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Aurora Health Care
ENDOCRINE-DIABETES CENTER:
LEADING EDGE EXPERTISE IN A
SUPPORTIVE SETTING
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Cover: left: James W. Findling, M.D., performs a thyroid biopsy assisted by Mirna Zavala, technician; right: Steven Magill, M.D., Ph.D., cared for Julie Michala when she developed gestational diabetes during her pregnancy with Christopher.

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Endocrine-Diabetes Center:

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Endocrine-Diabetes Center:

LEADING EDGE EXPERTISE IN A SUPPORTIVE SETTING

Endocrinology. It's a medical specialty many people would have trouble defining. While most of us can easily find words to describe cardiology or dermatology or even gastroenterology, we might find ourselves a bit perplexed if asked to define endocrinology.

Endocrinologist Dr. James W. (Jay) Findling encounters this situation frequently. He says, "When I meet someone in a social situation and they find out I'm a doctor, they always ask 'what is your specialty?' and when I say 'endocrinology' I can usually expect a puzzled pause before they ask what that means."

This lack of knowledge about endocrinology is understandable since the field is so broad and the conditions treated are fairly complex. On the other hand, endocrine disorders are very widespread, affecting a significant percentage of the population. So what is endocrinology?

"Endocrine" refers to hormones or internal secretions in the body. Endocrinologists diagnose and treat disorders related to these secretions, such as diabetes; disorders of the thyroid, pituitary, adrenal or parathyroid glands, or of the ovaries and testes; bone diseases such as osteoporosis and Paget's disease; and lipid or cholesterol disorders. (The illustration of the human body on page 3 of this article indicates the glands most often involved in endocrine disorders.)

The Endocrine-Diabetes Center (EDC), which was established by Dr. Findling at St. Luke's Medical Center ten years ago, treats patients with the full range of endocrine disorders. The four physicians using the center have complementary areas of expertise and the supporting staff is experienced in dealing with a variety of conditions. The result is that patients receive highly skilled, state-of-the-art care. In addition to its active clinic devoted to patient care, the EDC also includes a productive research laboratory that benefits patients from all over the country as well as at St. Luke's.

The endocrinologists who treat patients at the EDC all practice general endocrinology, but they each also have special areas of interest. They are James W. Findling, M.D., who specializes in pituitary and adrenal disorders; Joseph L. Shaker, M.D., who specializes in metabolic bone disease; Robert C. Brickner, M.D., who specializes in lipid or high cholesterol disorders; and Steven B. Magill, M.D., Ph.D., who specializes in diabetes in pregnancy and secondary forms of hypertension. Hershel Raff, Ph.D., manages the EDC's research laboratory.

In this article, we will look at some of the most common endocrine disorders treated at the EDC and focus on what is new in treatment options offered to patients.
Diabetes

By far the most common condition treated at the EDC is diabetes. This is no surprise since it’s estimated that more than 16 million Americans (about 7 percent of the population) currently have diabetes, with 625,000 new cases being diagnosed each year. This means that one out of twenty people will develop diabetes at some point in their lifetime. Diabetes is a very serious condition which, if not treated, can be life-threatening and lead to heart disease, vision loss, kidney disease, stroke, or nerve damage. Unfortunately, it’s also estimated that half the people who have diabetes don’t even know it. (Please note the chart on this page listing the risk factors and symptoms of diabetes.)

Diabetes involves a failure of the body’s system to metabolize carbohydrates. When we eat carbohydrates, glucose (or blood sugar) is produced and either used immediately or stored for later use. Insulin, a hormone produced by the pancreas, controls the level of glucose in the blood. In diabetes, the insulin is unable to regulate the glucose levels and people with diabetes often need additional insulin in order to control their glucose levels.

There are two types of diabetes. Type I diabetes usually appears in children or young adults and is associated with insulin deficiency. Type II diabetes, which is more common, occurs in adults and results from a resistance to insulin and inadequate production of insulin.

A key component in the treatment of diabetes is education. The EDC’s Diabetes Education Program, which is staffed by a nutritionist and diabetes nurse specialists, is important to the success of every patient’s treatment because patients and their families learn how to incorporate the management of diabetes into their lives.

Dr. Findling points out that for some time the clinic has been involved in the care of St. Luke’s large volume of heart patients with diabetes. He says, “We have pioneered the use of continuous intravenous insulin infusions to manage cardiac patients during and after surgery. We’ve established a protocol that has now become very widespread to help these patients control their blood sugar as their bodies react to the stress of surgery. We believe that cardiac surgical patients who have good blood sugar control have a much lower rate of death, as well as stroke and other complications.”

“We have pioneered the use of continuous intravenous insulin infusions to manage cardiac patients during and after surgery.”

— Dr. Jay Findling

DIABETES CHECK LIST

If you have two or more of these risk factors for diabetes, please see your physician and ask to be tested:

- You are African American, Native American, or Hispanic.
- You are more than 20 percent above your ideal weight.
- You get very little exercise in a normal day.
- You are over 65 years old.
- You are a woman who has had a baby weighing more than 9 pounds at birth.
- You have a parent, sister or brother with diabetes.
- You have symptoms of diabetes such as extreme thirst, occasional blurry vision, frequent urination, unusual fatigue, or unexplained weight loss.
Instead of injecting themselves with insulin several times a day, these patients receive their insulin from a continuous insulin infusion via pump.

Dr. Findling estimates that more than 3,000 diabetic heart patients have been treated with this protocol at St. Luke’s since 1984. The protocol involves adjusting the patient’s level of insulin every one or two hours through a continuous intravenous insulin infusion. Dr. Findling anticipates using a new technology soon that will automatically test the patient’s blood sugar at five-minute intervals during surgery, making it possible for the continuous insulin infusions to be even more responsive to the patient’s changing sugar levels.

Other patients with insulin-dependent diabetes have benefited from insulin pump therapy. Instead of injecting themselves with insulin several times a day, these patients receive their insulin from a continuous insulin infusion via pump. This small battery-powered device is no bigger than a beeper and is connected to a syringe and tubing that is placed just under the skin. Since the pump allows patients to program the amount of insulin they receive throughout the day, they are able to maintain their blood sugar levels at a much more stable rate. Though this system involves carrying the pump around all the time and requires a commitment from the patient to use it properly, the response from patients has been very positive. The EDC now has about 40 patients using insulin pumps.

One of these patients is Kathy Karwoski, who has been a nurse at St. Luke’s since 1974. Kathy, whose insulin-dependent diabetes was diagnosed 14 years ago, had trouble controlling her blood sugar levels until she started using an insulin infusion pump last summer. She recalls, “At first I was hesitant because I wasn’t sure I wanted to be connected to this pump all the time, but now I’m accustomed to it and really appreciate the flexibility it gives me in my schedule. My blood sugars are also under much better control so I have more energy and generally feel much better.”

“At first I was hesitant because I wasn’t sure I wanted to be connected to this pump all the time, but now I’m accustomed to it and really appreciate the flexibility it gives me in my schedule.”

— Kathy Karwoski, patient

Since Kathy is the working mother of two teenagers, having more energy is important to her. She has found that the pump actually enhances her active lifestyle which includes canoeing and biking with her husband.

Diabetes and pregnancy

Since diabetes can cause special problems during pregnancy, diabetic pregnancies need to be carefully managed. Without excellent blood sugar control, both the baby and the mother can suffer serious complications. Dr. Steven Magill advises any woman who is diabetic and considering pregnancy to have a prenatal assessment with a physician before becoming pregnant.

