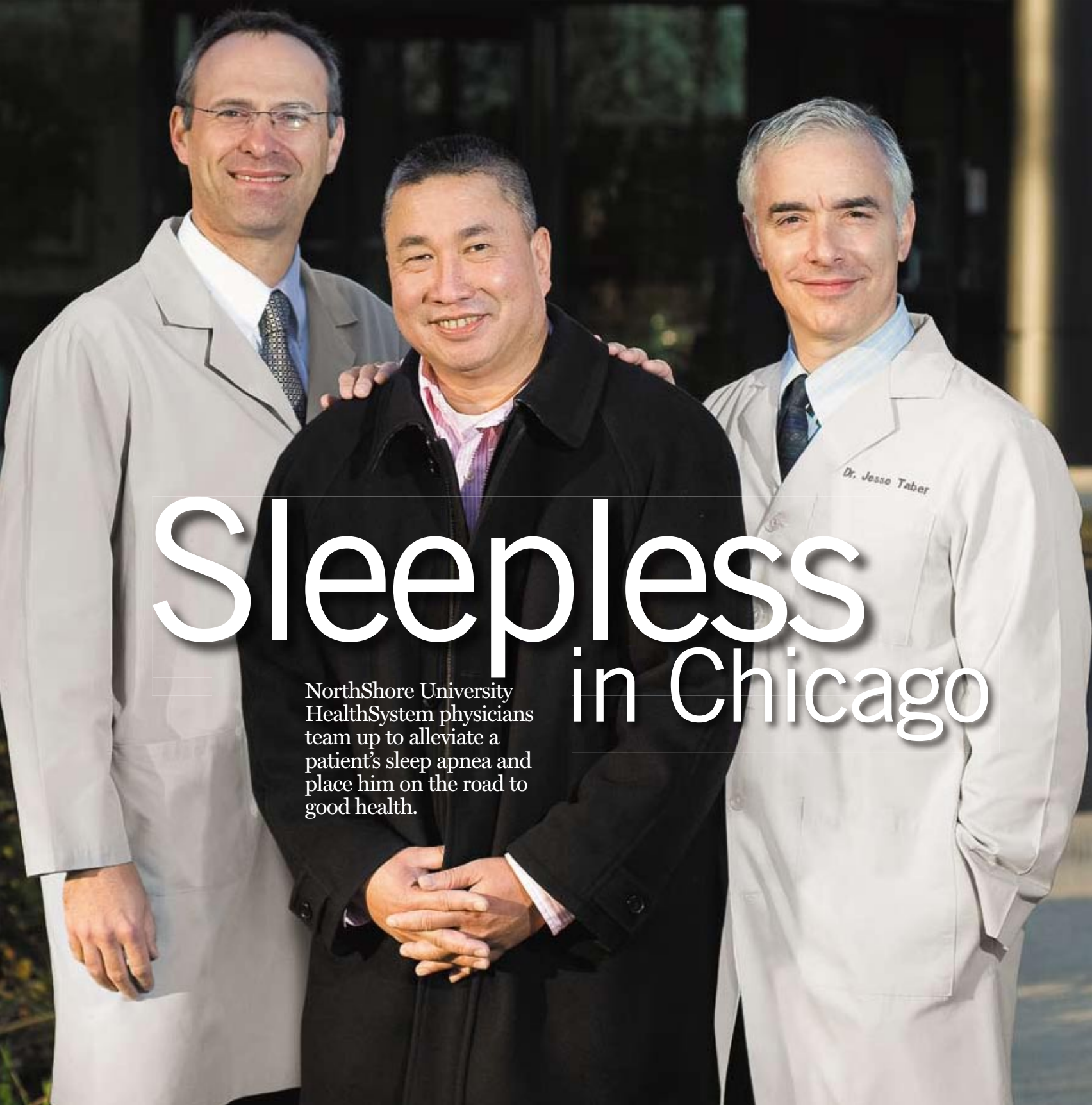


CONNECTIONS

NorthShore
University HealthSystem

A health and lifestyle publication from NorthShore University HealthSystem

| VOLUME 2 | ISSUE 2 | DEC/JAN 2009



Sleepless in Chicago

NorthShore University HealthSystem physicians team up to alleviate a patient's sleep apnea and place him on the road to good health.

Welcome to the December/January issue of *Connections*, a bimonthly publication bringing you the latest in medical technology, research and patient care from NorthShore University HealthSystem (NorthShore). Each issue of *Connections* offers several stories about how our patient-centered care contributes to serving our communities.

During the last 10 years, we have seen tremendous growth in the breadth of both our inpatient and outpatient services at Glenbrook Hospital. The communities we serve have grown significantly as well.

As the patient base has grown, so has Glenbrook Hospital's reputation for providing excellent quality healthcare with talented physicians and staff in a "family-oriented environment." In response to our growth, we are expanding our campus with new state-of-the-art facilities and equipment. Our expansion will include a new three-story medical office building to house more outstanding physicians and a vastly expanded Kellogg Cancer Care Center. Radiology, cardiology and emergency medicine services also will be enhanced with new facilities and equipment.

While Glenbrook Hospital offers you great primary and specialty care, several exciting programs set us apart. For example, our Eye and Vision Center offers comprehensive eye care using the latest technology and equipment for children through seniors, including Lasik and glaucoma surgery, as well as cornea and retina practices.

Other unique services in neurology are our Memory Assessment Program, offering patients with Alzheimer's disease or dementia individualized care from interdisciplinary caregivers, and also a highly regarded Movement Disorders Program (Parkinson's disease and dystonia).

As the patient base has grown, so has Glenbrook Hospital's reputation for providing excellent quality healthcare with talented physicians and staff in a "family-oriented environment."



Funded by a \$1.5 million gift from the Daniel F. and Ada L. Rice Foundation, The Patricia G. Nolan Center for Breast Health addresses prevention and early detection of breast cancer through the latest diagnostic imaging tests and therapies. We improve the efficiency of our patients' care by decreasing the time from diagnosis of mammographic abnormalities to biopsy and surgical treatment.

If you need a hip or knee replacement, the physicians in our Total Joint Replacement Center perform approximately 1,500 surgeries annually by using innovative technology and treatment options, including minimally invasive robotic and computer-assisted technologies.

In promoting wellness to the communities we serve, Glenbrook Hospital also reaches out to those at risk. For students at Glenbrook South High School, the Access to Care Program provides primary care services for those with little or no private health insurance. For seniors, we have co-sponsored innovative workshops to clarify Medicare Part B and D policies.

Influencing the care, health and wellness of our community shows our commitment to NorthShore's mission "to preserve and improve human life." In this issue of *Connections*, we hope the stories about patients like you will resonate and provide a valuable resource for you, your family and your friends.

Best regards,

Douglas M. Silverstein
President, Glenbrook Hospital

CONNECTIONS

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Models of Excellence

KELLOGG CANCER CARE CENTERS HAVE LONG BEEN A MODEL OF EXCELLENCE PROVIDING COLLABORATIVE, MULTI-SPECIALTY TEAM-BASED CARE FOCUSED ON INDIVIDUAL PATIENT NEEDS.

