

Pullout  
Healthcare  
Calendar  
Inside!

Summer 1999

# LAHEY CLINIC

*Health Magazine*



Asthma  
Center

Living  
with Crohn's Disease

Comprehensive Care  
for Breast Cancer

Interventional  
Cardiology

Solutions for Fecal  
Incontinence

Sports Medicine:  
*Keeping  
Athletes  
Active*

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Lahey Clinic Health Magazine provides general health information. It is not intended to provide medical advice. Medical advice should be obtained directly from a physician.

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Lahey Clinic offers you the best of both worlds — top-quality primary care in more than 35 communities throughout Massachusetts and superb specialty services at Lahey Clinic Medical Center in Burlington, Lahey Clinic Northshore in Peabody and at our new Lahey Lexington site.

Lahey clinicians provide primary care services for adults and children at both the Burlington and Peabody medical centers and at physician practices ranging in location from Lahey Beverly on the North Shore to Lahey Leominster in Boston's far western suburbs. (For a directory of Lahey sites, see the reverse side of the Healthcare Calendar inside the back cover.)

At Lahey Clinic Medical Center and Lahey Clinic Northshore, 300 physicians and 3,000 nurses, therapists, technologists and other staff provide care in virtually every specialty and subspecialty of medicine, from allergies to cancer care to heart disease.

Anyone with a health concern can become a Lahey patient simply by calling and making an appointment. If you're in a managed care plan, you can select a Lahey primary care physician; most insurance plans allow you to change primary care providers throughout the year. If you're an HMO member who wants to see a Lahey specialist, you can make an appointment upon referral from a primary care physician. Check your health plan's coverage guidelines.

We accept all traditional insurance plans, the plans of Harvard Pilgrim Health Care, HMO Blue, Tufts Health Plans, First Seniority, Secure Horizons and more than 35 other health insurance and managed care plans.

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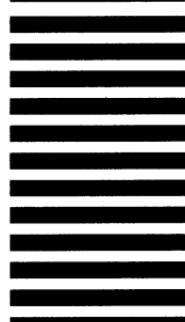
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# Sports Medicine

## Keeping Athletes in Action



Patients treated in Lahey Clinic's Sports Medicine program come in many sizes, shapes and needs:

- A young gymnast with a fractured heel — and gold and Wheaties boxes in her dreams
- A middle-aged man with a sore knee who feels his every-other-day jogs are essential to his sense of well-being
- High school football players with fractures, strains and aches that result from 250-pound bodies crashing into each other
- A retired ballerina with foot pain who continues dancing every day
- A bobsledder with a stress fracture who is anxious to start training for the coming season
- A father whose shoulder injury was keeping him from sharing in his young children's baseball and tennis activities

For the patients, physicians and therapists who focus on athletic injury and performance, sports medicine is as much a state-of-mind as it is a medical and surgical specialty.

The techniques and technologies associated with sports medicine are as likely to be used by orthopaedic surgeons in non-sports settings as for athletes, but in sports medicine the patients tend to come with definitive motivation. Injured

athletes are as likely to be concerned about losing momentum in training, or the opportunity to compete, or the satisfaction of working out, as about the injury itself. And sports medicine practitioners are committed to helping athletes return to their activities as quickly and safely as possible.

"It can be double-edged," says Lahey sports medicine physician Richard M. Wilk, MD. "Some patients are so anxious to get back to their sport that they don't want to take the time to recover properly. Our role is to achieve a balance that allows them to return to activity quickly — with a good outcome."

Four of Lahey's 15 orthopaedic surgeons specialize in sports medicine — Wilk, Mark J. Lemos, MD; Paul M. Smiley, MD; and Robert S. Waskowitz, MD; a fifth, David J. Fehnel, MD, will join the Lahey staff later this year. While these orthopaedic surgeons concentrate on sports medicine, they're also very likely to see non-athletic patients with

knee problems, shoulder pain, overuse injuries and a wide range of other musculoskeletal issues.

This means that the knee and shoulder reconstructions that attract public attention when performed on a star hockey player are just as applicable to a school teacher who has injured her shoulder slipping on ice getting out of her car. Or that the rehabilitation regimen a physical therapist uses to bring a marathoner back from a bout with tendonitis may be paralleled by treatments for a computer programmer who's developed an overuse injury at his keyboard. And, it means that all may benefit from training to change the body movements that brought on the problem in the first place.

"Sometimes," says Lemos, "techniques may be developed with the urgency of sports medicine in mind, but those same capabilities — and commitment to aggressive treatment and recovery — are transferred to non-sports patients, as well."

He cites the evolution of casting — that is, using casts to stabilize injured limbs — as an example. "Lahey has a Cast Room," Lemos notes, "but 70 percent of what's done in it today has more to do with bracing, taping and orthotics than with traditional casts. There are a lot of things we've learned to do in terms of bracing that let athletes participate in

**Lahey's sports medicine program brings together the expertise of orthopaedic surgeons and physical therapists who are trained and experienced in diagnosing and treating sports injuries. Here, Sharon Cohen, MS, PT, and Richard M. Wilk, MD, evaluate shoulder pain.**



## Orthopaedic Specialties

"The Lahey Clinic Department of Orthopaedic Surgery has been developed into several subspecialties that represent centers of excellence and special expertise in musculoskeletal conditions," says William L. Healy, MD, chair of the department. "It's not surprising that sports medicine evolved as a subspecialty in orthopaedic surgery.

"Sports medicine is one of the most popular orthopaedic subspecialties," he adds. "This reflects the fact that we have a patient population that is very concerned with activity and fitness, and this population is aging. As we develop improved methods of treatment in orthopaedics and sports medicine, we can offer better care and service to our patients."

The non-sports patient may not feel the same sense of urgency as the athlete, Healy says, but the philosophy that sports medicine represents — the emphasis on safely returning the patient to activity as quickly as possible — is basic to all orthopaedic practices.

Other subspecialties in the Lahey Clinic Department of Orthopaedic Surgery include:

**Joint Replacement Surgery** — Lahey orthopaedic surgeons are experts at reconstructing hips, knees, shoulders and other joints



William L. Healy, MD

that have been damaged by injury, arthritis and other musculoskeletal diseases. The goal of joint replacement surgery is to relieve pain and restore joint function.

**Foot and Ankle Services** — Lahey offers expertise in diagnosis and treatment of foot and ankle disorders ranging from acute fractures to bunions, hammertoes, flat feet and diabetic feet. Lahey foot and ankle specialists treat patients of all ages.

**Spine Surgery** — Spine care and spine surgery are provided at Lahey Clinic by the departments of orthopaedic surgery, neurosurgery and physical therapy. Lahey Clinic spine surgeons can treat herniated discs, spinal stenosis, spine fractures and scoliosis, utilizing the latest surgical and non-surgical treatment techniques.

**Trauma Surgery** — Working as part of Lahey's Trauma Center team, the orthopaedic traumatologist repairs and reconstructs damage to the musculoskeletal system.

### Section of Hand Surgery

Hand surgery is a surgical specialty that treats disorders of the hand and wrist as well as nerve disorders of the upper extremities, including trauma, rheumatoid and osteoarthritis, carpal tunnel and other nerve compression syndromes, Dupuytren's contraction, fractures, nerve and tendon repair, ligament injuries, tumors of the skin and bone, and wrist and elbow arthroscopy. Orthopaedic Surgery's Section of Hand Surgery has three hand surgeons who have special training and experience in this field. Lahey hand surgeons practice at Lahey Clinic Medical Center in Burlington, Lahey Clinic Northshore in Peabody, Lahey Lexington and Symmes Hospital in Arlington.

## Surgical Advances Meeting a Kneed

"One of the most exciting advances in orthopaedic surgery," says Lahey Clinic sports medicine specialist Mark J. Lemos, MD, "involves implanting cartilage to repair problems in the knee."

**Meniscal allograft reconstruction** involves transplanting meniscal cartilage tissue from a donor to replace absent meniscal cartilage. The meniscus is a cartilage structure that acts like a shock absorber and stabilizer between the femur (thigh bone) and the tibia (shin bone) in the knee joint. A meniscus tear can result from a twisting injury to the knee, leading to pain, swelling and, occasionally, locking. An arthroscope — a small telescope-like instrument — is used to trim or repair a torn meniscus. In the

some level of activity, and, obviously, these capabilities are useful for all patients with musculoskeletal problems."

Just as bracing may be used to support an athlete while he or she competes on a limited basis, so cross-training — having the athlete engage in other physical activities to maintain fitness while recuperating from his or her primary sport's injury — is also an important element of sports medicine rehabilitation.

"A marathon runner with, say, Achilles tendonitis can still bike or swim or even run in place in a pool," Wilk notes. "It's a way of staying in shape and focusing on elements of skill and strength without interfering with recovery from the injury."



