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The Spirit of St. Luke's, Summer 1992

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Cutting edge technique helps cancer patients beat the odds

President, St. Luke’s Medical Center: Mark Ambrosius
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   Director of Annual Giving: Laverne Schmidt
   Director of Planned Giving: Lori Craig
   Administrative Secretary: Judi Fellows
   Data Entry Clerk: Desiree Speck
Publisher: Montgomery Media, Inc.

St. Luke’s Medical Center/Foundation
2900 W. Oklahoma Ave.
P.O. Box 2901
Milwaukee, WI 53201-2901
(414) 649-7122

Cover
Top
Dr. Steven Dankle talks with his patient, Fred Bruhn, whose throat cancer was treated with Intraoperative Radiation Therapy.

Bottom
Dr. Howard Lewis, radiation oncologist, has helped pioneer Intraoperative Radiation Therapy at St. Luke's.
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Intraoperative Radiation Therapy:  
State-of-the-art approach helps cancer patients beat the odds

Two years ago Fred Bruhn was a very worried man. He knew he had more than an ordinary sore throat. It had gone on for too long and it was getting worse. But, he says, “It was still a real blow when I found out for sure it was cancer.” Bruhn, a 54-year-old truck driver from Kewaskum, was referred by his throat specialist to Dr. Steven Dankle, an otolaryngologist, or ear, nose, and throat specialist at St. Luke’s Medical Center.

Dr. Dankle says that Bruhn had every reason to be worried. His throat cancer was very advanced, with a large tumor extending down the back of his throat to his trachea or windpipe. Surgery was the best recourse, but even then, taking out the entire tumor would be difficult, perhaps impossible, because it was so close to the windpipe and to major blood vessels leading to the brain.

Fortunately for Bruhn, a new approach to cancer surgery called Intraoperative Radiation Therapy (IORT) had just become available at St. Luke’s for patients with advanced, localized head and neck cancers. For several years, IORT had been used successfully at St. Luke’s on patients with abdominal cancers, but the technique was still in its developmental stages across the country for head and neck cancers. Bruhn had gone to the right hospital because at that time St. Luke’s had just performed the first head

Dr. Steven Dankle, ear, nose, and throat specialist, introduced Intraoperative Radiation Therapy for head and neck cancer to St. Luke’s.

Dr. Dankle talks with his patient, Fred Bruhn, after Bruhn’s successful recovery from Intraoperative Radiation Therapy for throat cancer.
and neck IORT procedure in Wisconsin. No other hospital in the area was offering IORT for head and neck cancers.

Intraoperative Radiation Therapy involves the direct application of high doses of radiation during surgery. Dr. Dankle says, “We use IORT in situations like Mr. Bruhn’s where we’re concerned that we may not be able to take out the entire tumor. Normally, during cancer surgery, we like to take out a certain amount of normal tissue surrounding the tumor because these tumors typically have fingerlike extensions that we can’t see or feel. By taking out surrounding tissue that appears normal, it’s more likely that we’re getting the entire tumor.

“Sometimes, however, the margin of the tumor is too close to a vital organ. This is particularly common in the head and neck area where the anatomy is very compact and there are many structures that can’t be touched such as the major arteries that feed blood to the brain. This was the case with Mr. Bruhn, whose tumor was resting on his windpipe. He was an ideal candidate for IORT.”

Surgery which includes IORT begins just like a regular surgical procedure with the tumor’s removal taking place in the operating room. While still under general anesthesia, the patient is covered with sterile drapes and transported to an operating suite in the Radiation Oncology Department, conveniently located three floors directly below the operating room. The patient is transported via a special elevator reserved for this purpose. This radiation operating area has been specifically adapted for IORT with anesthesia capabilities, operating room lights, a scrub sink, and video cameras for monitoring the procedure.

