

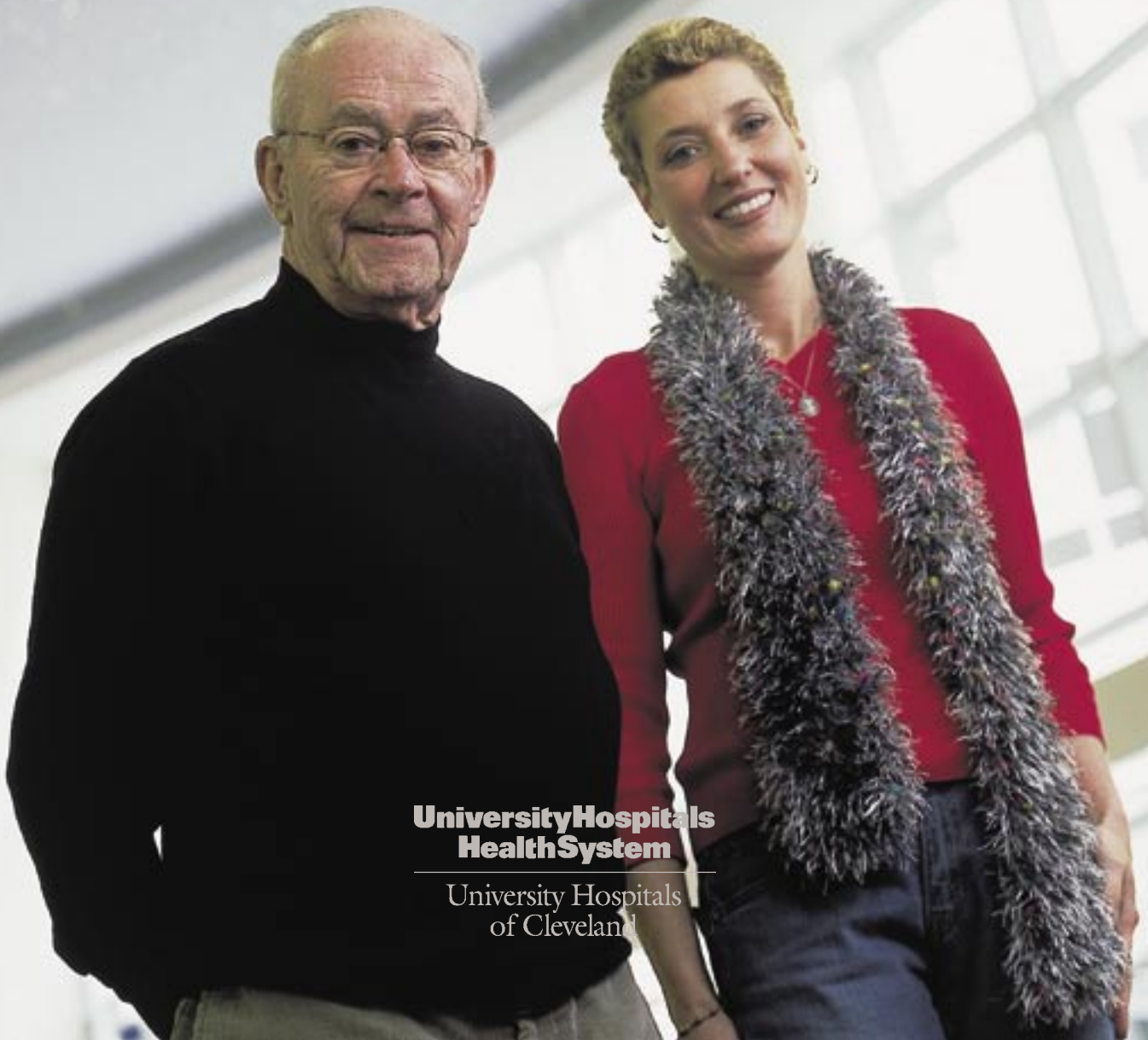
CELEBRATING EXCELLENCE 2005

WINTER 2005-2006

LEGACY

ACHIEVEMENTS IN HEALTHCARE, MEDICAL SCIENCE, AND PHILANTHROPY

SURVIVING CANCER
at the
IRELAND CANCER CENTER



**University Hospitals
HealthSystem**

University Hospitals
of Cleveland



Celebrate Excellence,
Celebrate Good Health,

Celebrate Giving.

Good health is a gift. Superior healthcare is sustained by decades of giving.

Gifts ~ large and small ~ from generations of Clevelanders have nurtured University Hospitals Health System and its predecessors since 1866, allowing us to provide nationally acclaimed healthcare.

Your support makes a difference today.

**UniversityHospitals
HealthSystem**

To make a gift, please contact us by mail, telephone or online:

University Hospitals Health System
Institutional Relations and Development
11100 Euclid Avenue
Cleveland, Ohio 44106-5000
216-983-2200
giving.uhhs.com

University Hospitals Health System

LEGACY

University Hospitals of Cleveland

Volume 13, Number 2

WINTER 2005-2006

contents

Thomas F. Zenty III

President and Chief Executive Officer
University Hospitals Health System

Fred C. Rothstein, M.D.

President and Chief Executive Officer
University Hospitals of Cleveland

Nathan Levitan, M.D.

Chief Medical Officer
University Hospitals of Cleveland

Ronald E. Dziejicki, R.N.

Chief Nursing Officer
University Hospitals of Cleveland

Sherri L. Bishop, Esq.

Senior Vice President for Institutional
Relations and Development
University Hospitals Health System

Marcia Meermans Aghajanian

Editor, *Legacy* Magazine

Paula Hennessey, Christopher Johnston,

Ann McGuire
Contributing Writers

Mary Kelly, Howe Fun Lye-Starks,

Iris Dobson
Contributing Staff

**Tom Forrest, Joe Glick, Tony Gray,
Craig James, Russell Lee, Dan Milner,
Russell Monk, Kevin Reeves, Kate Robins,
Mike Sands, Wetzler Studio, Yasaki Photography**
Photographers

Epstein Design Partners, Inc.

Design

On the Web

giving.uhhs.com

Legacy is published by Institutional Relations and
Development, University Hospitals Health System,
11100 Euclid Avenue, Cleveland, Ohio 44106-5000.
Telephone: 216-983-2200. Third-class postage
paid at Cleveland, Ohio. Postmaster: Send address
corrections to the above address. Printed by SP Mount.
Copyright 2005, University Hospitals Health System.
All rights reserved.



Departments

- 2** From the President and
Chief Executive Officer
Celebrating Excellence in 2005
- 3** Mail Call
- 4** Highlights
- 24** Advances
- 26** The Philanthropic Spirit
- 32** Reflections
A Time for Integration
and Transformation

Features

- 8** New Lung Cancer Therapies Are a Breath of Fresh Air
Christine Blatnik, Anita Hairston and Tom Meehan all
sought care at other Northeast Ohio hospitals. But when
hope was in short supply, they each turned to Ireland
Cancer Center at University Hospitals of Cleveland. Now
they are living, breathing examples of the tremendous
hope that recent discoveries hold.
- 12** Mending Broken Hearts
At Rainbow Babies & Children's Hospital, the Pediatric
Cardiothoracic Surgery team heals and feels deeply right
along with patient families. The surgical team, under the
direction of Hani A.Hennein, M.D., division chief,
Pediatric Cardiothoracic Surgery, created a national
reputation through obtaining among the best outcomes
in the country in their specialty.
- 16** UHC/Case Team Launches Key Cardiovascular
Adult Stem Cell Trial
A medical research team at University Hospitals of Cleveland
and Case Western Reserve University School of Medicine has
received FDA approval to test the safety of using adult stem
cells from bone marrow to treat chronic ischemia, a serious
form of heart disease.
- 20** Fragile: Handle with Care
MacDonald Women's Hospital, Ohio's only hospital
dedicated exclusively to women, is among the nation's
leaders in the management of high-risk pregnancies.
When paired with Rainbow Babies & Children's Hospital
featuring one of the country's top Neonatal Intensive Care
Units, the facilities provide care for more complex preg-
nancies and at-risk newborns than any other hospital in
Northeast Ohio.

a message

from Thomas F. Zenty III
President and Chief Executive Officer, University Hospitals Health System



CELEBRATING EXCELLENCE IN 2005

As we reflect on 2005, we have much to celebrate at University Hospitals Health System (UHHS) and “Celebrating Excellence” is the theme of this issue of *Legacy* magazine.

University Hospitals of Cleveland (UHC) sustained its longstanding momentum ranking among America’s Best Hospitals in *U.S. News and World Report*. Rainbow Babies & Children’s Hospital again ranked among the nation’s top 5 children’s hospitals, and was once again the best in the Midwest. Our Ireland Cancer Center treated more patients than ever and Ireland physicians published findings of significant breakthroughs in colon and lung cancer. UHC welcomed new chairmen in several departments, including: Jeffrey Ponsky, M.D., Department of Surgery; John Lowe, M.D., Department of Pathology, and Warren Selman, M.D., Department of Neurosurgery. Other key recruitments included division chiefs in adult hematology and oncology, pediatric hematology and oncology, colorectal surgery, adult cardiac surgery, and plastic surgery.

We celebrate our academic affiliation. In October, UHHS and Case Western Reserve University announced a new affiliation agreement between UHC and Case School of Medicine (SOM). This affiliation agreement reconfirms UHC’s commitment and investment in the research and educational mission of the Case SOM. The agreement gives Case SOM primary responsibility for undergraduate medical education and research programs under the leadership of Ralph I. Horwitz, M.D., Case SOM dean. UHC will have primary responsibility for clinical programs and graduate medical education (residency and fellowship programs) under the leadership of Fred C. Rothstein, M.D., president and CEO of UHC. Under this affiliation, the faculty will be unified into a single faculty practice plan with UHHS/UHC.

We celebrate our contributions to the community. UHHS was well represented among recipients of Northern Ohio Live’s annual Awards of Achievement. Ireland Cancer Center oncologist, Sanford D. Markowitz, M.D., Ph.D., was honored for leading a research team that discovered a gene that suppresses the growth of colon cancer (See *Advances*, page 24). Meri B. Armour, UHC

senior vice president of Women’s, Children’s and Cancer Services, accepted an Award of Achievement for spearheading Rainbow’s sponsorship of the 2004-2005 ballet series at Playhouse Square Center. UHHS was also recognized for sponsoring the fascinating *Body Worlds 2* exhibit at the Great Lakes Science Center from April until September.

In another honor, the Leukemia and Lymphoma Society celebrated Fred C. Rothstein, M.D., with the Service to Mankind Award.

We celebrate workplace excellence. UHHS received the Employers Resource Council’s “North Coast 99 Award” for the third consecutive year. North Coast 99 recognizes 99 of the best places to work in Northeast Ohio based on compensation, benefits, health and safety, training and education, diversity, community service, recruitment and retention and employee communication.

