Personalized Medicine | Precision Cancer Care

At NorthShore University HealthSystem (NorthShore) Kellogg Cancer Center, personalized patient care is our top priority. Our collaborative teams of experts provide comprehensive, compassionate care to each individual patient.

We use the most sophisticated genomic and tumor analysis to help develop personalized treatment plans with therapy directed at personal tumor characteristics. Kellogg Cancer Center has been at the forefront of immunotherapy, and we remain focused on this quickly evolving field bringing new therapies and hope to patients. We are expanding our in-house tumor gene sequencing capabilities, and exciting plans are in the works to launch a new, transformative immunotherapy program in the coming months, further enhancing our commitment to provide the best possible patient outcomes. Participation in a broad array of clinical trials ensures that our patients have access to the most promising new therapies, right here. Our academic affiliation with the University of Chicago Pritzker School of Medicine and our alliance with the Mayo Clinic increases our knowledge and support to deliver optimal care for cancer patients.

NorthShore continues to invest in technology including robotic devices, important for precise removal of hard-to-reach head and neck tumors and to minimize postoperative pain and recovery times for patients undergoing hepatobiliary, gastric, rectal, urologic and gynecologic surgery. NorthShore has also maintained its commitment to recruit top physician talent such as Melissa Hogg, MD, a nationally recognized expert in robotic pancreatic surgery, hematologist Jason Kaplan, MD, and oncologist Nicklas Pfanzelter, MD.

NorthShore is certified by the American Society of Clinical Oncology (ASCO) Quality Oncology Practice Initiative (QOPI) as a premier medical provider for practicing the highest standards of quality cancer care. The Commission on Cancer has continuously accredited NorthShore as an Academic Comprehensive Cancer Program since 1981. NorthShore was named a “High-Performing Site” by the National Cancer Institute’s National Clinical Trials Network (NCTN) reflecting our patient accrual, site participation and data quality. Pioneering research initiatives play an important role at Kellogg Cancer Center, supporting today’s clinical care and paving the way for better prevention and treatment options for future generations. While we are proud of these and other formal awards, we are most gratified by successful patient outcomes.

We invite you to learn more about the highlights of Kellogg Cancer Center’s personalized medicine approach with our Annual Report. We are grateful to our generous donors whose philanthropic support helps ensure comprehensive care for patients and their families throughout their cancer journey.

Bruce Brockstein, MD
Medical Director
NorthShore Kellogg Cancer Center
Head, Division of Hematology/Oncology
Kellogg-Searle Chair of Oncology

David J. Winchester, MD
Chairman, NorthShore Cancer Committee
Associate Director for Surgical Specialties
NorthShore Kellogg Cancer Center
Board of Directors, David P. Winchester, MD,
Chair of Surgical Oncology

An institution-wide focus on personalized medicine has furthered Kellogg Cancer Center’s role as a leader in cancer prevention, early detection and advanced treatment.

Leaders in Advanced Cancer Treatment

NorthShore has been at the forefront of novel targeted therapies, including immune checkpoint inhibitors. Our leaders— including (from left) Dr. Janardan Khandekar, Director for Innovation and Education, Center for Personalized Medicine; Dr. Linda Sabatini, Director of Molecular Pathology; and Dr. Robert Marsh, Leader, Molecular Oncology Tumor Board—ensure that Kellogg Cancer Center patients receive the most sophisticated testing and treatments.

Personalized Medicine

Kellogg Cancer Center is recognized for its excellence in cancer care and research, work that is enhanced by a distinguished faculty, advanced Electronic Medical Record (EMR) system, vast biospecimen repository and a commitment to staying ahead of the curve with the latest treatment options.

Never has this been more evident than in our early embrace of personalized medicine and the power of immunotherapy.

The first clinical use of immunotherapy at Kellogg Cancer Center was for metastatic melanoma in 2011. Today, up to 50 percent of patients with metastatic melanoma can expect long-term remission with immunotherapy, in years past, that number was close to zero. Today, 15 to 20 percent of lung cancer patients see long-term remission with immunotherapy, and we expect that number to continue to grow. More than 20 percent of all Kellogg Cancer Center patients will be treated with immunotherapy by 2025.

NorthShore is now implementing a comprehensive, multidisciplinary immunotherapy program, with recruiting underway for a program director and lead researcher. The sophisticated Kellogg Cancer Center program will provide a growing range of groundbreaking treatment options, and will support critical translational and clinical research. Expanded support services for patients will also be implemented.

The new program will build on the foundation already in place, including extensive research, internal and external education, and financial advocacy.

Personalized Cancer Care

NorthShore’s Program for Personalized Cancer Care is dedicated to individualizing care from enhanced prevention and screening for those at higher risk to customized treatment modalities based on individual and tumor genomics. Superior resources and systemswide collaboration enable our commitment to deliver personalized cancer care.

Our on-site molecular and surgical pathologists use next-generation sequencing to analyze tumors at a genetic level, with a rapid clinical turnaround time. NorthShore’s Molecular Pathology Laboratory led by Linda Sabatini, PhD, was one of the first and most sophisticated of its kind, and remains a leader in genomic testing and analysis. Dr. Sabatini has developed a next-generation DNA sequencing assay to test for genomic alterations in (p)alouses liquid biopsies of pancreatic cancer patients and reported preliminary findings at a national meeting. Plans are in the works to leverage those findings and develop a liquid biopsy test for men with advanced prostate cancer.

Complete cases are presented at Kellogg Cancer Center’s regular molecular oncology tumor board meetings led by oncologist Robert Marsh, MD.

Our Center for Medical Genetics is one of the busiest clinical services of its kind in the country, it offers the latest technologies and risk-assessment tools and works collaboratively with our oncology specialists.

Immunotherapy Total Number of Patients and Doses

For more information, visit northshore.org/cancer or call (847) 570-2112

Page 1
Lifesaving Immunotherapy Clinical Trial

When Charmaine Streidl had surgery in 2013 for her first recurrence of cancer at the base of her tongue, she did not expect to survive. It was a more aggressive recurrence of the oropharyngeal cancer she had been treated for two years earlier.

But thanks to NorthShore’s Mitu Bhayani, MD, an expert in head and neck cancer surgery, and medical oncologist Nicholas Campbell, MD, Streidl not only survived a complex surgical procedure followed by chemotherapy and radiation, she is still going strong five years later.

After a second recurrence, Streidl has been on an experimental immunotherapy drug for close to three years, available through an advanced clinical trial at Kellogg Cancer Center. The 77-year-old Chicago resident receives an infusion at NorthShore Evanston Hospital every two weeks and has become like family to her Kellogg Cancer Center clinical team.

“I feel just fine, and I am so happy to be alive,” said Streidl. “I cannot complain about a thing.”

When Streidl began the clinical trial, her only other option was hospice care, said Dr. Campbell. While clinical trials demand significant organizational resources and time, they can be lifesaving.

“This is exactly why we do clinical trials here, all of this effort is meant for people like Charmaine, so they have access to cutting-edge therapies right here and they don’t have to go elsewhere. Not everyone will benefit from a clinical trial, but we’re helping find new drugs to give Charmaine and others like her hope and extra time,” said Dr. Campbell.

“At first, I wasn’t sure I wanted to do the infusions, but [research nurse] Caroncy Fine explained everything to me and I realized it was really my only option,” said Streidl. “I’ve had no side effects, and I’m healthier otherwise.”

