

2009 **CANCER** ANNUAL REVIEW



The Robert H. Lurie Comprehensive Cancer Center of Northwestern University
at Northwestern Memorial Hospital

Dear Colleagues:

We are pleased to present our 2009 Cancer Annual Review highlighting accomplishments of the Robert H. Lurie Comprehensive Cancer Center of Northwestern University at Northwestern Memorial Hospital. Recognized as a national leader in cancer care, the Lurie Cancer Center is proud to be a recipient of the American College of Surgeons' national Commission on Cancer's Outstanding Achievement Award for 2009, an honor that recognizes our cancer committee leadership, cancer data management, research, community outreach and quality improvement.

The Lurie Cancer Center is one of only two programs in Illinois and among 40 in the nation to be designated by the National Cancer Institute as a Comprehensive Cancer Center. We are a founding member and the only Illinois representative in the National Comprehensive Cancer Network. In 2009, there were more than 127,000 outpatient visits and more than 5,000 inpatient cancer admissions.

This past year, we enhanced our radiation therapy services and in doing so, have become one of the few Comprehensive Cancer Centers in Illinois and one of only 66 in the world with Gamma Knife® Perfexion™ technology for brain radiosurgery, allowing patients to be treated with precise beams without an incision. We also have installed new body radiotherapy equipment to treat spine, lung, liver and other localized cancers.

To support the delivery of the best care and service to patients with cancer, we centralized our comprehensive women's cancer care services in the Maggie Daley Center for Women's Cancer Care, which is located on the fourth and fifth floors of Northwestern Memorial's Prentice Women's Hospital. Our comprehensive supportive oncology services, along with the outpatient treatment center for breast oncology and gynecologic oncology, moved to a new space within Prentice, a world-class facility that provides dedicated space, service and support to patients treated through the Lurie Cancer Center. Also, in a separate American College of Surgeons' survey, Northwestern Memorial's Lynn Sage Comprehensive Breast Center received accreditation.

In this year's annual review, we feature our comprehensive women's cancer care services by highlighting advances in the diagnosis and treatment of patients with gynecologic cancers. Under the leadership of Julian C. Schink, MD, a dedicated team of distinguished cancer specialists provides patients with the most advanced therapies available in a compassionate environment that is enhanced through our collaboration with Northwestern University Feinberg School of Medicine. Our shared emphasis on providing exceptional care is supported by research and clinical trials that contribute to the discovery of new scientific knowledge and the ability to offer patients new treatment options.



William Small, Jr., MD



Steven T. Rosen, MD

A handwritten signature in black ink, appearing to read 'William Small, Jr.'.

William Small, Jr., MD
Chair of the Committee on Cancer
Northwestern Memorial Hospital

A handwritten signature in black ink, appearing to read 'Steven T. Rosen'.

Steven T. Rosen, MD
Director of the Robert H. Lurie Comprehensive Cancer Center
of Northwestern University

Ovarian and Gynecologic Cancers: A Comprehensive, Holistic Approach

Nationally, more than 80,000 new cases of gynecologic cancers were diagnosed in 2009, according to the National Institutes of Health. The medical and support staff at Northwestern Memorial Hospital, Northwestern University Feinberg School of Medicine and the Robert H. Lurie Comprehensive Cancer Center of Northwestern University offer innovative clinical treatments for gynecologic cancers in combination with a variety of support services designed to treat a patient's needs related to mind, body and spirit. While advanced clinical care is the first step in treating cancer, studies show that patients feel relief from symptoms such as nausea and fatigue and experience better pain management when they are treated with a holistic approach.

Ovarian Cancer

Ovarian cancer affects about one in 70 women and it carries the highest mortality among gynecologic cancers. At diagnosis, 70 to 80 percent of cases are at Stage III or IV, which increases the probability of a recurrence after treatment. While breakthroughs in cancer therapy have succeeded in extending survival, ovarian cancer is fatal in more than half of all cases.