We celebrate our friends. I am acutely aware of the vital role that all of you as UHHS supporters play in the success of our mission. With your continued support, we will have many more successes to celebrate in 2006 as the premier healthcare provider in Northern Ohio. **UH**

mail call

{ THANKFUL FAMILY HELPS FUND RONALD MCDONALD FAMILY ROOM IN RAINBOW }

TO THE EDITOR: We really did not know my father was sick until the last three weeks. The final diagnosis was advanced metastatic renal cancer. Renal cancer provides very little warning and there are few treatment options. As it turned out, my father only needed to be made comfortable those last few days.

Everyone at Ireland Cancer Center was wonderful. My father was given the comfort and care he needed and the staff was supportive and responsive to my mother and me. To honor my father and show our appreciation, we established a fund at the Ireland Cancer Center. We did not anticipate the outpouring from people he had touched in his almost 76 years. To utilize the funds my mother and I met with Meri Armour, Dr. Brian Berman and Dr. Fred Rothstein to discuss the needs of the hospital and a meaningful tribute that would impact people's lives as my father's had been. We were both touched by the care and devotion of the people in the Pediatric Oncology area, and felt this would be a worthwhile use of the funds. Meri mentioned one project, in particular, that needed funding: a Ronald McDonald Family Room for acute care patients at Rainbow, including Pediatric Oncology. We added money to the fund enabling this project to go forward and create a space where Rainbow families can access Ronald McDonald House services and share quality or quiet time.

Somewhere I read: "Help a person and you help mankind." This is making a difference in people's lives. My mother and our entire family are committed to making a difference in our community and will continue our involvement with University Hospitals, as we are on the threshold of new treatments to cure illness and provide comfort to those in need.

Jeff Davis | Moreland Hills, Ohio



Larry and Lois Davis at his 75th birthday celebration in 1999.

Address your comments about *Legacy* magazine or topics therein to:
Letters, Legacy Magazine
University Hospitals Health System
11100 Euclid Avenue
Cleveland, Ohio 44106-5000

Letters selected to appear may be edited for brevity.

Highlights

NEW LAB FOR NATIONAL CENTER FOR REGENERATIVE MEDICINE WILL ACCELERATE HEALING RESEARCH

To promote research breakthroughs in cancer, heart disease and other disorders, the National Center for Regenerative Medicine (NCRM) opened a state-of-the-art cell production facility to great fanfare Nov. 21.



The ribbon-cutting for the National Center for Regenerative Medicine (NCRM) included Thomas F. Zenty III, UHHS president and CEO; U.S. Rep. Stephanie Tubbs Jones (D-OH); U.S. Rep. Ralph Regula (R-OH); Ralph I. Horwitz, M.D., dean of the Case School of Medicine; Edward M. Hundert, M.D., president of Case Western Reserve University; Stanton L. Gerson, M.D., director of University Hospitals Ireland Cancer Center and NCRM director; Paul DiCorleto, Ph.D., from The Cleveland Clinic and co-director of the NCRM, and Fred C. Rothstein, M.D., president and CEO, University Hospitals of Cleveland.

NCRM is a research collaboration involving University Hospitals of Cleveland (UHC), Case Western Reserve University School of Medicine (Case) and The Cleveland Clinic, in which physicians and scientists regenerate healthy cells using adult stem cells – derived from bone marrow and other sources – as well as stem cells derived from umbilical cord blood after a baby is born. Ireland Cancer Center Director Stanton L. Gerson, M.D., also directs the NCRM.

The new cell production facility, on the sixth floor of the Iris S. and Bert L. Wolstein Research Building, will bolster NCRM's efforts to develop and test therapies. With more space and better equipment in the new facility, researchers under the NCRM umbrella will now be able to perform twice as many simultaneous clinical trials of new treatments. Commercial partners involved in NCRM are Athersys, Arteriocyte and RegenRx.

NEW UROLOGIC CENTER OFFERS TEAM APPROACH TO CARE

UHC has established the Center for Urologic Oncology & Minimally Invasive Therapies to provide state-of-the-art management of urologic disease using the latest technologies and treatments.

A collaborative partnership between the Ireland Cancer Center and the Department of Urology, the Center will deliver conventional cancer care as well as the latest alternatives. Focused on developing minimally invasive treatments and technologies, the Center will address all aspects of urologic cancer from a multidisciplinary approach that provides customized care to its patients.

Lee Ponsky, M.D., who joined the Department of Urology in July, serves as the Center's director.



Lee Ponsky, M.D.

RENOWNED SURGEON, RESEARCHER NAMED EXECUTIVE VICE PRESIDENT, CHIEF OPERATING OFFICER

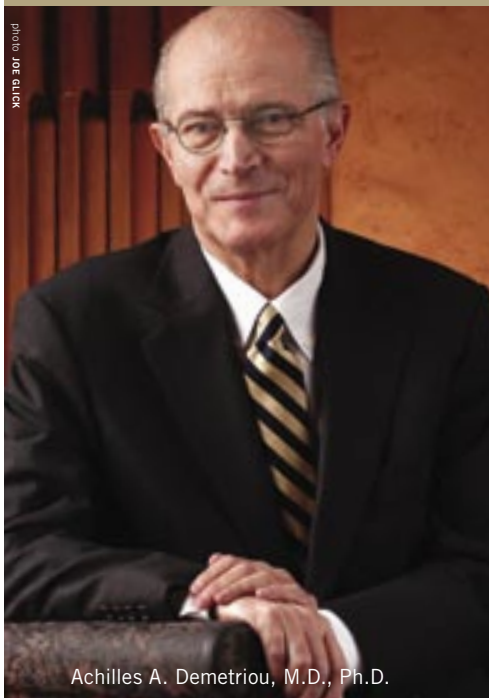
After completing a national search, University Hospitals Health System (UHHS) announced in August that Achilles A. Demetriou, M.D., Ph.D., was appointed executive vice president and chief operating officer.

Dr. Demetriou came to UHHS from Cedars-Sinai Medical Center in Los Angeles, where he was chairman of the Department of Surgery, a renowned surgeon and an endowed chair holder. He was also a professor of surgery at the University of California, Los Angeles (UCLA) School of Medicine and vice-chairman of the school's Department of Surgery.

"Dr. Demetriou has proven accomplishments in every dimension of healthcare," says Thomas F. Zenty III, president and chief executive officer of UHHS. "He has been internationally recognized for his academic achievements, technology transfer accomplishments, clinical program growth and development, and board of directors' relationships."

Dr. Demetriou's distinguished teaching and professional career has included a number of positions at Albert Einstein College of Medicine-Montefiore Medical Center in New York City, Vanderbilt University and the Veterans Administration Medical Center in Nashville. He is recognized as a pioneer in the development of the bioartificial liver, a device that extends the lives of patients whose livers have failed. He performed extensive research in liver cell transplantation and the role of defective genes in the development of cirrhosis and other liver abnormalities.

"University Hospitals Health System is entering an exciting phase of growth and programmatic development," says Dr. Demetriou. "I look forward to working with the dedicated physicians and employees at UHHS to provide the highest quality healthcare to the communities UHHS serves." (See related article, page 32.)



Achilles A. Demetriou, M.D., Ph.D.

FEDERAL HIGHWAY BILL INCLUDES \$4.6 MILLION FOR EMERGENCY DEPARTMENT

UHC was awarded \$4.6 million in the Federal Highway Transportation Bill to upgrade its Emergency Department. The bill, signed into law in August, will assist UHC and Rainbow Babies & Children's Hospital in treating a growing number of adult and pediatric emergency visits.

Built in the late 1970s to handle an annual volume of some 40,000 visits, the emergency department accommodates more

than 78,000 visits a year by ill and injured adults and children, making it the busiest in the region.

U.S. Rep. Steve LaTourette (R-Concord), chairman of the Highways, Transit and Pipelines Railroads Subcommittee, championed this appropriation, along with U.S. Rep. Stephanie Tubbs Jones (D-Shaker Heights).

Rainbow also benefited from a key piece of state legislation. Ohio Senate President Bill Harris (R-Ashland), visited Rainbow and Ireland Cancer Center this fall. Thanks to an amendment he supported in the general revenue budget, Ohio's six children's hospitals will receive \$30 million in additional Medicaid payments over the next two years.

Highlights

UHC AND CASE AWARDED \$21 MILLION IN NIMH GRANTS

THE NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH) RECENTLY AWARDED MORE THAN \$21 MILLION IN RESEARCH FUNDING TO UHC AND CASE FOR TWO NEW STUDIES OF BIPOLAR DISORDER, A MENTAL ILLNESS THAT AFFECTS PEOPLE OF ALL AGES, EVEN YOUNG CHILDREN. THE STUDIES FOCUS ON IMPROVING DIAGNOSTIC AND TREATMENT APPROACHES.

The larger of the two NIMH grants, worth \$17.5 million, will support the comprehensive study of lithium in treating children and adolescents with mania, according to Robert Findling, M.D., co-director of the NIMH Bipolar Research Center at UHC and Case. Lithium, a mood stabilizer, works through the synthesis and reuptake of chemical messengers that nerves use to communicate with each other.

The other grant, for \$4.3 million, will support research to develop more accurate assessment and diagnostic tools for bipolar disorder in children. It is called the Longitudinal Assessment of Manic Symptoms (LAMS) study that involves UHC, Case and three other institutions.

EXPANSIONS AT UHHS IN BEDFORD AND RICHMOND HEIGHTS



University Hospitals Health System is expanding heart and vascular services at UHHS Richmond Heights Hospital and UHHS Bedford Medical Center, investing nearly \$11 million in capital improvements, including new construction and renovation projects.

The new heart and vascular centers will deliver a wide spectrum of fully integrated services for patients, focusing on endovascular surgery, cardiology and electrophysiology procedures. They will be staffed by leading cardiologists, vascular surgeons and electrophysiologists to provide patients with the most effective interventional therapies for heart and vascular disease.

UHHS Richmond Heights Hospital will build a new \$4.9 million facility, which is scheduled for completion in late spring. UHHS Bedford Medical Center will require an extensive \$5.7 million construction project within the existing hospital complex. This project is underway and slated for completion in February.

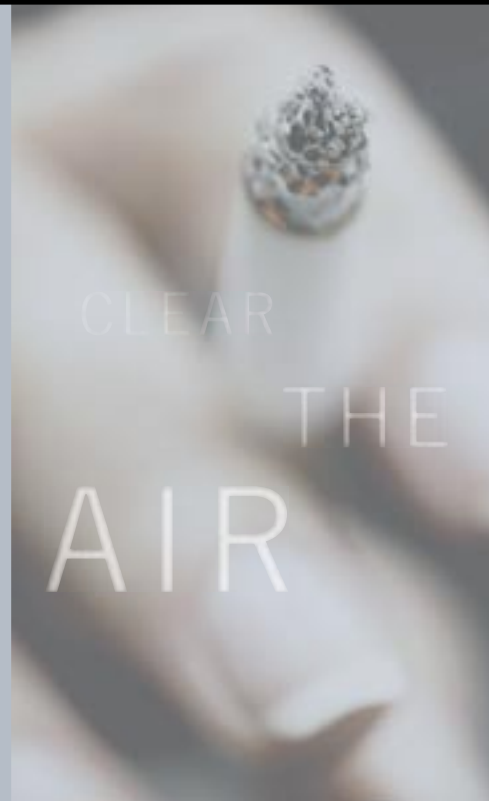
UHHS CLEARS THE AIR WITH SMOKING CESSATION PROGRAM

In its role as a regional healthcare leader, UHHS launched “Clear the Air - Because Everyone’s Health Matters,” an initiative to improve the health of patients and employees by declaring all UHHS campuses smoke-free, indoors and out. The program went into effect November 17, the date of the American Cancer Society’s Great American Smokeout.