High doses of radiation are applied directly to the surgical field from which the tumor has just been removed with a two-to four-inch lucite cone that precisely targets the radiation. When the radiation treatment is over, the patient is returned to the originating operating room where the surgical procedure is completed. Dr. Dankle points out that reconstruction is frequently necessary when a large tumor has been removed during head and neck surgery.

This was the case with Fred Bruhn who, in addition to having part of his jaw removed, also had a major portion of his throat relined with skin from his chest. Despite the severity of his situation, two years after surgery Fred is a real success story. Dr. Dankle says the survival rate for cancer as advanced as Fred’s is traditionally less than 25 percent;
yet today Bruhn has resumed driving trucks throughout the central and eastern states. He is able to speak and takes his entire nutrition by mouth. Bruhn says, “I feel great. I left it up to my doctors to make the right decision and I’m sure they did.”

While Dr. Dankle cautions that the data is still coming in on survival rates following IORT for head and neck cancers, he says, “It is very likely that IORT saved Fred Bruhn’s life.”

He points out that only about 120 head and neck patients throughout the country have been treated with IORT. Five patients have been treated with IORT at St. Luke’s for head and neck cancer. Dr. Dankle has treated three of these patients, including Fred Bruhn. One other patient is also doing very well two years after surgery. The third patient died after a tumor developed in an area outside of the radiation field.

While IORT is still a very new procedure for head and neck surgery, during the past four years it has been used fairly frequently on patients with advanced abdominal cancers. Dr. Howard J. Lewis is a radiation oncologist who was involved in Fred Bruhn’s surgery as well as numerous other IORT procedures since 1988 when the technique was first used at St. Luke’s.

Research at several institutions throughout the U.S. indicates that IORT offers substantially increased survival rates to patients with cancers of the stomach, rectum, cervix, and bladder. This technique was first used to treat stomach cancer in Japan during the 1960s and ‘70s. (There is a particularly high rate of stomach cancer in Japan.) Approximately 70 institutions in the U.S. offer IORT, but St. Luke’s is one of only a handful in Wisconsin to use it.

In 1988, Donald Domine was the first patient to undergo IORT at St. Luke’s. His surgeon was Dr. Francisco Martinez who worked closely with Dr. Lewis in dealing with Domine’s advanced abdominal cancer. Dr. Lewis says, “Mr. Domine had inoperable small bowel cancer which could not be completely removed. Ten days after surgery, we operated again for the purpose of applying radiation directly to the surgical site. Today, more than four years after his surgery, Domine is actively working and has a completely normal lifestyle.”

Domine, a 58-year-old pipefitter, says, “I feel fortunate that they were able to use this
Mr. Domine had inoperable small bowel cancer which could not be completely removed.

Today, more than four years after his surgery, Domine is actively working and has a completely normal lifestyle.

— Dr. Howard J. Lewis

Dr. Lewis says that a total of 32 patients have been treated with IORT at St. Luke’s, primarily for stomach or colorectal cancers. Even though these patients had poor prognoses and very advanced cancers, there are only two instances where cancer recurred in the surgical field after IORT. Most of these patients have been disease-free since their IORT procedures.

Dr. Lewis emphasizes that for the right patient, IORT has some distinct advantages over conventional radiation treatment. He says, “One advantage is that you can take the normal tissues and move them out of the way of the radiation. Then you can deliver a much higher dose of radiation than would be the case with conventional radiation therapy after surgery where you must treat the good tissues as well as the bad tissues.”

He also points out that conventional radiation treatments usually begin five to six weeks after surgery takes place, and, if there are problems with healing or infection, the waiting period may be as long as two or three months. This is too long for some patients because their cancers have already started to grow again.

Dr. Lewis says that IORT is most effective for patients with localized cancers that have not spread to other sites in the body.

Typical patients have large tumors or tumors that cannot be completely removed and a high likelihood of recurrence if only conventional methods are used. Rarely, IORT is used solely for pain relief in patients with very advanced disease.

