

# The Miriam Memo

Winter 2013-2014



*Brighter Futures for  
Our Patients through  
Innovative Care*

Full story on page 4



**The Miriam Hospital**  
*A Lifespan Partner*



*Arthur J. Sampson*

ARTHUR J. SAMPSON

Welcome to your winter issue of *The Miriam Memo*. When I think of what an honor it is to be the president of The Miriam Hospital, I'm humbled by all the incredible people who come together each day to provide the very best patient care. Given the significant economic and health care challenges we face—from declining reimbursement rates to a steady increase in free care for those unable to pay—this is a considerable task. But our expert physicians and nurses continue to meet these challenges, while breaking new ground in medicine, thanks to the support of caring donors like you.

This spirit of caring is exemplified by the wonderful generosity of Grace and Wes Alpert, and on this page we honor Grace's memory while highlighting the couple's contributions to expanding neurosciences research at The Miriam.

For the second consecutive year The Miriam was named the top hospital in Rhode Island and southeastern Massachusetts by *U.S. News & World Report*. In these pages we highlight two of our recognized specialties—gastroenterology and urology—and introduce you to three patients whose lives were either saved or greatly improved by the expert physicians at The Miriam.

One of these patients, Jean Hemond, graces this issue's cover with Dr. Samir Shah, The Miriam's chief of gastroenterology. Using an innovative technique called chromoendoscopy, Dr. Shah was able to find and remove a hard-to-detect polyp in Jean's colon which, left untreated, might have become a cancerous tumor. You can read more about Jean on page 4.

Medicine is a team effort, and on behalf of our staff and our patients, I am grateful for your continued generosity and friendship, which are essential to making our vision for The Miriam Hospital a reality.

## **\$1 Million Gift** *Helps Further Neuroscience Research at The Miriam*

Grace Alpert always made it a priority to support the institutions that mattered to her the most. Her father, Dr. Samuel Kennison, was The Miriam Hospital's first neuropathologist, so it was only natural that Grace and her husband, Wes, had been providing support to The Miriam for decades. She was also a longtime benefactor of her alma mater, Brown University. Grace, who had been a patient at The Leonard and Adele R. Decof Family Comprehensive Cancer Center at The Miriam, died this past August at the age of 83.



Grace and Wes Alpert

To honor her parents' memory, Grace left \$3 million in her will to endow a shared professorship in neurosciences at The Warren Alpert Medical School of Brown University in conjunction with The Miriam Hospital. She also left \$1 million to The Miriam Hospital Foundation to establish an endowment to fund neurosciences research at The Miriam.

*"It was a pleasure working with Grace and her husband, Wes, in their planning of these charitable gifts, knowing that the*

*result would ensure a continuing advancement of medical teaching and research that should serve The Miriam well for generations to come,"* says Ben Paster, past chair of The Miriam Hospital Foundation. *"We are enormously grateful for Wes and Grace's generosity to The Miriam throughout their lifetimes."*

According to Dr. Karen Furie, neurologist-in-chief for The Miriam, Rhode Island and Bradley hospitals, this gift is a catalyst to expand neurosciences research at The Miriam and will create stronger alliances among The Miriam, Brown University and The Norman Prince Neurosciences Institute (NPNI) at Rhode Island Hospital. As the clinical arm of the Brown Institute for Brain Science, the NPNI brings together the state's leading experts in neurosurgery, neurology and psychiatry and connects them with the top brain scientists at Brown.

*"We are grateful to Grace and her husband, Wes, for this generous gift that will provide opportunities to replicate the multidisciplinary model we started at Rhode Island Hospital linking preclinical research on the Brown campus with the vibrant clinical facilities of the Lifespan system,"* says Dr. Furie. *"We are developing a competitive process for scientists affiliated with The Miriam to submit proposals for conducting innovative neurosciences research, including clinical trials on The Miriam campus, and we will move forward those proposals of the highest scientific merit."*

Dr. Furie adds, *"The whole field of brain science is growing rapidly. Knowledge will increase exponentially in the next few years, with novel techniques for measuring brain activity and function and for imaging the brain. I am confident that the near future will bring new hope for patients and families struggling with Alzheimer's disease, stroke, epilepsy, Parkinson's disease, brain tumors and other neurological conditions, and I am thrilled that The Miriam Hospital will play a major role in making this possible."*