Specialty oncology pharmacies dedicated at each of NorthShore University HealthSystem (NorthShore) Hospital's Kellogg Cancer Care Centers are an essential element of our successful cancer treatment program. A nationally accredited, oncology pharmacy specialty residency program that draws on talented residents from across the country further enhances the pharmacists' role in patient care.

One of only two such residency programs in Illinois, the specialty resident program has proven enormously beneficial for patients, residents and physicians. "What they do for clinicians is invaluable," said Thomas A. Hensing, M.D., Co-Director of Thoracic Oncology at NorthShore. "In our busy clinic setting, the pharmacy residents take as much time as needed with patients to make sure they fully understand their medications."

Kellogg pharmacists are integral members of the multidisciplinary team that manages each patient's care. A distinctive model of care, this system allows pharmacists and pharmacy residents to participate fully in treatment and symptom management of patients.

"My goal is that every patient who walks through these doors knows there is a pharmacist involved in their care and that they have access to help from the pharmacy," said George Carro, RPh, Residency Program Director and Senior Director of Oncology Pharmacy Services.



NorthShore has one of only two oncology pharmacist residency programs in Illinois. From left: George Carro, RPh, Residency Program Director and Senior Director of Oncology Pharmacy Services at NorthShore; Jessica "Jessie" Lawton, Oncology Pharmacist Specialist at NorthShore; and Cara Harshberger, Oncology Pharmacist at NorthShore

For residents this provides a wonderful hands-on learning opportunity, according to Carro. The presence of the residents also elevates the educational activity at Kellogg, he explained, taking it to a whole new level among the physicians, nurses and other caregivers.

"We call patients at home after their first treatment," Carro said. Residents make many of those calls and often develop enduring relationships with patients who know they have an available resource for questions on everything from side effects to symptom management.

Former resident Jessica Lawton, who is now a NorthShore oncology pharmacy specialist, considers the consistent contact and relationships with patients a real benefit of the program. "The treatment here is very much a group effort, and that's nice to see and be part of as a resident," Lawton said.

"Continually finding the best methods for pain management is an important aspect of cancer care, and an area where we learn from the pharmacists," Dr. Hensing said.

NorthShore is designated by the National Cancer Institute as a Community Clinical Oncology Program. Additionally, the integrated healthcare delivery system has received both accreditation and an outstanding designation award for the quality of its cancer-related programs from the Commission on Cancer. Fewer than 10 percent of U.S. healthcare systems receive this top award recognition.

To talk to a NorthShore oncology pharmacist at Evanston Hospital, call (847) 492-5700 (Ext. 1282); at Glenbrook Hospital, call (847) 492-5700 (Ext. 1283); and at Highland Park Hospital, call (847) 492-5700 (Ext. 1284). [C](#)



The Right Stuff

TWO NORTHSHORE UNIVERSITY HEALTHSYSTEM PHYSICIANS ARE SERVING KEY LEADERSHIP ROLES IN DEVELOPING A DYNAMIC TEACHING RELATIONSHIP WITH THE UNIVERSITY OF CHICAGO.

NorthShore University HealthSystem (NorthShore) physicians Richard K. Silver, M.D., and Andy Anderson, M.D., were recently appointed to serve in key leadership positions between NorthShore and the University of Chicago Pritzker School of Medicine. Dr. Silver serves as the Associate Dean and Chief Academic Officer and Dr. Anderson as the Assistant Dean for Medical Education.

“Dr. Silver’s passion for and leadership in the field of academics were important factors in his selection as Associate Dean and Chief Academic Officer,” said Mark R. Neaman, President and CEO at NorthShore. “Dr. Anderson has demonstrated clear capabilities for inspiring many medical students and residents to greatness in the Department of Medicine. The combination of Dr. Silver’s and Dr. Anderson’s leadership will be essential toward achieving our future academic objectives with our partners at the University of Chicago Pritzker School of Medicine.”

The two new positions are considered half-time commitments, allowing the two doctors to continue their other leadership roles at NorthShore. Dr. Silver is the Chairman of the Department of Obstetrics and Gynecology, and Dr. Anderson serves as the Vice Chairman and Program Director in the Department of Medicine.

“I am excited to work closely with the academic leaders at the Pritzker School of Medicine,” Dr. Silver said. “Our new teaching affiliation with the University of Chicago Pritzker School of Medicine will complement our strengths as an integrated healthcare

delivery system. It will provide a strong platform for our teaching programs involving medical students, residents and fellows, as well as our research activities at the bench and the bedside.”

An expert in maternal-fetal health, prolific author and presenter, Dr. Silver has received

many honors, including multiple teaching awards and his selection as one of the Top 500 Physicians in Chicago from *Chicago Magazine* in 2007. A physician at NorthShore since 1987, he also serves as Chairman of the Board of Directors for NorthShore’s Faculty Practice Associates and as a member of the NorthShore Foundation Board of Directors.

As a former resident at the University of Chicago Hospital, Dr. Anderson has an insider’s perspective. “I was impressed with the leadership at the University of Chicago then and continue to be impressed now,” he said. “I am looking forward to cultivating the relationship. Our teaching partnership offers us a fresh start academically that will facilitate new, innovative ideas, as well as advance our culture of inquiry and teaching.”



J.P. Gallagher, President of Evanston Hospital, provides the administrative leadership for NorthShore’s teaching affiliation with the University of Chicago Pritzker School of Medicine. He works closely with Dr. Richard Silver, Associate Dean and Chief Academic Officer, and Dr. Andy Anderson, Assistant Dean for Medical Education. From left: Dr. Silver, Gallagher and Dr. Anderson

“The combination of Dr. Silver’s and Dr. Anderson’s leadership will be essential toward achieving our future academic objectives with our partners at the University of Chicago.”

A distinguished educator, Dr. Anderson has taught medical students and residents at the University of Chicago, the Medical College of Wisconsin and NorthShore. His many honors include several awards of excellence in clinical teaching. **C**

Patient-Centered Caregivers

NURSE PRACTITIONERS CAN MAKE A BIG DIFFERENCE IN COMMUNICATIONS AND EMPATHY FOR INPATIENTS AND THEIR FAMILIES.

For the family members of hospitalized patients, the waiting for information and the worrying about a loved one can be as trying as the hospitalization itself. In many cases Nurse Practitioners, or Advanced Practice Nurses, are the ones to ease an otherwise stressful situation with extra attentive care and communication for the patient and family.

