

The Brain Stem

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FROEDTERT & THE MEDICAL COLLEGE OF WISCONSIN

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Hospital Foundation



Small Stones Wellness Center

Maggie Lausten, Aesthetic Wellness Coordinator, Small Stones Wellness Center

**Coming this summer...
The Small Stones
Wellness Center will begin
offering yoga classes for
cancer patients. Inquire
by stopping in or calling
414-805-0998.**

Cancer treatments can cause changes to the way a person looks and feels. The Froedtert & The Medical College of Wisconsin Small Stones Wellness Center supports the healing process by providing products and services that enhance patients' appearance, boosting self esteem and promoting optimal health and relaxation.

Changes in skin texture, color and sensitivity are common and can be treated with our skin care lines, developed with the specific needs of cancer patients in mind.

For patients experiencing medical hair loss, wigs, hats and scarves are available. Loss of eyebrows

and lashes can be camouflaged with make-up techniques that can be demonstrated during a complimentary make-up touch up.

Small Stones is also a great resource for informative books, relaxation and guided imagery CD's, and other items that contribute to your overall well being.

We are located on the second floor of the Froedtert & The Medical College Clinical Cancer Center. The Small Stones Wellness Center is open Monday – Friday, 9:00 a.m. to 4:00 p.m. More information is available on froedtert.com.

STAFF PROFILES



Carrie Guzlecki, RN

I am a nurse in the Brain and Spine Tumor Program, working with Jennifer Connelly, MD, and Mark Malkin,

MD. Nursing is a second career for me. I have been with Froedtert & The Medical College of Wisconsin for just over a year now. I triage patient calls, teach patients about their chemotherapy and treatment regimens, coordinate prescription refills and complete insurance authorizations and disability forms. Neuro-oncology and Clinical Cancer Center physicians and staff work closely in a team approach to coordinate and meet the physical, emotional and spiritual needs of our patients. I find my role as a patient advocate extremely rewarding, and I truly enjoy working closely with our patients and their families.



Judy Roeder, MA

I am the case manager/care coordinator for the Brain and Spine Tumor Program, and I work

with Carrie Guzlecki, RN. Together, we are the “back office” team. I started in this position a year and a half ago. Previously, I worked with neurosurgeons here at Froedtert & The Medical College of Wisconsin. My responsibilities include receiving patient phone calls, organizing and coordinating care, reviewing lab work for patients receiving chemotherapy and working closely with the physicians. I find my position to be extremely fulfilling, and I enjoy helping and getting to know our patients.

Recognizing Seizures

Linda Allen, BSN, RN; Program Coordinator, Froedtert & The Medical College of Wisconsin Comprehensive Epilepsy Program

Seizures have become “Hollywood-sized” to the lay public, meaning all seizures are perceived as “grand mal,” whereby a person falls, stiffens and shakes. This article will dismiss stereotypes, discuss seizure classification, describe seizure types, and discuss the care for different types of seizures.

Seizures are divided into two categories – partial and generalized. A partial seizure is an electrical disturbance in one area of the brain. A generalized seizure involves electrical changes in both hemispheres. A person with a brain tumor may develop partial seizures, depending on the location of the tumor. There is a possibility the seizure may begin in one part of the brain, then move to the entire brain, causing a secondary, generalized tonic/clonic seizure.

Partial Seizures

Simple partial seizures include preserved consciousness. Some may involve a warning seizure, also referred to as an aura. This may be an unusual taste, smell, noise, dizziness, nausea, noises, visual changes or sensations. There may be rhythmic motor movement localized to a limb.

Complex partial seizures include loss of consciousness. Commonly, the person may do repetitive, non-productive movements such as lip smacking, chewing or fiddling with their clothes. The patient may or may not talk and may stare.

When a person is having a partial seizure, try to be calm, keep him or her safe and contained in one room. Avoid touching the person if possible. Re-orient the person when the seizure is done. A person who has had a complex partial seizure will not recall the episode. A person who has had a seizure that alters

consciousness may not legally drive in Wisconsin for 90 days.

