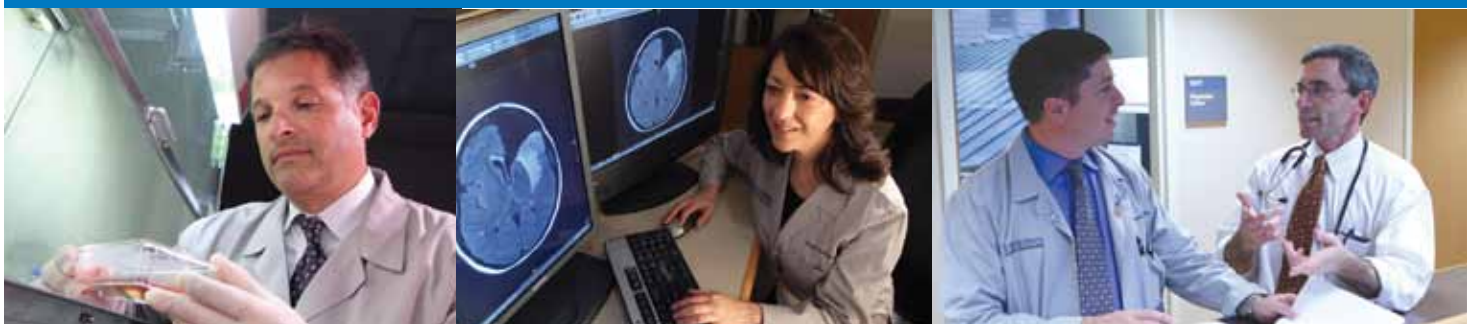


Dedicated Expertise, Personalized Care



# Dedicated Expertise, Personalized Care in 2011



**Dr. Bruce E. Brockstein**  
Director, NorthShore Kellogg Cancer Center

At NorthShore University HealthSystem's (NorthShore) Kellogg Cancer Center, we work to provide preventive and personalized medicine to each and every patient and family we serve. We offer multidisciplinary, compassionate care where experts from a variety of disciplines come together collaboratively to ensure the best possible treatment options for cancer patients at NorthShore Evanston, Glenbrook and Highland Park Hospitals.

Since its founding, Kellogg Cancer Center has treated more than 50,000 patients, and the Center's survival rates compare favorably with national benchmarks. Data reflecting survival by stage for various tumor sites is included throughout this report. In 2010, NorthShore Kellogg Cancer Center received a three-year accreditation with commendation from the Commission on Cancer, which demonstrates our commitment to the highest standards.

NorthShore continues to invest significant resources into Kellogg Cancer Center; a new and expanded center will open at Glenbrook Hospital in early 2012, and the space at Highland Park Hospital was nearly doubled this year. These additions represent our ongoing

responsiveness to community needs as we care for an increasing number of patients and complement our new Evanston Hospital Kellogg Cancer Center, which was completed last year.

We value the input and support of NorthShore's Oncology Patient Advisory Board as well as feedback from the community at large. The oncology Guided Patient Support (GPS) program, initiated in 2010 with philanthropic support from The Auxiliary of NorthShore at Evanston and Glenbrook Hospitals, provides nurse navigators for newly diagnosed cancer patients and continues to be a source of heightened patient satisfaction.

In addition to helping patients navigate each phase of their care, the innovative GPS program provides financial advocates who can assist patients with everything from insurance questions to securing financial aid, and provides additional nutrition and psychosocial support staff.

Our care truly focuses on the entire individual as our team includes experts in integrative medicine, nutrition, psychosocial oncology and cancer survivorship.

A robust clinical research program— anchored by our National Cancer Institute-funded Community Clinical Oncology Program (CCOP), one of the nation's oldest—also supports patient care at NorthShore. Our patients have access to a broad array of active clinical trials and potentially life-saving new treatments. NorthShore's new cutting-edge Center for Clinical and Research Informatics (CCRI) will advance research initiatives in cancer and further leverage data from our advanced Electronic Medical Record (EMR) system to improve outcomes.

A strong academic component runs through Kellogg Cancer Center as our teaching affiliation with the University of Chicago Pritzker School of Medicine continues to flourish. Attending physicians hold academic appointments at the University, and medical students, residents and fellows undergo training at our hospitals. Physician-scientists at NorthShore



**Drs. David J. Winchester (left), Tricia Moo-Young and Richard Prinz provide specialized surgical expertise for patients with endocrine cancers and related conditions.**

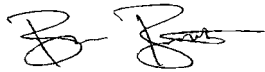
continue to expand collaborative opportunities with colleagues at the University of Chicago.

NorthShore was once again named one of the nation's 10 Top Health Systems in a comprehensive analysis of quality, efficiency and clinical performance by Thomson Reuters, an honor that reflects exceptional standards of care and superior patient satisfaction scores.

We are grateful for critical philanthropic support provided by our many generous donors. We are especially honored this year with extraordinary support from the Ellen Marks Cancer Foundation to name the Ellen Marks Ambulatory Care Center at Highland Park Hospital. This gift will advance cancer research initiatives and enhance the patient care experience at Kellogg Cancer Center. In addition, John and Carol Walter's exceptional generosity will fund the John and Carol Walter Center for Urologic Health in the soon-to-be-opened John and Carol Walter Ambulatory Care Center at Glenbrook Hospital. We thank them and the many other wonderful benefactors whose charitable contributions make a real and remarkable difference in the lives of Kellogg Cancer Center patients.

This report provides more information on the collaborative and personalized care we are proud to provide to the patients and communities we serve. We look forward to a bright future dedicated to offering the highest level of oncology care.

Sincerely,



Bruce E. Brockstein, MD  
Director, NorthShore Kellogg Cancer Center  
Head, Division of Hematology Oncology



**David Marks (left) and oncologist Dr. Leon Dragon celebrate the new Ellen Marks Gallery at Highland Park Hospital Kellogg Cancer Center.**



David J. Winchester, MD  
Chairman, NorthShore University HealthSystem  
Cancer Committee

## NorthShore Kellogg Cancer Center

**The collaborative practice model at Kellogg Cancer Center focuses on each individual's needs, offering a full array of expert services, including:**

- Team approach to patient care
- Advanced surgical oncology
- Outpatient chemotherapy and cancer care through three Kellogg Cancer Center sites
- Radiation oncology at NorthShore hospitals
- Expert pathology services, including molecular pathology
- Advanced radiology
- Clinical trials
- Nurse navigators
- Rehabilitation programs
- Integrative medicine practices
- Cancer survivorship program Living in the Future (LIFE)
- Patient and community education
- Patient and family support groups
- Community resource referrals
- Spiritual care
- Nutrition counseling
- Crisis intervention and emotional support
- Genetic counseling
- Cancer registry

# Thoracic Oncology: Personally Tailored Therapy

Dedicated to advancing care and outcomes for patients with lung cancer and other thoracic malignancies, NorthShore's Thoracic Oncology Program (TOP) features a multidisciplinary, collaborative team.

Experienced specialists from medical and radiation oncology, thoracic surgery, radiology, pulmonary medicine, pathology, pharmacy and other disciplines come together to provide each patient with the most advanced, individualized care. The team also is supported by healthcare professionals in nutrition, integrative medicine and psychosocial oncology, all of whom share the TOP mission to prevent, expertly diagnose, treat and manage lung cancer and esophageal, pleural, mediastinal and chest wall tumors.

Co-directed by Thomas Hensing, MD, and John Howington, MD, both of whom hold academic appointments at the University of Chicago Pritzker School of Medicine, TOP offers the latest in advanced care options, including personally tailored therapy based on the specific molecular characteristics of tumors. Genetic profiles of tumors are studied to ensure the most successful treatment protocols. NorthShore's sophisticated pathology team provides up-to-date technology and expertise, ensuring that a high percentage of tests and novel diagnostics are completed in house, so patients receive the quickest results and can begin life-saving treatment as soon as possible.

Dr. Hensing chairs the Lung Oncology Group in Chicago (LOGIC), and other team members are active in local and national organizations, reflecting a shared commitment to advocacy and improved outcomes for lung cancer patients.

The TOP team meets weekly to discuss individual patient cases, bringing collective expertise to development of personalized treatment plans. In recent years the approach to treating lung cancer has evolved rapidly as the biology of the tumor characterizes the disease and can thereby be used to predict the best plan of attack—often a multimodal strategy with surgery, chemotherapy, radiation and cutting-edge medications.

In addition to Dr. Hensing, medical oncologists Alla Gimelfarb, MD, and Theresa Law, MD, are active team members and receive referrals for an increasing number of patients from throughout the region as the program's reputation for genotyping and access to clinical trials grows.

With emphasis on early diagnosis, more early-stage cancers are found and treated with minimally invasive surgery to remove tumors before they spread. Dr. Howington's expertise in this area includes performing video-assisted thoracoscopic surgery or VATS lobectomy, a procedure done with a small incision under the arm, as opposed to the traditional method which requires cutting the chest open and spreading the ribs. This advanced procedure means quicker recovery, less pain, less chance of complications and overall less trauma to the body.

Ki Wan Kim, MD, joined the Division of Thoracic Surgery this year after completing fellowship training at the University of Michigan. Dr. Kim performs VATS/thoracoscopic lobectomy and also brings additional experience in managing esophageal cancer. We now have the capability to perform minimally invasive esophagectomy for esophageal cancer patients.

Pulmonary disease specialist Stacy Raviv, MD, joined the TOP team recently and brings additional experience in endobronchial ultrasound. This advanced diagnostic procedure is used to provide more accurate diagnosis and staging information, revealing areas of the lung and chest wall that traditionally could be seen only with more invasive surgical procedures.

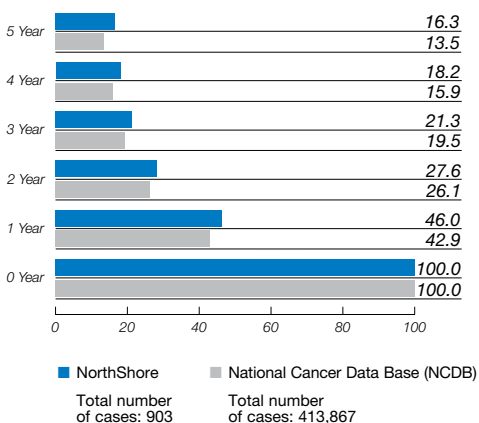
## Thoracic Cancer Conferences

*NorthShore Evanston Hospital  
Kellogg Room G868, Tuesdays, noon*

*NorthShore Highland Park Hospital  
Videocast*

## Lung 5-Year Observed Survival

Cases diagnosed 1998–2002



Source: 2011 NCDB, Commission on Cancer, Survival Reports

## Early Detection

The National Lung Screening Trial, sponsored by the National Cancer Institute, made headlines this year as results of the study, which looked at CT screening versus traditional X-ray for those at high risk of developing lung cancer, showed a dramatic 20 percent reduction in lung cancer deaths.

Ahead of the curve, NorthShore has actively participated in the International Early Lung Cancer Action Project (I-ELCAP) for 10 years, exploring the use of low-dose CT scans to detect lung cancer at a curable stage in asymptomatic smokers.

Daniel Ray, MD, principal investigator for I-ELCAP at NorthShore, has long been an impassioned advocate for screening high-risk patients and with the scientific evidence to support this tool has helped broaden awareness and access of these CT scans for appropriate patients.

Smokers and those with a history of smoking, especially those between 55 and 75 years old, are encouraged to talk with their physicians and consider a CT scan, which is available at a reduced cost at all NorthShore hospitals and three outpatient centers at Old Orchard, Vernon Hills and Northbrook Court.

*continued on page 4 >>*

## Biomarkers Drive Successful Therapy

A nonsmoking, healthy mother of a teenage daughter, Joan Szabo never thought lung cancer was even a remote possibility when she began experiencing back pain about four years ago.

"I work out a lot, I had run a half marathon and I thought maybe I pinched a nerve in my back," Szabo said. She didn't have a cough, and she didn't have trouble breathing. So for quite some time she believed she had a back problem.

Shocked barely begins to describe her feeling when tumors were detected and a biopsy of her lung lining revealed cancer. "I've never smoked, I've never even been around smokers," the 58-year-old Szabo said.

In fact, she had so many small nodules on her lungs, Szabo said, that NorthShore thoracic surgeon John Howington, MD, told her they initially thought it could have been a fungus.

Szabo sought treatment with NorthShore oncologist Thomas Hensing, MD, who immediately sent tissue samples out for tests to determine the specific genetic mutation causing Szabo's cancer. "Traditionally, with a cancer diagnosis, we looked at where did it start, in what organ? And we looked under a microscope to determine what type of cancer it was. Now we are looking at the genetics of the tumor type to learn what drives it to grow so we can specifically target the molecular abnormality driving the problem," Dr. Hensing explained.

"Tailoring the treatment to the specific tumor biology is a real paradigm shift in cancer treatment," he added.

That shift has meant the world to Szabo, who for almost three years has been receiving treatment based on the specific biomarkers of her tumor strain and is doing remarkably well.

"I feel better now than I did five years ago," said Szabo, who is back to exercising and running the occasional race.

The likelihood of successful treatment without this kind of targeted therapy was much lower, said Dr. Hensing. Actively involved in clinical trials and research for improved treatment options, Dr. Hensing is optimistic that this biologically driven approach to diagnosis and personalized care will make a real difference in the battle against lung cancer.



**Joan Szabo**

Szabo sees Dr. Hensing every six weeks and has a scan every 12 weeks. Aside from some annoying side effects related to the medicine, she is going strong and planning for her annual summer trip to Europe with her daughter who is now a sophomore in college. In addition to visiting two new countries each year, they make a distinctly American pilgrimage every summer—heading to two new major league ballparks.

She has high praise for her team of NorthShore physicians, including Dr. Hensing, internist Scott Cienkus, MD, and dermatologist Sarah Kasproicz, MD, who has worked with Dr. Hensing to help treat some of the side effects. While Szabo is grateful for her care at Kellogg Cancer Center, in general she said she spends as little time as possible even thinking about her cancer.

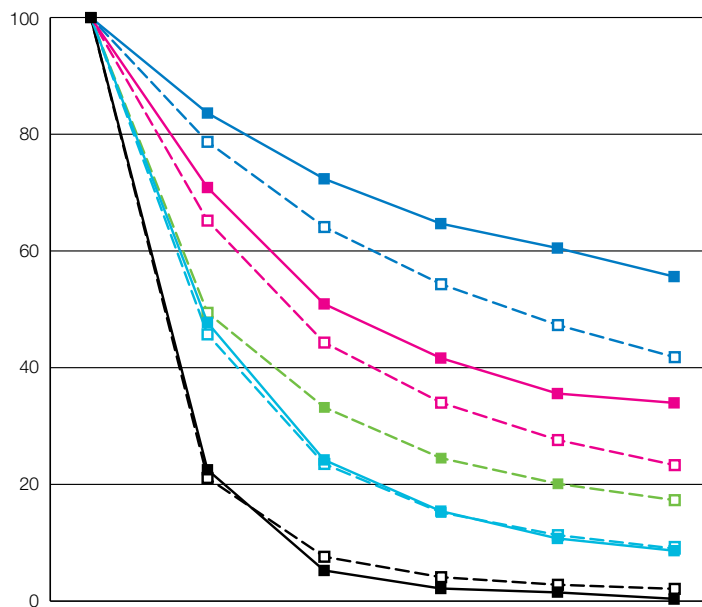
"I feel very healthy, and I take even better care of myself now than I ever did," Szabo said. "I try to live my life the way I always have."

## Lung Cancer Observed Survival by Stage

Comparison of NCDB to NorthShore Data

Cases diagnosed 1998–2002

NorthShore survival outcomes compare favorably with national benchmarks, as shown in the Survival Graph (at right), which compares outcomes for patients treated for lung cancer at NorthShore with those treated nationally.