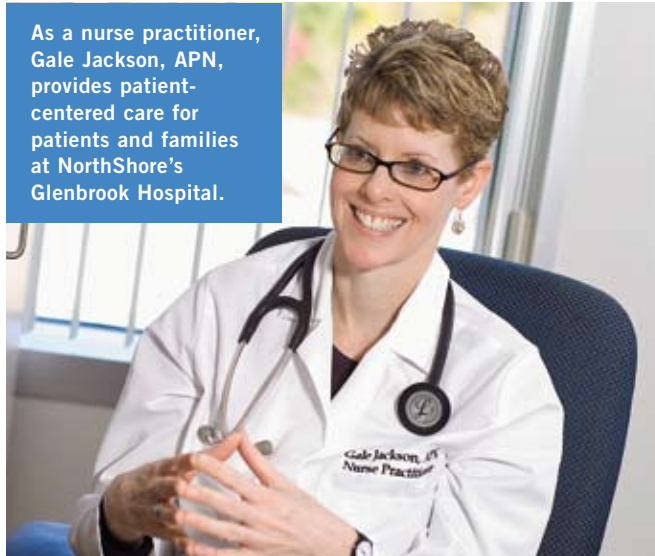
They are not a new phenomenon. According to the American Academy of Nurse Practitioners (AANP), Nurse Practitioners have been providing excellent care for more than 43 years. They have been part of NorthShore University HealthSystem's Glenbrook Hospital since 1999, joining care teams first in inpatient units and now serving in the Intensive Care Unit (ICU) as well.

"Our Advanced Practice Nurses are recognized by patients and fellow staff for providing excellent patient-centered care," said Kathy Snow, Vice President, Nursing, at Glenbrook Hospital. "They definitely offer a holistic approach, taking into account all elements of patient care."

Nurse Practitioners have graduate, advanced education and clinical training well beyond registered nurse credentials. Most have master's degrees, and many have doctorates, AANP reports.

Andrew Lauter, whose mother was treated in Glenbrook Hospital's ICU, said it was Nurse Practitioner Gale Jackson who made the difference in a very trying situation. "She spent the time with us and provided the answers we needed," Lauter said. "She was compassionate and open; she was able to fill the void we

As a nurse practitioner, Gale Jackson, APN, provides patient-centered care for patients and families at NorthShore's Glenbrook Hospital.



"Gale Jackson was compassionate and open; she was able to fill the void we were feeling by answering our questions. Her role and personality are phenomenal assets for the hospital."

were feeling by answering our questions. Her role and personality are phenomenal assets for the hospital."


Jackson, who works the afternoon shift from 3 to 11 p.m., describes her role as a bit of a "jack of all trades—versatile and challenging," saying simply she does whatever needs to be done. One way to explain her role is that her responsibilities are very simi-

lar to those of medical residents. Yet as a nurse, she already has 20 years of experience caring for patients.

Jackson joined the Glenbrook Hospital staff this spring and said from the beginning it has been a very "warm environment" with great camaraderie between the nurses and physicians. As Glenbrook Hospital cares for a significant number of elderly, very ill patients,

Jackson said she has had to focus on how important communication is for families, and sometimes helping families transition and become comfortable with the fact that their loved one is dying. "I try to really talk with them and make sure they understand what's going on," she said.

One of the reasons Jackson loves her job is that she is part of a team effort, working with physicians, residents and nurses. What does it take to be a good Nurse Practitioner? "Flexibility, a sense of independence and a broad knowledge base," Jackson said. "You don't know what will happen day-to-day or case-by-case. Tolerance is important, too."

Jackson and others believe that the role of Nurse Practitioners will continue to grow and evolve. "Nurses tend to be really good managers. We see the big picture, and we see the whole patient," Jackson said. "And good nurses truly are master communicators." 

Influential Surgeon and Educator: Edward F. Scanlon

Renowned surgeon Edward F. Scanlon, M.D., 89, who served as the Chairman of Surgery at NorthShore University HealthSystem (NorthShore), passed away on Aug. 5, 2008, at his home in Southlake, Texas.

Dr. Scanlon developed a significant surgical oncology legacy during his tenure from 1953 to 2005 at NorthShore, including his early recognition of the importance of clinical trials. He also is credited with establishing the efficacy of lumpectomy as a treatment for breast cancer and developing the concept for one of the first community hospital cancer centers—known as the Kellogg



Dr. Edward Scanlon was a distinguished, innovative oncology surgeon for more than 50 years at NorthShore.

“Dr. Scanlon was well ahead of his time in recognizing the importance of clinical trials and advocating the lumpectomy for breast cancer. His patients flocked to him and loved him, recognizing his standards were very high.”

Cancer Care Center—devoted exclusively to comprehensive cancer care under a multi-disciplinary approach.

Known for his leadership skills and quick wit, Dr. Scanlon may be best remembered as a prolific surgical educator. He was responsible for the American Cancer Society (ACS) Clinical Fellowship at NorthShore’s Evanston Hospital, which provided an extra year of surgical training for those who had completed a surgical residency training program.

During his career, Dr. Scanlon trained 23 Fellows, most of whom went on to distinguished academic careers. He had an


uncanny ability to instill confidence while developing high standards of competence for his surgical Fellows. Three of Dr. Scanlon’s Fellows subsequently had eminent careers as surgeons at NorthShore—David P. Winchester, M.D., Stephen F. Sener, M.D., and Ermilo Barrera, M.D.

“Dr. Scanlon was a very precise and excellent surgeon—technically above his peers—as well as a great surgical educator,” said Dr. Sener, Senior Attending Physician in General Surgery at NorthShore. “He was well ahead of his time in recognizing the importance of clinical trials and advocating

the lumpectomy for breast cancer. His patients flocked to him and loved him, recognizing his standards were very high. Dr. Scanlon also had personal integrity and great patient skills.”

Dr. Scanlon was born in Waynesburg, Pa., on Sept. 15, 1918. One of 11 children, he attended Kenyon College and graduated magna cum laude in 1940. While at Kenyon, Dr. Scanlon competed in a series of national contests created to train airline pilots and was ranked first among 10,000 would-be pilots. But he decided not to become a pilot and attended medical school at Columbia University in New York City before serving in the U.S. Army during World War II.

Following his military service, Dr. Scanlon came to Chicago for a surgical residency at Presbyterian Hospital. He then served a Surgical Oncology Fellowship at Memorial Sloan-Kettering Cancer Center in New York City, completing his training in 1953. Dr. Scanlon came to Evanston Hospital in 1953 and simultaneously served from 1953 to 1961 as an attending surgeon at Veterans Administration Lakeside Hospital.

His responsibilities grew progressively, and Dr. Scanlon served as Chairman of the Department of Surgery from 1974 through 1986. He was appointed Professor of Surgery at the Northwestern University Medical School in 1971 and served as the Chief of Surgical Oncology for the Medical School from 1974 through 1986. Outside of his work at NorthShore, Dr. Scanlon served as the national President of the American Cancer Society from 1980 to 1981. 



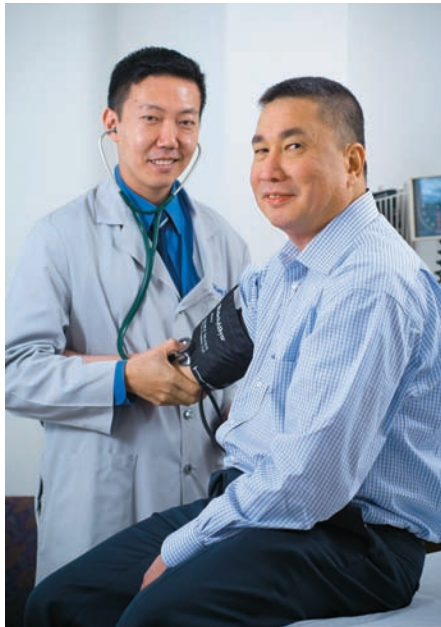
Noel Araneta was diagnosed with sleep apnea at NorthShore's Old Orchard Sleep Center.

