**Laidback Approach Suits Young Patients in Oncology Program**

**AMY ALDERMAN**

STAFF WRITER

There is a calm hush in Comer 2 that is refreshing for Brandon Allmon, who over the past year has visited various other wings at the University of Chicago Medical Center while undergoing treatment for leukemia.

After becoming a patient in the newly established Adolescent and Young Adult Oncology Program, based in Comer 2, he noted the difference. “This is more tailored to somebody my age,” the 27-year-old Chesterton, Indiana, resident said. The AYA Oncology Program’s quiet rooms, lack of waiting lines and emotional and clinical support have helped him be a better advocate for his health. “It’s very laidback. I much prefer it over here.”

The AYA Oncology Program was created to fill a gap in cancer care by drawing together physicians and researchers from multiple medical and scientific fields to cross the boundaries between pediatric and young adult patients with leukemia and lymphoma. Headed by pediatric and adult cancer experts and supported by social workers and counselors, this new program, for patients ages 15 to 30, makes multiple resources available in a single stop at the Comer Center for Childhood Cancer and Blood Diseases at the University of Chicago Medical Center. It is one of only a handful of programs in the county specifically designed for this age group.

“The program centralizes care in one place, where patients can receive additional support services,” said Wendy Stock, MD, professor of medicine and co-director of the Adolescent and Young Adult Oncology Program. “We are able to boost the psycho-social support dramatically, which is crucial for this age group.”

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Unlike children, who gladly accept the benefits of having a family close by to support them, “young adults are often independent from their parents and without partners or spouses,” Stock said. “So their support system for facing the years of challenging treatment ahead may be inadequate. They need support from us to help them gain independence through their treatment.”

In this program, physician-scientists whose studies have helped to improve the treatments for young patients with leukemia and other cancers work together to tailor protocols and services to the needs of each patient. In the program’s new, state-of-the-art outpatient clinic and infusion suite, leukemia, lymphoma and stem cell transplantation experts collaborate with specialists in fertility, gynecology and psychiatry to provide comprehensive solutions for patients and conduct research.

“Our hope is that sharing different perspectives and expertise in pediatrics and the adult world will provide us with a more comprehensive and effective treatment of these cancers,” Stock said.

The care he’s received throughout the Medical Center has been “awesome,” Allmon said. “The nurses and physicians made me feel like I was their only patient,” he said.

### Employee Preview Launches Grand Opening Events for Center for Care and Discovery

**KEVIN BARRETT**

STAFF WRITER

Medical Center and University employees will have a chance to tour the Center for Care and Discovery on December 4 as part of the grand opening events for the new hospital pavilion.

The all-day preview will offer a more comprehensive look at the 10-story, 1.2 million-square-foot state-of-the-art facility than the Employee Sneak Peek could offer last August, said Kathy DeVries, vice president of Marketing and Communications. With construction wrapping up and more of the equipment and furnishings installed, the Center will look and feel much like it will on opening day.

“We want employees to get better acquainted with our new hospital and to feel energized and excited as we prepare to welcome our first patient,” DeVries said.

The tour includes stops in pre- and post-op areas, procedure rooms and ORs on the 5th and 6th floors, patient rooms and nursing stations on the 8th floor, and the chapel, boardroom and food court in the Sky Lobby on the 7th Floor.

“Everyone will also get a chance to take in all the amazing views again,” DeVries added. All Medical Center and University faculty and staff are invited to the preview.

That event will be followed by an invitation-only Opening Celebration Dinner on December 6, a Chicago-Area Community Open House on December 8 and the official Dedication and Ribbon-Cutting on January 14. Register via the Intranet or call 2-2130.
**An Accurate Diagnosis is Critical in Treating Cancer**

**EILEEN NORRIS**  
STAFF WRITER

Warren Brattan and his wife, Eugenia, were taking a leisurely drive along Lake Michigan when "that feeling" came on again. He felt like he was about to pass out in the passenger seat. His wife drove straight to the University of Chicago Medicine emergency department. Brattan, who had been suffering from episodes of chest pain and feeling faint, did not have heart disease or vertigo, as physicians at a local hospital had suggested.

Tests revealed that a large growth in Brattan's chest had wrapped around his aorta and was cutting off the blood supply to his brain. The Aurora resident also had a mass on his neck. Sonali Smith, MD, director of the lymphoma program, diagnosed a rare and aggressive form of non-Hodgkin lymphoma.

For the most effective treatment, an accurate diagnosis is critically important. The Medical Center's multidisciplinary lymphoma team has the experience and expertise to help identify even the most difficult to diagnose of the approximately 60 types of lymphoma. Physicians from around the world consult with the team's renowned hematopathologists.