Stage	Entity	Dx	1Year	2Year	3Year	4Year	5Year
Stage 0	NorthShore*	100.0	—	—	—	—	—
	NCDB	100.0	49.4	33.2	24.5	20.1	17.3
Stage I	NorthShore	100.0	83.6	72.3	64.6	60.4	55.5
	NCDB	100.0	78.7	64.1	54.3	47.3	41.8
Stage II	NorthShore	100.0	70.8	50.8	41.5	35.4	33.8
	NCDB	100.0	65.2	44.3	34.0	27.6	23.3
Stage III	NorthShore	100.0	47.6	24.0	15.2	10.5	8.4
	NCDB	100.0	45.7	23.5	15.2	11.3	9.0
Stage IV	NorthShore	100.0	22.3	5.0	1.9	1.4	0.8
	NCDB	100.0	21.1	7.6	4.1	2.8	2.1

\*Insufficient cases to display survival year for Stage 0.

Source: 2011 National Cancer Data Base (NCDB), Commission on Cancer

continued >>

Specially trained and experienced radiologists at NorthShore have developed algorithms and a system for determining changes in the lungs, and are involved in advising referring physicians how to interpret these changes.

### Robust Research Initiative

NorthShore has a robust research program in thoracic oncology with a particular emphasis on drug development and novel therapeutics. Translational research studies looking at ways to predict how patients will do with specific treatments based on biomarkers are under way and leverage NorthShore's substantial tumor bank and pathology capabilities.

Our collaboration with the University of Chicago means that Kellogg Cancer Center patients have access to an increasingly wide array of clinical trials offered at NorthShore hospitals and the University of Chicago Medical Center. Many new oral chemotherapy agents are now available, and more are in the pipeline. NorthShore physicians work hand in hand with colleagues at the University of Chicago to ensure seamless care for patients.

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



**Kellogg Cancer Center nurse Cory Gustafson and Dr. Thomas Hensing**

## Tobacco Cessation Program

Tobacco use is the leading preventable cause of premature death in the United States, causing an estimated 435,000 deaths each year. Tobacco use is most obviously linked to lung cancer, but additionally is known to contribute significantly to the risk for many other cancers, including head and neck, pancreatic, bladder, kidney, stomach and uterine. While there is significant evidence that continued tobacco use after the diagnosis of cancer decreases survival, reduces treatment efficacy, and increases treatment toxicity and the risk for recurrence, many cancer patients continue to smoke after diagnosis.

In an effort to help cancer patients and their families successfully tackle the battle against tobacco addiction, Kellogg Cancer Center implemented a comprehensive smoking cessation program in 2011. Oncology pharmacist Shannon Gavin completed intensive training at Mayo Clinic to become a certified Tobacco Treatment Specialist and helped develop the program for Kellogg, which utilizes NorthShore's advanced Electronic Medical Record (EMR) system to document patient information and collect data for ongoing research.

Clinical practice guidelines for treating tobacco use and dependence recommend using the time of cancer diagnosis as a "teachable moment" for tobacco cessation. The combination of support from a trained professional and the use of tobacco cessation medications increases the chances of quitting successfully.



**Oncology pharmacist Shannon Gavin**

Our program is innovative in that it is integrated into the care provided at Kellogg Cancer Center, is pharmacist-driven and addresses both the behavioral and physiological components. The specially trained oncology pharmacists' role has grown from drug dispensing to education and management of a chronic disease.

Although it is too early to document long-term results, the new tobacco cessation program is showing promising results and clearly supports the mission of the Kellogg Cancer Center to provide the highest level of care possible while supporting continued research and prevention efforts.

## Breast Oncology: Dedicated Team of Specialists

Our comprehensive breast health program is the largest academic multispecialty practice in the state.

A collaborative team of breast specialists, including surgeons, oncologists, radiation therapists, radiologists and nurses, is joined with critical support from psychosocial oncology, integrative medicine, nutrition and more to provide individually tailored, advanced care to each patient.

New cases come before our team of experts at weekly multidisciplinary breast conferences, ensuring that personalized treatment plans reflect the best thinking and collective experience from a range of leading physicians.

Patients with breast cancer make up the largest percentage of Kellogg Cancer Center patients, and NorthShore's program was the first in the Chicago region to be accredited by the American College of Surgeons' National Accreditation Program for Breast Centers.

This year, the team welcomed breast-focused medical oncologist Teresa Law, MD, who sees patients at both the Evanston and Highland Park Hospital Kellogg Cancer Centers. Newly diagnosed patients have the convenience and

*continued on page 6 >>*

comfort of seeing medical oncologists and surgeons in one location on the same day at our multidisciplinary clinic at Evanston Hospital. A new and enhanced breast center was opened at Highland Park Hospital in September, designed in keeping with our commitment to patients' comfort.

Early detection is a major element of NorthShore's program, which features same-day screening mammogram appointments, fast-track scheduling for diagnostic procedures and appointments with breast surgeons. As a leader in diagnostic imaging, NorthShore patients benefit from the latest technology, including digital mammogram, ultrasound and MRI, as well as the added expertise from sub-specialized radiologists who interpret all images.

Our nurse navigator provides another level of service and assistance to newly diagnosed patients, helping them with everything from coordinating care issues to accessing support services and financial counseling. The breast nurse navigator also attends tumor board conferences and has regular interaction with key physicians.

NorthShore's breast program offers a lymphedema treatment program with dedicated physical and occupational therapists.

Leaders in nipple-sparing mastectomies, NorthShore surgeons David J. Winchester, MD, and Michael Howard, MD, who specializes in plastic and reconstructive procedures, are pioneers in this complicated procedure.



Dr. Katharine Yao (left) and Dr. Teresa Law

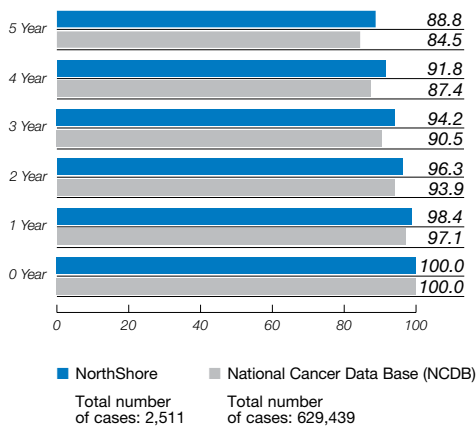
## Breast Cancer Conferences

NorthShore Evanston Hospital  
Kellogg Room G868, Mondays, 7 a.m.

NorthShore Highland Park Hospital  
Videocast

## Breast 5-Year Observed Survival

Cases diagnosed in 1998–2002



Source: 2011 NCDB, Commission on Cancer, Survival Reports

## Research Priorities

A dedicated team of physician scientists is focused on research related to prevention, detection and improved treatment for breast cancer, and this research is a critical component of our program. Katharine Yao, MD, Director of the Breast Surgical Program, and Dr. Winchester are co-investigators for multiple studies of surgical outcomes in breast cancer, and the National Cancer Data Base, a joint project of the American Cancer Society and the American College of Surgeons, has selected NorthShore as a breast alpha site. Drs. Yao and Winchester along with faculty in the Department of Health Studies at the University of Chicago are looking at radiation and surgical treatment trends in breast care using the National Cancer Data Base. Using the same database, NorthShore plastic and reconstructive surgeon Mark Sisco, MD, recently presented a poster of "exceptional merit" at the American College of Surgeons meeting looking at reconstruction rates.

NorthShore has been a member of the National Institutes of Health (NIH) Community Clinical Oncology Program since its inception in 1983. The program coordinates a broad range of clinical trials exploring emerging treatment options and new drug therapies. Clinical trials offered by our team ensure that our patients have access to the latest promising treatments.

Among the many clinical trials currently offered are:

- **UC 09-056-B: Investigation of Genetic Determinants of Capecitabine Toxicity**  
The purpose of this study is to find out if genes have a role in certain side effects experienced while taking capecitabine.
- **NSABP B-46-I/USOR07132: A Phase III Clinical Trial Comparing the Combination of TC Plus Bevacizumab to TC Alone and to TAC for Women with Node-Positive or High-Risk Node-Negative, HER-2 Negative Breast Cancer**  
The purpose of this study is to learn if adding an investigational drug to two different combinations of standard chemotherapy drugs will decrease the chance of breast cancer returning in patients with early stage HER-2 negative breast cancer.



■ *NCIC MA.32: A Randomized Phase III Trial of Metformin Versus Placebo on Recurrence and Survival in Early Stage Breast Cancer*

This study is looking at whether Metformin, a drug that is commonly used to treat diabetes, can decrease or affect the ability of breast cancer cells to grow and whether Metformin will work with other therapy to keep cancer from recurring.

■ *CZOL446E2352: A Prospective, Randomized, Double-Blind, Stratified, Multi-Center, 2-ARM Trial of the Continued Efficacy and Safety of Zometa in Patients with Documented Bone Metastases from Breast Cancer*

The purpose of this study is to find out whether a drug known as Zometa continues to decrease skeletal-related events (like broken bones) after the initial nine doses.

■ *CRAD001W2301: A Randomized Phase III, Double-Blind, Placebo-Controlled Multicenter Trial of Daily Everolimus in Combination with Trastuzumab and Vinorelbine, in Pretreated Women with HER2/neu Over-Expressing Locally Advanced or Metastatic Breast Cancer*

This study aims to find out if the drug everolimus, when combined with the FDA-approved medications trastuzumab and vinorelbine, is safe and has beneficial effects in people who have HER2/neu over-expressing breast cancer that is locally advanced or has spread to additional sites.

■ *LPT112515: A Randomized Phase III, Open-Label Study of Lapatinib plus Trastuzumab Versus Trastuzumab as Continued HER2 Suppression Therapy after Completion of First- or Second-Line Trastuzumab plus Chemotherapy in Subjects with HER2-Positive Metastatic Breast Cancer*

The purpose of this study is to test the safety and effectiveness of the drug lapatinib when used in combination with the drug trastuzumab in patients with HER2-positive breast cancer that has spread to other parts of the body.

*continued on page 8 >>*

## The Best Treatment

As her second child was turning one, Amanda Bassett, 37, was adapting to new changes in her life. She couldn't foresee those adjustments including breast cancer.

Not yet 40 and with no family history of breast cancer, Bassett had never had a mammogram when she made an appointment after finding the lump in her breast. A biopsy confirmed she had early-stage breast cancer and she met her surgeon, Katharine Yao, MD, Director of NorthShore's Breast Surgical Program. "Dr. Yao is an expert and very personable," Bassett said. "She gave me a lot of confidence."

Dr. Yao told Bassett that NorthShore had implemented the treatment approach confirmed by the groundbreaking American College of Surgeons Oncology Group Z011 Clinical Trial. For early-stage breast cancer patients like Bassett, who require a lumpectomy and sentinel node biopsy, the new protocol spares lymph node tissue and minimizes painful, potentially harmful side effects.

Following her surgery, Bassett saw oncologist Douglas Merkel, MD, who managed her chemotherapy treatment. "He's a brilliant man," she said. Along with nurse Diane Nechi-Fragassi, they encouraged her through the treatment. "The care is so integrated," she said. "They made chemotherapy tolerable."

Sometimes the best treatment for patients goes beyond traditional medical care. Caregivers collaborate so that patients can access programs that enhance their medical treatment. "I leveraged every service I could possibly leverage," Bassett said. This included acupuncture through NorthShore's Integrative Medicine Program and counseling through the Psychosocial Program, which provides services to help patients manage emotional and practical needs. She is now enrolled in the Living in the Future (LIFE) Cancer Survivorship Program to help her adapt and focus on her future health and well-being.



**Amanda Bassett**

■ *EH10-244: Peritumoral Fat as a Promoter of Invasive Breast Carcinoma*

The purpose of this study is to evaluate fat tissues around breast cancers and in nonaffected breast tissue. Through the study, we hope to gain understanding of how fat tissues may promote breast cancer progression.

■ *EH09-139: Prospective Observational Trial of Breast MRI in Newly Diagnosed Breast Cancers*

The purpose of this study is to look at surgical outcomes and quality of life in patients undergoing preoperative breast MRI.

A new summer research internship in breast cancer and clinical trial research was added this year, made possible through philanthropic support, providing an opportunity for undergraduate students to participate and learn about clinical and translational research at NorthShore.

The breast program continues to benefit from our academic affiliation with the University of Chicago Pritzker School of Medicine. NorthShore is starting an MRI project for high-risk breast lesions that is a joint effort between researchers at NorthShore and the University of Chicago. In addition, Dr. Yao is working with researchers at the University of Chicago looking at the role of microRNAs in breast cancer progression, which was recently funded by a breast and ovarian research grant from The Auxiliary of NorthShore at Evanston and Glenbrook Hospitals.

We are grateful for ongoing philanthropic support, which is critical to our mission to offer the highest level of care and continue innovative research aimed at prevention, early detection and optimal treatment. A generous donation from the Karen Dove Cabral Foundation will enable Kellogg Cancer Center to provide much-needed support services to young mothers with breast cancer by helping fund certain costs such as noncovered medical expenses and child care fees while undergoing treatment. A generous donation from the Modestus Bauer Foundation supports an annual symposium between NorthShore and the University of Chicago to discuss important papers presented at the San Antonio Breast Cancer Symposium.

**For more information, call the Department of Surgery at (847) 570-1700 or Medical Oncology at (847) 570-2112.**

## Gynecology Oncology: Access to Emerging Therapies

Dedicated to providing the most advanced and compassionate care to individual patients, NorthShore's gynecological oncology program brings together a team of expert physicians and specialized support staff.

A robust translational research program backs our clinical efforts as our collaborative group is committed to research aimed at prevention, early detection and better treatment for women's cancers.

Led by Gustavo Rodriguez, MD, the Matthews Family Chair of Gynecologic Oncology Research, the Division of Gynecologic Oncology provides a growing number of patients multidisciplinary care that features the combined talents of gynecological oncologists, geneticists, radiologists, radiation oncologists and pathologists. It also offers important support services including psychosocial oncology, integrative medicine and nutrition.

The division's clinical trials and translational research program is led by Jean Hurteau, MD, and the minimally invasive program is directed by Carolyn Kirschner, MD.

### Gynecology Cancer Conference

*NorthShore Evanston Hospital  
Kellogg Room G868, Thursdays, 7 a.m.*



**Dr. Gustavo Rodriguez**

A leader in minimally invasive surgical approaches, NorthShore offers patients the benefits of the most sophisticated technology and technique. The robotic surgery program has been significantly expanded to include surgery for endometrial cancers. The majority of procedures are now done robotically, benefiting patients with shorter hospital stays, less pain and quicker recoveries.

A new fellowship program established with the University of Chicago Pritzker School of Medicine and co-directed by Dr. Hurteau debuted this year and reflects our growing ongoing collaboration with our academic partner.

The NorthShore gynecology program was recognized this year in *U.S. News & World Report* as one of the top gynecology programs in the nation.

## Groundbreaking Research

Innovative research at the division is supported by major federal grants, The Auxiliary of NorthShore at Evanston and Glenbrook Hospitals, Bears Care (the charitable beneficiary of the Chicago Bears) and a host of generous donors, many of whom are patients and their families.

Dr. Rodriguez and his research team are focused on ovarian cancer prevention strategies, as the best hope for decreasing ovarian cancer mortality in the future likely lies in prevention. In recent years they have uncovered a major biological mechanism underlying the ovarian cancer preventive effects of estrogen-progestin oral contraceptive pills (OCP). Ongoing research is focused on progestins and progesterone and vitamin D's synergistic effects as chemopreventive agents for ovarian cancer.

Dr. Rodriguez and his colleagues are widely published and recognized for this promising work. He continues to hold a leadership position with the Gynecologic Oncology Group (GOG) and serves as lead investigator on protocol 214, a national clinical trial studying whether certain hormones play a role in the prevention of ovarian cancer.

