Today teaming up against liver cancer and cervical cancer.

Taking Control

The latest treatment options and keeping physically active help those with Parkinson’s disease control their bodies. See page 6.
The Good, the Bad and the Ugly of Health Reform

A new Congress and new Legislature are beginning to work in Madison and Washington. American voters chose President Obama and the Democrats in 2008 then changed course, favoring Republicans in November. In Wisconsin, control of the Governor’s chair and the legislature changed from blue to red. In Washington, control is now divided.

A year ago, I wrote about the constant nature of change. Then, major health reform legislation seemed permanently stalled. By March, things had changed and the Patient Protection and Affordable Care Act (PPACA) became law.

Health reform has remained controversial and polarizing. Polls consistently expose the deep divisions. A recent Harris poll found that 40 percent of respondents favor repealing all or most of the law, 31 percent favor keeping all or most of the law, and 29 percent are unsure. The polls reveal an intriguing paradox: many who favor repeal also support key provisions that end coverage denials due to pre-existing conditions, extend tax credits to small businesses for coverage, and allow parents to keep children on their insurance until age 26. In my view, that law could share a title with a Clint Eastwood film: “The Good, The Bad and the Ugly.” Good progress was made, expanding coverage to 32 million uninsured. But many provisions need to be reworked or replaced. And, the ugly partisanship that marred the process should be left behind as the new Congress modifies the plan.

While a wholesale repeal is unlikely, changes are expected. Health care faces complex problems and the status quo is unsustainable. A bipartisan effort will be needed to find common ground and drive sustainable solutions.

As providers, we must expect change and be nimble and adaptive. We can safely assume that Republicans and Democrats agree that health care should be accessible, affordable and high-quality, and can hone our focus on these attributes.

Most importantly, our focus belongs on each individual patient. It is my hope that policy efforts in Madison and Washington will start where good provider teams do: with a focus on the patient.
ABOVE
While many cancers are becoming less common, liver cancer is on the rise. New therapies are helping many patients survive much longer, and Froedtert & The Medical College’s complete and specialized physician team, including JAMES THOMAS, MD, PhD, offers a full range of treatment options. See page 10.

COVER
Parkinson’s disease has no cure but a range of strategies to treat its symptoms can help keep it under control. Exercise is a key component of living well with the disease, including playing video games that use physical gestures. See page 6.

4 Research
New study looks at exposure to virus and its links to cervical cancer

Innovation
New bariatric surgery option needs no follow-up adjustments

5 World Class Service
Music helps patients and their families at the end of life

Quality
Accreditation and continuum of care set apart medical rehabilitation programs

Feature Story LATEST TREATMENTS HELP CONTROL SYMPTOMS OF PARKINSON’S DISEASE

Feature Story COMPLETE AND FOCUSED TEAM OFFERS BEST OUTCOMES FOR LIVER TUMORS

10 Exceptional Staff
Nurses and others receive specialty training for blood and marrow transplant patients

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Financial program enables more couples to pursue IVF; physician team tackles varicose veins
Local Research, Global Results

At Froedtert & The Medical College of Wisconsin, Medical College of Wisconsin physicians and scientists are committed to finding new ways to diagnose and treat a wide range of diseases and disorders.

This commitment, which distinguishes an academic medical center, is an important advantage for patients who receive care at Froedtert & The Medical College.

Study Looks at Genetics and Cervical Cancer

Women who have been treated for cervical cancer may be eligible for a current study on genetic susceptibility to that cancer. Exposure to the human papillomavirus (HPV) can lead to cervical cancer, but it doesn’t always.

“We want to understand why a small number of those exposed to HPV go on to get cancer,” said Janet Rader, MD, a Medical College of Wisconsin gynecologic oncologist, chair of the Department of Obstetrics and Gynecology and the study’s principal investigator.

The CerGE study, as it is called, has nothing to do with the patient’s treatment for cervical cancer. It is aimed at understanding both the HPV’s genetic variations and genetic variations in the patient that may cause cancer to develop in one person, but not another.

