

HIP REPLACEMENT

DBS FOR PARKINSON'S

VARICOSE VEINS

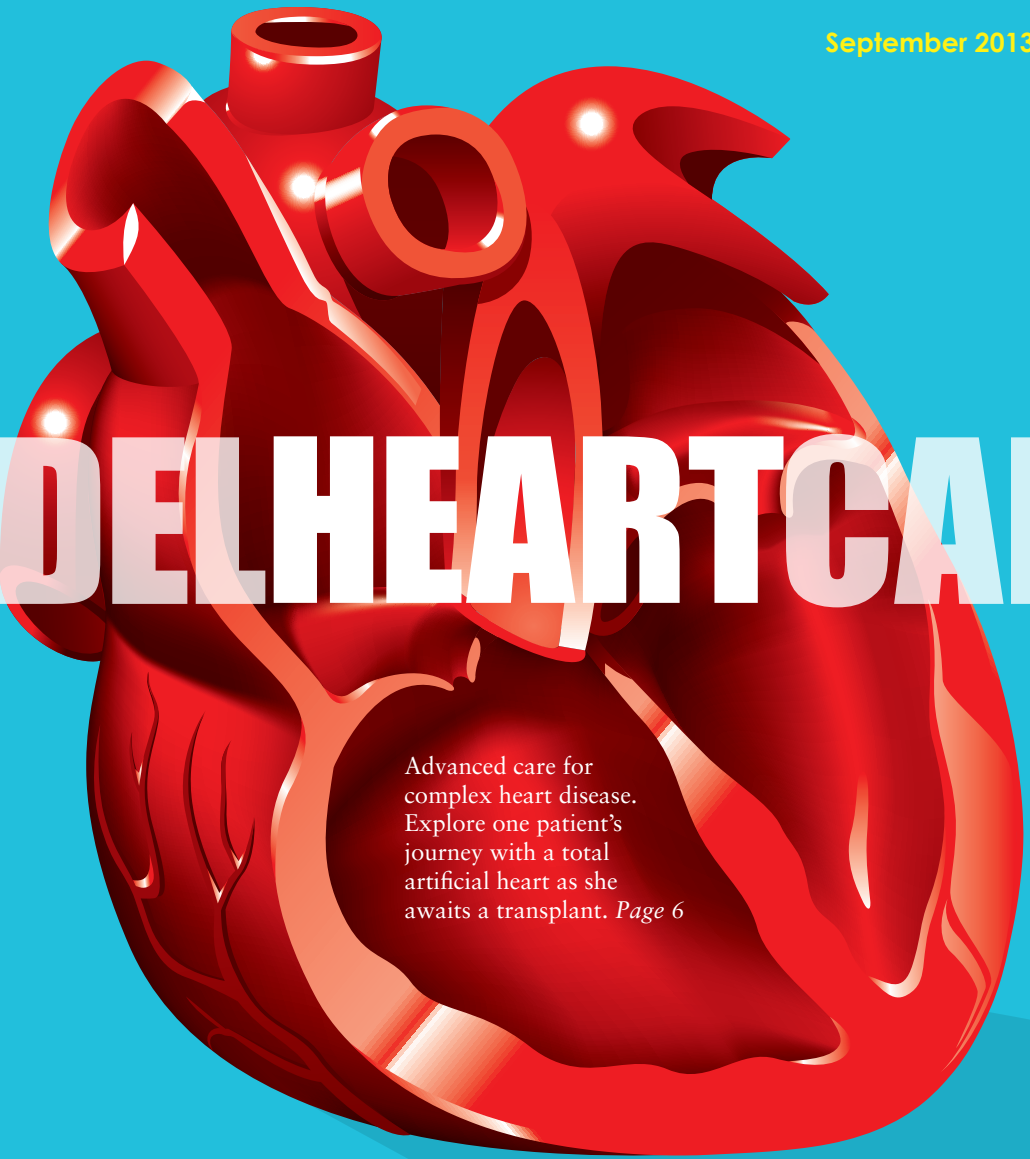
Froedtert &

MEDICAL
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WISCONSIN

Froedtert *Today*

September 2013

MODEL HEART CARE



Advanced care for complex heart disease. Explore one patient's journey with a total artificial heart as she awaits a transplant. *Page 6*



Giant Leaps and Small Steps

Care You Need, Convenience and Value That Works

Health care is exciting when there are big breakthroughs – giant leaps in technology, tools or medicines that will make a difference for patients. For example, Froedtert & The Medical College of Wisconsin patients were recently among the first in the nation to get new VAD implants to dramatically improve heart failure, and our physicians are using new clot-grabbing devices to save stroke patients' lives. And many patients are participating in cutting-edge clinical trials.

Oftentimes, though, health care triumphs are accomplished through small steps rather than giant leaps. They result from new ways of delivering care, delivering care in a more accessible and appropriate setting, and engaging patients more in their own care to help keep them well.

Examples include our diabetes group visits in Brookfield that encourage patient participation and education in their disease. Another is our Sickle Cell Outpatient Clinic, which encourages patients to seek treatment by experts at the clinic rather than at the emergency department. Our growing network of primary and specialty care clinics throughout the community, now 30, including a number of walk-in and urgent care options, can make a difference in keeping people healthy. The physicians and staff deliver excellent care close to patients' homes, providing convenience and value.

