

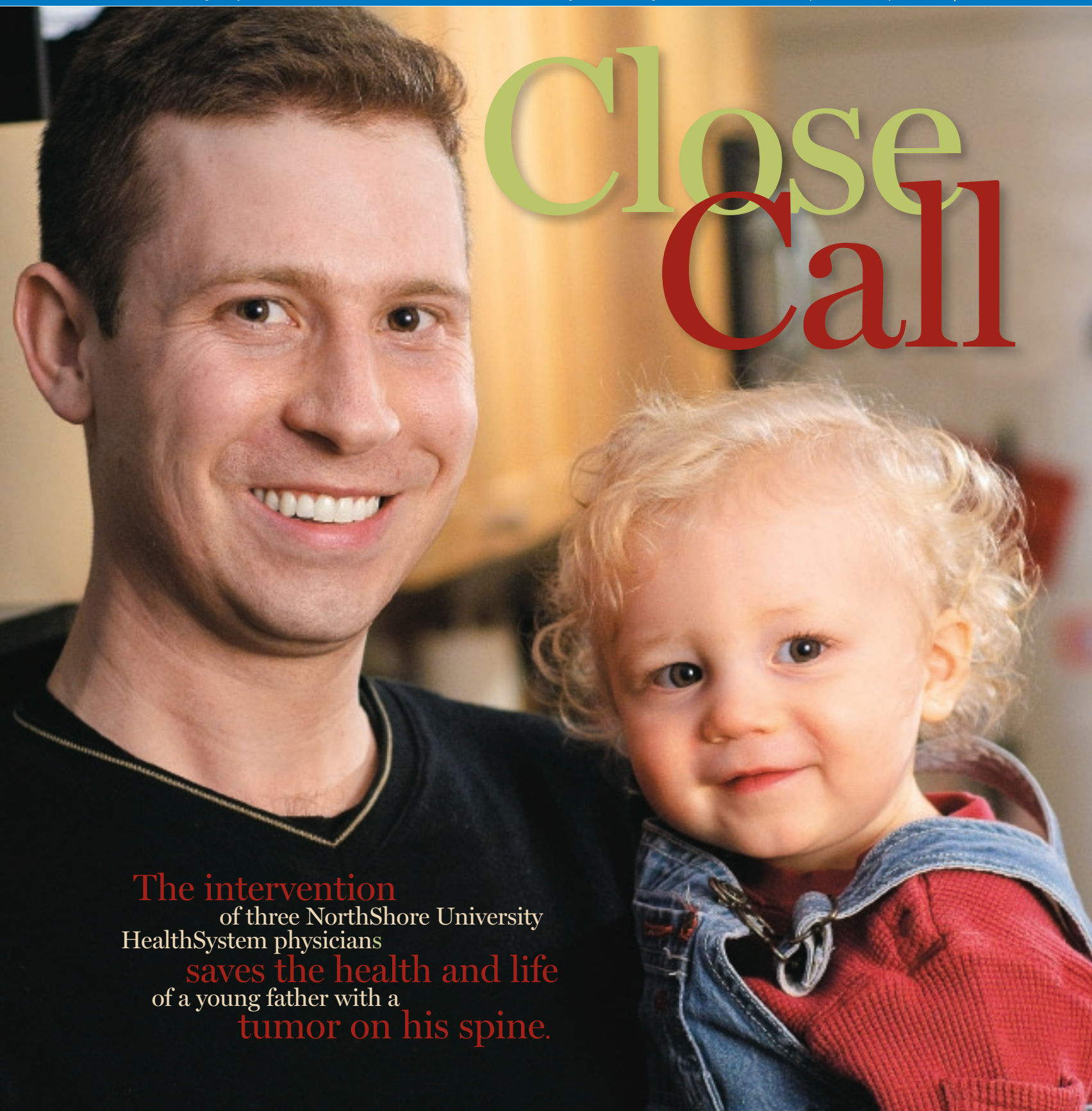
CONNECTIONS

 **NorthShore**
University HealthSystem

A health and lifestyle publication from NorthShore University HealthSystem

| VOLUME 2 | ISSUE 4 | APRIL/MAY 2009

Close Call

A photograph of a man with short brown hair, smiling warmly. He is wearing a dark blue or black V-neck shirt. He is holding a young child with curly blonde hair. The child is wearing a red sweater and denim overalls. The background is a soft-focus indoor setting.

The intervention
of three NorthShore University
HealthSystem physicians
saves the health and life
of a young father with a
tumor on his spine.

Welcome to the April/May issue of *Connections*, a bimonthly publication bringing you the latest in patient care, medical research and technology from NorthShore University HealthSystem (NorthShore). Each issue of *Connections* features several stories about the innovative care our physicians provide to our patients, and how it has a direct, positive impact on their health and their lives.

Like our entire health system, the NorthShore Medical Group's patient-centered focus reflects our dedication to providing high-quality, service-oriented care. In healthcare, we know that an integral part of quality care comes from access. Across the country, many complain of the difficulty in seeing their doctor in a timely fashion. At NorthShore, we are committed to providing unmatched access to our physicians.

To that end, the Medical Group continues to invest in the care of our patients, recruiting the best and brightest primary care physicians, extending the breadth and depth of our expertise through the recruitment of additional specialists, and opening new offices to expand our geographic reach and enhance our access.

Through our innovative electronic medical record (EMR) system—implemented in 2003—NorthShore's Medical Group offers centralized scheduling for primary care physicians and the promise of same-day care. All of our primary care physician offices offer daily walk-in hours, and we strive to meet our patients' needs with early-morning, evening and weekend appointments.

Whereas five years ago, only about 5 percent of primary care appointments represented same-day care, today that figure is nearly 40 percent. Nearly 100 percent of our patients who call to see a NorthShore Medical Group primary care physician today will be seen today.

In healthcare, we know that an integral part of quality care comes from access. At NorthShore, we are committed to providing unmatched access to our physicians.



We serve a highly sophisticated community. To be competitive in this market, we understand that we must have the top specialists and the greatest capabilities across disciplines. Our physicians are thought leaders—providing cutting-edge expertise and conducting groundbreaking clinical research to provide patients with access to the latest trials and advances in care.

Furthermore through our advanced technology and EMR system, we are truly an integrated healthcare delivery system. All physicians throughout the organization can view previous doctor visits, the same lab results and other critical clinical information, as well as talk to each other in real time for the most efficient and personalized patient care.

We are proud that recently the American Medical Group Association (AMGA) recognized the NorthShore Medical Group for our commitment to excellent, patient-focused care. As an Acclaim Award honoree, we were recognized as one of America's best for our proven success in implementing superior access and patient care. As such, we are the only medical group in the greater Chicago area to achieve such recognition from the AMGA. The award reminds us it is a privilege to serve those who come to us for care. We will continue to work hard to earn your trust.

Best regards,

Joseph Golbus, M.D., President
NorthShore University HealthSystem
Medical Group

CONNECTIONS

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Be Well-Lake County

NorthShore University HealthSystem is investing an additional \$1 million to initiate a comprehensive program to improve the quality of health to the underserved individuals who have diabetes in Lake County.

By Amy Ferguson and Sara S. Patterson

Diabetes is a pervasive and growing disease across the United States. In Lake County, 8 percent of the population is battling diabetes, and some of those patients do not have access to comprehensive care.

To provide greater access for these underserved diabetes patients in Lake County, NorthShore University HealthSystem (NorthShore) is collaborating with the Lake County Health Department and Community Health Center (LCHD/CHC) to fund a pilot diabetes program called *Be Well-Lake County*. Over the next 12 months, NorthShore is providing \$500,000 in direct funding to LCHD/CHC for the program, while the remaining \$500,000 will be supplied through in-kind services, specialty care for the diabetes patients, such as ophthalmology, podiatry, endocrinology, nephrology and cardiology, and administrative support.

“With a record number of people losing

health insurance and delaying life-saving medical treatment, now more than ever diabetes patients need to have access to quality healthcare,” said Mark R. Neaman, President and CEO at NorthShore. “The goal of this program is to begin to build a coordinated network of healthcare for the underserved population in Lake County.”