Sometimes, the stress of pregnancy causes diabetes to develop, resulting in what is called gestational diabetes. In most cases, gestational diabetes disappears after pregnancy, but it is an indication that diabetes may develop later in life. Dr. Magill says, “We counsel these patients to do whatever they can to keep diabetes from developing,
including losing weight and starting an exercise program."

Most pregnant women today are routinely tested for diabetes. One of Dr. Magill's patients who developed gestational diabetes is Julie Michala. She says, "During my pregnancy, I was shocked to discover I had diabetes, but I was also determined to do everything I could to control it."

Initially, she learned to check her blood sugar levels four times a day and make changes in her diet that seemed to keep things under control, but later in the pregnancy her blood counts kept escalating. At that point, Dr. Magill decided she needed insulin injections to control the sugar in her blood.

Julie recalls, "It wasn't easy, but I kept telling myself I was doing this for my baby and that was all the motivation I needed." Julie's efforts paid off when Christopher, a healthy baby boy, was born about three weeks early. Julie's diabetes disappeared after her pregnancy, and she and the baby are both doing very well.

"Women with gestational diabetes can have safe pregnancies and expect to deliver healthy babies with the right medical management."

— Dr. Steven Magill

Julie emphasizes, "I can't say enough about the staff at the Endocrine-Diabetes Center. I had many questions and concerns, but they gave me tremendous advice and support."

Dr. Magill points out, "Women with gestational diabetes can have safe pregnancies and expect to deliver healthy babies with the right medical management. Women who were diabetic before pregnancy can also do very well. Ten or 15 years ago we used to discourage women with diabetes from becoming pregnant because we didn't have the means to treat the diabetes properly; however, today we are able to control blood sugars much more effectively and, with good medical care, most diabetic women are able to have successful pregnancies."

**Adrenal gland diseases**

The adrenal glands, which are located above the kidneys, produce several different hormones to help control the body's natural energy cycles and ability to respond to stress. Commonly known hormones produced by the adrenal glands are cortisol and adrenaline.

Tumors that produce too much cortisol may exhibit a wide range of debilitating symptoms, including high blood pressure, obesity, muscle weakness, and osteoporosis. Adrenaline-producing tumors can result in large swings in blood pressure which may produce headaches, hot flashes, or heart palpitations. When this happens, it may become necessary to remove one or both of the adrenal glands.

A state-of-the-art procedure, which is done at select medical institutions in the United States and done regularly at St. Luke's Medical Center, is the laparoscopic adrenalectomy. This is a minimally invasive procedure using a fiber-optic instrument called a laparoscope and four very small incisions. The surgeon passes the laparoscope and instruments through these small incisions to perform the adrenalectomy. Just as the laparoscopic cholecystectomy has revolutionized..."
Laparoscopic adrenalectomy has become the preferred way to remove the adrenal glands since it offers patients many advantages over conventional surgery, including shorter hospital stays and recovery periods with much less discomfort.

Several of the hormones produced by the adrenal glands are under the control of the pituitary gland located at the base of the brain. A pituitary hormone called ACTH controls cortisol production in the adrenal glands. Cushing's disease, caused by a slow-growing tumor, produces too much ACTH and subsequently too much cortisol. This tumor is usually in the pituitary gland and the disease is solved by removing the entire gland; however, in about 10 percent of cases the tumor is located elsewhere in the body, often in the lungs.

Removal of the pituitary gland is a serious step, requiring lifelong replacement of all the vital hormones the pituitary produces. This is a worthwhile step when it cures Cushing's disease. However, until a few years ago, there was no way of accurately pinpointing the source of the ACTH, meaning a significant percentage of patients had their pituitary glands removed unnecessarily.

Several years ago, Dr. Findling brought a unique technique to St. Luke's to help determine whether the ACTH-producing tumor was in the pituitary gland or not. He worked closely with Dr. Michael Kehoe, a St. Luke's interventional radiologist, to refine this technique, which involves directing small catheters into tiny veins at the base of the skull and drawing blood samples from the pituitary gland and peripheral blood for analysis. Sophisticated measuring techniques reveal if the pituitary sample is higher in ACTH, which would mean that the tumor is almost undoubtedly in the pituitary gland. If the pituitary blood sample is not higher, then the tumor is located elsewhere. The results of this procedure are extremely reliable. A similar technique is sometimes used for blood sampling of the adrenal gland.

Dr. Kehoe says, "At St. Luke's, we do this procedure with a high rate of success, and since it is available at very few medical centers, we receive many referrals from all over the country."

Dr. Findling says, "Dr. Kehoe actually developed the expertise to do this sophisticated sampling procedure. There is no one in the world who does this procedure as well as he does."

St. Luke's Medical Center, along with its expert medical staff, continues to be a forerunner in the diagnosis and management of adrenal gland disease.

"At St. Luke's, we do this procedure with a high rate of success, and since it is available at very few medical centers, we receive many referrals from all over the country."

— Dr. Michael Kehoe
Bone diseases

The most common bone disease treated at the EDC is osteoporosis—a thinning of the bones that can lead to serious fractures, pain, deformities, and loss of mobility. Osteoporosis is a major national health problem, affecting more than 25 million Americans. The disease is most often seen in post-menopausal women who may be experiencing bone loss due to estrogen deficiency and aging, although men may develop osteoporosis too.

Osteoporosis is a major national health problem, affecting more than 25 million Americans.

Dr. Joseph Shaker says, "Osteoporosis can be a silent disease until you have a serious problem, such as a fracture. However, patients may be able to prevent the development or progression of osteoporosis if it is caught early enough." Risk for osteoporotic fractures can be assessed with bone density measurement. Treatment may include taking calcium supplements and estrogen therapy at or after menopause. There are also new, effective medications available to aid in increasing bone density and preventing further bone loss. Physical therapy is also important, and at St. Luke's, a program has been developed for the special needs of osteoporosis patients.

While many patients referred to Dr. Shaker have already had a fracture, some patients, like Rebecca Komisar, wisely seek his advice because they are at risk for developing osteoporosis. Rebecca, 42, had a lumpectomy several years ago to remove a cancerous breast tumor. She was effectively treated with chemotherapy, but her oncologist advised her that the chemotherapy might cause her to experience an early menopause. In addition, because of her breast cancer, she would not be a candidate for estrogen therapy which is effective in preventing osteoporosis. Complicating the situation was the fact that Rebecca's mother has osteoporosis.

Rebecca says, "I didn't want to go through the pain my mother has had with osteoporosis, but I also knew I was at high risk for developing it. Because I had had breast cancer, I couldn't consider estrogen therapy as a preventive measure. So I went to Dr. Shaker to see what my options were."

“I didn't want to go through the pain my mother has had with osteoporosis, but I also knew I was at high risk for developing it. So I went to Dr. Shaker to see what my options were.”

— Rebecca Komisar, patient

Dr. Shaker felt Rebecca's concerns were valid. He first recommended a bone density test which indicated that Rebecca had already experienced some bone loss. He has prescribed a medication to slow the development of osteoporosis and is monitoring Rebecca's bone density levels regularly. He also sent her to a physical therapist who recommended an exercise program.

“Patients may be able to prevent the development or progression of osteoporosis if it is caught early enough.”

— Dr. Joseph Shaker
Dr. Shaker agrees that the best approach to osteoporosis is preventive. He recommends that people carefully consider their risks for developing osteoporosis and discuss possible preventive measures with their physicians.

