

CONNECTIONS

 **NorthShore**
University HealthSystem

Evanston Hospital | Glenbrook Hospital | Highland Park Hospital | Skokie Hospital

A health and lifestyle publication from NorthShore University HealthSystem | VOLUME 4 | ISSUE 1 | WINTER 2011

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Attacks Late-Stage
Colon Cancer

Advanced Cardiac
Technique Restores
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Heart Rhythm

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Expert orthopaedic surgery proves a winner
for teen ballplayer's injured pitching arm.

The implications of healthcare reform are just beginning to unfold, but if there is one thing we are certain of, it is uncertainty. No one really knows how all the provisions of this new legislation will play out, but we can see that the general direction holds medical providers to a higher standard of accountability, integration and reliance on solid data for clinical decision-making. In other words, it wants them to be more like NorthShore University HealthSystem (NorthShore).

NorthShore has been moving toward this greater integration for years. Over the past decade, we have taken tangible steps to transform into a true health system, where our hospitals, physicians and medical data are fully integrated and aligned toward outstanding patient care. Rather than expect patients to navigate a labyrinth of providers when they're facing serious illness, we've brought all those professionals together to surround the patient with the care they need.

For example, patients can receive comprehensive heart care from the cardiac surgeons, cardiologists and other specialists in our NorthShore Cardiovascular Care Center. Recently, we further enhanced our capabilities with the addition of the North Shore Cardiology Group, a longstanding and well-respected practice of 12 cardiologists centered in Lake County.

And last year, 20 additional neurosurgeons, neurologists and physiatrists joined our NorthShore Neurological Institute, strengthening our capabilities in treating a wide range of brain and spine conditions. The Neurological Institute is led by neurologist Demetrius Maraganore, MD, whom we recruited from Mayo Clinic, and neurosurgeon Theodore Eller, MD. We are pleased with how well the integration has

“Our goal in this New Year and beyond is to lead the way toward better outcomes and better value for all the population in our region.”



gone, and we are excited about the future of this new Institute.

The new healthcare reform act also identifies a concept called “Accountable Care Organizations,” in which aligned hospitals and physicians are responsible for both clinical care and its associated finances. That is difficult to achieve when patient care, medical records and payer information are fragmented among different providers, but NorthShore University HealthSystem is ready.

We were one of the first health systems in the country to successfully implement an Electronic Medical Records system back in 2003, making critical data available to all the caregivers who need it, in a secure, private fashion. This technology also gives us a way to keep patients with chronic conditions well and out of the hospital. Through a pilot program, patients with diabetes are entering their weight, blood glucose and other measures into the online portal *NorthShoreConnect*, enabling us to identify medical issues earlier and to better manage patients' health.

Our continued focus is on improving the practice of medicine for all we serve. And our goal in this New Year and beyond is to lead the way toward better outcomes and better value for all the population in our region.

My best regards,

Mark R. Neaman
President and Chief Executive Officer

CONNECTIONS

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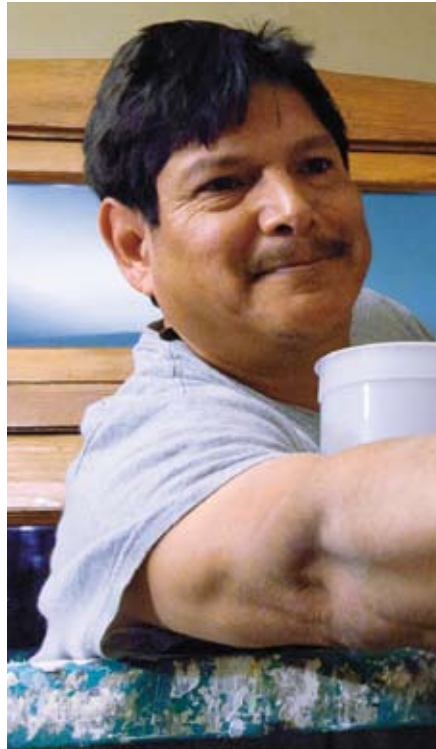
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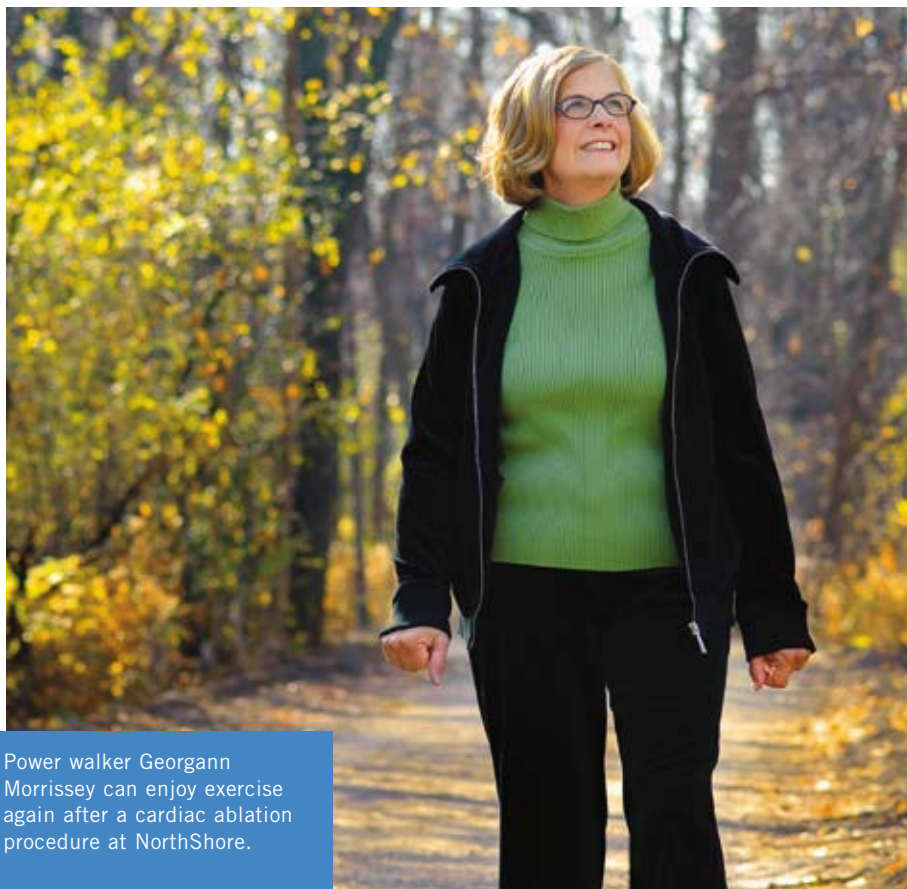
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FRONT COVER: Baseball pitcher Mike Mullenix is back in the game thanks to a skillful NorthShore orthopaedic surgeon.



