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Dear Friends,

I am pleased to share this summer issue of Karmanos Hope. You’ll learn more about why you can expect to receive cancer care second to none at the Barbara Ann Karmanos Cancer Institute.

We have internationally recognized physicians, scientists and medical experts who make a tremendous difference to our patients and their families. I am very proud that many of them have been singled out and named to the 2007-2008 list of Best Doctors, Inc., found on page 25.

Included in this list is our Chief Medical Officer Manuel Valdivieso, M.D., who has decided to retire this fall from his distinguished medical career. His commitment to his patients and the entire Karmanos staff has been exemplary. I have never worked with anyone who has a more caring spirit and we will miss him.

Sincerely,

John C. Ruckdeschel, M.D.
PRESIDENT AND CHIEF EXECUTIVE OFFICER
BARBARA ANN KARMANOS CANCER INSTITUTE

Robin Dysart thought she had beaten multiple myeloma. When she was close to remission, the cancer returned. Thanks to a second bone marrow transplant from a cord blood donation, she has made an amazing recovery. (Read more on pages 2-3)
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AROUND TOWN

KARMANOS DOCTORS AMONG THE BEST
The birth of a child is one of life’s greatest gifts. With advanced planning, it can also be an extraordinary gift for cancer patients in need of a bone marrow transplant.

The umbilical cord and placenta, often discarded as medical waste, are rich in stem cells used for bone marrow transplants.

Thankfully, the J.P. McCarthy Cord Stem Cell Bank at the Karmanos Cancer Institute has been collecting, preserving and banking umbilical cord blood units since 2001. To date, more than 1,200 units are in its inventory. And partnerships with Providence Hospital, Sinai-Grace Hospital, St. Joseph Mercy Hospital in Ann Arbor and the ProMedica Health System in Toledo will boost bank inventories and help more patients survive life-threatening conditions.

FINDING A GOOD MATCH

Umbilical cord blood units are used to treat patients with leukemia, lymphoma, sickle cell disease and other life-threatening conditions. The cord blood does not come from an embryo so it is not part of the controversial debate regarding the use of human embryos. It is rich in life-giving cells needed to fight these diseases, says Voravit Ratanatharathorn, M.D., co-director of the Blood and Marrow Stem Cell Transplant Program at Karmanos.

“Very high doses of chemotherapy or radiation therapy are sometimes used to kill the cancer cells in a patient,” Dr. Ratanatharathorn says. “But this treatment also destroys the body’s stem cells, which can be a lethal side effect. This necessitates a stem cell transplant.”

The patient’s siblings are the first source physicians tap in trying to find a bone marrow match, because each sibling has a one-in-four chance of matching the patient. If a match cannot be found within the patient’s family, then one is sought within an unrelated donor pool such as the Cord Blood Bank.

“In addition to our bank at Karmanos, we have access to about 10 million adult donors and 73,400 cord blood units in banks worldwide,” Dr. Ratanatharathorn says.
“The problem is, sometimes you still cannot find a match. The odds depend on the patient’s race. The vast majority of available units are of northern European extraction, so we have about a 70 to 80 percent chance of making a match with a patient of that racial origin. But for African-American, Native-American, Asian, Hispanic or mixed-ethnicity patients, the odds of a match can be up to 20 percent lower.”

A LIFE-SAVING DONATION

Robin Dysart thought she had cancer beaten. After being diagnosed in 2005 with multiple myeloma, a type of cancer formed by malignant plasma cells, Karmanos doctors treated her with a unique combination of chemotherapy, radiation therapy and a bone marrow transplant. Afterward, her disease was close to remission. But it returned five months later.

“I was put on a special drug therapy to keep the disease at bay until we could find a donor match for a second bone marrow transplant,” says Dysart, 44, president and CEO of Spectrum Financial Group, a national insurance agency. “But because of the smaller pool of African-American donors, finding a match became difficult.”

Dysart has 17 brothers and sisters, but none were a match. Other family and friends donated blood, but a match still could not be found for the transplant she desperately needed, even within an international bank search.

“Miraculously, there were two babies born at that same time and they were matches for me,” Dysart says. “Doctors used the umbilical cord stem cells to give me what I needed in a transplant.”

During the transplant, doctors also performed two emergency procedures on Dysart. Then she developed Graft vs. Host disease, where the donor’s marrow attacks the patient’s organs and tissues. She was hospitalized for six months, but has since made an amazing recovery.

“I’m still recovering, but feel wonderful,” Dysart says. “A lot of that is due to the bone marrow transplant from the cord blood donation. I would definitely like to see more awareness of the cord blood donation program among African-American and other minority communities. The cells can offer solutions for many patients who have chronic conditions like mine.”

BANKING ON A CURE

The J.P. McCarthy Cord Stem Cell Bank was founded in 2001 with funding from The J.P. McCarthy Fund and The Carls Foundation. Its purpose is to help collect cord blood and make it available to a diverse pool of patients who have been diagnosed with cancer and serious blood disorders. It is one of just two public cord blood banks in Michigan and the only center in the state with the National Marrow Donor Registry designation. The bank currently has the highest percentage of African-American units within the registry.

The bank was named for former WJR radio personality J.P. McCarthy, who died of Myelodysplastic Syndrome (MDS) in 1995 just six weeks after his diagnosis.

“When my husband was diagnosed with MDS, there was a very limited bone marrow donor base and limited resources to help MDS patients and their families,” said Judy McCarthy. “The J.P. McCarthy Fund is committed to help educate the public and improve research to the cause and treatment of MDS, as well as expand the bone marrow and stem cell donor base. We commend the Karmanos Cancer Institute for its quality work in banking cord blood.”

The Carls Foundation and J.P. McCarthy Fund at the Community Foundation for Southeast Michigan recently made generous gifts to the bank of $320,000 and $250,000, respectively, over a five-year period. In addition, the Metro Health Foundation awarded the bank a $10,000 grant toward education efforts.

“These gifts will help support the bank with things like new equipment and supplies, cord blood testing and donor education initiatives,” says Suanne Dorr, director of the Bone Marrow Transplant Clinical Laboratories and the J.P. McCarthy Cord Stem Cell Bank. “One of our most important initiatives is increasing awareness of cord blood donation within the community, as well as the number of donations. It’s vitally important that the cord blood be donated after a baby is delivered. There is no cost for the donors, it does not interfere with the birthing process, and the donation could help save a life.”

For more information about the J.P. McCarthy Cord Stem Cell Bank, call 1-800-KARMANOS or visit www.karmanos.org/cordblood.
Can a small blood sample really help people take preventative measures to avoid developing cancer? The answer is yes, and it’s being done by physicians and counselors at the Karmanos Cancer Center’s Cancer Genetic Counseling Service.

