

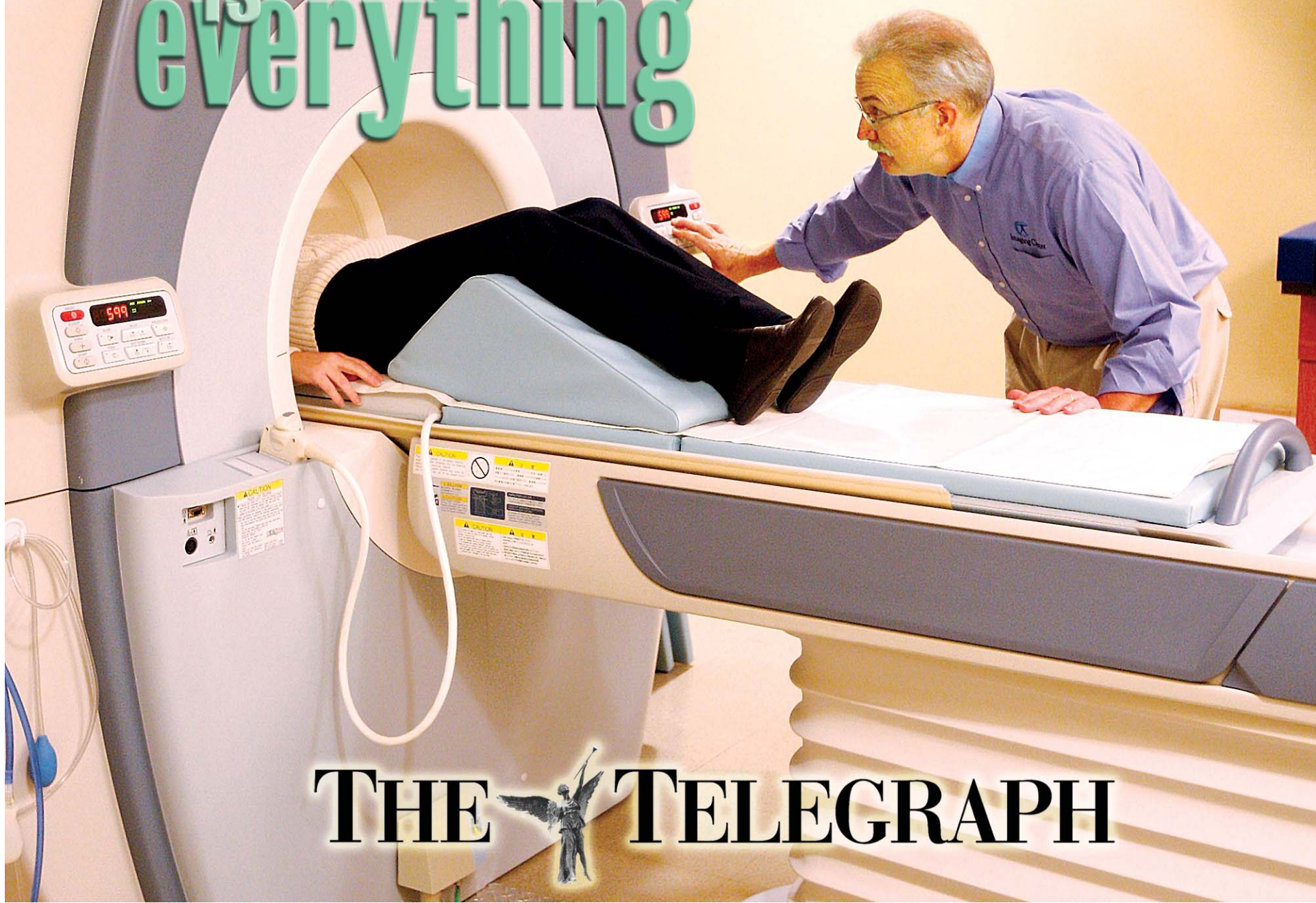
Tuesday, November 15, 2011

# health *watch*

COVER STORY

**IMAGE** *is* **everything**

Center offers latest in diagnostic technology



THE  TELEGRAPH

# Executive touts center's convenience

By JILL MOON

Health Watch

**C**omfortable, convenient and quick, the Imaging Center of Alton LLC offers all of these perks to clients, as well as the best technology available.

Imaging Center of Alton is an American College of Radiology, or ACR, accredited outpatient diagnostic testing center that offers MRIs, mammography and X-rays with state-of-the-art equipment and technology.

Also, its pricing is typically much less than its competitors, chief financial officer Randy Pruetzel said about the privately owned center, in Alton since 2007.

"I had a patient come to me and tell me they saved over \$1,300 by getting an MRI at our place, instead of somewhere else," Pruetzel said.

Pruetzel said Imaging Center of Alton is particularly good for people who have a high deductible with their health insurance.

"When I look at this, we have a huge competitive advantage because our prices are significantly less than competitors," he said. "We welcome

people to call and ask for our pricing or other information because we can help people with high deductible plans; some people have low deductibles so it doesn't hurt them that much, but people are getting higher deductibles."

Beyond saving people money, Pruetzel said Imaging Center of Alton can save time and trouble.

**COVER  
STORY**

The center has more than 50 radiologists, who are board-certified and fellowship trained with subspecialties who read for the center. Patients can get an appointment immediately, whereas many places have waits that are weeks long. Imaging Center of Alton radiologists also report to physicians within 24 hours.

"You can come in, get a quick, comfortable scan with high-quality technology and a good technician and a report to your doctor, all within 24 hours for one price without multiple bills," Pruetzel said.

Imaging Center of Alton's MRI equipment is referred to as "high field and open," rather than the patient having to enter a long tube.

"Ours is very open, very quiet and a short machine," Pruetzel said.

Imaging Center of Alton's MRI technician, Randy Braasch, has 22 years of experience in the field.

The center also has a mammography pad, which can be used to provide a softer mammogram, and digital mammography equipment.

"Digital is better because it uses a computer-aided detector, and it can produce an image that can be displayed on a high-resolution computer monitor, which means shorter time is spent in the suite for the patient," Pruetzel said.

The center also offers digital X-rays for which no appointment is necessary.

The center also has a comfortable, non-clinical atmosphere with easy access to parking.

Cash-pay pricing is available and most types of insurance are accepted.

Imaging Center of Alton also partners with the Madison County Health Department to provide mammograms for the uninsured and the underinsured. During National Breast Cancer Awareness Month in October, the center gave \$50 mammograms.

The center adopted the tag line that it "not only thinks pink in October, but it thinks pink all year round."

"We take it very seriously to offer this service to help the community," Pruetzel said.

Imaging Center of Alton provides wellness education through other events.

"We respect the community and try to be involved as much as we can; we sponsor several not-for-profit organizations," Pruetzel said.

The center is located at 3 Professional Drive, Suite A, across Illinois Route 140 from the Alton Holiday Inn. Imaging Center of Alton's building is behind Alton Multi Specialists. Call (618) 465-4674 or visit [www.imaging4life.com](http://www.imaging4life.com) for more information.

