Kellogg Cancer Center 2010 Annual Report

Excellence in Cancer Care





Kellogg Cancer Center

Reflecting on 2010

Excellence in Personalized Cancer Care



Dr. Bruce E. Brockstein
Chairman, NorthShore University HealthSystem
Cancer Committee

NorthShore University HealthSystem's (NorthShore) Kellogg Cancer Center offers truly personalized patient care—collaborative teams of physicians, nurses and other caregivers develop unique treatment plans for each individual patient.

Our multidisciplinary team approach offers patients the benefits of the most advanced care backed by the latest research and technology and a real dedication to compassionate, personal attention from everyone involved.

A sophisticated medical genetics program supports our cancer care, and our multiple support programs include a well-established integrative medicine program, which provides a wide range of complementary services for our patients. Our clinical research program is broad, with 85 available trials allowing our patients earlier access to potentially beneficial new treatments.

NorthShore is investing significant resources into Kellogg Cancer Center, evidenced by the opening of our new facility this year at Evanston Hospital. Designed with input from the NorthShore Oncology Patient Advisory Board, the expanded clinical space facilitates our multidisciplinary clinics, allowing medical oncologists and surgical oncologists, as well as numerous support and integrative programs, to share contiguous space. Our patients can see their entire care team in one location, and our physicians and other caregivers work together more efficiently.

Construction for a new and expanded Kellogg Cancer Center at Glenbrook Hospital is underway, with completion planned for early 2012; plans to double the space of Highland Park Hospital's Kellogg Cancer Center are in the works, with construction scheduled to finish in spring of 2011.

The oncology Guided Patient Support (GPS) Program was initiated in January 2010, thanks to philanthropic support from The Auxiliary of NorthShore at Evanston & Glenbrook Hospitals. The innovative program provides nurse navigators for newly diagnosed cancer patients. Through their initial contacts with patients, as well as their attendance at weekly tumor specific conferences, navigators are able to efficiently bring patients to optimal diagnosis and treatment, and help them deal with a myriad of issues throughout their care.

The GPS Program also provides patient financial advocates who help with everything from sorting through insurance challenges to securing financial assistance through grants including pharmaceutical company donated or discounted drugs and NorthShore



NorthShore is investing significant resources into our Kellogg Cancer Center, evidenced by the opening of our new facility this year at Evanston Hospital.

charity care. The GPS Program has allowed the addition of a third dietitian to the Kellogg team, and has helped to increase available psychosocial support.



Specially-trained oncology pharmacists like Kathryn Schiavo help Kellogg Cancer Center patients.

An outpatient oncology pharmacy opened adjacent to the Evanston Hospital Kellogg Cancer Center and now serves patients at all of our Kellogg locations, offering specialized information and support related to oral chemotherapy drugs, pain medicine and other associated medications. Recent research has shown the importance of follow-up contact from pharmacists related to oral chemotherapy success; our new on-site, specialized service ensures this essential communication for our patients.

The new Kellogg facility provides improved space and technology for our nine regularly scheduled multi-

disciplinary conferences, with enhanced AV services allowing for more video conferencing with other sites.

Research initiatives at NorthShore support a wide range of projects designed to improve cancer prevention, detection and treatment. Our patients benefit from a focus on translational research, bringing the latest findings from the laboratory to our clinical settings each day. We continue to expand our clinical trial offerings, bringing new drugs and techniques to patients, and more hope to their families.

Our teaching affiliation with the University of Chicago Pritzker School of Medicine continues to strengthen our academic profile, including expansion of the University fellowship program to NorthShore in 2011. Our attending physicians hold faculty appointments at the University, and medical students and residents train at NorthShore hospitals. In addition to multiple shared clinical initiatives, NorthShore and the University of Chicago are also collaborating on a growing number of research studies.

In 2010, NorthShore achieved the prestigious Magnet status from the American Nurses Credentialing Center, and NorthShore is the first in Illinois to receive this distinction as a system—the highest honor for nursing excellence, which is undoubtedly an important component of cancer patient care.



NorthShore nurses were recognized for excellence, earning the prestigious Magnet status.

Our survival outcomes compare favorably with national benchmarks; data reflecting survival by stage for several tumor sites can be found in charts throughout this report. We are proud of our ability to offer the highest level of care, and privileged to serve a growing group of patients and families.

Sincerely,

Bruce E. Brockstein, MD

Head, Division of Hematology Oncology

Chairman, NorthShore University HealthSystem

Cancer Committee



Surgeon Dr. Marshall Baker, nurse navigator Margaret Whalen and oncologist Dr. Robert Marsh

"As soon as I walk in the door at Kellogg and see the smiling greeters, I feel like I am walking into a place where people care."

Meg C.

Fighting a Rare and Aggressive Cancer and Winning the Battle

Meg C. is one of those exceptional people who truly believe that her cancer happened for a good reason and can teach her important lessons.

After undergoing three surgical procedures in six weeks, intraperitoneal chemotherapy and 12 rounds of systemic chemotherapy, Meg still maintains, "I believe bad things are tools to learn life lessons. I welcome this."

Her positive attitude, along with excellent medical care, helped Meg battle a rare appendix, or appendicial cancer, with tremendous results. The 45-year-old mother of three teenagers ended up in the Emergency Department at NorthShore Evanston Hospital with excruciating pain due to a herniated disc in her back. The back issue was another gift in disguise, as a CAT scan revealed abnormalities in her appendix.

Emergency surgery to remove her appendix led to the discovery and diagnosis of the rare cancer. "This cancer was aggressive, it had replaced her appendix," said NorthShore surgeon Marshall Baker, MD.

Following her initial surgery at NorthShore Evanston Hospital, Meg was persuaded by a friend who had recently undergone successful cancer treatment at Memorial Sloan Kettering Cancer Center to travel there for the next stage of her treatment. Physicians recommended an aggressive approach, and she had another surgery at Sloan Kettering to remove 63 lymph nodes, both ovaries and fallopian tubes, omentum, part of her colon and part of the peritoneal membrane, and then received intraperitoneal chemotherapy. She was told she had Stage 4 cancer, but that it was treatable with the aggressive therapy.

Unfortunately, three weeks after Meg returned home she developed a bowel obstruction, a complication from the treatment. Dr. Baker once again performed surgery on Meg to relieve the obstruction and reconstruct the bowel.

Meg then decided to receive the rest of her treatment at NorthShore Kellogg Cancer Center with oncologist Robert Marsh, MD, who led her through months of systemic chemotherapy and, like Dr. Baker, is thrilled with her progress. "It's incredible how well she is doing," said Dr. Marsh.

Meg has high praise for the entire team of caregivers who have helped her through this herculean battle. "Dr. Baker and his staff are all great, the interns, the residents, everyone," she said. A bowel obstruction and a 12-day hospital stay aside Meg said she still ended up "laughing and joking" with her doctors and nurses.

And when it came time to start chemotherapy at NorthShore Kellogg Cancer Center, she felt equally at ease with the medical oncology team—Dr. Marsh, nurse navigator Margaret Whalen, RN, and her chemotherapy nurses were all wonderfully caring and available whenever she had questions, according to Meg.

"As soon as I walk in the door at Kellogg and see the smiling greeters, I feel like I am walking into a place where people care," Meg said. "You can bond with the people there, and I have."

"To go through all that she has, and end up in the good condition she is, is remarkable," said Dr. Baker.

Gastrointestinal

NorthShore University HealthSystem (NorthShore) is a leader in colorectal cancer treatment and our focus is personalized care for each individual patient with a particular emphasis on prevention and early detection. Our gastroenterology (GI) program provides treatment for all GI

and related cancers, and our team approach ensures excellent care for rare and more complicated cases.

NorthShore's multidisciplinary, high-risk colorectal cancer clinic offers patients who have a family history or other risk factors for

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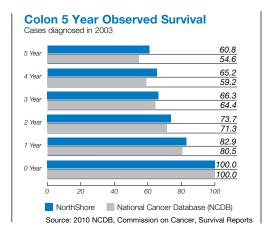
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colorectal cancer the opportunity to meet with specialists representing medical genetics, gastroenterology, colorectal surgery and nutrition. Personalized screening plans specific to individual medical and family history are developed and patients have the benefit of the latest resources and combined expertise. Highly qualified and specially trained nurses help patients stay connected and educated throughout the continuum of care.

Our exemplary Electronic Medical Records (EMR) system ensures that specialists across disciplines are in constant and real-time communication about patient treatment plans and progress.