### Lahey Clinic Sports Medicine Road Race Sunday, September 12, 9 am

5K and 10K courses begin and end at Lahey Clinic Medical Center in Burlington. Registration is \$10 in advance, \$12 on race day. Proceeds benefit the Sports Medicine Research and Education Fund at Lahey Clinic. T-shirts will be available to the first 400 registrants. To register, call 781-744-8257. Or register at [www.lahey.org/sportsmed/](http://www.lahey.org/sportsmed/)



past, however, removal of the entire meniscus often led to the development of arthritis at an early age.

"For the past several years," Lemos says, "we have been successful at transplanting meniscus tissue from a donor into knees in which the meniscus has been previously removed. This procedure is performed with an arthroscope, resulting in less pain, a greater capability for activity, and a delay in any development of arthritis."

Articular cartilage damage can also be repaired at Lahey Clinic. "The ends of the long bones in the body," notes Richard M. Wilk, MD, "are covered with articular cartilage, a very smooth, firm surface that allows joints to move freely with very little friction. Damage to the articular cartilage of a joint can lead to arthritis. In the knee joint, two procedures to treat this difficult problem have been developed."

In a procedure called **autologous chondrocyte implantation**, an arthroscope is used to remove a small piece of the joint cartilage from the knee. This cartilage is sent to a specialized biotechnology lab, where the tissue is cultured to grow into millions of new cartilage cells for transplantation back into the knee during a second operation. "The cells mature into new articular cartilage over a period of nine to 12 months," Wilk notes.

Another procedure to repair articular damage is **osteochondral plug transplantation**, which involves transplanting a circular plug of bone and cartilage from an unaffected area of the joint to the damaged area. The plug heals in six to 12 weeks.

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**At the new Orthopaedics and Sports Medicine Center at Lahey Lexington, orthopaedic surgeon Mark J. Lemos, MD, studies X-rays of a knee. Orthopaedic and sports medicine services are also available at Lahey Clinic Medical Center in Burlington, Lahey Clinic Northshore in Peabody and Symmes Hospital in Arlington.**

**Lahey's Department of Orthopaedic Surgery includes 15 physicians providing services at four locations throughout eastern Massachusetts, including the new Orthopaedic and Sports Medicine Center at Lahey Lexington.**

**For appointments, call:**  
**Lahey Clinic Medical Center at Burlington**  
**781-744-8997**  
**Lahey Clinic Northshore at Peabody**  
**978-977-6336**  
**Symmes Hospital at Arlington**  
**781-641-7693**  
**Lahey Lexington — 781-372-7020**

**For more information about services, see our web page at [www.lahey.org/ortho/](http://www.lahey.org/ortho/)**



## **Physical Therapy: A Program for Each Individual**

Sports patients can come to Lahey's physical therapy departments from many venues — the skier who twists a knee, breaks a bone or tears a ligament, the marathoner with an overuse injury such as Achilles tendonitis, the tennis player with forearm soreness from using the wrong racquet, the beginning runner whose body feels more stress from wearing the wrong shoes.

Serious athletes and "weekend warriors" are far from the only patients seen in Lahey's physical therapy service; the Lahey staff is highly experienced in the full range of musculoskeletal and neuromuscular disorders — whether joint, spinal or neurological. They see patients of all ages and needs upon referral by a physician.

"There are many ways to develop a training program," says Sharon Cohen, MS, PT, who heads Lahey's new physical therapy service at the Lahey Lexington medical facility just off Route 2. "The therapy has to fit the nature of patients' pain, the equipment available to them, and their lifestyles. The issue is to develop a program that will be effective for each individual."

"This has always been the philosophy of the physical therapy service at Lahey Clinic," notes Linnea Briand, MEd, PT, Manager of Rehabilitation Services for Lahey. "With the opening of Lahey Lexington, we're able to extend this skill to the western suburbs as well as at Lahey Clinic Medical Center in Burlington and Lahey Clinic Northshore in Peabody."

Physical therapy's floor space may be filled with parallel bars, dumbbells, treadmills, giant rubber balls and a myriad of other devices, but often-as-not the therapy has to be something patients can do at home or on the road.

"We do have patients who come in several times a week for on-site therapy, and in that case Lexington has an advantage for patients," Cohen notes. "The building is very convenient to the highway, parking is very accessible and it's easy to get in and out of for people with busy lifestyles."

She adds, however, "What we do most often here is concentrate on teaching exercises and skills that patients can carry out on their own." These may be patients who have experienced acute injuries, such as



**At Lahey Lexington's Physical Therapy Department, Lynn Troy, MS, PT, uses a BAPS (biomechanical ankle platform system) to work on a patient's balance and coordination following an ankle injury.**

fractures or tears in cartilage or ligaments, or those with tendonitis that results from overuse injuries.

"In post-surgical cases, such as a knee reconstruction," Cohen notes, "we would concentrate on helping patients get their strength and coordination back to normal as they regain their maneuverability."

Overuse injuries usually reflect one of several origins, she says. It could be a training error — a bad running technique, for example, that hopefully can be modified. Or it could be an equipment problem — usually, for runners, the shoes they wear. Or it could simply be that their bodies aren't built for the sport that they want to pursue. "Realistically," she says, "sometimes the only thing you can say to patients is that they have no alternative except to end the activity, or to change to something new."

Cohen adds, "If the therapy's goal is to strengthen someone's quadriceps (the muscles in the front of the thigh), there are 50 ways to do it, depending on the patient." Some may only want to go to a health club and work out on machines there, she suggests. Others might use rolls of pennies as weights for exercise at home. People who travel may take large elastic bands, similar to bungee cords, with varying resistance levels, for exercises on the road. Patients with arthritis in their knee might do better in a swimming pool.

"We can't change the arthritis," she says, "but we can help them deal with the stiffness by teaching exercises that stretch and strengthen the muscles to take the stress off the joint."

# Breast Cancer

## Comprehensive Services, Streamlined Care



Teresa Lana Forsyth knew she was potentially at risk for breast cancer simply because she was a woman in her late 50s. So she dutifully had a mammogram and clinical breast exam every year and performed a breast self-exam every month.

Her vigilance paid off when, in January, she discovered a lump in her breast. "I found it in the middle of the night and hardly slept a wink," recalls the soft-spoken Peabody resident. "I was so relieved when I called Lahey the next morning and was told to come in immediately."

Forsyth was seen in the Breast Center at Lahey Clinic Northshore by surgical oncologist Kevin S. Hughes, MD, the center's director. That very day, he performed a quick office procedure called a fine-needle aspiration. Lab tests revealed that Forsyth's lump was malignant. "My first reaction was shock," says Forsyth. "Then, I wanted to know what my options were." After discussions with the Lahey breast team, which took place in a single visit and included Hughes, a radiation oncologist, a medical oncologist, and a social worker, Forsyth decided to undergo preoperative chemotherapy (treatment with anticancer drugs) followed by a lumpectomy. "I won't say this has been easy," admits Forsyth, who had a lumpectomy in May, "but I'm very relieved I didn't have to have a mastectomy." In fact, Lahey's Breast Center has one of the highest breast-conservation rates in Massachusetts, with 80 percent of patients having lumpectomies, compared to about 50 percent nationwide.

### Significant improvements

Forsyth is one of about 179,000 American women who, each year, learn they have breast cancer. Although the disease claims more than 43,000 lives annually, the treatment for breast cancer

has improved significantly in recent years, resulting in less-disfiguring and less-toxic treatments, better outcomes, and improved quality of life. In addition, methods of detecting breast cancer early, when treatments are far more effective, have greatly improved.

The approach to care has also changed for the better. "Today, the treatment of breast cancer involves many specialists: medical oncologists, surgical oncologists, radiation oncologists, social workers, plastic and reconstructive surgeons, radiologists and pathologists," says Hughes. "At the Breast Center, we bring this team together in one setting so that care is

streamlined and tailored to each woman's individual needs."

### Three clinics

The Breast Center, which is located at Lahey Clinic Northshore and Lahey Clinic Medical Center, is divided into three clinics: a Risk Assessment Clinic for women concerned about their chances of developing breast or ovarian cancer (the two are sometimes related); the Breast Problem Clinic for women with lumps, abnormal mammograms, discharge or pain; and the Breast Cancer Treatment Center, for women who have been diagnosed with the disease.