[jmoon@thetelegraph.com](mailto:jmoon@thetelegraph.com)

**ON THE COVER: Randy Braasch is the magnetic resonance imaging operator at the Imaging Center of Alton. The center offers MRIs, mammography and X-rays with state-of-the-art equipment and technology.**

The Telegraph/JOHN BADMAN

## Free Home for the Holidays web conference is Dec. 5

### Information will help family caregivers tune into trouble

The holidays are a good time for family caregivers returning home to their loved ones to tune into the signs that an older family member or friend may need extra help to remain safe at home.

To learn more about those signs, register for the free Home for the Holidays web conference, moderated by a representative from the Home Instead Senior Care network, hosted by the American Society on Aging and co-sponsored by the National Family Caregivers Association and the National Alliance for Caregiving.

The hourlong web conference will be available in the United States and

Canada and offered Monday, Dec. 5, at 7 p.m. To register, go to [www.caregiverstress.com/familyeducation](http://www.caregiverstress.com/familyeducation).

"It's easy for busy family caregivers to overlook the subtle signs that a senior loved one needs assistance," said Skip Brown, owner of the Home Instead Senior Care office serving Madison County. "But during the holidays, when many return to their childhood homes, the difference between your last visit and now can highlight those red flags."

The web conference will be moderated by Director of Strategic Alliances Mary Alexander of Home Instead Inc., the franchisor of the

Home Instead Senior Care network. Alexander is a family caregiver and a certified senior adviser.

"Signs of potential trouble can be evident in a senior's home — such as spoiled food in the refrigerator and piles of unpaid bills — or personal indicators such as episodes of confusion or dirty and unkempt clothing," Brown said.

National Alliance for Caregiving president and CEO Gail Hunt said the holidays, when everyone gathers, sometimes bring to light those problems.

"If you're a long-distance caregiver, perhaps you haven't seen your loved one in a while," Hunt said. "You may notice some real differences since a few months ago. The hometown caregivers might not see the

signs because they're so busy and the changes are so subtle."

Countering senior resistance to assistance can be a challenge, National Family Caregivers Association president and CEO Suzanne Mintz said.

"Family caregivers must recognize that their parents are adults and — unless there are cognitive or emotional problems — they can make their own decisions. We do not and should not become our parents' parents. We must remember we will always be their children."

The web conference will feature information about countering senior resistance to assistance as well as resources that can help family caregivers and senior care professionals.

# Association offers support to lung cancer patients

**L**ung cancer is the single-leading cancer killer of men and women in the United States. But it remains largely overlooked.

“Lung cancer is responsible for nearly 30 percent of all cancer deaths in America — more than any other cancer,” said Dr. Norman H. Edelman, chief medical officer of the American Lung Association. “That startling reality must change. No one deserves to bear the burden of lung cancer. We need all Americans to understand the severity of lung cancer and do what they can to help prevent it and support the fight for a cure.”

Approximately 373,489 Americans are living with lung cancer. In 2011, more than 221,000 new cases were diagnosed and about 157,000 Americans were expected to die from lung cancer.

The causes of lung cancer include cigarette smoke, radon exposure, industrial exposures to hazardous materials like asbestos and arsenic; even some genetic factors pose a lung cancer risk.

Americans can take the following steps to help mitigate the risk of

lung cancer:

- **Stop smoking:** Quitting smoking is the single most important thing smokers can do to enhance the length and quality of their lives. The American Lung Association has many programs to help smokers quit for good.

- **Don't start smoking:** Smoking causes lung cancer, chronic obstructive pulmonary disease and many other illnesses. When smoking is combined with another risk factor, such as radon exposure, the risk of lung cancer is even higher.

- **Avoid exposure to secondhand smoke:** Make your home smoke-free. You will not only protect yourself, but your family too. Learn about your rights to a smoke-free environment at work and in public places.

- **Test your home for radon:** One out of every 15 homes in the U.S. has a radon problem. You can test for radon with inexpensive, easy-to-use test kits sold at hardware stores.

- **Be aware of industrial compounds:** If you are exposed to dust and fumes at work, ask your health and safety advis-

er about how you are being protected.

- **Help fight pollution:** Contact local officials and work with others in your community to help clean up the air you and your family breathe.

“Lung cancer stands on the precipice of change,” Edelman said. “It is imperative that we continue developing new and better ways to prevent and treat this disease.”

The American Lung Association funds research that focuses on preventing lung cancer, increasing the survival rate and reducing its effects on patients' quality of life.

The association also advocates for increased lung cancer funding at the National Institutes of Health, especially the National Cancer Institute.

Facing a lung cancer diagnosis is extremely difficult for patients and their loved ones, but the American Lung Association is committed to supporting them by offering the following services and resources:

- **The Lung Helpline (1-800-548-8252)** provides one-on-one support from registered nurses and respiratory therapists to callers seeking information about

lung cancer as well as smoking cessation counseling.

- Resources available through the Lung Cancer Clinical Trial Call to Action resource provide personalized education to quickly identify trial options that match each patient's specific diagnosis, stage and treatment history. The service aims to help lung cancer patients discuss with their doctor clinical trials that may be appropriate for them.

- A free-of-charge, online caregiving coordination service called My Fighting for Air Community is a platform to organize support for patients and their loved ones who are affected by acute and chronic lung diseases. The community includes an intuitive group calendar for scheduling tasks such as meals delivery and rides, a platform for securely sharing vital medical, financial, and legal information with designated family members, and customizable sections for posting photos, well wishes, blogs, journals and messages.

To learn more about lung cancer or to take action, visit <http://www.lungusa.org/lung-disease/lung-cancer/>.



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# KidsFlight improves access to care for children



For Health Watch

Members of the obstetrics staff at Alton Memorial Hospital take a look at the KidsFlight helicopter during a recent stop at the hospital. KidsFlight, along with three mobile intensive care units and a fixed-wing aircraft, is dedicated solely to transporting critically ill patients from area hospitals to Children's Hospital.

ALTON — Life just got better for critically ill newborns and children in the Alton Memorial Hospital region who need to be transported to St. Louis Children's Hospital.

The new KidsFlight helicopter joined the ranks of the children's hospital's critical care transport team this summer. KidsFlight, along with three mobile intensive care units and a fixed-wing aircraft, is dedicated solely to transporting critically ill patients from area hospitals to Children's Hospital. KidsFlight provides quicker access to pediatric specialists and acute care when every second counts. A pilot and three fully staffed transport teams stand ready to respond 24 hours a day, seven days a week. Within 15 minutes of a call for transport, the team is on its way to Alton Memorial.

The specially designed twin-engine BK-117 helicopter is equipped to carry newborns and pediatric patients. This includes specialized ventilators, monitors, pediatric airway equipment, IVs and medications. KidsFlight is also equipped with the comfort items needed by children — pacifiers, bottles, baby blankets and, for older children on longer flights, portable video games and DVD players.

"These vehicles aren't designed to go to the emergency sites, but are ready to transport patients from Alton Memorial to Children's Hospital in a very timely fashion," said Debbie Woelfel, EMS coordinator for Alton Memorial. "It will depend on a variety of factors as to what vehicle is sent. Obviously, the helicopter wouldn't be able to go in certain types of weather, for instance."

Woelfel said the mobile intensive care units carry the latest equipment and supplies for airway management, artificial ventilation, oxygenation, suction and patient monitoring to provide care for the most acutely ill patients during transport.