For patients who require surgery, a host of advanced techniques and minimally invasive approaches are available as NorthShore's surgeons are at the leading-edge of this technology. Laparoscopic procedures are used for the majority of our patients, and our team of surgeons continues to expand minimally invasive options, including robotic surgery and scarless, or transanal and transoral procedures.

Our focus on personalized care is backed by our capacity in molecular medicine. NorthShore's molecular diagnostic laboratory, led by Karen Kaul, MD, PhD, is working to



GI Cancer Conferences

- NorthShore
 Evanston Hospital,
 Kellogg Room G868
 Fridays, 7 a.m.
- NorthShore
 Highland Park
 Hospital Videocast,
 Meeting Room 1B

advance knowledge and our ability to use molecular testing to determine the most appropriate therapy based on the specific nature of an individual tumor.

Our Center for Medical Genetics is a key player in our efforts to aid discovery of tumor types and effective therapeutic treatment, as well as to continue enhancing our services for high-risk patients. Every newly diagnosed colon cancer case is tested for Lynch Syndrome, a genetic mutation that increases risk for colon and other cancers.



Dr. Michael Ujiki offers expertise in minimally invasive surgery, advanced technology that provides GI cancer patients the latest options.

Improving Screening, Advancing Care

An ongoing focus on improving quality for colorectal screening means our physicians stay ahead of the curve. To that end, our GI specialists are improving colonoscopies with:

- Slower, more careful inspection on withdrawal of the colonoscope, given studies that show increased polyp detection rates with longer withdrawal times.
- Attention to the quality of colonoscopy preparations, including split dosing (part the day before and part on the day of the procedure) and use of an irrigation pump to improve visualization.
- Encouraging adherence to published guidelines regarding the appropriate frequency of colonoscopy in order to avoid over-use and under-use of screening and surveillance colonoscopy.

NorthShore is involved in the latest technological improvements for colonoscopies with a current interest in magnification colonoscopy, which uses optical zooming to increase the degree of detail that can be seen; dye spraying techniques that highlight abnormalities of the colonic lining; and "optical biopsy" techniques, which allow real-time visualization of structures at the cellular level during colonoscopy.

Improved techniques in radiation, including stereotactic radiosurgery for some early stage cancers, provide more options for our patients.

Innovative research is a key component of our program and we regularly participate in both early stage studies for new and cutting-edge therapies and large national Phase III studies helping to enhance current options.

Our academic affiliation with the University of Chicago Pritzker School of Medicine allows for even more collaborative research efforts, all aimed at improved prevention, detection and treatment of GI cancers.

Medical oncologist Jennifer Obel, MD, is currently leading efforts on a new study related to management of resectable colon cancer that has spread to the liver.

NorthShore offers a Women's GI Risk and Prevention Center to address gender differences and barriers to critical cancer prevention strategies for women. Led by Laura Bianchi, MD, the Center's clinical program counsels women about their personal risk for GI cancers and offers an individualized approach to risk reduction including lifestyle modifications.

For more information, call (847) 570-4104 or (847) 570-2515.

At all stages NorthShore survival outcomes compare favorably with national benchmarks, as shown in the Survival Graph below, which compares outcomes for patients treated for colorectal cancer at NorthShore with those treated nationally.

COLON CANCER OBSERVED SURVIVAL BY STAGE: Comparison of NCDB to NorthShore Data Cases diagnosed 1998-2002 ======= 60 40 Stage 0 Dx 1 Year 2Year 3Year 4Year 5 Year NorthShore 100.0 95.3 95.3 90.3 86.7 82.9 **NCDB** 95.4 100.0 91.9 88.4 84.7 80.7 Stage I NorthShore -100.0 83.0 97.2 97.2 92.0 89.0 **NCDB** 100.0 94.6 90.5 81.9 77.4 86.3 Stage II 100.0 NorthShore 91.9 87.3 80.2 72.3 67.2 NCDB ----100.0 92.3 85.7 79.1 73.0 67.3 Stage III NorthShore 100.0 89.7 74.9 66.1 62.2 55.8 **NCDB** 100.0 87.3 75.1 65.4 58.4 52.7 Stage IV 100.0 NorthShore --54.7 17.8 9.6 27.8 7.5

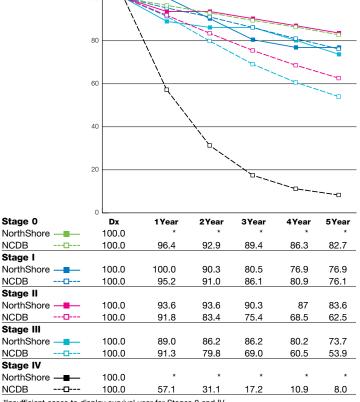
RECTUM CANCER OBSERVED SURVIVAL BY STAGE*:
Comparison of NCDB to NorthShore Data Cases diagnosed 1998-2002

27.0

16.1

8.2

50.5



^{*}Insufficient cases to display survival year for Stages 0 and IV.

Source: National Cancer Data Base (NCDB)

NCDB

100.0

Pancreatic

The comprehensive pancreatico-biliary and liver disease program at NorthShore University HealthSystem (NorthShore) offers the most advanced clinical care from a team of experienced specialists who include innovators in minimally invasive strategies.

While the program's clinical volume continues to expand each year, the team's academic and research efforts are also growing and gaining regional and national recognition.

Our multidisciplinary program for patients with pancreatico-biliary diseases and malignancies includes expertise in gastroenterology, surgery, medical genetics, medical and radiation oncology.

Three fellowship-trained hepato-pancreatico biliary surgeons-Marshall Baker, MD, Mark Talamonti, MD, and Michael Ujiki, MD, bring more than 25 years of clinical practice experience together as they continue to expand the field of laparoscopic, laparoscopic-assisted and robotic minimally invasive strategies to manage pancreas, liver, gastric and colorectal tumors.

NorthShore does more laparoscopic distal pancreatectomy, laparoscopic hepatectomy and robotic/laparoscopic colectomy procedures than most other centers in the region.

NorthShore's specialized interventional radiologists are at the forefront of new technology with advancements in percutaneous image-guided tumor ablation used for successful treatment of liver, kidney and other tumors. Selective Internal Radiation Therapy, or radio embolization, is now being used to focus high doses of radiation on non-resectable liver tumors. Our radiation oncologists are practiced in state-of-the-art stereotactic radiosurgery, and NorthShore invests in the latest technology to ensure patients have the full range of treatment options.

The Department of Surgery at NorthShore has a dedicated Pancreas Research Program and full-time research staff. Clinical trials focused on post-operative vaccinations have yielded encouraging results, and NorthShore will continue this area of study with a randomized Phase III trial. We are one of only a few institutions in the country involved in these trials.

NorthShore's clinical pancreatic cancer database is one of the largest in the country and contains more than 1,410 samples of pancreas-related disease available for retrospective study. Our robust research program provides early access to new and developing treatment options for our patients while striving to shed new light on this disease.

Our academic affiliation with the University of Chicago Pritzker School of Medicine continues to provide new opportunities for collaborative studies, while we remain engaged in collaborative efforts with major scientific groups throughout the country.

Active surgical pancreas-related clinical studies at NorthShore include:

- The development of a pancreatic tissue bank to serve as a resource for the development of biological markers for the early identification of pancreatic cancer
- New approach for the diagnosis of pancreatic intraductal papillary mucinous neoplasms
- Non-invasive diagnosis of early pancreatic cancer: a biophotonics approach
- Discovery of novel pancreatic cancer susceptibility genes
- The role of BRCA2 pathway in pancreatic cancer tumorigenesis
- Analysis of predictors of post-operative morbidity and long-term survival following pancreatic surgery
- Phase III clinical trial exploring the role of vaccine therapy after surgical removal of pancreatic cancers

GI Cancer Conferences

- NorthShore Evanston Hospital, Kellogg Room G868 Fridays, 7 a.m.
- NorthShore Highland Park Hospital Videocast. Meeting Room 1B

For more information, call (847) 570-2271.

Dr. Mark Talamonti, Chairman of Surgery and the





Acupuncture, provided here by David Vavrinchik, LAc, is one of the many services offered through NorthShore's Integrative Medicine Program.

Nurse navigator Gail Ronkoske helps thoracic oncology patients from diagnosis through treatment and beyond.

LIFE program director Dr. Carol Rosenberg and clinical coordinator Carole Martz guide patients through survivorship.