Using the national standards developed by the Health Resources and Services Administration (HRSA), a physician-researcher at NorthShore will investigate the process and measure patient outcomes. The physician-researcher has developed a measurement strategy, and the LCHD will provide regular progress reports.

Unique to NorthShore’s pilot diabetes program is the inclusion of health promoters who will act as lay health educators and have strong ties to the community. The health promoters will serve as influential and trusted extensions to the families who participate in the program. They will educate the patients and families on

the importance of managing their diabetes and ensuring all of their appointment and education needs are met efficiently.

At the LCHD Clinic in North Chicago, the pilot program involves diabetes management for more than 500 current patients. Additional clinical staff will implement a consistent standard of care to each patient, including help with medication and testing supplies, on-site hemoglobin A1C testing and education for a comprehensive approach to a healthy lifestyle for an entire family.

“Across the nation, healthcare organizations are trying to find ways to deliver high-quality care to people with chronic diseases more efficiently. At NorthShore, we have implemented a pilot program in diabetes to further improve the quality of care we provide and do so in a more cost-effective manner,” said Joseph Golbus, M.D., President of the NorthShore Medical Group. “We are using our electronic medical record system to implement innovative approaches to the care of diabetic patients.

“For example through our secure Web portal, we can send out reminders to our diabetic patients to get their needed monitoring tests, such as hemoglobin A1C. We are also developing interactive flow charts that allow them to enter their blood sugar levels from home and receive guidance from our experts through the Web. In addition, we are creating a diabetic patient registry that will allow us to trigger needed alerts and testing simultaneously to a large cadre of patients. The goal of the pilot program is to create a system of chronic disease management that improves care, increases communication and allows easier access for our patients, and does so at a lower cost. If the pilot for diabetes is successful, we can use the same principles for managing many other chronic ailments such as asthma and congestive heart failure.” 

Innovative Robotic Technology

NorthShore University HealthSystem is the first in Illinois to offer advanced computer-assisted 3-D interactive technology for partial knee reconstruction, which allows for less pain and quicker recovery for patients.

By Jim Anthony

NorthShore University HealthSystem (NorthShore) is the only healthcare organization in Illinois and one of 15 nationwide to offer the robotic partial knee replacement technology. This technological advancement is being performed at NorthShore's Glenbrook Hospital in Glenview.

William J. Robb III, M.D., and Michael O'Rourke, M.D., of NorthShore are the first orthopaedic surgeons in Illinois trained in an exciting and innovative technology that uses three-dimensional computer graphics and interactive robotic cutting tools to treat



Dr. Michael O'Rourke (in photo) and Dr. William J. Robb III from NorthShore are the first orthopaedic surgeons in Illinois trained to perform robotic partial knee replacement for patients who suffer from early- to mid-stage osteoarthritis of the inner knee.

patients who suffer from early- to mid-stage osteoarthritis of the medial (inner) knee.

"While partial knee replacement surgery is not new," said Dr. O'Rourke, Director of the Total Joint Replacement Center at NorthShore, "this robotic technology is revolutionizing the way the surgery is performed. It enables surgeons to be accurate and safe in the least invasive way possible, so the patient can resume normal activity sooner and experience a more

natural feel to the knee and a longer life span on the knee joint."

"The robotic component takes computer-assisted surgery to an exciting new level because it allows a highly technical procedure to be performed in a very precise, reproducible and consistent way," adds Dr. Robb, head of NorthShore's Department of Orthopaedic Surgery.

This remarkable technology allows surgeons to isolate and remove only the arthritic or damaged portion of the knee through a 2- to 3-inch keyhole incision. It preserves the surrounding healthy bone and tissue. It also allows surgeons to precisely position an orthopaedic implant in the knee joint to restore knee function.

The ideal candidate for this procedure is someone who has tissue damage confined to one compartment of the knee, cruciate ligaments (cross-shaped ligaments in the knee joint) that function close to normal and good range-of-motion. The procedure takes 90 minutes and includes a hospital stay of up to two days. Many patients are able to return to an active lifestyle quickly.

To schedule a consultation with Dr. Robb or Dr. O'Rourke, call NorthShore physician referral at (847) 492-5700 (Ext. 1261). [C](#)

Distinguished Industry Award

NorthShore University HealthSystem CEO
Receives ACHE's Gold Medal Award.

By Sara S. Patterson

Mark R. Neaman, FACHE, President and CEO at NorthShore University HealthSystem (NorthShore), received the American College of Healthcare Executives (ACHE) 2009 Gold Medal Award on March 23. The Gold Medal Award is ACHE's highest honor given to prominent leaders who have made major contributions to the healthcare industry.

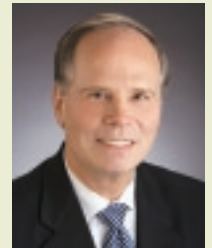
The purpose of this award is to recognize healthcare executives who best exemplify leadership at the organizational, local, state and national levels. The Gold Medal Award recognizes individuals who go beyond the confines of their own organization to continually contribute to the improvement of healthcare services and community health.

Neaman has devoted his professional career to not only building a world-class integrated healthcare delivery system but also reaching beyond his local community to elevate the quality of care for all Americans. Under Neaman's leadership, in 2003 NorthShore became one of the first in the country to successfully launch a systemwide, state-of-the-art electronic medical record (EMR) system with demonstrable benefits in quality, safety, efficiency and service to patients.

"I never speak of electronic medical records without mentioning Mark Neaman," said Thomas C. Dolan, Ph.D., FACHE, President and CEO of ACHE. "NorthShore has built a model system for hospitals nationally and internationally. Mark is one of the most brilliant, visionary leaders in our field. He's also an effective leader who has great ideas and is honest and upfront, so people want to follow him. He has integrity and cares about other people."

As Chairman of the Healthcare Leadership Council in Washington, D.C., from 2005 to 2006, Neaman spearheaded an energetic, visionary agenda aimed toward improving the quality of healthcare for all Americans. The initiative linked uninsured Americans with both public and private healthcare coverage resources.

Neaman also has been a leader for the Illinois healthcare community. From 2004 to 2005, he played a key role on the Illinois Hospital Association's Medical Liability Reform Steering Committee. [C](#)



Mark R. Neaman,
President
and CEO at
NorthShore

Thanks to the expert surgical care of NorthShore's Dr. Joseph Muldoon, Tom Fischl made a full recovery from severe sepsis.



Back from the Brink

Patient with severe sepsis is saved in the nick of time by a NorthShore University HealthSystem surgeon.

By Sara S. Patterson

Entering middle age, Tom Fischl appeared to be healthy and fit. The lifelong Evanston resident ran a popular sporting goods store, was married to a healthcare professional and regularly went running with his Dalmatian, Luis.

One morning, Fischl woke up with a stabbing pain in his abdomen. In the Emergency Department at NorthShore University HealthSystem's (NorthShore) Evanston Hospital, doctors first thought he could be having a heart attack. A computerized tomography (CT) scan, however, showed he had diverticulitis—a condition in which pouches, or diverticuli, become inflamed and rupture, infecting the tissues surrounding the colon.

Doctors immediately treated Fischl with antibiotics. Their hope was the infection would subside, and he would heal without invasive surgery. But two days later, Fischl's temperature suddenly rose, and his stomach became distended. Though it was a Sunday, NorthShore surgeon Joseph Muldoon, M.D., was called in for a consultation. After evaluating the patient and ordering a

“Without NorthShore University HealthSystem and Dr. Muldoon, I wouldn't be here. I have been living every day since on borrowed time.”

new CT scan, Dr. Muldoon determined surgery was now necessary.


Fischl had gone into severe sepsis, in which the whole body is in a state of inflammation that leads to organ dysfunction, low blood pressure and insufficient blood flow. This life-threatening condition required medical intervention. During surgery, Dr. Muldoon performed an abdominal exploration and colon resection, removing 18 inches of Fischl's intestine due to the extreme infection.

Thanks to the excellent team of physicians, nurses and staff involved in surgery, post-operative and intensive care, Fischl made a full recovery. “Without NorthShore University HealthSystem and Dr. Muldoon, I wouldn't be here,” Fischl said. “I have been living every day since on borrowed time. I have vowed to take better care of myself.”

