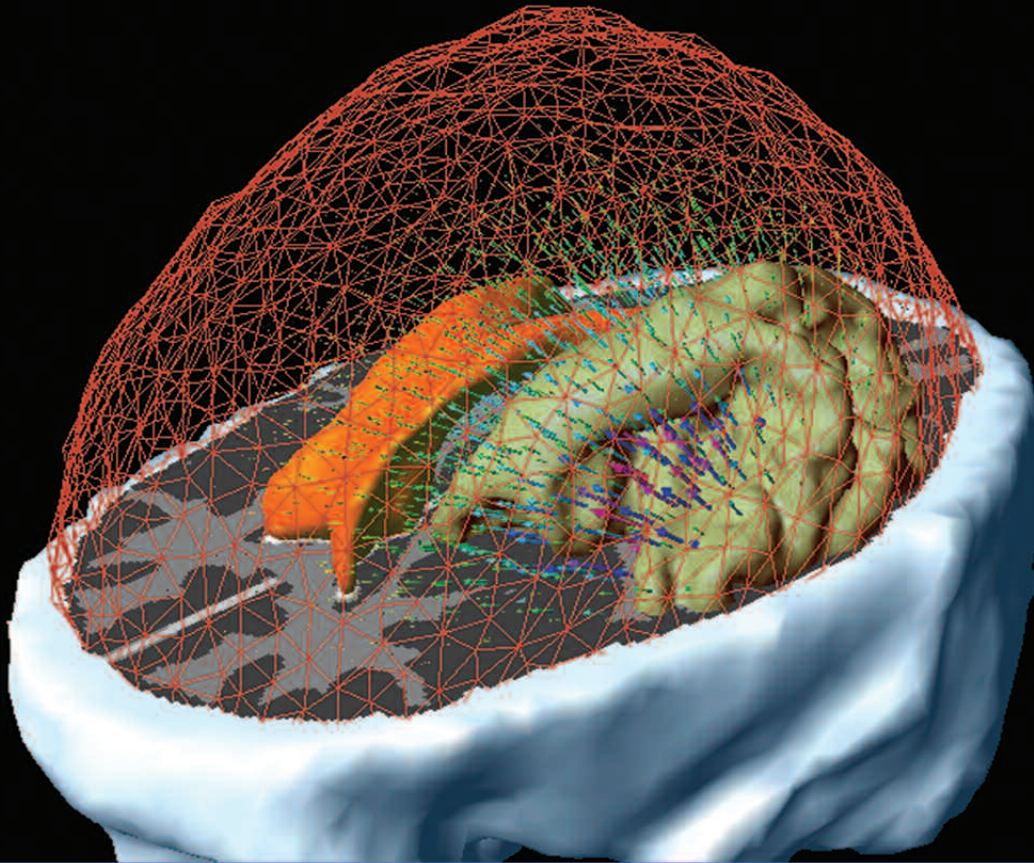


James Perkins, M.D.



Karen Kaul, M.D., PhD

* Source: National Cancer Data Base



Evanston Northwestern Healthcare is pleased to introduce the three newest members of its neuro-oncology surgical program. Complementing the current team of world renowned neurosurgeons are:

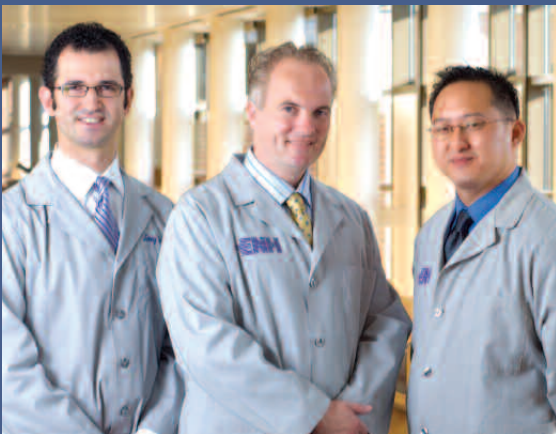
James Liu, M.D., a fellowship trained skull base and cerebrovascular neurosurgeon who specializes in deep-seated brain tumors at the base of the skull, such as meningiomas, acoustic neuromas, pituitary tumors, craniopharyngiomas and chordomas. Liu uses minimally invasive microsurgical and endoscopic techniques, stereotactic radiosurgery, image-guided surgery and skull base reconstruction as part of his armamentarium to tackle these challenging lesions. He is Co-Director of Skull Base Surgery and the