Three NorthShore University HealthSystem physicians team up to alleviate a patient's sleep apnea and place him on the road to good health.

Sleepless in Chicago

No matter how hard he tried to fight it, fatigue was getting the best of him. Noel Araneta always felt tired and drowsy. At night he fought fitful sleep, and during the day he combated sluggishness.

“I drank coffee pretty much non-stop just to stay awake at work,” said Araneta, Senior Director of Cardiac and Gastroenterology Services at NorthShore University HealthSystem (NorthShore). “I also tried to exercise and lose weight but, no matter what I did, I never felt like I had enough energy.”



Dr. David Hwang suspected Noel Araneta might have sleep apnea and referred him to Dr. Jesse Taber.

“As a primary care physician, I’m at the front line and get the first exposure to my patients’ health concerns. I like to think I get to coordinate and ‘steer the bus’ to help my patients feel healthier.”

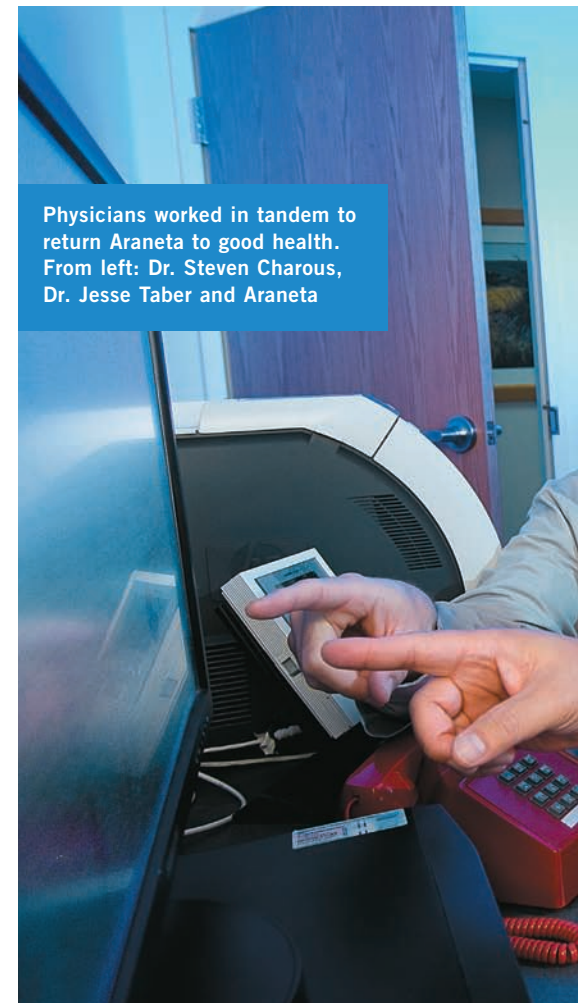
He mentioned the problem to his primary care physician, David S. Hwang, M.D., Faculty Physician Associate in Internal Medicine at NorthShore, who remembered that Araneta previously had complained of numbness in the arms, had hypertension and was overweight. “Both chronic fatigue and arm numbness can be potential side effects of the cholesterol-lowering drug, Lipitor, which Mr. Araneta takes,” Dr. Hwang said. “But a new clue surfaced when he told me that his wife complained about his loud snoring and breathing pauses when he slept, and her concern caused him some concern.”

Getting the Right Diagnosis

Dr. Hwang referred Araneta to Jesse Taber, M.D., NorthShore Neurologist, who specializes in neurophysiology and epilepsy, and has an interest in sleep. After conducting a thorough physical exam, Dr. Taber ruled out Lipitor as the cause of Araneta’s symptoms. Then he asked his patient several questions: Do you feel tired during the day? Do you snore? Do you ever stop breathing while you’re sleeping? Do you prefer to sleep on your side? When Araneta answered “yes” to all of them, Dr. Taber suspected sleep apnea and sent him for a sleep study at the NorthShore Sleep Center at Old Orchard.

Sleep apnea is a common sleeping disorder—often accompanied by snoring—that causes frequent potentially life-threatening pauses in breathing during sleep. About 6 percent of adults in the United States suffer from moderate to severe forms of the condition, and 17 percent have less severe forms.

“Recent studies now show that sleep apnea may be the greatest risk for acute cardiac events, uncontrolled hypertension, stroke and atrial fibrillation,” said Steven Smart, M.D., NorthShore Director of Cardiac Imaging. “Sleep apnea causes blood pres-



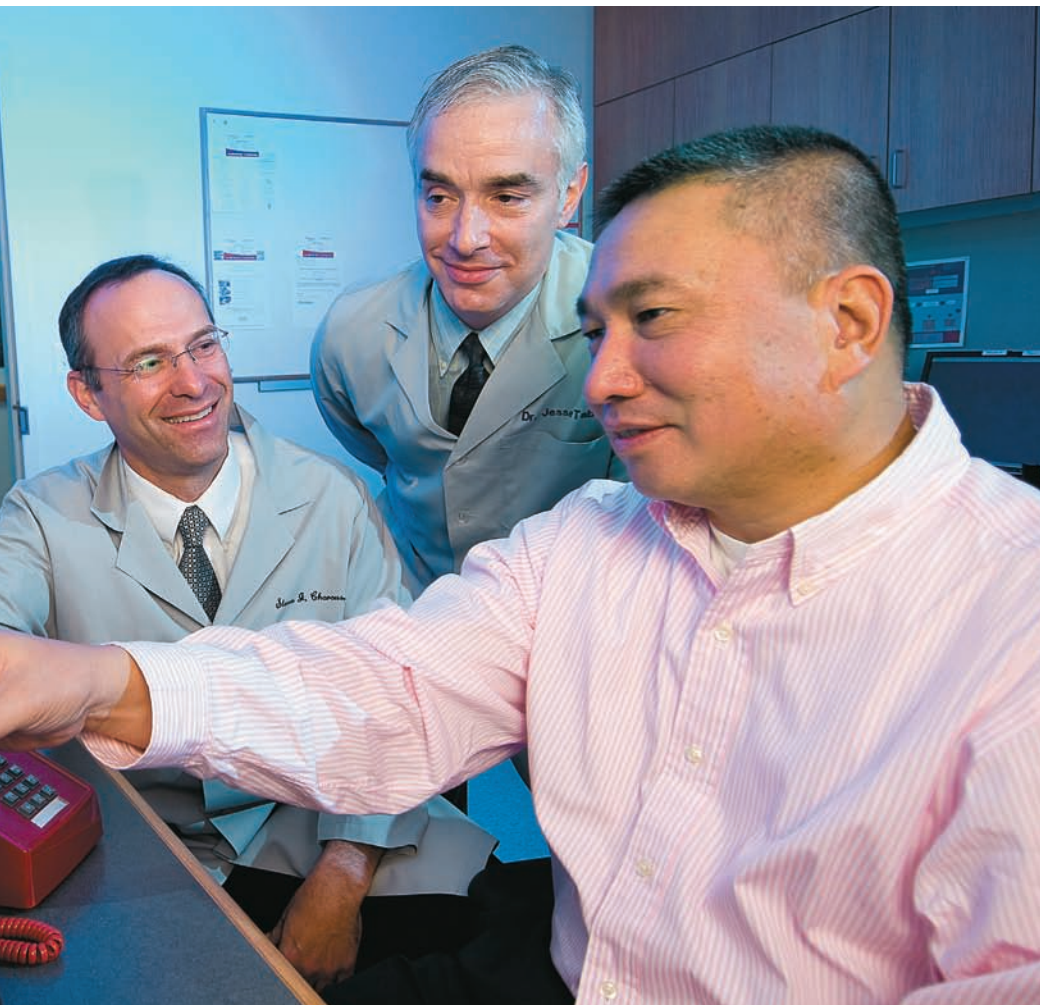
Physicians worked in tandem to return Araneta to good health. From left: Dr. Steven Charous, Dr. Jesse Taber and Araneta