Streidl takes daily walks and enjoys the company of her neighbors and friends. She never fails to point out why she is still alive.

“I love everybody at Kellogg, and I wish I had a million dollars to donate,” said Streidl. “Dr. Campbell is a wonderful man, and I will never forget Dr. Bhayani. I say a prayer for all of them—doctors, nurses, infusion techs—every day. One person is better than the next.”

The promise of immunotherapy continues to grow as there are indications every few months of new immunotherapy medications working for different cancers, explained Dr. Campbell. When Streidl was diagnosed with the recurrent cancer, there were no immunotherapy options available for her.

“We continue to offer more trials here and enroll as many patients as we can so that they have the opportunity and hopefully the results that Charmaine has enjoyed,” added Dr. Campbell.

Breast Cancer Program

NorthShore’s multidisciplinary breast program provides comprehensive care and services to patients with breast cancer. Kellogg Cancer Center’s Breast Cancer Program received accreditation by the American College of Surgeons’ National Accreditation Program for Breast Centers (NAPBC) again in 2018.

The breast surgery team successfully implemented an Enhanced Recovery After Surgery (ERAS) protocol for mastectomy and reconstruction patients, which has significantly decreased narcotic usage in our patients (see more details on page 13). Director of Breast Oncoplastic Surgery Mihir Bhayani, MD, and Dr. Kopkash, developed an oncoplastic breast surgery workshop to teach new oncoplastic techniques. The program was well-attended by both NorthShore and University of Chicago breast surgeons. Oncoplastic surgery focuses on both the best clinical and aesthetic outcomes for patients.

Major recruitment includes a new plastic and reconstructive surgeon Ankit Seth, MD, who completed his residency at Harvard and fellowship at Memorial Sloan Kettering Cancer Center. Medical oncologist Allison Dell’Era, MD, completed her training at the University of Chicago and focuses on cancer risk. She leads the high-risk breast program, which offers patients a personalized risk assessment and evaluation and guidance for appropriate screening and prevention techniques.

Over the last year, a robust clinical trials program in breast oncology was created under the direction of Priscilla Song, MD. We have continued our partnership with the University of Chicago, as well as opened multiple national and international clinical trials ranging from targeted therapy to immunotherapy for breast cancer, allowing patients access to the latest options.

Multiple surgery focused clinical trials have also been launched including COMET (observation of DCIS), MarqProBE (an industry-sponsored device trial that intraoperatively evaluates margins), and surgical treatment, (a mallet device) which was a multicenter trial of nipple-sparing mastectomies, which received a NorthShore Auxiliary Award for breast cancer research. Translational research projects underway include a study led by anatomic pathologist Megan Sullivan, MD, investigating the use of cell-free DNA in breast cancer patients.

The Kellogg Cancer Center Breast Cancer Program is now offering the Poeman device, a cooling system for patients with breast cancer to reduce the likelihood of chemotherapy-induced hair loss. This advanced technology will help minimize one of the most emotionally difficult aspects of cancer treatment for our patients.

Prostate/Genitourinary Program

The Prostate/Genitourinary Oncology Program saw an increase in the number of new patients over the previous year. The program in collaboration with Amity Genetics launched a new commercially available genetic test to evaluate prostate cancer risk. Genetic testing can help guide screening and treatment decisions for patients diagnosed with prostate cancer, including the choice of active surveillance without initial therapy. Test results can also help determine when to initiate screening and can identify men with advanced disease that may respond to specific chemotherapies.

The “Prostate Next” test includes a panel of 14 highly penetrant genes, including BRCA1, BRCA2 and ATM. It also includes AmityScore-Prostate, which is a novel test developed by NorthShore to evaluate common risk factors for prostate cancer.

We continue to have the largest active surveillance program in the Midwest as surveillance remains a viable option for men with low-risk prostate cancer.

A new prostate cancer Enhanced Recovery After Surgery (ERAS) protocol has been initiated to ensure standardization of care and a continued decrease in the length of stay and pain after surgery. A robust research portfolio offers our patients access to the latest clinical trials. The ENACT study, a randomized study of men with localized low-risk disease who are taking enzalutamide, is currently underway. We are initiating the “ProVent” Study to assess the effectiveness of Spirlucel-T immunotherapy (PROVENGE) for men with low-risk or low-volume intermediate risk prostate cancer who are pursuing active surveillance.

We are participating in ongoing familial studies aimed at identifying genetic variants that predispose to aggressive disease as part of studies led by the International Consortium for Prostate Cancer Genetics. NorthShore’s team is involved in other national and international studies as well, including a National Cancer Institute (NCI) Specialized Programs of Research Excellence (SPORE) project with
Northwestern University, Daniel Shevin, MD, is director of the Patient Advocacy Program of Northwestern’s SPORE.

Our program is an active participant in the TRUMPET study, a national prospective observational cohort study of men with advanced prostate cancer with Dr. Shevin serving as a member of the TRUMPET advisory board.

We are continuing to enroll patients in numerous trials, including the NorthShore-led MOSAIC-P trial, testing enzalutamide plus radium-223 for patients with castration-resistant, bone metastases, and the AFT-19 trial testing enzalutamide plus radium-223 for patients with advanced prostate cancer.

Nicklas Pfanzelter, MD, a nationally recognized expert in genitourinary oncology, joined the Kellogg Cancer Center’s multidisciplinary team this year.

For more information, visit northshore.org/cancer or call (847) 570-2112

**Gastrointestinal Oncology**

**COLORECTAL CANCER PROGRAM**

Kellogg Cancer Center’s multidisciplinary team leverages collective expertise and the latest technology to offer individually focused treatment to patients with colorectal cancer. Our collaborative approach ensures outstanding care for unusual or complex cases with multidisciplinary expertise and the latest technology.

Assessment of every patient’s unique biology, as well as external tumor panels, has expanded in-house pathologic testing and molecular-based treatment. As a routine, multidisciplinary reviews of individual patient care plans are performed prior to initiating therapy, ensuring that all the most applicable options are implemented.

Patients with rectal cancer may be considered for total neoadjuvant treatment, an innovative approach with delivery of all chemotherapy and radiation prior to surgery, achieving better treatment tolerance, higher response rates and shorter ostomy times.

Our program continues to emphasize prevention and early detection with a high-risk colorectal cancer screening program. Specialists in medical genetics meet with patients and families and help coordinate personalized screening plans based on individual medical and family history. A special Women’s GI Cancer Risk and Prevention Center offers personalized risk and offers personalized risk-reduction strategies, including lifestyle modifications.

Innovative research is a key component of our GI program. We participate in a number of national and international studies, ensuring that our patients have access to the latest research and novel treatment options. Our collaboration with our academic partner, the University of Chicago, significantly enhances our research efforts and facilitates access to an even broader range of studies.

**HEPATOPANCREATOBILIARY PROGRAM**

The Hepatopancreatobiliary (HPB) Program provides minimally invasive procedures for malignant and benign liver and pancreas disease using the robotic surgery platform and continues to draw a growing number of patients. With the recruitment of Melissa Hogg, MD, an expert in robotic oncologic and hepatopancreatobiliary surgery, we expect continued growth of these surgeries. This modality improves the quality of lives and survival for our patients by requiring shorter hospital stays and fewer narcotics, and increasing the likelihood and tolerance of postoperative adjuvant chemotherapy and radiation.