Generalized Seizures

Absence seizures

(old terminology was petit mal) are momentary lapses of consciousness. They last from just seconds to up to half a minute. The person will stop and stare and his or her eyes may deviate upward.

Myoclonic seizures involve sudden, shock-like muscle contractions that jerk the arm bilaterally.

Atonic seizures (old terminology was drop attack) are a sudden loss of muscle tone. A person who has an atonic seizure while standing will fall.

Tonic/clonic seizures (old terminology was grand mal) are probably the most familiar type of seizure. The person becomes rigid, falls and utters a high-

pitched cry. Breathing may stop, leading to cyanosis (blue color of skin and lips), urinary incontinence, and the person may bite his or her tongue. If a person is having this type of seizure, protect the head, and place the person on his or her side to avoid an aspiration. Never place objects in the patient’s mouth. A person who has had a tonic/clonic seizure may be confused for hours or may want to sleep. If this type of seizure lasts longer than five

minutes, or the person sustains an injury, medical intervention is necessary.

Since they can be one of the main side effects of having a brain tumor, it is important for patients to understand seizures. Closely follow your physician’s recommendations regarding seizures and when to contact your physician or get medical attention. ■



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Mark Malkin, MD

Medical College of Wisconsin Neuro-oncologist



I have been treating cancer patients at Froedtert & The Medical College of Wisconsin since 2004. As a member of the Brain and Spine Tumor Program team, my role is to diagnose and treat primary brain tumors and the neurological complications of cancer. This includes ordering magnetic resonance imaging (MRI) scans, as well as treating patients with dexamethasone to manage brain swelling, anticonvulsants to manage seizures, and chemotherapy and other agents to control brain tumors.

I am involved in research here: my interests include the use of advanced MRI techniques to better understand the biology of brain tumors and their response to therapy, clinical trials to test new treatments, cancer epidemiology (what causes brain tumors), and studies examining how we might improve quality-of-life for our patients and their loved ones. Furthermore, as an educator in an academic

medical center, I spend a significant amount of time teaching medical students, residents, colleagues and patients.

I have been a neuro-oncologist since 1988, and there is nothing else I would rather do. I can do my job at the highest level here because of the motivated, dedicated, smart, supportive team of professionals who surround me. We have at our disposal the most advanced technology and resources to fight brain cancer, and through a carefully cultivated network of international peers, we have access to the latest information and innovative concepts. I am inspired daily by the courage of my patients and their families in the face of terrible illness and uncertainty, and I am deeply respectful of their trust in me.

On a personal note, I was born in Ottawa, Canada, raised in Toronto (go Blue Jays and Maple Leafs!), and after 18 years in New York, was invited to come to Milwaukee. Outside of work, I try to

spend as much time as I can with my wonderful son Adam, now almost 14. I attempt to stay as physically and mentally healthy as possible with tennis, cycling, hiking, cross-country skiing, and golf – and, more often than not, just hanging out watching a movie on DVD is a great way to relax and recharge for the next challenge at work. ■

Dr. Malkin earned his medical degree from the University of Toronto Medical School, followed by residency training in internal medicine and neurology at the same institution. He then completed a neuro-oncology fellowship at Memorial Sloan-Kettering Cancer Center in New York, and stayed on staff there for many years before joining the faculty at Froedtert & The Medical College. He is currently professor of Neurology and Neurosurgery, chief of the Division of Neuro-oncology in the Department of Neurology, and co-chair of the Froedtert Cancer Committee.

Gamma Knife® *Anderson Bauer, MD; Resident, Radiation Oncology*

The Leksell Gamma Knife® is a stereotactic radiosurgery device most commonly used to treat small brain tumors and other intracranial pathologies, such as blood vessel malformations and trigeminal neuralgia. It was invented approximately 50 years ago at the Karolinska Institute in Stockholm, Sweden, by a neurosurgeon (Lars Leksell, MD) and a radiobiologist (Börje Larsson, MD). Hundreds of thousands of patients have been treated with the Gamma Knife throughout the world, and currently more than 50,000 patients are treated annually.

