



Personalized Medicine

Transformative Cancer Care

2015 ANNUAL REPORT



Kellogg Cancer Center

Personalized Medicine

Transformative Cancer Care

At NorthShore University HealthSystem (NorthShore) Kellogg Cancer Center, our teams of expert specialists work together to develop individual treatment plans focused on the best possible outcomes for each and every patient.

Kellogg Cancer Center patients have the benefit of experienced and compassionate physicians with expertise in a broad array of cancers, including the most aggressive and complex cancers. With an emphasis on personalized medicine, our collaborative specialists leverage the most advanced science and technology to analyze specific tumor genetics and to prescribe the most appropriate targeted therapies.

Patient survival rates at Kellogg Cancer Center continue to compare favorably with national benchmarks and we continue to be recognized for the superior care provided to our growing patient population. NorthShore has been certified by the American Society of Clinical Oncology (ASCO) Quality Oncology Practice Initiative (QOPI) as a premier medical provider for practicing the highest standards for quality cancer care. The Commission on Cancer has continuously accredited NorthShore as an Academic Comprehensive Cancer Program since 1981.

We also have been designated by BlueCross BlueShield as a Blue Distinction Center for Complex and Rare Cancers. The Blue Distinction program identifies hospitals with proven expertise in specialty care. Our nurses earned the prestigious Magnet designation—the highest honor in nursing from the American Nurses Credentialing Center (ANCC)—and recently earned redesignation, making NorthShore the first hospital system in Illinois to gain this recognition. Our multidisciplinary teams include leading molecular and surgical pathologists. Even the most sophisticated diagnostics are now performed in-house, enabling rapid results and treatment initiation.

Research is a critical component of our mission and a vital element of our clinical program, supported by our academic affiliation with the University of Chicago Pritzker School of Medicine and our important alliance with Mayo Clinic.

We are more grateful than ever to our many philanthropic partners whose ongoing generosity is crucial to our team's ability to enhance prevention, early detection, innovative treatment and research, and thorough support programming for all those who come to us for cancer care.

At NorthShore Kellogg Cancer Center, each treatment plan is personalized because each patient and each cancer diagnosis is unique. This report highlights our personalized medicine approach and our commitment to transformative cancer care.

Bruce Brockstein, MD

Medical Director, NorthShore Kellogg Cancer Center
Head, Division of Hematology/Oncology
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Quality Cancer Care: Recognizing Excellence

Personalized medicine—tailoring treatment to each individual patient, and to each individual cancer—is the driving force behind the innovative care offered at NorthShore Kellogg Cancer Center.

NorthShore's systemwide focus and team approach to personalized medicine align our strengths in genomics, research informatics, medical genetics, pathology and biobanking with outstanding clinical care to improve access and outcomes for patients in real time, right now. Personalized medicine has improved our ability to prevent, diagnose and treat a wide range of cancers.

The many components of the personalized cancer program touch on every case we treat and interact directly through shared resources and data.

Advanced Laboratory Medicine and Pathology Capabilities

Personalized cancer care relies on both the precise interpretation and accurate data from the latest diagnostic technology. While today's advances in genomic testing have given rise to more tailored care, our pathology and laboratory medicine team led by Karen Kaul, MD, PhD, Chair of Pathology and Laboratory Medicine Duckworth Family Chair, has been ahead of the curve for decades

in the use of advanced tumor diagnostics and DNA analysis to customize patient care. DNA sequencing of blood and tumors identifies key genetic patterns and mutations, leading to quicker and more accurate diagnosis and treatment recommendations. Whereas patients treated at many other institutions may have to wait weeks for a test to be sent out to a reference laboratory, we are able to conduct most of these studies "in house" with a turnaround time of days, not weeks.

The molecular diagnostics laboratory recently implemented state-of-the-art Next-Generation Sequencing (NGS) to rapidly look at large genomic regions involved in cancer. Our lab's unique in-house sequencing capability allows us to screen many more cancer genes at once in a single assay. NGS also allows us to run the latest "hot spot" cancer panels, making it possible to more precisely identify rare somatic and germline mutations, cancer drivers, biomarkers and therapeutic targets for malignancies of all types—from lung and colon cancer to rare tumors not yet well characterized. Molecular Diagnostics Director Linda Sabatini, PhD, HCLD, CC, and her team are now working on custom panels, optimizing and validating these tests to ensure thorough understanding of results.

Performing these tests in-house means much faster results and quicker treatment for our patients. Direct communication of test results to physicians through our Electronic Medical Record (EMR) system is seamless and immediate.

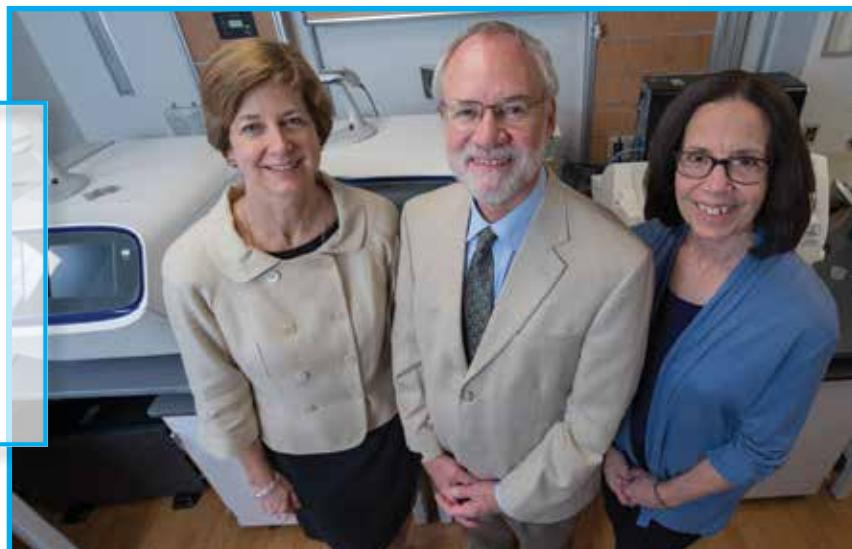
NorthShore's advanced instrumentation also enables our lab professionals to accurately analyze very small samples, including those from needle biopsies, sparing patients from undergoing larger, more-invasive procedures. Patients with advanced lung cancer and others can undergo a fine needle aspiration that will produce enough material for molecular profiling of their tumor.

Clonality assessment is a very powerful NGS tool for patients with leukemia and lymphoma that allows physicians to monitor patients' progress and to determine, in the case of an apparent relapse, if it is the original malignant process or a new leukemia or lymphoma. These very specific test results help guide personalized treatment and improve patient outcomes.

The molecular diagnostics field is exploding, and NorthShore experts are helping to develop new applications that will continue to benefit patients here and beyond.

(continued)

From left: Drs. Karen Kaul, Jan Nowak and Linda Sabatini have been at the forefront of NorthShore's molecular diagnostics work, which includes state-of-the-art Next-Generation Sequencing (NGS) enabling rapid, in-house analysis of individual cancer genomics.



Program for Personalized Cancer Care

NorthShore has brought significant resources to its pioneering Program for Personalized Cancer Care (PPCC), recruiting exceptional scientists from major medical institutions around the country to lead this new endeavor. Physicians at NorthShore Kellogg Cancer Center are working to individualize and optimize care through targeted cancer screening, prevention, diagnosis and treatment. Already we have developed genomic-based programs for high-risk patients in prostate, breast and colorectal cancer. Other gastrointestinal malignancies—including esophageal, gastric, pancreatic and liver cancers—are among our next targets in development.

The PPCC, led by Jianfeng Xu, MD, DrPH, the Ellrodt-Schweighauser Family Chair of Genomics Research, brings together cancer genomicists, biologists, pathologists, biomedical engineers and biostatisticians—all working on a number of exciting personalized cancer care initiatives. Among the projects our team is leading are:

- Developing sophisticated bioinformatics and computational medicine tools for processing and interpreting “big-data” cancer genomics in our own community as well as through consortia, such as The Cancer Genome Atlas, a National Institutes of Health (NIH) research program;
- Working to create and optimize genomic tests for cancer risk assessment and treatment planning via our state-of-the-art genotyping laboratory; and
- Studying the biology of cancer progression with the aim of developing lower-impact medical approaches and nonsurgical treatment options.

NorthShore’s large and, in many cases, lifelong patient base and our advanced, systemwide EMR allow us to capture, analyze and integrate vast amounts of clinical and genomic patient information. Our dedicated Research Institute, with sophisticated genetic equipment and bioinformatics and biostatistician teams, and our advanced molecular diagnostic pathology laboratory are further strengths that back our PPCC.

From screening to treatment, the PPCC takes a comprehensive approach not found in most health systems. Our program strives to leverage genetic information to improve the accuracy of determining an individual’s risk for developing disease and to better personalize therapies to a patient’s specific condition. Analyzing the genetic makeup of individuals with and without cancer can save lives by greatly improving prevention and early diagnosis.

For example, our research team is already pioneering the development of next-generation genomic screening tools for prostate cancer that could individualize prostate-specific antigen (PSA) screening and reduce the number of prostatic biopsies. In the near future, patients will only need to provide a small sample of blood or saliva to learn of their risk factors for prostate cancer development and/or biopredictors for their prognosis to help customize treatment.

Personalized Oncology Clinic

As genomic analysis is becoming increasingly valuable for many cancer patients, Kellogg Cancer Center now offers a Personalized Oncology Clinic led by Janardan Khandekar, MD., the Board of Directors/Janardan D. Khandekar, MD, Chair of Molecular Medicine. It is part of NorthShore’s Center for Personalized Medicine program, which also has specialty clinics in Pharmacogenetics and High-Risk Breast Cancer.

The molecular and cellular characteristics of many of the more common cancers in different areas of the body share many commonalities and may respond to similar medications. Patients who are not responding to standard therapy and patients with very rare cancers with no known therapies can benefit greatly from having the genetics of their cancer evaluated.

Dr. Khandekar works collaboratively with oncologists and individual patients to review patient-level tumor or germline (inheritable) genetic data and the most recent research. The aim is to optimally guide appropriate treatment, including approved therapies specific to the cancer type, or in some cases, off-label medication uses. This data also is used to guide patients to the best available clinical trial options locally or nationally.

Dr. Khandekar’s expertise in this arena and recognized rapport with cancer patients is a valuable resource for Kellogg Cancer Center oncologists and patients alike.

Administrative Director Annette Sereika, a nurse practitioner with advanced oncology certification, also works directly with referring physicians, patients and insurance companies, serving as a patient advocate to help navigate often complex referral and reimbursement issues.

Promising Clinical Trials

The rapidly growing field of cancer genomics continues to engender promising research, including a host of clinical trials available to Kellogg Cancer Center patients. NorthShore is a



Dr. Jianfeng Xu (left) and Dr. Janardan Khandekar lead NorthShore’s Program for Personalized Cancer Care (PPCC) and Personalized Oncology Clinic, respectively.

participant in the new National Cancer Institute (NCI) Molecular Analysis for Therapy Choice (MATCH) clinical trial that uses an individual patient's tumor analysis to look for genetic abnormalities, independent of organ of origin, that are known to respond to a specific targeted drug. The NCI MATCH trial opened in August 2015 and makes available multiple promising drugs, providing a very real potential benefit for our patients.

Additionally, on a tumor site-specific level, nearly half of our own clinical trials are assessing molecularly targeted therapies and/or new immunotherapy approaches.

More such trials in this arena are on the way through our partnerships or participation with the NCI clinical trials groups, a growing number of pharmaceutical companies, and partnerships with the University of Chicago and other institutions.

Molecular Tumor Board

The molecular oncology committee evaluates new diagnostic testing and therapeutics, and regularly interacts with outside agencies to bring the latest genomic breakthroughs to our patients. Led by the Chief of Gastrointestinal Oncology, Robert Marsh, MD, this multidisciplinary committee brings together a broad base of expertise in basic science, clinical care, and research and genetics, and now also functions as a molecular oncology tumor board. This ensures that all cases presented at one of the many disease-specific Kellogg Cancer Center tumor boards also can be analyzed and discussed on a molecular level when needed.

Center for Medical Genetics

As one of the largest and busiest adult genetic counseling programs in the country, NorthShore's Center for Medical Genetics began offering clinical testing for inherited breast cancer risk BRCA1 and 2 shortly after it became clinically available. Our Center is a recognized leader and was quick to adopt new germline testing for inherited cancers, which can help guide management, including treatment and screening options, in order to achieve the best outcomes for individual patients.

Directed by Peter Hulick, MD, the Center for Medical Genetics now is examining more than 70 genes possibly linked to breast and ovarian cancer help identify and stratify family risk. Dr. Hulick's team has developed the SIFT (Susceptibility gene Identification in Families with a geneTic predisposition to breast cancer) Registry, which is designed to find new breast cancer susceptibility genes and ultimately to help develop a clinical NGS test. This test will provide a more precise estimate of risk to guide patients at NorthShore's Breast Cancer Risk Assessment and Prevention Program.

High-Risk Breast Cancer Program

NorthShore launched the Breast Cancer Risk Assessment and Prevention Program in 2014 with a generous grant from the North Suburban Health Care Foundation. Katharine Yao, MD, is the director of this multidisciplinary program, which has seen more than 750 patients since it began. The program provides a comprehensive breast health evaluation to determine the risk for breast cancer for any woman concerned about her breast. A personalized breast health care plan, including risk-reduction strategies and counseling



NorthShore's Pharmacogenomics Clinic, led by Dr. Mark Dunnenerger (pictured here), is one of a few select clinics nationwide that helps determine the best possible drug treatments for individual patients.

on lifestyle modifications, is an important part of the program and empowers women to be proactive for their breast health. The program also coordinates ongoing surveillance for high-risk women and includes a template in the EMR to track data for future research studies. NorthShore offers outreach screening at multiple community events. In the future, we plan to launch a study that evaluates a "genetic risk score" blood test to help us better define a woman's risk for breast cancer and the most appropriate time to start screening mammograms. Working to get genetic information into the most clinically friendly format that is transparent and beneficial for patients and physicians is a priority, especially as it relates to helping patients and their physicians make decisions about treatment related to cancer risk. The Center also is involved in education and building awareness of genetic risk issues for patients and medical providers.

Pharmacogenomics

NorthShore offers one of the few select Pharmacogenomics Clinics nationwide that pre-emptively provides genetic testing to help predict how patients will respond to certain drugs. Led by Mark Dunnenerger, PharmD, BCPharmD, our expanding Pharmacogenomics Clinic provides us with the resources to determine the best drug treatment for patients, tailored to their specific cancers. Ninety-five percent of patients have at least one variant that is actionable and can be translated to modified therapy.

