



Internationally renowned cancer specialists, compassionate and knowledgeable clinical staff, cutting-edge research, and emerging treatment options are

transforming oncology care

and making NorthShore University HealthSystem a leader in comprehensive cancer care. Patients have access to a multi-specialty team of international experts that convenes on behalf of each patient to design and support their treatment plan. Patients receive a second opinion, and a third, fourth, and fifth...





Bruce Brockstein, M.D.

The Oncology program at NorthShore University HealthSystem (NorthShore) transforms how we meet the needs of our patients and how we respond to the demands of tomorrow's cancer care. The programmatic advancements and major physical enhancements completed and under way at the Kellogg Cancer Care Centers, together with our new name and teaching affiliation with the University of Chicago, are combining to make improvements in patient care, research and treatment.

The program at NorthShore (formerly Evanston Northwestern Healthcare) has a rich heritage of innovative patient-centered care and treatment. After its inception, the program quickly expanded from our home in Evanston to communities throughout the North Shore at our award-winning hospitals and specialty care centers.

We are pleased to announce a new partnership with one of the finest medical educational institutions in the country. To reinforce our commitment to medical education and research, we have become a teaching affiliate of the University of Chicago Pritzker School of Medicine.

Our transformation is most evident at the Kellogg Cancer Care Center. The Center at Evanston Hospital will be replaced by a new state-of-the-art facility in 2010. Plans are underway for a new Center at Glenbrook Hospital that will expand clinical space by five times and bring comprehensive, state of the art services to the site when completed in 2010. The Highland Park center continues to grow, and offers a wide range of cancer care services to patients throughout the Lake County Region.

We are proud this year to again receive the Outstanding Achievement Award from the Commission on Cancer—one of only 22 cancer programs nationally to have received this honor twice. Fewer than 10 percent of U.S. healthcare systems receive this recognition.

NorthShore is one of a few organizations worldwide utilizing fully integrated electronic medical records (EMR) for both inpatient and outpatient care. The EMR system gives NorthShore clinicians access to information anywhere in our system, streamlining the efficiency of our patient care and helping to improve patient outcomes.

The advances we make are a result of the leadership and vision of physicians such as Dr. Edward Scanlon (1918-2008) one of our founding cancer physicians. Dr. Scanlon was integral to the development and early success of Kellogg and the multidisciplinary treatment model. He provided hope to his patients, and diligently taught surgical education to residents and cancer specialists including the early implementation of methods such as lumpectomy for breast preservation.

In the tradition of Dr. Scanlon, our transformation will provide patient-centered care as we work toward a cure. Our new name reaffirms our commitment to the North Shore region and to our new teaching partner. To consult one of our physicians, please call the appropriate number at the end of each article.

Sincerely,

Bruce Brockstein, M.D.
Head, Division of Oncology
Chairman, NorthShore University HealthSystem Cancer Committee

NorthShore University HealthSystem Re-Approved by Commission on Cancer

NorthShore University HealthSystem (NorthShore) received a three-year approval with commendation from the Commission on Cancer (CoC), reflecting NorthShore's commitment to the highest standards of performance and professionalism in caring for our cancer patients.

The CoC is a consortium of professional organizations dedicated to improving survival and quality of life for cancer patients through standard-setting, prevention, research, education and the monitoring of comprehensive quality care.

The CoC Approvals Program recognizes outstanding cancer centers across the country in the following areas:

- The clinical services provide state-of-the-art pretreatment evaluation, staging, treatment and clinical follow-up for cancer patients seen at the facility. The cancer committee leads the program through setting goals, monitoring activity, evaluating patient outcomes and improving care.
- The multidisciplinary cancer conferences provide a forum for patient consultation and contribute to physician education.

- The quality improvement program is the mechanism for evaluating and improving patient outcomes.
- The cancer registry and database is the basis for monitoring the quality of care and measuring patient outcomes.

Every CoC-approved cancer program must provide a host of basic services, including diagnostic, treatment, research, rehabilitation, support, prevention and early detection.

Breast Health Program

KEY POINTS

60,000 mammograms performed annually

600 breast cancer cases a year; 9% of the state volume

Eighty-eight percent of our breast cancers were diagnosed at an early stage (stages 0, 1 and 2), reflecting the National (81 percent) trend toward early detection.

Breast Cancer Conferences

Evanston Hospital
Walgreen G520 A&B

Mondays 7 a.m.

Highland Park Hospital
AV Hall

2nd and 4th Wednesdays 8 a.m.



The NorthShore Breast Health Program has grown through the years to become the second largest program of its kind in the state and the largest academic multispecialty breast cancer practice. Internationally renowned breast health specialists, compassionate and knowledgeable clinical staff, leading-edge research and emerging treatment options make NorthShore a leader in comprehensive breast healthcare.

Placing a major emphasis on early detection, NorthShore includes three Breast Health Centers on the Evanston, Highland Park and Glenbrook campuses. Each center combines the knowledge of the best-trained mammographers with the convenience of a local hospital while offering:

Expertise: All of our mammographers are subspecialists with extensive expertise in breast imaging, performing 60,000 mammograms annually.

Convenience: Same day screening mammography is available, as well as fast-track scheduling for diagnostic procedures.

Technology: A host of advanced diagnostic imaging tests and therapies are available, including digital and film-screen mammography, as well as computer-aided biopsy systems and breast MRIs for diagnosis.

Accreditation: The Centers are fully certified and accredited according to the Mammography Quality Standard Act / Food and Drug Administration regulations.

Once the diagnosis is made, the focus quickly turns to treatment with a multidisciplinary team meeting every Monday for a comprehensive review of each new breast cancer case that was diagnosed during the preceding week. This systematic review provides a forum for the presentation of details, including mammograms and pathology. It also allows for the development

of a comprehensive treatment plan with input from radiologists, pathologists, breast surgeons, genetic counselors, medical oncologists, radiation therapists, plastic surgeons and nurses. This review has provided a consistent means of raising the level of care for every NorthShore breast cancer patient with strategically timed input from a focused multidisciplinary team of breast clinicians

As improved therapies emerge, clinicians have moved from a one-size-fits-all mentality to individualized treatment plans. Medical oncologists at NorthShore use gene profiles to guide therapy and are actively conducting clinical trials on angiogenesis inhibitors and providing newer targeted therapies specifically for breast cancer. There are 12 breast cancer clinical trials at NorthShore investigating treatments in the neoadjuvant and adjuvant setting.