NorthShore's extensive clinical trial program ensures that patients have access to emerging therapies and the latest discoveries. Dr. Hurteau is the principal investigator on several exciting studies related to chemotherapy and drug treatments designed to answer fundamental questions about the best treatment for ovarian cancer. These studies include:

- **GOG 0252: A Phase III Trial of Bevacizumab with IV Versus IP Chemotherapy in Ovarian, Fallopian Tube and Primary Peritoneal Carcinoma**  
The study compares three different combinations of chemotherapy with or without the addition of an investigational drug known as bevacizumab.
- **GOG 0262: A Randomized Phase III Trial of Every-3-Weeks Paclitaxel Versus Dose Dense Weekly Paclitaxel in Combination with Carboplatin with or without Concurrent and Consolidation Bevacizumab (NSC #704865, IND #7921) in the Treatment of Primary Stage III or IV Epithelial Ovarian, Peritoneal or Fallopian Tube Cancer**  
The study compares the good and/or bad effects of the current standard treatment for ovarian, fallopian tube and primary peritoneal cancer with those of investigational treatments.

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

# Prostate Cancer: Improving Outcomes

NorthShore's comprehensive prostate cancer program continues to offer the most advanced, collaborative care composed of a broad range of specialists and researchers dedicated to patients and improved outcomes for this highly curable disease.

Thanks to a \$5 million philanthropic gift from John and Carol Walter, prostate cancer care at NorthShore will be delivered through the new John and Carol Walter Center for Urologic Health. Co-directed by Charles Brendler, MD, the Ronald L. Chez Family and Richard Melman Family Chair of Prostate Cancer, and Michael McGuire, MD, Urology Division Chief, the Center is focused on personalized care for prostate cancer patients, as well as men and women with urologic cancers and other diseases. Patients will benefit from not only leading urologists, radiation oncologists and medical oncologists, but also essential support services focused on nutritional and integrative medicine, sexual health, genetic counseling and psychosocial issues.

The remarkable generosity and vision of John and Carol Walter have inspired a matching gift of \$5 million from Donald and Joan Rappoport to further support the urologic health programs that will be housed in the Walter Center for Urologic Health. These two truly transformational gifts will enable us to launch a comprehensive set of clinical and research initiatives that will directly benefit both our current and future urologic patients.

The team welcomed several important new members in the last year, including Jeffrey Albaugh, PhD, an advanced practice nurse with a doctorate in sexual health and 20 years of experience caring for men and women with sexual health concerns; Kristian Novakovic, MD, a fellowship-trained urologic oncologist with special interests in both kidney and prostate cancer; and Sangtae Park, MD, a fellowship-trained minimally invasive surgeon with expertise in both single-port laparoscopic and natural orifice surgery.

The NorthShore urology program was recognized this year in *U.S. News & World Report* as one of the top urology programs in the nation.

## Active Surveillance

NorthShore has the only Institutional Review Board (IRB)-approved prostate cancer active surveillance clinical trial in the region. More than 150 patients have been screened to date and more than 100 are currently enrolled in the study, which was initiated in 2009. Dr. Brendler recently became Co-Chairman of the National Cancer Institute Specialized Program of Research Excellence (NCI SPORE) Active Surveillance Working Group, and NorthShore recently became the coordinating center for all 15 active surveillance programs across North America. Active surveillance presentations have been made at several regional and national meetings as interest grows and evidence mounts that it is a safe approach.

Men enrolled in the trial are followed very closely with a physical exam as well as blood and urine tests every six months, and undergo surveillance prostate biopsies every two years. For the vast majority of patients, it is very safe to be followed closely for a number of years without treatment, which all too often leaves men with some side effects, usually affecting sexual or urinary health. The active surveillance trial at NorthShore follows men closely, and recommends and initiates effective treatment when indicated so that no man progresses to incurable prostate cancer.

Additionally, men in the trial receive care from a dedicated team of health professionals providing psychosocial, nutritional and lifestyle guidance to help them optimize their chances of successful outcome.

Research is an integral part of the prostate cancer program. NorthShore has the only IRB-approved clinical trial in the region examining quality of life and the



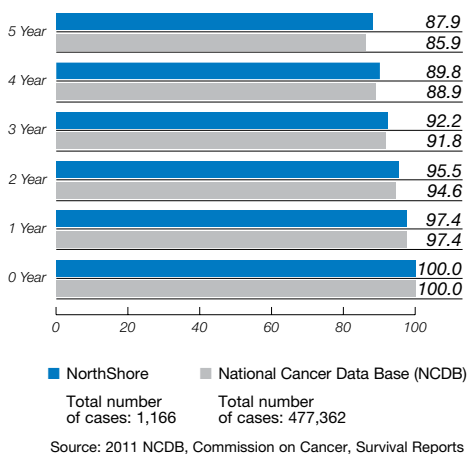
**Dr. Charles Brendler (left)  
and Dr. Michael McGuire**

## Prostate Cancer Conferences

NorthShore Evanston Hospital  
Kellogg Room G868  
1st and 3rd Thursdays, 5:30 p.m.

## Prostate 5-Year Observed Survival

Cases diagnosed in 1998–2002



impact of stress reduction in prostate cancer patients, as well as their spouses, enrolled in active surveillance. The principal investigator of this study is David Victorson, PhD.

NorthShore is also the top recruiting site in the United States and sixth overall internationally in the IMPACT study, an international clinical trial investigating the impact of BRCA1 and BRCA2 mutations on prostate cancer risk and progression in men with a family history of BRCA1 or BRCA2 positive breast cancer.

A collaborative team of clinicians and scientists is involved in promising studies designed to develop better diagnostic and treatment options for prostate cancer. Susan Crawford, MD, Director of Urologic Research, was recently named Scientific Director of the NorthShore Center for Molecular Medicine, which is led by Janardan Khandekar, MD. Dr. Crawford was awarded a grant from the Prostate Cancer Foundation to investigate the role of periprostatic fat in prostate cancer progression in an effort to further understand the relationship of obesity to cancer risk and progression.

Dr. Crawford is also leading an exciting initiative related to the use of neural stem cells embedded in a bio adhesive derived from marine mollusks to eradicate residual cancer cells following surgical removal of a cancer.

Karen Kaul, MD, PhD, and colleagues are involved in sophisticated molecular diagnostic investigations related to new biomarkers such as urinary PCA3 to both diagnose and determine prognosis in prostate cancer.

Through philanthropic and corporate funding, NorthShore has recently acquired a mass spectrometer and will be using this sophisticated technology in combination with our existing nuclear magnetic resonance (NMR) spectroscopy equipment to analyze biological samples in order to develop metabolic profiles, or "fingerprints," that in the future will allow us to predict prognosis and guide therapy on an individual basis. Our metabolomics facility will be an integral component of the new NorthShore Center for Molecular Medicine and will be the only one of its kind in the region and one of only a few such facilities in the United States.

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

## Medical Genetics: Advanced Technology

With one of the most active programs in the country, NorthShore's Center for Medical Genetics is a leader in both patient care and national and international research efforts.

Led by Interim Director Peter Hulick, MD, the Center offers thorough clinical consultations, serving all types of cancer patients and those at risk for familial cancers, while working collaboratively with referring physicians and families to make the best possible decisions for individual care.

Using the most advanced technology and latest knowledge in the field, the Center's team helps patients with a wide range of familial cancer syndromes, including BRCA1/2, Li-Fraumeni, Lynch syndrome, MEN 1/2, familial adenomatous polyposis (FAP), von Hippel-Lindau syndrome, Gorlin syndrome and Cowden syndrome. The genetics team will help make personalized screening recommendations such as breast MRI versus mammogram or frequency of colonoscopy screenings even when a specific familial cancer syndrome cannot be delineated through genetic testing.

NorthShore has instituted routine screening of all colon and uterine cancers for Lynch syndrome, using microsatellite instability (MSI) testing, which follows the latest recommendation from the Evaluation of Genomic Applications in Practice and Prevention (EGAPP) working group.

*continued on page 12 >>*

A leader in an international prostate cancer screening, NorthShore is involved in the IMPACT (Identification of Men with a genetic predisposition to Prostate Cancer: Targeted Screening in BRCA1/2 mutation carriers and controls) study for men at high risk. Men ages 40 to 69 with a known BRCA1/2 mutation or known mutation in their family are part of the IMPACT study, which looks at PSA screening effectiveness for the high-risk group. NorthShore's Center for Medical Genetics is one of four centers in the United States currently enrolling men in the study and has the highest enrollment of any of the US sites. Preliminary results indicate that men at high risk due to predisposing genes may benefit from earlier screening. Concerns about over diagnosis of prostate cancer in men at average risk may not pertain to men at genetic risk, whose cancers tend to be more aggressive.

Committed to raising awareness and community education related to medical genetic issues, the Center hosted a Previvor event this year offering free breast and ovarian cancer risk assessment. (Previvor is a survivor of a genetic predisposition to cancer.)

The Center's research efforts continue to grow as collaboration increases within a variety of NorthShore departments and with academic affiliation partners at the University of Chicago Pritzker School of Medicine.

**For more information, call (847) 570-1029.**

## Gastrointestinal Oncology: Comprehensive, Seamless Care

NorthShore's multidisciplinary team approach offers gastrointestinal (GI) cancer patients individually focused treatment developed with collective expertise and the advantage of the latest knowledge and technology.

### GI Cancer Conferences

*NorthShore Evanston Hospital  
Kellogg Room G868, Fridays, 7 a.m.*

*NorthShore Highland Park Hospital  
Videocast, Meeting Room 1B*

A leader in colorectal and pancreaticobiliary cancer treatment, NorthShore also provides care for all GI-related cancers. Our collaborative approach ensures outstanding care for even rare and more complicated cases.

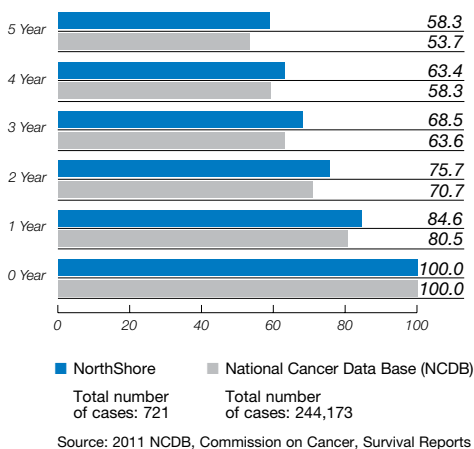
We offer multidisciplinary clinics at both Evanston and Glenbrook Hospitals where patients can see experts from GI, medical oncology and surgery all at one location. Our Kellogg Cancer Center team includes important support from psychosocial oncology, integrative medicine, specially trained pharmacists, nurses, nutritionists and more who provide comprehensive and seamless care.

Leaders in minimally invasive surgical techniques, NorthShore surgeons perform laparoscopic procedures on most patients. We are one of only a few centers in the Chicago area using minimally invasive approaches to manage pancreas and liver resections. Our experienced surgeons continue to push the boundaries of innovative technology including robotic surgery and scarless, or transanal and transoral, procedures.

Interventional Radiology now offers a full menu of therapeutic interventions, including embolization of tumor vasculature, radiofrequency ablation and Yttrium-90 perfusion. These techniques are minimally invasive and either supplement current multimodality approaches or replace older, more invasive therapies.

### Colon 5-Year Observed Survival

Cases diagnosed in 1998-2002



### Focus on Prevention

Our program emphasizes prevention and early detection and offers a high-risk colorectal cancer clinic for patients who have a family history or other risk factors for the disease. Specialists in medical genetics meet with patients and families and help coordinate personalized screening plans based on individual medical and family history. A special Women's GI Cancer Risk and Prevention Center,



**Dr. Mick Meiselman**

directed by Laura K. Bianchi, MD, counsels women about their individual risk and offers personalized risk-reduction strategies, including lifestyle modifications. The Center also features enhanced prescreening education with a GI nurse to ease anxiety about colonoscopies. Female gastroenterology specialists are available to further eliminate barriers for women resistant to screening.

Innovative research is a key component of our GI program. Hemant Roy, MD, who has been recognized as a national leader in colon cancer research, directs the Women's GI Cancer Risk and Prevention Center's research initiatives and supports the entire GI program. Dr. Roy's research focuses on the prevention of colorectal cancer through developing novel early detection and chemoprevention strategies. He was invited this year to serve as a member of the National Institutes of Health (NIH) Cancer Biomarkers Study Section, Center for Scientific Review.

We participate in an array of clinical trials, ensuring that our patients have access to the latest therapies and novel treatment options. Our collaboration with our academic partner, the University of Chicago Pritzker School of Medicine, significantly strengthens our research efforts and gives our patients even greater access to the latest cutting-edge trials.

### **Advanced Therapeutic Endoscopy**

Mick Meiselman, MD, FASGE, AGAF, new Chief of Advanced Therapeutic Endoscopy at NorthShore, is developing an innovative program for Barrett's and advanced esophageal disease, as well as pancreaticobiliary tract conditions. Sophisticated technology plays an increasingly critical role in diagnosing and treating benign and malignant tumors in the liver and GI tract.

Confocal laser endomicroscopy, an outpatient procedure, allows physicians to monitor changes in the esophagus with real-time, high-resolution images, eliminating the need for invasive biopsies and allowing for early diagnosis of Barrett's.

Radiofrequency ablation (RFA) uses a high-frequency alternate current to remove or treat the precancerous tissue in the esophagus with a safe, incisionless procedure, eradicating cancer before it develops.

Endoscopic ultrasound is an incredibly valuable tool with an ever-increasing number of uses, including early diagnosis and staging of many cancers.

**For more information, call (847) 570-4104.**

## **Patient-Centered Holistic Care**

When the abdominal pain Jeffrey Phillips was experiencing became persistent, he made an appointment with his primary care physician. Although he sensed something was wrong, his eventual diagnosis of Stage IV colon cancer in March 2011 came "out of left field."

But Phillips, 41, put his trust—and faith in God—in the physicians and staff at NorthShore's Kellogg Cancer Center. After a battery of tests confirmed his cancer diagnosis, he started chemotherapy two weeks later at Highland Park Hospital under the supervision of medical oncologist Matthew Adess, MD.

"When Dr. Adess told me that I had Stage IV colon cancer, my response was, 'OK, Doc—what's next?'" Phillips said. "I stand strong in my faith, so between God and Dr. Adess, I knew I would be OK."

Phillips has multiple work-life priorities: a wife and three sons, a career as a technical support manager at a software manufacturer and serving as associate minister at his church.



**Jeffrey Phillips**

"Kellogg's holistic approach to care is suited to my personality," he said. "Their approach is one of the reasons why I was comfortable from the beginning with my care."

# Pancreatic Cancer: Recognized Leader

Offering the most advanced clinical care, including innovative minimally invasive strategies, NorthShore's comprehensive pancreaticobiliary and liver disease program continues to grow, treating patients from throughout the region and beyond.

A collaborative team of experienced specialists provides individually tailored care. Multidisciplinary expertise includes gastroenterology, surgery, medical genetics, and medical and radiation oncology as well as critical support from nursing, psychosocial oncology and integrative medicine.

Three fellowship-trained hepato-pancreaticobiliary surgeons—Marshall Baker, MD, Mark Talamonti, MD, and Michael Ujiki, MD—are recognized leaders in the field of laparoscopic, laparoscopic-assisted and robotic minimally invasive strategies to manage pancreas, liver, gastric and colorectal tumors. The NorthShore team does more laparoscopic distal pancreatectomy than any other center in the region. Laparoscopic liver resections performed by Drs. Talamonti and Baker are another distinct benefit for our patients.