Specific features include:

- Room for up to two pediatric patients or three newborn isolettes and six medical professionals. Parents are welcome to ride in the mobile intensive care unit with the team.

- Seating for up to eight people and a safety belt system that allows the crew to access patients while properly restrained.

**"The best thing is we know we'll have rapid transport for our newborns who need the excellent care that's offered at Children's Hospital, which has one of the top neonatal intensive care units in the nation."**

**JESSICA MOSSMAN**

**MANAGER OF ALTON MEMORIAL'S FAMILY BIRTH CENTER**

- A refrigerator to keep medicines at proper temperature.

- A heating cabinet to warm blankets.

- A satellite-based global positioning system to help dispatchers track the vehicle's location, as well as telephones and radios to maintain communications.

- A redundant electrical system backed up by a generator in case of a vehicle failure.

- TV and DVD to allow less acute pediatric patients to watch videos to help calm their fears.

The critical care transport team and mobile intensive care units are based at St. Louis Children's Hospital, and the KidsFlight helicopter is housed at nearby Downtown St. Louis Airport in Cahokia. Depending on weather, traffic and other factors, the mobile intensive care unit can arrive at Alton Memorial in 30 to 45 minutes, Woelfel said. The KidsFlight helicopter can arrive in 15 to 20 minutes.

"The best thing is we know we'll have rapid transport for our newborns who need the excellent care that's offered at Children's Hospital, which has one of the top neonatal intensive care units in the nation," said Jessica Mossman, manager of Alton Memorial's Family Birth Center. "It's a streamlined process, and keeping everything within the BJC family can be a real benefit when it comes to sharing information about the newborns."

# Association to play host to conference

## Event aims to support people affected by Alzheimer's

ST. LOUIS — This November, during National Alzheimer's Disease Awareness Month and National Family Caregivers Month, the Alzheimer's Association will play host to the region's premier education event for people affected by Alzheimer's disease.

The Care and Conquer Conference: Searching for Answers is designed to provide critical support and guidance to people with early-stage Alzheimer's and caregivers of people with dementia.

The conference will be held from 1 to 8 p.m. Thursday, Nov. 17, at the DoubleTree Hotel and Conference Center at 16625 Swingley Ridge Road, Chesterfield. Pre-registration is required. Register online at [www.alz.org/stl](http://www.alz.org/stl) or call (800) 272-3900.

This full-day event will provide support, education and the latest information and resources for people with dementia and people providing care for loved ones in all stages of the disease. The conference features interactive breakout sessions, world-renowned specialists, a question-and-answer session with dementia experts, dinner and many opportuni-

ties to connect with others battling the Alzheimer's epidemic. Featured conference speakers include Dr. Valerie Walker and Dr. Mary Ganguli.

Walker is the author of "131 Ways to Live 131 Years," a family medicine physician and director of West End Medical Center in St. Louis. She practices traditional, holistic and spiritual healing methods. Walker captivates her audience with wit, knowledge and humor. She also is the host of her own TV show, "House Calls with Dr. Valerie Walker."

Ganguli is a geriatric psychiatrist specializing in memory disorders. She is one of America's leading experts on Alzheimer's and other dementias, serving as a scientific member of the National Advisory Council on Aging. Ganguli will share the latest research regarding diagnosis and care for people with dementia.

Registration for the conference is \$25 per person (includes dinner, materials, light snacks, resources and evening research update) and can be completed online at [www.alz.org/stl](http://www.alz.org/stl) or by calling (800) 272-3900.

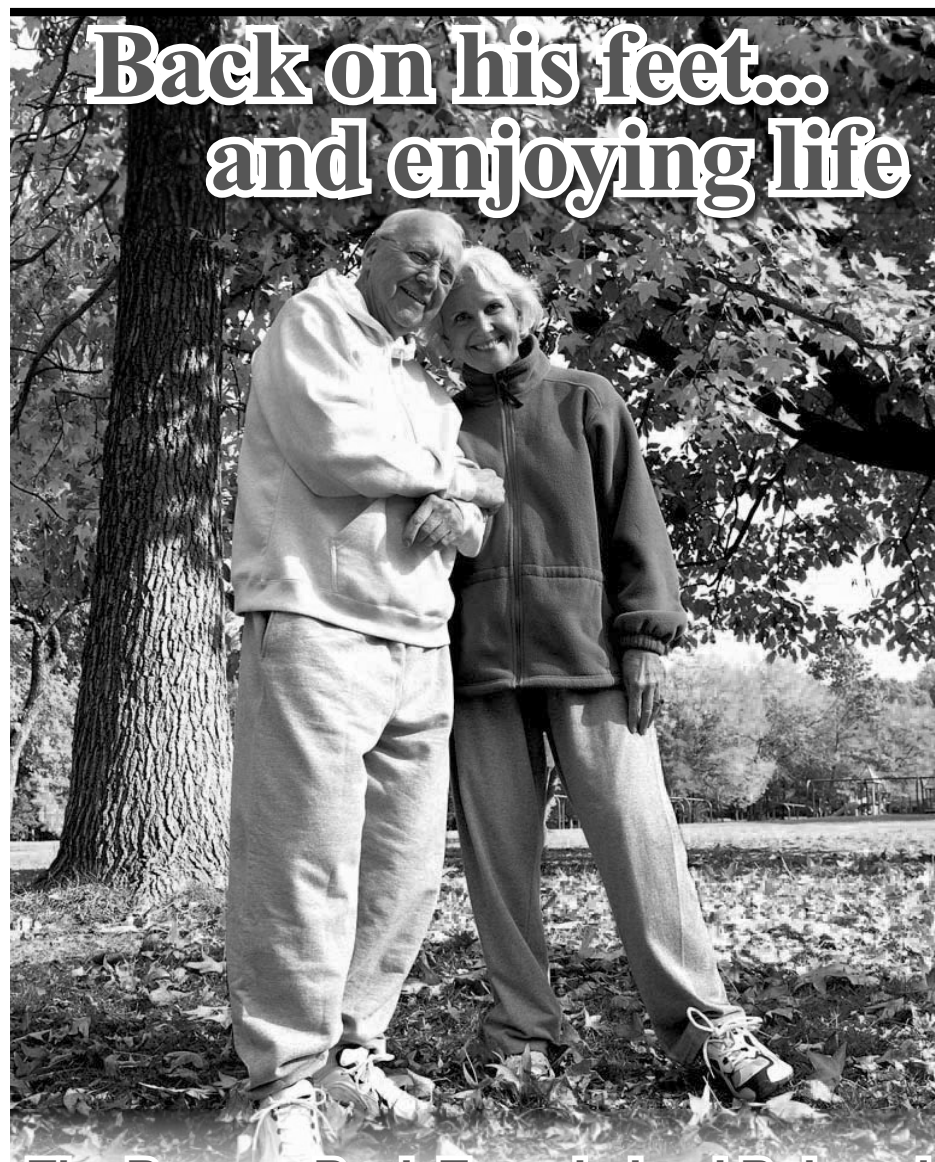
# Pediatrics organization receives health care grant

The Illinois Chapter of the American Academy of Pediatrics announced that it has been awarded one of 12 new Integrated Community Systems for Children with Special Health Care Needs grants.