Both Dr. Lewis and Dr. Dankle emphasize that St. Luke’s provides the optimal setting for IORT. Dr. Dankle says, “We wouldn’t be able to do this sophisticated head and neck surgery at any other hospital in the area. IORT not only requires doctors who have the skills to perform the procedure but a very knowledgeable nursing staff with understanding about the specific care these patients need. We also have the essential support of ancillary staff, including speech therapists. The total support of
Dr. Dankle says the survival rate for cancer as advanced as Fred’s is traditionally less than 25 percent; yet today Bruhn has resumed driving trucks throughout the country.

Fred Bruhn and his wife, Jean, are happy to have their normal lives back after his dramatic surgery for throat cancer.

the hospital has been vital to our success.”

He points out that St. Luke’s approach to treating patients is multi-disciplinary. A head and neck board meets every other week to review each current patient’s status. This meeting is commonly attended by radiologists, pathologists, nurses, speech therapists, medical oncologists, and anyone else who may be involved in the patient’s treatment and care.

After all, IORT is only one step—though certainly a crucial one—in the care of a patient. Donald Domine underwent conventional radiation and chemotherapy treatment after his surgery and he visits his oncologist, Dr. John Hanson, every three months. Fred Bruhn also had conventional radiation therapy and speech therapy to help him improve his articulation. All these facets of their care have combined to bring these two patients to the point of living the full and active lives they lead today.

As you read this article, Donald Domine may be at home enjoying his twin granddaughters and Fred Bruhn may be getting in his truck on a bright summer morning for a drive to Minneapolis. IORT is now far behind them. In front of them, they have the rest of their lives.
Joseph Galaska, a 68-year-old grandfather from Hales Corners, recalls what a typical Sunday used to be like in his life. He says, “I would wake up and go to church. Then I would come home and start reading the newspaper and fall asleep. I’d wake up again and have lunch and then take a nap until about four o’clock in the afternoon. Then I’d have dinner and need another nap before getting ready for bed.”

Fortunately, in the past year, Galaska’s life has changed completely. His typical Sunday scenario now includes going to church, playing 18 holes of golf, enjoying his grandchildren, and working around the house—not taking naps. He says, “I have 100 percent more energy than I ever had before. I’m a much happier person and so is my wife.”

Galaska’s life changed after he visited the St. Luke’s Sleep Disorders Center where it was discovered that he had severe sleep apnea, a common respiratory problem which results in breath stoppage during sleep for periods of anywhere from ten seconds up to four minutes. As many as 300 such episodes can occur in a single night. Sleep apnea is caused by obstructions in the throat which block the free flow of air to the lungs, sometimes causing a person’s blood oxygen level to decrease. Many people spend as much as half the night with blood oxygen levels below normal. The result is extremely shallow, disrupted sleep.

Because Galaska’s sleep was so disrupted, he was never completely rested and was tired all the time. His wife first called attention to his problem and encouraged him to visit the St. Luke’s Sleep Disorders Center. He remembers sitting down for the initial interview and saying that he had no idea why he was there because he didn’t have a problem. His wife, however, knew he did. In addition to being so tired all the time, his most obvious symptom was very loud snoring which had been going on for years. Galaska’s apnea was confirmed during a sleep study at the center.

Dr. Michael Katzoff, medical director of the Sleep Disorders Center and a certified sleep specialist, says that Mr. Galaska’s reaction is fairly typical. Most patients don’t realize how disturbed their sleep is unless someone else is bothered by their snoring.

Once Galaska’s condition was diagnosed, it became obvious
Though sleeping problems are nothing new, sleep disorders have only been recognized as a specialty during the last 20 years. Before that time, people with sleep problems were frequently labeled as bored, lazy, or emotionally disturbed.

Sleep studies at St. Luke’s Sleep Disorders Center take place in a comfortable room—almost like home.

why he was always so tired. He says, “I thought I was getting eight solid hours of sleep and I found out I wasn’t getting anywhere near that.”