Rebecca says, "I believe I have taken the right step by trying to prevent osteoporosis at an early age." Dr. Shaker agrees that the best approach to osteoporosis is preventive. He recommends that people carefully consider their risks for developing osteoporosis and discuss possible preventive measures with their physicians.

Another fairly common bone condition, affecting about 3 percent of older adults, is called Paget's disease. This condition occurs when the cells in bones become overly active, resulting in abnormal bone. Many patients do not need treatment, but some do because the abnormal bone is causing pain, deformity, or pressing on important structures. If the skull is involved, hearing loss may occur. Effective medications are available for the treatment of this disease.

Thyroid disease
A large number of patients with thyroid disease are also treated at the EDC. Thyroid disease can be broken down into an underactive thyroid (hypothyroidism), overactive thyroid (hyperthyroidism), and thyroid lumps or goiters. Underactive thyroid is very common, particularly in women. These patients may feel tired or sluggish, and may have high cholesterol. Overactive thyroids can result in nervousness, weight loss, profuse sweating, heart problems, and thinning of the bones. Both of these conditions can be effectively treated with medication.

Thyroid lumps are also common, although they are usually benign. Thyroid biopsies to help in the evaluation of thyroid disease are frequently performed in the EDC. St. Luke's recently participated in a large screening program in the Milwaukee area which used a simple test called the TSH that revealed a large group of people (as many as 16 percent of those tested) had thyroid disease and did not know it.

Parathyroid disease
The four parathyroid glands, located right behind the thyroid gland, control the body's blood calcium. The most common disorder of the parathyroid glands is called "hyperparathyroidism" and occurs when one or more of these glands becomes overactive. If blood calcium levels become too high, the patient may experience a variety of symptoms, including confusion, nausea, vomiting, and frequent urination. If the blood calcium is only mildly high, there may be no symptoms but bone density may be affected because calcium is being taken out of the bones. The condition can also result in kidney stones because calcium may spill into the urine. For some patients with hyperparathyroidism, surgery for the removal of the affected glands is the best solution.
Lipid disorders
Since St. Luke's has such a large volume of cardiac patients, the EDC sees many patients with lipid or high cholesterol disorders. After doing a fasting profile which indicates the different levels of cholesterol, triglycerides, HDL and LDL, problem areas can be identified. Cholesterol is a fat-like substance found in the blood. HDL refers to "high density lipoproteins" and is called the "good cholesterol" because tests show that it may prevent build-up of plaque in the arteries. LDL refers to "low density lipoproteins" and is called the "bad cholesterol" because it may actually cause clogging of the arteries. Many recent studies indicate that an overall cholesterol level is not nearly as good a predictor of heart disease as the ratio of HDL to LDL.

Problems with lipid levels can be due to both genetic and lifestyle factors, but once identified, there are a variety of effective treatments available, including changes in diet and exercise. Gail Mueller, the dietician in the EDC, works closely with patients who need to make changes in their diets in order to achieve better lipid levels. In addition, several new medications currently on the market will effectively lower cholesterol and triglycerides by a much larger amount than medications used previously.

Dr. Robert Brickner says, "The future looks very bright for the treatment of lipid disorders. In addition to the new medications coming on the market, much research is going on across the country in the area of lowering cholesterol levels through gene therapy."

He also describes what the EDC at St. Luke's can offer patients. He says, "At St. Luke's, patients receive multi-disciplinary, comprehensive treatment for lipid disorders. Using medications alone is a one-dimensional approach. At the EDC, we also focus on education and encourage patients to understand and manage their disease. Our goal is risk reduction and helping patients get their health on track."

"The future looks very bright for the treatment of lipid disorders. In addition to the new medications coming on the market, much research is going on across the country in the area of lowering cholesterol levels through gene therapy."

— Dr. Robert C. Brickner

Endocrinologist Robert C. Brickner, M.D., gives a patient advice on managing her cholesterol levels.

Recent studies indicate that an overall cholesterol level is not nearly as good a predictor of heart disease as the ratio of HDL to LDL.
Research laboratory

The Endocrine Research Lab is directed by Hershel Raff, Ph.D., who is also a Professor of Medicine and Physiology at the Medical College of Wisconsin. The Center regularly receives grants for its research activities, including Vince Lombardi Cancer Clinic and American Heart Association grants. Dr. Findling says, "It is important that we have a research lab because we’re taking what we learn a step beyond clinical care. Then we’re also able to apply what we learn to our patient care. Patients benefit because we are on top of some of the most advanced treatments and diagnostic procedures."

An example is that Dr. Raff has developed a rapid method for measuring ACTH (the hormone that causes Cushing’s disease) that is very helpful in determining the location of tumors during surgery. Another example is that the lab has begun salivary cortisol testing—a new, very effective way of measuring the cortisol in blood and a procedure taking place at only a few labs around the country. The EDC research lab is involved in a wide variety of other research projects and diagnostic procedures.

The examples of patient care highlighted in this article obviously emphasize that the Endocrine-Diabetes Center at St. Luke’s Medical Center is at the forefront of what is happening in endocrinology across the country. The EDC is a tremendous resource for patients who need both diagnosis of and treatment for their endocrine disorders.

In describing the Endocrine Diabetes Center at St. Luke’s, Dr. Shaker says, "We have a very comprehensive program and a busy clinical practice. The combination of physicians with specialties in different areas, a committed support staff, and access to clinical research is an asset to patients. We all work together for the patient’s benefit."

— Dr. Joseph Shaker
George French

Though George French is a native of the Philadelphia area and now lives in Bethlehem, Pennsylvania, he traveled to St. Luke's Medical Center in the Midwest when he needed complicated heart bypass surgery. Even though that surgery took place more than 20 years ago, George still remembers his positive experience at St. Luke's and supports the hospital with his contributions.

George recalls that he had already had bypass surgery in Philadelphia, but after several months it was clear that the bypasses were not working and he would need surgery again—and this time the surgical procedure would be much more challenging. So his cardiologist recommended two out-of-state medical centers specializing in advanced cardiac surgery. George chose St. Luke's Medical Center in Milwaukee because of the highly skilled surgical team available and the hospital's nationwide reputation as an outstanding cardiac center. George has never regretted that decision and now, 20 years later at the age of 80, he feels great.

George has faced other challenges in his life, particularly during the Depression after his father died and his mother was faced with the support of six children. He wanted to be an engineer, but there were no resources for education; so after high school he found a job with Bethlehem Steel as a laborer in the blast furnace. While working, he pursued an education as a chemical engineer and ended up staying with Bethlehem Steel for 41 years, eventually moving up to become assistant to the senior vice president of operations. His job was exciting and challenging, and took him all over the world.

Since his retirement, George has remained active. He particularly enjoys repairing electronic equipment and managing his investments. When asked why he chose to support St. Luke's, George says, "St. Luke's did a wonderful job for me and I know they've done the same for many other patients. Since I have the means to help other people, I think it's the right thing to provide support where I can. There are also obvious tax advantages to making contributions. But mainly, I'm grateful for the expert surgery St. Luke's offered me when I needed it."

Richard Marsek

Richard and Leona Marsek and their families have a long history of involvement with St. Luke's Medical Center. Many years ago, before St. Luke's moved to its present location, Leona's father, Dr. Stanley Krzysko, was Chief of Staff. Ironically, Richard was delivered by Dr. Krzysko (who would undoubtedly have been surprised at the time if he'd known the baby he was delivering would someday marry his daughter). Later, two of the Marseks' children were also born at St. Luke's.