The grant runs through Aug. 31, 2014, and is funded by the Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau as an Innovative Model for Care. The

award will be implemented in collaboration with the University of Illinois at Chicago Division of Specialized Care for Children, the Title V program for children with special needs for the state of Illinois.

The initiative aims to improve access to quality, comprehensive and coordinated systems of services for children and families who receive health care through the Cook County Health and Hospital Systems Ambulatory and Community Health Networks.



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# Cancer treatment varies by hospital, study finds

ANN ARBOR, Mich. — Where thyroid cancer patients go for care plays a large role in whether they receive radioactive iodine treatment, a new study from the University of Michigan Comprehensive Cancer Center finds.

While the size and severity of the tumor also played a role in treatment, researchers found unexplained hospital factors had a significant impact on radioactive iodine use.

“What hospital you go to makes a difference in use of radioactive iodine. It doesn’t just matter what the tumor looks like, but where you go for care,” said lead study author Dr. Megan Haymart, assistant professor of internal medicine at the U-M Medical School.

Results of the study appear in the Aug. 17 issue of the *Journal of the American Medical Association*.

Thyroid cancer is one of the 10 most common cancers in the United States and is expected to become even more common in the next decade as more small, early-stage

**Patients with small, low-risk disease often have an excellent prognosis without radioactive iodine treatment, giving some doctors pause to wonder whether they are submitting patients to unnecessary risks.**

cancers are uncovered.

Radioactive iodine following surgery to remove the thyroid is known to be an effective treatment for advanced or high-risk thyroid cancer that is very likely to return. But patients with small, low-risk disease often have an excellent prognosis without radioactive iodine treatment, giving some doctors pause to wonder whether they are submitting patients to unnecessary treatment and risk of side effects.

“For some patients, radioactive iodine is a very important part of treatment, but for others, the risks may outweigh the benefit. We need more studies of this low-risk group of patients to understand what the best

treatment course is,” Haymart said.

In the current study, researchers looked at data from 189,219 patients diagnosed with thyroid cancer between 1990 and 2008, as reported to the National Cancer Database, a national database that captures about 85 percent of all thyroid cancers diagnosed in the United States.

Researchers found that radioactive iodine treatment is being used more frequently overall — 40 percent of patients in 1990, compared to 56 percent of patients in 2008. Size and severity of the tumor did affect a patient’s likelihood to have radioactive iodine, accounting for about 21 percent of the variation in care. In addition, factors such as whether the

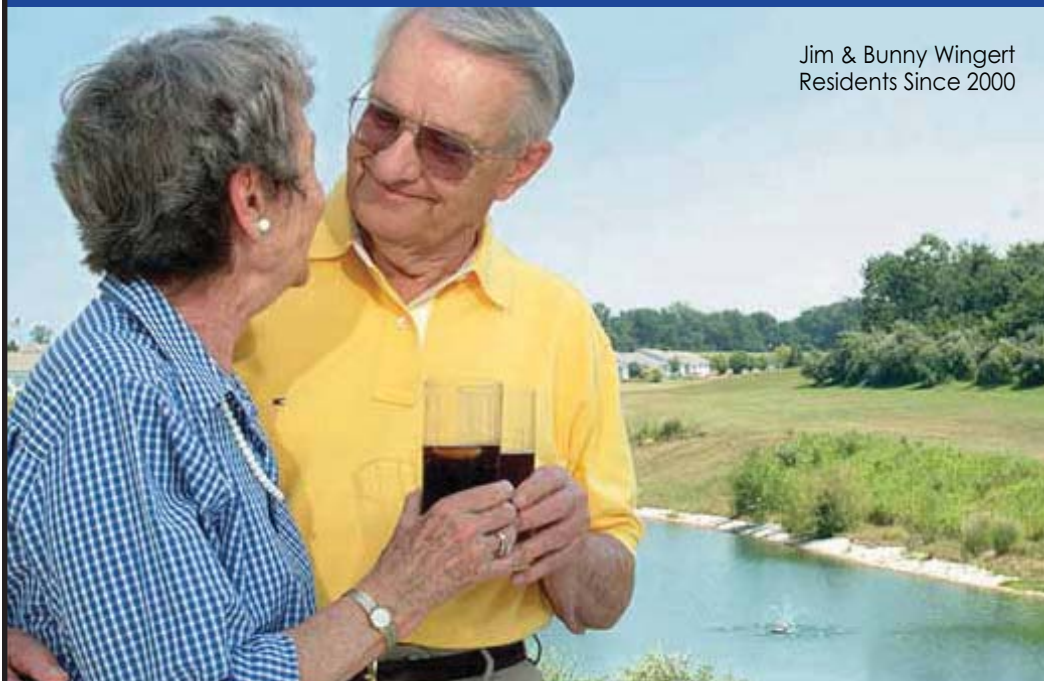
hospital saw a high volume of thyroid cancer patients played a role. But 29 percent of the variation between whether patients received radioactive iodine was attributable to inexplicable hospital factors.

“Even among people who are high risk — and the guidelines are clear that these patients should receive radioactive iodine — there is still variation. This suggests doctors are unclear about the indications for radioactive iodine. We need randomized clinical trials that look at radioactive iodine in low-risk patients so that we can set better guidelines for its use,” Haymart said.

Radioactive iodine treatment can have long-term side effects, including risk of a second cancer or damage to nearby tissue such as salivary glands. In addition, safety precautions need to be taken when the treatment is delivered, requiring patients to stay away from young children for a week and avoid becoming pregnant for up to a year after treatment.

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# Nurses earn \$5,000 scholarships

ALTON — Tommi Cline and Lisa James, nurses at Alton Memorial Hospital, were recently awarded \$5,000 Edward Stiften Nursing Scholarships.

Cline, a coordinator in the Clinical Information Systems Department at the hospital, is in her third semester pursuing a master's degree in nurse management at McKendree University. She also earned her bachelor of science in nursing at McKendree in 2010 and is on schedule to graduate the master's program in May 2013.

"The scholarship will be a big help to me because earning this degree will help me to become a manager, which is what I want," Cline said. "Prior to my current position as CIS coordinator, I worked on MCU under Amy Toenyas. During my evaluations, Amy would compliment me on my leadership skills as a charge nurse. Those kind remarks encouraged me to continue my education and pursue a degree in nurse management."

James, who has been at Alton Memorial for seven years and has been a nurse for 25 years, works in the Post-Anesthesia Care Unit and is a nurse educator in Surgical Services. She will use the Stiften Scholarship to pursue her master's of nursing and education at McKendree.

"This was the first time I had applied, so it's exciting to get the scholarship," said James, who earned her bachelor's degree at Saint Louis University.

"We're so proud of Tommi and Lisa, and all of their accomplishments," said Debbie Turpin, chief nurse executive of AMH and herself a former Stiften Scholarship winner. "Both of them are great assets to our nursing staff. They have given of themselves, and it is nice to know that they are receiving this in return."

The Stiften Scholarship program was established in 2004 in honor of Ed Stiften, former BJC vice president and chief financial officer, who was a strong supporter of nursing development. Each scholarship provides up to \$5,000 annually for tuition, fees and books for employees pursuing their bachelor's or master's degree in nursing.



