

# breakthroughs

THE MAGAZINE OF SAINT JOHN'S HEALTH CENTER

Winter 2010

## Defining the Next Generation of Cancer Care

### ALSO INSIDE THIS ISSUE:

Pioneering Melanoma Research | Relief for Spinal Stenosis  
Staying Healthy Through the Life Cycle | New Imaging Center



**Saint John's  
Health Center**

*Breakthrough Medicine. Inspired Healing.™*



The opening of the new John Wayne Cancer Centers at Saint John's Health Center continues our legacy of breakthrough research, cutting-edge clinical trials and advanced treatments. Multiple oncology clinics covering a comprehensive array of specialties have been brought together into a single site, along with state-of-the-art radiation oncology technology.

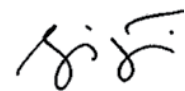
For more than 25 years, Saint John's has been a pioneer in cancer research, sophisticated treatments and medical expertise. Our researchers at John Wayne Cancer Institute have made groundbreaking discoveries about complex conditions, including melanoma, breast cancer and brain tumors.

One of the best-known treatments developed by our scientists is the sentinel node biopsy, which is now the worldwide standard of care for melanoma and breast cancer. It has revolutionized cancer treatment by offering a minimally invasive technique that removes just a few lymph nodes to determine the spread of tumor cells. Over the years, Donald L. Morton, MD, who developed the technique, has become one of the National Institutes of Health's top grant recipients.

Our molecular biology team, headed by David S. B. Hoon, PhD, has developed novel blood biomarker assays to help research melanoma, lung and breast cancer, as well as other conditions. Their work could help save lives of cancer patients by enabling doctors to more rapidly assess the effectiveness of treatments and speed the identification of new drug strategies and treatments. New tumor biomarkers could also be used to develop efficient blood tests for monitoring cancer, similar to blood glucose tests used to monitor diabetes.

Neurosurgeons at Saint John's Health Center are internationally recognized pioneers in minimally invasive brain surgery. By developing and improving "kinder, gentler" brain surgery procedures and brain-mapping techniques, they can eliminate the need for complex, risky craniotomies while sparing the patient's sensitive brain tissue. Amin Kassam, MD, Medical Director of our Neuroscience Institute, played a key role in developing the Expanded Endonasal Approach, which allows surgeons to use the nostrils as natural portals to reach brain and skull base tumors.

The new radiation therapy center is led by Lisa Chaiken, MD. The new advanced Trilogy linear accelerator with Rapid Arc™ technology treats patients in a fraction of the time of conventional treatments with greater precision, sparing healthy tissue and improving outcomes. In mid-February, stereotactic radiosurgery will be available to provide targeted treatments for brain, head and neck, spine, prostate, lung and other tumors. Centralizing the medical expertise of our researchers and physicians with the latest in technology in the new John Wayne Cancer Centers will enable our cancer team to define a new generation of cancer treatment.



Lou Lazatin  
Chief Executive Officer

# breakthroughs

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*Breakthroughs* is the official quarterly community magazine of Saint John's Health Center, nationally recognized for its outstanding medical care and patient safety.

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# Defining the Next Generation of Cancer Care

John Wayne Cancer Centers' centralized units and advanced technology continue legacy of breakthrough care

The opening of the new John Wayne Cancer Centers continues Saint John's Health Center's legacy of breakthrough research, cutting-edge clinical trials and advanced treatments. Multiple oncology units have been integrated into a single location within the hospital along with the community's most state-of-the-art equipment, such as rapid-speed radiation oncology and digital mammography technology. Saint John's medical experts are now prepared to define a new generation of cancer treatments.

# Defining the Next Generation of Cancer Care

(continued from page 1)

"Having all of the involved oncology experts together in a multidisciplinary team enables more efficient communication and better treatment planning and individualized care, particularly for those patients with complex cancer problems, whether localized to a single organ or spread to a distant organ," said Donald Morton, MD, Founder of the John Wayne Cancer Institute at Saint John's (JWCI) and Chief, Melanoma Program.

Patients with melanoma, breast cancer, brain tumors or gynecological, gastrointestinal, lung, liver, pancreatic or prostate cancer are now cared for in one easily accessible location. Expert, personalized care is provided by internationally and nationally renowned clinicians, many of whom hold joint research appointments at JWCI.

"John Wayne Cancer Institute at Saint John's is known worldwide for rigorous research that often leads to the development of new and improved standards of care," said Armando E. Giuliano, MD, Medical Director of the Margie Petersen Breast Center and JWCI's Chief of Science and Medicine. "The synergistic interaction between Saint John's clinicians and the Institute's researchers facilitates translational medicine—the accelerated movement of research findings into practical clinical applications."

The comprehensive Margie Petersen Breast Center provides everything from diagnostic screening and on-site digital mammograms to an internationally acclaimed medical staff. Other on-site advanced imaging technology includes digital mammography and the most advanced ultrasound and bone density scanning equipment. Both inpatient and outpatient services are provided.

Adjacent to the Breast Center is the Vasek Polak Radiation Therapy Center. The Radiation Therapy Center features the newest and most sophisticated technology available, including the Varian Trilogy with Rapid Arc™. This advanced technology allows for the treatment of a wide range of cancers with targeted therapy in a fraction of the time of conventional treatments, sparing healthy tissue and improving outcomes. The Trilogy is particularly useful for treating brain, breast, prostate, head/neck and lung cancer. This versatile system also can be used for minimally invasive radiosurgery for brain tumors and other conditions that would



PAUL SONG, MD, AND LISA CHAIKEN, MD

otherwise require invasive conventional surgery. Saint John's is one of the few facilities in the nation to offer this technology.

"The new facility, the latest equipment and the addition of new clinicians—such as world-renowned neurosurgeon Amin Kassam, MD, and highly respected radiation oncologists Lisa Chaiken, MD, Paul Song, MD, and Robert Wollman, MD—allow us to expand our international reputation for groundbreaking cancer care," said Lou Lazatin, Chief Executive Officer.

The Cancer Centers are also designed for simplified patient access and flow. For example, patients who need radiation treat-

ment can schedule their sessions in conjunction with their oncologist visits. Other hospital services are conveniently located on different levels of the hospital. In addition, imaging services such as Saint John's new 64-slice computed tomography (CT) scanner and 3.0 Tesla magnetic resonance imaging (MRI) machine, as well as lab and diagnostics, are only one floor above the Cancer Centers. State-of-the-art surgery operating suites are on the second floor and private inpatient rooms are located on the third floor.

For more information, call 1-800-STJOHNS or visit [www.cancercenters.newstjohns.org](http://www.cancercenters.newstjohns.org).

"John Wayne Cancer Institute at Saint John's is known worldwide for rigorous research that often leads to the development of new and improved standards of care."

—Armando E. Giuliano, MD



LISA BRONSON AND ARMANDO E. GIULIANO, MD

## Breast Cancer Survivor Enjoys Enriched Life

Compassionate support combined with advanced care makes the difference

"Having cancer enriched my life in ways I couldn't possibly have imagined," said Lisa Bronson, a five-year-plus breast cancer survivor. "The disease and the aftermath have brought substance and focus to my life."

Bronson was a busy national sales director for an upscale shoe manufacturer and a mom on the verge of divorce when cancer was discovered during her routine annual mammogram at Saint John's Health Center. What was initially thought to require only a minor procedure instead required far more extensive treatment, including a series of surgeries, chemotherapy and radiation.