Germline information can help with specific dosing for some chemotherapy agents and also can be useful in prescribing the most effective supporting medications, including antinausea and antifungal drugs designed to combat side effects.

The potential for continued improvements and enhancement to patient care through pharmacogenomics is tremendous, and NorthShore's unique clinic provides significant benefits to our patients.

Genomic Health Initiative

NorthShore is leading a groundbreaking research study, the Genomic Health Initiative, that is collecting 100,000 DNA samples to understand the correlation between genomics and disease, paving the way to more effectively manage patients' health on a larger scale, including cancer risk and cancer treatment.

This pioneering initiative builds on the extensive computational resources of NorthShore's Center for Biomedical and Research Informatics (CBRI), as well as our EMR and biobanks.

Kellogg Cancer Center offers a collaborative, multidisciplinary approach—from customized patient care to a robust clinical research program—to find breakthroughs in preventing, diagnosing and treating a wide range of cancers.

Breast Oncology

Patients with breast cancer continue to make up the largest percentage of Kellogg Cancer Center patients. In recognition of our high-quality, integrated, patient-centered care from an established team of specialists, we received our third accreditation by the America College of Surgeons' National Accreditation Program for Breast Centers.

NorthShore's robust clinical research program includes several initiatives, such as the new Avatar clinical trial for triple-negative breast cancers that will allow a personalized approach to this aggressive form of the disease. Our newly established high-risk screening program is introducing a study using a "genetic risk score" to better assess patients at increased risk for breast cancer.

With our ongoing commitment to advancing research, NorthShore's team of breast cancer specialists has opened a growing array of other clinical trials. James Ward, MD, was recruited in 2015 to lead NorthShore's breast cancer medical oncology research initiatives.

Offering additional therapeutic options to our patients, the new breast seed localization program uses a tiny, radioactive seed implanted into

At NorthShore, breast cancer patients have access to a large, collaborative team of experts from a wide range of disciplines, including medical oncologists, surgical oncologists, genetic counselors, nurse navigators, dietitians, social workers and more.

the breast tissue to enable surgeons to more accurately localize nonpalpable tumors. The High-Risk Breast Health Center saw increased patient volume and has developed outreach, patient and community education programs, and guidelines for patients with breast cancer.

Our focus on prevention and early detection, and our state-of-the-art programmatic and research efforts in breast cancer continue to distinguish NorthShore's comprehensive, multidisciplinary program and collaborative team of specialists as one of the largest academic multispecialty practices in the state of Illinois.

Prostate/Genitourinary Cancer

Under the leadership of NorthShore Urologist Brian Helfand, MD, PhD, the clinical volume and recognition of our early-stage prostate cancer program continue to increase. This past year, NorthShore performed more than 200 prostate cancer surgeries. Patient care is greatly facilitated by dedicated nurse navigator Martha McCurdy, RN, BSN.

With the combined expertise of outstanding scientists in NorthShore's new Program for Personalized Cancer Care (PPCC), we are introducing a personalized prostate cancer clinic focused on genomic-based risk assessment to individualize all aspects of cancer care—from screening and prevention to diagnosis and treatment. Over the past year, NorthShore has recruited several internationally recognized prostate cancer investigators to lead the new PPCC. Under their leadership, the program will offer personalized prostate cancer risk assessment for all men.

NorthShore's prostate cancer experts published 49 peer-reviewed manuscripts this year, and received eight external grants of \$3.4 million.

Our clinical research program continues to grow, with nine open clinical trials for all stages of advanced prostate cancer, supported by three clinical research nurses and one clinical research associate. Other studies include a new trial for patients with metastatic prostate cancer on mindfulness intervention, and open clinical trials focusing on kidney cancer, bladder cancer and treatment based on genetic alterations in tumor tissue.

Daniel Shevrin, MD, serves as Medical Director of the Us TOO prostate cancer education and support group and is a member of the Clinical/ Administrative Core and Director of the Advocacy Program.



Gastrointestinal Oncology

This past year has been very successful for the Gastrointestinal (GI) Malignancies Program. We have experienced incremental growth in volume in all areas, benefiting both the clinical and investigational aspects of the program. The weekly multidisciplinary GI Cancer Conference has been partitioned into two separate meetings that include hepatopancreatobiliary/upper GI cases on Tuesday and colorectal/small bowel cases on Friday. This has resulted in a notable increase in the total number of cases reviewed, as well as more focused clinical, radiologic and pathologic expertise at each meeting.

Accrual to clinical and laboratory studies has not only been vetted, but also facilitated by this arrangement. As a result, the program has completed and published a number of important studies, including two key clinical trials in pancreatic cancer. Both of these studies address the use of chemotherapy prior to, rather than following, surgery and will have repercussions both nationally and internationally. These studies originated at NorthShore and included participants at many of the major cancer centers in the country.

A new protocol will evaluate the effect of genomic-targeted cancer screening on cancer-specific mortality. This will complement the many active studies at NorthShore, which leverage our outstanding Electronic Medical Record (EMR) system to ensure the optimal treatment for each and every patient. We are active participants in the national PROSPECT rectal cancer trial, examining preoperative radiation and chemotherapy versus preoperative chemotherapy alone in stage II and III rectal cancers. Additionally, partnership with the University of Chicago has fostered a number of studies. These include: a genotype-guided study based on UGT1A1 expression that examines dosing of irinotecan in FOLFIRINOX, a commonly used regimen; and a second study that examines the effects of the colonic microbiome on anastomotic healing in patients undergoing low anterior resection for rectal cancer. The initial phase of this study is now complete, and it will shortly be opened as a national multicenter trial.

A second key aspect of the program has been the multidisciplinary clinics that take place on Tuesdays and Wednesdays. Patients are often seen by medical oncologists, surgeons, hepatologists and gastroenterologists at the same clinic visit and in the same clinic space, assisted by a dedicated navigator. The convenience and efficiency of this arrangement have been much appreciated by our patients and have facilitated the integration of a personalized medicine approach into treatment planning. Genetic and molecular analysis is now standard practice in most cases; and if the results are complex, they are presented and discussed at our dedicated Molecular Medicine tumor board. Where appropriate, patients also may be referred to our Department of Genetics for counseling and further screening.

This past year, NorthShore established a colon and rectal cancer database with crucial information about patient care and demographics, which will assist in future programmatic development and research. Electronic records and messaging are now thoroughly embedded in the system, and this form of communication between patient visits has been key to a better experience for all.

Lastly, our highly trained and dedicated nurses, pharmacists, technicians, social workers, dieticians and support staff spend hours with each patient and endeavor to make a challenging and life-changing experience one that is less frightening and more tolerable.

Gynecologic Oncology

Gynecologic oncology is aimed at prevention, early detection and improved treatment for ovarian, uterine and other women's cancers. Led by Gustavo Rodriguez, MD, the Matthews Family Chair of Gynecologic Oncology Research, the division brings together a collaborative team of gynecologic oncologists, geneticists, radiologists, radiation oncologists, pathologists and critical support services, including psychosocial oncology, integrative medicine and nutrition.

Our multidisciplinary team cares for a growing number of patients, leveraging the latest technology and innovative techniques, including robotic surgery and other minimally invasive procedures. Carolyn Kirschner, MD, directs our minimally invasive program, which is the most active in gynecologic oncology in the Chicago area. Elena Diaz Moore, MD, is our newest partner and spearheads palliative care initiatives.

Our outstanding quality of care was recognized again this year with a Professional Research Consultants (PRC) Excellence in Healthcare Top Performer Award and the highly competitive PRC Excellence in Healthcare 5-Star Award.

Jean Hurteau, MD, leads the clinical trials and translational research program. He has received numerous federal grants and served as a principal investigator for translational research projects with the National Cancer Institute-funded Gynecologic Oncology Group (GOG).

A major research initiative focuses on prevention. Dr. Rodriguez and his team have made important discoveries toward the pharmacologic prevention of ovarian and uterine cancer. Building on this success, the Clinical Gynecologic Cancer Prevention Program at NorthShore is now officially open.

Academic affiliation with the University of Chicago continues to strengthen our research and clinical efforts, including joint oversight of a prestigious gynecologic oncology fellowship training program.

Thoracic Oncology

At the heart of NorthShore's Thoracic Oncology Program (TOP) is a multidisciplinary clinic for patients and a collaborative, multidisciplinary tumor board. Co-directed by medical oncologist Thomas Hensing, MD, and thoracic surgeon John Howington, MD, the program offers the most advanced care for patients with lung cancer and other thoracic malignancies.

Experts from medical and radiation oncology, thoracic surgery, radiology, pulmonary medicine, pathology and pharmacy come together to offer the most sophisticated treatment plans, which help optimize the best outcomes for patients. Support from integrative medicine, nutrition and other services is incorporated in individual care, all seamlessly coordinated with the help of the thoracic nurse navigator.

The team also includes medical oncologists Nicholas Campbell, MD, and Ariel Polish, MD, and meets weekly to discuss new cases and develop personalized treatment plans. NorthShore is on the cutting edge of rapidly evolving treatment approaches, using molecular diagnostics to determine genetic profiles of individual tumors and tailored therapeutics, and completing a majority of novel diagnostics tests in-house.

Multimodal strategies combining surgery, chemotherapy, radiation and sophisticated medications ensure optimal outcomes. A wide array of clinical trials at NorthShore gives patients access to the latest drugs and treatment options. NorthShore's thoracic oncology

biorepository and database facilitate sophisticated outcomes and translational research.

Our program emphasizes early detection, lung cancer screening and smoking cessation, and includes Dr. Howington, Ki Wan Kim, MD, and Seth Krantz, MD, who perform minimally invasive, video-assisted thoracoscopic surgery, or VATS lobectomy.

Neurologic Oncology

NorthShore is home to the first and most well-established neuro-oncology program in the Chicago area. Our multidisciplinary team provides progressive diagnostic and treatment options for patients with primary tumors of the brain and spinal cord, metastases, paraneoplastic syndromes and neurologic complications of cancer treatment.

Strong research initiatives are a foundation of our program, giving patients access to the latest drugs and innovative treatment options. Ongoing trials include rapidly expanding targeted therapies that are improving the standard of care for many patients with brain tumors. Principal investigators include Neuro-Oncologists Ryan Merrell, MD, and Nina Martinez, MD; and Neurosurgeon Julian Bailes, MD.

NorthShore Neurological Institute was one of only six sites in the country enrolling patients in a new targeted therapy Phase I study evaluating an investigational antibody-drug conjugate for patients with newly diagnosed glioblastoma multiforme (GBM), the most common and aggressive type of malignant primary brain tumor. Preliminary results were reported at numerous meetings during the year, including the American Society of Clinical Oncology and the Society for Neuro-Oncology.

A new Phase II/III randomized trial of temozolomide and veliparib focuses on treating patients with newly diagnosed GBM after completing chemoradiation. NorthShore Neurological Institute also is a site for a Phase II GBM clinical trial testing a personalized cancer vaccine individualized to a patient's tumor to induce an immune response, and is opening three new clinical trials for patients with newly diagnosed or recurrent GBM.

Because of our superior reputation for the highest level of enhanced and compassionate care, our program continues to draw patients referred from across the region.

Interventional Radiology

NorthShore's Interventional Radiology group includes six specialist physicians, three physician assistants, and more than 40 dedicated nurses and technologists who perform image-guided, minimally invasive cancer therapies aimed at optimizing cancer outcomes, improving quality of life and reducing hospital stay. We offer the latest and most advanced developments in the rapidly evolving and expanding field of interventional oncology.

NorthShore's interventional radiologists work in close collaboration with a team of oncologists, surgeons and radiation oncologists to provide customized care unique to each individual's specific condition. This includes state-of-the-art diagnostic imaging equipment and some of the newest facilities in the area to deliver the highest level of minimally invasive care. Therapies include Y-90 radioembolization and chemoembolization of both primary and metastatic liver tumors, which provide options when chemotherapy is no longer effective or surgery is not feasible.

Lung Cancer Screening Saves Lives

An early adopter of this life-saving test, NorthShore offers low-dose computed tomography (CT) scans for men and women at high risk of developing lung cancer. An active participant in the International Early Lung Cancer Action Project (I-ELCAP), the Kellogg Cancer Center has been a leader in this critical early detection effort.

Based on a demonstrated improved lung cancer survival rate with the use of CT screening, as of January 1, 2015, most insurance companies are now required to cover low-dose CT scans for those at risk. Lung cancer is the leading cause of cancer in the United States and the leading cause of cancer-related death in men and women worldwide. Early detection through CT scanning is a proven strategy to improve outcomes and increase survival rates.

Candidates for lung cancer screening are 55–77 years old; have a smoking history of one pack a day for at least 30 years (or equivalent, such as two packs a day for 15 years or three packs a day for 10 years); and are current smokers or those who have quit within the last 15 years.

Lung cancer screening begins with a visit with a NorthShore physician (including patients' primary care physicians) to provide information about the screening and determine eligibility. The low-dose CT scan is quick and noninvasive. Results of the scan are reviewed by leaders of Kellogg Cancer Center's Thoracic Oncology Program, and personalized recommendations—including follow-up testing and treatment plans—are discussed with individual patients.

The majority of lung cancers are diagnosed in later stages. With this vital screening tool, we hope to change those odds and provide our patients with the hope that comes with early detection. High-risk patients who would like to schedule an appointment or want more information can call 224-251-LUNG (5864).



We also specialize in radiofrequency, microwave and cryoablation of solid tumors in organs that include the liver, kidneys, bones, lungs and other soft tissues. These are alternative treatments to surgical resection, especially for patients at high risk for surgery.

Interventional radiology involves image-guided biopsies to diagnose and stage disease as well as implant vascular access, such as tunneled catheters and ports, so patients can safely receive chemotherapy. Many of these procedures are performed on an outpatient basis and focus on preserving a patient's quality of life as well as improving overall outcomes.

Hematology and Hematologic Malignancies

The Hematologic Malignancy Program at NorthShore offers the latest care for patients with acute and chronic leukemia, myeloma, Hodgkin and non-Hodgkin lymphoma. Led by Lynne Kaminer, MD, the Virginia and James Cozad Chair of Hematology, the program offers full hematologic coverage across the NorthShore hospital system, and recently added our newest member, Jagoda Jasielec, MD, with an expertise in myeloma.