According to Constance Roche, MSN, RN, CS, the Risk Assessment

**"At the Breast Center, physicians work collaboratively so that care is well-coordinated, sparing women the inconvenience, anxiety and treatment delays that can occur with a less cohesive approach," says Kevin S. Hughes, MD, director of Lahey Clinic's Breast Center.**



## *Tamoxifen and Raloxifene Breast Cancer Prevention Trial*

In keeping with Lahey's commitment to research, the Breast Center has joined in one of the largest breast cancer prevention trials ever undertaken — the Study of Tamoxifen and Raloxifene (STAR). Recently, Lahey participated in a study of over 13,000 women that showed those at high risk for developing breast cancer who took tamoxifen (Nolvadex) were only about half as likely to develop the disease as those who took a placebo — a substance that looks like the drug being tested, but has no active ingredients. In an unrelated study that evaluated the ability of raloxifene (Evista) to prevent and treat osteoporosis, raloxifene was shown to reduce the incidence of breast cancer. "To clarify

its potential, we need to have a clinical trial in which the risks and benefits of raloxifene are directly compared with those of tamoxifen," says Kevin S. Hughes, MD, director of Lahey's Breast Center. "Being directly involved in this type of research enables us to offer our patients the most advanced methods in breast cancer prevention and treatment." To participate in the five-year-study, women must be post-menopausal (and at least age 35) and have an increased risk of breast cancer as determined by their age, medical history and family history of breast cancer. For more information about STAR, call 781-744-2925 at Lahey Clinic.



**6**

Clinic provides information and education for women concerned about their risk for breast and ovarian cancer. "Many women perceive their risk to be higher than it really is," points out Roche, "so often one of our important roles is to provide reassurance."

For women who are found to be at increased risk, the clinic provides counseling to help them manage their risk. For breast cancer, this could entail earlier, more frequent mammograms; genetic testing when it might be useful; and lifestyle changes. "With regard to ovarian cancer," says Anne P. Shapter, MD, gynecologic oncologist at Lahey Clinic Medical Center, "recommendations might include more frequent pelvic examinations, imaging with ultrasound, prophylactic surgery and, when appropriate, genetic testing."

**"Our goal is to get women with breast and ovarian cancer into treatment as early as possible, when it is most effective," says Constance Roche, MSN, RN, CS, of Lahey's Risk Assessment Clinic.**

### **Breast-conserving surgery**

A generation ago, virtually every woman with breast cancer typically underwent a mastectomy, in which the entire breast and most of the underarm lymph nodes are removed. Today, increasing numbers of women are candidates for a lumpectomy, in which only the tumor and a margin of surrounding tissue is removed, followed by radiation therapy.

"Many long-term studies show that lumpectomy plus radiation provide the same survival rate as mastectomy," says radiation oncologist Herbert H. Leventhal, MD, director of Radiation Services, Lahey Clinic Northshore.

### **New role for chemotherapy**

Medical oncologist Todd D. Shuster, MD, explains that chemotherapy, a



## *Improved Technologies Aid in Diagnosis*



**The Breast Center's multidisciplinary team at Lahey Clinic Medical Center in Burlington includes (left to right) social worker Pamela Reznick, LICSW; surgical oncologist Kevin S. Hughes, MD; radiation oncologist, Lyubov Girshovich, MD; and medical oncologist Joyce A. McCaffrey, MD.**

so-called "systemic" treatment because it targets microscopic cancer cells throughout the entire body, is given in addition to surgery and radiation therapy when there is a reasonable risk that the cancer may recur. Shuster adds that chemotherapy is also now being used prior to surgery not only to reduce tumor size so that lumpectomy can be performed, but also to destroy cancer cells before they become resistant. This early chemotherapy enables physicians to determine — before the cancer has had a chance to spread — if the tumor is responding to the specific anticancer drugs being used. If not, the drugs can be changed or adjusted.

### **Breast reconstruction achieves natural results**

For women who must have a mastectomy, the days when the only option was a prosthesis and high necklines are long gone. "During the mastectomy, we can reconstruct a natural-looking breast

using tissue taken from the woman's abdomen," says Lahey Clinic plastic and reconstructive surgeon Timothy M. Whitney, MD. "While women can still choose to have a saline-filled implant, the trend now is for women to have immediate reconstruction with their own tissue," says Whitney. He emphasizes that breast reconstruction can be done at any time, however, even decades following mastectomy, and that it does not interfere with postsurgical treatment or the ability to detect future breast abnormalities or cancer recurrences.

*For an appointment at the Breast Center or Risk Assessment Clinic at Lahey Clinic Northshore in Peabody, call 978-538-4989. For an appointment at the Breast Center at Lahey Clinic Medical Center in Burlington, call 781-744-8040. For more information about the Breast Center, see our website at [www.familycancer.org](http://www.familycancer.org)*

### **Core Biopsy**

At the Breast Center, women whose mammograms show a suspicious mass but whose tumors cannot be felt (roughly one-third of patients, an indication of the center's high early-detection rate) may undergo an "image-guided biopsy." Using ultrasound or stereotactic mammography, a new type of mammography that allows physicians to locate the tumor in three dimensions instead of two, physicians can place the needle precisely into the tumor to obtain a sample for biopsy.

### **Mammotome**

Lahey's Breast Center in Burlington now offers an improved, minimally invasive diagnostic procedure, called the Mammotome. "The advantage of the Mammotome," explains radiologist Carolyn G. Dedrick, MD, "is that multiple samples can be taken during one insertion of the biopsy device. This allows us to make an accurate diagnosis with a tiny incision in the skin." During the Mammotome biopsy, stereotactic (angled) X-rays are taken and the images are fed into a computer to help the physician guide the biopsy device into the suspicious area. Once the device is in position, a vacuum system gently draws tissue into the chamber and a rotating device cuts a small tissue sample. The device is rotated to the next position and another sample is removed. After all suspicious areas have been thoroughly sampled, the device is removed and the patient is discharged after a minimal observation period.

# Crohn's Disease

## Customized Care for an Active Life



Karen Keelan is proof positive it is possible to live a happy, productive life with Crohn's Disease. When severe intestinal inflammation aborted a vacation to Florida, the Norwood, Mass., resident sent postcards bearing a photograph of Lahey Clinic Medical Center to her workplace, likening her stay in the hospital to a trip on a Carnival Cruise. "If you could see me now..." she wrote. Fed through an IV tube, she added, "Food is great. Eat 24 hours a day!"

Diagnosed with the inflammatory bowel disease at the age of 12, Keelan, now 32, has weathered literally countless bouts of severe abdominal pain, dehydration and weight loss, five surgeries in

the past 10 years, and an ileostomy — the removal of her rectum and colon. Yet she has maintained her sense of humor and positive outlook on life.

"She has a great attitude," says Lahey gastroenterologist Andrew S. Warner, MD. "Even though Crohn's can be a difficult disease, patients can respond very well to treatment and have long, productive lives."

Crohn's Disease is a chronic inflammation of the gastrointestinal tract, primarily of the lower part of the small intestine — or ileum — and the colon. The painful inflammation causes the intestine to narrow and makes it extremely difficult to digest some foods. Neither stress nor diet play a role in

causing Crohn's (researchers are still trying to determine what does cause the disease), but both can exacerbate symptoms. Those with Crohn's experience abdominal pain, diarrhea, dehydration, often rapid weight loss, sometimes rectal bleeding. The disease can also be marked by abscesses and fistulas. The latter are unnatural channels that occur between the inflamed intestinal wall and other organs, and they cause considerable discomfort. For those with a milder form of the disease, episodes may be few and far between. For those at the other end of the spectrum, the symptoms are continuous.

### Individualized treatment

The trick with Crohn's Disease is to truly treat patients as individuals, explains Warner. The Lahey approach is team-directed, he says, involving a gastroenterologist, nutritionist, radiologist and surgeon. "We work together to take care of the patient." And that means tailoring treatment not only to the symptomatic needs of the patient, but upon quality-of-life issues. "We take into



**"Crohn's disease is a heterogeneous disease with myriad clinical manifestations," says colon and rectal surgeon Patricia L. Roberts, MD. "The surgical options depend on the disease location, severity of the disease and prior operative history."**



**Crohn's Disease can be difficult to diagnose, says gastroenterologist Andrew S. Warner, MD. "The first indications are abdominal pain and diarrhea. When there is also rapid weight loss and anemia, we start to suspect Crohn's Disease."**

account the age of the patient, whether they're in school, about to get married, planning to have children, or if they travel frequently.

"He goes the extra mile," Keelan says of Warner, who has been her physician since 1993. "He doesn't just go by the book. He's always willing to try something else."

#### Surgery a last resort

Doctors prefer to treat the symptoms with medications, at least initially, and perform surgery "only as a last resort," Warner says. Surgery is no cure, however. Once one section of the intestine has been removed, other sections eventually become diseased as well, but the surgery can provide real relief for an extended period of time. Anti-inflammatory medications and steroids — typically prednisone — can be extremely effective. In addition, doctors can prescribe immunosuppressive medications to calm what they believe is an unregulated and overactive immune system, which, they postulate, may be causing the inflammation to occur. And the newest weapon in the war against Crohn's is Remicade, a monoclonal antibody (see sidebar).

Some patients with Crohn's need to give their intestines a complete rest from time to time and are fed intravenously, sometimes for a period of months. The equipment for TPN (total parenteral nutrition) has evolved dramatically in the past decade and is now portable. Patients are taught how to hook themselves up to be fed while they sleep.

