



***Ingalls Sports Network keeps
players of all ages in the game***

Register to win an iPod at Ingalls.org

- > New Approach to Hip Replacement Speeds Recovery
- > Former Chicago Bears Player Joins Ingalls Sports Network
- > Promising Treatment Options for Prostate Cancer
- > New Research in Breast Cancer Available at Ingalls
- > New Hope for Macular Degeneration Patients



**Clinical Excellence.
National Recognition.**

2007 Ingalls Annual Report

Ingalls Healthcare Expenditures

Our People	\$147,658,929
Patient Care Supplies	64,094,030
Building Insurance/Interest	7,144,035
Purchased Services	39,015,057
Depreciation and Amortization	18,671,052
Medicaid Provider Assessment	15,227,556
Provision for Bad Debts	13,970,621
Total Expenditures	\$305,781,280

Capital Investments

IHS and Affiliates	31,896,000
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Charity Care and Community Service

Free and Unpaid Care	\$30,177,438
Community Service Activities and Employee Volunteerism	1,289,000
	\$31,466,438
Contributions & Other	\$3,058,600
Bequests, Trusts & Memorials	239,531
	\$3,298,131

Patient Care Services Summary, FY 2007

Admissions (excluding births)	19,169
Inpatient Days	93,167
Births	1,447
Avg Daily Census (excluding newborns)	255
Emergency Dept Visits	32,234
Outpatient Visits (excluding ER)	269,121
Total Urgent Aid Visits	40,561

Home Health

Intermittent Care Visits	38,182
Private Duty Hours	93,301
Hospice Days of Care	15,903
Infusion Therapy Days	11,413

Surgeries

Inpatient	3,413
Ambulatory	6,826

Message to the Community

A healthcare system must address many needs to be successful, and Ingalls works continually to achieve a level of excellence.

We must be always vigilant to provide our patients the highest quality clinical programs in a warm and service-oriented environment. We make capital investments to assure that our technology is superior, and that we operate in a hospital setting that is attractive, safe and modern. We reach out to address the complex healthcare needs of all our neighbors, whether they can afford it or not. We strive to be fair and open with our dedicated work force, and we encourage our medical staff to adopt leading-edge techniques that keep us at the forefront of medical care.

The results speak for themselves as you'll see this reflected in stories on the following pages, and in the faces of our patients. Not always evident in those stories, however, are the investments made to ensure these programs are state-of-the-art.

This year we extended our Integrated Heart Care Center capabilities with the new electrophysiology lab, expanded our busy Interventional Radiology Suites, and completely renovated and upgraded our operating rooms. Ingalls recently opened our first all-private patient care unit for the care of joint, spine and neuroscience patients, and there are more private patient rooms under development. Our investments for the future include a major restructuring of our Calumet City campus with increased access to physician services, diagnostics, and capacity in our 24/7 Urgent Aid Center.

We believe that Ingalls is more than a community hospital. We take pride in our national recognition, cancer clinical trials options, and many more affiliations, accreditations, and community partnerships. We are the area's only independent healthcare system, and we offer more convenient and comprehensive outpatient facilities and programs.

But don't take our word for it. Read just a snapshot of what others have to say, and then let us show you.



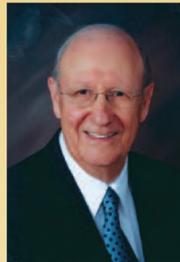
Six years straight!

Kurt E. Johnson
President and CEO
Ingalls Health System

Eugene M. Feingold
Chairman, Board of Directors
Ingalls Health System



Kurt E. Johnson



Eugene M. Feingold

Staff Updates

Shelly T. Dixon, M.D., specializes in pediatrics. Dr. Dixon received her medical degree from the University of North Carolina at Chapel Hill. She served an internship and her residency at Medical College of Wisconsin Affiliated Hospitals in Milwaukee. Dr. Dixon is certified by the American Board of Pediatrics. Her office is located at Family Christian Health Center (31 West 155th Street in Harvey).



Cynthia Goldman, M.D., specializes in general internal medicine. Dr. Goldman received her medical degree from Indiana University School of Medicine. She served her residency at the University of Illinois at Chicago. She is certified by the American Board of Internal Medicine. Her office is located at Ingalls Family Care Center (1600 Torrence Ave., Suite B, in Calumet City).



Ronald Rembert, M.D., specializes in family medicine. Dr. Rembert received his medical degree from Chicago Medical School/Rosalind Franklin University of Medicine and Science in Chicago. He served a residency at Rush Medical Center and at Advocate Illinois Masonic Hospital. He is certified by the American Board of Family Practice. His office is located at Family Christian Health Center (31 West 155th Street in Harvey).



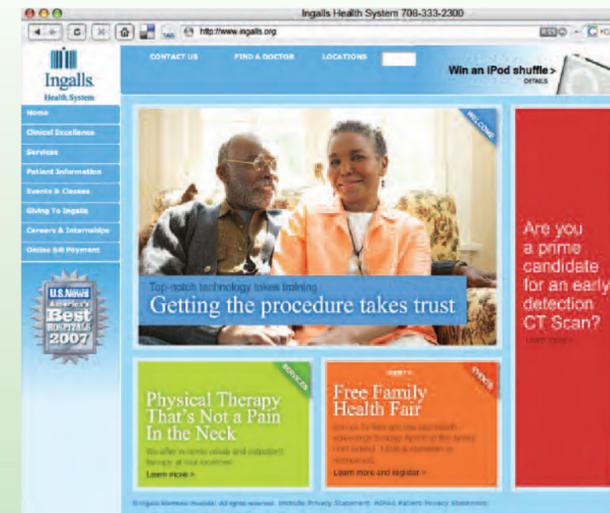
Web Site Offers Updated Health Information Register to win today!