Anyone concerned about their risk of cancer can receive an evaluation from Karmanos’ genetic counseling specialists, who base their assessments on family history and other risk factors. Further testing can reveal if a patient has a mutated gene associated with breast, ovarian and prostate cancer, as well as many other types of cancer. The patient can use this information to discuss options for prevention, early detection and treatment with their physician.

“People are becoming more well-informed about inherited cancers,” says Nancie Petrucelli, M.S., CGC, senior genetic counselor at the Cancer Genetic Counseling Service. “Last year we counseled about 360 individuals. Many were people unaffected by cancer but have a history of the disease within their family. Others are patients who have been affected by cancer at a younger age and may be at risk of developing other cancers. About five to ten percent of cancer cases are inherited. People we counsel want to learn more about their risks so they and their doctors can make appropriate screening and treatment decisions.”

TAKING PREVENTATIVE MEASURES

At age 39, Maureen Briske developed cancer in her left breast and opted for a lumpectomy. When the cancer returned more aggressively five years later, her entire left breast was removed. At the same time, she opted for a preventative mastectomy of her right breast.

Having lost one sister to breast cancer at age 39 and another sister to ovarian cancer at age 44, Briske later decided to seek genetic counseling at Karmanos, where she had been treated previously.

“After my breast reconstruction I wanted to learn if I was at future risk of developing cancer,” says Briske, now age 52. “I struggled with whether or not to pursue genetic counseling, but because my breast cancer returned after my lumpectomy, I wanted to know.”

Briske went over her family history with the counselors and opted for genetic testing, which requires only a small blood sample. A lab reviews the patient’s genetic material (DNA) for changes associated with an increased risk of certain cancers. Briske’s test showed that she inherited a mutated BRCA1 gene, which increases the risk of breast and ovarian cancer in women and prostate and male breast cancer in men. Armed with this information, she consulted her physicians and chose to have a preventative hysterectomy including the removal of her ovaries.

Although opting for surgery was difficult, Briske says the genetic counseling staff provided the data and support she needed to make an informed decision.

“The physicians and counselors were incredibly delicate and thorough,” Briske says. “They delivered the facts to me in a very confident and supportive manner, which I truly appreciated. They also respected my feelings and allowed me to make my own decisions about preventative measures.”

“Through my entire cancer experience I’ve learned to support other women and men who are concerned about their risk and encourage them to seek genetic counseling. There is real substance behind the tests that can help people become proactive in managing their health.”

OFFERING OPTIONS

Michael Simon, M.D., MPH, director of the Cancer Genetic Counseling Service, says that by opting for surgery, Briske significantly reduced her risk of developing ovarian cancer, which often goes undetected until reaching an advanced stage.

“It’s never good to learn you have a genetic mutation, but Maureen took steps to lower her cancer risk,” Dr. Simon says. “Our test identified the mutated gene and she received appropriate counseling, resulting in potentially
life-saving surgery. By having her ovaries removed, she reduced her chances of developing ovarian cancer by approximately 96 percent.”

Of course, not every patient who opts for genetic testing learns that they have a gene mutation.

“We’ve identified two genes, called BRCA1 and BRCA2,” Dr. Simon says. “Within high-risk families, the lab test often reveals a mutation. For those people, we share information about ways of lowering their cancer risk and different screening and management programs. Sometimes the tests don’t reveal anything out of the ordinary. Some people are sure they’re at high risk, but lab results indicate that is not the case. So the tests can also be very reassuring.”

In all, the Cancer Genetic Counseling Service is about offering information and options that can help save lives.

“Genetic testing is complex and has far-reaching implications,” Petrucelli says. “Our job is to inform and educate patients about their individual risk of developing cancer or if they already have cancer, the chance that it may be hereditary. Ultimately, the patient decides whether or not to pursue genetic testing. We always allow the patient to make their own choice.”

For more information about the Genetic Counseling Service or to make an appointment, call 1-800-KARMANOS.
Josh Steele felt like he was a man without options.

After being diagnosed two years ago with Stage III adrenal cancer at age 27, he had surgery in Ohio to remove the tumor. But his doctors found it was malignant and told him he would die within three months. Then he had further surgery at another clinic and learned the cancer had spread to his pancreas and liver.

“After the first surgery, the doctors bluntly told me chemotherapy wouldn’t help,” says Steele, a Toledo resident. “After my second surgery, the doctors said my case was very rare and had a ‘let’s just watch it’ attitude. There wasn’t anything else they could do for me.”

Then a family friend who is also a physician recommended a consultation with Patricia LoRusso, D.O., director of the Phase I Clinical Trials Program at the Karmanos Cancer Center. Steele made an appointment and was immediately encouraged.

“After reviewing my case, Dr. LoRusso said Karmanos could help me,” Steele said. “That was just what I wanted to hear. She had no doubt that there was a treatment we could try. At that point I just needed one person to give me a chance.”

Dr. LoRusso began treating Steele with a new drug being tested as part of the Phase I program. One year later, his condition is stable and he’s enjoying life again.

“I feel like a normal person as opposed to a cancer patient,” Steele says. “I’m very thankful to Dr. LoRusso and the staff at Karmanos. They’re the reason I’m alive today.”

FINDING A BETTER WAY

The Phase I Clinical Trials Program at Karmanos is focused on developing new and better ways to treat cancer patients. It is one of only 14 National Cancer Institute-funded programs in the country, and the only such program in Michigan.
Phase I trials provide critical information about how new cancer-fighting drugs affect humans. If Phase I trials prove the drug to be safe and effective, the drug may eventually be approved for commercial use by the Food and Drug Administration (FDA). All clinical trials at Karmanos are approved by the FDA before any patient is enrolled.

“Karmanos researchers have been involved in trials for several FDA-approved cancer drugs,” says Dr. LoRusso. “We’re also investigating other compounds that look promising for potential commercial use.”

Each Phase I trial has its own patient participation guidelines. Generally, participants are alike in key ways, such as already having had some treatment of their cancer and having that treatment fail.

“Patients usually see us when conventional treatment has failed or when effective treatment is no longer possible,” Dr. LoRusso says. “For those patients, we can offer new drugs. We may not know exactly how a patient will respond to the therapy, but it may be more effective than conventional drugs. With any clinical trial, there is an experimental component, though patient safety and care are always top priority.”

**TRUE TRIAL HEROES**

Most of the drugs involved in Phase I trials are not assigned a name until they are deemed effective. During a Phase I trial, physicians evaluate how the new drug should be administered (by mouth or injected in the bloodstream, for example) as well as dosage frequency and limitations. Steele began responding favorably to his treatment after about six weeks.

“Josh is doing quite well,” Dr. LoRusso says. “The drug he’s taking works by a specific pathway and prevents the tumor from growing. He’s in a holding pattern at present.”

Though Steele was initially hesitant to take a new drug, he is pleased with his response and continues his weekly treatments at Karmanos.