This year, the program was reaccredited by the Foundation for the Accreditation of Cellular Therapy. This comprehensive accreditation process reviews the competency of the high-dose chemotherapy program, blood bank, stem cell collection, safe administration of chemotherapy, supportive care and teamwork.

We also were accepted as part of the Center for International Blood and Marrow Transplant Research (CIBMTR), enabling NorthShore to be part of an international database to compare our results to national and international standards.

Our hematology experts are active in several research initiatives, including six new studies this year. In addition to CIBMTR, these initiatives include a Phase III randomized trial for adult patients with acute lymphoblastic leukemia (ALL), two new studies for patients with chronic lymphocytic leukemia (CLL), and two disease registry studies.

Our close collaboration with the Pathology Department continues, with a weekly hematopathology conference to review bone marrow biopsies, lymph nodes specimens and treatment plans. We are developing molecular panels to evaluate for specific, targeted therapy in acute leukemia and myelodysplastic syndromes, and introducing a new flow cytometer to monitor disease response and sustained remission.

Head and Neck Oncology

NorthShore's Head and Neck Oncology group includes a collaborative team of specialists that focuses on maximizing cancer-related survival and improving quality of life by minimizing both short- and long-term side effects of treatment. In addition to individual patient education, we continue to raise awareness of the need for the HPV vaccine for boys and girls to prevent HPV-related head and neck cancers and cervical cancer.

Our program also emphasizes functional organ preservation using chemoradiation or transoral minimally invasive procedures as an alternative to traditional open surgery when appropriate. In collaboration with head and neck cancer-specific speech and language pathologists, we focus on a patient's functional preservation.

Fellowship-trained head and neck surgeon Mihir Bhayani, MD, offers specific experience in robotic surgery, and is complemented by colleagues in otolaryngology with training in surgery for sinus, larynx and ear tumors. Ricky Wong, MD, joined NorthShore's Department



Our neurologic oncology program provides patients with brain tumors the latest in cutting-edge treatment from a multidisciplinary team of specialists including (from left) Dr. Julian Bailes, Physician Assistant Melody Calla, Dr. Ryan Merrell and Dr. Nina Martinez.

of Neurosurgery this year and is an addition to our team for complicated skull base tumors.

Several new and ongoing clinical and translational research projects include a unique, multidisciplinary project to examine the risk factors for the recurrence, metastasis or death from otherwise harmless skin squamous carcinomas using a large biorepository. Additionally, a novel immunotherapy trial for patients with the most advanced head and neck cancers and numerous projects examining national trends in head and neck cancers and its impact on outcome are completed or under way.

NorthShore continues to sponsor a Head and Neck Cancer Support Group, affiliated with SPOHNC, which meets regularly for patients and caregivers.

Melanoma and Other Skin Cancers

NorthShore's multidisciplinary program offers the depth and breadth of experience to use complicated new therapeutics in treating malignant melanoma. In the last five years, significant advances have been made in treating this disease, and NorthShore's team has the expertise and support to bring these advances to our patients.

New molecularly targeted therapies are available for nearly half of patients with metastatic melanoma whose tumors carry specific mutations in the BRAF gene. NorthShore's molecular pathologists can test for this in our own lab so patients can begin appropriate treatments within days.

Melanoma has been the cancer most positively impacted by advances in immunotherapy for cancer, with the checkpoint inhibitor drugs ipilimumab, pembrolizumab and nivolumab now routinely used. We were able to bring early access to these drugs through clinical trials and have developed significant experience treating patients with these medications. A small group of patients who may experience unique autoimmune side effects have access to NorthShore specialists in endocrinology, gastroenterology, dermatology and rheumatology.

Patients also have access to dermatologists Ross Levy, MD, and Gregg Menaker, MD, who are experienced in Mohs micrographic

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Increased Access for Our Patients

In addition to our three hospital locations—Evanston, Glenbrook and Highland Park—the Kellogg Cancer Center provides high-level, compassionate care at its Gurnee and Skokie Ambulatory Care Centers, as we constantly strive to increase convenience and flexibility for our growing patient base. The Gurnee and Skokie locations will serve as extensions of the comprehensive services offered at the three Kellogg Cancer Center locations and also offer patients other conveniences including on-site lab and radiology services.

This year, Ariel Polish, MD, joined colleagues Matthew Adess, MD, Bruce Brockstein, MD, Britt Hanson, DO, and Teresa Murray Law, MD, in providing hematology and oncology consultation and follow-up services in Gurnee. NorthShore Gurnee Ambulatory Care Center is located at 7900 Rollins Road, Suite 1100, just west of the Gurnee Mills shopping center, increasing access for patients and referring physicians in Lake County.

Another new addition to the Division of Hematology-Oncology, Jagoda Jasielec, MD, is now accepting new patient consultations, joining gynecologic-oncologist Jean Hurteau, MD at the Skokie Ambulatory Care Center on the campus of NorthShore Skokie Hospital.

All of our Kellogg Cancer Center locations and extensions are dedicated to providing the highest level of care delivered by experienced teams of multidisciplinary specialists.

Offering our patients care close to home is a priority and our increased services in both Gurnee and Skokie reflect that commitment. Specialists including from left, Drs. Ariel Polish, Jagoda Jasielec, Bruce Brockstein, Barbara Loris, Britt Hanson and gynecologic oncologist Jean Hurteau provide expert oncology care and treatment to patients at our Ambulatory Care Centers.



Drs. Matthew Adess and Teresa Murray Law are among the physicians providing hematology and oncology consults at our Gurnee Ambulatory Care Center.



surgery. Jason Waldinger, MD, offers a pigmented lesion clinic for patients with multiple nevi and high-risk skin. David J. Winchester, MD, the Board of Directors/David P. Winchester, MD, Chair of Surgical Oncology, performs complex isolated limb perfusions and isolated limb infusions to treat melanoma that has spread within an arm or leg. We are initiating a weekly multidisciplinary clinic, combining the expertise of NorthShore physicians, including medical and surgical oncologists, in treating melanoma and other skin cancers.

Medical Genetics

As one of the largest and busiest adult genetic counseling programs in the country, NorthShore's Center for Medical Genetics began offering clinical testing for inherited breast cancer risk BRCA1 and 2 shortly after it became clinically available.

We are a recognized leader and were quick to adopt new germline testing for inherited cancers, which can help guide management, including treatment and screening options, to achieve the best outcomes for patients.

Directed by Peter Hulick, MD, the Center is examining more than 70 genes possibly linked to breast and ovarian cancer to identify and stratify family risk. Dr. Hulick's team has developed the SIFT (Susceptibility gene Identification in Families with a geneTic predisposition to breast cancer) Registry. This registry is designed to find new breast cancer susceptibility genes and will help develop a Next-Generation Sequencing (NGS) clinical test to provide a more precise risk estimate to guide patients at NorthShore's High-Risk Breast Cancer Program.

The Center works collaboratively with our medical informatics team, building the infrastructure to help collect and track genetic information in our Electronic Medical Record (EMR) system and to enhance the process for tracking follow-up with individual patients.

Providing genetic information in the most clinically friendly format that is transparent and beneficial for patients and physicians continues to be a

priority, especially as it relates to helping patients and their physicians make decisions about treatment related to cancer risk. The Center also is involved in education and building awareness of genetic risk issues for patients and medical providers.

Radiation Oncology

NorthShore's team of radiation oncologists offers the latest technologies and years of experience for advanced cancer care. The Department of Radiation Medicine is accredited by the American College of Radiology for each of NorthShore's treatment locations at Evanston, Glenbrook and Highland Park Hospitals.

NorthShore was one of the first Chicago-area medical centers to introduce radionuclide therapy for prostate cancer bone metastases using the alpha-emitting radionuclide radon-223. It has been a leader in developing accelerated partial breast irradiation (APBI) for patients with early-stage breast cancer, reducing the time for treatment from six and a half weeks to three weeks. More than 800 women have been treated to date, and approximately 300 women have been followed for five or more years, with results comparable to standard therapy.

NorthShore's stereotactic body radiation therapy program continues to grow as an option for patients, offering pinpoint precision to target radiation treatment on tumors or lesions close to critical structures in the body. Stereotactic body radiation enables doctors to treat a range of conditions, including benign and malignant brain tumors; metastatic tumors or recurrent brain tumors; functional brain disorders; and tumors of the head and neck, lung, liver, prostate and spine. This treatment is particularly viable for patients who cannot undergo traditional surgery because of illnesses, for tumors that are located in inoperable areas or for procedures that present increased risk of harming critical structures near the tumor. The therapy is especially effective for patients with early-stage lung cancer who are deemed to be poor operative risks.

Active Clinical Trials

NorthShore patients have access to a broad array of clinical trials and potentially life-saving new treatments. Among our many current trials are:

Brain Tumors

ACT IV CDX110-04 International randomized double-blind controlled study of rindopepimut/GM-CSF with adjuvant temozolomide in patients with newly diagnosed, surgically resected, EGFRvIII-positive glioblastoma

A071101 Phase II randomized trial comparing the efficacy of heat shock protein-peptide complex-96 (HSPPC-96) (NCI #725085, Alliance IND #15380) vaccine given with bevacizumab versus bevacizumab alone in the treatment of surgically resectable recurrent glioblastoma multiforme (GBM)

A221101 Phase III randomized, double-blind, placebo-controlled study of armadofinil (Nuvigil) to reduce cancer-related fatigue in patients with glioblastoma multiforme

AbbVie/M12-356 Phase I study evaluating the safety and pharmacokinetics of ABT-414 in combination with radiation plus temozolamide or temozolamide alone for subjects with glioblastoma multiforme

N107C Phase III trial of postsurgical stereotactic radiosurgery (SRS) compared with whole brain radiotherapy (WBRT) for resected metastatic brain disease

Breast Cancer

LATTE Long-term anastrozole versus tamoxifen treatment effects

UC13-1-000 Carboplatin, gemcitabine and mifepristone for advanced breast cancer and recurrent or persistent epithelial ovarian cancer

EH14-308 A011106 ALternate approaches for clinical stage II or III estrogen receptor positive breast cancer NeoAdjuvant TrEatment (ALTERNATE) in postmenopausal women: Phase III study

AbbVie M12-914 Phase III randomized, placebo-controlled trial of carboplatin and paclitaxel with or without the PARP inhibitor veliparib (ABT-888) in HER2-negative metastatic or locally advanced unresectable BRCA-associated breast cancer

NSABP B-55 Randomized, double-blind, parallel group, placebo-controlled multi-center Phase III study to assess the efficacy and safety of Olaparib versus placebo as adjuvant treatment in patients with germline BRCA 1/2 mutations and high-risk HER2 negative primary breast cancer who have completed definitive local treatment and neoadjuvant or adjuvant chemotherapy

TNBC AVATAR Feasibility/pilot study of genomics-guided therapeutic drug selection for triple negative breast cancer (TNBC) using a patient-derived mouse xenograft

EA1131 Randomized Phase III postoperative trial of platinum based chemotherapy versus observation in patients with residual triple-negative basal-like breast cancer following neoadjuvant chemotherapy

NSABP B-51 A randomized Phase III clinical trial evaluating post-mastectomy chest wall and regional nodal XRT and post-lumpectomy regional nodal XRT in patients with positive axillary nodes before neoadjuvant chemotherapy who convert to pathology negative axillary nodes after neoadjuvant chemotherapy

Cancer Control

REFLEXOLOGY Home-based symptom management via reflexology for breast cancer patients

Gastrointestinal Cancer

UC12-0033 Genotype-guided dosing study of mFOLIFIRINOX in previously untreated patients with advanced gastrointestinal malignancies

RTOG 1112 Randomized Phase III study of soraferib versus stereotactic body radiation therapy followed by sorafenib in hepatocellular carcinoma

Celgene ABI-007-PANC-003 Phase III, multicenter, open-label, randomized study of nab-paclitaxel plus gemcitabine versus gemcitabine alone as adjuvant therapy in subjects with surgically resected pancreatic adenocarcinoma

AstraZeneca D081FC0001 (POLO) Phase III, randomized, double-blind, placebo-controlled, multicenter study of maintenance Olaparib monotherapy in patients with gBRCA mutated metastatic pancreatic cancer whose disease has not progressed on first line platinum-based chemotherapy

Genitourinary Cancer

UC12-0109 Randomized gene fusion stratified Phase II trial of abiraterone with or without ABT-888 for patients with metastatic castration-resistant prostate cancer

UC11-0709 Prospective randomized pilot study evaluating the food effect on the pharmacokinetics and pharmacodynamics of abiraterone acetate in men with castrate-resistant prostate cancer

AbiCure Phase II randomized 3-arm study of abiraterone acetate plus degarelix, a GnRH antagonist, and degarelix alone for patients with prostate cancer with a rising PSA or rising PSA and nodal disease following definitive radical prostatectomy

EH09-43 Multiphase study of active surveillance for men with clinical stage T1c or T2a localized prostate cancer

S0931 EVEREST Phase III study of EVerolimus for renal cancer ensuing surgical therapy

EH14-055 S1216 Phase III randomized trial comparing androgen deprivation therapy and TAK-700 with androgen deprivation therapy and bicalutamide in patients with newly diagnosed metastatic hormone-sensitive prostate cancer

EH14-180 A031201 Phase III trial of enzalutamide versus enzalutamide, abiraterone and prednisone for castration-resistant metastatic prostate cancer

EH14-083 UC13-0540 Afatinib in advanced refractory urothelial cancer

A4061070 Metastatic renal cell cancer registry

Bayer 3104007 Multinational, randomized, double-blind, placebo-controlled, Phase III efficacy and safety study of ODM-201 in men with high-risk nonmetastatic castration-resistant prostate cancer

REASSURE Radium-223 alpha emitter agent in noninterventional safety study in metastatic castration-resistant prostate cancer population for long-term evaluation

A031201 Phase III trial of enzalutamide, abiraterone, and prednisone for castration-resistant metastatic prostate cancer

Astellas 9785-MA-1008 A multicenter open-label single-arm study of enzalutamide re-treatment in the metastatic castration-resistant prostate cancer, as first treatment post docetaxel in patients who have previously received enzalutamide in the pre-chemotherapy setting

Gynecologic Cancer

GOG0238 Randomized trial of pelvic irradiation with or without concurrent weekly cisplatin in patients with pelvic-only recurrence of carcinoma of the uterine corpus

GOG0274 (The Outback Trial) Phase III trial of adjuvant chemotherapy as primary treatment for locally advanced cervical cancer compared to chemo-radiation alone

GOG277 Phase III randomized trial of gemcitabine (NCI #613327) plus docetaxel (NCI #628503) followed by doxorubicin (NCI #123127) versus observation for uterus-limited, high-grade uterine leiomyosarcoma

