

A health and lifestyle publication from Evanston Northwestern Healthcare



Coming Back To Life

Beating the Odds



ENH physician team helps a 23-year-old man to successfully battle brain cancer.



Joseph Golbus, M.D.
President
ENH Medical Group

Welcome to the February/March issue of *Connections*, a bimonthly publication bringing you the latest in medical technology, research and personal care from Evanston Northwestern Healthcare (ENH). Each issue of *Connections* features several stories about the innovative care that our physicians provide to our patients, and how it has a direct, positive impact on their health and their lives.

The ENH Medical Group is a 500 physician multi-specialty practice group whose physicians have faculty appointments at Northwestern University. The ENH Medical Group has focused on strategic and expanded growth within our northern Illinois communities by improving our geographic coverage, and the depth and expertise of our physicians.

In turn, our physicians are enhancing our national and international reputation in many areas, including primary care, oncology, neurosurgery, surgical oncology, thoracic surgery, gastroenterology, neurology, gynecologic surgery and other critical specialties. Overall, our growth reflects ENH Medical Group's broad goal to provide better access, service and expertise for both patients and referring physicians, and directly supports ENH's mission "to preserve and improve human life."

While increasing the number and expertise of our physicians, the ENH Medical Group in fiscal year 2007 also recorded an 8 percent growth in patient visits and implemented plans to expand our geographic reach and capabilities with new offices in Mundelein, Gurnee and Highland Park.

Even more important is the expertise and caliber of our leading-edge physicians. To name just a few of our innovative doctors: Ted Feldman, M.D., an interventional cardiologist, is a leader in a national research project to demonstrate how closing a hole in patients' hearts through a catheter may prevent severe migraine headaches; Wendy Rubinstein, M.D., is performing cutting-edge work in the genetics of breast cancer that could lead to better prevention and treatment strategies; and Hemant Kumar Roy, M.D., with others in our Division of Gastroenterology, is researching techniques to detect colon cancer before it's visible through light scattering spectroscopy.

In this issue of *Connections*, you'll learn how interventional cardiologist Michael Salinger, M.D., saved Diane Marcos's life following a massive heart attack. Find out how Egon Doppenberg, M.D., and Nicolas Vick, M.D., are working as a team to prevent a brain tumor from reoccurring for Michael Klopp. And discover how Issam Awad, M.D., is leading advanced research to find the best way to decrease the excessive blood flow during strokes to save more patients' lives.

We hope you benefit from reading each issue of *Connections*, and that it is a valuable and informative resource for you, your family and friends.

We thank you for your interest,

Joseph Golbus, M.D.
President
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Correction to the Dec/Jan 2008 *Connections* story about "The Bicycling Mayor" on page 9:

The article stated that "Dr. Khavkin repaired Turry's spinal stenosis." Actually, Ivan Ciric, M.D., FACS, performed the surgery to repair Mayor Jerry Turry's spinal stenosis with the neurosurgery resident as assistant. Yevgeniy Khavkin, M.D., stabilized the Mayor's neck after Dr. Ciric's decompression part of the surgery.

Those Aching Feet

Millions of young to middle-aged women suffer from painful foot problems and would likely benefit by consulting Evanston Northwestern Healthcare (ENH) physicians like Amy Jo Ptaszek, M.D., for solutions.

Marathon runner Jeanine Fiege inherited a tendency for bunions on her right foot. But by the time she had run eight half marathons and four complete marathons, Fiege could no longer find a running shoe that fit her right foot. Additionally, she began to have pain in her right knee that was preventing her from tackling long-distances.

Fiege consulted Amy Jo Ptaszek, M.D., a Clinical Instructor of Orthopaedic Surgery at ENH and Northwestern University, to see if she could find a solution. In this case, Dr. Ptaszek found the 54-year-old runner had multiple issues.

On April 20, 2007, she performed outpatient surgery on Fiege's right foot to mechanically realign the joints. "My goal for Jeanine was to get her back to running marathons," Dr. Ptaszek said.

Big toe problems are more than painful. They can affect the whole foot, resulting in foot deformities like bunions and hammer toes, as well as extending the pain and mechanical dysfunction up the leg to the ankles and knees.

Since feet are often covered, the problem is not too noticeable. But it is widespread: More than 75 million women suffer from bunions annually. For most women, the onset of bunions occurs between the ages of 20 and 50.

Sometimes, the causes are hereditary, other times they stem from wearing high heels or too tight shoes. But without treatment—either conservative measures, like orthopaedic inserts, or surgery—foot deformity progresses over time.

"Under normal circumstances, the great toe takes on 60 percent of the load of the forefoot, and toes two through five make up the other 40 percent," Dr. Ptaszek said. "But when something inhibits the great toe's normal function, the foot can experience a cascade of issues that can result in bunions, claw toes or arthritis pain."



Photo by Jon Hillenbrand/Evanston Northwestern Healthcare

After surgery on her right foot, marathon runner Jeanine Fiege can now wear normal running shoes and no longer experiences pain when she trains and runs races. From left to right: Fiege and Orthopaedic Surgeon Amy Jo Ptaszek, M.D.

Rapid Recovery

Following the surgery, Fiege had to rest for two weeks and then spend three to four weeks walking around in a protective boot or shoe. By June, she was in rehabilitation, restoring her range of motion and regaining dexterity in her five toes through exercises. When October and the Chicago Marathon rolled around, Fiege was at the starting line. She managed to run 17 miles before officials closed down the race due to heat.

"My right foot is better than new," Fiege said. "There's a world of difference in my foot. Shoes are more comfortable, and I have no pain when I run." ■

Believe It or Not

Hospital food brings control and boosts morale for patients.

When some people think of hospital food, they think of soggy fish sticks and tapioca pudding. Now, when Evanston Northwestern Healthcare (ENH) patients think of hospital food, they can think of omelets made to order, bruschetta, Caribbean ginger shrimp salad, fajitas, grilled rib eye steak, tilapia and crème brulee with fresh mint.

"We want to change the perception of hospital food," said Michael Hoing, ENH Director of Food and Nutrition Services. "The food variety, quality and presentation at ENH are not typical of a hospital. There's something for everyone, made to order, and we serve reputable products like Starbuck's coffee."