Bronson's journey through diagnosis, treatment and recovery from breast cancer in 2004 was documented in the October 9, 2004, airing of *Speaking of Women's Health*, a half-hour Lifetime Television series hosted by Florence Henderson and Rachel Campos. "When I was asked if I might agree to being filmed, it never occurred to me to say no," Bronson recalled. "It was my feeling that seeing my story might help personalize the disease and make it less frightening, or inspire more women to get a mammogram. Early detection is clearly the key to surviving cancer."

One of the keys to her recovery was the support she received from loved ones during those difficult days. "My circle of friends was there for me each step of the way," she said. "It's really important to let people in and let them share the experience with you." Bronson advises women who have been diagnosed with breast cancer to just put one foot in front of the other, deal with what they can and maintain a positive outlook.

"It's also very important to choose a facility that prides itself on real caring and doctors who are at the forefront of cancer research and treatment," she said. "From the first time I experienced Saint John's—when my son was born—and Sister Marie Madeleine came into my room to say a prayer for him, I knew I was in a compassion-

ate, caring place. When I was diagnosed with breast cancer 17 years later, the expert radiologist was right there in the Breast Center and was able to immediately confer with my surgeon on-site. The expertise and one-stop location saved my life and eliminated my anxiety. From my surgery to my oncologist to my postoperative care, I knew that I was being treated by world-renowned experts who were leaders in new approaches. For example, the drugs used in my chemotherapy had only been available for 30 days."

Just as important, Bronson said, was the compassionate, personalized care she received at the hospital. "Everyone was so down-to-earth and talked with me as if I were their only patient. I was treated as a whole person, not a disease. When I went to the Positive Appearance Center to get a vest for holding the drains after surgery and hats to cover my balding head, I was served by a lovely, supportive, informative woman. After I completed chemotherapy, I had to undergo radiation therapy every day for 30 days, so I got to know the staff really well. We laughed, we cried—and we even shared makeup tips."

Bronson has follow-up appointments with her oncologist every six months and undergoes CT and bone scans once a year. "I feel great," she said. "I also joined the John Wayne Cancer Institute at Saint John's Auxiliary Board to keep up with the latest advances and to help raise funds."

Today, Bronson is an executive assistant with a private equity firm and enjoys an active lifestyle and a healthy romantic relationship. "The cancer experience has made me feel deeply connected to the universe and everyone in it," she said. "If surviving breast cancer is the worst thing you experience, then you indeed have a fortunate life. I am very blessed."

For more information, call 1-800-STJOHNS or visit [www.cancercenters.newstjohns.org](http://www.cancercenters.newstjohns.org).

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# Advanced Technology + Expert Clinicians

Vasek Polak Radiation Therapy Center is vital part of new Cancer Centers

For patients with cancer, radiation therapy is often an essential component of the treatment plan. With the opening of the Vasek Polak Radiation Therapy Center in the new John Wayne Cancer Centers on the Garden Level of the Howard Keck Center, patients will now have access to the most advanced treatment equipment available.

"We are very excited to be one of the few centers in the nation with the Varian Trilogy with Rapid Arc™," said Robert Wollman, MD, a board-certified radiologist at Saint John's Health Center. "This technology allows very complex treatments to be delivered in just five minutes or less, precisely to the targeted area, sparing healthy tissue. This is in contrast to older technology that required a 20- to 30-minute treatment to achieve the same results.

"In addition to radiation therapy, the Trilogy with Rapid Arc allows for the performance of stereotactic radiosurgery on the brain and the entire body, including the lung, spine and liver," Dr. Wollman continued. "This is a major treatment advance that offers a noninvasive approach for many cancers that would otherwise require surgery."

The Trilogy is just one treatment option offered at the Center. "While

we are very excited about the Trilogy with Rapid Arc technology, we also have a full range of radiation therapy treatment options, including brachytherapy—the implantation of temporary or permanent radioactive seeds for the treatment of prostate and breast cancer," noted Lisa Chaiken, MD, a board-certified radiation oncologist who recently joined the Saint John's staff after 16 years of practice in Santa Monica. "In addition, we have extensive skin cancer experience and a wonderful superficial radiation machine specifically used for the skin. Most other facilities use electrons for skin cancers, an approach that treats more healthy tissue and often results in less attractive outcomes."

The location of the new Vasek Polak Radiation Therapy Center also provides a number of added benefits. "The Vasek Polak Radiation Therapy Center is just steps away from the Margie Petersen Breast Center, which makes it extremely convenient for patients and allows for easy communication among oncologists," said Paul Song, MD, a Saint John's board-certified radiation oncologist who recently relocated from Chicago. Dr. Song has extensive experience with prostate brachytherapy and stereotactic radiosurgery, and has published several articles on the treatment of prostate cancer and brain tumors. "I'm particularly excited about working with Daniel F. Kelly, MD, Director of the Brain Tumor Center, and Amin Kassam, MD, Director of the Neuroscience Institute, using our Rapid Arc equipment to treat brain cancers," he added. ■

For more information, call 1-800-STJOHNS or visit [www.cancercenters.newstjohns.org](http://www.cancercenters.newstjohns.org).



PAUL SONG, MD

"We are very excited to be one of the few centers in the nation with the Varian Trilogy with Rapid Arc™. This technology allows very complex treatments to be delivered in just five minutes or less, precisely to the targeted area, sparing healthy tissue."

—Robert Wollman, MD



JOHN WAYNE  
CANCER INSTITUTE  
at Saint John's Health Center



Armando E. Giuliano, MD, is Chief of Science and Medicine at John Wayne Cancer Institute at Saint John's and has been with the Institute since its inception.



ARMANDO E. GIULIANO, MD

**Q:**

What keeps John Wayne Cancer Institute at Saint John's at the forefront of innovation in cancer prevention, diagnosis and treatment?

**A:**

The Institute has always attracted leading talent. Many of our research scientists and clinicians have been with the Institute since its inception and work in an environment of collaborative investigation. The Institute has earned a worldwide reputation for innovation. Lymphatic mapping and the sentinel lymph node biopsy, invented by Donald L. Morton, MD, the Institute's founder and Chief, Melanoma Program, is now the international standard of care for several types of cancer. Other innovations developed at the Institute include the use of the technologically advanced PET Probe to detect tiny hidden cancers and advances in immunological research and molecular genetics that have applications for both improved diagnosis and treatment.

**Q:**

How long has John Wayne Cancer Institute been affiliated with Saint John's Health Center?

**A:**

John Wayne Cancer Institute has been affiliated with Saint John's Health Center since 1991, after relocating from UCLA. In 2007, a new permanent alliance was formed with Saint John's. This has provided stability and resources to recruit renowned scientists, research a broader spectrum of cancers and, with the opening of the Howard Keck Center, expand into new, larger and more patient-focused quarters.

**Q:**

Which recent developments at the Institute are you most excited about?

**A:**

Of course, I'm delighted with the opening of the John Wayne Cancer Centers in the new Howard Keck Center. The generous donation from the Margie and Robert E. Petersen Foundation has enabled the development of a state-of-the-art breast cancer diagnostic and treatment center within the John Wayne Cancer Centers. The dual-designation donation also provides funding for new breast cancer research. The addition of internationally renowned neurosurgeon Amin B. Kassam, MD, to our staff and the launch of the new Neuroscience Institute are placing us at the forefront of exciting developments in brain cancer diagnosis and treatment. And I'm very excited about the recent grant from Abraxis Bioscience, Inc., which enables significant expansion of the Molecular Oncology Department's biomarker research.