Ingalls has refreshed its web site to make it even easier to find the information you're searching for.

Visit www.ingalls.org and register to win one of three iPod shuffles. Simply fill out a quick registration and be entered to win.

Ingalls will contact winners by e-mail. Winners' names will also be published in the next issue of Ingalls Progress. Thank you and good luck!

Employees not eligible.



Our Passion is Caring for the Community



Joan Millender

At Ingalls, we're not satisfied to simply provide patient care 24 hours a day, 365 days a year. Our dedicated, passionate employees, medical staff and volunteers regularly reach outside the walls of our Hospital and Family Care Centers to educate and offer vital medical care to thousands of people in the communities we serve.

These Community Benefits are designed to prevent illness and improve health and well-being. In Fiscal Year 2007 alone, Ingalls provided invaluable outreach services to thousands of men, women and children throughout our service area.

Specifically, Ingalls hosted 210 free community screenings, educational programs and health fairs, touching the lives of nearly 50,000 individuals. Highlights included free or discounted mammograms to nearly 1,400 area women; free prostate screenings for more than 400 men; and free or

deeply discounted children's physicals and immunizations to 450 area children preparing for school through our Annual Kids Fest.

"The goal of our very successful Kids Fest is to get area children back to school on time by providing required physicals and immunizations," explains Joan Millender, Ingalls Director of Community Relations.

Thanks to our partnership with the Cancer Support Center, with a new location in Mokena, we reach more than 100 cancer patients and their families a month through health lectures, counseling, support groups, screenings and wellness programs.

For the eighth consecutive year, Ingalls Southland Coalition to Conquer Breast Cancer sponsored a forum to heighten breast cancer awareness, early detection and prevention, especially among African-American women who are at increased risk of dying from this disease.

Our employees, medical staff and volunteers continue to show their support and generosity for many community fundraisers throughout the year. In fact, Ingalls colleagues help bring holiday joy through food and toy donations to 500 area families each year.

Through these and dozens of other outreach activities, Ingalls strives to meet the region's most pressing health care needs – and be a good neighbor.

We bring quality care to your neighborhood

Ingalls has the most extensive network of outpatient care centers in the South Suburbs. Wherever you live or work, you'll find an Ingalls facility nearby:

- > Ingalls Memorial Hospital, Harvey (156th and Wood Streets) 708.333.2300
- > Ingalls Family Care Center, Calumet City (170th and Torrence Ave) 708.730.1300
- > Ingalls Family Care Center, Flossmoor (On Governors Hwy between Kedzie and Vollmer) 708.799.8400
- > Ingalls Family Care Center, Matteson (Route 30 east of Cicero) 708.747.7720
- > Ingalls Family Care Center, Tinley Park (159th St east of Oak Park Ave) 708.429.3300
- > Ingalls Center for Outpatient Rehabilitation (ICOR) Calumet City 708.862.5500
- > Ingalls Home Care 708.331.0226
- > Ingalls Cancer Care Centers Harvey – 708.915.6620 Tinley Park – 708.915.7800
- > Ingalls Same Day Surgery Tinley Park 708.429.0222
- > Ingalls Wellness Center (H-F Racquet & Fitness Club) Homewood 708.206.0072
- > Cancer Support Center Mokena 708.478.3529
- > Ingalls Care Connection Information and Referral Line 1.800.221.2199
- > TTY for hard of hearing: 1.800.526.0844

“French Hip” Replacement Speeds Recovery, Minimizes Risk

Nearly 300,000 Americans undergo hip replacement surgery each year, followed by an extensive recovery process.

But thanks to the work of orthopedic surgeons on staff at Ingalls, a minimally invasive hip replacement surgery that is unique because it takes an “anterior approach” is now available to residents of the South Suburbs. It is becoming known as the “French Hip” procedure as it originated in France in the late 1940s.

The anterior approach to hip surgery allows surgeons to reach the hip joint from the front of the hip, so they can work between the muscles and tissues without detaching them, sparing these tissues from a lengthy healing process.

With special training in this European technique, board-certified orthopedic surgeons Drs. David Smith and Joseph Thometz brought the anterior approach to Ingalls and have seen very positive results in their patients – like William Metz of Schererville, Ind., and Nancy Fallah of Olympia Fields.

“I haven’t experienced any pain or problems since having the procedure done in late July,” Fallah explained. “I feel great.” Since then, Fallah has set aside her walker to enjoy a life free of hip pain.

Metz, who suffers from arthritis of the hip, had the surgery to replace his right hip in November. Two years earlier, he had his left hip replaced using the traditional “posterior” approach.

William Metz and Nancy Fallah

“The anterior approach is a lot less invasive,” he added. “And it’s much better in terms of recovery. I don’t have to worry about sleeping with a pillow between my legs. And I can stand in the shower.”

The anterior approach is made possible with the use of a high-tech operating table in which Ingalls recently invested. “The table gives the surgeon excellent access to the femur, or thighbone, in order to position the stem of the implant effectively,” Dr. Thometz added.

“Rehabilitation following the anterior approach is simplified and accelerated, dislocation risk is reduced, leg length is more accurately controlled, and the surgical incision is relatively small,” Dr. Smith said.

Other benefits to patients include a shorter hospital stay (two to four days vs. three to 10 days with traditional hip replacement surgery); a smaller incision, less muscle trauma, reduced blood loss, less pain and a more rapid return to normal activities.

Latest Advancements in Knee Surgery

Many people think of the human knee as a basic “hinge” joint, though it is considerably more complex. It actually rotates as it bends: from six degrees during a simple walk, up to 15 degrees while squatting.