“I was willing to take a chance because I wanted to take control of my illness,” Steele says. “My tumor is stable, and I can live with that. I’m happy with my health and can enjoy being a dad again. I enjoy doing the little things, like watching my four-year-old son ride his bike in the driveway. I’m going to continue my treatments indefinitely. I owe that to my son, who may have the same disease one day because of genetics.”

Dr. LoRusso gives tremendous credit to her patients for their help in finding new ways to battle cancer.

“We’re making considerable progress in developing cancer-fighting drugs,” Dr. LoRusso says. “The trials can be very time consuming and may not always be effective, but our patients are truly heroes. They’re making a significant impact on the way cancer will be treated in the future, which will benefit countless numbers of patients fighting the disease.”

For more information on the Phase I Program at Karmanos, call (313) 576-8749 or visit www.karmanos.org/phase1.

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**Help Josh and other Phase I Patients**

Support the Karmanos Cancer Institute’s Phase I Clinical Trials Program and give the gift of hope to the hundreds of patients cared for every year. If you would like to make a donation contact Debbie Fellberg at 313-576-8102 or give on-line at http://dev.karmanos.org/phase1clinicaltrials
Refining
The Patient Experience

When it comes to enhancing the patient care experience, Karmanos is listening.

Ever mindful of the importance of constructive feedback, the Karmanos Cancer Center openly solicits the opinions of former patients and their families on a variety of issues and initiatives through the Patient and Family Advisory Council. Celebrating its 10-year anniversary this year, the council is one of the country’s first hospital-based advocacy groups representing the specific needs of cancer patients and their families. The 15 council members, two senior Karmanos staff members and two Karmanos co-facilitators meet monthly to provide input and propose alternatives to Karmanos programs, services and policies. Members are appointed through an application process and represent all ages and cancer types.

“Council members get a well-rounded look at initiatives that will fulfill our mission of becoming one of the nation’s top cancer centers,” says Operations Support Specialist Valerie Fred, who is a council co-facilitator. “The council is a very honest and candid group. Karmanos management takes their feedback seriously and works at implementing their ideas.”

She credits Karen Goldman, vice president of Cancer Patient Care Services and chief nursing officer at Karmanos, as the driving force behind the formation of the group. “Karen serves as an administrative liaison to the Patient and Family Advisory Council. She has rarely missed a meeting since the group's inception a decade ago.”

During their meetings, the council typically hears presentations from various departments and Karmanos administrators who seek feedback on items like marketing plans, updated staff uniforms and Information Systems projects.

“When there is a new Karmanos initiative, the council becomes involved,” says Cindy Sulad, a breast cancer survivor who is council chair and director of Customer Services and Computing and Information Technology at Wayne State University. “We act in a focus group capacity, and our suggestions are acted upon. Dr. Ruckdeschel [Karmanos president and chief executive officer] speaks to us annually about the state of Karmanos, which demonstrates how seriously the administration takes our recommendations.”
The council also participates in fund raising events and spearheads its own projects on behalf of Karmanos patients. The group recently raised funds to create “Hope Bags” filled with lemon drops, lotion, a pen, note cards, an insulated lunch bag and stress ball, all to help chemotherapy patients. The council also created a “Patient-to-Patient Tip Sheet” for chemotherapy patients with practical advice from members who have already undergone treatment. One artistic council member created a design for a popular new pin representing all the cancer awareness ribbon colors. Pin sale proceeds help fund various patient needs.

“I’m more proud of the council than any other group I’ve worked with,” says Fred. “They’re full of wonderful ideas. Because many of them are former patients, they feel Karmanos has given them back their life. Now they want to give back to Karmanos.”

Council member Orlando Padilla, director of General Motors’ Public Policy Center, shares these feelings. He is a three-time cancer survivor who has been treated at Karmanos for the past 11 years.

“I joined the council in part because I want to continue promoting Karmanos’ quality cancer care,” says Padilla, who became a member in early 2008. “Our meeting agendas vary, but we always receive updated patient satisfaction surveys, which record everything in terms of treatment, staff response and the physical facility itself. If we see areas on those reports that are of concern, we make recommendations to hospital leadership.

“During one meeting, Dr. Ruckdeschel stressed the importance of our guidance on how to best address patient and family care. His remarks demonstrate that the administration seeks to constantly improve upon the patient experience and move forward.”

If you’re interested in joining the Patient and Family Advisory Council and would like to be placed on the membership waiting list, contact Valerie Fred at 313-576-8676 or fredv@karmanos.org.
Last February, Don Harris learned he had an advanced, sarcoma-like cancer. After consulting two oncologists, he and his wife, Joyce, considered radiation therapy. But Don’s illness also left him in a much weakened state. Upon returning home, he decided he wanted to remain there with his wife and family and forego treatment.

“One of the oncologists recommended we seek the services of a hospice program because the disease was so advanced,” Joyce says. “I called Karmanos and they sent a hospice nurse to us that same day. As it turned out, he passed away before he would have begun the radiation therapy. But he died at home comfortably and surrounded by family. The skilled and compassionate hospice staff was wonderful. I’m forever grateful to them for their commitment to life and making it possible for him to be cared for by family and friends at a difficult time.”
COMPASSIONATE CARE WITH A PERSONAL TOUCH

The Hospice Program at the Karmanos Cancer Center provides personalized care and support for terminally ill patients and their families by addressing their physical, social, emotional and spiritual concerns. The team of physicians, nurses, social workers, therapists and spiritual counselors – assisted by home health aides and volunteers – focus on management of pain and other symptoms. Karmanos’ Hospice Program is also one of the only programs in the country that is part of a comprehensive cancer center.

“Our program is interdisciplinary in nature,” says Mary Jane Curle, M.S., R.N., director and administrator of the Karmanos Hospice Program. “Each week, we meet to go over the details of every case so our entire staff is familiar with each patient’s distinct needs. We serve more than 600 patients and their families annually.”

The staff provides its services primarily within the patient’s home. Admission to the program requires the patient’s and attending physician’s consent to a comfort and symptom management approach rather than treatment aimed at the disease, when there is limited life expectancy.

“Our goal is to maximize the patient’s quality of life,” Curle says. “We affirm life and regard dying as life’s final stage. Because cancer is our specialty, our nurses are better educated in oncological symptoms than most hospice programs. Our patients benefit by being pain and symptom free within their home environment and with their family.”

Other program services include supportive services for the family during bereavement.

“Our work doesn’t end with the patient’s death,” Curle says. “We offer 13 months of bereavement support, including counselors who visit the family at home as needed. We also have weekly support groups and a memorial service twice a year for families and friends. A workshop entitled ‘Surviving the Holidays’ is provided in the fall of each year.

“Our job is difficult, but also very rewarding. It’s an honor to help patients and their families get through this inevitable stage of life.”

AVENUES TO COMFORT

Hospice physicians use a variety of medications and techniques to help ease pain symptoms and make patients comfortable. Both of the Hospice physicians are certified in hospice and palliative care.