For Health Watch

**Tommi Cline, left, and Lisa James, are the recipients of \$5,000 Edward Stiften Nursing Scholarships. Each scholarship provides up to \$5,000 annually for tuition, fees and books for employees pursuing their bachelor's or master's degree in nursing.**

*"They have given of themselves, and it is nice to know that they are receiving this in return."*

**DEBBIE TURPIN**

CHIEF NURSE EXECUTIVE OF AMH

## READING STUDY

# Researcher announces dyslexia findings

**I**nternational Dyslexia Association President and world-renowned dyslexia expert Dr. Guinevere Eden has released the results of a groundbreaking study which showed that improvements in reading ability were accompanied by changes in brain structure after a reading intervention in 11 children with dyslexia. The study's findings were featured in the scientific journal *NeuroImage*.

Children in the study showed marked improvement in reading and related skills as the result of eight weeks of intensive instruction. MRI scans of the brain of students participating in the study, conducted by Eden and her team, show four areas with increased volume at the end of the instruction, as compared with the start. Both the improvements in reading skills and changes in brain structure continued to be observed on follow-up. The study concluded that intense instruction can have positive and lasting outcomes in improving reading skills in children having difficulty learning to read.

In addition to serving as the president of the IDA, Eden is a professor with tenure in the department of pediatrics with a secondary appointment in the department of psychology at Georgetown University; and an adjunct appointment in the Department of Pediatrics, George Washington University in Washington, D.C. She directs the Center for the Study of Learning at Georgetown University, which is funded by the National Institute of Child Health and Human Development and the National Science Foundation.

# Financial problems worsen after back injury settlements, SLU finds

## African-Americans, low-income, the young especially affected

Financial and domestic problems for workers — particularly those who are African-American, have lower incomes or are younger than 35 — get progressively worse in the years after they have settled claims for painful, on-the-job back injuries, a new Saint Louis University study finds.

“There are many casualties in the current system,” said Raymond Tait, Ph.D., professor of psychiatry at Saint Louis University School of Medicine and lead author of the research that appeared in the August issue of *Spine*. “Those casualties can leave people worse than we previously believed, and at a cost to society that appears pretty high. Our research shows those who are African-American, at lower income levels, young or all of the above have the greatest problems, and these problems escalate over time.

“Regardless of the settlement that you receive, if you continue to experience pain, our findings indicate you will often get worse over time — worse in ways that can lead to the loss of a home, lead to family disruptions and even lead to divorce.”

In the latest of 18 grant-funded articles about work-related back injuries, Tait and his colleague, John Chibnall, professor of psychiatry at Saint Louis University, analyzed court records of 1,475 African-Americans and non-Hispanic whites who settled Missouri workers’ compensation claims in St. Louis city and County, and Jackson County, which includes Kansas City.

They examined 10 years of court records — spanning five years before claim settlements and five years after — to study the impact of claim settlement on major life disruptions. Those disruptions were reflected in court records related to cases such as breach of contract, child support, adult abuse, stalking, divorce, foreclosure and eviction. They found that members of all groups they studied were involved with significantly more

financial and domestic court actions after their settlements than before.

“These kinds of judicial activities are not trivial but reflect substantial problems in order to find their way into court,” Tait said. “Consequently, each incident represents a significant stressor that the worker encountered.”

African-Americans experienced more long-term financial and domestic duress than non-Hispanic whites, Tait said. Not only did they face disproportionate increases in financial difficulties, but those difficulties escalated over time.

The findings indicate previous research that took a short-term view of outcomes for those who had workers’ compensation settlements for back injuries underestimated the magnitude of the difficulties ahead, particularly for younger and African-American workers. The pattern reinforced a sobering disparity revealed by the team’s previous research: African-Americans received less treatment and had poorer outcomes than non-Hispanic whites.

Workers who were younger than 35 also had significantly more financial problems than those who were middle-aged and older. Younger workers had three times more financial legal actions than those between 35 and 55, and five times more than those older than age 55.

“These results raise particularly ominous questions for the younger age group, as they suggest that financial duress will likely continue beyond the time frame of this study,” Tait said. “To the extent that such financial problems reflect lost productivity and lower wage-earning capacity, the potential long-term costs to society also are considerable. Those costs further escalate if the picture is expanded to include potentially higher health care and wage replacement costs that this younger cohort may require in the years to come.”

# Grant to center enhances cancer detection, care

ST. LOUIS — Saint Louis University Cancer Center has received \$30,000 from the St. Louis Men's Group Against Cancer to support cancer screenings and to supplement nutrition for cancer patients.

St. Louis Men's Group Against Cancer, a group of local businessmen dedicated to raising funds for research, care and cancer prevention, presented local cancer charities with donations at its annual luncheon last month.

Margie Price, executive director of the organization, called the luncheon the highlight of the group's year because members could see how their contributions make life better for cancer patients and their families.

Doctor of nursing science Suzanne Mahon, who provides genetics counseling at Saint Louis University Cancer Center, said the grant will be used to fund genetic tests for those who otherwise can't afford them to see if they are at hereditary risk of

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**“The generosity of the St. Louis Men’s Group Against Cancer helps us continue to provide free PSA screenings to men in the St. Louis metro area who otherwise would be unable to receive these services.”**

DELL YATES

SAINT LOUIS UNIVERSITY CANCER CENTER OUTREACH PROGRAM COORDINATOR

developing certain cancers that may run in families.

“The St. Louis Men's Group Against Cancer has been incredibly generous and without their help, some patients who could benefit from genetic testing might not get the care they need,” Mahon said.

Funds from the St. Louis Men's Group Against Cancer also pay for nutritional supplements that help cancer patients maintain their weight and special snacks for patients undergoing chemotherapy and their families.

The snacks are prepared by Fresh Gatherings, the restaurant operated by SLU's department of nutrition and dietetics, and dietetic interns serve up information on foods that pack a powerful nutrition wallop and give tips on eating to fight fatigue, increase calories and add the right kind of fat to a diet.

Cancer patients can easily become malnourished because certain kinds of cancer and chemotherapy can make eating a challenge, said Christina Popp, Saint Louis University Cancer Center dietitian.

“A healthy diet helps anyone feel better. You want to feel the best you can at any point, regardless of whether or not you have cancer,” she said.

A third grant from the St. Louis Men's Group Against Cancer will help provide screenings for prostate cancer at programs that reach members of the community who traditionally are underserved.

“The generosity of the St. Louis Men's Group Against Cancer helps us continue to provide free PSA screenings to men in the St. Louis metro area who otherwise would be unable to receive these services,” said Dell Yates, Saint Louis University Cancer Center outreach program coordinator.

Saint Louis University Cancer Center combines compassionate and individualized care with the latest advances in research, prevention and education. To schedule an appointment with a Cancer Center specialist, call (314) 977-4440 or (866) 977-4440.

# FDA approves sleeping system as medical device

LOS ANGELES — The new LifeNest Sleeping System, recently listed with the FDA as a medical device helping to prevent plagiocephaly, has earned the Parent Tested Parent Approved seal.

Ear, nose and throat pediatric surgeon specialist Dr. Jose Bensoussan created LifeNest, designed to ensure comfort and safety for infants while they rest, while preventing plagiocephaly, commonly referred to as flat head syndrome. LifeNest is patented by UBIMED.