Though sleeping problems are nothing new, sleep disorders have only been recognized as a specialty during the last 20 years. Before that time, people with sleep problems were frequently labeled as bored, lazy, or emotionally disturbed.

Even today, not every hospital is equipped to treat sleep problems effectively. St. Luke’s is one of the three accredited sleep centers in the Milwaukee area. This accreditation was achieved about two years ago through an intensive evaluation by an accrediting agency, the American Sleep Disorders Association. This process included a site visit and a close review of staff, policies, and procedures. Diania Alsager, L.P.N., is a registered sleep technician who was instrumental in this intensive accrediting process. She has been through a rigorous training and evaluation process in becoming certified herself.

The St. Luke’s Sleep Disorders Center usually treats about eight to 10 new patients a week of all ages and both sexes, though the most common patient is male, middle-aged, and overweight.

A typical approach for a new patient would be for Alsager to screen the patient and recommend an initial interview with one of the physicians on staff, Dr. Katzoff or Dr. William O’Neill, or with the clinical psychologist, Dr. Geraldine Banks. Based on this interview, a sleep study might be recommended to help in the diagnosis of the patient’s problem, as was the case with Joseph Galaska.

Before a sleep study, the patient usually checks in between eight and nine o’clock at night and gets ready for bed in a comfortable bedroom setting. After going to sleep, the patient is monitored by trained technicians. Such functions as brain activity, muscle activity, eye movements, breathing, heart function, and oxygen levels are evaluated. Soon after the sleep study concludes, the patient and staff meet to talk over the results and discuss the available treatments.

The center primarily treats four conditions which interfere with sleep. Sleep apnea, Mr. Galaska’s condition, is by far the most common problem. Other conditions include nocturnal
myoclonus, insomnia, and narcolepsy.

A person with nocturnal myoclonus experiences involuntary leg movements which disrupt sleep throughout the night. Although the cause of myoclonus is elusive, this condition usually responds well to medication.

Insomnia refers to the inability to fall asleep or stay asleep for a long enough period. Many factors may contribute to insomnia such as stress, psychological disorders, some medications, and caffeine or alcohol. Treatment options may include medication, psychological treatment, relaxation or biofeedback therapy.

People with narcolepsy have a rare condition that is just the opposite of insomnia. They have trouble staying awake and often fall asleep at very inappropriate times, such as at the dinner table or during a business meeting. Narcolepsy is frequently accompanied by other symptoms, including sudden muscle weakness brought on by strong emotions; sleep paralysis, a feeling of being unable to move when falling asleep or waking up; and vivid, frightening hallucinations during sleep. Currently, the only treatment available for narcolepsy is medication, although substantial research is underway and new methods of treatment are being evaluated.

Narcolepsy can be extremely disruptive to a person’s life, yet it is frequently misdiagnosed. One example is Andrew Vidas, a 16-year-old high school student whose condition was misdiagnosed many times before he came to St. Luke’s Sleep Disorders Center. His symptoms included falling asleep during the day and a weakening of the muscles in his legs when he was excited. At one point his condition was diagnosed as attention deficit disorder.

After being evaluated at the Sleep Disorders Center and having a sleep study, it was discovered that he had both sleep apnea and narcolepsy. He then had his tonsils out to alleviate the breathing problems which caused the apnea, and medications were prescribed to address the narcolepsy.

Andy himself is the best witness to the effectiveness of the Sleep Disorders Center. He is looking forward to his junior year in high school, going to the festivals in

Dania Alsager, registered sleep technician, helps prepare a patient for monitoring during a sleep study.

“When we try the CPAP machine on a person with disturbed sleep, the patient feels better right away. The transformation can be very dramatic. It’s one of the few treatments in the medical field where a patient gets immediate relief and we get the satisfaction of knowing we’ve really made a difference in that person’s life.”