NorthShore's specialized interventional radiologists leverage the latest technology advancing percutaneous image-guided tumor ablation for treatment of liver and kidney tumors. Our radiation oncologists are practiced in state-of-the-art stereotactic radiosurgery, ensuring that patients have access to a full range of treatment options with advanced technique and technology.

A dedicated Pancreas Research Program through NorthShore's Department of Surgery supports an active menu of clinical trials and innovative studies. We are now further harnessing the power of NorthShore's advanced Electronic Medical Record (EMR) system with a new initiative to better use the thorough data collected at each pancreatic surgery procedure. Variables related to high-risk procedures, surgical techniques and outcomes, and specific patient markers including factors such as age, tumor size and location can be used for research queries, ultimately enabling our physicians to help determine the best treatment options for individual patients.

NorthShore's clinical pancreatic cancer database is one of the largest in the country and supports a growing number of research initiatives. Robert Marsh, MD, FACP, is an author of a number of innovative local and national studies in pancreatic cancer, many of which will be open in 2012.

Clinical trials focused on postoperative vaccines are among the studies showing encouraging results and providing patients with early access to new and developing treatments.

Our academic affiliation with the University of Chicago Pritzker School of Medicine continues to grow and provide collaborative research opportunities benefiting patients today and those in the future. Members of NorthShore's pancreatic team are actively involved in national scientific groups and are dedicated advocates for patients and their families.

Active pancreas-related clinical studies at NorthShore include:

- *NLG-0405: A Phase III Study of Chemotherapy and Chemoradiotherapy with or without HyperAcute® Pancreatic Cancer Vaccine in Subjects with Surgically Resected Pancreatic Cancer*

The purpose of this study is to find a new way to make the immune system recognize pancreatic cancer and encourage it to attack the cancer cells. The trial involves a vaccination of laboratory-grown human pancreatic cancer cells that contain a specific mouse gene. The mouse genes allow these cancer cells to produce specific sugars

## GI Cancer Conferences

NorthShore Evanston Hospital  
Kellogg Room G868, Fridays, 7 a.m.

NorthShore Highland Park Hospital  
Videocast, Meeting Room 1B



**Dr. Mark Talamonti**



on their cells surfaces. The human immune system recognizes these sugars as foreign and may mount an attack on these cancer cells.

- *UC09-068B: A Multi-Center, Double-Blind, Placebo-Controlled, Randomized Phase II Trial of Gemcitabine plus GDC-0449 (NCS 747691), a Hh Pathway Inhibitor, in Patients with Metastatic Pancreatic Cancer (10052747)*

The purpose of this study is to determine what effects, good and/or bad, the investigational drug GDC-0449 has on specific types of cancer.

**For more information, call (847) 570-2271.**

## Neurologic Oncology: Specialized Expertise

The Neuro-Oncology Program at NorthShore continues to grow with further advancements in clinical care and research.

### Neuro-Oncology Cancer Conferences

NorthShore Evanston Hospital  
Walgreen G520 A&B,  
2nd and 4th Wednesdays,  
7:30 a.m.

As the oldest and most established program in the Chicago area, it offers more than 50 years of combined experience from Nina Paleologos, MD, and Nicholas Vick, MD. Dr. Paleologos, the Stanley C. Golder Chair of Neuroscience Research, directs the program, which also features Ryan Merrell, MD, who joined the group after fellowship training at Massachusetts General Hospital. Dr. Merrell is focusing on building programs in metastatic brain cancer and meningioma, in addition to participating in clinical trial research.

Under Dr. Paleologos' leadership, the Neuro-Oncology 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. Drs. Paleologos, Vick and Merrell work closely and collaboratively with neurosurgeons, radiation oncologists, neuro-oncology nurses and psychosocial oncology to deliver the most comprehensive and compassionate care to patients.

The multidisciplinary team meets twice a month to discuss each individual case and develop personalized treatment plans. The broad range of specialized expertise helps provide the most optimal outcomes for patients, many of whom are referred from throughout the multistate region and beyond.

Active participation in clinical trials ensures that NorthShore patients have access to the most advanced neuro-oncology treatment, including the latest drug offerings. The group continues to be a leader in clinical research to evaluate novel treatments.

Among the active trials currently available are:

- *An International, Randomized, Double-Blind, Controlled Study of Rindopepimut/ GM-CSF (CDX-110) with Adjuvant Temozolomide in Patients with Newly Diagnosed, Surgically Resected, EGFRvIII-Positive Glioblastoma (The ACT IV Study)*
- *Phase III Study of Radiation Therapy with or without Temozolomide for Symptomatic or Progressive Low-Grade Gliomas*
- *Phase II Trial of Intensive Chemotherapy and Autotransplantation for Patients with Newly Diagnosed Anaplastic Oligodendroglioma*
- *GLIOGENE International Case Control Study of Malignant Glioma*

In addition to the benefits of care at the Kellogg Cancer Center, the Neuro-Oncology Program offers access to experts at NorthShore's Neurologic Institute (NNI), including nationally ranked neurosurgeons. A collaborative approach is key to the program's success.

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



**Dr. Nina Paleologos**

# Melanoma and Sarcoma: Latest Treatment Options

Highly specialized care for the treatment of melanoma and sarcoma patients is provided by a team of multidisciplinary experts at NorthShore, including surgical oncologists, medical oncologists, dermatologists, pathologist and radiologists.

Personalized care includes collaboration with specialists in plastic and reconstructive surgery, physical medicine and rehabilitation, physical therapy, psychosocial oncology, nursing and others all designed to ensure seamless, compassionate care for patients who come from across the multistate region.

Research is a major focus of the melanoma and sarcoma group, ensuring that patients have access to the latest treatment options, including targeted therapy, clinical trials and new drug offerings. The team meets regularly to review individual cases as well as current and future research studies.

Among the active clinical trials currently offered are:

- *NCI 8121: A Phase II Study of Temsirolimus (CCI-779, NSC 683864) and IGF-1 Receptor Antibody IMC-A12 (NSC 742460) in Patients With Metastatic Sarcomas*
- *UC 16227A: A Phase 1/2 Study of Doxorubicin and A12 in Advanced Soft Tissue Sarcoma*

NorthShore dermatologists with Mohs micrographic surgery expertise help maximize cure rates while sparing more skin in high-risk locations, thereby providing sought-after aesthetic benefit to patients.

Isolated limb perfusion and infusion, a complex surgical procedure to deliver high-dose chemotherapy, offers innovative therapy for many recurrent or locally advanced melanomas and sarcomas, and is performed at NorthShore by David J. Winchester, MD, one of only a few physicians in the country to offer this care.

Members of the team, including Bruce Brockstein, MD, are active leaders in national clinical, research and education endeavors. Dr. Brockstein is a member and recent track leader of the American Society of Clinical Oncology Sarcoma Scientific Track.

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

## Melanoma and Sarcoma Cancer Conferences

NorthShore Evanston Hospital  
Kellogg Room G868,  
1st and 3rd Wednesdays, 8 a.m.

# Hematology Oncology: Enhanced Patient Care

The Hematologic Malignancy Program at NorthShore offers advanced, compassionate care for patients with acute and chronic leukemia, myeloma, Hodgkin and non-Hodgkin lymphomas.

Leading the team of specialists for hematology oncology are Lynne Kaminer, MD, the Virginia and James Cozad Chair of Hematology, David Grinblatt, MD, and Alla Gimelfarb, MD. In 2011, we welcomed Britt Hanson, MD, to our group at our Glenbrook site. The availability of hematology oncology services at all three Kellogg Cancer Center sites offers convenience to our patients.

NorthShore's hematology program completed its FACT (Foundation for the Accreditation of Cellular Therapy) reaccreditation process for the hematopoietic progenitor stem cell program. Additionally, the program received an award for 10 years of continuous accreditation by FACT. This accreditation process reviewed in detail all aspects of the high-dose chemotherapy and stem cell



**Dr. Lynne Kaminer and David Grinblatt**

reinfusion programs. FACT accreditation signifies excellence and recognizes safe practices in all aspects of the hematology program at NorthShore.

Patients in the hematology program benefit from the coordinated effort of clinicians, specialty trained nurses, laboratory scientists, pathologists, psychologists and nutritionists. A multidisciplinary team meets weekly for the hematologic pathology conference. Patient care is further enhanced by our own data manager who helps facilitate and expedite Internal Review Board (IRB) approval for clinical trials to expand potential treatment options for hematology patients.

We have many clinical trial offerings, which allows patients to benefit from new diagnostic tools and therapies that may identify cancers earlier, prevent recurrence or minimize side effects. A strong emphasis on clinical research provides innovative approaches for the management of some of the most difficult hematologic conditions.

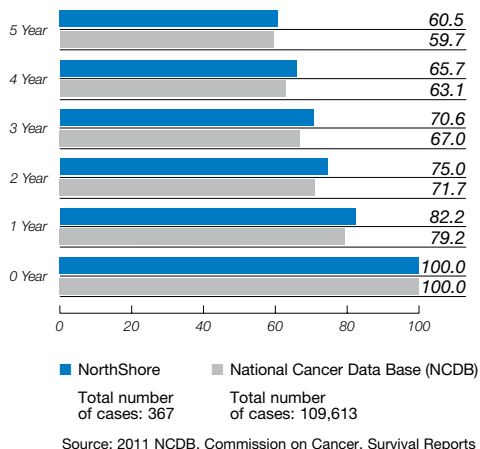
NorthShore's leadership in molecular diagnostics and pathology, including the expertise of Karen Kaul, MD, PhD, Mohamed Eldibany, MD, and James Perkins, MD, supports both our clinical and research efforts.

A dedicated hematology coordinator helps streamline patient evaluations, which assists in alleviating stress-provoking waiting times for patients. NorthShore's renowned Electronic Medical Record (EMR) system helps identify hospitalized cancer patients at risk for thromboembolic events to ensure that they receive effective prophylaxis.

**For more information, call (847) 570-3921.**

### Lymphoma 5-Year Observed Survival

Cases diagnosed in 1998-2002



Source: 2011 NCDB, Commission on Cancer, Survival Reports

## Head and Neck Oncology: Collaborative Focus

NorthShore's head and neck cancer group features a collaborative team of experienced specialists.

### Head and Neck Cancer Conferences

NorthShore Evanston Hospital  
Kellogg Room G868,  
1st and 3rd Thursdays, 8 a.m.

The team brings together surgical oncology, radiation oncology and medical oncology, backed with essential support from plastic and reconstructive surgery, dental medicine, physical medicine and rehabilitation, psychosocial oncology, nutrition, physical therapy, radiology, pathology and nursing.

Head and neck surgeon Mihir K. Bhayani, MD, joined the team this year following his fellowship training at University of Texas MD Anderson Cancer Center.

An array of clinical trials ensures that patients have the latest treatment options with the most up-to-date drugs and techniques and NorthShore's special focus on chemoradiation and organ preservation. Multidisciplinary head and neck cancer conferences held every other Thursday bring a broad

*continued on page 18 >>*

perspective and multiple areas of expertise to individual cases. The team strives to offer patients the highest chance of cure with the lowest toxicities, including nonsurgical or minimal surgery options whenever possible.

A full range of specialized tertiary care is available, including intraoral endoscopic laser surgery, IMRT and stereotactic radiosurgery. The head and neck group members are active in a variety of national research, education and advocacy initiatives, including contributions to and editorship of the influential *UpToDate* online textbook.

NorthShore sponsors a head and neck support group, affiliated with SPOHNC (Support for People with Oral and Head and Neck Cancer), which meets regularly, provides current information through lectures and offers consistent support for patients and caregivers.

## A Team Effort

United States Army Command Sergeant Major David Davis was attending training when a visit to the dentist alerted him to a swollen lymph node on the side of his neck. A series of suspicious, but inconclusive tests led him to the Eisenhower Army Medical Center at Fort Gordon, Georgia, where a thumb-sized tumor at the base of his tongue was ultimately diagnosed as Stage IV oropharyngeal cancer.

Having served multiple combat tours, including stints in Southeast Asia, Iraq and Somalia, the 49-year-old career soldier was in good health and a self-described tough guy. But hearing the words “you have cancer” initially left him anguished and thinking of his 23-year-old daughter. “When you get the C word, it’s devastating. What flashed through my mind was, ‘I’ve deployed five times and been through three wars and

I’m going to die of cancer?’” said CSM Davis.

Immediately exploring his best options for treatment, CSM Davis was ready to fight, and luckily found NorthShore oncologist Bruce Brockstein, MD, a nationally recognized expert in head and neck cancers, who is on the frontline of advanced protocols for aggressive cancers like the one CSM Davis had.

Three weeks after diagnosis, CSM Davis began a difficult and intensive course of chemotherapy and radiation based on the specific nature of his cancer, which Dr. Brockstein determined was related to the HPV virus. Undergoing six months of intensive therapy took a toll on CSM Davis who lost 40 pounds and suffered through painful side effects, including a throat so sore it “felt like swallowing shards of glass or hot lava.”

Trained never to quit, CSM Davis endured and won the battle.

“He made it through very rough treatment and to date all of his tests are excellent,” Dr. Brockstein said. “There is no sign of recurrence, and he is functioning at an extremely high level both personally and professionally.” CSM Davis now serves as the Division CSM, 807th Medical Command headquartered at Fort Douglas, Utah. As the senior enlisted advisor to the commanding general, Davis coordinates command and control initiatives and training for an 11,500 strong medical command.

Both CSM Davis and Dr. Brockstein cited the importance of the team approach to care, with a collaborative group of physicians, nurses, pharmacists, speech and swallowing therapists, nutritionists and other caregivers contributing to a successful recovery.

“I feel great. I’m 99 percent back to where I was before my cancer diagnosis,” said CSM Davis. “Dr. Brockstein is tremendous, but it was really a team effort—the same way we operate in the military. You never quit, and you keep working it until you get the results you want.”



**CSM David Davis**

# Psychosocial Oncology Program

The Kellogg Cancer Center's Psychosocial Oncology Program consists of clinical psychologist Tina Gremore, PhD, and social workers Katie Durbin, LCSW, LeAnn Gannon, LCSW, Edi Golden-Gruber, LCSW, Stephanie Horgan, LSW, Meg Madvig, LCSW, OSW-C, and Scott Thompson, LCSW. The psychosocial team works together to address a variety of needs of patients and families, including practical issues to emotional matters such as hopes and fears.



**Dr. Tina Gremore**

A comprehensive psychosocial distress screening program was implemented this year. The goal of this program is to identify clinical levels of distress among patients at crucial periods during their treatments. As clinical levels of distress are identified by the medical team, patients are contacted by a member of the psychosocial team for further assessment of distress and referral as needed.

Over the past year, psychosocial support availability has increased through the support of the Guided Patient System (GPS) program, funded by The Auxiliary of NorthShore at Evanston and Glenbrook Hospitals.

The program also provides monthly group support for caregivers, head and neck cancer patients and their caregivers, and breast cancer patients and hosts a bimonthly stress reduction/meditation group.

# Cancer Survivorship Program

The first community cancer survivorship program in Illinois, NorthShore's Living in the Future (LIFE) program is directed by Carol A. Rosenberg, MD, and continues to serve a growing group of patients. NorthShore's LIFE program establishes survivorship as a distinct phase of care in the cancer care continuum, a best practice model for healthcare. All of LIFE's services are available at no cost to those in NorthShore's cancer program.

The LIFE program addresses with coordinated and compassionate care the potential long-term and late effects of cancer and its treatment on survivors' physical and psychosocial well-being. The cornerstone of the LIFE program is the personalized Risk Adapted Visit where a customized Survivorship Care Plan is developed by our survivorship experts. The plan summarizes all the modalities of cancer treatment and provides recommendations for a healthy post-treatment lifestyle.