Power walker Georgann Morrissey can enjoy exercise again after a cardiac ablation procedure at NorthShore.

The Beat Goes On

NorthShore heart patient benefits from cardiac ablation technique to restore her normal heart rhythm.

By Martha Floberg

An avid gardener, power walker, part-time nurse, mother and grandmother, 66-year-old Georgann Morrissey of Park Ridge leads a busy life. But for more than 10 years, she had heart palpitations that left her short of breath, light-headed and feeling faint.

“The episodes would always subside,” said Morrissey, “so I thought it was nothing.”

Then in May 2010, her doctor realized her pulse was extremely erratic and outfitted her with a monitor to track her heart rate. During the next month, Morrissey’s pulse

dropped to 30 beats a minutes or raced to more than 200 beats a minute. Her doctor referred her to Westby Fisher, MD, Director of Cardiac Electrophysiology at NorthShore University HealthSystem and also on faculty at the University of Chicago Pritzker School of Medicine.

Dr. Fisher diagnosed Morrissey with a type of arrhythmia called supraventricular tachycardia, or SVT. “In Georgann’s case, her heart’s electrical signals didn’t work properly,” said Dr. Fisher, whose specialty is treating heart rhythm disorders. “An area of her heart had a short circuit that caused

her heart to skip a beat and overcompensate with a rapid heart rate, or tachycardia.”


Morrissey was an excellent candidate for an advanced procedure called cardiac ablation, which uses heat to help patients with abnormal electrical connections in their hearts.

During an outpatient procedure, an electrophysiologist inserts a thin catheter into the blood vessels and guides it inside the heart. By artificially pacing the heart and using sophisticated imaging and mapping guidance systems, doctors can observe how electricity travels through a patient’s heart and pinpoint the exact location of a defective area. Then, using a heat source from radiofrequency or laser energy, they cauterize the heart tissue causing the problem.

During her procedure in July 2010, Morrissey recalls watching the heart monitors in the Cardiac Catheterization Lab at NorthShore Evanston Hospital.

“Once they found the location of my problem and corrected it, Dr. Fisher announced, ‘You’ll never have tachycardia again!’” she said. “He was right. I feel fantastic now. I knew everything was going to work out.”

“NorthShore has a track record of success and patient safety in treating heart rhythm disorders,” said Dr. Fisher. “We are a regional leader in the field of cardiac electrophysiology and have a team of board-certified physicians, with nearly 45 years of collective experience, working in three state-of-the-art electrophysiology labs.”

As part of American Heart Month, NorthShore will host a variety of activities in February designed to raise awareness about risk factors and provide information on keeping your heart healthy. For more information visit northshore.org/cardio10. 

Hope through Innovative Healing

NorthShore University HealthSystem's Integrative Medicine team provides compassionate care to a cancer survivor who advocates for others.

By Susan J. White

As a medical social worker whose career includes full-time work in an inpatient hospice program and a private practice counseling people through life transitions, Fran Abramson has spent a lifetime helping others cope with the struggles of end-of-life care and life transitions.

Her own healthy regimen of regular exercise, including weight lifting, has helped keep Abramson strong and capable in the midst of challenges, including caring for her 27-year-old daughter who has severe disabilities. In short, Abramson has taken good care of herself. More than 20 years ago, at age 40, she was diagnosed with breast cancer, which she fought with her typical inner strength. Following two mastectomies and chemotherapy, she put cancer behind her and remained fully engaged in her life of raising children, working full time and advocating for those who have disabilities.

About five years ago, Abramson started experiencing swelling in her arm and an odd weight gain. After years of good health, she was now faced with severe lymphedema—a build up of lymph fluids under the skin, which is not uncommon following breast cancer treatment. Abramson found herself on a long and painful odyssey searching for relief.

All of that changed when Abramson met with NorthShore University HealthSystem Integrative Medicine Medical Director Leslie Mendoza Temple, MD, who is on faculty at the University of Chicago Pritzker School of Medicine. Dr. Mendoza Temple recommended a consultation with acupuncturist

Patricia Piant. An absolutely “life-changing” course of action began with laser acupuncture, an alternative to traditional acupuncture with needles, which is not a viable option for patients with lymphedema.

While Abramson had long explored Integrative Medicine and was familiar with many practices and the evidence-based studies behind them, she never imagined the extraordinary impact laser acupuncture would

ate the University of Chicago Pritzker School of Medicine, recently joined the Consortium of Academic Health Centers in Integrative Medicine. Membership is granted only to highly esteemed academic health centers and programs involved in clinical services, research, medical education and policy advocacy.

Piant, who serves on a Consortium oncology subcommittee, relishes the opportunity



Fran Abramson (left) has found tremendous relief from the pain and challenges of lymphedema through laser acupuncture therapy with Patricia Piant, a licensed, board-certified acupuncturist and Chinese herbalist with NorthShore's Integrative Medicine program.

have on her own life. Her work with Piant “gave me hope for the first time in years,” Abramson said. “Within a few sessions there was a marked improvement in the swelling, and I lost 15 pounds.”