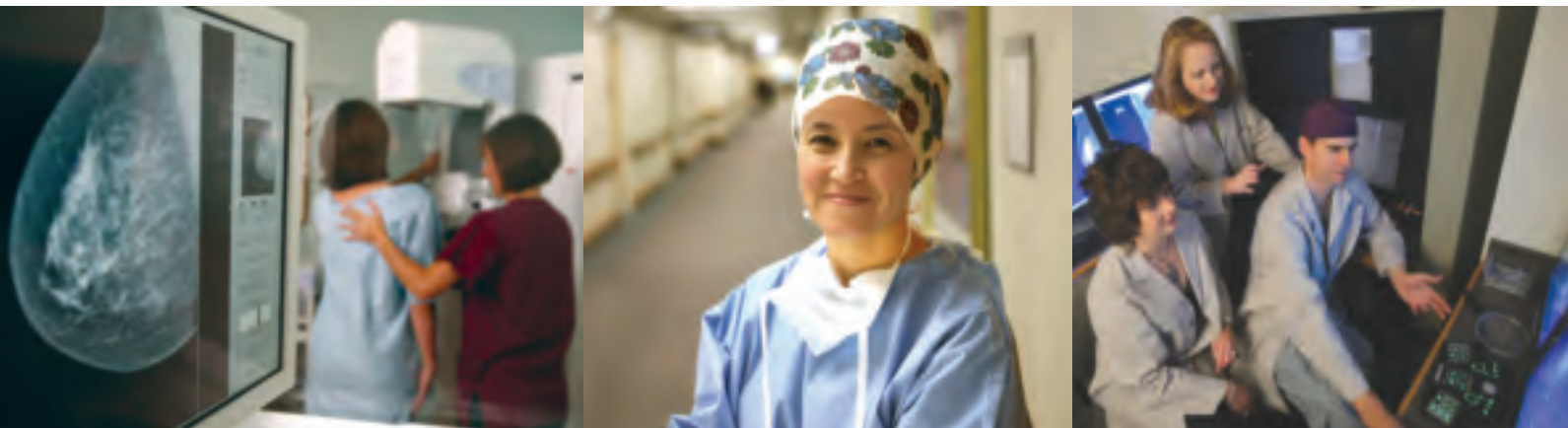
Similar advances have occurred with the delivery of radiation therapy with partial breast radiation that has been used at NorthShore for the past decade with great success. This has diminished the extent and duration of therapy from the conventional seven weeks of treatment to three weeks. Brachytherapy, with devices such as the Mammosite, has continued to limit the exposure and toxicity of radiation, allowing many patients to complete their radiation therapy within five days.

Cancer specialists at NorthShore are conducting research and providing treatment options that are influencing care throughout the country. During the past three decades, there has been a dramatic increase in the use of breast conserving therapy (lumpectomy). It now represents the treatment that is delivered to 80 percent of the breast cancer patients at NorthShore. A majority of patients with breast cancer also undergo

Glenbrook Hospital Mammography Center

Katharine Yao, M.D.

(From left) Elaine Lee Wade, M.D., Jan Jeske, M.D. and David J. Winchester, M.D.



sentinel node biopsy, sparing many patients the long-term sequelae of axillary dissection. NorthShore surgeons were instrumental in the initial development and validation of the lumpectomy and sentinel lymph node biopsy procedures.

Women being treated at NorthShore University HealthSystem have seen great strides with early detection, breast-conserving therapy and more effective adjuvant treatments, which translate to improved outcomes. As compared to benchmarks established by the National Cancer Data Base, five-year survival rates for breast cancer patients treated at NorthShore are superior for all stages of disease as compared to national norms and to those patients treated specifically at teaching centers (see Table 1 on page 4).

Although substantial reductions in death rates are expected to continue, a breast cancer diagnosis and treatment are two events that most patients and clinicians wish to prevent altogether. Making a choice between a lifelong risk of developing breast cancer and removing both breasts has been a challenging and conflicting dilemma for many patients.

Conventional total mastectomy and simultaneous breast reconstruction have helped many BRCA carriers reduce the patient's lifetime risk from as high as 80 percent to 5 percent or

less. NorthShore experts have helped to make this a more acceptable option by offering patients nipple-sparing mastectomy as part of a research protocol. Although this has not been widely pursued within the United States, many centers have started to investigate this surgical option as compelling long-term data continue to support its use. The cosmetic outcomes of this approach have been outstanding and have helped ease the burden of this difficult decision by lowering the threshold to pursue an intervention that dramatically reduces a woman's risk of developing breast cancer.

The research program of the NorthShore University HealthSystem Research Institute has a 15-year-old breast cancer database and a tissue bank that holds more than 1,000 breast cancer specimens. These two resources have generated more than 50 publications and \$2.5 million of grant money over the past few years. There are at least seven basic science researchers who perform breast cancer research at the Research Institute and all have received funding from either the National Institutes of Health, Department of Defense, American Cancer Society or Susan G. Komen Foundation.

Biweekly translational research meetings are held providing a forum for clinicians and scientists to interact. NorthShore holds one

of a small number of Community Clinical Oncology Program grants funded by the National Cancer Institute. Researchers also conduct multiple clinical trials at NorthShore, which serves as a site for national trials through many other different cooperative groups.

Connecting the steps for women, including additional imaging, consultations and therapies, has become seamless with NorthShore's electronic medical record system. The state-of-the-art system has rapidly adopted digital mammography at each of the three campuses, allowing for the instantaneous retrieval and comparison of prior images, regardless of the location of the prior studies within the system.

The Center for Medical Genetics provides world-class care for high-risk patients and has received multiple national grants for research efforts. The interdisciplinary team of medical geneticists and genetics counselors provides patients with an extensive evaluation of personal and family medical history, risk assessment, relevant genetic testing if desired, and guidance regarding management, screening, early detection, and prevention of disease.

The Integrative Medicine Program strives to impact and improve the health of patients through the use of both conventional and



From left to right: Jan Jeske, M.D., breast imaging specialist and co-director, Center for Breast Health at Glenbrook Hospital; Elaine Lee Wade, M.D., medical oncologist and associate director, Center for Breast Health at Glenbrook Hospital; Katharine Yao, M.D., surgical oncologist; David J. Winchester, M.D., surgical oncologist and co-director, Center for Breast Health at Glenbrook Hospital; Vathsala T. Raghavan, M.D., radiation oncologist; Wendy Rubinstein, M.D., director, Center for Medical Genetics; Carol Rosenberg, M.D., director, LIFE Cancer Survivorship Program and Leslie Mendoza Temple, M.D., director, Center for Integrative Medicine.

alternative therapies—with a vision to change the way medicine is provided. Integrative medicine combined with traditional therapy has been effective for patients with cancer to significantly improve many of the factors important to quality of life. Through integrative therapies including acupuncture and bodywork, patients are able to enhance physical and emotional wellness.

There is also a lymphedema clinic with licensed physical and occupational therapists that provide decongestive therapy to lymphedema patients. The goals of the clinic are to maximize extremity function safely and to educate patients and family members in self-management. Components of the program include manual lymphatic treatment massage, compression bandage wrapping, compression pump therapy, lymphedema exercises, skin care and assistance in obtaining compression garments.

An integral part of the cancer care spectrum is the The Living in the Future (LIFE) Cancer Survivorship Program led by Carol Rosenberg, M.D., which received a research grant from the Lance Armstrong Foundation. The LIFE program features an individualized risk adapted visit with a specialized oncology nurse with expertise in cancer survivorship, who will provide counseling regarding a customized survivorship care plan following a unique template set forth by the Institute of Medicine.

Creating standards is part of our tradition.