“Our goal is to keep the patient as active and symptom-free as possible,” says Michael Stellini, M.D., M.S., Karmanos Hospice medical co-director. “Each patient’s care is individualized, and we use every available avenue to manage pain. Aside from medications, we also provide counseling services to help conquer anxiety and fear, which can go a long way toward easing other symptoms.”

While Dr. Stellini works primarily with inpatients, Karmanos Hospice medical co-director Kamran Sheikh, M.D., cares for patients within their homes, nursing homes and community hospitals.

“We provide whatever resources the family may need, such as oxygen, hospital beds or aides,” Dr. Sheikh says. “We also have a whole network of highly trained social workers and chaplains who help with spiritual and emotional issues. We make sure every aspect of patient care is addressed. Every member of our team is very devoted and passionate about their job.

“When a patient enters this stage of life, hospice is a viable option. We hold the patient’s hand through the entire process and make sure the transition is very peaceful.”

Joyce Harris says she’d recommend the Karmanos Hospice program to other terminally ill patients and their families.

“The hospice program is a wonderful resource,” Joyce says. “People should not be fearful of it. The fact that Don wanted me to use hospice services was a gift of love. The staff took care of the things I was unequipped to handle. They cared for Don in a gentle manner, helped us understand the end-of-life process and made things go smoothly. They gave us all the help we needed to keep him at home and allow us to love him.”

For more information about the program or to arrange for hospice care, call (248) 827-7722 or ask your physician or hospital discharge planner for assistance.
When patients enter the Karmanos Cancer Center for diagnosis or treatment, they’re not shuttled from office to office to see different specialists from various disciplines. Rather, the specialist teams come to them.

Karmanos offers patients 13 multidisciplinary teams (MDTs) of specialists from each diagnostic, treatment and supportive care discipline. Their goal is to collectively offer the best treatment methods based on the latest research findings and state-of-the-art therapies. This approach to patient care is part of what makes Karmanos one of 41 National Cancer Institute-designated comprehensive cancer centers in the United States.

The Thoracic Oncology MDT at Karmanos specializes in cancers of the lung and esophagus. Each Thursday, the team of thoracic surgeons, radiologists, pathologists, pulmonary doctors and others meet face-to-face in a high-tech conference room to review the details of complex cases. After the conference, team physicians share the group’s recommendations with patients and family members, often on the same day.

“Patients benefit from having the collective input of all our thoracic care specialists,” says Antoinette Wozniak, M.D., professor of internal medicine and leader of the Karmanos Thoracic Oncology MDT. “In a more traditional model, a patient might first see a medical oncologist or thoracic surgeon, then get a referral to a radiation therapist, then get another referral to a pulmonologist or another specialist. This process can take weeks or months.”

The team also offers a number of innovative treatments to eligible patients with advanced cancers. One such patient is Ann Kretzmer, a 77-year-old piano teacher from Rochester Hills.

“I was first diagnosed with lung cancer almost three years ago,” Kretzmer says. “It was an enormous shock to me because I never smoked. I had surgery at a Detroit-area hospital, but learned a few months later that the cancer was still present. I was scheduled for a traditional type of chemotherapy, but I really didn't want to put myself through that. I had some time to explore my options. A friend of mine suggested that I visit Karmanos and get another opinion. It was one of the best decisions I ever made.”

Last summer, Kretzmer met with oncologist Shirish Gadgeel, M.D., associate professor of medicine and thoracic team member. Based on input from the Thoracic Oncology Team, he recommended she begin taking a new drug being tested as part of Karmanos’ Phase I Clinical Trials Program.

“Dr. Gadgeel felt from the onset that I was a good candidate for the program,” Kretzmer says. “The first CT scan I had after taking the medication showed a 20 percent decrease in the size of my lymph nodes, which was pretty dramatic. My latest scans show the disease is being held at bay. I do pretty much everything I want to do, and only have minor side effects that are tolerable.”

Kretzmer says she appreciates the personal attention she receives during her monthly checkups at Karmanos.

“For more information on the Thoracic Oncology Team or to make an appointment, call 1-800-KARManos.”
The collaborative approach to patient care ensures that patients are properly diagnosed and receive the best treatment. Below are the Thoracic Multidisciplinary Team specialists.

**Antoinette Wozniak, M.D.**  
(Team Leader)  
Medical Oncology

**Frank Baciewicz, M.D.**  
Thoracic Surgical Oncology

**Shirish Gadgeel, M.D.**  
Medical Oncology

**Michael Harbut, M.D.**  
Family & Occupational Medicine

**Salik Jahania, M.D.**  
Cardiothoracic Surgery

**Richard Joyrich, M.D.**  
Radiology

**Peter Littrup, M.D.**  
Radiology

**Fulvio Lonardo, M.D.**  
Pathology

**John C. Ruckdeschel, M.D.**  
Medical Oncology

**Ayman Soubani, M.D.**  
Pulmonary Medicine

**Manuel Valdivieso, M.D.**  
Medical Oncology

**Maria Vlachacki, M.D.**  
Radiation Oncology

**Alkis Zingas, M.D.**  
Radiology
Alan S. Schwartz, partner and vice chairman of Honigman Miller Schwartz and Cohn LLP, has been elected chair of the Board of Directors for the Barbara Ann Karmanos Cancer Institute. He replaces Randolph J. Agley, chairman of Board of Directors for Talon LLC, who will continue to serve as vice chair.

Schwartz has been a long-time board member of the Karmanos Cancer Institute. He has been recognized as a top lawyer in the area of Corporate Law/M&A by Chambers USA America’s Leading Lawyers for Business 2003 – 2007. Schwartz has been with Honigman for 40 years, serving as CEO for the last five years. His areas of emphasis include Corporate, Private Equity, and Family Business and Succession Planning.

Schwartz, whose three-year term began May 1, is passionate about his involvement with the Karmanos Cancer Institute.

“We are fortunate to have a National Cancer Institute-designated comprehensive cancer center right here in our community,” expressed Schwartz. “Karmanos’ groundbreaking research, Phase I clinical trials, exceptional cancer care and commitment to early detection education are critical elements in the fight against cancer. My own family members were treated at Karmanos, so I’ve experienced first-hand Karmanos’ commitment to saving lives and eradicating cancer.”

“Alan’s exceptional leadership, and thorough assessment and decision-making skills will continue to guide us as one of the leading cancer institutes in the country,” said John C. Ruckdeschel, M.D., president and chief executive officer, Barbara Ann Karmanos Cancer Institute.

Schwartz graduated with honors from Harvard University Law School in 1968 and received his undergraduate degree from the University of Michigan in 1965, with High Distinction. In addition to the Karmanos Cancer Institute, he is active in several other community organizations.