Both Leona and Richard have benefited from the medical expertise at St. Luke's. Richard has
been a cardiac patient and has also received radiation treatments for a prostate problem. Leona has had an angioplasty procedure and is currently involved in a cardiac rehab exercise program at St. Luke’s.

“We definitely believe in giving away some of what we are fortunate enough to have and St. Luke’s is well deserving of our gift.”

— Richard Marsek

Richard says, “We have had excellent care at St. Luke’s and appreciate the staff’s expertise along with their personal touch. We support St. Luke’s because we feel the staff has gone ‘above and beyond’ what we would expect from a hospital. We definitely believe in giving away some of what we are fortunate enough to have and St. Luke’s is well deserving of our gift.”

The Marseks have a daughter who lives in Pittsburgh and two sons, David and Richard, Jr., who live in Milwaukee. Richard Jr. manages the machine repairing business which his father founded and operated until he retired. The Marseks are also the proud grandparents of six grandchildren.

The Marseks’ home is in Wauwatosa, although in recent years they have spent several months each winter in their condominium in Florida. In Florida, the Marseks enjoy swimming, biking, and taking care of their boat, although they always look forward to returning to Milwaukee in the spring.

CARL AND DONNA KIRST

Carl was born and raised in Milwaukee where he earned a degree in electrical engineering from Marquette University. He subsequently became an electrical motor designer and worked for the Lewis Allis Company, an electric motor manufacturer, where he designed motors for industrial air conditioners for 32 years. Donna, who is from Minneapolis, received a degree in chemistry from St. Catherine’s College and worked as a medical technologist for many years.

Carl had bypass surgery at St. Luke’s Medical Center over twenty years ago. He felt fine for many years, but in 1995 he needed additional bypass surgery which was again performed at St. Luke’s. He currently feels well and maintains an active aerobic exercise routine that includes walking several miles almost every morning. He and Donna also exercise regularly on aerobic equipment in their home.

Carl says, “I went to St. Luke’s for my original surgery because I knew about St. Luke’s wonderful reputation in heart care. I have been very impressed with the thoroughness and expertise that I’ve found at St. Luke’s. Over the years we have stayed in touch and supported St. Luke’s because we have been so grateful for the care I’ve received. We have also appreciated the fact that St. Luke’s is a teaching hospital.”

The Kirts, who are looking forward to celebrating their thirtieth wedding anniversary this year, have a son, Gregory, who is completing two degrees at the University of Wisconsin-Milwaukee. They also had a daughter, Suzanne, who died ten years ago in an automobile accident, a week prior to her seventeenth birthday.

The Kirts have been very active since Carl’s retirement in 1988. Donna comments, “The tires haven’t cooled off since.” In the last several years, they have spent several weeks each winter in Florida and have traveled to many interesting locations, including the Canadian Rockies, Hawaii, the Southwest, Montana, California, and, most recently, the Maritime Provinces.

“The years we have stayed in touch and supported St. Luke’s because we have been so grateful for the care I’ve received.”

— Carl Kirst
PERRY HIRTHE

Perry Hirthe, who has worked at St. Luke's Medical Center for five years, is the supervisor of all non-patient food services, which includes responsibility for the cafeteria on the hospital's main campus, all vending equipment, the Forest Home Center, and special functions at Aurora's Heil Center. Perry is also an active supporter of St. Luke's Employee Philanthropy Club.

In Perry's family, working for Aurora Health Care is truly a family endeavor. Not only does his wife, Linda, work at the Forest Home Center, but his mother has worked in St. Luke's mail room for 29 years and two of his four adult children work for Aurora.

Perry also emphasizes that his family feels a close tie with St. Luke's because the hospital was his father's primary health care provider during his fight against cancer. Perry recalls, "During my father's stays at St. Luke's, he received excellent care and spent his last days at St. Luke's."

Perry says he has supported St. Luke's with his contributions because, "This is one way I can give back to the institution that has meant so much to me and my family. I feel it is particularly important to provide support as health care faces so many changes and challenges. The leadership in healthcare which both Aurora and St. Luke's provide is very important to the community, but in order to maintain its technical edge, St. Luke's needs our support."

Perry points out that as an employee he has had a special perspective on St. Luke's. He says, "My daily interaction with physicians, nurses, administrators, volunteers, and staff in general has made me realize that we have an organization of individuals who are extremely qualified, very professional and caring, and totally committed to excellence. I'm very proud to say that I'm part of this organization."

In his leisure time, Perry enjoys playing golf and traveling with his wife. He also jogs, bikes, and plays softball.

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— Perry Hirthe

ST. LUKE'S PHILANTHROPISTS CLUB

St. Luke's Philanthropists Club is an annual giving club established to honor and recognize annual donors of $100 and above for their charitable support of St. Luke's Medical Center. Recognition is provided on an annual basis with your name engraved on a brass plaque on a unique display in a prominent location near the main entrance.

Membership benefits also include an invitation to the Annual Dessert Gala.

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Mr. and Mrs. Harold E. Brice
Mr. Anna Brlek
Mr. Eugene T. Banaszak
Mrs. Barbara G. Bartley
Mr. and Mrs. Harry Baudry
Mr. and Mrs. Robert K. Baumgart

When writing or updating your will, please remember St. Luke’s Medical Center.

Gifts received October through December, 1996
Media Rounds is a regular section in The Spirit of St. Luke's. This section presents a sampling of stories involving St. Luke's Medical Center that have been recently published or broadcast. As you will see after reading these inspiring stories, the news media continue to respond to the public's desire for health-related news and information. We think our readers will be very interested to see the many exciting stories that are continually evolving at St. Luke's.

A LOOK INSIDE THE VINCE LOMBARDI CANCER CLINIC

WITI-TV (FOX) Channel 6
TV 6 Wake Up News
January 21, 1997

Joanne Williams, Co-host: One of the best-known cancer clinics in the country is right here in Milwaukee. It's the Vince Lombardi Cancer Clinic, named for the legendary Packers coach. You know, he won the first two Super Bowls with the Green Bay Packers. In today's Wake up Checkup, I take a look inside the Lombardi Clinic.

Can you tell Lu Ann Geldon is a Packers backer? Before she was treated for breast cancer, she knew a lot about the Packers, but not much about the Vince Lombardi Cancer Clinic. Now, she considers the staff part of her family—a family that helped her through the toughest challenge of her life.

Lu Ann Geldon (former cancer patient): Family, friends, support, a lot of support. All of it means a lot. Yeah, a lot. I wouldn't have made it without them.

Marija Bjegovich (Vince Lombardi Cancer Clinic): For some patients, they come here for years of treatment. They become part of your family and we go through the ups and downs, the triumphs and sometimes, the setbacks and some of them get integrated into our hearts as well.

Williams: Coach Lombardi died of colon cancer in 1970 and his wife Marie died of lung cancer just a few years later. The Lombardi Cancer Clinic was started in 1971. It was originally at the Old County General Hospital and in 1989, it moved to St. Luke's.

Geldon: The clinic has never treated any professional football players, but plenty have come to call to boost the spirits of the patients.

Last spring, Reggie White and his family made an unannounced visit. Cherri and Bart Starr stop by every now and then. They're always welcomed by the staff and patients who know the true meaning of the quote that hangs on the wall in the lobby: "The spirit and the will to win and the will to excel, these are the things that endure." Lu Ann thinks she and the Packers have a lot in common.

Williams: We're both trying to achieve different goals, but you know, they're working as a team. We're working as a team here. Just different goals and I made my goal, so I certainly hope they make their... I know they'll make their goal.

