

A health and lifestyle publication from Evanston Northwestern Healthcare

Breathing Without A Tube

An ENH physician fixes a baby's vocal defect with a minimally invasive procedure.



Serendipitous Discovery

The detection of a tiny nodule in her lung saved a nonsmoker's life.



Colleen Durbin Mitchell
President
ENH Foundation

Welcome to the April/May issue of *Connections*, a bimonthly publication bringing you the latest in medical technology, research and patient care from Evanston Northwestern Healthcare (ENH). Each issue features stories about how generous donors, many of whom are grateful patients, help fund crucial medical research and clinical breakthroughs that make it possible to provide better healthcare for the patients we are privileged to serve.

Five years ago, the ENH Foundation was launched as Evanston Northwestern Healthcare's primary philanthropic entity to strengthen the value of charitable giving and advance ENH's mission "to preserve and improve human life." Thanks to our Board of Directors and thousands of volunteer friends, we will complete our Campaign goal of raising \$150 million by the end of 2008. In the process, the ENH Foundation has evolved from a small organization to a strong team committed to our new vision of catalyzing a remarkable, donor-driven culture of philanthropy.

To accommodate this transformation, we have accepted the challenge from our Board of Directors to double our annual philanthropic goal to \$30 million. The ENH Foundation's mission has expanded from an exclusive focus on raising private funding to one that helps cultivate more volunteers—"friend-raising"—and that continues to thoughtfully invest in ENH community activities. We recognize our place in the community, partnering with other nonprofit leaders who share our collective commitment to promote the health and well-being of the people we serve.

We're also committed to showing loyal friends and volunteers the impact of their gifts. Through generous gifts to the ENH Foundation, thousands of patients have benefited from major renovation and construction projects at Evanston, Glenbrook and Highland Park Hospitals; significant investments in clinical programs and new technologies; and the continued recruitment of the best physicians, nurses, researchers and other healthcare professionals.

In this issue (see page 15), you'll learn how ENH Foundation friends Lois and Milt Podolsky gave a \$500,000 gift to start a research fund, spearheaded by Mark Talamonti, M.D., Chairman of the Department of Surgery, to screen for and treat pancreatic cancer. Dr. Talamonti gave Lois Podolsky hope and brought her back to good health after she was diagnosed with pancreatic cancer. It's a remarkable story of a doctor and grateful patient working together to fight an often terminal disease, and how philanthropy can transform a personal struggle into hope.

Each issue of *Connections* offers inspiring stories like that of Dr. Talamonti and Lois Podolsky. We hope this magazine remains a valuable and informative resource for you, your family and friends. We welcome your feedback.

Warm regards,

Colleen Durbin Mitchell
President
ENH Foundation



10
Serendipitous Discovery
The detection of a tiny nodule in her lung saved a nonsmoker's life.



6
Breathing Without a Tube
An ENH physician fixes a baby's vocal defect through a groundbreaking, minimally invasive procedure.

inside cover | **A Message from Colleen Durbin Mitchell**
President of the ENH Foundation

2 | Happenings
Hope for New Life
Riding a Wave
ENH: New National Research Ranking
Expertise and Accuracy in Mammograms

6 | Breathing Without a Tube
An ENH physician fixes a baby's vocal defect through a groundbreaking, minimally invasive procedure.

10 | Serendipitous Discovery
The detection of a tiny nodule in her lung saved a nonsmoker's life.

12 | Around ENH
Minimally Invasive Procedure Through Robotics
ENH physician uses a four-armed robotic doctor to perform minimally invasive surgery, resulting in shorter recovery for the patient.

Research Institute
ENH is at the epicenter of a quiet revolution ushering in patient-centered healthcare.

Foundation
Pancreatic cancer survivor's gift kicks off a new research initiative at ENH.

Community Relations
ENH cultivates partnerships with community groups as an integral part of its commitment to improve the lives of the community members it serves.

17 | Ask the Doctor
ENH physician shares how advances in medications and knowledge of inflammatory bowel disease (IBD) are making a world of difference to those with the disease.

<p>CONNECTIONS is a publication of the Office of Corporate Communications, 1301 Central St., Evanston, Ill. 60201; PublicRelations@enh.org.</p> <p>Publisher: Art Massa</p> <p>Editor: Sara S. Patterson</p> <p>Managing Editor: Maura Giles</p> <p>Photographer: Jonathan Hillenbrand</p>	<p>Connections Editorial Advisory Board:</p> <p>Jim Anthony, Director, Public Relations, ENH</p> <p>Tim Callahan, Administrator, ENH Research Institute</p> <p>Lindsey Cox, Vice President, Hospital and Clinics, Highland Park Hospital</p> <p>Gabrielle Cummings, Vice President, Hospital and Clinics, Glenbrook Hospital</p>	<p>Amy Ferguson, Senior Director, Public Relations, ENH</p> <p>J. P. Gallagher, Senior Vice President of Hospital and Clinics, Evanston Hospital</p> <p>Brendan Gately, Associate Creative Director, Euro RSCG Life LM&P</p> <p>Barbara Hailey, Director, Communications, ENH Foundation</p> <p>Mary Keegan, Vice President, Nursing, ENH</p>	<p>Kristen Murphy, Assistant Vice President, Surgery and Orthopedics, ENH Medical Group</p> <p>Rikki Ragland, Director, Public Relations, ENH</p> <p>Russell G. Robertson, M.D., Chairman, Family Medicine, Glenbrook Hospital</p> <p>Mark Schroeder, Director, Community Relations, ENH</p>
--	---	---	--

Connections is a publication provided to you and your community by Evanston Northwestern Healthcare. Your comfort, security and privacy are our highest concerns. If you do not wish to continue receiving Connections, simply call (847) 570-3187, and we will remove your name from this mailing list.

Hope for New Life

Newer fertility-preserving techniques allow cancer patients to become parents.

Many cancer treatments can leave women and men infertile. That's why when Helena Lambke of the DuPage County town of Willowbrook, Ill., was diagnosed with uterine cancer at age 39, one of her first thoughts was of the children she couldn't bear. That's when ENH Oncologist Gustavo Rodriguez, M.D., referred Lambke to Reproductive Endocrinologist and Infertility Specialist John Rinehart, M.D., Ph.D., J.D.



Photo by Jonathan Hillenbrand/Evanston Northwestern Healthcare

Newer fertility-preserving techniques at ENH allowed cancer patient Helena Lambke to become a mother.

"My oncologist, Dr. Rodriguez, said I needed a hysterectomy right away. There wasn't time for me to get pregnant," Lambke said. "But in the few weeks before my surgery, Dr. Rinehart made it possible for me to have children."

In the weeks prior to her hysterectomy, Lambke was given shots to make her body produce more eggs and then went through in vitro fertilization (IVF), a process in which eggs and sperm are brought together in a laboratory dish to allow the sperm to fertilize the eggs. Dr. Rinehart combined the eggs with sperm from her husband, Michael, and created embryos.