The LifeNest's curved mesh hammock cradles the baby's head, maintaining the recommended baby-on-back sleeping position while allowing unrestricted movements. The elevated breathable hammock permits the free circulation of air via the venting channels to help prevent overheating and enables the baby to breathe freely even if they accidentally turn on their stomach.

A second hammock is also built into the tight-fitting mattress cover,

available in a full line of colors, reinforcing strength and safety and prevents mattress cover entrapment and strangulation risks.

Additionally, the mesh hammock of the LifeNest allows liquids and mucus to pass through it, helping to prevent against smothering. Intended to be used for babies from birth to 5 months of age, the LifeNest measures approximately 33.5 inches long, 27.5 inches wide and 4.7/1.5 inches high, fitting securely on any standard crib. The product also comes with a convenient travel case, as it is easily portable, making it ideal for parents on the go.

While sleep is one of the most important aspects of a newborn's life, it is also the main cause of anxiety for parents as accidental suffocation or strangulation is one of their worst fears. According to a 2009 article in Pediatrics, the official journal of the American Academy of Pediatrics, infant mortality rates attributed to accidental suffocation



For Health Watch

Dr. Jose Bensoussan created LifeNest to prevent plagiocephaly, commonly referred to as flat head syndrome. The LifeNest's curved mesh hammock cradles the baby's head, maintaining the recommended baby-on-back sleeping position while allowing unrestricted movements.

While sleep is one of the most important aspects of a newborn's life, it is also the main cause of anxiety for parents as accidental suffocation or strangulation is one of their worst fears.

and strangulation in bed increased from 2.8 deaths to 12.5 deaths per 100,000 live births from 1984 to 2004.

"The LifeNest Sleeping System was specifically designed for babies' wellness," said Dr. Bensoussan, UBIMED's president and inventor of the LifeNest.

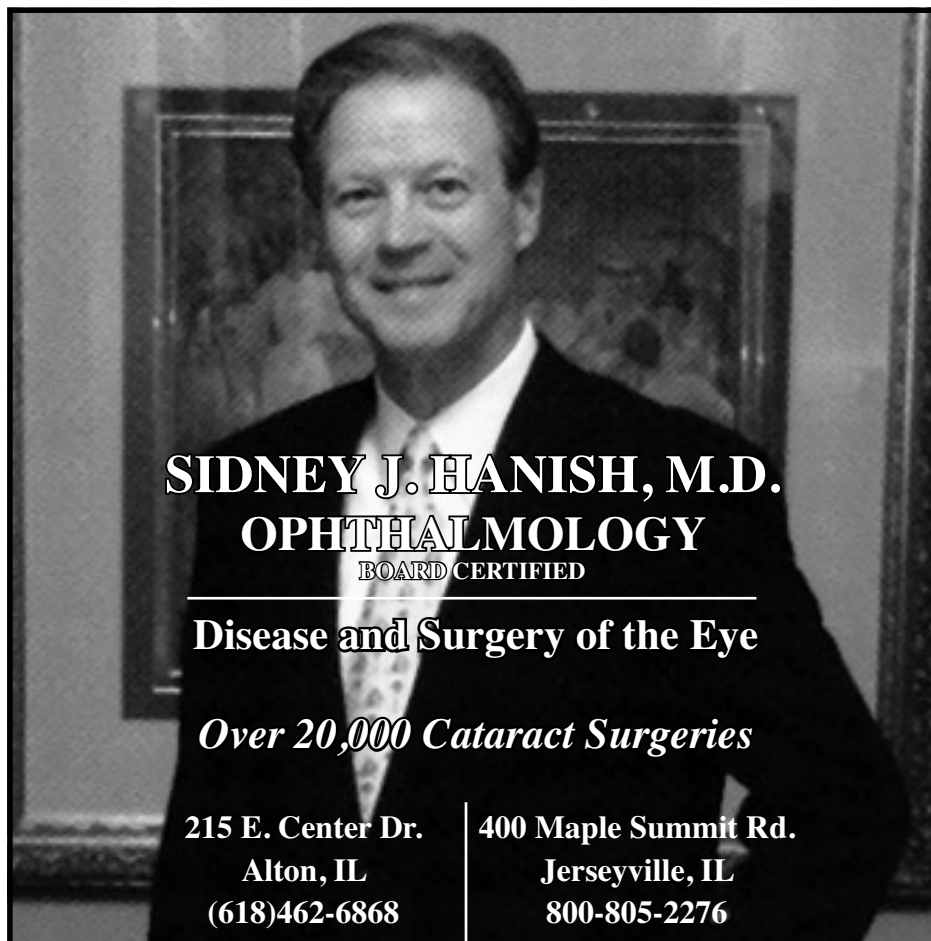
Shocked by the death of a family friend's daughter because of accidental suffocation while she slept, Bensoussan began researching this occurrence, looking for a plausible solution to effectively prevent it. It was during this research that Bensoussan studied the existing baby sleep positioners and found most of them to be dangerous as he identified the risk of entrapment between the positioner itself and the crib bars.

Additionally, most of the pillows

designed to prevent Plagiocephaly presented the same suffocation risks if the baby were to flip over. So he put his prestigious medical background to work and set out to design a mattress that would help to prevent both risks.

Patented by Dr. Bensoussan in 2010, the LifeNest Sleeping System was the end result of years of research and testing; specifically designed to ensure the highest level of comfort and safety for infants while they rest.

The LifeNest Sleeping System is available for purchase online at [www.lifenest.com](http://www.lifenest.com) and at select retailers nationwide. For a complete list of retail locations, visit [http://www.lifenest.com/content\\_content.asp?cf=ln](http://www.lifenest.com/content_content.asp?cf=ln). or <http://www.facebook.com/LIFENEST>.



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# Researchers join forces to cure deadly disease

ST. LOUIS — The Center for World Health and Medicine at Saint Louis University and the Institute for OneWorld Health have established a joint research agreement to develop new drugs to combat diarrhea, the second-leading cause of death worldwide in children under age 5.

Each year more than 2 million children in developing countries die from diarrheal diseases, which are caused by a wide range of bacterial, parasitic and viral pathogens. These organisms can be particularly virulent in the developing world, which is plagued by poor sanitation, unclean water, malnutrition and a lack of knowledge about how to prevent the illnesses.

Diarrhea is frequently a symptom of another disease, such as cholera and rotavirus, and turns deadly in children who rapidly lose body fluids, become severely dehydrated and go into shock.

“When children in St. Louis, Mo., develop severe diarrhea and become

**“The Institute for OneWorld Health is committed to finding treatments for cholera and other diarrheal diseases that claim the lives of so many infants and children around the world. This partnership will bring us closer to saving millions of children who would otherwise die from treatable diseases.”**

RICHARD CHIN, INSTITUTE FOR ONEWORLD HEALTH CEO

lethargic, their parents take them to the emergency room, where they are given IV fluids,” said Peter Ruminski, executive director of the Center for World Health and Medicine.

“Places like rural Sub-Saharan Africa or Haiti lack adequate sanitation and access to clean water and don’t have the same infrastructure that we have. Families there are not as readily able to hop in their vehicles, drive to the hospital and get hooked up to an IV to replenish vital body fluids. So if we can come up

with a therapy to reduce fluid loss and get children through the acute attack phase of their diarrheal illness, we’ll have an immediate effect on the number of children who die. Our goal is to save lives.”