Patients who need more advanced care are treated at our community hospitals, Community Memorial in Menomonee Falls or St. Joseph's in West Bend, or at Froedtert Hospital in Wauwatosa, where specialists offer a depth of medical expertise largely unavailable elsewhere in the region.

Our academic-community partnership uniquely positions us to provide the most appropriate and comprehensive care to all of our patients, and to help keep communities healthy.

Many small steps and numerous giant leaps – they all work together to move us forward as we provide the right care, at the right time, in the right place.

CATHY JACOBSON
President and CEO
Froedtert Health

Froedtert Today

September 2013

This magazine is available for a limited time online at froedtert.com.

WHO WE ARE

Froedtert Today is published by Froedtert Health, the only health system in eastern Wisconsin that provides an academic/community partnership. Froedtert Health, in partnership with the Medical College of Wisconsin, advances the health of the communities we serve through exceptional care enhanced by innovation and discovery. The organization is made up of Froedtert Hospital in Milwaukee, Community Memorial Hospital in Menomonee Falls, St. Joseph's Hospital in West Bend, and more than 30 primary and specialty care health centers and clinics. It offers quality care in the community and streamlined, coordinated access to all the resources of an academic medical center when the need for more complex treatment arises. For more information, visit froedtert.com.

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Find a doctor and make an appointment
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Patient appointments, information and community education class registration **414-805-3666** or **800-272-3666**

Froedtert & The Medical College of Wisconsin Cancer Network – **866-680-0505**; froedtert.com/cancer-network

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New Berlin's Moorland Reserve Health Center

Froedtert & The Medical College of Wisconsin primary and specialty care services will be closer than ever for those who live or work in the southwest Milwaukee/Waukesha County area. The new Moorland Reserve Health Center, 4805 S. Moorland Road in New Berlin, will open Oct. 7.

PRIMARY CARE

The center will offer a range of primary care options for adults, including internal medicine and obstetrics/gynecology. Our primary care clinics offer convenient scheduling, many with same-day appointments, and rate highly in independent patient satisfaction surveys.

SPECIALTIES

In addition to primary care services, more than 20 additional specialties will be available, plus on-site radiology and services including a GI endoscopy center and cardiac testing lab.

CANCER CARE

Medical oncology services will be provided at the center through Froedtert & The Medical College of Wisconsin Cancer Network, offering a convenient option for patients to receive chemotherapy and other cancer treatments. Comprehensive specialty treatment and expanded clinical trials are available. ■

URGENT CARE CLINIC

Moorland Reserve Health Center
4805 S. Moorland Road
New Berlin (just north of I-43)

Extended evening hours daily
Treating children and adults

Providers treat injury or illness that requires immediate care but isn't serious enough to require a visit to an emergency department.

To make an appointment at Moorland Reserve Health Center, call **414-805-3666**. For more information on the center, visit froedtert.com/moorland.

OPEN HOUSE

Moorland Reserve Health Center
4805 S. Moorland Road, New Berlin (just north of I-43,
next door to Children's Hospital of Wisconsin specialty clinic)
Saturday, Oct. 5, 10 a.m.-1 p.m.

Join us for an Open House, where you can tour the new Moorland Reserve Health Center, meet our physicians and enjoy complimentary refreshments.

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ORTHOPAEDICS

Going the Distance

Hip Options Include Joint Preservation and Replacement

“Head, Shoulders, Knees and Toes” is a sweet childhood chant. But replace “head” with “hip” and you’ve got a roster of body parts that all too often cause us woe. Whether due to disease, injury, or the toll of advancing years, hip problems are a fact of life for many, especially those settling into middle age. Mild cases may be alleviated with anti-inflammatory medications such as ibuprofen, corticosteroid injections, or with physical therapy.

“And when surgery is needed,” said Joseph Schwab, MD, Medical College of Wisconsin orthopaedic surgeon, “our goal is to keep the hip joint, if at all possible.”

An expert in hip preservation techniques, Dr. Schwab is the only physician in Wisconsin who completed a fellowship in hip preservation at the University of Bern, Switzerland. There he was trained in periacetabular osteotomy, or PAO, a relatively new procedure devised to improve function and decrease pain for patients with abnormally shallow hip sockets. “And for people who have very involved deformities of the bones that we believe will lead to arthritis,” Dr. Schwab said, “there is a procedure called surgical hip dislocation, which allows us to correct the deformity and maximize the life and quality of the hip joint.”

When the joint cannot be saved, Dr. Schwab is a proponent of the anterior approach for total hip replacement. “With other surgical approaches, we have to go through muscle, but with this approach, we don’t,” Dr. Schwab said. “So recovery is quicker. Plus, unlike with other types of hip replacement, there’s no restriction on the position you can put your hip in. You can cross your legs, sleep on your side – basically go back to having the hip function the way it did before.”



■ **JOSEPH SCHWAB, MD**

Oconomowoc industrial designer Dan Rodzwell can vouch for that. Last year, at age 62, the life-long runner was experiencing pain in his hip. He visited Craig C. Young, MD, Medical College of Wisconsin sports medicine physician, who had an X-ray taken that revealed that Dan had severe arthritis. He referred Dan to Dr. Schwab.

“When we talk about arthritis of the hip joint,” Dr. Schwab said, “we’re talking about wearing away of the cartilage, the surface on the ends of the bone that allows any joint to move smoothly. Dan was to the point where the cartilage was completely worn away and the bones were rubbing against one another.”