“By ensuring that all hospitals, facilities and properties of our Health System – including all parking lots, sidewalks and green space areas – are entirely smoke-free, we demonstrate our respect for the rights of patients and employees while supporting our efforts to become the patient-centered employer of choice,” said UHHS President and Chief Executive Officer

Thomas F. Zenty III. “Clear the Air will not only improve the health of our employees, but also optimize the healthcare experience for our patients.”

Through Clear the Air, UHHS offers employees a comprehensive smoking cessation program that features both group counseling and nicotine replacement. Studies have shown this combination dramatically increases an individual’s chance for success, said Scott Frank, M.D., of the Department of Family Medicine at UHC and Case Western Reserve University School of Medicine. Dr. Frank, who studies and treats tobacco dependence, developed the group counseling program and serves as a member of the UHHS Smoking Policy Task Force.



CANCER SPECIALISTS RECRUITED FOR LEADERSHIP POSTS

John J. Letterio, M.D., was appointed chief of the Division of Hematology/Oncology in the Department of Pediatrics at Rainbow Babies & Children’s Hospital and Case Western Reserve University School of Medicine in October. Dr. Letterio joined University Hospitals from the Laboratory of Cell Regulation and Carcinogenesis at the National Cancer Institute, where he served as adjunct senior staff since 1995 and principal investigator since 1998.

Dr. Letterio is working closely with Ireland Cancer Center Director Stanton L. Gerson, M.D., and Alvin H. Schmaier, M.D., UHC’s new Chief of the Hematology and Oncology Division in the

Department of Medicine, to develop programs that will contribute to the basic and translational research activities at the Ireland Cancer Center.

Dr. Schmaier, too, brings a wealth of experience to his new role, having served as director of the Coagulation Laboratory in the Department of Pathology at the University of Michigan Health System. As chief of hematology and oncology, Dr. Schmaier will assist Dr. Gerson in recruiting faculty and developing programs that will contribute to the basic and translational research of the Ireland Cancer Center.

CLINICAL TRIALS AND COORDINATED CARE SET IRELAND APART

NEW LUNG CANCER THERAPIES

AT THE IRELAND CANCER CENTER

are a breath of fresh air

By Ann T. McGuire

Nothing could have prepared Christine Blatnik for her diagnosis. As a 44-year-old who had never smoked, always exercised and watched her weight, lung cancer was far from her mind in autumn 2004 when she found herself short of breath, coughing night after night and feeling thoroughly exhausted.



Christine Blatnik

Anita Hairston knew something was drastically wrong with her in early winter 2003 after a couple of weeks of coughing and exhaustion like nothing this busy mother had ever before experienced. She prodded her caregivers for tests that ultimately revealed her lung cancer.

A golf game spoke volumes to Thomas P. Meehan when cancer cells were silently proliferating in the lining of his lung. In February 2003, the retired electrician was drained after his first nine-hole outing on a Florida vacation. He came back from the golf course coughing, utterly spent and ready to see a doctor.

All three sought their care at other Northeast Ohio hospitals. But when hope was in short supply, they each turned to Ireland Cancer Center at University Hospitals of Cleveland (UHC). Now they are living, breathing examples of the tremendous hope that recent discoveries hold.

Medical breakthroughs are changing the story

Ten years ago, when people like Mrs. Blatnik, Ms. Hairston and Mr. Meehan were diagnosed with lung cancer, doctors pretty much threw up their hands, says Ireland Cancer Center oncologist Afshin Dowlati, M.D. There wasn't much to be optimistic about. Even today, only about 15 percent of all lung cancer patients survive five years after diagnosis. But thanks to pioneering research, the story is changing.

When it comes to choosing a hospital for early-stage lung cancer surgery, bigger is better. A watershed study published recently in The New England Journal of Medicine showed patients who have surgery at medical centers like University Hospitals that do many such procedures each year have a survival rate up to 10 percent better than patients who have surgery in smaller hospitals.

Members of Ireland Center Center's lung cancer team include (left to right) Jeffrey A. Kern, M.D., chief of the Division of Pulmonary Critical Care; Jason M. Robke, M.D., cardiothoracic surgeon; Kimberly L. Rutherford, R.N., clinical trials nurse; John F. Greskovich, Jr., M.D., radiation oncologist; Barbara H. Higgins, R.N., clinical nurse specialist; Balazs Halmos, M.D., medical oncologist; and Afshin Dowlati, M.D., medical oncologist.



all photos RUSSELL LEE (unless otherwise noted)



Anita Hairston

Amplifying that benefit, UHC surgeon Jason M. Robke, M.D., is a true specialist, operating exclusively on patients with lung cancer.

Dr. Dowlati notes another recent breakthrough for early-stage lung cancer patients: Four months of chemotherapy after surgery improves the five-year survival rate by another 10 to 15 percent.

Unfortunately, few lung cancers are caught in an early stage; most are further advanced before patients ever notice the first symptoms. Fortunately, researchers are making progress in later stage lung cancers as well.

“The good news in locally advanced cancers is that we now know chemotherapy and radiation together can cure about 20 percent of patients whose cancer is at Stage 3 but has not spread beyond the lung or the immediate lymph nodes,” reports Dr. Dowlati.

Ms. Hairston is a testament to the effectiveness of this approach. “When I first saw Dr. Dowlati, he told me that my tumor was pretty large and I would have to go through chemo and radiation treatment to shrink it,” she recalls. After two, six-day sessions of chemotherapy, and 28 days of radiation under the care of radiologist John F. Greskovich, Jr., M.D., Ms. Hairston’s tumor shrank so much that her surgeon had difficulty finding it.

Good news for advanced lung cancer

Two new drugs studied in national clinical trials at Ireland Cancer Center are improving survival for patients with advanced lung cancer.

Tarceva was FDA-approved for market distribution only last year, but has been available in clinical trials at Ireland for several years. Tarceva works best in the 15 percent of lung cancer patients who have never smoked because they exhibit a mutant, overactive growth signal on the cancer cell surface. Unlocking the secrets of

this growth signal, called “epidermal growth factor receptor,” holds such promise for beating cancer that three UHC physicians are studying it: Dr. Dowlati, Jeffrey A. Kern, M.D., chief of the Division of Pulmonology; and oncologist Balasz Halmos, M.D., co-author of a major study on Tarceva published in August in the *Journal of the National Cancer Institute*.

Mrs. Blatnik is a thriving example of Tarceva’s power over lung cancer. Before taking this drug, she did not respond to standard chemotherapy at another hospital. “I came to Ireland Cancer Center and told Dr. Dowlati, ‘I think my doctor is writing me off.’ Dr. Dowlati had a totally different attitude. He said, ‘People are responding to Tarceva and you can get well.’ No one had ever told me I could beat this,” says Mrs. Blatnik, who continues to take this drug.

The second breakthrough drug for advanced-stage lung cancer is Bevacizumab. Slated for FDA approval in the coming months, this drug effectively starves tumors by blocking the growth of blood vessels that feed them. Dr. Dowlati, who is Coburn Haskell Britton Clinical Investigator at Ireland Cancer Center, was co-chair of the national clinical trial that studied Bevacizumab and found a two-and-a-half-fold increase in the chance of shrinking a late-stage lung cancer tumor. “We’re now seeing up to 50 percent of lung cancer patients in this category making it to the one year anniversary of their diagnosis.”

Contrast that figure with the 2.1 percent of late-stage lung cancer patients who survived five years from diagnosis between 1995 and 2000 according to the American Cancer Society.

Mr. Meehan is in the fortunate 50 percent. He enrolled in a clinical trial of Bevacizumab in spring 2003 when he first transferred to Ireland Cancer Center. “Dr. Dowlati gave us hope, where I don’t think we had much hope elsewhere,” says his wife, Rita.



Thomas Meehan

“Dogs are not our whole life,
But they make our lives whole.*”

CELEBRATING ONE COMPASSIONATE CANINE



Photo: TOM GRAY

Legacy magazine salutes Bob Kuschmeider, much-loved and dedicated Pet Pal volunteer for nine years at Rainbow Babies & Children's Hospital and Ireland Cancer Center. During his career as a therapy dog, Bob quietly comforted kids of all ages through chemotherapy and similar medical challenges. Sadly, Bob died of cancer in October. Survivors include his family, Larry and Faith Kuschmeider, and the countless patients, hospital visitors and staff members whose days he brightened just by being Bob.

* Roger Caras / Past president, American Society for the Prevention of Cruelty to Animals

A caring approach

Conveying hope is important to the caregivers at Ireland Cancer Center. “We try to make people very comfortable,” says Dr. Dowlati. “Although we saw 450 patients last year, we don't overbook ourselves in clinic. We dedicate a lot of time to every individual patient and we try to talk to them about our plan for their care. You have to spend time with people; that's just what cancer is all about.”

Dr. Dowlati recalls advice he received early in his career from oncologist Nathan Levitan, M.D., now UHC's chief medical officer. “He told me ‘Patients don't really care how much you know until they know how much you care.’ We've really tried to follow that model in the Ireland Cancer Center.”

Mrs. Blatnik has noticed that philosophy. “I am so happy that we are at University Hospitals. The people who work there are so kind. I feel like they truly care about me. It's just more positive. It's a different atmosphere.”

Ms. Hairston noted the difference, too. “When I first met Dr. Dowlati, he really made me feel like I'm in someone's hands who cares.”

Mr. Meehan recalls feeling uplifted when Dr. Dowlati told him, “You are not a statistic.”

Multidisciplinary means care from every angle

The emphasis on compassion and on patients' emotional needs clearly sets Ireland Cancer Center apart. So do clinical trials of the newest treatments, some 15 of which are ongoing for lung cancer alone and about 300 of which are underway for all cancers combined. Nationally, only about 3 percent of adults participate in clinical trials, while some 18 percent of Ireland Cancer Center patients do.

Behind the scenes, what distinguishes Ireland Cancer Center is the so-called multidisciplinary clinic that brings together all the specialists involved in cancer care every Monday morning at 7:00 to review all cases and come up with a consensus plan.