Ensuring that patients receive treatment based on national guidelines is vital for optimized survival. A crucial aspect of our program is the HPB multidisciplinary conference attended by specialists from diagnostic and interventional radiology, endoscopy, hepatology, gastroenterology, pathology, oncology, and surgery, that meets weekly to discuss specialized treatment plans for patients with complex hepatic and pancreatic disease. This format ensures that patients are considered for all multidisciplinary opinions and nurse navigators assist to streamline care between disciplines.

Assessment of every patient’s unique biology, maximizing in-house pathologic testing and molecular analysis, as well as external tumor panels, has facilitated a personalized medicine approach into treatment planning and research participation. Research nurses attend tumor board meetings and help maximize accrual for trials at NorthShore and the University of Chicago. The nurses also track patients’ perioperative and oncologic outcomes to ensure high standards of quality and compliance. Our pharmacy oncologists are involved both locally and nationally in groups and societies to discuss cutting-edge research. Our team is active in the publication of a number of important studies.

For more information, visit northshore.org/cancer or call (847) 570-2112

**Gynecologic Oncology**

The Division of Gynecologic Oncology has been at the forefront of progress in improving outcomes for women with gynecologic cancers, supporting an aggressive clinical and research program aimed at prevention, early detection, improved treatment and survivorship for ovarian, uterus and other women’s cancers. Led by Gustavo Rodriguez, MD, Matthews Family Chair of Gynecologic Oncology Research, the Division brings together a collaborative team that employs a multidisciplinary approach to treating women with malignant or premalignant conditions of the gynecologic tract.

Patients benefit from the collaborative care and the combined experience of gynecological oncologists, geneticists, radiologists, radiation oncologists, pathologists and critical support services, including psychosocial oncology, integrative medicine and nutrition. We leverage the latest technology and innovative techniques with robotic surgery and other minimally invasive procedures through our minimally invasive program, which is among the most active in gynecologic oncology in the nation.

The outstanding quality of care provided by the Division has been recognized consistently by third parties, including Press Ganey. Our palliative care initiatives are being spearheaded by Elena Moore, MD, in collaboration with the NorthShore palliative care and hospice teams. This has included both clinical initiatives as well as research, as we seek to mitigate the toxicities and treatment side-effects, and symptoms associated gynecologic cancer. Dr. Moore is the principal investigator of a study evaluating the impact on quality of life and survival of early involvement of the palliative care team in the care of women with gynecologic cancers.

For more information, visit northshore.org/cancer or call (847) 570-2112
A major emphasis is our robust Cancer Survivorship Program, a resource specifically designed for gynecologic oncology patients directed by Carolyn Kirschner, MD. The goal of the program is to enhance the quality of life of our patients and their families by helping them address and overcome the many physical, psychological, social and economic challenges associated with the treatment of gynecologic cancers.

Mary Tilley Jenkins Vogel, MD, leads clinical studies with a focus on pharmacologic prevention of endometrial cancer and is overseeing quality improvement initiatives for the Division. Conducting an array of important clinical trials ensures that our patients have access to the latest treatment options for women’s cancers. These include industry-sponsored clinical trials, as well as projects with the National Cancer Institute-funded NRG., formed as an amalgamation of the National Surgical Adjuvant Breast and Bowel Project (NSABP), Radiation Therapy Oncology Group (RTOG) and Gynecologic Oncology Group (GOG). Important clinical trials open this year include studies evaluating the new classes of “PARP inhibitors” and immunotherapeutic agents for women with recurrent ovarian cancer.

Cancer prevention is a major clinical and research focus of the Division. Dr. Rodriguez and his team have made important discoveries that are opening the door toward the pharmacologic prevention of ovarian and uterine cancer. A five-year P01 grant was awarded to the program this year to fund research aimed at developing an effective pharmacologic approach to prevent ovarian and fallopian tube cancer.

Building on the significant success of Dr. Rodriguez’s research—which is generously supported by Bears Care, the charitable beneficiary of the Chicago Bears—many patients—the Clinical Gynecologic Cancer Prevention Program at NorthShore includes risk assessment and evaluation, followed by a personalized approach to cancer prevention and treatment critical. The Division is collaborating with partners at the University of Chicago Pritzker School of Medicine via joint oversight of a prestigious gynecologic oncology fellowship training program awarded by the American College of Obstetricians and Gynecologists.

Thoracic Oncology Program

These are exciting times in thoracic oncology as a new array of treatment options are rapidly being developed that are showing tremendous promise.

Leaders in the field of minimally invasive brain surgery, our Neurosurgery Department led by Julian Bailes, MD, Arlene and Marshall Bennett and Joseph A. Tarkington, MD, Chair of Neuro-Oncology Program Director Ryan Merrell, MD, leads a robust clinical trials program, offering patients access to promising new therapies including many national and industry-sponsored trials for glioblastoma, the most common primary brain tumor in adults. Another gliaoma trial features a basic science research collaboration with the University of Chicago.

Neuro-Oncology Program

Our multidisciplinary Neuro-Oncology Program brings together recognized experts in medical oncology, neurosurgery, radiation oncology, neuroradiology and neuropathology dedicated to comprehensive care of patients with all types of brain and spine tumors and neurologic complications of cancer.

Dr. Julian Bailes, Chairman, Department of neurosurgery, is a nationally recognized expert in minimally invasive brain surgery. NorthShore is the only program in Chicago to offer Synaptive BrightMatter™ Skivo Solution, a robotic technology that improves access, precision and visualization. Synaptive’s groundbreaking technology combined with NICO BrainPath Surgical Theater (which enables 3D representations of individual tumors) is transforming how we access tumors previously deemed inoperable. Ricky Wong, MD, leads our endoscopic skull base surgery program pioneering minimally-invasive approaches to treat pituitary and skull base tumors.

Neuro-Oncology Program Director Ryan Merrell, MD, leads a robust clinical trials program, offering patients access to promising new therapies including many national and industry-sponsored trials for glioblastoma, the most common primary brain tumor in adults. Another glioma trial features a basic science research collaboration with the University of Chicago.

The program offers the full range of radiotherapy options, including stereotactic radiosurgery, standard external beam radiation therapy and intensity-modulated radiation therapy.

Our team is nationally recognized and publishes studies including a recent look at growth rates in meningioma and efforts to identify variables that predict tumor growth rates.

Dr. Merrell is involved with the Chicago-based BrainUP, a non-profit organization dedicated to building awareness and fundraising for brain tumor research. Our program also continues to partner with the Michael Matters Foundation, where Dr. Merrell serves as a board member.

NorthShore hosts a monthly support group for brain tumor patients and caregivers, bringing in visiting speakers in a compassion-ate forum.

Melanoma and Other Skin Cancers

NorthShore’s multidisciplinary Melanoma Program offers the depth and breadth of experience to use complicated new treatments against malignant melanoma. Metastatic melanoma has been one of the most challenging malignancies, but significant advances continue to improve patient outcomes.

New molecularly targeted therapies are available for close to 50 percent of metastatic melanoma patients whose tumors carry specific mutations in the BRAF gene. Our molecular pathologists perform on-site testing for this mutation, along with multiple less-common melanoma gene mutations, enabling our patients to start appropriate treatments within days rather than weeks, potentially adding years to their lives.

Major advances in immunotherapy for cancer have meant new hope for melanoma patients. The “checkpoint inhibitor” drugs Ibrutinib, Pembrolizumab and Nivolumab have the capacity to add years to some patients’ lives. Long-term cancer control or cure of metastatic melanoma is now possible for nearly half of our patients. We had early access to these drugs through clinical trials, providing an advantage for our patients and early expertise for our clinicians.