—Dania Alsager, sleep technician
Milwaukee this summer, and camping up north—and he plans to stay awake for all of it. He says, “I feel much better during the day. I know I’m sleeping better.”

While narcolepsy is treated with medication, there are other resources for sleep apnea. The most common recommendation is a non-surgical treatment called Nasal Continuous Positive Airway Pressure (Nasal CPAP). Nasal CPAP uses a machine attached to a mask that a patient wears over the nose every night during sleep. A blower gently pushes air into the mask and into the airways to keep them open. This allows the person to breathe easily without snoring. The result is refreshing, undisturbed sleep. Occasionally, surgery is recommended to relieve severe obstructions.

It is very important that sleep apnea be treated because it can lead to all sorts of serious conditions such as heart and respiratory failure. Dr. Katzoff also emphasizes that sleep apnea can be fatal due to accidents caused by drowsiness or falling asleep inappropriately. More than 38,000 automobile accidents each year can be traced to sleep apnea, which can cause people to fall asleep at the wheel, even without the influence of drugs or alcohol. In addition, many industrial accidents are caused by people who fall asleep or are inattentive because of lack of sleep.

People may also have serious problems with interpersonal relationships and job performance. Katzoff says, “We’ve seen marriages go sour and people lose job after job because their sleepiness had led them to be inattentive and to make poor business decisions. People with sleep apnea may be depressed, irritable, forgetful, lose their sex drive—and yet they still may deny that they have a problem.”

As was the case with Joseph Galaska, once these people accept the reality of their sleeping problem and get help, the changes in their lives can be tremendous. Diania Alsager says, “The Sleep Disorders Center makes a tremendous difference in many people’s lives. The irony is that most of our patients, like Mr. Galaska, have no idea what their problem is until they come to see us. They frequently have all sorts of excuses about why they’re sleepy. Usually it’s some dramatic incident like a spouse moving out of the bedroom that ultimately causes them to seek..."
"We've seen marriages go sour and people lose job after job because their sleepiness had led them to be inattentive and to make poor business decisions. People with sleep apnea may be depressed, irritable, forgetful, lose their sex drive—and yet they still may deny that they have a problem."

—Dr Michael Katzoff

help. One man finally realized he had a problem when his family made him sleep outside in a camper and then the neighbors started complaining about his snoring.

Robert Du Pont, 72, is a typical patient. Before he visited the Sleep Disorders Center in January of 1989, he says, “I didn’t even know how much trouble I was in, though I was tired all the time. My daughter heard me snoring during a nap and noticed that I stopped breathing during my sleep. At the Sleep Disorders Center I had a sleep study done and I learned I was waking up all the time. I was not getting out of the first stage of sleep. Since I started using the CPAP machine, I have more energy than I’ve had in years.”

Diania Alsager emphasizes, “When we try the CPAP machine on a person with disturbed sleep, the patient often feels better right away. The transformation can be very dramatic. It’s one of the few treatments in the medical field where a patient gets immediate relief and we get the satisfaction of knowing we’ve really made a difference in that person’s life.”

The Sleep Disorders Center sponsors support groups for patients with sleep apnea or narcolepsy. Diania points out, “Most of our patients feel so good that they want to tell others how well they feel. Our support groups are really proactive in their attempts to educate others about sleep disorders.”

Joseph Galaska is one of the Sleep Disorder Center’s strongest supporters. He remembers that he was so relieved when he tried out the CPAP machine during his sleep study that he started using it right away. He says, “I’ve been using it ever since. Now I go to bed at 10 o’clock and get a good eight hours of sleep. I don’t snore. I wake up rested. I don’t even take naps anymore.”

Most importantly, however, Galaska adds, “And I’ve never played such a good game of golf.”

Diania Alsager shows a patient how to use the Nasal CPAP to improve her breathing during sleep.
With this issue, The Spirit of St. Luke’s is adding a feature which will provide health advice for our readers. Each issue will cover a different topic related to your good health. We welcome your ideas and suggestions about topics you would like to see covered.