“Why is it so important? Because fragmented care will always be to the patient's detriment,” insists Dr. Dowlati. “People now get surgery, radiation, chemotherapy, pulmonary medicine and palliative care. Unless we coordinate their plan and talk to each other on a regular basis, the potential for problems will rise. We talk to each other so the patient really gets the whole bundle when they come in.”

Mr. Meehan takes comfort in this approach. “The decisions about my care are not made just by Dr. Dowlati, but by a group. It makes me feel good.”

Further, by working together, the multidisciplinary care teams are able to minimize the time between diagnosis and the beginning of treatment.

“The doctors, the nurses, the social workers – everyone that I encountered here through my care – they were just great, compassionate and caring,” says Ms. Hairston. “I love them all.”

For more information about cancer or the Ireland Cancer Center, call Trish Gallagher, R.N., at 800.641.2422.

Lung cancer by the numbers

- 172,570 Americans will be diagnosed with lung cancer during 2005.
- 163,510 people will die from the disease in the United States in 2005 –more than will die from colorectal, breast and prostate cancer combined – making lung cancer the leading cause of cancer-related death in both men and women in the U.S.
- 25,000 non-smokers will be diagnosed with lung cancer during 2005 (approximately 15 percent of all cases); that's more people than will be diagnosed with brain cancer and about the same number of people who will be diagnosed with ovarian cancer.
- \$1,723 research-dollars per lung cancer death were spent in 2004, compared with nearly \$13,000 for breast cancer, \$10,000 for prostate cancer and nearly \$5,000 for colorectal cancer, according to Lungcancer.org.
- 400 percent increase in deaths from lung cancer among women between 1960 and 1990.



Pediatric Cardiothoracic Surgery at Rainbow

Part 1 of a two-part series By Paula Hennessey

mending broken hearts

About eight babies in 1,000 are born in the U.S. each year with a congenital heart defect. Most defects develop soon after conception. Although advances in ultrasound and echocardiogram technology make it possible to detect problems as early as the 18th week of pregnancy, defects can go undetected until serious symptoms arise after birth such as blueness or failure to feed.



Whether a diagnosis is pre- or post-natal, no parent ever wants to hear the words “congenital heart defect.” What’s more, there are options that need to be weighed while parents are under emotional strain to make the right decisions for their baby.

At Rainbow Babies & Children’s Hospital, the Pediatric Cardiothoracic Surgery team heals and feels deeply right along with patient families. While a growing success in pediatric heart surgery outcomes is credited to the collaborative work of several multidisciplinary teams, the surgical team under the direction of Hani A. Hennein, M.D., division chief, Pediatric Cardiothoracic Surgery, created a national reputation through

surgery, to the physician assistants, fellows, and nurses. Attending pediatric cardiothoracic surgeon, Yakov L. Elgudin, M.D., Ph.D., is also a critical member of the team, who helped develop operating room and intensive care unit protocol.

An exceptional team of cardiothoracic nurse practitioners, including Antoinette “Toni” Thomas and Martha D. Williams, works closely with Dr. Hennein at Rainbow, and provides the vital link to frightened parents. Ms. Thomas and Ms. Williams empower parents with information and assurances about the procedures and help care for their emotional needs. During surgery, they provide progress reports and afterward educate parents about the special nutritional needs of



Diane Socha, Surgical Technologist; Hani Hennein, M.D.; Joann Eisenberg, Nurse Anesthetist; Chris Celdeira, M.D.; John Stork, M.D.; John Derosimo, M.D.



Hani A. Hennein, M.D., division chief, Pediatric Cardiothoracic Surgery

obtaining among the best outcomes in the country in their specialty. Dr. Hennein joined Rainbow in 2002 to breathe new life and fresh perspective into the pediatric cardiothoracic surgery program. Having trained under some of the nation’s leading cardiothoracic surgeons, he set to work building the Rainbow team and quickly elevated the field to a new level.

Dr. Hennein relies on each member of the cardiothoracic surgery team, from the talented perfusionists who control the complex equipment that temporarily takes over the tasks of breathing and pumping blood during heart and lung

their child. The nurse practitioners get to know many of the parents and children well, since they may come to the hospital as often as every four to six weeks over the course of their child’s treatment.

It’s the exceptional dedication of every team member that helped them hit the ground running. Specialists from several other top-ranked teams at Rainbow work hand-in-hand with the pediatric cardiothoracic surgery team, including A. Resai Bengur, M.D., division chief, Pediatric Cardiology; Lia H. Lowrie M.D., interim division chief, Pediatric Pharmacology



and Critical Care and the Pediatric Intensive Care Unit (PICU) team; Richard J. Martin, M.D., division chief, Neonatology, and John E. Stork, M.D., of the pediatric anesthesiology team.

The success of the cardiothoracic surgery team is especially significant because they strive for total correction of complex congenital defects when possible and not just temporary alleviation of symptoms. Many of their highest risk patients are the neonates – some as young as a few days old weighing little more than one pound. “It’s much better to achieve an early, complete repair. In that way, the patient has a normal cardiac output and normal oxygen saturation of the blood, which is important for the growth and development of organs like the brain,” Dr. Hennein says. Because of the complexity of many cases, a multidisciplinary approach to care is critical.

The team is treating an increasing number of tiny patients with a highly complex defect called Hypoplastic Left Heart Syndrome (HLHS). In HLHS, the left ventricle, which is responsible for pumping blood back to the body, is undeveloped. Dr. Hennein’s special interest and expertise in HLHS led to the 2002 publication of “Hypoplastic Left Heart Syndrome,” which he co-edited and co-authored with renowned pediatric cardiothoracic specialist, Edward L. Bovie, M.D., from the University of Michigan.

The increase in HLHS patients is due not to a rise in the incidence of the defect, but likely to more referrals from Neonatal Network doctors and parents. In addition to the outcome data, and the growing reputation of Dr. Hennein, families are drawn to Rainbow because of its bloodless medicine and blood conservation program. Rainbow was the first freestanding hospital to develop a pediatric bloodless medicine program in 1998. Now, bloodless surgery and conservation are proving to have better surgical outcomes for patients, including decreased incidence of infection and shorter hospital stays. Bloodless surgical techniques include the use of lasers rather than scalpels, stimulation of bone marrow prior to surgery to produce more red blood cells, and use of intraoperative hypotension anesthesia to lower blood pressure and minimize bleeding.

While most HLHS patients are from Ohio, some are traveling from across the country and, indeed, the world. Dr. Hennein and team are perfecting one of two standard HLHS treatment options called 3-stage palliation. The other option is heart transplantation, but that involves the risk of organ rejection and requires lifelong medication to prevent it. The 3-stage procedure offers an excellent reconstructive option that, over the course of a child’s first 2 to 4 years of life, changes the HLHS heart into a two-chamber organ that performs the work of a normal four-chamber heart.

Bobby, Ashley, Robert and Charlie Belden



Waves of fear washed over Ashley Belden and her husband, Robert, when their Canton-area doctor mentioned the words “birth defect, other complications, risk of death.” At 26 weeks into her pregnancy, an ultrasound revealed the left-ventricle of the Belden baby’s heart was completely undeveloped. Fear turned to shock when their doctor, who was not trained to handle complex, congenital heart conditions, instructed the Beldens to “go to Rainbow Babies & Children’s Hospital in Cleveland.”

At the Rainbow Children’s Heart Center, they met Hani Hennein, M.D., division chief, Pediatric Cardiothoracic Surgery. He confirmed that their baby had Hypoplastic Left Heart Syndrome (HLHS), a rare congenital heart defect, and would need open-heart surgery soon after birth. Although they felt confident in



The first stage of the procedure, known as the “Norwood” (developed in 1979 by Australian-born William Norwood, M.D.), must be performed within weeks of birth. The Norwood involves reconstruction and rearranging of the body’s major vessels, including the aorta and pulmonary arteries, by “assigning the single ventricle to the body and making it do the work of two ventricles,” Dr. Hennein explains. The team has been using a new technique, the Sano-Shunt (developed by Japanese-born Shunji Sano, M.D.), with much success. The Sano-Shunt, a 5 mm-diameter, Gortex funnel, lessens competition between blood flowing in and out of the heart and has yielded the best long-term results.

The second stage, called the Bi-directional Glenn (developed by William W.L. Glenn, M.D., at Yale University in 1958), reduces the work of the right ventricle by allowing blood to flow automatically from the body into the lungs. This procedure is performed between 3 to 6 months of age.

The third and final stage is the Fontan, (developed by French surgeon Francois Maurice Fontan, M.D., in 1970). This routes the rest of the blood coming back from the body to the lungs and is performed after a child weighs more than 32 pounds, usually between 18 months and 3 years.

The hospital stay, following the surgery, can be as short as a few days. Children are cared for either in the PICU or NICU, based on their needs, where the latest, state-of-the-art heart

monitoring and breathing equipment and trained specialists provide round-the-clock care.

The Rainbow team’s research and studies using diagnostic MRI technologies are leading to much safer, less invasive techniques. With MRI, a baby only needs to endure one injection of contrast dye, which enables reconstruction of a detailed, 3-dimensional image of the heart as opposed to the high-risk cardiac catheter. Perhaps even more futuristic and exciting are their studies in robotic surgical techniques. Robotics “will make it possible to perform heart operations through tiny incisions,” Dr. Hennein explains. What’s more, robotics will make it possible to perform surgery remotely. He is very enthusiastic about these high-end, high-technology solutions because they make diagnostics and surgery less invasive and even more precise. The techniques may be in use at the Children’s Heart Center at Rainbow as early as next year.

Dr. Hennein attributes his team’s success to “having everything we need, putting together the right group of people, and setting up the proper standards.” Unaffected by the attention for his team’s achievements, he stands in front of a bookcase in his office filled with photos, letters and gifts from grateful parents and children, and says, “This is it. *This* is the best part.” UH

him, they wanted to be absolutely sure they received the best possible care, so they visited another renowned expert in Michigan, but returned to Rainbow and Dr. Hennein.

“One thing we liked was his progressiveness,” Ashley explained. “Although we were so afraid, Robert automatically felt so comfortable with Dr. Hennein.”

Two weeks after a full-term delivery at University Hospitals’ MacDonald Women’s Hospital high-risk unit, little “Bobby” underwent the first of three surgeries he would need. At one point, fear nearly overwhelmed Ashley, but another mother with a newborn in the Neonatal Intensive Care Unit (NICU) “said all the right things” and Ashley found new strength. Shortly thereafter, little Bobby was able to go home. About six months later, he underwent a second successful open-heart surgery.

Now approaching his first birthday, Bobby is slightly ahead developmentally. He will have one more surgery between the ages of 2 and 4. Bobby and his brother, Charlie, who is nearly 3, keep their parents busy. But, the Beldens are finding the time to begin a Canton-area support group for other parents of children with HLHS. Both parents also agreed to join Rainbow’s National Leadership Council, a group of volunteer leaders increasing Rainbow’s visibility and advancing philanthropy. As they face the emotions and practical concerns of HLHS, their children and the “flexibility and compassion” they felt from the Rainbow Children’s Heart Center team remain their inspiration.