Lambke's embryos were frozen in liquid nitrogen, and some were later implanted into her sister-in-law, Sheila Lambke. The procedure was successful, and in October, she delivered a healthy baby girl.

"Freezing the embryos is just one option open to cancer patients," Dr. Rinehart said. "We can also freeze ovarian tissue. If the woman doesn't have a partner to provide sperm, we can freeze her eggs and fertilize them later. "For men, we can freeze their sperm before they undergo cancer treatment, so they will be able to father children later as well.

"There are many people who, in their most reproductive years, will develop cancer leaving them unable to have children," Dr. Rinehart said. "Fortunately, a good deal of research is going on in this area, and technology has advanced at such a rate that we are becoming more successful in preserving fertility."

Many who are diagnosed with cancer are unaware of the fertility-preserving options available to them. Hope exists for many patients, men and women, diagnosed with cancer. To locate a fertility specialist to discuss your options, log on to www.enh.org/findadoctor or call Evanston Northwestern Healthcare Physician Referral Service at (847) 492-5700 (Ext. 1253). ■

A Profile of Strength: Good Morning America's Robin Roberts



Robin Roberts

*Saturday, May 31, 2008
Michigan Shores Club
10:30 a.m.
Luncheon follows program.
Ticket Price: \$65*

The American Craft Exposition presents a community education event featuring co-host of ABC News Good Morning America, Robin Roberts. Through her nationally televised fight against breast cancer, Roberts has discussed how she is living with the disease as a busy professional. Now she will talk to other women about her diagnosis, treatment and survival.

Proceeds from this event and the Auxiliary of Evanston Northwestern Healthcare's nationally renowned 24th American Craft Exposition, Aug. 22–24, 2008, at the Henry Crown Sports Pavilion in Evanston, will both benefit breast and ovarian cancer research at Evanston Northwestern Healthcare. For more information, or to purchase tickets for either event, contact The Auxiliary at (847) 492-5700 (Ext. 1254). ■

Riding a Wave

Man dislocates his pelvis in a wave runner accident on Lake Michigan.

What began as an adventure for Tim Gigot and his two sons ended in a serious pelvic injury for the 44-year-old Long Grove resident. Gigot and his sons took a three-person wave runner—which operates like a snowmobile on water—for a ride in July 2006.



Photo by Jonathan Hillenbrand/Evanston Northwestern Healthcare

Orthopaedic surgeon Dr. David Beigler surgically repaired Tim Gigot's pelvis. Gigot was injured while driving a wave runner on Lake Michigan.

They started from their cabin on Lake Charlevoix in Michigan and then headed to Lake Michigan through a connecting channel. But the waves suddenly became choppy and bigger than he expected.

"When I realized how rough the waves were, I turned the wave runner around to head home," Gigot said. "That's when a wave came out of nowhere and threw our machine straight up in the air."

As the wave hit, Gigot stood up to absorb the impact, and his sons flew off into the water. Thankfully his two sons were uninjured. The 1,000-pound machine hit his right hip fracturing his pubic symphysis bone and separating his sacroiliac joint. When Gigot then bounced into the water, his life jacket buoyed him up saving his life since he had difficulty moving.

The sons climbed back on the wave runner as the current pulled it to shore about a half mile away. Gigot struggled to swim. He could only crawl up on the beach with his sons helping him. One son ran for help, while the other stayed with Gigot.

Shortly afterward, paramedics transported him to the Emergency Room at Charlevoix General Hospital where an orthopaedic surgeon examined him. While the surgeon volunteered to perform the operation, he had never done it before. Gigot's wife, Teri, insisted he go to an orthopaedic surgeon at Evanston Northwestern Healthcare (ENH).

"My wife is a nurse, and she wanted the best care for me," Gigot said. Two days later, Gigot was transported seven hours to Evanston Hospital where David F. Beigler, M.D., surgically repaired his pelvic injury pulling the bones back into correct alignment with an 11-centimeter long plate that is 3.5 millimeters (mm) thick and 3.5 mm wide.

"The right side of Tim's pelvis was completely malrotated but fortunately was not dislocated," said Dr. Beigler, Section Chief of Orthopaedic Trauma at ENH and Clinical Instructor at Northwestern University's Feinberg School of Medicine. "I decided to only plate the front of his pelvis but not the back as he didn't need the fixation in the back of his pelvis."

Evanston Hospital: Level One Trauma Center

The Illinois Department of Public Health's Division of Emergency Service and Highway Safety is the body that approves Level I Trauma Centers such as at the Evanston Hospital campus. This approval allows the Hospital to provide trauma care to patients requiring more acute care.



Initially after surgery and during his 12-week rehabilitation, Gigot felt pain in his sacroiliac area. But as he began to heal, he continued to exercise his back to strengthen his pelvis. On Jan. 9, 2007, Gigot played basketball for the first time since the accident.

"I didn't know if I would ever play basketball again," he said. "Injuries in this area can be very risky to fix correctly. But thanks to Dr. Beigler, I have healed very well. I'm fortunate to be walking and doing all of the things that I did before."

That includes riding a wave runner. "In the summer of 2007 I was on the wave runner, but I'm more cautious," he said. "I probably will not venture out on Lake Michigan again." ■

ENH: New National Research Ranking

Evanston Northwestern Healthcare is No. 9 in the nation in National Institutes of Health funding.

Evanston Northwestern Healthcare (ENH) has earned the distinction of ranking No. 9 in the nation among Comprehensive Independent Research Hospitals in funding from the National Institutes of Health, up from its No. 10 spot last year. ENH continues to rank No. 1 in Illinois.

“This is a significant accomplishment for our physician-scientists, especially recognizing our Research Institute was not formed until late in 1996,” said Evanston Northwestern Healthcare President and CEO Mark R. Neaman. “We are thankful for the support and leadership that has allowed us to achieve such a notable success that directly supports our mission to ‘preserve and improve human life.’ ”

The ENH Research Institute has achieved national renown for its clear focus on clinical and translational research—research that renders laboratory findings directly into advancements in patient care.



At the state level, ENH is again the No. 1 ranked Independent Research Hospital in Illinois. Nationwide more than 3,000 institutions of all types and sizes receive NIH funding, including universities, research institutes, medical schools and hospitals. With more than \$22 million per year in direct NIH grants, ENH is also in the top 5 percent of all institutions receiving NIH funds. These rankings are for the fiscal year ending Sept. 30, 2006.

The ENH Research Institute, founded in 1996, serves as the research arm of Evanston Northwestern Healthcare, a fully integrated, multi-hospital healthcare system serving northern metropolitan Chicago. Affiliation with Northwestern University's Feinberg School of Medicine, and the University's basic sciences and biomedical engineering departments, creates a dynamic environment where clinical and scientific minds can collaborate and innovate.

The Institute has achieved national renown for its clear focus on clinical and translational research—research that renders laboratory findings directly into advancements in patient care.

