

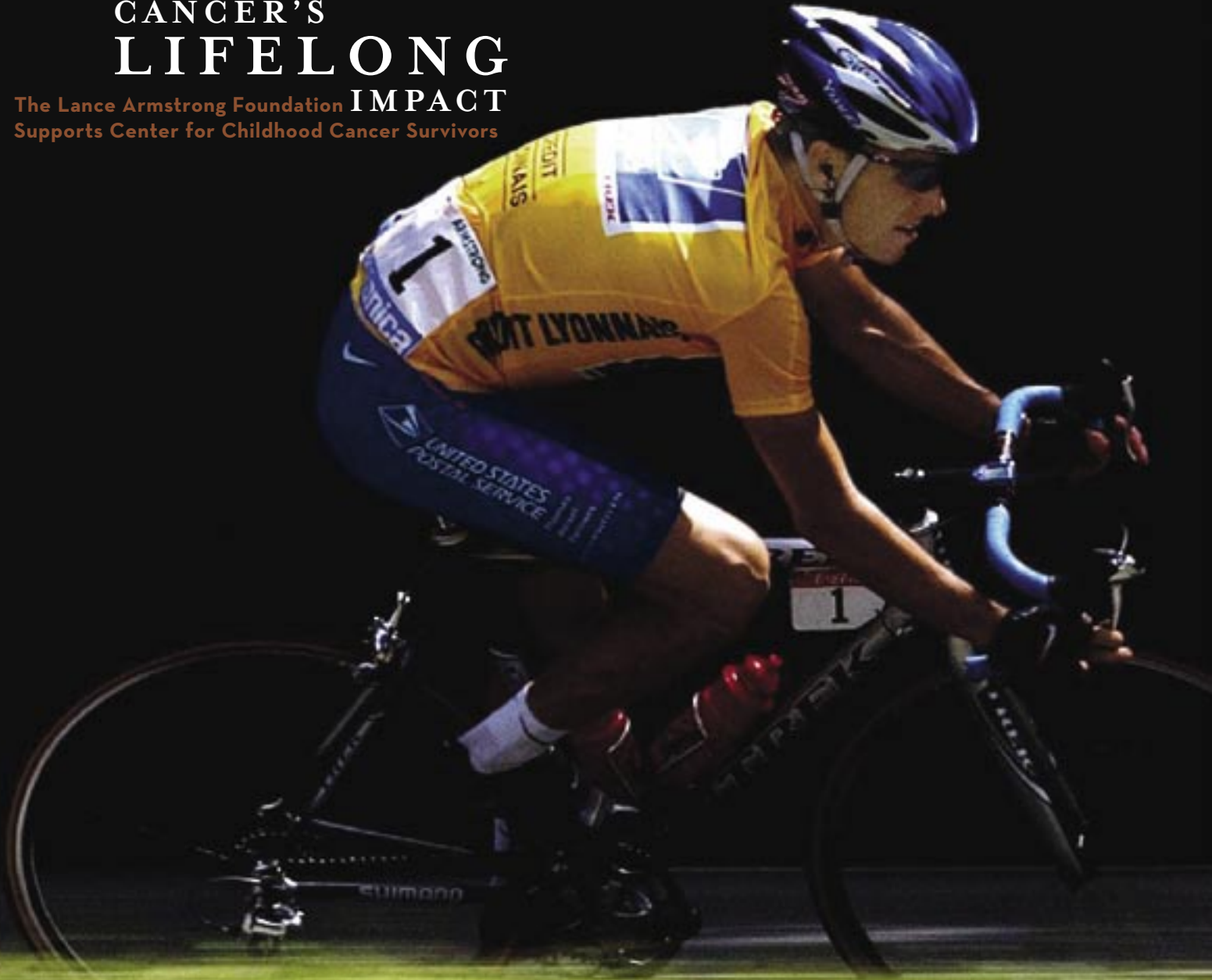
FALL 2004 / WINTER 2005

LEGACY

ACHIEVEMENTS IN HEALTHCARE, MEDICAL SCIENCE, AND PHILANTHROPY


CANCER'S LIFELONG

The Lance Armstrong Foundation **IMPACT**
Supports Center for Childhood Cancer Survivors



**UniversityHospitals
HealthSystem**

University Hospitals
of Cleveland

A photograph of a woman and a child looking out at the ocean. The woman is in the foreground, looking towards the right. The child is behind her, also looking right. The background is a bright, clear sky over the ocean.

“Provision for others is a fundamental responsibility of human life.” WOODROW WILSON

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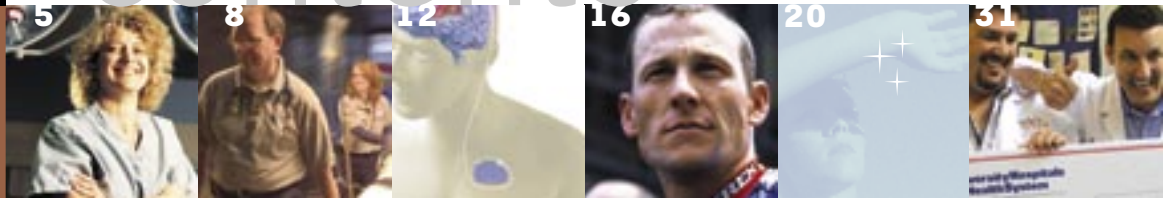
LEGACY

University Hospitals of Cleveland

Volume 12, Number 2

FALL 2004 / WINTER 2005

contents



Thomas F. Zenty III

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on the cover **LANCE ARMSTRONG**
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Departments

- 2 From the President and Chief Executive Officer
The Health System and Employer of Choice
- 3 Mail Call
- 4 Highlights
- 24 Advances
- 26 The Philanthropic Spirit
- 33 Reflections
Rx for Overloaded
Emergency Facilities

Features

- 8 Emergency Medicine: A Focus on Community
Easing overcrowded emergency departments, and ensuring
that all who seek care are treated promptly, are vital
concerns throughout University Hospitals Health System.
Three UHHS community hospitals are expanding to
redefine emergency medicine in Northeast Ohio.
- 12 Deep Brain Stimulation Offers Hope for
Movement Disorder Patients
Much like a pacemaker maintains cardiac rhythm,
Deep Brain Stimulation (DBS) uses electrical stimulation
to correct a portion of the brain that is misbehaving in
movement disorder patients.
- 16 Center for Youngest Cancer Survivors
Another Rainbow First
With support from the Lance Armstrong Foundation,
Rainbow Babies & Children's Hospital is creating a
Center for the Survivors of Childhood Cancer. The
Center will be the first of its kind in the nation.
- 20 Dermatologists Shine New Light on Skin Health
Human skin has a love-hate relationship with light.
Researchers in the Department of Dermatology at
University Hospitals of Cleveland explore both
the bright side and the dark side of the complex
relationship between skin and light.

a message

from Thomas F. Zenty III

President and Chief Executive Officer, University Hospitals Health System



In 2004, University Hospitals Health System made tremendous strides toward becoming the health system of choice and the employer of choice in Northern Ohio. We will continue to build momentum as we enter 2005.

Health System of Choice By several measures – including the growing number of patients and outpatient visits to UHHS hospitals, and our positive financial performance – patients increasingly choose UHHS for their primary, specialty, emergency, surgical, rehabilitative, and home-health care. To support this growing patient-base, we are enhancing facilities and services throughout UHHS. For example:

- UHHS Bedford Medical Center, UHHS Memorial Hospital of Geneva, and UHHS Geauga Regional Hospital are all upgrading their emergency departments (see related story on page 8).
- UHHS Richmond Heights Hospital opened a new MRI center.
- UHHS Brown Memorial now has the expertise and technology to offer knee-replacement surgeries.

Further evidence of the quality of care at University Hospitals came in the form of continued excellence ratings, again this year, from *U.S. News & World Report*, which ranked University Hospitals of Cleveland among America's best in 13 of 17 clinical areas (see related story on page 4).

Employer of Choice University Hospitals Health System received the Employers Resource Council 2004 "North Coast 99 Award," which recognizes the region's best places to work

and the employers with the best organizational practices. UHHS also received a 2004 "Psychologically Healthy Workplace Award" from the Ohio Psychological Association. I am pleased to note that both awards are for our entire health system.

Favorable Outlook To continue to fulfill our mission and support our goals, it is vital that we maintain our focus on quality and financial performance. I am happy to report that both UHHS and UHC are profitable in fiscal year 2004.

A Philanthropic Future Philanthropy underlies all of these achievements, because the generosity of loyal friends allows University Hospitals to maintain the excellence that makes us the health system of choice for so many. To build upon our strong tradition of philanthropy and to underscore our health system focus, a new UHHS Development Committee was created. The committee is co-chaired by Sheldon G. Adelman and George M. Humphrey, II, and includes members from both the UHHS and UHC Boards of Directors. In addition, Sherri L. Bishop, Esq., joined University Hospitals' leadership in October as UHHS Senior Vice President for Institutional Relations and Development. As we embark on ambitious initiatives to enhance and expand clinical facilities and programs, the Development Committee, physicians, and Sherri and her staff, will leverage our successes to generate enthusiasm and meaningful support from the many loyal, long-time patients and friends of University Hospitals. Thank you for your continued support. **UH**

mail call



Ruth and Don Goodman "on top of the world."

TO THE EDITOR:

In late November (2003) . . . I came across an article in University Hospitals' *Legacy* magazine about Dr. Donald Goodman and his miraculous recovery under the care of Dr. Mary Laughlin with the use of Mylotarg and (non-embryonic) stem cells.

About a week later, we heard from some dear and close friends in Austin, Texas, that their 19-year-old daughter, Lynn, was just diagnosed with leukemia. (The names have been changed to respect their privacy). I remembered the article about Dr. Goodman, found it on the Internet, and forwarded it to my friend, John, Lynn's father.

Initially, things did not go well for Lynn — she was getting progressively worse, and was ultimately diagnosed with resistant myeloid leukemia . . . John sent me an email concerning her condition:

Dear Ben, Thanks for the initial info on Mylotarg . . . I asked about it up front when discussing Lynn's initial treatment with her oncologist . . . After moderate discussion between the transplant doctor . . . and myself, Lynn has been approved to receive Mylotarg, if needed, after her transplant, assuming the transplant takes . . .

To make a long story short, a miracle occurred in Lynn's treatment and the transplant and Mylotarg worked . . . Lynn is now symptom free and in complete remission . . . She and her family are just so overjoyed . . . words can't adequately describe how it feels to have life, when it hung so precariously in the balance just a relatively short time ago, especially with such a young girl.

Thank you, Dr. Goodman, for sharing your story in *Legacy* magazine. Thank you for your and your wife's tremendous generosity, which will help continue to save lives of many others far, far into the future.

Benjamin Sley
Hudson, Ohio

Address your comments about *Legacy* magazine or topics therein to:

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Letters selected to appear may be edited for brevity.