UHC/CASE TEAM LAUNCHES KEY CARDIOVASCULAR

By Christopher Johnston

In many ways, Carl Sell is a fortunate man. Twenty years ago, cardiac surgery cleared the blocked artery that plagued him and, he believes, gave him another two decades of life. The father of four and grandfather of 10 credits cardiothoracic surgeon, Alan H Markowitz, M.D., and cardiologist, Dale S. Adler, M.D., of University Hospitals of Cleveland (UHC), for diagnosing his initial problems. He has received follow-up care from Dr. Adler ever since. However, the two have been unable to end the intermittent attacks of angina – pain in the chest and shortness of breath – that the 75-year-old Mentor, Ohio, man still suffers.

Vincent Pompili, M.D.

Mary Laughlin, M.D.

Dale Adler, M.D.



ADULT STEM CELL TRIAL

Mr. Sell's angina is caused by chronic ischemic disease, which can, in some cases contribute to heart failure. In 2003, roughly 750,000 coronary artery bypass graft surgeries and nearly 2 million balloon angioplasty procedures were performed worldwide to treat the condition.

Still, angioplasty, drugs, or surgical procedures cannot help about 30 percent of the people, such as Mr. Sell, who have chronic ischemia.

"These patients have one blocked vessel that cannot be opened with an angioplasty, thus an area of the heart, that is chronically ischemic or has an inadequate blood supply," explains Vincent J. Pompili, M.D., a cardiologist at UHC and Case. "So, they undergo standard medical therapy and are left with significant angina and loss of productivity and quality of life."

Now, a medical research team at UHC and Case plans to correct that treatment deficiency via its discovery of a potentially powerful adult stem cell therapy. Mr. Sell, who hopes to

benefit from the therapy, is so confident in this team that he has volunteered to serve as a research participant in the Phase I Clinical Trial that starts in January 2006.

"If there's any way I can help other people with this condition, I will do it," he declares.

The trial, which will test the safety and effectiveness of infusing the heart with AC133+ hemangioblasts, a cell type found in bone marrow that stimulates growth of new blood vessel cells (neovascuogenesis), is the culmination of nearly five years of research that led to the discovery of the cell and its healing potential.

"Though we can revascularize most patients with stents and surgery – and though we have excellent heart medicine – there is a growing number of patients who simply need enhancement of blood supply to areas of their heart that cannot be approached with standard methods," says Dr. Adler, vice chairman of Medicine at UHC and Case, and clinical principal investigator of the trial. "Stem cell mediated vascular growth

NIH GRANT ENHANCES FUNDING



bone marrow stem cell

Four years ago, the National Institutes of Health (NIH) acknowledged the pioneering research of Mary Laughlin, M.D., a hematologist, and Vincent Pompili, M.D., a cardiologist – both at University Hospitals of Cleveland (UHC) and Case Western Reserve University – by granting them a \$1.6 million, fast-track, Phase I/II Small Business Technology Transfer Research Award. The grant acknowledged their work on a potential non-embryonic stem cell therapy to treat chronic ischemia. (Stephen Haynesworth, Ph.D., associate

dean of arts and sciences at Case and an expert in stem cell therapy research, served as co-investigator on development of the initial intellectual property.)

The NIH disbursed the grant in two phases. The first award, in 2001, enabled the two researchers to develop four patents based on their discovery of the AC133+ hemangioblast, a cell type found in bone marrow that stimulates growth of new blood vessels, and complete the pre-clinical trials necessary to obtain FDA

approval for the clinical trial of the stem cell therapy. In 2002, working with Case's Technology Transfer Office, Drs. Laughlin and Pompili used the patents to initiate the process to launch Arterioocyte, a biomedical start-up company formed to commercialize their findings.

In December 2005, the NIH awarded the second phase of the grant to Arterioocyte, UHC and Case to initiate the Phase I clinical trial at UHC.

could make many people feel better, and perhaps will be shown to improve heart function.”

Dr. Pompili and Mary J. Laughlin, M.D., a hematologist, at UHC and Case, made the discovery. According to Dr. Laughlin, the “a-ha” moment occurred in 2000, when she read the preliminary Phase I clinical trial reports of a German research team. Their trial studied the regenerative effects of simple mononuclear bone marrow cells drawn from patients shortly after they had experienced a heart attack.

“They were using coronary injection to infuse the bone marrow cells into the trial subjects,” she recalls. “At a very early stage, they were observing that the patients’ cardiac function and survival were improved with this intervention.”

As a hematologist, Dr. Laughlin, who had pioneered using umbilical cord blood stem cells to treat cancer, was curious about using some of these cells to trigger new blood vessel formation in response to ischemia. She teamed with Dr. Pompili to begin laboratory analysis of different bone

marrow cell populations that may possess this ability. Their diligent endeavors led to their discovery of the AC133+ hemangioblasts and four patents related to these cells as a stem cell therapy. In 2001, the two received an NIH grant (see sidebar) to fund their research, which also led them to form a spin-off company, Arterioocyte, in 2002.

UHC, Case and Arterioocyte are running the Phase I trial, which is being performed at University Hospitals of Cleveland. The Harvard Clinical Research Institute serves as the independent, external manager of the trial to establish an independent data and safety monitoring board that ensures patient safety and data integrity.

To obtain FDA approval for the Phase I trial, Drs. Laughlin and Pompili had to complete murine (mice or small mammal) and porcine (pigs or large mammal) testing. Known as biodistribution studies, these tests on animals that can receive human cells ensure that infusions of the hemangioblast cells help repair injured blood vessels in the animals’ hearts and do not in any way harm the animals.



Mr. Sell, who hopes to benefit from the therapy, is so confident in this team that he has volunteered to serve as a research participant in the Phase I Clinical Trial that starts in January 2006.

Two other studies in heart-related stem cell therapies at Johns Hopkins Hospital and the New England Medical Center at Tufts University have also recently received FDA approval to proceed with their Phase I trials.

Within the medical field, receiving project-specific NIH funding, as the UHC/Case/Arteriocyte trial has, represents important and prestigious recognition of research. "Having your work peer reviewed and validated by the NIH is a major accomplishment," Dr. Pompili concludes.

**"IF THERE'S ANY WAY I CAN
HELP OTHER PEOPLE WITH THIS
CONDITION, I WILL DO IT."**

"Essentially, we used the murine studies for proof of our concept," she says. "In the porcine studies, we infused those animals with five times the cell dose that we would give humans, and none of those animals demonstrated any injury to the heart as a result of the infusion."

The Phase I trial will feature sequentially increasing dose testing on 10-12 patients, a typical number for this phase. In other words, the first set of three patients will receive a certain dose of enriched stem cells given by coronary injection. They will be assessed for any adverse effects. If there are none, a larger dose will be given to the next set of patients, and if they experience no adverse effects, a larger dose will be administered to the final set of patients.

All of the patients will be followed for one year. During that time, researchers will administer Sestamibi Scans, in which patients exercise on a treadmill while radiological equipment measures for improved blood flow.

Future phases of the stem cell therapy will test for efficacy on a larger number of patients, and the team also plans to study the effectiveness of umbilical cord blood cells, rather than the person's own bone marrow cells to treat chronic ischemia. Dr. Pompili estimates that the research should yield a commercial product for patients in five to seven years. He adds that the medical research collaboration of UHC and Case that leads to the formation of intellectual property and patents to launch spin-off companies – as well as subsequent clinical trials at UHC – are key to finding effective treatments for patients everywhere.

"Ultimately, this trial represents the technology transfer trifecta that demonstrates how we advance clinical medicine in Cleveland," he says. "This interaction is a big win for everyone." ^{UH}

Christopher Johnston is a contributing writer to Legacy magazine.

Fragile: handle with care

MACDONALD A LEADER IN MANAGING HIGH-RISK PREGNANCIES

By Marcia Meermans Aghajanian

MacDonald Women's Hospital, Ohio's only hospital dedicated exclusively to women, is among the nation's leaders in the care of high-risk pregnancies. In collaboration with Rainbow Babies & Children's Hospital, which has one of the country's top neonatal intensive care units (NICU), the two facilities care for more complex pregnancies and at-risk newborns than any other hospital in Northeast Ohio.

"MacDonald is nationally known for our excellent high-risk pregnancy consultation and diagnostic services, along with our highly qualified and caring staff," says James H. Liu, chairman, Department of Obstetrics and Gynecology.

Over 4,000 babies were born at MacDonald in 2004, more than any other hospital in Northeast Ohio. About 25 percent of the women who delivered had high-risk pregnancies. About 15 percent of the babies delivered at MacDonald require care in the Rainbow NICU, where the survival rate equals the best in the nation for high-risk newborns.

"We're seeing more high-risk mothers largely for two reasons," Dr. Liu explains, "first, we're getting more referrals from throughout University Hospitals Health System and the region; and second, more women are delaying motherhood.

"Women age 35 and older are considered 'advanced maternal age,' which can mean more medical complications, including gestational diabetes, hypertension, and multiple pregnancies."

A pregnancy can also be high-risk if there are fetal complications such as congenital or growth abnormalities, including chromosomal, cardiovascular or other developmental problems.

Maternal-Fetal Medicine team

MacDonald is a satellite site of one of only 14 specialized centers in the nation selected by the National Institute of Child Health and Human Development (NICHD) for membership in

the Maternal-Fetal Medicine Units Network. NICHD supports and conducts research on topics related to the health of children, adults, families, and populations.

Michael Gyves, M.D., is acting chief of the Division of Maternal Fetal Medicine (MFM) at MacDonald. He also directs the Perinatal Diabetes Center. Other MFM physician specialists include Jeff Chapa, M.D.; Nancy Judge, M.D., director, MacDonald Obstetrical Imaging Center; Noam Lazebnik, M.D.; and George Van Buren, M.D. Drs. Chapa and Van Buren also serve as consultants one day each at Mercy Medical Center in Canton, and Dr. Van Buren also consults one day a week at St. John West Shore in Westlake. The team oversees several specialty clinics for high-risk mothers, including:

- The Perinatal Diabetes Center - approximately 6 percent of women develop gestational diabetes during pregnancy.
- MacDonald Obstetrical Imaging Center - which performs over 10,000 ultrasounds annually, using state-of-the-art technology. The Center regularly collaborates with Rainbow's highly rated Pediatric Cardiology Division on fetal anomalies. Two satellite centers at Mercy Medical Center and St. John West Shore perform an additional 1,500 scans. Another imaging site recently opened at UHHS Chagrin Highlands.



James H. Liu, M.D., Chairman,
Department of Obstetrics and Gynecology



The Maternal Fetal Medicine team at MacDonald includes Michael Gyves, M.D.; Jeff Chapa, M.D.; Claudia Plonski, R.N.; Susan Frejofsky, R.N.; George Van Buren, M.D., Nancy Judge, M.D. Not pictured: Noam Lazebnik, M.D.