Keelan says TPN is easy, but when she's on it, she misses the actual process of eating. "I wasn't hungry because I was getting all those nutrients, but sometimes I made brownies just to have the smell in the house," she laughs.

And she credits the disease with endowing her with more compassion for others, with a greater appreciation of every good day. "People say, 'Oh no, it's raining outside.' And I want to say, 'Yes, but listen to the beautiful sound it makes.'"

*For an appointment in the Section of Gastroenterology at Lahey Clinic Medical Center, call 781-744-3250.*

## New Treatment for Crohn's Disease

While medical researchers remain unsure of the cause of Crohn's Disease, they have concluded that the intestinal inflammation that marks the disease may be caused by a specific type of molecule, TNF Alpha, or TNF for short, says Lahey Clinic gastroenterologist Andrew S. Warner, MD.

Warner has been involved in two clinical trials of a new medication called Remicade, recently approved by the Federal Food and Drug Administration (FDA), and the first medication approved specifically for patients with Crohn's Disease.

"TNF seems to be the cornerstone for inflammation," Warner says. "When TNF is activated, it starts an inflammatory cascade. Remicade is a monoclonal antibody that directly targets and neutralizes TNF so that it can no longer cause inflammation."

Because little is known about its long-term safety, the FDA has approved the drug only for those with moderate to severe Crohn's Disease, or with fistulas, and only after conventional medicines have failed. The two international studies combined used 199 patients, which is not considered a large sample, Warner says.

At the FDA-recommended dose, Remicade is effective for 80 percent of patients, although just 50 percent of those with fistulas improve. Remicade is administered intravenously on an outpatient basis. The therapy, on average, is effective for three to four months, although some patients report improvement for up to a year.

# Interventional Cardiology

## *The Heart of the Matter*



Every 29 seconds. That's how often, according to the American Heart Association, someone in the United States suffers a coronary event. In the last 17 years the number of cardiovascular procedures has increased 355 percent — due in large part to early detection and advances in cardiovascular procedures.

With 1,400 procedures in 1998, Lahey's interventional cardiovascular medicine service is the largest such program in the Boston area. Lahey's service offers an array of diagnostic and treatment techniques, including cardiac catheterization, balloon angioplasty and stenting (the use of tiny metal mesh

tubes to keep narrowed channels open), and atherectomy (widening narrowed arteries with a rotating "burr" device). Currently in clinical trials at Lahey Clinic is a laser technique for relieving the pain of angina by opening new channels for blood flow in the heart.

An emphasis on achieving quality outcomes is an important part of Lahey's interventional cardiology program, which has been ranked as one of Boston's best in terms of outcomes for interventional cardiac procedures.

"Our department takes a holistic approach to treatment," says Andrew C. Eisenhauer, MD, director of the Lahey interventional cardiology program. "It is the strength of our program and what sets us apart from many other cardiovascular centers in New England. We do not just do cardiac procedures — we make it a point to understand each patient's health goals and develop a treatment plan specifically for their entire cardiovascular system."

### Cardiac catheterization

Cardiac catheterization is central to interventional cardiovascular medicine and Lahey's Interventional Cardiovascular Medicine Laboratory is open 24 hours a day. "For patients suffering a heart attack, this is a critical advantage," says Eisenhauer. "We have an interventional cardiologist and team available at all times for diagnosis and treatment."

For diagnosis, cardiac catheterization is a common and reliable tool — so reliable in fact, that 1.2 million cardiac "caths" were done nationwide in 1996 alone. At Lahey, about 15 are done every day. This procedure, in which a thin plastic tube called a catheter is threaded to the heart, shows heart structure and function. The catheter is used to inject



**"Our cardiac catheterization laboratory is fully equipped to image vascular structures throughout the body and to provide innovative, minimally-invasive catheter-based therapy," says interventional cardiologist Andrew C. Eisenhauer, MD.**

## **Lahey Doctors First To Report Important Variation To Serious Heart Condition**

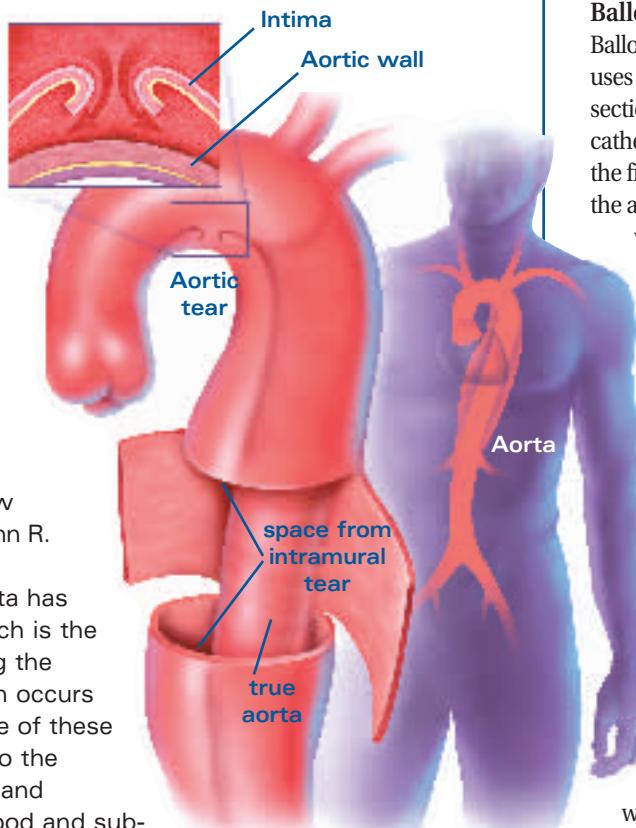
Doctors at Lahey Clinic Medical Center are the first in the country to publish a paper on the potentially fatal intimal tear without hematoma that can occur in patients with aortic dissections. The paper published in *Circulation*, was authored by Lars G. Svensson, MD, PhD, director, Center for Aortic Surgery and Marfan Clinic; and cardiologists Sherif B. Labib, MD; Andrew C. Eisenhauer, MD; and John R. Butterly, MD.

Like an onion, the aorta has many layers — one of which is the intima, or membrane lining the artery. An aortic dissection occurs when there is a tear in one of these layers and blood flows into the space between the layers and becomes trapped. This blood and subsequent clotting is called an intramural hematoma. Traditional imaging techniques such as CT and MRI have been greatly successful at uncovering an intimal tear with the presence of a hematoma.

However, Svensson and his colleagues discovered that in some cases, an intimal tear is present without the telltale hematoma. In a study of 181 consecutive patients, five percent of these patients had undiagnosed aortic dissections — even though all had undergone several imaging techniques. "The importance of this discovery is the understanding that imaging techniques may fail to detect an intimal tear," says Svensson.

Patients with this condition complain of a severe, stabbing pain in the front of their chest — typically after vigorous activity with a great deal of upper body movement. Approximately 40 percent of the 10,000 people each year in the United States who develop an aortic dissection die immediately from it.

To date more than 265 patients have been treated at Lahey for complex ascending and aortic arch disease, including aortic dissections. Explains Svensson, "These are some of the highest risk cardiac surgical procedures because they require lowering the patient's body temperature and stopping circulation in order to do the repair." The good news is that this complex surgery has a 98 percent survival rate. "We are one of only a few hospitals in the country that does this type of leading-edge surgery on a regular basis."



contrast material into the coronary arteries to determine the exact location of any blockages.

### **Balloon angioplasty**

Balloon angioplasty, introduced in 1977, uses a catheter to reach the obstructed section within the artery. Then a second catheter with a balloon tip is passed inside the first. The balloon is inflated to enlarge the artery and increase blood flow, after

which the device is deflated and removed. Nationally, approximately 650,000 angioplasties are done yearly and most work well.

### **Stent procedures**

A stent is a tiny expandable metal tube that is inserted like an angioplasty balloon catheter and moved into the area of the blockage within the artery. When it is deployed, the stent expands, locks in place and forms a rigid support to hold the artery open. The use of stents has become more and more common and, in 1996 alone, 177,000 stent procedures

were performed in the United States. About 80 percent of coronary procedures at Lahey Clinic involve stents.

### **Atherectomy**

When arteries are blocked with plaque — a build-up of cholesterol and other fatty substances — a procedure called high speed rotational atherectomy has been found to be beneficial in some cases. Approved by the Food and Drug Administration almost a decade ago, this procedure uses a rotating "burr" device on the end of a catheter. The catheter is threaded through the body to the blocked artery, and with the tip of the device rotating at close to 200,000 rpm, it grinds the plaque up into minute particles, which then pass harmlessly downstream.

Lahey's interventional cardiovascular program also includes intravascular ultrasound, vascular angiography, venography, balloon valvotomy, pulmonary embolectomy, and the treatment of atherosclerotic peripheral vascular disease, renal disease and extracranial cerebrovascular disease.

