

MEDICAL NEWS

News in Brief

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EDUCATION, AWARENESS ARE ESSENTIALS FOR TBI TREATMENT

By Julie Calohan

Madigan Healthcare System Strategic Communication Office

Sgt. Shane Sherer was 12 days from leaving northern Afghanistan when a mortar round tore through a nearby vehicle and exploded about seven to 12 feet away from him. The blast left Sherer with shrapnel embedded in his legs, a severely damaged right hand and a penetrating head wound.

An emergency craniotomy — conducted by a general surgeon from instructions received over the phone by a neurosurgeon — reduced the swelling in Sherer's head. After he was stabilized, he was sent to Bethesda Naval Hospital in Bethesda, Md., where he underwent extensive rehabilitation. Sherer shared his story as part of a presentation at Madigan Army Medical Center recognizing Brain Injury Awareness Month, a national event that cultivates understanding about brain injuries.

Sherer had to relearn how to walk, how to talk and how to swallow. He ate a pureed diet for about a month, which he called "awesome," but with a grimace on his face. "I don't know how babies do it," he said. Before long, he was diagnosed with a traumatic brain injury. At one point, he completed eight hours of therapy a day to help restore his cognitive abilities. He is now involved in a Veteran's

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Ringing for remission

Madigan throws party for 4-year-old who fights off cancer

By Julie Calohan

Madigan Healthcare System Strategic Communication Office

There was pizza. There were soft drinks and balloons. There was a sheet cake bearing a trio of colorful princesses... and there was a four-year-old girl named Abigail Barrett who had



Abigail Barrett, 4, rings the "off-chemo" bell at Madigan Army Medical Center to celebrate the achievement of completing her chemotherapy treatments. The Pediatric Oncology Clinic treats about 40 patients, providing personalized attention with access to a physician 24 hours a day, seven days a week.

Photo by Julie Calohan

something to celebrate.

It wasn't her birthday, however. It was a party to honor Abigail's fight for her life. After almost a year of treatments at Madigan Army Medical Center for rhabdomyosarcoma, a muscle cancer, Abigail has ended chemotherapy and is now in remission.

"I don't throw up anymore," she said.

Her mother, Danielle, and her father, Spc. Thomas Barrett, a member of the 864th Engineer Battalion at Joint Base Lewis-McChord, watched Abigail play and talk with other kids during the party, including her two-year-old brother, Jeremiah. They remember the day they were told their daughter might have cancer. It was April 6, 2009.

"I thought, 'No, that can't be right. Kids don't get cancer.' It was more shock than anything," Danielle said.

She said she began to notice when Abigail would shift her eyes to look at something, her right eye wouldn't turn with her left. Danielle had a friend whose daughter had just had surgery at Madigan for a lazy eye, and she thought Abigail was developing one too.

"When I brought her in, the doctor noticed her eye was kind of bulging, and he could tell she was having trouble seeing out of that eye as well, which is a cause for concern. So they did an emergency CAT scan," Danielle said.

It was then that a large tumor was discovered behind Abigail's right eye, and a biopsy confirmed it was cancer. A week later, Abigail started chemotherapy.

Every six weeks for two days, Abigail was an inpatient at Madigan for chemotherapy treatments. Additionally, her family traveled to Boston so that

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Photo by Julie Calohan

Col. Jerry Penner III congratulates Abigail Barrett on completing her chemotherapy appointments in Madigan's Pediatric Oncology clinic.

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Photos by Lorin T. Smith

Above: David Valentich, chief therapist in Radiation Oncology Services, demonstrates how the Calypso 4D Localization System works.

Left: Staff members with the Multidisciplinary Prostate Cancer Clinic screen each patient they will see to improve communication and ensure everyone has the same information. The clinic allows patients undergoing treatment for prostate cancer to meet with a urology oncologist, radiation oncologist, social worker and case manager at one time.

Prostate cancer clinic offers patients one-stop shop for treatment options

By Lorin T. Smith

Madigan Healthcare System Strategic
Communication Office

Staff members working in Madigan Army Medical Center's Department of Urology and Radiation Oncology Services know how scary it is when patients are told they have prostate cancer. To help reduce the shock and fear associated with cancer, these two departments created a Multidisciplinary Prostate Cancer Clinic to provide a simple one-stop shop for prostate cancer patients to discuss their treatment options, answer questions and get one-on-one face-time with the doctors and nurses who will have complete oversight of their care.