"Having good outcomes depends on doing many things right, not just chemotherapy or skillful surgery, but doing the best possible job every step of the way," says Julian C. Schink, MD, chief of Gynecologic Oncology at Northwestern Memorial, professor of Obstetrics and Gynecology at Feinberg and associate director of Clinical Affairs at the Lurie Cancer Center. Aggressive surgery is a major component of ovarian cancer treatment at Northwestern Memorial, which is why physicians achieve optimal cytoreduction, or removal of most of the tumor, in 85 percent of their patients.

Aggressive treatment also includes a forward-thinking approach to chemotherapy. Northwestern Memorial's intraperitoneal chemotherapy program has evolved from treatment for recurrent ovarian cancer or persistent microscopic disease to a post-surgical protocol as initial treatment. Additionally, cancer specialists here have found that modifying the therapeutic agents and shortening the infusion duration allows them to administer the treatment on an outpatient basis rather than requiring a two-day inpatient stay. Tracking outcomes over time in three randomized clinical trials demonstrated the outpatient regimen had considerably lower toxicity with survival exceeding that reported in previous studies,

according to John R. Lurain, MD, gynecologic oncologist on the medical staff at Northwestern Memorial and John and Ruth Brewer Professor of Gynecology and Cancer Research at Feinberg.

Because there are no effective screenings for early stages of ovarian cancer, prevention, including identifying high-risk patients, is important.

If a detailed family history indicates a strong risk, women usually are tested for the BRCA gene mutation. If that test is positive, it is essential to develop a detailed personalized plan. "The most important step in risk reduction is removing the ovaries and fallopian tubes when childbearing is completed," explains Deborah S. Lindner, MD, a gynecologist on the medical staff at Northwestern Memorial and clinical instructor of Obstetrics and Gynecology at Feinberg. Bilateral salpingo-oophorectomy substantially reduces the risk of ovarian cancer.

"Through the Northwestern Ovarian Cancer Early Detection and Prevention Program, we provide women with tailored risk assessment and prevention plans including nutrition, lifestyle and pharmacologic options," says Diljeet Singh, MD, a gynecologic oncologist on the medical staff at Northwestern Memorial and co-director of the early detection program at Feinberg. "Women found to be at increased risk for ovarian cancer can also participate in promising multimodal screening programs."

Endometrial Cancer

In 2009, the Lurie Cancer Center treated nearly 100 women with endometrial cancer. In more than 90 percent of cases, the cancer can successfully be eliminated.

Northwestern Memorial offers one of the few dedicated robotic surgery programs for gynecologic oncology in the country and surgeons perform nearly 80 percent of surgeries for endometrial cancer robotically. Northwestern maintains a database on many aspects of the robotic surgeries performed to determine how patients benefit and how to improve patient care. Based on hospital data, robotic surgery outcomes are superior to traditional open and laparoscopic surgeries for endometrial and cervical cancer treatment, says M. Patrick Lowe, MD, director of the Gynecologic Oncology Robotics and Minimally Invasive Surgery Program at Northwestern Memorial and assistant professor of Obstetrics and Gynecology at Feinberg.



Julian C. Schink, MD



John R. Lurain, MD



Deborah S. Lindner, MD



M. Patrick Lowe, MD



Melinda R. Ring, MD

Radiotherapy

One of the most significant transformations in radiation treatment of gynecologic malignancies is in the technology to improve precision in reaching the tumor and reduce toxicity. Intensity-modulated radiation therapy is an advanced method of high-precision radiotherapy. A computer-controlled linear accelerator delivers radiation that conforms more precisely to the tumor, sparing adjacent normal tissues and allowing higher doses. Image-guided radiation therapy uses various imaging technologies to help radiation oncologists more accurately treat patients on a daily basis. Image-guided brachytherapy is being used here for definitive treatment of cervical cancer.