Living on Borrowed Time

On one of those days of “borrowed time,” Fischl was running with his dog, Luis, when he heard a woman's screams in the parking lot of the Noyes Cultural Center in Evanston. He pulled the woman's attacker away and then pinned him to the ground—moments before the Evanston Police arrived.

The 6-foot, 3-inch Fischl, a 12-year U.S. Navy veteran, put the man in a wrestling hold as Luis provided backup support by barking. Deputy Chief Joseph Bellino, head of the Evanston Police Department's criminal investigations bureau, noted that Fischl disregarded his own personal safety to help the woman.

“I wanted to figure out some way to thank those who saved my life at Evanston Hospital,” Fischl said. “Dr. Muldoon saved my life, so I could save this woman from being attacked.” 

Caregiver Collaboration

NorthShore University HealthSystem's new Center for Pelvic Health gathers experts from related disciplines for the best practices in evaluation and treatment of patients.

By Susan J. White

One in every two women experiences some kind of pelvic health-related issues after their child-bearing years. From gynecologic or gastrointestinal to urologic or sexual/behavioral issues, patients are often shifted from one specialist to the next. Or worse, they do not know what kind of doctor can offer appropriate treatment.

NorthShore University HealthSystem's (NorthShore) new Center for Pelvic Health at Highland Park Hospital brings together experts in chronic pelvic pain, minimally invasive surgery, urogynecology, colorectal surgery, gastroenterology, integrative medicine, physical medicine and rehab, and psychiatry. The goal is to revolutionize the evaluation and treatment of pelvic conditions.

Besides offering clinical advantages and convenience in one location, the Center gives patients the distinct benefit of a multidisciplinary, team approach to care. "The cross talk between many specialists on an individual patient's behalf is a huge benefit," said Richard K. Silver, M.D., Chairman of the Department of Obstetrics and Gynecology and The Auxiliary of NorthShore University HealthSystem Chair of Obstetrics/Gynecology.

Physician leaders from NorthShore's pelvic-related disciplines are embracing the opportunity to further their collaborative work and offer patients a seamless, individualized plan for holistic care. A coordinated intake process by the Center for Pelvic Health's coordinator will help determine a principal specialist for each patient. While many spe-



Dr. Roger Goldberg and his team at NorthShore have developed a new surgical procedure called a minimal mesh hysteropexy that allows women the option of avoiding hysterectomy for pelvic prolapse repair, which affects 30 percent of the women in the United States.

cialists may be consulted, patients will have a "chaperone" to help navigate their best options for treatment.

Issues such as painful intercourse or fecal incontinence may make patients reluctant to talk to physicians and lead to suffering in silence. The Center for Pelvic Health is designed to ease anxiety with compassionate and sensitive caregiver attention.

Already a leader in minimally invasive vaginal procedures, the Center's physicians are drawing patients regionwide for these innovative surgical therapies. For example, 76-year-old Ann Marie Kranz suffered from pelvic prolapse, a loss of support within her pelvic structures, which became so severe it caused discomfort even when sitting.

Told by her doctor that "a lot of patients

"The cross talk between many specialists on an individual patient's behalf is a huge benefit."

just learn to live with it," Kranz decided she was not one of them. Eventually referred to the Center's Roger Goldberg, M.D., MPH, Kranz was thrilled when he told her she was an excellent candidate for a minimally invasive procedure to repair her condition.

"He was very positive and said I should go home and think about it first, but I knew I didn't have to think twice," Kranz said. Her confidence in Dr. Goldberg was immediate and well placed. "I was so pleased with the procedure, I would do it again in a heartbeat," Kranz said. An advocate for Dr. Goldberg's care, Kranz has recommended him to others. "A friend of mine just had the procedure done after wearing a pad for 20 years," she said.

This alternative-to-hysterectomy technique has been developed during the last five years and is one example of the Center's unique therapies. Also, Center physicians pursue research aimed at advancements in patient care. A National Institutes of Health-funded study to research and treat pelvic pain is among the Center's current research projects. Physicians are confident that the Center for Pelvic Health's collaborative nature will lead to new ideas and continued progress.

The Center for Pelvic Health also treats male patients with colorectal cancer and related issues. For more information, call (847) 492-5700 (Ext. 1262). [G](#)

The Jennings family is at play following Andrew's successful recovery. Left to right are daughter Lauren; wife Allyson Ward; Andrew; and youngest family member Justin—whose diapers Andrew changes. Not pictured is Lauren's twin brother, Owen.



Jonathan Hillenbrand/NorthShore University HealthSystem



Close Call

The intervention of three NorthShore University HealthSystem physicians saves the health and life of a young father with a tumor on his spine.

By Patricia McGhee

Thirty-year-old Andrew Jennings—husband, father of three and a city planner for the Village of Wheeling—is and always has been the picture of good health. That's why he was shocked with his diagnosis of a large tumor invading his spinal column. The events leading up to and including an almost eight-hour surgery that could have left him paralyzed remain fresh in his mind.

In April 2007, Jennings began to notice some minor back pain while doing yard work. In August he mentioned the pain to his NorthShore University HealthSystem (NorthShore) primary care physician, Norman Gutmann, M.D., who ordered an X-ray, saw nothing unusual and referred Jennings to Joel Dkystra, clinic manager and physical therapist at NorthShore Rehabilitation in Old Orchard.

More Than a Pain in the Back

Eighty percent of people in the United States have had low back pain at least once in their lives, making it a common reason why people miss work or visit the doctor. Back pain typically occurs from strained muscles and ligaments, heavy or improper lifting, muscle spasms or sudden awkward movements—which can be prevented by using proper body mechanics. Simple home self-care typically produces some improvement within the first 72 hours after the incident.

But back pain also may signal a serious medical problem. See a doctor immediately if your back pain:

- Is constant or intense, especially at night or when you lie down;
- Spreads down one or both legs, especially if it extends below the knee;
- Causes weakness, numbness or tingling in one or both legs;
- Causes new bowel or bladder problems;
- Is associated with pain or throbbing in the abdomen, or fever;
- Follows a fall, blow to your back or other injury; or
- Is accompanied by unexplained weight loss.

See your doctor if you start having back pain for the first time after age 50, or if you have a history of cancer, osteoporosis, steroid use, or drug or alcohol abuse.²

² Mayo Foundation for Medical Education and Research (MFMER), www.mayoclinic.com/health/back-pain/DS00171. 1998–2009.

“I worked with Joel for about six weeks before returning to Dr. Gutmann,” Jennings said. “When Dr. Gutmann suggested an MRI in late October, I nearly declined. I thought a serious problem should be more painful, and that I would just wait and see. But I went ahead with it about a week later.”

Jennings got “the call” the afternoon of the day he had the MRI. Dr. Gutmann was off the day he had the MRI, so Cara Culmer, M.D., an internist at NorthShore’s Old Orchard Internal Medicine Clinic, called a few hours after the test. Dr. Culmer said she saw something unusual on the MRI and referred him to neurosurgeon Egon Doppenberg, M.D., and ordered a CT.

Life-Changing Diagnosis

The next week he and his wife, Allyson Ward, met with Dr. Doppenberg. “It was one of those life-changing appointments for me,” Jennings said. “At the time, Allyson was about seven and a half months pregnant with our third child, and we weren’t in the exam room long

nerves, leading to pain, neurological problems and even paralysis. A spinal tumor, whether cancerous or not, can threaten life and cause permanent disability.¹

“The tumor Jennings had was a rather common benign tumor, but the tumor was so large that it had destroyed most of the bone and the integrity of the bone vertebra and had weakened the vertebra completely,” Dr. Doppenberg said.

“This was worse than my worst-case expectation at the time. But Dr. Doppenberg said he was absolutely sure that it was the best option for me to live a normal life without fear of paralysis,” Jennings said. “He made me feel extremely comfortable with the extreme measures needed to treat my problem and told me I’d be able to change diapers by the time the baby came.”