As part of the study, Dr. Rader explained, the team also collects blood from the patient’s mother and father to examine which genetic variations the patient inherited and which variations they did not. The study’s results could help develop better testing for cervical cancer.

Dr. Rader is especially interested in patients who have another first-degree relative — a mother or a sister — who also has been treated for cervical cancer. For information on the CerGE research study, call Froedtert & The Medical College of Wisconsin at 414-805-3666 or 800-272-3666.

New Bariatric Surgery Option to Weigh

Surgeons from the Bariatric Surgery Program at Froedtert & The Medical College of Wisconsin are now offering obese patients a new choice: laparoscopic sleeve gastrectomy.

Performed through small incisions, it involves removing about 85 percent of the stomach. Unlike gastric bypass surgery, the sleeve procedure does not sew the stomach and small intestine together. In contrast to lap band surgery, sleeve gastrectomy does not require periodic adjustments. “With the sleeve, you get the surgery, you’re done with it and you lose weight,” said Matthew Goldblatt, MD, FACS, a Medical College of Wisconsin bariatric surgeon. He estimates weight loss to be 60-75 percent of excess body weight. (Individual results may vary.) Risks are the customary ones associated with any surgery.

Bariatric surgery is appropriate for patients 100 pounds or more overweight. Which procedure is most appropriate is an individual matter. “We discuss it with the patient in a one-on-one meeting so that we can tailor the therapy to their medical and surgical needs,” Dr. Goldblatt said. “Now this gives everyone another option.”

For more information about both medical and surgical treatments for obesity, contact the Froedtert & The Medical College of Wisconsin Comprehensive Weight Loss Center, 877-770-LOSE.
Music Helps Patients, Families at the End of Life

Froedtert & The Medical College of Wisconsin are looking at ways to ease the pain and suffering experienced by patients and their families at the end of life. The practice of music thanatology, a specialty of palliative medicine or end-of-life care, helps ease some of the pain by attending to the physical and spiritual needs of the dying through live harp and voice music.

Ruth McEwen, MSW, is a licensed social worker and certified music thanatologist, one of only 50 in the world certified by music-thanatology creator and developer Therese Schroeder-Sheker through the Chalice of Repose Project. She practices at Froedtert & The Medical College of Wisconsin, thanks to funding from the Charles E. Benidt Foundation and Greg and Mary Ann Renz.

“It’s a clinical practice with deep contemplative underpinnings,” said McEwen.

During a music vigil, usually lasting 45 minutes to an hour in the patient’s room, McEwen monitors the patient’s breathing, heart rate and more. “All along, I’m adapting the music to what’s actually happening in the moment,” McEwen said. Patients might feel relief from pain, restlessness, agitation, sleeplessness or labored breathing.

The experience also helps create space on a deeper level for patients to process what’s happening to them, McEwen said. Patients are often able to express emotions they couldn’t before, and the music can also help family members who may have difficulty letting go, especially after a loved one’s intense fight with illness.

McEwen has received only positive feedback from patients, families and staff about her vigils. One family member wrote, “During that time, the challenge of my grief was wrapped in the beauty of the experience while images of my mother, her personality, essence and being came to mind. I offer profound thanks.”

Four Accredited Rehabilitation Programs in One Place

Only one hospital in southeastern Wisconsin has earned accreditation for all of the primary medical rehabilitation programs. Brain injury, stroke, spinal cord injury and general rehabilitation programs at Froedtert & The Medical College are all fully accredited from the Commission on the Accreditation of Rehabilitation Facilities (CARF).

“Examining everything from administrative practices, to standards of care and outcomes, accreditation is a rigorous process,” said Sharon Feldmann, MS, physical therapist and manager of rehabilitation services.

The continuum of care sets Froedtert & The Medical College apart. “The acute care and rehabilitation units are all on the same floor, so the same therapists work with patients from the time they get out of surgery, into the ICU, and all the way through rehab,” Feldmann said. “That is something that sets us apart.”

CARF surveyors commended the hospital for its nursing excellence, including national Magnet designation and the number of nurses who are certified in rehabilitation nursing. They also were pleased with the connection between research and care. “It’s taking the latest research and applying it clinically,” she said. “To have this caliber of a program in Milwaukee is a real asset to the community.”