Lymphoma patients at the University of Chicago Medicine also have access to clinical trials of promising new drugs. That's what saved Brattan's life. He was enrolled in a trial and began receiving chemotherapy, which shrunk the tumors. Five years later, the retired locomotive engineer, 69, feels great and is considered cured.

"I literally owe my life to Dr. Smith and her team," Brattan said.

"Where you are treated first can make a difference," said Smith. Along with access to new chemotherapy drugs and targeted therapies, patients may benefit from seeing a specialist and a team of physicians who treat a high volume of patients with their disease.

"It's important that the expertise all be in one place — the best team to get the curative approach we're after," said oncologist Ezra Cohen, MD, associate director for education at the University of Chicago Medicine Comprehensive Cancer Center.

**Comer Nurses Double as Diabetes Educators**

**MEGAN E. DIXON**  
STAFF WRITER

November is Diabetes Awareness Month, and Monica Gonzalez's goal is to teach nurses to be guides to parents and children grappling with the chronic disease for the first time.

"A new diabetes diagnosis is overwhelming," said Gonzalez, APN, MSN, a pediatric clinical nurse specialist who recently received a $3,520 grant to fund the training of diabetes resource nurses. "Nurses spend the most time with patients, so we need to provide them with diabetes education to empower them on this topic."

The University of Chicago Medicine Comer Children's Hospital has seen a rise in the number of diabetic patients, increasing demand for nurses trained to deal with the condition. Eight nurses, representing the areas of Comer Children's, where diabetic patients are treated, have been selected to receive specialized training under Gonzalez's grant.

"We’ll develop a core group of nurses with increased knowledge about diabetes, which will both enhance the care of diabetic patients and allow them to be resources for other nurses on the floor," Gonzalez said.

These nurses — two from the Emergency Department, one from the Pediatric Intensive Care Unit, three from Comer 5, and two from Comer 6 — will take a month-long, self-guided diabetes education course. Each will then spend an additional eight hours shadowing an endocrine physician.

"With diabetes, there are so many ups and downs," said Sarah Gibson, RN, MSN, who has enrolled in the course.

"We need something like this on Comer 5 to provide a backbone for the family."
Tiny Creatures Deliver Big Results in Cancer Research

When it comes to cancer centers, the word “comprehensive” isn’t just an adjective. It’s a national distinction for excellence. The University of Chicago Medicine Comprehensive Cancer Center is one of just 41 hospitals in the nation — and only two in Illinois — to earn this designation from the National Cancer Institute.

Michelle L. Le Beau, PhD, director of the University of Chicago Medicine Comprehensive Cancer Center and a leading authority on cancers of the blood, explains what “comprehensive” means for patients and families.

What is a Comprehensive Cancer Center?

A Comprehensive Cancer Center is distinguished by its scientific excellence and its efforts to translate new discoveries from the laboratory into improved cancer care and cancer prevention. Physicians and scientists work together to find new approaches for cancer screening, diagnosis, treatment, and survivorship, and for reducing cancer disparities across different ethnic populations. We have 210 physicians and scientists studying cancer from every angle to bring new hope to our patients.

How does an institution earn the NCI “comprehensive” designation?

The standards are rigorous. We must conduct research that spans the fields of basic, clinical and population science.

The goal of this research is to uncover the underlying causes of the disease, and to use this information to discover and develop the newest treatments for cancer through clinical trials. We must also demonstrate accomplishments in cancer education and outreach to our community.

What are the advantages for a patient?

We have the best minds in cancer research working to solve the challenge of our patients’ specific cancer. We bring together experts from multiple medical disciplines to develop the most effective treatment strategies. We also focus on preserving the patient’s quality of life. We have 320 cancer clinical trials offering the newest treatment options to our patients.

What else sets the University of Chicago Medicine Comprehensive Cancer Center apart?

We are transforming the routine practice of medicine by developing personalized therapies for each individual patient. We take into account a patient’s genetic makeup, the biology and behavior of the patient’s tumor, as well as the patient’s social and environmental factors. Our 1200 Patients Project is collecting genetic information that will help physicians predict which individuals are most likely to respond to a specific treatment with the fewest side effects. Such efforts put the University of Chicago Medicine Comprehensive Cancer Center at the forefront of cancer care.

Imagine That

GRETCIEN RUBIN
STAFF WRITER

Juicing up drug benefits

A glass of grapefruit juice a day won’t keep the doctor away, but it lets patients gain the same benefits from an anti-cancer drug as they would get from more than three times as much of the drug by itself. In a study published in the August issue of Clinical Cancer Research, researchers at the University of Chicago Medicine showed that 8 ounces a day of the citrus drink slows the metabolism of a drug called sirolimus, which has been approved for transplant patients and also may help many people with cancer. Study director Ezra Cohen, MD, says this combination could help patients avoid side effects associated with high doses of this drug and reduce the cost of taking the medication.