Williams: That Lu Ann has a lot of confidence in the Packers, and we'll see if her confidence pays off on Sunday. It probably will.
A 55-year-old Sheboygan Falls man, so ill he was waiting for a heart transplant at St. Luke’s Medical Center, instead underwent a bold, radical surgery in which a large portion of his abnormally enlarged heart was removed, revitalizing what was left.

Now, Lawrence Bock, who was critically ill when he arrived at the hospital, likely will not need a new heart. And the surgery, developed by a surgeon in a remote Brazilian clinic, could signal hope for other transplant patients.

“This surgery will likely prove beneficial to others waiting for a heart transplant as well,” said Alfred Tector, lead heart surgeon in the literally cutting-edge surgery performed on Thursday.

Bock, the first patient in Wisconsin to undergo the surgery, was in satisfactory condition Tuesday when he was moved out of the intensive care unit, and was walking without difficulty.

The surgery is the brainchild of Brazilian surgeon and physicist Randas Viela Batista, who practices in a small, rural clinic in southern Brazil. He had been searching for a low-tech way of surgically helping those in heart failure.

The surgery, known as ventricular remodeling, involves removal of a wedge-shaped piece of the left ventricle, or pumping chamber. The edges along the gap are joined, reducing the radius of the chamber, roughly the shape of a half a football. This in turn decreases the tension on the heart wall, allowing it to pump more blood with less effort, Tector said.

In Bock’s case, Tector also replaced one heart valve and repaired another.

When Bock was admitted to the hospital and its intensive care unit Feb. 3, only the continuous use of powerful drugs to keep his blood pressure up near normal was keeping him alive.

“I really couldn’t believe it,” Bock said Tuesday. “They had this machine with drugs going in me, and they said that was keeping me alive.”

Bock suffered from idiopathic dilated cardiomyopathy, a condition of unknown cause in which the heart’s ability to pump deteriorates as it grows in size to compensate. At the time of surgery on Thursday, Bock’s heart was nearly twice its normal size, Tector said.

The condition appeared after a bout of what appeared to be bronchitis in January. Later, Bock, who operates a number of newspaper routes, at times became short of breath while working. He underwent tests Jan. 27 and was told Jan. 30 he needed a heart transplant.

“Golly, gee whiz, ‘I said,” Tector said. “I can’t just drop everything. Don’t we have a little time?” ‘Bock recalled Tuesday.

He didn’t, and he landed in St. Luke’s.

Since 1994, Batista has performed about 400 such surgeries. After his early reports to fellow heart surgeons, they were incredulous. Cutting out heart muscle in an already weak heart and disposing of it didn’t seem to make sense, they said.

But Batista since has won converts among some mainstream heart surgeons, and last year an American surgeon from the Cleveland Clinic went to Brazil to learn the technique. It has since spread slowly from Cleveland to Buffalo, Minneapolis and now Milwaukee.

Tector said he watched a video of the technique and discussed it with surgeons who already have performed it before he did this case. There is no question he will do more, he said.

The ejection fraction of Bock’s heart, a measure of its ability to contract and pump blood, had declined before the surgery to 7%—compared with 60% in a normal heart. “It was really bad,” Tector said.

Bock’s ejection fraction had increased to 16% by Tuesday, and it could go higher, Tector said as Bock recuperates.

The American Heart Association says that each year, about 40,000 patients age 65 or younger—including 16,000 under age 55—become candidates for heart transplants. But fewer than 2,400 such transplants were performed in 1995, the most recent year for which statistics were available, primarily because of the lack of donated organs.
Exactly how many transplant patients could be and will be helped by this surgery is unclear because the procedure is in its infancy. But as many as 25% to 50% of those on heart transplant lists might be candidates for the surgery, according to some experts.

Right now, the surgery is intended only for patients with congestive heart failure, in which the heart’s ability to pump grows weaker. It is not intended for those who have coronary artery disease and have suffered heart attacks, although that might be the case one day.

Tector also said the procedure should be done only in hospitals able to install a mechanical left ventricular heart device to sustain the patient, should the surgery fail, until a heart transplant could be done.

LATEST MEDICAL TECHNOLOGY IMPROVING BREAST BIOPSIES

WTMJ-TV (NBC) Channel 4
The 11:00 a.m. Report
October 21, 1996

Susan Kim, co-anchor: In today’s Cover Story, Nancy Chandler reports on the latest medical technology that is improving breast biopsies in some important ways.

Nancy Chandler, Reporting: Betty Bodi works at the St. Luke’s Medical Center gift shop. Not too long ago, she was at the hospital for another reason. For the third time, a lump was detected in her breast. The first two times, she had surgical biopsies. She says the scars were uncomfortable and that recovery took several days. But, for her third biopsy, Betty chose the newer mammotome procedure.

Betty Bodi (Breast Biopsy Patient): There was no difference—I mean no comparison—between the two. I mean this one was so much easier. And I would not have it the other way again.

Chandler: Betty says she was able to go back to work without pain right after the non-surgical procedure. St. Luke’s was one of the first in the country and is still one of only a handful of hospitals that offers this procedure to women in our area. Here’s how it works.

Patients lie on a special table, exposing and compressing the breast. A hollow mammotome needle is inserted into the breast lump. Using computer imaging, the biopsy tissue is cut by a blade in the needle and suctioned out. The needle stays in the same spot and rotates to take other samples.

Dr. Mark Wenzel (Radiologist): The former way we did these biopsies, we had to take the needle inside and out of the breast each time, a minimum of five to six samples were obtained.

Chandler: Dr. Wenzel says the mammotome also has advantages over the traditional surgical biopsy.

Wenzel: All that we use is just a little tiny nick in the skin to allow the needle to pass easily through the skin into the breast. So, there’s essentially no scar. It doesn’t hurt the patient at all. The breast is anesthetized. They don’t feel anything except maybe a little bit of vibration inside.

Chandler: In addition to no scarring and only one needle insertion, Dr. Wenzel says other benefits include the cost: half to one third less than surgical biopsy. It’s a shorter procedure. It gives larger tissue samples for a better diagnosis. There’s virtually no recovery time, and in many cases, it may allow for earlier detection of cancer, thus, the greater possibility of cure.

Bodi: It is so much easier. It’s a lot easier on you.

Chandler: Fortunately, Betty’s biopsy found no cancer. She says even if women fear the results, they shouldn’t avoid having regular breast exams or undergoing a biopsy. Nancy Chandler, Today’s TMJ 4.

Kim: And the cost of biopsies done, using the mammotome, are covered by health insurance.
Joanne Williams, co-anchor: Carpel Tunnel Syndrome can be painful and debilitating, but there’s some steps that you can take to make sure you don’t get it and there’s some things you can do, if you are bothered by this problem in your wrist. Today in the Wake-Up Checkup, we’re going to discuss it.

Dr. Robert DiUlio is here from St. Luke’s Medical Center. Good morning, doctor.

Dr. Robert DiUlio (St. Luke’s Medical Center): Good morning, Joanne.

Williams: First of all, how do I define it? I know it’s something that happens right above this area of the wrist? Am I right?

Dr. DiUlio: Yes. Carpal Tunnel Syndrome is a compression or pressure on the median nerve, one of the main nerves to the hand, at the wrist, and it can lead to numbness, tingling, pain in the hand and wrist and sometimes, weakness in the hand and forearm.

Williams: It’s becoming more common, right, because more people are doing this all day long?