For example, one ENH Research Institute program is the ESCAPE migraine clinical trial, led by principal investigator, Ted E. Feldman, M.D., Director of Cardiac Catheterization at ENH and Professor at Northwestern University's Feinberg School of Medicine. An estimated 30 million Americans, or 10 percent of the population, suffer from migraine headaches.

Now researchers at ENH are conducting clinical trials, searching for a possible link between migraines and patent foramen ovale (PFO), a tiny hole in the heart that occurs in infancy between the left and right atria. Nearly 25 percent of adults have PFO, but it usually does not affect regular daily activities. Recent studies show that almost 40 percent of migraine sufferers have PFO.

In addition to Dr. Feldman's migraine clinical trial, hundreds of other clinical trials are under way throughout Evanston Northwestern Healthcare. Studies range from health issues as varied as obesity, strokes, Parkinson's disease and colorectal cancer. For more information about ongoing and upcoming clinical trials and research at ENH, please visit www.enh.org/research. ■

Expertise and Accuracy in Mammograms

Specialized radiologists offer more accurate mammography readings.

According to the National Cancer Institute, radiologists reading mammograms miss an average of two out of 10 cases of breast cancer. Researchers found the largest contributing factor to these missed diagnoses is the lack of specialization of the radiologists reading the tests. At Evanston Northwestern Healthcare (ENH), all breast imaging studies are interpreted by a select group of specially trained radiologists who are dedicated to the subspecialty of breast imaging, ensuring improved accuracy through their expertise.

“At ENH we have radiologists who focus their practice on a particular subspecialty within the field of patient imaging, including neuro-radiology, pediatric radiology, musculoskeletal imaging, interventional radiology and breast imaging,” said Robert R. Edelman, M.D., Chairman of Radiology and Professor at Northwestern University's Feinberg School of Medicine. “With specialists in breast imaging reading your mammogram, the accuracy of your screening increases greatly.”

At the 10 ENH Breast Diagnostic Centers and screening sites, a radiologic technologist who specializes in mammography performs each mammogram. The technologist has completed rigorous education and training, and works under close supervision of the radiologist to ensure the most accurate results from your examination.

Unlike some mammography sites, ENH facilities offer the latest technological advances in breast evaluations, while providing access to dedicated professionals and equipment, enabling minimally invasive breast biopsy techniques to ensure the earliest possible diagnosis of breast cancer.

“One woman scheduled a diagnostic mammogram at an ENH facility to evaluate a questionable breast lump,” said Jan Jeske, M.D., Attending Physician, Diagnostic Radiology at Evanston Hospital, and Assistant Professor of Diagnostic Radiology at Northwestern University's Feinberg School of Medicine. “At the time of her visit to the ENH breast imaging suite, she could no longer feel the lump but proceeded with a bilateral mammogram. The area of the questioned lump was normal, but the ENH radiologist noticed a tiny abnormal spot in the woman's opposite breast. Following additional testing and breast ultrasound, the radiologist discovered a tiny but suspicious



Photo by Jonathan Hillenbrand/Evanston Northwestern Healthcare

Yearly mammograms are important for women ages 40 and over to detect early stages of breast cancer. To ensure greater accuracy in reviewing mammograms, at Evanston Northwestern Healthcare all breast imaging studies are interpreted by a select group of radiologists who are dedicated to the subspecialty of breast imaging, ensuring improved accuracy through their expertise. Here, ENH diagnostic radiologist Dr. Jan Jeske examines a mammogram.

mass. Using a minimally invasive, vacuum-assisted needle biopsy technique, under ultrasound guidance, the ENH radiologist was able to diagnose this woman's cancer at the earliest possible stage.”

Dr. Jeske has seen several cases like the one just mentioned. To ensure you are getting the most accurate mammogram, make sure it is performed by a dedicated technologist and interpreted by a specialized radiologist like the ones at Evanston Northwestern Healthcare.

To schedule a mammogram at an ENH facility, call radiology/patient access at (847) 492-5700 (Ext. 1255). ■





BREATHING WITHOUT A TUBE

An ENH physician fixes a baby's vocal defect through a groundbreaking, minimally invasive procedure.

Melanie Elmgren never thought she would want to hear her baby cry. But when Evelynn Elmgren was born, the newborn only made a squeaking sound, as if she had the hiccups.

“Evelynn is our third child,” Elmgren said. “We have two healthy boys. It never occurred to us there would be anything wrong with her. They kept telling me she was fine, and that she was just tired.”



Photo by Jonathan Hillenbrand/Evanston Northwestern Healthcare

The Elmgren family can play and laugh out loud thanks to a minimally invasive surgery that opened up their newborn’s airway. Evelynn, now a one-year-old, suffered from bilateral vocal fold paralysis. To avoid a tracheostomy, a graft of Evelynn’s own rib cartilage was inserted into her larynx. She is the youngest patient at ENH to have had this operation.

From left to right: Melanie and Evelynn Elmgren

Theories that baby Evelynn was just tired were refuted as tests revealed her blood oxygen levels were low, and there were some concerns. Evelynn was soon transferred from St. Francis Hospital to ENH’s Evanston Hospital campus, which is one of only 10 designated Level Three Regional Perinatal Centers in Illinois, the highest designation for nurseries.

Vocal Cord Obstruction

“The doctors immediately started running tests,” Elmgren said. “Dr. Gerber examined her two days after she was born. He took a scope and looked at her throat and vocal cords.”

Mark E. Gerber, M.D., FACS, FAAP, Director of the Evanston Northwestern Healthcare (ENH) Pediatric Airway Voice and Resonance Center and Assistant Professor of Otolaryngology at Northwestern University’s Feinberg School of Medicine, specializes in voice and airway disorders in children such as bilateral vocal fold paralysis (BVP). BVP occurs when one or both of the vocal cords (or vocal folds) do not open or close properly.

If a baby has BVP, their vocal cords may remain closed, causing feeding problems, obstructing their airway and, ultimately, causing breathing difficulty—even asphyxiation. Dr. Gerber’s tests confirmed that Evelynn had BVP. “As third-time parents, the shock of going from having perfectly healthy children to a child with a critical airway was extremely frightening,” Elmgren said.

“We monitored Evelynn first to see if the vocal cord movement would improve on its own, but after the third week, it was time to look into some options,” Dr. Gerber said. “In most cases, BVP is managed by placing a tracheostomy tube through a hole made in the front of the neck and into the trachea to help the child breathe.

How the Vocal Cords Function

The vocal cords are two elastic bands of muscle tissue located in the larynx (voice box) directly above the trachea (windpipe). They produce sound when air in the lungs is released and passed through the closed vocal cords, causing them to vibrate. When a person is not speaking, the vocal cords remain apart to allow the person to breathe. ■

“The unfortunate effect is that during the time a tracheostomy tube is in place, which is usually at least a year or two, the child’s care is very labor intensive. There is a constant need for vigilance in monitoring to ensure complications that can be life-threatening do not arise. Twenty-four-hour care is needed to prevent plugging or accidental removal of the tube. Having a tracheostomy tube in an infant is life altering, not only for the child, but for the entire family.”