David P. Winchester, M.D., is the chairman of the National Accreditation Program for Breast Centers, an initiative of the American College of Surgeons, to establish consistent and excellent care at breast centers, such as those at NorthShore, across the country.

NorthShore oncologists also serve at the local, state and national levels of major health organizations and through their leadership have played major roles in breast health issues including writing the breast health screening guidelines and setting the standards for breast cancer programs nationwide.

Following are some of the organizations for which NorthShore breast cancer specialists have leadership roles:

- American Cancer Society
- American College of Surgeons Commission on Cancer
- American Joint Commission on Cancer
- Breast Cancer Network of Strength
- National Accreditation Program for Breast Centers
- National Surgical Adjuvant Bowel and Breast Project
- Rice Foundation
- Susan G. Komen Foundation



David P. Winchester, M.D.

Empowered Decision

After learning she inherited the BRCA2 gene and researching her options for preventive surgery, Robin Dellot, 41, Hingham, Mass., selected Dr. David J. Winchester, Professor of Surgery and Board of Directors/David P. Winchester, M.D., Chair of Surgical Oncology, to perform risk-reducing breast surgery. Dr. Winchester is one of a few surgeons in the country performing nipple-sparing mastectomy and more and more women are choosing to undergo the procedure to reduce their risk for breast cancer.

Dellot discussed this option with Dr. Winchester and decided the less-invasive procedure combined with surgical reconstruction would be her best choice. But surgeons at her local hospital—Massachusetts General—were not performing the nipple-sparing mastectomy but instead the total mastectomy, which removes all tissue and the nipple and areola.

Currently, most surgeons in the United States opt for the total mastectomy instead of the subcutaneous mastectomy. Although there are no direct comparisons of long-term outcomes for these two operations, the risk reduction is substantial—in excess of 90 percent—and similar for both approaches, according to Winchester.

"I was blessed to find these surgeons doing this procedure in the Midwest," Dellott said.

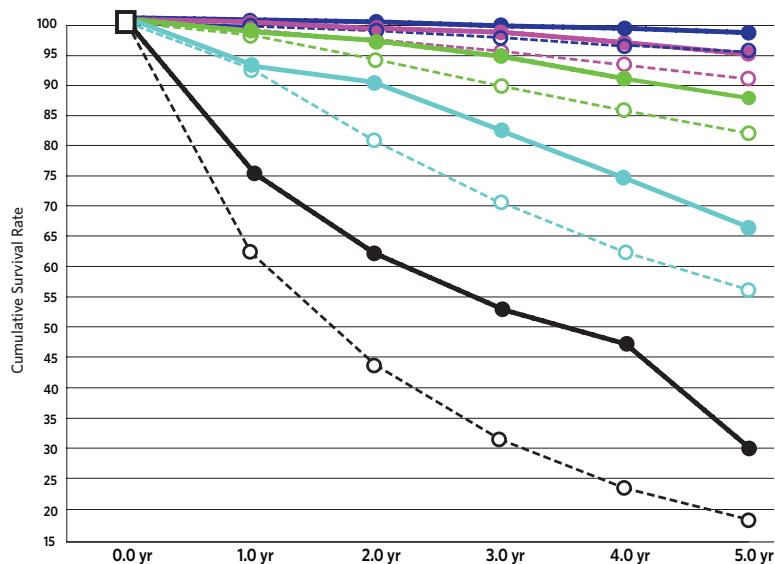
Dellott's procedure was successful. During the seven-and-a-half hour surgery, Dr. Winchester performed his part first to remove the breast tissue but preserve the nipple and areola. He made a series of small incisions under each of Dellott's breasts and removed the breast tissue from the overlying skin and underlying muscle to perform the bilateral mastectomy.

Next, the plastic surgeon restored the original contour to her breasts through silicone implants. "My surgery went well," Dellott said. "I wouldn't have done this surgery without Dr. Winchester and his team. They were vested in me, spent hours discussing this decision with me and gave me the best treatment—surgically and compassionately—that I could find. They were a huge catalyst for me to do this preventive surgery."



Robin Dellot, 41, Hingham, Mass., selected David J. Winchester, M.D. to conduct her risk-reducing breast surgery.

TABLE 1
Breast Survival by Stage: Comparison of NCD to NorthShore Data



		0.0 yr	1.0 yr	2.0 yr	3.0 yr	4.0 yr	5.0 yr
Stage 0	NorthShore	100.0	100.0	99.6	98.9	98.5	97.7
	NCD	100.0	99.4	98.6	97.5	96.3	94.9
Stage I	NorthShore	100.0	99.5	98.5	97.8	96.0	94.0
	NCD	100.0	98.9	97.2	95.3	93.0	90.7
Stage II	NorthShore	100.0	97.9	96.3	93.6	89.8	86.5
	NCD	100.0	97.9	93.9	89.6	85.5	81.8
Stage III	NorthShore	100.0	91.9	89.1	80.9	72.6	64.2
	NCD	100.0	92.4	80.5	70.4	62.3	56.1
Stage IV	NorthShore	100.0	73.5	58.7	49.4	43.2	26.8
	NCD	100.0	62.2	43.8	31.6	23.6	18.4

Contact information for NorthShore University HealthSystem Breast Specialists:

Breast Imaging

Evanston (847) 570-1070

Glenbrook Hospital (847) 657-5845

Highland Park Hospital (847) 480-3848

- Joel Bernstein, M.D.
- James Chiu, M.D.
- Amy Guest, M.D.
- David Ecanow, M.D.
- Sophia Economou, M.D.
- Jan Jeske, M.D.
- Amy Johnson, M.D.
- Tim Merrill, M.D.
- Michael Messing, M.D.
- Dan West, M.D.

Surgical Oncology (847) 570-1700

- Ermilo Barrera, M.D.
- Stephen Sener, M.D.
- David J Winchester, M.D.
- David P Winchester, M.D.
- Katharine Yao, M.D.

Medical Oncology (847) 570-2110

- Leon Dragon, M.D.
- Douglas Merkel, M.D.
- Elaine Wade, M.D.

Radiation Oncology (847) 570-2590

- William Bloomer, M.D.
- Michael A. LaCombe, M.D.
- Ranjeev Nanda, M.D.
- Vathsala Raghavan, M.D.
- Arif Shaikh, M.D.

Medical Genetics (847) 570-1029

- Peter Hulick, M.D.
- Wendy Rubinstein, M.D., Ph.D.

Plastic Surgery (847) 570-1300

- Karol Gutowski, M.D.
- Michael Howard, M.D.

Rehabilitation Medicine/Lymphedema Therapy (847) 570-2066

- Jean Cavanaugh, M.D.
- Joseph Feldman, M.D.

Integrative Medicine (847) 570-2138

- Leslie Mendoza Temple, M.D.

Cancer Survivorship

- Carole Martz, RN, MSN, AOCN (847) 926-5818
- Carole Rosenberg, M.D. (847) 433-5997

Pathology (847) 570-2749

- Mark Dieterich, M.D.
- Robert Goldschmidt, M.D.
- Curtis Hall, M.D.
- William Watkin, M.D.