To learn more about quality inpatient rehabilitation programs at Froedtert & The Medical College, visit froedtert.com.
With support, a steely resolve to stay active and the latest treatment options available through the Parkinson’s and Movement Disorders Program of Froedtert & The Medical College of Wisconsin, patient Al Jones looks forward to the future.

UNSTOPPABLE

Medical care and a healthy dose of activity keep Parkinson’s patient on his toes

Al Jones doesn’t mess around. Not when he’s refereeing youth soccer. He gears up as if he were getting ready for church: socks, shorts, and shirt are in impeccable order. And as a Parkinson’s patient, he times his medication so that it will reach its peak effectiveness when he hits the field. A retired software designer, Al has been refereeing for nearly 25 years. But once he was diagnosed with Parkinson’s disease, keeping active took on a whole new meaning.

“The more exercise you get,” Al noted, “the better you do.”

One of several motor system disorders, Parkinson’s disease is a slowly progressive degeneration of the nervous system stemming from the loss of dopamine-producing brain cells. According to the National Parkinson Foundation, more than one million people in the United States are affected, with 50,000 to 60,000 new cases diagnosed each year.
The primary symptoms are tremors, slowed movement, rigid muscles and impaired balance. People with the disease may find it difficult to initiate voluntary movements, their gait can be reduced to a shuffle or their feet may freeze to the floor, their posture may become stooped, and speech can become hesitant or slurred. Parkinson’s can also affect a person’s perception of their actions — they think they are walking normally when they are shuffling or do not realize they are speaking quietly. They may also experience non-motor symptoms including depression, anxiety, disturbance of sleep, cognitive changes, loss of sense of smell, and change in bowel and bladder function.

A RANGE OF TREATMENT OPTIONS
While there is no cure for the disease, the Parkinson’s and Movement Disorders Program of Froedtert & The Medical College of Wisconsin offers a comprehensive range of strategies to treat the symptoms. These include the latest and most effective medications, botulinum toxin injections to address painful muscle spasms, clinical trials of new treatments, and specialized physical, occupational and speech therapy, such as the Lee Silverman Voice Treatment®. This treatment is an intensive system of vocal exercises developed to help patients enhance the sound of their voices.

Because patients have emotional and psychological needs, team members include a neuropsychiatrist — a physician who assesses cognitive, emotional and behavioral problems — and neuropsychologists who assess cognitive problems, and with speech therapists, help patients relearn and/or compensate for impaired neurological functions.

In addition, Froedtert & The Medical College of Wisconsin have the only program in southeast Wisconsin to offer deep brain stimulation (DBS), a surgical procedure that, in selected patients, has shown dramatic results. (See related story on page 9.)

Al was 57 when he first noticed a tremor in his right arm. It was early 2005 and he’d lost his wife a few months before. He was understandably depressed, so he didn’t think much of it. But his doctor did, and sent him to a neurologist who diagnosed the disease and started Al on medication. Targeted at replenishing or mimicking dopamine — the neurotransmitter in the brain essential to a healthy nervous system — these medications reduce the rigid muscles and tremor associated with Parkinson’s, affording patients more fluid and coordinated movement. When scrupulously prescribed and attentively monitored, they can make a significant change in the Parkinson’s patient’s ability to pursue and enjoy daily activities.

Al is now under the expert care of Karen Blindauer, MD, Medical College of Wisconsin movement disorder neurologist and associate professor of neurology, and co-director of Froedtert & The Medical College’s Parkinson’s and Movement Disorders Program.

“Al is an amazingly upbeat and motivated patient who is a pleasure to work with,” Dr. Blindauer said. “I see him every four to six months to adjust his medications, and he keeps in touch with us if any questions or problems come up in the interim.”

The medications have improved his symptoms, with “less shaking, less of a problem with balance and freezing up,” Al said. Still, there are times when he struggles. When walking around the house, he regularly runs into furniture, he said, as the scars on his knees and shins attest.
STAYING ACTIVE HELPS SYMPTOMS

In addition to following the medication regimen carefully, exercise is a key component to living well with Parkinson’s disease, Dr. Blindauer said, as well as eating a well-balanced diet, getting adequate sleep and keeping a positive attitude.