Microsurgical Simulation Laboratory, and has authored over 70 papers and 10 textbook chapters on surgery of skull base lesions.

Egon Doppenberg, M.D., is fellowship trained in neurosurgical oncology from MD Anderson Cancer Center, University of Texas in Houston. He has participated in various surgical missions to Central and South America for the treatment of tumors and congenital abnormalities in children. He is a member of the Congress of Neurological Surgeons as well as the American Association of Neurological Surgeons. Doppenberg's special interests include complex degenerative and traumatic spinal disorders, benign, malignant, primary and metastatic tumors in the brain and spine.

Yevgeniy Khavkin, M.D., is the Director of Neurosurgical Spine Program at ENH with particular expertise in the treatment of spinal tumors. This was the focus of his spinal oncology fellowship at The Johns Hopkins Hospital. He performs a wide range of procedures from kyphoplasty, a minimally invasive procedure for the treatment of pain and vertebral body collapse, stereotactic radiosurgery treatment with newest Novalis Unit, decompression and stabilization for metastatic spine disease to en-bloc spondylectomies and sacrectomies that sometimes are required for the treatment of primary bone tumors.

For more information about any of these surgeons or the neurosurgery program, please call (847) 570 -1440.



From left: Yevgeniy Khavkin, M.D.; Egon Doppenberg, M.D.; and James Liu, M.D.

Neuro

The Neuro-Oncology Program of Evanston Northwestern Healthcare, led by Nina A. Paleologos, M.D., provides individualized treatment for each patient with a neuro-oncologist overseeing their entire comprehensive care plan.

The program provides diagnosis and comprehensive management for patients with primary tumors of the brain and spinal cord, nervous system metastases, paraneoplastic syndromes and neurologic complications of cancer treatment. Compassionate and experienced care, counseling and education are delivered by our team of internationally known neuro-oncologists, neurosurgeons, radiation oncologists, neuro-oncology nurses and a social worker.

Our internationally renowned neuro-oncologists have taken part in many pivotal studies that have helped bring new therapies to our patients. The ENH Neuro-Oncology Program is a member of the Central Neuro-Oncology Group, and participates in multiple clinical trials evaluating novel treatments. Patients have access to clinical trials that are not available anywhere else in the region. Following are just a few of the latest leading-edge clinical trials underway at Evanston Northwestern Healthcare:

- Bevacizumab and Temozolomide Following Radiation and Chemotherapy for Newly Diagnosed Glioblastoma Multiforme: A Phase II Study
- Phase II/III Randomized Study of CDX-110 with Radiation and Temozolomide in Patients with Newly Diagnosed Glioblastoma Multiforme, Protocol CDX-110-003
- A Phase 2 Study of Temodar and O6-BG in Patients with Temodar-Resistant Anaplastic Glioma
- Genetic/Environmental Risk and Outcomes for Brain Tumors
- GLIOGENE Brain Tumor Linkage Study - all glioma patients are screened in this NCI sponsored international study. Patients must have 2 members in a family with glioma.

The ENH Neuro-Oncology Program is recognized throughout the country for its extraordinary level of expert care, which is why 40 percent of its patients are referred from beyond the ENH service area and as far away as Florida, Texas, Iowa and New York. In fact, our neuro-oncologists are consulted daily by medical professionals throughout the Midwest and elsewhere for advice on treating their patients.

For more information on the Neuro-Oncology Program including clinical trials, please call (847) 570-1808.