Integrative Medicine

NorthShore University HealthSystem's (NorthShore) Integrative Medicine Program helps nurture the body's healthy functions and wellness in the midst of treatment to eradicate cancer. One of the more well-established integrative medicine programs in the country, NorthShore recently joined the Consortium of Academic Health Centers for Integrative Medicine. Consortium membership is granted to highly esteemed academic health centers with integrative medicine programs involved in clinical services, research, medical education and policy advocacy.

Led by Medical Director Leslie Mendoza Temple, MD, NorthShore's program offers a wide array of complementary medicine strategies to improve well-being, reduce stress and optimize treatment for cancer patients.

Traditional Oriental Medicine therapies including acupuncture are used to reduce side effects of cancer treatments including pain, nausea and fatigue, and to support the body's immune system. Dietary guidance, including healthy food choices and supplements where necessary, helps patients optimize their nutrition.

Our integrative medicine physician works collaboratively with oncologists, aided by NorthShore's Electronic Medical Records (EMR) system, which ensures complete communication between patients' specialists.

The program promotes stress management techniques including guided imagery and talk therapy, and relaxation and pain management using bodywork techniques of massage and energy medicine therapies. Laser acupuncture is available at our Park Center location in Glenview to treat patients who may not be able to tolerate needles because of lymphedema or fear of needles.

Limited scholarships are available for patients with demonstrated financial need.

For more information, call (847) 657-3540.

Cancer Survivorship Program

Living in the Future (LIFE), is the first community cancer survivorship program in Illinois. Directed by Carol A. Rosenberg, MD, the LIFE program provides continued care for post treatment cancer survivors. The program assists survivors in their transition from the oncology specialty care environment back to their community, family and the primary care setting. Patients have the opportunity to meet individually with a specialized cancer survivorship nurse, develop a personalized, long-term Survivorship Care Plan, attend interactive workshops and access other support resources. The LIFE survivorship program was selected as a 2010 best practice program by The Advisory Board Company.

Guided Patient Support (GPS) Program

The newly established GPS Program at NorthShore Evanston Hospital provides Nurse Navigators—specialized oncology nurses—who meet with newly diagnosed breast, lung and gastrointestinal cancer patients and literally help them navigate through their cancer experience. Their support ranges from ongoing education for patients and family members to help coordinating physician referrals and documentation. Our Nurse Navigators attend weekly tumor board conferences and interact regularly with key physicians.

The GPS Program, developed with funding from The Auxiliary of NorthShore at Evanston & Glenbrook Hospitals, also supports nutrition counseling for our cancer patients. Dietitians receive nutrition consultation referrals from physicians, nurses and psychosocial staff as well as patients and caregivers. Follow-up consultations are offered for higher risk patients and those with ongoing nutrition issues. Cancer survivors are counseled on nutrition for cancer survivorship and risk reduction.

Financial advocates and psychosocial professionals are also available for our cancer patients' support and well-being.

NorthShore's Psychosocial Oncology Program offers services to Kellogg Cancer Center patients to help them manage their emotional and practical needs—from ongoing individual and family support throughout treatments and referrals to community resources to advanced care planning and bereavement counseling. This unique program is supported by philanthropy and has provided untold support for patients facing the myriad of challenges related to cancer.

Breast

NorthShore University HealthSystem's (NorthShore) comprehensive breast health program is the second largest in terms of patient volume in the state and the largest academic multispecialty practice in Illinois. A team of expert breast specialists including surgeons, oncologists, radiation therapists, radiologists, nurses and support staff offer the highest level of integrated, personalized care to patients.

Our program was the first in the Chicago region to be accredited by the American College of Surgeons' National Accreditation Program for Breast Centers.

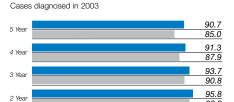
At NorthShore, we place a major emphasis on early detection and multidisciplinary treatment of breast cancer. We have multidisciplinary breast clinics where newly diagnosed patients can see medical oncologists and surgeons the same day at Kellogg Cancer Center. As a leading imaging center we offer sameday screening mammogram appointments, fast-track scheduling for diagnostic procedures and appointments with breast surgeons, state-of-the-art breast imaging technology including digital mammogram, ultrasound and MRI, and all images are interpreted by sub-specialized radiologists.

Each new breast cancer case is presented at a weekly multidisciplinary breast conference and treatment plans are focused entirely on the individual patient.

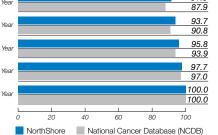
Dedicated Team of Researchers

Research plays a critically important role in NorthShore's breast program. An entire team of researchers is dedicated to discoveries related to prevention, detection and improved treatment for breast cancer. Basic science research at the NorthShore Research Institute includes innovative studies by Toru Ouchi, PhD, who is conducting BRCA1 pathway research focused on identifying molecular markers of early cancer. Dr. Ouchi is funded by the National Institutes of Health (NIH), Susan G. Komen for the Cure and the Avon Foundation breast cancer research fund.

Katherine Yao, MD, Director, Breast Surgical Program, and Susan Crawford, MD, PhD, are collaborating on a study focused on "Peritumoral Fat as a Promoter of Breast Cancer Progression," and Quingshen Gao, MD, and the University of Chicago's Kathleen Goss, PhD, are collaborating on "Crosstalk



Breast 5 Year Observed Survival



Source: 2010 NCDB, Commission on Cancer, Survival Reports

Breast Cancer Conferences

- NorthShore
 Evanston Hospital,
 Kellogg Room G868
 Mondays, 7 a.m.
- NorthShore Highland Park Hospital Videocast

between the BRCA2 and APC/B-catenin pathways in mammary stem cells & breast cancer." Both projects are supported by The Auxiliary of NorthShore at Evanston & Glenbrook Hospitals.

NorthShore has a wide variety of clinical trials designed to offer our patients the latest treatment options. Douglas Merkel, MD, is the Principal Investigator in collaboration with the University of Chicago on a new pharmacogenomics clinical trial.

NorthShore Center for Medical Genetics directed by Wendy Rubinstein, MD, PhD, plays a major role in both our clinical and research efforts. (See related article on page 8.)

A leader in nipple-sparing mastectomies, NorthShore is now involved in an ongoing prospective trial studying this innovative surgical technique. Surgeons David J. Winchester, MD, and Michael A. Howard, MD, who specializes in plastic and reconstructive surgery, are pioneers in this complicated procedure.

The American College of Surgeons
National Cancer Database selected NorthShore
as a breast alpha site used to study key questions regarding surgical outcomes in breast
cancer. This program is led by co-investigators
Dr. Winchester and Dr. Yao.

NorthShore's breast program includes a Lymphedema Treatment Program utilizing physical and occupational therapists to provide decongestive therapy for patients.

For more information, call the Department of Surgery at (847) 570-1700 or Medical Oncology at (847) 570-2112.

Making the Best Decisions

At 20 weeks pregnant, being diagnosed with breast cancer was the furthest thing from Sara Fishman-Lewis's mind. But that incongruous reality sent Fishman-Lewis, 37, and her family on a medical odyssey requiring the resources of both NorthShore University HealthSystem (NorthShore) Kellogg Cancer Center and the Maternal Fetal Medicine team at NorthShore Evanston Hospital.

"Being treated for breast cancer including undergoing chemotherapy while pregnant was an out-of-control experience. I needed doctors who would figure things out and allow me to make the best decisions," said Fishman-Lewis. Oncologists Leon Dragon, MD, and Douglas Merkel, MD, surgeon Katherine Yao, MD, and the Maternal Fetal Medicine team were "absolutely" those doctors, as well as the nurses and other staff, she said. Oncology nurse navigator Beth Weigel, RN, was "beyond phenomenal."

"The Kellogg team and the Maternal Fetal Medicine team had to keep the big picture in mind," Fishman-Lewis said. She and her husband Brian, and big sister Margo, welcomed baby Liza on Aug. 23, 2010. In the meantime, she continues to undergo chemotherapy, which will be followed by radiation therapy. "I have a wonderful family and a support group of superb doctors and nurses," Fishman-Lewis said. "I have a lot to live for."



Nurse navigator Beth Weigel, RN (from left) with Dr. Katherine Yao and Sara Fishman-Lewis

Gynecology

Gynecologic oncology at NorthShore University HealthSystem (NorthShore) offers patients the absolute latest in comprehensive care, backed by translational research and a team of compassionate and dedicated physicians and other healthcare professionals.