sure to drop, the oxygen level in the lungs drops, and the blood vessels in the lung constrict. The reaction can cause blood pressure to skyrocket from 150 to 250 leading to thickening of the heart. Not surprisingly, the most dangerous time for sudden cardiac arrest is midnight to six in the morning.”

For Araneta, the sleep study showed he had severe sleep apnea. He had the most common type of sleep apnea—obstructive sleep apnea or OSA, caused by blockage in the airway when the soft tissue in the back of the throat closes during sleep.

Determining the Best Care

Araneta returned to Dr. Taber, who discussed three treatment options with him—a continuous positive airway pressure (CPAP) machine to keep airways open while he slept, a dental device to reposition the jaw to




open the airway or surgery to open the nasal and throat airways to relieve obstruction.

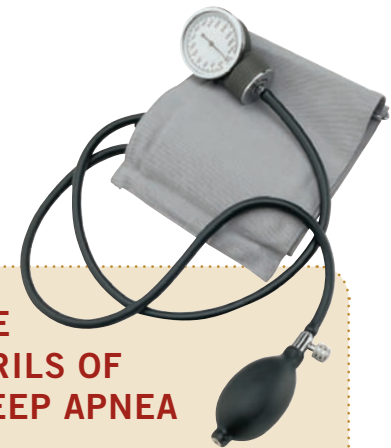
He tried the CPAP machine for six months, but it wasn't for Araneta. Dr. Hwang was surprised that Araneta's next choice was surgery. "Usually surgery is not the first-line treatment because there are less invasive ways, and all surgeries carry the risk of complications," he said. "A common choice for OSA is CPAP, although compliance and tolerability rates can be low."

Araneta was referred to the third NorthShore physician on his quest to conquer chronic fatigue—NorthShore Affiliate Otolaryngologist Steven Charous, M.D. "Dr. Charous ran additional tests in the office, 'scoped' my anatomy and, because I had tried the conservative CPAP route, gave me the option of surgery," Araneta said. "I accepted and have been doing quite well.

"My blood pressure is much better controlled than before the surgery, I sleep much better and exercise twice a day now," he said. "I feel good, I have more energy, and I worry less about the risk of stroke and heart attack. I've lost 10 pounds by exercise alone, and my wife tells me I don't snore anymore, which is a *big* plus."

Dr. Hwang enjoys sharing Araneta's success story—one of many he's had the privilege to participate in. "As a primary care physician, I'm at the front line and get the first exposure to my patients' health concerns," he said. "I like to think I get to coordinate and 'steer the bus' to help my patients feel healthier."

For information about setting up a sleep study or scheduling an appointment with one of the NorthShore sleep doctors, call (847) 492-5700 (Ext. 1285). 



THE PERILS OF SLEEP APNEA

If you have sleep apnea, you typically have one or more pauses in breathing or shallow breaths while you are sleeping. Your breathing pauses vary from a few seconds to minutes and may occur five to 30 times per hour. Usually, normal breathing resumes, often with a loud snore or choking sound.

Left undiagnosed and untreated sleep apnea can cause serious health problems, ranging from:

- Increasing the risk for high blood pressure, heart attacks, stroke, obesity and diabetes;
- Raising the likelihood for heart failure;
- Making irregular heartbeats more common; and
- Enhancing the chance for work-related or driving accidents.

Changes in lifestyle like losing weight, mouthpieces, surgery or specially designed breathing machines can treat sleep apnea in many individuals.¹

1. "What is Sleep Apnea?" U.S. Department of Health & Human Services, National Institutes of Health at http://www.nhlbi.nih.gov/health/dci/Diseases/SleepApnea/SleepApnea_WhatIs.html.

REVERSAL

A college student has a new lease on life after a NorthShore

Brandy Trafman's health changed dramatically after she consulted with Dr. Michael Goldberg, who tested her for Celiac disease.

of FORTUNE

University HealthSystem physician correctly diagnoses her with Celiac disease.

For seven years, Brandy Trafman did not know what was wrong with her health. The once spunky gymnast had low energy, horrible joint and agonizing abdominal pain, frequent vomiting and severe headaches. Numerous specialists—from cardiologists to neurologists—gave her different diagnoses for her condition, including depression and anorexia. She was in and out of different hospitals constantly. But her medical tests always came back as normal, even though she knew something was terribly wrong.

Trafman's health and life changed when she came to NorthShore University HealthSystem's (NorthShore) Evanston Hospital and consulted with Michael Goldberg, M.D., Chair of the Department of Gastroenterology (GI). He ordered blood tests, one of which showed Trafman was producing higher levels of antibodies in her immune system in response to gluten. To follow up, Trafman underwent an endoscopy to probe her small intestine and remove tissue. The biopsy results revealed Celiac disease.

"I analyzed her health history and didn't accept what other doctors had thought," Dr. Goldberg explained. "After changing her diet to be gluten-free, Brandy is no longer hamstrung by this disease and is healthy again."

Celiac disease is an autoimmune digestive disorder that damages a person's small intestine and is triggered by eating gluten—a protein found in foods made of wheat, barley and

WARNING SIGNS OF CELIAC DISEASE

Individuals with Celiac disease have immune systems that react abnormally to gluten—a protein found in wheat, rye and barley. Often those with Celiac disease have a genetic predisposition to developing the condition that damages the villi, which line the small intestine and absorb nutrients.

Here are some of the common symptoms of Celiac disease:

- Chronic diarrhea or constipation;
- Abdominal bloating or gas;
- Iron deficiency (anemia);
- Weight loss with large appetite;
- Joint pain;
- Leg numbness or tingling;
- Mouth sores;
- Behavior changes; and
- Abnormal liver function tests.

rye like bread, pastas and cereals. Affecting one in 133 people in the United States, more than 22 million Americans have Celiac disease but have not been diagnosed.