Medical Genetics

The NorthShore University HealthSystem Center for Medical Genetics has come together with the Cancer Wellness Center in Northbrook and F.O.R.C.E. (Facing Our Risk of Cancer Empowered) to facilitate a local support group for BRCA1 and BRCA2 mutation carriers and their families. The Center for Medical Genetics recognized that patients and families needed a higher level of support than a focused high-risk management discussion that is provided when they receive their positive genetic test results. Patients needed help with coping with test results, decision making in their management plans and sharing genetic information with family members.

Medical Director Wendy Rubinstein, M.D., Ph.D., who was recently joined by Peter Hulick, M.D. M.M.Sc., along with the Center's staff of genetic counselors, has conducted a successful year of quarterly educational sessions at the Cancer Wellness Center. Sessions were very well attended and topics included a genetic testing overview (Anna Newlin); myths surrounding genetic discrimination with an overview of state and federal protections (Scott Weissman); hormonal management (Carolyn Kirschner, M.D.); research opportunities for BRCA1 and BRCA2 carriers through the Center for Medical Genetics (Tina Selkirk); and discussion of family dynamics by F.O.R.C.E. members Heather Fineman and Ziva Green-Kredkow. The forum has provided the opportunity for dynamic discussions between support group attendees and the professional staff.

A documentary film *In the Family*, by Chicago's Kartemquin films, was recently released following families' experiences as they go through BRCA testing. Dr. Rubinstein served on the medical advisory committee for the film's production and participated in a panel session with Genetics Counselor, Anna Newlin, following a viewing of the film in Evanston last spring. *In the Family* will be airing on PBS and will be featured at various Chicagoland support groups this fall.

KEY POINTS

Access to world-class women's cancer specialists conveniently located throughout the North Shore.

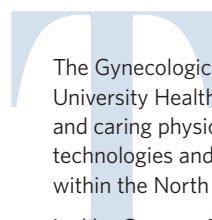
Robotic and minimally invasive surgery programs tailored to the patient's needs.

Research that battles cancer through prevention.

Gynecology Cancer Conference

Evanston Hospital
Walgreen G520 A&B

Thursdays 7 a.m.



The Gynecological Oncologists of NorthShore University HealthSystem combine sensitive and caring physicians with the most advanced technologies and translational research—all within the North Shore community.

Led by Gustavo Rodriguez, M.D., Director of Gynecological Oncology, this team of specialists includes Jean Hurteau, M.D., and Carolyn Kirschner, M.D., who have advanced minimally invasive surgery in women's cancer treatment by incorporating robotic surgery as one of the options. The robotic system boasts superhuman visualization, agility and precision all through tiny incisions that result in reduced blood loss, less pain, shorter hospital stay and earlier return to daily activities.

Access to world-class treatment has become a guiding principle of the program. The gynecologic oncologists manage teams of specialists providing screening, diagnosis, chemotherapy, radiation therapy and surgery at each of our Hospitals. Rather than sending patients to multiple distant locations to seek care, availability and access are when and where patients need it. The multidisciplinary team of pathology, radiology, radiation oncology and gynecological oncology meet weekly to discuss patient care.



Pictured at the 1st Annual Gynecology Oncology Symposium from left to right: Jean Hurteau, M.D., Professor; William Creasman, M.D., Keynote Speaker; Carolyn Kirschner, M.D., Assistant Professor; Gustavo Rodriguez, M.D., Associate Professor.

Dr. Rodriguez, who is also the Matthews Family Chair of Gynecologic Oncology Research, continues his ovarian cancer prevention research as Principal Investigator for National Cancer Institute-sponsored research. He is leading an investigative team with the goal of developing an effective pharmacological strategy for ovarian cancer prevention—particularly for women at increased genetic risk of ovarian cancer.

For more information, please call (847) 570-2639.



Lifesaving Opportunity

A breast cancer survivor with a strong family history of the disease, 55-year old math teacher Jean Pavlakis decided to undergo genetic testing and learned she had inherited the BRCA2 mutation.

Pavlakis was referred to Gustavo Rodriguez, M.D., Director of the Division of Gynecology Oncology, to discuss her risk of ovarian cancer and possible preventive treatment. She opted to undergo preventive surgery, during which ovarian cancer was discovered.

Despite facing a second round of chemotherapy, Pavlakis felt she dodged a bullet. "If we had discovered the ovarian cancer two years later, I would have been in a very difficult situation," she said.

Shortly thereafter, Pavlakis' sister was tested and also found to have the BRCA2 gene mutation. She elected to have a double mastectomy. Pavlakis said about a week after surgery her sister was feeling discouraged and starting to rethink her decision—until her oncologist said the lab had found cancer. For the second time, knowledge of family history and genetics had helped a member of the Pavlakis's family identify and treat cancer well before symptoms were noticed or detected by screening exams.

Genito-Urinary

KEY POINTS

Prostate cancer clinical and research programs are growing.

Prostate cancer active surveillance protocol is to be initiated.

NorthShore University HealthSystem begins robotic bladder cancer surgery.

Genito-Urinary Cancer Conference

Evanston Hospital
Walgreen G520 A&B

2nd and 4th Wednesdays 6:45 a.m.

NorthShore's new Prostate Cancer Center opened at Glenbrook Hospital one year ago, and, to date, has provided care for more than 150 men with prostate cancer. Patients have been uniformly positive in their appreciation of the multidisciplinary team approach. This includes not only the primary treatment disciplines of urologic surgery, radiation oncology and medical oncology, but also important support services including sexual health, nutrition and integrative medicine, genetics counseling, psychosocial services, and our cancer survivorship program. The number of men who have come to NorthShore for surgical treatment of prostate cancer has increased 40 percent in the past year, with almost all surgeries now being performed using the da Vinci surgical robotic system.

The prostate cancer research group meets biweekly, and research focuses on five major areas:

- The role of active surveillance in early stage prostate cancer;
- The impact of obesity and nutritional health on prostate cancer risk and progression;
- The use of molecular diagnostic techniques to improve prostate cancer diagnosis and guide treatment;
- Genetic profiling of men with prostate cancer and their male relatives with a family history of breast cancer;
- Gene therapy to treat advanced prostate cancer.

NorthShore has a comprehensive bladder cancer program headed by Michael McGuire, M.D. He is a fellowship-trained urologic cancer surgeon, with an interest in bladder cancer. Dr. McGuire is one of the leaders using the da Vinci surgical robotic system in bladder cancer surgery. He removes the bladder and reconstructs the urinary tract using intestine. His research focuses on new molecular markers in blood and urine to improve diagnosis and guide treatment.

NorthShore's kidney cancer program is headed by William K. Johnston III, M.D., who is fellowship-trained in minimally invasive urologic surgery. He specializes in partial removal of the kidney, whereby only the cancerous portion of the kidney is removed, leaving the healthy tissue behind.

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

40%

The number of men who have come to NorthShore for surgical treatment of prostate cancer has increased 40 percent in the past year,



Pictured from left to right: NorthShore Urologists William K. Johnston, III, M.D., Thomas C. Keeler, M.D., Peter Colegrove, M.D., and Charles Brendler, M.D.