NorthShore specialists are members of the National Cancer Institute (NCI)-sponsored clinical trial group Gynecologic Oncology Group (GOG), and we are actively involved in many novel clinical trials for the treatment of women's cancers, as well as helping to set the agenda for these trials on a national basis. The division's clinical trials and translational research program is led by Jean Hurteau, MD. Carolyn Kirschner, MD, heads the division's minimally invasive program.

The Division of Gynecologic Oncology at

NorthShore was awarded the 2010 Professional Research Consultants (PRC) Excellence in Healthcare 5-Star Award. This is given to the outpatient practices that score in the top 10 percent nationally for Overall Quality of Care in PRC's National Client Database. Led by Gustavo Rodriguez, MD, the Matthews Family Chair of Gynecologic Oncology Research, the Division also received an internal award for each of the last four quarters from the NorthShore Medical Group for being a top practice, as measured by quality and patient and referring physician loyalty scores.

We see patients at all four NorthShore hospitals, as the program was expanded in 2010 and now includes Skokie Hospital. Our patients have the benefit of a multidisciplinary team including geneticists, radiologists, radiation

continued on page 11 >>

Gynecology Cancer Conference

■ NorthShore Evanston Hospital, Kellogg Room G868 Thursdays, 7 a.m.

Medical Genetics

NorthShore University HealthSystem's (NorthShore) Center for Medical Genetics, led by Wendy Rubinstein, MD, PhD, is one of the most active centers in the United States in terms of patient volume and clinical care, while also being highly engaged in national and international research efforts.

The Center provides excellent clinical consultations, meeting with all types of cancer patients and those at risk for familial cancers, and working collaboratively with referring physicians and families to help individuals make their best personal decisions based on their genetic profiles and the most up-to-date knowledge in the field.

Dr. Rubinstein and her team played an important role in establishing the multidisciplinary clinic for high-risk colon cancer patients at NorthShore. Every single case of diagnosed colon cancer at NorthShore is studied with an eye toward early identification of Lynch Syndrome.

The Center is involved in research across a variety of tumor sites including breast and prostate, where recent studies have drawn international attention. Dr. Rubinstein was co-author of a landmark



Center for Medical Genetics Director Dr. Wendy Rubinstein

The Division of Gynecologic Oncology at NorthShore was awarded the 2010 PRC Excellence in Healthcare **5-Star Award**.

oncologists, pathologists, gynecological oncologists and an array of support services.

The minimally invasive surgery program harnesses the most advanced technology to offer patients the latest options and surgical procedures, which are followed by shorter hospital stays, less pain and quicker recovery. Our program for robotic surgery for endometrial cancers is now fully implemented.

Promising research is a major priority of NorthShore's gynecologic oncology program. Dr. Rodriguez received a \$3 million federal grant to further his research aimed at developing a pharmacological strategy to prevent ovarian and endometrial cancer. The project entitled "Development of Vitamin D and Progestins for the Chemoprevention of Endometrial Cancer" will include bench research, a clinical trial and

a collaborative study with epidemiologists at Harvard University.

Dr. Rodriguez was also the recipient of a \$1 million award from The Auxiliary of NorthShore at Evanston & Glenbrook Hospitals to fund "Development of Vitamin D and Progestins for the Chemoprevention of Ovarian Cancer," and to support development of a Clinical Ovarian Cancer Prevention Program at NorthShore. His research was further supported with a \$75,000 award from Bears Care, the charitable organization of the Chicago Bears, to support ovarian cancer prevention research.

The Principal Investigator for National GOG protocol 214, Dr. Rodriguez is evaluating progestins as cancer preventive agents in women at increased risk of ovarian cancer, and has reached 50 percent accrual for this trial.

Dr. Hurteau was the Principal Investigator of GOG protocol 198, a randomized Phase III trial of Tamoxifen versus Thalidomide in a specific subset of recurrent ovarian cancer patients, the results of which have been hailed as changing the paradigm in ovarian cancer and showing Tamoxifen is a beneficial treatment option. He is now involved in a new trial, GOG 262, studying the use of Avastin for ovarian cancer patients.

NorthShore's Division of Gynecologic Oncology hosted the gynecologic cancer survivors course by the Gynecologic Cancer Foundation in November 2010. Recognized nationally as leaders, Dr. Rodriguez was an invited lecturer at the annual Society of Gynecologic Oncologists Research State of the Art Conference in Washington, DC, and Dr. Hurteau made a plenary presentation at the annual Society of Gynecologic Oncologists meeting.

Our academic affiliation with the University of Chicago Pritzker School of Medicine remains an integral part of our program, and Dr. Hurteau received a teaching award this year for his excellent mentorship of residents and students. A fellowship training program in gynecologic oncology is in development.

Dr. Kirschner and her family went on a sixmonth medical mission to Nigeria, where she performed more than 200 vesicovaginal fistula operations, thus helping to restore continence and functionality to women with fistulas.

For more information, call (847) 570-2639.



study published in the *Journal of the American Medical Association* (JAMA). A definitive study on BRCA1/BRCA2 gene mutation and prophylactic surgery showed high-risk women who underwent preventive mastectomy and/or removal of their fallopian tubes and ovaries not only had an associated decreased risk of those same cancers but also had dramatically reduced chances of dying.

Research related to our pancreatic family registry is focused on identifying some new susceptibility genes, and a new protocol related to melanoma is also aimed at identifying genetic markers.

Dr. Rubinstein is participating in a mini-sabbatical at the National Human Genome Research Institute (NHGRI). Her presence and networking at National Institutes of Health (NIH) headquarters will help NorthShore leverage its genetics program, backed by our outstanding Electronic Medical Records (EMR), to remain at the forefront of outcomes research.

For more information, call (847) 570-1029.



Richard Nixon (left) and oncologist Dr. Daniel Shevrin, Director of Urologic Medical Oncology

Confidence in the Kellogg Team

Perhaps the discipline he learned as a champion college athlete at Marquette University caused Waukegan resident Richard Nixon, 68, to ignore consistent stomach pains he began experiencing in 2000. When he saw a physician in 2002, Nixon was diagnosed with prostate cancer that had spread to bones in his hip, back and leg.

With the same athlete's determination, Nixon pursued options that would stop the cancer from advancing further and allow him to maintain his quality of life. He sought out several physicians before finding the best fit at NorthShore Kellogg Cancer Center, first with urologist Charles Brendler, MD, and then with oncologist Daniel Shevrin, MD. "We talked some about sports, and then Dr. Shevrin just listened to me and what my expectations were," said Nixon, a retired retail manager and active civic volunteer. "It was a team I could be confident about and believe in."

In December 2009, Dr. Shevrin enrolled Nixon in a clinical trial for an experimental drug for treatment of prostate cancer—his prostate specific antigen, or PSA, dropped significantly, and his cancer is now under control. "I am relieved," Nixon said. "When I leave Kellogg, I am always in good spirits."

Prostate

The Comprehensive Prostate Cancer Center at NorthShore University HealthSystem (NorthShore) brings together physicians and researchers from a multitude of disciplines to respond to what is now a highly curable disease.

Men who are newly diagnosed with prostate cancer have the opportunity to meet with many members of our collaborative team of specialists—in one day, and in one location—giving them not only a personalized treatment plan based on the most advanced care options. but also tremendous peace of mind.

The Center is co-directed by Michael McGuire, MD, who is Chief of the Division of Urology, and Charles Brendler, MD, the Ronald L. Chez Family and Richard Melman Family Chair of Prostate Cancer at NorthShore. In addition to urologists, radiation oncologists and medical oncologists, our prostate cancer program offers essential support services focused on sexual health, nutritional and integrative medicine, genetic counseling and psychosocial issues. New members of the team recruited this year include another urologic oncologist, Kristen Novakovic, MD, a single port/natural orifice minimally invasive surgeon Sangtae Park, MD, and an expert in sexual health, Jeffrey Albaugh, PhD.

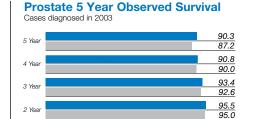
Active Surveillance Program

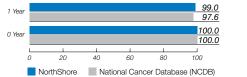
As the program's reputation for excellence continues to grow, our clinical volume is also increasing, up 40 percent in the previous year. NorthShore's prostate cancer active surveillance program is the only such program in the Midwest and the only one nationally using color flow, 3-D ultrasonography to diagnose prostate cancer and monitor prostate cancer progression.

Men enrolled in the study are followed very closely with blood and urine tests to measure prostate specific antigen (PSA) and other promising biological markers every three months, physical exams every six months, and an annual biopsy. Study patients, like all prostate cancer patients at NorthShore, have the opportunity to meet with one of our registered oncology dietitians.