We participate in partnership with the University of Chicago in studies including assessment of treatment of patients whose cancers no longer respond to Nivolumab or Pembrolizumab; a biobanking/biomarker study assessing correlations between patients’ immune system’s “T cells,” stromal “microbiome” and the presence of the important “inflammatory tumor phenotype” that corresponds to response to immunotherapy.
In some cases, melanoma may spread or recur within an arm or leg, which can be painful or disfiguring and pose the threat of spreading to other parts of the body. David J. Winchester, MD, Board of Directors, David P. Winchester, MD, Chair of Surgical Oncology, is one of only a few physicians in the country who perform complex isolated limb perfusions and isolated limb infusions to treat this challenging condition. This procedure saves patients from amputation and helps control tumors that might otherwise spread.

Head and Neck Oncology

A collaborative team of experts in otolaryngology, head and neck surgery, radiation oncology and medical oncology—as well as plastic and reconstructive surgery, dental medicine, physical medicine and rehabilitation, psychosocial oncology, nutrition, speech, swallowing and physical therapy, diagnostic and Interventional radiology, pathology, nursing, and more—come together in NorthShore’s head and neck cancer (HNC) group.

Head and neck surgeons Mihir Bhayani, MD, and Cheryl Nicanor, MD, work closely with radiation oncologists to grow the flexible robotic system program at Evanston Hospital, the first hospital in the Midwest to offer the innovative technology. This minimally invasive, state-of-the-art device allows transoral tumor resections of the pharynx and larynx that are more targeted than current robotic and transoral technologies.

The approval of immune targeted therapies (pembrolizumab and nivolumab) for use in recurrent/metastatic head and neck cancer has given medical oncologists the ability to provide patients a chance at longer-term remission. We were among the first in the area to offer this treatment in structured clinical trials, and now in FDA-approved clinical trials.

Robust research continues, including ongoing translation projects in genomic profiling of aggressive squamous cell carcinoma, and altered lipid metabolic pathways in head and neck squamous cell carcinoma. We are analyzing a large database of patients treated with chemotherapy and radiation to assess outcomes and side effects on the immune system. We have described the long-term effect of head and neck cancer radiation on the immune system and presented this at this year’s 2018 ASCO (American Society of Clinical Oncology) Meeting.

For our patients who have undergone radiation therapy, we are studying the effect of a pneumatic compression device for lymphedema on swallowing function. Our outcomes research program continues to grow as we study clinical disparities in head and neck cancer treatment, inequalities in oral health services, and other potential risk factors for oral cancer.

Our team made numerous presentations at national meetings and had many publications in prestigious journals. We continue with outreach efforts aimed at raising awareness of the role of human papillomavirus (HPV) in head and neck cancer and the opportunity to prevent cancer with the HPV vaccine in boys and girls. Our head and neck cancer (Support for People with Oral and Head and Neck Cancer [SPOH-NCC]) support and education group meets every other month.

Additionally, our Melanoma Program has provided an excellent opportunity to educate key partners within our institution on the principles of immunotherapy and strategies for assessing risk of side effects. The PD-1, PD-L1 and CTLA-4 checkpoint inhibitors are used for many different types of cancer. As these medicines work by a very different mechanism and have side effects unique from other cancer treatments, we provide a joint educational program with two medical oncologists and an oncology pharmacist. Together, they educate Kellogg Cancer Center physicians as well as vitals in collaborations in other departments (emergency medicine, radiology, endocrinology, rheumatology, gastroenterology, dermatology, primary care medicine and internal medicine residency) on the scientific basis, clinical uses, and, importantly, the side effect management of these drugs.

We have several ongoing research projects initiated by mentored residents. These include a real-world look at the side effects and toxicities of checkpoint inhibitors in our melanoma and other patients at the Kellogg Cancer Center, and a DNA project looking at the response to traditional chemotherapy after initial treatment with immunotherapy.

Kellogg Cancer Center patients have access to leading dermatologists. Gregg Menaker, MD, and Ross Levy, MD, are specialty trained experts in Mohs micrographic surgery, a unique technique that allows the sparing of normal tissue in delicate areas such as the face, hands, feet and around the genitals.

For our high-risk melanoma patients, NorthShore is now offering total body digital photography and the FotoFinder system program at Evanston Hospital, the first hospital in the country to offer the innovative technology. This minimally invasive, state-of-the-art device allows transoral tumor resections of the pharynx and larynx that are more targeted than current robotic and transoral technologies.

The approval of immune targeted therapies (pembrolizumab and nivolumab) for use in recurrent/metastatic head and neck cancer has given medical oncologists the ability to provide patients a chance at longer-term remission. We were among the first in the area to offer this treatment in structured clinical trials, and now in FDA-approved clinical trials.

Robust research continues, including ongoing translation projects in genomic profiling of aggressive squamous cell carcinoma, and altered lipid metabolic pathways in head and neck squamous cell carcinoma. We are analyzing a large database of patients treated with chemotherapy and radiation to assess outcomes and side effects on the immune system. We have described the long-term effect of head and neck cancer radiation on the immune system and presented this at this year’s 2018 ASCO (American Society of Clinical Oncology) Meeting.

For our patients who have undergone radiation therapy, we are studying the effect of a pneumatic compression device for lymphedema on swallowing function. Our outcomes research program continues to grow as we study clinical disparities in head and neck cancer treatment, inequalities in oral health services, and other potential risk factors for oral cancer.

Our team made numerous presentations at national meetings and had many publications in prestigious journals. We continue with outreach efforts aimed at raising awareness of the role of human papillomavirus (HPV) in head and neck cancer and the opportunity to prevent cancer with the HPV vaccine in boys and girls. Our head and neck cancer (Support for People with Oral and Head and Neck Cancer [SPOH-NCC]) support and education group meets every other month.

Head and Neck Oncology

A collaborative team of experts in otolaryngology, head and neck surgery, radiation oncology and medical oncology—as well as plastic and reconstructive surgery, dental medicine, physical medicine and rehabilitation, psychosocial oncology, nutrition, speech, swallowing and physical therapy, diagnostic and Interventional radiology, pathology, nursing, and more—come together in NorthShore’s head and neck cancer (HNC) group.

Head and neck surgeons Mihir Bhayani, MD, and Cheryl Nicanor, MD, work closely with radiation oncologists to grow the flexible robotic system program at Evanston Hospital, the first hospital in the Midwest to offer the innovative technology. This minimally invasive, state-of-the-art device allows transoral tumor resections of the pharynx and larynx that are more targeted than current robotic and transoral technologies.

The approval of immune targeted therapies (pembrolizumab and nivolumab) for use in recurrent/metastatic head and neck cancer has given medical oncologists the ability to provide patients a chance at longer-term remission. We were among the first in the area to offer this treatment in structured clinical trials, and now in FDA-approved clinical trials.

Robust research continues, including ongoing translation projects in genomic profiling of aggressive squamous cell carcinoma, and altered lipid metabolic pathways in head and neck squamous cell carcinoma. We are analyzing a large database of patients treated with chemotherapy and radiation to assess outcomes and side effects on the immune system. We have described the long-term effect of head and neck cancer radiation on the immune system and presented this at this year’s 2018 ASCO (American Society of Clinical Oncology) Meeting.