GOG-0286B Randomized Phase II/III study of paclitaxel/carboplatin/metformin (NCI #91485) versus paclitaxel/carboplatin/placebo as initial therapy for measurable stage III or IVA, stage IVB, or recurrent endometrial cancer

UC13-1323 Phase II study of XL184 (cabozantinib) in recurrent or metastatic endometrial cancer

UC13-1235 Randomized placebo-controlled Phase II trial of metformin in conjunction with chemotherapy followed by metformin maintenance therapy in advanced stage ovarian, fallopian tube and primary peritoneal cancer adjuvant treatment

MDANDERSON 2013-0340 Prophylactic salpingectomy with delayed oophorectomy, risk-reducing salpingo-oophorectomy, and ovarian cancer screening among BRCA-mutation carriers: A proof-of-concept study 2013-0340

GOG 0275 Phase III randomized trial of pulse actinomycin-D versus multi-day methotrexate for the treatment of low-risk gestational trophoblastic neoplasia

GOG-0264 Randomized Phase II trial of paclitaxel and carboplatin versus bleomycin, etoposide and cisplatin for newly diagnosed advanced-stage and recurrent chemo-naïve stage I sex cord-stromal tumors of the ovary

Pilot Study Pilot study of the impact of early palliative care on quality of life in recurrent ovarian, fallopian tube and primary peritoneal cancer

Gog 0281 A Randomized Phase II/III study to assess the efficacy of trametinib (GSK 1120212) in patients with recurrent or progressive low-grade serous ovarian or peritoneal cancer

Head and Neck Cancers

HCN Tissue bank tissue/body fluid procurement and clinical data collection for patients with malignancies of the head and neck area and/or premalignant changes

AstraZeneca D4193C00001 (HAWK) Phase II, multicenter, single-arm, global study of MEDI4736 monotherapy in patients with recurrent or metastatic squamous cell carcinoma of the head and neck (SCCHN)

RTOG 1216 Randomized Phase II/III trial of surgery and post-operative radiation delivered with concurrent cisplatin versus docetaxel versus docetaxel and cetuximab for high-risk squamous cell cancer of the head and neck

AstraZeneca D4193C00003 (CONDOR) Phase II randomized, open-label, multicenter, global study of MEDI4736 monotherapy, tremelimumab monotherapy and MEDI4736 in combination with tremelimumab in patients with recurrent or metastatic squamous cell carcinoma of the head and neck (SCCHN)

AstraZeneca D4193C00002 (EAGLE) Phase III randomized, open-label, multicenter, global study of MEDI4736 monotherapy and MEDI4736 in combination with tremelimumab versus standard of care therapy in patients with recurrent or metastatic squamous cell carcinoma of the head and neck (SCCHN)

Hematology

E2905 Randomized Phase III trial comparing the frequency of major erythroid response (MER) to treatment with lenalidomide (Revlimid) alone and in combination with epoetin alfa (Procrit) in subjects with lower intermediate-1 risk MDS and symptomatic anemia

CALGB 50801 Phase II trial of response-adapted therapy based on positron emission tomography (PET) for bulky stage I and stage II classical Hodgkin lymphoma (HL)

C50904 Randomized Phase II trial of ofatumumab and bendamustine versus ofatumumab, bortezomib (NCI# 681239, IND# 58443) and bendamustine in patients with untreated follicular lymphoma

CALGB 8461 Cytogenetic studies in acute leukemia

CALGB 9665 The CALGB leukemia tissue bank

C20202 Assessment of novel molecular markers in acute myeloid leukemia

S1001 Phase II trial of PET-directed therapy for limited-stage diffuse large B-cell lymphoma (DLBCL)

Celgene Connect MM The Multiple Myeloma Disease Registry

GSK: HOMER OMB113676 Phase III randomized, open-label study of single agent ofatumumab versus single agent rituximab in indolent B-cell non-Hodgkin lymphoma relapsed after rituximab-containing therapy

Connect MDS AML The Myelodysplastic Syndromes (MDS) and Acute Myeloid Leukemia (AML) Disease Registry

S1203 Randomized Phase III study of standard cytarabine plus daunorubicin (7+3) therapy or idarubicin with high dose cytarabine (IA) versus IA with vorinostat (NSC-701852) (IA+V) in younger patients with previously untreated acute myeloid leukemia (AML)

E1912 Randomized Phase III study of ibrutinib (PCI-32765)-based therapy vs standard fludarabine, cyclophosphamide, and rituximab (FCR) chemoimmunotherapy in untreated younger patients with chronic lymphocytic leukemia (CLL)

Incyte INCB-MA-PV-401 Prospective, noninterventional study of disease progression and treatment of patients with polycythemia vera in United States academic or community clinical practices (REVEAL)

A041202 Randomized Phase III study of bendamustine plus rituximab versus ibrutinib plus rituximab versus ibrutinib alone in untreated older patients (≥ 65 years of age) with chronic lymphocytic leukemia (CLL)

E1910 Phase III randomized trial of Blinatumomab for newly diagnosed BCR-ABL-negative B lineage acute lymphoblastic leukemia in adults

CIBMTR Research database for hematopoietic cell transplantation, other cellular therapies and marrow toxic injuries

(continued)

Lung Cancer

RTOG 0839 Randomized Phase II study of preoperative chemoradiotherapy +/- panitumumab (IND# 110152) followed by consolidation chemotherapy in potentially operable locally advanced (stage IIIA, N2+) non-small cell lung cancer

S1400 Phase II/III biomarker-driven master protocol for second-line therapy of squamous cell lung cancer

AbbVie M11-089 Randomized, double-blind, multicenter, Phase III trial comparing veliparib plus carboplatin and paclitaxel versus placebo plus carboplatin and paclitaxel in previously untreated advanced or metastatic squamous non-small cell lung cancer (NSCLC)

AbbVie: M14-359 Randomized, open-label, multicenter, Phase II trial comparing veliparib plus carboplatin and paclitaxel versus investigator's choice of standard chemotherapy in subjects receiving first cytotoxic chemotherapy for metastatic or advanced non-squamous non-small cell lung cancer (NSCLC) and who are current or former smokers

Celgene ABI-007-NSCLC-005 Safety and efficacy of nab-paclitaxel (Abraxane®) in combination with carboplatin as first-line treatment in elderly subjects with advanced non-small cell lung cancer (NSCLC): A Phase IV, randomized, open-label, multicenter study

AstraZeneca D4191C00001 A Phase III randomized, double-blind, placebo-controlled, multicenter, international study of MEDI4736 as sequential therapy in patients with locally advanced, unresectable non-small cell lung cancer (Stage III) who have not progressed following definitive, platinum-based, concurrent chemoradiation therapy (PACIFIC)

CLOVIS C001686-020: A Phase III, open-label, multicenter, randomized study of rociletinib (CO-1686) monotherapy versus single-agent cytotoxic chemotherapy in patients with mutant EGFR non-small cell lung cancer (NSCLC) after failure of at least one previous EGFR-directed tyrosine kinase inhibitor (TKI) and platinum-double chemotherapy

AstraZeneca D4191C00004 A Phase III open-label, randomized, multicenter, international study of MEDI4736, given as monotherapy or in combination with tremelimumab, determined by PD-L1 expression versus standard of care in patients with locally advanced or metastatic non-small cell lung cancer (Stage IIIB-IV) who have received at least two prior systemic treatment regimens including one platinum-based chemotherapy regimen and do not have known EGFR TK activating mutations or ALK rearrangements (ARTIC)

Sarcoma

A091401 Randomized Phase II study of nivolumab with or without ipilimumab in patients with metastatic or unresectable sarcoma

Skin Cancer

E3612 Randomized Phase II trial of ipilimumab with or without bevacizumab in patients with unresectable stage III or stage IV melanoma

Other

A221303 Randomized study of early palliative care integrated with standard oncology care versus standard oncology care alone in patients with incurable lung or noncolorectal gastrointestinal malignancies

NCI 9671 Exceptional responders pilot study: Molecular profiling of tumors from cancer patients who are exceptional responders

EAY131 Molecular Analysis for Therapy Choice (MATCH)

EAY131-R Phase II study of trametinib in patients with BRAF fusions, or with non-V600E, non-V600K BRAF mutations

EAY131-G Phase II study of crizotinib in patients with ROS1 translocations (other than patients with non-small cell lung cancer)

EAY131-B Phase II study of afatinib in patients with HER2 activating mutations

EAY131-E AZD9291 in patients with tumors having EGFR T790M mutations (except non-small cell lung cancer) or rare activating mutations of EGFR

EAY131-F Crizotinib in patients with tumors (other than adenocarcinoma of lung or ALCL) with ALK rearrangements

EAY131-U VS-6063 (defactinib) in patients with tumors with NF2 loss

EAY131-Q Ado-trastuzumab emtansine in patients with tumors with HER2 amplification (except breast and gastro/gastro-esophageal junction [GEJ] adenocarcinomas)

EAY131-H Phase II study of dabrafenib and trametinib in patients with tumors with BRAF V600E or V600K mutations (excluding melanoma and thyroid cancer)

EAY131-V Phase II study of sunitinib in patients with tumors with c-Kit mutations (excluding GIST, renal cell carcinoma or pancreatic neuroendocrine tumor).

Breast Surgery

099 Mentor postapproval study of mentor MemoryGel® breast implants in women undergoing breast augmentation or reconstruction

EH08-094 Prospective study of nipple-sparing mastectomy: Oncologic and reconstructive outcomes

EH09-387 Retrospective analysis of breast MRI performed at NorthShore University HealthSystem for newly diagnosed breast cancer

EH11-124 Development and maintenance of a comprehensive breast reconstruction registry at NorthShore University HealthSystem

EH12-321 An investigation of disparities in the delivery of breast reconstruction among older patients who undergo mastectomy

EH13-168 Interactive 3D stereoscopic imaging during surgery

EH14-020 Piloting and in-visit decision aid for contralateral prophylactic mastectomy decision making

EH14-045 A retrospective review of pain control using Exparel versus bupivacaine pain pump in implant-based breast reconstruction

EH14-218 Does contralateral prophylactic mastectomy improve satisfaction and psychosocial health?

EH14-346 Effects of preoperative breast MRI on surgical outcomes, costs and quality of life of women with breast cancer—alliance A011104/ACRIN 669

EH15-142 Regional variation of breast surgery in SEER-Medicare

EH15-297 Randomized Phase III trial comparing axillary lymph node dissection to axillary radiation in breast cancer patients (cT1-3 N1) who have positive sentinel lymph node disease after neoadjuvant chemotherapy—alliance A011202

National Cancer Data Base—Breast

Surveillance, Epidemiology and End Results (SEER)—Breast

Colorectal Surgery

EH10-333 Phase III prospective randomized trial comparing laparoscopic-assisted resection versus open resection for rectal cancer; Z6051 version A3

EH12-460 N1048 Phase II/III trial of neoadjuvant FOLFOX with selective use of combined modality chemoradiation versus preoperative combined modality chemoradiation for locally advanced rectal cancer patients undergoing low anterior resection with total mesorectal excision

EH13-089 Investigating gene profiles of colorectal hepatic metastases

EH14-272 Defining the role of microbes in the pathogenesis of intestinal anastomotic leak via serial endoscopic surveillance

Genitourinary Cancer

EH13-088 Mind-body health in uro-oncology

EH14-031 Genomic markers in transitional cell cancer of the bladder, renal pelvis and ureter: Sample acquisition for methods development and discovery

EH14-285 Fat and its relationship to prostate, bladder and kidney cancer

EH15-240 Urologic oncology: Costs and complications

EH09-043 Multi-phase study of active surveillance for men with clinical stage T1c or T2a localized prostate cancer

EH10-089 Periprostatic fat as a promoter of prostate cancer progression

EH10-379 3-dimensional transrectal ultrasound for prostate cancer diagnosis and surveillance

EH11-211 AQCESS-PCa (Advancing Quality Care, Education and Symptom Support—Prostate Cancer)

EH12-433 Genetics of prostate cancer aggressiveness

EH13-049 Compliance and outcomes with penile rehabilitation in men after prostate cancer treatment

EH13-250 Cancer susceptibility: The ICPG Study (International Consortium for Prostate Cancer Genetics)

EH13-434 Transforming diagnosis of aggressive prostate cancer via nanocytology of field carcinogenesis

EH13-446 Retrospective review of patients who have been removed from Study EH09-043: A multiphase study of active surveillance for men with clinical stage T1c or T2a localized prostate cancer

EH14-133 The lived experience of men with sexual dysfunction after prostate cancer treatment

EH14-206 Nanocytology to mitigate overdiagnosis of prostate cancer

EH15-241 Achieving comparable diagnostic accuracy of prostate cancer (PCa) using fine needle aspiration (FNA) nanocytologic diagnosis based on detection of field carcinogenesis by partial wave spectroscopy (PWS)

Lung and Esophageal Cancer

EH12-430 CALGB 140503 Phase III randomized trial of lobectomy versus sublobar resection for small (< 2 cm) peripheral non-small cell lung cancer

EH13-155 Best practice in VATS lobectomy for lung cancer: Database management and analytics for a longitudinal study to optimize care for lung cancer patients

EH13-303 Intercostal liposomal bupivacaine injection efficacy compared to continuous subpleural bupivacaine infusion

EH13-387 Non-small cell lung tissue sample study

EH14-324 Retrospective chart review study to look at post-operative complications in stage I and II lung cancer patients who had a video-assisted thoracoscopic procedure (lobectomy or segmentectomy)

EH15-123 Randomized double-blind, placebo-controlled study of erlotinib or placebo in patients with completely resected epidermal growth factor receptor (EGFR) mutant non-small cell lung cancer (NSCLC) A081105

EH15-122 Randomized double-blind, placebo-controlled study of erlotinib or placebo in patients with completely resected epidermal growth factor receptor (EGFR) mutant non-small cell lung cancer (NSCLC), A081105

EH15-121 Phase III double-blind trial for surgically resected early stage non-small cell lung cancer: Izotinib versus placebo for patients with tumors harboring the Anaplastic Lymphoma Kinase (ALK) fusion protein E4512

EH15-175 Multicenter, randomized trial of esophagectomy and cervical esophagogastronomy with (two-stage) or without (one-stage) prior ischemic gastric preconditioning by laparoscopic ligation of left gastric and short gastric arteries

EH98-136 Establishment and maintenance of a comprehensive thoracic tumor data registry and biorepository

Pancreatic Cancer

EH08-197T Clinical pancreatic cancer database

EH09-474 Analysis of predictors of postoperative morbidity and long-term survival following pancreatic surgery

H11-302 Predictors of malignancy of neuroendocrine tumors of the pancreas

EH12-060 Genomics of pancreatic cancer

EH12-118 Retrospective analysis of clinical and pathological features in patients with ampullary carcinoma

EH13-296 Retrospective analysis of association of sarcopenia with frailty and surgical outcomes in patients with pancreatic pathology

EH13-362 Outcomes of pancreatic cancer

EH14-399 Survival differentiators in pancreatic cancer

National Cancer Data Base—Pancreas

Thyroid Cancer

EH11-069 Use of partial-wave spectroscopy to determine whether follicular thyroid lesions are benign or malignant

EH12-310 Occurrence of BRAF mutation in thyroid cancer

EH14-263 Epigenetic chromatin conformation changes in peripheral blood to differentiate benign versus malignant thyroid lesions

National Cancer Data Base—Thyroid and Adrenal

EH14-058 The establishment of a multidisciplinary comprehensive database of patients for thyroid nodular disease

A broad array of **support services** designed to help cancer patients and their families through all phases of their care is an important element of Kellogg Cancer Center's comprehensive and patient-focused treatment.