Colorectal

KEY POINTS

One of the leading colon and rectal cancer treatment centers in the Chicago area.

NorthShore's team has expertise in the management of colon and rectal cancer that has spread to distant sites, including the liver.

NorthShore's colon and rectal surgeons are participating in eight national colorectal clinical trials, designed to find better ways to treat people with cancer using the most current information.

GI Cancer Conference

Evanston Hospital
Walgreen G520 A&B
Fridays 7 a.m.

Highland Park Hospital Videocast
Meeting Room 1B



From left to right: colorectal surgeons James S. Spitz, M.D., Joseph P. Muldoon, M.D., and Glen C. Balch, M.D., pictured with the da Vinci surgical robotic system.

At NorthShore University HealthSystem (NorthShore), the colon and rectal surgeons offer the most advanced and effective therapies available, for both benign and malignant diseases of the colon, rectum and anus. The team is led by surgeons Joseph Muldoon, M.D., James Spitz, M.D., and Glen Balch, M.D., all of whom completed fellowship training in colon and rectal cancer surgery.

The team has extensive experience in minimally invasive colon and rectal procedures for cancer. Our staff's experience and surgical volume make NorthShore one of the leading colon and rectal cancer treatment centers in the Chicago area. Patients are offered the latest minimally invasive approaches, including robotic-assisted procedures. This allows our team to perform complex procedures through small incisions with more rapid recovery and less pain for patients. Their goal is to eradicate disease while preserving normal function, including bowel, bladder and sexual function.

Patients with colorectal cancer are evaluated by the multidisciplinary colorectal cancer team. This team is part of the Kellogg Cancer Care Center and consists of experts in highly specialized areas of cancer care representing different disciplines. Specialists in surgery, medical oncology, radiation oncology, gastroenterology, radiology, pathology and clinical genetics meet weekly to discuss patients and their treatment plans.

Patients receive an individualized treatment plan that reflects a sub-specialized yet comprehensive approach. This plan includes the use of preoperative treatment regimens as part of a programmatic effort toward sphincter

preservation and avoiding permanent colostomy in patients with rectal cancer.

NorthShore's team has expertise in the management of colon and rectal cancer that has spread to distant sites, including the liver. The multidisciplinary approach we provide is crucial for patients whose disease has spread to the liver or other organs, to maximize long-term survival.

We are committed to research and always seek opportunities for new advances. Currently, NorthShore's colon and rectal surgeons are participating in eight national colorectal clinical trials, designed to find better ways to treat people with cancer using the most current information.

Hemant K. Roy, M.D., director of gastroenterology research, is the principal clinical researcher on the use of light-scattering technology and its potential applications for analyzing risk of colon cancer. His collaborative research with Northwestern University was recently published in the journal *Gastroenterology*. Roy's research discovered that light-scattering fiber optic technology can effectively measure blood level in the colonic lining in humans. The findings suggest that this technology could be a valuable screening tool for enhancing polyp detection and could lead to improvements in colon cancer prevention.

Roy is continuing on the next phase of his clinical research, thanks in large part to a \$7.5 million grant over the next five years received by Northwestern University from the National Cancer Institute. The grant will allow Roy and other researchers to further study the light-scattering instrument in large-scale clinical trials.

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



September 13, 2008 The first Midwest Colon Cancer Symposium for the NorthShore University HealthSystem Division of Gastroenterology.

From left to right: Michael Goldberg, M.D., Chair, Division of Gastroenterology; Peter Hulick, M.D., Medical Geneticist, Center for Medical Genetics; Wendy Rubinstein, M.D., Ph.D., Medical Director, Center for Medical Genetics; Henry Lynch, M.D., keynote speaker; Laura Bianchi, M.D., Symposium Chair; Joseph Muldoon, M.D., Chief, Section of Colon and Rectal Surgery; Eugene Yen, M.D., Clinical Director, Center for Crohn's and Colitis; Hemant Roy, M.D., Director of Gastroenterology Research.

NOTE: All of the above physicians are employees of NorthShore University HealthSystem Medical Group, with the exception of Dr. Lynch who is an affiliate physician.

Neuro-Oncology

The Neuro-Oncology Program at NorthShore University HealthSystem (NorthShore) is the oldest and most established program in the Chicago area. In 2007 alone more than 250 new patients were evaluated. The program is currently staffed by three renowned neuro-oncologists. A recognized pioneer in the field, Nicholas A. Vick, M.D., founded the program. Nina A. Paleologos, M.D., is the Director of the Program and Associate Professor of Neurology. She was recently awarded the Stanley C. Golder Chair of Neuroscience Research and serves as the Chair of the Section of Neuro-Oncology for the American Academy of Neurology. Ayman Omar, M.D., joined the program in August and is available for consultation on all neuro-oncologic issues. His focus is on metastatic disease and meningioma.

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. In addition to Dr. Paleologos and Dr. Vick, there are neurosurgeons, radiation oncologists, neuro-oncology nurses and a social worker with expertise in neuro-oncology.

The members of the NorthShore Neuro-Oncology Program belong to a number of consortia including the Central Neuro-Oncology Group, the Brain Tumor Trials Collaborative, and the Oligodendroglioma Study Group and participate in multiple clinical trials evaluating novel treatments. Patients have access to new therapies not available elsewhere including a brain tumor vaccine, CDX-110, that has recently been in the national news.

The 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 NorthShore service area and as far away as New York, Maine, Florida, Iowa and California. In fact, our neuro-oncologists are consulted daily by medical professionals throughout the Midwest and elsewhere for advice on treating their patients. They have also been featured by local and national media to provide professional opinions on the diagnosis and treatment of brain tumors.

Following are just a few of the latest leading-edge clinical trials under way at NorthShore:

- 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 II study of avastin and temozolomide following radiation and chemotherapy for newly diagnosed glioblastoma multiforme;
- Genetic/environmental risk and outcomes for brain tumors; and
- GLOGENE brain tumor linkage study—all glioma patients are screened in this NCI-sponsored international study. Patients must have two members in a family with glioma.

For more information, please call (847) 570-1808.

Pancreatic

NorthShore University Health System (NorthShore) provides an established pancreatico-biliary and liver disease program that is one of the busiest clinical programs in the state of Illinois and the Midwest region. This program offers patients with pancreatico-biliary disease a comprehensive multidisciplinary patient-centered approach. Physicians and nurses combine an empathetic and caring attitude with state-of-the-art technologies, surgical technique and medical protocols to work toward the best possible outcomes for patients.

NorthShore employs three dedicated hepato-pancreatico-biliary surgeons: Mark Talamonti, M.D., Michael Ujiki, M.D., and Marshall Baker, M.D. Each of these surgeons has had advanced fellowship training specifically focused on pancreas, liver and biliary disease at the best training programs in the United States. Together, they have more than 25 years of clinical practice experience and have published over 200 contributions to the medical literature regarding these diseases. These surgeons employ the most advanced surgical approaches to these problems. They are well versed and experienced in minimally invasive (laparoscopic) pancreas and liver resection and use these techniques whenever possible. They make great effort to provide a procedure that provides sound cancer care but is tailored to and appropriate for the patient and the diagnosis.