- Genetic Counseling and Testing – Dr. Chapa and Dr. Lazebnik are both board certified in Genetics. Each collaborates closely with patients and genetics counselors at University Hospitals of Cleveland’s Center for Human Genetics. In 2004, over 300 amniocenteses were performed, which involves sampling the fluid surrounding the fetus in the mother’s womb to check for genetic anomalies, cystic fibrosis, sickle cell and other conditions.

Leslie Cohen, manager of UHC’s Center for Human Genetics, notes: “Age is the #1 reason for genetic testing – women who are 35 years or older at delivery.”

Who else should consider genetic counseling? Any pregnant woman or couple who:

- Has a previous child or relative with a genetic condition or disorder.
- Has had an abnormal maternal serum screen (blood test to determine risk of Down Syndrome) or ultrasound.
- Has been exposed to medications, infectious agents, or environmental factors known to cause birth defects.
- Has had three or more miscarriages.

- Are of an ethnic background in which some genetic conditions are more common.

Avon Lake resident Becky McMahon was 37 and pregnant with her first child when she opted for amniocentesis. “I didn’t put off having children,” she says, “I put off getting married!

“Sure there’s some risk of miscarriage associated with amniocentesis, but it was an easy decision for us,” she says. “The risks associated with potential genetic issues because of my age were greater than the risk of miscarriage. Thankfully, my tests came back normal.” Today, she and husband, Ron, are the proud parents of happy, healthy, 6-month-old Natalie.

“I will be forever thankful to Dr. (Marjorie) Greenfield, my ob-gyn, who came in to deliver Natalie even though she wasn’t on call that weekend,” says Mrs. McMahon.

Mrs. McMahon, by the way, chose MacDonald after consulting her mother, a pediatrician in Toledo, who is past president of the Ohio chapter of the American Academy of Pediatrics. “She called several colleagues and all of them said, “Your daughter has to go to MacDonald Women’s Hospital!”

For more information or to schedule a consultation with a Maternal Fetal Medicine specialist call 216.844.3941.

MOTHERHOOD A REALITY FOR CANCER SURVIVOR

When Julie Hales was diagnosed with cervical cancer at age 25, her doctors advised her to have a hysterectomy. She and husband, Jeff, were only newly engaged then. They couldn't bear the thought of not having their own baby.



PHOTO: KEVIN REEVES

THE HALES

In 1999, most of Mrs. Hales' cervix was removed in two separate procedures to treat her cancer. She was left with a lot of scar tissue and an incompetent cervix that two of her doctors insisted was too weak to carry a pregnancy. The Hales were told adoption was their only option.

Thankfully, Mrs. Hales remained healthy and cancer free. They married in June 1999. When she wasn't pregnant two years later, Mrs. Hales combed the Internet to research fertility specialists and found MacDonald Women's Hospital.

She was referred to Nancy Cossler, M.D., at University Hospitals Westlake Medical and Surgical Center – close to their North Ridgeville home. Mrs. Hales broke down as she shared her emotional journey of cervical cancer and infertility. She recounted that previous doctors told them adoption was their only hope of becoming parents. Dr. Cossler replied, "No - you're far too young. We will figure something out."

Dr. Cossler immediately referred the couple to MacDonald fertility specialist and reproductive endocrinologist Ricardo Loret de Mola, M.D. After extensive testing, surgery to remove scar tissue, and four unsuccessful artificial insemination attempts, they were almost ready to give up. A new clinical trial that provided

free fertility injections changed their fate. Three months later, Mrs. Hales was pregnant.

Eleven weeks into her pregnancy, she was referred to MacDonald Maternal Fetal Medicine specialist Michael Gyves, M.D., for a cerclage – a stitch that closes the cervix and keeps the baby in the womb. At 20 weeks, Mrs. Hales went on bed rest. At 34 weeks, Madelyn was born by Caesarean birth and weighed 5 pounds, 1 ounce. After 11 days at Rainbow Babies & Children's Hospital, because she was born prematurely, Madelyn was strong enough to go home.

A year later, Mrs. Hales was pregnant again – without fertility treatments – a complete and wonderful surprise. She carried her second baby without incident and, at 39 1/2 weeks, Evan, joined the family and went home right away with mom and dad.

These days, the Hales are grateful to be parents, and don't want to miss a moment of their children's development. "When we got involved at MacDonald, we knew right away they cared about us," Mr. Hales says. "This whole experience has given us a better appreciation of having children." *Paula Hennessey*

'DON'T GO ANYWHERE ELSE'

Meena Chandra cries tears of joy every time she drives by University Hospitals of Cleveland.

"We joke that it's post-traumatic stress," Mrs. Chandra says. "I just realize how lucky I am. I had the best doctor in the world and the best nurses in the world."



photo courtesy of THE CHANDRA FAMILY

THE CHANDRAS

In February 2004, Mrs. Chandra gave birth to triplets at MacDonald Women's Hospital. The boys are now 22 months and doing great – but their 34.5 weeks in utero was anything but easy.

After several years of infertility, and two failed in vitro fertilization attempts, Mrs. Chandra became pregnant in July 2003 at age 36. She and husband, Subodh, interviewed two high-risk specialists "who are both legends in this town," and chose Nancy Judge, M.D., at MacDonald. "She's brilliant – really hard-working and committed to her patients," Mrs. Chandra says. "She's the Yoda of High-Risk Obstetrics," adds Mr. Chandra with a smile. "She can explain the science and the art of medicine as much as you want or need. It was very empowering to us as patients."

Nineteen weeks into her pregnancy, Mrs. Chandra was already so large that her uterus started to give out. "I went into labor, but the staff at MacDonald was able to stop it using intravenous drugs," she recalls. "If my triplets had been born then, none would have survived."

At about 22 weeks, a routine ultrasound showed that Mrs. Chandra was already dilating. She was immediately admitted to MacDonald 6 – the high-risk obstetrical inpatient unit. She remained there on

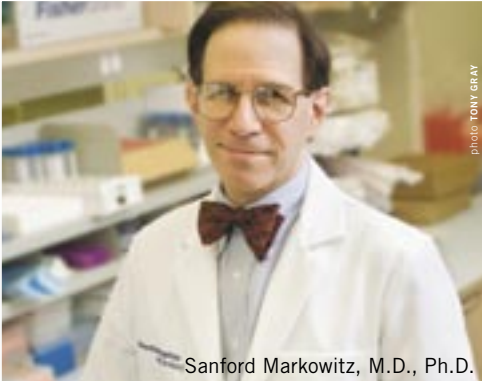
strict bed rest until she delivered . . . 87 days later. She holds the all-time record for bed rest at MacDonald Women's Hospital. "I had only the clothes on my back. Subodh returned home to get a toothbrush and reading material. At various times, I was in the Trendelenburg position, which means my bed was tilted so my head was lower than my legs and feet."

"Patients like Meena are what we're all about," says Robyn J. Harvey, clinical manager, High-Risk Obstetrics and MacDonald Obstetrical Imaging Center. "To incubate those babies as she did is truly phenomenal. It speaks volumes about the spirit of the mother."

Mrs. Chandra went into premature labor three more times before the children were born. "I remember the fear that I was going to lose these kids, but I also remember feeling protected," she says.

"The men and women who work at MacDonald were incredibly attentive. I went to work every day knowing my wife was in excellent hands," Mr. Chandra adds. "In fact, not only would I tell anybody in a high-risk pregnancy to go to MacDonald, I would grab them by the shoulders, shake them and say, 'Don't go anywhere else!'" *Marcia Aghajanian UH*

Advances



Sanford Markowitz, M.D., Ph.D.

American Medical Association, researchers at Rainbow Babies & Children's Hospital found that children born at extremely low birth-weight are significantly more likely to have chronic health problems and functional and educational limitations than children born within the normal range of birth weights.

Rainbow neonatologist Maureen Hack, M.D., and her research team examined health outcomes of 219 extremely low-birth-weight children compared with 176 normal-birth-weight children.

Ireland researchers identify new colon cancer gene marker Researchers at the Ireland Cancer Center have identified a new DNA gene marker that is three times more effective in detecting colon cancer than the standard office test, a recent study showed.

Sanford Markowitz, M.D., Ph.D., was lead author of the study, published in the Journal of the National Cancer Institute. Through use of the new marker, vimentin, researchers were able to detect colon cancer in 46 percent of patients studied, compared with 15 percent for the standard test. The vimentin marker was also very effective in identifying colon cancer in early stages, when the disease is most curable.



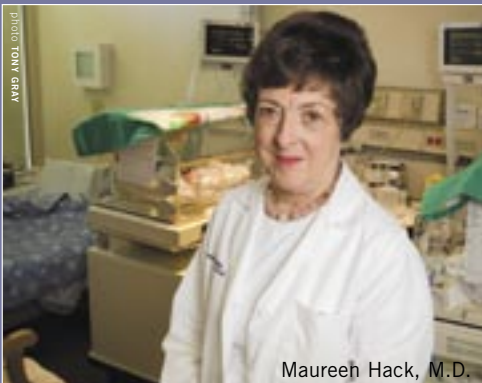
One-Drug Therapy Works for Bipolar Disorder For the first time, researchers have demonstrated that a single drug therapy, the antipsychotic drug, Seroquel, may be effective in treating both the manic and depressive phases of bipolar disorder. Published in the American Journal of Psychiatry, the study was led by Joseph R. Calabrese, M.D., director of the National Institute of Mental Health (NIMH) Bipolar Research Center at University Hospitals of Cleveland (UHC) and Case Western Reserve University School of Medicine (Case). Bipolar disorder affects approximately 8 million Americans who have relied on a combination of drugs with limited success.

UHC's "SMART" IV pump enhances patient safety UHC now uses a new generation of intravenous (IV) machines that feature innovative software for infusing medications while monitoring patients. This new technology by Alaris Medical Inc., called the SMART IV Medication Safety System, reduces the chance of human error, according to Ronald Dziedzicki, R.N., senior vice president and chief nursing officer.

"It's an extraordinary leap forward in nursing that many more hospitals nationwide are likely to take advantage of in the interest of patient care," he says.

Pomegranate can slow cartilage deterioration in osteoarthritis Pomegranate extracts can block enzymes that contribute to osteoarthritis, according to a nationally acclaimed study led by Tariq M. Haqqi, Ph.D., professor of medicine at UHC and Case.

Dr. Haqqi and his team looked at the ability of pomegranate extract to work against a protein molecule that plays a key role in cartilage degradation in osteoarthritis. Current treatments for osteoarthritis, which affects 20 million people nationwide, offer limited effectiveness and do little to slow joint destruction and disease progression.



Maureen Hack, M.D.

Rainbow study: low-birth-weight babies have significant long-term needs In a study published in the Journal of the

Visit our new Web site to read more Advances www.giving.uhhs.com

New program inspires planned gifts

UHHS Institutional Relations and Development has kicked off a new planned giving program to inspire estate or other planned gifts to the health system.