ENH Serving Zero Grams of Trans Fat at All Facilities

Evanston Northwestern Healthcare has taken a serious step toward better community health by removing trans fat from all foods served at facilities within the integrated hospital system. The move to a "zero trans fat" policy, which means foods with less than 0.5 grams of fat, signals the growing importance of eliminating trans fat in the diet, and demonstrates ENH's commitment to providing the healthiest alternatives for its patients and staff.

Trans fat, or trans fatty acid, found in many processed foods, is formed when unsaturated fat like liquid vegetable oil goes through a chemical process called hydrogenation, in which hydrogen is added to solidify and preserve the fat.

The American Heart Association dietary guidelines recommend limiting trans fat, along with saturated fat, in your diet. Trans fat raises the levels of low density lipoprotein (LDL) or "bad" cholesterol, and lowers high density lipoprotein (HDL) or "good" cholesterol, in the blood, which increases the risk of developing heart disease.



Photo by Jon Hillenbrand/Evanston Northwestern Healthcare

ENH Executive Chef Chris Martin prepares an ENH featured dessert, Fresh Fruit Won Ton Napoleon. The dessert consists of won ton wrappers built up with fresh berries, vanilla sauce, whipped topping, a fresh mint leaf and powdered sugar.

Evanston, Glenbrook and Highland Park Hospitals have been offering room service for patients since September 2007. Every patient in the three Hospitals can order room service meals, snacks or desserts from a menu, and have a host or hostess deliver the meal anytime between 6:30 a.m. and 8 p.m. Every meal is made to order and is delivered as soon as it's ready, so patients can eat what they want, when they want.

"Giving a person even a little bit of control in their hospital experience often boosts morale," Hoing said. "People come to the hospital sick, and we make sure their overall meal experience enhances their stay. We want them to feel at home and order something they are familiar with at a time that they're used to."

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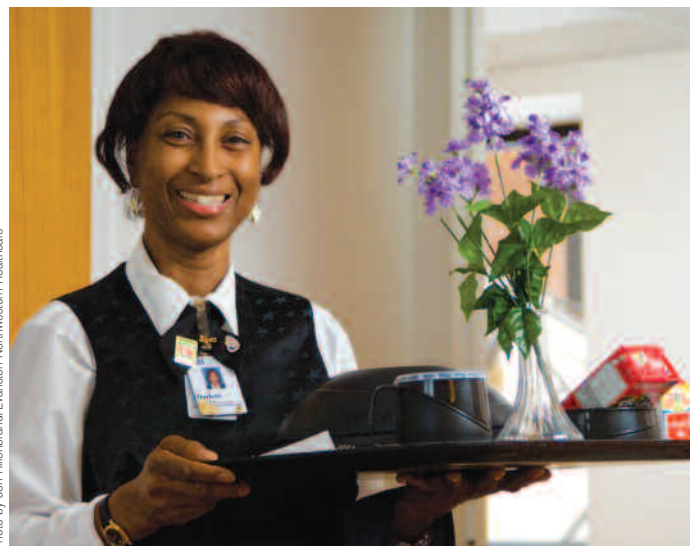


Photo by Jon Hillbrand/Evanston Northwestern Healthcare

Food and Nutritional Services Representative Darlene Shavers delivers a room service meal to an ENH patient.

Patients can order foods they are familiar with such as pizza, deli sandwiches and chicken noodle soup. Or they may be more adventurous and try the chicken marsala or roast pork tenderloin with fig balsamic demi glace.

"We employ certified chefs and have nine leather-bound menus for different diets, such as liquid, diabetic, kosher and vegetarian," Hoing said. It would be nearly impossible to create menus for each individual diet including allergies, but ENH Food Services has found a way around that.

At ENH, calls are directed to the room service call center. Operators know which patient is calling. Their individual records are housed in our nationally preeminent electronic medical records system available throughout ENH and show any dietary restrictions or other concerns.

"If someone allergic to chocolate tries to order the chocolate bread pudding, the room service call center operator will advise against it and suggest another option," Hoing said. "In addition to our knowledgeable operators, we have a host or hostess on each floor to make sure everything the patient wants that ENH Food Services can deliver, they get." ■

Beware of these 10 trans fat foods:



Margarine

Butter is better than margarine, but olive oil is the healthier alternative.



Packaged Foods

Like cake mixes, these tend to have added fat.



Pre-made Soups

Making your own soup allows you to reduce the fat.



Fast Food

Deep-fat fried items like French fries



Frozen Food

Such as frozen dinners and pizzas



Baked Goods

Doughnuts, cookies and cakes are best made at home from scratch.



Candy and Cookies

If it contains chocolate or coconut, have some jelly beans instead.



Chips and Crackers

Baked chips are better, but no chips are best. Most pretzels have no fat.



Breakfast Food

Read the labels of cereals and breakfast bars.



Dips & Condiments

Don't eat mayonnaise, gravy and nondairy creamers. Try substituting oil and vinegar for a creamy salad dressing.



Daniel C. Searle in 1984

Celebration of His Life: Dan Searle

Dan Searle was a generous philanthropist, world traveler and important captain of industry. In 1966, he succeeded his father as President of Searle Pharmaceuticals. Searle was a dear and devoted friend of Evanston Northwestern Healthcare (ENH) and contributed significantly to many aspects of the organization, including the construction of the Searle building on the Evanston Hospital Campus.

He was a consistent and strong supporter for the implementation of electronic medical records at ENH, as well as helping to establish a ground-breaking pulmonary research fund. Searle also served as both a Director and Life Director on the ENH Board of Directors for 53 years. He lost his battle with lung cancer at the age of 81 on Oct. 30, 2007.

"I remember Dan as a man of great inner strength and as a planner," said Janardan D. Khandekar, M.D., Chairman, ENH Department of Medicine. "He was always observant, analytical and direct. Through his many philanthropic donations, Dan Searle enhanced ENH's stature as a quality institution."

We asked several of Searle's ENH physicians to reflect on his life and their memories of him.