Advanced Research

Our clinicians work closely with our team of scientists involved in a number of promising initiatives aimed at developing better biomarkers





Source: 2010 NCDB, Commission on Cancer, Survival Reports

Prostate Cancer Conferences

■ NorthShore Evanston Hospital, Kellogg Room G868 1st and 3rd Thursdays, 5:30 p.m.

to predict prognosis and developing new therapies for men with advanced prostate cancer. NorthShore researchers will be using nuclear magnetic resonance imaging to analyze patients' blood, urine and tissue to develop metabolic profiles.

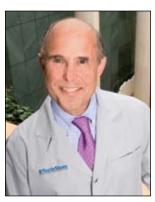
NorthShore's Center for Medical Genetics is intimately involved with our prostate cancer program. Medical Director Wendy Rubinstein, MD, PhD, and her colleagues have enrolled more men into the international IMPACT study looking at BRCA1 and BRCA2 mutations in prostate cancer than any other U.S. site.

An IRB-approved anxiety management program for prostate cancer patients on active surveillance focused on this essential quality of life issue was highlighted by Dr. Brendler and colleagues at the annual meeting of the American Urological Association in San Francisco in May 2010.

Jennifer Doll, PhD, a NorthShore Department of Surgery tumor biologist, continues her research into the relationship between obesity and prostate cancer risk and progression. She also presented her findings at the annual meeting of the American Urological Association.

Considerable progress is being made in research led by Susan Crawford, MD, to use neural stem cells embedded in an adhesive biogel that can be applied to a surgical site following tumor removal to eradicate microscopically residual cancer cells to prevent their subsequent growth and metastasis.

For more information, call (847) 657-5730.



Dr. Charles Brendler, the Ronald L. Chez Family and Richard Melman Family Chair of Prostate Cancer at NorthShore.

Thoracic

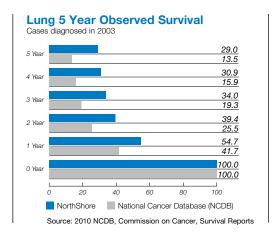
Improving care and outcomes for patients with lung cancer and other thoracic malignancies is the committed objective of NorthShore's Thoracic Oncology Program (TOP). Working in a multidisciplinary and collaborative approach, the TOP team is a specialized group of healthcare professionals who are dedicated to preventing, diagnosing, treating and managing lung cancer and esophageal, pleural, mediastinal and chest wall tumors.

Thomas Hensing, MD, Clinical Assistant Professor of Medicine, and John Howington, MD, Clinical Associate Professor of Surgery, serve as Co-Directors of the program. TOP's multidisciplinary approach includes a team of board-certified physicians and mid-level practitioners from thoracic surgery, medical and radiation oncology, pulmonary medicine, pathology and radiology.

Collective Expertise

This approach, a variety of specialists and practitioners from different clinical disciplines working together, is the hallmark of NorthShore Kellogg Cancer Center and the TOP program. The team meets weekly to discuss patient cases in detail and develop an individualized treatment plan based on collective expertise. This approach provides the best treatment options. The merits of multidisciplinary care are exemplified in our collaboration with neuro-oncology. Because lung cancer is one of the most common forms of cancers to metastasize to the brain, TOP was pleased to add the expertise of NorthShore neuro-oncologist Ryan Merrell, MD, to its team. He is one of three neuro-oncologists, along with many other subspecialists, who enable our team to recommend the best treatment plans for our patients. During the past year, TOP also welcomed medical oncologist Teresa Law, MD, to the team. Dr. Law is board-certified in internal medicine and medical oncology.

As a teaching affiliate of the University of Chicago, NorthShore's partnership with this esteemed institution continues to broaden for the benefit of our patients, particularly around the area of clinical trials. Through this relationship, NorthShore is integrating its clinical trial



Thoracic Cancer Conferences

- NorthShore
 Evanston Hospital,
 Kellogg Room G868
 Tuesdays, noon
- NorthShore
 Highland Park
 Hospital Videocast

menu with the University of Chicago, thus expanding options for TOP patients, as well as others, at both institutions. As a further benefit to clinical research, the infrastructure for NorthShore's bioinformatics capabilities is greatly expanding. This will strengthen and enhance collaboration between NorthShore and the University of Chicago.

Critical support services play a key role in our multidisciplinary approach. Oncology certified nurses and pharmacists, along with dietitians and the psychosocial team, closely collaborate to provide a comprehensive cancer program. The needs of our patients are first and foremost in our approach to care. TOP's nurse navigator, Gail Ronkoske, RN, works with each member of the care team to manage the patient's case from diagnosis through treatment and beyond.

For more information, call (847) 570-2518.

The needs of **our patients** are first and foremost in our approach to care.



Thoracic surgeon Dr. John A. Howington (left) and Bill McGuire

Early Detection, Expert Treatment

Bill McGuire had been an ex-smoker for 37 years, was in good shape, working, traveling and generally "feeling terrific" when he acquiesced to his sister's urging to have a CAT scan. Her own recent diagnosis of lung cancer and the fact that they had another brother succumb to the disease put McGuire's sister "on his case," he explained.

When his doctor called and said the scan revealed a problem, McGuire remained calm, still sure that it was nothing to worry about. Taking his sister's direction again, McGuire scheduled an appointment with NorthShore thoracic surgeon John A. Howington, MD, who had successfully treated her with a minimally invasive procedure to remove the tumor.

"I trusted Dr. Howington immediately. Not only is he a talented surgeon, he's a terrific guy and a great human being," McGuire said. Scheduled for a thoracoscopic lobectomy—the same minimally invasive surgery that saved his sister—McGuire knew he was in good hands, and was confident he would beat the cancer.

"Everything went exactly as it was supposed to," McGuire said, proving his confidence was well-placed. Because his cancer was caught early, and the surgery was successful, McGuire avoided chemotherapy and radiation and was back to his full activity level, even increasing his exercise plan, very quickly.

More than a year after his procedure, McGuire remains cancer free, healthy, happy and grateful for a life and a future with his wife and two sons. "I feel highly energetic, I play golf, I go to my kids' ball games; I'm a lucky man."

Neurologic

The Neuro-Oncology Program at NorthShore University HealthSystem (NorthShore) is the oldest and most established program in the Chicago area, with more than 50 years of combined experience between Nicholas A. Vick, MD, and Nina A. Paleologos, MD. The program was originally started by Dr. Vick, who is one of the founding fathers of the field. Dr. Paleologos, who holds the Stanley C. Golder Chair of Neuroscience Research, is Director of the Program and is a nationally and internationally known neuro-oncologist. In addition to these outstanding physicians, Ryan Merrell, MD, joined the program this year. Dr. Merrell brings rich experience from his residency at Mayo Clinic and his fellowship in neuro-oncology at Massachusetts General Hospital.

The Neuro-Oncology Program provides diagnosis and comprehensive management for patients with primary tumors of the brain and spinal cord, nervous system metastases, paraneoplastic syndromes and neurologic complications of cancer treatment. In addition to Drs. Paleologos, Vick, and Merrell, the program's collaborative team includes neurosurgeons, radiation oncologists, specially trained neuro-oncology nurses and a social worker with expertise in neuro-oncology. Patients are treated not only with the most sophisticated care available, but also with a focus on compassionate support for individuals and families.

NorthShore's new Neurological Institute provides patients complete access to further expertise for advanced care in brain and spine conditions.

A large percentage of our neuro-oncology patients are referred from well beyond the NorthShore service area, a reflection of the program's national reputation for an extraordinary level of expertise and cutting-edge care.

The NorthShore Neuro-Oncology Program is a member of a number of national consortiums and participates in multiple clinical trials evaluating novel treatments. Our Neuro-Oncology team members are active in local, regional and national education and scientific organizations and participate in regional outreach efforts.

Following are just a few of the latest leading-edge clinical trials available at NorthShore:

- Phase II Study of Bevacizumab and Erlotinib after radiation therapy and Temozolomide in patients with newly diagnosed glioblastoma without MGMT promoter methylation
- Phase III Study of radiation therapy with or without Temozolomide for symptomatic or progressive low-grade gliomas
- Multicenter Phase III Trial of Bevacizumab, Temozolomide and radiotherapy in patients with newly diagnosed glioblastoma
- GLIOGENE brain tumor linkage study

For more information, call (847) 570-1808.

Neuro-Oncology Cancer Conferences

NorthShore
Evanston Hospital,
Walgreen G520 A&B
2nd and 4th
Wednesdays,
7:30 a.m.