“When we were told that it was possible that the only treatment was a tracheostomy, my husband and I were very scared,” Elmgren said. “Then, after three and a half weeks, Dr. Gerber told us, ‘I can do this other procedure. But it’s never been done on a baby this small.’ ”



Photo by Jonathan Hillenbrand/Evanston Northwestern Healthcare

The adaptation of this minimally invasive option for managing BVP in newborn children was recently reported by Mark E. Gerber, M.D., FACS, FAAP, at the national meeting of the Society for Advancement in Ear Nose and Throat Diseases in Children held in Milwaukee. Here he is explaining how vocal cords work.

Minimally Invasive Procedure

Dr. Gerber introduced the Elmgrens to a minimally invasive option—without tracheostomy—by endoscopy, through the mouth, widening the distance between the back of the vocal cords. This is done using a laser to incise the larynx—from the inside—and placing a graft of the patient’s own rib cartilage into the incision, separating the vocal cords to open the airway.

“We were nervous that it had never been done on a newborn before. And we weren’t sure that we wanted

our baby to be the first,” Elmgren said. “But when one of the nurses brought out a doll and showed us how our little baby would be with a tube coming out of her throat, we really didn’t want her to have a tracheostomy.”

Ron and Melanie Elmgren decided to put their most precious possession into the hands of Dr. Gerber. “We trusted him from day one,” Melanie Elmgren said. “He seemed so confident, and he made us feel so comfortable.”

Evelynn spent her first weeks of life in the hospital prior to the procedure. Postoperatively, she was home within a week. Now just over one year later, Evelynn has a strong voice and a strong cry, no upper airway obstructive symptoms, no feeding issues and no scar.

There are many causes of BVP in a newborn including neurologic problems, heart problems and sometimes unavoidable birth-related stretching of

the vocal cord nerves. Unfortunately, in the majority of children with BVP, the cause is idiopathic, meaning for reasons unknown.

In the last several months, Dr. Gerber has performed this minimally invasive procedure on infants and small children a dozen times.

“Now we can definitely hear her,” Elmgren said. “She has a good strong cry.”

The Department of Pediatrics at Evanston Northwestern Healthcare provides a variety of services for pediatric patients throughout our communities. In addition to the more than 250 community pediatricians on our professional staff that provide general pediatric care, we have pediatric specialists who participate in clinical care, medical education for pediatric residents and medical students, and leading-edge pediatric research. For more information or to make an appointment, please call (847) 492-5700 (Ext. 1256). ■

An Updated Procedure

The procedure performed on Evelynn has been around since the 1990s. Previously, the surgery was much more invasive, being performed through an incision in the front of the neck. The extra incisions temporarily destabilized the voice box, creating the need for leaving a supportive stent in the airway for several weeks following the procedure.

Recovery included multiple days in the intensive care unit, usually at least a week in the hospital and a return to the operating room for removal of the supporting stent a month later. Now, in 2008, the endoscopic technique that has been performed in many older children as well, takes half the time, is less painful and avoids destabilizing the voice box.

This allows the children to be watched for only a short time in the hospital setting after surgery. For example, in the older children who already have a tracheostomy in place, they have been hospitalized only one night, returning a few weeks later just to have the tracheostomy tube removed after healing is complete. ■

SERENDIPITOUS DISCOVERY

The detection of a tiny nodule in her lung saved a nonsmoker's life

Returning from rehabilitation for a left knee replacement in January 2007, Shelley Gutman felt as though she had no strength. The normally robust 71-year-old Buffalo Grove resident thought something more was wrong.

The day after Gutman came home, her husband, Jerry, took her to the Emergency Room (ER) at ENH's Glenbrook Hospital campus. Evan Laskaris, M.D., an Emergency Room Physician, suggested she take a computerized tomography (CT) scan to be sure everything was normal. He asked Radiologist Richard Gore, M.D., to view the three-dimensional image of Gutman's lungs.

Dr. Gore, with specific training in diagnostic radiology, found two tiny blood clots in her lungs, as well as a small nodule. To safely dissolve the blood clots, Gutman stayed at Glenbrook Hospital for a few days before having a positron emission tomography (PET) scan to detect any cancer in the nodule. It did not appear malignant, but Dr. Gore recommended Gutman have a CT scan of her lungs every three months as a precaution.

By September 2007, the nodule had grown slightly, and Gutman was connected to Thoracic Surgeon John Howington, M.D. "I went alone to my appointment because I was sure it wasn't malignant," Gutman said. "I didn't expect it to be cancerous since I never smoked and am not regularly exposed to second-hand smoke." While it is common for lung cancer to affect primarily smokers, 10 percent, or 21,300 people diagnosed annually with lung cancer, are nonsmokers like Gutman.

According to Dr. Howington, PET scans are often not accurate when cancer is small in size. "The nodule was irregularly shaped, and during the course of several months, it had changed," said Dr. Howington, Director of Thoracic Surgery, Co-Director of the Thoracic Oncology Program at Evanston Northwestern Healthcare (ENH) and an Associate Professor at Northwestern University's Feinberg School of Medicine. "If a nodule is benign, it's less likely to change. Growth is the number one concern for oncologists."

Surgical Tale

Dr. Howington recommended a minimally invasive surgery called thoroscopic lobectomy to remove it. Normally talkative, that day Gutman was almost speechless. "I told him that I would have to go home and think about it," she said.

On her way home, she stopped to see her ENH Primary Care Physician, Rupa Desai, D.O. "She told me, 'The nodule doesn't belong there. You should get rid of it.' " When Gutman reached her home, she called Dr. Howington's office to schedule the surgery.



Photo by Jonathan Hillenbrand/Evanston Northwestern Healthcare

ENH physician Dr. John Howington is one of the few surgeons nationwide performing a minimally invasive approach to lung cancer. He is able to remove a portion of the lung without cutting large muscles or spreading open the ribs.

During the minimally invasive surgery, Dr. Howington confirmed the nodule was non-small cell lung cancer—a disease in which malignant cells form in

the tissues of the lung¹ and accounts for 80 percent of those with lung cancer. He removed the nodule and some surrounding tissue to be sure the cancer cells were totally eliminated. He also took a sample of Gutman's lymph nodes to be sure the cancer had not spread. Luckily, it had not.

"If you wait for symptoms from lung cancer, it will be advanced," Dr. Howington said. "After age 55, high-risk people, especially smokers with a relative who had lung cancer, should be screened regularly. The best chance for curing lung cancer is to find it when there are no symptoms, and it's at an early stage."

Road to Wellness

Gutman spent two days at ENH's Highland Park Hospital campus where she reported, "The nursing care was fantastic." After surgery, Thomas Hensing, M.D., Co-Director of Thoracic Oncology and Assistant Professor at Northwestern University's Feinberg School of Medicine, helped with Gutman's follow-up care and monitoring. He will see her every four months for the first two years and every six months through year five. After the fifth year, she will be seen annually. Her follow-up will consist of regular examinations, as well as imaging of her chest with X-rays or occasional low-radiation-dose CT scans.