Determined to preserve his active lifestyle, Dan underwent an anterior approach hip replacement at Froedtert Hospital in January 2013. He was in the hospital for two days and within a month was getting about without a walker or crutches. “Fifty to seventy percent of my patients who have this procedure don’t require formal physical therapy after leaving the hospital,” Dr. Schwab said.

Today, Dan is back to exercising – lifting weights and cycling. “It’s like I never had a hip problem,” he enthused. “I feel like a million bucks.” He is also active in fundraising for the Froedtert Hospital Foundation Brenda Lee Rodzwell Fund for Pancreatic Cancer, which he began in his late wife’s honor.

Froedtert & The Medical College of Wisconsin offer world-class, comprehensive orthopaedic care tailored to each patient’s individual needs. Our orthopaedic surgeons and orthopaedic specialists see patients at locations throughout the area, including sports medicine clinics and primary care and specialty clinics. ■

To view an interview with Dr. Schwab regarding joint preservation and replacement, visit froedtert.com. To find a doctor at a location convenient to you, call **1-800-DOCTORS (1-800-362-8677)**.



■ **DAN RODZWELL**



■ **BILL ROUMAN**

HEART AND VASCULAR

MRIs Possible for People with Implanted Cardiac Devices

Safe for 90% of Referred Patients

As technology evolves, more people are reaping the lifesaving benefits of pacemakers and other implanted cardiac devices. One downside was that these patients couldn't have magnetic resonance imaging, if needed, because it was thought to hamper the devices. However, Froedtert Hospital is among an elite number of hospitals able to safely perform MRIs for these patients, even on pacemakers and defibrillators that in the past have been considered ineligible for MRI scans.

"MRIs help us diagnose a wide variety of health conditions and are used in planning surgery," said Jason Rubenstein, MD, Medical College of Wisconsin cardiologist and co-director of the Cardiac MRI Program.

Bill Rouman of Elm Grove was one such patient. Bill and his wife, Diane, had attended a luncheon last summer. When the couple got up to leave, Diane noticed Bill wasn't saying anything.

"She said, 'talk to me,' but I really couldn't," Bill said. He was taken by ambulance to the Emergency Department at Froedtert Hospital. A CT scan and other tests pointed to an epileptic seizure or a small stroke, but a brain MRI could reveal the answer.

A retired anesthesiologist, Bill asked his cardiologist, Tim Vellinga, MD, if he could have such a test with his pacemaker. He was surprised and pleased that the answer was yes.

About 90 percent of patients referred to the Cardiac MRI Program are able to get MRIs because of the hospital's high patient volumes and experience with cutting-edge research. Specialists work with referring physicians to screen patients and help ensure the procedure can be done safely. Cardiologists and radiologists collaborate to interpret the images, and work with the patients' doctors for follow-up.

"Dr. Rubenstein was with me the whole time during the process," said Bill. The MRI confirmed that he had experienced a small stroke, not a seizure. Bill was prescribed a daily aspirin regimen, and he stopped taking the anti-seizure medicine he had begun taking as a precaution. ■



■ **JASON RUBENSTEIN, MD**

Talk to your doctor if you have an implanted cardiac device and may benefit from imaging. To learn more, visit froedtert.com/cardiacMRI.

HEART AND VASCULAR

PFO Treatment

Closure of Hole in Heart May Benefit Select Patients for Stroke Prevention

Most stroke patients are over the age of 65, but many are younger. For many of these patients, the cause of stroke is unknown or "cryptogenic."

"It's a relatively common problem," said David Marks, MD, Medical College of Wisconsin interventional cardiologist. "We frequently cannot find the reason why a patient had a stroke."

One leading suspect is a common condition called patent foramen ovale — an opening between the two upper chambers of the heart. PFO occurs in about 25 percent of the population, but it is present in 40 percent of young stroke victims. Experts believe many unexplained strokes are caused by blood clots passing through a PFO to the brain.

Could closing the PFO reduce the risk of a future stroke? In a large clinical study known as the RESPECT Trial, participating patients were randomly selected for either standard medication therapy or PFO closure.

Results published in *The New England Journal of Medicine* showed no difference in stroke prevention between the two groups. But according to Dr. Marks, a co-author of the paper, it's important to dig deeper.

"Several patients in the closure group had a second stroke before they actually had their closure procedure," he said. "If you look at how patients were actually treated, the closure group had much better outcomes than patients treated with medication alone."

A total of 69 medical centers took part in the clinical trial, and Froedtert & The Medical College of Wisconsin enrolled the second-highest number of patient participants.

Dr. Marks notes the study adds to our understanding of how PFO closure may benefit carefully selected patients. Clinical trials now under way at Froedtert Hospital will provide definitive answers, but patient participation is critical.

"Unless patients participate in clinical trials, important questions like this one will not get answered," he said. "There is a huge value in clinical trials, and people who take part make a significant difference." ■

To learn more about clinical trials available through Froedtert & The Medical College of Wisconsin, visit froedtert.com/clinicaltrials.

Awaiting the Final Piece



An artificial heart saved a Hartford woman's life. Then, cutting-edge technology freed her from a hospital bed – letting her return home to her husband and children as she awaits a transplant.