## **Laser Procedure For Treating Angina Now In Clinical Trials**

Lahey Clinic is taking part in clinical trials of a new catheter-based laser procedure being studied for its effectiveness in treating certain patients suffering from angina.

"Lahey Clinic is one of a few medical centers in New England involved in clinical trials for percutaneous transluminal myocardial revascularization, or PTMR," says interventional cardiologist Andrew C. Eisenhauer, MD. The procedure uses a laser to cut a series of channels in the heart muscle to increase blood flow.

"Although the channels created eventually heal and recede, the goal is to promote angiogenesis, the creation of new blood vessels," he says. "The hope is that improving blood flow in the heart will alleviate pain and allow patients to lead a more normal life."

Patients who qualify for the clinical trial have one artery blockage that can be treated with stents or balloon angioplasty and another blood vessel that is completely blocked. "If this technique proves to be successful, this type of patient may, in the future, be treated with minimally-invasive catheter-based therapy rather than open heart surgery," says Eisenhauer.

For more information about the protocol for the PTMR clinical trial, physicians can call 781-744-8254.



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**James Armstrong, PA-C discusses nutrition, exercise and other lifestyle issues with a recovering cardiac patient.**

"Lahey offers a comprehensive range of services for the diagnosis, medical, interventional and surgical treatment of cardiovascular disease," Eisenhauer notes. "In both our surgical and non-surgical areas, we have some of the best outcomes in the country, with some of the largest programs in the Boston area in terms of numbers of patients seen."

He adds, "With dozens of clinical research programs under way, including

participation in national trials, our commitment is to provide our patients with the most advanced, effective care possible."

*For information about cardiovascular services at Lahey Clinic, call 781-744-8730. For an appointment with the interventional cardiovascular service at Lahey Clinic, call 781-744-8245.*

# Taboo Topic, Real Solutions

## Fecal Incontinence



With the former presidential candidate on television talking about erectile dysfunction, and the intimate lives of national leaders the subject of common exposure, perhaps the only public-discussion taboo left is fecal incontinence.

"Which, in the case of fecal incontinence, is a shame, since there are actually positive steps that can be taken to deal with it," says David J. Schoetz, Jr., MD, Lahey's chair of colon and rectal surgery.

A study in Great Britain indicated that 13 in every 1,000 women over age 25 and five in every 1,000 men of the same age experience fecal incontinence problems. "This problem is much more common than is usually publicly acknowledged," he says. "This may be because the majority of people who are incontinent become housebound recluses, and their needs are not addressed." Most just resort to adult diapers and stay home. Depression and poor quality of life are a frequent result.

"The important fact is that there are a number of solutions available today," Schoetz says, "including dietary changes, biofeedback training, sphincter exercises, several simple surgical procedures to tighten muscles, and even the recent development of an artificial sphincter that the patient can control mechanically."

### Lahey's extensive capabilities

Lahey Clinic has extensive capabilities in testing for and treating this problem, Schoetz says. He cites the work of Lahey colon and rectal surgeon John A. Coller, MD, in inventing a state-of-the-art anal manometry system — a device used in Lahey's Pelvic Floor Laboratory to map muscle function in the anal sphincter.

And, he adds, Lahey is the only center in New England performing two new surgical procedures to restore function to badly injured sphincters.

"An incontinence problem can result from mechanical problems, such as childbirth, or injuries to the nerves that control the anal sphincter," Coller says, "or it may be less defined — the muscles may be intact but for some reason the individual has no control, or poor control. That's why testing is required to measure the muscular integrity to determine what therapies will be appropriate."

When fecal incontinence is discussed, it's often assumed that it's most

commonly a function of aging, he notes, but, actually, it's not a given that the anal sphincter becomes inadequate with age. The problem is usually due to something else that has occurred with aging, such as deterioration of muscle tissue.

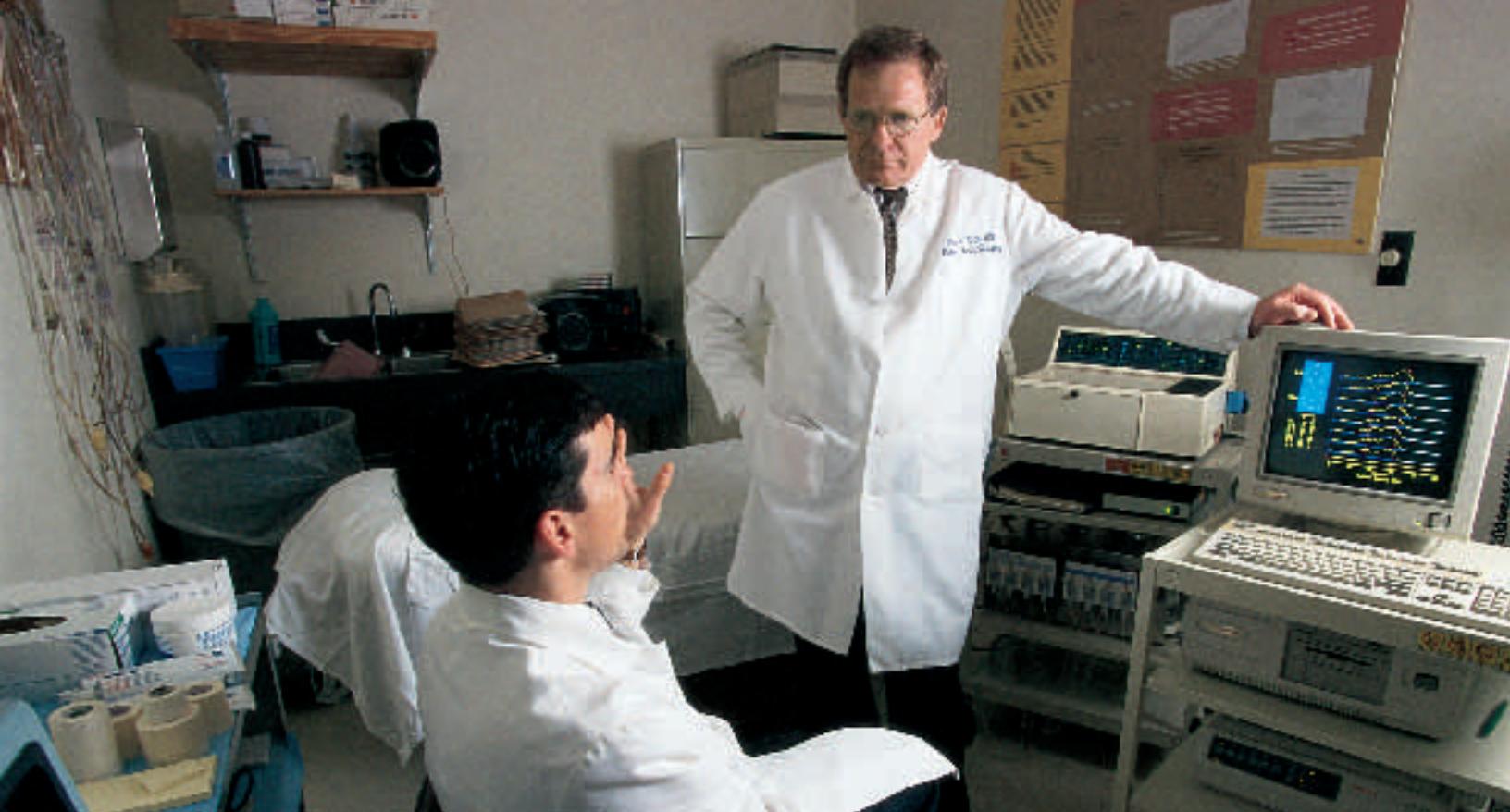
In fact, one of the most significant mechanical causes of fecal incontinence is the process of pregnancy. In the later stages, increased stretching of nerves leading to the perineum — the "floor" supporting the pelvis — can cause loss of control over the sphincter muscles. "Usually, this is temporary," Schoetz says, "but in some cases there is no recovery."

### A range of solutions

Child delivery itself can cause profound stretching of the whole perineum. "When this is recognized, it often can be repaired at the time of the delivery," he says, "but

**Some of the solutions to fecal incontinence are relatively simple, including dietary changes, biofeedback and muscle exercises, says David J. Schoetz, Jr., MD, chair of Lahey's Department of Colon and Rectal Surgery. Others are straightforward surgical procedures. Lahey is the only place in New England where two new surgical procedures, utilizing muscle grafts and artificial sphincters, are available.**





**In Lahey's Pelvic Floor Laboratory, Laboratory Manager Richard C. Barrett (seated) and colon and rectal surgeon John A. Coller, MD, discuss results of a test. Coller developed the anal manometry system whose computer screen graph details muscle function in the patient's anal sphincter.**

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sometimes the defect becomes apparent only later."

Solutions can vary with the cause and degree of the problem, Schoetz says. "When it's a minor problem, it often can be treated with dietary modifications — principally, additional fiber in the diet to increase the fiber content of the stool.