When this hard-working joint is healthy, the knee moves easily, but as we age, knees start to show signs of wear and tear from overuse, injury or osteoarthritis – the knee’s biggest enemy.

Conservative measures like exercise, pain medication or physical therapy help some individuals conquer knee pain. But for nearly 400,000 Americans every year, knee replacement surgery is the best option.

Today, patients at Ingalls have more choices than ever when it comes to knee replacement surgery.

Rotating Knee Implant

“The rotating platform knee is the only one that bends and rotates, more closely mimicking the motion of the natural knee, allowing it to twist and turn, move back and forth, as well as flex and extend,” explained David Smith, M.D., orthopedic surgeon on staff at Ingalls.

That’s good news for people like Debbie Turk of Orland Park, who have suffered with knee pain for years. Turk spends her days working with special needs students, which means a lot of moving around. When osteoarthritis started interfering with her ability to do even simple things like walk or garden, Turk faced the inevitable: a total knee replacement.

To make matters worse, both of Turk’s knees were bad, so two surgeries awaited her. In 2006, she had her right knee replaced with a standard, fixed-bearing knee implant. As she expected, a painful recovery took several months, with six months spent in physical therapy.



Dr. Joseph Thometz and Dr. David Smith

Then, just one year later, Turk braced herself for a second surgery – this time on her left knee. The only difference: Turk and her orthopedic surgeon, Joseph Thometz, M.D., chose the rotating platform knee.

What a difference it made!

“I recovered more quickly and have better flexion with the rotating platform knee,” she explained. “I tell everyone that I have two new knees: a 2006 model and a 2007 model.”



“I had to go upstairs on all fours.”
– Gwendolyn Brownlee

Standing: Debbie Turk
Sitting: Gwendolyn Brownlee

Improved gait was something that Gwendolyn Brownlee of Riverdale noticed right away when she had her left knee replaced with the rotating platform knee in June.

“My gait was so imbalanced before. I also couldn’t ride my bike, and I had to go upstairs on all fours,” she explained. Less than six months after surgery, Brownlee says she feels as good as new.

“Even my physical therapist was shocked at how well I did after surgery,” she said.

Partial Knee Replacement

For some patients, total knee replacement may not be necessary, thanks to a state-of-the-art alternative. Three years ago, Ingalls was among the first hospitals in the U.S. to offer a new partial knee replacement, a less invasive alternative to total knee replacement. The Oxford Unicompartmental Knee system involves a smaller incision, less bone removal, and faster recovery.



Dr. Dan Weber

“It’s a good, lasting alternative to total knee replacement,” according to board-certified orthopedic surgeon Dan Weber, M.D. “While the procedure is relatively new to the U.S., it has been used successfully in Europe since 1982.”

The unicompartmental knee works so well, Dr. Weber says, because of the unique design. “Total knee replacement involves removing and replacing all three compartments of the knee. Partial surgery leaves healthy ligaments in place and allows the knee to rotate naturally.”

Patients go home after one day instead of the three-day hospitalization for total knee surgery. Physical therapy is still required, but it is much quicker and less painful.

“There are other partial knee replacements but they are marketed as temporary,” says Dr. Weber. “This is the only design meant to last.”

A Revolutionary New Alternative to Spine Surgery

For nearly two years, Harold Becker of Crete suffered pain in his back and legs. Increasingly, the 82-year-old found it more difficult to work around his house and in his yard. Even walking short distances proved painful.

Eventually, Becker turned to his doctor who recommended epidural cortisone injections to relieve the pain caused by the pinched nerves. Unfortunately, the relief was short-lived for Becker, who continued to live with debilitating back and leg pain.

“Then my next-door neighbor recommended Dr. Luken,” he recalled. “When you get an opinion from someone you’ve known for 30 years, you take his word for it.”

And that’s exactly what Becker did. Following a consultation with Dr. Luken, Becker underwent an X-Stop procedure at Ingalls in May. Just a few days after surgery, Becker noticed a big improvement in his back and legs. And within weeks, he was back to cutting wood and working in his yard.

“We can offer the X-Stop procedure to patients who may not be candidates for traditional surgery,” Dr. Luken said. “Studies have shown that most patients, even those with other medical conditions, tolerate the procedure quite well.”

The X-Stop is a titanium implant that fits between the spinous processes of the lower (lumbar) spine – the bony projections at the back of the vertebrae, just underneath the skin. The titanium “spacer” separates the ligaments and bone, which prevents pressure on the affected nerves and immediately relieves the pain.

“The X-Stop represents a significant improvement in the treatment of this degenerative condition,” he added. “It is a safe, effective procedure that can offer lasting results to patients who, for years, have suffered from debilitating pain in the back and the legs.”

“Before the surgery, I couldn’t walk very far at all, and it took me a couple days to cut the grass,” Becker explained. “Now I can cut the grass in one day and keep on working. I am very satisfied with Dr. Luken, and I would highly recommend this to friends and family.”



Dr. Martin Luken with Harold Becker

For more information on any of the innovative treatments available through Ingalls Joint & Spine Center, call Ingalls Care Connection at 1.800.221.2199.

Who Can Benefit from the X-Stop Procedure?

- 50 or older
- Have a confirmed diagnosis of lumbar spinal stenosis
- Have pain or cramping in their back or legs that improves when sitting, lying down or flexing their spines forward
- Have tried other non-surgical treatments

Playing it Safe is Key to Preventing Sports Injuries

Playing sports is fun. Getting injured isn't. According to the American Academy of Orthopedic Surgeons, more than 3.5 million children are involved in sports-related injuries every year. Most common are basketball injuries, followed by football, baseball and soccer.