Kathleen Shores, 45, first experienced heart problems when she was a teenager. But her big trouble began years later as a new mom. “I could not believe how tired I was all the time,” Kathleen remembers. “People would say, ‘Of course you’re tired, you have two kids 15 months apart.’ But I got to the point that I could hardly get out of bed.”

When her oldest son was 4, Kathleen was diagnosed with a genetic heart condition and treated at another hospital. She first received an implanted defibrillator and later a pacemaker. “With those procedures and medications, I fared pretty well for about eight years,” she said. What she did not realize was that her heart was getting dramatically weaker.

In 2012, Kathleen's health declined sharply. She gained weight, coughed incessantly and was unable to sleep. In June, blood tests suggested gallbladder problems. She was admitted to Froedtert Hospital, where physicians determined Kathleen was suffering from advanced heart failure.

MILLIONS AFFECTED BY HEART FAILURE

Heart failure means the heart is not pumping well enough to maintain the blood supply the body needs. More than 5 million people in the U.S. suffer from this chronic condition, the result of more than 200 different causes, according to Claudius Mahr, DO, Medical College of Wisconsin cardiologist and medical director of the Advanced Heart Failure and Cardiac Transplantation Program.

“The most common cause is coronary artery disease,” Dr. Mahr said. “High blood pressure can also lead to heart failure, and in some patients the problem is an underlying genetic condition.” Kathleen's heart failure can be traced to hypertrophic cardiomyopathy, or HCM, an inherited heart condition.

“HCM initially causes the heart to become stiffer and smaller,” Dr. Mahr said. “Over time it causes both

sides of the heart to become progressively weaker.” Kathleen's heart eventually could not supply blood to vital organs, leading to liver and kidney failure.

TREATMENTS, VADS

Physicians use several medications to treat heart failure, including anticoagulants, beta blockers and diuretics.

For patients with the most advanced disease, mechanical circulatory support may offer hope. The most common option is a ventricular assist device, or VAD, a surgical implant that helps the heart pump blood more effectively. A VAD can serve as a temporary solution for those awaiting transplant.

In December 2012, a Froedtert Hospital patient became the first in the U.S. to receive the latest-generation ventricular assist device, the HeartWare® HVAD, outside of a clinical trial. How long it can last is unknown, as that data doesn't yet exist, but it is thought that the device can sustain a patient at home until a donor heart becomes available. For some patients, a VAD may even be the final and best solution, with no plans for a heart transplant. The program is a certified VAD Destination Therapy Program by The Joint Commission, an independent organization.

HEART TRANSPLANT

Heart transplantation is the current standard of care for end-stage heart failure. However, over the last 20 years, despite growing demand, the supply of donor hearts has remained the same, with only about 2,200 donor hearts available each year in the United States. Donor hearts are allocated based on blood type, body size, time on the waiting list, how sick the patient is, and the region where the heart was donated.

Froedtert Hospital's heart transplant program began in 1985. The team has extensive experience in

continued



■ **KATHLEEN SHORES**
gets out and about thanks to
a portable unit that powers
her total artificial heart.

transplant procedures, which have offered adult patient survival rates of 20 years and beyond.

Today, the Transplant Center is a critical resource for children and adults. It is a joint effort of Froedtert & The Medical College of Wisconsin and Children's Hospital of Wisconsin, with vital support by the BloodCenter of Wisconsin for tissue typing and research initiatives.

ANOTHER OPTION

"Unfortunately for Kathleen, her heart was so weak that medications no longer worked," Dr. Mahr said. Only 5 percent of heart failure patients reach this stage. "When even IV medications failed to support her, we had limited options."

Robert Love, MD, Medical College of Wisconsin cardiothoracic surgeon and director of the Thoracic Transplant Program, first met Kathleen in the Intensive Care Unit. "She was in shock and unable even to get out of bed," Dr. Love said. "Initially, we hoped an implantable device might be an option, but she is such a physically small person that conventional implantable devices were too large."

Dr. Love and Dr. Mahr met with Kathleen and her husband, Tim, and explained that her best option was an artificial heart.

ARTIFICIAL HEART PROCEDURE

A total artificial heart is a plastic device that completely replaces the human heart, and serves as a temporary bridge to heart transplant. The device includes two pumps and four mechanical valves that open and close in response to fluid pressure. All electronics are housed within an external drive unit.

During the eight-hour surgery in November 2012, Kathleen's ailing heart was replaced with the lifesaving total



■ **KATHLEEN** (center) with **JENNIFER BECKMAN, BSN, RN,** and **CLAUDIUS MAHR, DO**

artificial heart. The device's outflow valves were attached to the aorta and the pulmonary artery. Each pump was attached to some remaining heart muscle using a "fast fit" device – essentially a high-tech Tupperware lid. Then, the heart-lung bypass machine used during surgery was switched off, and the artificial heart quickly restored blood flow to the body.

RECOVERY

Implanting a total artificial heart is not without risks, and major complications that may arise include clotting and slow healing. The road to recovery was long for Kathleen. In the weeks following her implant, she underwent four additional surgeries to address pump positioning and other issues. For months, Kathleen remained tethered to the heart's external driver, a 418-pound machine known as Big Blue.

"I was in the hospital for the holidays," she said. "My mother died in January and my father-in-law in March, and I couldn't travel for the funerals."

Despite the adversity, Kathleen pulled through and made progress. Daily physical therapy included walking up and down the hallway with the help of her care team, including a nurse pushing Big Blue. "It was quite a production," Kathleen said. "Everyone would stop and cheer me on."