In LIFE's monthly Myra Rubenstein Weis (MRW) Survivor 101 educational workshops, major topics important to cancer survivors such as a lifestyle, self-esteem and sexual intimacy, cognitive changes, genetics, and insurance and employability are addressed. In these popular and award-winning seminars, the latest medical evidence to improve the longevity and quality of life for cancer survivors is discussed by leading experts in the survivorship field. In LIFE's Eat to Beat Malignancy, Walk Away from Cancer seminar, cancer survivors learn that engaging in one hour of robust walking a day will afford them a 50 percent lower risk of cancer progression or recurrence than their sedentary counterparts. The LIFE program is grateful for support from the Myra Rubenstein Weis Health Resource Center.

Dr. Rosenberg and LIFE Clinical Coordinator Carol Flanagan, RN, MSN, OCN, are frequent keynote speakers at support and advocacy group meetings throughout the region. The LIFE program continues to receive both regional and national recognition for its unique programming and survivorship care planning and was most recently designated as a model community survivorship program by the Volunteer Hospital Association (VHA).

## Guided Patient Support (GPS) Program

Developed with initial funding from The Auxiliary of NorthShore at Evanston and Glenbrook Hospitals and with guidance from NorthShore's Oncology Patient Advisory Board, the GPS program provides Kellogg Cancer Center patients access to multiple services dedicated to total patient care.

The GPS program acts as an umbrella for the following critical programs: nurse navigators, patient financial advocacy, psychosocial oncology support and nutrition counseling.

Nurse navigators meet with newly diagnosed breast, lung and GI cancer patients and help throughout the cancer journey assisting with coordinating care, decision making, accessing financial counseling and arranging for additional support from nutrition, integrative medicine and more. Nurse navigators also attend weekly tumor board meetings and interact regularly with key physicians.

## Integrative Medicine

A growing number of oncology patients are accessing integrative medicine services at Kellogg Cancer Center and reaping the benefits of treatments designed to both ease the physical and emotional burdens of cancer and nurture the body's healthy functions and wellness during conventional cancer treatments.

Led by Medical Director Leslie Mendoza Temple, MD, NorthShore's Integrative Medicine Program is among the most well-established programs in the country

and is a member of the national Consortium of Academic Health Centers for Integrative Medicine.

Our integrative medicine physicians and practitioners work collaboratively with oncologists, and all caregivers are connected through NorthShore's Electronic Medical Record (EMR) system, ensuring seamless communication.

Traditional Chinese medicine, acupuncture and integrative bodywork safely complement conventional cancer care and have been shown to help reduce fatigue, nausea, pain, weight loss and neuropathy. These therapies may also help reduce stress and anxiety.

Integrative medicine services—including traditional Chinese medicine acupuncture, massage therapy and bodywork—are now available at Kellogg Cancer Centers at both Evanston and Highland Park Hospitals. Laser acupuncture is also available to treat patients who may not be able to tolerate traditional acupuncture due to lymphedema or fear of needles.

Thanks to a new funding partnership with the Karen Dove Cabral Foundation, young mothers with breast cancer being treated at the Center are eligible for financial support for integrative medicine treatments.

The Integrative Medicine Benefit Concert Fund is also available to assist cancer patients who cannot afford out-of-pocket expenses.

**For more information, call (847) 657-3540.**



**Acupuncturist Patricia Piant (left), massage therapist Char Walker and Dr. Leslie Mendoza Temple**

# Academic Leadership Roles 2010–2011

NorthShore University HealthSystem Kellogg Cancer Center physicians are recognized as leaders in their respective fields and are active in a broad range of regional and national organizations:

## **William Bloomer, MD, Radiation Medicine**

- Fellow, American College of Radiology
- Fellow, American College of Radiation Oncology
- Gold Medalist, American College of Radiation Oncology

## **Charles B. Brendler, MD, Surgery/Urology**

- Elected membership in American Association of Genitourinary Surgeons in 1996 (only 75 members are allowed to be elected under age 65)
- Coordinator, National Cancer Institute Prostate Cancer Active Surveillance Clinical Trials

## **Bruce Brockstein, MD, Oncology**

- Sarcoma Scientific Track Member and Leader, American Society of Clinical Oncology (ASCO)
- Head and Neck Committee, Eastern Cooperative Oncology Group (ECOG)
- *Up to Date* (Online Textbook) Chapter Editor. Head and Neck Cancer

## **Leon Dragon, MD, Oncology**

- Y-ME Breast Cancer Support Organization, Medical Advisory Board, 1985–present
- Cancer Wellness Center, Medical Advisory Board, 1992–present
- Clinical Practice Committee, American Society of Clinical Oncology, 1998–present
- Board of Directors, Illinois Medical Oncology Society, 1997–present
- Immediate Past President, Illinois Medical Oncology Society, 2008–present
- Steering Subcommittee, Clinical Practice Committee, ASCO, 2008–present
- State Affiliate Working Group, American Society of Clinical Oncology, 2008–present
- Fellow, American College of Physicians

## **David Grinblatt, MD, Hematology**

- Principal Investigator—NCI—Community Clinical Oncology Program, 2007–present
- Executive Committee—Cancer and Leukemia Group B, 2010–present
- Member, NCI Lymphoma Steering Committee, 2009–present

## **Thomas Hensing, MD, Thoracic Oncology**

- Member, Respiratory Committee of the Cancer and Leukemia Group B (CALGB)
- Chair, Lung Oncology Group in Chicago (LOGIC)
- Elected Board Member, Respiratory Health Association of Metropolitan Chicago (RHAMC)
- Lung Cancer Initiative Advisory Council, Respiratory Health Association of Metropolitan Chicago (RHAMC)
- Elected, Member at Large, Illinois Medical Oncology Society (IMOS)
- Fellow, American College of Chest Physicians (ACCP)

## **John A. Howington, MD, Thoracic Surgery**

- Member of the Board of Trustees of the ACCP Chest Foundation
- American College of Chest Physicians Illinois Governor

## **Jean Hurteau, MD, Gynecologic Oncology**

- Chair of the Compliance Subcommittee within the Society of Gynecologic Oncology
- Member of the Scientific Program Committee for the 2012 meeting of the Society of Gynecologic Oncology
- Member of the Ovarian Committee of the Gynecologic Oncology Group, our NCI-sponsored cooperative group
- Member of the Editorial Board of the journal *Cancer*

## **Janardan Khandekar, MD, Oncology**

- Fellow, American College of Physicians
- American Association for the Advancement of Science
- Institute of Medicine, Chicago
- Member, American Association of Medical Colleges
- Association of Program Directors, Internal Medicine
- Elected Member, American Association of Professors of Medicine

## **Robert Marsh, MD, GI Oncology**

- Member, GI Committee of the Eastern Cooperative Oncology Group (ECOG)
- Fellow, American College of Physicians

## **Douglas Merkel, MD, Breast Oncology**

- Chair, Institutional Review Board (IRB), NorthShore University HealthSystem

## **Jennifer Obel, MD, GI Oncology**

- Reviewer, *Journal of Surgical Oncology*

## **Nina Paleologos, MD, Neuro-Oncology**

- Chairperson, Accreditation Exam Committee for Neuro-Oncology, United Council of Neurological Subspecialties—assigned task: writing first accreditation exam for recently approved UCNS Neuro-Oncology Subspecialty, 2006–present
- Executive Committee, Section of Neuro-Oncology, American Academy of Neurology, 2010–2011
- Past Chair, Section of Neuro-Oncology, American Academy of Neurology, 2011

## **Richard Prinz, MD, Surgery**

- American Board of Surgery Surgical Oncology Advisory Board

## **Gail Rosseau, MD, Neurosurgery**

- Board of Directors of the American Association of Neurological Surgeons
- Board of Directors of the Societe de Neurochirurgie de Langue Francaise (International French-speaking Neurosurgical Association)
- World Federation of Neurosurgical Societies

## **Arif Shaikh, MD, Radiation Oncology**

- Member of the Gynecologic Oncology Group (GOG) National Uterine Cancer Committee

## **Daniel Shevrin, MD, GU Oncology**

- Medical Director, NorthShore Hospice
- Medical Director, NorthShore Chapter of US TOO Prostate Cancer Support Group
- Member, Medical Advisory Board, Cancer Wellness Center, Northbrook, IL
- Member, Executive Committee, NorthShore Home Services

## **Mark Talamonti, MD, Surgery**

- Ex-Officio Member, Medical Advisory Committee, PanCAN, Pancreatic Cancer Action Network, 2010–present
- Member, Committee for Corporate Relations and Development, Society of Surgical Oncology, 2010–present
- Member, Gastrointestinal Disease Site Workforce, Society of Surgical Oncology, 2010–present
- Chairman, Medical Advisory Committee, PanCAN, Pancreatic Cancer Action Network, 2004–2010

## **Jose Velasco, MD, Surgery**

- Ad Hoc Reviewer, *Journal of Surgical Oncology*

## **Elaine Wade, MD, Breast Oncology**

- Fellow, Institute of Medicine

## **David J. Winchester, MD, Surgery**

- American Association of Endocrine Surgeons, 2008–present
- American College of Surgeons, 1997–present
- Metropolitan Chicago District #2 Committee on Applicants, 1999–present
- American College of Surgeons Oncology Group, 1999–present
- Association for Academic Surgery, 1996–2000
- American Joint Committee on Cancer:
  - Education and Promotions Committee, 2007–present
  - Finance Committee, 2008–present
  - Vice-chairman, 2011–present
- Editorships and Editorial Board Memberships:
  - *Breast Diseases: A Year Book Quarterly*, 1998–present
  - *American Journal of Clinical Oncology*, 2006–present
  - Associate Editor, 2009–present

## **David P. Winchester, MD, Surgery**

- Medical Director, National Cancer Programs, American College of Surgeons
- Executive Director, America, Joint Committee on Cancer
- Member, Blue Distinction Centers for Cancer Care Expert Panel

## **Katharine Yao, MD, Surgery**

- American College of Surgeons Oncology Group, MRI Trial Development Team 2011
- Central Surgical Association, Executive Committee 2011
- Excellence in Teaching Award, Department of Surgery, University of Chicago 2011
- American College of Surgeons, National Accreditation Program for Breast Centers (NAPBC) Surveyor 2008–present

# Research Publications, Presentations and Invited Lectures

October 2010–September 2011

## Publications

Fronza JS, Bentrem DJ, **Baker MS, Talamonti MS**, Ujiki MB. Laparoscopic distal pancreatectomy using radiofrequency energy. *Am J Surg* 199(3): 401-404, 2010.

**Baker MS**, Bentrem DJ, Ujiki MB, Stocker S, **Talamonti MS**. Adding days spent in readmission to the initial postoperative length of stay limits the perceived benefit of laparoscopic distal pancreatectomy when compared with open distal pancreatectomy. *Am J Surg*. Mar;201(3):295-300, 2011.

Papadopoulou MV, Ji M, **Bloomer WD**. Hypoxia-Dependent Retinal Toxicity of NLCQ-1 (NSC 709257) in BALB/c Mice. Comparison with Tirapazamine. *Basic & Clinical Pharmacology & Toxicology*, 108, 396-399, 2011.

Fitchev P, Wcislak S, Lee C, Bergh A, **Brendler C**, Stellmach V, **Crawford S**, Mavroudis C, Cornwall M, Doll J: Thrombospondin-1 regulates the normal prostate in vivo through angiogenesis and TGF-beta activation. *Lab Invest*. 2010; 90(7):1078-90.

Doll JA, Huang L, Chung C, Fitchev PP, Abramson LP, Cornwell ML, **Brendler CB**, Stellmach VM, Maurice MJ, Cohn SL, Plunkett BA, Kessler J, Ameer GA, **Crawford SE**: Neural cells regulate anti-angiogenic signals to suppress tumor growth. *Nature*, submitted for publication, 2010.

Jayram G, Decastro GJ, Large, MC, Razmaria A, Zagaja GP, Shalhav AL, **Brendler CB**: Radical prostatectomy in patients with high-risk disease: A review of short-term outcomes from a high-volume center. *J. Endourol*. Mar;25(3):455-7, 2011.

Schumacher MC, Laven B, Peterson F, Cederholm T, Onelöv E, Ekman P, **Brendler C**: A comparative study of tissue ( $\omega$ )-6 and ( $\omega$ )-3 polyunsaturated fatty acids (PUFA) in benign and malignant pathological stage pT2a radical prostatectomy specimens. *Urologic Oncology: Seminars and Original Investigators*, 2011. *Urol Oncol*, March 2011.

Szmulewitz RZ, Chung E, Al-Ahmadie H, Daniel S, Kocherginsky M, Razmaria A, Zagaja GP, **Brendler CB**, Stadler WM, Conzen SD: Serum/Glucocorticoid-regulated kinase 1 expression in primary human prostate cancers. *Prostate*, May 2011.

Shikanov S, Marchetti P, Desai V, Razmaria A, Antic T, Al-Ahmadie H, **Brendler CB**, Zagaja GP, Eggen SE, and Shalhav AL: Does a short ( $\leq$  1mm) positive margin confer a significant risk of biochemical recurrence after radical prostatectomy compared to a negative margin? *J. Urol*. 2011 (in press).

**Brockstein B, Hensing T, Carro G, Obel J, Khandekar J, Kaminer L, VanDeWege C, de Wilton Marsh R**. Electronic Health Records in Oncology: Effect of an Electronic Health Record on the Culture of an Outpatient Medical Oncology Practice in a Four-Hospital Integrated Health Care System: 5-Year Experience. *Journal of Oncology Practice*, Jul 2011; 7(4):e20-e24.

**Brockstein B**, Vokes EE. Radiotherapy: Accelerated radiotherapy for HNSCC in developing countries. *Nat Rev Clin Oncol*. 2010 Nov; 7(11):616-8.

**Brockstein B**. Management of Recurrent Head and Neck Cancer: Recent Progress and Future Directions. Submitted: *Drugs*.

**Brockstein BE**, Vokes EE. Head and neck cancer in 2010: Maximizing survival and minimizing toxicity. *Nat Rev Clin Oncol*. Feb 2011; 8(2):72-4.

Yu N, Kozlowski, JM, Park II, Chen L, Zhang Q, Xu D, Doll JA, **Crawford SE, Brendler CB**, Lee C: Over-expression of transforming growth factor  $\beta$ 1 in malignant prostate cells is partly caused by a runaway of TGF- $\beta$ 1 auto-induction mediated through a defective recruitment of protein phosphatase 2A by TGF- $\beta$ 1 type I receptor. *Urology* 76: 1519.e8-1519.e13, 2010.

**Gremore TM**, Baucom DH, Porter LS, Kirby JS, Atkins D, Keefe FJ (2011). The Stress Buffering Effects of Daily Spousal Support on Women's Daily Emotional and Physical Experiences in the context of Breast Cancer Concerns. *Health Psychology*, 30, 20-30.

Baucom DH, Kirby JS, Pukay-Martin ND, Porter LS, Fredman S, **Gremore TM**, Porter LS, Keefe FJ, Atkins D. (in press). Men's psychological functioning in the context of women's breast cancer. *Journal of Marital and Family Therapy*.

Gela N, Pieczynski J, McMahon M, Sher T, **Gremore TM** (2011, November). *Couples and Cancer: Marital Quality and Health Related Quality of Life*. Paper presented at the 45th Annual Convention of the Association for Behavioral and Cognitive Therapies, Toronto, Canada.

Paprocki C, Baucom DH, Porter LS, Kirby JS, **Gremore TM**, Keefe FJ (2011, November). *Relationship Satisfaction Moderates the Association Between Partner Distancing Behavior and Patient Breast Cancer Pain*. Paper presented at the 45th Annual Convention of the Association for Behavioral and Cognitive Therapies, Toronto, Canada.

**Harschberger C, Harper A, Carro G, Spath W, Hui W, Lawton W, Brockstein B**. Special Series—Electronic Health Records in Oncology: Outcomes of Computerized Physician Order Entry in an Electronic Health Record after Implementation in an Outpatient Oncology Setting. *Journal of Oncology Practice*, Jul 2011:233-237.