Nurse navigators and other members of the Kellogg Cancer Center team help patients access what they need most from nutrition and psychosocial support to ongoing patient education and financial counseling. Holistic support enables optimal emotional and physical health and cultivates healing throughout the entire cancer journey.

Nutrition and Dietary Guidance

Nutrition counseling is an important aspect of care for our patients. We know that proper nutrition is critical to good health, and we also understand that maintaining a healthy diet can be especially challenging for some patients undergoing cancer treatment.

Registered dietitians with special experience and certification in oncology are available for patient consultations and will work with individuals and families to develop nutrition goals and help devise meal plans throughout therapy. This support is offered at no cost to patients and can be vital in helping maintain nutritional reserves and combating appetite and weight-loss problems that frequently occur as an effect of the cancer or its treatment.

Kellogg Cancer Center's nutrition team participates in community outreach and education events as increasing evidence points to nutrition and healthy weight as important factors in prevention of

many cancers or improved outcomes after treatment. We maintain active partnerships with the Cancer Wellness Center and a variety of support groups and work to educate the public about the relationship between nutrition and cancer.

Psychosocial Support

A cancer diagnosis can be a life-changing event for individual patients as well as for their families and friends. Kellogg Cancer Center's dedicated Psychosocial Oncology Program has experienced clinicians who can provide emotional support and help in accessing internal and external assistance programs addressing logistic and practical needs for those facing cancer. When needed, our team can refer expeditiously for psychological and psychiatric assistance.

The Psychosocial Oncology Program offers psychotherapy and assessment, crisis intervention and referrals for issues including transportation, home care, financial assistance and related issues all designed to help patients cope with their illness and maintain quality of life. The psychosocial team collaborates with Kellogg Cancer Center physicians and nurses ensuring seamless continuity of care.

We offer a variety of valuable support groups for patients and caregivers, and our partnership with the Cancer Wellness Center provides additional support and educational programming. Our alliance with Imerman Angels, a nonprofit organization that matches patients and caregivers with one-on-one mentors, allows our patients to serve as mentors and be matched with mentors with similar age and type of cancer. We also partner with the American Cancer Society, offering further support to our patients and their families with a broad array of services, including educational materials, transportation to and from treatment, and wigs and other hair-loss products. All NorthShore cancer patients are screened for distress. Any patient who self-identifies or scores at a level of significant distress will be seen for a follow-up with a member of the psychosocial team.

Like the rest of our oncology programs, the psychosocial team also aims to improve knowledge and outcomes through its involvement in clinical research.

Financial Advocacy

The financial burdens associated with cancer care often add to the stress of a cancer diagnosis and its treatment. We recognize this, and in response have a well-established assistance program. Our Patient Financial Advocates meet with patients who need assistance with a variety of financial issues. Our specially trained advocates work with a team of precertification specialists who work to have

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NorthShore's dedicated Psychosocial Oncology Program helps patients and families manage both emotional and practical issues to maintain and improve quality of life following a cancer diagnosis. Members of the collaborative team include (from left) Social Workers Meg Madvig, Amy Dillon, Scott Thompson, Edi Gruber and Mary McCormick. (Team member Becky Joslin is not pictured.)

treatment plans preauthorized for payment and can answer questions about bills and charges. They also assist in the precertification of some diagnostic tests.

For patients who demonstrate significant financial need, our advocates coordinate reduced-cost care through state programs, the hospital's charity care program, or in some cases working directly with pharmaceutical companies or other private foundations. We have been able to assist patients with acquiring often extremely expensive oral cancer treatment medications, saving our patients millions of dollars of out-of-pocket costs over the past several years. Our Patient Financial Advocates work closely with social workers and the entire Kellogg Cancer Center team.

Dedicated Oncology Pharmacy

Nationally certified and specially trained oncology pharmacists staff a dedicated oncology pharmacy in each Kellogg Cancer Center. The pharmacy team works closely with physicians and nurses and understands the specific needs of cancer patients, as well as potential side effects or interactions of medications, and is committed to providing excellent treatment. Our oral chemotherapy pharmacy is an important resource for patients. Our pharmacists help with education recommendations regarding changes in medications and monitoring managing side effects and other symptoms.

The oncology pharmacy plays a key role in many quality improvement projects and clinical trial management at NorthShore. It also has been a national leader in computerized physician chemotherapy ordering, and patient quality and safety especially as related to oral chemotherapy.

Patient Education

Dedicated resource centers—including the Myra Rubenstein Weis (MRW) Health Resource Center at NorthShore Highland Park Hospital and the Kellogg Cancer Resource Center at NorthShore Evanston Hospital, established in memory of patient Ira Korman, offer great information vehicles and opportunities for patient education. Computer stations include carefully curated links to appropriate websites, and specially selected books, periodicals and DVDs are available for patients and families to check out.

New patients meet with a collaborative nurse to review their individual treatment plan and develop a relationship that encourages them to ask questions throughout their care. Comprehensive patient education materials are also important resources for Kellogg Cancer Center patients.

NorthShore's "Understanding Cancer" educational programs are one element of our community outreach and education efforts. Held several times throughout the year, these physician-led programs provide the community with cancer-related information from cutting-edge diagnostic options to minimally invasive surgical techniques, modern treatment options and genetic factors. Following the presentations, participants have the opportunity to ask questions and obtain answers from a panel of Kellogg Cancer Center physicians.

LIFE Cancer Survivorship

NorthShore's Living in the Future (LIFE) Cancer Survivorship Program is entering its tenth year, celebrating the ninth anniversary of its founding and first LIVESTRONG Foundation grant award. The program is one of the first programs in our region to establish survivorship as a distinct phase of care in the cancer continuum. It offers free services to all Kellogg Cancer Center patients.

Under the direction of Carol Rosenberg, MD, the LIFE Program helps survivors plan for post-treatment life based on the unique risks,

exposures and needs of each individual. The NorthShore LIFE model of care provides one-on-one care in the creation of a survivorship care plan, MRW Survivorship 101 seminars and specialized group support. Dr. Rosenberg is the lead author of "Promotion of self-management for post treatment cancer survivors: Evaluation of a risk adapted visit" published in the *Journal of Cancer Survivorship* in July 2015. The article chronicles the short- and long-term benefits to survivors who participated in the LIFE Program and highlights the LIFE Program as an exemplary model for survivorship care. Data from this study of the LIFE program reveal that the LIFE program helps survivors construct a useful understanding of their cancer experience and promotes long-term self-management.

Dr. Rosenberg has also created the Living in the Future Cancer Survivorship course with the philanthropic support of the Coleman Foundation. The curriculum, now in its fourth year, provides emerging healthcare professionals, as well as those who are established in practice, with knowledge and skills related to survivorship care. This curriculum is one of the first of its kind in the nation to provide the formal integration of a cancer survivorship course into the core learning experiences for physicians in training and thus prepares the next generation of physicians for helping their cancer patients thrive and move forward, living in the future.

Integrative Medicine

At NorthShore, Integrative Medicine combines conventional Western medicine with safe, evidence-based complementary medicine approaches—something that growing numbers of cancer patients are finding beneficial. Kellogg Cancer Center patients have access to experienced integrative medicine practitioners specializing in acupuncture, traditional Chinese medicine and therapeutic massage.

Our Integrative Medicine team has special training in oncology and works collaboratively with the Kellogg Cancer Center team, communicating regularly through the shared Electronic Medical Record (EMR) system.

Integrative therapies, including acupuncture and body work, have been linked with improving a range of factors affecting quality of life for cancer patients including increased energy, strength, appetite, restful sleep, digestive function, pain relief, and diminished nausea and dry mouth. Laser acupuncture is also available for cancer patients, which can be particularly beneficial for those dealing with lymphedema or other contraindications to needles. Low-level laser acupuncture offers a safe and effective, needle-less form of treatment with similar benefits to traditional acupuncture. Carefully chosen nutritional supplements, vitamins and herbs may also be added to support one's immune and digestive health, while also making up for lack of nutrients that may be identified during the patient visit.

Led by Medical Director Leslie Mendoza Temple, MD, NorthShore's Integrative Medicine Program is an active member of the international Academic Consortium for Integrative Medicine and Health and one of the largest and longest tenured programs in the country. Thanks to ongoing philanthropic support, NorthShore is able to offer some free and sliding-scale integrative services to patients who would not otherwise be able to afford these treatments, which are not always reimbursed by insurance.

Academic Leadership Roles and Awards 2014–2015

Kellogg Cancer Center physicians are active in a broad range of regional and national organizations.

Charles Brendler, MD

- Executive Research Director, Program for Personalized Cancer Care

Bruce Brockstein, MD

- Member, Head and Neck Committee, Eastern Cooperative Oncology Group, 2000–present
- UpToDate (Online Textbook), Chapter Editor, Head and Neck Cancer, 2000–present
- Myra Rubenstein Weiss Awardee for Contributions to Oncology, 2014
- Chicago Magazine Top Doctors, 2006, 2008, 2010, 2012, 2014

Elena Diaz, MD

- Journal Ad Hoc Peer Reviewer, *Gynecologic Oncology*, 2014–present

David Grinblatt, MD

- Member, Alliance for Clinical Trials in Oncology, Community Oncology Committee
- Scientific Advisory Committee, Connect CLL Registry
- Scientific Advisory Committee, MDS/AML Patient Registry

Thomas Hensing, MD

- Lung Cancer Initiative Advisory Council, Respiratory Health Association
- Member, Alliance Respiratory Committee
- Planning Committee Member, 2014 Chicago Multidisciplinary Symposium in Thoracic Oncology
- Planning Committee Member, Community Oncology Tract, 2015 IASLC Meeting
- Scientific Committee Member, ASCO Thoracic Oncology Track
- Co-Chair, Lung Oncology Group in Chicago (LOGIC)

Invited Lectures:

- Keynote Speaker: "Lung Cancer Therapy Based on Genomics: Improving Survival." American Lung Association 2015 LUNG FORCE Expo, Indianapolis, IN, Sept. 24, 2015
- Faculty Speaker: "Lung Cancer—Non-Small Cell Local-Regional/Small Cell/Other Thoracic Cancers" and "Faculty Case Question & Answer Panel." 2015 Best of ASCO Chicago Meeting, Chicago, IL, Aug. 29, 2015
- Keynote Speaker: "Personalized Therapy of Lung Cancer: Update on the Role for Genomic Profiling." American Lung Association 2015 LUNG FORCE Expo, Drury Lane Convention Center, Oakbrook Terrace, IL, April 30, 2015
- Speaker: General Session IV: Molecular Therapy for Advanced Disease: Challenging Case Discussion/Q&A—"Case-Based Discussion on Molecular Therapeutics." Chicago Multidisciplinary Symposium in Thoracic Oncology, Chicago, IL, Oct. 21, 2014

Michael Howard, MD

- *Journal of Surgical Oncology*, Manuscript Reviewer, 2013–present
- *Plastic and Reconstructive Surgery*, Breast Section, Manuscript Reviewer, 2007–present
- LEAP Foundation, Medical Mission Volunteer, Instructor, Surgical Disaster Response Team, 2009–present
- Bright Pink, Founding Member, Board of Directors, Expert Panel Member, 2007–present

Michael Howard, MD (continued)

National Presentations/Invited Lectures:

- "Pain Control Using Liposomal Bupivacaine versus Bupivacaine Pain Pump and a Control Group in Implant Based Breast Reconstruction Patients." American Association of Plastic Surgeons, 94th Annual Meeting, Scottsdale, AZ, April 2015
- "Incorporating Nipple-Sparing Mastectomy (NSM) into Your Practice," ASPS Instructional Course, Chicago, IL, October 2014

Jean Hurteau, MD

- Member of the Development Therapeutics Committee of NRG/Gynecologic Oncology Group, 2012–present
- Member of the Rare Tumor Committee of NRG/Gynecologic Oncology Group, 2012–present
- Member of the International Committee of the Society of Gynecologic Oncology, 2013–present

National Presentations:

- Ovarian Germ Cell Tumors: Surveillance versus Treatment. Presented at the NRG/GOG National Cooperative Group CME Symposium, San Diego, CA, Feb. 6–9, 2014
- Surveillance for Germ Cell Tumors in the Adult. Presented at the annual SGO winter meeting in Breckenridge, CO, Feb. 20–22, 2014
- Society of Gynecologic Oncology Early Career Educational Summit; Clinical Trial Update in Cervical, Vulvar and Gestational Trophoblastic Disease. Chicago, IL Dec. 12–13, 2014
- Rare ovarian tumors. Presented at the annual Society of Gynecologic Oncology (SGO) meeting in Salt Lake City, UT, Feb. 19–21, 2015

Karen Kaul, MD

- Annual Reviews in Pathology, Editorial Board, 2011–present
- American Board of Pathology, Appointed Trustee, 2011–present
- American Board of Pathology, ACGME Residency Program Review Committee, 2012–present; ACGME Molecular Genetics Pathology Fellowship Milestones Committee, 2013–2014; Secretary, Executive Committee, 2015–present
- American Board of Medical Specialties, Member, Physician Scientists & Continuing Certification Committee, 2014–present
- American Society of Clinical Pathology, Member, Ad Hoc Working Group on GME, 2012–present
- Association for Molecular Pathology, 2010–present, Member, Joint Journal Oversight Committee; 2014–2015, Awards Committee, 2014–2015
- College of American Pathologists, Laboratory Test Utilization Group, 2013–present
- PRODS (Pathology Residency Program Directors), Member PRODS Council, 2009–present; Council of Medical Specialty Societies/OPDA representative, 2009–present; Training Residents in Genomics (TRIG) Joint Committee, 2010–present