NorthShore medical oncologists and radiation oncologists have extensive clinical and research experience specifically focused on gastrointestinal (GI) oncology. They offer the most recent chemotherapy protocols and state-of-the-art stereotactic guidance systems for post-operative radiation treatments in an effort to provide site-directed adjuvant therapy that is well tolerated. Participation in state-of-the-art clinical trials is a fundamental part of their treatment strategies. A novel clinical trial for patients who have undergone surgery is currently under way at NorthShore. Patients receive a pancreas cancer vaccine and standard chemotherapy and radiation in the hopes of enlisting the immune system to destroy pancreas cancer cells.

Patients with pancreaticobiliary malignancy are discussed each week at our GI Oncology conference in a multidisciplinary setting. At this conference, individual cases are reviewed with surgeons, medical oncologists, radiation oncologists, interventional gastroenterologists and GI radiologists. The applicability of newly advanced and experimental treatment protocols are also discussed in the context of each presentation. The treatment plan for each patient is individualized and developed for the patient through group consensus.

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

200

25 years of clinical practice experience by three surgeons that have published over 200 contributions to the medical literature on pancreas, liver and biliary diseases.

Thoracic

KEY POINTS

Patients are guided through the program by a patient navigator and supported throughout their treatment by collaborative practice nursing.

TOP has taken a leading role in the Lung Oncology Group of Chicago (LOGIC), which is a regional effort aimed at developing novel treatment for patients with advanced lung cancer.

Investigators have been working on the development of a novel technology that may be helpful in the early diagnosis of patients with lung cancer.

Thoracic Oncology Cancer Conferences

Evanston Hospital
Walgreen G520 A&B

Tuesdays 7 a.m.

Highland Park Hospital Videocast



The Thoracic Oncology Program (TOP) is a multidisciplinary program focused on providing care to patients with chest malignancies. In addition, TOP is committed to the development of a robust research program aimed at improving the treatment options available for this patient population. Members of TOP include board-certified physicians and mid-level practitioners from thoracic surgery, medical and radiation oncology, pulmonary medicine, pathology and radiology. John Howington, M.D., Associate Professor of Surgery, and Thomas Hensing, M.D., Assistant Professor of Medicine, serve as Co-Directors of the program. Patients are supported by the nutritional and psychosocial oncology teams within the Kellogg Cancer Care Center. Patients are guided through the program by a patient navigator and supported throughout their treatment by collaborative practice nursing.

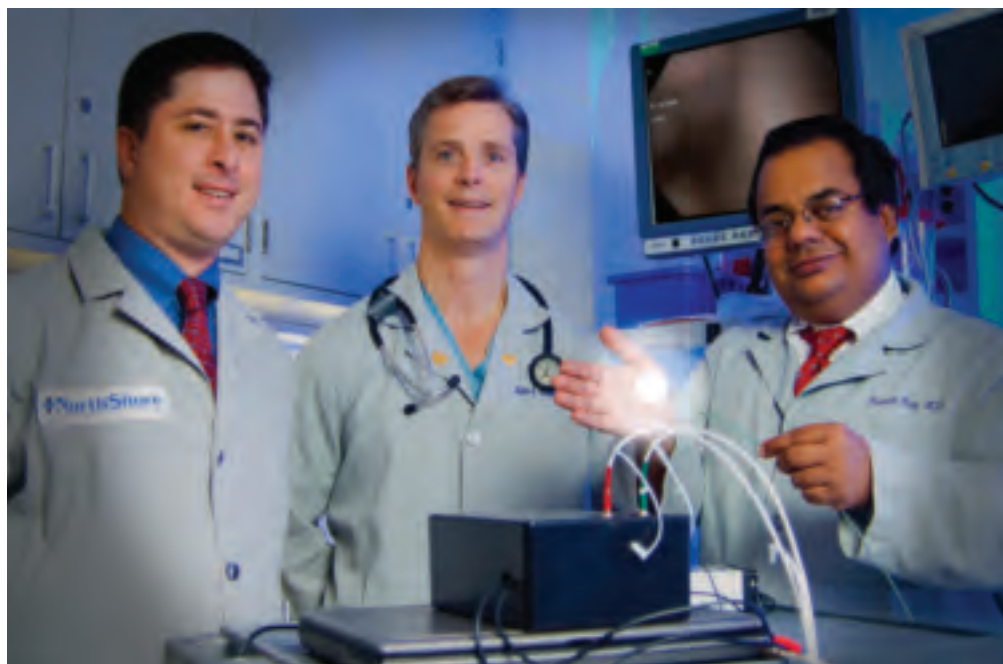
During the past two years, TOP has added two new physicians to the team: John Howington, M.D., Chief of Thoracic Surgery and Co-Director of TOP, and Shailesh Bajaj M.D., Assistant Professor of Medicine. Dr. Howington came to Kellogg from the University of Cincinnati. He has a specific interest in minimally invasive surgical techniques. Dr. Bajaj has joined the Division of Gastroenterology from the University of Wisconsin. He has a specific interest in Endoscopic Ultrasound, which has become an increasingly important tool used in the staging of both lung and esophageal cancers.

TOP has taken a leading role in the Lung Oncology Group of Chicago (LOGIC), which is a regional effort aimed at developing novel treatment for patients with advanced lung cancer. In addition, many members of TOP participate at a national level in NIH-sponsored cooperative groups, focusing on the development of clinical and translational research projects.

During 2008, investigators from TOP, Northwestern University and the Kellogg Cancer Care Center have been working on the development of a novel technology that may be helpful in the early diagnosis of patients with lung cancer. The focus of this technology is an analysis of cells that can be obtained from a swab of an individual's mouth. The characteristics of these cells may be able to predict the presence of a cancer "downstream" in the lower aero digestive tract. Preliminary results from this project were recently reported at the annual meeting of the American Society of Clinical Oncology. If successful, the development of this technology may allow clinicians to screen individuals who are at high risk for developing lung cancer, with the goal of identifying the presence of this disease at an early stage when it is most curable.

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

Right: Thomas A. Hensing, M.D., Co-Director of Thoracic Oncology Program (left), John A. Howington, M.D., Chief of Thoracic Surgery and Co-Director of Thoracic Oncology Program (center), and Hemant Roy, M.D. Director of Gastroenterology Research at NorthShore University HealthSystem (right) with the light-scattering spectroscopy. This minimally invasive probe accurately detects cancerous and pre-cancerous tissues in the lungs and colon, negating the need for biopsies.



Melanoma and Sarcoma

The NorthShore Melanoma and Sarcoma Group is comprised of a multidisciplinary team with expertise and research interests in these cancers, which require highly specialized care.

NorthShore provides a unique five-state referral program for the treatment of aggressive melanomas and sarcomas. David J. Winchester, M.D., offers specialized services of hyperthermic isolated limb perfusions and infusions. These surgical procedures provide an isolated delivery of high-dose chemotherapy that leads to 60-percent complete response rate for recurrent or locally advanced melanomas and sarcomas. Our surgical oncologists were among the first in the region to perform sentinel node biopsy as a selection factor for elective lymphadenectomy in melanoma.