REMARKABLE FREEDOM

Most artificial heart patients remain hospitalized months or years while they await a transplant. Kathleen's health was so improved that she eventually received a

portable power device for the artificial heart, allowing her to go home and enjoy a more normal life. The Freedom® driver weighs just 13 pounds and can be carried in a shoulder bag or backpack.

"When it came time to switch to the portable driver, Kathleen got so excited that she actually made an alarm go off on Big Blue," said Jennifer Beckman, BSN, RN, advanced heart failure, VAD and transplant coordinator.

When Kathleen left the hospital in March 2013, she became one of only about 100 patients worldwide living at home with the portable driver. She nicknamed her portable unit "Baby Blue," because it is smaller than its predecessor and she wheels the unit around in a stroller when she doesn't want to carry it.

"It's nice to be able to do day-to-day things like grocery shopping or going to lunch with friends," Kathleen said.

THE WAIT FOR A HEART

Kathleen is now on the waiting list for a heart transplant, and she is undergoing immune therapy to increase her chances of a successful procedure.

"She is really an amazing woman, incredibly courageous and strong," Dr. Mahr said. "She survived a lot of adversity and thrived through it all."

With two boys in high school now, remembering what she is living for gives Kathleen strength.

"I have kids to raise," she said, "and I want to see my grandkids someday." Kathleen also says the support of her husband, Tim, and her care team at Froedtert Hospital were key.

"I had so much positive energy around me every day – they gave me so much love and support. They never gave up, not once." ■

To learn more about the Advanced Heart Failure and Cardiac Transplantation Program, visit froedtert.com/heart. To find the physician who is right for you, call **1-800-DOCTORS (1-800-362-8677)**.

Heart transplants save the lives of millions each year, but more donors are needed. More than half of Wisconsinites are already listed as organ and tissue donors on the official Wisconsin Donor Registry – would you please consider becoming one?

Thanks, *Kathleen Shores*

For more information, visit froedtert.com/transplant.



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NEUROLOGY

Gaining Control

Pacemaker for the Brain Treats Parkinson's

Movement disorders such as Parkinson's disease and essential tremor are neurological conditions affecting 11 million people in this country, often robbing them of control of their own body movements, making everyday activities difficult.

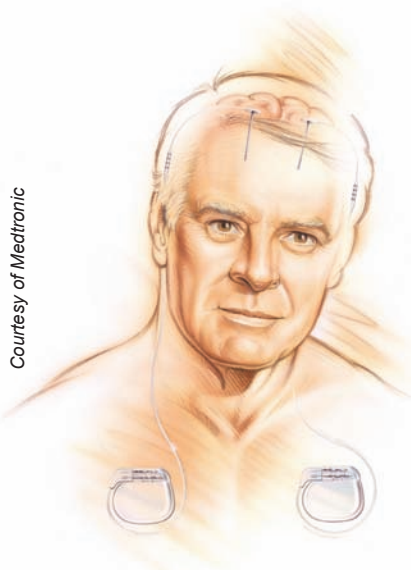
Deep Brain Stimulation, or DBS, is a therapy to help patients gain control of their movements, often likened to a pacemaker for the brain. Froedtert Hospital is the only location in Wisconsin providing this procedure, performing up to 100 DBS procedures annually.

"DBS has been around for 20 years, we know that it works, and the results can be dramatic," said Peter Pahapill, MD, FACS, Medical College of Wisconsin neurosurgeon, who has performed more than 1,000 DBS procedures over the past 15 years. With Parkinson's, the brain loses its natural ability to produce a chemical that transmits electrical impulses. The flow of electricity within the brain becomes abnormal, causing shaking in the arms and legs, slowness of movement, muscle rigidity and difficulty balancing. DBS locates the altered electrical flow in the brain and turns it off.

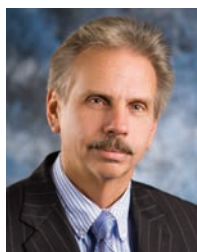
While DBS is not a cure for Parkinson's, patients typically have improved symptoms, and patients with essential tremor can see extraordinary improvement. The procedure involves wiring the patient's brain with a small electrode and a power source, which is placed under the patient's skin, to stimulate very specific parts of the brain.

"With the DBS procedure, getting the electrode in just the right location is of utmost importance," Dr. Pahapill said. "We use an MRI scan to estimate the best

Courtesy of Medtronic



■ There is no cure for Parkinson's disease or essential tremor, but treatments such as deep brain stimulation aim to control and suppress symptoms.



■ **PETER PAHAPILL, MD, FACS**



location in the brain for the tiny electrode, and then further hone the placement while the patient is awake. This way we can directly observe and receive immediate feedback because the patient is talking to us. The process takes a couple hours." Later, some follow-up adjustments are made in the doctor's office, and other fine-tuning can be done by the patients themselves, using a small remote waved over the power source.

The previous surgical treatment, called a thalamotomy, involved permanent destruction of a portion of the brain and was not reversible. Perhaps the most well-known patient to have had a thalamotomy procedure elsewhere is actor Michael J. Fox, according to news sources at the time.

"With the development of MRI scans and micro-electronics, that procedure is no longer used," said Dr. Pahapill. "DBS therapy is reversible, so patients could participate in new treatments that may develop in the future."