Agley co-founded Talon LLC in 1973 and has spent the last 30 plus years building a successful business. He generously shares his talent and philanthropy with many organizations. He served on the board of directors, including chair in 1996, of the Michigan Cancer Foundation – the predecessor of the Karmanos Cancer Institute. As chair of the Karmanos Cancer Institute, his strategic leadership ability was instrumental in many successes including: recruited executive leadership; secured funding for the Hudson-Webber Cancer Research Center, a capital drive and other major fundraising activities; and helped the Karmanos Cancer Institute become an independent cancer center.

Ruckdeschel added, “Randy Agley’s commitment to Karmanos, our patients and this community is exceptional. We are very grateful for his talent, years of leadership and continued service.”
More cancer patients at hospitals across the Midwest and around the world are benefiting from access to expert opinions, the latest therapies and clinical trials through the Karmanos Cancer Center’s growing Affiliate Network. Karmanos recently completed partnership agreements with DMC Huron Valley-Sinai Hospital (HVSH) in Commerce, Michigan and Wattanosoth Hospital in Bangkok, Thailand.

HVSH provides cancer screening, diagnosis and treatment through its Charach Cancer Treatment Center and Sinai Center for Women. New teleconferencing technology allows HVSH physicians to share diagnostic images and patient histories in real-time with Karmanos cancer experts. In addition, HVSH patients can enroll in clinical cancer trials offered at Karmanos.

Wattanosoth Hospital (WSH) is the first private cancer center in Thailand. Through collaborative research with multidisciplinary teams of specialized physicians at internationally renowned institutions like Karmanos, WSH is pioneering advanced technologies and innovative treatments in Thailand. WSH is part of the Bangkok Hospital Medical Center, one of the world’s most technologically sophisticated hospitals.

“Creating partnerships to collaborate on cancer care and research is part of Karmanos’ regional, national and international strategy,” says John C. Ruckdeschel, M.D., Karmanos Cancer Institute president and chief executive officer. “Through our affiliations with Huron Valley-Sinai Hospital and Wattanosoth Hospital, we continue to provide patients and physicians access to groundbreaking cancer research and care.”

Patients at every affiliate benefit from access to Karmanos resources within their own communities, without having to travel long distances for treatment or second opinions.

“We want to help cancer patients receive the best possible care close to home,” says Lynn Sinclair, director of affiliations and networks for Karmanos. “Affiliate physicians consult with our cancer specialists for recommendations and suggestions for their patients’ clinical care. We have experts in all areas of oncology, including specialized areas like bone marrow transplants, which we’ve been doing for many years.”

Karmanos oncologists can also provide consultations to physicians halfway across the globe, thanks to technological advances.

“Our physicians can and do complete individual case reviews with our international partners by sharing data, imaging and pathology slides electronically,” Sinclair says. “An affiliate physician may have a specific question on a particularly difficult case. Through these partnerships, those doctors can tap into our expertise.”

Affiliate institutions also benefit from Karmanos’ cancer research and education initiatives.

“As an academic center, part of our mission involves education and research,” Sinclair says. “Through the network, Karmanos physicians can lecture and share their findings across the Midwest and around the world. Not only do affiliate physicians and their patients benefit from these collegial partnerships, it also furthers Karmanos’ reputation worldwide.

For more information about the Karmanos Affiliate Network, visit www.karmanos.org or call 1-877-KARMANOS.

### KARMANOS AFFILIATE NETWORK

- **Crittenton Hospital Medical Center**
  Rochester, Michigan

- **DMC Huron Valley-Sinai Hospital**
  Commerce, Michigan

- **Huron Medical Center**
  Port Huron, Michigan

- **Marquette General Health System**
  Marquette, Michigan

- **Metropolitan Florence Nightingale Hospital and Cancer Center**
  Istanbul, Turkey

- **MidMichigan Medical Center**
  Midland, Michigan

- **Mount Clemens Regional Medical Center**
  Mt. Clemens, Michigan

- **Newland Medical Associates**
  Southfield/Novi, Michigan

- **Northern Michigan Regional Health System**
  Petoskey, Michigan

- **ProMedica Health System**
  Toledo, Ohio

- **Toledo Clinic Hematology Oncology**
  Toledo, Ohio

- **Wattanosoth Hospital**
  Bangkok, Thailand
“I still love working closely with patients. Many have been inspirational to me. Some have survived cancer for 15 or more years. At this point in my life, I’m still reasonably young and healthy, and I look forward to the opportunity to become involved in the care of patients here and in my native country.”

– MANUEL VALDIVIESO, M.D.
Manuel Valdivieso, M.D., admits that when he was a young boy in Trujillo, Peru, he never dreamed that he’d become a doctor, let alone chief medical officer and associate director of Clinical Affairs at the Karmanos Cancer Center.

Dr. Valdivieso, 66, will retire at the end of September. But he’s not ready to hang up his lab coat just yet. Besides spending more time with his family, he plans on returning to his native Peru for a few months each year to fulfill one of his original ambitions.

“There is a cancer institute in Trujillo,” Dr. Valdivieso says. “After retiring, I’d like to spend time there working with patients and students in the medical school. I want to share my experience with young people.”

Pioneering cancer researcher, inspiring teacher, dynamic leader, mentor to countless numbers of oncologists and beloved physician, Dr. Valdivieso will take his career full circle. It’s been a remarkable journey that also coincides with many advances in cancer treatment, some of which Dr. Valdivieso helped to develop.

A HUMBLE UPBRINGING

The son of a tailor, Dr. Valdivieso and his six siblings learned the value of hard work at an early age.

“My father had his own shop and the entire family pitched in to help,” he says. “Even during the school year I would help him at night. I knew the business inside and out. My father and I had a special relationship. We used to take long walks together and talk about many different things. One thing he wanted for each of his children was a good education.”

A physician cousin also made an impact on Dr. Valdivieso when he was a boy.

“My cousin used to visit us for house calls when someone was sick,” he recalls. “By the time he left the house, the person who was sick always felt better. I was impressed by that, because he clearly made a difference. That was what turned me on to medicine.”

Another defining moment for Dr. Valdivieso came at age 22 when his father died of stomach cancer. He was just 67.

“My father was the sustenance of our family,” Dr. Valdivieso says. “After his death, we had clipped wings. None of us were working professionals yet. It was a significant wake-up call for us in terms of the fragility of life.”

He knew he wanted to become a doctor by the time he became a high school junior. But with lots of competition for limited financial resources, there were obstacles to overcome.

“Medical school was for the elite, and I came from a very humble background,” Dr. Valdivieso says. “I became very studious and prepared extensively for exams to enter medical school. I was my high school valedictorian and scored high on my exams. I was very fortunate to earn a full scholarship to San Marcos University Medical School in Lima.”

CAREER ADVANCEMENTS

While earning his medical degree, Dr. Valdivieso was impressed by Peruvian instructors who had studied and gained experience in America. When the chance came to train in internal medicine at Cook County Hospital in Chicago, he left Peru.