UHC RANKED AMONG NATION'S BEST BY U.S. NEWS & WORLD REPORT



U.S. News & World Report ranked University Hospitals of Cleveland among America's best for 13 of 17 clinical areas rated in its annual review of the nation's hospitals. Out of more than 6,000 hospitals in America:

- Rainbow Babies & Children's Hospital, again, ranks #1 in the Midwest, and #6 among all pediatric programs in the nation.
- University Hospitals Ireland Cancer Center, again, ranks #1 in Ohio, and is #17 among all cancer programs in America.

• In addition, UHC's clinical programs were ranked among America's 50 best in: Digestive Disorders; Ear, Nose & Throat; Geriatrics; Gynecology (including obstetrics, reproductive health, and women's health centers); Heart & Heart Surgery; Hormonal Disorders; Neurology & Neurosurgery; Orthopaedics; Psychiatry; Respiratory Disorders; and Urology.

Also included on the list of top hospitals is University Hospitals Health System partner Southwest General Health Center for Respiratory Care.

STANTON L. GERSON, M.D., IS NEW IRELAND CANCER CENTER CHIEF

Stanton L. Gerson, M.D., has been appointed director of University Hospitals Ireland Cancer Center. He replaces James K.V. Willson, M.D., who stepped down in August to assume a position as director of the Simmons Comprehensive Cancer Center at the University of Texas Southwestern Medical Center in Dallas.

Dr. Gerson is a nationally respected physician and scientist, who, in the last year, also was appointed director of the new Center for Stem Cell and Regenerative Medicine, a collaboration among University Hospitals, Case Western Reserve University, The Cleveland Clinic, Athersys, Inc., and other research partners.

Dr. Gerson has been awarded multiple grants from the National Institutes of Health, especially for his non-embryonic, stem cell research; has authored more than 170 publications, 190 abstracts, 20 book chapters; is co-editor of two textbooks; and has earned seven patents in stem cell and drug discovery.

"We are fortunate to have a physician-scientist of Dr. Gerson's caliber on our faculty, and, in light of his achievements with the cancer center, and as director of the Center for Stem Cell and Regenerative Medicine, he was a natural

choice for this position," says Fred C. Rothstein, M.D., president and chief executive officer, University Hospitals of Cleveland.



PHOTO BY RUSSELL LEE

NEWEST UHHS FACILITY OPENS IN CHESTERLAND

The newest addition to University Hospitals Health System, the UHHS Chesterland Health Center, opened in May at 8055 Mayfield Road in Chesterland. The 10,800-square-foot facility offers primary care, obstetrics-gynecology, pediatrics, urgent care, laboratory, radiology, and rehabilitation services to residents of Geauga County and eastern Cuyahoga County.

The UHHS Chesterland Health Center will serve as a gateway to University Hospitals of Cleveland and UHHS Geauga Regional Hospital. The facility's official opening was celebrated with a community open house in June.

UHC/Case win multiple, competitive, NIH research grants

UHC, in partnership with Case, is the largest biomedical research center in Ohio. In 2003, research funding from the National Institutes of Health totaled \$203.5 million. Twelve clinical departments at UHC and Case ranked among the top 25 in the nation in total value of NIH grants. That support continues this year in orthopaedics, dermatology, pediatrics, and many other departments. Recent NIH grants include:

- Transplant Research – UHC, Case, and The Cleveland Clinic will share a five-year, \$10 million grant from the National Institute of Allergy and Infectious Diseases, one of the National Institutes of Health, to study ways to improve outcomes for patients receiving heart and kidney transplants.
- AIDS Research – Case/UHC Center for AIDS Research received a five-year, \$8 million grant from the National Institutes of Health, providing a 39 percent increase in funding over the Center's previous NIH award.
- Vision Research – The National Eye Institute has awarded two, five-year grants, totaling \$1.66 million, to the Department of Ophthalmology at UHC and Case. A \$765,000 grant will create the Vision Research Coordinating Center, which will serve as the primary site for national clinical trials and therapies on an array of eye diseases, including Fuchs' Dystrophy, a blinding corneal disease. A second grant, for

\$899,399, will fund a study to improve the safety of continuous-wear contact lenses, and support a clinician-scientist's training in clinical research methods, culminating in a Ph.D. in Epidemiology at Case.

- Neuro Disorders in Newborns – Shenandoah "Dody" Robinson, M.D., (at left) surgical director of Rainbow's Pediatric Epilepsy Center, has received a five-year, \$705,240 Research Career Development Award from the NIH to study disruption of neural cell development after perinatal injury. Her work focuses on novel neonatal interventions to prevent cerebral palsy, cognitive delay, and epilepsy.



DISCOVERY HEALTH CHANNEL FEATURES MACDONALD WOMEN'S HOSPITAL, RAINBOW

Five women facing serious complications in childbirth at University Hospitals' MacDonald Women's Hospital are featured in a one-hour documentary that aired on the Discovery Health Channel in September. A Discovery Health crew filmed the Crisis Mode episode of the Special Delivery series over the course of 10 days.

Pregnant women with conditions ranging from hypertension, to gestational diabetes, to twins both in the breech position, labored and delivered at MacDonald, then watched their babies struggle, but eventually thrive at Rainbow Babies & Children's Hospital. The episode showcased the breadth of obstetric and neonatal expertise that MacDonald and Rainbow offer, especially to mothers in crisis.

Discovery Health filmed two more episodes of the series at MacDonald in November.

ACCREDITATION *Renewed for* UHC, UHHS GEUGA, ST. JOHN



First CARDIAC CATH LAB *Opens* IN GEUGA COUNTY

A national accreditation board gave high marks to UHC, UHHS Geauga Regional Hospital, and UHHS partner St. John West Shore Hospital last summer, after surveyors completed detailed, on-site reviews. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) renewed the hospitals' accreditations, finding them in compliance with its rigorous standards for patient care and safety.

In addition, UHHS Geauga opened a \$2 million cardiac catheterization lab (below) last spring, the first such lab in Geauga County. It features fully integrated digital equipment to capture and store images. Cardiologists can now transmit files electronically to colleagues throughout the Health System, for additional consultation.



PHOTO: DAN BOWELI

FILM-LESS X-RAYS: NEW SYSTEM GIVES SPEEDIER, SHARPER IMAGES

With more than 300,000 diagnostic radiology scans performed on patients each year, UHC has installed new, digital technology that allows patients and their physicians to receive the results of these scans more rapidly, leading to quicker diagnoses and treatment.

Working with Royal Philips Electronics, University Hospitals physicians helped refine a system allowing "real-time" access to CT (computed tomography), MRI (magnetic resonance imaging) and X-ray images, so that a patient could have tests completed in a radiology suite or emergency room,

then interpreted and available for viewing minutes later, on a computer screen in a doctor's office.

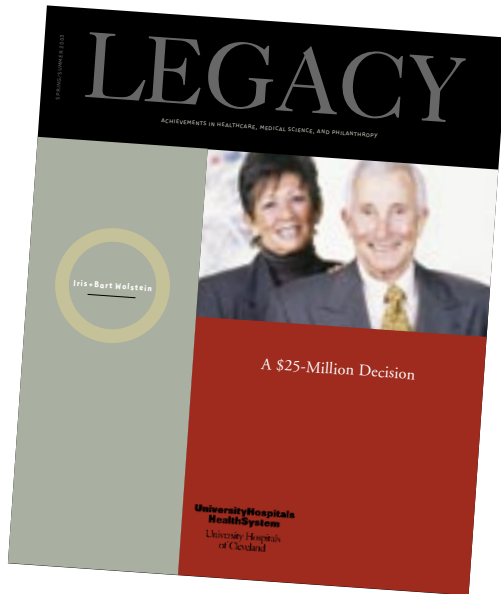
"No longer do patients and their physicians have to wait hours, perhaps even days, for an important test result," says Jeffrey L. Sunshine, M.D., Ph.D., director of Magnetic Resonance Imaging at UHC, and medical director of UHC's Electronic Health Record Selection Project.

The technology, Picture Archiving and Communications System, or PACS, was installed at UHC and ultimately will be installed throughout UHHS, including outpatient centers and physician offices.

UHHS, PARTNER HOSPITALS EXPAND, ADD PROGRAMS, EARN AWARDS

UHHS partner St. John West Shore Hospital was recognized as a 2004 Distinguished Hospital Award Winner for Clinical Excellence by Health Grades, Inc., a national healthcare quality organization. St. John added a third cardiac catheterization laboratory, and it opened a \$10 million Emergency Department.

Southwest General Health Center received the Distinguished Hospital Award for Clinical Excellence from Health Grades, Inc., for the second year in a row. Also new at Southwest General is a scholarship program, in partnership with Cuyahoga Community College, for area residents pursuing studies in allied health professions such as nursing, radiology, and physical therapy.



Legacy Magazine receives Vision award

Legacy magazine has won an Award of Merit in the 2004 “Cleveland Vision Awards” from the International Association of Business Communicators/Cleveland Chapter. The award was given for “extraordinary work completed in the publications category” for the Spring/Summer 2003 issue of *Legacy* featuring Iris and Bert Wolstein. The highly competitive field of nominations included a record number of entries from top communications agencies, independent contractors, and corporate communications departments across Northeast Ohio.

UHC STEM CELL PATIENT TESTIFIES BEFORE CONGRESSIONAL GROUPS

A stem cell transplant at University Hospitals of Cleveland saved Kenneth M. Pasko’s life (see related article in Spring 2004 *Legacy*). In gratitude, Mr. Pasko traveled to Washington, D.C., twice last summer, to tell two Congressional groups – including many members of the state’s Congressional delegation and both U.S. Senators from Ohio – about his second chance at life.

Mr. Pasko accompanied Cleveland stem cell researchers seeking federal funding for the Center for Stem Cell and Regenerative Medicine, a research consortium led by University Hospitals and including Case, The Cleveland Clinic Foundation, and other research partners.

When Mr. Pasko was diagnosed with leukemia in 2001, UHC oncologist Stanton

L. Gerson, M.D., performed a transplant of stem cells harvested from Mr. Pasko’s sister. He is now in remission, works full-time as a sales engineer, and is back in the gym five days a week.

“Ken’s testimony was so compelling; the congressmen and their staff members were spellbound. We are very grateful to Ken for putting a human face on the vital issue of

funding for non-embryonic stem cell research,” says Heidi L. Gartland, UHHS vice president of government affairs.

“I’ll do anything to help my doctor and his people,” says Mr. Pasko. “They saved my life.”

EMERGENCY MEDICINE



PHOTO: ANTHONY GRAY



A FOCUS ON COMMUNITY

By Susan M. Connor

Emergency departments are commonly considered the “front doors” to hospitals. They are where a majority of hospital admissions originate and often the primary point of contact between a hospital and the community it serves. Nearly all of us will need emergency medical care at some point in our lives and will turn to a hospital emergency department (ED). When we do – because of an acute case of the flu, a child with a broken arm, or a parent with chest pains – we expect to be treated quickly. The word emergency, after all, connotes an urgent need for assistance. All too often, however, those who seek care in an emergency department find long waits and overtaxed staff.