Luckily, running is easier than walking, so Al continues to referee. He also has made a determined effort to incorporate a slew of other activities into his life, all aimed at helping him manage his condition. He hits the treadmill at his local YMCA, as part of an exercise class. The classes, held twice weekly, are led by physical therapists experienced in working with individuals with Parkinson’s.

The combination of stretching for trunk mobility and walking on a treadmill for aerobic conditioning should improve or maintain the participants’ abilities to perform daily activities. He also rides a recumbent tricycle whenever he can, and once a week attends a dance class created especially for Parkinson’s patients with his dance partner and wife of five years, Thelma.

Created by Dee Schwaiger, owner of The Exercise Studio in Mequon, in collaboration with Movement Disorder Program physicians, the class, Parkinson Dance Project, has been instrumental in Al’s efforts to maintain mobility.

“How his gait has changed since the program began in August 2009,” Schwaiger said. “He had a shuffling pattern and now he’s able to lift more through his hips and knees. The way he begins moving and the speed of his walk increased. Parkinson’s patients sometimes speak quietly and develop rigid muscles in the face, called facial masking, so we get them to sing and change their facial expressions.”

“Don’t get the impression the class is like an episode of ‘Dancing With the Stars,’” Thelma said. “It’s a bunch of us doing the best we can, trying not to trip over each

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KAREN BLINDAUER, MD, Medical College of Wisconsin neurologist and Parkinson’s disease specialist

Froedtert & The Medical College of Wisconsin Parkinson’s and Movement Disorders Program

**Physician specialists and team approach**

- Largest program in the state, with four movement disorder specialists, including board-certified and fellowship-trained neurologists
- Because there is no definitive test (such as a blood test or imaging scan) to diagnose Parkinson’s disease and its symptoms are similar to other neurological conditions, evaluation and treatment by a physician with expertise in movement disorders is key.
- Team includes physical, speech and occupational therapists, registered dietitian, neuropsychologists, clinical psychologist, psychiatrist, program manager and program coordinator
- Program treats more than 2,000 patients per year

**Local and national collaboration for individualized patient care**

- Weekly team meetings to review patient cases, including patients who may be candidates for the deep brain stimulation (DBS) procedure.
- Physicians are members of national physician groups centered around the disease
- Publish research and articles nationally

**Research, clinical trials and breakthrough advancements**

- Only center to offer DBS in southeast Wisconsin
- As the area’s only academic medical center, patients may have access to clinical trials.
- Patients can consent to be part of the Movement Disorders Databank, which helps researchers measure the long-term effectiveness of different treatment options.
- Latest research, such as an iPhone™ application that continuously records patients’ motion data to help physicians decide on treatment options

**Comprehensive and appropriate treatment options and therapies**

- The latest treatment options including medication, botulinum toxin injections, collagen injections and DBS
- Complementary therapies such as physical, occupational and speech therapy, wellness support, exercise, neuropsychiatry and neuropsychology and nutritional support
- Annual symposium for patients and families, support groups and medically directed activities such as Parkinson’s exercise classes
- Community education classes taught by physician specialists for patients and their families to learn more about the disease
Surgery might strike most of us as a last resort, but in Parkinson’s disease, the intervention known as deep brain stimulations (DBS) is anything but.

“DBS is most highly effective when a patient is in the middle range and starting to lose ground, requiring more medications that are providing fewer benefits and causing more side effects.” said Bradley Hiner, MD, a Medical College of Wisconsin neurologist who specializes in movement disorders and focuses on deep brain stimulation. Froedtert & The Medical College of Wisconsin have the only program in southeast Wisconsin to offer DBS.

DBS involves surgically implanting one or more electrodes in the brain connected to a device called a neurostimulator, which is implanted under the collarbone. When the battery is turned on, electricity is delivered to the brain to modulate any abnormal brain activity the disease is causing.