Scientific Review Activities:

- Ad Hoc Member, NIH/NCI PO1 reviewer, 2001–present
- SBIR Review Panels, various (Panel Chairperson 2010–present), 2008–present
- Peer Reviewer, Prostate Cancer Foundation, 2010–present
- Peer Reviewer, University of Chicago CTSA Pilot Program, 2011–present

Karen Kaul, MD (continued)

Editorial activities:

- Ad Hoc Reviewer: *Cell Growth and Differentiation*, *Pediatric Pathology*, *Cancer*, *Clinical Microbiology Reviews*, *Tubercle, Chest, Archives of Pathology and Laboratory Medicine*, *Clinical Chemistry*, *American Journal of Clinical Pathology*, 1990–present

Lectures:

- The Lab's Role in Cost and Care Transformation. Mayo Annual Outreach Symposium, Rochester, MN, September 2014
- Pathology Maintenance of Certification. The Chicago Pathology Society, Chicago IL, October 2014
- Next Gen Pathology; Our role in the cost and care transformation. Association of Pathology Chairs, Regional Meeting, Kauai, Oct. 23, 2014
- Molecular and Genomic Pathology: Perspective of the American Board of Pathology and the ACGME. CAP Personalized Healthcare Committee, Oct. 27, 2014

Janardan Khandekar, MD

- Associate Editor for the *Journal of Surgical Oncology*
- Internal Advisory Committee—SPORE for prostate

Invited Lecture:

- Association of Physician Assistants in Oncology (APAO)—17th Annual Conference, Sept. 11, 2014

Carolyn Kirschner, MD

- Membership Committee, Society of Gynecologic Oncologists, 2011–present
- Patient Advocacy Reporting System, 2011–present

Teresa Murray Law, MD

Invited Lecture:

- Joint University of Chicago/NorthShore San Antonio Breast Cancer Symposium Presentation: "Breast Cancer Risk Reduction, International Breast Cancer Intervention Study (IBIS)—II Study Overview." Jan. 18, 2014

Erik Liederbach, Breast Cancer Research Fellow

- Scientific Impact Award for paper titled "Survival Outcomes and Pathologic Features Amongst Breast Cancer Patients Who Have Developed a Contralateral Breast Cancer." American Society of Breast Surgeons Meeting, 2015

Robert Marsh, MD

- Member, GI Committee, Eastern Cooperative Oncology Group
- Editorial work: *Southern Medical Journal*, *Cancer*, *Rogers Medical Intelligence Solutions CME Programs*, *American Journal of Clinical Oncology*, *Journal of the Pancreas*, *Lancet Oncology*, *European Journal of Surgical Oncology*, *Public Library of Science*

Leslie Mendoza, MD

- Chair, Medical Cannabis Advisory Board, Illinois Department of Public Health (mcpp.illinois.gov)
- Co-Chair, Policy Working Group for the Academic Consortium for Integrative Medicine & Health (www.imconsortium.org)

(continued)

Jan Nowak, MD

- Association for Molecular Pathology Economic Affairs Committee 2009–present; Co-Chair 2013–2014; advisor 2015–current
- Archives of Pathology and Laboratory Medicine, Associate Editor for Clinical Pathology, 2012–present
- College of American Pathologists (CAP) Center Committee, Pathology and Laboratory Quality Center, 2009–2015
 - Committee Liaison and Expert Committee Member, ASCP/CAP/AMP/ASCO Molecular Markers for the Evaluation of Colorectal Cancer project
 - Committee Liaison and Expert Committee Member, IASLC/CAP/AMP Molecular Markers for the Evaluation of NSCLC project
- CAP Guideline Metrics Expert Panel, member, 2014–present
- CAP/ASCO Member Advisory Group, 2014–present
- CAP Economic Affairs Committee, advisor, 2015–present
- CAP Personalized Healthcare Committee (PHC)
 - Council on Governmental and Professional Affairs, PHC Working Group, 2012–present
 - PHC Rapid Response Team Working Group
 - PHC Specimen Handling Standards Working Group
- Pathology Coding Caucus—AMP Representative 2005–2008; 2013–2015; ex officio (MPAG) member 2015–present
- AMA CPT Editorial Panel Member 2015–present
- AMA CPT Molecular Pathology Advisory Group (MPAG), Co-Chair, 2015–present

Richard Prinz, MD, FACS

- Vice Chairman of Surgery, NorthShore University HealthSystem, Evanston, IL, October 2009–present

Invited Lecture:

- “Thyroid Cancer: More or Less.” Norman C. Estes Surgery Symposium Keynote Speaker, Central Illinois Surgical Week 2015, 65th Annual Scientific Meeting Illinois Chapter of the American College of Surgeons, 2nd Annual Norman C. Estes MD Surgery Symposium, Peoria, IL, June 18–20, 2015

Gustavo Rodriguez, MD

- Medical Advisory Board, Chicago Ovarian Cancer Alliance, 2003–present
- Advisory Board, Gilda’s Club, Chicago, IL, 2004–present
- Member, Cancer Prevention and Control Committee, Gynecologic Oncology Group, 1997–present
- Recipient, Myra Rubinstein Weis Award for Clinical Excellence and Humanitarianism, 2015

Carol Rosenberg, MD

- Research Investigator—Writing Group Chair, Women’s Health Initiative Study, National Institutes of Health (NIH), 1999–present
- Recipient, Coleman Foundation Educational Grant, Cancer Survivorship Curriculum for Emerging Health Professionals, January 2014
- Coleman Foundation: Citywide Supportive Oncology Initiative, Coleman Foundation Design Member/Consultant, Cancer Survivorship, 2015
- Patient-Centered Outcomes Research Initiative (PCORI) National Comparative Effectiveness Evaluation of Survivorship Programs. LIFE site Project Supervisor, LIFE Program Participant Program, 2015
- ACP Survivorship Steering Committee representative: 2016 Cancer Survivorship Symposium, ASCO-ACP Advancing Care and Research, appointed 2015

Carol Rosenberg, MD (continued)**Invited Speaker:**

- Association of Physician Assistants in Oncology National Meeting, Presenter: “Developing a Survivorship Program, Cancer Survivorship Programming for Living in the Future,” Austin, TX, Sept. 12, 2014
- National Conference of the Oncology Nursing Society, Pre-Conference Survivorship Workshop Educational Symposium, Presenter: “Cancer Survivorship for Health Professionals: A Course for Oncology Nurses,” Orlando, FL, April 22–25, 2015

Prem Seth, PhD

- Member, *Cancer Gene Therapy* Editorial Board
- Member, *Cancer Biology & Therapy* Editorial Board
- Member, *Molecular Therapy—Oncolytics* Editorial Board

Daniel Shevlin, MD

- Member, ECOG GU Committee
- Community Co-Chair, ECOG GU Committee
- Member, Executive Committee, Prostate SPORE, Northwestern University
- Member, NCI GU Steering Committee

Mark Sisco, MD, FACS

- Division Head of Plastic Surgery (as of September 1, 2015)
- Appointed to the Editorial board of the *Journal of Surgical Oncology*, 2015

Mark Talamonti, MD

- Ex Officio Member, Medical Advisory Committee, PanCAN, Pancreatic Cancer Action Network, 2010–present
- Member, Committee on Corporate Relations, Society of Surgical Oncology, 2010–present
- Member, Gastrointestinal Disease Site Workforce, Society of Surgical Oncology, 2010–present
- Executive Council, Pancreas Club, 2007–present
- Member, Membership Committee, Western Surgical Association, 2012–present
- Treasurer, Western Surgical Association, 2012–present
- Chairman, Department of Surgery, NorthShore University HealthSystem, 2007–present

Editorial:

- Editorial Board: *Annals of Surgical Oncology*, *Journal of Surgical Oncology*, Section Editor, Hepatobiliary and Pancreas
- Invited Reviewer: *American Journal of Surgery*, *Annals of Surgery*, *Archives of Surgery*, *Cancer*, *Journal of the American College of Surgeons*, *Journal of Clinical Oncology*, *Oncology*, *Surgery*, *World Journal of Surgery*

Presentations:

- Pearls for Avoiding Complications During Pancreaticoduodenectomy for Pancreatic Cancer. Americas Hepato-Pancreato-Biliary Association (AHPBA) Annual Meeting. Miami, Florida. Feb. 20, 2014. Presenter and Panel Discussant
- Optimizing Outcomes for Whipple Procedures: Surgeon or System? Invited Debate. Americas Hepato-Pancreato-Biliary Association (AHPBA) Annual Meeting. Miami, Florida. Feb. 20, 2014. Invited Debate Participant
- What to Look for When Seeking Your First Job as an HPB Surgeon. Americas Hepato-Pancreato-Biliary Association (AHPBA) Annual Meeting. Miami, Florida. Feb. 21, 2014. Presenter and Panel Discussant
- Octreotide for Pancreas Resections: More Harm Than Good? Americas Hepato-Pancreato-Biliary Association (AHPBA) Annual Meeting. Miami, Florida. Feb. 21, 2014. Invited Discussant

Mark Talamonti, MD (continued)

- Update on Neoadjuvant Therapy for Pancreatic Cancer. Society of Surgical Oncology Annual Meeting. Phoenix, AZ, March 14, 2014. Presenter
- The Role of Frozen Section Margin Analysis During Pancreaticoduodenectomy for Pancreatic Cancer. American Surgical Association annual meeting. Boston, MA, April 10, 2014. Invited Discussant.
- Borderline Resectable Adenocarcinoma of the Pancreas: Definitions and Management. Pancreas Club Annual Meeting. Chicago, IL, May 2, 2014. Presenter and Panel Discussant.
- Predictors of Survival in Patients with Resectable Gastric Cancer Treated with Neoadjuvant Chemoradiation Therapy and Gastrectomy. Western Surgical Annual Meeting. Indian Wells, CA, Nov. 10, 2014. Invited Discussant.
- Invasive Mixed-Type Intraductal Papillary Mucinous Neoplasm: Superior Prognosis Compared to Invasive Main-Duct Intraductal Papillary Mucinous Neoplasm. Central Surgical Annual Meeting. Chicago, IL, March 5, 2015. Invited Discussant.
- Health System Mergers and Their Effect on Academic Surgery. Society for Surgery of the Alimentary Tract. Washington, D.C. May 19, 2015. Presenter and Panel Discussant.

Elaine Wade, MD

- President, NorthShore Regional Division, American Cancer Society, 2007–present

David J Winchester, MD

- Director, Rice Foundation, 1998–present
- American Joint Committee on Cancer (AJCC), Vice-Chairman (2011–present), Finance Committee (2008–present)
- Member of Editorial Board, *Breast Diseases: A Year Book Quarterly*, 1998–present
- Member of Editorial Board, *American Journal of Clinical Oncology*, 2006–present; Associate Editor, 2009–present
- Member of Editorial Advisory Board, *American Family Physician*, 2012–present
- Metropolitan Chicago District #2 Committee on Applicants, American College of Surgeons, 1999–present
- Program Committee, Society of Surgical Oncology, 2009–present
- Education and Promotions Task Force, American Joint Committee on Cancer, 2007–present
- American College of Surgeons, Commission on Cancer, 2007–present
- Section Editor, *Journal of Surgical Oncology*, 2014–present
- Ad Hoc Reviewer: *Annals of Surgical Oncology*, *British Journal of Cancer*, *Cancer*, *Canadian Medical Association Journal*, *Clinical Breast Cancer*, *Cancer Control: Journal of the Moffitt Cancer Center*, *Journal of Clinical Oncology*, *The Lancet Oncology*, *World Journal of Surgical Oncology*

Katharine Yao, MD

- Chair, NAPBC quality and information technology committee
- Member, Cancer Care Research Delivery Committee
- Secretary, Chicago Surgical Society
- American Board of Surgery, Certifying Exam Committee, Disease site: Breast
- American Society of Breast Surgeons Publications Committee
- Director, Comparative Effectiveness Research Group, NorthShore University HealthSystem

Research Publications 2015

Albaugh JA, Marchese KE, Lewis JH. *Understanding erectile dysfunction: Patient evaluation and treatment options* (2nd Edition) April 2015. Society of Urologic Nurses & Associates, Inc. ISBN-10:1940325058, ISBN-13:978-1940325057

Anderson BB, Pariser JJ, **Helfand BT**. Comparison of patients undergoing PVP versus TURP for LUTS/BPH. *Curr Urol Rep* 2015 Aug; 16(8):525. PMID: 26077354

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Baker MS, Sherman KL, **Stocker SJ**, Hayman AV, Bentrem DJ, **Prinz RA**, **Talamonti MS**. Using a modification of the Clavien-Dindo system accounting for readmissions and multiple interventions: Defining quality for pancreaticoduodenectomy. *J Surg Oncol*. 2014 Sep; 110(4):400-6. PMID: 24861871

Bartley AN, Hamilton SR, Alsabeh R, Ambinder EP, Berman M, Collins E, Fitzgibbons PL, Gress DM, **Nowak JA**, Samowitz WS, Zafar SY; Members of the Cancer Biomarker Reporting Workgroup, College of American Pathologists. Template for reporting results of biomarker testing of specimens from patients with carcinoma of the colon and rectum. *Arch Pathol Lab Med*. 2014 Feb;138(2):166-70. doi: 10.5858/arpa.2013-0231-CP. Epub 2013 Jun 28. PMID: 23808403

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Bokhari AA, Lee LR, Raboteau D, Hamilton CA, Maxwell GL, **Rodriguez GC**, Syed V. Progesterone Inhibits Endometrial Cancer Invasiveness by Inhibiting the TGF- β Pathway and Upregulating E-Cadherin. *Cancer Prev Res* 2014 Oct; 7(10):1045-55.

Boyle TA, Bridge JA, **Sabatini LM**, **Nowak JA**, Vasalos P, Jennings LJ, Halling KC; College of American Pathologists Molecular Oncology Committee. Summary of microsatellite instability test results from laboratories participating in proficiency surveys: Proficiency survey results from 2005 to 2012. *Arch Pathol Lab Med*. 2014 Mar;138(3):363-70. doi: 10.5858/arpa.2013-0159-CP. PMID: 24576032

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Brown CS, Lapin B, Wang C, Goldstein JL, Linn JG, **Denham W**, Haggerty SP, **Talamonti MS**, **Howington JA**, Cabray J, **Ujiki MB**. Reflux control is important in management of Barrett's Esophagus: Results from a retrospective 1,830 patient cohort. *Surg Endosc*. 2015 Feb. 13. PMID: 25676204.