Melanoma and Sarcoma

The Evanston Northwestern Healthcare melanoma and sarcoma group brings expertise from surgical oncologists, medical oncologists, dermatologists and radiation oncologists with expertise and research interests in these cancers which require highly specialized care. Support from plastic and reconstructive surgery, physical medicine and rehab, physical therapy, radiology, pathology, nursing and others round out the critical members of the team.

ENH surgical oncologists were among the first in the region to perform sentinel node biopsy as a selection factor for elective lymphadenectomy in melanoma. Our center remains a regional referral center for isolated limb perfusion and infusion for sarcoma and melanoma. Members of our team sit on the influential National Comprehensive Cancer Network melanoma guidelines committee.

Evanston Northwestern Healthcare was the first in the region to have access to Gleevec (BB) (imatinib mesylate), the tyrosine kinase inhibitor/targeted therapy, which revolutionized the treatment of gastrointestinal stromal tumor (GIST), for which we maintain an active research program.

Research studies currently open to accrual include:

ECOG E1697 [ADJUVANT] A Phase III Randomized Study of Four Weeks High Dose IFN Alpha 2B in Stage T3-T4 or N1 (Microscopic) Melanoma [EH00-068]

ECOG E2603 [LOCALLY ADVANCED/STAGE IV] A Double-blind, Randomized, Placebo-Controlled Phase III Trial of Carboplatin, Paclitaxel and BAY 43-9006 versus Carboplatin, Paclitaxel and Placebo in Patients with Unresectable Locally Advanced or Stage IV Melanoma [EH05-360]

ECOG S0008 [ADJUVANT] A Phase III Trial of High Dose Interferon Alpha 2b vs Cisplatin, Vinblastine, DTIC +IL-2 and Interferon in Patients with High Risk Melanoma [EH02-280]

UC 14304A [METASTATIC OR RECURRENT] A Phase II Study of AZD2171 in Previously Untreated Patients with Metastatic or Recurrent Malignant Melanoma [EH06-372]

A Randomized, Double-blind, Phase 3 Trial of STA-4783 in Combination with Paclitaxel versus Paclitaxel Alone for Treatment of Chemotherapy-Naïve Subjects with Stage IV Metastatic Melanoma

NCI-7060 [Vascular Sarcomas only] A Multicenter Phase II Study of Sorafenib (BAY43-9006) in Non-GIST Sarcomas [EH-06-176].

For more information, call (847) 570-2515.

**Neurology
Multidisciplinary Meeting:**

**Evanston Hospital
Walgreen Bldg. G520**

2nd and 4th Wednesdays

7:30 a.m.

**Melanoma/Sarcoma
Multidisciplinary Meeting:**

**Evanston Hospital
Kellogg Cancer Care Center
Auditorium**

1st and 3rd Thursdays

8 a.m.

Head and Neck Cancer

The Evanston Northwestern Healthcare head and neck cancer group connects patients to a multidisciplinary team of specialists including head and neck surgical oncologists, radiation oncologists and medical oncologists, with expertise and research interests in these cancers which require highly specialized care. Support from plastic and reconstructive surgery, dental medicine, physical medicine and rehab, physical therapy, radiology, pathology, nursing and others round out the critical members of the team.

Members of our team serve leadership roles in multiple national committees including Bruce Brockstein, M.D., who serves on the head and neck guidelines committee for the National Comprehensive Cancer Network, editorial board *Journal of Clinical Oncology*, and edits the head and neck cancer section of *UpToDate*. Barry Wenig, M.D., remains an expert and advisor in the development of direct injection drugs for head and neck cancer and other local therapies.

Evanston Northwestern Healthcare connects patients to the highest levels of tertiary care, including skull based surgery, IMRT, and stereotactic radiosurgery, and advanced organ preservation protocols. Our team meets twice monthly to discuss individual cases and research related subjects. We have been able to bring high priority clinical trials to ENH, allowing access to important new drugs and techniques for our patients, and putting our team in the center of the research agendas pertinent to head and neck cancer care.