There’s something about summer which brings out the “healthy” in most of us—especially in the Midwest. The weather is balmy. Our spirits are up. Exercise options are endless. And fresh fruits and vegetables are abundant. This time of year, when healthy foods are at their peak, is the time to start a year-long habit of eating more fruits and vegetables. By doing this, you will not only add color, flavor, and variety to your meals, but you will also be giving your health a boost.

Both fruits and vegetables are especially good choices if you are trying to lose weight and eat nutritiously. With an average of only 60 calories per serving, many fruits are wonderful alternatives for desserts or snacks. Most vegetables have only 25 calories for each one-half cup cooked or one cup raw, making them great low-calorie choices as fillers during or between meals.

Much research points to the relationship of fruits and vegetables to lowering cholesterol levels and preventing certain types of cancer. Many fruits and vegetables are rich in Vitamin C and A, and in beta carotene which may reduce the risk of certain cancers. Dark green leafy vegetables such as broccoli and spinach; red, yellow, and

Summer’s bounty: good for you and tasty, too!

Refreshing Fruit Bowl

**Salad**
- 2 c. fresh strawberries, halved
- 1 c. fresh blueberries, rinsed
- 2 kiwi, peeled and sliced
- 1 (20 oz.) can pineapple chunks, drained, reserving liquid

**Dressing**
- 1/4 c. reserved pineapple liquid
- 1 T. red wine vinegar
- 1 T. honey
- 1/4 t. poppy seed

In large bowl, combine all salad ingredients. In jar with tight-fitting lid, combine all dressing ingredients; shake well. Pour dressing over salad mixture; toss gently to coat.

Makes 10 (1/2-cup) servings.
orange vegetables and fruits such as cantaloupe, peaches, and carrots; and citrus fruits and juices are especially high in these nutrients. In addition, vegetables from the cabbage family (cruciferous vegetables) also appear to reduce cancer risk. These include broccoli, cabbage, cauliflower, brussel sprouts, kale and other greens.

To enhance the nutritional value of summer fruits and vegetables, pay close attention to selection, length of storage, and cooking methods. When choosing fresh produce, avoid those with soft spots or brown spots, mold, or off-color skin or leaves. Plan ahead—use ripe produce within one to two days of purchase. Freshness, flavor and nutritional value are best maintained when produce is of good quality and is used soon after purchase. In order to preserve nutritional value, try not to overcook vegetables. This will reduce both fiber content and nutritional value. Try steaming or stir-frying to prevent nutrients from being lost in cooking water.

Remember, fruits and vegetables can be served in many different ways—as a salad, appetizer, dessert, or as part of the main entree. Try the recipes presented here for some new ideas.

For more healthy recipe ideas, you may want to sign up for “Healthy Recipes” cooking classes at St. Luke’s. Call 649-6757 for more information.

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Roasted Summer Vegetables

1 red bell pepper, seeded and cut into strips
1 yellow bell pepper, seeded and cut into strips
2 red onions, peeled and cut into wedges
2 small summer squash, ends trimmed, cut into 1/2-inch-thick strips
2 small zucchini, ends trimmed, cut into 1/2-inch-thick strips
4 cloves garlic, peeled and thinly sliced
1 T. olive oil
1 T. chopped fresh oregano
2 T. chopped fresh parsley
1 T. balsamic vinegar

Preheat over to 425°. In a large bowl, toss together peppers, onions, squash, zucchini, garlic, olive oil, oregano, and salt and pepper. Spread the vegetables on a baking sheet or metal roasting pan and roast for 20 minutes, or until tender, stirring several times. Transfer to serving bowl and let cool slightly. Add parsley and vinegar and toss until mixed.