Beyond technological advances, research here is exploring modifications to treatment for gynecologic cancers. “We are looking at unique combinations of systemic therapy with radiation for cervical and endometrial cancers,” says William Small, Jr., MD, a radiation oncologist on the medical staff at Northwestern Memorial, professor and vice chairman of Radiation Oncology at Feinberg and associate medical director of the Lurie Cancer Center. One study is investigating vaginal brachytherapy administered along with chemotherapy or pelvic radiation to determine if chemotherapy can be an effective substitute for pelvic radiation and if either combination reduces the risk of metastatic disease.

Looking Ahead

Physicians and scientists at Northwestern continue to look for more effective, less toxic forms of treatment for gynecologic cancers. One area of investigation is the use of biologic agents, either alone or in combination with conventional chemotherapy. These agents are targeted more closely to tumor behaviors and are often less toxic.

In order to predict which chemotherapeutic agents will be effective for specific patients, new studies are examining ways to personalize treatment through a trial combining chemosensitivity testing with a multi-gene assay to characterize tumors. The goal is to identify the patients who are resistant to certain agents before treatment begins, rather than after it has failed.

Supportive Oncology

Through supportive oncology, we provide many services to meet the needs that occur before, during and after a woman's medical treatment. The goal is to improve quality of life by addressing emotional and practical needs and any physical and functional limitations.

Women with cancer who are treated at the Lurie Cancer Center in Northwestern Memorial's Prentice Women's Hospital have access to psychosocial, integrative and rehabilitative oncology therapies through the Maggie Daley Center for Women's Cancer Care. The services are designed to meet a woman's needs beyond cancer treatment. “The women who come through our doors carry a heavy burden and it's our responsibility to help lighten that burden as much as we can,” says Rebecca Caires, administrative director at the Lurie Cancer Center.

“IF YOU WANT TO TAKE CARE OF THE WHOLE PATIENT, YOU NEED TO PROVIDE, IN ONE CENTRAL LOCATION, THE TREATMENTS THEY NEED BEYOND CHEMOTHERAPY, RADIATION AND OTHER PRIMARY TREATMENT COMPONENTS.”

— Julian C. Schink, MD

Issues faced by women with gynecologic cancers require individualized and supportive care. Hair loss, skin challenges such as pigment changes and red spots, changing family roles and altered body image are the most common reasons women are referred for supportive care. They also may experience side effects from treatment and diagnosis including pain, fatigue and stress. Depending on individual needs, patients can be referred to Northwestern Memorial's Center for Integrative Medicine and Wellness for targeted therapies. Acupuncture has been shown to help chemotherapy-induced neuropathy or nausea. Other women find that massage or energy therapy, such as Reiki, reduces anxiety. “Integrative oncology moves beyond curing the patient to healing the whole person,” says Melinda R. Ring,



MD, medical director of the Center for Integrative Medicine and Wellness and assistant professor of Medicine at Feinberg. Dr. Ring says acupuncture and mini-massages soon will be offered during chemotherapy infusions.

Through a unique partnership with Rehabilitation Institute of Chicago (RIC), patients also may be referred for rehabilitative oncology treatment to address physical and functional limitations such as loss of range of motion or strength, pelvic or other pain, lymphedema and cancer-related fatigue. RIC rehabilitation physicians visit patients in the hospital and are available on an outpatient basis through the Lurie Cancer Center. A variety of rehabilitation strategies can help women return to normal activities. "Many women can better tolerate chemotherapy, have less fatigue and experience overall less weakness with exercise and other rehabilitative interventions during and after their cancer treatments," says Gail Gamble, MD, RIC medical director for Cancer Rehabilitation and assistant professor of Physical Medicine and Rehabilitation at Feinberg. ■



Centrally located in Prentice is the Maggie Daley Center for Women's Cancer Care, which offers services for cancer treatment such as an infusion suite (left) that overlooks Lake Michigan and a Healing Boutique (above) where women have access to private consultations about hair care, makeup techniques and skin issues that can result from cancer treatment.

Oncofertility: Life After Cancer Treatment

About 68,000 women younger than 45 years old are diagnosed with cancer each year. These women face the knowledge that lifesaving medical treatment can leave them infertile.