Emergency departments today provide more care, more complex care, and more prolonged care than ever before. Yet even as the number of ED visits has increased, the number of emergency facilities has declined. EDs face a national crisis, as increased demand collides with lack of capacity.

The causes of overcrowding are complex, but they include:

- Steady increases in patient volume in recent years and even greater increases projected in coming years.
- Increased complexity and acuity of patients presenting to the ED – as the population ages, patients have more medical problems. Those problems tend to be more severe, requiring more time, more care, and more resources.
- Managed care issues and overburdened systems that lead more insured patients to turn to the ED for care, rather than primary care physicians.
- Lack of beds for patients admitted to the hospital, which can create gridlock in the ED.

Easing overcrowded emergency departments, and ensuring that all who seek care are treated promptly in an environment that ensures patient privacy and dignity, are vital concerns to University Hospitals Health System. Three UHHS community hospitals are expanding to address these important issues, and redefining emergency medicine in Northeast Ohio.



UHHS GEAUGA REGIONAL HOSPITAL

Expanding to meet the needs of a growing community The existing emergency department in the 226-bed UHHS Geauga Regional Hospital was built in the 1980s to handle 8,000 visits annually – that number grew to 18,000 patient visits by 2003, bursting the seams of the small emergency department. Patients are cared for in nine beds located in 4,500 square feet; more than half of those beds are separated only by curtains, severely limiting patient and family privacy.

Because Geauga County is one of Northeast Ohio's fastest developing areas, annual volume at UHHS Geauga ED is expected to reach 25,000 visits within the next two years. "The emergency department is the safety net for the community and for doctors who practice in the community and the region," notes Richard J. Frenchie, president and chief executive officer, UHHS Geauga. "The community depends on Geauga Regional Hospital in time of need, and we must ensure that we have the capacity and resources to meet those needs."

To that end, a \$3.2 million ED renovation and expansion began in November 2004. A generous benefactor who named UHHS Geauga in her estate is funding two-thirds of the project. The ED will grow to 10,000 square feet, with 22 private rooms. The new facility is designed to enhance UHHS Geauga's ability to serve the community by making emergency care more efficient. It will safeguard patient privacy, increase the department's ability to expedite care, and pave the way for the hospital to seek Level

III adult trauma center status from the American College of Surgeons, the verification body for American trauma systems.

"We focused on function first and form second, in designing the new emergency department," explains Mr. Frenchie. "We are creating a state-of-the-art facility that will increase efficiency in how we manage care and how we use technology to manage information flow, all of which will decrease patient waiting time, provide the highest level of care possible, and strengthen our bottom line."

Meanwhile, UHHS Geauga has instituted a no-waiting policy to enhance patient care, treatment, and satisfaction. Patients arriving at the hospital are immediately seen by a triage nurse and then directed to a board-certified, emergency-trained physician. The average time between arrival and being seen by a physician is 14 minutes. This is significantly below the national benchmark of 45 minutes as published by the American College of Emergency Physicians. "The functionality of the new ED will enable staff to maintain and exceed this high-performance strategy," says Mr. Frenchie.

UHHS BEDFORD MEDICAL CENTER

Reaching out to new communities The emergency department in the 110-bed UHHS Bedford Medical Center was designed with eight beds and six treatment rooms. When stretched to the limit, it can accommodate five additional patients in hallways of the original 1,300-square-foot facility. The department cared for nearly 18,000 patients in 2003 – up 18.5 percent since 1998, and rising.

"Waiting in the hall isn't the best experience for anyone – not for patients, or families, or staff," accedes Sean H. McKibben, president of UHHS Bedford. "I've seen firsthand how difficult and frustrating the emergency department experience can be for patients, and it directly impacts both patient and staff satisfaction." To address severe overcrowding, UHHS Bedford has undertaken a \$1 million project to renovate existing ED space and add 1,800 square feet. The new ED, scheduled to open by the end of the year, will have 12 treatment beds, a new waiting area, and a central monitoring station that will enable staff to observe all treatment areas simultaneously.

"Up to this point," notes Mr. McKibben, "our ED has been operating at capacity. We have not been able to reach out to adjacent communities like Macedonia, Twinsburg, and Solon – even though we are the closest, full-service emergency department to these fast-growing areas – because we simply did not have space to accommodate additional patients." Increased bed space in the new ED, coupled with an updated floor plan and a dedication to making process and organizational improvements to decrease waiting time, add up to big changes for community members who seek emergency care at UHHS Bedford.

As they prepare to inaugurate their new facility, the staff of Bedford's emergency department will adopt a "No Wait Emergency Room" philosophy. "People make healthcare choices for emergency



medicine based on the quality of services, accessibility, and how quickly they'll be seen," Mr. McKibben explains. "People are more likely to choose a hospital where they know they'll receive superior care in an expeditious manner." To achieve this goal, ED staff will work together to ensure that a physician will assess each patient within 30 minutes of their arrival.

Most ED patients require at least one test, whether it is a blood test or an x-ray, which can increase the waiting experience. Much of the delay in care occurs when patients wait to see a physician who orders tests and has them wait again for results. By performing an initial, quick assessment and getting tests started, ED staff can significantly reduce a patient's overall waiting time for testing and follow-up care. Treating ED patients quickly not only increases patient satisfaction, it also allows the ED to treat more patients and accommodate increasing volume.

UHHS MEMORIAL HOSPITAL OF GENEVA

Partnership between hospital and community The 25-bed UHHS Memorial Hospital of Geneva is truly a community hospital. Without UHHS Geneva, residents of this rural area would have to travel 20-30 miles for the closest emergency department. Though small, UHHS Geneva's ED meets a critical need in the community, treating nearly 12,000 patients in 2003. Yet the 1,800-square-foot facility was not constructed to handle this kind of volume, and patients cared for in the department's six beds – divided only by curtains – have little space or privacy. Allowing families to stay at the bedside of ill or injured family members is often difficult, as every spare inch of space is needed for the business of emergency medicine.

To keep up with steadily increasing demand and evolving needs of the community, construction of a new 8,000-square-foot facility began in November 2004. When the renovated and expanded ED is unveiled in May

2005, patients will be cared for in 12 private rooms. One of those rooms will be dedicated to pediatric patients; another has an adjoining waiting area where family members can gather during especially stressful moments. "This hospital is part of the community," says Laurie S. Delgado, president, UHHS Geneva. "We have an obligation to meet the community's expectations and to provide high-quality emergency medical care in an atmosphere that values patient privacy. We truly look at this as a partnership between Memorial Hospital of Geneva and the residents of Geneva and surrounding communities."

The major growth and redesign of UHHS Geneva's emergency department is made possible, in part, through philanthropy, including a major commitment from a family in the community; a bequest; and other gifts from members of the UHHS Geneva Board, hospital physicians and administrators.

A SYSTEM-WIDE COMMITMENT

These three hospitals are indicative of University Hospitals Health Systems' commitment to addressing the national crisis of emergency care at the local level. UHHS hospitals like Geauga, Bedford, and Geneva are part of their communities and each fills a key role in meeting the healthcare needs of Northeast Ohioans.

An emergency department is more than a building; the people who work there are the heart of any ED. While UHHS Geauga, Bedford, and Geneva all face the increased demand and lack of capacity that are endemic to emergency departments nationwide, it is the dedication and loyalty of physicians, nurses, and staff that have allowed them to continue to provide high-quality, compassionate care on a daily basis. U|H

Susan M. Connor, Ph.D., is research manager, Rainbow Community Safety and Resource Center.



photo: GETTY ONE STOCK

Walter Wawzyniak often spent his days fly-fishing on the Chagrin River, despite the essential tremor that caused his hands to tremble. One day, his hands shook so fiercely he couldn't tie his fly. Feeling desperate and embarrassed, he asked another fisherman for help. The man obliged, then – after a brief conversation – gently suggested Mr. Wawzyniak inquire at University Hospitals of Cleveland (UHC) about a treatment called Deep Brain Stimulation (DBS). Much like a pacemaker maintains cardiac rhythm, DBS uses electrical stimulation to correct a part of the brain that is misbehaving. The fisherman said his wife had been successfully treated with DBS for shaking caused by Parkinson's disease.

Today, Mr. Wawzyniak ties his own flies with nary a tremor. Across town, UHC neurosurgeon and leader of the hospital's DBS team, Robert J. Maciunas, M.D., proudly displays a photo of himself holding a 28-inch Rainbow Trout. He received it last year as a token of appreciation from a certain fly-fishing patient, whose quavering body was calmed by DBS.



DEEP BRAIN STIMULATION

Offers Hope for Movement Disorder Patients

By Paula F. Hennessey

A key component in treating movement disorders, including essential tremor and Parkinson's, is careful monitoring of patient medications to control tremors and other involuntary movements. That can mean many visits over several years. But, what can a patient do as a movement disorder progresses, and medications provide less relief? For some, DBS offers hope of regaining control of muscle movement, and their lives.

By the time DBS is suggested as an option at UHC, a patient will no longer be functioning at an optimal level. Before a patient is considered for DBS, the team always confirms he or she has exhausted all other medical options. DBS has exceeded the expectations of many patients and their doctors, but it is not necessarily right for all movement disorder patients. In some cases, an individual with a severe, co-existing cognitive impairment can see their condition worsen after DBS. Since the hospital made an active DBS program a priority in 2001, more than 45 patients have undergone the procedure. All were carefully selected.

INTERNATIONAL MEDIA SPOTLIGHT

The DBS performed by UHC doctors on Tourette Syndrome (TS) patient Jeff Matovic of Lyndhurst, falls into the above category of "exceeded expectations." Mr. Matovic's case garnered international headlines last April for its remarkable success. Almost as soon as Mr. Matovic's DBS system was activated, he experienced profound suppression of his tics and tremors. It was the first time in North America that DBS was performed on a TS patient.

Recently, the DBS team received approval from UHC's Institutional Review Board, which authorizes human clinical trials, to conduct a study with 40 TS patients. Extensive media coverage prompted more than 450 inquiries from TS patients and their families – some from as far away as Egypt, New Zealand, and Switzerland – to plead for DBS, or to participate in the study.

The team that performed Mr. Matovic's and all other DBS procedures is led by Dr. Maciunas, who also heads the Division of Functional and Stereotactic Neurosurgery, is a professor of neurosurgery, neuroscience and radiation oncology at Case, and is the director of the Center for Image Guided Neurosurgery and the Gamma Knife Center. The team includes neurologist Brian N. Maddux, M.D., Ph.D., assistant professor of neurology at Case; neurologist David Riley, M.D., director of the Movement Disorders Center and associate professor of neurology at Case; and, Christina Whitney, RN, CS, DNSc, clinical nurse specialist. In addition to Parkinson's disease, DBS is approved by the FDA to treat dystonia. DBS for Tourette Syndrome is still considered experimental. More than 3 million people in the U.S., alone, are afflicted with these movement disorders.