Good Health Returns

"I have so much more energy," said Trafman, a 21-year-old college student at Illinois State University (ISU). "During the past year, I've become a completely different person. My friends and family have noticed a big difference in me."


As her health has improved through strict adherence to her diet, Trafman has turned her nightmare into a positive mission. Trafman is a patient advocate for Celiac disease, promoting its awareness on the ISU campus and as her platform statement during her participation in preliminary rounds of the Miss Illinois pageant.

"I know how much I suffered before Dr. Goldberg made the right diagnosis," she said. "The longer a person goes without the right diagnosis, the worse it [Celiac disease] becomes. I was lucky to be diagnosed in seven years. It's bittersweet to find out you have a disease, but at least I know how to deal with it."

At ISU, Trafman is studying early childhood education with the goal of becoming a child life specialist at a hospital. "I know what it's like to be a patient cared for by a child life specialist," Trafman said. "Now I want to be on the other side."

Every day, Trafman treks to the gym and teaches gymnastics to young children. She enjoys demonstrating the moves and performing on her favorite event—the balance beam. Her life is back to normal again.

"I definitely look at Dr. Goldberg as a hero," Trafman said. "He wasn't just a doctor. He was a friend, and talked and walked me through everything, so I knew what was happening."

For more information about Celiac disease, call (847) 492-5700 (Ext. 1286). 

CARDIOLOGY

Young at Heart

AT 93, ED HOHMAN IS ON THE LEADING EDGE OF MEDICAL TECHNOLOGY.

One of the first participants in an exciting clinical trial co-led by Ted Feldman, M.D., Ed Hohman received an experimental heart valve designed to replace his own diseased aortic valve without undergoing open heart surgery. Dr. Feldman implanted the new valve using a catheterization procedure going through large vessels in the groin.

The trial is designed specifically for patients who are not good candidates for open heart surgery either because of their age or previous surgical procedures. Hohman, who had triple

bypass surgery 10 years ago, fit the very clearly defined criteria perfectly, according to Dr. Feldman, Cardiac Catheterization Laboratory Director at NorthShore University Health-System (NorthShore).

Suffering from severe aortic stenosis—a narrowing of the aortic valve—Hohman was so short of breath he was barely able to walk. His cardiologist told him it would be too risky to have heart surgery again.

“The problems with the aortic valve would put me away, but my cardiologist said he wouldn’t take the chance operating on

or five times a week for 45 minutes to an hour. “I try to loosen up, push myself when I can,” he said. Still driving, he spends much of his time visiting his children and grandchildren.

Individuals with severe aortic stenosis generally have very limited survival rates, Dr. Feldman said, which makes the promise of this trial very significant and the involvement in leading research so rewarding. “We learn a vast amount from these early pioneering efforts,” Dr. Feldman said. “Each initiative builds on the knowledge of the previous study.”

He and his colleagues at NorthShore are involved in many experimental heart valve procedures using nonsurgical catheter approaches. The field of catheter therapy is unrivaled in medicine in terms of its continuous development and exponential change, Dr. Feldman explained.

“From the day I started training there has never been a dull moment,” Dr. Feldman said. “I get up every day and am thrilled to go to work. I never dreamed that from one year to the next this would continue to be so exciting, and that we could extend less invasive therapy to so many patients. I have every belief that the procedures we are looking at today will become the standard of care within a decade.”

And in the meantime, patients like Hohman contribute to future developments while capitalizing on their own opportunity for hope. “I am still alive, and I’m grateful,” Hohman said.

For more information about cardiac surgery at NorthShore, call (847) 492-5700 (Ext. 1287). [G](#)

“I get up every day and am thrilled to go to work. I never dreamed that from one year to the next this would continue to be so exciting, and that we could extend less invasive therapy to so many patients. I have every belief that the procedures we are looking at today will become the standard of care within a decade.”



Dr. Ted Feldman is conducting an exciting clinical trial to replace patients’ aortic valves with experimental heart valves instead of open heart surgery.

me,” Hohman said. Left with what he called a “bad position,” Hohman was grateful for the referral to Dr. Feldman.

The experimental procedure was the best and, likely only, option for Hohman. “I had no qualms about it, I didn’t think I had much chance otherwise,” he said. Hohman had the valve put in on Jan. 20, 2008, and almost immediately began feeling stronger and better. “It’s been successful up to now, they told me there are no guarantees it will last forever, but this keeps me going.”

Hohman uses the exercise equipment at his retirement community and works out four

MATERNAL-FETAL HEALTH

Twin Blessing

DESPITE HIGH RISKS, MOTHER DELIVERS HEALTHY TWINS WITH THE ADVICE AND EXCEPTIONAL HANDS-ON CARE FROM THE NORTHSORE UNIVERSITY HEALTHSYSTEM MATERNAL-FETAL TEAM.

NorthShore University HealthSystem (NorthShore) physicians helped Alyssa Rosmarin do something the other specialists said was impossible—deliver healthy twins despite her high-risk pregnancy status. Rosmarin and her husband had a healthy five-year-old daughter. After trying unsuccessfully to have another child, they ultimately sought help from fertility specialists.

Diagnosed with a rare uterine malformation that essentially left her with half a functioning uterus, Rosmarin went through in vitro fertilization and finally became pregnant with twins. Because of her uterine deformity and a previous surgery on her cervix, doctors told Rosmarin that she would never be able to carry twins long enough to give birth to healthy babies. Rosmarin saw multiple specialists in Chicago and on the East Coast, and was told time after time she wouldn't have a successful pregnancy with twins.

At the urging of a good friend, Rosmarin decided to see one more specialist: Richard K. Silver, M.D., Chairman of the Department of Obstetrics and Gynecology, and a member of NorthShore's comprehensive care team in the Center for Maternal and Fetal Health. Dr. Silver carefully considered Rosmarin's situation, evaluated her cervix, took into account that she had already carried a baby full-term in a healthy pregnancy and thoroughly conferred with the rest of his high-risk team. He told her he believed she could have a successful pregnancy and deliver healthy twins.

Rosmarin and her husband immediately felt comfortable with Dr. Silver, and decided



Dr. Richard Silver is holding the healthy twins he delivered to a mother who had a high-risk pregnancy status.

he was the one to guide them through the high-risk pregnancy. Throughout the entire process, Rosmarin said Dr. Silver and his team delivered an amazing amount of care, advice and hand-holding.

"I'm a nurse and I have incredibly high expectations," Rosmarin said. "They could not have been more supportive. They truly went above and beyond."

Team Effort

The teamwork of Dr. Silver's Maternal-Fetal Medicine group is an essential component of its ability to provide the finest care. "The idea is that we are a lot smarter as a group than as individuals," Dr. Silver said.

"They made me feel like I was the only one who mattered every time I called," Rosmarin said. "The nurses were amazing. They just handled everything so beautifully."