For our patients who have undergone radiation therapy, we are studying the effect of a pneumatic compression device for lymphedema on swallowing function. Our outcomes research program continues to grow as we study clinical disparities in head and neck cancer treatment, inequalities in oral health services, and other potential risk factors for oral cancer.

Our team made numerous presentations at national meetings and had many publications in prestigious journals. We continue with outreach efforts aimed at raising awareness of the role of human papillomavirus (HPV) in head and neck cancer and the opportunity to prevent cancer with the HPV vaccine in boys and girls. Our head and neck cancer (Support for People with Oral and Head and Neck Cancer [SPOH-NCC]) support and education group meets every other month.
Oncology Nursing

Our dedicated oncology nurses bring a high level of experience and expertise to Kellogg Cancer Center patients. All nursing staff hold the Oncology Nursing Society’s (ONS) chemotherapy and biotherapy validation, and many have achieved the national certification for Oncology Certified Nurse.

Collaborative nurses work with each of our physicians to coordinate care and provide additional resources for patients and families, including one-on-one education sessions. Treatment nurses offer hands-on, professional care and help coordinate communication with the physician team. Advanced practice nurses are a critical part of the care team, helping patients during scheduled visits and unscheduled urgent care and symptom management issues.

Dedicated nurse navigators, along with collaborative nurses, help patients manage their course of care from diagnosis to surgical, medical and radiation treatment and ultimately to survivorship.

As part of NorthShore University HealthSystem, Kellogg Cancer Center nurses have achieved Magnet designation, which reflects the high level of professionalism, quality and ownership of practice.

Integrative Medicine

NorthShore’s Integrative Medicine Program continues to care for a significant number of oncology patients with acupuncture, massage therapy, integrative medicine physician consultations and other services. Our team of experienced clinicians helps Kellogg Cancer Center patients deal with issues including pain, decreased appetite, digestive problems, sleep, energy levels, and overall well-being and quality of life.

Medical Director Leslie Mendoza Temple, MD, and Kellogg Cancer Center pharmacists Amrita DeLuna, PharmD, and the rest of the interdisciplinary healthcare team are participating in the NCI Integrative Healthcare Collaborative Fellowship funded by the National Cancer Institute. The fellowship will culminate in a capstone project by Drs. Temple and DeLuna highlighting the judicious use of popular herbs and supplements during the cancer care spectrum.

The third annual “Food as Medicine” symposium hosted by NorthShore’s Michigan Integrative Medicine and Cancer Program, a first-of-its-kind competitive fellowship funded by the National Cancer Institute, will be held at the Kellogg Cancer Center. The symposium featured a panel of experts in gastroenterology, nutrition, molecular nutrition, and integrative oncology.

Nutrition counseling is an important aspect of care for all patients at NorthShore. It is especially important for those undergoing cancer treatment. Registered dietitian nutritionists (RDNs) with expertise in oncology are available to provide nutrition guidance to help patients and families develop nutrition goals, devise therapeutic meal plans and provide education throughout the spectrum of cancer care.

Maintaining good nutrition has been found to improve patient outcomes by helping to manage symptoms such as unintentional weight loss/gain, nausea, taste changes and bowel changes that many patients experience. Nutrition therapy also helps patients better tolerate common treatments such as chemotherapy, radiation therapy and surgery.

Patients who are new to chemotherapy are also referred directly for specific needs and any potential drug interactions. They receive medication calendars, detailing which medications to manage at home, leaving some feeling overwhelmed and at risk for noncompliance. To help patients overcome this barrier, the Kellogg Cancer Center pharmacy has provided medication calendars, detailing which days of the week and what time of day each patient should take their medications.

Cardiotoxicity Monitoring

A significant number of cancer therapy agents are associated with cardiac toxicity. Cardiac complications from these agents range from hypertension to coronary artery disease and heart failure. Cardiovascular toxicity related to cancer therapy can be temporary or can have more permanent effects.

For a 2019 study of cardiac monitoring, Kellogg Cancer Center cardiologists and physicists will work closely with cardio-oncologist Amrit Pursnani, MD, to examine current practice standards for monitoring and managing cardiotoxicity at NorthShore. We will also review the utility of a new technology that can potentially detect cardiotoxicity before symptomatic changes are seen. We hope to gain a broader understanding of cardiac monitoring practices.

With continued collaboration between medical oncologists, hematologists, cardio-oncologists and pharmacists, the goal is to reduce the risk of long-term toxicities related to cancer therapy.

Oncology Nutrition Services

Nutrition counseling is an important aspect of care for all patients at NorthShore. It is critical to good health, yet maintaining a healthy diet can be especially challenging for those undergoing cancer treatment. Registered dietitian nutritionists (RDNs) with expertise in oncology are available to help patients and their families develop nutrition goals, devise therapeutic meal plans and provide education throughout the spectrum of cancer care.

Maintaining good nutrition has been found to improve patient outcomes by helping to manage symptoms such as unintentional weight loss/gain, nausea, taste changes and bowel changes that many patients experience. Nutrition therapy also helps patients better tolerate common treatments such as chemotherapy, radiation therapy and surgery.

Our oncology RDNs are experts at translating evidence-based cancer nutrition research into patient-friendly treatment and survivorship to improve health and well-being and reduce risk of cancer recurrence. They actively partner with NorthShore’s Health You blog and Chicago area cancer organizations to provide nutrition education and support to our patients. In 2019, the RDNs collaborated on an education series about oncology nutrition shared with the Kellogg Cancer Center nursing staff.

In an ongoing effort to address cancer-related malnutrition, Kellogg Cancer Center RDNs are now using dynamometers to measure hand-grip strength to help in the diagnosis and treatment of malnutrition. This initiative will enhance the application of the nutrition care process in addressing each patient’s individual nutrition needs.

Psychosocial Support

NorthShore’s Kellogg Cancer Center’s Psychosocial Oncology Program offers services to patients and their families to help navigate their emotional and practical needs throughout their cancer journey. The team provides one-on-one sessions with patients and caregivers, those referred directly for specific needs and those who have identified themselves as distressed on the Psychosocial Distress Screening Tool, as well as ongoing support check-ins throughout treatment.

A team of experienced oncology social workers help patients and their families understand and process the wide range of normal emotional reactions to diagnosis, therapists, surgeons and pain management specialists.

Therapies for other cancer patients across the NorthShore system.

Tobacco Cessation Program

The Tobacco Cessation Program at the Kellogg Cancer Centers was developed in 2011. This program has been run by Shannon Haney, PharmD, one of the oncology pharmacists who underwent certification to become a Tobacco Treatment Specialist. The program was created because tobacco use is the leading preventable cause of premature death in the United States. Tobacco use may lead to cancer in many different types of cancer. There is evidence that continued tobacco use after the diagnosis of cancer decreases survival, reduces treatment efficacy, increases/ prolongs treatment toxicity and increases the risk of recurrence. Despite this evidence, it is reported that 21 to 33 percent of head and neck cancer patients and 13 to 20 percent of lung cancer patients continue to smoke after diagnosis. The combination of support from a trained professional and the use of tobacco cessation medications increases the chances of quitting by 30 percent.