Preserving Health

Dr. Doppenberg lined up NorthShore interventional neurosurgeon Bernard Bendok, M.D., to perform the embolization and

“As I look back on the last year, I feel extremely fortunate that everything has worked out for me. I have great access to a wonderful healthcare network.”

before Dr. Doppenberg had the MRI and CT results up on the monitor to show us exactly what was going on in my back.”

Dr. Doppenberg explained that Jennings needed a very serious surgery to remove a benign spinal tumor—or hemangioma—in the vertebra, positioned near the location of the lungs and heart. In most areas of the body, benign—or noncancerous—tumors aren’t necessarily worrisome. But that’s not always the case with tumors in or around the spinal cord. Both benign and malignant spinal growths and tumors can impinge on

NorthShore cardiothoracic surgeon John Howington, M.D., to perform a thoracotomy—a surgical procedure to open the chest and prepare a “path” for Dr. Doppenberg to access the tumor. “By the time we left his office, we knew with 99-percent certainty the time of the surgery and the three surgeons involved—a pretty efficient half hour of work,” Jennings added.

Jennings had the two-day, two-part surgery in late November 2007. Dr. Bendok, Dr. Howington and Dr. Doppenberg worked together to embolize, expose and remove



NorthShore neurosurgeon Egon Doppenberg, M.D., (left) uses a model of the spine to discuss the location of Jennings's tumor to Jennings (right) and Joel Dkystra (middle), a Clinic Manager and Physical Therapist at NorthShore Rehabilitation, Old Orchard, who worked with Jennings before his life-saving surgery.

the benign tumor from his vertebra. Since the tumor was inside the vertebra, they had to enter the thorax from the side and do some extra work—spreading the ribs, cutting through muscle and intentionally collapsing a lung.

“Once we exposed the tumor, we cut away the bulk of the vertebral body and replaced it with an expandable titanium cage,” Dr. Doppenberg said. The use of titanium cages in vertebral body replacement (VBR) procedures is a recent advancement. “These cages are easily expandable and versatile in remov-

ing vertebral tumors, reconstructing vertebral column defects and correcting spine alignment,” he said. “Most important, they allow immediate load bearing.”

Once the titanium cage was in place, the two surgeons fused the two surrounding vertebrae with four screws and two rods to stabilize the spine. “Andrew requires one more surgery, scheduled for this spring. But that will be easier and last only four hours,” Dr. Doppenberg said.

According to Jennings, the real story is “how the whole system worked” at North-

Shore. “In fact, as my tumor appears to be fighting to survive, the health system continues to work for me,” Jennings said. “As I look back on the last year, I feel extremely fortunate that everything has worked out for me. I have great access to a wonderful healthcare network.

“I also was there [at Evanston Hospital] for the birth of my third child,” he said, “and, yes, I change his diapers.” **C**

¹ Mayo Foundation for Medical Education and Research (MFMER), www.mayoclinic.com/health/spinal-tumor/DS00594. 1998–2009.

Tailor-Made Care



A breast cancer patient consults NorthShore University HealthSystem surgeons and physicians to devise an individualized program of care for achieving the best outcome.

By Sara S. Patterson

Glenview resident Sharon Riley had no family history of breast cancer, exercised frequently and ate nutritiously. But seven months after a routine mammogram, she found a lump in her left breast during self examination.

While many women discover benign tumors, a mammogram and subsequent ultrasound at NorthShore University HealthSystem (NorthShore) determined that Riley had stage IIa breast cancer. Fortunately, the cancer had not spread to her lymph nodes.

“Before my diagnosis, my husband, three sons and I led a charmed life. Now our family had a challenge that we had to face together as a team,” she said. At the time of her diagnosis, Riley’s sons were 19, 15 and 13.

To discuss her options and make decisions about her treatment, she met with NorthShore surgical oncologist Stephen Sener, M.D. He discussed her individual diagnosis and two possible approaches: pre-operative chemotherapy to shrink the tumor for a possible lumpectomy, to spare most of the breast tissue, or a mastectomy and implant reconstruction followed by chemotherapy and radiation.

Based on Dr. Sener’s recommendation, Sharon had the surgery first, not the chemotherapy. Dr. Sener said, “There are many nuances to each individual’s breast cancer diagnosis. It’s best to design a tailor-made program for every woman.”

Proactive Decision Making

After Dr. Sener performed a mastectomy of her left breast and a NorthShore plastic surgeon did the reconstructive surgery, Riley

received six rounds of chemotherapy every three weeks and one month of radiation to her chest wall. Initially, she was worried about undergoing chemotherapy. Most of her life, Riley had lived medication-free.

But her research showed that “chemotherapy has saved thousands of lives. I started thinking of it [the chemotherapy] as the river of life with powerful healing qualities,” Riley wrote. Throughout her journey back to good health, she found it more healing and positive to weave her treatments into the context of her strong faith.

While she experienced some nausea and exhaustion during chemotherapy, Riley’s positive approach helped her cope better with its side effects. After her treatment, she also consulted Leslie Mendoza Temple, M.D., the head of Integrative Medicine at NorthShore, to find natural ways to mitigate the toll on her body.

By comparison, Riley found the radiation treatments easy. “Sharon was appreciative of her radiation treatment and was proactive

Taking Charge of Your Health: Breast Self-Examination

Starting at the age of 20, monthly breast self-exams are an option for all women. Those women who routinely examine their breasts can become more aware of how their breasts should feel. They are more likely to feel any changes—masses or lumps—that could be early signs of cancer.¹

¹ Women’s Health, Breast Self Exam Tool, WebMD, at <http://women.webmd.com/healthtool-self-breast-exam>



Dr. Stephen Sener (left) and Dr. Vathsala Ravhavan (right) were two of the NorthShore physicians who designed a customized program of care for Sharon Riley (center) when she was diagnosed with breast cancer.

about her care,” said Vathsala Ravhavan, M.D., a radiation oncologist at NorthShore.

Strong Network of Support

Along with her “outstanding” husband, Riley’s sons were naturally upbeat about her prognosis, kind and supportive. Her extended family and a network of friends in her community supported her throughout her medical care.

After her recovery, Riley has a heightened appreciation for the gifts in every day. “Dr. Sener gave me great advice: to live my life full-speed ahead and don’t look in the rearview mirror. I have embraced that,” she said.

Additionally, Riley praises both the skill and compassion of her caregivers at NorthShore’s Glenbrook Hospital. “I had great confidence in the phenomenal doctors, nurses and staff. They were excellent communicators to me and with one another about my care. Most important, they saved my life,” she said.

Currently, Riley serves as the Executive Director of Rebuilding Together North Suburban Chicago, a nonprofit that uses volunteers to repair and improve homes for low-income home owners in the community for free. She recognizes how lucky she was to survive breast cancer. “There’s an incredible medical community at NorthShore that helped me make the right choices and return to good health,” Riley said. **C**

GYNECOLOGY

Lessons in Anatomy

NorthShore University HealthSystem patient undergoes a minimally invasive hysterectomy with great outcome suited to her age and lifestyle.

By Susan J. White

When Noel Adachi's gynecologist recommended a traditional hysterectomy to treat her large uterine fibroid, she wanted a better solution. At 47 years old, Adachi assumed she was still several years away from menopause and didn't want to jumpstart the process by removing her ovaries. She thought her doctor was too ready to cut her open without exploring more innovative options.

Adachi researched the latest surgical techniques and minimally invasive robotic-assisted surgery. Referred to NorthShore University HealthSystem's (NorthShore) Frank Tu, M.D., M.P.H., Director of the Division of Gynecological Pain and Minimally Invasive Surgery in the Department of Obstetrics and Gynecology, Adachi immediately asked Dr. Tu about the robotic-assisted procedure.

"He took time with me, spoke with me like I was an intelligent person and thoroughly explained my options," Adachi said. Dr. Tu and his partner, Sangeeta Senapati, M.D., use the robot regularly for complex pelvic procedures like the fertility-preserving removal of uterine fibroids. In Adachi's case, robotic surgery was not her best option. The larger size of her uterus was not suited to the mobility of the robotic instruments. She was, however, an excellent candidate for a vaginal, "incisionless" procedure, according to Dr. Tu.