# Seven Medical Breakthroughs

1

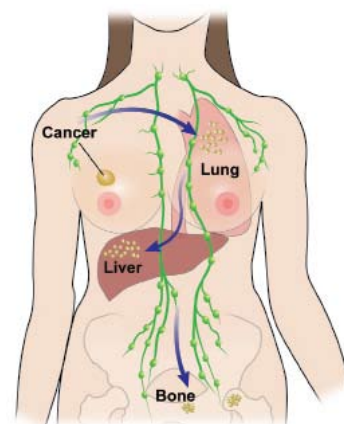
Donald Morton, MD, is a recipient of the Jacobson Innovation Award of the American College of Surgeons.

**Donald L. Morton, MD**, Chief, Melanoma Program, discovered the sentinel lymph node (SLN) technique for staging melanoma. This revolutionary diagnostic technique helps surgeons determine if a tumor has spread to nearby lymph nodes, rather than simply removing the nodes (a practice that can cause permanent side effects). The SLN technique involves injecting a blue dye and radioactive substance into the lymphatic system near the tumor. As the dye is absorbed, it identifies the sentinel node so that it can be excised and analyzed for evidence of cancer spread. If cancer has not invaded the sentinel node, the surgeon may elect to leave the other healthy lymph nodes in place. The SLN technique has become the international medical standard for melanoma surgery, and is being adapted to many other cancers.



2

**Armando E. Giuliano, MD**, Chief of Science and Medicine, adapted the SLN technique for use with breast cancer patients. The procedure is now considered the national gold standard for breast cancer staging, sparing countless women unnecessary lymph node removal and its associated risks and side effects.



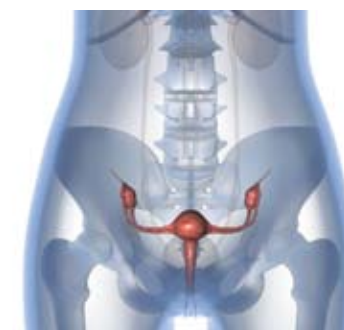
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Neurosurgeons at Saint John's Health Center are internationally recognized as pioneers in minimally invasive brain surgery. By developing and improving "kinder, gentler" brain surgery procedures and brain-mapping techniques, they can eliminate the need for complex, risky craniotomies while sparing the patient's sensitive brain tissue. **Amin B. Kassam, MD**, Medical Director of the Chan Soon-Shiong Neuroscience Institute, and **Daniel F. Kelly, MD**, Medical Director of the Chan Soon-Shiong Brain Tumor Center, have performed a combined total of more than 2,000 minimally invasive procedures from a number of access points. Dr. Kassam played a key role in developing the Expanded Endonasal Approach, which allows surgeons to use the nostrils as natural portals to reach brain and skull base tumors. Unwanted tissue can be removed through the nose rather than via a traditional open craniotomy (cutting through the top of the skull). Dr. Kelly, an international leader in minimally invasive brain surgery, has extensive experience in removing brain tumors through the nostrils as well as through keyhole incisions above the eyebrow. Dr. Kassam's recent efforts have focused on developing a surgical tube (brain cannula) combined with detailed fiber tract mapping of the brain (tractography) to optimize the safe endoscopic removal of deeply situated brain tumors.



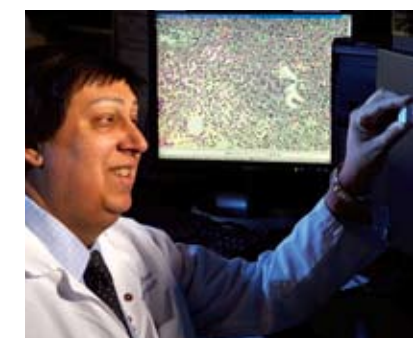
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A landmark study led by **William Parker, MD**, an obstetrician-gynecologist at Saint John's Health Center, has raised serious questions about the long-term survival benefits of removing a woman's ovaries during routine hysterectomy. The study, published in the May 2009 edition of *Obstetrics and Gynecology*, reviewed outcomes of women with benign (noncancerous) reproductive disease who were given a hysterectomy with either bilateral oophorectomy (removal of both ovaries) or ovarian conservation (leaving the ovaries intact). Results showed that removing the ovaries greatly increases the risk of heart disease, stroke and lung cancer. These findings challenge a medical practice that has been standard in women's health for 30 years.



5

**David Hoon, PhD**, Director, Department of Molecular Oncology, and his team have developed novel blood biomarker assays to help research melanoma, lung and breast cancer, as well as other cancers. The goal of their research is to find biomarkers with potential clinical utility and to speed the identification of new drug strategies and treatments. Dr. Hoon's team has made great strides in defining specific classes of cancer, analyzing tumor-related genomic changes and screening FDA-approved and targeted drugs.



6

A pioneering study led by **Dr. Hoon** and his colleagues found that highly sensitive molecular diagnostic techniques can effectively "upstage" early stage colorectal cancer patients who would normally be declared to be cancer-free when evaluated using conventional tests. The findings could lead to better, more sensitive cancer detection methods. The study may also help scientists develop more consistent ways to identify patients who would benefit the most from adjuvant therapy after surgery for colorectal cancer.



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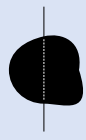
Researchers at John Wayne Cancer Institute at Saint John's, the National Institutes of Health (NIH) and Childrens Hospital Los Angeles have granted CerRx, Inc., worldwide exclusive rights to intellectual property and know-how related to a novel formulation of a synthetic vitamin A analog used to treat cancer. **Myles Cabot, PhD**, Director, Experimental Therapeutics, and his team discovered that when combined with certain other drugs or "partnering agents," the analog 4-HPR (fenretinide) can selectively kill certain types of cancer cells in malignant solid tumors, leukemias and lymphomas. Fenretinide causes cancer cells to overproduce cellular substances (waxes) that lead to cell death. Fenretinide appears to be therapeutic when used either as a single agent or in combination with a partnering drug that slows degradation of the lethal waxes. It can be used in both adults and children, and may be particularly useful in treating recurring or relapsed malignant disease.



## Mole or Melanoma?

Melanoma often develops from pre-existing moles. The ABCD Rule can help you distinguish a normal mole from a melanoma.

### Asymmetry



Do both halves fail to correspond to one another in shape or size?

### Border Irregularity



Are the edges of the mole blurred, ragged or notched?

### Color



Does the color of the mole vary?

### Diameter



Is the mole wider than a pencil eraser?

If you answer yes to any of the four, see a dermatologist right away.

Source: American Cancer Society

# Pioneering Melanoma Research

## JWCI establishes international standards of care

Melanoma is a type of skin cancer. Although it accounts for less than 5 percent of all skin cancers, it is the cause of most skin cancer deaths. In the United States, there were 68,729 new cases of melanoma and 8,650 deaths from the cancer in 2009, according to American Cancer Society estimates.

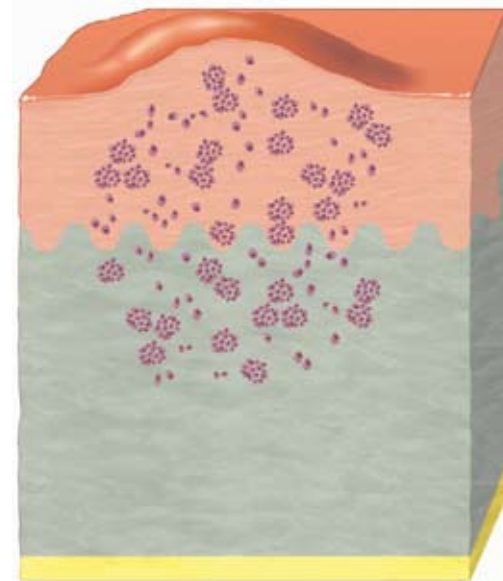
"The primary cause of melanoma is sun exposure, although people do have a genetic predisposition for the disease," said Mark Faries, MD, Director, Translational Tumor Immunology at John Wayne Cancer Institute at Saint John's (JWCI). When detected early, melanoma is easily treatable by surgery. However, when the disease spreads, a cure is more challenging.