Although DBS is not a cure, in some patients it can result in a dramatic reduction of symptoms, including relief from the tremors, rigidity, slowness of movement and stiffness associated with Parkinson’s disease. In addition to Parkinson’s disease, DBS is highly effective in treating specific types of tremors, dystonia and Tourette's syndrome.

“The results are different with each individual,” Dr. Hiner noted. “There are variables: age, how long has the patient had Parkinson’s, how bad was it before surgery? But in some cases, the difference can be jaw-dropping.”

Patients may be referred to the Parkinson’s and Movement Disorders Program by their physician, or they may contact the program directly for evaluation and treatment at 414-805-3666 or 800-272-3666. To learn more, visit froedtert.com/movement, and check out the program team’s blog, “Moving Forward.”

**SUPPORTING EACH OTHER**

While remaining physically active is crucial to ensuring Al’s quality of life, so too is the camaraderie of the Young Onset Parkinson’s Support Group run by Froedert & The Medical College. Founded and directed by Vicki Conte, coordinator of the Parkinson’s and Movement Disorders Program in the Department of Neurology, the group gathers once a month.

“I run several Parkinson’s support groups, but it seemed the needs of the young onset patients — those in their 30s, 40s and 50s — are different from other patients,” Conte said of the group’s inception. “Many of them still work and have difficulty functioning at their jobs, or are still raising children.”

Participants, including spouses, family members and friends, share their concerns with one another, and Conte brings in speakers to address such issues as memory, speech impairment and developing strategies for dealing with fatigue and pain.

“The idea,” Conte said, “is that they can look around the room and see people in their age group that have the same diagnosis, but they’re all living their lives. I think that is very encouraging.”

Al is certainly living his life. He’s logged over 2,000 miles on his recumbent tricycle, and with Thelma, has become an unstoppable traveler. He went to Brewers baseball spring training in Arizona and refereed numerous games at a major international youth soccer tournament in Minnesota last year. The couple visited England, sailed from Spain to Florida, cruised the Panama Canal and traveled to the western United States.

With support, his resolve to stay active and healthy, and the latest treatment options available to him, Al looks toward the future with hope and the steady determination that has made him an excellent ref.

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Surgical Option
Shouldn't be Last Resort

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Bradley Hiner, MD
Medical College of Wisconsin neurologist

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Patients experience up to 80 percent improvement in symptoms such as tremor and slowness of movement, and on average, patients report a 50 percent improvement in their walking and balance. While no surgery is risk free, few patients have serious complications.

To view video of the dramatic results of DBS, visit froedtert.com/restoreative.
ALL-STAR TEAM

Patients Facing Liver Cancer Need a Dream Team on Their Side

While many cancers are becoming less common, liver cancer is on the rise. New therapies are helping many patients survive much longer, but the disease remains difficult to cure. The key to the best outcomes is a complete physician team that offers the full range of treatment options.

LEFT TO RIGHT: WILLIAM RILLING, MD; CHRISTOPHER JOHNSON, MD; T. CLARK GAMBLIN, MD, MS; JAMES THOMAS, MD, PhD; and BETH ERICKSON, MD
In October 2006, Bob Scheldroup of Hales Corners came home at lunchtime with flu symptoms. “I actually went to bed, and that is not like me,” he said. “I stayed in bed until the next morning. I just could not get up.”

The next day he asked his daughter to look up “appendicitis” in a first aid book. Sure enough: abdominal pain, nausea, fever, chills. The symptoms matched.

Bob, then 48, headed to the emergency room of a local hospital, where he had a CT scan. It confirmed his diagnosis of appendicitis, but it revealed something else as well — a shadow on his liver. There can be several reasons for an abnormal liver scan, so Bob was told not to worry.

He had a liver biopsy, and then underwent surgery on his appendix. The news came a few days later as Bob was preparing to leave the hospital.

“The surgeon walked in and told me I had liver cancer,” he said. “I couldn’t believe it. I was shocked. I really thought I was a goner, because I didn’t know anything about liver cancer.”