Dr. Nina Paleologos, who holds the Stanley C. Golder Chair of Neuroscience Research, is the Director of the Neuro-Oncology Program.

"NorthShore has the finest Neuro-Oncology program in the Midwest, if not nationwide. We refer them our patients because of their **outstanding care** and the **collaborative nature** of their program."

James E. Ruffer, MD Medical Director, Radiation-Oncology Good Shepherd Hospital Cancer Care Center

Melanoma and Sarcoma

The melanoma and sarcoma group of NorthShore University HealthSystem (NorthShore) offers a multidisciplinary team of specialists with the particular expertise needed to provide highly specialized care for patients with these cancers.

Surgical oncologists, medical oncologists, radiation oncologists, dermatologists, pathologists and radiologists work together to provide personalized care for patients drawn to the program from throughout the extended, multistate region. Further collaboration with specialists from plastic and reconstructive surgery, physical medicine and rehabilitation, physical therapy, psychosocial oncology and nursing, as well as the cancer survivorship program, ensure that patients have access to coordinated, compassionate care.

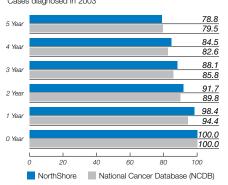
Members of the melanoma and sarcoma group also share a passion for research aimed at improving care and treatment options for these cancers, and are currently involved in several ongoing clinical trials. The team meets regularly to review individual cases and research—both current and future studies.

Ross Levy, MD, and Gregg Menaker, MD, dermatologists with Mohs micrographic surgery experience, utilize their expertise to maximize cure rates while also providing the aesthetic benefit of sparing more skin in high-risk locations.

NorthShore continues to be a referral center for isolated limb perfusion, a complex surgical procedure providing isolated delivery of highdose chemotherapy performed by David J. Winchester, MD. This innovative therapy provides successful treatment for many recurrent or locally advanced melanomas and sarcomas.

Among the active clinical trials currently





Melanoma and Sarcoma Cancer **Conferences**

■ NorthShore Evanston Hospital, Kellogg Room G868 1st and 3rd Thursdays, 8 a.m.

offered by the melanoma and sarcoma group are:

Source: 2010 NCDB, Commission on Cancer, Survival Reports

- UC16227A: Phase I/II study of Doxorubicin and A12 in advanced soft tissue sarcoma
- NCI 8121 A: Phase II study of temsirolimus (CCI-779, NSC 683864) and IGF-1 receptor antibody IMC-A12 (NSC 742460) in patients with metastatic cancer

NorthShore's physicians are active in national leadership roles: Bruce Brockstein, MD, served as Track Leader of the Sarcoma Scientific Program Committee for the 2010 American Society of Clinical Oncology Annual Meeting; David J. Winchester, MD, delivered a plenary session lecture at the 54th Annual Congress of the Chilean Chapter of the American College of Surgeons, May 8, 2010, Plenary Lecture: "Treatment of Soft Tissue Sarcomas," Santiago, Chile.

For more information, call (847) 570-2515.



Mohs surgery expert Dr. Ross Levy

Hematology

For patients with acute and chronic leukemia, myeloma, Hodgkin and Non-Hodgkin lymphomas, the Hematologic Malignancy Program at NorthShore University HealthSystem (NorthShore) offers advanced, compassionate care. Leading the team of specialists for hematology oncology are Lynne Kaminer, MD, and David Grinblatt, MD, who were joined last year by Alla Gimelfarb, MD, enabling the availability of hematology oncology services at all three Kellogg Cancer Center sites.

Further enhancing the coordinated effort among clinicians, specialty trained nurses, laboratory scientists, pathologists, psychologists and nutritionists was the addition of data manager Darin Chokdee. She will help facilitate and expedite Internal Review Board (IRB) approval for clinical trials to expand potential treatment options for hematology patients. A strong emphasis on clinical research provides innovative approaches for the management of some of the most difficult hematologic conditions. NorthShore's leadership in molecular diagnostics and pathology, including

waiting times for patients, a dedicated **hematology coordinator** helps streamline patient evaluations.

the expertise of Karen Kaul, MD, PhD, Mohamed Eldibany, MD, and James Perkins, MD, supports both our clinical and research efforts.

Dr. Grinblatt presented a study focused on development of secondary leukemia with fludarabine used as the sole chemotherapy agent in a group of lymphoma patients at the 2010 World Congress of the International Society of Hematology—a forum for hematologists from around the world to learn from experts about the latest research, therapies and tools available.

To ease stress-provoking waiting times for patients, a dedicated hematology coordinator helps streamline patient evaluations. The use of the Electronic Medical Record (EMR) system to identify hospitalized cancer patients at risk for thromboembolic events to ensure they receive effective prophylaxis continues with great success.

For more information, call (847) 570-3921.

Head and Neck

The NorthShore University HealthSystem (NorthShore) head and neck cancer group brings together experts in surgical oncology, radiation, oncology and medical oncology, as well as critical support from plastic and reconstructive surgery, dental medicine, physical medicine and rehabilitation, psychosocial oncology, physical therapy, radiology, pathology and nursing, and the cancer survivorship team. Multidisciplinary head and neck cancer case conferences are held every other Wednesday.

New clinical trials are offered to provide patients the latest in leading-edge treatment with new drugs and techniques, and a particular focus on chemo radiation and organ preservation. Our team works to help patients avoid surgery or opt for minimal surgery whenever possible. The group offers the highest level of tertiary care, including skull-based surgery, intraoral endoscopic laser surgery, IMRT and stereotactic radiosurgery.

Members of our team are actively involved in multiple national organizations for research, education and advocacy, including contribution to and editing of the widely used UpToDate Online Textbook.

NorthShore sponsors a head and neck support group, one of only three chapters in the state of Illinois, as part of SPOHNC (Support for People with Oral and Head and Neck Cancer), which meets the second Monday of each month and provides ongoing information though structured lectures, as well as support for patients and caregivers.

Head and Neck Cancer Conferences

NorthShore
 Evanston Hospital,
 Kellogg Room G868
 1st and 3rd
 Wednesdays,
 8 a.m.

Nationally Recognized Leaders

NorthShore University HealthSystem (NorthShore) Kellogg Cancer Center physicians are recognized as leaders in their respective fields.

NorthShore physicians are active in a broad range of regional and national organizations:

Charles Brendler, MD Surgery

- Brendler CB: Prostate Cancer. Presented at the Specialty Review in Urology, Lisle, III., April 27, 2010
- Brendler CB: The Emerging Role of Active Surveillance in Prostate Cancer. Presented at the Prostate Net Prostate Cancer Symposium, Chicago, III., Sept. 11, 2010
- Brendler CB: Current and Emerging Biomarker and Imaging Technologies in Prostate Cancer. Presented at the Prostate net Prostate Cancer Symposium, Chicago, III., Sept. 11, 2010

Bruce Brockstein, MD Oncology

- American Cancer Society, Lake County III. Regional Leadership, Il State Division delegate
- National Cancer Care Network (NCCN)-Head and Neck Cancer Committee (through 2009)
- Editorial Board Head and Neck Cancer, Journal Clinical Oncology
 UpToDate in Medicine, Section Editor, Head and
- Neck Cancer:
- 2010 Scientific Track Leader for Sarcoma, American Society of Clinical Oncology 2010 Annual Meeting

David Grinblatt, MD Hematology

- Principal Investigator NCI Community Clinical Oncology Program 2007 present
- Executive Committee, Cancer and Leukemia Group B, 2010 - present
- NCI Lymphoma Steering Committee, Member, 2009 - present

Karol A. Gutowski, MD Surgery

- · Chairman, Integument Subcommittee of In-Service Examination Committee, Plastic Surgery Educational Foundation, 2007 - present
- Vice-Chairman, Instructional Course Committee, American Society of Plastic Surgeons, 2008 present
- President Elect, Midwestern Association of Plastic Surgeons, 2010 2011
 Board of Trustees, Aesthetic Surgery Education & Research Foundation, 2010 present
- Vice-Chairman, Clinical & Evidence Based Research Committee, Plastic Surgery Educational Foundation, 2010 - present
- Chairman, Quality and Performance Metrics Committee, American Society of Plastic Surgeons, 2010 - present

Thomas Hensing, MD *Thoracic Oncology*• Member, Respiratory Committee of the Cancer

- and Leukemia Group B (CALGB)
- Chair, Lung Oncology Group in Chicago (LOGIC)
- Elected Board Member, Respiratory Health Association of Metropolitan Chicago
- Respiratory Health Association, Lung Cancer Initiative Advisory Council

 • Elected, Member at Large, Illinois Medical
- Oncology Society

Tina Hieken, MD Surgery

Committee, Advisory and Administrative Service: National (cancer-related)

- · American Society of Breast Surgeons, Editorial Advisory Board
- · American Society of Breast Surgeons, **Publications Committee**
- American College of Surgeons, National Ultrasound Faculty
- · American College of Surgeons Clinical Congress, Postgraduate Course: Breast Ultrasound, Instructor, Breast Ultrasound Workshops

Jean Hurteau, MD Gynecologic Oncology • Chair of the Compliance Subcommittee within

the Society of Gynecologic Oncology.