NorthShore was the first integrated healthcare delivery system in the region to have access to Gleevec (imatinib mesylate), the tyrosine kinase inhibitor/targeted therapy, which revolutionized the treatment of gastrointestinal stromal tumor (GIST). NorthShore maintains an active research program on this therapy.

Research studies currently open to accrual include:

ECOG E1697 – Phase III randomized study of four weeks of high-dose IFN Alpha 2B in stage T3-T4 or N1 (microscopic) melanoma EH00-068.

EH07-212 – 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.

AMG 655 – Phase 1b/2 study of AMG 655 in combination with doxorubicin for the first-line treatment of locally advanced metastatic, unresectable soft tissue sarcoma.

A6181112 – Phase IIIb randomized, active controlled open-label study of sunitinib 37.5 mg daily vs. imatinib mesylate daily in the treatment of patients with GIST who have progressive disease while on 400 mg daily of imatinib.

UC 16227 – Phase I/II study of doxorubicin and IMC-A12 in soft tissue sarcoma.

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

Melanoma and Sarcoma Cancer Conferences

Evanston Hospital
Walgreen G520 A&B

1st and 3rd Thursdays 8 a.m.

Hematology

The Hematologic Malignancy Program 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. A strong emphasis on clinical research provides innovative approaches for the management of some of the most difficult hematologic conditions.

NorthShore patients benefit from state-of-the-art laboratory services available on site. The team of pathologists and scientists dissect the intricacies of the pathologic specimen and refine their diagnostic algorithms in intimate collaboration with the hematology physicians. Diagnoses are rendered more rapidly and accurately through this onsite capability and communication.

The program builds on the expertise of board-certified hematologists who exclusively evaluate and manage patients with hematologic conditions. Hematologic malignancies continue to benefit from rapid advances in understanding of the underlying molecular and biological processes.

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

Head and Neck Cancer

The Head and Neck Cancer Group brings expertise from a multidisciplinary team of highly specialized clinicians.

The team offers the highest levels of tertiary care including skull-based surgery, intraoral endoscopic laser surgery,

Intensity-Modulated Radiation Therapy (IMRT), stereotactic radiosurgery and advanced organ preservation protocols. The team meets twice monthly to discuss individual cases and research-related subjects. We have been able to bring high-priority clinical trials to NorthShore, allowing access to new drugs and techniques for our patients.

In 2008, a support group was started for patients and their families. Educational topics are presented and discussion time is set aside for patients and, separately, for their families.

Members of the head and neck cancer group serve on national committees including Bruce Brockstein, M.D., who sits on the National Comprehensive Cancer Network head and neck cancer guidelines committee and the editorial board of the *Journal of Clinical Oncology*. He is the head and neck section editor for *UpToDate*. Dr. Brockstein was the discussant for the head and neck cancer oral presentations at the 2008 annual meeting of the American Society of Clinical Oncology.

Research studies currently open to accrual include:

ECOG E1302 – 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].

UC13362B – A Phase III randomized trial of docetaxel-based induction chemotherapy in patients with N2/N3 locally advanced head and neck cancer [EH05-067].

UC14696 – A Phase II trial of sunitinib (SU11248) in iodine-131 refractory, unresectable differentiated thyroid cancers and medullary thyroid cancers.

AMG 954 – 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.

NCCN EH08-040 – Cetuximab at either 500 or 750 mg /m² every other week for platin refractory cancer of the head and neck.

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

Head and Neck Cancer Conferences

Evanston Hospital
Walgreen G520 A&B

1st and 3rd Wednesdays 8 a.m.



David J. Winchester, M.D., Professor of Surgery (2nd from right), performs a limb infusion.

2006 Cancer Data Summary

Incidence of Cancer 2007

In 2007, 2,853 new cancer cases were accessioned into the NorthShore University HealthSystem (NorthShore) Cancer Registry. Of those 2,606 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 247 cases, 9 percent, were nonanalytic. Nonanalytic 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 (see page 12).

Class of Case 2007

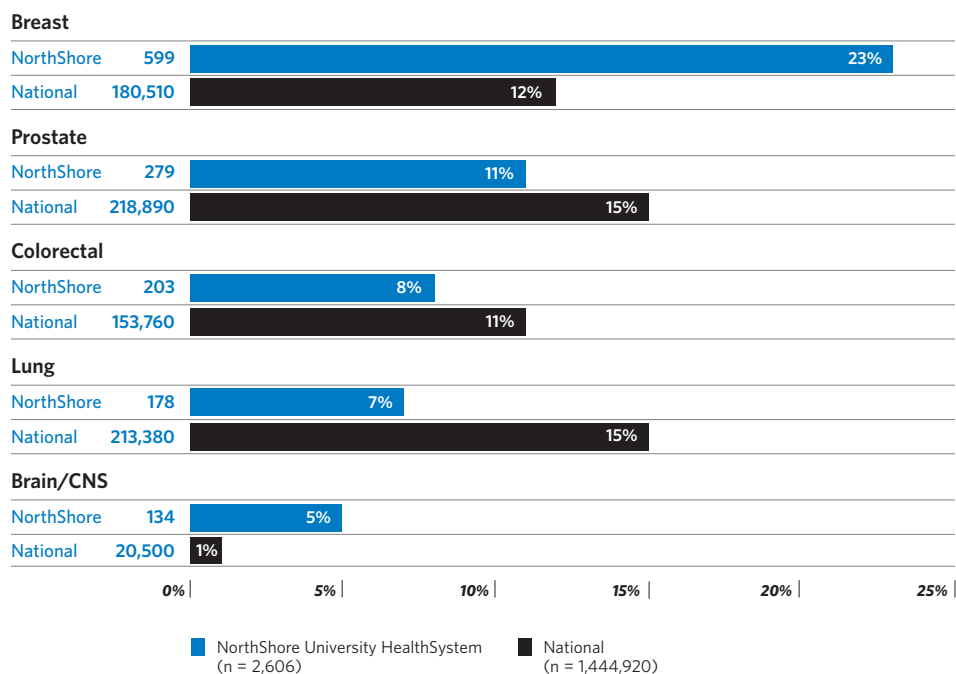
Class 0, 1, and 2 are considered analytic cases, class 3, 4, 5, 6, and 7 are nonanalytic.

Class 0 and Class 1, which account for 2,127 cases, were those malignancies diagnosed at one of our three Hospitals. Once diagnosed with cancer, 2049, or 96%, of our patients remained at NorthShore for their treatment. Class 2, totaling 479 cases, were diagnosed elsewhere and referred here for treatment. Class 3, a total of 241 cases, were diagnosed and treated elsewhere and referred here for treatment of a recurrence or progression of disease. The remaining six cases are divided among other nonanalytic classes.

Comparison of Top Five NorthShore Sites

Breast cancer continues to be our top site, representing a striking 23 percent of the total analytic cases seen at NorthShore. The next most frequent cancers seen were: prostate (11 percent), colorectal (8 percent), lung (7 percent), and brain and other CNS tumors at five percent. These top five sites represent 53 percent of all newly diagnosed cases. Graph 1 shows how our top five sites compare with national figures.