The Froedtert & The Medical College of Wisconsin Parkinson's and Movement Disorders Program is a world-class resource for individuals with these complex neurological conditions. The program also serves patients looking for a second opinion about their diagnosis and treatment options. ■

Ask your doctor to refer you to the program or find the physician who is right for you by calling **1-800-DOCTORS (1-800-362-8677)**. For more information on DBS treatment, visit **froedtert.com/movement**.

Care for Complex Stroke

In 2012, when Erin Puariea was 41, she collapsed on the pavement while walking to her car from work, experiencing multiple strokes at the same time.

The first stroke was hemorrhagic, when a blood vessel burst, flooding her brain. If large enough, as in Erin's case, pressure builds up in the skull, damaging brain tissue or killing the person immediately. She also had an ischemic stroke, the most common type of stroke, where a clot lodges in a blood vessel, obstructing blood flow to the brain.

Erin was in critical condition and unconscious when she arrived at the Froedtert Hospital, eastern Wisconsin's only Certified Comprehensive Stroke Center (read details below).



■ **JOHN LYNCH, MD**

The stroke team jumped into action, explained John Lynch, MD, Medical College of Wisconsin vascular neurologist and director of the Neurointensive Care Unit. They first inserted a shunt to release the pressure on her brain. Next, physicians performed a coil embolization. During the procedure, a thin catheter was threaded through blood vessels to the site of the bleeding, and tiny wires sealed off the balloon-like aneurysm. Also, using imaging technology, they hunted down

the blood clot and grabbed it using a newer, basket-like retrieval device. Froedtert's team was among the first in the country to use the FDA-approved stent retrievers.

Another treatment for ischemic stroke is a clot-dissolving medication, called tPA, that must be given within about a three-to-four hour window of onset of the stroke. Most patients don't make it to the hospital in time to take advantage of the drug. Froedtert Hospital is part of a worldwide clinical trial of a new drug that, if effective, could extend that window to eight hours.



■ **ERIN PUARIEA**

Thanks to quick action and advanced medical care, Erin survived. Following neurointensive care and hospitalization, and after rigorous rehabilitation where Erin relearned to walk, balance and work on memory issues, she returned to work four months after the event.

"Not long ago, a majority of patients like Erin would lose their lives or have significant disabilities," said Dr. Lynch. "With new tools, techniques and comprehensive stroke teams that follow rigorous protocols, that is quickly improving."

Stroke in younger patients like Erin is on the rise, said Dr. Lynch, noting that high blood pressure, uncontrolled diabetes, smoking and high cholesterol are common culprits for this uptick.

"The good news is that 80 percent of strokes are preventable if these risk factors are managed with lifestyle changes, medications and other treatment," he said.

The warning signs of stroke include sudden: numbness or weakness of the face, arm or leg, especially on one side of the body; confusion, trouble speaking or understanding; vision problems, trouble walking, dizziness, loss of balance; or severe headache. At the first signs of stroke, call 911. Getting to the hospital fast is vital to saving a life or limiting disabilities. ■

For more information, visit froedtert.com/stroke.

QUALITY

Recognized Leader

Eastern Wisconsin's Only Certified Comprehensive Stroke Center

.....

This recognition by The Joint Commission, along with the American Heart Association/American Stroke Association, means Froedtert Hospital is part of an elite group of national leaders in sustaining the highest standard of stroke care.



**American Heart Association
American Stroke Association
CERTIFICATION**

Meets standards for

Comprehensive Stroke Center

They have the staff, training, tools, technology and 24/7 availability to provide the most advanced stroke care. Led by nationally recognized neurologic specialists, the team utilizes the latest imaging and treatment technologies to extend the window of care to 8 hours or more after a stroke. Care is provided by a multi-disciplinary team of neurologists, emergency department specialists, radiologists, nurses, therapists, pharmacists, technicians and others, all working in collaboration.

HAPPY DANCE

Accurate Cancer Diagnosis
Key to Recovery for Dancer



“I love ballroom dancing because all my cares are gone and I’m just happy,” said Christianne Camera, a soft-spoken Milwaukee resident who competes in ballroom dance and is equally passionate about handcrafting jewelry.

Watching her twirl and spin gracefully across the dance floor, it seems the energetic woman in the ball gown doesn’t have a care in the world. However, when a routine checkup with her primary care physician in 2011 revealed a cyst on her ovary, Christianne was soon facing a serious health challenge.

An ovarian cyst may be found on the surface of an ovary or inside it. It contains fluid and sometimes solid tissue. Most ovarian cysts are benign (not cancerous). Christianne’s primary care physician performed surgery to remove the cyst, but soon discovered cancer.

“I never knew anything was wrong because I had no symptoms,” Christianne said. “My doctor immediately referred me to Froedtert & The Medical College of Wisconsin because she knew I needed specialized care.” In fact, the National Institutes of Health reports that women with ovarian cancer have significantly improved survival rates when they are treated by gynecologic oncologists, physicians specially trained in cancers of the female reproductive organs. Janet Rader, MD, Medical College of Wisconsin gynecologic oncologist who is fellowship-trained, saw Christianne at Froedtert Hospital within days of the initial surgery.