For more than 30 years, JWCI has been at the forefront of melanoma research. Donald L. Morton, MD, the Institute's founder and Chief, Melanoma Program, developed the sentinel lymph node (SLN) biopsy technique, which is now the worldwide diagnostic standard for melanoma and breast cancer patients, and is frequently used for other solid tumors. If the first node on the lymphatic drainage pathway from the tumor, the "sentinel" lymph node, is cancer-free, then the other nodes in the region will also be negative. "Every year, approximately 250,000 breast cancer patients and 25,000 melanoma patients are spared unnecessary node removal," noted Dr. Morton.

Currently, three international multicenter melanoma trials, led by JWCI and sponsored by the National Institutes of Health (NIH), are underway at Saint John's. The first is investigating the benefits of SLN mapping for patients with melanoma while the second study is focusing on determining whether complete node dissection is indeed necessary in patients with melanoma in the SLN. A third trial that was recently initiated and is open for enrollment is investigating whether patients with Stage 4

metastatic melanoma do better with surgery or another form of medical treatment as an initial intervention.

Other clinical trials, under the direction of Dr. Faries, are investigating new ways of treating melanoma. One recently completed nationwide trial investigated the treatment of metastatic melanoma in the liver that arises from a tumor originating in the eye (uveal melanoma). Each year, 3,000 to 4,000 patients are diagnosed with the disease, typically identified in its advanced stages and is very resistant to chemotherapy. "With the isolated hepatic perfusion technique developed by the NIH, very high doses of chemotherapy are delivered by multiple catheters inserted through small punctures in the leg and neck and delivered to the liver's blood vessels, sparing the rest of the body exposure to



Melanoma cross-section



MARK FARIES, MD

this potent drug," explained Dr. Faries. "The data is currently under analysis and will be evaluated by the FDA in 2010. The preliminary results were very favorable, and although the trial is closed, we will be offering this treatment on a compassionate use basis."

In another exciting trial, researchers are investigating the treatment of lymph node metastases by a transgenic lymphocyte vaccine made from patients' own white blood cells. "The results so far are very encouraging," said Dr. Faries, "and enrollment is currently open for patients with tissue types compatible with the vaccine."

For more information about the spine program at Saint John's, call 1-800-STJOHNS or visit [www.cancercenters.newstjohns.org](http://www.cancercenters.newstjohns.org).

"The primary cause of melanoma is sun exposure, although people do have a genetic predisposition for the disease."

—Mark Faries, MD

## Anatomy of Melanoma

Melanoma begins in the epidermis, the skin's top layer. Melanocytes, a type of cell found in the epidermis, produce the brown pigment called melanin. Melanoma begins in the melanocytes and the tumors are often brown or black. Since brown skin protects the deeper layers of the skin from the harmful effects of the sun, people with darker skin have lower risk for melanoma.



Source: American Cancer Society

### LIFETIME RISK:



## Melanoma Prevention



Use a sunscreen and lip balm with an SPF of 15 or higher.



Use a palm full of sunscreen for your whole body.



Apply sunscreen every two hours and after swimming or sweating.



Wear wraparound sunglasses with at least 99 percent UVA and UVB absorption.



Stay in the shade between 10:00 a.m. and 4:00 p.m.



Avoid tanning beds and sun lamps.



Check for abnormal moles and have them removed.

Source: American Cancer Society

# Relief for Spinal Stenosis

## Triathlon competitor quickly returns to sport pain-free

Ken Josefsberg, a 44-year-old triathlete and financial advisor, was in excruciating pain and couldn't stand erect. After consulting a physician, Josefsberg learned he was suffering from spinal stenosis—a narrowing of the spinal canal that causes pressure on the nerves. Over the next eight months, the physician treated him with a series of spinal steroid injections.

Unfortunately, the lumbar epidurals offered little relief, so Josefsberg sought a better solution. Through a personal contact, he found Hyun Bae, MD, a renowned spine

specialist at Saint John's Health Center. Dr. Bae considered Josefsberg to be a good candidate for participation in the coflex™ device clinical trial.

"The coflex is a U-shaped titanium alloy device that is inserted between two vertebrae to prop up the narrowed spinal canal," explained Dr. Bae. "The procedure is minimally invasive and requires an incision of only 1 to 2 inches. Blood loss is limited and healing proceeds rapidly. With the coflex device, the nerve roots are decompressed and spinal mobility is preserved. This is a viable alternative to traditional screw fixation and fusion, which limits mobility."

Josefsberg underwent the procedure in January 2008 and was walking within a couple of days. "I returned to work about a week after the surgery," he recalled. "And five months later, pain-free, I got back on my bike." In mid-2008, Josefsberg resumed his triathlon training, and in 2009, he participated in four triathlons. "I'm signed up for a Miami Half Ironman in October, and I

also plan to compete in the New Zealand Ironman in March 2011," he said.

Josefsberg gives Dr. Bae and the Saint John's staff much of the credit for his remarkable recovery. "I found Dr. Bae to be a patient and clear communicator, and I was confident in his skills," he said. "The staff was also very warm, and I always felt comfortable and well cared for."

Saint John's is one of 12 centers nationwide participating in the coflex trial. "We have implanted the device in 35 patients so far, and the trial is still open," Dr. Bae said. To qualify, patients must be age 40 to 80, have been diagnosed with lumbar spinal stenosis and have undergone at least six months of nonsurgical treatment, including at least one epidural steroid injection. ■

For more information about the spine program at Saint John's, call 1-800-STJOHNS or visit [www.espineinstitute.com](http://www.espineinstitute.com).



### coflex

Saint John's is taking part in clinical trials designed to compare the safety and effectiveness of using the coflex device to treat spinal stenosis.

## Minimally Invasive Spinal Microsurgery

### Speeds recovery and restores full function

Claudia Taylor is a fast-moving businesswoman and clothing designer who also enjoys a very active personal life. When she started to suffer from back pain three years ago, she did what many people do—she applied ice packs, took painkillers and went to a chiropractor. She did everything she could to stay ahead of the pain. "I'd wake up from a deep sleep because the pain was just excruciating," she said. "I'm very athletic and loved to ride my horse, but I had to give him up; I just couldn't ride anymore." And her usual buoyant, outgoing personality became more somber as the pain chased her on a daily basis.

When her condition worsened to the point that she found it hard to be as effective as she liked in running her business and enjoying her life outside of work, Taylor began researching doctors. That's how she found Amir Vokshoor, MD, a board-certified neurosurgeon who specializes in spinal microsurgery at the Spine Institute at Saint John's Health Center. "When I met him, I knew he was the right doctor for me," she said.

Dr. Vokshoor was equally impressed with her. He describes Taylor as a dynamo and a model patient. "She is very connected to her body," he explained. "She was understandably reluctant to have back surgery, but the pain was simply sapping her zest for life." Upon examination and review of her imaging studies, Dr. Vokshoor found a large cyst pressing on a nerve and evidence of spinal instability.