Butz D, Shenaq DS, Rundel VL, Kepler B, **Liederbach E**, Thiel J, **Pesce C**, Murphy GS, **Sisco M**, **Howard MA**. Postoperative Pain and Length of Stay Lowered by Use of Exparel® in Immediate, Implant-Based Breast Reconstruction. *Plas Recon Surg Glob Open* 2015;3:e391; doi:10.1097/GOX.355; Published online 7 May 2015.

Butz D, Shenaq DS, Rundel VL, Kepler B, **Liederbach E**, Thiel J, **Pesce C**, Murphy GS, **Sisco M**, **Howard MA**. Abstract 37: Pain Control Using Liposomal Bupivacaine versus Bupivacaine Pain Pump and a Control Group in Implant-Based Breast Reconstruction Patients. *Plas Recon Surg*. 2015 April; 135(4S):1196.

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Cherenfant J, **Talamonti MS**, Hall CR, Thurow TA, Gage MK, **Stocker SJ**, Lapin B, Wang E, **Silverstein JC**, Mangold K, Odeleye M, **Kaul KL**, Lamzabi I, Gattuso P, **Winchester DJ**, **Marsh RW**, Roggin KK, Bentrem DJ, **Baker MS**, **Prinz RA**. Comparison of tumor markers for predicting outcomes after resection of nonfunctioning pancreatic neuroendocrine tumors. *Surgery* 2014 Dec; 156(6):1504-11.

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OUTCOMES STUDY

Kellogg Cancer Center Pharmacy has developed a verification process to enhance safety of oral chemotherapy prescribing.

Over the past year, the number of available oral chemotherapy agents has continued to grow, and the utilization of these medications is still on the rise. The American Society of Clinical Oncology's Cancer Care in America Report describes the perfect storm, including an increased demand for cancer care unable to be matched by the slower growth of the number of oncologists. Other articles describe "financial toxicity" arising from the immensely high costs of the new oral chemotherapy agents. Kellogg Cancer Center pharmacy recognizes these global issues and is placing prioritized effort on addressing the challenges associated with oral chemotherapy. The diagram below

summarizes the four key areas we feel require the greatest focus.

The specialized pharmacies within the Kellogg Cancer Center provide vital support in obtaining prior authorization and financial assistance for patients receiving oral chemotherapy. Our specialized outpatient oncology pharmacists call their patients who have recently started a new oral chemotherapy regimen. Last year they placed more than 300 follow-up calls. Through these follow-ups, the pharmacists can identify patients who are taking their oral chemotherapy medications incorrectly or those experiencing toxicity from the drugs, and can notify the patient's multidisciplinary team.

Kellogg Cancer Center Pharmacy has developed a verification process to enhance safety of oral chemotherapy prescribing. This Electronic Medical Record (EMR) feature allows for a pharmacist to assess all oral chemotherapy prescriptions, regardless of where they are sent and filled. Since implementing this project, the Kellogg Cancer Center pharmacy has reviewed nearly 7,000 oral chemotherapy prescriptions. More than 75 of these prescriptions required a major intervention.

To add to the complexity of oral chemotherapy treatment, some insurance plans require patients to fill their prescriptions at

specific pharmacies, excluding the Kellogg Cancer Center pharmacy from the medication use process. To provide these patients with the same level of follow-up, our team also implemented a monitoring program that includes specially built EMR tools to allow for a thorough assessment of adherence and toxicity related to oral chemotherapy. More than 200 follow-up calls have been placed since implementing this enhanced workflow. The follow-up calls have helped us identify more than 60 patients experiencing an adverse event, 14 patients with barriers to adhering properly to their oral chemotherapy regimen and six drug interactions.

NorthShore has developed enhanced EMR tools for oral chemotherapy monitoring. Comprehensive oral chemotherapy treatment plans have been created and include all pertinent regimen-specific monitoring parameters, recommended laboratory monitoring and frequency of follow-up visits, as well as an oral chemotherapy monitoring order. The oral chemotherapy monitoring order will serve as an EMR alert to notify staff of patients due for a follow-up call. The order also serves as a documentation tool as it has prebuilt questions to help the clinician consistently assess and address adherence and side effects related to oral chemotherapy.

TREATMENT PLANS

- Include regimen-specific monitoring parameters, lab orders, supportive care meds and frequency of monitoring/follow-up appointments
- Follow up monitoring order "trigger" built into plan allows for identification of patients and documentation

MONITORING PROGRAM

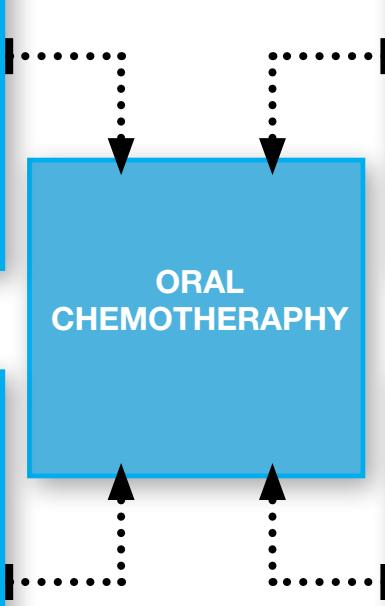
- EMR tool to monitor for regimen-specific adherence and toxicity
- Follow-up call placed seven to 10 days after starting and with each cycle thereafter
- Findings communicated to multidisciplinary team and documented in EMR

PHARMACIES

- Dedicated specialty pharmacy with specialized pharmacists in each center
- Access to comprehensive EMR and multidisciplinary team
- Financial advocacy team, including pharmacist

ORAL CHEMO QUEUE

- Verification of all oral chemo orders following consistent standards by specialized oncology pharmacist
- Verification documented, including pharmacy interventions



2014 Cancer Data Summary

Incidence of Cancer 2014

In 2014, 4,034 new cancer cases were accessioned into the NorthShore Cancer Registry. Of those, 3,779 cases (94 percent) were analytic. By definition, analytic cases are those patients newly diagnosed with malignant neoplasm and/or who have received all or part of their first course of treatment at one of our four hospitals. The remaining 255 cases (6 percent) were non-analytic. Non-analytic cases are patients initially diagnosed and treated at another facility who now are receiving treatment for progression or recurrence of their disease at NorthShore. **Details by site are provided in Table 1.**

Class of Case 2014

Class of Case divides cases into two groups, analytic cases (Class 00–22) and non-analytic cases (Class 30–49).

Class 00–14, which account for 3,292 cases, were those malignancies diagnosed at one of our four Hospitals. Once diagnosed with cancer, 3,067 (93 percent) of our patients remained at NorthShore for their treatment. Class 20–22, totaling 487 cases, were diagnosed elsewhere and referred here for treatment. Class 30–40, a total of 255 cases, were diagnosed and treated elsewhere and referred here for treatment of a recurrence or progression of their disease.

Overall Top Five NorthShore Sites

Breast cancer continues to be our top site representing 22 percent of the total analytic cases seen at NorthShore. The next most frequent cancers seen were: lung (9 percent), prostate (8 percent), melanoma (6 percent) and colon (5 percent). These top five sites represent 50 percent of all newly diagnosed cases.

Distribution by American Joint Commission on Cancer (AJCC) Stage for the Top Five Sites Seen at NorthShore

Cancer diagnoses are classified into four or five stages depending on the site. Each stage represents how far the tumor has spread from the organ or site of origin, where an increasing value represents more tumor involvement or extension. Ninety percent of our breast cancers were diagnosed at an early stage (stages 0, 1 and 2), reflecting the National (86 percent) trend toward early detection. Forty-one percent of our lung cancers (National: 32 percent), 90 percent of our prostate cancers (National: 88 percent), 92 percent of our melanoma (National: 82 percent) and 55 percent of our colon cancers (National: 50 percent) were also diagnosed with early stage disease. For each of the top sites seen at NorthShore, detection at an early-stage was higher than that seen nationally. National data was supplied by the 2015 NCDB, *Commission on Cancer, ACoS Benchmark Reports*, using 2012 data—the latest year available. Data for NorthShore is from diagnosis year 2014.

See Table 2.

**Table 1: Incidence of Cancer—
2014 Data Summary**

Primary Site	Analytic	Non-Analytic	Total	Percentage
Oral Cavity & Pharynx	71	4	75	2%
Lip	3	0	3	0%
Tongue	22	1	23	1%
Salivary Glands	10	0	10	0%
Floor of Mouth	3	0	3	0%
Gum & Other Mouth	14	0	14	0%
Nasopharynx	2	0	2	0%
Tonsil	10	2	12	0%
Oropharynx	5	1	6	0%
Hypopharynx	2	0	2	0%
Digestive System	563	34	597	15%
Esophagus	22	1	23	1%
Stomach	52	5	57	1%
Small Intestine	15	5	20	0%
Colon Excluding Rectum	179	7	186	5%
Rectum & Rectosigmoid	91	8	99	2%
Anus, Anal Canal & Anorectum	18	3	21	1%
Liver & Intrahepatic Bile Duct	30	1	31	1%
Gallbladder	7	0	7	0%
Other Biliary	15	0	15	0%
Pancreas	116	4	120	3%
Retroperitoneum	3	0	3	0%
Peritoneum, Omentum & Mesentery	6	0	6	0%
Other Digestive Organs	9	0	9	0%
Respiratory System	374	8	382	9%
Nose, Nasal Cavity & Middle Ear	6	0	6	0%
Larynx	15	1	16	0%
Lung & Bronchus	353	7	360	9%
Bones & Joints	2	1	3	0%
Soft Tissue	16	1	17	0%
Skin Excluding Basal & Squamous	233	11	244	6%
Melanoma—Skin	217	10	227	6%
Other Non-Epithelial Skin	16	1	17	0%
Basal & Squamous Skin	0	21	21	1%
Breast	815	26	841	21%
Female Genital System	231	36	267	7%
Cervix Uteri	13	3	16	0%
Corpus & Uterus, NOS	138	5	143	4%
Ovary	52	6	58	1%
Vagina	2	3	5	0%
Vulva	10	18	28	1%
Other Female Genital Organs	16	1	17	0%
Male Genital System	341	46	387	10%
Prostate	318	46	364	9%
Testis	21	0	21	1%
Penis	2	0	2	0%
Urinary System	262	19	281	7%
Urinary Bladder	145	16	161	4%
Kidney & Renal Pelvis	100	1	101	3%
Ureter	11	2	13	0%
Other Urinary Organs	6	0	6	0%
Eye & Orbit	3	2	5	0%
Brain & Other Nervous System	189	9	198	5%
Brain	54	3	57	1%
Cranial Nerves/Other Nervous System	135	6	141	3%
Endocrine System	229	20	249	6%
Thyroid	161	15	176	4%
Other Endocrine Including Thymus	68	5	73	2%
Lymphomas	181	7	188	5%
Hodgkin Lymphoma	21	0	21	1%
Non-Hodgkin Lymphoma	160	7	167	4%
Myeloma	44	2	46	1%
Leukemia	124	4	128	3%
Lymphocytic Leukemia	58	3	61	2%
Myeloid & Monocytic Leukemia	61	1	62	2%
Other Leukemia	5	0	5	0%
Mesothelioma	8	1	9	0%
Kaposi Sarcoma	3	0	3	0%
Miscellaneous	90	3	93	2%
Total	3,779	255	4,034	100%

**Table 2: Stage of Diagnosis—
2013/2014 Data**

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

Breast	NorthShore (n = 815) (%) 2014	NCDB (n = 227,995) (%) 2013*
Stage		
0	20.5%	20.7%
I	47.0%	41.9%
II	22.2%	24.0%
III	6.1%	7.7%
IV	3.2%	3.9%
N/A	0.1%	0.1%
Unknown	0.9%	1.8%
Total	100%	100%

Lung	NorthShore (n = 353) (%) 2014	NCDB (n = 161,123) (%) 2013*
Stage		
0	0.0%	0.4%
I	30.6%	23.3%
II	10.8%	8.5%
III	17.8%	19.5%
IV	40.8%	43.6%
OC	0.0%	0.2%
N/A	0.0%	0.2%
Unknown	0.0%	4.4%
Total	100%	100%

Prostate	NorthShore (n = 318) (%) 2014	NCDB (n = 105,984) (%) 2013*
Stage		
I	30.2%	21.2%
II	49.1%	55.5%
III	11.0%	11.6%
IV	9.8%	9.0%
N/A	0.0%	0.0%
Unknown	0.0%	2.7%
Total	100%	100%

Melanoma	NorthShore (n = 217) (%) 2014	NCDB (n = 52,035) (%) 2013*
Stage		
0	40.1%	26.8%
I	46.1%	42.4%
II	5.5%	12.7%
III	4.6%	8.5%
IV	2.3%	4.5%
Unknown	1.4%	5.2%
Total	100%	100%

Colon	NorthShore (n = 179) (%) 2014	NCDB (n = 71,849) (%) 2013*
Stage		
0	9.5%	5.8%
I	30.7%	19.8%
II	15.1%	24.5%
III	26.3%	24.9%
IV	17.9%	20.1%
N/A	0.0%	0.1%
Unknown	0.6%	4.9%
Total	100%	100%

Totals may not equal 100 due to rounding.