“Cook County was a phenomenal place to train,” Dr. Valdivieso says. “I initially focused on hematology but soon turned my attention to oncology. I had a great mentor there named Dr. Costea who was very inspiring. He helped me get an oncology fellowship at M.D. Anderson Cancer Center in Houston. It was a tremendous opportunity.”

It was during this time that Dr. Valdivieso’s career in oncology took off. He advanced from fellow to full professor.

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Manuel is the quintessential gentleman. He is unfailingly polite and understanding, both with patients and those he works with. He is an outstanding lung cancer physician and a clinical trial pioneer who has devoted his entire career to fighting cancer, and I will miss his steady hand and insightful thoughts at our weekly Thoracic Cancer Team conferences. Finally, his attention to detail and his knowledge of how a hospital and clinic work made him invaluable as our first Chief Medical Officer.”

**John C. Ruckdeschel, M.D.**
President and Chief Executive Officer
Karmanos Cancer Institute
with tenure and co-founded Anderson's multidisciplinary thoracic oncology program. He was also involved in various pioneering clinical studies investigating the effects of antimicrobial antibiotics and new chemotherapies under the mentorship of Drs. Emil J. Freireich and Gerald P. Bodey.

One constant that has remained throughout Dr. Valdivieso’s career is his firm belief in the multidisciplinary team approach to cancer care. This philosophy is part of what attracted him to join the Karmanos Cancer Center.

“When attending national conferences I was very impressed by the strong team approach to cancer care I saw being practiced at Wayne State University,” Dr. Valdivieso says. “I was also able to obtain research grants to continue my clinical trials, which was very important to me.”

COMING FULL CIRCLE

Upon coming to Karmanos, Dr. Valdivieso continued his work in Phase I Clinical Trials. He also expanded the team approach to patient care, founding the multidisciplinary thoracic oncology program that continues its collaborative work today at Karmanos. Later, he opened another chapter in his career by earning a M.S. degree in Administrative Management from the University of Wisconsin.

Except for a six-year hiatus when he pursued other opportunities, Dr. Valdivieso has been with Karmanos since 1986. He became chief medical officer and associate director of Clinical Affairs at Karmanos in February 2004.

Over his long career, Valdivieso says he’s seen remarkable advances in cancer care.

“We have new chemotherapy treatments, new antibiotics and other drugs, new technologies and more minimally-invasive procedures,” Dr. Valdivieso says. “We also have seen the multidisciplinary team approach become more widespread and accepted. The physicians at Karmanos and our team approach are second to none. We all meet together to assess the patient, and we often share our recommendations with the patient that same day. It’s truly the best way to treat cancer patients.”

He also collaborates regularly with another group of physicians. As a member of the Peruvian American Medical Society, Dr. Valdivieso joins other doctors in Peru for one to two weeks each year to provide medical care to the poor.

“Our missions are always held in connection with a local medical school,” Dr. Valdivieso says. “I’ve helped make rounds in the hospitals and worked with other cancer doctors. We also take care of many patients who have conditions that can be corrected, like cleft palates and cataracts.”

After retiring, Valdivieso plans on spending more time with his wife and family. But he also wants to visit Peru each year to share his knowledge with young researchers and, much like his physician cousin so many years before, deliver personal medical care.

“I still love working closely with patients,” Dr. Valdivieso says. “Many have been inspirational to me. Some have survived cancer for 15 or more years. At this point in my life, I’m still reasonably young and healthy, and I look forward to the opportunity to become involved in the care of patients here and in my native country.”

“Dr. Valdivieso exemplifies what a medical oncologist should be. He typifies a very dedicated and truly compassionate physician. He’s also one of the hardest working people I know. Though I took over the Phase I Clinical Trials Program at Karmanos from him 16 years ago, he remains integrally involved and supportive. I consider him a true friend and will miss him terribly. Someone will fill his position, but there will never be another Dr. Valdivieso.”

PATRICIA LORUSSO, D.O.
Director of the Phase I Clinical Trials Program

“Dr. Valdivieso and I go back a long way. I was just a young attending physician at the VA Hospital in Allen Park when he attracted me to join him at what is now known as the Karmanos Cancer Institute. He also initiated the multidisciplinary team approach in lung cancer at this institution. I’m grateful to him for spurring my interest in lung cancer, which has made my career. He’s a wonderful mentor and is always interested in nurturing young clinical researchers.”

ANTOINETTE WOZNIAK, M.D.
Professor of Medicine and
Leader of the Thoracic Oncology MDT
As the science of cancer care advances, more non-invasive tumor detection and treatment methods are being created and refined. One of these is Positron Emission Tomography, or PET scans.

First developed in the 1970s, PET scans became more routinely applied to cancer care beginning in the 1990s. Because PET is a relatively new technology, scan applications and limitations are not fully known. But a new study by the National Oncologic PET Registry (NOPR) suggests that PET scans can have a major impact on the management of a broader range of cancers than those Medicare currently covers. Anthony Shields, M.D., Ph.D., associate center director of clinical research at Karmanos, was one of the principal investigators in the NOPR study.

PET is a powerful imaging technique used in the diagnosis and treatment of many diseases. A PET scan is a non-invasive test that images the function of cells to show differences between healthy and diseased tissue. PET scans provide accurate images of the body that make it easier for doctors to diagnose problems, determine the extent of the disease, prescribe treatment and track progress.

The NOPR study involved collecting questionnaire data from referring physicians nationwide on intended patient management before and after a PET scan.

The questionnaire responses indicated PET scans greatly influenced patient care management plans.

“We analyzed data from about 23,000 patients,” Dr. Shields says. “We looked at the pre-PET patient care plans and compared those to the post-PET strategies. We found that PET scans were associated with a 36.5 percent change in the decision of how to treat a patient. Biopsies were avoided in about three-fourths of those patients.”

The NOPR study was launched in May 2006 in response to a new policy created by the Center for Medicare and Medicaid Services (CMS) called “Coverage with Evidence Development.” Cancer types Medicare currently covers through the NOPR include those of the head and neck, lung, breast, colon, and cervix. But that list may expand based upon the study’s findings, which were published online in the Journal of Clinical Oncology.

“The CMS approves PET scans for various cancers on an indication-by-indication basis,” Dr. Shields says. “This approval process can be quite lengthy. When we petitioned the CMS to approve scans for more cancer types, they said they’d allow more coverage with evidence development and agreed to pay for scans of Medicaid-approved patients during our study. Our research corroborates a number of smaller studies that show PET scans may be more broadly applied to additional cancer types. We’re hopeful that CMS will use this information to approve PET for additional cancer indications and make it available to the wider medical community.”

Although PET is a very useful tool for oncologists, it still has limitations, Dr. Shields says.