Using minimally invasive microsurgery, Dr. Vokshoor was able to excise the cyst from the affected nerve and stabilize the L4 and L5 vertebrae with titanium rods to stop vertebral slippage and instability. Microsurgery of the spine has become a common and favored trend to minimize tissue trauma during spinal surgery. However, the newer techniques employed by Dr. Vokshoor for spinal stabilization and fusion promote even more rapid recovery and optimal functional capability.

In Taylor's case, Dr. Vokshoor achieved neural decompression and spinal stabilization by using a minimal-access tubular retractor for gentle muscle dilation, followed by surgical intervention with microsurgical instruments under microscopic magnification. This approach facilitates the highest degree of precision while minimizing trauma to surrounding soft tissue.

Nevertheless, Dr. Vokshoor is still amazed at Taylor's fast recovery. "Her motivation is relentless and awesome," he said. "She had great faith in my ability to help her get well by my surgical approach, but her recovery was far beyond my expectations." Dr. Vokshoor has found that a patient's positive attitude is one of the key factors in successful surgeries. "I had no doubt it was going to be successful," Taylor said.

Within one week of surgery, Taylor began to regain her busy former life. Within four weeks, she was totally pain-free. She joyfully celebrated her 50th birthday in August by participating in the 32-mile Catalina Classic Paddleboard Championships.

Taylor credits her fast recovery to her lifelong active lifestyle, the skill of Dr. Vokshoor and the care she received at Saint John's. "I had a beautiful room at the hospital, and the care was wonderful. The night nurses were especially great. I have nothing but high praise for Saint John's," she said. Dr. Vokshoor couldn't agree more. "My success also depends 100 percent on the nursing staff. I always feel confident that my patients are doing well at Saint John's," he said. "I've even performed surgery on some of the staff there."

As Taylor reflects upon the months since her surgery, she savors each moment of every day. "I'm so thankful for each step I take and the increased joy," she said. "Dr. Vokshoor saved my life." ■

For more information about the spine program at Saint John's, call 1-800-STJOHNS or visit [www.espineinstitute.com](http://www.espineinstitute.com).

## Hip Surgery Allows Patient to Resume Active Lifestyle

### Anterior approach decreases complications and promotes rapid recovery

Having dedicated most of his life to outfitting others with action sports footwear, the last thing former Vans, Inc. chairman Walter Schoenfeld expected was to lose his mobility. But what started in 2006 as minor hip pain became so intense that Schoenfeld found he couldn't even walk a block by the spring of 2007. He tried cortisone shots and even cortisone pills, but they brought only temporary relief. As 2007 rolled into 2008, the cortisone was doing nothing to relieve his near-constant pain. Doctors diagnosed bone-on-bone osteoarthritis and told him he would get no relief from medication.

Although he lives in Seattle, Schoenfeld and his wife take frequent trips to Southern California, especially since he sold his shoe empire. During one such trip, the couple had dinner with friends—actor Kirk Douglas and his wife, Anne. That night, the subject of hip pain took center stage. Just two weeks earlier, Anne had undergone hip replacement surgery at Saint John's Health Center. She was now pain-free and didn't even require a cane to help her walk. Her results gave Schoenfeld hope.

"Anne suggested that I see Dr. Matta, and I did," Schoenfeld said. "Nobody wants surgery, but when my pain got so bad that I couldn't even sleep at night, I knew I had to take the surgery step."

An acknowledged pioneer in hip replacement surgery and the founder and Medical Director of Saint John's Hip and Pelvis Institute, Joel Matta, MD, recommended an anterior approach for Schoenfeld's hip. The procedure, which Dr. Matta introduced to North America, minimizes soft tissue disruption and the chance of complications, enhances the accuracy of hip component placement and promotes faster recovery.

The surgery was performed on a special table with robotic function that was developed by Dr. Matta with a surgical equipment company. The HANA™ table allows the patient to remain on his back rather than on his side, keeping the skeletal position consistent. "The anterior approach is the least invasive method of hip replacement surgery," Dr. Matta explained. "The table lifts the femur for better accessibility and holds the bone in a position for more accuracy, so we can achieve proper alignment and influence overall joint longevity."

Schoenfeld was admitted to Saint John's in October 2008 and was discharged just two days later. "I've had toothaches that hurt more than this surgery," he said with a laugh.

Following his discharge, Schoenfeld convalesced at a Santa Monica beach hotel near the hospital. Dr. Matta sent him to a physical therapist who urged Schoenfeld to walk and rebuild his strength. "And so I walked," said Schoenfeld, now 78. "Probably overdid it a bit the first couple of days, walking at least a mile. But since then, I've had hardly any pain."

The former shoe mogul may not be doing 360s on a skateboard like some of his previous clientele, but Schoenfeld is back to walking several miles each day, playing 18 holes of golf and enjoying an active lifestyle once again. "Dr. Matta and the staff at Saint John's have greatly improved my quality of life," Schoenfeld said. "I feel younger and stronger." ■

For more information about the spine program at Saint John's, call 1-800-STJOHNS or visit [www.hipandpelvis.com](http://www.hipandpelvis.com).



THE HANA® ORTHOPEDIC SURGICAL TABLE



# Staying Healthy Through the Life Cycle

Prevention and regular screenings are key from the inside out

Women's healthcare needs change as they age and move beyond their reproductive years, but at all ages, healthy habits, regular screenings and gender-specific medical care are essential to enjoying a lifetime of vitality.

"An extraordinary range of female primary and specialty services is offered at Saint John's Health Center, including routine female screenings, pregnancy and child-birth care, and treatment of menopausal concerns such as hot flashes and osteoporosis," said Jacqueline Trejo, MD, a Saint John's board-certified obstetrician/gynecologist.

"The Women's Health Program also provides specialty care, including minimally invasive gynecologic surgery, treatment of incontinence and the management of other

**"To stay healthy, women of all ages should not smoke and should also avoid environmental tobacco smoke. They should maintain a healthy weight, be physically active and eat a diet that is rich in vegetables, fruits and whole grains with high fiber, and low in saturated fats and trans fats."**

—Jaqueline Trejo, MD

health concerns unique to women," continued Dr. Trejo. "And with the opening of the new Howard Keck Center, women who need to be hospitalized for any disease or surgery can enjoy the privacy and comfort of the McAlister Women's Health Center that comprises the entire third floor."

Dr. Trejo offered this potentially lifesaving advice for women: "To stay healthy, women of all ages should not smoke and should also avoid environmental tobacco smoke. They should maintain a healthy

weight, be physically active and eat a diet that is rich in vegetables, fruits and whole grains with high fiber, and low in saturated fats and trans fats. Alcohol intake should be limited to one to two glasses a week. Stress reduction is also very important and can be achieved through activities such as meditation, yoga or tai chi."

For more information, call 1-800-STJOHNS or visit [www.women.newstjohns.org](http://www.women.newstjohns.org).