At 32 weeks, everything looked fabulous on the ultrasound, but a few hours later, Rosmarin's water broke. She gave birth to a healthy boy and girl—Jake weighing in at 4 pounds, 3 ounces and Stella tipping the scales at 3 pounds, 8 ounces. While the babies spent four weeks in the Infant Special Care Unit (ISCU), they are both happy and healthy, and hitting all the right developmental milestones, according to Rosmarin.

"They are amazing, and I can't imagine my life without them," she said. "I know the reason I got through all of this is because of the doctors and the nurses at NorthShore. If I hadn't found Dr. Silver, I wouldn't have my twins."

For more information about the ISCU Developmental Clinic at Evanston Hospital, call (847) 492-5700 (Ext. 1288). [G](#)

RESEARCH INSTITUTE

Changing the Game

A NORTHSORE UNIVERSITY HEALTHSYSTEM RESEARCHER IS USING AN INNOVATIVE, LESS INVASIVE METHOD TO SCREEN FOR COLON CANCER.

Colorectal cancer caught early is eminently curable, yet it remains the second leading cause of death among Americans. Experts estimate that more than 55,000 people in the United States will die from colorectal cancer this year. Hemant K. Roy, M.D., who directs NorthShore University HealthSystem's (NorthShore) gastroenterology

unwilling because of the invasive nature of the test."

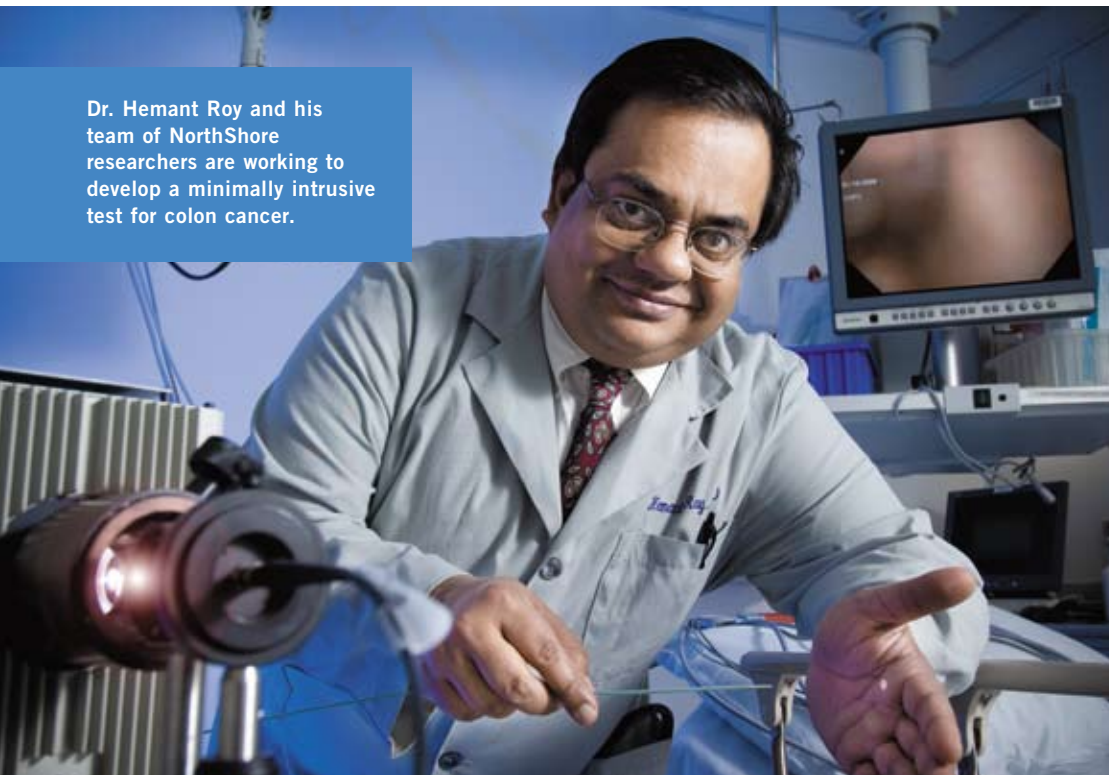
Dr. Roy and his NorthShore Research Institute team of researchers are working to develop a minimally intrusive test that could be widely given to adults starting at age 50, or younger for those with genetic risk, to determine who actually needs a colonoscopy.

biophotonics that can see the footprint of carcinogenics. The light-scattering probe is used to test rectal tissue at the end of the colon and does not necessitate going through the entire colon. Computer analysis of the data from the backscattering light probe has proven to be effective in predicting either the potential for or actual presence of tumors in initial clinical trials at Evanston Hospital.

Multi-center trials are beginning now, and NorthShore's Evanston Hospital will be joined by the University of Chicago Medical Center and Stanford Hospital & Clinics at Stanford University for continued trials that Dr. Roy said will last for four to five years. Those involved in the trials expect to enroll 3,000 to 4,000 patients. The goal with trial success is to attain United States Food and Drug Administration (FDA) approval, which Dr. Roy estimates is about five years away.

High-risk patients—those with a familial pre-disposition for colon cancer—are being studied separately, Dr. Roy explained. "I think if this works it could absolutely change how we screen for colon cancer," he said. "It could prevent a lot of unnecessary deaths."

Dr. Roy's team is involved in several other important studies related to early detection and prevention of colon cancer, including a National Cancer Institute clinical trial using over-the-counter laxatives to help decrease the incidence of polyps in patients who have already had them. Among his many awards and honors, Dr. Roy is a primary member and funded principal investigator of the National Cancer Institute's Early Detection Research Network. **C**



Dr. Hemant Roy and his team of NorthShore researchers are working to develop a minimally intrusive test for colon cancer.

research program, is working to change those grim statistics.

"What we're trying to do is change the way people get screened for colon cancer," Dr. Roy said. "Most people who get colonoscopies don't have polyps. A large part of the population is unable to get colonoscopies because of the expense, and others are

The theory behind his research is that if a polyp or lesion develops in one area of the colon, the subtle cell structural changes and abnormalities that signal polyps should be visible in other areas of the colon as well.

Dr. Roy and his basic science group collaborators have early and very promising success using exciting optical technologies called

FOUNDATION

Role Model

TV NEWSCASTER ROBIN ROBERTS OFFERS AN INSPIRING EXAMPLE AS A BREAST CANCER SURVIVOR TO A WOMAN WITH OVARIAN CANCER.

Kellie Foret is a strong supporter of research to prevent ovarian cancer. For those who have it, she advocates finding better methods to diagnose it at an early stage. Currently, the mortality rate of ovarian cancer is about 50 percent because the disease is usually detected at an advanced stage.

Foret also knows firsthand that connecting with others is what it takes to cope better with a cancer diagnosis. That's why she and her husband drove five hours from her home in Dearborn, Mich., to hear ABC-TV *Good Morning America's* Robin Roberts report on her life with breast cancer. Foret, a 44-year-old with end-stage ovarian cancer, had

struck up a friendship with Roberts two years ago when she sought more publicity about ovarian cancer.