“As PET becomes more widespread, physicians will need to learn how to best interpret and use the scans, just as we have with CT scans,” Dr. Shields says. “Patients should understand that PET is a helpful test routinely used to diagnose and treat many cancer types. Our data indicates PET may be useful for many more types, but it does not replace CT scans or Magnetic Resonance Imaging (MRI). PET is not used for routine screening or during post-surgery follow-up exams, but it can be a very useful complementary technique.”
“Growing up, I never had time to take on a typical teenager-type job because I spent six days a week at the downtown YMCA in Charlotte, North Carolina training with my team for gymnastics meets. But when I retired from gymnastics at age 17, I became a gymnastics instructor, assistant coach and judge. I did this sort of work part-time throughout college. To this day, I still love sports and pride myself on the fact that, at 40-something, I can still do a back handspring! And while I’m no longer teaching and coaching athletes, my first jobs gave me some fundamental skills that I routinely apply to my current job – teaching others, encouraging them to do their best, motivating folks and helping them strive for the perfect performance.”

“My first real job was working for Nathan’s Famous restaurant in Oceanside, New York. It was one of the world’s great hot dog emporiums before becoming a national chain – just a handful of full-service restaurants. I started running the rides in the kiddie park at 15, progressed to a cook and then a counterman. I think I still hold the record for making 300 pizzas in an eight-hour shift. It was a great eight years and paid for part of college and early medical school. I’ve never lost my love of a good kosher hot dog.”

“My first job was as a life guard at the Oak Park Pool. I started at age 16 and worked there for five summers. This was in the days before sunscreen, when people used baby oil to get a great tan. I have very fair skin and usually burned to a crisp every year by June 15. I remember wearing a towel around my shoulders to avoid continued burning, which made me very cool. Skin cancer awareness has grown considerably since then. Today, sitting by a pool I wear SPF 45 and head for an umbrella within a half hour.”
Here’s a lighthearted look at how Karmanos physicians and staff entered the working world, before becoming experts in their profession:

Anthony Shields, M.D., Ph.D.
Associate Center Director, Clinical Research
Professor of Medicine and Oncology

“When I was about 15 I became a soda jerk at the Candy Cone ice cream parlor in Oak Park. I worked there for a couple of summers and part-time during the school year. It wasn’t a particularly good place to meet girls because we were so busy. There were lots of long lines of Little League baseball teams to serve. I ate more than my share of ice cream during that time. I remember making enormous banana splits for myself during breaks. Afterwards it took a number of years before I could bring myself to eat ice cream again.”

Stephen P. Ether, Ph.D.
Associate Center Director, Basic Science

“Right after I got my driver’s license I became a used car reconditioner for a Pontiac and Jaguar dealer in Holyoke, Massachusetts. When a car was traded in, my job was to make it look brand new. I learned a lot about how to get scratches out of a body, steam clean an engine and clean an interior. One of the hardest things to do was make the carpet look new. Our ‘technique’ was to spray paint them. Some of the guys were true artists with Bondo — the cars were filled with plastic, but they looked good going out the door. The coolest thing was delivering the cars. I got to drive a lot of nice Jaguars. But I didn’t know how to drive a manual transmission and we delivered a lot of Jeeps. So in my spare time I learned how to work the clutch on an old VW bus we had behind the shop.”

George Yoo, M.D., FACS
Vice President of Medical Affairs

“When I was 18 years old, I took a job as a roofer for a small roofing company in Kansas. I worked for two summers as a roofer in the intense heat. A 90-degree Kansas day can turn into a 110-degree day on top of a roof. Taking bundles of shingles up two to three stories on a ladder is something that ‘builds character.’ The work was rigorous, labor-intensive, and yet, fulfilling.”
BIRMINGHAM SHOWHOUSE

“An ideal home from a woman’s prospective”

Built and presented by Wellington Chase Homes, the Birmingham Showhouse, sponsored by LEXUS, is located at 386 Westchester in Birmingham. Home Tours will be open to the public September 18-21 and September 25-28, 2008. The Opening Gala Preview is Friday, September 12, 2008. The net proceeds from the sale of this English Arts and Crafts-style home will be gifted to the Barbara Ann Karmanos Cancer Institute for the development of a Patient and Family Support Suite, providing a comfortable environment for family and visitors.

The family-centered home was designed by eight diverse women which is reflected in the exquisite details throughout every room. See exquisite interiors by 20 of Michigan’s top designers as they showcase their talents utilizing the exclusive resources of the Michigan Design Center.


PARTNERS EVENTS

Please join the Partners, a group of young professionals united in the fight against cancer at the 15th Annual Partners events. Honorees for the night are Becky and Gary Sakwa & Sandy and Alan S. Schwartz. Proceeds benefit the nationally recognized cancer research program at the Barbara Ann Karmanos Cancer Institute.

15th Annual Partners Golf Classic

Monday, August 25, 2008, 8 a.m. and 1:30 p.m.
Franklin Hills Country Club, Franklin

The Partners Night

Saturday, September 27, 2008, 7 p.m.
The Suburban Collection, Troy
Major Sponsors: Compuware Corporation and The Suburban Collection

For reservations, call
Stephanie Schwager at 313-576-8112

FRIENDS RAISING FUNDS

To find out how you can get involved in a Karmanos or fundraising event, contact Lauren Miller at 313-576-8121 or millerl@karmanos.org.
This year, Sunday, October 19, 2008, the Barbara Ann Karmanos Cancer Institute will be an official charity partner in the Detroit Free Press/Flagstar Marathon. By participating in this event, you enable us to continue our mission – to give patients the best chance to beat their cancer and return to their lives, family and friends.

Not a runner? Or just beginning your fitness program? That’s okay. Each registration received – whether you walk the 5K, run the Half or strive to complete the full 26.2 miles – generates greater awareness for Karmanos and the important work being done here. We encourage you to recruit others and of course, have fun!

For more information and to register, visit www.karmanos.org/runforareason or email millerl@karmanos.org.

Join fellow fashionistas on Thursday, October 16, 2008 for the 2nd annual CATWALK fashion show and auction at the Michigan Design Center (MDC) to benefit the Barbara Ann Karmanos Cancer Institute, Partners.

Guests will also enjoy a pre-runway silent auction during a welcome reception and cocktail party. Advance tickets are already on sale and can be purchased at www.michigandesign.com or by calling 248.649.4772. Purchase your CATWALK tickets before August 31 and MDC will also provide you a complimentary ticket to the 2008 Birmingham Showhouse.
Approximately 650 guests gathered in May to celebrate and support the Barbara Ann Karmanos Cancer Institute’s 26th Annual Dinner, raising more than $1 million. The 2008 Annual Dinner gala supports groundbreaking cancer research, exceptional patient care and education.