Piant was as thrilled as her patient and is now sharing this success story—repeated in a group of lymphedema patients she is treating—with colleagues across the country.

NorthShore's Integrative Medicine Program, in collaboration with teaching affili-

to share in research with colleagues from across the country and be a part of a powerful movement to improve patient care.

“What I appreciate most about Patricia is that she approaches her work with great passion and expertise,” Abramson said. “She has a real foundation in the clinical science and she engaged me as a partner.”

To make an appointment with an Integrative Medicine practitioner, please call (847) 492-5700 (Ext. 1221). [C](#)

A Global Mission to Heal

Women and babies benefit locally and worldwide from the knowledge and compassion of NorthShore obstetrician/gynecologist.

By Barb Hailey

Robert LaPata, MD, chuckles when asked to calculate the number of babies he's brought into the world during his 32-year career on the North Shore. "I get that a lot," he said, and estimates the number to be more than 6,000. But his skills and compassion as a NorthShore University HealthSystem obstetrician/gynecologist have affected lives beyond those infants, including women in Lake County and Bolivia, where Dr. LaPata volunteers with organizations providing basic healthcare to people in need.

Ten years ago, Dr. LaPata helped the Lake County Health Department establish its North Shore Health Center to treat uninsured and underinsured women, providing care they otherwise would not receive. He serves as a consultant in gynecology and helps provide routine care and prevention services. He is also on faculty at the University of Chicago Pritzker School of Medicine.

Although Dr. LaPata recently retired from private practice, he's hardly slowed down. In addition to volunteering with the Lake County Health Department, he serves on the board of Solidarity Bridge, an Evanston-based nonprofit that organizes health missions and ongoing programs in Bolivia, one of the poorest countries in South America. He has made three trips himself, providing women's health services and mentoring physicians.

"There is a lot of need—in our community and all over the world," Dr. LaPata said. Through North Shore Health Center and Solidarity Bridge, physicians like Dr. LaPata make themselves accessible to patients in



Dr. Robert LaPata shares his time and expertise volunteering for medical missions in Bolivia where he provides care and compassion to women in one of the poorest countries in South America.


need. "It is a way of sharing what we know and sharing our resources," he said.

Closer to home, that might mean providing women with routine services many take for granted, like annual Pap smears. In Bolivia, it may mean that women who have never been seen by a physician are able to receive healthcare, either for routine or serious conditions. Dr. LaPata recalls a recent 12-day mission to Bolivia when he treated a 17-year-old girl who had a 25-pound ovarian tumor. She appeared pregnant, and because she was unmarried, was shunned by her local village. Physicians were able to remove the tumor, restoring her health and eliminating a social stigma as well.

Ann Rhomberg, Associate Director of Solidarity Bridge, said that none of the trips to Bolivia would happen without knowledgeable volunteers who pay their own way. "Dr. LaPata has been very proactive in re-

cruiting other NorthShore nurses and physicians," she said.

Mentoring the next generation of physicians is also part of Dr. LaPata's mission. At NorthShore, he helps train residents in obstetrics and gynecology. Indeed, it was Dr. LaPata's own experiences as a resident more than 40 years ago that fueled his volunteer efforts to help patients in need when his rotations included caring for the indigent. "You don't easily forget those patients," he said.

NorthShore has a long tradition of service to the community, and many of our physicians, nurses and support staff give generously of their time and talents to help those in need. In 2010, Dr. LaPata and more than a dozen other NorthShore colleagues were honored with the organization's Sharing Spirit Award. The annual award recognizes employees whose volunteer efforts, locally and globally, help improve the lives of others. 

Turning the Tables on Cancer

NorthShore oncology team launches a collaborative attack on late-stage colon cancer.

By Susan J. White

At 43 years old, Eric Jablonski has learned many lessons traditionally reserved for later in life. While he happily plans for the future, he is very much living in the present, which thankfully is cancer-free.

Three years ago Jablonski, a seemingly healthy father of three young children, had his world turned upside down with a diagnosis of Stage IV colon cancer that had spread to his liver. Close to 150,000 Americans are diagnosed with colon or rectal cancer each year, and nearly 50,000 of them will die, most with metastatic tumors. Jablonski was determined to beat the odds.

He and his wife immediately began exploring options, pursuing experts at teaching hospitals where the most advanced protocols would offer the best chance of stopping his aggressive cancer. Initially, he received two very different opinions, but chose a collaborative team with an innovative approach for care at NorthShore University HealthSystem.

Jablonski said he knew he was in the right hands when he met with NorthShore oncology surgeon Marshall Baker, MD. Dr. Baker and NorthShore oncologist Jennifer Obel, MD, carefully developed a sophisticated treatment plan involving surgery, chemotherapy and radiofrequency ablation. “They both exuded confidence,” Jablonski said of Drs. Baker and Obel. “Their personalities and their caring, knowledge and expertise got me through this.” Both Drs. Baker and Obel are on faculty at the University of Chicago Pritzker School of Medicine.

Dr. Baker performed a complex, minimally-invasive surgical procedure to remove the mass in Jablonski’s colon before he underwent several rounds of chemotherapy. A few months later, Jablonski had a second operation to remove the cancer from his liver. Dr. Baker laparoscopically removed a portion of the right lobe, and lesions on the left were targeted with radiofrequency ablation, where energy is applied to a tumor, heating it up and destroying it.

“Our approach to colon cancer patients with liver metastases has changed dramatically,” said Dr. Obel. “Years ago, this diag-

off from work and never became depressed. “I remember telling Dr. Obel, failure is not an option; I have three children who I intend to see grow up; two of them are daughters who I need to walk down the aisle some day.”

Today, Jablonski remains cancer-free and optimistic—a feeling his doctors also share. “Deciding when and how to stage the operations and the chemotherapy was vitally important,” said Dr. Baker.