Dr. Hensing advised Gutman against undergoing chemotherapy or radiation since the cancer was in a very early stage. "Shelley is far more likely to be cured with the surgery," he said. "Her prognosis for being cured is excellent because her risk of reoccurrence is low."

"I know that I'm very lucky," said the mother of three and grandmother of five. "I'm grateful for how my treatment was handled. All my ENH doctors were proactive, not reactive, in their methods and recommendations. It happened so fast. And cancer will kill you if it's not stopped in time." More than 1,500 minimally invasive thoroscopic lobectomies have shown a 50-percent reduction in complication



When a nodule grew just a little, Dr. Howington removed it from Shelley Gutman's lung finding that it was cancerous and saving her life. From left to right: Dr. Thomas Hensing, Dr. John Howington and Shelley Gutman

rates and days in the hospital compared to open lobectomies. For more information, please call Retta Wilson-Grier at (847) 492-5700 (Ext. 1257). ■

Quitting Smoking

When smokers quit, there are benefits over time, according to CancerCare, a national nonprofit organization for Lungcancer.org that provides free professional support services for anyone affected by cancer.

- Twelve hours after stopping: Your blood's carbon monoxide level returns to normal.
- Two weeks to three months after quitting: Your circulation gets better, and your lung capacity improves.
- One to nine months after stopping: Your coughing and shortness of breath lessen. Your cilia—the tiny hair-like structures that move mucus out of your lungs—return to normal capacity in your lungs. That improves your ability to handle mucus and clean your lungs, and reduces your risk of infection.
- One year after quitting: Your added risk of coronary disease is 50 percent less compared to a smoker's.
- Five to 15 years after stopping: Your risk of stroke is comparable to that of a nonsmoker.² ■

¹ "Non-Small Cell Lung Cancer Treatment," National Cancer Institute at www.cancer.gov/cancertopics/pdq/treatment/non-small-cell-lung/patient.

² Prevention, "When Smokers Quit—What Are the Benefits Over Time?" CancerCare, <http://www.lungcancer.org/reading/prevention-php?printable=true>.

Speedy Recovery

ENH physician uses a four-armed robotic doctor to perform minimally invasive surgery, resulting in shorter recovery for the patient.

Mary Ellen Fitzsimonds, 42, is a mother on the go. The parent of two children and a community volunteer for Girl Scouts, Boy Scouts, PTA and Boosters, she is also a national officer for her sorority, Kappa Alpha Theta. She spends much of her time volunteering and traveling around the country giving inspirational speeches on behalf of Kappa Alpha Theta. But Fitzsimonds' chronic pain grounded her active lifestyle.

For several years, Fitzsimonds suffered from excessive menstrual bleeding and abdominal cramping and pain. As it worsened, she was homebound up to four days each month and had tried medication therapy that would only temporarily relieve the symptoms. "The pain seemed manageable with ibuprofen, but as it got progressively worse, I decided to consult my doctor," she said.

Her obstetrician/gynecologist, Michael Hughey, M.D., told her he felt a fibroid, a noncancerous growth in the uterus and recommended consulting Frank Tu, M.D., M.P.H., for surgical treatment options. Dr. Tu heads up the Division of Gynecological Pain and is Minimally Invasive Surgery Director at Evanston Northwestern Healthcare (ENH) and an Assistant Professor of Obstetrics and Gynecology at Northwestern University's Feinberg School of Medicine.

Dr. Tu offered Fitzsimonds several options. One option was to insert an intrauterine device (IUD), a small, T-shaped plastic device that contains hormones, to stabilize her uterine bleeding. Since her uterus was tilted, he also would do a separate procedure to resuspend the uterine ligaments. Fitzsimonds told him that she was not planning on having more children and wondered if a single solution, rather than two procedures, could fix both problems.



Photo by Jonathan Hillstrand/Evanston Northwestern Healthcare

ENH Division of Gynecological Pain and Minimally Invasive Surgery Director Frank Tu, M.D., M.P.H., prepares patient Mary Ellen Fitzsimonds with an overview of the Intuitive Surgical's *da Vinci*® S™ Surgical System for minimally invasive surgery.

Dr. Tu offered Fitzsimonds another option—a laparoscopic supracervical hysterectomy (LSH) by way of the *da Vinci* robot.

The LSH, also known as a partial hysterectomy, is a newer surgery that takes advantage of recent advances in surgical instruments, allowing for the entire case to be completely done through small, pencil-thickness incisions. This endoscopic procedure is done traditionally with rigid, inflexible instruments. But using the *da Vinci*® S™ Surgical System, a state-of-the-art robotic system designed to expand the surgeon's capabilities, Fitzsimonds could have a minimally invasive approach resulting in less pain, less blood loss, shorter recovery and a quicker return to her normal daily activities.

"With the assistance of the robot, Mary Ellen's hysterectomy went very smoothly," Dr. Tu said. "The advantages of having a stereoscopic view allowed for an easy dissection of the most difficult part of a laparoscopic hysterectomy, which is exposing the uterine vessels, which can bleed heavily if not secured. The flexible instrument arms, which mimic the full range of motion of the human hand, allowed for very precise dissection and handling of the pelvic tissues, resulting in very little blood loss.

"While this procedure can be performed without the *da Vinci*, this type of approach can mean patients experience shorter hospital stays with less postoperative pain. Typically, they can return to their daily routine in one week rather than six."

"The surgery only took two hours, and I went home the next day," Fitzsimonds said. "I didn't have much pain after the surgery, and after four days I was no longer taking ibuprofen."

"At Evanston Northwestern Healthcare, we are all about making a difference in patients' lives and restoring them to good health as quickly as possible," Dr. Tu said. "Technology advances such as robotic surgery offer our patients state-of-the-art medical care."

Fitzsimonds has her quality of life back since having the surgery. "Just a month after the surgery, I was able to get on a plane to give speech for my sorority." She no longer suffers from any of the pain or bleeding, and she is able to continue being active in her community and in the lives of her family.

Evanston Northwestern Healthcare's Gynecologic Oncology Program provides a full spectrum of care for women with a variety of cancers. Our award-winning gynecologic oncologists are on faculty at Northwestern University's Feinberg School of Medicine and are board-certified in gynecologic oncology and obstetrics and gynecology. To make an appointment at Evanston Hospital, call Gynecologic Oncology at (847) 492-5700 (Ext. 1258). ■

How the *da Vinci* Works

*The first surgery in Illinois using Intuitive Surgical's *da Vinci*® S™ Surgical System was performed at ENH.*

The *da Vinci* Surgical System consists of an ergonomically designed console at which the surgeon sits; a mobile patient-side cart with four interactive robotic arms; a high-resolution 3-D vision system and proprietary wristed instrumentation. It is designed to seamlessly translate the surgeon's hand movements into corresponding micro-movements of the miniaturized instruments positioned inside the patient.