GRAPH 1: TOP 5 SITES



Source: American Cancer Society: Cancer Facts and Figures 2007.

Cancer Incidence Comparison Site and Sex

Table 2 (see page 12) compares NorthShore 2007 data to national statistics provided by the *American Cancer Society: Facts and Figures 2007*, 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 non-Hodgkin's lymphoma. These five sites represent 65 percent of all male invasive cancers nationally and 62 percent seen at NorthShore.

The most common primary sites for women are breast, lung, colorectal, uterine corpus and non-Hodgkin's lymphoma. These five sites represent 62 percent of all female invasive cancers nationally and seen at NorthShore.

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

Eighty-eight percent of our breast cancers were diagnosed at an early stage (stages 0, I and II), reflecting the national (81 percent) trend toward early detection. Eighty-two percent of our prostate cancers (national: 78 percent), 58 percent of our colorectal cancers (national: 51 percent) and 27 percent of our lung cancers (national: 26 percent) were also diagnosed with early-stage disease. There is no staging schema for brain and other CNS tumors. In each of the top sites seen at NorthShore, detection at an early stage was significantly higher than seen nationally. Data supplied by the *NCDB, Commission on Cancer, ACoS Benchmark Reports, v9.0. (2005 data).*

**TABLE 1: INCIDENCE OF CANCER—
2007 DATA SUMMARY**

Primary Site	Analytic	Non Analytic	Total	Percent
Oral Cavity	50	6	56	2.0%
Tongue	20	2	22	0.8%
Salivary Glands	6	0	6	0.2%
Floor of Mouth	5	1	6	0.2%
Gum and Oth Mouth	6	1	7	0.2%
Nasopharynx	1	1	2	0.1%
Tonsil	4	1	5	0.2%
Oropharynx	6	0	6	0.2%
Hypopharynx	2	0	2	0.1%
Digestive System	417	39	456	16.0%
Esophagus	27	2	29	1.0%
Stomach	39	0	39	1.4%
Small Intestine	21	0	21	0.7%
Colon	148	15	163	5.7%
Rectosigmoid Junction	14	0	14	0.5%
Rectum	41	4	45	1.6%
Anus	7	1	8	0.3%
Liver	12	3	15	0.5%
Gallbladder	3	0	3	0.1%
Unspec Digestive Orgs & Pts of Biliary	19	2	21	0.7%
Pancreas	77	9	86	3.0%
Retroperitoneum	8	3	11	0.4%
Peritoneum, Omentum & Mesentery	1	0	1	0.0%
Respiratory System	189	18	207	7.3%
Nasal Cav, Middle Ear & Accessory Sinus	2	1	3	0.1%
Larynx	7	2	9	0.3%
Lung & Bronchus	178	15	193	6.8%
Trachea, Mediastinum	2	0	2	0.1%
Bones and Joints	0	0	0	0.0%
Soft Tissue - incl Heart	22	3	25	0.9%
Skin	119	7	126	4.4%
Melanoma - Skin	111	7	118	4.1%
Other Non-epith Skin	8	0	8	0.3%
Breast	599	36	635	22.3%
Female Genital System	153	7	160	5.6%
Cervix Uteri	11	1	12	0.4%
Corpus Uteri	79	4	83	2.9%
Ovary	46	2	48	1.7%
Vagina	2	0	2	0.1%
Vulva	9	0	9	0.3%
Other Female Genital	6	0	6	0.2%
Male Genital System	297	45	342	12.0%
Prostate	279	45	324	11.4%
Testis	17	0	17	0.6%
Penis	1	0	1	
Urinary System	195	16	211	7.4%
Bladder	111	6	117	4.1%
Kidney	79	10	89	3.1%
Ureter	5	0	5	0.2%
Eye & Orbit	12	1	13	0.5%
Brain & Other Nervous System	134	32	166	5.8%
Brain	72	26	98	3.4%
Cranial Nerves, Other Nerves	62	6	68	2.4%
Endocrine System	160	12	172	6.0%
Thyroid	113	4	117	4.1%
Other Endocrine, incl Thymus	47	8	55	1.9%
Lymphomas	129	11	140	4.9%
Nodal	95	8	103	3.6%
Extranodal	34	3	37	1.3%
Multiple Myeloma	15	1	16	0.6%
Leukemias	49	8	57	2.0%
Mesothelioma	6	0	6	0.2%
Miscellaneous	60	5	65	2.3%
Total	2,606	247	2,853	100.0%

**TABLE 2: TOP 5 SITES COMPARISON
BY GENDER—2007 DATA**

	ACS		NorthShore	
Female	Incidence*	%	Incidence*	%
Breast	178,480	26%	463	36%
Lung	98,620	15%	109	9%
Colorectal	74,630	11%	89	7%
Uterine Corpus	39,080	6%	79	6%
Non-Hodgkin's Lymphoma	28,990	4%	57	4%
Total	419,800	62%	797	62%
Total All Sites	678,060	100%	1,276	100%

	ACS		NorthShore	
Male	Incidence*	%	Incidence*	%
Prostate	218,890	29%	279	29%
Lung	114,760	15%	69	7%
Colorectal	79,130	10%	96	10%
Bladder	50,040	7%	83	8%
Melanoma	34,200	4%	63	7%
Total	497,020	65%	590	62%
Total All Sites	766,860	100%	949	100%

Source: American Cancer Society: Facts and Figures 2007.

*Analytic Cases only, excludes in situ except bladder.

Percentage may not add up due to rounding.

NorthShore University HealthSystem

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A publication of the Office of Public Relations

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Exciting changes are under way at the Kellogg Cancer Care Center at Evanston Hospital

The original building, which served over 43,000 patients and their families for more than 25 years, is being replaced with a new state-of-the-art care facility to better meet the growing needs of our patients. Opening in 2010, the new and improved Kellogg Cancer Care Center at Evanston Hospital will provide patients with more private space for treatment and consultations in an environment designed to support a positive mental attitude and lift the spirit. Larger facilities will reduce the wait time for patients. An adjacent outpatient pharmacy will make it easy to pick up prescriptions, as well as other aids for cancer patients. Specialists will offer advances in integrative medicine, such as acupuncture, massage therapy, nutrition counseling, meditation and stress reduction. Patients and their families may benefit from emotional support offered by private consultations, nurse education visits and support group meetings in this new center.



A New Academic Partner

NorthShore University HealthSystem (NorthShore) and the University of Chicago Pritzker School of Medicine have agreed on an academic affiliation that places medical students, residents and fellows from the University of Chicago Medical Center at the three NorthShore hospital locations in Evanston, Glenbrook and Highland Park.

Leaders at both organizations believe the fit is a natural, bringing together Pritzker, one of the premiere medical schools in the country, with NorthShore, one of the nation's leading teaching hospitals. Both share a commitment to the highest levels of patient care and medical research, yet they expose students and residents to different patient populations, operational systems, and an urban-academic-medical-center vs. suburban-community-teaching-hospital patient care setting.



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