Prostate cancer is the most commonly diagnosed malignancy at Madigan, and the clinic serves about 1,200 patients a year. The clinic is open to patients Wednesday mornings, and during the visit, the patient will discuss treatment options and future care with a urologic oncologist, radiation oncologist, case manager and social worker – and everyone in the room will have full knowledge of that patient's background, care, and current treatments. These factors give the patient improved care and better surveillance after treatment, said Maj. (Dr.) Timothy Brand, the clinic's chief. "We ensure that the patient is

able to see everyone that they need to see in that one visit, not four separate visits."

The group looks at four different areas originating from the Health Outcomes section focused on patient care: assessment, planning, facilitation and advocating. These four topics promote communication and collaboration between staff members, helping them stay on the same page and empower patients to be self-reliant and informed, said Genevieve Partain, the clinic's case manager.

Partain maintains a master roster of all the patients enrolled in the clinic. She constantly updates the list whenever new patient information is documented, and in the same language the doctors use when transcribing their notes. All of this is to preserve patient continuity of care, she said. "We get feedback from the patients and it has been exceptionally positive," Partain added.

Additionally, Madigan is a participating site in the Center for Prostate Disease Research Multi-center National Database Program. The program seeks to collect comprehensive data to learn more about prostate disease, particularly prostate cancer, so clinicians can develop more effective prevention, diagnostic and treatment strategies. This initiative is offered to the patients who are seen in the Multidisciplinary

Prostate Cancer Clinic.

Prostate cancer patients have multiple options for management of localized prostate cancer that include:

- da Vinci prostatectomy surgery: a minimally invasive, robotic-assisted surgical procedure that removes the cancerous prostate gland and related structures.

- Brachytherapy: a minimally invasive procedure where the doctor implants tiny permanent radioactive seeds (about the size of a grain of rice) into the prostate where they irradiate the cancer from inside the gland.

- External Beam Radiation Therapy: an Intensity Modulated Radiation System where radiation is delivered to the prostate from outside the body with a high energy X-ray beam. A newer system to Madigan is the Calypso 4D Localization System. This type of external beam radiation therapy provides clinicians continuous and real-time tracking of the prostate through permanent placement of Beacon transponders (small electronic devices) that are implanted in the prostate or prostate bed that keep the target in the path of the radiation beam at all times. By detecting the slightest tumor movement – and enabling the patient to be repositioned if necessary – the Calypso 4D Localization System helps clinicians deliver radiation directly to the tumor

while avoiding healthy surrounding tissues and organs.

- Active surveillance: a program to manage low-risk cancer by closely monitoring the status of the cancer through periodic lab tests, exams, and re-biopsies. Intervention is reserved for when there is evidence of progression.

The different treatment options are the true beauty of the Multidisciplinary Prostate Cancer Clinic, said Maj. (Dr.) Dusten Macdonald, a radiation oncologist with the clinic. The patient is diagnosed with prostate cancer and offered the four treatments, and he can choose the one that fits his biases or the one that has the most acceptable side effects. "We have the patients' best interests in mind, no matter which treatment the patient chooses," Macdonald said.

Radiation Oncology Services is currently conducting three clinical research trials with the Calypso System, which are offered as a treatment option to those patients who are considering radiation therapy. Participants must be 40 years or older and have a current diagnosis of prostate cancer or have had their prostate removed but still require further treatment. For more information about use with the Calypso System at Madigan, please contact the Radiation Oncology Services at 253-968-2090.



Madigan focuses behavioral health efforts on redeploying Stryker brigades

By Julie Calohan

Madigan Healthcare System Strategic Communication Office

Madigan Army Medical Center is gearing up for the return of 12,000 Soldiers from three Joint Base Lewis-McChord Stryker brigades and will call in extra providers from other military treatment facilities to help screen each Soldier for behavior health issues.

In addition to the Army's Post-Deployment Health Assessment each Soldier completes upon redeployment, platoon leaders and sergeants will answer behavioral health questions about their Soldiers using a down-range assessment tool.

"This is a simple tool for leaders to use since they know their Soldiers best," said Col. Mark Thompson, deputy commander for clinical services. "The tool will ask very specific ques-

tions to identify potential risk."