"When I woke up after surgery and lifted the covers, I wondered 'did they do it?'" Adachi said. She felt no pain after her operation, returned home within a day, started walking on her treadmill five days after the

Noel Adachi consulted Dr. Frank Tu (right), an expert in advanced technology and the latest minimally invasive procedures at NorthShore, when she did not want to have a traditional hysterectomy.



surgery and was running within a month.

The key to a safe hysterectomy regardless of approach, according to Dr. Tu, is the ability to control the uterine blood vessels that are at the top of the vagina. After examining Adachi, Dr. Tu knew that her anatomy would allow a trained surgeon to operate through the vagina, avoiding any visible incisions.

Vaginal surgery can be safely done by trained surgeons where "experience becomes your eyes," Dr. Tu said. Instead of traditional sutures, he uses electrical vessel-sealing clamps that are effective and save time.

"It's really a simple, straightforward technology," Dr. Tu said "Very few instruments are used, and it is a matter of knowing the anatomy."

Dr. Tu and his team at NorthShore are leaders in this pioneering technology. "Physicians need to look at why we do things the way we do and not get complacent," Dr. Tu said. "Four out of five women still have an abdominal hysterectomy in the United States."

Nationwide, a multidisciplinary approach to transvaginal surgery approaches provides superior outcomes for women. NorthShore surgeons are moving forward with a NOTES (natural orifice transluminal endoscopic surgery) initiative to further advance minimally invasive procedures where an endoscope is passed through a single port, like the colon or vagina, as opposed to multiple ports. Mark S. Talamonti, M.D., Chair of NorthShore's Department of Surgery, said, "Development of this technology is moving rapidly."

A cross-disciplinary collaboration between Surgery and Obstetrics and Gynecology is under way to accelerate the safe adoption of these procedures. "NOTES procedures will offer enormous benefits to patients for quicker recovery, less pain, faster return to work and less physiological impact," Dr. Talamonti said.

For more information about the Center for Pelvic Health, call (847) 492-5700 (Ext. 1263). [G](#)

ONCOLOGY

Link to Obesity

NorthShore University HealthSystem researchers are studying the link between obesity and other metabolic disorders to prostate cancer risk, progression and response to therapy.

By Barb Hailey

Losing weight through proper diet and exercise has long been touted as a key to good health. Now, physicians and scientists at NorthShore University HealthSystem (NorthShore) are exploring an even more compelling reason to maintain a healthy weight—prevention of and improved treatment for prostate cancer.

NorthShore has established a Metabolic Core Facility in response to recent evidence linking obesity and other metabolic disorders to prostate cancer risk, progression and response to therapy. Charles Brendler, M.D., and Susan Crawford, D.O., Director of the Metabolic Core Facility at the NorthShore Research Institute, are leading the Metabolic Core Facility's efforts.

“Discovering the biological mechanisms underlying this relationship is critical to facilitate the development of effective new diagnostic tests and treatments for our patients with prostate cancer,” said Dr. Brendler, Co-Director of NorthShore's Comprehensive Prostate Cancer Center and the Ronald L. Chez Family and Richard Melman Family Chair of Prostate Cancer.

Previous epidemiological studies concerning prostate cancer have demonstrated a correlation between obesity and prostate cancer mortality, a positive association between body mass index and prostate cancer risk, and a relationship between a high-



Dr. Susan Crawford

fat diet and increased risk of death from prostate cancer. Some studies show a beneficial effect of a low-fat diet. It is not clear how an increase in body fat or other metabolic disturbances could influence cancer growth and progression. These are questions that researchers at the Metabolic Core Facility will address.

“We previously thought that fat cells were inert, but now we know that they actively participate in tumor progression,” Dr. Crawford said. “We think that there is a cross talk between tumor cells, fat cells and blood vessels, which nourish the tumor. As a result, these cells contribute to the overall microenvironment and determine whether a tumor remains small, or grows and spreads to other areas of the body.”

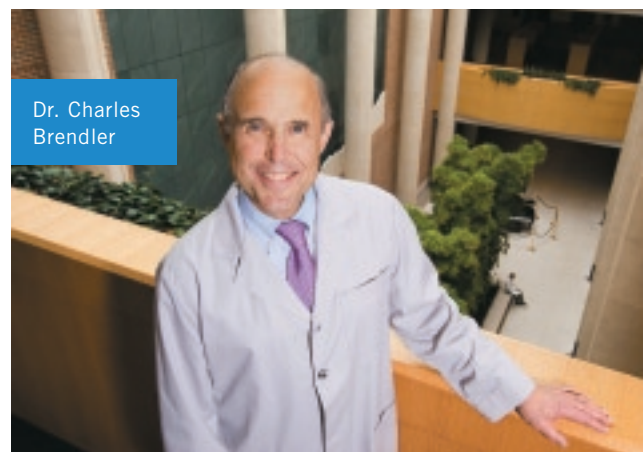
According to Dr. Crawford, early clues suggest that fat cells secrete molecules that directly promote tumor growth. It is also possible that circulating factors in the blood can provide a chemical fingerprint or marker of a patient's metabolism, thus alerting a physician to the presence of disease before it becomes clinically detectable. Researchers at the Metabolic Core Facility are looking at profiles of what fat cells are producing in the bloodstream, and comparing these to what blood vessels and tumors are making.

“Through our research, I am hoping we can define metabolic profiles for various tumors to assist clinicians in triaging high-risk versus low-risk patients, even prior to the onset of prostate cancer,” Dr. Crawford said.

She says scientific data are emerging link-

ing obesity to other hormone-sensitive tumors like breast and pancreatic cancer. “As scientists gain more information about metabolism, cancer risk and tumor progression, current research points to a factor within our reach—weight,” Dr. Crawford said. Individuals can play a role in mitigating some risk factors through healthy diet and exercise.

Research at NorthShore's Metabolic Core Facility is being supported in part through external funding, such as from the National Institutes of Health (NIH) and philanthropic support from individuals. For more information on supporting the Facility with a philanthropic gift, contact John Hanson, Ph.D., Director of Philanthropy, NorthShore Foundation, (847) 492-5700 (Ext. 1264). **C**



Dr. Charles Brendler

NorthShore has established a Metabolic Core Facility in response to recent evidence linking obesity and other metabolic disorders to prostate cancer risk, progression and response to therapy. Dr. Susan Crawford, Director of the Metabolic Core Facility, and Dr. Charles Brendler, Co-Director of NorthShore's Comprehensive Prostate Cancer Center, are leading the Metabolic Core Facility's efforts.

RESEARCH INSTITUTE

Community Partners

National Institutes of Health-funded study at NorthShore University HealthSystem is researching family stress and pregnancy to help facilitate better outcomes.

By Susan J. White

NorthShore University Health-System (NorthShore) is one of five national sites in a groundbreaking National Institutes of Health (NIH) funded study focused on maternal stress and the corresponding effect on birth outcomes and child health, growth and development. NorthShore's Community Action for Child Health Equity (CACHE) is building real community partnerships in Lake County.



Dr. Madeleine Shalowitz leads NorthShore's Community Action for Child Health Equity (CACHE), an innovative, national study focused on maternal and family stress and resulting child health and development.

CACHE is directed by Madeleine Shalowitz, M.D., MBA, a pediatrician whose clinical practice led her to want to do more to improve the health of children and families struggling with chronic conditions. The overall goal of the NIH study is to gain information that will ultimately lead to the elimination of disparities in maternal health and child development.

Joining forces with the Lake County Health Department (LCHD) Community Health Center and several community organizations, CACHE has flourished as a true academic-community partnership—enrolling and interviewing more mothers and fathers than any of the other sites across the county. One of NorthShore's original innovations has been the inclusion of the father's perspectives in all aspects of the study, and our health system remains the leader in enrolling fathers for the network.

"We've recognized the fathers' equally important role in building healthy families, and I think that's one of the reasons we've been so successful in engaging participants," Dr. Shalowitz said. The decision to include fathers was based on strong input from CACHE's Community Advisory Committee, she explained. The sense of "community wisdom" driving an academic study is at the heart of this project.