The event had a seventies chic Club KCI theme complete with a dinner reception, an exciting super silent auction and raffle, entertainment and dancing at the beautiful Stonewood Farms estate of Pam and David V. Johnson, of Victor International Corp. Emcee was WJR Morning Host Paul W. Smith.

One of the evening’s highlights included a dedicated giving segment raising $147,300 for the Phase I Clinical Trials Program at Karmanos, which focuses on developing new and better ways to treat cancer patients. Phase I trials provide critical information about how new cancer-fighting drugs affect people who do not benefit from conventional treatment or when effective treatment is no longer possible.

“The Karmanos Cancer Institute remains committed, compassionate and steadfast to do all we can to eradicate this horrific disease,” said John C. Ruckdeschel, M.D., Karmanos president and chief executive officer. “By providing cancer care second-to-none, education and early detection, and exceptional research, we will find a cure. Your generous support helps us achieve our mission.”

Randolph J. Agley, chairman of the Board of Directors for Talon LLC and long-time member and immediate past chair of the Karmanos Cancer Institute Board of Directors, was recognized for his outstanding service by Dr. Ruckdeschel and Alan S. Schwartz, partner and vice chairman of Honigman Miller Schwartz and Cohn LLP, and chair, Board of Directors, Karmanos Cancer Institute.

Lead Sponsor for the Annual Dinner was Ford Motor Company Fund; and Club Sponsors were Compuware Corporation and Victor International Corporation.

Other Key Sponsors included: Atlantic Management Corporation; General Motors; George Development Group; GMAC Financial Services; HOUR Detroit & Dbusiness Magazines; Kenwal Steel Corporation; Kojaian Ventures; and Julie & Bobby Taubman. The raffle was presented by Tiffany & Co.; entertainment was provided by Marvelless Mark; and Dan Stall served as auctioneer.
Physicians from the Barbara Ann Karmanos Cancer Institute have received the recognition of Best Doctors in the 2007–2008 Best Doctors Inc. listing.

Every two years, Best Doctors issues a survey to physicians who anonymously select peers who they feel are the absolute best in their area of specialty. Approximately 1.5 million evaluations are received across the globe but only about five percent of doctors in any country are actually selected to make the Best Doctors list.

**ACTIVE PHYSICIANS**

Mousa A. Al-Abbadi, M.D.
Pathology, Anatomic, Clinical Pathology

George J. Alangaden, M.D.
Internal Medicine, Infectious Disease

Geoffrey Barger, M.D.
Neurology

David L. Bouwman, M.D.
Surgical Oncology

Pranatharthi H. Chandrasekar, M.D.
Surgical Oncology

Kenneth A. Ginsburg, M.D.
Obstetrics & Gynecology, Gynecologic Oncology

Agnes Jani-Acsadi, M.D.
Neurology

John A. Kamholz, M.D.
Neurology

Omar A. Khan, M.D.
Neurology

Dana G. Kissner, M.D.
Internal Medicine, Critical Care, Pulmonary

Lawrence E. Flaherty, M.D.
Internal Medicine, Hematology, Oncology

Bassel F. El-Rayes, M.D.
Obstetrics & Gynecology, Gynecologic Oncology

John M. Flack, M.D.
Internal Medicine, Infectious Disease

Manuel E. Tancer, M.D.
Psychiatry

Anthony F. Shields, M.D.
Internal Medicine, Hematology, Oncology

Michael S. Simon, M.D.
Internal Medicine, Hematology, Oncology

William L. Smith, Jr., M.D.
Radiology

Jack D. Sobel, M.D.
Internal Medicine, Infectious Disease

Manuel E. Tancer, M.D.
Psychiatry

Andrew T. Turrisi, Ill, M.D.
Radiation Oncology

Joseph P. Uberti, M.D.
Internal Medicine, Hematology, Oncology

Manuel Valdivieso, M.D.
Internal Medicine, Hematology, Oncology

Donald W. Weaver, M.D.
Surgical Oncology

Antoinette J. Wozniak, M.D.
Internal Medicine, Hematology, Oncology

George Yoo, M.D.
Otolaryngology

William M. Coplin, M.D.
Neurology

Pravit Cadrnapaphornchai, M.D.
Internal Medicine, Nephrology

Seemant Chaturvedi, M.D.
Internal Medicine, Critical Care, Pulmonary

Jonathan A. Cohn, M.D.
Internal Medicine, Infectious Diseases

Kanta J. Bhambhani, M.D.
Internal Medicine, Critical Care, Pulmonary

Lawrence R. Crane, M.D.
Internal Medicine, Infectious Diseases

Murray N. Ehrinpreis, M.D.
Internal Medicine, Gastroenterology

John M. Flack, M.D.
Internal Medicine, Infectious Disease

James Y. Garbern, M.D.
Neurology

**ASSOCIATE PHYSICIANS**

Gary W. Abrams, M.D.
Ophthalmology

Joshua E. Adler, M.D.
Neurology

Nelia M. Afonso, M.D.
Internal Medicine (General)

Joel L. Appel, D.O.
Neurology

Robert T. Morris, M.D.
Obstetrics & Gynecology, Gynecologic Oncology

Philip A. Philip, M.D.
Internal Medicine, Hematology, Oncology

J. Edson Pontes, M.D.
Urology

Evan H. Black, M.D.
Ophthalmology

Patricia M. LoRusso, D.O.
Internal Medicine, Hematology, Oncology

Anna M. Ledgerwood, M.D.
Surgery

Peter J. Littrup, M.D.
Radiology

John M. Flack, M.D.
Internal Medicine, Infectious Diseases

Robert C. Burack, M.D.
Internal Medicine (General)

Robert P. Lisak, M.D.
Neurology

Jeffrey A. Loeb, M.D.
Neurology

Mark L. McDermott, M.D.
Ophthalmology

Milton G. Mutchnick, M.D.
Internal Medicine, Gastroenterology

Shiva S. Rau, M.D.
Internal Medicine (General)

Yaddanapudi Ravindranath, M.D.
Pediatrics, Hematology, Oncology

James Rowley, M.D.
Internal Medicine, Critical Care, Pulmonary

Asghar Shah, M.D.
Neurology

Kamran Sheikh, M.D.
Family Medicine

Michael E. Shy, M.D.
Neurology

Herbert C. Smitherman, Jr., M.D.
Internal Medicine (General)

James R. Spears, M.D.
Internal Medicine, Cardiovascular Diseases

Alexandros C. Tsolias, M.D.
Neurology

Gerald E. Turlio, M.D.
Internal Medicine (General)

Gregory P. Van Stavern, M.D.
Neurology

Craig E. Watson, M.D.
Neurology

Alkis P. Zingas, M.D.
Radiology
More than 30,000 people participated in the 17th Annual Komen Detroit Race for the Cure® this spring in support of breast cancer treatment and research. The Barbara Ann Karmanos Cancer Institute is the local presenting sponsor of the race. *Photo by Patricia A. Ellis*