Physicians and researchers at Northwestern are working to save their lives as well as their fertility. Teresa Woodruff, PhD, Thomas J. Watkins Professor of Obstetrics and Gynecology at Feinberg, and her team of physicians and researchers are leading a national effort to better understand the impact of cancer treatment on fertility and to identify new technologies to preserve it. This new and expanding discipline is referred to as oncofertility.



The Lurie Cancer Center brings together oncologists and fertility experts to help patients conceive after treatment. Soon after diagnosis, a patient navigator, who is knowledgeable in fertility and oncology, explains the impact cancer treatment may have on fertility and helps women pursue referrals for options to preserve their fertility. At Northwestern, more than 300 patients have been counseled about treatment and their fertility. More than 100 women have taken steps before cancer treatment, including in vitro fertilization with embryo banking, to preserve their fertility. Once a woman is considered cancer free, she can return to Northwestern to have her embryos thawed and attempt a pregnancy. Three women have reached this survivorship milestone, had their embryos transferred and delivered a child.

However, embryo banking is not always feasible because of the type of cancer, how rapidly treatment must begin or the patient's age. Oncofertility research is advancing beyond established techniques to investigational areas such as growing human follicles to provide fertility restoration. Dr. Woodruff led a team of researchers to stimulate human follicles to maturity in the laboratory. Using donated ovarian tissue, the team grew follicles in a three-dimensional hydrogel matrix. After 30 days, the follicles had developed and the eggs grew to normal size. Subsequent experiments in mice resulted in live, healthy births.

Another option being investigated is removing one ovary and freezing the tissue for re-implantation. At that point, the patient's fertility is restored as well as the possibility to conceive naturally. ■

Cancer Review Highlights — Fiscal Year 2009

Facilities for patients treated at the Robert H. Lurie Comprehensive Cancer Center of Northwestern University were further enhanced with the buildout of space for a women's cancer program on the fourth and fifth floors of Prentice Women's Hospital, adjacent to the Lynn Sage Comprehensive Breast Center. This 24,000-square-foot expansion provides the capacity for comprehensive care for women in a single location, accommodating the relocation of Breast Medical Oncology and Gynecologic Oncology, as well as comprehensive Supportive Oncology services including psychiatry, psychology, social work, nutrition, rehabilitation and integrative medicine.

Regular multidisciplinary conferences provided prospective treatment planning for patients in the following areas:

- Breast cancer
- Gynecologic oncology
- Genitourinary cancers
- Hematologic diseases
- Head and neck cancers
- Neurological oncology
- Melanoma
- Sarcoma
- Thoracic oncology
- Hematopoietic stem cell transplant
- Gastrointestinal oncology
- Palliative care

A wide range of education, support and outreach programs were offered.

- Professional education programs were provided through the Lurie Cancer Center, including the 10th Annual Lynn Sage Breast Cancer Symposium and the 11th Annual Oncology Nursing Conference, as well as annual programs in basic sciences, pain and palliative care, lymphoma and ASCO and ASH reviews. Intramural programs included monthly Schwartz Center Rounds for clinical faculty and staff, weekly Cancer Center Grand Rounds and a weekly Cancer Biology Seminar Series for research faculty.
- A full complement of patient education and support services was offered, including support groups, inpatient case management and an outpatient Supportive Oncology team providing psychiatry, psychology, social work, nutrition, rehabilitation and integrative medicine services. The Supportive Oncology team is

complemented by two full-time American Cancer Society patient navigators and a full-time health educator. In fiscal year 2009, a program addressing the survivorship needs of breast cancer patients (SUCCEED Program) was implemented.

Community education and outreach programs were offered, including disease-oriented presentations, the Breast Cancer Town Hall Meeting with nearly 400 in attendance and cancer survivorship initiatives including the 16th Annual Cancer Survivors' Celebration and Walk with nearly 4,000 participants. Special health disparities programs also were offered.