William Johnston, MD Surgery

- Section Editor for the peer-reviewed Journal of Endourology
- Moderator for the World Congress of Endourology meeting in Chicago, May 2010, a session on minimally invasive techniques for kidney cancer

 • Developed a new surgical instrument for minimally
- invasive surgery for urothelial carcinoma of the kidney and ureter and was granted a US Patent in Sept. 2009. The patent was issued to Dr. Johnston and NorthShore

Karen Kaul, MD, PhD Pathology

- Chair of the Strategic Planning Committee for the Association of Molecular Pathology
- Secretary-Elect, Council of the Pathology Program Directors

Robert Marsh, MD GI Oncology

Member, Gl Committee of the Eastern Cooperative Oncology Group (ECOG)

Tricia Moo-Young MD Surgery

American College of Surgeons Kamangar Ethics Award

Jennifer Obel, MD GI Oncology

Member, ASCO Communications Committee

- Nina Paleologos, MD Neuro-Oncology

 Chairperson, Accreditation Exam Committee for NeuroOncology, United Council of Neurological Subspecialties, 2006 present assigned task: writing first accreditation exam for recently approved UCNS NeuroOncology Subspecialty
- NeuroOncology Representative to National Brain Metastases Guidelines Committee, Section on Tumors of the American Association of Neurological Surgeons/Congress of Neurological Surgeons (AANS/CNS), 2006 - 2010
- Chair, Section of NeuroOncology, American Academy of Neurology, 2008 2009 Topic Working Group, Educational Program for 2011 Scientific Meeting, American Academy of
- Neurology, 2010
 Executive Committee, Section of NeuroOncology, American Academy of Neurology, 2010

Richard Prinz, MD Surgery • American Board of Surgery

- · Surgical Oncology Advisory Board

- Carol Rosenberg, MD Cancer SurvivorshipThe Advisory Board Company Oncology Round Table Cancer Survivorship Services Research Consultant
- · Presentor at the Gynecologic Cancer Foundation Ovarian Cancer symposium, Nov. 20 2010. Ovarian Cancer Survivors Course: Surviving and Thriving in the Face of Adversity: Living in the

Gail Rosseau, MD Neurosurgery

- Board of Directors of the American Association of Neurological Surgeons

 Board of Directors of the Societe de
- Neurochirurgie de Langue Francaise (International
- French-speaking Neurosurgical Association)
 Executive Committee of the World Federation of
 Neurosurgical Societies (Vice President for North
- Executive Committee of the Foundation for International Education in Neurosurgery

Wendy Rubinstein, MD, PhD Genetics

NIH Sabbatical: Dr. Rubinstein is spending four months at NHGRI on a mini-sabbatical. She will enhance her knowledge of ongoing whole exome sequencing of ClinSeq samples. She will assist in the initial analysis of ClinSeq samples with whole exome sequencing already completed to date and/or candidate gene-sets associated with atherosclerotic heart disease. Through her presence and networking at NIH headquarters, NorthShore will gain better recognition regarding our experience with EPIC, our large physician network, our informatics leadership to leverage the EMR to conduct comparative effectiveness research.

Arif Shaikh, MD Radiation Oncology

Member of the Gynecologic Oncology Group (GOG) National Uterine Cancer Committee since January 2009

- Daniel Shevrin, MD Oncology

 Member, ECOG GU Committee
- Community Co-Chair, ECOG GU Committee
- Member, ECOG Symptom Management Committee
- · Co-Director, Clinical Core, Prostate SPORE, Northwestern University

Marc Singer, MD Surgery

American Society of Colon and Rectal Surgeons Program Committee, Medical Education Committee

Mark Talamonti, MD Surgery

- Member, National Comprehensive Cancer Center Network (NCCN) Advisory Panel for Pancreatic Cancer Guidelines
- Chairman, Medical Advisory Committee, PanCAN, Pancreatic Cancer Action Network

Michael Ujiki, MD Surgery

- SAGES Membership Committee
 SAGES Flexible Endoscopy Committee

- David J. Winchester, MD Surgery
 Society of Surgical Oncology, Program Committee,
 Continuing Medical Education Committee
- American Joint Commission on Cancer TNM Staging Accuracy Task Force, Education and Promotions Task Force
- American College of Surgeons Commission on Cancer
- American Journal of Clinical Oncology, Associate
- · American College of Surgeons Annual Clinical Congress, Management of the Axilla, Moderator, Oct. 12, 2009, Chicago, III.
- Society of Surgical Oncology 63rd Annual Cancer Symposium, March 4, 2010, Moderator, Breast Cancer Controversies - More versus Less, St. Louis, Mo.
- Society of Surgical Oncology 63rd Annual Cancer Symposium, March 4, 2010, Managing the Positive Sentinel Node, Moderator, Breast Parallel Session, St. Louis, Mo.
- American Association of Endocrine Surgeons 31st Annual Meeting, April 20, 2010, Templates for the Electronic Medical Record, Pittsburgh, Pa.
- 54th Annual Congress of the Chilean Chapter of the American College of Surgeons, May 8, 2010, Plenary Lecture: "Treatment of Soft Tissue Sarcomas," Santiago, Chile

David P. Winchester, MD Surgery

- Medical Director, National Cancer Programs, American College of Surgeons,
- Executive Director, America, Joint Committee on Cancer
- Member, Expert Cancer Panel, Brookings Institution
- Chairman of the Board, National Accreditation Program of Breast Centers, American College of Surgeons
- Member, Blue Distinction Centers for Cancer Care Expert Panel
- Journal of Surgical Oncology, Associate Editor
- International Journal of Radiation Oncology Biology and Physics

- Katharine Yao, MD Surgery

 American College of Surgeons Oncology Group, MRI Trial Development Team
- Chicago Surgical Society, Young Surgeons Committee
- American College of Surgeons, National Cancer
 Database, Principal Investigator Breast Alpha
 Site, Participant User File
- National Accreditation Program for Breast Centers (NAPBC), NAPBC surveyor University of Chicago SPORE, Internal Advisory
- Committee
- BeBrightPink Expert Panel

2009 Cancer Data Summary

Incidence of Cancer 2009

In 2009, 3,809 new cancer cases were accessioned into the NorthShore University HealthSystem (NorthShore) Cancer Registry. Of those, 3,344 cases (88 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 465 cases (12 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 2009

Class 0, 1 and 2 are considered analytic cases; Class 3, 4, 5, 6 and 7 are non-analytic.

Class 0 and Class 1, which account for 2,759 cases, were those malignancies diagnosed at one of our four Hospitals. Once diagnosed with cancer, 2,644 (96 percent) of our patients remained at NorthShore for their treatment. Class 2, totaling 585 cases, were diagnosed elsewhere and referred to NorthShore for treatment. Class 3, a total of 418 cases were diagnosed and treated elsewhere and referred here for treatment of a recurrence or progression of disease. The remaining 47 cases are divided among other nonanalytic classes.

Overall Top 5 NorthShore Sites

Breast cancer continues to be our top cancer site representing 22 percent of the total analytic cases seen at NorthShore. The next most frequent cancers seen were: lung (11 percent), prostate (10 percent), and colon and melanoma (5 percent each). These top five sites represent 53 percent of all newly diagnosed cases.

Distribution by AJCC Stage for the Top Five Sites seen at NorthShore

Cancer diagnoses are broken down into five stages. Each stage represents how far the cancer cells have spread. Eighty-six percent of our breast cancers were diagnosed at an early stage (stages 0, 1 and 2), reflecting the national (83 percent) trend toward early detection. Thirty-eight percent of our lung cancers (national 28 percent), 80 percent of our prostate cancers (national: 80 percent), 55 percent of our colon cancers (national: 49 percent) and 84 percent of our melanoma cancers (national: 71 percent) were also diagnosed with early stage disease. In each of the top sites seen at NorthShore, detection at an early stage was significantly higher or equal to that seen nationally. National data supplied by the 2010 NCDB, Commission on Cancer, ACoS Benchmark Reports (2008 data); data for NorthShore is from diagnosis year 2009. See Table 2 on page 21.