“His tumors completely responded to the chemotherapy, so his prognosis is excellent,” Dr. Obel said. “With this multi-modality approach, we are now moving toward curing



Dr. Marshall Baker (left), Eric Jablonski and Dr. Jennifer Obel catch up as they celebrate Jablonski’s cancer-free status following their collective battle against his late-stage colon cancer.

nosis was uniformly thought to be fatal. As our chemotherapies and surgical outcomes have improved, more patients achieve prolonged survival and even cure.”

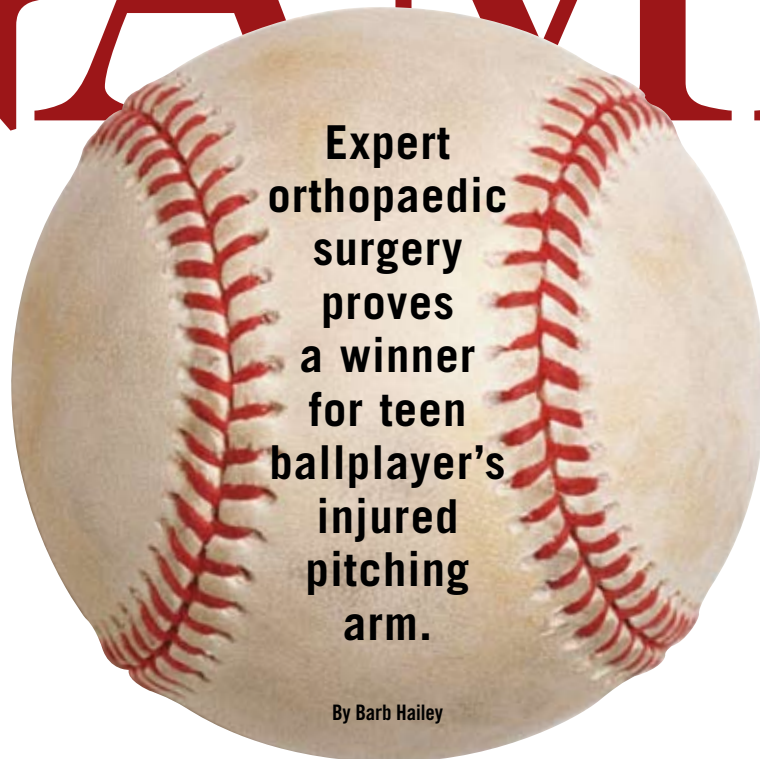
Jablonski underwent another five rounds of chemotherapy following the liver surgery. Throughout his treatments, he never took time

patients. The paradigm of treating these advanced cancers has changed.”

Drs. Obel, Baker and NorthShore surgeon Mark Talamonti, MD, are currently involved in a clinical trial for Stage IV colon cancer patients with liver metastasis. For more information, call (847) 492-5700 (Ext. 1219).



BACK IN THE GAME



**Expert
orthopaedic
surgery
proves
a winner
for teen
ballplayer's
injured
pitching
arm.**

By Barb Hailey

Mike Mullenix could tell it was a good hit by the sound of the bat connecting with the ball. The 17-year-old Glenbrook South High School baseball player had just thrown the pitch at an American Legion League 2009 summer baseball game prior to senior year. A split second later, the ball hurtled toward him, hitting the tip of his elbow. Mullenix knew he was injured. He assumed he'd sustained a nasty bruise, not an injury serious enough to sideline him from a game he'd played since the age of 6, let alone deny him the opportunity to play his senior year and possibly in college.

“It happened so fast,” Mullenix, now 18, recalled. “I tried to move my arm. I knew something was wrong.”

Mullenix’s elbow was iced before a trip to the Emergency Department at NorthShore University HealthSystem Glenbrook Hospital. There, X-rays were taken, and Mullenix’s arm was stabilized with a temporary cast. While in the Emergency Department, the seriousness of his injury began to sink in. “I remember being told it was a bad break,” said Mike’s mom, Judy Mullenix. “From a mother’s perspective, and being a nurse, this was very traumatic as far as dreams being shattered.”

The Mullenix family consulted an orthopaedic surgeon with another healthcare organization where they routinely sought care. They were advised that Mike would require a year to heal—and that he could pretty much forget about playing baseball. Concerned about such a prognosis, they sought a second opinion from NorthShore orthopaedic surgeon Bradley Dunlap, MD, who is on faculty at the University of Chicago Pritzker School of Medicine.

Mullenix had an olecranon fracture. The olecranon is near the end of the ulna, the bone in the forearm that forms the pointed portion of the elbow. “To get hit with enough force to cause a fracture in that particular spot is pretty unusual,” said Dr. Dunlap, who specializes in sports medicine and arthroscopic surgery.

With Dr. Dunlap, Mullenix said he felt right at ease. “I appreciated how he talked to me and understood me,” he said, noting



NorthShore Sports Medicine Physicians Put Athletes Back in Competition

Sports injuries are not limited to pros like Brian Urlacher or Patrick Kane. They can affect the grade-school athlete and the weekend warrior. Tennis elbow, wrist tendonitis, shin splints or golfer’s elbow are a few of the injuries faced by recreational athletes. These chronic conditions can be caused by excessive or improper use. Beginner and amateur athletes are also vulnerable to acute, traumatic injuries, such as fractures, strains, sprains and abrasions.

“Some athletes may be tempted to ignore pain, but should remember that, if left untreated, an injury will probably get worse over time,” said Greg Palutsis, MD, NorthShore Section Head of Sports Medicine and on faculty at the University of Chicago Pritzker School of Medicine. The orthopaedic surgeons and sports medicine physicians at NorthShore specialize in a wide variety of athletic injuries. An array of surgical and non-surgical techniques are used to put the athlete back on the playing field, including ACL reconstruction, arthroscopy, knee meniscus repair and rotator cuff repair. For more information, call (847) 492-5700 (Ext. 1224).



Dr. Bradley Dunlap discusses the severity of the fracture that patient Mike Mullenix feared would end his baseball career.

that Dr. Dunlap related well to his desire to play baseball his senior year of high school, and possibly college. He attributed that to the fact that Dr. Dunlap also had been a college athlete.