GYNECOLOGIC CANCER CARE

The Gynecologic Cancer Program at Froedtert Hospital provides highly coordinated care for women who have cancers of the reproductive organs. The diseases include cancers of the cervix, ovaries, fallopian tubes, uterus (endometrial cancer), vagina and vulva, as well as malignant conditions that can arise related to abnormal pregnancies. Medical College of Wisconsin gynecologic oncologists and radiation oncologists focus on treating gynecologic cancer and offer a full range of treatment options tailored to each individual. Treatment for gynecologic cancer can include surgery, chemotherapy and radiation therapy, and in therapies



■ JANET RADER, MD

HEALTH CHECKLIST

Ovarian Cancer Symptoms

.....
Early ovarian cancer may not cause obvious symptoms. However, as the cancer grows, symptoms may include:

- Pressure or pain in the abdomen, pelvis, back or legs
- A swollen or bloated abdomen
- Nausea, indigestion, gas, constipation or diarrhea
- Feeling very tired all the time

Less common symptoms include:

- Shortness of breath
- Feeling the need to urinate often
- Unusual vaginal bleeding (heavy periods, or bleeding after menopause)

Most often, these symptoms are not due to cancer, but only a doctor can tell for sure. Any woman with these symptoms should tell her doctor.

** Source: National Cancer Institute*

offered only at the most advanced cancer treatment centers in the country.

The Gynecologic Cancer Program is one of 15 disease-specific programs offered at the Clinical Cancer Center.

MULTIDISCIPLINARY APPROACH

Cancer patients benefit from a multidisciplinary approach, in which physicians unite to diagnose each patient and formulate a treatment plan. Gynecologic cancer patients’ cases are discussed at regularly held conferences, meetings that include specialists in gynecologic oncology and radiation oncology, as well as radiology and pathology. A specific treatment plan, and the order of treatment, is based on each patient’s particular symptoms and health status.

“Cancer treatment depends on the site of origin and the stage of the disease,” said Beth Erickson, MD, Medical College of Wisconsin radiation oncologist. “As a team, we have a unified perspective of what optimal care is for each patient.”

For ovarian cancer, surgery and chemotherapy are the mainstays of treatment. Most often, intravenous chemotherapy is given in conjunction with intraperitoneal chemotherapy, wherein anticancer drugs are installed directly into the abdominal cavity through a small tube. Gynecologic oncologists are experienced providers of chemotherapy and understand its nuances in relation to gynecologic cancers.

IMPORTANCE OF DIAGNOSIS, STAGING

“With any cancer, it’s very important to make the right diagnosis, determine the correct stage or extent of the disease, put together a plan, and then constantly reassess,” Dr. Rader explained. “Patients don’t realize how important diagnostic radiologists and pathologists are to the process. Their expert imaging and interpretation of those images is crucial.”

Ovarian cancers have different prognoses at different stages and are treated differently.

“You have to diagnose the cancer correctly in the beginning,” Dr. Rader said. “Without proper diagnosis and

continued

treatment, it becomes harder to treat and it's harder on the patient if it returns."

Usually, surgery is needed before staging can be completed. Three weeks after her initial surgery, Christianne underwent surgery performed by Dr. Rader to remove remaining cancer from the pelvis.

Christianne was diagnosed with Stage II clear cell cancer of the ovary, a rarer form of the disease.

CLINICAL TRIALS OFFER NEWEST TREATMENTS

Shortly after the surgery, Christianne began several months of chemotherapy, and took part in a national clinical trial of a drug focused on preventing cancer from returning.

"For the patient, a clinical trial is a fine-tuned, prescribed treatment with a lot of checkpoints," Dr. Rader explained. "It can be better than the treatment that would be available without the clinical trial. Clinical trials may truly offer patients the latest of the treatment options available."

"I believed in the trial," Christianne said. "It's a great way to have access to cutting-edge therapy."

CARE THROUGHOUT TREATMENT

Christianne says she went through the chemotherapy with a combination of positive attitude, anti-nausea medication and careful attention to her diet. Through the Clinical Cancer Center's emphasis on holistic care, patients have access to dietitians, providers who help patients through the psychological,



Women with ovarian cancer have significantly improved survival rates when they are treated by gynecologic oncologists.

National Institutes of Health

social, behavioral and spiritual aspects of cancer (psycho-oncology nurse practitioners), rehabilitation specialists and other professionals who help patients through their cancer journey.

Christianne also leaned on her fellow dancers, who provided her with a heartwarming level of support. Even though she felt weaker, she participated in a ballroom dance competition during her chemotherapy, determined to focus on something positive.

As she looks back over the last two years, Christianne says her perspective has shifted.

"The cancer taught me that I needed to relax, be more easygoing, and not take everything so seriously. In that way, the experience with cancer has made me a better dancer."

Today, she continues to see Dr. Rader regularly for follow-up care and

monitoring for recurrence.

"The Clinical Cancer Center is such an incredible feel-good place," Christianne said. "Everyone is so caring and thoughtful. The high level of care just amazed me." ■

To learn more about the Gynecologic Cancer Program or to make an appointment, visit froedtert.com/cancer or call **414-805-0505** or **866-680-0505**. When the diagnosis is gynecologic cancer, understanding all the alternatives is important. Call for a second opinion with a gynecologic oncologist, available within 24 business hours.

Expertise in the Community

When the diagnosis is cancer, patients want to know they can rely on advanced care no matter where they live. Froedtert & The Medical College of Wisconsin bring access to the extensive expertise of eastern Wisconsin's only academic medical center to the community through a Cancer Network in select locations in Menomonee Falls, West Bend and, beginning this fall, New Berlin. For more information, visit froedtert.com/cancer-network.