ABCs OF DBS

A movement disorder is a fundamental disruption in activity of deep brain nuclei clusters at the center of the brain. These clusters of brain cells are called basal ganglia. "Groups of cells in the basal ganglia must work together in harmony to orchestrate movement," Dr. Maciunas explains. "When there is an imbalance, a chaotic pattern develops that, when expressed in movement, causes an individual to develop a movement disorder." Disease, congenital factors, brain injury or a combination of these may cause an imbalance.

DBS is referred to as "a pacemaker for the brain" because its hardware is similar to that of the cardiac pacemaker. About 25,000 people worldwide have undergone DBS since the first procedure was performed in France in 1987.

Procedurally, DBS involves the insertion of microelectrodes into the deep brain nuclei or basal ganglia of the brain, through holes smaller than the size of a quarter on both sides of the head. Surgeons use stereotactic navigation tools, the most advanced imaging and mapping technologies, which include magnetic



The Deep Brain Stimulation Team

Members of the Deep Brain Stimulation and Movement Disorders Team include Robert J. Maciunas, M.D., (seated); from left to right: Christina Whitney, RN, CS, DNSc; Brian N. Maddux, M.D., Ph.D; and David Riley, M.D.

resonance imaging (MRI) and computed tomography (CT) scans. A hybrid term of Greek and Latin, “stereotactic” means “to reach out, touch, and manipulate in three dimensions.” While the patient is under mild sedation, a stabilizing head frame is attached. A software program assigns coordinates to MRI and CT images of the internal and external structures of the head. These coordinates are then mapped onto the three-dimensional images. Doctors use the map before, during, and after the DBS procedure, to ensure that they are in precisely the right area of brain.

EVERY CELL SPEAKS

Far smaller than a human hair and made of platinum-iridium (the most corrosive-resistant alloy known) sheathed in glass, the microelectrode picks up signals from single brain cells as it is inserted deeper into the brain. The amplified audio signal emitted by the microelectrode changes as it is moved closer to the target. In what Dr. Maciunas describes as “an equal mix of high science and high art,” doctors listen to, as well as watch, computer monitors dedicated to microelectrode tracking. Dr. Maciunas says, “One can actually learn to hear where the electrode is positioned, because every cell speaks.” Once the

target is identified, doctors replace the microelectrode with a stimulating electrode. The patient is then asked to respond. If he can hold out his hand without tremors while an area of the brain is stimulated, the electrode is properly placed. This first procedure can take 12 hours or more; the patient is hospitalized for two or three days.

About a week later, in a second outpatient surgery, doctors connect the DBS electrode leads to cables running under the scalp, behind the ears, and down into the chest. There, the cables are attached to battery-powered electronic pulse generators implanted on either side of the chest.

Three weeks later, Dr. Whitney and the patient’s neurologist, either Dr. Maddux or Dr. Riley, begin activation and programming by switching on the pulse generators. They test to find the exact amount of stimulus needed to rebalance neural activity. “Each stimulator has four points of contact, which can be adjusted in intensity, pulse frequency, and duration. There is a great range of programming potential,” notes Dr. Riley.

Programming may take up to several visits over three to six months to achieve optimal results. After that, appointments may only be needed once or twice a year. The batteries of



Daniel and Yvonne Sims, Deep Brain Stimulation patient.

As serendipity would have it, Parkinson’s disease first announced itself in Yvonne Sims during an appointment with her doctor. She was 47-years-old. When she experienced the initial spasmodic tremor in her hand, her doctor observed and immediately sent the Valley View resident to a neurologist at University Hospitals of Cleveland. After 15 years of treatment with neurologist David Riley, M.D., the effectiveness of medications dwindled on her advanced Parkinson’s. On May 17, 2004, Yvonne underwent Deep Brain Stimulation surgery.

On June 8, Drs. Riley and Christina Whitney, clinical nurse specialist, switched on the electrodes implanted in Yvonne’s brain. After slight adjustment in the electrical current, her tremors ceased. She stood up without help for the first time in years, and walked, then twirled, around the room. On June 15, her husband, Daniel, took her to a barbecue at the local VFW, where she danced the polka for the first time in three years. Daniel calls it “a miracle.”

With her medications reduced from every two hours to just three times-per-day, Yvonne says, “I can do everything I want to do - truly.” She walks three miles-per-week and encourages Parkinson’s support group members to “live the best you know how.”

Newest Neuroscience Support

Recent gifts from a Cleveland couple, a local foundation, and the Board of Trustees of the Rainbow Babies & Children's Corporation will help support neurosciences at University Hospitals of Cleveland (UHC) for generations to come.

Flower Chair to support stroke care and research

In August, UHC's Board of Directors passed a resolution creating The Maxeen Stone and John A. Flower Chair in Neurology, in recognition of a gift commitment of \$1.5 million from Dr. and Mrs. Flower.

"The chair will support the department and the hospital in our continuing efforts to prevent and manage cerebrovascular disease, commonly known as stroke," notes Dennis M. D. Landis, M.D., chair of the Department of Neurology. "We are very grateful to the Flowers for this generous commitment."

According to the Board resolution, the chair holder will be a physician who "demonstrates leadership in advancing patient care and clinical research within the field of neurology, (and continues) public-service initiatives designed to inform and educate the public on cerebrovascular disease."



Reinbergers support pediatric neurological surgery

A leadership gift commitment of \$750,000 from The Reinberger Foundation launched the campaign to endow a chair in pediatric neurological surgery at UHC's Rainbow Babies & Children's Hospital.

Alan R. Cohen, M.D., shows Marian C. Dickey, 22, how he used minimally invasive surgery to reach the tumor in her brain.

The Board of Trustees of the Rainbow Babies & Children's Corporation responded to this extraordinary grant, pledging an additional \$500,000 to the

chair. The board also committed to raising the remaining \$250,000, in cooperation with UHC's Development staff.

The first chair holder will be Alan R. Cohen, M.D., Rainbow's surgeon-in-chief, who has pioneered lifesaving innovations in pediatric neurological surgery. For example, Dr. Cohen has developed and refined miniaturized neural endoscopes that enable surgeons to perform brain surgery through a dime-sized incision.

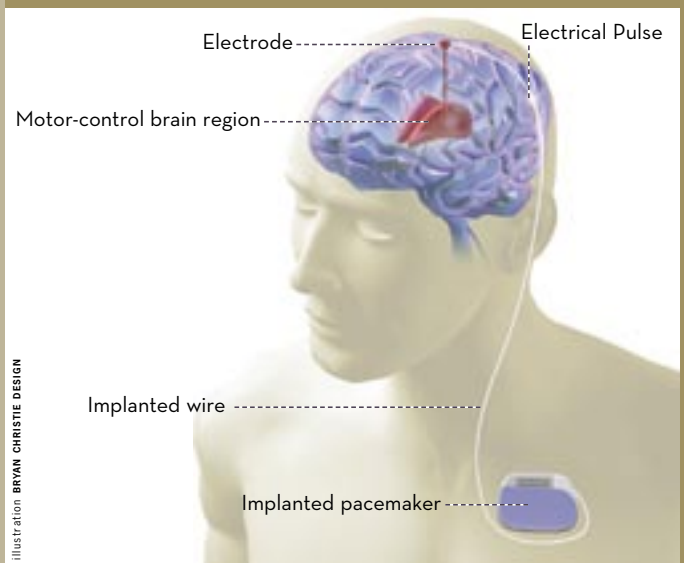
In March 2004, Dr. Cohen used his minimally invasive equipment and techniques to operate on Marian C. Dickey, a medical student at Medical College of Ohio. Ms. Dickey, who is now considering a career in surgery, shared the film of her operation with her classmates

the pulse stimulators will be replaced every two to five years, depending on the amount of stimulus delivered.

Most patients still require medication to control their symptoms, but in all cases, medication levels are reduced significantly. Up to 90 percent of patients report significant reduction in their symptoms after DBS. While the results are very encouraging, Dr. Maddux emphasizes, "DBS should be viewed as one component of a comprehensive approach to the care of people with movement disorder."

"The goal is to find the right balance between medication and deep brain stimulation so that the patient can enjoy the best possible quality of life," adds Dr. Whitney. That is why it is especially important that the UHC team gathers scientific data to closely study what went so *right* in Mr. Matovic's case, and their other TS patients. By conducting studies right now, the doctors are helping to improve the future for many patients with movement disorders – and potentially improving the lives of patients with other neurological disorders. **UH**

Paula F. Hennessey, is a Development manager and writer for University Hospitals of Cleveland.



Deep Brain Stimulation uses electricity to calm tremors caused by movement disorders, including Tourette syndrome and Parkinson's disease.

The Lance Armstrong Foundation Supports Center for Childhood Cancer Survivors

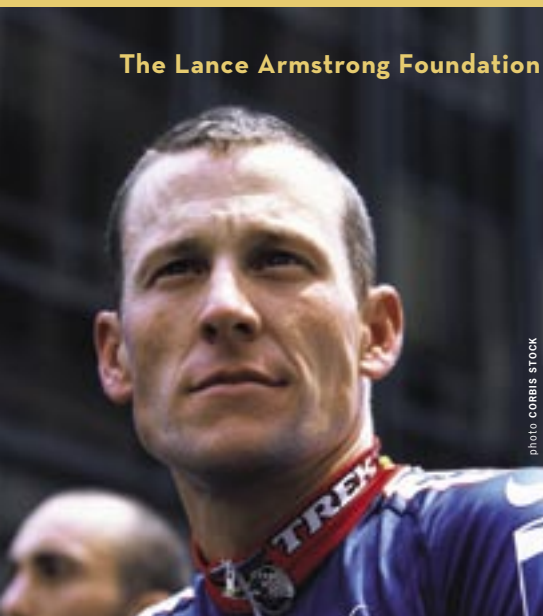


photo: COREIS STOCK

CANCER'S LIFELONG IMPACT

With support from the Lance Armstrong Foundation (LAF), Rainbow Babies & Children's Hospital is creating a Center for the Survivors of Childhood Cancer. The Lance Armstrong Foundation has committed a six-figure gift to plan the Center.

LAF was founded in 1997 by cycling 'phenom' and cancer survivor Lance Armstrong. The six-time Tour de France champion has said surviving cancer is his greatest

victory. Diagnosed in 1996 with testicular cancer that spread to his lungs and brain, Armstrong was given little chance to live. He fought back, beat cancer, and won his first Tour just three years after diagnosis.

The LAF believes that in the battle with cancer, knowledge is power and attitude is everything. The LAF provides the practical tools and information people need to live strong.

BY MARCIA MEERMANS AGHAJANIAN

Center for youngest cancer survivors another Rainbow first

Cancer diagnoses assaulted some 9,100 children age 15 and younger in the United States in 2002. While that makes it the nation's leading cause of death by disease in children under 15, the National Cancer Institute reports that cancer is still uncommon in that age group; one or two children in 10,000 develop the disease each year in the U.S. Still more encouraging, the majority of children whose cancer is detected under the age of 20 – an estimated 77 percent – will survive five or more years after diagnosis. The improved survival rates are attributed to advances in treatment.