The aspirin effect

We all heard that taking a daily aspirin can lower the risk of heart attack and stroke. Now researchers at the University of Chicago Medicine believe it also may prevent the development and progression of prostate cancer. A research team directed by Stanley Liau, MD, recently explored the association between aspirin use and prostate cancer in 6,000 men undergoing treatment. The results of the study, published in the Journal of Clinical Oncology, showed aspirin users were less likely to die from disease, especially those patients with high-risk disease. Liau warns that further studies are necessary before the anti-coagulant should be routinely suggested for prostate cancer patients.

Exploring an essential vitamin

Vitamin D is well known for its part in promoting calcium absorption and forming and maintaining healthy bones. Researchers now suggest the vital nutrient also may help prevent and treat disease, including cancer. At the University of Chicago Medicine, Yan Chun Li, PhD, and his colleagues recently identified how cellular and molecular mechanisms in vitamin D suppress cancer in genetically engineered mice. In collaboration with Marc Bissonnette, MD, Li is preparing a preclinical study to determine if vitamin D supplements will reduce colon cancer tumor growth in animal models. A parallel clinical trial will evaluate whether the supplements can prevent colon polyps in African-Americans, a group that has low levels of vitamin D and high incidences of colorectal cancer.

A Trojan horse against brain tumors

Treating brain tumors is tricky. They often are difficult to remove surgically without causing serious damage to surrounding tissues. Radiation produces side effects and only holds the tumor back for so long. And the blood-brain barrier thwarts chemotherapy agents from reaching the brain. Looking for ways to overcome these obstacles, scientists at the University of Chicago Medicine and the City of Hope Comprehensive Cancer Center in California designed a sneak attack against brain tumors in animal models. The battle plan, according to University of Chicago Medicine neurosurgeon Maciej Lesniak, MD, involved loading an army of custom-tailored, tumor-killing viruses into an unusual vehicle: neural stem cells. These stem cells have the natural ability to seek out and target invasive brain tumor cells while leaving normal tissues unharmed. Study results, published in Molecular Pharmaceutics and Molecular Therapy, are extremely promising and the therapy is on track for human trials in the next few years. The NIH has committed more than $5 million for the development of this therapy.

More than 300 Clinical Trials Offer Hope to Patients

EILEEN NORRIS
STAFF WRITER

Clinical trials often are the best way to develop new targeted therapies for cancer patients, especially those who have a serious or life-threatening diagnosis. The University of Chicago Medicine Comprehensive Cancer Center is one of the few institutions in the nation where patients have access to Phase 1, Phase 2 and Phase 3 clinical trials sponsored by the National Cancer Institute.

“Besides getting the best standard of care, there’s also the potential for getting tomorrow’s standard of care,” said Walter M. Stadler, MD, associate dean for Clinical Research at the University of Chicago Medicine and director of the genitourinary program.

Stadler recently examined a patient who was in a clinical trial six years ago for a new therapy for renal cancer. That therapy now is the approved, ongoing standard of care. “She got it as part of a clinical trial years ago and continues to do well today,” he said.

The University of Chicago Medicine has 320 open clinical trials testing the safety and effectiveness of new medications, procedures and devices for just about every type of cancer. Patients enrolled in clinical trials benefit from being closely followed by an expert team of caregivers, including physicians, researchers and other specialists, Stadler says. Many patients also are pleased that their involvement in a clinical trial is likely to benefit future patients with the same type of cancer.

Stadler suggests patients ask their physician if a clinical trial is available for their type of cancer, especially if the disease is advanced. For more information, visit uchospitals.edu/clinical-trials.
The MD Behind the ‘Scav Hunt’

MEGAN E. DOHERTY
STAFF WRITER

Chris Straus was destined for surgery. His family tree includes a grandfather and an uncle in the field.

But his penchant for visual thinking did more than prompt a last-minute switch to radiology as a medical student at the Pritzker School of Medicine. It proved an inspiration when, as an undergraduate here, he founded the world’s largest scavenger hunt.

In his second year, Straus wanted to spearhead a fun, creative event for his dorm. Unfortunately, the dorm’s council vetoed his idea for a scavenger hunt. “They thought it was a dumb idea,” he recalled. “I didn’t. I thought it was a great idea.”

He persisted, and with the help of some friends, Straus organized the first-ever University of Chicago “Scav Hunt” in 1987. Since then, this annual tradition has outgrown all expectations, inspiring two documentaries, at least two marriages and setting a Guinness world record in 2011. This year, the Hunt’s contribution to the University of Chicago’s “rich campus life” helped push the school up to a tie for the No. 4 spot on U.S. News & World Report’s annual rankings of top colleges.