*"I am confident that the near future will bring new hope for patients and families struggling with neurological conditions, and I am thrilled that The Miriam Hospital will play a major role in making this possible."*

—Dr. Karen Furie



# Planned Giving Profile: The Brier Family



Jessica and Jeff Brier

Jeff Brier's ties to The Miriam Hospital are deeply rooted. His family has been involved with The Miriam for more than 70 years, and his grandfather, Benjamin Brier, was the hospital's third president from 1950 to 1955. His mother, Zita Brier, has been an active member of The Miriam's Women's Association for more than 60 years.

A past chair of the hospital and foundation boards and a current member of the foundation board, Jeff serves as co-chair of

the Israel Steering Committee supporting The Miriam's partnership with Emek Medical Center, a leader in Israeli medical care. He chairs the Jewish Tradition Advisory Group of The Miriam and is also a member of the Neighborhood Committee.

The decision to make a planned gift to The Miriam was an easy one for Jeff. *"My professional life is the insurance business, so it was natural for me to use life insurance as the vehicle to make a planned gift,"* he says. *"What's appealing about life insurance is it's a good leveraging of dollars. You pay something today at a reasonable cost to give a much larger amount down the line. Life insurance is a great way for future investment."*

Jeff's wife, Jessica Brier, MS, APRN, CNS-BC, has worked as a nurse at The Miriam for more than three decades and is now a cardiovascular clinical nurse specialist in the department of professional practice development.

Their son, Jacob, represents the fourth generation of Briers at The Miriam and is now a governor of the hospital. In 2008, Jacob co-founded LIFEcycle, Inc. with his wife, Dani Sahner Brier, who serves on the board of The Miriam's Women's Association. LIFEcycle is a nonprofit organization that promotes healthy, active living and supports local cancer treatment. This summer, LIFEcycle's fifth annual Ride 'Round Rhody bike-a-thon raised \$77,000 to support the Comprehensive Cancer Center at The Miriam Hospital, Rhode Island Hospital and Newport Hospital. Jacob and Dani have also named The Miriam in their wills.

*"Philanthropy allows The Miriam to offer new programs that can't be funded through the daily operating budget,"* says Jessica. *"We are extremely proud to support the future of The Miriam Hospital."*

We extend our thanks and deep gratitude to the entire Brier family for their friendship and generosity, and commitment to The Miriam's future.

**For information about making a planned gift, please contact Debbi Gilstein Jaffe at 401-793-2062.**



Jacob Brier and Dani Sahner Brier

Photo by Al Weems



## JEWISH TRADITION ADVISORY GROUP HONORS THE MIRIAM'S HERITAGE

In 1902, a handful of women began collecting coins to raise \$1,000 for the down payment on "a place to care for the indigent sick of the Jewish faith." Tzedakah or "pushke" boxes were placed in homes throughout Providence to raise the funds to establish the first Miriam Hospital, which opened in 1926 with 63 beds and 14 bassinets. In 1952, after a fund drive that raised \$1.3 million, the new 150-bed Miriam Hospital opened on Summit Avenue. It was truly a gift of the Jewish community to all the people of Rhode Island.

Today, the Jewish Tradition Advisory Group, founded in 2008 as the Jewish Traditions Committee, focuses on honoring The Miriam's Jewish heritage by maintaining and developing services and practices that align with Jewish traditions and the founding principles of the hospital. Accomplishments include refurbishing the chapel, improving kosher meals at the hospital, placing mezuzot over all entrances and elevators, providing candles for patients observing the Shabbat, and offering food, music and education at major Jewish holidays and occasions.