Dr. DiUlio: Yes.

Williams: And why does that happen, because your wrist is bent at an uncomfortable angle?

Dr. DiUlio: It’s because the wrist is bent and because you’re making the tendons . . . you’re working the tendons in the wrist that runs the fingers and those tendons run with this nerve, in this non-compressible area called the carpal tunnel. So, when the tendons have to work, they can irritate the nerve or there can be some swelling associated with that, that will irritate the nerve and pinch the nerve in this canal.

Williams: OK. If you have this problem and you feel some of those symptoms, you go to the doctor, how is he or she going to make it better?

Dr. DiUlio: They’ll probably start with something very simple, such as a medication, non-steroidal anti-inflammatory are the treatment of choice these days for medications. That’s similar to medications like Advil. They’ll probably try night splints, simple splinting to hold the wrist steady, especially at night. Sometimes, we use these for work as well, if you can work with a splint. If that doesn’t work, they may try a cortisone injection, and if all else fails, there is surgery.

Williams: This is becoming a widespread problem, because of the work that we do, a repetitive motion, syndrome, that sort of thing.

Dr. DiUlio: Yes, it is. This condition is associated with people who do a lot of repetitive or forceful motions with their wrists, typically computer operators, checkout scanners . . .

Williams: People who are doing this all day long.

Dr. DiUlio: . . . people who do this all day long. Typists, hairdressers, butchers.

Williams: Well, thanks for talking to us. All those folks know that they might be able to get the conditioning. You’ve given us some good tips on how to treat it, if your carpeal tunnel syndrome does flare up. Thanks for joining us today.

Dr. DiUlio: Thank you very much.

Williams: Dr. DiUlio from St. Luke’s.
The grand opening today of the Clarke Square Pick 'n Save marks the formal debut of what may be the only grocery store in the Midwest with a full-service health care facility.

The 2,000-square-foot health clinic, located inside the Pick 'n Save at 1818 W. National Ave., is operated by Aurora Health Care. The clinic will have an on-site doctor, four nurses and a half-dozen exam procedure, and health education rooms, said Sally Turner, director of family practice administration for Sinai Samaritan and St. Luke's Medical Centers.

The clinic will provide primary and urgent health care to residents of the near south side as a joint effort by Sinai Samaritan and St. Luke's.

Aurora officials became aware of the need for more health clinics in the area during a series of community forums in which health system officials discovered that many of the clinics on the south side were at or near capacity, Turner said.

In some cases, residents complained of waiting up to two weeks to see a doctor. Turner said.

"Anybody that gets sick at night and goes to an emergency room is going to pay much more for treatment," Turner said.

The Aurora clinic expects about 10 to 20 walk-ins a day. The clinic will be a satellite of the Johnston Primary Care Clinic, which will allow it to receive cost-based reimbursement for care delivered to Medicaid recipients.

Unlike other community clinics in the area, the new Aurora clinic will have extended hours. The clinic will be open from 10:30 a.m. to 8:30 p.m., Mondays, Tuesdays, Thursdays and Fridays.

Wednesdays, the clinic will be open from 7:30 a.m. to 5:30 p.m.; Saturdays and Sundays, it will be open from noon to 4 p.m.

Gary Fryda, president of Oak Creek-based Mega Marts Inc., which is operating the food store, said the clinic will help to provide service to more than 400,000 people within a 3-mile radius of the store. More than 30,000 shoppers are expected to walk through the Pick 'n Save every week.

As do some other clinics, the Johnston clinic also will provide activities—including health promotion and disease prevention, health and bicycle safety fairs, job training, and nursing center programs for patients with chronic illnesses.

"This concept helps to put us in the 21st century," Fryda said. "We asked people what they wanted, and we delivered."

In addition to having a health clinic, the grocery store, the first large new retail development on the near south side in a decade, also is the first in the Milwaukee area with a day-care center.

The Esperanza Del Futuro day care center can accommodate up to 45 children. Half of the spots will be occupied by employees' children.

"There is no other store quite like this in the whole country," Fryda said of the 112,000-square-foot store.

Other features of the mall-like grocery store will include:

- A food court with four restaurants, including Taco Loco, a Mexican eatery operated by El Rey, a neighborhood grocer and tortilla maker. The other restaurants are Subway, Kitchen Express, and another one to be named later.
- A Tri City National Bank. The office is the bank's 31st in the Milwaukee area and its largest location inside a supermarket. The bank already operates in 14 other Pick 'n Save stores.
- A Spic and Span dry cleaner, a Vision Mart optical store, a McGlynn's Bakery, a full-service florist and card shop, a Club Mega bulk store, a check cashing center, a full-scale liquor depot, and a video store.

The store will be open every day from 6 a.m. to midnight. The store is the 15th for Mega Marts. Another Pick 'n Save store, this one with 130,000 square feet of space, is set to open in Janesville in April.
FOR WOMEN'S HEARTS

Sybron International's Yontz pours cash, energy into cardiac awareness program named for his late wife.

*The Business Journal*

December 21, 1996

By: Rich Kirchen

Karen Yontz had just arrived at a New Jersey restaurant with her husband, Ken, to celebrate her 40th birthday when she suddenly fell ill and lapsed into unconsciousness.

At a hospital emergency room, she was initially diagnosed as having the flu or too much to drink, Ken recalls. Fortunately, a cardiologist was on duty, and recognized Karen Yontz's symptoms as a heart attack.

"She almost died that night," said Ken Yontz, chairman, chief executive officer and president of Sybron International Corp., Milwaukee, recalling the 1986 attack.

Karen underwent a successful quintuple bypass surgery and led a relatively healthy life before she died in her sleep Dec. 1, 1994, at the age of 48 in the Yontz's Elm Grove home.

After his initial grieving, Ken Yontz moved to action. In August 1996, 20 months after Karen's death, a new education and research center opened in her name at St. Luke's Medical Center, Milwaukee, with Ken Yontz as the driving force.

The startup of the Karen Yontz Women's Cardiac Awareness Center has been financed with Ken Yontz's personal donation of $1 million. Ken Yontz has raised another $600,000 from out-of-state business contacts and serves as the center's board chairman. He will head the center's $3.4 million local fund-raising drive, which will begin in early 1997, with the help of the high-powered board he appointed.

St. Luke's is where Karen underwent bypass surgery—Ken flew her there from New Jersey via air ambulance—and other procedures in the ensuing years. Milwaukee is Karen's hometown and the city where the couple met when Ken was an executive at Allen-Bradley Co., Milwaukee, and she was a school-teacher in New Berlin.

Ken Yontz, who had left Allen-Bradley for the job as president of Sybron in 1986, relocated Sybron's headquarters from Saddle Brook, N.J., to Milwaukee in April 1988 so that Karen could be closer to St. Luke's for treatment. None of Sybron's plants are in the Milwaukee area.

"While I was shocked that she died, I wasn't surprised," Ken Yontz said earlier this month during an interview in his corner office on the 24th floor of the 411 building on East Wisconsin Avenue. "We felt we were staying ahead of the curve."

Ken Yontz has been intimately involved in every stage of the women's cardiac awareness center's history, from negotiating with St. Luke's to locate the center at the south side Milwaukee hospital, to determining the center's mission, to choosing the furniture, to approving all expenditures.

"It was more to honor her in a way I think she would like to be honored, "Ken Yontz said of his efforts. "That is, to help other people."

The management of St. Luke's certainly appreciates the help from Ken Yontz.