"Participation in any sport teaches kids to stretch their limits and learn sportsmanship and discipline," said Dr. Gregory Primus, orthopedic surgeon on staff at Ingalls and former wide receiver with the Chicago Bears and Denver Broncos. "Any sport brings with it the potential for injury, but by following simple safety guidelines, you can help make athletics a positive experience for your child."

The first rule of thumb is a thorough physical exam and medical history before hitting the playing field.

"If a parent had a heart attack before age 50, that should be a red flag," Primus said. "What many people don't know is that undiagnosed sickle cell trait is the fourth leading cause of serious injury in young athletes, as it can cause muscles to break down when they're stressed."

"It's very important that the athlete, parents, coaches, trainers and doctors are on the same page when it comes to existing or potential health concerns," he added.



Dr. Gregory Primus

A basic level of fitness is also a requirement for participating in any sport. Then, a sport-specific conditioning plan devised by coaches and trainers – ensuring proper biomechanics – will not only help him/her succeed in their chosen sport, it will also help prevent injury.

Staying well-hydrated while playing sports is crucial to preventing dehydration, as well as heat exhaustion or heat stroke, so "be sure to drink water at regular intervals," he said.

Proper equipment is also a must. If you're not sure what your child needs, ask the coach.

Finally, be sure to select leagues and teams that have the same commitment to safety and injury prevention that you do. The team coach should have training in first aid and CPR; enforce rules; and require that safety equipment be used at all times.

For more information about Ingalls Sports Medicine program, and the specially trained physicians on staff, call Ingalls Care Connection at 1.800.221.2199.

Don't Sweat It! Ingalls Sports Network Treats Athletes of all Ages

Whether you're a student athlete or an adult who plays on a recreational team, sports injuries happen to the best of us. If you or a family member have gotten hurt on the field, don't sweat it! Turn to the medical experts with the Ingalls Sports Network (ISN), where you'll receive prompt, professional treatment to help you get back in the game.



Antoinette Looby, 50, Orland Hills
Volleyball player
Injury: Tendonitis
Physician: Dr. Carl DiLella

In July 2007, Toni fell on her elbow. It wasn't a break, though; she had tendonitis. "I play in four different leagues on four different nights."

"I talked to Julie Carlson, ISN Coordinator, and she said she could get some help for me. I saw Julie on a Friday and by Monday, I was in to see the doctor. I was very surprised at how quickly she was able to get me in."

Dr. DiLella took X-rays and found no bone breaks. He gave her a compression strap that she uses for regular exercise (such as Pilates) and while playing volleyball.

Toni's injury happened in July and she took a few months off from her favorite sport voluntarily. She's now back to playing in one league.

"It helps. My elbow feels terrific. I would definitely recommend the ISN."



Blaise Bernardi, 16, Tinley Park
Varsity Football Player (Andrew High School)
Injury: Fractured clavicle
Physician: Dr. Gregory Primus

Blaise, an Andrew High School junior, plays on the varsity football team as a kick-returner. During the first game of the season, he returned a kick 60 yards and was tackled hard and injured. He was in a lot of pain with a fractured clavicle.

When the ambulance arrived, Blaise's mother had the choice of hospitals. "I chose Ingalls. My kids were born there."

Blaise was treated and referred to a surgeon on Saturday but on Sunday, Blaise's dad saw an article

about Dr. Primus in the newspaper. He called the ISN number, Julie Carlson answered, and she was able to get him an appointment with Dr. Primus the very next day.

"Julie was wonderful. She called me after each appointment. She even helped us with our insurance. We had a great experience."

Blaise had outpatient surgery to repair his clavicle, which was broken in three places, and within two weeks, he had his range of motion back. He was back on the football field two months later during playoffs.



Dominic Christian, 10, Calumet City
Youth football player,
South Holland Jets
Injury: Fractured toe
Physician: Ingalls Urgent Aid
in Calumet City

The quarterback for the South Holland Jets, Dominic fractured the middle toe on his left foot after a football game in October. His dad took him to the Ingalls Urgent Aid in Calumet City, where he was X-rayed, diagnosed and given a walking shoe. Though he missed several games, he was able to

play in the final regular season game and the playoffs.

Dominic is an all-around athlete and scholar who plays basketball, pitches for the baseball team and is nationally ranked for the 200-yard dash in track.

"We're very proud of him. He's a great athlete and he's been on the honor roll ever since he started school," said his father.

Mr. Christian would absolutely recommend ISN. "We've been very pleased."

In fact, Dominic's been back to Ingalls Urgent Aid since his sports injury, most recently, when he wasn't feeling well.



Natalie Liakopolous, 22, Oak Lawn
Soccer player at St. Xavier University
Injury: Torn ACL of the right knee
Physician: Dr. Mark Nikkel

Natalie was injured in the first soccer game of the 2007 summer season. She tore her right ACL, which is a very painful knee injury.

"I knew right away that I was seriously hurt. My athletic trainer called the ISN, and I got in to see Dr. Nikkel in just a few days."

An MRI confirmed a full tear of the right ACL. Dr. Nikkel recommended

surgical repair, but wanted the swelling to go down first. Natalie's ACL was repaired using a cadaver graft. Although she was out for the entire soccer season, she traveled with the team.

Natalie, a senior elementary education major at SXU planning to graduate in December 2008, is now in physical therapy, planning to return to soccer in fall 2008.

Natalie would recommend ISN and Dr. Nikkel. "He's the best!"



All photos for this story were taken at the Tony Bettenhausen Recreation Center, a facility of the Tinley Park-Park District. Ingalls is proud to be their exclusive health provider!

"Prehab" Speeds Recovery For Athletes Facing Joint Surgery

"We were going for a field goal against the Pittsburgh River Rats," says Matt Morario, age 20. "I turned to hit this guy and caught my toe in the turf," Matt explains. "There was a loud pop." Matt had torn the anterior cruciate ligament (ACL) and meniscus in his right knee. For Matt, swelling, pain and heartache would follow.