"Biofeedback can also be helpful," he says, "since people are sometimes unaware of which muscles they need to control to prevent inappropriate sphincter movements. As with any damaged muscle situation, people can learn to tighten different muscles through prescribed exercises."

Patients who don't respond to these noninvasive measures may require a surgical approach, particularly if there's a mechanical malfunction. "If several muscles have separated from each other, it's usually necessary — and simple — to reattach them," Coller says. "For appropriately selected patients, this has an 80 percent success rate.

"When there has been stretching of nerves but not a large tear in the muscle tissue (an injury that may take as long as 20 years to become apparent), the primary

solution involves surgically removing the torn edges — and any scar tissue present — and rejoining the muscles," he says. "Most frequently, this results in a satisfactory repair." Situations in which too little sphincter tissue has been left to work with (from traumatic injury in a traffic accident, for example) present less likelihood of success.

#### New surgical procedures

Two new and dramatic surgical solutions to fecal incontinence are in clinical trial stages, and offer great hope for more serious cases, Schoetz says.

Gracilis dynamic myoplasty involves taking a nonessential muscle from the leg to create a structure around the sphincter that can be controlled by the patient. Driven by a pacemaker controlled by a magnet and implanted in the abdominal wall, the sphincter can be opened and closed as needed, says Coller, who has performed eight of the procedures. "The hope is that it will prove to be a very effective way to control the anal canal," he says.

Implantation of an artificial sphincter is also being performed under

an investigational protocol. This system utilizes a silicone device that encircles the nonfunctioning sphincter and is inflated and deflated with fluid from a reservoir implanted in the abdomen. Inflation is controlled by a manually operated pump located in the scrotum in men and the labia in women. So far, two of these procedures have been performed at Lahey, which is one of 14 centers in North America approved for these clinical trials.

"Each offers advantages and disadvantages," Coller says. "For one thing, with the artificial sphincter, you're placing a foreign object within the body; the gracilis procedure does involve the pacemaker, but basically it relies on your own tissue. We're still evaluating."

*For an appointment in the Department of Colon and Rectal Surgery at Lahey Clinic Medical Center, call 781-744-3250.*

# Breathing New Life into Patients

## The Asthma Center



Take a deep breath. Exhale. Was this an effortless task?

Now, imagine you have asthma. Your breathing is short, shallow and wheezy, your chest is tight with inflamed airways and you may have a cough — each breath a struggle. These symptoms are experienced by the more than 14 million Americans affected by this illness.

Most patients have mild to moderate asthma that can be cared for by their primary care physician, but there are some who have more complex issues and need additional help. "And for those patients," says Robert B. Liberman, MD, a primary care physician at Lahey Arlington, "Lahey's Asthma Center is proving to be a valuable resource for teenage and adult patients with difficult-to-control conditions — those who have either been in the emergency room or hospitalized."

"My asthma was very serious when I went to the Asthma Center," says patient Annie Tenhuisen. "I didn't have the ability to deal with the disease. Now, it's under control. My husband says he's never seen me with such strength and good breathing. I couldn't even make the bed and today I'm helping my son clean his new apartment."

According to Andrew G. Villanueva, MD, director of the Asthma Center, the program was started when nurses and physicians became frustrated. "We weren't able to spend enough time with our asthma patients in the structure of our system. So we got together as a group: allergists, pulmonary specialists, nurses, respiratory therapists and pharmacists and said this is a disease we can collectively do something about in an outpatient setting."

Since the center was established, hospitalizations for high-risk asthma patients have decreased by 95 percent and

emergency visits are down 87 percent.

"These are dramatic results," says Villanueva. "But, most importantly, patients feel their asthma is better. They're taking medications properly, they understand the disease and know how to handle it themselves."

### A multidisciplinary approach

Every Monday, two patients are seen at the Asthma Center. One begins the day in the Section of Pulmonary and Critical Care Medicine, the other in the Department of Allergy and Clinical Immunology. Then they switch departments. The first physician and nurse they see become their primary Asthma Center clinicians.

Deborah McManus, RN, is the pulmonary nurse educator. "In the initial interview, we talk about the medicines they're taking and get an idea of their triggers and warning symptoms. They also go to the pulmonary function laboratory for testing and to learn proper inhaler technique."

"The allergy nurse's role, although similar to the pulmonary nurse educator, focuses on specific allergic triggers and evaluates each individual's situation," says Miryim Shortridge, RN. "The patient goes

**"I've seen great results with patients who've been evaluated at the Asthma Center," says Robert B. Liberman, MD, primary care physician at Lahey Arlington. "Patients who required hospitalization or emergency room care have had their asthma controlled through services at the Asthma Center — it's almost like magic."**

through skin testing for allergies to pollens, foods, molds, dust mites or animal dander. Once allergies have been identified, the patient can take measures to avoid the allergen or take medication that will reduce the reaction."

Along with environmental irritants, asthma can be exacerbated by stress, anxiety or depression. "When breathing becomes difficult, it is normal for a person to experience anxiety," says Shortridge. "Asthma that is out of control often leads to reduced quality of life. Improved quality of life is a major goal for Asthma Center patients and our comprehensive approach provides us with the resources needed to help patients reach that goal."

After their morning appointments, which include a complete medical exam, each patient takes a break. "While they have lunch, we discuss as a team what





"We get feedback from patients that, for the first time, they feel someone is listening to them and spending time with them," says Andrew G. Villanueva, MD, director of the Asthma Center. Pictured (left to right) are Deborah McManus, RN, pulmonary nurse educator, Villanueva, and Miryim Shortlidge, RN, allergy nurse educator.

need to start your 'rescue' medicines. This is the time when communication with the primary Asthma Center nurse and physician is critical in order to avoid the red, or 'danger' zone."

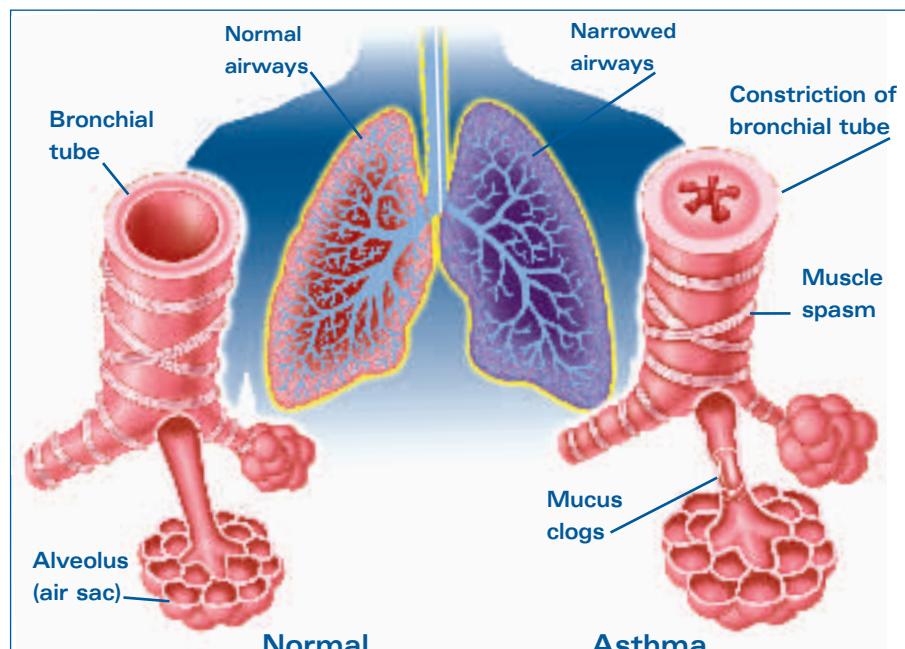
"Our goal is to empower the patients to be able to take care of themselves and use us as their back-up," states McManus. "They call us frequently, especially in the beginning until they gain confidence. And, they have quick accessibility, which has been key to making this program work."

*For an appointment in the Asthma Center at Lahey Clinic Medical Center, call 781-744-3250.*

changes they need in their medications and any referrals that are necessary," says Villanueva. "This system allows several people to interact with a patient and then, within the same day, review each clinician's unique perspective toward the patient's care — why are they having difficulty with their asthma, what are the medical, socioeconomic or psychological factors? All of this is considered."