The program includes the Diamond Legacy Society (previously known as Legacy Society), which recognizes and thanks individuals or couples who have made a planned gift to UHHS. It also includes the Diamond Advisory Group (previously the Estate Advisory Council), which consists of professionals in law, finance, insurance and real estate, who serve as advisors to the program.

A new newsletter, *Diamond*, was mailed to patients and friends of UHHS in November and is available throughout the health system. "Each issue of *Diamond* will feature inspirational stories of our Diamond Legacy Society members," notes Sherri L. Bishop, Esq., senior vice president, Institutional Relations and Development. "We will also provide important information on financial and estate planning opportunities that can help you achieve your financial *and* philanthropic goals."

An informative and interactive planned giving Web site features ways to give wisely, goals and benefits, donor stories, and a gift calculator to learn how to generate income and receive tax benefits from a planned gift. Visit our Web site at giving.uhhs.com.

In addition, radio and print ads featuring Diamond Legacy members ran on WCLV and in several regional publications and theater programs.

Diamond Legacy Society – a generosity of spirit, shining for generations.

My life was saved

at University Hospitals Ireland Cancer Center.
If I had been in any other hospital, and had any other physician, I would not be alive today.

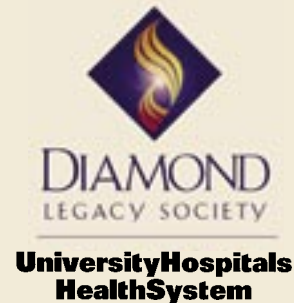
DONALD J. GOODMAN, D.M.D.



IN HONOR OF THEIR PLANNED GIFT TO IRELAND CANCER CENTER, DR. DON GOODMAN AND RUTH WEBER GOODMAN ARE RECOGNIZED AS DISTINGUISHED MEMBERS OF OUR NEW DIAMOND LEGACY SOCIETY.

We are pleased to introduce **Diamond Legacy Society** celebrating individuals who have made planned gifts to University Hospitals Health System.

Our new team of Planned Giving professionals welcomes the opportunity to work with you and your advisors to help achieve your financial and philanthropic goals. Please visit us at giving.uhhs.com or call 216.983.2200.



A generosity of spirit, shining for generations

The Philanthropic Spirit

Addiction Recovery Services receives anonymous gift of \$1 million

An anonymous \$1 million donation to the newly-founded Addiction Recovery Services (ARS) program at University Hospitals of Cleveland promises to further strengthen the outpatient clinical service for adults struggling with chemical dependency. A program of the

Department of Psychiatry, ARS integrates proven research with traditional principles of recovery to address patient problems and promote healing.

“University Hospitals Health System is committed to developing a strong clinical and research-based program in addiction psychiatry and this significant gift will help us continue to propel the program’s growth,” says Margaret Kotz, D.O., medical director of ARS. The gift will support community awareness initiatives as well as plans to establish complementary programs with the arts and meditative practices, she explains.

ARS services include chemical dependency evaluation, ambulatory detoxification, partial (day) hospitalization program, an intensive outpatient program, individual counseling, group therapy, medical consultation, patient and family education, special relapse prevention services and aftercare.

Lifeline for a rural community: UHHS GENEVA DEDICATES NEW EMERGENCY ROOM

In October, University Hospitals Health System Memorial Hospital of Geneva celebrated a successful, \$600,000 fundraising campaign and its gleaming result: a new emergency room. Thanks to the generosity of scores of supporters, UHHS Geneva transformed its ER from an 1,800-square-foot facility with six beds separated only by curtains, to an 8,000-square-foot facility with 12 private rooms.

Without UHHS Geneva, residents of surrounding communities would have to travel 20–30 miles to the closest emergency room. Recognizing the lifesaving role of Geneva’s ER, supporters gave generously. Leadership gifts came from Ronald W. and Tracy Clutter, Craig A. and Polly K. Parker, Steve and Geronima A. Mallick, M.D., Willard A. and Kay E. Raymond, and the estate of Ruth S. Cowdery.

Laurie Delgado, president of UHHS Memorial Hospital of Geneva, with guests Marylou Cheney, Ron Clutter, Tracy Clutter, Jeannette Coy and William Coy.



PHOTO: YASUKI PHOTOGRAPHY



2005 Brian & Joe Rainbow Radiothon tops \$400,000 in pledges for Rainbow



Brian Fowler, WMVX; Dr. Av Fanaroff, chair of pediatrics and chief medical officer of Rainbow; Meri Armour, UHC senior vice president and general manager, Women's, Children's and Cancer Services; and Joe Cronauer, WMVX celebrate at the 2005 Rainbow Radiothon. *Additional photos and patient stories from the 2005 radiothon are posted in the Special Events section of giving.uhhs.com.*

Stories of the compassionate and expert medical care provided by Rainbow Babies & Children's Hospital inspired nearly 1,700 listeners to contribute more than \$402,345 in August to the third annual Brian & Joe Rainbow Radiothon on Mix 106.5 WMVX.

Radio personalities Brian Fowler and Joe Cronauer broadcast the experiences of more than 30 patients and families over the course of 32 hours of programming that was often touching, always uplifting, and clearly moving. Listeners responded generously, keeping some 275 phone bank volunteers busy responding to phoned-in pledges of support. Most of the volunteers are employees at local companies that sponsor the Children's Miracle Network, an alliance of 170 premier children's hospitals in North America, including Rainbow.

Prior to the broadcast – to prime the pump for Radiothon – hundreds of Northeast Ohioans collected more than \$60,000 in spare change as part of the 2005 Change Gang drive.

Corporate sponsors for the 2005 radiothon included Foresters, Tops Friendly Markets, Signature at Avalon, LifeShare Community Blood Services and Steris Corporation.

A beautiful August day on the links at Kirtland Country Club raised over \$170,000 for Rainbow Babies & Children's Hospital when the twenty-second annual Rainbow Golf Classic set a new record.

Guest speaker for the sold-out event was K.C. Bryan White, lacrosse, basketball and field hockey coach at Hathaway Brown, who told golfers how Rainbow helped her overcome cystic fibrosis and lead a productive and full life.

Event co-chairs were Rainbow Foundation members Eva Zunic and Joanne Glick while Stephen J. Knoop, of RPM International, Inc., served as Corporate Chair. Tim White, co-anchor of WKYC Channel 3 News, was celebrity spokesman and emcee. In a live "feed" to the Channel 3 news bureau, Mr. White interviewed Mrs. White (no relation), Avroy A. Fanaroff, M.D., chair of pediatrics and chief medical officer of Rainbow, and Thomas F. Zenty III, president and chief executive officer of University Hospitals Health System, about Rainbow's contributions to pediatric health.

RAINBOW GOLF CLASSIC HITS NEW HIGH



WKYC's Tim White joins Frank Sullivan, Steve Knoop, and Ron Rice from RPM International, Inc., and Nationwide Tour golf pro Ryan Armour at Kirtland Country Club. *Additional photos of the 2005 Golf Classic are posted in the Special Events section of giving.uhhs.com.*



NATIONAL LEADERSHIP COUNCILS LAUNCHED FOR IRELAND, RAINBOW

Ireland Cancer Center and Rainbow Babies & Children's Hospital have established national councils of leaders who will advocate for the advancement of these Centers of Excellence.

The Rainbow Babies & Children's Hospital National Leadership Council held its inaugural meetings in September. More than 40 visionary leaders toured Rainbow and learned about its pioneering role in pediatric medicine and its ranking as one of the nation's top children's hospitals. They serve as leaders to further advance fundraising efforts, research and education, visibility, reputation and exceptional patient care. They will play an important role in shaping Rainbow's future as the nation's #1 provider of children's healthcare. Michael Feuer, chief executive officer of Max-Ventures LLC and a member of the University Hospitals of Cleveland Board of Directors, chairs the Rainbow National Leadership Council.



photo: WETZLER STUDIO

Members of the National Cancer Leadership Council for Ireland Cancer Center include Robert Hurwitz and Pat Redford at a July inaugural gathering.

A dynamic group of over 125 community leaders converged for two days in July for the inaugural gatherings of Ireland Cancer Center's National Cancer Leadership Council. The meetings focused on building momentum and educating this core group of volunteer leaders about the cancer center's strengths, its challenges and the goal of elevating Ireland to national standing among the top five cancer centers.

The National Cancer Leadership Council is chaired by Sheldon G. Adelman, chairman of Adelman Capital LLC, member of the University Hospitals Health System Board of Directors and co-chair of its Development Committee. Among those in attendance at the second July meeting were Frank E. Samuel, Jr., science and technology advisor to Ohio Governor Bob Taft, and state Senate President Bill Harris (R-Ashland).

The establishment of both national leadership councils is a direct result of Vision 2010, the UHHS five-year strategic plan.



photo: DAN MILLER

Rainbow National Leadership Council member Chris Hyland and his wife, Michelle, attended kick-off events in September.

The establishment of both national leadership councils is a direct result of VISION 2010, the UHHS five-year strategic plan.



PHILANTHROPY AWARD HONORS CAROLE AND DAVID CARR

Nearly 400 friends of University Hospitals Health System turned out for the annual Samuel Mather Award event in October to celebrate excellence at UHHS and to honor Carole A. and David D. Carr, longtime supporters of University Hospitals.

The Samuel Mather Award, named for one of University Hospitals' earliest supporters, was established to honor the exceptional generosity and civic vision of benefactors who have had a lasting and profound impact on University Hospitals.

For 18 years, Mrs. Carr has been the tireless volunteer leader of Five Star Sensation, the biennial benefit that has raised more than \$8 million since 1987 for Ireland Cancer Center. Mr. Carr has supported Five Star with philanthropic gifts and the office infrastructure needed to turn the couple's home into the bustling headquarters for this event. In addition to their work on Five Star, the Carrs' more than two-decade philanthropic commitment to University Hospitals has included generous gifts to Ireland Cancer Center and Mrs. Carr's participation on the Rainbow Babies & Children's Hospital National Leadership Council.

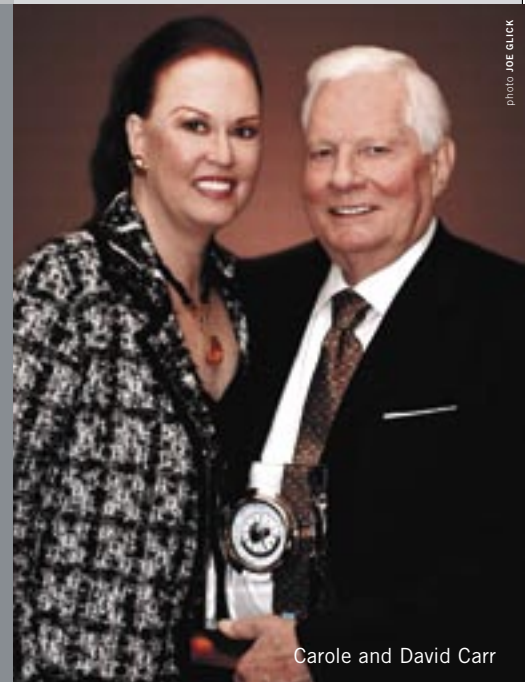


Photo: JOE GLICK

Carole and David Carr

TREMONT RESTAURANT SELLS OUT
GOURMET BENEFIT FOR IRELAND CANCER CENTER



A restaurant in Cleveland's Tremont neighborhood raised more than \$10,000 for Ireland Cancer Center when it sold out its June 2005 benefit dinner featuring a gourmet, six-course meal.