David R. Donnersberger Jr., M.D., J.D., FCLM, Site Director, ENH Internal Medicine Clerkship, was one of several primary care physicians for Searle.

I'll remember him as a man of enormous generosity who asked for no fame or accolades from his gifts. Dan asked only one thing of his gifts: "that they would be used to fund an activity that would yield results." He defied the limitations of his illness to continue to experience life to the fullest in every corner of the globe; a decision that takes great courage to understand that continued "active living" means accepting serious risk.

The biggest impact that Dan had on the ENH organization was our institutional understanding that philanthropy must be optimized to yield deliverable results, be it aggressive growth in capital, measurable improvements in patient care or research that generates definable outcomes.

Thanks to his many philanthropic donations, Dan Searle made it possible for ENH to create the Searle Fund for Chronic Obstructive Pulmonary Disease and Lung Cancer in 2007. Through this project, like all of his many philanthropic endeavors, research results are already coming to fruition. This project continues his legacy of keeping ENH at the forefront of research that yields outcomes that improve life and healthcare.

Phil Sheridan, M.D., M.B.A., ENH Department of Medicine, and Searle's pulmonologist managed his care across the globe and had this to say about his patient and friend.

Dan Searle was inspirational. He never complained about his illness but would always start a conversation by inquiring about "your" family.

Recently, Mr. Searle generously contributed to our research initiative to identify the early stages of lung cancer. In a very dignified manner, he said of his contribution: "I want you to have the same impact on other patients that you've had on me. I trust you to be great stewards of it."

William J. Robb III, M.D., Chairman, ENH Department of Orthopaedic Surgery, cared for Searle during the last 15 years of his life for assorted orthopaedic ailments, particularly of his knee.

I recall so well how enthusiastic he was about life, which included travel, golf and hunting among his many other interests. Despite his pulmonary disease and arthritic knees, he always remained active and never let his various ailments really interfere with his many avid interests.

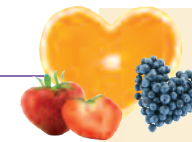
This strength and ability to bounce back from serious illness was a characteristic that Dan demonstrated many times in his life. He had remarkable resilience and was determined to go forward enthusiastically with his many interests despite obstacles that would have slowed or stopped most people.

All of us at Evanston Northwestern Healthcare are better healthcare providers today, because of the tireless dedication and support of our dear friend, Dan Searle. ■

COMING BACK TO LIFE

At 47, Diane Marcos had a massive heart attack, spent 10 days in a medically induced coma on life support and then came back to life through the timely intervention of a skilled team of Evanston Northwestern Healthcare physicians.





For information about the ENH Annual Women's Heart Event, "Harvest a Healthy Heart: Nutrition for the Heart and Garden" on Feb. 23, go to enh.org.

Outwardly healthy, Glenview resident Diane Marcos had occasional stomachaches but had passed a stress test in March 2007. While the married mother of three had left her career as an accountant to raise her family, Marcos was an active volunteer for various charities and heavily involved in her family's activities. Certainly, she did not fit the stereotype of a heart attack victim: a hard-charging, overweight man in his late-50s with high-blood pressure and high cholesterol.



Photo by Jon Hillstrand/Evanston Northwestern Healthcare

Michael Salinger, M.D., is pointing out how Diane Marcos's heart function fully recovered after surgery and 10 days of being in an induced coma. From left to right: Marcos, Micah Eimer, M.D., and Dr. Salinger.

On April 27, 2007, Marcos suddenly felt sharply jabbing back pains and had difficulty breathing. Her husband, Joseph, called 911. As she was arriving at 10:22 p.m. to Glenbrook Hospital, a paramedic put a nitroglycerin tablet under her tongue.

"I wondered why he was doing that," Marcos said. "A heart attack was the last thing I thought was happening to me."

Actually, Marcos had a ruptured plaque that completely blocked the top artery of her heart, resulting in a severe heart attack. The paramedics quickly performed cardiopulmonary resuscitation

(CPR), hooked her up to a defibrillator, gave her medication to restore the heart rhythm and took her to the Emergency Room (ER) under the care of Timothy Peterson, M.D. Next the ER team took an electrocardiogram (EKG) of her heart, which pinpointed the likely location of Marcos's blocked coronary artery.

By 10:58 p.m., Marcos was in the cardiac catheterization laboratory where 10 minutes later Michael Salinger, M.D., an interventional cardiologist and intensive care specialist, opened her artery through angioplasty, using a guide wire to advance a balloon to push the clot and plaque out of the way, restoring the blood flow to the heart at 11:08 p.m. Next, he advanced a drug eluting stent to keep the coronary artery open.

"The more quickly you can restore the heart's blood flow and interrupt the heart attack, the better it is for the patient's recovery," said Dr. Salinger, Senior Attending Physician in Cardiology at ENH. "But in Diane's case, despite restoring the flow, her heart did not immediately return to its normal function."

This is more likely to happen in younger patients because they haven't developed "collaterals," or circulatory back alleys, that provide alternative sources of blood flow to the heart, according to Dr. Salinger. As a result, Marcos was in cardiogenic shock following the procedure.

"In the Intensive Care Unit (ICU), Diane remained very tenuous, in a state of borderline shock," Dr. Salinger said. In conjunction with Marcos's clinical cardiologist, Micah J. Eimer, M.D., the team had to make decisions about the best way to keep her alive. "We decided to keep her in an induced coma—paralyzed with sedatives to keep her still and on a breathing machine—allowing her heart more time for

recovery." She also required a pump placed in her main artery to help her struggling heart move blood throughout the body.

At this point, Dr. Salinger and Dr. Eimer were also concerned about brain damage. They placed Marcos in hypothermic therapy, which is a mild form of cooling the body to protect a patient's brain. But she was not able to continue in hypothermic therapy for the recommended 24 hours because her blood pressure was dangerously low.

"It was a touch-and-go situation. But her young age was in her favor," Dr. Salinger said. "Also, since we had restored her blood flow in under 90 minutes, we were able to prevent more loss of heart muscle and lessened the chance of her loss of life."