"We serve our mission through four core program areas: education, advocacy, public health, and research," says Suzanne Kho, LAF, associate director of research. "The LAF provides the practical information and tools that people need to battle cancer and live strong.

"Young cancer survivors represent a traditionally underserved community. Like all cancer survivors, children and

young adults face long-term challenges that should be addressed," Kho adds. "The LAF is excited to contribute to the creation of a comprehensive center that will meet their needs."

"We are extremely grateful for the support of the LAF, and thrilled that we are partners in this vital, new Center,

which will address and anticipate cancer survivorship issues and concerns from the time of diagnosis through adulthood," says Meri B. Armour, senior vice president for Women's, Children's, and Cancer Services at University Hospitals of Cleveland (UHC). *continued next page* ➤

Rainbow Babies & Children Hospital, the #1 children's hospital in the Midwest, and Ireland Cancer Center, the #1 cancer center in Ohio, receive the largest number of referrals in Northern Ohio for children with leukemia, lymphomas, and childhood solid tumors. Some 500 children are diagnosed annually in the entire state.

While most children with cancer survive to adulthood, up to two-thirds will experience so-called "late effects" – side effects from cancer or its treatment that manifest themselves sometime after cure. Examples may include secondary cancers, heart damage, stunted growth, and learning impairments.

A 2003 report prepared by the Institute of Medicine for the National Cancer Policy Board recommends the creation of national treatment guidelines to improve subsequent care of childhood cancer survivors.

The report maintains that survivors and their families, as well as doctors, including pediatricians, general practitioners, and internists, need to be more informed about possible late effects and their indicators. "Many parents of survivors assume their child will return to normal after the immediate crisis of treating cancer has passed," says Susan Weiner, Ph.D., president of The Children's Cause, an advocacy group for childhood cancer patients.

Advocacy for improved insurance coverage and increased research into late effects also are called for in the report.

The Center for Survivors of Childhood Cancer, a groundbreaking initiative of Rainbow Babies & Children's Hospital, will feature comprehensive services that address all of these issues and more. The Center will be the first of its kind in the nation.

"There currently are 38 Comprehensive Cancer Centers in the U.S., as designated by the National Cancer Institute. Of those, only 17 have formalized programs for children and their families," notes Meri B. Armour, senior vice president for Women's, Children's, and Cancer Services at University Hospitals of Cleveland (UHC). "Most follow their pediatric cancer patients over time. All offer some level of Child Life support or counseling with social workers. Some have school re-entry programs, but only for students up to age 12. There are no programs in this country for 12- to 21-year-olds returning school. You can imagine the effect of peer pressure on those kids."

The Center will be a community resource located outside of the hospital environment, and will be open to pediatric cancer patients from facilities throughout Northern Ohio, regardless of where they were diagnosed. A site search is in progress; a location in or near University Circle is preferred.

The expertise of an interdisciplinary team of pediatricians, psychologists, specially trained nurses, and oncologists, among others, from Rainbow and Ireland Cancer Center will be called upon to develop various services and programs, including:

- Care management programs to monitor the impact of cancer treatment and potential side effects, including cognitive delays, and problems in growth and development, puberty and fertility, and psychological development.
- Training programs for teachers, coaches, and child activity specialists to support transition from treatment to school and other activities.
- Parent and sibling counseling.
- Special sports/training programs to re-enter the child into the "active" world.

continued on page 19

"The Rainbow Board of Trustees has identified pediatric oncology as our focal area for fundraising, friendraising, and advocacy for the next couple of years. We are committed to matching LAF funds," adds Ann C. O'Brien, Rainbow board president. "This fall we held the 'Ride the Rainbow Gala,' which we plan to make a biennial event to support Rainbow." (See "Gala" below).

Rainbow is the largest referral center in Northern Ohio for children with leukemia, lymphomas, and childhood solid tumors. "Each year, about 500 children in Ohio are diagnosed with cancer, and the vast majority of them will be cured and survive into adulthood," says Armour, who initiated the LAF grant proposal. "This program is about children and their families living with and surviving cancer. The cancer experience is a struggle and

many survivors feel as though they've been given the gift of life, but it is a hollow gift, unless survivors emerge from their experience capable of living a full and productive life."

Cleveland business executive Michael Sherwin serves on the board of the Lance Armstrong Foundation and presented the proposal to the board. "We believe that the proposed Rainbow

GALA RAISES AWARENESS, FUNDS FOR CENTER



The first biennial "Ride the Rainbow Gala" to raise funds for the new Center for Survivors of Childhood Cancer more than lived up to its promise: a high-energy evening of friends, lively entertainment, and a movable feast.

The Gala augmented support received from the Lance Armstrong Foundation to create the new survivor center, and was organized by the Board of Trustees of the Rainbow Babies & Children's Corporation.

Guests celebrated cancer survivorship Saturday, November 13, at the beautiful, new HealthSpace Cleveland.

A tally of proceeds from the event was being finalized as *Legacy* went to press, but lead underwriters included National City Corp.; Forest City Enterprises; and JEGS Foundation with its Gala partners, Terry and Sheldon Adelman. Karen Coughlin, of JEGS Foundation, is a Rainbow trustee. Mr. Adelman is a University Hospitals Health System (UHHS) board member, and co-chair of the UHHS Development Committee.

With an auction that boasted a Lance Armstrong-autographed, yellow cycling jersey and poster; enticing travel packages to the mountains, ocean, and "The Big Apple," stunt bike riders, and more; plus entertainment that included Latin jazz band, "Roberto Ocasio" - complete with dance instructors - the first Gala was a rousing success.

"Anyone who has dealt with cancer, either as an adult or with a child, knows it is harrowing," says Julie A. Raskind, Rainbow board member and Gala co-chair. "Every survivor of childhood cancer has a compelling story; our Gala supporters jumped at the chance to help these children really reconnect with life."

Another feature of the evening was a raffle for 10 bicycles, each uniquely decorated by local artists, including one by long-time Indians shortstop Omar Visquel.

"As a former Child Life specialist, this was personally gratifying to me," says Beth Curtiss, Rainbow board member and also Gala co-chair. "Our philosophy in Child Life is: 'take care of the whole child.' Raising funds for this Center is an opportunity to be part of the cutting edge, to keep Rainbow in the forefront, and to keep the concept of caring for the child, as well as the entire family, going strong. The belief that survivorship begins at diagnosis, along with the Child Life philosophy, makes raising funds for this event very rewarding."



Mike Sherwin, Lance Armstrong Foundation board member and Julie Raskind, Rainbow Gala co-chair

Marilyn K. (Mebby) Brown; Marguerite B. (Bonnie) Humphrey, Rainbow emeritus trustee; and Ann (Pinkerton) Ranney, UHC board member, were honorary co-chairs of the Gala. Honorary corporate co-chairs were David A. Daberko, chairman and CEO, National City Corp., and UHHS Board member; and Fred C. Rothstein, M.D., president and CEO, University Hospitals of Cleveland.

In August, the Rainbow board participated in another bike-related fundraiser: The Emerald Necklace Ride. Mary Reynolds Miller, Rainbow board member, chaired the Ride, and several teams were sponsored as Rainbow Circle of Friends fundraising initiatives.



Center could be a model for survivorship programs around the country,” Sherwin says. A former president of the Cleveland Museum of Art, Sherwin has connections to University Hospitals that run deep: his wife, father, and grandmother have all provided significant philanthropic or volunteer

support to the hospital. “I’m gratified for the opportunity to help one more Cleveland-based innovation grow, hopefully thrive, and help thousands of cancer survivors here and elsewhere.”

Ann (Pinkerton) Ranney, UHC Board member and a former president of the Rainbow Board of Trustees, played a key role in establishing the LAF/Rainbow connection, when she introduced Mr. Sherwin and Ms. Armour.

“I am thrilled that this grant came through for Rainbow,” says Mrs. Ranney. “When Mike mentioned the Lance Armstrong Foundation to me, I thought, ‘I have to match him up with someone who has vision.’ Meri Armour is that person, and Rainbow has the best people in place to make this Center happen.”

continued from pg. 17

“We are developing our programs and will start implementing them in January,” says Ms. Armour. “We will initially serve our own patients, until we have an off-site facility. We also are laying the groundwork for the physical preparedness program, which will commence next spring, then transition into summer camps for survivors, with an emphasis on team and individual sports, to improve physical fitness.”

A program dedicated to survivor advocacy is another component of the Center. A resource center staffed by a social worker and a volunteer survivor with advocacy experience will provide information about insurance issues, financial resources, and external advocacy groups for survivors. An important component in the survivor advocacy program will be an interactive website of resources, advocacy opportunities, and chat rooms.



The Vassils of Richfield, Ohio, are among the families who will benefit from the new Center for Survivors of Childhood Cancer. Hilary, 14, (in orange sweater) was successfully treated at Rainbow for leukemia. With her are parents, Karen, and Larry; siblings Annie, Emily, and Frank; and Missy the basset hound.

“Our philosophy is: Survivorship begins at diagnosis,” says Chad T. Jacobsen, M.D., co-director of the Center and pediatric oncologist at Rainbow. “We’re taking a holistic approach to caring for these children, long after their cancer is cured. Rainbow has identified 2,000 childhood cancer survivors in 10 years of tracking. We know there is a real need for this comprehensive service, which also will include learning more about survivors’ issues and needs over time, to help us better map the care paths of future survivors.”

As part of the program, participants will be evaluated regularly during and after treatment by a team of pediatric experts, including a physician, nurse, psychologist, and Child Life specialist, working with the child, family, and primary oncologist to ensure that the physical and emotional needs of child and family are met.

“We know that some survivors are traumatized by their cancer experience,” says Dennis D. Drotar, Ph.D., also co-director of the Center and division chief of Pediatric Behavioral Psychology at Rainbow. “Studies indicate that pediatric cancer survivors feel different from their peers: some feel more anxious, others are much more resilient. Our programs will involve pediatric cancer survivors and their families in the promotion of their well-being and quality of life long after treatment ends. We anticipate that the Center’s innovative programs will have national significance.” **UH**

Marcia Meermans Aghajanian is assistant director for Development, University Hospitals of Cleveland, and editor of Legacy magazine.



DERMATOLOGISTS SHINE
NEW LIGHT ON SKIN HEALTH

By Ann T. McGuire

Human skin has a love-hate relationship with light. On one hand, too much unprotected exposure to sunlight can cause skin cancer and premature aging of the skin. On the other hand, light holds tremendous promise as a treatment for skin cancer, psoriasis, and other conditions. Researchers in the Department of Dermatology at University Hospitals of Cleveland (UHC) and Case Western Reserve University (Case) - the nation's #4 dermatology department for National Institutes of Health (NIH) funding - are exploring both the bright side and the dark side of the complex relationship between skin and light.