"Our ultimate goal is to use the *da Vinci* for certain cases where its agility and three-dimensional view really can make a difference, such as for uterine-preserving surgery like removal of fibroids or for management of female pelvic cancers," Dr. Tu said.

There are other members of the gynecologic oncology division at ENH who work closely with Dr. Tu including: Attending Physicians Jean Hurteau, M.D.; Gustavo Rodriguez, M.D.; and Carolyn Kirschner, M.D. "We believe that our phenomenal gynecologic oncology surgeons will really be able to enhance the care of women with pelvic cancers by using the robot to do precise lymph node dissections," he said.

Within the next couple of months, five ENH gynecologic surgeons will be trained on how to use the *da Vinci*, which uses two robotic arms, as the surgeon's left and right hands, to hold the proprietary instruments. The surgeon's hand movements are scaled, filtered and translated into precise movements, while the instruments—which have more range of motion than the human hand—are inserted into the patient through 1–2 centimeter incisions.

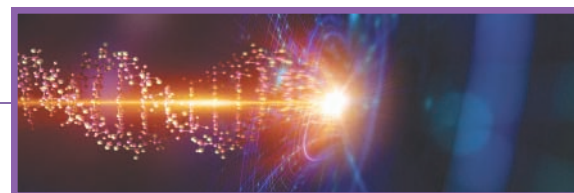
A third arm holds the 3-D camera, which the surgeon can easily reposition, zoom and rotate from the console. A highly magnified view of the operative field enables the surgeon to perform delicate tissue dissection and suture with added precision.

The fourth arm enables the surgeon to add a third instrument to perform supporting tasks like tissue retraction, thereby eliminating the need for a patient-side assistant for selected procedures. The console surgeon can simultaneously control any two of the operating arms simply by depressing a foot pedal underneath the console. ■



©2008 Intuitive Surgical, Inc.





© Imtek Imageneering/Masterfile

Getting to the CORE of Better Outcomes

Evanston Northwestern Healthcare (ENH) is at the epicenter of a quiet revolution ushering in patient-centered healthcare.

How do medical treatments affect the quality of a person's life? What is the most appropriate treatment option to give an individual a better future? Should quality-of-life considerations for a particular treatment be used as evidence for clinical benefit?

Asking questions like these may be as important as finding treatments to some of the most perplexing chronic medical conditions. Top investigators at the Center on Outcomes, Research and Education (CORE) at ENH Research Institute focus on asking, researching and answering questions about a patient's quality of life. These results could affect millions of Americans living with chronic illnesses.

"Until the mid-1990s, healthcare providers often unilaterally decided about treatment strategies, and whether or not a particular therapy was effective," said David Cella, Ph.D., Davis Family Chair of Outcomes Research, Executive Director of CORE and Professor of Psychiatry and Behavioral Science at Northwestern University's Feinberg School of Medicine. "They did this by evaluating clinical test results and relying on medical observation."

But during the last 10 years, a gradual—and important—shift has been occurring that brings the voice of the patient, or "patient-reported outcomes," to the center of care. "Now, patients are more active participants in their healthcare, and it is critical to get their point of view to measure success," Dr. Cella said.

Outcomes researchers look for better ways to provide care by tracking and analyzing hard-to-measure, subjective symptoms and values that reflect an individual's quality of life, such as pain, fatigue and emotional well-being. This information helps them evaluate how various treatment strategies—from drugs to defibrillators to diabetes testing tools—affect the outcomes that matter to patients.

"Improving patient care and finding even better therapies by using outcomes data is the essence of CORE," Dr. Cella said.



David Cella, Ph.D., was honored with the Davis Family Chair of Outcomes Research in 2007 to advance his research initiatives through the generosity of Judy and William Davis, immediate past chairman of the ENH Board of Directors.

For example, Dr. Cella and his staff at CORE created the Functional Assessment of Chronic Illness Therapy, or FACIT, a quality-of-life assessment tool used worldwide and translated in 65 languages. Developed through input from patients, FACIT evaluates an individual's physical, social, emotional and functional well-being, and is used widely in clinical trials and outcomes research.

"We can find out from these patient-reported outcomes if they actually are better treatments," Dr. Cella said. CORE researchers can find ways to provide patient care more efficiently and effectively, and ensure patients receive the appropriate interventions at the right time. The program has established more than 60 critical pathways to improve outcomes and use resources efficiently. ■

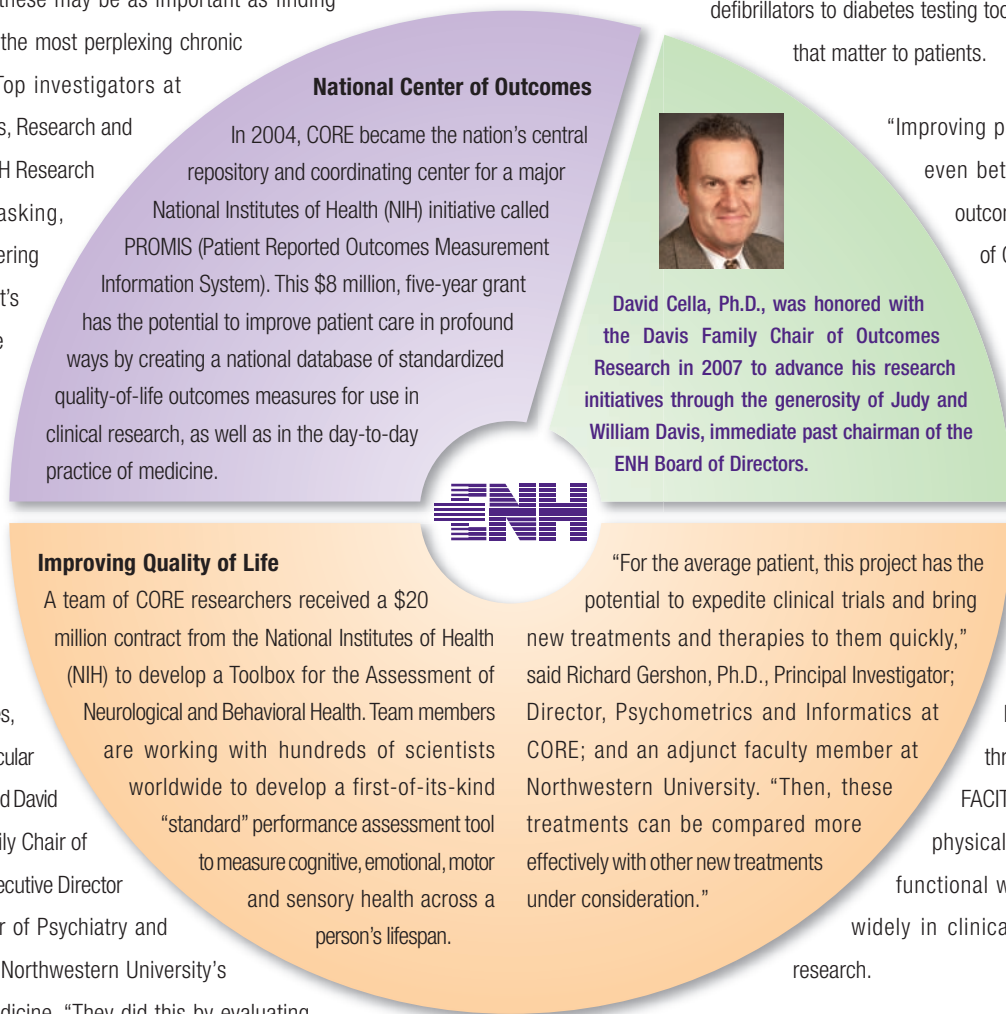


Photo by Andrew Campbell

Your gift counts

Giving Back Life

Pancreatic cancer survivor's gift kicks off a new research initiative at Evanston Northwestern Healthcare.