“I suppose that’s how I became interested in this area of medicine,” said Dr. Dunlap. “I don’t overtly think about [my college hockey experiences] when caring for patients, but I do have an understanding of what it’s like to be an athlete, and what my patients might be going through.”

For Mullenix, his thoughts were being able to pitch his senior year and being recruited to play college ball. “I’ve been playing baseball since I was a kid,” he said. “To not play senior year was *not* an option.”

Dr. Dunlap assured him that he could

“Mike is a pitcher who wanted to get back and pitch. Everything was defined by that goal, which was clear from the beginning.”

play again, and in fact, that he would be ready to practice in January before Glenbrook South’s February tryouts. This would entail surgery, followed by three months of physical and occupational therapy, and then Mullenix’s own conditioning.

“Mike is a pitcher who wanted to get back and pitch,” said Dr. Dunlap. “Everything was defined by that goal, which was clear from the beginning.”

Mullenix’s injury caused displacement of the elbow that extended up into the joint, putting him at future risk for pain and discomfort as he grew older. “We wanted to get him back to as anatomically normal as possible and give him the best chance at healing,” Dr. Dunlap said.

Advancements in orthopaedics, such as modern fixation techniques and the evolution of sports medicine, which has produced greater understanding of body mechanics in athletes, helped fulfill Dr. Dunlap’s—and Mullenix’s—goals.

Dr. Dunlap performed elbow surgery in July 2009. A metal plate with seven screws was affixed to hold the fracture together, allowing the bone to heal. Appropriately enough, the main screw that places the most compression on the fracture is called the “home run screw.” It lets the bone stand up to the bending and movement in the elbow without pulling it apart.

“Mike was very motivated. I stressed that I could do the surgery, but the rehab was up to him,” Dr. Dunlap said.

Three months of physical and occupational rehabilitation followed the surgery. Mullenix began easing himself into pitching in January 2010 before tryouts in late February. His perseverance and stamina paid off when he made the team and went on to pitch the final season of his high school career. He recalled the stress of his first game since the injury. “It was nerve-racking,” Mullenix said, “but once I did it, I thought, ‘OK, I’m back.’”

Mullenix missed the fall showcases, in which aspiring athletes pitch for college coaches looking to recruit players. Although he was already planning to attend Chicago’s DePaul University to major in sports and fitness management, he wanted to see if he still had what it took to play college ball. He pitched in a summer showcase, and three NCAA Division III colleges extended invitations to play for their schools.

“I wanted see if my pitching measured up,” he said. “It was an honor to know they thought I had the strength to play for them.”

“It’s fun to see my patients back participating in the sports they love,” said Dr. Dunlap. “It’s a rewarding experience.”

Reach^{to} Recovery

Construction worker is back in business thanks to skillful spinal fusion procedure by NorthShore Neurological Institute surgeon.



“I fell and landed flat on my feet,” said the 52-year-old Chicago resident. “I had some initial pain in my back, so I went to the emergency room.”

Corona was released from the emergency room and after a month of recovery, he returned to the construction site. But his back pain never stopped. He began to see a doctor for painkiller injections just to make it through the work week.

One year and several construction sites later, Corona injured his back a second time as he attempted to maneuver a 32-foot ladder against a building. “It was really windy, and the ladder started falling toward me. I was trying to hold it,” Corona said, “and I started to feel pain in my back.”

The pain he suffered as a result of that injury was more severe than anything he had felt before. On a scale of one to 10, it was an eight or a nine, he said, about as bad as it could get. He underwent an operation to fix the problem, but it didn’t help.

“I continued to be in pain,” he recalled, “and was hurting after just a few hours of work.”

Corona continued to see specialists until one day he was referred to NorthShore. An MRI revealed that the discs in his lower back were degenerated, a common, yet serious, back injury.



Sergio Corona (left) credits NNI surgeon Dr. Adebukola Onibokun for turning his life around.

Chronic and severe back pain suffered in a work-related injury robbed Sergio Corona of an active lifestyle that once included long walks and physical labor. But thanks to an innovative procedure performed by a surgeon from NorthShore Neurological Institute (NNI), Corona now has his active life back.

NNI, created in August 2010, encompasses a comprehensive team of more than 50 specialists providing advanced medical and surgical care for a vast range of brain and spine conditions. Neurologist Demetrius Maraganore, MD, Chairman of NorthShore’s Department of Neurology, and neurosurgeon Theodore Eller, MD, serve as co-directors of the Institute. The expertise of NNI physicians is helping patients like Corona regain their lives.

Corona’s back trouble began three years ago with a two-story fall from a ladder at a construction site.

The usual treatment for degenerated discs is a fusion of the vertebrae, which limits mobility but also reduces or eliminates pain. Conventional spinal fusion surgery is typically effective, but it also can be quite invasive. Recovery can take as long as four months.


Fortunately for Corona, NNI neurosurgeon Adebukola Onibokun, MD, is an expert in the latest and most innovative minimally invasive spinal techniques, where the surgery itself is performed through very small incisions.

Dr. Onibokun determined that Corona was an excellent candidate for a surgical technique known as Axial Lumbar Interbody Fusion or AxiaLIF. AxiaLIF has many advantages over traditional spinal fusion procedures. While conventional spine surgery requires a lengthy incision and a prolonged recovery period, AxiaLIF uses thin instruments inserted through a small incision. The procedure is as effective as traditional surgery, but can be performed in about one-third of the time. Since the AxiaLIF incision is only one inch long, patients experience a faster recovery.

“Before the surgery, Mr. Corona was in severe, excruciating pain that was burning in nature. He could not walk for more than a block,” Dr. Onibokun recalled.

Corona underwent the 45-minute procedure in February 2010, and the results were dramatic. He spent just one day in the hospital and within a week, 90 percent of his back pain was gone.