## Women's Screening Exams

To ensure good health and that any problems are identified in their earliest stages, the Saint John's Women's Health Panel recommends the following age-specific screening exams:

 <b>AGES 18–39</b>	 <b>AGES 40–49</b>	 <b>AGES 50–64</b>	 <b>AGES 65+</b>
<p><b>General Health</b> Full checkup, including weight and height, every year</p> <p><b>Thyroid Test (TSH)</b> Start at age 36, then every 5 years if normal</p> <p><b>Heart Health</b> a. Blood pressure test b. Lipid panel (every 5 years if normal) c. Smoking cessation d. Ankle brachial index if woman has leg cramps, diabetes and one risk factor for vascular disease (smoking, high cholesterol, high blood pressure, family history)</p> <p><b>Bone Health</b> Counseling</p> <p><b>Diabetes</b> Blood glucose test every 3 years</p> <p><b>Breast Health</b> If strong family history, get baseline mammogram 5–10 years prior to the age at which youngest relative was diagnosed</p> <p><b>Reproductive Health</b> Pap test and pelvic exam every 1–3 years</p> <p><b>Eye and Ear Health</b> a. Complete eye exam every 2–4 years b. Hearing test every 10 years</p> <p><b>Skin Health</b> Mole exam every 3 years</p> <p><b>Immunizations</b> a. Flu vaccine yearly b. Tetanus-diphtheria booster vaccine every 10 years c. HPV vaccine up to age 26 d. Hepatitis B vaccine one, ages 18–25 e. Pertussis vaccine every 10 years</p>	<p><b>General Health</b> Full checkup, including weight and height, every year</p> <p><b>Thyroid Test (TSH)</b> Every 5 years if normal</p> <p><b>Heart Health</b> a. Blood pressure test b. Lipid panel (every 5 years if normal) c. Smoking cessation d. Ankle brachial index if woman has leg cramps, diabetes and one risk factor for vascular disease (smoking, high cholesterol, high blood pressure, family history)</p> <p><b>Bone Health</b> Bone mineral density test if postmenopausal</p> <p><b>Diabetes</b> Blood glucose test every 3 years</p> <p><b>Breast Health</b> Mammogram every year</p> <p><b>Reproductive Health</b> Pap test and pelvic exam every 1–3 years</p> <p><b>Eye and Ear Health</b> a. Complete eye exam every 2–4 years b. Hearing test every 10 years</p> <p><b>Skin Health</b> Mole exam every year</p> <p><b>Immunizations</b> a. Flu vaccine yearly b. Tetanus-diphtheria booster vaccine every 10 years c. Pertussis vaccine every 10 years</p>	<p><b>General Health</b> Full checkup, including weight and height, every year</p> <p><b>Thyroid Test (TSH)</b> Every 5 years if normal</p> <p><b>Heart Health</b> a. Blood pressure test b. Lipid panel (every 5 years if normal) c. Smoking cessation d. Ankle brachial index if woman has leg cramps, diabetes and one risk factor for vascular disease (smoking, high cholesterol, high blood pressure, family history) e. Stress testing for women age 55+ who plan to start a vigorous exercise program, have high-risk jobs or have coronary heart disease f. CT calcium score for intermediate-risk patients g. Carotid artery ultrasound</p> <p><b>Bone Health</b> Bone mineral density test if postmenopausal or have had a fracture after the age of 50</p> <p><b>Diabetes</b> Blood glucose test every 3 years</p> <p><b>Breast Health</b> Mammogram every year</p> <p><b>Reproductive Health</b> Pap test and pelvic exam every 1–3 years</p> <p><b>Colorectal Health</b> a. Fecal occult blood test every year b. Colonoscopy every 5–10 years c. Rectal exam every 5–10 years</p> <p><b>Eye and Ear Health</b> a. Complete eye exam every 2–4 years b. Hearing test every 10 years</p> <p><b>Skin Health</b> Mole exam every year</p> <p><b>Immunizations</b> a. Flu vaccine yearly b. Tetanus-diphtheria booster vaccine every 10 years c. Pertussis vaccine every 10 years d. Herpes zoster vaccine starting at age 60, one time only. Ask your doctor or nurse if it is okay for you to get it.</p>	<p><b>General Health</b> Full checkup, including weight and height, every year</p> <p><b>Thyroid Test (TSH)</b> Every 5 years if normal</p> <p><b>Heart Health</b> a. Blood pressure test b. Lipid panel (every 5 years if normal) c. Smoking cessation d. Ankle brachial index if woman has leg cramps, diabetes and one risk factor for vascular disease (smoking, high cholesterol, high blood pressure, family history) e. Stress testing for women age 55+ who plan to start a vigorous exercise program, have high-risk jobs or have coronary heart disease f. CT calcium score for intermediate-risk patients g. Carotid artery ultrasound h. Abdominal aortic aneurysm ultrasound i. Take 81 mg of aspirin a day unless contraindicated</p> <p><b>Bone Health</b> Bone mineral density test</p> <p><b>Diabetes</b> Blood glucose test every 3 years</p> <p><b>Breast Health</b> Mammogram every year</p> <p><b>Reproductive Health</b> Pap test and pelvic exam every 1–3 years</p> <p><b>Colorectal Health</b> a. Fecal occult blood test every year b. Colonoscopy every 5–10 years c. Rectal exam every 5–10 years</p> <p><b>Eye and Ear Health</b> a. Complete eye exam every 2–4 years b. Hearing test every 10 years</p> <p><b>Skin Health</b> Mole exam every year</p> <p><b>Immunizations</b> a. Flu vaccine yearly b. Tetanus-diphtheria booster vaccine every 10 years c. Pertussis vaccine every 10 years d. Herpes zoster vaccine e. Pneumococcal vaccine one time only</p>



# A Heart Full of Compassion

After two transplants, nurse delivers cardiac care with added heart

**Nikki Luederitz**, a cardiac technician at Saint John's Health Center, was a runner who enjoyed the rigorous demands of her chosen sport. At age 28, Luederitz collapsed while out on her usual run one day. Diagnosis revealed a rare congenital heart disease. What followed was an array of treatments, including a variety of medications, ablation, an implanted defibrillator—all to no avail. Her disease continued to progress unabated, and she underwent two open heart surgeries. Nothing worked, and she was placed on the waiting list for a heart transplant.

On her 34th birthday, Luederitz felt terrible, but went to work anyway because she enjoyed the company and support of the cardiac staff, many of whom had been involved in her treatments over the years. Soon after returning home that evening, exhausted, her transplant beeper went off. "That was the best birthday present I ever received," she said.

Luederitz underwent transplant surgery, but her body rejected her new heart six months later. She spent a few weeks in the ICU, but continued to decline. "I found myself back in the hospital and was maintained on cardiac drips as I waited for another heart to become available," she said. Two years after the first transplant, Luederitz received her second heart. "But it was very difficult," she said. "I was hospitalized for months and had five surgeries."

Eventually, Luederitz did recover and returned to her Saint John's job as a cardiac technician. "That's when a number of seasoned nurses I had worked with for years encouraged me to train for a more expansive position in nursing," she said. Luederitz received a scholarship from Saint John's

Nursing Endowment Fund and entered a new program at UCLA School of Nursing that allowed her to obtain both her RN license and a master's degree.

With her education completed last year, Luederitz now works as a cardiac nurse in the post-critical care unit. "I certainly understand from the inside out what my patients are going through, and it is an honor to serve them," she said. "And what a joy it is to be working with this wonderful group of Saint John's colleagues who have supported me all these years."

For the last 12 years, Luederitz has spent her summers volunteering at Camp del Corazon in Catalina, which provides an outdoor experience for children with heart disease. "I first got involved as a way to stop worrying about myself," she said. "It's so wonderful to be able to help these children experience typical summer camp despite their complex cardiac issues." ■

For more information, call 1-800-STJOHNS or visit [www.heart.newstjohns.org](http://www.heart.newstjohns.org).

## Pioneering Cardiac Legacy Continues

Light-energy catheter allows direct internal viewing of heart

In January, Saint John's Health Center became the first hospital on the West Coast to use endoscopic laser balloon ablation to treat atrial fibrillation (AF). "This new technology may change the way we treat AF in patients who are nonresponsive to drugs," said Shephal K. Doshi, MD, Saint John's Director of Cardiac Electrophysiology and Pacing.