Matt, who has played football since the fourth grade, set his sights on playing in the American Indoor Football League (AIFA), a new professional league. After two years of playing college football, he secured a spot as a professional offensive and defensive lineman for the Danville Demolition. For Matt, it was a dream come true.



Matt Morario

The team physician referred Matt to a renowned orthopedic surgeon, but learned he would have to wait three weeks for an appointment. Matt asked for a second referral and was sent to orthopedic surgeon Dr. Mark Nikkel with the Joint Center at Ingalls Memorial Hospital in Harvey.

"I must admit I was scared about how this injury could impact my future," says Matt.

"Matt was very determined to get his knee back in playing shape quickly," said Dr. Nikkel. "I recommended that he do some prehab work while we waited for the swelling to subside."

Dr. Nikkel explained that prehab – having therapy prior to surgery – would strengthen the muscles around Matt's knee joint and make healing

and recovery after surgery easier. "Prehab gives my patients a head start," says Dr. Nikkel. "Studies show that patients who do prehab have a better overall outcome, and I've seen this happen in my practice."

For Matt, Dr. Nikkel opted to use patellar tendon allograft, a procedure that has increased in frequency over the past decade. "I find that athletes have better range of motion with allograft," says Dr. Nikkel. "Allograft means less surgical time and the patient rarely stays overnight in the hospital."

Matt came through his surgery with no complications and no overnight stay. The minimally invasive approach used by Dr. Nikkel left two small scars and three scars no larger than the tip of an eraser. Matt is working hard at rehab and is on schedule to return to the AIFA in the future.

For more information about the sports medicine program and orthopedic experts at Ingalls, please call 1.800.221.2199.



Dr. Mark Nikkel

Promising High-Tech Treatment for Prostate Cancer Avoids Surgery

When 51-year-old Robert Scrutchions of Chicago was diagnosed with an aggressive form of early-stage prostate cancer last March, he was faced with several treatment options: surgery to remove the cancerous gland; radiation therapy to kill the cancerous cells; or a minimally invasive procedure called cryoablation that uses special freezing technology to destroy the cancer cells, leaving the prostate gland cancer-free.

"For me, the choice for cryoablation was easy," said Scrutchions.

Board-certified urologist Rajesh Patel, M.D., performed the high-tech procedure on Scrutchions at Ingalls Memorial Hospital. Patel, a leading proponent of the technique, performs more cryoablations for prostate cancer than any other urologist in Illinois. In fact, Patel teaches other urologists throughout the Midwest how to do it.

Dr. Rajesh Patel and Robert Scrutchions

"Cryoablation is an effective treatment option for men with aggressive prostate cancer," Dr. Patel explained.

Because there's no incision involved, complications such as blood loss and the risk of infection decrease dramatically. Most patients can get back to their normal activities much sooner than with surgery, sometimes in as little as a week.

"Cryoablation is an extremely effective treatment for prostate cancer, and it's also very successful on aggressive tumors that do not respond to other therapies such as radiation," added Dr. Patel. "In fact, even after other treatments have failed, cryoablation is a promising therapeutic option. It's given new hope to many patients."

"Everything went very smoothly for me," Scrutchions said. "Other than some discomfort from the catheter while I was trying to sleep, I really didn't have any pain. I'm very pleased."

Long-term studies have shown that cryoablation may be as effective as radical prostatectomy and radiation for low-risk cancers, and has particular indication with moderate- to high-risk cancers.

Men who have had a total prostatectomy are not candidates. However, the procedure can be used to treat cancer resistant to radiation. And in cases of cancer recurrence, cryoablation can be repeated.

In addition, PSA levels (an indicator for prostate cancer) often remain at or close to zero following the procedure.

For more information about cryoablation or other prostate treatment options, call Ingalls Care Connection at 1.800.221.2199.

Ingalls Leads Investigation of Breast Cancer Treatments

The Cancer Research Center of Ingalls Hospital was one of three cancer centers in the United States to administer a clinical trial of a combination of Sutent, an FDA-approved treatment for stomach and kidney cancers, and Paclitaxel (Taxol), a well-known chemotherapy drug used in the treatment of breast cancer.

Of the 21 breast cancer patients taking part in the worldwide study, Ingalls enrolled 10 patients, making Dr. Mark Kozloff the lead investigator of the Phase I Pfizer study.

"The results are very encouraging," explained Patty Gowland, RN, BSN, OCN, CCRC, director of the Cancer Research Center at Ingalls. "In one instance, a patient's tumor regressed to the point that she could have it surgically removed. Today, she has no evidence of cancer at all, and she has her life back."

The encouraging outcome of the Phase I trial, which concluded in 2006, led to the creation of a Phase III research study now underway at Ingalls and other select sites, comparing the current standard of care (Avastin and Taxol) with a combination of Sutent and Taxol.

Ingalls is currently enrolling women with advanced metastatic breast cancer in this study, which may eventually lead to changing the current standard treatment.

"At the Cancer Research Center at Ingalls, new clinical trials for the treatment of breast cancer incorporate emerging science into clinical practice every day," Gowland said.

Ingalls is one of only a handful of hospitals in the nation actively inviting women with breast cancer at every stage of disease to participate in clinical



Dr. Mark Kozloff



Patricia Gowland, RN, (front center) and the Cancer Research Center team

Is a Clinical Trial Right for Me?

Choosing to participate in a clinical trial is an important personal decision. Carefully conducted clinical trials, like those available through Ingalls, are the fastest and safest way to find whether new drugs or treatments are both safe and effective.