Research studies currently open to accrual include:

ECOG E1302 [METASTATIC or LOCALLY RECURRENT] Phase III randomized, placebo controlled, trial of docetaxel versus docetaxel+ZD1839 in PS2 patients or previously-treated patients with recurrent or metastatic head and neck cancer [EH05-239]

UC 14701 A [METASTATIC OR RECURRENT] A Phase II Study of Sunitinib Malate in Head and Neck Squamous Cell Carcinoma [EH06-404]

UC13362B [LOCALLY ADVANCED] A Phase III Randomized Trial of Docetaxel Based Induction Chemotherapy in Patients with N2/N3 Locally Advanced Head and Neck Cancer [EH05-067]

VIVENTIA VB4-845-01-IIA [METASTATIC OR LOCALLY RECURRENT] A Phase II, Open-Label Study to Evaluate the Safety, Tolerability, and Pharmacokinetic Profile of ProxiniumTM in Patients With Recurrent Squamous Cell Carcinoma of the Head and Neck Who Have Received at Least One Prior Anti-Cancer Treatment Regimen for Recurrent Disease [EH05-355]

UC14696 [metastatic/recurrent] A: Phase II trial of Sunitinib (SU11248) in Iodine-131 refractory, Unresectable differentiated thyroid cancers and medullary thyroid cancers

AMG 954: [LOCALLY ADVANCED] A Randomized, Open-Label, Controlled, Phase II Trial of Combination Chemotherapy with or without Panitumumab as First-line Treatment of Subjects with Metastatic or Recurrent Head and Neck Cancer, and Cross-over Second-line Panitumumab Monotherapy of Subjects who Fail the Combination Chemotherapy Only Arm.

For more information, call (847) 570-2515.

Pancreas

Evanston Northwestern Healthcare has appointed renowned surgeon Mark Talamonti, M.D., as Chairman of the Department of Surgery. Talamonti holds a key leadership position in ENH's Pancreatic Cancer Treatment and Research Program.

Talamonti joins a team of nationally recognized pancreatic surgeons at ENH including Malcolm Bilimoria, M.D., and Marshall Baker, M.D.. Their goal is to provide compassionate and individualized care to patients, while achieving important pancreatic research breakthroughs. The team believes scientific insights will yield important advances and help treat patients more effectively by providing coordinated care from diagnosis through treatment, with the goal being the finest patient outcome with the best quality of life.



Malcolm Bilimoria, M.D.



Mark Talamonti, M.D.



Marshall Baker, M.D.

The program emphasizes all aspects of patient care from basic research initiatives, which examine means of prevention and early detection, to innovative clinical trials for advanced diseases of the pancreas.

Patients also have access to screening strategies for those at high risk of developing pancreatic cancer, state-of-the-art imaging studies, expertise in interventional techniques in gastroenterology, experienced surgical capabilities and an emphasis on patient education and support. ENH offers each patient a multiple opinion concept for his or her particular disease and treatment plan. Our leaders in surgery, gastroenterology, medical oncology, radiology and radiation therapy are collaborating to enhance patient care and advance our knowledge about diseases of the pancreas.

For more information about the Pancreatic Cancer Treatment and Research Program, please call (847) 570-1700.

Head & Neck Cancer Multidisciplinary Meeting:

Evanston Hospital Kellogg Cancer Care Center Auditorium

1st and 3rd Wednesdays

7:30 a.m.

Pancreas Multidisciplinary Meeting:

Evanston Hospital Walgreen Bldg. G520

Friday

7:00 a.m.

2006 Cancer Data Summary

Incidence of Cancer 2006

In 2006, 2,772 new cancer cases were accessioned into the Evanston Northwestern Healthcare Cancer Registry. Of those, 2,520 cases (91 percent) were analytic. By definition, analytic cases are those patients newly diagnosed with malignant neoplasm and/or have received all or part of their first course of treatment at one of our hospitals. The remaining 252 cases (nine percent) were non-analytic. Non-analytic cases are patients initially diagnosed and treated at another facility, who now are receiving treatment for progression or recurrence of their disease here. Details by site are provided in Table 1.