A GROWING PROBLEM

Many people with liver cancer are taken by surprise, because it often develops without symptoms. When symptoms like jaundice appear, they are frequently a sign of advanced disease.

According to experts, most liver tumors are metastatic cancers that have spread to the liver from other parts of the body. But about 25,000 people every year develop primary liver tumors — cancer that originates within the liver itself. Primary liver cancer is a rapidly growing problem in the United States thanks to the spread of hepatitis and the increase of fatty liver disease.

Patients with any form of liver cancer usually require several different kinds of treatment. At Froedtert & The Medical College of Wisconsin, the Liver Program addresses this complex need: it features a complete team of physicians who work together to care for patients with liver tumors.

T. Clark Gamblin, MD, MS, Medical College of Wisconsin surgical oncologist and chief of Surgical Oncology joined the program in July 2010. “Our physicians are among the most experienced in the United States and offer treatment options not available elsewhere,” Dr. Gamblin said.

Options are important, because there are now a wide variety of therapies that can help liver cancer patients like never before.

continued
EXPLORING THE POSSIBILITIES

The liver is the largest organ in the human body — and maybe the most versatile. It produces bile to aid in the digestion of food; it processes nutrients and stores them for future use; it makes clotting factors that help stop bleeding, and filters toxins out of the bloodstream.

But along with this versatility come unique challenges and risks. Treating the liver requires extraordinary expertise.

After Bob Scheldroup’s tumor was discovered, he met with an oncologist to discuss his options. The possibilities seemed limited. “He said that if he were me, he would get a second opinion,” Bob said.

That advice led Bob to Kathleen Christians, MD, Medical College of Wisconsin surgical oncologist. Dr. Christians reviewed his case with colleagues during their regular liver tumor conference. Together, the multidisciplinary team developed a promising alternative.

“I remember looking at my scans with Dr. Christians,” Bob said. “She was pointing to this big area and talking about a liver resection — cutting the cancerous portion out and leaving just the good part.”

According to Dr. Christians, not all patients are candidates for resection. “A lot depends on where the tumor is located and how many there are,” she said. “It also depends on the patient’s overall health and whether the patient’s condition is complicated by hepatitis or cirrhosis.”

What makes surgery possible at all is the liver’s unique ability to regenerate. “You can remove up to 80 percent of the liver and it will grow back in a matter of weeks,” Dr. Christians said. Since Bob had no other liver disease and showed no evidence that his cancer had spread, there was a good chance tumor resection could lead to a cure.

Dr. Christians explained the procedure and the risks involved.

NEW OPTIONS

Physicians of the Liver Program are leaders in several areas of care. Dr. Gamblin has pioneered laparoscopic surgery for liver cancer. For patients with smaller tumors, this approach offers a minimally invasive alternative to a traditional open procedure.

Other team members, like James Thomas, MD, PhD, Medical College of Wisconsin medical oncologist and section chief of Solid Tumor Oncology, are on the forefront of efforts to provide more effective drug therapies.

“Historically, standard chemotherapy drugs have not worked well against liver cancer,” Dr. Thomas said. “The chief reason is that the liver’s main job is actually to get rid of poisons in the body.”

Newer “targeted” drugs are showing promise against primary liver tumors. One example is sorafenib, an oral drug that inhibits liver tumors from forming their own blood vessels. “Sorafenib does not cause
many cancers to shrink, but it can help people live longer and their tumors grow more slowly.”

According to Dr. Thomas, drug therapy is making headway against metastatic liver cancer. “Newer chemotherapy methods for colorectal metastases have become increasingly effective. Now we can often shrink liver tumors to the point where they are more amenable to treatment by other modes.”

For an increasing number of patients, that means a minimally invasive procedure performed by an interventional radiologist, often in an outpatient clinic. Interventional radiologists offer several options for patients with liver cancer, including:

• Destroying small liver tumors with heat energy or freezing them with cryogenic probes either in the hospital or as an outpatient procedure
• Performing portal vein embolization, a procedure that blocks the blood flow to cancerous liver tissue while causing healthy liver tissue to grow
• Treating extensive cancers by depositing drug-releasing or radiation-emitting beads that block the blood vessels supplying the tumor

According to William Rilling, MD, Medical College of Wisconsin interventional radiologist and director of Vascular and Interventional Radiology, embolization procedures can serve as a “bridge therapy” for patients awaiting a liver transplant. “If a patient’s tumor grows while on the transplant waiting list, he or she may no longer meet eligibility criteria for a transplant,” Dr. Rilling said. By keeping tumor size in check, embolization can often help patients remain eligible for a donor liver.