Overall, participants in clinical trials play a more active role in their own health care, gain access to new research treatments before they are widely available, and help others by contributing to medical research.

studies designed to answer important questions about the treatment of breast cancer. Through research and investigation, these new therapies seek to enhance a patient's quality of life while enabling doctors to be more selective as to which treatments a patient is most likely to respond.

Trial Assigning Individualized Options for Treatment (Rx), or the TAILORx study, sponsored by the National Cancer Institute (NCI) is another trial offered at Ingalls for women with early stage, hormone receptor-positive breast cancer. Using sophisticated genetic testing of the cancerous tumor specimen, the study will examine whether genes that are frequently associated with risk of cancer recurrence can be used to assign patients to the most appropriate and effective treatment.

Because chemotherapy can cause serious side effects, doctors are seeking ways to identify patients who will most likely benefit from chemotherapy and those who may be able to avoid chemotherapy. In this trial, doctors use a test called the Oncotype DX Breast Cancer Assay, which measures the activity of a set of genes in breast tumor tissue. Previous research has shown that a low score in this assay identifies women who will have very little benefit from chemotherapy, whereas those with a high score benefit substantially.

A third study for which Ingalls is actively recruiting is the SWOG 0500 trial which measures blood levels of tumor cells in women with advanced breast cancer to determine how well chemotherapy works to kill metastatic cancer cells. The ultimate goal of the study is to enable doctors to better plan treatment for individual patients.

"New ways of fighting cancer are being discovered daily, and through promising research studies like these trials offered at Ingalls, our patients can tap into the very latest treatments right here in the South Suburbs," Gowland added. "Our patients can participate in the same cancer research being conducted at large university hospital, without having to travel far from home."

Ingalls has more than 60 diagnostic, treatment and quality-of-life studies, for all cancer sites, open for enrollment. For more information about clinical trials available at Ingalls, please call 708.915.HOPE (4673) or go online to IngallsHealthSystem.com/cancertrials.

Flexitouch Device at Ingalls Offers Relief from Lymphedema

Imagine the discomfort of a leg so swollen it feels as if it might burst when you stand or walk. That's the discomfort Barbara Fox experienced when she was diagnosed with lymphedema in her right leg following knee replacement surgery several years ago.

"It was painful," Fox recalled. "The skin on my leg was so stretched; it felt like it would burst open when I walked. It was just very uncomfortable."

Lymphedema is an abnormal buildup of lymphatic fluid that causes swelling and pain, most often in the arms or legs. The condition develops when lymph vessels or lymph nodes are missing, damaged or removed. In most cases, lymphedema occurs as a result of a blockage or interruption that alters the flow of lymph fluid through the lymphatic system. Causes include infection, surgery, scar tissue formation, injury, radiation, or other cancer treatment, including the removal of lymph nodes during cancer surgery.

While there is no cure, lymphedema can be controlled through light exercise, wearing compression garments, massage and pneumatic compression.

Once diagnosed, Fox began lymphedema therapy at Ingalls under the supervision of Sandy Collins, a certified lymphedema therapist. Fox faithfully performed her exercises and lymph drainage at home every day, and the swelling went down.

But the real relief came when Collins introduced Fox to the Flexitouch® system, a patented lymph preparation and drainage device designed specifically for the treatment of lymphedema now available at Ingalls. The Flexitouch system consists of a pneumatic controller unit and soft, snug, stretchy garments worn on the trunk and affected extremities, which are connected to the controller unit by tubing harnesses.

"The chambers of the Flexitouch system garment inflate and deflate in a programmed pattern, creating a series of light, therapeutic work-and-release actions against the skin, similar to manual lymph drainage therapy," Collins explained.

Fox was so pleased with the initial results, she now has a Flexitouch system herself. "It's so fantastic, I wouldn't be without it," she explained. "I use it every day, sometimes twice a day." Because it's comfortable and relaxing, Fox uses the device while she's reading, talking on the phone or meditating.

Even with the Flexitouch, Fox continues to do her other exercises on a daily basis, but the overall results are better.

"It stimulates the lymph glands and moves the fluid up and out," she added. "I'm so grateful to Sandy for introducing me to this. Once you get into the habit, it becomes a way of life. And life is definitely much better now."

Flexitouch is covered by most major insurance plans, including Medicare. For more information on lymphedema treatments at Ingalls, call Ingalls Care Connection at 1.800.221.2199.



Sandy Collins with Barbara Fox

Rare Pregnancy Complication Has Happy Ending for Plainfield Woman

Most of us have heard the term “ectopic pregnancy,” in which a fertilized egg implants itself somewhere other than the lining of the uterus – usually in one of the fallopian tubes. Unfortunately, because of the egg’s location, the pregnancy can’t proceed normally.

But a term you’ve probably never encountered before is “heterotopic pregnancy,” an extremely rare form of ectopic pregnancy that involves two embryos, or twins, with one located in the lining of the uterus – and one located elsewhere, usually in one of the fallopian tubes.

“This type of pregnancy is very rare, occurring in one of every 30,000 pregnancies,” explained Sharon James, M.D., board-certified obstetrician/gynecologist on staff at Ingalls.

It’s so rare, in fact, that the experienced physician had never before encountered it until last January, when she met 26-year-old Theresa Sansone of Plainfield.

“Heterotopic pregnancies are difficult to diagnose, and nearly half of them are identified only after the fallopian tube has ruptured, which is a medical crisis for the mother,” she said.

Such was the case for Sansone, who was just a few weeks pregnant in early 2007, when she began spotting and experiencing severe abdominal pain.

Frightened, Sansone quickly went to Ingalls Family Care Center in Tinley Park, where an ultrasound confirmed a heterotopic pregnancy and a fallopian tube that was near bursting.