Class of Case 2006

Class 0, 1 and 2 are considered analytic cases, class 3, 4, 5 and 6 are non-analytic.

Class 0 and Class 1, which account for 2,070 cases, were those malignancies diagnosed at one of our three hospitals. Once diagnosed with cancer, 1,974 (95 percent) of our patients remained at Evanston Northwestern Healthcare for their treatment. Class 2, totaling 450 cases, were diagnosed elsewhere and referred here for treatment. Class 3, a total of 242 cases, were diagnosed and treated elsewhere and referred here for treatment of a recurrence or progression of disease.

Comparison of Top 5 ENH Sites

Breast cancer continues to be our top site representing a striking 25 percent of the total analytic cases seen at Evanston Northwestern Healthcare. The next-most frequent cancers seen were: lung (ten percent), prostate (nine percent), colorectal (nine percent) and lymphoma at six percent. These top five sites represent over 57 percent of all newly diagnosed cases. Graph 1 shows how our top five sites compare with national figures. Except for of the higher volume of breast cancer seen at Evanston Northwestern Healthcare, the incidence of the other cancers is comparable to what is reported nationally. The lower volume of prostate seen at ENH is the result of many early stage cancers being treated in physician offices.

Cancer Incidence Comparison Site and Sex

Table 2 compares Evanston Northwestern Healthcare 2006 data to national statistics provided by the American Cancer Society: Facts and Figures 2006, by site and gender for the national top five leading sites. These figures exclude in situ carcinomas except urinary bladder.

The most common primary sites for men are prostate, lung, colorectal, bladder and melanoma.

These five sites represent 66 percent of all male invasive cancers nationally and 56 percent seen at Evanston Northwestern Healthcare.

The most common primary sites for women are breast, lung, colorectal, uterine corpus and non-Hodgkin lymphoma. These five sites represent 65 percent of all female invasive cancers nationally and 67 percent here.

Distribution by AJCC Stage for the Top Five Sites Seen at ENH

Ninety-one percent of our breast cancers were diagnosed at an early stage (stages 0, 1 and 2), reflecting the national (80 percent) trend toward early detection. Thirty-eight percent of our lung cancers (National: 25 percent), 94 percent of our prostate cancers (National: 85 percent), 59 percent of our colorectal cancers (National: 51 percent) and 48 percent of our lymphoma cancers (National: 40 percent) were also diagnosed with early stage disease. In each of the top five sites seen at ENH, detection at an early stage was significantly higher than seen nationally. Data supplied by the NCDB, Commission on Cancer, ACoS Benchmark Reports, v8.0. (2004 data)