The dark side of light

Paul M. Petersen has always loved sunshine and the outdoors. As a child he spent summers swimming and playing

Members of the dermatology team: from left, Kevin D. Cooper, M.D.; Elma D. Baron, M.D.; Lian-Jie Li, M.D.; and Thomas S. McCormick, Ph.D.



baseball, until he looked “like a boiled lobster.” Four years ago, he learned the price of his sun-scorched past: skin cancer. His doctor referred him to Lian-Jie Li, M.D., of the UHC Department of Dermatology.

“I was concerned about the degree of the problem I would have,” Mr. Petersen recalls. “But Dr. Li explained that the type of surgery he was doing was Mohs surgery, and it would get all the cancer.” Mr. Petersen’s second concern was surgical scarring, but after 13 cancers, he says, “You would need a microscope to see my scars. I can’t say enough about Dr. Li.”

Like many of his generation, Mr. Petersen, 59, had limited access to effective sunscreens during his childhood, and even less awareness of the long-term effects

of intense-sun exposure on his half Norwegian, half-Russian skin.

Kevin D. Cooper, M.D., chairman of the Dermatology department, explains that even the sunscreens that became increasingly available after Mr. Petersen’s worst damage was done were actually inadequate. These early sunscreens only protected skin from the sun’s burning rays, or UVB radiation. Scientists now know that UVA radiation is also a culprit, penetrating deeper into the skin than UVB, suppressing the skin’s immune system and causing skin cancer and premature aging of the skin.

University Hospitals’ researchers published a watershed article in the October 2003 *Journal of Investigative Dermatology* about UVA-induced immune suppression and the immune-protecting

Couple leaves \$500,000 bequest for dermatology research

A husband and wife, grateful for care they received as patients of UHC’s Department of Dermatology, have left the department a \$500,000 bequest for the establishment of a research fund. The couple chose to remain anonymous.

The bequest, the largest philanthropic gift ever made to the department, supports the department’s Skin Diseases Research Center.

“We are truly grateful to the couple who chose to make this exceptional gift to the Department of Dermatology,” says Kevin D. Cooper, M.D., department chairman. “I am confident that we are in an excellent position to make best use of these funds to support and enhance our ongoing research into skin diseases.”

Within the Department of Dermatology is University Hospitals Dermatology Associates, the only University Hospitals Health System-affiliated dermatology practice. The ten faculty members in this practice see patients on UHC's main campus in University Circle, and at four suburban locations in Westlake, South Euclid, Orange Village, and Chardon, where they treat conditions and offer services that range from A to Z:

Advanced dermatology
Botox; blistering disorders
Cancer diagnosis and treatment
Dermatopathology laboratory
Eczema
Fillers: collagen, hyaluronic acid, fat transfers
General dermatology
Hair disorders & hair removal
Ivy, poison
Juvenile & adult acne
Keratome skin biopsies
Laser skin resurfacing
Mohs surgery for skin cancer
Nail diseases
Occupational dermatology
Pediatric dermatology; psoriasis
Quality care
Rashes & allergic reactions; rosacea
Sebhorreic dermatitis
Terrific bedside manner
(with children & adults)
University research ranked in the nation's Top 5
Varicose & spider vein elimination
Wrinkle & wart removal
Xperts in skin health
Your choice of 5 locations
Z-plasty (scar minimizing wound closure)

For further information, or to schedule an appointment, call 216-844-DERM.

The most common of all cancers, skin cancer accounts for about half of all cancers diagnosed in the United States. The American Cancer Society estimates that 55,100 people will be diagnosed and 7,910 people will die of this disease in 2004. The three types of skin cancer are basal cell carcinoma, squamous cell carcinoma (together referred to as nonmelanoma skin cancer), and melanoma.

Nonmelanoma skin cancers are the most common skin cancers (accounting for 96 percent of skin cancers diagnosed) and the most curable. More than 1 million cases occur every year.

Melanoma accounts for only 4 percent of skin cancer cases, but it causes about 79 percent of skin cancer deaths. The incidence of melanoma continues to increase at a rate faster than any other cancer and the increase in its mortality rate is second only to lung cancer. People with skin that tans poorly, or who have a large number of abnormal moles, may have an increased risk of developing melanoma.

role of UVA filtering sunscreens. Elma D. Baron, M.D., director of the Skin Study Center within the Department of Dermatology, was lead author.

"When we talk about skin's immune system, we're talking about skin's ability to recognize antigens, or 'bad' substances that would normally trigger an immune response. Tumors are antigens that your skin should recognize," says Dr. Baron. "But if your skin's immunity has been suppressed, you lose that surveillance system."

Thomas S. McCormick, Ph.D., Case immunologist and principal investigator in the Department of Dermatology, is exploring how this works on cellular, biochemical, and genetic levels. Understanding these mechanisms more clearly,

he says, will lead to better formulations to prevent and treat sun damage, and, adds Dr. Cooper, may lead to better vaccinations against infectious agents and possibly even vaccinations to prevent skin cancer.

The bright side of light

On the flip side, dampening the skin's immune response is just what the doctor orders for psoriasis patients. Like rheumatoid arthritis or lupus, psoriasis is an autoimmune disorder, meaning that the patient's immune system attacks the patient's own tissues, Dr. Cooper explains. The result: painful red, raised areas on the skin called plaques.

In the late 1970s, doctors discovered that when a patient's immune system is "turned off," the psoriasis plaques clear up. "We

Skin cancer prevention: helpful reminders

According to the American Academy of Dermatology, sun avoidance is the best defense against skin cancer. The National Cancer Institute (NCI) recommends avoiding sun exposure during the hours of highest-intensity UV radiation (from 11 a.m. to 3 p.m.); wearing protective clothing, such as long sleeves and hats, when exposed to sunlight; and using adequate amounts of sufficiently protective sunscreen that guards against both UVA and UVB radiation. However, warns the NCI, remember that sunscreen is not a substitute for avoidance of sun exposure. Further, avoiding sunburns, especially in childhood and adolescence, may reduce the incidence of melanoma skin cancer. Tanning booths also produce ultraviolet radiation and should be avoided for the same reasons.

Painless shots: Another promising treatment using light

Innocuous inoculations may be on the way. Elma D. Baron, M.D., and her team in the Department of Dermatology, have introduced a safe, effective method for reducing the pain associated with needle insertion.

Here's how it works: the health practitioner first shines a laser on the spot where the needle will be inserted, then applies lidocaine, a topical numbing agent. Explains Dr. Baron, "the laser works on the most superficial layer of skin, measured in microns, so when you apply the anesthetic cream, it is absorbed much faster, and you achieve the numbing effect in five minutes, instead of 30 minutes."

Dr. Baron, director of the Skin Study Center, studied this technique on 320 healthy volunteers between ages 18 and 65. Her results are published in the *Journal of the American Medical Association's Archives of Dermatology*.

would love to be able to selectively suppress immune responses to particular autoantigens in patients with autoimmune disorders," Dr. McCormick notes.

The more Dr. Cooper and his colleagues learn about how UV suppresses the skin's immune response, the better equipped they are to harness light's potential to curb over-active immune responses that occur in patients with psoriasis. The investigators have been awarded a series of NIH and Veterans' Administration grants to study the effects of UV on the skin's immune system and psoriasis.

Light also holds promise for treating nonmelanoma skin cancers and solid tumors that have metastasized to the

skin. Drs. Baron and Cooper are collaborating with an interdisciplinary team, including Timothy J. Kinsella, M.D., chairman of the University Hospitals' Department of Radiation Oncology; Malcolm E. Kenney, Ph.D., professor of chemistry at Case; Nancy L. Oleinick, Ph.D., professor of radiation oncology and director of the radiation biology program at the Case Comprehensive Cancer Center; and Scot C. Remick, M.D., acting chief, Division of Hematology Oncology and program co-leader, Developmental Therapeutics; to conduct clinical trials of silicon phthalocyanine 4, or Pc 4, a light-sensitive dye they inject into the patient that, when activated by light, will form certain reactions that lead to the destruction of tumor cells.

In July 2004, based upon her discovery of a way to have Pc 4 penetrate the skin, Dr. Baron received Institutional Review Board approval to begin a clinical trial of a Pc 4 solution that is applied directly on cancerous lesions, and then activated by light.

Translating research into care

The connection between research and patient care in the department is very strong, notes Dr. Cooper. "Because the skin is such a good organ for research into immune system disorders and cancer mechanisms, our scientists and physicians are able to develop new ideas for better treatments for a broad range of patients, and rapidly translate these ideas into products," he says. [UJH](#)

Ann T. McGuire is a Development manager and writer for University Hospitals of Cleveland.

Alzheimer's Disease linked to mental demands of job People with Alzheimer's Disease are more likely to have had less mentally stimulating careers than their peers who do not have the disease, according to a study published by researchers at University Memory and Aging Center, a clinical and research collaboration between University Hospitals of Cleveland (UHC) and Case Western Reserve University (Case).

The research team, led by Kathleen A. Smyth, Ph.D., associate professor in the Department of Epidemiology and Biostatistics at Case, and Robert P. Friedland, M.D., a University Hospitals neurologist, studied 122 people with Alzheimer's and 235 people without the disease, all of whom were over 60.

The authors classified jobs as mentally stimulating based on their complexity, the variety of tasks involved, and whether the jobs involved creative thinking or manipulation of data.

"It could be that the disease has a very early effect on the individual's capacity to pursue a mentally challenging occupation," said Smyth. "Or, it could be that higher levels of mental demands result



in increased brain-cell activity, which may help maintain a 'reserve' of brain cells that resists the effects of Alzheimer's. There is also the possibility that jobs with higher demands require skills that enhance an individual's ability to perform well on the tests used to diagnose Alzheimer's. If this is the case, then the disease may go undetected in these

people until the disease is much farther along than in those whose jobs posed lower mental demands."

The study is published in the August 10 issue of *Neurology*, the scientific journal of the American Academy of Neurology.

The research was supported by grants from the National Institutes of Health (NIH); the Fullerton Family Foundation; Mandel Foundation; Nickman family; Philip Morris, USA; and the American Physicians Fellowship for Medicine in Israel.

Researchers take Non-Hodgkin's Lymphoma personally, merging genetic approach with antibody therapy Researchers at University Hospitals' Ireland Cancer Center have begun the third phase of testing a new vaccine for low-grade lymphoma that "personalizes" the therapy by using genetic material obtained from the patient's own tumor to stimulate his or her immune system to fight this malignant disease. The study is designed to determine whether this novel treatment for non-Hodgkin's lymphoma is more effective than the standard therapy alone.

Typically, patients receive chemotherapy and radiation for the low-grade (chronic, slow-growing) form of the disease that attacks the lymphatic system. This approach often causes a remission that leaves patients symptom-free for many years. Unfortunately, the remission rarely lasts.

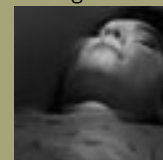
"This disease eventually recurs and succeeds in shortening the patient's life," says Omer N. Koç, M.D., Ireland Cancer Center oncologist and the Leukemia and Lymphoma Society Scholar in Clinical Research. "Our investigation was launched to help improve the prognosis."