The name Gamma Knife is deceiving, as the procedure itself is noninvasive. It does not require surgical incisions. The device uses 201 radioactive sources arranged in a hemispheric pattern to focus radiation at a common point. Therefore, the radiation



The Gamma Knife "helmet" is designed with openings that help focus the 201 radioactive sources.

dose is maximized at the target, but minimized in surrounding normal brain tissue.

The Gamma Knife can deliver radiation with great accuracy, on the order of less than 1 mm (approximately 1/100th of an inch).

To achieve such precision, a patient is fitted with a head frame, and a magnetic resonance imaging (MRI) scan is done. This head frame acts as an external reference system, used to develop the treatment plan which accounts for the size, shape and position of the target.

When the planning process is completed by physicians, the patient is brought to the Gamma Knife treatment room. The head frame attaches to a "helmet" that has 201 holes that focus the radiation. The patient is then moved into the device where the

radioactive sources are located.

The Gamma Knife delivers radiation over a timeframe of 30 minutes to two hours, depending on the specific clinical situation. Physicians and nurses monitor the patient by video and intercom. The head frame is removed once the treatment is complete. Most patients are discharged from the hospital the very same day, having experienced minimal discomfort. The response to the procedure is monitored over time on an outpatient basis.

Gamma Knife radiosurgery is generally a well-tolerated, noninvasive treatment option for multiple disease processes within the brain. It is a unique therapy that can be beneficial in many situations. For a more detailed visual depiction of the treatment procedure, the company that created Gamma Knife has posted a video on YouTube called "Gamma Knife-From the Patient's Perspective." Many patients have shared that it was a helpful resource. ■



Support Groups and Events

Froedtert & The Medical College of Wisconsin offer support groups and sponsor events of interest to brain tumor patients and their families.

BRAIN TUMOR SUPPORT GROUP

The Brain Tumor Support Group is for patients and family members who are looking for information and encouragement. Meetings are designed for open discussion of concerns related to brain tumors, with many sessions featuring speakers who focus on a variety of topics specific to this disease.

CANCER CAREGIVERS SUPPORT GROUP

This support group is for friends, family members or others caring for people with cancer. It promotes open communication of feelings, as well as providing relaxation and stress relief. Various topics of interest to the caregiver will also be presented. (This group is made possible by donations to the Froedtert Hospital Foundation.)

YOUNG ADULT ONCOLOGY GROUP

Children's Hospital of Wisconsin offers the Young Adult Oncology Group for cancer survivors ages 18 to 39. This group provides survivorship support and education.

CALENDAR

Brain Tumor Support Group

Third Tuesday of each month
6:15 pm – 8:00 pm
Open discussion: 6:15 pm – 7:00 pm
Featured speaker: 7:00 pm – 8:00 pm
Clinical Cancer Center
Conference Room L, First Floor

July 19

Open discussion

August 16

What's New in Neuro-oncology?

Wade Mueller, MD, Medical College of Wisconsin Neurosurgeon

September 20

Open Forum:

Question and Answer Session

Jennifer Connelly, MD, Medical College of Wisconsin Neuro-oncologist
Joseph Bovi, MD, Medical College of Wisconsin Radiation Oncologist

Cancer Caregivers Support Group

Fourth Tuesday of each month
5:30 pm – 7:00 pm
Clinical Cancer Center
Conference Room J, Lobby Level
July 26, August 23 and September 27
Various speakers are offered. Free chair massages provided by Lakeside School of Massage.

Young Adult Oncology Group

Meets monthly
Dates and times vary
Sponsored by Children's Hospital of Wisconsin, Froedtert & The Medical College of Wisconsin
Clinical Cancer Center
More information: Kristin Bingen, 414-456-4148 or kbingen@mcw.edu

For more information about our support groups, please visit froedtert.com or call 414-805-3666 or 800-272-3666 (unless otherwise noted).

THE BRAIN STEM VIA E-MAIL

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