Salgia R, **Hensing T**, Campbell N, Salama AK, Maitland M, Hoffman P, Villafior V, Vokes EE. Personalized treatment of lung cancer. *Seminars in Oncology* 38(2), 274-283, 2011.

Mollberg N, Fathi R, Demchuk C, Surati M, Salama AK, Husain AN, **Hensing T**, Salgia R. Mind-mapping for lung cancer: towards a personalized therapeutics approach. *Adv Ther* 28(3), 2011.



Surati M, Robinson M, Nandi S, Faoro L, Demchuk C, Kanteti R, Ferguson B, Gangadhar T, **Hensing T**, Hasina R, Husain A, Ferguson M, Karrison T, Salgia R. Generation of comprehensive thoracic oncology database—tool for translational research. *JoVE* 47, 2011. Video article: <http://www.jove.com/index/Details.stp?ID=2414> DOI: 10.3791/2414.

Surati M, Robinson M, Nandi S, Faoro L, Demchuk C, Rolle CE, Kanteti R, Ferguson BD, Hasina R, Gangadhar TC, Salama AK, Arif Q, Kirchner C, Mendonca E, Campbell N, Limvorasak S, Villaflor V, **Hensing TA**, Krausz T, Vokes EE, Husain AN, Ferguson MK, Karrison TG, Salgia R. Proteomic characterization of non-small cell lung cancer in a comprehensive translational thoracic oncology database. *Journal of Clinical Bioinformatics* 1:8, Feb. 2011.

Tan EH, Goss GD, Salgia R, Besse B, Gandara DR, Hanna NH, Yang JCH, Thertulien R, Wertheim M, Mazieres J, **Hensing T**, Lee C, Gupta N, Pradhan R, Qian J, Qin Q, Scappaticci FA, Ricker JL, Carlson DM, Soo RA. Phase 2 Trial of Linifanib (ABT-869) in Patients with Advanced Non-Small Cell Lung Cancer. *Journal of Thoracic Oncology*, 6(8):1418-1425, August 2011.

Usha L, Sill MW, Darcy KM, Benbrook DM, **Hurteau JA**, Michelin DP, Mannel RS, Hanjani P, De Geest K, Godwin AK. A Gynecologic Oncology Group phase II trial of the protein kinase C-beta inhibitor, enzastaurin and evaluation of markers with potential predictive and prognostic value in persistent or recurrent epithelial ovarian and primary peritoneal malignancies. *Gynecologic Oncology*, Vol. 121, pp 455–461, 2011.

**Hurteau JA**, Brady MF, Darcy KM, **McGuire WP**, Edmonds P, Pearl ML, Ivanov I, Tewari KS, Mannel RS, Zanotti K, Benbrook DM. Randomized phase III trial of tamoxifen versus thalidomide in women with biochemical-recurrent-only epithelial ovarian, fallopian tube or primary peritoneal carcinoma after a complete response to first-line platinum/taxane chemotherapy with an evaluation of serum vascular endothelial growth factor (VEGF): A Gynecologic Oncology Group Study. *Oncol*. Dec 2010;119(3):444-50. Epub 2010 Sep 17.

Miller ES, Hoekstra AV, **Hurteau JA**, **Rodriguez GC**. Cardiac metastasis from poorly differentiated carcinoma of the cervix: a case report. *J Reprod Med*. 2010 Jan-Feb;55(1-2):78-80. PMID: 20337214 [PubMed—indexed for MEDLINE].

Liggett T, Melnikov A, Yi QL, Replogle C, Brand R, **Kaul K**, **Talamonti M**, Abrams RA, Levenson V. Differential methylation of cell-free circulating DNA among patients with pancreatic cancer versus chronic pancreatitis. *Cancer*, 116(7):1674 -1680, 2010.

Chlebowski R, Johnson K, Lane D, Pettinger M, Kooperberg C, Wactawski-Wende J, Rohan T, O'Sullivan M, Yasmeen S, Hiatt R, Shikany J, Vitolins M, **Khandekar J**, et al. 25-Hydroxyvitamin D Concentration, Vitamin D Intake and Joint Symptoms in Postmenopausal Women. *Maturitas*. 68(1):73-78. 2011. Epub 2010 Nov 18.

Persell S, Kaiser D, Dolan N, Andrews B, Levi S, **Khandekar J**, et al. Changes in Performance After Implementation of a Multifaceted Electronic-Health-Record-Based Quality Improvement System. The UPQUAL Study. *Medical Care*. 49(2):117-125, Feb. 2011.

Simon M, Rosenberg C, Rodabough R, Greenland P, Ockene I, Roy H, Lane D, Cauley J, **Khandekar J**. Prospective Analysis of Association between Use of Statins or Other Lipid Lowering Agents and Colorectal Cancer Risk. *Annals of Epidemiology* (submitted).

Garcia SF, Rosenbloom SK, **Merkel D**, et al. Priority Symptoms in Advanced Breast Cancer and Colon Development and Initial Validation of the National Comprehensive Cancer Network—Functional Assessment of Cancer Therapy—Breast Cancer Symptom Index (NCCN-FBSI-16). Submitted: July 2010.

**Moo-Young T**, **Prinz RA**. Thyroid In: Rush Review of Surgery, 5th edition. Velasco J, Bines S, Deziel D, McCarthy W, Millikan K. Prinz R, Saclarides T, eds. Elsevier Saunders Inc., Philadelphia PA 2011; 224-231.

**Moo-Young T**, **Prinz RA**. Parathyroid In: Rush Review of Surgery, 5th edition. Velasco J, Bines S, Deziel D, McCarthy W, Millikan K. Prinz R, Saclarides T, eds. Elsevier Saunders Inc., Philadelphia PA 2011; 232-238.

**Moo-Young T**, **Prinz RA**. Adrenal In: Rush Review of Surgery, 5th edition. Velasco J, Bines S, Deziel D, McCarthy W, Millikan K. Prinz R, Saclarides T, eds. Elsevier Saunders Inc., Philadelphia PA 2011; 239-245.

Sharma P, Singh R, **Novakovic K**, Eaton J, Grizzle W, Singh S. CCR9 mediates PI3K/AKT dependent anti-apoptotic signals in prostate cancer cells and inhibition of CCR9-CCCL25 interaction enhances the cytotoxic effects of etoposide in vitro and in vivo. *Int. J. Cancer* 127(9), 2010.

Prados M, Cloughesy T, Samant M, Fang L, Wen PY, Mikkelsen T, Schiff D, Abrey LE, Alfred Yung WK, **Paleologos N**, Nicholas MK, Jensen R, Vredenburgh J, Das A, Friedman HS: Response as a predictor of survival of patients with recurrent glioblastoma treated with bevacizumab. *Neuro-Oncology Advance Access* published November 17, 2010.

Vredenburgh JJ, Cloughesy T, Samant M, Prados M, Wen PY, Mikkelsen T, Schiff D, Abrey LE, Alfred Yung WK, **Paleologos N**, Nicholas MK, Jensen R, Das A, Friedman HS: Corticosteroid Use in Patients with Glioblastoma at First or Second Relapse Treated with Bevacizumab in the BRAIN Study. *The Oncologist*; published online December 8, 2010.

Wefel JS, Cloughesy T, Zazzali JL, Zheng M, Prados M, Wen PY, Mikkelsen T, Schiff D, Abrey LE, Alfred Yung WK, **Paleologos N**, Nicholas MK, Jensen R, Vredenburgh J, Das A: Neurocognitive function in patients with recurrent glioblastoma treated with bevacizumab. *Neuro-Oncology*; published online May 9, 2011.

Nelson KK, Gattuso P, Xu X, **Prinz RA**. Expression of the sonic hedgehog pathway molecules in synchronous follicular adenoma and papillary carcinoma of the thyroid gland in predicting malignancy. *Surgery* 2010; 148(4):654-660.

Rao G, Ding HG, Huang W, Le D, Maxhimer JB, Oosterhof A, van Kuppevelt T, Lum H, Lewis EJ, Reddy V, **Prinz RA**, Xu X. Reactive oxygen species mediates high glucose-induced heparanase-1 expression and heparin sulfate proteoglycan degradation in endothelial cells: A potential role in the pathogenesis of atherosclerosis. *Diabetologia* 2010.

## Publications (continued)

Weinberg LE, **Rodriguez G, Hurteau JA**. The role of neoadjuvant chemotherapy in treating advanced epithelial ovarian cancer. *J Surg Oncol*. 2010 Mar 15;101(4):334-43. Review.

**Rosseau GL**, Ferguson S: Malignant Gliomas: Diagnosis and Treatment, Elsevier, *Disease-a-Month*, Guest Editor (in press, 2011).

**Roy HK, Hensing T**, Backman V. Nanocytology for field carcinogenesis detection: novel paradigm for lung cancer risk stratification. *Future Oncol*. 7(1):1-3, 2011.  
<http://www.futuremedicine.com/doi/abs/10.2217/fon.10.176>

**Roy HK**, Subramanian H, Damania D, **Hensing TA**, Rom WN, Pass HI, Ray D, Rogers JD, Bogojevic A, Shah M, Kuzniar T, Pradhan P, Backman V. Optical detection of buccal epithelial nanoarchitectural alterations in patients harboring lung cancer: implications for screening. *Cancer Research*, Oct 15;70(20):7748-54, 2010. Epub 2010 Oct 5.

**Rubinstein WS**, O'Neill SM, Rothrock N, Starzyk EJ, Beaumont J, Acheson LS, Wang C, Gramling R, Galliher JM, Ruffin M, for the FHITr group. Components of family history associated with women's disease perceptions for cancer: A report from the Family Healthware™ Impact Trial. *Genet Med* 2011;13(1):52-62.

Ruffin MT, Nease DE, Sen A, Pace WD, Wang C, Acheson LS, **Rubinstein WS**, O'Neill SM, Gramling R for the Family History Impact Trial (FHITr) group. Effect of preventive messages tailored to family history on health behaviors: the Family Healthware Impact Trial. In press, *Ann Fam Med*, 2011;9:3-11.

Sherman S, Shats O, Ketcham MA, Anderson MA, Whitcomb DC, Lynch HT, Ghiorzo P, **Rubinstein WS**, Sasson AR, Grizzle WE, Haynatzki G, Feng J, Sherman A, Kinarsky L, Brand RE. PCCR: Pancreatic Cancer Collaborative Registry. DOI: 10.4137/CIN.S6919. *Cancer Informatics*. 2011;10: 83-91.

Laedtke AL, O'Neill SM, **Rubinstein WS, Vogel KJ**. Family Physicians' Awareness and Knowledge of the Genetic Information Non-Discrimination Act (GINA). *Journal of Genetic Counseling* (in press).

Spurdle AB, Marquart L, McGuffog L, Healey S, Sinilnikova O, Wan F, Chen X, Beesley J, Singer CF, Dressler AC, Gschwanter-Kaulich D, Blum JL, Tung N, Weitzel J, Lynch H, Garber J, Easton DF, Peock S, Cook M, Oliver CT, Frost D, Conroy D, Evans DG, Lalloo F, Eeles R, Izatt L, Davidson R, Chu C, Eccles D, **Selkirk CG**, Daly M, Isaacs C, Stoppa-Lyonnet D, Sinilnikova OM, Buecher B, Belotti M, Mazoyer S, Barjhoux L, Verny-Pierre C, Lasset C, Dreyfus H, Pujol P, Collonge-Rame MA; GEMO Study Collaborators, Rookus MA, Verhoef S, Kriege M, Hoogerbrugge N, Ausems MG, van Os TA, Wijnen J, Devilee P, Meijers-Heijboer HE, Blok MJ, Heikkinen T, Nevanlinna H, Jakubowska A, Lubinski J, Huzarski T, Byrski T, Durocher F, Couch FJ, Lindor NM, Wang X, Thomassen M, Domchek S, Nathanson K, Caligo M, Jernström H, Liljegren A, Ehrencrona H, Karlsson P; SWE-BRCA, Ganz PA, Olopade OI, Tomlinson G, Neuhausen S, Antoniou AC, Chenevix-Trench G, Rebbeck TR. Common genetic variation at BARD1 is not associated with breast cancer risk in BRCA1 or BRCA2 mutation carriers. *Cancer Epidemiology, Biomarkers & Prevention*. 20(5): 1032-1038, 2011.

Shumway D, Corbin K, Salgia R, Hoffman P, Villafior V, Malik RM, Maitland M, Haraf DJ, Vigneswaren WT, **Shaikh AY**, Connell PP, Ferguson MK, Salama JK. Pathologic Response Rates Following Definitive Dose Image-Guided Chemoradiotherapy and Resection for Locally Advanced Non-Small Cell Lung Cancer. *Lung Cancer*, June 2011.

**Shaikh AY, LaCombe MA**, Du H, **Raghavan VT, Nanda RK, Bloomer WD**. Accelerated Partial Breast Irradiation Using Once-Daily Fractionation: Analysis of 312 Cases with Four Years Median Follow-Up. Poster presentation at October 2011 meeting of the American Society for Therapeutic Radiology and Oncology.

Cao W, Adley BP, Liao J, Lin X, **Talamonti M**, Bentrem DJ, Rao SM, Yang GY. Mucinous nonneoplastic cyst of the pancreas: apomucin phenotype distinguishes this entity from intraductal mucinous neoplasm. *Hum Pathol*, Apr 41(4): 513-521, 2010.

Bilimoria KY, Bentrem DJ, **Talamonti MS**, Stewart AK, **Winchester DP**, Ko CY. Risk-based selective referral for cancer surgery: a potential strategy to improve perioperative outcomes. *Ann Surg*. 251(4): 708-16, 2010.

Landry J, Catalona PJ, Staley C, Harris W, Hoffman J, **Talamonti M**, Xu N, Cooper H, Benson AB. Randomized phase II study of gemcitabine plus radiotherapy versus gemcitabine, 5-fluorouracil, and cisplatin followed by radiotherapy and 5-fluorouracil for patients with locally advanced, potentially resectable pancreatic adenocarcinoma. *J Surg Oncol* 101(7): 587-92, 2010.

Stratford JK, Bentrem DJ, Anderson JM, Fan C, Volmar KA, Marron JS, Routh ED, Caskey LS, Samuel JC, Der CJ, Thorne LB, Calvo BF, Kim HJ, **Talamonti MS**, Donahue CA, Hollingsworth MA, Perou CM, Yeh JJ. A six-gene signature predicts survival of patients with localized pancreatic adenocarcinoma. *PLoS Medicine* 7(7): e1000307, 1-9, 2010.

Vern-Gross TZ, Shivani AT, Chen K, Lee CM, Tward JD, MacDonald OK, Crane CH, **Talamonti MS**, Munoz LL, Small W Jr. Survival outcomes in resected extrahepatic cholangiocarcinoma: effect of adjuvant radiotherapy in a surveillance, epidemiology, and end-result analysis. *Int J Radiat Oncol Biol Phys* 2010.

Bilimoria KY, Ko CY, Tomlinson JS, Stewart AK, **Talamonti MS**, Hynes DL, **Winchester DP**, Bentrem DJ. Wait times for cancer surgery in the United States: trends and predictors of delays. *Ann Surg*. Apr 253(4): 779-85, 2011.

Chakravarthy AB, Catalano PJ, Martenson JA, Mondschein JK, Wagner H, Mansour EG, **Talamonti MS**, Benson AB. Long-term follow-up of a phase II trial of high-dose radiation with concurrent 5-fluorouracil and cisplatin in patients with anal cancer (ECOG E4292). *Int J Radiat Oncol Biol Phys*. Apr 20, 2011.