NorthShore's CACHE has pushed the study to offer immediate community benefit by developing a pioneering parallel system that provides outreach efforts to interview subjects in real time when important health interventions are needed. This can be particularly beneficial for the men in the study who may go to doctors less frequently than the women in their family, according to Dr. Shalowitz.


Thanks to more funding from the Healthcare Foundation of Highland Park and the Healthcare Foundation of Northern Lake County, CACHE has hired a clinical social worker who is able to reach out to

families who demonstrate serious health and social concerns. The social worker connects them with appropriate clinical and community resources.

As the team begins to look closely at some of the stressors and pressures in the pregnant women's lives, one of the initial observations is that "contrary to what people would have thought, many of the stressors are the same across groups of different socio-economic levels and education backgrounds," Dr. Shalowitz said.

CACHE secured additional funding from the NIH to provide a financial supplement to a minority graduate student who is studying breast feeding and the family dynamics, particularly the role of both grandmothers. "This project is really a long-term community investment in a research-to-action agenda to improve services to families—first by understanding and then acting to prevent the physiological consequences of stress," Dr. Shalowitz said.

Kim Wagenaar, RNC, MSN, Dr. Shalowitz's partner in this initiative, finds just opening the lines of communication between participating organizations has already been proven enormously beneficial.

"This is a great way of bringing agencies together to make sure we are serving the community as needed," said Wagenaar, Women's Health Coordinator for the LCHD Community Health Center. "The feedback from the community has been very positive. They are excited that someone is interested in what they have to say. They feel like they are being listened to." 

COMMUNITY RELATIONS

Good Community Citizen

NorthShore University HealthSystem and Community Advisory Committees work in tandem to let people know about improving our services to our communities.

By Patricia McGhee

NorthShore University HealthSystem's (NorthShore) Hospitals pride themselves on being good citizens in the neighborhoods and communities they serve. To become better citizens, NorthShore Hospitals must know what's going on in their service areas. And to be the best citizens, they must address the communities' health issues, needs and goals.

To ensure accountability to the communities it serves, NorthShore established three Community Advisory Committees (CACs)—one each at Evanston Hospital (Katie Dold White, Chair), Glenbrook Hospital (Jill Brickman, Chair) and Highland Park Hospital (Mari Barnes, Chair). Planning for a CAC at Skokie Hospital is under way. CACs advise Hospital administrators on services and initiatives from a community perspective, help identify community resources that work to strengthen NorthShore, improve community health and serve as a communication link between the Hospital and community.

Comprised of area residents, local faith leaders and business and community leaders, CACs serve a vital role in allowing NorthShore to fulfill its mission. "We formed these Committees as one more way to give the communities we serve a voice," said Mark Schroeder, Director of Community Relations at NorthShore. "CACs also provide a forum where members—who represent and provide a broad diversity of community interests—can advise Hospital administrators on their own community's perspective."

NorthShore's relationships with the CACs



Good citizens stay informed about "the latest" in their communities. Better citizens rely on a two-way communications model to address communities' health issues, needs and goals. Here Willis Francis (with clasped hands), Chairman of the Evanston Latino Resource Coalition, listens to a question from a fellow Evanston Hospital CAC member.

not only advance each community's health but also provide recommendations on where NorthShore's community contributions should go, according to Schroeder. "They bring an outside perspective that results in a two-way communication that lays the ground work for how NorthShore's Hospitals and their CACs can collaborate—with the goal of advancing NorthShore's mission 'to preserve and improve human life,'" Schroeder said.

The CACs meet quarterly, but the relationship goes far beyond these meetings. "They call to ask if NorthShore would like to be involved in this particular health fair or call to ask what we know about this issue or that proposal," Schroeder said. "We've created this environment that allows the members of CACs to bring any community issue to our attention."

Northfield Township Supervisor Jill Brickman has served as Chair of Glenbrook Hospital's CAC since its inception more than a year ago. "I felt a real desire to know more about what the Hospital does and what it offers," she said. As Township Supervisor, she is frequently asked questions about Glenbrook Hospital: Does it have a community clinic? Does it have a psychiatric clinic? What about geriatric care?

"Because of the information sharing at our meetings, I have answers for people and can match them up with specific resources at Glenbrook Hospital or in the NorthShore health system," Brickman said. "I think the matching of needs with services and networks is the big key to what's great about our community. We need to work together to get the word out, and it works both ways." **C**

Pioneer in Surgery

One of the distinct benefits of the teaching affiliation between NorthShore University HealthSystem and the University of Chicago Pritzker School of Medicine is convenient access for North Shore residents to the University's pioneering program in minimally invasive surgery for small children.

By John Easton

Beginning this summer, the pediatric surgery team, headed by Donald Liu, M.D., Ph.D., the Mary Campau Ryerson Professor of Surgery and Pediatrics at the University of Chicago and Surgeon-in-Chief, University of Chicago Comer Children's Hospital, will begin seeing patients and performing surgery at NorthShore University HealthSystem (NorthShore) Hospitals.

A national leader in applying the techniques of "keyhole" surgery to children, Dr. Liu was among the first to perform such operations on very small children. "This is the sort of partnership we dream of," Dr. Liu said. "NorthShore has a world-class program in neonatology, with a huge neonatal intensive care unit that cares for premature and sick babies from a large network of hospitals. We bring them new options in surgical care."

He and his colleagues can often perform major surgery without big incisions. By inserting tiny tools through small openings, they can perform extensive, complex procedures with almost undetectable scars.

"With small children, the scars can be hard to see six months later," Liu said. The average incision is about 1/2-inch long, and children's skin heals faster and smoother than adult skin.

This research collaboration adds depth to the teaching affiliation. Scientists from Dr. Liu's University of Chicago laboratory will work together with like-minded scientists at NorthShore's Evanston Hospital to learn more about necrotizing enterocolitis—a poorly



After specialists in New Orleans told Makayla Dillon's family there was nothing they could do, Dr. Donald Liu safely removed a volleyball-sized tumor from her abdomen. The surgery was a success. Days later, Makayla, born one month after Hurricane Katrina, regained her smile.

understood inflammatory disorder that can destroy bowel tissue in premature infants.

"We are thrilled to have Dr. Liu and his colleagues as part of our team at NorthShore to help us continue to provide outstanding surgical care for our challenging neonatal and pediatric patients," said Michael S. Caplan, M.D., Chairman of the Department of Pediatrics at NorthShore. "We look forward to an effective collaboration on the clinical front, as well as the opportunities we have to enhance our educational and research initiatives."

Although Dr. Liu's team treats children of all ages, the program at NorthShore will focus on the care of very young children, especially premature infants and those born with anatomical disorders. These can be "very complicated cases," he notes.

There are a few abnormalities that occur fairly often, such as diaphragmatic hernia and necrotizing enterocolitis. "But nature often throws us a curveball," Dr. Liu said. "There is no limit to congenital anomalies. Every case is different."

"We are fortunate to have access now to such remarkably gifted surgeons as Dr. Liu and his team," said Mark Talamonti, M.D., Chairman of Surgery and the Stanton and Margaret Rogers Palmer Chair of Surgery. "Their pioneering work in minimally invasive procedures in neonatal surgery and general pediatric surgery will yield tremendous benefits for the babies and children cared for in our Hospitals."

Small children with complex surgical needs are referred to Dr. Liu from throughout the United States. **C**

Regaining Health

Gastric bypass surgery at NorthShore University HealthSystem restores not only patient's proper weight but her health.

By Susan J. White

Like many women, Edie Jenkins said her struggle with weight began after she had children. "I put on weight after each baby, and it just got worse and worse each year," Jenkins said. "I went on thousands of diets, losing weight then gaining it back. I was so tired of the yo-yo effect."

A diabetic with high blood pressure, Jenkins had open heart surgery in 2001 and continued to battle her weight unsuccessfully. Two years ago at age 58, Jenkins said she finally decided to get serious about getting healthier.

Referred to NorthShore University HealthSystem's (NorthShore) Ervin "Woody" Denham, M.D., FACS, by her primary care physician, Jenkins began to explore her options for weight loss surgery. After considering both laparoscopic banding and laparoscopic gastric bypass in consultation with Dr. Denham, Jenkins underwent gastric bypass surgery in December 2007.