Five Signs of Heart Disease Among Younger Women

Heart disease kills one woman per minute. Some 64 percent of women who die suddenly of cardiovascular disease have no previous symptoms. More women compared to men will die within the first year following a heart attack. Three times as many women die of heart disease than from breast cancer.

Here are five signs that women should consult their physicians:

1. Unusual tiredness
2. Trouble sleeping
3. Shortness of breath
4. Stomachaches
5. Higher-level anxiety



Photo by Jon Hillstrand/Evanston Northwestern Healthcare

After recovering from a massive heart attack, Diane Marcos regularly exercises at the Cardiac Rehabilitation Center in the ENH Glenbrook Hospital. Recently, the Scholl Foundation awarded a \$43,700 grant to the Rehabilitation Center. From left to right: Micah Eimer, M.D., Michael Salinger, M.D., and Marcos.

Tough Road to Recovery

Ten days later, Marcos woke up. "It's like having amnesia for a short period," she said. "But the doctors, nurses and hospital staff kept coming into my room and saying 'you're the hospital miracle.'"

When Marcos left the cocoon of Glenbrook Hospital, her family—husband, Joseph; son, Alexis, 24; and daughters, Tania, 22, and Danielle, 17—helped watch her diet and take care of her. But she had a tough time adapting to life after death—physically and emotionally.

"I still didn't feel well and was taking prescribed medications," Marcos said. "Everything in my life had changed overnight. I couldn't take my health for granted anymore. And I was afraid it would happen to me again."

She had an emotional time. But as her physical problems with pleurisy and other heart-related ailments subsided, Marcos began to regain her health and perspective. At the suggestion of Dr. Eimer, she started cardiac rehabilitation and joined a

Women's Heart support group both at Glenbrook Hospital.

On the first day of rehab, four months after her heart attack, Marcos could only exercise for five-minutes. After steady progress a few months later, her workouts were lasting 40 minutes.

"Today Diane's heart performs at normal capacity again," said Dr. Eimer, Attending Cardiologist and an affiliated ENH physician. "Her prognosis for recovery is very good. She

has made dietary changes and done amazingly well."

Deceptive Appearances

But despite outward appearances, her mental healing is ongoing. "I'm the one who died," Marcos said. "I'm still in shock about it. But I wouldn't have gotten a second chance without the excellent care I received from the doctors and nurses at Evanston Northwestern Healthcare."

She has made changes to more than her diet and exercise routine. Marcos does not worry about the little things anymore—whether her house is perfectly clean for a party, or if she has clean guest towels for the bathroom.

"In my case, I think stress may have been the biggest factor in my

heart attack," Marcos said. "I worried about little things all the time. Now I've changed and have a better perspective about what matters."

"Contrary to our culture's perception, premenopausal women are at risk for heart attacks. Whatever the causes—lifestyle or hereditary—younger women have to become more aware that they can have heart attacks. It's not just a male disease."

Your health can turn in an instant from outwardly fine to life-threatening, and almost always, when you do not expect it. For those who survive, a medical team's quick and knowledgeable response to life-threatening situations can make the difference. Cultivating good health is an ongoing journey, which encompasses the good genes you inherit and the wise lifestyle choices you embrace. ■

Heart Health—Knowing Why Your Numbers Matter

This information from the American Heart Association could save your life or someone you love. Keep this chart handy for a quick overview of where your numbers should be and the goals you need to achieve for good heart health.

FACTOR	GOAL
Total Cholesterol	Less than 200 mg/dL
LDL or "bad" cholesterol	Optimal is less than 100 mg/dL, less than 70 mg/dL in some patients.
HDL or "good" cholesterol	50 mg/dL or higher
Triglycerides	Less than 150 mg/dL
Blood Pressure	Less than 120/80 mmHg
Fasting Glucose	Less than 100 mg/dL
Body Mass Index (BMI)	Less than 25 Kg/m ²
Waist Circumference	Less than 35 inches
Exercise	Minimum of 30 minutes most days of the week

LDL: Low Density Lipoprotein; HDL: High Density Lipoprotein

Beating The Odds

ENH physician team helps a 23-year-old man to successfully battle brain cancer.

In the fall of 2005, Michael Klopp noticed his taste buds were completely dead. Periodically, he would have 30-second bouts of panic attacks, dizzy spells, dry mouth or nausea. By December 2005, 21-year-old Klopp experienced searing day-long headaches, and numbness and tingling in his left leg and back. But he attributed those symptoms to his recent fall down some stairs while he was working.

By late March 2006, Klopp also was throwing up and losing weight, and he ended up in an Emergency Room (ER). Referred by ER physicians to a neurosurgeon, Egon Doppenberg, M.D., examined him and noticed his right eye wasn't moving correctly, which is often a sign of a brain tumor in a young person.

Dr. Doppenberg ordered a computed tomography (CT) scan followed by a magnetic resonance imaging (MRI), which are standard procedures if a brain tumor is suspected. Four days later on April 3, 2006, he operated for seven hours on Klopp and found a vascular—easily bleeding—Stage 4 tumor, or glioblastoma, on the right side of his brain close to the sylvan fissure where many major vessels travel.

Each year in the United States, physicians diagnose 8.2 percent of every 100,000 individuals with primary malignant brain tumors, or 2 percent of all cancers. About 13,000 Americans die from malignant brain tumors annually with a higher rate among men of 55 percent. But for those who survive it, the single most important factor is age. Patients under 40 have a more favorable chance of recovery and survival.

"Even though I felt that I had an excellent chance of totally removing the tumor, I know from experience that such tumors can spread into surrounding tissue," said Dr. Doppenberg, Attending Physician of Neurosurgery at Evanston Northwestern Healthcare.

For the next five months, Klopp tried to resume as normal a life as possible but was going through daily radiation and chemotherapy treatments. He was dating and joined a health club. He began to gain back weight, but by September, he was having dizzy spells again.

Reviewing Klopp's new brain MRI in September 2006, Dr. Doppenberg found the tumor had grown back. It was too large for radiation therapy alone to destroy it. Six months after the first, Klopp underwent his second surgery. But this time, Dr. Doppenberg found a brain tumor that was easier to remove through resection, which is the removal of a portion of the brain.