Rocco Whalen, chef and owner of Fahrenheit, together with his business partners, Kelly Repas and Kim Adams, organized the fundraiser in memory of Mr. Whalen's mother, Rose Whalen, a former patient at Ireland Cancer Center who died in February 2005. Mrs. Whalen participated in clinical trials during her treatment and her son requested that proceeds from the event support clinical trials for women's cancers.

"My hope now is to do all I can in my lifetime to help find new treatments, maybe even a cure," Chef Whalen told his guests. He plans to hold this event every year on his mother's birthday, June 27. More than a dozen local restaurants and vendors contributed to the benefit.

A Stellar Evening at UHHS GEAGA

UHHS Geauga Regional Hospital held its annual Starlight Celebration fundraiser in conjunction with the hospital's Women's Auxiliary in early December. The event has generated about \$20,000 in recent years.

Prior to the event, donors purchased a star bearing their name, and their honoree, for display on a holiday tree in the main hospital lobby. Donors could also sponsor an ornament for a special military holiday tree to honor those on active duty. Pre-paid telephone cards were sent to each celebrated member of the military to use during the holidays.

The Starlight Celebration signifies the beginning of the holiday season, as the grounds of UHHS Geauga Regional Hospital sparkle with twinkling lights. The lights are a tribute to loved ones, and are purchased by businesses, community leaders, and friends of the Hospital, as part of the fundraising initiative designed to enhance hospital services.



RICHARD GRANT, M.D., APPOINTED FIRST JACKSON CHAIR HOLDER

Richard E. Grant, M.D. has been named University Hospitals of Cleveland's first Edgar B. Jackson, Jr., M.D. Chair. A nationally recognized orthopaedic surgeon, Dr. Grant joins UHC from Howard University College of Medicine in Washington, D.C., where he was chairman of the Department of Orthopaedic Surgery for 13 years. He is the first African-American orthopaedic surgeon to join the full-time faculty of University Hospitals of Cleveland, and will hold an academic position at Case Western Reserve University School of Medicine.

Dr. Grant served as president of the American Board of Orthopaedic Surgery from 2002-2003, and currently is the senior director of the Board. He is also a member of the Accreditation Council for Graduate Medical Education Residency Review Committee for orthopaedic surgery and was recently appointed to the diversity committee of the American Academy of Orthopaedic Surgery. Dr. Grant has been a visiting professor at several major medical schools throughout the country. He has authored scientific papers and book chapters, and has presented his scientific research at local, regional and national meetings.

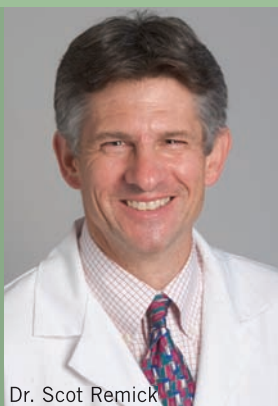
Established by the UHC Board of Trustees in 2000 and funded through philanthropy, the Jackson Chair promotes and ensures diversity among future medical leaders. Its namesake, Dr. Jackson, retired as Chief of Staff at UHC and serves as Special Advisor to the President. Dr. Jackson has been dedicated, throughout his career, to encouraging minority students to pursue medicine.



photo: TOM FOREST

Dr. Richard E. Grant

CANCER RESEARCHER SCOT C. REMICK APPOINTED TO COLEMAN CHAIR



Dr. Scot Remick

Following a national search, Scot C. Remick, M.D., director of Developmental Therapeutics at the Ireland Cancer Center of University Hospitals of Cleveland and the Case Comprehensive Cancer Center, has been named the first incumbent to the Dr. Lester E. Coleman, Jr. Chair in Cancer Research and Therapeutics. The Coleman chair was established in memory of Lester E. Coleman, Ph.D., former chairman and chief executive officer of the Lubrizol Corporation, who chose to participate in clinical trials in his battle against lung cancer.

Dr. Remick, who is also professor of medicine at Case Western Reserve University School of Medicine, is a pre-eminent cancer researcher working at the cutting edge of drug development for difficult-to-treat cancers and AIDS malignancies. Dr. Remick's research focuses on the clinical development of new cancer treatments, such as angiogenesis inhibitors. In addition, he is leading an emerging international collaboration with investigators in Africa in AIDS-related malignancies.



MERCY MEDICAL CENTER RAISES \$275,000 FOR NEW ICU

Mercy Medical Center in Canton celebrated its successes and toasted its supporters in October with a Harvest Ball that raised \$275,000 for a new Intensive Care Unit (ICU). Mercy is owned by the Sisters of Charity of St. Augustine Health System and University Hospitals Health System.

Plans are well under way for a \$12 million ICU to replace Mercy's current facility, which is nearly 25 years old. The new facility will be more family-focused and will accommodate multidisciplinary care teams.

The event was organized by The Mercy Service League and sponsored by The Hoover Foundation. Stephen A. Perry, former chairman of Mercy's board of directors, served as honorary chair.

Thomas Cecconi, Mercy Medical Center president and CEO, with his wife Kimberly; Dr. Gerald Klimo and his wife, Carole; and Linda Gill, Mercy Service League president, with her husband, Michael Gill, Mercy Board of Directors. Carole Klimo and Linda Gill co-chaired this very successful event.



photo CRAIG JAMES



CIRCLE OF FRIENDS CELEBRATES BANNER WEEK

Rainbow Babies & Children's Hospital

Six events across Northeast Ohio spanning as many days in the fall raised nearly \$70,000 for Rainbow Babies & Children's Hospital.

- 1 The Cleveland Miniaturia Society held a workshop and raffled off a replica of a Euclid Avenue mansion to raise \$2,500.
- 2 A spaghetti dinner at American Legion Post 600 in Madison raised \$3,000 when "the entire town turned out for Rainbow," according to Sharon Klonowski, Circle of Friends director.
- 3 The Chagrin Valley Trails Circle of Friends raised \$8,600 from its community-wide garage sale in Bentleyville.
- 4 Racers and fans at Thompson Drag Raceway collected over \$17,000 from proceeds at the door, concession stand tips and a bake sale.
- 5 Cool Nights, Hot Jazz which featured Ernie Krivda and His Swing City Band at the Bratenahl home of Terry and Sally Stewart, netted \$25,000.
- 6 Comics for Kids at Hilarities 4th Street Theatre raised \$10,000.



photo MATE ROBINS

Terry Stewart, Sharon Klonowski and Dinah Kolesar, Rainbow Trustee.

reflections

A time for integration and transformation



Achilles A. Demetriou, M.D., Ph.D., joined University Hospitals Health System (UHHS) in October from Cedars-Sinai Medical Center in Los Angeles. He assumed a new senior leadership position for the System – executive vice president and chief operating officer. Dr. Demetriou will work closely with physicians, our communities, representatives from Case Western Reserve University and our entire leadership team to make our vision of UHHS in 2010 a reality, said Thomas F. Zenty III, UHHS president and chief executive officer. In early November, Dr. Demetriou met with *Legacy* and talked about UHHS, University Hospitals of Cleveland (UHC), their future, and his new role.

Q What is your charge here as the first executive vice president and chief operating officer at UHHS?

A First, I will work with the administrative and physician/medical staff leadership to help transform UHC into a tertiary, quaternary, destination specialty hospital. I see my job more as a facilitator to help them execute their vision, which they've already articulated.

UHC, through its association with Case, has a long tradition of community service, academic excellence, and commitment to physician, nursing and other medical personnel education. We need to take advantage of that tradition and the high esteem of the community toward UHC.

We plan to transform and build on existing strengths at UHC to make it a compelling destination for people with serious illnesses that require a multidisciplinary approach to treatment. There's tremendous quality here at the medical center, which is almost like a well-kept secret. We need to publicize our successes and inform people of the depth and talent that we have, and build on that as we develop major destination programs.

The second aspect of my role is to strengthen our System. Health systems in the United States were built on the assumption that the primary role of community hospitals was to send cases to the main medical center. That concept is not working in general across the country because it has not taken into account one

fundamental concept: Patients do not want to travel long distances for routine healthcare – especially when they can get excellent care in their community.

UHC should be a resource for its community hospitals. We need to strengthen our community hospital network, invest in our community hospitals, and invest in building our community outpatient facilities. For complex issues, patients should be referred to UHC as it evolves into a more-specialized, higher-acuity facility.

The third part of my new role is to develop better integration and infrastructure, which needs to be driven by a high-tech information technology (IT) network. I envision an IT network that allows patients to move seamlessly through the System. We actually have quite a sophisticated system in place, so it's not like we're starting from scratch. But we will have to invest in expanding our infrastructure and updating it, because that's a key element for integration. When patients come to a UHHS facility, they need to feel that every facility looks the same – that the processes we use, the high quality and standards are all the same. Along the same lines, we need a more interactive patient portal, where patients can access their records and physicians; be able to communicate by e-mail with their healthcare providers; have questions answered; have access to databases that give objective, screened information about disease management; be able to manage bills online. Nothing will integrate us more than putting that strategy in place.

Q How long before we see these changes?

A I hope there will be measurable, visible signs of transformation within a year. I expect once we can show progress, these processes will accelerate and within two to three years, I'm hoping we'll have most of what I just outlined in place. I think also if we want to stay competitive in a very competitive environment, there has to be a sense of urgency to allow us to accelerate the process.

Q How will you be involved in philanthropy for UHHS?

A It's important for me to be able to outline our vision with individuals who are willing to commit significant funds to support our mission. I will explain where we see major needs and priorities so UHHS will be better able to serve the community over the next 10 to 20 years.

Q What was particularly appealing to you about the opportunity here?

A The primary reason I was willing to come here is because I believe this will work – we've done it before at Cedars-Sinai. Working with Tom Zenty and (UHC President and Chief Executive Officer) Dr. Fred Rothstein, the department chairs and other leadership, we can do the right thing for the community, the right thing for our patients and the institution, while at the same time develop a more vibrant, financially healthy organization so that we can generate the funds and capital we need to invest and help it grow. **UH**



Members of the Rainbow National Leadership Council donned surgical jumpsuits to tour Rainbow Babies & Children's Hospital.

See story on page 28

LEGACY MAGAZINE

University Hospitals Health System
Institutional Relations and Development
11100 Euclid Avenue
Cleveland, Ohio 44106-5000

PRSR STD
US POSTAGE
PAID
CLEVELAND, OH
PERMIT NO 412