#### Asthma education

In the afternoon, the patients meet with their Asthma Center physician, a nurse and a pharmacist. "Patient education is the foundation of the center," says McManus. "We review the use of oral medications and inhalers. We show them how to use peak flow meters, which measure lung capacity, and show them how to keep a record of the measurements. Often, there is a drop in peak flow one to three days before the patient actually feels asthma symptoms. To go along with this, we teach the 'zone plan.' It's green, yellow and red like a stop light — green means you're doing well. Yellow means that you're dropping off and you



**During an asthma attack, the bronchial tubes narrow due to inflammation and muscle constrictions or spasms. Mucus clogs the smaller tubes and stale air gets trapped. This leads to coughing, wheezing and not being able to breathe properly. Moderate episodes can be treated with medication at home, but severe asthma attacks can be life-threatening and require emergency treatment.**

# Healthcare Calendar

Educational Events Sponsored by Lahey Clinic

## HEALTH AND WELLNESS

### Laser Vision Correction

Tuesdays, July 13, August 10, September 14, 6 to 7:30 pm, LCMC  
 Thursdays, July 29, August 26, September 30, 6 to 7:30 pm, LCN  
 Join ophthalmologist Sarkis Soukiasian, MD, to learn about correcting nearsightedness using the Excimer laser. Receive a free pair of designer sunglasses when you schedule your laser procedure. For preregistration, call 978-538-4567.

### DIABETES: YOU ARE IN CONTROL

#### Diabetes in Control

Tuesday, September 7, 3 to 4 pm; or Thursday, September 9, 5 to 6 pm

#### Carbohydrate Counting

Tuesday, September 14, 3 to 4 pm; or Thursdays, July 15, September 16, 5 to 6 pm

#### Diabetes and Weight Control

Tuesdays, July 20, September 21, 3 to 4 pm; or Thursdays, July 22, September 23, 5 to 6 pm

#### Exercise for your Health

Tuesdays, July 27, September 28, 3 to 4 pm; or Thursdays, July 29, September 30, 5 to 6 pm

All sessions in 4 East Conference Room, 4N-67, LCMC. Cost is \$29 per session, unless covered by insurance. Certified Diabetes Educator Lois Maurer, MS, RD, CDE, offers the latest in diabetes management and nutrition. To register, call 781-744-8355.

#### Weekend Warriors of All Ages

Tuesday, September 21, 7 pm  
 Alumni Auditorium, LCMC  
 Orthopaedic surgeon Mark Lemos, MD, will discuss the importance of conditioning to avoid injuries when participating in recreational sports.

#### CPR/First Aid Training

The American Red Cross offers a variety of CPR courses at Lahey Clinic Medical Center, Lahey Belmont and Symmes Hospital. For schedule and cost information, call 1-800-564-1234.

#### Blood Pressure Screenings

First Thursday of each month  
 9 am to 1 pm  
 Nature's Heartland, Great Road, Bedford

Fridays, 9:30 am to 12:30 pm  
 Lahey Belmont, Waverly Square

#### Breast-feeding Workshop

Tuesdays at 6 pm, LCMC  
 Parents-to-be can familiarize themselves with proper breast-feeding

techniques while becoming aware of behaviors to avoid. For dates and to preregister, call 781-744-8083.

### Yoga, Tai Chi or Mindfulness Meditation

A balanced mind, body and spirit can help relieve stress. Meditation, tai chi or yoga can each help you increase strength, flexibility and concentration while restoring balance to your life. For schedule and fee information, please call 781-744-3414.

## SPECIAL EVENTS

### Lahey Clinic Sports Medicine Road Race

Sunday, September 12, 9 am  
 7th Annual Sports Medicine Road Race, with 5K and 10K courses beginning and ending at Lahey Clinic Medical Center in Burlington. Registration is \$10 in advance, \$12 on race day. To register, call 781-744-8257. Or, register on-line at www.lahey.org/sportsmed/. T-Shirts will be available to the first 400 registrants. Proceeds benefit the Sports Medicine Research and Education Fund at Lahey Clinic.

### Boston Race for the Cure

Sunday, September 12  
 Lahey is a proud sponsor of this breast cancer fundraising event, as well as a recipient of research funding. Call 1-888-603-RACE.

### Making Strides Against Breast Cancer

Sunday, October 3  
 Walk the 5.7 miles around the Charles River Esplanade for the fight against breast cancer. Sponsored by Lahey Clinic. Call 1-800-952-7664, ext. 4700.

## SENIOR FOCUS

This program is supported in part by Harvard Pilgrim Health Care's First Seniority and is held in the Alumni Auditorium, LCMC. Attendees receive an additional \$1 off the Senior Dinner, which follows in the LCMC cafeteria.

### Topic to be announced

Tuesday, September 21, 4:30 pm  
 Please call the Community Hotline at 781-744-3414 for information.

### Senior Dinner Program

Tuesday evenings, 5:30 to 6:45 pm  
 LCMC Cafeteria  
 Seniors 55 and older are welcome to join us for specially priced (\$3.95) full-course meals. No need to register. For menu selections, call the Community Hotline at 781-744-3414.



### Managed Medicare Orientations

If you are a senior newly enrolled in a managed care plan, we offer monthly orientation programs and geriatric assessment clinics. Keeping you informed and healthy is our goal. To register, please call 781-744-3414.

### SHINE

Mondays, 9 am to 1 pm, and Fridays, 10 am to 2 pm, LCMC SHINE (Senior Health Insurance Needs and Education) counselors are available to provide Medicare or Medicaid recipients and their families with health insurance information, counseling and assistance. Call 781-744-8201 with your questions, or just drop in. Sponsored by the Executive Office of Elder Affairs and Lahey Clinic.

## VOLUNTEER OPPORTUNITIES

Opportunities are available on a variety of shifts, such as patient liaison, messenger, clerical assistant and more. For additional information, call Volunteer Services at 781-744-8803, LCMC; or 978-538-4169, LCN.

## SPEAKERS' BUREAU

Lahey Clinic provides speakers for groups of 25 or more on medical topics ranging from the latest technology to general health and wellness information. To schedule a speaker, please call 781-744-3414.

## SUPPORT GROUPS

### Alzheimer's Disease

781-284-2872

### A.L.S. (Lou Gehrig's disease)

978-538-4625

### Bereavement

781-744-8113, LCMC

781-641-7800, Symmes

### Brain Tumor

978-538-4625

### Breast Cancer

781-744-8113, LCMC

978-538-4625, LCN

781-641-3700, Symmes

### Cancer Patients and Families

781-744-8113

### Cardiovascular Rehabilitation Education

781-744-2460

## PLACES

### LCMC

Lahey Clinic Medical Center  
 41 Mall Road  
 Burlington, MA 01805

### LCN

Lahey Clinic Northshore  
 One Essex Center Drive  
 Peabody, MA 01960

### Symmes Hospital

Hospital Road  
 Arlington, MA 02474

**LCMC: Lahey Clinic Medical Center**

**LCN: Lahey Clinic Northshore**

For additional information on any events listed, or to preregister, please call the Community Hotline at 781-744-3414.

# Lahey Locations

## Massachusetts

### Amesbury

Greenleaf Medical Associates/  
Lahey Amesbury  
*Internal Medicine*  
*Pediatrics*  
*Family Practice*  
978-388-5050

### Arlington

Lahey Arlington  
*Internal Medicine*  
781-641-0100  
*Pediatrics*  
781-643-7700

Cambridge Family Practice/  
Lahey Family Practice at Arlington  
*Family Practice*  
781-646-4345

### Bedford

Concord Hillside Medical  
Associates/Lahey Bedford  
*Internal Medicine*  
781-275-6466

### Belmont

Lahey Belmont  
*Internal Medicine*  
617-484-9929

### Beverly

Lahey Beverly  
*Internal Medicine*  
*Pediatrics*  
978-927-1919

### Billerica

Lahey Billerica  
*Internal Medicine*  
*Pediatrics*  
978-663-6666

### Burlington

Lahey Clinic Medical Center  
*Internal Medicine, Pediatrics and a  
complete range of medical specialties*  
781-744-8000  
781-744-5100

### Cambridge

Hass, Epstein, Ballenger,  
Goldstein/Lahey Pediatrics at  
Cambridge  
*Pediatrics*  
Johnye Ballenger, MD 617-547-2093  
Daniel Epstein, MD 617-354-6660  
Richard Goldstein, MD 617-547-8100  
Gerald Hass, MD 617-354-6655

### Concord

Concord Hillside Medical  
Associates/Lahey Concord  
*Internal Medicine*  
*Pediatrics*  
978-287-9300  
978-287-9400

### Danvers

Lahey Danvers  
*Internal Medicine*  
*Pediatrics*  
978-774-0730

### Dartmouth

Lahey Diabetes and Endocrinology  
*Diabetes and Endocrinology*  
508-991-3323

### Essex

Lahey Essex  
*Family Practice*  
978-768-9004

### Fall River

Truesdale Internal  
Medicine Associates  
Lahey Diabetes and Endocrinology  
*Internal Medicine*  
*Diabetes and Endocrinology*  
508-676-3411

### Fitchburg

Lahey Fitchburg  
*Internal Medicine*  
978-345-6696

Lahey Pediatrics at Fitchburg  
*Pediatrics*  
978-342-4437

### Foxboro

Lahey Foxboro  
*Internal Medicine*  
508-543-1553

### Framingham

Framingham Community  
Medicine/Lahey Framingham  
*Internal Medicine*  
Bart Alfano, MD 508-875-3926  
Edward Hoffer, MD 508-875-6977  
Michelle Zhang, MD 508-875-1575  
Arthur Freedman, MD 508-875-1141  
Julie Wu, MD 508-875-4411