Survival by Stage at Diagnosis

Stage at diagnosis also predicts the patient's survival rate, or the percentage of people who will survive for five years after the cancer diagnosis. Based on cases diagnosed in 2003 and submitted to the National Cancer Data Base (NCDB) overall survival rates at NorthShore for the top five sites compare favorably to those seen nationally. For breast cancer our overall five-year survival rate is 91 percent (national: 85 percent). Longer or equivalent overall survival rates are seen for the remaining top four sites as well. See graph for colon and rectum on page 4, breast on page 8, prostate on page 13, lung on page 14 and melanoma on page 17.

Source: 2010 NCDB, Commission on Cancer, Survival Reports

TABLE 1: INCIDENCE OF CANCER— **2008 DATA SUMMARY**

| Primary Site | Analytic | Non-Analytic | Total | Percent |
|--|-----------|--------------|-----------|--------------|
| Oral Cavity and Pharynx | 61 | 10 | 71 | 1.9% |
| Lip | 1 | 0 | 1 | 0.0% |
| Tongue | 19 | 3 | 22 | 0.6% |
| Salivary Glands Gum and Other Mouth | 10 | 2 2 | 12 | 0.3% |
| Nasopharynx | 8 2 | 0 | 10 2 | 0.3% 0.1% |
| Tonsil | 13 | 0 | 13 | 0.1% |
| Oropharynx | 6 | 2 | 8 | 0.2% |
| Hypopharynx | 2 | 1 | 3 | 0.1% |
| Digestive System | 526 | 73 | 599 | 15.7% |
| Esophagus | 34 | 7 | 41 | 1.1% |
| Stomach | 49 | 6 | 55 | 1.4% |
| Small Intestine | 10 | 2 | 12 | 0.3% |
| Colon Excluding Rectum | 176 | 24 | 200 | 5.3% |
| Rectum & Rectosigmoid Anus, Anal Canal & Anorectum | 85 7 | 10 0 | 95 7 | 2.5% 0.2% |
| Liver & Intrahepatic Bile Duct | 33 | 6 | 7 39 | 1.0% |
| Intrahepatic Bile Duct | 1 | 3 | 4 | 0.1% |
| Gallbladder | 5 | 2 | 7 | 0.1% |
| Other Biliary | 18 | 0 | 18 | 0.5% |
| Pancreas | 101 | 13 | 114 | 3.0% |
| Retroperitoneum | 4 | 3 | 7 | 0.2% |
| Peritoneum, Omentum & Mesentery Other Digestive Organs | 3 1 | 0 | 3 1 | 0.1% 0.0% |
| Respiratory System | 369 | 27 | 396 | 10.4% |
| Nose, Nasal Cavity and Middle Ear | 3 | 0 | 3 | 0.1% |
| Larynx | 13 | 2 | 15 | 0.4% |
| Lung & Bronchus | 353 | 24 | 377 | 9.9% |
| Pleura | 0 | 1 | 1 | 0.0% |
| Bones and Joints | 3 | 1 | 4 | 0.1% |
| Soft Tissue | 19 | 2 | 21 | 0.6% |
| Skin excluding Basal and Squamous | 168 | 29 | 197 | 5.2% |
| Melanoma – Skin Other Non-epithelial Skin | 161 7 | 28 1 | 189 8 | 5.0% 0.2% |
| Breast | 742 | 54 | 796 | 20.9% |
| Female Genital System | 161 | 26 | 187 | 4.9% |
| Uterus | 111 | 10 | 121 | 3.2% |
| Ovary | 34 | 7 | 41 | 1.1% |
| Vagina | 6 | 3 | 9 | 0.2% |
| Vuľva | 8 | 6 | 14 | 0.4% |
| Other Female Genital Organs | 2 | 0 | 2 | 0.1% |
| Male Genital System | 345 | 99 | 444 | 11.7% |
| Prostate | 319 | 98 | 417 | 10.9% |
| Testis | 26 | 0 | 26 | 0.7% |
| Urinary System | 244 | 15 | 259 | 6.8% |
| Urinary Bladder | 139 | 10 | 149 | 3.9% |
| Kidney & Renal Pelvis | 102 | 5 | 107 | 2.8% |
| Ureter | 2 | 0 | 2 | 0.1% |
| Other Urinary Organs | 1 | 0 | 1 | 0.0% |
| Eye & Orbit | 16 | 4 | 20 | 0.5% |
| Brain & Other Nervous System | 158 | 41 | 199 | 5.2% |
| Brain | 69 | 30 | 99 | 2.6% |
| Cranial Nerves & Other Nervous System | 89 | 11 | 100 | 2.6% |
| Endocrine System | 176 | 22 | 198 | 5.2% |
| Thyroid Other Endocrine including Thymus | 113 63 | 10 12 | 123 75 | 3.2% 2.0% |
| Lymphomas | 158 | 19 | 177 | 4.6% |
| Nodal | 97 | 14 | 111 | 2.9% |
| Extranodal | 61 | 5 | 66 | 1.7% |
| Myeloma | 33 | 6 | 39 | 1.0% |
| Leukemia | 75 | 13 | 88 | 2.3% |
| Mesothelioma | 5 | 1 | 6 | 0.2% |
| Kaposi Sarcoma | 0 | 1 | 1 | 0.0% |
| Miscellaneous | 85 | 23 | 108 | 2.8% |
| Total | 3,344 | 465 | 3809 | 100.0% |
| | | | | |

TABLE 2: STAGE OF DIAGNOSIS— 2008/2009 DATA

Comparison of National Cancer Data Base (NCDB) to NorthShore Data

| Breast | NorthShore | NCDB |
|---------|------------|---------------|
| | (n = 742) | (n = 220,058) |
| Stage | (%) 2009 | (%) 2008* |
| 0 | 24.5% | 20.4% |
| I | 37.5% | 37.6% |
| II | 24.3% | 24.5% |
| III | 9.4% | 8.8% |
| IV | 2.4% | 3.7% |
| NA | 0.1% | 0.1% |
| Unknown | 1.8% | 4.9% |
| Total | 100% | 100% |

| Lung | NorthShore | NCDB (n = 167,604) |
|---------|-----------------------|---------------------------|
| Stage | (n = 353) (%) 2009 | (%) 2008* |
| 0 | | 0.2% |
| I | 30.0% | 22.1% |
| II | 8.2% | 5.6% |
| III | 28.0% | 23.2% |
| IV | 28.9% | 39.0% |
| NA | 2.5% | 0.2% |
| Unknown | 2.3% | 9.5% |
| Total | 100% | 100% |

| Prostate | NorthShore | NCDB |
|----------|-----------------------|----------------------------|
| Stage | (n = 319) (%) 2009 | (n = 148,832) (%) 2008* |
| 0 | (1.1) | 0.0% |
| I | | 0.9% |
| II | 79.6% | 79.1% |
| Ш | 11.9% | 8.8% |
| IV | 7.5% | 5.1% |
| NA | 0.3% | 0.0% |
| Unknown | 0.6% | 6.1% |
| Total | 100% | 100% |

| Colon | NorthShore | NCDB |
|---------|------------|--------------|
| | (n = 176) | (n = 80,270) |
| Stage | (%) 2009 | (%) 2008* |
| 0 | 11.9% | 6.4% |
| I | 21.0% | 19.5% |
| II | 22.2% | 23.1% |
| III | 19.9% | 22.8% |
| IV | 18.2% | 18.5% |
| NA | 1.7% | 0.1% |
| Unknown | 5.1% | 9.6% |
| Total | 100% | 100% |
| | | |

| Melanoma | NorthShore (n = 161) | NCDB (n = 50,666) |
|----------|-------------------------|--------------------------|
| Stage | (%) 2009 | (%) 2008* |
| 0 | 18.6% | 18.5% |
| I | 59.6% | 40.2% |
| II | 6.2% | 12.0% |
| III | 9.9% | 7.2% |
| IV | 3.1% | 3.8% |
| NA | 0.0% | 9.3% |
| Unknown | 2.5% | 9.0% |
| Total | 100% | 100% |

Totals may not equal 100 due to rounding.

Source: 2010 NCDB, Commission on Cancer, Survival Reports.

^{* 2008} latest data from the NCDB

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