That’s important, according to Dr. Gamblin, because transplant can lead to a cure for patients with early-stage liver cancers. The first liver transplant in Wisconsin took place at Froedtert & The Medical College in 1983 by a team that included Medical College of Wisconsin surgeon Edward Quebbeman, MD, PhD, who continues to treat liver patients at Froedtert & The Medical College. Since then, Medical College of Wisconsin surgeons have performed more than 600 liver transplants.

CONTINUOUS DISCOVERY
One of the strengths of the Liver Program is its emphasis on pursuing the latest knowledge. “Researchers have found that while you can’t treat the whole liver to a high dose of radiation, you can treat small portions with very high doses,” said Beth Erickson, MD, Medical College of Wisconsin radiation oncologist.

According to Dr. Erickson, the key is using image guidance and motion control to tightly shape the radiation dose to the tumor target while sparing some of the remaining normal liver. The result is precise radiation therapy delivered at high enough doses to eradicate the cancer. This can be done with a short course of treatments known as stereotactic body radiation therapy (SBRT) for small, peripheral lesions or through a longer course of treatment for central lesions.

“The nice thing for patients about SBRT is that it requires fewer treatment visits,” Dr. Erickson said.

“A lot of people talk about multidisciplinary care, but we really practice it here.”

— William Rilling, MD
Medical College of Wisconsin interventional radiologist

A SECOND CHANCE
Bob Scheldroup’s surgery took place in January 2007. In a 10-hour procedure, Dr. Christians removed more than three-quarters of his liver, including a tumor more than seven inches wide.

Bob has been cancer-free for four years now and has never required additional therapies. “I have been feeling good ever since,” Bob said.

His experience with Froedtert & The Medical College has given him a new outlook on the health-care professions. “Most people go to their job and do what they have to do and then go home,” he said. “Doctors and nurses are really committed.”

His experience has also given him a new outlook on life: “It’s changed the way I look at things. Every day’s a blessing, you know.” Bob hopes his story might inspire other people diagnosed with liver cancer. “I’m just glad to have gotten a second chance from Froedtert.”

COMPLETE CARE
The Liver Program offers patients prompt access to a complete team of physician experts who provide fully coordinated care for patients with liver tumors. To find out more, visit froedtert.com/cancer. To make an appointment or receive a second opinion, call 414-805-0505 or 866-680-0505.

froedtert.com  Froedtert Today  January 2011  13
Blood and Marrow Transplant Nurses are Specialty Trained

he complex needs of patients in the Blood and Marrow Transplant (BMT) Program at Froedtert & The Medical College of Wisconsin demand rigorous standards. Special training and extended orientation for nurse practitioners, physician assistants and nurses help ensure the highest quality of care for blood and marrow transplant patients.

“Outside of the Intensive Care Unit, blood and marrow transplant patients are probably the sickest and most medically complex patient population cared for in the hospital,” said Christopher Bredeson, MD, Medical College of Wisconsin hematologist and director of the Hematologic Malignancies Program.

This year, through a donation to Froedtert Hospital Foundation in honor of Kathryn Doerr, several BMT nurses will attend the Oncology Nursing Society (ONS) national conference and participate in a chemotherapy course for trainers. That course will allow them to conduct in-house chemotherapy and biotherapy training, spreading the knowledge hospital-wide.

The BMT Program already conducts extensive training. “This course will allow us to incorporate the ONS national standards and guidelines,” said Becky Martin, BSN, RN, a certified oncology nurse and staff nurse educator for the BMT, Hematology and Oncology Programs. “It’s an evidence-based, very comprehensive course.”