The collaboration between the Center for World Health and Medicine and the Institute for OneWorld Health aims to develop safe and effective anti-secretory drugs, which inhibit the loss of fluid in the intestine regardless of the root cause of the problem. These drugs are intended to be used as an adjunct

to oral rehydration therapy.

“The Institute for OneWorld Health is committed to finding treatments for cholera and other diarrheal diseases that claim the lives of so many infants and children around the world,” said Richard Chin, Institute for OneWorld Health CEO. “This partnership will bring us closer to saving millions of children who would otherwise die from treatable diseases.”

Under the agreement, the Center for World Health and Medicine will provide expertise in medicinal chemistry and pharmacology to identify potential anti-secretory drug candidates for future development.

Jon Jacobsen, Ph.D., director of chemistry at SLU’s Center for World Health and Medicine, is leading the effort along with Brian Bond, Ph.D., the center’s director of pharmacology, and will closely collaborate with the medicinal chemistry group at the University of Missouri-St. Louis, led by John Walker, Ph.D.



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# Disease no barrier to becoming doctor

By DEMORRIS A. LEE

*St. Petersburg Times*

PALM HARBOR, Fla. — It was a dark day for Lisa Sexton and the fairy-tale life she had dreamed of having. Told that her firstborn, Tyler, had cerebral palsy and would likely spend his life in a wheelchair, Sexton went home and closed all the blinds. In the dark, she mourned.

“I let go of a normal little boy,” she recalls. “I was mourning a broken heart. I was mourning the life I dreamed about: the white picket fence and two beautiful kids playing in the yard.”

But 25 years later, the sun streams into her dining room through open blinds as Sexton, now 48, holds a framed doctorate-of-medicine degree in her hands. The name “Tyler Dean Sexton” is etched in the center.

The child who was born 12 weeks premature, who doctors thought would die, who was later diagnosed with cerebral palsy and was expected to be blind and mentally handicapped, is today a medical doctor.

“What I dreamed for my life — if those things would have come true, it would have been a tragedy,” said Sexton, her eyes glistening with tears. “I did not dream big enough. If I would have gotten that life, I would have missed out on the greatest gifts in my life. Having a special-needs kid made me have a servant’s heart.”

The young mother’s mourning eventually turned to steely resolve. She fought doctors who said Tyler Sexton, now 25, would never walk; fought insurance companies that denied him coverage; fought parents who let their kids make fun of the little boy with funny-looking legs.

Mother and son have penned a book about their journey, “God Bless These Little Legs.” The 110-page paperback doesn’t gloss over the dark times, detailing her depression and guilt after Tyler’s birth, her suicide attempt by overdosing on Xanax, and the moment she says she put Tyler’s future in God’s hands.

Tyler writes of God’s will for his life and why he never gave up on his dreams of walking, scuba diving and being a doctor.

Tyler was born in February 1986 at only 28 weeks. As he was being flown



SHNS photo

**Tyler Sexton works with Mason, 2. Both were born with cerebral palsy, a disorder that can impair nervous system functions such as seeing, hearing, thinking, learning and movement.**

to a hospital neonatal unit, his lungs collapsed. Kevin and Lisa Sexton were told their baby would not survive.

Tyler defied the odds and went home six weeks later. But as he grew, his parents realized something wasn’t right. He didn’t sit up or crawl or do other things babies his age did.

At 18 months, he was diagnosed with spastic diplegia, a form of cerebral palsy that affects balance as well as movement below the waist. His parents were told he would likely spend his life in a wheelchair. But young Tyler set out to walk.

“It was just embedded in me,” Tyler said. “My parents instilled in me such a perseverance. If Mom and Dad say I can walk, then I can walk.”

Physical therapist Michelle Larson started working with Tyler at age 3, which is when he received his first

walker.

“Although he had a wheelchair, Tyler was very determined that he was going to walk,” said Larson, 63. “He has always thought that way from the day I started working with him. He was always a glass-half-full kid.”

But Tyler’s balance was so poor that he fell numerous times a day, cracking a rib, breaking a wrist and several fingers. Other children avoided him because he would fall over and take them down, too.

When Tyler was about 5, Larson persuaded a reluctant Lisa to take him to an Easter-egg hunt at a local park.

When the hunt began, all the children scampered to find eggs. Lisa watched as her son hobbled behind with his walker, an Easter basket swinging from it.

“Tears rolled down my face and I was mad because everyone else always thought they had the answers,” Lisa said. “I knew this would happen, that Tyler would be left behind. I rushed to him to apologize and to take him home.”

But when Lisa reached her son, he had a smile on his face. The other children had run so fast that their eggs spilled out of their baskets. Tyler picked them up and had a basketful.

“At that moment, God said to me, ‘Hand him over to me and his basket will always be filled with blessings,’” Lisa said. “I sobbed in that field that day. And some 21 years later, Tyler’s basket has always been filled with blessings.”

Lisa and Kevin met in elementary

See **DOCTOR**, Page 14

## DOCTOR

### FROM PAGE 13

school in Waterloo, Ind. They've been married 27 years, but the stress of having a special-needs child almost doomed their union.

"Kevin and I had no idea how to carry this load together," Lisa wrote in the book. "He worked countless hours only to come home to a fresh stack of medical bills and a wife with unreasonable expectations. We had no time to spend on our marriage, our debt or ourselves."

A man of few words, Kevin, 47, looked forward to having a son to play basketball with. Instead, he used his energy to ensure that the medical bills were paid and that Tyler understood he could do whatever he wanted in life. Kevin taught his only son — the Sextons also have a daughter, Emilee, 22 — to hit a golf ball and shoot baskets, and he encouraged Tyler's interest in diving.

"He has shown me the attributes

of a good man and has always encouraged me and backed my every decision, even if others thought it was crazy," Tyler said.

Tyler endured 16 surgeries and six weeks in a cast from the waist down. He learned to walk, but his poor balance still limited his ability to get around.

While on a high-school field trip to Epcot, he saw a demonstration of a Segway Human Transporter, and, by April 2004, he had one of his own. It represented freedom.

"I thought going to college I was going to have to be in a wheelchair to get around," Tyler said. "With the Segway, I could keep up with everyone and walk long distances with friends."

The following month Tyler met a man with the Guide Dog Foundation for the Blind. Tyler explained his disability, his problems with balance and his effort to remain independent.

When Tyler was 18, the Guide Dog Foundation brought him Danny, a 3-

year-old golden-and-Labrador-retriever mix specially trained to help Tyler maintain his balance. Danny became Tyler's living cane. Tyler holds Danny's harness and if he begins to tilt forward, the dog will brace to prevent him from falling.

Using Danny and the Segway, Tyler was able to attend the University of South Florida, where he graduated magna cum laude in 2007 with a degree in biomedical science.

His next goal was medical school. He applied to 25 and interviewed at five. Not one U.S. medical school would accept him. One interviewer was blunt: Tyler could never be a physician because people wouldn't want a disabled doctor.

Those words stung as badly as the taunts Tyler endured from others while he was growing up. But he found a way to overcome that barrier as he had all the others.