From day one, we got national news coverage and the University embraced it, realizing it was organic and came from students’ curiosity and ability to do things,” said Straus, MD, an associate professor of radiology and associate director of clinical operations at the University of Chicago Medicine. “I didn’t know if it was going to be a one-off. But by the second or third year, we realized this had potential and would live on after us.”

The hunt, open to any student organization, takes place every spring over the course of four frenzied days. Teams tackle a list of 300-odd items to find or to build.

Feats of ingenuity performed over the decades include procuring a live elephant on the Midway and, more recently, a re-creation of the Battle of Jericho. But the best item that was never to be? “One year we almost got an El car,” Straus recalled. “The Chicago Transit Authority was willing. They had one on a truck ready to deliver, but Chicago Streets and Sanitation refused to give them permission to deliver it to the Midway. They said it would collapse the pipes under the street.”

Although Straus hasn’t served as a judge since his college days, he may reconsider. He hopes to reunite his original team of eight organizers for the next hunt. “We’ll create our own last-within-a-list of items in our own way, which we’ll judge,” he said. “The current organizers are very welcoming. Once a judge, always a judge.”

Ironically, he’s never gone “scavving” in his own hunt. But he makes himself available to next-generation scavengers by telling stories, sharing insights and, yes, helping teams track down items.

“I’m still trying to get back an X-ray from a teaching file that I used in class,” said Straus. “This was four years ago.”

The camaraderie and sense of belonging the Hunt inspires, plus the chance to show innovation and creativity, guarantee this tradition a long future. “It’s fun to see it still happening,” said Straus. “That brings a smile to my face.”

Ms. Bea was unshy about making her own entrance. Until last year, she drove herself to work every Tuesday and Friday, speeding through Hyde Park in an over-sized Buick, “a big boat of a car,” said Leif Elmo, executive director of Community and External Affairs. “She was a leadfoot.”

She also was a fashion plate, donning spectacular hats and elegant outfits for work banquets. “She was always dressed to the nines and tens,” said administrative assistant Rajan Karipineni of Volunteer Services. One of Ms. Bea’s passions was serving as president of the Birthday Club, delighting in surprising fellow volunteers with birthday cards and goodies on their birthdays. In later years, when she was less mobile, she sat and collated information packets for surgery patients.

Her friends, and employees who met her, spoke of her personal commitment to live by our moral principles, to practice honesty and to operate according to our moral compass. As Rosa Parks said, “You must never be fearful about what you are doing when it is right.”

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STREET TALK
Around The Medical Campus
PHOTOS BY MEGAN E. DOHERTY

What is your favorite Thanksgiving Tradition?

Sheri Joscelyn
Psychiatry extern
Watching the parade.

Piero Naranjo
Psychiatry extern
Sharing the cooking.

Katie Bialobok
Audiology extern
We start watching all our favorite Christmas movies at Thanksgiving.

Caroline Guenette
H5, APNC
Occupational Medicine
Sharing the cooking.

' ms. bea’ Served as Volunteer for More Than a Quarter-Century

MOLLY WOLFE
STAFF WRITER

The University of Chicago Medicine’s oldest and longest-serving volunteer died October 9.

Beatrice Myers, a beloved fixture on the medical campus for four decades, was 91.

Ms. Bea, as she was affectionately known, arrived here in 1970 and worked in Central Supply. She retired at 65 in 1986, but soon returned as a volunteer, delivering mail and visiting patients in Geriatrics and Oncology.

“Just because I’m older, doesn’t mean I can’t do anything,” the South Sider would say. The pastor’s daughter was true to her word, logging a record 18,012 hours of service over the next 26 years. Her faith, independence and salty wisdom, coupled with her grandmotherly presence, made her a favorite with patients. Many drew strength from her counsel.

A bout with throat cancer in 2001 limited her speech, but did not slow her down. After undergoing chemotherapy here, Ms. Bea returned to work, greeter her fellow senior volunteers — a tight-knit group dubbed “The Breakfast Club” — by clapping when they entered their lounge.

As we focus on our PRIDE values each month, let’s examine “i” for Integrity in November. This value is at the core of all that we do, as we define our individual character and collective spirit. Consistently “doing the right thing” is how we demonstrate our personal integrity, whether it’s by maintaining patient privacy and dignity, ensuring patient care is first priority, taking pride in our work or supporting our community.

Ask yourself “What is the right thing to do?” and your gut will usually tell you, even if that route is not the easy one. Let each of us make a personal commitment to live by our principles, to practice honesty and to operate according to our moral compass. As Rosa Parks said, “You must never be fearful about what you are doing when it is right.”

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WHAT IS YOUR NEW YEAR’S RESOLUTION? SEND YOUR THOUGHTS TO JEFFHBA@GMAIL.COM AND INCLUDE YOUR PHONE NUMBER.