The BMT Program, which uses blood or bone marrow stem cells to treat cancer or other diseases, performs more blood and marrow transplants per year than at any other hospital in Wisconsin. It’s the only program in southeastern Wisconsin that provides the full range of blood and marrow transplant procedures. To make an appointment or for more information, call 414-805-0505 or 866-680-0505.
For some patients, the high cost of in vitro fertilization (IVF) treatments puts it out of reach, and it’s not always covered by insurance. Now, with the Attain™ IVF Program at the Froedtert & The Medical College of Wisconsin Reproductive Medicine Center, more patients will be able to afford IVF.

IVF can help many people overcome infertility, but often several expensive treatment cycles are needed before they become pregnant.

The Attain IVF Program offers two pricing options that allow patients to stay in treatment longer and increase their chances of having a baby.

The first option, called the Attain IVF Refund Program, includes several tries. If the treatment doesn’t result in the delivery of a baby, patients are refunded from 70 to 100 percent of their cost, depending on the treatment, explained Estil Strawn Jr., MD, Medical College of Wisconsin obstetrician/gynecologist and director of the Reproductive Medicine Center. Patients must meet certain clinical criteria to be accepted into the refund program.

The Attain IVF Multi-Cycle Program also provides multiple IVF tries, but for a single, discounted fee, with no acceptance criteria. With the multi-cycle option, there is no refund if the patient doesn’t deliver a baby.

The Reproductive Medicine Center is one of the only centers in the Midwest to offer complete evaluation and treatment services for men and women. Its fertility specialists take a team approach to treating infertility and provide personal and compassionate care.

To learn more, contact the Reproductive Medicine Center at 414-805-3666 or 800-272-3666 or visit froedtert.com/fertility.

Varicose veins, an unsightly and often painful medical condition that can also indicate serious circulatory issues, affect about half the population older than 50. But they aren’t something that must simply be endured. “We have a lot of new tools for treatments,” said Parag Patel, MD, a Medical College of Wisconsin vascular and interventional radiologist.

Advanced care from the Comprehensive Vein Clinic at Froedtert & The Medical College is more than skin deep. It not only corrects the appearance of varicose veins, but also prevents problems from developing later. Unique to the clinic, physicians — and not technicians — perform the initial ultrasound examinations. “The ultrasound is a mainstay of evaluation,” according to Dr. Patel.

Treatments, all performed as outpatient procedures, include:
• Endovenous vein ablation: Heat from radiofrequency or laser waves seals off incompetent veins. Blood reroutes naturally through the leg’s deep vein system.
• Sclerotherapy: An injected solution eliminates visible varicose or spider veins that may remain after ablation.
• Ambulatory phlebectomy: Varicose veins are removed through tiny skin punctures.

Patients at Froedtert & The Medical College benefit from a multidisciplinary team of interventional radiologists and vascular surgeons “working together to do what is in the best interest of the patient,” Dr. Patel said.

To discuss options for varicose vein treatment or schedule an appointment with Dr. Patel, Dr. Kellie Brown, Medical College of Wisconsin vascular surgeon, or Dr. Eric Hohenwalter, Medical College of Wisconsin interventional radiologist, call the Comprehensive Vein Clinic at 414-805-3666 or 800-272-3666.

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A Proud History

Froedtert Hospital celebrates 30 years of service to the community

Heritage and Hope Celebration honors Froedtert Hospital’s 30-year history and its enormous contributions to countless people in our community. This first-time event is planned for Saturday, May 14, 2011, at the Pfister Hotel in Milwaukee. The celebration will feature a cocktail reception and dinner, as well as a keynote address by Kareem Abdul-Jabbar.

An NBA Hall of Famer and New York Times best-selling author, Abdul-Jabbar is in a personal battle with leukemia and has become a vocal advocate for life-saving medical research. Event proceeds will benefit clinical and translational research — one of the defining characteristics of Froedtert & The Medical College of Wisconsin as an academic medical center.

For sponsorship opportunities, more information or tickets to the event, contact the Froedtert Hospital Foundation at 414-805-2699 or froedterthospitalfoundation.org.