Screenings will be especially thorough for the 5th Brigade, 2nd Infantry Division, which has seen heavy combat since its July 2009 deployment to Afghanistan. The unit has lost 35 Soldiers.

According to Thompson, in addition to the PDHA and the downrange assessment tool, each 5th Bn., 2nd Inf. Div. Soldier will meet with a behavioral health provider for an in-depth discussion to screen for wellness and resiliency issues.

"The focus of the interview will be, 'here are some hurdles you might encounter, and here are some coping strategies that can help you,'" Thompson said.

The interviews will occur within two weeks of the Soldiers returning home, but even Thompson said that might be too soon. Symptoms of post-traumatic

stress disorder may not surface for weeks or even months, and according to Thompson, the most identifiable trigger for PTSD is combat exposure.

"Frequently, when Soldiers come back and we are talking to them in the first week or two, they are still in the honeymoon phase. They are happy to be back home. Our feeling is if this can be pushed back further, it can be of more help," Thompson said.

Two additional Stryker brigades deployed to Iraq will receive the same behavioral health support. Every Stryker Soldier will be briefed about available resources like Soldier Evaluation for Life Fitness, which provides a further assessment of a Soldier's physical, mental and spiritual health after he or she has completed block leave, and Family Assistance for Maintaining Excellence, which provides walk-in behavioral health

services for children and spouses of Soldiers.

Thompson believes Madigan, of the Army's largest hospitals, and Joint-Base Lewis McChord, with one of the largest populations of combat Soldiers, are in a unique situation. There is a large group of behavioral health providers at Madigan that have the academic skills set to develop programs that work which emphasize the idea of wellness and resiliency, especially for Soldiers that have had significant combat experience.

"It's the only place in the Army where this mix of things exists," Thompson said. "Soldiers are going to be affected by their combat experience. But the vast majority of them are extremely resilient, and if we teach them the tools to cope with some of the issues that arise, they are going to be fine."

★ Cancer

Continued from page 1

she could undergo proton therapy, a form of radiation therapy with little to no side effects. Danielle said the Army paid for the Family's housing while they were there, so it wasn't a financial hardship. "It was just hard emotionally," she said.

The Pediatric Oncology Clinic at Madigan is small, with only the chief of the clinic, Maj. (Dr.) Melissa Forouhar, and Dr. Kelly Faucette, both pediatric hematologists and oncologists, serving as providers for about 40 patients. However, they believe that's what gives the clinic an advantage.

"We share patients, so all the patients know us, and we know all the patients. They have access to one of us 24 hours a day, seven days a week," Faucette said. "Because we're smaller, our patients get more personalized attention. We really get to know our Families here."

A job some people might find difficult is just the opposite for Forouhar. "Everybody says that this has to be a really tough job. But in our specialty, you take kids who would die without treatment, and you save them," she said.

According to Faucette, the cure rate

for children's cancer is approaching 70 percent, and that means getting a college degree and having a Family for most of the children they see. They believe Abigail's prognosis is very good.

"She has made it through treatment without a relapse," Faucette said. "The prognosis is better if the cancer doesn't come back during treatment. Her Family has every right to be optimistic."

Abigail's mom, Danielle, agreed. There were tears, she said, but there was also a lot of faith. She's confident her daughter's cancer won't return. "It's not going to come back," she said.

As Abigail was about to ring the "off-chemo bell," a large brass bell all pediatric oncology patients ring when their chemotherapy treatments end, her mom gave her some encouraging words. "Go ahead, baby. Make lots of noise," Danielle said.

The bell clanged loudly, and a raucous round of applause echoed through the small room, as a wide grin appeared on Abigail's face. Then she asked her mom a question about what was really on her mind. "Now can I have some candy?"

★ TBI

Continued from page 1

Administration rehabilitation program three times a week with a one-on-one coach, but he still suffers from the effects of the blast.

"Math is very hard for me. I will sit there for 10 minutes trying to figure out how much of a tip to add to a restaurant bill," Sherer said. "And my processing speed is slower. I hear what people are saying but it's like it's on a delay."

These are classic symptoms of TBI, said Dr. Fred Flynn, the medical director of the Traumatic Brain Injury Program at Madigan. Flynn stated that 80 to 85 percent of patients with a TBI have a mild case, and 85 to 90 percent of those suffering from a mild TBI will recover within a matter of days to weeks.