Hospital officials considered Yontz's women's heart disease awareness center concept "wonderful" when he approached them, said hospital president Mark Ambrosius. Yontz had the support of Frank Cummins, a St. Luke's cardiologist, who is his friend and was Karen's physician.

"(Yontz) had the concept and, of course, he had such a will to get it done and he had the money to
get it done," Ambrôsius said.

The hospital agreed to provide the facilities for the center and Yontz pledged to provide the operating budget through the $5 million endowment that will result from his donation and fund-raising efforts. Yontz is also a St. Luke's board member.

Ambrosius said the awareness center was a "good fit" for St. Luke's because the hospital has extensive experience in treating women with heart disease.

Yontz's $1 million donation is "an extraordinarily unusual event" in terms of individual giving to the hospital, Ambrosius said.

Yontz, 52, said his involvement in the cardiac awareness center helped in his healing process after his wife's death. He is engaged for a new marriage in January 1997 to Karen McDiarmid, a Green Bay television commercial actor.

During the years between Karen Yontz's heart attack and her death, Ken Yontz was busy leading Sybron, a manufacturer of dental and laboratory products, through two leveraged buyouts, onto the public stock market and to steady growth in sales and profits. Sales in the fiscal year ending Sept. 30, 1996 were $674.5 million.

As a result of the experience with Karen's heart disease, Ken Yontz became frustrated and concerned that not only the general public, but also many physicians, were unaware of women's heart disease symptoms or that it was the leading cause of death for American women.

The medical community has concentrated much more research and publicity on heart disease in men, Yontz said.

"I think, frankly, the medical community has a bias against women with this kind of disease," Ken Yontz said. . . . A lot of societal mores have really caused us to have this . . . lack of outlook on women and heart disease."

The mission of the Karen Yontz Women's Cardiac Awareness Center is to change that by increasing the public and medical community's consciousness of women's heart disease to the level that women's breast cancer has reached, Ken Yontz said.

Yontz hopes the center at St. Luke's will become a model for others around the country. He also is attempting to recruit a female celebrity who has heart disease and is relatively young, like his late wife, to become a national spokesperson who could draw attention to the subject.

"In four to five years, I'd hope this disease is recognized by the medical community and the general population," Yontz said. "It's a terrible disease, especially when it strikes somebody at a young age."
Milwaukee: Glenn Struckmann had been living in an all-glass room at St. Luke's Medical Center since Sept. 23, waiting for a new heart. The 33-year-old rural Sheboygan Falls man spent his days roaming the halls talking to people, trying to fill the hours while waiting for a heart transplant. Then one day in February he noticed the man who had moved into the room across the hall was receiving the same hometown newspaper, The Sheboygan Press. Glenn went into the man's room, told him he saw his newspaper and asked him where he was from. When Larry Bock said he was from Sheboygan Falls—126 Leavens Ave. to be exact, "I freaked out," "Glenn says. On Friday, Glenn returned to his home at W3822 Garton Road, where he lives with one of his four brothers on the family farm. But the day before, Glenn sat on his bed at the hospital to talk about the chance meeting, the pocket on his blue hospital-issue shirt containing a device to monitor the new heart he got Feb. 26. His right arm is bent at the elbow, flat in the air as medication dripped through an intravenous tube. His hair is long, "I'll be getting that cut when I get home"—and disheveled, but his cheeks are rosy and he walks and talks with boundless energy. "You got to go 100 miles to find somebody who lives five miles from you," Glenn says. "It was someone on death row like me, I thought, 'Hey, this is great.'" Now the near neighbors share a second chance at life. Glenn needed a new heart because his was deteriorating from cardiomyopathy, a general weakening of the heart muscles. His father, Carl, died of the same disease in 1989.

Larry had an abnormally enlarged heart and was also a candidate for a transplant, but underwent a new type of surgery in which a large portion of his heart was removed, revitalizing what was left.

Larry was the first patient in Wisconsin to undergo the surgery and has become a celebrity, doing newspaper and television interviews.

The frail, 55-year-old man had a thin white hospital blanket draped around his legs as he sat in a chair in the corner of his room Thursday. A yellow-green bruise surrounds the stitches which can be seen above the V-neck in his hospital gown. He is connected to a mobile intravenous unit and walks the halls without assistance. It is seven days since his surgery. He should be back home with his wife, Judy, some-time this week. As Glenn walks into Larry's room, the two talk about how they're feeling. "How's your throat?" Glenn asks, referring to the irritation caused by tubes used to drain fluid from the lungs. "Little by little my voice is coming back," Larry says. Glenn had been on the transplant list since his diagnosis in 1996. He became a patient at St. Luke's after his Sheboygan doctor, Anita Arnold, told him to either sit still or he would kill himself. Glenn says he knew he wouldn't be able to sit at the farm, so he went into St. Luke's where he was given life-saving drugs intravenously. At 4 a.m. Feb. 26, a nurse pulled open the curtain in his room and told Glenn his new heart was at Froedtert Memorial Lutheran Hospital in Wauwatosa.

"...I'm going home," Glenn remembers saying.

Dr. John Crouch performed the transplant and says Glenn's body has shown no signs of rejection. Larry had never been in a hospital and says he had never really been sick until early this year when he started having a shortness of breath while doing his daily delivery of newspapers for carriers in the Port Washington area. He underwent tests Jan. 27 and was told Jan. 30 he needed a heart transplant.

Dr. Alfred Tector, who was the lead heart surgeon for the procedure, says Larry's congestive cardiomyopathy may have been caused by a viral infection. Larry was put on the transplant list and also told about the new surgical procedure, called ventricular remodeling, originated by Brazilian surgeon and physicist Randas Viela Batista. The procedure has been done in the United States, but Tector had only seen a videotape of the operation and talked to other doctors who had done it.

Larry says knowing he would be a "guinea pig" made him think twice before agreeing to the operation. "This is his first time, this is my first time, we're kind of all playing it by ear," he says.

After doing his own research, he decided to go ahead with it. Larry says his wife, "didn't know whether to laugh or cry. I said it was about time we go for it." The two hope to maintain contact, and in the process live long, healthy lives.

"Your main concern is stay alive," Glenn says. "That is your priority," Larry agrees. "I told my wife, 'We're going to make time and visit some people.'"
“As I wrote this check, I was reminded by the date that it was 23 years ago that my husband had his first coronary bypass at St. Luke’s . . . . Thank you!”

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"The capacity to care is the thing which gives life its deepest meaning and significance."

— Pablo Casals

"The ultimate test of man's conscience may be his willingness to sacrifice something today for the future generations whose words of thanks will not be heard."

— Gaylord Nelson
It is not how much we do, but how much love we put into doing. It is not how much we give, but how much love we put into giving.”
— Mother Teresa

This is for research.
We are glad to help.”
— Grateful patient
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 Gifts received after 12-31-96 will be recognized in our Summer issue
"I've been favorably blessed economically. Therefore, I have a very important responsibility to do things on behalf of other people."

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“Enclosed is my check to help in the work you are doing. I am grateful to the hospital and to Dr. Jack Manley for the care that I received in Milwaukee.”

— Grateful patient
San Benito, Texas
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"I am pleased that I was able to contribute and fulfill my pledge, knowing the excellent work being done at the medical center and the benefits derived by the patients."

— Grateful patient

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"In terms of downright happiness, it is my experience that the returns-per-minute from giving are far greater than the returns from getting."

— David Dunn
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“Enclosed is a check.
Must comment on your program this last spring. It was great.
Enjoyed your speakers very much
and very interesting.
Desserts were terrific.”