"Dr. Doppenberg is an excellent surgeon," said Barbara Engelhardt, who is Klopp's mother. "Michael wouldn't be this far along in his recovery without him. He has helped to give us optimism as Michael underwent these two surgeries."

"I had surgery on a Friday and returned home on Sunday in time to watch the Chicago Bears game," Klopp said. "This time I knew what to expect after surgery, and I recovered so much faster."

Following his surgery, Dr. Doppenberg referred Klopp to Nicholas Vick, M.D., to serve as his neuro-oncologist. Dr. Vick, Senior Attending Physician of Neuro-Oncology at ENH, recommended different, more experimental chemotherapy and radiation treatments for Klopp.

In July 2007, Klopp had his last chemotherapy treatment. Now 23, he is working again. He lives in Antioch with his mother and has resumed a normal life without restrictions.



Photo by Jon Hillebrand/Evanston Northwestern Healthcare

From left to right: Michael Klopp and ENH Neurosurgeon Egon Doppenberg, M.D., have developed a personal connection beyond the doctor-patient relationship.

"Dr. Doppenberg and Dr. Vick are my magic team," Klopp said. "They are keeping me well, and they really care about me as a person."

Every three to four months for the rest of his life, Klopp returns to get an MRI and consult with his two physicians. "It's not bad to see the people who saved my life," he said. ■

ENH's skull-based lab for neurosurgeons



Honing Neurosurgical Skills

In order to train for resection of brain tumors, thorough knowledge of the brain and developing surgical skills are necessary for neurosurgical residents. Neurosurgeons at Evanston Northwestern Healthcare train residents at the Surgical Education and Simulation Laboratory at ENH. Neurosurgeons demonstrate techniques using simulation-based training in a realistic operating environment through "neuro-virtual reality" that uses real human skulls.

ENH's simulation lab is the only healthcare facility in the world that offers three-dimensional simulation and neuro-navigation for teaching neurosurgeons how to perform difficult techniques for treating deep-seated brain tumors and aneurysms at the base of the skull. In this controlled setting, physicians can polish their skills, learn how to sequence tasks and vary techniques during an operation deep within the brain.

The Gold Standard

ENH bases its own standard of screening for colon cancer on the best practice or Gold Standard.

When newscaster Katie Couric underwent a colonoscopy on live television in 2000, many more people called their physicians to request the procedure. Several of these first-time patients experienced what Michael J. Goldberg, M.D., Chief of Gastroenterology at Evanston Northwestern Healthcare, already knew: "Uniformly, people say, 'It wasn't nearly as troublesome as I thought it was going to be.'"

Some 150,000 people in the United States will be diagnosed with colon cancer this year, with about 50,000 cases ending in death. The good news is the disease is 90 percent preventable, thanks to the colonoscopy. This is a test that allows the doctor to

look at the inner lining of your large intestine—rectum and colon—using a small, lighted, fiber-optic tube called a colonoscope.

While other procedures are available to detect colon cancer, Dr. Goldberg said, "Colonoscopy is considered the gold standard. Other tests, such as the Flexible Sigmoidoscopy and Hemoccult Test [to detect blood in a stool sample], are far less effective in detecting cancer or polyps [abnormal tissue growths]."

The gold standard for colon cancer screening is also Evanston Northwestern Healthcare's (ENH) standard. Featuring gastrointestinal (GI) labs with state-of-the-art equipment, physicians can detect cancer before a patient even develops symptoms.

"That's why colonoscopy is better than other procedural options," Dr. Goldberg said. "The technology allows us to painlessly examine the entire colon and remove precancerous polyps during the procedure."

Unfortunately, only about one-third of individuals who should be screened for colon cancer have done so, making colon cancer the second most common cause of cancer deaths.

At age 50, most people should have their first colonoscopy. African Americans, who are at greater risk for the disease, should start at age 45. Note: If there's a history of cancer in your family, talk to your primary care physician about moving up the timeframe.



Michael J. Goldberg, M.D.

If a first colonoscopy reveals no polyps, screening is usually performed every 10 years. If polyps are discovered during the initial colonoscopy, or if there's a family history of colon cancer, screening should occur every one to five years.

Through Evanston Northwestern Healthcare, colonoscopies are available at Evanston, Glenbrook and Highland Park Hospitals, as well as the Vernon Hills Specialty Care Center.

Talk to your physician or check with your insurance company to find out if you need a referral, and call to schedule a colonoscopy with the Evanston Northwestern Healthcare Patient Access Center at (847) 492-5700 (Ext. 1250). ■

Easing the Discomfort

Many women prefer female gastroenterologists.

At 50, when Lake Villa resident Mary Fink's family doctor told her it was time to follow standard medical guidelines and make an appointment for a colonoscopy, she didn't hesitate.

"I keep up with all the standard practices that are recommended to help me maintain my good health," she said. Like many women, the elementary school teacher sought out a female gastroenterologist to minimize the understandable discomfort some women feel when having a procedure done in an extremely personal area of the body.

In Fink's case, she followed a recommendation from her primary care physician to see Yolandra Johnson, M.D., an Evanston Northwestern Healthcare (ENH) physician with a private practice in Kenilworth. "Knowing that I could have a female gastroenterologist

made it much easier to go ahead and schedule the procedure," she said.



Mary Fink with Gastroenterologist Yolandra Johnson, M.D.

Dr. Johnson is among the few practicing female gastroenterologists in the Chicagoland area.

In her 12 years of medical practice, Dr. Johnson has found many women are more at ease discussing personal subjects, like bloating and changes in bowel habits, with a female physician.

"Many women prefer a female gastroenterologist to perform their exam," she said. "Many patients feel uncomfortable having anyone look at this area. We address their questions and concerns prior to the procedure, and we do our best to put them at ease."

There is a limited number of practicing female gastroenterologists in the Chicago Metropolitan area, but several are available through ENH. In addition to colonoscopy, some ENH female physicians also specialize in advanced endoscopic techniques.

If you are interested in learning more about these options, talk to your primary care physician, or call ENH's Physician Referral Service at (847) 492-5700 (Ext. 1251). ■

Leading-Edge Technology

ENH leads technology for less invasive and more accurate detection of cancers.