Small W, Mulcahy MM, Rademaker A, Bentrem DJ, Benson AB, Weitner WW, **Talamonti MS**. Phase II trial of full-dose gemcitabine and bevacizumab in combination with attenuated three-dimensional conformal radiotherapy in patients with localized pancreatic cancer. *Int J Radiat Oncol Biol Phys*. June 80(2): 476-482, 2011.

Bilimoria KY, **Talamonti MS**, Wayne JD. Tumors of the Stomach, Duodenum, and Small Bowel In: American College of Surgeons: Principles and Practice of Surgery. Eds. Souba WW, Fink MP, Jurkovich GJ, Kaiser LR, Pearce WH, Pemberton JH, Soper NJ. WebMD Inc. Section 5 Gastrointestinal Tract and Abdomen, Chapter 8, New York (in press).

Ough M, **Velasco J**, Hieken TJ. A comparative analysis of core needle biopsy and final excision for breast cancer: Histology and marker expression. *Am J Surg* 2011; 201:692-694.

Murthy VS, Garza MA, Almario DA, **Vogel KJ**, Grubs RE, Gettig EA, Wilson JW, and Thomas SB. Using a Family History Intervention to Improve Cancer Risk Perception in a Black Community. *Journal of Genetic Counseling* (in press).

**Vogel KJ**. Defining Moments: Learning to Say No. *Journal of Genetic Counseling* (in press).

**Weissman SM**, Bellcross C, Bittner C, Freivogel M, Haidle JL, Kaurah P, Leininger A, Palaniappan S, Steenblock K, Vu TM, Daniels MS. Genetic Counseling Considerations in the Evaluation of Families for Lynch Syndrome. *J Genet Counsel*. 20(1):5-19, 2011.

Abbott DE, Margaryan NV, Jeruss J, Khan S, Kaklamani V, **Winchester DJ**, Hansen N, Rademaker A, Khalkhali-Ellis Z, Hendrix MJC. Reevaluating Cathepsin D as a biomarker for breast cancer: Serum activity level versus histopathology. *Cancer Biology & Therapy* 2010; 9(1):7-14.

Melstrom LG, Melstrom KA, Wang EC, Pilewskie M, **Winchester DJ**. Ductal carcinoma in situ: size and resection volume predict margin status. *Am J Clin Oncol* 2010 33(5):438-42.

Raval MV, Sturgeon C, Bentrem DJ, Elaraj DM, Stewart AK, **Winchester DJ**, Ko CY, Reynolds M. Influence of lymph node metastases on survival in pediatric medullary thyroid cancer. *J Pediatr Surg*. 2010;10:1947-54.

**Winchester DJ**. The positive sentinel node. *Journal of Surgical Oncology* 2011;103:326-329.

Moran MS, Gross D, Haffty B, Kaufman C, **Winchester DP**. Quality measures, standards, and accreditation for breast centers in the United States. *Int J Radiation Oncology Biol Phys* 76(1) 1-4, 2010.

Raval M, Bilimoria K, Bentrem DJ, Stewart AK, **Winchester DP**, Ko CY, Reynolds M. Nodal evaluation in Wilm's tumors. Analysis of the National Cancer Data Base. *Annals of Surgery* 251(3), March 2010.

**Winchester DP**, Stewart AK, Phillips JL, Ward EE. The National Cancer Data Base: past, present and future. *Ann Surg Oncol* 17:4-7, 2010.

**Winchester DP**. The National Accreditation Program for Breast Centers: Quality improvement through standard setting. *Surg Oncol Clin N Am* 20(3):581-586, 2011.

**Winchester DP**. Evaluating and managing breast disease in the United States: Are we properly organized? *Journal of Surgical Oncology* 102:299-300, 2010.

Ganai S, **Winchester DP**. Understanding the kinetics of cancer: Implications from prevention to prognostication. *Oncology* (Williston). 25(1):50, 56, 58, 2011.

**Winchester, DJ**. Commentary on: Survey of ASCO members on management of sentinel node micrometastases in breast cancer: Variation in treatment recommendations according to specialty [Ann Surg Oncol 2009;16:2442-2449]. *Breast Diseases: A Year Book Quarterly* 2010;21:160-161.

**Winchester, DJ**. Commentary on: Underuse of axillary dissection for the management of sentinel node micrometastases in breast cancer [Arch Surg 2010;145:161-166]. *Breast Diseases: A Year Book Quarterly* 2010;2:354-356.

**Winchester, DJ**. Commentary on: Axillary lymph node dissection for sentinel lymph node micrometastases may be safely omitted in early-stage breast cancer patients: long-term outcomes of a prospective study [Ann Surg Oncol 2009;16:3366-3374]. *Breast Diseases: A Year Book Quarterly* 2010;21:262-26.

**Winchester, DJ**. Commentary on: Locoregional recurrence after sentinel lymph node dissection with or without axillary dissection in patients with sentinel lymph node metastases: The American College of Surgeons Oncology Group Z0011 Randomized Trial. [Ann Surg 2010;252:426-432]. *Breast Diseases: A Year Book Quarterly* 2011;22:162-163.

Spiguel L, **Yao K, Winchester DJ, Gorchow A**, Du H, Sener S, **Barrera E Winchester DP**. Sentinel node alone for node positive breast cancer, a twelve year experience at a single institution. *J Am Coll Surg* 2011;213(1):122-129.

**Yao K, Stewart AK, Winchester DJ, Winchester DP**. Trends in contralateral prophylactic mastectomy for unilateral cancer: a report from the National Cancer Data Base, 1998-2007. *Ann Surg Oncol*. 2010; 17(10):2554-2562.

**Yao K**, Rizzo P, Rajan P, Albain K, Rychlik K, Shah S, Miele L. Notch-1 and -4 receptors as prognostic markers in breast cancer. *International Journal of Surgical Pathology* 2010 May 5 (Epub ahead of print).

Cunningham DK, **Yao K**, Turner R, Singer FR, Van Herle AR, Giuliano AE. Sentinel Lymph Node Biopsy for Papillary Thyroid Carcinoma: 12 Years of Experience at a Single Institution. *Ann Surg Oncol* 2010 Nov; 17(11):2970-5. Epub 2010 Jun 15

Williams R, **Yao K**, Stewart AK, **Winchester DJ**, Turk M, Gorchow A, Jaskowiak N, **Winchester DP**. Needle versus Excisional Biopsy for Noninvasive and Invasive Breast Cancer, Report from the National Cancer Data Base. *Ann Surg Oncol* 2011 Jun 1 [Epub ahead of print].

Yonick DV, Ballo RM, Kahn E, Dahiya M, **Yao K**, Godellas C, Shoup M, Aranha GV. Predictors of Positive Sentinel Lymph Node in Thin Melanoma. *Am J Surg* 2011;201:324-328.

## Abstracts

Papadopoulou MV, **Bloomer WD**, Chatelain E, Kaiser M, Wilkinson SR, Ioset J-R. Novel nitrotriazole/imidazole-based amides and sulfonamides as potential anti-trypanosomal drugs. III. The 241st ACS National Meeting & Exposition. Anaheim, CA, March 27-31 2011. Division of the Medicinal Chemistry Scientific Abstracts, No: 238.

**Hill E**, Brady W, Birrer MJ, Darcy KM, **McGuire WP**, Hoskins WJ, Warshal DP, Drake RD, Hanjani P, Hurteau J. Cyclin D1 and p57 expression in advanced ovarian epithelial carcinoma: A GOG study. *J Clin Oncol* 29: 2011 (suppl; abstr 5086).

**Menas P**, **Merkel DE**, **Carro GW**, **Hui W**, **Lawton J**, **Harper A**, **Blankenship A**. Incidence and management of arthralgias in breast cancer patients treated with aromatase inhibitors in an outpatient oncology clinic. San Antonio Breast Cancer Symposium 2010.

Hardacre JA, Mulcahy M, **Obel J**, Rocha-Lima C, Safran H, Rossi G, **Talamonti MS**. Effect of hyperacute immunotherapy in addition to standard adjuvant therapy for resected pancreatic cancer on disease-free and overall survival: preliminary analysis of phase II data. Abstract #4059, ASCO, Chicago, IL, June 4, 2010.

Lai RK, Recht LD, Reardon DA, **Paleologos N**, Groves M, Rosenfeld MR, Davis T, Green J, Heimberger A, Sampson J. Final Analysis of PFR in ACT III: A Phase II Trial of Rindopepimut (CDX-100) with Temozolomide in Patients with Newly Diagnosed GBM. *Neuro-Oncology*, 12:iv1 – iv136, 2010; iv76.

Hieken TJ, Krishnamurthy V, Farolan M, **Velasco JM**. Long-term outcome of DCIS patients: p53 as a biomarker of ipsilateral recurrence. The American Society of Breast Surgeons, Breast Cancer Symposium 2011, San Francisco, CA, September 8-10, 2011 (Poster Presentation).

## Presentations at Meetings/Invited Lectures

Papadopoulou MV, **Bloomer WD**. The development of novel nitrotriazole-based compounds as antichagasic agents. 2010 Chagas Drug Discovery Consortium. Atlanta, GA, November 3, 2010.

Papadopoulou MV, **Bloomer WD**, Chatelain E, Kaiser M, Wilkinson SR, Ioset J-R. Novel nitrotriazole/imidazole-based amides and sulfonamides as potential anti-trypanosomal drugs. III. The 241st ACS National Meeting & Exposition. Anaheim, CA, March 27-31 2011. Division of the Medicinal Chemistry Scientific Abstracts, No: 238.

Papadopoulou MV, Rosenzweig HS, **Bloomer WD**. Novel 2-nitroimidazole-based compounds against non rapidly proliferating mycobacterium tuberculosis. Gordon Research Conferences: Tuberculosis Drug Development, Barga, Italy, July 3-8, 2011.

**Gavin, Shannon**. Implementation and Evaluation of a Tobacco Cessation program in an outpatient oncology clinic. Fall 2011 Scientific Poster Board Reception, NorthShore University HealthSystem Research Institute, Evanston, IL, October 26, 2011.

**Prinz R**. "Update on Thyroid Cancer," Eugene M. Bricker Visiting Lecture in Surgery, Washington University School of Medicine, St. Louis, MO, February 24, 2010.

**Prinz R**. "Differentiated Thyroid Cancer: What's New?" Surgery Grand Rounds, Cedars-Sinai Medical Center, Los Angeles, CA, March 24, 2010.

**Prinz R**. "Update on Thyroid Cancer," Medical Grand Rounds, NorthShore University HealthSystem, Evanston, IL, August 27, 2010.

**Prinz R**. "Reoperative Parathyroidectomy," The Chicago Endocrine Surgery Club, Prentice Women's Hospital of Northwestern University Feinberg School of Medicine, Chicago, IL, September 30, 2010.

**Prinz R**. "Current Views on Thyroid Cancer," Surgical Grand Rounds, Virginia Tech Carilion, Roanoke, VA, October 8, 2010.

**Prinz R**. "Current Thoughts on Thyroid Cancer," Visiting Professor in Endocrine Surgery, Beth Israel Deaconess Medical Center, Boston, MA, October 19-20, 2010.

**Talamonti MS**. Pancreatic Cancer Action Network Advocacy Days, Marriott Crystal Gateway, Arlington, VA. Invited Lecture June 12-14, 2011.

**Sisco M**, **Du H**, **Howard MA**, **Warner JP**, **Gutkowski KA**, **Song DH**, **Winchester DJ**, **Winchester DP**, **Yao K**. "Have We Expanded the Equitable Delivery of Postmastectomy Breast Reconstruction in the New Millennium?" Evidence from the National Cancer Data Base, Poster of Exceptional Merit, Clinical Congress, American College of Surgeons, October 2011, San Francisco, CA.

**Winchester DJ.** Society of Surgical Oncology 63rd Annual Cancer Symposium, March 4, 2010, Managing the Positive Sentinel Node, St. Louis, MO.

**Winchester DJ.** Society of Surgical Oncology 63rd Annual Cancer Symposium, March 5, 2010, Moderator, Breast Cancer Parallel Session, St. Louis, MO.

**Winchester DJ.** American Association of Endocrine Surgeons 31st Annual Meeting, April 20, 2010, Templates for the Electronic Medical Record, Pittsburgh, PA.

**Winchester DJ.** 54th Annual Congress of the Chilean Chapter of the American College of Surgeons, May 8, 2010, Robotic Thyroidectomy, Santiago, Chile.

**Winchester DJ.** 54th Annual Congress of the Chilean Chapter of the American College of Surgeons, May 8, 2010, Moderator for Clinical presentations of cancer, Santiago, Chile.

**Winchester DJ.** 54th Annual Congress of the Chilean Chapter of the American College of Surgeons, "Treatment of Soft Tissue Sarcomas," May 8, 2010, Santiago, Chile.

**Winchester DJ.** Society of Surgical Oncology 64th Annual Cancer Symposium, March 3, 2010, Emerging Techniques in Endocrine Surgery: Harmonic, Nerve Monitoring, and Robotic Surgery, San Antonio, Texas.

**Winchester DJ.** Society of Surgical Oncology 64th Annual Cancer Symposium, March 4, 2010, Better Outcomes: Sparing More and Treating Less, Review of 2010-2011, San Antonio, TX.

Deck K, Kerlin D, Barone J, Rivera E, Garcia A, Sinha R, **Yao K**, Bender R, Nguyen B. Comparison of the Mammaprint 70 gene expression profile with clinical parameters in patients with breast cancer: findings from a United States patient cohort, American Society of Breast Surgeons, April 2011, Washington, DC.

Spiguel L, **Yao K**, Du H, Martz B, **Turk M**, **Howard M**, **Sisco M**, **Warner J**, **Winchester DP**, Sener S, Winchester DJ. Nipple Sparing Mastectomy: An Option for Cancer Treatment and Risk Reduction, Society of Surgical Oncology, March 2011, San Antonio, TX.

Spiguel L, **Yao K**, **Winchester DJ**, **Gorchow A**, Du H, **Sener S**, **Barrera E**, **Winchester DP**. Sentinel node alone for node positive breast cancer, a twelve year experience at a single institution, San Antonio Breast Cancer Symposium, December 2010, San Antonio, TX.

Spiguel L, **Yao K**, **Winchester DJ**, **Gorchow A**, Du H, **Sener S**, **Barrera E**, **Winchester DP**. Sentinel node alone for node positive breast cancer, a twelve year experience at a single institution, Western Surgical Association, November 2010, Chicago, IL.

Williams R, **Yao K**, Stewart AK, **Winchester DJ**, **Turk M**, **Gorchow A**, Jaskowiak N, **Winchester DP**. Needle Versus Excisional Biopsy for Noninvasive and Invasive Breast Cancer, Report from the National Cancer Data Base, Society of Surgical Oncology, March 2011, San Antonio, TX.

**Yao K**, **Winchester DJ**, Du H, **Gorchow A**, Jaskowiak N, Trocha S, McKinley B, **Barrera E**, **Winchester DP**. Sentinel node alone for node positive breast cancer, report from the National Cancer Data Base, 1998-2007, San Antonio Breast Cancer Symposium, December 2010, San Antonio, TX.

**Yao K**, Winchester DJ, Jaskowiak N, Du H, **Gorchow A**, **Turk M**, **Barrera E**, Trocha S, McKinley B, **Winchester DP**. Overutilization of Axillary Dissection for Clinically Node Negative Breast Cancer, Report from the National Cancer Data Base, American Surgical Association, April 2011, Boca Raton, FL.

Yonick DV, Ballo RM, Kahn E, Dahiya M, **Yao K**, Godellas C, Shoup M, Aranha GV. Predictors of Positive Sentinel Lymph Node in Thin Melanoma, Midwest Surgical Association, August 2010, Mackinac Island, MI.