GRAPH 1: TOP 5 SITES

Breast

ENH	618	25%
National	214,640	15%

Lung

ENH	245	10%
National	174,470	12%

Prostate

ENH	229	9%
National	234,460	17%

Colorectal

ENH	216	9%
National	148,610	11%

Lymphoma

ENH	139	6%
National	66,670	5%

0% | 5% | 10% | 15% | 20% | 25%

Source: American Cancer Society: Cancer Facts and Figures 2006

**TABLE 1: INCIDENCE OF CANCER—
2006 DATA SUMMARY**

Primary Site	Analytic	Non Analytic	Total	Percent
Tongue	15	4	19	0.7%
Salivary Glands	6	2	8	0.3%
Floor of Mouth	3	1	4	0.1%
Gum and Oth Mouth	4	0	4	0.1%
Nasopharynx	2	1	3	0.1%
Tonsil	8	0	8	0.3%
Oropharynx	3	0	3	0.1%
Hypopharynx	0	0	0	0.0%
Oral Cavity	41	8	49	1.8%
Esophagus	23	3	26	0.9%
Stomach	26	1	27	1.0%
Small Intestine	5	0	5	0.2%
Colon	145	14	159	5.7%
Rectosigmoid Junction	16	1	17	0.6%
Rectum	55	2	57	2.1%
Anus	10	0	10	0.4%
Liver	16	2	18	0.6%
Gallbladder	7	0	7	0.3%
Unspec Digestive Orgs & Pts of Biliary	10	1	11	0.4%
Pancreas	54	3	57	2.1%
Retroperitoneum	3	1	4	0.1%
Peritoneum, Omentum & Mesentery	1	1	2	0.1%
Digestive System	371	29	400	14.4%
Nasal Cav, Middle Ear & Accessory Sinus	2	1	3	0.1%
Larynx	18	1	19	0.7%
Lung & Bronchus	245	9	254	9.2%
Trachea, Mediastinum	2	0	2	0.1%
Respiratory System	267	11	278	10.0%
Bones and Joints	3	1	4	0.1%
Soft Tissue - incl Heart	18	3	21	0.8%
Melanoma - Skin	94	10	104	3.8%
Other Non-epith Skin	6	0	6	0.2%
Skin	100	10	110	4.0%
Breast	618	47	665	24.0%
Cervix Uteri	15	2	17	0.6%
Corpus Uteri	86	3	89	3.2%
Ovary	42	3	45	1.6%
Vagina	1	0	1	0.0%
Vulva	5	0	5	0.2%
Other Female Genital	3	1	4	0.1%
Female Genital System	152	9	161	5.8%
Prostate	229	45	274	9.9%
Testis	12	0	12	0.4%
Male Genital System	241	45	286	10.3%
Bladder	93	7	100	3.6%
Kidney	62	9	71	2.6%
Ureter	7	0	7	0.3%
Urinary System	162	16	178	6.4%
Eye & Orbit	25	3	28	1.0%
Brain	70	31	101	3.6%
Cranial Nerves Other Nerves	47	6	53	1.9%
Brain & Other Nervous System	117	37	154	5.6%
Thyroid	78	4	82	3.0%
Other Endocrine, incl Thymus	45	10	55	2.0%
Endocrine System	123	14	137	4.9%
Nodal	97	5	102	3.7%
Extranodal	42	0	42	1.5%
Lymphomas	139	5	144	5.2%
Multiple Myeloma	26	6	32	1.2%
Leukemias	55	6	61	2.2%
Mesothelioma	7	0	7	0.3%
Miscellaneous	55	2	57	2.1%
Total	2520	252	2772	100.0%

**TABLE 2: TOP 5 SITES COMPARISON
BY GENDER—2006 DATA**

Female	ACS		ENH	
	Incidence*	%	Incidence*	%
Breast	212,920	31%	485	37%
Lung	81,770	12%	135	10%
Colorectal	75,810	11%	111	9%
Uterine Corpus	41,200	6%	86	7%
Non-Hodgkin Lymphoma	28,190	4%	53	4%
Total All Sites	679,510	65%	1,295	67%

Male	ACS		ENH	
	Incidence*	%	Incidence*	%
Prostate	234,460	33%	229	24%
Lung	92,700	13%	110	11%
Colorectal	72,800	10%	96	10%
Bladder	44,690	6%	69	7%
Melanoma	34,260	5%	36	4%
Total All Sites	720,280	66%	964	56%

Source: American Cancer Society: Facts and Figures 2006
*Analytic Cases only, excludes in situ except bladder

2007 Cancer Committee

The Cancer Committee, a standing committee defined by the bylaws of Evanston Northwestern Healthcare, coordinates all oncology related activities. This multidisciplinary committee meets bi-monthly and has the responsibility to ensure full compliance with all the Standards established by the American College of Surgeons Commission on Cancer for accreditation of the Cancer Program.

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Medical Director, ENH Evanston Kellogg Cancer Care Center

Vice Chairman

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Surgery

Physician Liaison

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