Hemant Roy, M.D., ENH Gastroenterology Attending Physician, has taken the lead on pioneering a dynamic new technology—the colonoscopy light-scattering spectroscopy—which if successful, will enable doctors to detect early cancerous changes in the colon with higher accuracy. The colonoscopy light scattering spectroscopy, a tiny probe developed by Dr. Vadim Backman at Northwestern University, lights up rectal tissue with no need to go through the entire colon and no need for biopsy (removing and examining tissue).

Not only is this method less invasive than the standard colonoscopy, it is also more accurate—sensitive to items 10 to 20 times smaller than can be seen with a conventional microscope. Computer analysis of the backscattered light shows if the colon is a breeding ground for polyps. In studies, the probe is 90 percent accurate at telling if cancerous polyps will eventually form.

Studies are currently under way and have shown very promising results for colon cancer. The light-scattering spectroscopy is even being tested on other related cancers like pancreatic cancer. This cancer has an extremely high mortality rate that may be improved through early detection. While this technology will not be approved by the FDA for another two to five years, Dr. Roy is continuing research studies on the light-scattering spectroscopy. ■

Myth Versus Reality

MYTH: It's too painful.

Because many first-time colonoscopy patients are nervous or afraid, they can opt for a sedation that's often referred to as "twilight anesthesia." These drugs, administered intravenously, provide a light sleep and anxiety relief. "Twilight" offers a short recovery period and is usually associated with less nausea and vomiting than general anesthesia.



Hemant Roy, M.D., ENH Gastroenterology Attending Physician (left), is currently conducting a study on the colonoscopy light-scattering spectroscopy—a tiny probe developed by Dr. Vadim Backman (right) of Northwestern University.

did you know?

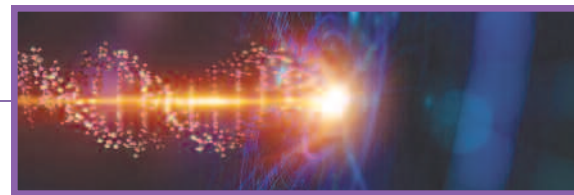
Colon Cancer is the second leading cause of cancer deaths.

Famous people who have had Colon Cancer:

- Walter Matthau
- Sharon Osbourne
- Pope John Paul II
- Ronald Reagan
- Darryl Strawberry

Famous people who have died from Colon Cancer:

- Charlie Bell, *President and COO, McDonald's*
- Milton Berle, *Actor*
- Jackie Gleason, *Actor*
- Ruth Handler, *Creator of Barbie*
- Audrey Hepburn, *Actress*
- Vincent Thomas Lombardi, *NFL Greenbay Packers coach*
- Charles M. Schulz, *Peanuts cartoonist*



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Hope for Strokes

Key clinical trial at ENH brings new hope to stroke patients.

Stroke is the third leading cause of death in the United States, and it remains the most common cause of disability—physical and mental—among adults. Some of the most deadly and disabling strokes involve bleeding into the brain (cerebral hemorrhage) or its fluid-filled ventricles (intraventricular hemorrhage).

To find better solutions to treat these stroke patients, Issam Awad, M.D., is leading a team of neurosurgeons and stroke specialists at Evanston Northwestern Healthcare (ENH) in ongoing clinical trials assessing the safety and feasibility of evacuating blood from the brain using clot busting drugs in a tiny catheter placed through the skull.

The method is called the minimally invasive surgery and thrombolysis for intracerebral hemorrhage evacuation (MISTIE). The Phase II MISTIE trial is assessing the feasibility, the optimal dose and safety of this technique using computerized image guidance to place the catheter in the brain precisely within the cerebral hemorrhage.

This less invasive technique helps to prevent some complications and save especially elderly patients' lives compared to open brain surgery. For the past 20 years, Dr. Awad has helped pioneer this technique to noninvasively clear the bleeding after hemorrhagic stroke.

While hemorrhagic strokes represent 20 percent of all strokes, they account for more than 50 percent of stroke-related deaths, disability and costs of healthcare. "The amount of bleeding in the brain determines the outcome," said Dr. Awad, Director of Neurovascular Surgery and Neurosurgical Critical Care at ENH and Professor and Vice Chairman of Neurological Surgery at Northwestern University's Feinberg School of Medicine. "The less blood in the brain, the better it is for a patient's recovery."

ENH is one of only eight centers in the United States chosen to participate in the MISTIE clinical trial sponsored by the National Institutes of Health (NIH). Midway through the trial's four-year duration, the ENH team has enrolled more patients than any other center nationally.

Stroke Warning Signs

- Unexpected loss of sensation in the face, arm or leg, particularly on one side of the body
- Sudden bewilderment, difficulty speaking or comprehending
- Loss of sight in one or both eyes, or double vision even for a short time
- Unexplained difficulty walking, dizziness, or loss of balance or coordination
- Hemorrhagic stroke signs include sudden severe headache and impaired consciousness or responsiveness

If you experience any of these symptoms, call 911. The sooner you can get help, the better.

"The experience and skills of our physicians and nurses, advanced electronic record and imaging platforms, and close coordination among ENH team members at all levels allow us to identify potential candidates quickly and to execute this complex procedure seamlessly," Dr. Awad said.

Several treatments have been developed for the more common ischemic strokes. But there is no known treatment with proven benefit for cerebral hemorrhage. But now Dr. Awad sees glimmers of hope. "We are starting to see patients with catastrophic clots going home," he said. "Previously, those stroke victims either died or stayed confined to nursing homes." ■



Photo by Jon Hillenbrand/Evanston Northwestern Healthcare

Soon after suffering a stroke, Peter Theis had difficulty moving around even with a walker and couldn't maneuver on one side of his body. With traditional therapies, his chance of recovery was dismal. But with care of the ENH team and new MISTIE procedure performed by ENH Neurosurgeon Issam Awad, M.D., Theis made a dramatic recovery. Recently, Theis walked 1/8 of a mile on a track without using a cane. Here Dr. Awad is performing a neurological exam, documenting the recovery of his hand function.