Atrial fibrillation, which affects more than two million Americans, is a condition in which the heart's two upper chambers, the atria, have "short-circuited" and don't beat effectively. This irregular rhythm causes a quivering that can result in blood pooling, clot formation and a dramatically increased risk for stroke.

"Saint John's did the first U.S. cases of laser balloon ablation in 2007 as a participant in the CardioFocus ENABLE Investigational Clinical Study," explained Dr. Doshi. "Since that time, based on clinical research in Europe, the balloon has been modified and improved."

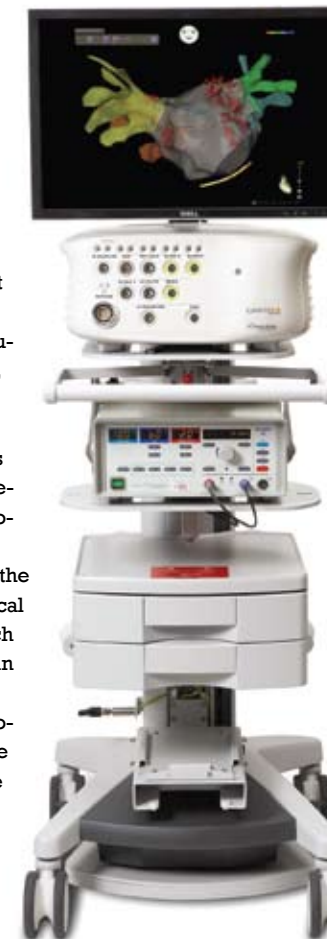
Using a camera slightly thicker than hair strands, endoscopic laser balloon ablation allows doctors to look directly into the heart for the first time. With a clear and detailed visualization, laser energy is precisely directed through a catheter to the abnormal cardiac cells that are creating the erratic rhythm. Once the abnormal tissue is destroyed, the heart is able to return to normal function.

Saint John's also uses Carto 3—a 3-D mapping procedure that combines electromagnetic and current-based technologies—to treat AF. "The cases we have done with Carto 3 have also been spectacular, and I expect that both of these innovative technologies will make a significant impact to the management of AF," said Dr. Doshi.

"While Carto 3 appears unsurpassed in resolution and accuracy when it comes to 3-D mapping, the laser balloon technology allows us to look directly inside the heart. It's a little like using a global positioning system (GPS) to drive versus driving by direct sight. Both are incredible milestones for arrhythmia management and we are doing both here at Saint John's," Dr. Doshi noted.

Last fall, Saint John's cardiologists performed the second LARIAT procedure, an innovative nonsurgical technique to tie off the left atrial appendage, which is the primary source of clots leading to stroke in patients with AF.

"We've built a cutting-edge, world-class electrophysiology lab at Saint John's," Dr. Doshi said. "The physicians and staff, enabled by administrative support, have been involved in groundbreaking research in the management of AF. We believe that all this hard work has resulted in better treatment options for patients with AF." ■



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JOHN ROBERTSON, MD

## Performance Enhanced in New Surgical Suites

"It's a wonderful new state-of-the-art surgical world for our patients and us."

That's how Rebecca Siason, Administrative Director of Perioperative Services at Saint John's Health Center, views the new surgical facilities at Saint John's. The second floor of the recently opened Howard Keck Center is now home to 13 large, technologically advanced operating suites, complementing the clinical expertise of Saint John's internationally renowned surgeons.

Equipment is ceiling-mounted, and each suite has two 40-inch wall-mounted LCD monitors and at least three smaller monitors attached to the anesthesia boom. "This configuration allows for ease of movement and visibility of the operating field from anywhere in the room," Siason explained. The suites are also equipped with the most advanced halogen lighting available, providing cool, natural white light without shadows. Other lighting innovations include four-zone green fluorescent lights, which enhance visibility and are restful on the eyes. The specially selected two-colored flooring facilitates quick identification of any dropped items.

A touch-screen station in each suite allows a surgical nurse to control equipment and adjust lighting and video monitors while seated. "The new suites are completely digitally integrated for two-way audio and video communication among surgical staff and the pathology and catheterization labs," said John Robertson, MD, Saint John's Direc-

tor of Cardiovascular Surgery. "We can also communicate with our colleagues operating in other surgical suites and with the charge nurse, who monitors all the suites from an external control desk."

The light field camera, one of three cameras located in each suite, can facilitate real-time, two-way video conferencing with participants in the Paula Kent Meehan Conference Room on the Garden Level of the Keck Center. The suites also have the capability for real-time satellite broadcasting to any location in the world.

Equipment is ceiling-mounted, and each suite has two 40-inch wall-mounted LCD monitors and at least three smaller monitors attached to the anesthesia boom.

"All the technological advances provide us with more information faster and enhance our efficiency and performance," said Dr. Robertson. "This translates into better surgical care for our patients." ■



IRA SMALBERG, MD

## New Imaging Center Offers Advanced Technology and Easy Access

The new Mrs. Henry E. Singleton Imaging Center is equipped with the most precise and advanced equipment in the community, including a 64-slice computed tomography (CT) scanner and a 3.0 Tesla magnetic resonance imaging (MRI) machine. The facility is designed to provide all patients—whether at Saint John’s for an emergency or a routine outpatient visit—rapid access to crisper, clearer and more detailed diagnostic images.

For example, the 64-slice CT scanner takes a series of cross-sectional X-ray images simultaneously of internal organs, bone, soft tissue and blood vessels. Sixty-four-slice refers to the number of images or

data points collected during a single pass of the circular X-ray imaging system. The ability to acquire a great many images in a short amount of time is what makes the dramatic improvement in image quality possible.

“We selected the technology because it offers the best images while delivering the lowest possible dose of radiation,” said Jean Muldoon, Director of Imaging.

Using specialized equipment and expertise to create and interpret CT scans of the body, Saint John’s expert radiologists can more easily diagnose problems such as cancers, cardiovascular disease, infectious disease, trauma and musculoskeletal disorders. More “slices” allow for more detailed 3-D images. In addition, scans can be taken in a fraction of the time compared to scanners with older technology. The CT scanner is used to obtain images of the brain, heart, chest, abdomen, pelvis and lower parts of the body.

The powerful 3.0 Tesla MRI machine provides a much greater contrast between the different soft tissues of the body than the CT scanner. The MRI is used for neurological (brain), musculoskeletal, cardiovascular and oncological (cancer) imaging. Unlike CT, it uses no ionizing radiation, but utilizes a

powerful magnetic field to align the nuclear magnetization of (usually) hydrogen atoms in water in the body.

The added field strength of the new 3.0 equipment leads to much faster scan times and improved patient comfort. It also provides finer detail and higher resolution images, and allows for multiplanar reconstructions and clearer 3-D renderings of nearly any part of the body.

**“With its new imaging capabilities, Saint John’s is now among the most advanced diagnostic facilities in Southern California.”**

—Lou Lazatin, CEO

In some cases, the hospital’s 1.5 Tesla MRI provides a better alternative. The Imaging Center also features all new nuclear medicine, ultrasound, digital mammography and general digital radiography equipment.

“With its new imaging capabilities, Saint John’s is now among the most advanced di-

agnostic facilities in the Southern California area,” said Lou Lazatin, Chief Executive Officer. “We are delighted to be providing our community with the most sophisticated services currently available.”

To help coordinate care among physicians, all systems are digital. Any image—X-ray, ultrasound, CT or MRI scan—can be viewed simultaneously on any computer monitor in the Health Center, including in the operating rooms. Physicians can also view images away from the hospital campus.