New faculty recruitments to multidisciplinary care and research teams included:

- Shuo Ma, MD, was recruited to the Division of Hematology/Oncology following completion of her fellowship in the division. Her clinical and research efforts are in hematologic malignancies.
- Halla Nimeiri, MD, was recruited to the Division of Hematology/Oncology following completion of her fellowship at the University of Chicago. Her focus is in gastrointestinal oncology.
- C. Shad Thaxton, MD, PhD, was recruited to the Department of Urology following completion of his residency at Northwestern. His clinical and research efforts focus on prostate cancer and nanotechnology in therapeutics.
- Mehmet Dokucu, MD, was recruited to the Department of Psychiatry and Behavioral Sciences from Washington University in St. Louis. He is engaged in consultation/liaison services and research for cancer patients.
- Malcolm DeCamp, MD, was recruited from the Beth Israel Deaconess Medical Center and assumes the key leadership role of chief of the Division of Thoracic Surgery in the Department of Surgery.
- Nagendra Koneru, MD, was recruited to the Department of Radiation Oncology from Waukesha Memorial Hospital. His focus is thoracic oncology and stereotactic body radiosurgery.
- Samir Sejpal, MD, was recruited to the Department of Radiation Oncology from the MD Anderson Cancer Center. He will help develop the Proton Radiotherapy Program.

- Jonathan Strauss, MD, MBA, was recruited to the Department of Radiation Oncology after completing his residency at Rush University Medical Center. His focus is breast and gynecologic cancers.

The Lurie Cancer Center was awarded a \$13.5 million five-year Physical Sciences and Oncology Center (PS-OC) grant from the National Cancer Institute. One of only 12 such grants awarded nationally, the PS-OC grant, coupled with the existing Center for Cancer Nanotechnology Excellence grant, reflects the unique research strength of the Lurie Cancer Center in bringing together investigators from the biological sciences, chemistry and engineering.

The Lurie Cancer Center maintained its position as the only Illinois member of the National Comprehensive Cancer Network (NCCN), a consortium of 21 of the nation's leading cancer centers committed to the development of cancer treatment guidelines and enhancing access to the most advanced treatment options for patients. Al Benson III, MD, an oncologist on the medical staff at Northwestern Memorial and a professor in the Division of Hematology/Oncology at Feinberg, serves as the chairman of the NCCN board.

Through the Clinical Research Office (CRO) of the Lurie Cancer Center, a comprehensive clinical trials program continued to be available to patients. Under the direction of Timothy Kuzel, MD, hematologist/oncologist on the medical staff at Northwestern Memorial and professor of Medicine, Hematology/Oncology at Feinberg, the CRO continued to conduct and coordinate Phase I through Phase III clinical trials sponsored by federally funded national cooperative groups and the pharmaceutical industry as well as investigator-initiated institutional trials developed by faculty members at Feinberg. Physicians on the medical staff at Northwestern Memorial and the Lurie Cancer Center are leaders in national cooperative group studies and in working to develop, test and accelerate access to new treatments. A total of 769 patients at Northwestern were enrolled in 229 interventional therapeutic and non-therapeutic clinical trials. ■

2008 Registry Report

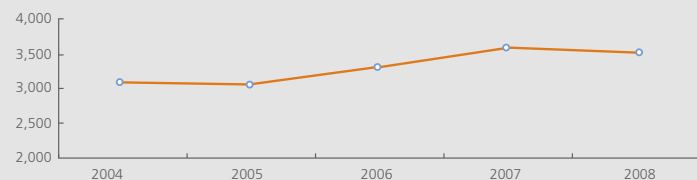
The Northwestern Memorial Hospital Tumor Registry, under the direction of the Committee on Cancer, is an integral component of the Cancer Program. The tumor registry systematically collects, maintains and disseminates detailed cancer case information to help guide, evaluate and implement cancer control activities. It is the largest registry in the state of Illinois and sends data to the Illinois State Cancer Registry, the National Cancer Data Base and the American Cancer Society for reporting and survival statistics. The registry currently follows 45,841 patients yearly.