Photo by Andrew Campbell

Saving the Lives of Others

Through philanthropy, a Northbrook couple honors ENH for saving their lives.

Jules Bernard of Northbrook believes the compassionate care, professionalism and expert physicians at Evanston Northwestern Healthcare (ENH) helped save his life and the life of his wife, June. Through the past seven years, the couple has contributed to ENH.

It started seven years ago when Daniel Shevrin, M.D., diagnosed and treated Jules Bernard for colon cancer at Glenbrook Hospital. He survived and has given philanthropically to ENH ever since.

More recently, June Bernard was diagnosed with Myasthenia Gravis and receives ongoing treatment from neurologist David Randall, D.O., a Senior Attending Physician at ENH. Myasthenia Gravis is a chronic autoimmune neuromuscular disease characterized by varying degrees of weakness in the voluntary muscles of the body caused by a defect in the transmission of nerve impulses to muscles. The effects of Myasthenia Gravis make it difficult for June Bernard to travel.

"I feel fortunate to have clinical specialists in neurology at Glenbrook Hospital just 10 minutes from our home," Jules Bernard said.

Married for 62 years, the Bernards are devoted to each other. Grateful for their medical care, their commitment has extended to giving philanthropically to ENH. Their gifts to the Kellogg Cancer Care Center and neurology and neuromuscular research recognize the excellent care they have received over the years.

"We hope our gift to neurology helps Dr. Randall and his colleagues further their endeavors into the causes and cures of Myasthenia Gravis," Jules Bernard said. Currently, there is no known cause or cure for the disorder.

"June and Jules Bernard are two remarkable people who have chosen to make a difference," Dr. Randall said. "Their generosity has allowed more clinical support to patients with neuromuscular diseases

and to open clinical research trials for patients with certain conditions. With their help, we will continue to search for better treatments for Myasthenia Gravis and related disorders."

Recently, the Bernards decided to make Dr. Randall's neuromuscular research a beneficiary of their estate plan through a bequest. Jules Bernard says this final gift is an extension of the many gifts they have made during the past seven years and will reach ENH when the surviving member of the couple dies.

Bequests are one of the easiest estate gifts to execute but speak volumes about an individual's commitment to people and places that hold personal significance. Bequests can be for a specific dollar amount or a percentage of the total estate.

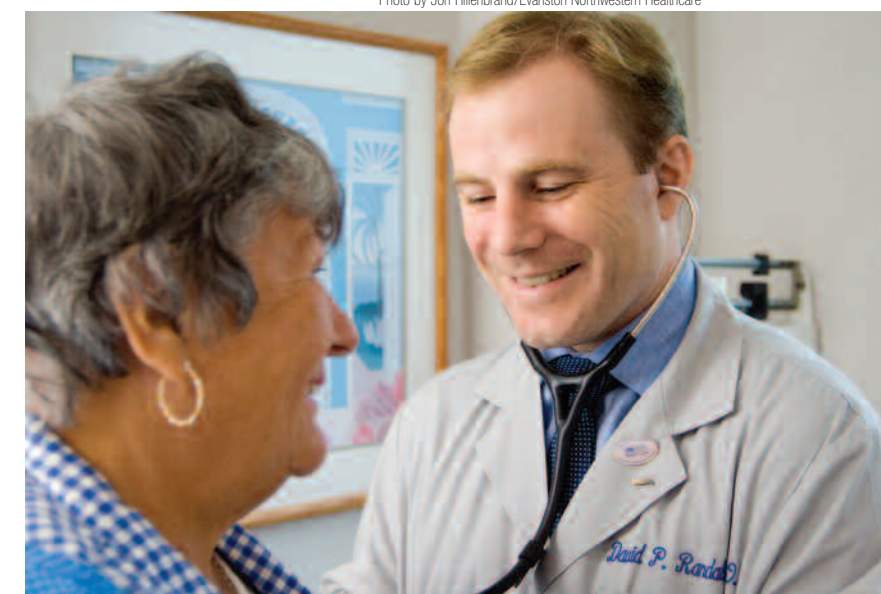


Photo by Jon Hillenbrand/Evanston Northwestern Healthcare

The expertise and compassion care of ENH Neurologist David Randall, D.O., and his colleagues has motivated Jules and June Bernard to support Evanston Northwestern Healthcare philanthropically over the years.

"The relationship between the Bernards and their ENH physicians is a personal one that makes an estate gift a fitting way to show appreciation for the wonderful care they have received," said Catherine Marquis, Director of Planned Giving at ENH Foundation. "Their gift means that one day new resources will be available to find the cures that elude us today."

For more information on estate planning that can benefit both you and people served by Evanston Northwestern Healthcare, please contact Catherine Marquis, Director of Planned Giving, ENH Foundation, (847) 492-5700 (Ext. 1252) or cmarquis@enh.org. ■



Photo by Jon Hillenbrand/Evanston Northwestern Healthcare

Support for Schools

ENH has supported the Evanston Township High School (ETHS) Health Center with both financial assistance and medical staffing.



J'mal E. Jones

A lifelong asthma sufferer, 18-year-old J'mal E. Jones knows how terrifying it is every time he cannot breathe. Sometimes his asthma medication is not enough, and he has to seek immediate care from nurses or physicians, so he can breathe again.

When an asthma attack strikes while Jones is at ETHS, the nurse practitioners and doctors in the Health Center can treat him right away with inhalers and medications that usually prevent a trip to Evanston Hospital's Emergency Room (ER).

"The nurses and doctors have helped me tremendously," said Jones, a senior at ETHS. "Instead of missing hours of school, I can visit them and know I'll be OK. And I'm back in my classes quickly."

In fact, Jones has only been rushed to Evanston Hospital's ER only three times from school during the past year. He used to end up there once a month.

"We have saved him countless emergency visits during the past four years," said Kathy Swartwout, APN, Nurse Practitioner and ENH employee at ETHS Health Center. "While J'mal is an incredibly compliant patient and a great kid, he has a type of asthma that's very difficult to stabilize."

Jones is comfortable visiting the ETHS Health Center. "I am always nervous about having an asthma attack," he said. "Not being able to breathe is always scary for me—no matter how often it happens. But I know the nurses at the Health Center will take care of me, and everything will be OK."