■ **BETH ERICKSON, MD**

Varicose Veins

Newer treatments are less invasive, more effective

Aching in the legs, pain or discomfort, swelling, itching, heaviness, fatigue, or by day's end having legs that feel like bricks.

"This isn't just a cosmetic issue; varicose veins can be uncomfortable and can have serious implications," said Kellie Brown, MD, Medical College of Wisconsin vascular surgeon. "It can eventually lead to visible varicose veins or even an ulcer formation."



■ **KELLIE BROWN, MD**

The Froedtert & The Medical College of Wisconsin Comprehensive Vein Clinic was founded to make new technology readily available and minimize hospitalization with varicose vein treatment.

Treating the issues surrounding varicose veins used to involve "vein stripping," a procedure requiring sedation, hospitalization and long recovery times.

"Newer technology developed in the last decade has made treatment minimally invasive and more effective," Dr. Brown said.

"These treatments involve minimal time out of patients' busy lives."

Patricia Engbring, a special education supervisor for a public school system, was treated at the Comprehensive Vein Clinic for varicose veins on her right leg and two veins in her left leg that were not visible but causing bulging and swelling.



"I was out dancing that weekend wearing the compression socks," said Patricia, adding that she was encouraged to get up and walk almost immediately after the procedures.

Although most treatments for varicose veins typically begin with compression stockings, which can help symptoms, they do not fix the underlying problems.

The three procedures most often performed for varicose veins at the Vein Clinic are sclerotherapy, microphlebectomy and laser ablation, which is what Patricia received. Laser ablation is typically followed with over-the-counter pain relief and a simple bandage. Dr. Brown said that 95 percent of the clinic's patients are treated in the office without major sedation.

"From my standpoint as a vascular surgeon who sees a lot of venous and arterial disease, our treatments at the Vein Clinic can often take care of things people have been dealing with for years but weren't aware of the newer treatment options," Dr. Brown said.

The physicians of the Comprehensive Vein Clinic combine their expertise in vascular surgery and interventional radiology to meet the needs of each patient, including those with underlying health conditions. The physicians work closely with patients' physicians to ensure coordinated care. ■

To discuss your options or schedule an appointment, call **414-805-3666** or **800-272-3666**; for more information, visit froedtert.com/vein.

HEALTH CHECKLIST

Varicose Veins

Signs	Visible and bulging veins Rare, serious complications include open sores (ulcers) or blood clots
Symptoms	Tired, heavy or aching limbs
Common Locations	Legs and thighs
Treatments	<p>Sclerotherapy - using a tiny needle, a solution is injected directly into the veins, causing them to contract and collapse</p> <p>Microphlebectomy - varicose veins are removed through tiny incisions in the skin; stitches are usually not required</p> <p>Laser ablation - laser energy is used inside a faulty vein to seal it closed, allowing the blood to be diverted to other normal veins</p>

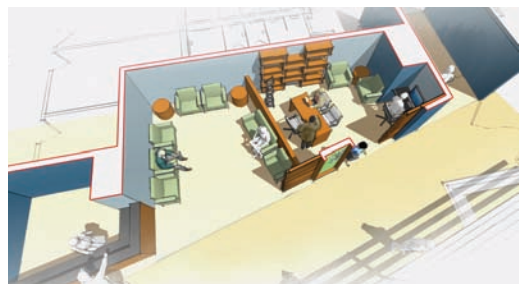
What Is Possible

**3 hospitals, over 25 locations and more than 2,000 doctors.
Find one close to you.**



Froedtert HOSPITAL FOUNDATION

The best care begins with you.



GIVING

Gift of Knowledge

Clinical Cancer Center patient library

Cancer patients soon will be able to access additional information about their disease from myriad resources, thanks to a former patient who bequeathed funds to the Froedtert Hospital Foundation for the creation of a special library.

Slated to open this fall, the Myron Minko MD Patient Library will offer patients a wealth of information about cancer treatments, nutrition and other related topics available via books, periodicals, DVDs, e-readers and a computer. The 186-square-foot library will be located on the second floor of the Clinical Cancer Center at the Froedtert Hospital campus, said Kate Sweeney, RN, MS, manager of the center's patient support services. The library also will feature comfortable seating and lighting, as well as a relaxing view of the ponds on the grounds.

"We want patients to be engaged in their own health care, and this library will provide a space where they can sit down and read or borrow education materials to take home," Sweeney said. "Knowledge is power."

Minko was a Milwaukee psychiatrist who died of esophageal cancer in 2012. In announcing the gift to the foundation before his death, he said: "I grew up with books and I am an avid reader. It is gratifying to find a gift that matters as much to me as it will to the patients."

"I met Myron about the time he made the decision to donate this gift," said Nora Sale, vice president and executive director of the Froedtert Hospital Foundation. "He was very kind, and talked about his career and his love of books. He had put money away for a comfortable retirement. He did not have a family, so he decided to fund what he recognized as a need at Froedtert Hospital. Generous actions like this illustrate how planned giving can support programs that reflect a donor's life values." ■



■ The late **MYRON MINKO, MD**

To learn more about planned giving, visit froedtert.com/giftplanning or call **414-805-2699**.