"Mild TBI is the most common form of TBI that we see at Madigan and throughout the Armed Services," Flynn said.

With mild TBI, the onset of symptoms is right after the injury itself, and the injury tends to resolve over time in a progressive manner. Flynn said most Soldiers are treated in country and will return to their units, but there can be other circumstances that worsen or interrupt a Soldier's ability to recover.

"When mild TBI is compounded with Post-Traumatic Stress Disorder, a disorder where symptoms are often delayed, mild TBI may actually reemerge,"

Flynn said.

According to Flynn, the most established treatment for mild TBI is the education of the individual and Family members, which entails recognizing the injury and then assessing and treating the symptoms. Flynn stressed that adequate sleep and hydration, as well as avoidance of any type of activity that might aggravate the injury, is also necessary.

The education piece is essential, said Bronwyn Pughe, the TBI Education Specialist Administrator at Madigan's TBI Program. Quarterly briefings about TBI are given to units on Joint Base Lewis-McChord, and custom briefings are developed for other organizations and agencies interested in learning more about TBI. Weekly professional development workshops and lectures are also available.

"All Soldiers who redeploy are given a 15-minute briefing regarding TBI, educating them about what TBI is and reducing stigma," Pughe said.

Flynn stated that Madigan's TBI program is changing dynamically. In just two years, the program has grown to a staff of 25 with different specialties; all designed to work together as a team and take a holistic approach to patient care.

For more information about Madigan's TBI Program, call 253-968-0606.



Memorial Day
Monday, May 31



Photo by Steve Pivnick

81st Medical Group greets new commander

Brig. Gen. Ian Dickinson, left, 81st Training Wing commander, passes the 81st Medical Group flag to the group's new commander, Brig. Gen. (Dr.) Kory Cornum, during the unit's change of command ceremony conducted today in front of the hospital. General Cornum succeeds Brig. Gen. Dan Wyman, who commanded the 81st MDG since June 2008. General Cornum comes to Keesler after serving as command surgeon for Air Combat Command at Langley AFB, Va., since 2007. General Wyman is the new ACC command surgeon. General Dickinson was presiding officer for the ceremony.

Keesler translator helps provide common language from common goal

ANGOL, Chile — Senior Airman Cassandra Johnson, an aerospace medical technician from the 81st Aerospace Medicine Squadron, assisted two primary translators during the recent medical deployment to Chile.

"Not only do I have to translate Spanish the Chileans are speaking, I also have to do my job interviewing the patients," said Airman Johnson. "With the language barrier, if someone has a history of a medical problem and we don't translate it correctly, the medical care will be off. Between the translators, we definitely use each other to make sure the patients get the right care."

She helped Tech. Sgt. Antonio Andrade, Mountain Home Air Force Base, Idaho, and Staff Sgt. Abraham Rodriguez, Brooks City-Base, Texas, support more than 80 Airmen and about 50 Chilean medics and up to 40 Chilean patient at the expeditionary medical support facility.

"I didn't realize how important my job would be here until I was in a surgery, translating between surgeons, a Chilean surgeon on my right ear and an American surgeon on my left ear," said Sergeant Andrade. "Communication is key. You can bring all the help you want to another country, but if you don't speak their language, it's going to be very difficult to make the mission happen."

"(We) have to be very precise in what we do and how we translate," Sergeant Rodriguez said. "Some medications sound similar, so if we say something wrong, it could get bad very quickly."

Keesler's Maj. Sharon Walker, chief of nursing for the mission, is responsible for teaching most of the Chilean medics how to use different equipment in the hospital.

"Whenever we do not have a translator, things are really slow," Major Walker said.

Brain Oxygen-Boosting Secret Energizes Mind, Mood and Memory

New pill can help sharpen focus, clear away "brain fog," and erase up to 15 years of lost memory power!

For those readers seriously concerned or even embarrassed by forgetting that important name, date or to-do item again, here's some welcome news!

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Are Aging Brains Starved for Oxygen?

Reynolds explains his formula's success. "It's a simple concept; an aging brain can't catch its breath. Once you reach 55, you

may have already lost half your brain power. At that age your brain cells are virtually gasping for more oxygen."

"With each passing birthday, less and less oxygen gets to your energy starved brain cells as a result of reduced cerebral circulation and build up of toxins," he adds.