"I wish I had done it 20 years ago, the procedure improved my life so much," Jenkins said.

Jenkins has lost about 130 pounds—the same number she sees now when she steps on a scale. She has surpassed her original goal of weighing 150 pounds, has lots of energy and is off almost all the medications she took before surgery.

"When I look at old pictures of myself, I can't believe it's me," Jenkins said. More important than how she looks is how she feels, and Jenkins is happy to report

that her diabetes is totally under control as is her high blood pressure with only minimal medication.

That is exactly the kind of results Dr. Denham, fellow surgeon Steve Haggerty, M.D., and the team at NorthShore's new Center for Weight Management aim to provide for patients of all ages. "We believe that this kind of weight loss helps keep people from further coronary disease," he said. Seventy percent to 90 percent of successful bariatric surgery patients eliminate the need for most or all of their medications, according to Dr. Denham.

The Weight Management Center offers a comprehensive, multidisciplinary approach to nutrition and weight management for bariatric surgery patients, as well as for nonsurgical patients seeking to regain health, energy, confidence and all the benefits of sustaining a healthy weight. For patients like Jenkins who chose to undergo

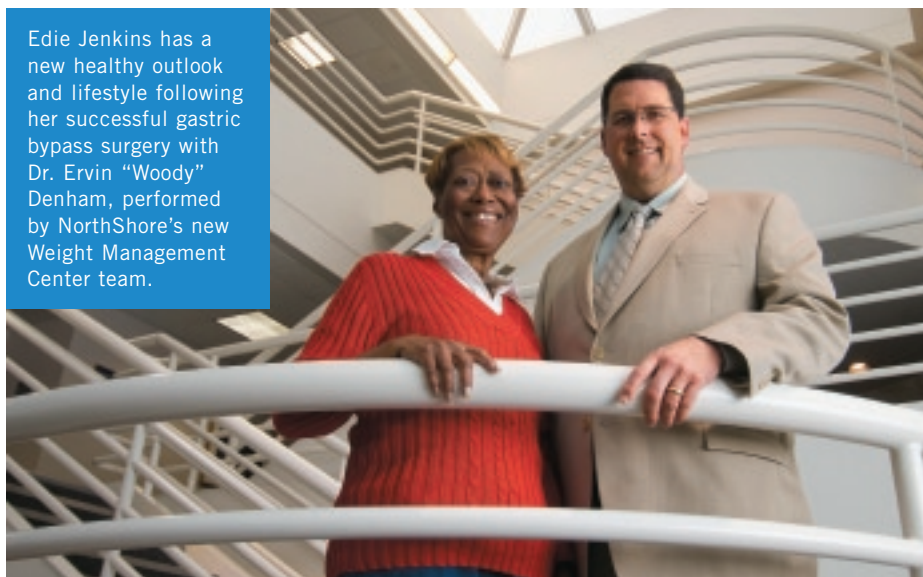
surgery, the Center at Highland Park Hospital also offers intensive education, psychological help and support groups to assist patients in developing and maintaining healthy eating and exercise habits.

"I don't think about food the way I used to. It's not my main concern anymore," Jenkins said. She credits the program's licensed clinical psychologist and the support group with helping to answer her questions and keep her on the right track.

Long-term follow-up is key to patients' success and a critical component of the Weight Management Center. "Our expectation is that we are forming an enduring relationship with patients who will continue to use the Center as a resource for well-being and weight management," Dr. Denham said.

NorthShore is an American College of Surgeons Bariatric Center of Excellence. To learn more, call (847) 492-5700 (Ext. 1265). **C**

Edie Jenkins has a new healthy outlook and lifestyle following her successful gastric bypass surgery with Dr. Ervin "Woody" Denham, performed by NorthShore's new Weight Management Center team.



A Legacy of Good Health

Family and friends of Myra Rubenstein Weis honor her life by supporting wellness and cancer survivorship programs at NorthShore University HealthSystem.

By Barb Hailey

Myra Rubenstein Weis was a committed daughter, wife, mother and sister who was actively involved in the Highland Park community. After being diagnosed with breast cancer, she lived for 10 years before the disease claimed her life in 1990.

Her sister, Eileen Rubenstein Goldstein, and her brother-in-law, Paul Goldstein, M.D., wanted to honor Myra Rubenstein Weis's life in a way that reflected her upbeat spirit and values that were important to her, including community involvement and education. They started with a charitable gift supporting hospice care at NorthShore University

HealthSystem's (NorthShore) Highland Park Hospital in 1990. Their support grew to providing breast self-exam models and videos for the Hospital's health resource library, and then expanded to other healthcare information resources. The Myra Rubenstein Weis (MRW) Health Resource Center was a natural evolution of their continuing generosity and efforts.

Located on the first floor of Highland Park Hospital, the Myra Rubenstein Weis Health Resource Center is dedicated to supporting the community's health education needs. The Resource Center is an inviting place to obtain information when making healthcare decisions. Visitors can browse the Center's

information and enjoy a safe haven to relax between appointments or while waiting for a friend or family member to finish treatment. Several laptop computers are also available.

A group of dedicated volunteers and friends assist the Goldsteins with raising money to support the MRW Health Resource Center and several other health education programs. The group is holding an annual spring luncheon on May 6 to support their mission. This has included funding a televised patient education system in patient rooms at NorthShore Hospitals, participating in community health fairs and sponsoring outreach programs and support groups.

"Our original mission in honoring Myra has always been focused on health education," Dr. Goldstein said. During the past three years, the group has funded the Living in the Future (LIFE) Cancer Survivorship Program, including sponsorship of the Myra Rubenstein Weis Cancer Survivorship Seminars. The free educational lectures are open to the public and include topics of importance to cancer survivors, including nutrition, exercise and genetics.

"My main motivation was giving meaning to Myra's life," Eileen Goldstein said. "Now, with providing philanthropic support to the LIFE program, we've come full circle in honoring her."

To learn more about the Myra Rubenstein Weis Health Resource Center, including volunteer and fund-raising opportunities, call Sue Rosenfeld, Program Manager, NorthShore Foundation, at (847) 492-5700 (Ext. 1267). **C**

Finding Health Information

The Myra Rubenstein Weis Health Resource Center at Highland Park Hospital is dedicated to supporting the community's health education needs. The Health Resource Center is a place to obtain information when making healthcare decisions or to relax between appointments. Center hours are Monday through Friday from 9 a.m. to 4 p.m. For more information or to request services, call the Resource Center Coordinator at (847) 492-5700 (Ext. 1266).



After her sister, Myra Rubenstein Weis, died of breast cancer in 1990, Eileen Rubenstein Goldstein and her husband, Dr. Paul Goldstein, have honored her memory through fund-raising initiatives focused on health education, including the Myra Rubenstein Weis Health Resource Center, and support for the LIFE Cancer Survivorship Program.

Continuity of Care

The Auxiliary of NorthShore University HealthSystem at Evanston & Glenbrook Hospitals is funding a program to ease the stress of cancer treatment.

By Marsha Frellick

When Maria Poeppelmeier told a receptionist at NorthShore University HealthSystem's (NorthShore) Kellogg Cancer Center that she had been referred there after being diagnosed with breast cancer, it was the first time she said the words out loud. She started to cry.

The receptionist told her, "Take a deep breath. We will walk you through this." That's exactly what happened from the time a mammogram showed she had early-stage breast cancer to her recent report showing that after one year, the cancer was gone. Nurses and doctors told her what to expect every step of the way, according to Poeppelmeier.

A new patient assistance program scheduled to launch in July at Evanston Hospital's Kellogg Cancer Care Center seeks to replicate Poeppelmeier's experience but with an important addition. Each patient will have a personal nurse navigator, ensuring no one feels alone during treatment. The navigator will furnish expert guidance and stability during the stressful time following a cancer diagnosis, enabling patients to focus their full energies on healing.