## Invited Discussant

---

**Prinz R.** "MicroRNA Profiling of Benign and Malignant Pheochromocytomas," 97th Annual American College of Surgeons Clinical Congress, San Francisco, CA. Invited discussant October 25, 2011.

**Talamonti MS.** "Robotic distal pancreatectomy: is it safe and cost effective." Central Surgical Association. Chicago, IL. Invited discussant March 12, 2010.

## Symposia Organized and Moderated

---

**Winchester DJ.** Society of Surgical Oncology 63rd Annual Cancer Symposium, Breast Cancer Controversies—More Versus Less, March 4, 2010, St. Louis, MO.

**Winchester DJ.** Society of Surgical Oncology 64th Annual Cancer Symposium, Current Controversies in Endocrine Surgery, March 3, 2011, San Antonio, TX.

# 2010 Cancer Data Summary

## Incidence of Cancer 2010

In 2010, 3,701 new cancer cases were accessioned into the NorthShore University HealthSystem Cancer Registry. Of those, 3,220 cases (87 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 481 cases (13 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 at NorthShore. **Details by site are provided in Table 1.**

## Class of Case 2010

Class of Case divides cases into two groups, analytic cases (Class 00-22) and non-analytic cases (Class 30-49).

Class 00-14, which account for 2,722 cases, were those malignancies diagnosed at one of our four hospitals. Once diagnosed with cancer, 2582 (95 percent) of our patients remained at NorthShore for their treatment. Class 20-22, totaling 498 cases, were diagnosed elsewhere and referred here for treatment. Class 30-38, a total of 481 cases, were diagnosed and treated elsewhere and referred here for treatment of a recurrence or progression of disease.

## Overall Top Five NorthShore Sites

Breast cancer continues to be our top site, representing a striking 24 percent of the total analytic cases seen at NorthShore. The next most frequent cancers seen were: lung (9 percent), prostate (7 percent), and colon and lymphoma (each, 5 percent). These top five sites represent 50 percent of all newly diagnosed cases.

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

Cancer diagnoses are classified into four of five stages depending on the site. Each stage represents how far the tumor has spread from the organ or site of origin, where an increasing value represents more tumor involvement or extension. Eighty-nine percent of our breast cancers were diagnosed at an early stage (Stages 0, I and II), reflecting the national (82 percent) trend toward early detection. Thirty-four percent of our lung cancers (national 27 percent), 83 percent of our prostate cancers (national 80 percent), 60 percent of our colon cancers (national 49 percent) and 49 percent of our lymphomas (national 36 percent) were also diagnosed with early stage disease. In each of the top sites seen at NorthShore, detection at an early stage was significantly higher or equal to that seen nationally. National data supplied by the 2011 *NCDB, Commission on Cancer, ACoS Benchmark Reports (2008 data)*, the latest year available. Data for NorthShore is from diagnosis year 2010. **See Table 2.**

## Overall Five-Year Survival for Top Five Sites

Stage at diagnosis also predicts the patient's survival rate or the percentage of people who will survive for five years after the cancer diagnosis. Survival calculations allow for the fact that some cancer patients die of other causes. Based on cases diagnosed in 1998–2002 and submitted to the National Cancer Data Base (NCDB), overall survival rates at NorthShore for the top five sites compare favorably to those seen nationally. For breast cancer, our overall five-year survival rate is 89 percent (national 85 percent). Longer or equivalent overall survival rates are seen for the remaining top four sites as well. For lung, 16 percent (national 14 percent); for prostate, 88 percent (national 86 percent); for colon, 58 percent (national 54 percent) and for lymphoma, 61 percent for NorthShore (national 60 percent). **See Graphs on pages 2, 6, 11, 12 and 17.**

Source: 2011 NCDB, Commission on Cancer, Survival Reports

**TABLE 1: INCIDENCE OF CANCER—  
2010 DATA SUMMARY**

Primary Site	Analytic	Non-Analytic	Total	Percent
<b>Oral Cavity and Pharynx</b>	<b>65</b>	<b>7</b>	<b>72</b>	<b>1.9%</b>
Tongue	23	2	25	
Salivary Glands	7	2	9	
Floor of Mouth	2	0	2	
Gum & Other Mouth	11	0	11	
Nasopharynx	1	1	2	
Tonsil	14	1	15	
Oropharynx	6	1	7	
Hypopharynx	1	0	1	
<b>Digestive System</b>	<b>489</b>	<b>72</b>	<b>561</b>	<b>15.2%</b>
Esophagus	27	4	31	
Stomach	50	12	62	
Small Intestine	18	1	19	
Colon Excluding Rectum	164	20	184	
Rectum & Rectosigmoid	72	9	81	
Anus, Anal Canal & Anorectum	8	0	8	
Liver & Intrahepatic Bile Duct	23	3	26	
Gallbladder	8	0	8	
Other Biliary	12	2	14	
Pancreas	99	17	116	
Retroperitoneum	2	3	5	
Peritoneum, Omentum & Mesentery	5	1	6	
Other Digestive Organs	1	0	1	
<b>Respiratory System</b>	<b>315</b>	<b>28</b>	<b>343</b>	<b>9.3%</b>
Nose, Nasal Cavity & Middle Ear	1	0	1	
Larynx	17	1	18	
Lung & Bronchus	295	26	321	
Pleura	0	1	1	
Trachea, Mediastinum & Other Respiratory Organs	2	0	2	
<b>Bones and Joints</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>0.1%</b>
<b>Soft Tissue</b>	<b>11</b>	<b>2</b>	<b>13</b>	<b>0.4%</b>
<b>Skin Excluding Basal and Squamous</b>	<b>105</b>	<b>22</b>	<b>127</b>	<b>3.4%</b>
Melanoma—Skin	99	20	119	
Other Non-Epithelial Skin	6	2	8	
<b>Breast</b>	<b>763</b>	<b>54</b>	<b>817</b>	<b>22.1%</b>
<b>Female Genital System</b>	<b>204</b>	<b>16</b>	<b>220</b>	<b>5.9%</b>
Cervix Uteri	15	0	15	
Corpus & Uterus, NOS	115	5	120	
Ovary	46	8	54	
Vagina	3	0	3	
Vulva	17	2	19	
Other Female Genital Organs	8	1	9	
<b>Male Genital System</b>	<b>257</b>	<b>85</b>	<b>342</b>	<b>9.2%</b>
Prostate	238	84	322	
Testis	18	0	18	
Penis	1	1	2	
<b>Urinary System</b>	<b>256</b>	<b>28</b>	<b>284</b>	<b>7.7%</b>
Urinary Bladder	140	20	160	
Kidney & Renal Pelvis	105	8	113	
Ureter	10	0	10	
Other Urinary Organs	1	0	1	
<b>Eye &amp; Orbit</b>	<b>18</b>	<b>3</b>	<b>21</b>	<b>0.6%</b>
<b>Brain &amp; Other Nervous System</b>	<b>155</b>	<b>71</b>	<b>226</b>	<b>6.1%</b>
Brain	64	38	102	
Cranial Nerves Other Nervous System	91	33	124	
<b>Endocrine System</b>	<b>228</b>	<b>36</b>	<b>264</b>	<b>7.1%</b>
Thyroid	153	14	167	
Other Endocrine Including Thymus	75	22	97	
<b>Lymphomas</b>	<b>154</b>	<b>16</b>	<b>170</b>	<b>4.6%</b>
Hodgkin Lymphoma	13	1	14	
Non-Hodgkin Lymphoma	141	15	156	
<b>Myeloma</b>	<b>32</b>	<b>8</b>	<b>40</b>	<b>1.1%</b>
<b>Leukemia</b>	<b>81</b>	<b>12</b>	<b>93</b>	<b>2.5%</b>
<b>Mesothelioma</b>	<b>9</b>	<b>1</b>	<b>10</b>	<b>0.3%</b>
<b>Kaposi Sarcoma</b>	<b>2</b>	<b>2</b>	<b>4</b>	<b>0.1%</b>
<b>Miscellaneous</b>	<b>73</b>	<b>17</b>	<b>90</b>	<b>2.4%</b>
<b>Total</b>	<b>3,220</b>	<b>481</b>	<b>3,701</b>	<b>100.0%</b>

**TABLE 2: STAGE OF DIAGNOSIS—  
2008/2010 DATA**

Comparison of National Cancer Data Base (NCDB) to NorthShore Data

Breast	NorthShore (n = 763) (%) 2010	NCDB (n = 202,083) (%) 2008*
<b>Stage</b>		
0	23.5%	20.3%
I	41.4%	37.7%
II	23.7%	24.4%
III	6.9%	8.7%
IV	3.6%	3.7%
NA	0.1%	0.1%
Unknown	0.5%	5.2%
<b>Total</b>	<b>100%</b>	<b>100%</b>

Lung	NorthShore (n = 295) (%) 2010	NCDB (n = 156,427) (%) 2008*
<b>Stage</b>		
0		0.2%
I	22.0%	21.7%
II	11.5%	5.6%
III	21.6%	23.3%
IV	42.3%	39.2%
OC		0.2%
NA		0.2%
Unknown	2.3%	9.7%
<b>Total</b>	<b>100%</b>	<b>100%</b>

Prostate	NorthShore (n = 238) (%) 2010	NCDB (n = 134,479) (%) 2008*
<b>Stage</b>		
0		0.0%
I	6.3%	1.0%
II	76.9%	79.2%
III	10.1%	8.3%
IV	6.3%	5.1%
NA	0.0%	0.0%
Unknown	0.4%	6.4%
<b>Total</b>	<b>100%</b>	<b>100%</b>

Colon	NorthShore (n = 164) (%) 2010	NCDB (n = 75,971) (%) 2008*
<b>Stage</b>		
0	15.8%	6.4%
I	23.1%	19.6%
II	21.3%	23.2%
III	21.3%	22.7%
IV	14.0%	18.0%
NA	0.0%	0.1%
Unknown	4.2%	9.8%
<b>Total</b>	<b>100%</b>	<b>100%</b>

Lymphoma	NorthShore (n = 154) (%) 2010	NCDB (n = 36,414) (%) 2008*
<b>Stage</b>		
I	30.5%	17.4%
II	18.8%	19.0%
III	19.4%	20.1%
IV	28.5%	31.3%
NA	0.6%	0.4%
Unknown	1.9%	11.9%
<b>Total</b>	<b>100%</b>	<b>100%</b>

Totals may not equal 100 due to rounding.  
Source: 2011 NCDB, Commission on Cancer  
\*2008 latest data available as of 8/30/2011

**Evanston Hospital**  
2650 Ridge Avenue  
Evanston, Illinois 60201  
(847) 570-2000

**Glenbrook Hospital**  
2100 Pfingsten Road  
Glenview, Illinois 60026  
(847) 657-5800

**Highland Park Hospital**  
777 Park Avenue West  
Highland Park, Illinois 60035  
(847) 432-8000

**Skokie Hospital**  
9600 Gross Point Road  
Skokie, Illinois 60076  
(847) 677-9600

**Medical Group**  
1301 Central Street  
Evanston, Illinois 60201  
(847) 570-5235

**Foundation**  
1033 University Place, Suite 450  
Evanston, Illinois 60201  
(224) 364-7200

**Research Institute**  
1001 University Place  
Evanston, Illinois 60201  
(224) 364-7100



1301 Central Street  
Evanston, Illinois 60201

[northshore.org](http://northshore.org)

A publication of the Office of Corporate Communications

EDITOR: Amy Ferguson, Assistant Vice President, Corporate Communications

PHOTOGRAPHY: Andrew Campbell, Jonathan Hillenbrand

For more information, please visit [northshore.org/cancer](http://northshore.org/cancer)

## 2011 Cancer Committee\*

### Chairman

**David J. Winchester, MD, FACS**  
Clinical Professor of Surgery

### Vice-Chairman

**Bruce E. Brockstein, MD**  
Division Head  
Hematology/Oncology  
NorthShore University HealthSystem  
Clinical Associate Professor of Medicine  
University of Chicago,  
Pritzker School of Medicine

### Cancer Liaison Physician

**David J. Winchester, MD, FACS**  
Clinical Professor of Surgery

### Physician Membership

**Matthew E. Adess, MD**  
Clinical Instructor  
Hematology Oncology

**Steven Charous, MD, FACS**  
Surgery

**Egon M. Doppenberg, MD**  
Clinical Assistant Professor  
Surgery

**Thomas Farrell, MD, FRCR, MBA**  
Clinical Associate Professor  
Diagnostic Radiology, Vascular &  
Interventional Radiology

**David Grinblatt, MD**  
Clinical Associate Professor of Medicine  
Hematology Oncology

**Thomas Hensing, MD**  
Clinical Assistant Professor of Medicine  
Co-Director, Thoracic Oncology Program

**Jean Hurteau, MD**  
Clinical Professor of Obstetrics &  
Gynecology  
Gynecologic Oncology

**William K. Johnston III, MD**  
Clinical Assistant Professor of Surgery  
Director of Laparoscopy & Minimally  
Invasive Urology

**Carolyn V. Kirschner, MD**  
Clinical Assistant Professor  
Gynecologic Oncology

**Ross M. Levy, MD**  
Clinical Instructor Dermatology  
Assistant Director Dermatologic Surgery

**Michael McGuire, MD**  
Clinical Assistant Professor  
Urologic Oncology

**Geraldine Newmark, MD**  
Clinical Assistant Professor of Radiology  
Section Head of Body Imaging  
Diagnostic Radiology

**Kristian Novakovic, MD**  
Clinical Assistant Professor  
Urologic Oncology

**Ira Oliff, MD**  
Medical Oncology

**James L. Padgett, MD**  
Clinical Assistant Professor of Pathology  
Pathology

**Nina A. Paleologos, MD**  
Clinical Associate Professor of Neurology  
Director, Neuro-Oncology Program

**Vathsala T. Raghavan, MD**  
Clinical Instructor  
Radiation Oncology

**Carol A. Rosenberg, MD**  
Clinical Assistant Professor of Internal  
Medicine  
Director, LIFE Program  
Cancer Survivorship Program

**Wendy Rubinstein, MD, PhD, FACMG, FACP**  
Clinical Associate Professor of Medicine  
Medical Director, Center for Medical  
Genetics

**Arif Shaikh, MD**  
Clinical Instructor  
Radiation Oncology

**Naila Shaikh, MD**  
Clinical Instructor  
Physical Medicine & Rehabilitation

**Elaine Lee Wade, MD**  
Clinical Assistant Professor of Medicine  
Associate Director of the Patricia A. Nolan  
Center for Breast Health  
Hematology Oncology

**Katharine Yao, MD**  
Clinical Assistant Professor  
Surgery

### Ancillary Membership

**Jonella Black**  
Rehab Services

**George Carro, RPH, MS, BCOP**  
Oncology Pharmacy

**Jessica Cronin**  
IS/EPIC

**Sarah Dean**  
American Cancer Society

**Carolyn Edwards, RN, OCN, CTR**  
Cancer Registry

**Amy Ferguson**  
Corporate Communications

**Hania Fuschetto**  
Community Outreach

**Laurel Gage, RHIT, CTR**  
Cancer Registry

**Addie Gorchow, MBA, RHIT, CTR**  
Cancer Registry

**Sally Jensen, PhD**  
Oncology Psychosocial Program

**Judy Lawrence, RN**  
Hospice

**Meg Madvig, LCSW**  
Oncology Social Work

**Judith O'Leary, RN, OCN, CCRP**  
Surgical Research

**Alisa Ostebo**  
American Cancer Society

**Houri Papazian, RN**  
Inpatient Oncology

**Sarah Russ**  
American Cancer Society

**Janet Ryan**  
Corporate Quality Manager

**Cory Tabachow**  
Administration

**Martha Wallace**  
Inpatient Oncology/Palliative Care

**Lisa Zoberman, RD, LDN**  
Oncology Nutrition

\*All academic affiliations are with University of Chicago Pritzker School of Medicine