Dr. Koç is principal investigator for this new, Phase III study at UHC. His team has tested the same therapy in earlier phases of research, and found it to be well-tolerated and promising. A two-step process, the therapy begins with a biopsy of the patient's lymph nodes. Researchers isolate the tumor's genetic material, and use it to synthesize a tumor-specific protein in the laboratory. This unique protein is used as a vaccine.

Vaccines cause people to develop immunity to infectious diseases. By delivering tumor proteins to immune cells, a vaccine can provoke the immune system into attacking non-Hodgkin's lymphoma the same way the immune system attacks the flu after a flu vaccine.

About 55,000 new cases of non-Hodgkin's lymphoma are diagnosed annually in the United States. The study is being conducted at 80 medical centers across the country. For more information about the study, call 216-844-5432 or 1-800-641-2422.

Study examines sleep apnea and diabetes Researchers at Rainbow Babies & Children's Hospital have won a \$1 million NIH grant to study whether treating patients for sleep apnea might prevent diabetes.



Both children and adults with sleep apnea appear to be at risk for diabetes, explains principal investigator Susan S. Redline, M.D., M.P.H., chief of Rainbow's Division of Clinical Epidemiology, and professor of pediatrics at Case.

Dr. Redline says her researchers believe the oxygen deprivation that occurs with sleep apnea causes an insulin-resistant

state. However, no researcher to date has been able to establish whether therapy for sleep disorders will reverse this abnormality.

Dr. Redline and her team will recruit 114 adults, and screen them over a nine-month period. Half will be randomized to two months of effective Continuous Positive Airway Pressure (CPAP) therapy, the standard treatment for sleep apnea, while the other half will receive altered CPAP, which will not deliver sufficient pressure to reverse the airway collapse that occurs. All participants will have access to a sleep counselor during the study, and receive a free CPAP machine following the study.

"We are starting with adults because they are at the highest risk at this point," Dr. Redline says, but the study has important implications for children, too.

Gene therapy tested to protect bone marrow during chemotherapy Preliminary results look promising in a UHC and Case study of the use of gene therapy to make aggressive chemotherapy treatments more tolerable for cancer patients.

Led by Stanton L. Gerson, M.D., director of Ireland Cancer Center and the Center for Stem Cell and Regenerative Medicine, researchers from University Hospitals and the Case Comprehensive Cancer Center are trying to introduce a gene into bone marrow cells that would protect the cells against the debilitating effects of chemo, thereby helping patients maintain greater strength following chemotherapy.

Dr. Gerson presented results of a Phase I clinical trial to the American Society of Gene Therapy at that group's meeting this summer. Their efforts resulted in no complications in five patients who



had been tested at that point, and up to 41 percent transfer of the protective gene to the bone marrow, or blood stem cells. Dr. Gerson's research team includes Jane Reese, Ph.D., and Omer N. Koc, M.D. Future clinical trials are expected.

Lasers replace surgery in new varicose vein treatment A non-surgical, laser procedure to treat unsightly and painful varicose veins is now available at UHHS Chagrin Highlands Medical Center. The procedure treats Greater Saphenous Vein (GSV) reflux, the most common underlying cause of varicose veins.

One of the most prevalent diseases in the United States, varicose veins afflict more than 40 million Americans. Left untreated, half of all patients will experience chronic venous insufficiency, leading to leg swelling, eczema, venous hemorrhage, or ulceration.

Traditional treatment of GSV reflux includes the surgical stripping of veins performed under general anesthesia in operating rooms, with varying outcomes, including several potential complications. The new procedure can be performed in the office of a trained physician in less than one hour. Patients can avoid the risks and complications associated with general anesthesia, hospitalization and surgical complications.

For more information about this treatment and varicose veins, call 216-896-1850.

NIH grant funds research on nervous system disorder A \$7 million NIH study began at UHC to investigate Multiple Systems Atrophy (MSA), a baffling nervous system disorder.

"This is a fatal disorder that afflicts at least 50,000 people in this country, but we consider that number to be woefully inaccurate because many more people with MSA have been misdiagnosed with other disorders, such as Parkinson's disease," says neurologist Thomas C. Chelimsky, M.D., director of the Autonomic Laboratory at UHC and associate professor of neurology at Case. Symptoms of MSA include muscle stiffness, slowed movements, balance and coordination problems, a significant drop in blood pressure while standing that can lead to frequent fainting and serious falls, urinary difficulties, male impotence, speech and swallowing difficulties, and blurred vision.

Patients are evaluated at the UHC Autonomic Laboratory, one of the only facilities of its kind in Ohio and surrounding states. Using state-of-the-art equipment, the lab offers non-invasive testing that evaluates abnormalities in the control of blood pressure, heart rate, urination, digestion, sexual function, and sweating.

This 5-year study marks the first broad, comprehensive project to identify environmental and genetic risk factors that may contribute to developing MSA. Other sites involved in the study include the Albert Einstein College of Medicine, Baylor College of Medicine, Boston University, Mayo Clinic, and University of California at San Diego.

The Philanthropic Spirit



photo DON MCCLUNG

VETERAN FUNDRAISER APPOINTED TO NEW UHHS SENIOR VICE PRESIDENT POST

Sherri L. Bishop has been appointed senior vice president for Institutional Relations and Development for University Hospitals Health System.

Ms. Bishop previously was vice chairman of the Division of Institutional Relations and Development at The Cleveland Clinic Foundation. She served in positions of increasing responsibility there over 13 years, in the areas of planned giving, campaign manage-

ment, and principal gifts. Ms. Bishop earned her B.A. from the University of Cincinnati and a J.D. from Case Western Reserve University School of Law.

Announcing her appointment, Thomas F. Zenty III, president and chief executive officer of University Hospitals Health System said, "In Ms. Bishop, we have found an extremely results-oriented professional to help us realize our development potential."



\$983,000 Grant to Improve Understanding of Chronic Pain Treatment

The Josiah Macy, Jr. Foundation awarded a \$983,000 grant to physicians specializing in pain management at University Hospitals of Cleveland and Case School of Medicine. The funds, awarded last summer, will be used to conduct a study of pain management practices and to train primary care physicians in caring for patients with chronic pain. An estimated 23 million Americans suffer with chronic pain at a cost to society of \$90 billion annually.

Thomas C. Chelimsky, M.D., a neurologist at University Hospitals of Cleveland and associate professor of neurology at Case, hopes to increase the number of physicians trained to treat patients'

chronic pain. By teaming 24 primary care physicians with specialists, including a study nurse, occupational and physical therapists, a pharmacist, and a psychologist, the physicians will assess patient needs while learning about methods of pain management.

The Josiah Macy, Jr. Foundation, since the mid-1960's, has focused its resources on improving the education of health professionals with particular emphasis on physician education.



a message from George M. Humphrey, II and Sheldon G. Adelman Co-Chairs of the Development Committee, University Hospitals Health System Board of Directors

ENORMOUS OPPORTUNITIES AHEAD

The future looks bright for University Hospitals Health System (UHHS) with new leadership; a five-year strategic plan taking shape; a 50-year partnership agreement with our academic affiliate, Case Western Reserve University; and renewed involvement of board members and supporters.

UHHS's five-year strategic plan, being spearheaded by UHHS President and CEO Tom Zenty, will make a dramatic difference in the future of University Hospitals – a difference made possible by the philanthropy of generations of loyal and generous friends. Stay tuned for details as this vital plan is finalized.

Meanwhile, our comprehensive, community-based healthcare system serves more people than ever in Northern Ohio. Grateful patients are becoming increasingly engaged in the charitable giving that enables University Hospitals to maintain excellence.

In positioning University Hospitals as the health system of choice, the Boards of Directors of University Hospitals of Cleveland and University Hospitals Health System restructured in 2004, and formed a common UHHS Development Committee, which we chair. In addition, we are pleased that Sherri L. Bishop, Esq., joined University Hospitals' leadership in October, as UHHS Senior Vice President for Institutional Relations and Development (see announcement on page 26).

The new structure of UHHS-focused development presents enormous opportunities for us to share our enthusiasm about a health system that provides patients with a seamless array of services, from primary, to specialty, to emergency and rehabilitative care.

Already, in 2004 the following gifts and pledges, and several others, were announced:

- \$25 million commitment from Dr. Donald J. and Mrs. Ruth W. Goodman to University Hospitals of Cleveland and Ireland Cancer Center.
- \$2.2 million estate gift to support UHHS Geauga Regional Hospital's emergency room renovation.
- \$1.5 million gift commitment from UHC Board member Maxeen Stone Flower and her husband, John A. Flower, to endow The Maxeen Stone and John A. Flower Chair in Neurology.
- \$1 million gift to Ireland Cancer Center from an anonymous grateful patient.
- \$560,000 grant from the Elisabeth Severance Prentiss Foundation for a Medical House Call program.
- More than \$500,000 raised for the UHHS Memorial Hospital of Geneva emergency department capital campaign.
- \$320,000 pledged by more than 1,760 contributors during the Brian & Joe Rainbow Radiothon.

We look forward to building on these achievements in the year ahead, through your help and involvement at this exciting time.

New Pender Quiet Room

PROVIDES SANCTUARY FOR PARENTS OF CRITICALLY ILL AND INJURED CHILDREN



photo JOE GULICK

Katherine and Jim Pender with granddaughter, Katherine Reagan Clark.

When Katherine C. and James R. Pender's youngest son, Michael, sustained serious injuries in a Florida boating accident, he was just 8-years-old. While Michael was in an adult Intensive Care Unit in a Florida hospital, his parents slept on the floor to be near him. Six months later, he was moved to Rainbow Babies & Children's Hospital. His father credits one of Michael's doctors in particular, now-retired Carl Doershuk, M.D., for helping his son grow emotionally and physically, when they were not even sure he would survive.

After beating the odds for so many years, Michael passed away from complications of his injuries in 1991 at age 19. The Penders looked for ways to help other parents of critically injured children, and Jeffrey L. Blumer, M.D., Ph.D., chief of the Division of Pediatric Pharmacology and Critical Care at Rainbow Babies & Children's Hospital, invited them to participate in discussions of parents' needs. After Michael's death, a "quiet room" for parents was established near the Rainbow Pediatric Intensive Care Unit (PICU) to provide a place where parents could escape the activity of the hospital and just sit quietly.

In April, a new "Pender Quiet Room" was established near the renovated PICU thanks to the Penders' compassion and generosity. Mr. Pender remarked, "The positive response...of professionals at Rainbow proved that even in circumstances involving a terminally ill child, it is possible for people to work together to find ways to help each other and be hopeful."



Rainy Rainbow Golf Classic Still a Winner

August 30 was a rainy day, but that didn't deter golfers in the 21st annual Rainbow Golf Classic at Kirtland Country Club. The event raised more than \$112,000 for Rainbow Babies & Children's Hospital.

Golf Classic attracted some of the area's top corporate leaders and remains one of the most successful golf fundraisers in Northeast Ohio. Stephen J. Knoop, of RPM International, and a Golf Classic committee member, filled in as event chair for Christopher R. Hardt, of PricewaterhouseCoopers, who was called to jury duty. Tim White, news anchor, for WKYC Channel 3, emceed the event and led the auction/raffle to its most successful year ever.