— Grateful patients
Manitowoc, Wisconsin

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"Contentment comes when you know you've done something good for someone else, and you're not expecting anything in return."

— Bill Grosz

"I feel that the greatest reward for doing is the opportunity to do more."

— Jonas Salk
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“I am unable to find words to express the gratitude I feel for Dr. Dorros and his staff for the help I received. My quality of life has changed from the moment he decided to perform the cardioplasty on me. I also express my thanks to the employees of the hospital who were so helpful and friendly. I pledge to continue my quarterly contributions.”

— Grateful patient, Miami, Florida

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Ms. Rebecca Schultz
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Ms. Carol Redy
Mrs. Sally Turner
Ms. Carol Reddy
Ms. Carol Redy

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Ms. Shelly L. Rosenstock

Ms. Ms. Johanna Dobner and Mary Molke

WHEN WRITING OR UPDATING YOUR WILL, PLEASE REMEMBER ST. LUKE'S MEDICAL CENTER.
Lifetime Philanthropists

If you have provided for St. Luke's Medical Center in your estate plans, but are not among those listed, please let us know. We would be pleased to welcome you as a member of the Lifetime Philanthropists.

For more information on becoming a member of the Lifetime Philanthropists, call or write Kelly Sachse, director of planned giving, at St. Luke's Medical Center/Office of Philanthropy, P.O. Box 2901, Milwaukee, WI 53201-2901. Phone: 414-649-7008.

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Mr. and Mrs. A. Jerome Stoebe
Dr. Elaine Thomas

In memory of St. Luke's Lifetime Philanthropists and benefactors whose bequests are living on to advance the quality of health care at St. Luke's Medical Center

<table>
<thead>
<tr>
<th>Erika H. Baderman</th>
<th>Esther E. Ingraham</th>
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<tr>
<td>Leonard L. Bartell</td>
<td>Marguerite Jahr</td>
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<td>John C. Cleaver</td>
<td>Klara and Ralph Kluge</td>
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<td>Hermann Korsitzke</td>
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<td>Erwin R. Lamp</td>
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<td>Stanley Luba</td>
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<td>Katherine R. McGill</td>
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<td>Alexander F. North</td>
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<td>Anna A. Grunke</td>
<td>Helen E. Ockerlander</td>
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<td>Dr. J. Edwin Habbe</td>
<td>Charles D. Orgieson</td>
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<td>Lorna C. Heinen</td>
<td>Josephine Panich</td>
</tr>
<tr>
<td>Walter and Adela Helwig</td>
<td>Violet Pazucha</td>
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| Harry Herschof    | Richard S. Plasck
| Freada Hoerneman  | Adolph J. Ricker  |
| Raleigh Hubbard   | Dr. Albry M. and Jennie Riedel |
| Edward C. Huth    | Edward Ropkaik    |
| Mac E. Imholle    | Mary E. Rose      |
| Mr. and Mrs. Henry Veit | Mr. and Mrs. Walter C. Chapman |
| Mr. Harold C. Vestrem | Mr. and Mrs. Charles M. Wallen |
| Mr. Frank Vitale  | MEMBERS

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Anonymous
Anonymous
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Mr. Larry D. Alexander
Mrs. Doris Arnold
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Mr. and Mrs. Katherine Berggren
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Mr. Henry E. Witte
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Mr. and Mrs. Donald Zellner

We want to recognize those Lifetime Philanthropists who became members in 1996.

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Anonymous
Mr. and Mrs. Robert J. Byers
Mr. and Mrs. Percy Fischer
Mrs. Anna T. Gerschwiller
Mr. and Mrs. W. Gary Gitchel
Mr. Joseph A. Lauber
Mr. and Mrs. James E. McMicken
Mrs. Esther J. Mielke
Mr. and Mrs. William K. Murphy
Mrs. Margaret Peet
Mr. and Mrs. Edward Prum
Mr. Ray E. Sherman
Mr. and Mrs. James E. Sullivan
Mr. and Mrs. Edward Wiccert

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YES, I want to support excellence in health and patient care at St. Luke’s Medical Center with my gift of:

___ $25  ___ $50  ___ $100*  ___ $250*  ___ $500*  Other $______

I wish to make a pledge of $______ For a period of _____ year(s)
To be paid _____ Annually  _____ Semi-annually  _____ Quarterly

*With your gift of $100 or more, you are invited to become a member of St. Luke’s Philanthropists Club. You will receive an invitation to the Annual Dessert Gala and your name will be displayed on a brass plaque in St. Luke’s distinguished recognition area.

Please make your check payable to St. Luke’s Medical Center and return this form with your gift.

St. Luke’s Philanthropists Club—Suggested Gift Plan

<table>
<thead>
<tr>
<th>Giving Level</th>
<th>Annual Contribution</th>
<th>Quarterly Contribution</th>
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<tr>
<td>Garnet</td>
<td>$100</td>
<td>$25.00</td>
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<tr>
<td>Emerald</td>
<td>$150</td>
<td>$37.50</td>
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<tr>
<td>Ruby</td>
<td>$250</td>
<td>$62.50</td>
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<tr>
<td>Crystal</td>
<td>$500</td>
<td>$125.00</td>
</tr>
<tr>
<td>Diamond</td>
<td>$1,000</td>
<td>$250.00</td>
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If you know anyone in Delaware or Utah who would like to make a gift, please call!
Thank You!
A Rewarding Investment — The Gift Annuity

It is possible to make a sound financial investment that will support medical excellence at the same time! With a charitable gift annuity, your generosity can touch other people’s lives at St. Luke’s, while also providing financial security for you and your loved ones. With a St. Luke’s charitable gift annuity, you will receive:

- high rates of guaranteed income
- partially tax-free income
- current charitable income tax deduction

You cannot outlive this stream of annuity payments and your rate is guaranteed as long as you live. The rate of return increases the older you are when you obtain the gift annuity. You can receive income for your life, or for your life and your spouse’s.

Rates for gift annuities were recently increased, making them even more attractive. Example rates:

<table>
<thead>
<tr>
<th>Age</th>
<th>Income Rate</th>
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<tbody>
<tr>
<td>60</td>
<td>6.9%</td>
</tr>
<tr>
<td>65</td>
<td>7.2%</td>
</tr>
<tr>
<td>70</td>
<td>7.7%</td>
</tr>
<tr>
<td>75</td>
<td>8.4%</td>
</tr>
<tr>
<td>80</td>
<td>9.4%</td>
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<tr>
<td>85</td>
<td>10.5%</td>
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<tr>
<td>90+</td>
<td>12.0%</td>
</tr>
</tbody>
</table>

In addition to the income tax benefits of partially tax-free income and a current charitable income tax deduction, certain types of contributions may also reduce your capital gains tax.

In order to guarantee this lifetime income and to qualify for an income tax deduction, your gift annuity is irrevocable.

With a gift annuity, all these financial benefits can be yours, while at the same time enabling you to support excellence in patient care and medical research at St. Luke’s. To learn more about this wonderful opportunity, please contact Kelly Sachse, director of planned giving and certified financial planner, at (414) 649-7008. She will be pleased to provide you with a personalized analysis of the benefits you will receive from making a charitable investment in a St. Luke’s gift annuity. The only information she will need from you is the birthdays of the income recipients.

St. Luke’s Medical Center
Office of Philanthropy
P.O. Box 2901
Milwaukee, Wisconsin 53201-2901

ADDRESS CORRECTION REQUESTED