The quick-thinking staff immediately contacted Dr. James and arranged for an ambulance transport to Ingalls. Once at Ingalls, Sansone underwent emergency surgery by Dr. James, who removed the damaged fallopian tube. Amazingly, the healthy fetus was spared.

Eight months later, Sansone gave birth to a healthy baby boy at Ingalls.



Dr. Sharon James with Theresa Sansone and baby Alan

“Alan is my little miracle,” she said. “He’s perfectly healthy and active, like any other baby.”

Sansone, who could have died or lost both fetuses, is grateful to Dr. James and to Ingalls for their quick diagnosis and treatment.

“It happened so fast,” she recalled. “One minute I was fine, and the next I was bleeding and in pain. I’m grateful that my baby and I are both healthy.”

“He’s definitely a miracle baby,” echoed Dr. James. “Heterotopic pregnancy is extremely rare and doesn’t always have a happy ending. I’m thrilled that Theresa and Alan are doing well.”

Warning Signs of an Ectopic Pregnancy

Pain is usually the first red flag. You might feel pain in your pelvis, abdomen, or, in extreme cases, even your shoulder or neck. Most women describe the pain as sharp and stabbing. It may concentrate on one side of the pelvis, and it may come and go, or vary in intensity.

Any of these additional symptoms can suggest an ectopic pregnancy:

- vaginal spotting or bleeding
- dizziness or fainting (caused by blood loss)
- low blood pressure (caused by blood loss)
- lower back pain

“Miracle” Treatment Improves Vision in Patients with Wet Macular Degeneration

Patients with the wet form of age-related macular degeneration (AMD) have new hope for maintaining – and even improving – their vision thanks to a breakthrough treatment available at the Irwin Retina Center.

The monthly treatment known as Lucentis showed very promising results in several years of clinical studies and received FDA approval as a proven treatment for wet AMD in June 2006. According to research outcomes, nearly 95 percent of patients on the medication maintained their current level of vision while receiving Lucentis injections. Even more remarkable, nearly 40 percent actually saw an improvement in their vision – gaining more than 15 letters of visual acuity on a letter chart. Most of the vision gain occurs rapidly within the first month of treatment.

“Previous macular degeneration treatments were effective in only a small percentage of patients with specific types of wet AMD, and none improved vision,” explained David Orth, M.D., board-certified retina specialist and medical director of the Irwin Retina Center at Ingalls. “Lucentis provides new hope because it has the potential to actually reverse vision loss. And it’s the first therapy to provide a vision benefit for a significant number of patients.”

“Early detection of the wet AMD is very important,” he added.

Vision gains with Lucentis make it possible for patients to look forward to reading or driving again – things they may have been forced to give up before starting treatment.

In fact, that’s precisely what happened for 81-year-old Joseph Lassner of Flossmoor, who began Lucentis treatments with Dr. Orth in June.

Lassner calls Lucentis the “miracle drug” because he saw dramatic improvement in the vision of his left eye within the first couple months of treatment. So much so that he recently resumed driving.

“I saw a definite change in my vision after the very first injection,” he said. “It’s been a wonderful thing for me. Coping with wet AMD can be very difficult, but I feel like I’ve been given new hope.”



Dr. David Orth with Mary Stokes and Joseph Lassner

Mary Stokes of Hazel Crest agrees. Thanks to Lucentis, Stokes, who has struggled with wet AMD in both eyes for several years, has maintained the vision in her stronger left eye and has seen some vision gains in her right.

“I’m able to drive; I can read, and I still enjoy doing needlework,” she said. “I can do everything I did before with my left eye. I feel very fortunate to be receiving Lucentis injections, especially under the watchful eyes of Dr. Orth.”

Understanding Wet AMD and Lucentis

Age-related macular degeneration is a degenerative condition of the macula or central retina. It is the most common cause of vision loss in the United States in those 50 or older, and its prevalence increases with age. AMD varies widely in severity. In the worst cases, it causes a complete loss of central vision, making reading or driving impossible. For others, it may only cause slight distortion. Fortunately, AMD degeneration doesn’t cause total blindness since it does not adversely affect peripheral vision.

Wet AMD, which affects 10 percent of AMD sufferers, occurs when abnormal blood vessels grow in the back of the eye. As the blood vessels grow, they can leak blood and fluid, damaging the macula, which plays a key role in central vision. Lucentis, which is injected directly into the eye, is designed to block abnormal blood vessel growth and leakage.

Along with abnormal growth blood vessels, certain proteins are also thought to play a big role in causing wet AMD. “Lucentis targets these proteins, preventing them from causing more damage to the macula and possibly even reversing their effects,” Dr. Orth added. While there is no cure for wet AMD, it can be successfully managed by treating it monthly with Lucentis.

For more information about Lucentis and other treatments available at the Irwin Retina Center, please call 1.800.221.2199.

Minimally Invasive Alternative for Uterine Fibroid Treatment

Jackie Dennis loves to show off her “before and after” pictures. But they’re not exactly the type of photos you might expect. These are MRI images of her uterus before and after she had a revolutionary procedure called uterine fibroid embolization at Ingalls last January.

To Dennis, the change is nothing short of remarkable.

“I’ve lived with uterine fibroids for 15 years,” she explained. This procedure has made a huge difference in my life.”

What are uterine fibroids?

Uterine fibroids are benign (non-cancerous) tumors that grow on or within the muscle tissue of the uterus and affect up to 40% of women 35 years and older, most commonly among women of African-American descent.

“Fibroids are hormonally sensitive so symptoms are likely to be cyclical, like menstruation,” explained Thomas Aquisto, M.D., board-certified interventional radiologist who performs UFEs at Ingalls.