The program has helped numerous Kellogg Cancer Center patients and their family members quit smoking. Patients are referred to the program by Kellogg Cancer Center staff. Dr. Hartman provides one-on-one counseling and follows up to assist patients successfully quit smoking. The program will be expanded in the coming year to serve more patients.
Outcomes Study: Review of Enhanced Recovery After Surgery (ERAS) for Mastectomy with Implant-Based Reconstruction

The opioid epidemic facing our country has been well-documented as a public health crisis. With increasing pressure for surgeons to analyze their prescribing practices, the NorthShore breast surgery team looked at mastectomy with implant-based reconstruction with ERAS protocol. With postoperative narcotic use at 94 percent, Catherine Pesce, MD, and her surgical and anesthesia team wanted to significantly reduce that rate. The Enhanced Recovery After Surgery (ERAS) protocol for the Mastectomy with Implant-Based Reconstruction patients was operationalized in April 2018 with the goals of reducing narcotic use and length of stay and maximum pain scores.

New preoperative practices include patient education, one-time use of three oral medications preoperatively, and a carbohydrate rich diet before surgery aimed at reducing insulin resistance during surgery. Intraoperatively, PECS I and PECS II nerve blocks (local anesthetic placed between the pectoral muscles of the thoracic wall to provide analgesia) were used along with multimodal pain medications including intravenous nonsteroidal anti-inflammatory medications and Tylenol along with narcotics only for breakthrough pain. Postoperative pain control was defined as non-narcotic first-line medication, with an average length of stay decreased by 11.4 hours, one-dose postoperative nausea and vomiting medication usage was down from 35.3 percent to 8.8 percent, and median reported pain scores were down.

Dr. Catherine Pesce and her team led efforts to reduce postoperative narcotic usage in mastectomy with implant-based reconstruction and is an important element of our mission.

NorthShore partnered with YWCA of Lake County to offer the first breast reconstruction patient symposium at Highland Park Hospital and Gurnee mammography locations to under- and uninsured women. The YWCA hosted nurses to provide more information for late effects and uninsured women as well as needed additional imaging or clinical consultations. This was just one of the many ways NorthShore and Kellogg Cancer Center work to serve the community.

Mastectomy and implant-based reconstruction is one of the most significant treatments for breast cancer patients and their family members or caregivers. The ERAS protocol produced dramatic results. Following the implementation of the ERAS protocol, narcotic use dropped from 94 to just over 65 percent, average length of stay decreased by 11.4 hours, one-dose postoperative nausea and vomiting medication usage was down from 35.3 percent to 8.8 percent, and median reported pain scores were down.

Dr. Catherine Pesce and her team led efforts to reduce postoperative narcotic usage in mastectomy with implant-based reconstruction and is an important element of our mission.
ACADEMIC LEADERSHIP ROLES AND AWARDS 2017–2018

Kellogg Cancer Center physicians are active in a broad range of regional and national organizations.

Bruce Brockstedt, MD
• Member, Head and Neck Committee, Eastern Cooperative Oncology Group, 2005-present

Editorial:
• Assistant Reviewer: Head and Neck, Annals of Surgical Oncology
• Grant Reviewer: Cancer Research UK
• Peer Reviewer: Internet Journal of Surgical Oncology
• The Official Journal of the American Society for Therapeutic Radiology and Oncology, 2016-present
• Urology, 2017-present

Claud Fimmel, MD, CPE
• Advisory Board, American Liver Foundation, Chicago Chapter, 2008-present

Editorial:
• The Open Proteomics Journal, ISSN: 1875-0597, 2016-present; Liver Cancer Letters (2009-current)


David Glennfeld, MD
• Community Oncology Committee, ALLIANCE for Clinical Trials in Oncology, 2010-present

Editorial:
• Ad Hoc Reviewer: Annals of Oncology, 1996-present

Brian Helland, MD
• Named the Ronald L. Chiz Family and Richard Melman Chair of Private Practice Cancer Care
• Outstanding Postdoctoral Presentation, American Urological Association
• Principal Investigator, Northwestern SPRE MGH grant in prostate cancer

Thomas Heming, MD
• Lung Cancer Initiative Advisory Council, Respiratory Health Association, 2005-present
• Respiratory Committee Member, Alliance for Clinical Trials in Oncology, 2010-present

Presentations/Invited Lectures:
• "Screening: 3 Mutation Independent Therapies—Updates on Anti-angiogenic Agents." Chicago Lung Cancer Updates 2018, Chicago, IL, November 16, 2018
• Lung Cancer Update: 4: SFA 2018 Fall CME Conference, Dearfield, IL, September 14, 2018
• "Squamous NSCLC LL 2017." Grand Rounds Presentation, Virginia Hospital Center, Arlington, VA, January 19, 2018

Jean Horne, MD
• Member, Gynecologic Oncology Group (GOG), Development Therapeutics Committees, 2012-present
• Member, Gynecologic Cancer Foundation (GCF), Editorial Board, 2015-present

Editorial:
• Ad Hoc Reviewer: Breast, Gynecologic Oncology, Journal of Clinical Oncology, 2016-present

Jean Talbot, MD
• Member, Head and Neck Committee, Eastern Cooperative Oncology Group, 2012-present
• Reviewer, Head and Neck, Annals of Surgical Oncology
• Grant Reviewer: Cancer Research UK

Editorial:
• The Official Journal of the American Society for Therapeutic Radiology and Oncology, 2016-present
• Urology, 2017-present
The extent of vascular resection is associated with perioperative outcome in patients undergoing...
Page 22

For more information, visit northisnorth.org or call (877) 570-2112

Page 23

For more information, visit northisnorth.org or call (877) 570-2112
INCIDENCE OF CANCER 2017

In 2017, 4,222 new cancer cases were accessioned into the NorthShore University HealthSystem (NorthShore) Cancer Registry. Of those, 3,978 cases (94.2 percent) were analytic. By definition, analytic cases are those patients newly diagnosed with malignant neoplasm and/or have received all or part of their first course of treatment at one of our hospitals. The remaining 244 cases (5.8 percent) were non-analytic. Non-analytic cases are patients initially diagnosed and treated at another facility who now are receiving treatment for progression or recurrence of their disease at NorthShore. Details by site are provided in Table 1.

CLASS OF CASE 2017

Class of Case divides cases into two groups, analytic cases (Class 00-22) and non-analytic cases (Class 30-49). Class 00-14, which account for 3,438 cases, were those malignancies diagnosed at one of our four hospitals or in an office of our medical group. Once diagnosed with cancer, 3,192 (93 percent) of our patients remained at NorthShore for their treatment. Class 20-22, totaling 540 cases, were diagnosed elsewhere and referred here for treatment. Class 30-49, a total of 244 cases, were diagnosed and treated elsewhere and referred here for treatment of a recurrence or progression of disease.

OVERALL TOP 10 SITES 2017

The top 10 cancers seen at NorthShore are breast (833), prostate (543), lung and bronchus (310), hematopoietic and reticuloendothelial system (276), bladder (180), colon (178), thyroid (138), pancreas (130) and corpus uteri (129). These top 10 sites represent 72 percent of all cancers seen at NorthShore. Among women, breast cancer continues to be our top site representing 20 percent of the total cases seen at NorthShore. The next most frequent cancers seen in women were lung, hematopoietic and reticuloendothelial system, skin, and corpus uteri.

Among men, prostate cancer continues to be our top site representing 13 percent of the total cases seen at NorthShore. The next most frequent cancers seen in men were skin, lung, bladder and cancers of the hematopoietic and reticuloendothelial system.

The top 10 cancers seen at NorthShore are breast (833), prostate (543), lung and bronchus (310), hematopoietic and reticuloendothelial system (276), bladder (180), colon (178), thyroid (138), pancreas (130) and corpus uteri (129). These top 10 sites represent 72 percent of all cancers seen at NorthShore. Among women, breast cancer continues to be our top site representing 20 percent of the total cases seen at NorthShore. The next most frequent cancers seen in women were lung, hematopoietic and reticuloendothelial system, skin, and corpus uteri.