"It never dawned on me that I would get pancreatic cancer," said Lois Podolsky of Chicago, an eight-year survivor of the fourth leading cause of cancer deaths in the United States. So when she was diagnosed with the disease, she was shocked.

"I assumed I would die," Podolsky recalled, "but fortunately, Dr. Talamonti has a gift for seeing the possible in what others see as hopeless."

Although Mrs. Podolsky's case was clinically challenging to treat, the disease had not spread, and her tumor was located in an operable area. To save her life, Mark Talamonti, M.D., performed the Whipple Procedure—a complex operation that involves removing the gallbladder, portions of the pancreas and small intestine, and localized lymph nodes, as well as reconstructing this section of the digestive system. Dr. Talamonti is a national leader in surgical oncology and the leading surgeon in Illinois to perform the Whipple Procedure.

After several months of chemotherapy, radiation, complications and setbacks, Mrs. Podolsky resumed her busy lifestyle, taking trips abroad and playing tennis matches. "My husband, Milt, and I feel so fortunate that I was lucky enough to survive a disease that many do not," she said.

Recently, the couple made the first philanthropic gift of \$500,000 to start Dr. Talamonti's pancreatic cancer clinical research fund. It is anticipated that

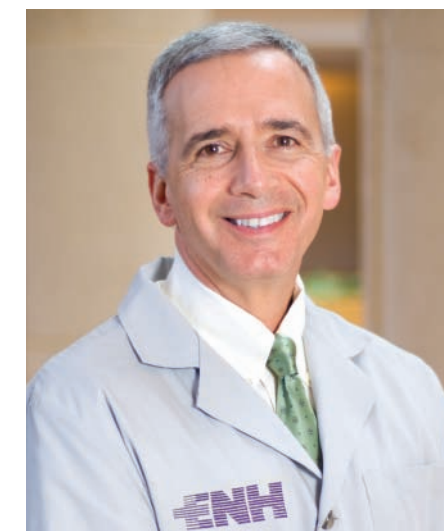


Photo by Jonathan Hillbrand/Evanston Northwestern Healthcare

A national leader in surgical oncology, ENH physician Dr. Mark Talamonti performs the highest number of Whipple Procedures—a complex operation that involves removing the gallbladder, portions of the pancreas and small intestine, and localized lymph nodes, as well as reconstructing this section of the digestive system—on pancreatic cancer patients in Illinois.

this gift also will serve to inspire others and raise an additional \$2.5 million to further research initiatives focusing on finding ways to screen for pancreatic cancer at its earliest stages and to treat advanced stages of the disease successfully.

"Pancreatic cancer is an aggressive form of cancer that is hard to screen for and difficult to treat," said Dr. Talamonti, Chairman of the Department of Surgery at Evanston Northwestern Healthcare (ENH), Professor of Surgery at Northwestern University's Feinberg School of Medicine and head of ENH's Pancreatic Cancer Treatment and Research Program.

"Our vision is to use the Podolsky's generous contribution as a cornerstone to develop a patient care program that complements robust cancer research with the potential to achieve important breakthroughs in early diagnosis and new therapies."

ENH is home to the largest pancreatic cancer tumor bank database nationwide. Patients also have access to a novel anti-tumor vaccination clinical trial, which is taking place at other leading medical centers. A clinical trial is under way for patients to undergo chemotherapy and radiation before surgery, and genetic screening studies are available to patients and families at high risk of developing pancreatic cancer.

"These studies are just a few of the many projects under way at ENH," Dr. Talamonti said. "Philanthropy offers real potential to help us find answers that will save the lives of patients facing a diagnosis of pancreatic cancer."

ENH Foundation is the primary philanthropic entity of Evanston Northwestern Healthcare. If you are considering a gift to support pancreatic cancer research at ENH, contact Mike Bates, Director of Philanthropy, ENH Foundation, at (847) 492-5700 (Ext. 1259). ■



Photo by Jonathan Hillenbrand/Evanston Northwestern Healthcare

Champions for Change

Evanston Northwestern Healthcare (ENH) cultivates partnerships with community groups as an integral part of its commitment to improve the lives of the community members it serves.

Here are examples of key ENH partnerships that enrich our community.

Improving Children's Health

A leading ENH Pediatric Physician Madeleine Shalowitz, M.D., MBA, is spearheading an innovative academic-community partnership designed both to develop better research methods and to empower the community with the right skills to inform public policy and bring about improved programs and services for children and families.

Joining forces with the Lake County Health Department Community Health Center, Dr. Shalowitz formed the Community Action for Child Health Equity (CACHE) in 2003 after receiving a major grant from the National Institute of Child Health and Human Development (NICHD).

Recently, a new \$3 million NICHD grant launched Phase 2 of CACHE, which involves a study of nearly 500 families in Lake County and the effects of stress on mothers' health and birth outcomes. "The hope is that once we understand the pathways to these health conditions, we will better understand the avenues for intervention," Dr. Shalowitz said. "For mothers, stress can get under the skin, and there's a higher likelihood of delivering preterm babies or those infants who have asthma, are prone to being overweight or not being ready for school."

Reconnecting Cancer Survivors to the Community

The first community cancer survivorship program in the Chicago metro region, Living in the Future (LIFE), is designed specifically with cancer survivorship guidelines from the Institute of Medicine. Initially launched with a Community Program grant from the Lance Armstrong Foundation, LIFE provides a bridge from patients' oncology treatment back to their communities, families and lives.

"Care that is by the community, for the community" is how Carol A. Rosenberg, M.D., describes the essence of the distinctive cancer survivorship program she directs at ENH.

The LIFE program at ENH recognizes survivorship as a distinct phase of care and offers each patient a customized survivorship care plan. Following their initial visit, LIFE patients are encouraged to participate in the program's Myra Rubinstein Weis Thrivership seminars on topics such as "Eat to Beat Malignancy and Walk Away from Cancer" and "Self Esteem and Sexual Intimacy After Cancer," which are facilitated by the LIFE expert medical team.

"We are providing survivors with education as a form of support," said Dr. Rosenberg, who teaches the LIFE health professional course and serves as a Clinical Assistant Professor at Northwestern University's Feinberg School of Medicine.