“This advanced, Web-based system facilitates immediate consultation between the radiologists and our referring medical staff physicians, and also allows for instant communication in distant locations for emergencies and critical cases,” said Ira Smalberg, MD, a board-certified radiologist and Medical Director of the Imaging Center at Saint John’s Health Center.

The Imaging Center is located on the first floor of the new Howard Keck Center, conveniently near the Emergency Department and Diagnostic Center.

For more information, call 1-800-STJOHNS or visit [www.newstjohns.org](http://www.newstjohns.org).



DANIEL F. KELLY, MD, AND AMIN B. KASSAM, MD

## Novel Neurosurgical Technique Successful for Patient from Spain

Seeking the top neurosurgical experts in the world, a young Spanish pharmacist, whose life-threatening brain stem tumor had not been adequately treated in her native country, traveled to the Chan Soon-Shiong Neuroscience Institute at Saint John’s Health Center in November 2009 to have her tumor successfully removed through her nose without an incision.

Isabel suffered from an aggressive tumor called a chordoma that had wrapped itself around major arteries in the base of her skull. Adhering to the brain stem, the tumor not only pressed on the optic nerve, but had also damaged her pituitary, the master gland that controls the body’s hormonal function.

When she arrived at Saint John’s, Isabel had lost most of the vision in her left eye and was plagued by severe headaches. She faced continued deterioration—even death—from progressive brain stem compression if her tumor could not be removed. After an attempt by doctors in Spain to remove the tumor, her condition had been deemed inoperable. The initial surgery not only was unsuccessful, but also destroyed healthy tissue needed for reconstruction and left her with a permanent drain in her head to handle a fluid leak that the procedure had created.

Amin Kassam, MD, Director of the Neuroscience Institute, and Daniel Kelly, MD, Director of the Brain Tumor Institute, chose the expanded endonasal approach for Isabel—an advanced strategy that provides surgical access to the brain through the nostril. These two internationally re-

nowned neurosurgeons have more than two decades of combined experience pioneering this minimally invasive technique and have successfully used it on more than 2,000 patients.

“We also employed a technique called ‘pituitary transposition,’ which moves and then returns the pituitary gland to its original position,” explained Dr. Kassam. Working through the nostril with specialized instruments, the surgical team moved from the center of the tumor outward, taking out the majority of the tumor without destroying critical structures surrounding it. Once the bulk of the tumor had been removed, the pressure that had been injuring the patient’s brain stem and optic nerve was relieved.

“My recovery was very fast,” said Isabel. “In two days, I was walking. Less than a month after surgery, I’m still feeling fine. I can lead a normal life and have regained practically all of the vision in my left eye.”

Isabel is currently in Spain, but will return to Saint John’s in March for evaluation. “Chordomas are complex, aggressive tumors that are rarely cured by surgery alone,” Dr. Kassam explained. “Isabel may require a course of radiation to prevent tumor growth.”

Although she may need additional treatment, Isabel has a very positive opinion about her experience. “At Saint John’s, I found a hospital where patients can receive treatment at the highest level,” said Isabel. “Dr. Kassam and Dr. Kelly are among the best neurosurgeons in the world, and I will be eternally grateful for their knowledge, support, kindness and compassion.”

## Saint John’s Rallies to Support Haitian Victims

### Surgical team mobilizes quickly to provide orthopedic care

Shortly after the devastating earthquake struck Haiti on January 12, Saint John’s Health Center physicians and employees began mobilizing to help with medical relief efforts for the ravaged island nation.

Two days after the catastrophe, a group of Saint John’s orthopedic surgeons—led by Ramin Modabber, MD, and Kevin Ehrhardt, MD, and accompanied by anesthesiologists George Herr, MD, and John Kohl, MD, surgical nurses Elaine LaRotonda and Kristin Opaskar, and operating room technicians Karina Aparicio and Alberto Bustos-Soto—departed for Haiti.

“With the generosity of Mel Gibson, Matt Damon and the Newman’s Own Foundation, the orthopedic mission from Saint John’s provided desperately needed orthopedic surgical care in Haiti through Partners in Health,” said Dr. Modabber. “This is truly a testament to the generosity and philanthropy of the sponsors and the medical community here in Santa Monica.”

Saint John’s also sent approximately 1,000 pounds of medical supplies with the team. After waiting to find a landing slot in the chaos of limited air access, the team spent one night in a tent city and then went on to treat 140 patients in the remains of a hospital in the central plateau of Haiti. In total, the team completed nearly 40 major surgeries and provided extensive complex wound care.

Saint John’s plastic surgeon Reza Nabavian, MD, emailed live from Haiti about the severity of the wound conditions. In addition, ICU nurse Nancy Moreno treated patients in Haiti through Partners in Health.

“I am in Haiti through a private group doing wound care and reconstructive plastic surgery,” Dr. Nabavian wrote. “Too many amputations here because of complex wounds and lack of access.”

For additional orthopedic support, spine surgeon John Regan, MD, collected casting materials for Doctors Without Borders. Other specialists were involved, as well. Russ Kino, MD, and other emergency physicians and their staff also traveled to Haiti to treat earthquake victims.

“We have a history of responding in times of need,” said Chief Executive Officer Lou Lazatin. “In 1994, when we at Saint John’s experienced firsthand the destruction of an earthquake, physicians and employees donated immeasurable time and funds to the rebuilding of our new home.”

Physicians and employees also have been making significant financial contributions to support the ongoing need for medical supplies, food and water in Haiti. Saint John’s parent organization, the Sisters of Charity of Leavenworth Health System, has matched donations made by Saint John’s physicians and employees up to \$100,000. Many employees also donated Paid Time Off hours.



Saint John’s Health Center was recently accredited by The Joint Commission, the nation’s leading agency for accrediting healthcare organizations.



*Breakthrough Medicine. Inspired Healing.™*

Saint John's Health Center  
1328 22nd Street  
Santa Monica, CA 90404  
(310) 829-5511  
[www.stjohns.org](http://www.stjohns.org)

## [ events ]

### **The Flora L. Thornton Community Health Education Program**

#### **Lose Weight for Good**

Mondays, March 1–May 24  
7–8:30 p.m.  
Saint John's Health Center, CSS 1  
Ask about our  
"Weight Loss Challenge!"  
Advance registration required  
Call (310) 829-8453

#### **Community Forum**

**Your Decisions Matter**  
A National Healthcare  
Decisions Day Program  
Wednesday, April 14  
6:30–8:30 p.m.  
Thursday, April 15, 2–4 p.m.  
Santa Monica Public Library  
MLK Jr. Auditorium  
601 Santa Monica Boulevard  
Santa Monica  
Advance registration required  
Call (310) 829-8453

#### **Freedom from Smoking®**

April 2010 (call for start date)  
Tuesdays and Thursdays,  
7–8:30 p.m.  
Saint John's Health Center, CSS 1  
Advance registration required  
Call (310) 829-8453



Since its founding in 1942 by the Sisters of Charity of Leavenworth, Saint John's Health Center has been providing the patients and families of Santa Monica, West Los Angeles and ocean communities with breakthrough medicine and inspired healing. Saint John's provides a spectrum of treatment and diagnostic services with distinguished areas of excellence in cancer, spine, orthopedics, neurosurgery, women's health, cardiac and specialized programs such as the internationally acclaimed John Wayne Cancer Institute. Saint John's is dedicated to bringing to the community the most innovative advances in medicine and technology.

For more information, call 1-800-STJOHNS or visit [www.stjohns.org](http://www.stjohns.org).