Serves 6.
Mr. and Mrs. Alfred U. Elser, Jr. were named Philanthropists of the Year by the St. Luke’s Philanthropists Club 1992 Dessert Gala. Brad Holmes, vice president of St. Luke’s Medical Center/Foundation, says, “The Elzers are very deserving of this honor. Their commitment and long-term support of St. Luke’s have made a tremendous difference in the lives of many patients.”

The Elzers grew up in Milwaukee, but live in Greenwich, Connecticut, close to IBM’s marketing headquarters in White Plains, New York, where Mr. Elser works. They became involved with St. Luke’s when Mr. Elser’s mother, who lived in Milwaukee, became ill with lung cancer in 1982. After her mother’s surgery, the Elzers met Dr. John Hanson, a medical oncologist from St. Luke’s, who planned her follow-up care, including chemotherapy. Though she did well for a while, the cancer eventually recurred and she passed away at the end of 1983.

Mr. Elser remembers, “Dr. Hanson was marvelous to us during that difficult period. We fought the cancer very hard for a year. Dr. Hanson helped us do everything possible to save my mother. He even arranged for us to take her records to Washington, D.C. for a meeting with Dr. Steven Rosenberg.” (Dr. Rosenberg is a nationally recognized expert on the latest cancer research and is a top research director of the National Cancer Institute.)

Mr. Elser continues, “This was the first time fatal cancer had struck anyone in our immediate families. As a result, we wanted to do something to help combat cancer in the future. At that time, Dr. Hanson was in the very early stages of developing a state-of-the-art cancer research and clinical trial program called the Immunotherapy Program. We helped him establish a lab for that program and have continued to be supportive of these important research efforts since that time.

“I’d also like to emphasize that I’ve had significant support from my company, IBM, which has a two-to-one matching program. This means that every gift I’ve contributed has actually been tripled. I wish more companies would do this.

“We’ve stayed in touch with Dr. Hanson and St. Luke’s. My father-in-law, who lives in Milwaukee, has had some serious heart problems and has been at St. Luke’s several times for surgery and evaluation. My wife’s parents, Mr. and Mrs. Lewis Weiner, have also been supportive of St. Luke’s.

“We feel very honored to receive this award. We appreciate the recognition of our family’s support, but I’m especially appreciative of the care and support we’ve received from St. Luke’s—for both my mother and my wife’s father. In fact, my father-in-law has stated on many occasions, that he didn’t feel he would be here without the special care he received at St. Luke’s.”
The Spirit of St. Luke's

The Gift Programs of St. Luke's Medical Center/Foundation

January through May, 1992

Congratulations and thanks are extended to those whose names follow for sharing their resources. We salute them for their compassion and sense of community.

CIRCLE OF BENEFACTORS

Benefactors encourage the perpetuation of the highest standards of patient care and compassionate concern for all who turn to St. Luke's Medical Center for their health care needs. Through their interest and philanthropic support of $5,000 or more, members enable St. Luke's Medical Center to remain in the forefront of modern technology and provide quality health care to all in need.

Estate of Leonard L. Bartell
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St. Luke's Philanthropists Club is an honorary membership organization established as a special way of expressing our appreciation to individuals who support the mission of St. Luke's Medical Center with a gift of $100 or more within a calendar year.

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Note: Many of the photos on the following pages were taken at the St. Luke's Philanthropists Club 1992 Recognition Dinner Gala.

Every gift is like a precious gem

Annual participation in the St. Luke's Philanthropists Club is designated at the following levels:

Garnet: $100
Emerald: $150
Ruby: $250
Crystal: $500
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For information on the increasing benefits associated with each level, contact the St. Luke's Medical Center/Foundation Office at (414) 649-7122.

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For the gift without the giver is bare."
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Start an epidemic!”

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—Unknown

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"Thoughtful giving begins with thoughts on giving."
—Arthur Frantzreb

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By all the means you can,
In all the ways you can,
In all the places you can,
At all the times you can,
To all the people you can,
As long as you ever can."

—John Wesley

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