### Hamilton Wenham

Lahey Hamilton Wenham Family  
Practice  
*Family Practice*  
978-468-7346

### Harvard

Concord Hillside Medical  
Associates/Lahey Harvard  
*Internal Medicine*  
*Pediatrics*  
978-772-6161

### Holliston

Lahey Holliston Pediatrics  
*Pediatrics*  
508-429-2800

### Ipswich

Lahey Ipswich  
*Internal Medicine*  
*Pediatrics*  
978-356-5522

### Lancaster

Lahey Lancaster  
*Internal Medicine*  
978-368-8956

### Leominster

Lahey Leominster  
*Internal Medicine*  
978-537-0985, 978-840-1388

### Lexington

Lahey Lexington  
Lexington Medical Associates  
*Internal Medicine*  
781-372-7100

Lahey Pediatrics at Lexington  
*Pediatrics*  
781-372-7171

### Malden

Malden Internists Associates/  
Lahey Malden  
*Internal Medicine*  
781-322-3005

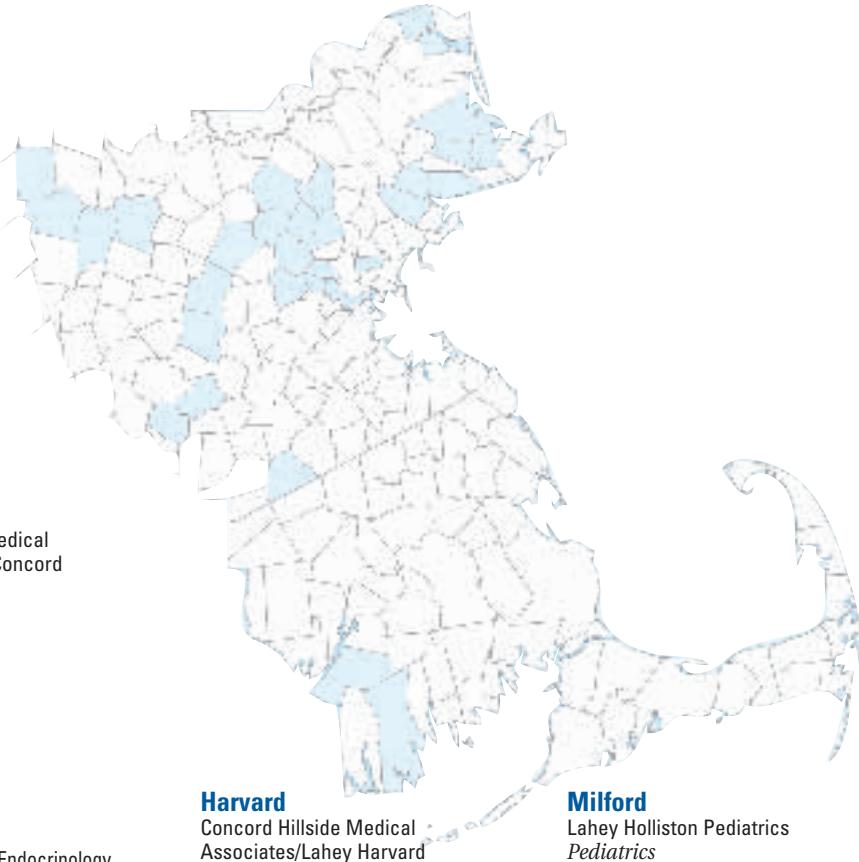
### Merrimac

Greenleaf Medical Associates/  
Lahey Merrimac  
*Family Practice*  
978-346-9733

## New Hampshire

### Nashua

Lahey Cardiology at Nashua  
Southern New Hampshire  
Medical Center  
*Cardiology*  
603-577-2039



## David Barrett Lahey's New CEO

David M. Barrett, MD, a physician/administrator at Mayo Clinic in Minnesota, has been named Lahey Clinic's chief executive officer, effective September 1.

"Dr. Barrett brings with him impressive credentials as a world-class physician with extensive experience on Mayo's Board of Governors, its Board of Trustees and a wide range of key administrative committees," says Bernard M. Gordon, chair of Lahey's Board of Trustees. Adds John A. Libertino, MD, Lahey's outgoing CEO, "Dr. Barrett's outstanding qualifications, experience and style mesh well with Lahey Clinic's 75-year tradition of excellence and compassion for patients."

Lahey and Mayo are "sister" clinics, with similar organizational structures and approaches to practicing medicine — large physician-led groups whose staffs represent virtually every specialty of medicine and work together as teams bringing diverse expertise together to care for patients.

A urologist, Barrett has served as chair of Mayo's Department of Urology since 1991. He is an authority on urologic oncology, urinary incontinence and bladder reconstruction. A member of the Mayo Medical School faculty since 1975, he received the honor of an endowed chair in 1997 when he became the Anson L. Clark Professor.

A native of Detroit, Michigan, Barrett received his bachelor's degree from Albion College in Michigan and his medical degree from Wayne State University School of Medicine in Detroit. He received his general surgery and urology residency training at Mayo Clinic before becoming a member of the staff there in 1975.

Libertino, who has served as Lahey's chair of the Board of Governors and CEO since 1995, last year announced his desire to return to full-time surgical practice. He will continue to serve as vice chair of Lahey's Board of Trustees and as chair of the Department of Urology.



**David M. Barrett, MD**

## Mission to Egypt

The Myrtle I. Hussein Pacha Harkness Trust has made a \$1 million gift to Lahey Clinic to provide eye care for the disadvantaged in Egypt and Turkey. Income from the trust will be used to support a medical outreach program under development by the Clinic.

This spring, Lahey ophthalmologists Susan MacDonald, MD, and Paul Cotran, MD, took part in the first segment of this program with a two-week visit to Cairo, Egypt to work with physicians at Al Nour Hospital. During their stay, they performed approximately 25 surgeries — mostly glaucoma and cataract procedures — and conducted a "Scientific Education Day" for 75 Egyptian eye professionals. Three Egyptian ophthalmologists are scheduled to visit Lahey Clinic in November for an advanced cataract symposium. A similar outreach program is planned to be established in Turkey.

## Lahey Pediatrics Opens in Lexington

Lahey Pediatrics at Lexington, a new pediatric practice, opened at Lahey Lexington on June 21. Staffed by Lori A. Andersen, MD; Alice W. Newton, MD; and Robert M. Meyer, MD, Lahey Pediatrics at Lexington is affiliated with the Lahey Pediatrics at Arlington practice based at Symmes Hospital and Medical Center in Arlington.

The Lexington practice provides care in the full range of pediatric and adolescent medicine. In addition to its daytime services, the group offers some evening appointments. To make an appointment, call 781-372-7171.

## Liver Transplantation Team at Lahey

Lahey's new liver transplantation team opened their service at Lahey Clinic Medical Center in June. The team headed by Roger L. Jenkins, MD, consists of six physicians, two transplant coordinators, 15 operating room, medical/surgical and critical care nurses, two administrative assistants and a social worker. Physician members of the group include surgeons W. David Lewis, MD; Elizabeth A. Pomfret, MD; and James J. Pomposelli, MD; hepatologist Fredric D. Gordon, MD, and pathologist Urmila Khettry, MD. The group moved to Lahey from Beth Israel-Deaconess Medical Center in Boston.

At Lahey they expect to continue their program of performing about 40 liver transplants per year, plus a substantial number of other liver-related surgical procedures. The team is the only one in New England performing adult living donor transplants; about 20 of these are expected during the coming year.

The Liver Transplantation program can be contacted at 781-744-2500. The program will be featured in detail in a future issue of *Lahey Clinic Health Magazine*.



You normally choose your health insurance plan only once a year, but you can choose a Lahey doctor anytime during the year.

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- ✓ Our comprehensive network of primary care services in more than 35 towns throughout eastern Massachusetts, from Lahey Clinic Medical Center in Burlington to Lahey Beverly on the North Shore to Lahey Foxboro south of Boston to Lahey Fitchburg in Boston's far western suburbs (See complete list on the reverse side of the Healthcare Calendar inside the back cover.)

To choose a Lahey physician or to make an appointment at Lahey Clinic Medical Center or Lahey Clinic Northshore, call 781-744-3250. Or call the community location near you. Visit our website at [www.lahey.org](http://www.lahey.org) for an on-line directory of staff and services, or see our directory of sites on the reverse side of the Healthcare Calendar inside the back cover.

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Many people don't understand that their health plan most likely lets them select a new doctor or institution at any time.

In areas as diverse as cancer care, heart surgery and digestive disorders, Lahey physicians are in the forefront of medical expertise.

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