“I have hope in my life again,” Corona said. “It has changed my life and my whole family’s life. I’m back in business. It’s just amazing.”

For more information about NorthShore Neurological Institute and its advanced surgical procedures, please call (847) 492-5700 (Ext. 1222) or visit northshore.org/neuro10. 

Compassionate Comfort

NorthShore's Palliative Care offers dignified choices for patients and families dealing with advanced illness.

By Susan J. White

When Jim Marks' physicians recommended he be admitted to the Palliative Care Unit at NorthShore University HealthSystem Evanston Hospital to help manage the extreme pain he was suffering from pancreatic cancer, his wife, Kathleen, suggested to their three teenage daughters that they treat it a bit like a "spa day."

"We knew they would be looking after him, helping him with the pain that we weren't able to help him with," Marks said. Her husband, who had been diagnosed "out of the blue" at age 49, was hoping to continue his fight with further treatment, but the disease progressed even faster than doctors predicted.

In the midst of an agonizing situation, the Palliative Care team helped the family "live for the moment" and get the most out of the time they had together, Marks said. "Our family time was really so precious." From rearranging furniture and bringing pictures from home, to spending several nights there themselves, Jim Marks' wife and daughters made the hospital space as much like home as possible. He was more comfortable, and they found solace in the caregivers who helped explain what was happening and remind them that whatever they were feeling was OK, according to 20-year-old daughter Natalie.

While Jim Marks was unable to return home, many palliative care patients with advanced illness do just that, following successful treatment for symptom management. "Intensive comfort treatment is a hallmark



The Marks family; Alison (from left), Natalie, Danielle, Jim and Kathleen participate in the 2010 PurpleStride Pancreatic Cancer Action Network walk in Chicago. Jim Marks ultimately lost the battle against pancreatic cancer, but his family made the most of their time together including his last days where he received palliative care at Evanston Hospital.

of what we do," said Robert Fried, MD, Medical Director for Palliative Care and Hospice Services.

The decisions about how to best treat palliative care patients are made with a lot of flexibility, as a patient's particular needs and frame of mind change over the course of time, Dr. Fried explained. "Many patients are left to feel that they have just two options—either a full court press against their disease or abandoning treatment altogether," he said. "But there is a third way; we provide palliative care aimed at alleviating symptoms, while disease modifying treatments can continue."

The palliative care team also plays a vital role in helping patients articulate their goals and preferences, and often helps patients and families as they transition from one situation to another. "This is a unique specialty where our patient is often the entire family. We are still healing people, although

it is a different kind of healing," said Margaret Thomas, MD, Associate Medical Director for Palliative Care and Hospice Services, and on faculty at the University of Chicago Pritzker School of Medicine.

Both Drs. Fried and Thomas point to recent studies that have shown increased quality of life in patients with fatal diseases actually leads to longer life. "Suffering takes your life," emphasized Dr. Fried.

Coming into a family's life at the worst possible time is often harrowing, but also rewarding because of the chance to make a profound difference, said Drs. Fried and Thomas.

"For the Marks family, this was a terrible tragedy, but they demonstrated incredible grace under pressure," Dr. Fried said. "They were so deeply connected to each other, and the love and concern they felt for each other was absolutely palpable in the room."

Learn more about Palliative Care services at northshore.org/palliative10. **C**

COMMUNITY RELATIONS

Garden of Goodness

NorthShore's Be Well-Lake County program cultivates healthy eating habits for diabetes patients.

By Phil Rozen

If you are diabetic, then you know the critical importance of keeping your blood sugar levels under control. Eating lots of non-starchy vegetables is a vital component of the diabetic diet. Chock full of minerals, fiber, vitamins and phytochemicals like beta-carotene, vegetables have few calories and carbohydrates, and help improve diabetic symptoms.

So it only made sense for NorthShore University HealthSystem's Be Well-Lake County community outreach program to "grow" an initiative for patients with diabetes right in its own backyard in North Chicago. The two-pronged approach includes a weekly produce distribution to some 150 families, in partnership with the City Produce Project and the Northern Illinois Food Bank, to help meet the needs of a population challenged by a lack of fresh produce availability and access to high quality healthcare.

Additionally, the NorthShore program



launched the first-ever Be Well-Lake County Community Garden, funded by Monsanto and provided by the University of Illinois Extension and the Kineo Group, in partnership with the Lake County Health Department and Community Health Center.

"Dieticians often advise people with diabetes to have at least half of their plate covered with vegetables," said Cheryl Bell, Be Well-Lake County Coordinator. "If that's the message we are promoting to our patients, then creating this garden is the perfect way for us to reinforce that message."


In June, under the guidance of a team of Master Gardener volunteers, a group of Be Well-Lake County patients planted seedlings

of several varieties of peppers, along with lettuce, tomatoes, Swiss chard, wax beans, radishes, carrots and peas.

Their garden sprang from 25 earth boxes planted on an eighth of an acre patch of land. By early July, the volunteer gardeners began harvesting the first fruits of their labors, incorporating homegrown, fresh produce into their daily diets and sharing cooking tips. The garden yield was substantial through the entire growing season, with patients bringing home several pounds of fresh produce each week.

"This is my first and only garden," said Francine Jones, a Be Well participant who lost 50 pounds and now has her diabetes well under control. "Once we started, I found out it was really exciting. I love it, and we're going to do it again. We just planted radishes and snow peas. These are delicious if you slice them open and put them on the grill."

Eleven gardening volunteers with diabetes tended to the Be Well-Lake County Community Garden in 2010, taking "ownership" of two or three of the earth boxes. With an estimated 52,000 people with diabetes in Lake County, the goal is for participation to continue to grow in the years ahead.

"It is a significant challenge for our patients, who are working to maintain a nutritious diet and manage their diabetes," said Sara Smith, Be Well-Lake County Director. "The garden provides a critical source of local, fresh vegetables for patients and families. It also serves as a fun, hands-on learning experience that motivates participants to adopt healthier eating habits." 