Source: 2015 NCDB, Commission on Cancer

*2013 latest data available as of 9/15/2015

Oncology Conferences

Breast Cancer Conferences

NorthShore Evanston Hospital
Kellogg Room G868, Mondays, 7 a.m.
NorthShore Glenbrook and Highland Park Hospitals Videocast

Colorectal Cancer Conference

NorthShore Evanston Hospital
Kellogg Room G868, Fridays, 7 a.m.
NorthShore Glenbrook and Highland Park Hospitals Videocast

Genitourinary Cancer Conferences

NorthShore Evanston Hospital
Kellogg Room G868
1st and 3rd Thursdays, 5:30 p.m.
NorthShore Glenbrook and Highland Park Hospitals Videocast

Gynecology Cancer Conferences

NorthShore Evanston Hospital
Kellogg Room G868, Thursdays, 7 a.m.
NorthShore Glenbrook and Highland Park Hospitals Videocast

Head and Neck Cancer Conferences

NorthShore Evanston Hospital
Kellogg Room G868,
1st and 3rd Thursdays, 8 a.m.
NorthShore Glenbrook and Highland Park Hospitals Videocast

Hematology/Pathology Conferences

NorthShore Evanston Hospital
Pathology Conference Room 1923
Wednesdays, 8:30 a.m.
NorthShore Glenbrook and Highland Park Hospitals Videocast

Neuro-Oncology Cancer Conferences

NorthShore Evanston Hospital
Kellogg Room G868
2nd and 4th Wednesdays, 7:30 a.m.
NorthShore Glenbrook and Highland Park Hospitals Videocast

Hepatic Biliary Pancreatic Cancer Conferences

NorthShore Evanston Hospital
Kellogg Room G868, Tuesdays, 7 a.m.
NorthShore Glenbrook and Highland Park Hospitals Videocast

Sarcoma/Melanoma Conferences

NorthShore Evanston Hospital
Kellogg Room G868
1st and 3rd Wednesdays, 8 a.m.
NorthShore Glenbrook and Highland Park Hospitals Videocast

Thoracic Cancer Conferences

NorthShore Evanston Hospital
Kellogg Room G868, Tuesdays, noon
NorthShore Glenbrook and Highland Park Hospitals Videocast

Physician Teams

Brain & Spine/

Neurologic

Julian E. Bailes, MD
Shakeel Chowdhry, MD
Nina Martinez, MD
Ryan Merrell, MD
Ricky Wong, MD

Breast

Ermilo Barrera, MD
Michael Howard, MD
Lawrence Krause, MD
Teresa Murray Law, MD
Barbara Loris, MD
Douglas Merkel, MD
Catherine Pesce, MD
Mark Sisco, MD
Elaine Lee Wade, MD
James Ward, MD
David J. Winchester, MD
Katharine Yao, MD

Endocrine

Janardan Khandekar, MD
Tricia Moo-Young, MD
Richard Prinz, MD
David J. Winchester, MD

Gastrointestinal

(Colon, Esophageal, Liver,
Pancreatic, Stomach)
Matthew Adess, MD
John Linn, MD
Marshall Baker, MD
Robert Marsh, MD
Joseph Muldoon, MD
Jennifer Obel, MD
James Spitz, MD
Mark Talamonti, MD
Michael Ujiki, MD

Genitourinary

(Bladder, Kidney,
Prostate, Testicular)
Michael Blum, MD
Charles Brendler, MD
Peter Colegrove, MD
Britt Hanson, DO
Brian Helfand, MD, PhD
Thomas Keeler, MD
Teresa Murray Law, MD
Michael McGuire, MD
Kristian Novakovic, MD
Sangtae Park, MD, MPH
Ariel Polish, MD
Daniel Shevrin, MD
James Ward, MD

Gynecologic

(Cervical, Endometrial/
Uterine, Ovarian, Vaginal)
Elena Diaz, MD
Jean Hurteau, MD
Carolyn Kirschner, MD
Gustavo Rodriguez, MD

Head & Neck

(Larynx, Mouth,
Throat, Thyroid)
Mihir Bhayani, MD
Bruce Brockstein, MD
Nicholas Campbell, MD
Aaron Friedman, MD
Thomas Hensing, MD

Hematology

(Leukemia, Lymphoma,
Myeloma)
Matthew Adess, MD
Alla Gimelfarb, MD
David Grinblatt, MD
Britt Hanson, DO
Jagoda Jasielec, MD
Lynne Kaminer, MD
Ariel Polish, MD

Lung/Thoracic

Nicholas Campbell, MD
Alla Gimelfarb, MD
Thomas Hensing, MD
John Howington, MD
Ki Wan Kim, MD
Seth Krantz, MD
Ariel Polish, MD

Medical Genetics

Peter Hulick, MD

Melanoma/Skin Cancer

Ermilo Barrera, MD
Bruce Brockstein, MD
Britt Hanson, DO
Bernhard Ortel, MD
Jason Waldinger, MD
David J. Winchester, MD
Katharine Yao, MD

Radiation Oncologists

William Bloomer, MD
Ranjeev Nanda, MD
Vathsala Raghavan, MD
Arif Shaikh, MD

Sarcoma/Bone

Ermilo Barrera, MD
Bruce Brockstein, MD
Mark Talamonti, MD
David J. Winchester, MD

Physician Directory



Matthew Adess, MD
Medical Director, Highland Park Kellogg Cancer Center
Expertise: GI Oncology; Benign and Malignant Hematology
Locations: GBK, GR, HPK



Bruce Brockstein, MD
Division Head, Hematology/Oncology
Medical Director, Kellogg Cancer Center
Expertise: Head and Neck; Melanoma; Sarcoma
Locations: EVK, GR, HPK



Britt Hanson, DO
Expertise: Melanoma; Genitourinary Cancer; Benign and Malignant Hematology
Locations: GR, HPK



Julian E. Bailes, MD
Chair, Department of Neurosurgery
Co-Director, NorthShore Neurological Institute
Expertise: Brain and Spine Tumor Surgery
Locations: EVS, HPS



Nicholas Campbell, MD
Expertise: Lung Cancer; Esophageal Cancer; Head and Neck Cancers
Locations: EVK, HPK



Brian Helfand, MD, PhD
Expertise: Prostate Cancer; Benign Prostatic Hyperplasia; Laparoscopic Surgery; Robotic Assisted Surgery; Laser Surgery
Locations: GB, GR, HP



Marshall Baker, MD, MBA
Expertise: Pancreatic Cancer and Disease Management; Liver and Biliary Surgery; Oncologic Surgery; General Surgery
Locations: EVS, GBM, VH



Shakeel Chowdhry, MD
Expertise: Brain and Spine Tumor Surgery; Stereotactic Radiosurgery
Locations: EVS, GB



Thomas Hensing, MD
Medical Director, Evanston Kellogg Cancer Center
Deputy Division Head Hematology/Oncology
Expertise: Lung Cancer; Esophageal Cancer; Head and Neck Cancer
Locations: EVK, GBK



Ermilo Barrera, MD
Expertise: Breast Cancer and Disease Management; Melanoma; Sarcoma
Locations: GBB, GBM



Peter Colegrove, MD
Expertise: Sexual Dysfunction; Urologic Oncology; Incontinence; Prostate Health
Locations: EVS, GB



Michael Howard, MD
Expertise: Plastic Surgery; Breast Reconstruction
Location: NMB



Mihir Bhayani, MD
Expertise: Head and Neck Cancers
Locations: EVK, NMB, VH



Elena Diaz, MD
Expertise: Cervical Cancer; Endometrial Cancer; Fallopian Tube Cancer; Ovarian Cancer; Uterine Cancer; Vaginal Cancer; Vulvar Cancer
Locations: EVK, HPK



John Howington, MD
Division Head, Thoracic Surgery
Expertise: Minimally Invasive Thoracic Surgery; Lung and Esophageal Cancer; Mediastinal Tumors
Locations: EVK GR, SK



William Bloomer, MD
Chair, Department of Radiation Oncology
Expertise: Breast Cancer, Prostate Cancer, Lung and Gastrointestinal Cancer
Locations: EVS, HP



Aaron Friedman, MD
Expertise: Benign and Malignant Laryngeal Tumors; Vocal Cord Cancer
Location: EVS, NMB



Peter Hulick, MD
Division Head, Medical Genetics
Expertise: Medical Genetics
Locations: EVS, HPK



Michael Blum, MD
Expertise: Urologic Oncology; Sexual Dysfunction; Infertility
Locations: EV, HPS



Alla Gimelfarb, MD
Expertise: Benign and Malignant Hematology
Location: GBK



Jean Hurteau, MD
Expertise: Cervix Cancer; Endometrial Cancer; Fallopian Tube Cancer; Ovarian Cancer; Uterine Cancer; Vaginal Cancer
Locations: EVK, HPK, SK



Charles Brendler, MD
Vice Chairman, Research Department of Surgery
Executive Research Director
Program for Personalized Cancer Care
Expertise: Prostate Cancer and Prostate Health
Location: GB



David Grinblatt, MD
Expertise: Benign and Malignant Hematology
Locations: EVK, GBK



Jagoda Jasielec, MD
Expertise: Benign and Malignant Hematology
Locations: EVK, SK

Physician Directory

Continued >



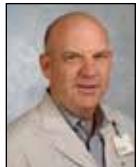
Lynne Kaminer, MD
Division Head, Hematology
Expertise: Benign and Malignant Hematology
Locations: EVK, GBK



Teresa Murray Law, MD
Expertise: Breast Cancer; Prostate Cancer; Genitourinary Cancer
Locations: EVK, GR, HPK



Joseph Muldoon, MD
Expertise: Minimally Invasive Colon and Rectal Surgery; Colon and Rectal Cancer; Inflammatory Bowel Disease; General Surgery
Locations: EVS, GBK, GBM



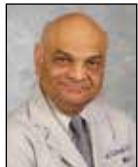
Thomas Keeler, MD
Expertise: Urolithiasis; Urologic Oncology; Incontinence
Locations: EVS, GB



Barbara Loris, MD
Expertise: Breast Health; Breast Disease and Surgery; General Surgery
Location: GR, HPB, HPS, LB, VH



Ranjeev Nanda, MD
Expertise: Stereotactic Radiosurgery; Brain Tumors; Head and Neck Cancers
Locations: EH, GBK



Janardan Khandekar, MD
Director, Center for Molecular Medicine
Expertise: Endocrine; Breast Cancer
Location: EVK



Robert Marsh, MD
Expertise: GI Oncology
Locations: EVK, GBK



Kristian Novakovic, MD
Expertise: Kidney Cancer; Prostate Cancer; Minimally Invasive Techniques: Advanced Laparoscopy and daVinci Robot
Locations: GB, GBK, HP, HPS, VH



Ki Wan Kim, MD
Expertise: Thoracoscopy; Pulmonary Resection; Lung Cancer
Locations: GBK, SK



Nina Martinez, MD
Expertise: Brain Cancer; Brain Metastasis; Brain Tumor; Neurologic Complications of Cancer; Tumor in the Central Nervous System (Brain or Spine)
Locations: EVK, EVS, HPK, HPS



Jennifer Obel, MD
Expertise: GI Oncology; Breast Cancer
Locations: EVK, GBK



Carolyn Kirschner, MD
Expertise: Gynecologic Oncology
Locations: EVK, GBK



Michael McGuire, MD
Division Head, Urology
Expertise: Prostate Cancer; Bladder Cancer; Kidney Cancer; Testis Cancer
Locations: EV, GB



Bernhard Ortel, MD
Division Head, Dermatology
Expertise: Skin Cancer
Location: SKM



Seth Krantz, MD
Expertise: Lung Cancer, Esophageal Cancer, Minimally Invasive Thoracic Surgery
Locations: GBK, HPK, SK



Gregg Menaker, MD
Expertise: Mohs Surgery, Dermatologic Surgery, Laser Surgery, Cosmetic Surgery, Liposuction
Location: SKM



Sangtae Park, MD, MPH
Expertise: Single-Port Laparoscopic Surgery; Robotic Surgery; Urolithiasis; Urologic Oncology
Locations: EVS, GB



Lawrence Krause, MD
Expertise: Breast Health, Breast Disease and Surgery
Location: CH, HPB, SK



Douglas Merkel, MD
Expertise: Breast Cancer
Locations: EVK, GBK, HPK



Catherine Pesce, MD
Expertise: Breast Cancer; Breast Health; Breast Disease and Surgery
Locations: HPB, HPK



Ross Levy, MD
Expertise: Mohs Surgery, Dermatologic Surgery, Laser Surgery, Cosmetic Surgery, Liposuction
Location: SKM



Ryan Merrell, MD
Program Director, Neuro-Oncology
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Locations: EVK, EVS, GB, GBK



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Expertise: GI Oncology, Benign and Malignant Oncology; Genitourinary Cancer, Lung Cancer; Hematology/Oncology
Locations: GBK, GR



John Linn, MD
Expertise: Gastrointestinal and Foregut Surgery, Weight Loss Surgery
Locations: DP, EVS, GBM



Tricia Moo-Young, MD
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Locations: HPS, SK, VH



Richard Prinz, MD
Expertise: Endocrine Surgery; Thyroid, Parathyroid, and Pancreatic Surgery and Management; Biliary and General Surgery
Locations: EVS, HPS, MP

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Highland Park, IL 60035

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Expertise: Breast Cancer;
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and Neck; Thyroid Cancers
Locations: GBK, HPS



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Expertise: Gynecologic
Oncology
Locations: EVK



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Expertise: General Surgery;
Weight Loss Surgery; Minimally
Invasive Surgery; Laparoscopic
Surgery; Endoscopic Revisional
Surgery
Locations: EVS, GBM



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Director Living in the Future
(LIFE) Cancer Survivorship
Program
Expertise: Cancer Survivorship
Location: PPH



Elaine Lee Wade, MD
Expertise: Breast Cancer;
Benign Hematology
Locations: EVK, GBK



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Expertise: Stereotactic
Radiosurgery; Head and Neck;
Lung Cancer; Gynecologic and
Breast Tumors
Locations: EH, GBK



Jason Waldinger, MD
Expertise: Skin Cancer, General
Dermatology, Laser Procedures
Location: HPM



Daniel Shevrin, MD
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Expertise: Prostate Cancer;
Genitourinary Cancer
Locations: EVK, GBK



James Ward, MD
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Genitourinary Cancer
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Breast Reconstruction
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David J. Winchester, MD
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with Emphasis on Breast,
Endocrine, Melanoma and
Sarcoma
Locations: EVB, EVS, GB, GBB



James Spitz, MD
Expertise: Colon and Rectal
Surgery; Colonoscopy;
General Surgery
Locations: GBM, SK, VH



Ricky Wong, MD
Expertise: Brain, Skull and
Pituitary Tumors
Locations: EVS, GB



Mark Talamonti, MD
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Expertise: Gastrointestinal
Surgical Oncology; Pancreatic
Cancer; Primary and Metabolic
Liver Tumors; Neuroendocrine
Tumors; Foregut Cancers of the
Esophagus
Location: EVK



Katharine Yao, MD
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Breast Health; Breast Disease
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Location: EVB, EVK

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Medical Director, Evanston Kellogg
Cancer Center

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Gynecologic Oncology

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Program Director, Neuro-Oncology

Kristian Novakovic, MD

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Cancer Committee Vice-Chairman

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Jennifer Obel, MD
Medical Oncology

James Padgett, MD
Pathology

Vathsala Raghavan, MD
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Diagnostic Radiology

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Surgical Oncology

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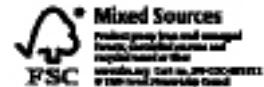
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