As estrogen levels tend to increase prior to the onset of menopause, this may cause the size and symptoms of uterine fibroids to increase. During menopause, the levels of estrogen decrease dramatically, causing fibroids to shrink. But women taking hormone replacement therapy (HRT) during menopause may not experience any symptom relief.

“The size of fibroids range from very small (walnut size) to as large as a cantaloupe or even larger,” Dr. Aquisto added.

“Embolization is a minimally invasive means of blocking the arteries that supply blood to the fibroids, and it’s successful more than 90 percent of the time in properly selected patients,” Dr. Aquisto said.



Dr. Thomas Aquisto and Jackie Dennis

Ingalls was the first and is still one of the only hospitals in the South Suburbs to offer uterine fibroid embolization as an alternative to hysterectomy. UFE is a safe, effective treatment that results in a quicker recovery and return to normal activities.

“I have friends who have had hysterectomies, and they said their operations were difficult,” Dennis explained. “After studying alternatives, I learned about UFE.”

Following an overnight stay at Ingalls, Dennis went home and was back to work within a couple days.

“I don’t have that heaviness at the end of the day like I used to,” she said. “And the definition is back in my waist.”

“I used this as an opportunity to update my wardrobe,” she added with a laugh.

For more information about uterine fibroid embolization at Ingalls, call Ingalls Care Connection at 1.800.221.2199.

Uterine Fibroid Symptoms
Depending on size, location and number of fibroids, symptoms include:

- Heavy and/or prolonged menstrual periods
- Unusual monthly bleeding
- Pelvic pain and pressure
- Pain in the back and legs
- Pain during sexual intercourse
- Bladder pressure leading to a frequent urge to urinate
- Pressure on the bowel, leading to constipation and bloating
- Abnormally enlarged abdomen

Ingalls Offers Revolutionary Treatment Cure for Woman's 'Racing Heart'

Patricia Field's decades-old cardiac problem often gave new meaning to the term "racing heart."

While in her early 20s, the former cardiac nurse's heart rate once maxed out at 214 beats per minute – three times faster than the normal pulse rate of 70. Her erratic heart rhythm was caused by a condition known as paroxysmal supraventricular tachycardia (PSVT) – an abnormally fast heartbeat. Because of the disorder's unpredictable nature, Field could feel perfectly fine one day – and awful the next. Dizzy spells, shortness of breath, anxiety and a speeding pulse interfered with her busy life as working wife and mother of two.

Field recalled, "I could do something as simple as bend over, cough or sneeze, and it would trigger the PSVT."

When she was diagnosed back in 1983, medical management with special drugs known as beta blockers was the only available treatment. But increasingly larger doses over the ensuing years became less and less effective.

"I got sicker and sicker and eventually thought I was going to die," she explained.

PSVT is caused by an abnormal electrical circuit in the heart muscle's "wiring." While not generally life-threatening, frequent episodes require treatment, either long-term medication or a procedure known as radiofrequency catheter ablation.

Field turned to Praveen Jammula, M.D., a board-certified heart rhythm specialist on staff at Ingalls. Dr. Jammula is specially trained to perform catheter ablations and many other complex heart rhythm procedures and electrophysiology studies.

"Mrs. Field's quality of life was severely affected by her condition," he explained. "The daily medications were no longer effective. Ablation was the only option."

Using small tubes, or catheters, threaded into the heart, radiofrequency energy (low-voltage, high-frequency electricity) is targeted toward the area(s) causing the abnormal heart rhythm, permanently damaging small areas of tissue. The damaged tissue is no longer capable of generating or conducting electrical impulses – effectively curing the patient. The procedure itself causes little or no discomfort and is done under mild sedation with local anesthesia.

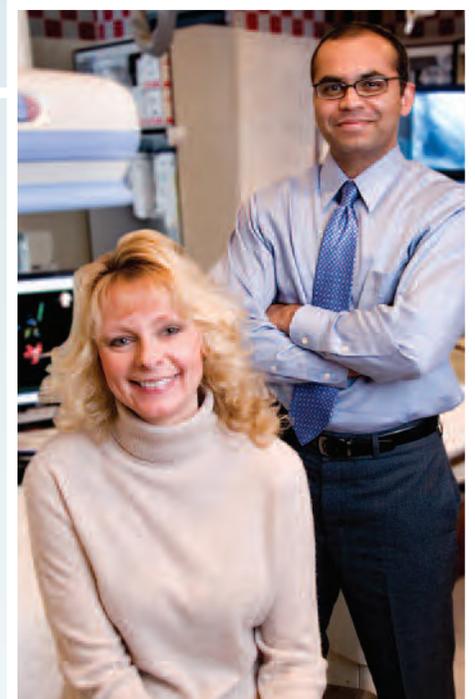
A heart expert in her own right, Field and her husband Timothy, a general/vascular surgeon at Ingalls, were convinced the procedure would help. "I did my research, and I felt very confident with Dr. Jammula and with Ingalls," she adds.

So, this past October, Field underwent the procedure at Ingalls, and after a one-night stay, she was back home and feeling "wonderful."

"I have to admit, I've really taxed myself since I had the ablation," she said, "and I haven't had a single episode. I've shoveled snow, I've jogged on the treadmill, and I feel great. I'm cured. It's exhilarating!"

"Mrs. Field's procedure was a complete success," Dr. Jammula added. "She's gotten her life back."

For more information on high-tech procedures offered through Ingalls Integrated Heart Care Center, call Ingalls Care Connection at 1.800.221.2199.



Patricia Field with Dr. Praveen Jammula

25th Annual FREE Family Health Fair Sponsored by the Homewood Rotary Club and Ingalls Health System

Sunday, April 6, 2008
9 a.m.–2 p.m.

James Hart Junior High, Homewood
183rd & Aberdeen, at the H-F Sports Complex

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