Jonathan Hillenbrand/NorthShore University HealthSystem



Beverly Williams harvests tomatoes from the Be Well-Lake County Community Garden.

CLINICAL RESEARCH

The Next Wave of Imaging

NorthShore researchers discover safer ways to see inside arteries.

By Gail Polzin

Usually, looking at a patient's arteries requires the patient to be injected with a contrast dye and lie still while images are taken. This can be an issue for patients with peripheral vascular disease—poor circulation in the leg arteries. These patients tend to be older, suffering from back or hip problems that make the procedure difficult. More importantly, it can be dangerous for patients with kidney problems to receive contrast dye.

Robert Edelman, MD, and Ioannis Kottzoglou, PhD, both on faculty at the University of Chicago Pritzker School of Medicine, have found a way around this—and it's now available to patients at NorthShore University HealthSystem.

The researchers have introduced a novel way to apply radiofrequency magnetic fields in a particular order that makes the blood appear bright, without the use of dye. Then they use one of the fastest magnetic resonance imaging (MRI) techniques ever developed—taking one snapshot every heartbeat—so that patient motion doesn't affect the pictures. The entire study takes only about six minutes.

"This unique technique is just as accurate as the older tests but carries less risk," said Dr. Edelman. "We started with a basic science study and were able to quickly translate it into a clinical service that's available to any patient in the Chicago metropolitan area." The technique is currently in clinical trials at institutions across the country, but patients don't need to be part of a clinical trial to get the test at NorthShore today.



Dr. Robert Edelman leads research aimed at discovering new and safer MRI techniques.

Further down the road, interventional radiologists may be able to open blocked blood vessels with catheters guided by MRI rather than X-rays, which expose patients to radiation.

Currently, MRI is not a viable alternative to X-ray for guiding catheter procedures because the catheters that are threaded through the blood vessels are not visible on MRI, or cause interference that distorts the pictures. Dr. Edelman and his colleagues are studying new coatings that would allow the catheters to be clearly seen by the MR scanner. This technology is several years away from clinical application, but is one example of the discoveries taking place at NorthShore Research Institute every day. **C**

NorthShore Geneticist Co-Authors Groundbreaking Breast and Ovarian Cancer Study

Wendy Rubinstein, MD, PhD, Director of NorthShore's Center for Medical Genetics, received international attention as one of the authors of a landmark study published in the *Journal of the American Medical Association* (JAMA). The study shows women with an increased risk of breast and ovarian cancer because of an inherited BRCA1/BRCA2 gene mutation, who underwent preventive mastectomy and/or removal of their fallopian tubes and ovaries not only had a decreased cancer risk, but also had dramatically reduced chances of dying.

"What this study shows is that these risk-reducing surgeries are very effective—and life-saving," said Dr. Rubinstein. "It is vitally important that individuals learn about their family history, and take action by discussing risk factors with their doctor and seeking genetic counseling when needed."

Dr. Rubinstein, also on faculty at the University of Chicago Pritzker School of Medicine, just completed a four-month sabbatical at the National Institutes of Health (NIH) in the National Human Genome Research Institute. Her presence at NIH headquarters will help NorthShore leverage its genetics program and remain on the leading edge of this burgeoning area of medicine.

EAR, NOSE AND THROAT

Picking Up New Vibrations

College student undergoes advanced procedure with NorthShore ENT expert and can hear in her right ear for the first time in her life.

By Martha Floberg

Cathryn Collopy of Highland Park is a typical college freshman, adjusting to campus life and changing her mind about her major. But she's also getting used to things most of her classmates take for granted.

"I'm hearing things now that I never heard before," she said, one year after undergoing a unique procedure at NorthShore University HealthSystem to eliminate single-sided deafness. "I can sit anywhere I want in class or with a group of friends without having to turn my head to hear."

In pre-school, Collopy's parents never noticed symptoms of her congenital deafness. But a hearing test in first grade indicated she couldn't hear in her right ear. More testing revealed her right internal auditory canal was narrow with no evidence of nerve connections to her brain.

Collopy admits that growing up she always felt like she missed out on conversations. In class, she learned to sit in front so her "good" ear could compensate. As she grew older, her inability to locate the direction of a voice, especially with background noise, became a real challenge. "In high school I couldn't hear my teammates on the



Cathryn Collopy (from left) with best friends Netalie Gelman, Monica Sabo and Drew Weitman.

water polo team calling plays," she said, "and that was really frustrating."

Then she went to see Michael Shinnars, MD, Director of the NorthShore Neurotology Program. Dr. Shinnars is an Ear, Nose and Throat (ENT) specialist who completed fellowship training in Otolaryngology and Neurotology, a subspecialty devoted to diseases of the ear, especially disorders of hearing and balance. He is also on faculty at the University of Chicago Pritzker School of Medicine.

NorthShore Opens New ENT Facility in Northbrook

NorthShore recently opened a new ENT office at 501 Skokie Boulevard in Northbrook. Conveniently located off the Edens Expressway, the facility offers patients expert ENT care and a full range of audiology services.



"Cathryn was a perfect candidate for the Bone Anchoring Hearing Appliance, or BAHA," said Dr. Shinnars. "Patients who benefit from this technology either have congenital deafness or nerve hearing loss in one ear or conductive hearing loss from a variety of causes, such as chronic ear infections."

BAHA is a device that a surgeon implants above and behind a deaf ear. It consists of an external processor that transmits sound, and a small titanium post, or implant. The implant vibrates within the skull bone and enables a patient's normal ear to hear sound from both sides.

"It takes an average of three to six months for the implant to osseointegrate, or become part of the skull bone," said Dr. Shinnars. Three months after her procedure, Collopy began hearing from the right side for the first time in her life. "This experience has been really cool," she said. "When I started college, I thought I wanted to major in education, but I may switch to audiology. I can definitely relate to helping people like me."