Under the Guided Patient Support (GPS) Program, the navigator, who is a registered nurse, will assist patients through a sometimes overwhelming course of treatment. The navigator will get patients fast access to appropriate medical or surgical oncologists, direct them expeditiously to specialists and supportive care staff, translate medical options into clear terms, explore clinical trials and complementary therapies, help with financial issues

and develop strategies for work and family life. The GPS Program will be partially funded by proceeds from the 2009 and 2010 Hospitals' Gala, sponsored by The Auxiliary of NorthShore at Evanston & Glenbrook Hospitals.

"A navigator is a point person who can take patients from the earliest stage that they find out they have cancer through the entire treatment process and follow-up care," said the project's coordinator, Bruce Brockstein, M.D., Head, NorthShore's Division of Oncology and the Kellogg-Scanlon Chair of Oncology. "The navigator will be with them at any point they need assistance. They can also help the patient's family in many ways."

The program adds individual help with a patient financial advocate, and strengthens the psychosocial and nutritional services important to a patient's care. Surveys will be tracked before and after July 2009 to measure changes in how patients rate their treatment experience and to see whether wait times and costs to patients are reduced. With Dr. Brockstein anticipating more help in addressing financial issues, he hopes patients will end up paying less in out-of-pocket costs.


The 2009 Hospitals' Gala co-chairs, Stella Caprini and Amita Khandekar, and fellow Auxiliary members chose the GPS Program as the Gala beneficiary. Caprini was con-



Dr. Bruce Brockstein is project coordinator for the Guided Patient Support (GPS) Program being piloted at Evanston Hospital's Kellogg Cancer Care Center and supported by The NorthShore University HealthSystem Auxiliary at Evanston & Glenbrook Hospitals.

vinced a navigation system was vital when she heard the experiences of a professional musician who spoke at the Gala's Kick-Off meeting about how she relied on a team of nurses to help her through six years of battling cancer. "Her story touched my heart," Caprini said.

"With the GPS Program, we hope to ease the emotional and physical stress for patients, so they can concentrate on getting well," Khandekar said. For more information on the 2009 Hospitals Gala, to be

held on June 20, contact Linda Ballard, Director of Auxiliary and Fundraising, at (847) 492-5700 (Ext. 1268). 



The NorthShore University HealthSystem (NorthShore) Foundation is the leading philanthropic entity of the organization. We actively engage volunteer friends and invest in community partnerships that result in generous charitable contributions to advance the mission of NorthShore and demonstrate our commitment back to the community. To learn more about the NorthShore Foundation, please visit northshore.org/foundation or call us at (847) 492-5700 (Ext. 1269).

Groundbreaking Research Support

Generous \$2 million grant nurtures crucial cancer research for earlier detection and improved treatment.

By Susan J. White

A \$2 million grant to NorthShore University HealthSystem (NorthShore) will fund groundbreaking cancer research aimed at earlier detection and improved treatment. The multiyear grant, made by an anonymous foundation, supports the work of NorthShore researchers Quigshen Gao, M.D.; Nina Paleologos, M.D.; Hemant K. Roy, M.D.; Wendy S. Rubinstein, M.D., Ph.D.; and Prem Seth, Ph.D.

Dr. Gao is at a critical phase in his study of breast and ovarian cancer susceptibility genes. His work focuses on identifying novel cancer susceptibility genes for hereditary breast, ovarian and pancreatic cancers that currently have no known responsible genes. Novel genetic tests and therapeutics will be developed based on these novel cancer susceptibility genes identified in his studies.

Dr. Paleologos, Director of NeuroOncology and the Stanley C. Golder Chair of Neuroscience Research, leads a nationally recognized program, including clinical trials focused on developing and improving diagnostic and treatment approaches for patients with brain tumors.

“This funding is vital for bringing laboratory discoveries into the realm of patient care, offering our patients the latest options,” Dr. Paleologos said.

Dr. Roy is pioneering new technology developed at Northwestern University’s McCormick School of Engineering to detect early cancerous changes in the colon with much higher accuracy and less invasive procedure than standard colonoscopy. This approach could potentially revolutionize



Patients like Carmaine Callahan, who has been cancer free since 2006, are the ultimate beneficiaries of a \$2 million, multiyear grant to NorthShore, made by an anonymous foundation, to support groundbreaking cancer research aimed at earlier detection and improved treatment.

colon cancer care with early detection and chemoprevention, and may ultimately be applicable to other cancers including lung, pancreas and ovarian.

Dr. Rubinstein, Director of the Center for Medical Genetics at NorthShore, leads one of the country’s busiest adult genetic clinics. The Center’s mission is to bring genetics to the practice of medicine while developing multidisciplinary research initiatives that create breakthroughs in prevention, diagnosis and treatment of inherited diseases.

The grant supports development of genetic tests on hereditary cancers—those that arise due to a strong, inherited genetic tendency. These tests will ultimately help guide chemotherapy tailored to an individual patient’s inherited genetic makeup to achieve better survival rates. The study builds on advances in bioinformatics, using DNA microarrays—gene chips—that ana-

lyze the function of hundreds to thousands of genes in a single experiment.

Dr. Seth’s research is developing safe, targetable and novel gene drug therapies for patients in late stages of breast and prostate cancer. Grant support will further drug development and initiate clinical trial testing. This may lead to data showing significant patient benefit and provide a base for future federal grants.

“The gift to our laboratory-based and clinical scientists augments their abilities to advance knowledge and find better methods for cancer detection and treatment,” said Janardan Khandekar, M.D., Director, Kellogg Cancer Care Center and the Louise W. Coon Chair of Medicine.

For more information, contact Jeff Pickering, Assistant Vice President of Fund Development, NorthShore Foundation, at (847) 492-5700 (Ext. 1270). [C](#)

Preventing Sports Injuries for Children

Interview with Mary Regina Higgins, M.D., NorthShore University HealthSystem-Affiliated Pediatrician

By Sara S. Patterson

For many children, spring means they will be participating in sports. For 22 years, Mary Regina Higgins, M.D., has advised parents and children about preventing sports injuries. Here the pediatrician discusses matching the right sport to the child, ensuring proper stretching and warning teenagers of the dangers of anabolic steroids.

Question: What advice do you give to children about sports and exercise in general?

Answer: Getting involved in sports for children is not just about the activity; it's also about socialization. So it's very important for children to try sports—especially different sports to figure out which sports they like better, and which they are more suited for.

For all children, parents should ensure they get 1,500 milligrams of calcium and 400 IU of vitamin D daily for developing healthy bones, and drink plenty of water to be healthy. At all ages to prevent injuries, children need to be in condition, do proper stretching exercises and wear the correct gear for the individual sport.

Q: Do you have special advice for teenagers?

A: Do not take performance-enhancing drugs for sports. Six percent of high school

students have tried them. There's pressure, especially on boys who are already good athletes, to take them. These drugs cause acne, extreme mood swings and may have long-term health consequences.

Q: What are some of the common sports injuries you see for boys and girls during the spring?

A: Concussions are common in boys but may occur in girls as well after a collision or hit to the head. Before playing contact sports, children should have standardized cognitive testing by their trainer, so there is a baseline to measure their cognitive skills following an injury and determine when it's safe for them to return to sports.

Soccer players have more knee injuries, and female athletes have two to eight times greater incidence of anterior cruciate ligament injuries. One preventive tool is to adjust their foot gear to the playing surface. Coaches should also work with children to practice how they land and pivot on their feet or look for preventive knee injury training programs.

In baseball, boys are more likely to have shoulder or arm problems from pitching. I counsel boys to refrain from pitching, focus on running and batting, and playing outfield.

For girls, I see bone stress fractures if they are pushing themselves too hard. Treatment for stress fractures is relative rest. Some techniques for prevention are wearing the proper shoes with good arch support for the individual girl's body type and sport, and replacing worn-out shoes.

Q: Do you have any advice for parents in "coaching" their children about certain sports?

A: Parents should assess younger children's development, coordination, agility, personality and desired level of intensity. Parents should ensure their children get exercise and participate, but they should not push their children into a particular sport. Injuries and low self-esteem are the by-products of too much pressure. Parents are uniquely able to help their children understand why they may be better suited for one sport than another.

Emphasis should be on participation, not on being the star. Too often children make the mistake that they have to be athletic to be in shape or to participate. That is not true. **C**





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