Top 10 Sites 2008

MALE AND FEMALE	Northwestern Memorial Hospital (n=2,809)	United States* (n=1,046,380)
BREAST	32%	18%
PROSTATE	20%	18%
COLON/RECTUM	8%	14%
LUNG	7%	20%
MELANOMA	7%	6%
BLOOD AND BONE MARROW	6%	4%
LYMPHOMA	6%	7%
THYROID	5%	4%
KIDNEY	5%	5%
CORPUS UTERI	4%	4%

* American Cancer Society Facts and Figures 2008

Total Analytic Cases 2004 to 2008



Since 2004, there has been a 15 percent increase in the number of analytic cases seen at Northwestern Memorial Hospital, from 3,103 cases in 2004 to 3,574 cases in 2008.

2008 Registry Activities and Accomplishments

- Added 3,574 new cases to the registry.
- Achieved 91 percent follow-up for cases diagnosed within the past five years.
- Completed 33 requests for data to monitor, improve and evaluate patient care and survival trends.

Primary Site Tabulation For 2008

PRIMARY SITE	TOTAL	CLASS		SEX		% of Cases	PRIMARY SITE	TOTAL	CLASS		SEX		% of Cases
		A*	N/A**	Male	Female				A*	N/A**	Male	Female	
Oral Cavity	77	73	4	55	22	2.0	Female Genital	243	221	22	0	243	6.1
Digestive System	498	450	48	266	232	12.6	Cervix Uteri	29	27	2	0	29	
Esophagus	34	29	5	31	3		Corpus Uteri	118	110	8	0	118	
Stomach	36	33	3	19	17		Ovary	58	52	6	0	58	
Colon	159	149	10	72	87		Vulva	18	15	3	0	18	
Rectum	73	68	5	29	44		Other	20	17	3	0	20	
Anus/Anal Canal	19	17	2	13	6		Male Genital	620	581	39	620	0	15.6
Liver	84	75	9	53	31		Prostate	597	558	39	597	0	
Pancreas	53	45	8	23	30		Testis	22	22	0	22	0	
Other	40	34	6	26	14		Other	1	1	0	1	0	
Respiratory System	267	238	29	125	142	6.7	Urinary System	268	239	29	172	96	6.8
Nasal/Sinus	9	8	1	5	4		Bladder	119	103	16	91	28	
Larynx	18	17	1	15	3		Kidney/Renal	141	129	12	77	64	
Lung/Bronchus	231	206	25	99	132		Other	8	7	1	4	4	
Other	9	7	2	6	3		Brain and CNS	164	150	14	91	73	4.1
Blood and Bone Marrow	246	173	73	131	115	6.2	Brain (Benign)	5	5	0	2	3	
Leukemia	125	83	42	67	58		Brain (Malignant)	81	72	9	58	23	
Multiple Myeloma	105	82	23	57	48		Other	78	73	5	31	47	
Other	16	8	8	7	9		Endocrine	150	146	4	45	105	3.8
Bone	12	10	2	6	6	0.3	Thyroid	140	137	3	38	102	
Connect/Soft Tissue	22	20	2	9	13	0.5	Other	10	9	1	7	3	
Skin	212	196	16	109	103	5.4	Lymphatic System	230	165	65	129	101	5.8
Melanoma	199	184	15	103	96		Hodgkin's Disease	38	29	9	18	20	
Other	13	12	1	6	7		Non-Hodgkin's	192	136	56	111	81	
Breast	907	865	42	5	902	22.9	Unknown Primary	29	29	0	12	17	0.7
							Other/III-defined	19	18	1	6	13	0.5
							ALL SITES	3,964	3,574	390	1,781	2,183	100

Number of cases excluded: 24

This report excludes carcinoma in-situ cervix cases, squamous and basal cell skin cases and intraepithelial neoplasia cases.

* Analytic (a) are newly diagnosed cases that have received part or all of first course of treatment at Northwestern Memorial.

** Non-analytic (n-a) are cases that received all first course of treatment elsewhere and came to Northwestern Memorial for subsequent treatment.

Committee on Cancer

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