For more information or to schedule an ENT appointment please call (847) 492-5700 (Ext. 1220). [C](#)

Medication Lifeline

NorthShore Foundation delivers critical aid to patients hit hardest by unemployment.

By Eileen Norris

Every Monday and Friday morning, Liz Kennedy goes to NorthShore University HealthSystem Evanston Hospital for a blood test to determine if the medication she takes to prevent blood clots in her lungs is at the right level. Since 2007, Kennedy has had two clots form in her lungs, once with internal bleeding. She has been on a blood thinner ever since to keep her within the therapeutic range. However, she needs frequent tests because her levels can dramatically spike up and down.

About a year ago, Kennedy, a 49-year-old widow with two grown children, lost her health insurance when her job as an administrative

“I’ve always had excellent insurance, so it was tough for me to face the fact that I needed help.”

Because she was a patient at Evanston Hospital’s Outpatient Clinic, her doctor suggested she might qualify for NorthShore’s Medication Assistance Program (MAP), which assists patients who can’t afford to fill their prescriptions. Her medication can cost up to \$90 a month, depending on the dosage. Now she pays just \$5 a month, thanks to MAP and philanthropic support from members of the community. Last year, 19,500 prescriptions were filled through NorthShore’s MAP.


Kennedy’s health troubles and job loss also forced her to think seriously about her future. After much soul-searching, she decided to go back to what she loved to do 30 years ago, when she was a nurse’s aide. She’s now attending Oakton Community College in Skokie for a year-long refresher course to become a certified nursing assistant.

Whether at school or home, Kennedy’s gateway to managing her medical care is the NorthShoreConnect Web portal. It enables Kennedy and her doctor to closely monitor her health online and make medication adjustments as needed. She especially likes that she can get a blood test in the morning,

log onto NorthShoreConnect later in the day and double-check her blood levels to make sure she’s in the safe range.

“It gives me peace of mind,” she said. “It also helps me keep my health records and medical history organized. There’s a lot of information, and it’s easy to forget things.”

Kennedy said her life and her health have reached a stable, happy point, and she is looking forward to being a caregiver again. “I can’t wait to get back to being with patients and doing whatever needs to be done. I’m passionate about my new life.”

You can help patients like Kennedy by contributing to MAP. Please call (847) 492-5700 (Ext. 1223). 



Liz Kennedy has a fresh start, thanks in part to NorthShore Foundation’s Medication Assistance Program.

assistant was eliminated at a construction firm in Wilmette. At the time, she didn’t know how she would pay for her life-saving medication. “I’ve always had excellent insurance, so it was tough for me to face the fact that I needed help,” said the Skokie resident.

NorthShore Foundation SAVE THE DATES

Family Action Network Lecture Series

Feb. 15 and March 14, 2011

7 p.m.

New Trier High School—Northfield Campus

Chicago Children’s Theatre Red Kite

Round Up for Children with Autism

March 1 and 2, 2011

Various times

NorthShore Evanston Hospital

Women’s Board of Skokie Hospital

Nutrition Lecture

March 14, 2011

5:30 p.m.

Oakton Community Center, Skokie

Shedding Light on the “Winter Blues”

By Phil Rozen

When the leaves fall and the days grow shorter, some people develop symptoms of depression and unexplained fatigue. It could be Seasonal Affective Disorder, or SAD, a form of depression that often appears in the fall and winter months. While SAD can negatively color life, it often can be treated easily and painlessly with psychiatric help. Joanne Parks, MD, a Winnetka psychiatrist in practice for 18 years and affiliated with NorthShore University HealthSystem, answers commonly asked questions about this condition:

Question: What causes Seasonal Affective Disorder?

Answer: We don't clearly understand the cause of SAD. No studies show a direct relationship between decreased daylight and the onset of the “winter blues.” However, research has found that in certain people, shorter periods of daylight can bring on depression. The most frequent type is fall-onset, but there is also a spring-onset seasonal mood disorder.

Q: What are the primary symptoms?

A: Fall-onset Seasonal Affective Disorder is characterized by increased sleep, increased appetite with carbohydrate craving, weight gain, decreased attention and concentration, difficulty with decision making, an inability to enjoy life, loss of libido, irritability that may lead to interpersonal difficulties, and feelings of rejection. There may even be suicidal feelings. Spring-onset Seasonal

Affective Disorder carries more typical depression symptoms, including insomnia leading to decreased sleep, early morning awakening, loss of appetite and loss of pleasure in activities. Not all people experience all symptoms, but if they find they're feeling “down” for at least two weeks in the absence of a legitimate cause for these feelings, they should be evaluated.

Q: How is SAD typically diagnosed?

A: The psychiatrist reviews both the patient's symptoms and history to make the diagnosis of depression. Patients often report a depressed mood for most of the day or decreased interest or pleasure in almost all activities, nearly every day for at least two weeks. It usually includes three or four of the following symptoms:

- Significant weight loss without dieting or weight gain; a decrease or increase in appetite
- Insomnia or hypersomnia
- Agitation or slowing of movements
- Fatigue or loss of energy
- Feelings of worthlessness or excessive or inappropriate guilt
- Diminished ability to think or concentrate, or indecisiveness
- Recurrent thoughts of death (not just fear of dying), suicidal thoughts or, less often, a suicide plan or attempt



Dr. Joanne Parks helps patients manage Seasonal Affective Disorder, or SAD.

Q: What are the best treatment options?

A: Light therapy can be helpful in treating SAD. It involves the use of a full spectrum light shining on the patient for several minutes daily. Guidelines recommend light therapy should be considered only with the supervision of a professional trained in the use of light for people with non-psychotic and well-documented seasonal depression. Light therapy has few side effects, which are usually reversible when treatment is stopped. These include eye discomfort, headache, fatigue and irritability. Depending on a patient's symptoms, medication might also be an option, and studies show benefits from using different kinds of antidepressants. Psychotherapy also can be helpful for patients to better understand and manage their feelings. **C**



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