Roberts was the headliner at "Profile of Strength" in May 2008 presented by the Auxiliary of NorthShore University HealthSystem (NorthShore) and the American Craft Exposition (ACE) to benefit breast and ovarian cancer research at NorthShore. Foret was in the audience of more than 400 who listened to Roberts's message of hope and faith.

Special Connections

Foret felt a strong connection with Roberts. "Finally meeting Robin was a wonderful part

of the day," Foret said, "but I also felt privileged to talk with fellow survivors."

Foret and Roberts have another connection—through the jewelry Foret designs. Roberts wears Foret's jewelry on *Good Morning America*.

And Foret has established a connection to NorthShore. After learning about the research at NorthShore into early detection and treatment of ovarian cancer, she named the health system as the beneficiary of her efforts to raise funds for research.

Foret's own story illustrates the difficulty of early detection for ovarian cancer. Complaining of back and abdominal pain for two years, doctors initially had diagnosed her with ovarian cysts. During exploratory surgery, Foret's doctors discovered she had advanced ovarian cancer.

Support for Research

The Auxiliary is part of NorthShore University HealthSystem Foundation, the leading philanthropic entity of NorthShore. ACE is one of the country's premier fine crafts shows. Presented by the Auxiliary, the ACE show brings together 150 superior artisan exhibitors and has raised \$2.75 million for NorthShore breast and ovarian cancer research initiatives and endowments.

To learn more about how you can support breast and ovarian cancer research at NorthShore, please contact the Foundation at (847) 492-5700 (Ext. 1289). To learn more about the Auxiliary of NorthShore University HealthSystem, please contact (847) 492-5700 (Ext. 1290). **G**



Kellie Foret has named NorthShore as the beneficiary of her efforts to raise funds for research on the prevention and early detection of ovarian cancer. From left: Foret and TV newscaster Robin Roberts

COMMUNITY RELATIONS

Holiday Cheer

NORTHSHORE UNIVERSITY HEALTHSYSTEM'S EMPLOYEES GIVE BACK TO THEIR COMMUNITIES' CHILDREN, FAMILIES AND SENIOR CITIZENS.

It's that time of the year again. Everyone's been hustling and bustling for what seems like weeks to share time with and present gifts to loved ones. But many dedicated employees at NorthShore University HealthSystem (NorthShore) are way ahead of the holiday game. They've made their lists (and checked them twice!), wrapped and delivered *hundreds* of gifts, organized festive parties and volunteered their time to brighten the season for families, children and seniors whose holiday circumstances may not be as cheerful as ours.

Here are some of the events made possible by NorthShore employees during the holiday season:

In 2008, **Highland Park Hospital** employees conducted a holiday drive benefiting the Moraine Township. In early November the CARE (Considerate, Attentive, Responsive and Empathetic) Committee set up a "giving tree" in the cafeteria decorated with ornaments that display specific items corresponding to items on each child's wish list. Highland Park Hospital staff members purchased, wrapped and labeled the gifts and returned them to the Highland Park Hospital campus by mid-December.

In 2007, Highland Park Hospital participated in this same event for Moraine Township and had great results—they provided multiple gifts for approximately 40 children and grocery store gift certificates and hams for 15 families.

In 2007, **Glenbrook Hospital** employees brightened the lives of 80 seniors and 60

Last year was the first year Glenbrook Hospital included seniors, referred by the North Shore Senior Center, and this year they're on Glenbrook Hospital Santa's list again. The project has become one of the campus's most popular CARE events.

children (after starting out with 40 seniors and 40 children and adding 40 more seniors and 20 more children due to high demand from the staff).

The children, referred by Glenview Youth Services, were encouraged to ask for their biggest wish, which, of course, resulted in some extravagant requests like video game systems and expensive clothes and shoes. Glenbrook employees were encouraged to give each child one "fun" item and one "necessity" (warm clothing).

The seniors had very modest wishes—from a sweater or blanket to grocery store gift cards and stamps. Last year was the first year Glenbrook included seniors, referred by the North Shore Senior Center, and this year they're on Glenbrook Hospital Santa's list again. The project has become one of the campus's most popular CARE events.

In 2007, the **Evanston Hospital/Corporate CARE Committee** hosted a community food and toy drive for Connections for the Homeless, an Evanston agency that serves homeless adults and families and those threatened with

homelessness. Evanston employees spread holiday cheer by collecting carloads and vanloads of goodies for close to 40 children and teenagers. **C**



Tetra Images/Jupiter Images

Relief for Bad Ankles

STEVEN L. HADDAD, M.D.,
NORTHSHORE UNIVERSITY HEALTHSYSTEM-AFFILIATED ORTHOPAEDIC SURGEON

From athletes and weekend warriors with chronic use and injury-related pain to severe arthritis sufferers, people with damaged ankles are often used to enduring daily aches and pain that can keep them from more active lifestyles. Tremendous advances in ankle replacement surgery now offer many patients a better alternative and a return to their favorite activities.

Stephen L. Haddad, M.D., who heads up the Foot and Ankle Department in Orthopaedics at NorthShore University HealthSystem (NorthShore), is a pioneer in ankle replacement technology and a nationally recognized expert helping make the integrated healthcare delivery system a regional center for these leading-edge procedures. Here he discusses some different options for those who suffer from ankle pain.

Question: What kinds of treatment options are available for ankle pain?

Answer: Usually when patients first come to see me, I begin by exploring the most conservative options. We discuss medications use, like nonsteroidal anti-inflammatory drugs (NSAIDs), which act to decrease inflammation and pain, and I also suggest patients begin icing the ankle after activities.

Bracing the ankle for stability and to limit ankle motion can help some patients. An ankle-foot orthosis is a solid brace that supports the ankle and can be worn whenever the patient experiences ankle pain, including sporting activities like golfing, hiking, low-demand or doubles tennis.

I do advise patients with pain to see a



Dr. Steven Haddad specializes in the complexities of the ankle joint and its movement.

physician and not to wait too long until the pain really affects their quality of life.

Q: What causes more severe ankle pain?

A: There are three types of arthritis that can lead to the kind of debilitating pain that warrants a surgical procedure. Osteoarthritis arises from excessive wear and tear on the joint, a systemic condition like rheumatoid arthritis or psoriatic arthritis, or post-traumatic arthritis resulting from a severe injury like a fall or vehicle accident.

Q: What is ankle replacement surgery?

A: Total ankle replacement offers an alternative to the traditional ankle fusion surgery. Ankle fusion basically removes the damaged joint and fuses or glues together the three bones that make up the ankle joint. This pro-

cedure leaves patients with significant limitations in range of motion (creating stress at the joints adjacent to the fusion) and a slower, shorter gait pattern. Total ankle replacement, or ankle arthroplasty, has been available for about 30 years, but the technology has improved dramatically in recent years. We're now in the fourth generation of ankle joint prostheses, and these new replacement parts offer much greater range of motion and longer wear than what was originally on the market.

Q: How long do ankle replacements generally last?

A: We usually expect the ankle prosthesis to last at least 10 years, depending on the patient's activity level. We do advise most patients to avoid extreme impact sports and activities like running. **C**

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