He was accepted at the University of Sint Eustatius School of Medicine, founded in 1999 on a Caribbean island. There, he could pursue his longtime interest in hyperbaric medicine. He took his clinical rotations in U.S. hospitals, he said.

On June 3, he graduated with a medical doctorate in pediatric and hyperbaric medicine. Tyler will be able to provide general care to children and also treat divers who have decompression illnesses. He has taken and passed his medical boards. He is also an adjunct professor of clinical hyperbaric medicine at Sint Eustatius.

Rather than his disability being an obstacle to practicing medicine, Tyler says it "gives me credibility."

"I am an example that all things are possible, and I can tell a patient that I know how they feel and mean it."

Both Lisa and Tyler now embrace the opportunity to share their story of struggle and success.

"I've heard 'no' so many times," Tyler said. "No, you will not walk. No, you will not be a doctor. No, it can't be done, so give up on this dream. No one has the right to say you can't do something. Every day that we live, we have a chance to have a positive impact on someone's life."

# Position of feet may affect sprains

ATHENS, Ga. — The position of the foot just before ground contact during running and walking may put people at risk for ankle sprains, according to a new study published by a University of Georgia kinesiology researcher.

The results of the study, which appear in the June online edition of the American Journal of Sports Medicine, found that people who have a history of repetitive ankle sprains demonstrated lower clearance heights between their feet and the floor during running, and pointed their toes down more during walking. Ankle sprains are the most common sports-related injury, and many who experience a sprain will go on to develop chronic instability, suffering repeated sprains during their lifetime.

"Almost everyone who is physically active will suffer an ankle sprain at some point," said the study's lead author, Cathleen Brown Crowell, an assistant professor in the UGA College of Education's department of kinesiology. "These findings can help clinicians develop rehabilitation programs that address movements that may have been ignored in the past."

The study collected data on more than 30 male recreational athletes, some with a history of repetitive ankle sprains and some without. Motion capture equipment analyzed joint movements and forces in the participants during walking and running. This study was unique in that it analyzed all three possible motions of the ankle, and included participants who had different types of ankle instability, Brown Crowell said.

While such motion capture equipment may not be available for analysis of patients in rehabilitation clinics, the findings can be applied to physically active individuals at any level who sprain their ankles.

# To combat arthritis pain, keep moving

By **PATTY HENETZ**

*Salt Lake Tribune*

**W**alking, swimming, biking and arthritis-specific exercise programs can reduce pain, improve function and delay disability. Yet for some reason, a large number of those diagnosed with the condition don't exercise vigorously or even moderately.

The Arthritis Foundation and state and local health officials around the country are teaming up to change that, because remaining sedentary actually increases the risk of injury and pain.

Margaret Crowell, who now teaches exercise classes for older adults with arthritis in Salt Lake City, learned she could reverse the symptoms of her own osteoarthritis even after an orthopedic specialist told her there was nothing she could do to halt the progression of the disease in her thumbs and hands.

The way she teaches is sanctioned by the Arthritis Foundation, and involves about 35 minutes of slow, gentle stretching and agility moves with soft harp music playing in the background. She also teaches elderly people in wheelchairs who live in a senior residence.

A former elite tennis player, Crowell tells her class to breathe deeply before exercising, then leads the class in modified yoga and tai chi moves designed to lengthen muscles and loosen stiff joints.

"If anything hurts," she tells the class, "please stop immediately."

Crowell was warning the class to be careful of overdoing it, not to stop moving. But pain is what deters people with arthritis from exercising, says Rebecca Castleton, arthritis-program manager for the Utah Department of Health.

"Physical activity," Castleton says, "is the best prescription for managing the disease."

Not that long ago, doctors told patients the opposite. People with arthritis were supposed to take it easy so as not to stress their joints. Many of them ended up crippled as the inflammatory disease deformed

**Anecdotal evidence over the years has shown that exercise — even the most basic small moves — helps. Not until the past couple of decades, however, has exercise been examined scientifically as a treatment for osteoarthritis, with most of the emphasis on hips and knees. It is now generally accepted that exercise regimens that focus on cardiovascular conditioning and lower-extremity strength training help manage the painful and often-disabling symptoms.**

and calcified their hands, feet, hips, shoulders and knees.

Arthritis is still something of a mystery to researchers, especially the autoimmune forms such as rheumatoid arthritis, Sjogren's syndrome, systemic lupus erythematosus, Still's disease and juvenile arthritis. The most common form is osteoarthritis, which appears when joints wear out. No cures exist for any of them.

Anecdotal evidence over the years has shown that exercise — even the most basic small moves — helps. Not until the past couple of decades, however, has exercise been examined scientifically as a treatment for osteoarthritis, with most of the emphasis on hips and knees. It is now generally accepted that exercise regimens that focus on cardiovascular conditioning and lower-extremity strength training help manage the painful and often-disabling symptoms.

"Teasing apart the roles of injury versus exercise, especially participation in sports, it appears that the increased risk of knee (osteoarthritis) is not based on increased physical activity, but on increased risk of knee injury of particular sports, such as football," says Lissa Fahlman, lead epidemiologist of the Arthritis Research Institute of America. It has been gathering osteoarthritis data on thousands of people since 1988 in the Clearwater Osteoarthritis longitudinal study.

"Similar to how weight-bearing

exercise builds stronger bones, weight-bearing exercise also builds stronger knee cartilage, decreasing the chances of injury," Fahlman says. "Other indirect effects include preventing being overweight, another important risk factor for knee (osteoarthritis) and preventing metabolic syndrome and diabetes," both which are thought to possibly play a metabolic role in osteoarthritis.

Arthritis encompasses more than 100 diseases and conditions, including gout and fibromyalgia, which is arthritis in the muscles that doesn't cause deformity. All of the variations affect joints, the surrounding tissues and connective tissues. They can affect anyone at any age regardless of race or gender. However, according to the Arthritis Foundation, women are at particular risk of osteoarthritis, which they usually develop after age 40.

## FOR MORE INFORMATION

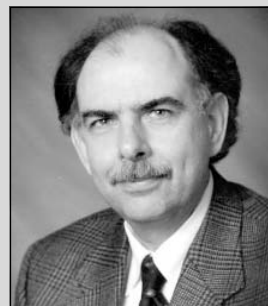
Visit the Arthritis Foundation website,  
www.arthritis.org,  
or call (800) 283-7800.

The American Academy of Orthopaedic Surgeons has found that arthritis is a more frequent cause of activity limitation than heart disease, cancer or diabetes. One in three people with arthritis in the United States has trouble functioning at work. And risk increases with age: A 2010 study found that approximately half of people age 65 or older reported an arthritis diagnosis.

Arthritis affects more than half of adults with diabetes or heart disease; obesity prevalence is more than 50 percent higher among adults with arthritis than those without.

This is why the Arthritis Foundation has stepped up efforts to keep people moving. An article in Arthritis Today magazine points out that people often confuse muscle pain that follows exercise with joint pain from the disease. Sore muscles usually are the result of overuse or overstretching after a long period of inactivity; overuse of joints usually results in swelling, treatable with ice, elevation and rest.

For more information, visit the Arthritis Foundation website, www.arthritis.org, or call (800) 283-7800.



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