Among men, prostate cancer continues to be our top site representing 13 percent of the total cases seen at NorthShore. The next most frequent cancers seen in men were skin, lung, bladder and cancers of the hematopoietic and reticuloendothelial system.

IN tray.

Table 1: Incidence of Cancer—2017 Data Summary

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Analytic</th>
<th>Non-Analytic</th>
<th>Non-Analytic Total Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bladder</td>
<td>60</td>
<td>6</td>
<td>2.8%</td>
</tr>
<tr>
<td>Pancreas</td>
<td>30</td>
<td>5</td>
<td>0.2%</td>
</tr>
<tr>
<td>Other Major Salivary Glands</td>
<td>2</td>
<td>2</td>
<td>0.0%</td>
</tr>
<tr>
<td>Brain and Nervous System</td>
<td>7</td>
<td>3</td>
<td>0.2%</td>
</tr>
<tr>
<td>Respiratory Tract &amp; Other Nervous Cns</td>
<td>5</td>
<td>5</td>
<td>0.2%</td>
</tr>
<tr>
<td>Unknown Primary Sites</td>
<td>7</td>
<td>7</td>
<td>0.2%</td>
</tr>
<tr>
<td>Skin</td>
<td>100</td>
<td>10</td>
<td>1.7%</td>
</tr>
<tr>
<td>Stomach</td>
<td>100</td>
<td>10</td>
<td>1.7%</td>
</tr>
<tr>
<td>Rectum</td>
<td>100</td>
<td>10</td>
<td>1.7%</td>
</tr>
<tr>
<td>Other Male Genital Organs</td>
<td>100</td>
<td>10</td>
<td>1.7%</td>
</tr>
<tr>
<td>Total</td>
<td>1,500</td>
<td>150</td>
<td>100%</td>
</tr>
</tbody>
</table>
Physician Directory, continued

Gustavo Rodriguez, MD  
Division Head, Gynecologic Oncology  
Expertise: Gynecologic Oncology  
Location: EVK

Carol Rosenberg, MD  
Director, Preventive Health Initiatives  
Director, Myra Rubinstein Weis Living in the Future (LIFE) Cancer Survivorship Program  
Expertise: Cancer Survivorship  
Location: FPH

Poomma Saha, MD  
Expertise: Breast Cancer  
Locations: EVK, HPK, LB

Akhi Seth, MD  
Expertise: Breast Reconstruction, Aesthetic Breast and Body Surgery, Oncologic and Complex Wound Reconstruction  
Location: NMB

Arif Shalik, MD  
Expertise: Breast Reconstruction; Head and Neck Cancers; Lung Cancer, Gynecologic and Breast Tumors  
Locations: EH, GBH

Daniel Shevlin, MD  
Division Head, Radiation Oncology; Head and Neck Cancers  
Expertise: Gastrointestinal Cancer, Genitourinary Cancer  
Locations: EVK, GBK

Michael Shinners, MD  
Division Head, Plastic and Reconstructive Surgery  
Expertise: Plastic Surgery; Breast Reconstruction  
Location: NMB

Mark Sisco, MD  
Division Head, Plastic and Reconstructive Surgery  
Expertise: Plastic Surgery; Breast Reconstruction  
Locations: EV, GBH

Norm Smith, MD  
Expertise: Bladder Cancer, Testicular Cancer, Kidney Cancer, Advanced Urologic Cancers, Neuro-Endocrine Cancers  
Locations: EV, GBH

James Spitz, MD  
Expertise: Colon and Rectal Surgery; Colorectal, General Surgery  
Locations: GBM, SK, VM

Mark Talamenti, MD  
Department Chair, Surgery  
Expertise: Gastrointestinal Oncology; Pancreatic Cancer, Primary and Metastatic Liver Tumors, Neuroendocrine Tumors, Foregut Cancer of the Esophagus, Sarcoma  
Location: EVK

Leslie Mendoza Temple, MD  
Expertise: Integrative Medicine  
Location: GP

Michael Ujiki, MD  
Division Head, Gastrointestinal & General Surgery  
Expertise: Gastrointestinal Surgical Oncology, Infecting Stomach and Colon, Endoscopic Surgery, Weight Loss Surgery, General Surgery  
Locations: EV, GBH

Elaine Lee Wade, MD  
Expertise: Breast Cancer; Benign Hematology  
Location: GBK

Jason Waldinger, MD  
Expertise: Skin Cancer, General Dermatology, Laser Procedures  
Location: LB

Lauren Weise, MD  
Expertise: Palliative Medicine; Gastrointestinal Oncology  
Locations: EV, GBH

David J. Winchester, MD  
Associate Director for Surgical Specialties, Kellogg Cancer Center  
Expertise: Surgical Oncology with Emphasis on Breast, Endocrine, Melanoma and Sarcoma  
Locations: EV, GBH, GBK

Risky Wong, MD  
Expertise: Brain, Skull and Pituitary Tumors  
Locations: GBH

Katherine Xao, MD  
Division Head of Surgical Oncology  
Expertise: Breast Cancer; Breast Health; Disease and Surgery  
Locations: EVK, GBH

Chicago Lake Shore Medical Office (CH)  
400 North Lake Shore Drive, Suite 924  
Chicago, IL 60611

Evaston Breast Center (EB)  
2650 Ridge Avenue, Evanston, IL 60201

Evaston Hospital (EH)  
2650 Ridge Avenue, Evanston, IL 60201

Evaston Kellogg Cancer Center (EVK)  
2650 Ridge Avenue, Evanston, IL 60201

Evaston Specialty Suites (EV)  
1000 Central Street, Evanston, IL 60201

Glenbrook Breast Center (GBR)  
2180 Pfingsten Road, Glenview, IL 60062

Glenbrook Hospital (GBH)  
2180 Pfingsten Road, Glenview, IL 60062

Glenbrook John and Carol Walter Ambulatory Care Center (GB)  
2180 Pfingsten Road, Glenview, IL 60062

Glenbrook Kellogg Cancer Center (GBK)  
2180 Pfingsten Road, Suite 1000  
Glenview, IL 60025

Glenbrook Medical Building (GBM)  
2051 Pfingsten Road, Suite 128  
Glenview, IL 60026

Glenview Park Center (GP)  
2930 Chestnut Avenue, Glenview, IL 60025

Gurnee Ambulatory Care Center (GRC)  
7900 Ridgeway Road, Gurnee, IL 60031

Highland Park Ambulatory Care Center (HPC)  
757 Park Avenue West, Highland Park, IL 60035

Highland Park Breast Center (HPB)  
777 Park Avenue West, Suite B300  
Highland Park, IL 60035

Highland Park Hospital (HPH)  
777 Park Avenue West, Room 120  
Highland Park, IL 60035

Highland Park Kellogg Cancer Center (HPC)—  
Ellen Marks Ambulatory Care Center  
757 Park Avenue West, Suite 1100  
Highland Park, IL 60035

Highland Park Medical Building (HPB)  
777 Park Avenue West, Suite B100  
Highland Park, IL 60035

Lake Bluff Medical Building (LB)  
71 Waukegan Road, Suite 100  
Lake Bluff, IL 60044

Lincolnshire Medical Building (LS)  
900 Milwaukee Avenue, Suite 2100  
Lincolnshire, IL 60069