Marian C. Dickey, a medical student diagnosed with a brain tumor at the age of 21 was the featured speaker. Despite her "advanced" age, Marian learned that the best place for her surgery was Rainbow Babies & Children's Hospital. She even had her surgery videotaped, to share with fellow medical students. Alan R. Cohen, M.D., Rainbow surgeon-in-chief, performed Marian's surgery last March. Today, she is back at medical school with plans to become a neurosurgeon.



MENOPAUSE RAISES FUNDS, AWARENESS, AND THE ROOF!



PHOTO: ANTHONY GRAY

Shelly Adelman, UHHS board member; Karen Coughlin, Rainbow board member; and Meri Armour, UHC senior vice president, Women's, Children's and Cancer Services

"Menopause the Musical," the hilarious off-Broadway hit, has had audiences in stitches since last spring, playing at Playhouse Square Center's 14th Street Theatre. The nationally acclaimed celebration of women and "the change" came to Cleveland in March, to benefit University Hospitals MacDonald Women's Hospital and Ireland Cancer Center.

Producing partners for the Cleveland staging of "Menopause the Musical" were University Hospitals' supporters Terry and Sheldon G. Adelman, and Karen and Jeg Coughlin, Jr., who announced they would donate their net proceeds from the production to MacDonald and Ireland. Mr. Adelman serves on the board of University Hospitals Health System and co-chairs that board's Development Committee. Mrs. Coughlin is a member of the Board of Trustees of Rainbow Babies & Children's Corporation.

When the show opened, Mr. Adelman said, "This is truly a unique way to raise awareness and significant dollars for the vital research pioneered by University Hospitals of Cleveland."



William T. Dahms, M.D.

NAMED MARY B. LEE CHAIR AND DISTINGUISHED SCIENTIST IN DIABETES

In recognition of a distinguished career in academic medicine, William T. Dahms, M.D., was named University Hospitals of Cleveland's first Mary B. Lee Chair and Distinguished Scientist in Diabetes.

The UHC Board of Trustees established the Mary B. Lee Chair in 2000 "to advance medical research on the causes, treatment, and consequence of diabetes." As specified by the Board resolution, the purpose of the chair is "to support a distinguished scientist and established investigator in diabetes, who is dedicated to seeking new

knowledge of human disease to reduce suffering related to diabetes, and committed to advancing the field through medical education."

"During Dr. Dahms' 35-year career as a physician/scientist — including more than 25 years at Rainbow Babies & Children's Hospital — he has been tremendously respected by his peers for his diabetes work, and by the entire faculty of physicians/scientists for his leadership as director of the UHC Institutional Review Board," says Fred C. Rothstein, M.D., president and chief executive officer of UHC.

For 15 years, Dr. Dahms was chief of the Division of Pediatric Endocrinology and Metabolism. He remains associate director of clinical research, and director of UHC's Institutional Review Board. Dr. Dahms has published more than 30 peer-reviewed articles and several book chapters on pediatric diabetes. "He is a model of an academic physician committed to clinical research," Dr. Rothstein adds.

Mary Blossom Lee, who died in 1976, was a generous philanthropist who supported music, the arts, and education, as well as medical research.

Wolfgang Puck whips up dinner for Five Star corporate sponsors

Celebrity chef Wolfgang Puck prepared an appreciation dinner in November for the generous corporate sponsors of the 2003 Five Star Sensation, which raised over \$1 million to benefit University Hospitals Ireland Cancer Center.

Mr. Puck, along with chefs from his Spago restaurants, hosted more than 300 Five Star supporters at the Prime Steak House (formerly Hyde Park Grill) in Beachwood. Underwriting the appreciation dinner were Hyde Park Restaurant Systems, Inc. and Siemens Medical Solutions USA, Inc.

The next Five Star Sensation will be June 17, 2005. The biennial event has been called Cleveland's premier food and wine event, featuring some of the nation's most accomplished chefs and vintners.

Funds raised through Five Star Sensation support the pioneering research, leading-edge technology, and compassionate patient care that distinguish Ireland Cancer Center as the #1 cancer center in the Midwest, and one of the top cancer programs in the nation.

SUSAN G. KOMEN FOUNDATION AWARDS \$57,000 TO IRELAND CANCER CENTER

The Northeast Ohio affiliate of The Susan G. Komen Breast Cancer Foundation has awarded \$57,000 to University Hospitals Ireland Cancer Center to fund a breast cancer education and outreach effort targeting young African-American women in Cleveland's inner city.

Project T.E.M.P.L.E. (Teaching-Educating-Mentoring-Preventing-Learning-Empowering) drew 158 women from the Central and Fairfax neighborhoods to 34 small-group, education sessions, run by healthcare professionals from Ireland Cancer Center and

MacDonald Women's Hospital. Participants learned about breast self-examination, breast cancer warning signs, the dangers of tobacco use, and the importance of healthful diets and exercise.

African-American women are more likely to be diagnosed with breast cancer at a later stage than Caucasian women, and are also more likely to die from the disease. To address this racial disparity – which may be due to late-stage diagnosis and characteristics of African-American women's tumors – University Hospitals is committed to undertaking new and creative efforts to educate women regarding prevention, screening, and treatment.

Radiothon pledges top \$320,000 for Rainbow



Brian Fowler and Joe Cronauer, Mix 106.5 WMVX radio personalities, celebrate a preliminary total raised at the Brian & Joe Rainbow Radiothon.

With the support of over 700 volunteers, and calls from over 1,700 contributors, more than \$320,000 was pledged to benefit Rainbow during the second annual Brian & Joe Rainbow Radiothon. The 32-hour live broadcast was hosted by radio personalities Brian Fowler and Joe Cronauer from Mix 106.5 WMVX.

During the live broadcast, August 5-7, Brian and Joe interviewed over 30 patients and their families, who shared their Rainbow experiences with Mix listeners, and inspired contributions. Phone bank volunteers processing those calls consisted mainly of Children's Miracle Network sponsors, including local employees from Blockbuster, Credit Unions for Kids, Wal-Mart and Sam's Club, RE/MAX, Marriott, Foresters, Dairy Queen, Rite Aid, and Costco. Rainbow patients and their families staffed a special phone bank shift during the last day of Radiothon.

Radiothon sponsors included Foresters, a financial services organization; Capital Home Mortgage; Parmatown; and Tops Friendly Markets.

Prior to Radiothon, more than 500 people attended the Brian & Joe Change Gang Bash, which netted \$57,000 in coins. The "Bash," held August 3 at the Embassy Suites Cleveland-Rockside Hotel, culminated two months of fundraising by Change Gang Leaders, who collected donations from co-workers, friends, and family. Change Gang sponsors included Panera Bread, Embassy Suites Cleveland-Rockside, Key Bank, and Brinks.

UHC establishes Cleveland's first endowed chair for African-American physician



UHHS Board member Richard Pogue, Edgar Jackson, M.D., and Thelma Jackson.

PHOTO: JOE GLICK

Edgar B. Jackson, Jr., M.D.

University Hospitals of Cleveland's first endowed chair for an African-American physician in Cleveland was dedicated earlier this year. The Edgar B. Jackson, Jr., M.D., Chair honors the former chief of staff and senior vice president of clinical affairs of University Hospitals of Cleveland, who dedicated much of his own career to encouraging minority students to pursue careers in medicine. Dr. Jackson currently is special advisor to UHC president, Fred C. Rothstein, M.D.

The Chair was established to recruit a physician who would continue Dr. Jackson's legacy of professionalism and dedication to activities that promote the medical profession to minorities, particularly among African Americans. To date, more than \$1 million has been donated to fund the new Chair in an initiative led by Wayne Embry, former team president and chief operating officer of the Cleveland Cavaliers.

Dr. Jackson organized African-American health education initiatives and programs to recruit African-American medical students. He was the first African American at Case to hold the position of Professor of Clinical Medicine and he helped establish the Otis Moss, Jr. ~ University Hospitals Medical Center in Cleveland's Fairfax neighborhood. Dr. Jackson graduated from Western Reserve University with an M.D. in 1966.

reflections

Rx for Overloaded Emergency Facilities



More than 75,000 patients annually receive care from the Emergency Department at University Hospitals of Cleveland (UHC). Over 4,000 are pediatric patients cared for by specialists at the Rainbow Pediatric Trauma Center, the first Level 1 regional pediatric trauma center in Northeastern Ohio.

Many of our patients, or their parents or other caregivers, choose UHC because they want the most advanced care at an academic medical center with specialists in virtually every area of medicine. They know they will have access to our pioneering technologies and treatments. With only 29 acute care beds, however, the Emergency Department has less than half the capacity required for its current volume. Despite overcrowded and often-chaotic conditions, our staff, led by Edward A. Michelson, M.D., chairman of the Department of Emergency Medicine, provides quality, compassionate care. We are tremendously grateful for Ed's leadership and the loyalty and dedication of his team of healthcare providers.

The situation is not unique to the Emergency Department on UHC's main campus. The article on page 8 of this issue of *Legacy* illustrates the critical need for new emergency facilities at UHHS Bedford Medical Center, UHHS Geauga Regional Hospital, and UHHS Memorial Hospital of Geneva. It also summarizes the national crisis in emergency medicine, as emergency departments across the country are stretched beyond capacity, creating long waits for patients, and hectic and stressful working conditions for emergency physicians and staff.

As the coming years bring increased demand, emergency facilities will be stretched even more. Further, in the wake of September 11, healthcare providers are increasingly aware of the need to be prepared for a sudden influx of patients because of catastrophic events. The threat of potential large-scale disease outbreaks also highlights the need for academic medical centers like University Hospitals of Cleveland to have adequate surge capacity and resources.

Stopgap measures to combat overcrowding are not the answer. Increased emergency department capacity, radically changed processes and policies, and improved information systems to handle the flow of patients and patient information more effectively and safely are imperative to make a meaningful difference in the emergency department experience for patients and staff. Surveys indicate that patients who are satisfied with their experience of care have better clinical outcomes than those who are not.

To address the region's pressing needs, we are planning an expansion of University Hospitals of Cleveland's Emergency Department. We envision a department that provides enhanced care, patient comfort, and physician/staff satisfaction. Creating a new facility will be the first step toward increased capacity and innovative changes in emergency medicine at University Hospitals. I look forward to sharing our plans with you as they take shape over the next several months. **UH**

Fred C. Rothstein, M.D.
President and Chief Executive Officer
University Hospitals of Cleveland

ROOMMATES' SURPRISE REUNION



We bet medical school roommates Robert Stern and Ed Jackson were quite a team during their days at Western Reserve University in the '60s. The two were reunited earlier this year, when Dr. Stern traveled from his home in Connecticut to surprise Dr. Jackson at the dedication of the Edgar B. Jackson, Jr., M.D., Chair – the first endowed chair in Cleveland for an African-American physician.

See story on page 29

LEGACY MAGAZINE

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