Recognizing and Educating Seniors

A nationwide nonprofit educational organization for seniors, OASIS, is designed to enhance the quality of life for mature adults in the arts, humanities and health awareness. Since its Chicago-area inception in 1989, first Highland Park Hospital and then ENH have served as the Health and Wellness Sponsor for the organization that now boasts 13,000 members.

In addition to financial assistance, ENH physicians present all the OASIS Health Awareness lectures on a broad range of topics, including "Healthier Eating for Healthier Lives" by Michael Rakotz, M.D.; "Hypertension and Cognitive Dysfunction" by Jonathan Brown, M.D.; and "Depression and Aging: Is There a Connection?" by Manu Chander, M.D.

"The partnership between OASIS and ENH adds to the quality and integrity of the program," said Linda Kimball, Director of OASIS. "The very high standards of healthcare at ENH increase the validity of what we offer to our members."

Enhancing Health Through Improved Nutrition

The Whole Foods grocery chain has carved a niche by offering its customers healthier food choices than traditional grocery stores. ENH has formed a partnership with the Whole Foods store in Northbrook, Ill., to provide monthly coupons for free meals if their customers, for example, sign up for specific heart and colon screenings at Glenbrook Hospital.



"ENH brings in the healthcare expertise that our customers seek," said Meg Bowman, Marketing and Community Relations Specialist for the Northbrook Whole Foods. "They want to hear about food from a medical standpoint and be educated to make healthier food choices."

Among the communities it serves, Evanston Northwestern Healthcare is improving the lives of children, cancer survivors, seniors and those committed to enhancing their health and wellness. ■

Innovative Medications, Better Gastrointestinal Health

By Eugene Yen, M.D., Evanston Northwestern Healthcare

Dr. Eugene Yen specializes in gastrointestinal disorders at Evanston Northwestern Healthcare (ENH) and serves as an Instructor for Northwestern University's Feinberg School of Medicine. While gastrointestinal disorders may include many ailments, Dr. Yen has a specific expertise in inflammatory bowel disease (IBD), which is the umbrella condition that covers Crohn's disease and ulcerative colitis.

While the term IBD may not be as familiar as irritable bowel syndrome (IBS), the disease is quite prevalent in the United States. More than 1.4 million Americans have it, and 30,000 new cases are diagnosed each year. Before coming to ENH less than a year ago, Dr. Yen trained alongside his mentor, Uma Mahadevan, M.D., a fertility expert in IBD at the University of California San Francisco, a center for IBD research.

Here he shares answers to questions about IBD and how advances in medications and understanding during the last 10 years are making a world of difference to those with the disease.

Question: Can Inflammatory Bowel Disease (IBD) be cured?

Answer: IBD is a chronic inflammation in the gastrointestinal tract. It can affect any area of the gastrointestinal tract—from the mouth to the anus—but is most common in the lower part of the small intestine. Once you have it, you cannot get rid of it, but in most cases, the disease can be managed.

Q: What are common symptoms of IBD?

A: Since IBD can cause obstruction and inflammation in the gastrointestinal tract, symptoms often include abdominal pain, bloody diarrhea and weight loss.

IBD can occur at any age, although it's most often diagnosed in patients in their 20s and 30s.

Q: How is IBD diagnosed?

A: Physicians use a combination of X-rays, blood tests, endoscopy and colonoscopy for a diagnosis. Since IBD is the general name for a disease that causes swelling in the intestines, the symptoms for Crohn's disease and ulcerative colitis can be difficult to diagnose without testing. Ulcerative colitis causes inflammation and ulcers in the top layer of the lining of the large intestine. In Crohn's disease, all the layers of the intestine may be involved, and normal healthy bowel may be found between sections of diseased bowel.

Q: What is the most effective treatment?

A: During the last decade, newer classes of medications have become available for those with IBD. The goal of treatment for IBD is to quiet the intestines. And now gastroenterologists can offer individualized care plans that correspond to the type of IBD that different individuals have. Those patients using the new medications now suffer from fewer symptoms. Potentially, they need fewer surgeries and experience better quality of life.

Previously, surgery was the only option. Surgeons removed diseased bowels and reconnected the healthy tissues. Among women of child-bearing age, this was devastating because after surgery their ability to have children decreases.

Q: Can diet control IBD?

A: Cigarette smoking makes Crohn's disease worse. While there's no consensus about diet, we

For a listing of ENH community events, visit enh.org/events.



Photo by Jonathan Hillenbrand/Evanston Northwestern Healthcare

ENH gastroenterologist Dr. Eugene Yen specializes in inflammatory bowel disease (IBD) and has expertise in helping the men and women with IBD improve the quality of their lives in spite of the disease.

recommend overall wellness, eating healthier food and avoiding malnutrition.

Q: Do those with IBD have a higher risk of getting colon cancer?

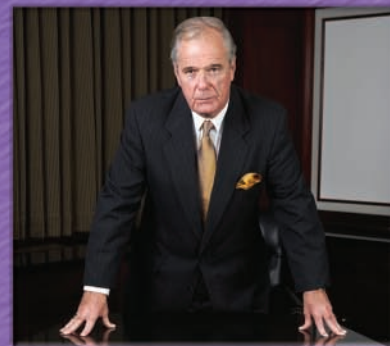
A: Those patients with IBD have a higher risk of getting colon cancer. Overall, maintaining control of the inflammation in IBD is thought to decrease the risks of cancer. Patients with IBD need to remain in close contact with their doctors to determine the best course of action to minimize these risks.

Q: What advice do you have for individuals with the symptoms of IBD?

A: It's important to make an appointment with your primary care physician when you have gastrointestinal problems to determine whether further testing is required. If you are diagnosed with IBD, ask to be referred to a gastroenterologist when you call (847) 492-5700 (Ext. 1260). ■

EVENING AND WEEKEND HOURS

— Because we know —
*your boss may not be as compassionate
as your doctor.*



It seems like every day our schedules become more hectic, our lives more demanding. That's why ENH Medical Group primary care physicians offer evening and weekend hours (even Sunday hours in select offices), same day appointments, and early morning walk-ins. So, you can see a physician when it's convenient for you. We know that deadlines and daycare don't adjust to your schedule, so we adjusted ours. Even if your regular physician isn't available, you can still see a trusted ENH Medical Group physician who has access to your electronic medical records and who is ready to care for you. When you choose an ENH Medical Group physician, you're automatically connected to some 500 primary care physicians and specialists, and just as importantly, they're connected to you. That's because we believe better connections mean better care. And that's why we're here. To find an ENH Medical Group physician call 847-733-5707 or go to www.enh.org/enhmg.



Medical Group
Better Connections. Better Care.

Evanston Hospital | Glenbrook Hospital | Highland Park Hospital

©2007 Evanston Northwestern Healthcare



1301 Central Street, Evanston, Illinois 60201

Non-Profit Org.
U.S. Postage
PAID
Evanston Northwestern
Healthcare



Contains 10% Post-Consumer Fiber