Giving to the Community

Jones is not the only student being treated at the ETHS Health Center. Of some 3,000 students, 1,900 are enrolled to use its services. From 2006 to 2007, Health Center staff reported 2,680 visits and cared for 880 students.

The school-based ETHS Health Center is a collaborative effort of ETHS, the Evanston Health Department and Evanston Northwestern Healthcare, providing free or

low cost primary healthcare and psychosocial services to its students. Additionally, the ETHS Health Center receives grant funding from the Illinois Department of Human Services and the Visiting Nurse Association Foundation of Chicago.

In 2007, Evanston Northwestern Healthcare's 2007 contribution of \$378,000 paid for the salaries of the Health Center staff, including doctors, nurse practitioners, a social worker, a public health nurse and a secretary, as well as for absorbing some costs for back-to-school physicals, immunizations, treatments and other healthcare services for students.

An ENH employee at the ETHS Health Center since its doors opened in February 1996, Swartwout pointed out, "By being inside the Evanston High School, we can do so much more for students. We're easily accessible to them. And we can give them comprehensive care, follow up on their treatments more closely and address their healthcare issues immediately." ■

Better Food, Improved Health

By Michael Rakotz, M.D., Evanston Northwestern Healthcare

Dr. Michael Rakotz specializes in family medicine at Evanston Northwestern Healthcare. But now he's turning his skill as a chef into a way to show more people how to make delicious, healthy meals. Known as "the Doctor in the Kitchen," Dr. Rakotz is giving live demonstrations in the Chicago Metropolitan area at food venues such as grocery stores to promote nutritious, easy and fun cooking.

Here he offers answers to questions about how nutritious food supports better health.

Question: Why is eating a nutritious diet so important to our health?

Answer: Over the last two decades, mounting evidence demonstrates eating a nutritious diet is beneficial to your health. The following recommendations may help lower your risk of developing heart disease, diabetes, stroke, high blood pressure and some cancers.

1. Eat more fresh fruits and vegetables—five to nine servings per day.
2. Eat more whole grains instead of refined grains. Substitute whole wheat bread, whole wheat pasta and brown rice for white bread, traditional pasta and white rice.
3. Eat more lean proteins, such as poultry, fish and legumes. Limit your intake of red meat to twice a week to reduce your risk of colon cancer.
4. Eat healthy fats instead of saturated and trans fats. You can do this by substituting olive, peanut, canola and other vegetable oils for butter, margarine and shortening. Use lower fat dairy products, 1 percent or skim milk, whenever possible.

Q: What do you recommend for selecting and preparing healthy food in the winter months?

A: I am a big fan of soups and stews during the winter months. Try an Italian vegetable soup with zucchini, tomatoes, onions, carrots, Swiss chard, chick peas and great northern beans. Or select a hearty chili, made with ground turkey instead of beef. If you're a vegetarian, black bean or mushroom barley soups are good options.

Stews are very convenient "one bowl" meals. I enjoy fish stews, especially salmon and halibut, in a light tomato broth with saffron. Beef stews are very satisfying. Try using sweet potatoes instead of white potatoes.

Q: When most fruits and vegetables in the Midwest are out of season, what are the best ways to eat during the winter?

A: We are very fortunate to have a continuous supply of fresh fruits and vegetables shipped to our local grocery stores year round.

But be advised, due to longer shipping times, some companies will use preservatives to keep our fruits and vegetables looking good when they arrive in stores. If fresh produce is not available or too expensive during the winter months, try fresh frozen foods with no additives. They are a very good and affordable alternative.

In some cases, because they are frozen shortly after being harvested, they are more nutritious than chemically sprayed or older fruits and vegetables that arrive in your grocery store produce department. They often taste better, too.

Q: Do our nutritional requirements change in winter due to the cold weather?

A: Since we live indoors and have access to fresh foods all year long, our nutritional requirements are very similar during the winter months. Vitamin D deficiency, however, is a concern for many Americans.

In the Chicago Metropolitan area, Vitamin D is made in the body from March through September due to exposure to sunlight. While Vitamin D stores are built up during this time, they only last a few months. By mid-winter, the stores can be depleted. This is more commonly a problem in the elderly, people who avoid the sun year-round and people who already have a low Vitamin D level.

To reduce the risk of Vitamin D deficiency, eat more foods rich in Vitamin D, such as salmon, tuna or sardines, and fortified milk products, preferably low fat. Even with a diet high in these foods, many people need Vitamin D supplements. Consult your physician to see if this would be a good idea for you. ■



Four Fun Facts about ENH and Community Schools

- Highland Park Hospital in partnership with Highland Park School District 112 analyzes and makes recommendations for the district's food policies.
- Highland Park Hospital's "Project Safety Net" program instructs school personnel at more than 100 schools in Lake and Cook Counties on when, what and how to assess teens at risk for suicide. It covers the risk factors, warning signs and therapeutic approaches.
- Glenbrook Hospital gives motivated high school students from District 214 Medical Academy the opportunity to rotate through 10 hospital departments through one-on-one job shadowing. They even receive high school course credit.
- Evanston Hospital hosts the Evanston/Skokie District 65 Health Challenge Bowl each year. Students visit the Hospital to interact with healthcare professionals and experience real-life health scenarios.

SAME DAY APPOINTMENTS

— Because we know —
*the flu doesn't warn you
it's coming.*



You can't control when you get the flu—or most other illnesses or injuries. That's why ENH Medical Group primary care physicians offer same day appointments, evening and weekend hours (even Sunday hours in select offices), and early morning walk-ins. In fact, last year almost 40% of our patient visits were same day appointments. So, whenever you need to be treated, a physician will be there for you. Even if your regular physician isn't available, you can still see a trusted ENH Medical Group physician who has access to your electronic medical records and who is ready to care for you. When you choose an ENH Medical Group physician, you're automatically connected to some 500 primary care physicians and specialists, and just as importantly, they're connected to you. That's because we believe better connections mean better care. And that's why we're here. To find an ENH Medical Group physician call 847-733-5707 or go to www.enh.org/enhmg.



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