"Severely diminished oxygen and neurotransmitter levels can dull your cognitive powers, constricting your ability to concentrate, to remember things, and to make even the simplest decisions."

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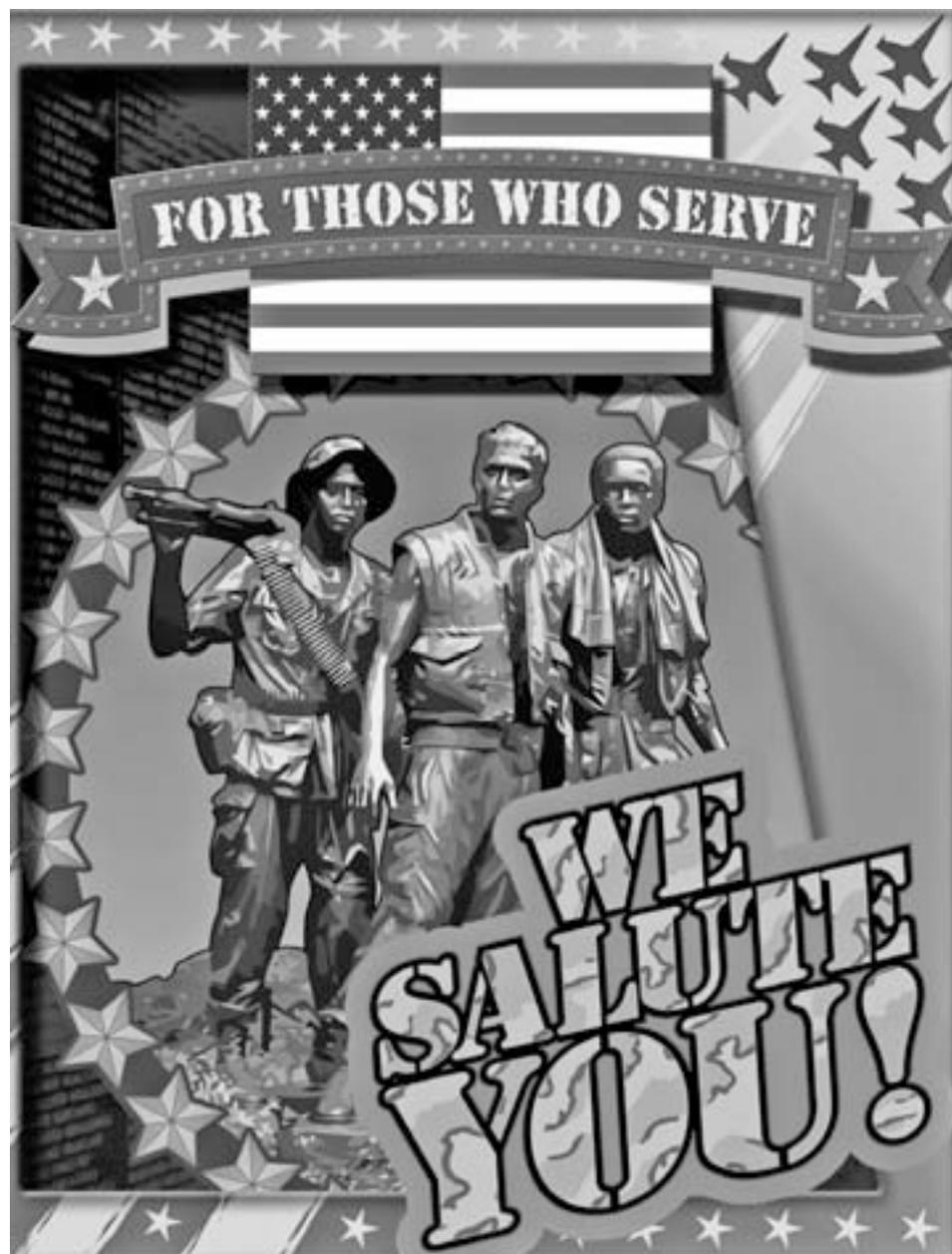
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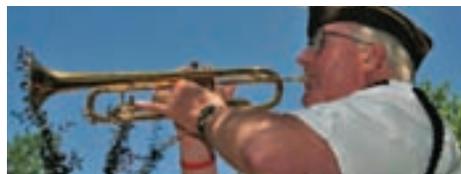
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