Mount Prospect Medical Building (MPM)  
1329 Willow Road, Mount Prospect, IL 60056

Northbrook Medical Building (NMB)  
501 Skokie Boulevard, Northbrook, IL 60062

NorthShore Medical Group (HPM)—  
501 Skokie Boulevard, Northbrook, IL 60062

NorthShore Medical Group (SKM)—  
501 Skokie Boulevard, Northbrook, IL 60062

NorthShore Medical Group (SKM)—  
9670 Cross Point Road, Suite 3000  
Shakopee, MN 55379

Shakopee Ambulatory Care Center (SK)  
9670 Cross Point Road, Suite 3000  
Shakopee, MN 55379

Vernon Hills Specialty Suites (VH)  
220 North Milwaukee Avenue  
Vernon Hills, IL 60061

For more information, visit northshore.org/cancer or call (847) 570-2112

Physician Directory, continued

For our patients and expand clinical research. Philanthropic gifts ensure that our patients receive appropriate care. We harness advanced scientific knowledge and cutting-edge technology to ensure that every patient receives comprehensive, compassionate care that’s tailored to his or her specific needs. Philanthropy helped establish Kellogg Cancer Center in 1981. Generous support from patients and their families plays a vital role in every aspect of our patient-centered approach. Philanthropic gifts ensure that our patients receive vital support services such as nutrition counseling, psychosocial resources, financial counseling, meditation assistance and support services. Donations enable our experts to pursue leading-edge research initiatives, develop more personalized treatments for our patients and expand clinical research.

How can your donation change lives? In many ways. Through your giving, NorthShore can:

• Offer emotional and practical support to more than 4,000 patients each year.

• Help our patients save more than $1.3 million annually in prescription drug costs.

• Give our patients access to more than 100 clinical trials a year.

• Provide peace of mind to countless patients and families who are touched by Kellogg Cancer Center’s comprehensive, compassionate approach.

• Ensure that our patients have access to the most advanced therapies and diagnostic tools.

When you donate to Kellogg Cancer Center, you make a real impact for our cancer patients—your family, your friends and your neighbors.

To learn more about how you can support Kellogg Cancer Center, please call (224) 364-7200 or visit foundation.northshore.org.
CANCER COMMITTEE 2018

Chairman
David J. Winchester, MD, FACS
Associate Director for Surgical Specialties, Kellogg Cancer Center
NorthShore Cancer Committee Chairman
Board of Directors, David P. Winchester, MD, Chair of Surgical Oncology

Vice Chairman
Bruce Brockstein, MD
Medical Director, Kellogg Cancer Center
Head, Division of Hematology/Oncology
Cancer Committee Vice-Chairman

Physician Membership*
Matthew Adess, MD
Medical Director, Highland Park Kellogg Cancer Center

Kristina Drabkin, DO
Physician Medicine & Rehabilitation

David Grinblatt, MD
Director, Oncology Research Program
Kellogg Cancer Center

Thomas Hensing, MD
Co-Director, Thoracic Oncology Program
Head of Quality, Kellogg Cancer Center
Deputy Division Head, Division of Hematology and Oncology
Medical Director, Evanston Kellogg Cancer Center

Seth Krantz, MD
Thoracic Oncology

Michael Marschke, MD
Palliative Care

Elena Moore, MD
Gynecologic Oncology

Kristian Novakovic, MD
Urologic Oncology

James Padgett, MD
Pathology

Jennifer Paruch, MD
Gastrointestinal and General Surgery

Catherine Pesce, MD
Surgical Oncology

Vathsala Raghavan, MD
Radiation Oncology

Carol Rosenberg, MD
Director, Myra Rubenstein Weiss Living in the Future (LIFE) Cancer Survivorship Program

Poornima Saha, MD
Medical Oncology

Arif Shaikh, MD
Radiation Oncology

Georgia Spear, MD
Diagnostic Radiology

Ancillary Membership
Jonella Black, PT, MS
Program Coordinator, Rehab Services

George Carro, RPH, MS, BCOP
Senior Director, Oncology Pharmacy

Kim Cholewa, BSN
Oncology Nursing

Jamie Feld, RN
Cancer Committee Coordinator
Cancer Registry

Amy Ferguson
Assistant Vice President, Integrated Marketing and Corporate Communications

Vatsala Raghavan, MD
Radiation Oncology

Carol Rosenberg, MD
Director, Myra Rubenstein Weiss Living in the Future (LIFE) Cancer Survivorship Program

Addie Gorchow, MBA, RHIT, CTR
Senior Manager, Radiation Oncology

Linda Green, RN, MS, AOCNS
Director, Medical Group Operations, Kellogg Cancer Center

Rachel Mees
Assistant Vice President, Medical Group
Kellogg Cancer Center

Sabina Omercajic, MS, CCRP
Outreach Coordinator
Kellogg Cancer Center

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

Chairman
David J. Winchester, MD, FACS
Associate Director for Surgical Specialties, Kellogg Cancer Center
NorthShore Cancer Committee Chairman
Board of Directors, David P. Winchester, MD, Chair of Surgical Oncology

Vice Chairman
Bruce Brockstein, MD
Medical Director, Kellogg Cancer Center
Head, Division of Hematology/Oncology
Cancer Committee Vice-Chairman

Physician Membership*
Matthew Adess, MD
Medical Director, Highland Park Kellogg Cancer Center

Kristina Drabkin, DO
Physician Medicine & Rehabilitation

David Grinblatt, MD
Director, Oncology Research Program
Kellogg Cancer Center

Thomas Hensing, MD
Co-Director, Thoracic Oncology Program
Head of Quality, Kellogg Cancer Center
Deputy Division Head, Division of Hematology and Oncology
Medical Director, Evanston Kellogg Cancer Center

Seth Krantz, MD
Thoracic Oncology

Michael Marschke, MD
Palliative Care

Elena Moore, MD
Gynecologic Oncology

Kristian Novakovic, MD
Urologic Oncology

James Padgett, MD
Pathology

Jennifer Paruch, MD
Gastrointestinal and General Surgery

Catherine Pesce, MD
Surgical Oncology

Vathsala Raghavan, MD
Radiation Oncology

Carol Rosenberg, MD
Director, Myra Rubenstein Weiss Living in the Future (LIFE) Cancer Survivorship Program

Poornima Saha, MD
Medical Oncology

Arif Shaikh, MD
Radiation Oncology

Georgia Spear, MD
Diagnostic Radiology

Ancillary Membership
Jonella Black, PT, MS
Program Coordinator, Rehab Services

George Carro, RPH, MS, BCOP
Senior Director, Oncology Pharmacy

Kim Cholewa, BSN
Oncology Nursing

Jamie Feld, RN
Cancer Committee Coordinator
Cancer Registry

Amy Ferguson
Assistant Vice President, Integrated Marketing and Corporate Communications

Vatsala Raghavan, MD
Radiation Oncology

Carol Rosenberg, MD
Director, Myra Rubenstein Weiss Living in the Future (LIFE) Cancer Survivorship Program

Addie Gorchow, MBA, RHIT, CTR
Senior Manager, Radiation Oncology

Linda Green, RN, MS, AOCNS
Director, Medical Group Operations, Kellogg Cancer Center

Rachel Mees
Assistant Vice President, Medical Group
Kellogg Cancer Center

Sabina Omercajic, MS, CCRP
Outreach Coordinator
Kellogg Cancer Center

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