*"Sharing knowledge of Jewish heritage and traditions with our staff and patients who are interested is very important to us,"* says Jeff Brier, the group's chair. *"We are also working to strengthen or build partnerships with outside agencies that serve the Jewish community."*

## Advisory Group Members

**Jeffrey Brier**, chair

**Sandra Cheng**, immediate past chair and vice president of support services, The Miriam

**Rabbi Avraham Rosenthal**, staff chaplain, spiritual care, The Miriam

**Rabbi Wayne Franklin**, Temple Emanu-El

**Rabbi Elan Babchuck**, Temple Emanu-El

**Rabbi Natan Schafer**, Jewish Eldercare of RI

**Debbi Gilstein Jaffe**, chief development officer, The Miriam

**Jason King**, director of food and nutrition, The Miriam

**Judith Levitt**, past member of The Miriam board of trustees and current Miriam Hospital governor

**Margarida McFarland**, manager of patient tray services, The Miriam

**Jeni Mowry**, manager of volunteer services, The Miriam

**Fernando Serna**, director of spiritual care, The Miriam

# The Miriam Hospital Broadens Gastroenterology

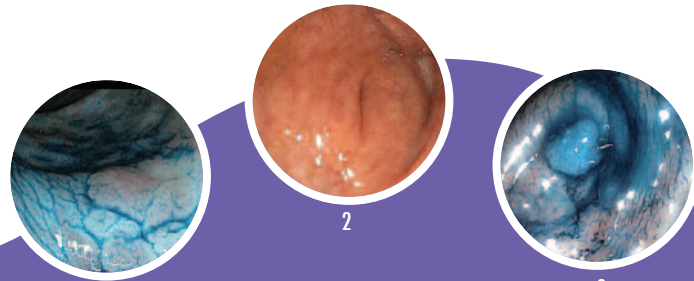


Jean Hemond and Dr. Samir A. Shah

Under the watchful eye of Dr. Samir A. Shah, chief of gastroenterology at The Miriam Hospital, our team of gastrointestinal physicians now treats the entire spectrum of GI disorders: gastroesophageal reflux disease (GERD), Barrett's esophagus, ulcers, gallstones, abnormal liver function, pancreatitis, inflammatory bowel disease (IBD), irritable bowel syndrome (IBS), colon cancer, and more.

*"Because of the expertise available among all of our physicians and surgeons, we're able to provide an incredibly high level of care at The Miriam,"* says Dr. Shah, who is also part of Gastroenterology Associates.

Dr. Shah specializes in treating patients with IBD, including ulcerative colitis and Crohn's disease, which increase patients' risk of colon cancer. He is one of the few gastroenterologists in the state specializing in chromoendoscopy, a technique that applies a non-absorbing dye called indigo carmine to the intestinal wall. The dye helps detect subtle, flat lesions and polyps that are not visible during a traditional "white light" colonoscopy. It is the procedure that may have helped to save Jean Hemond's life.



1 and 3. Polyps from different areas of the large intestine, with dye. 2. Cecum (beginning of the large intestine) without dye.

## Adding Color to Prevent Colon Cancer

Back in 2003, each time Jean Hemond ate a snack or a meal, the now 75-year-old experienced severe pain in her bowels. At the urging of her daughter, who has colitis, Jean saw Dr. Shah at The Miriam.

There she was diagnosed with Crohn's colitis and prescribed a regimen of oral medication and regular colonoscopies.

The medication greatly improved Jean's quality of life. For nearly 10 years, Jean's Crohn's was in remission. However this past June, a routine colonoscopy revealed a precancerous polyp and low-grade dysplasia of the colon. Patients with low-grade dysplasia have abnormal colon cells, increasing their risk of developing cancer if left untreated.

Jean recalls, *"My mother died of colon cancer, so after Dr. Shah removed that first polyp, he recommended that*

***"Because of the expertise available among all of our physicians and surgeons, we're able to provide an incredibly high level of care at The Miriam."***

—Dr. Samir A. Shah

*I come back for another test that would allow him to take a closer look."*

Using chromoendoscopy in August, Dr. Shah found and removed four additional polyps in Jean's colon that were previously undetectable.

*"I was surprised when Dr. Shah told me what he found; I can't believe how much more the dye revealed than my regular colonoscopy,"* Jean says.

*"I'm grateful that my current health outlook is good—I have great confidence in Dr. Shah. I've seen what my mother went through and want to do whatever I can to keep cancer from developing."*

*"The yield of polyps detected increases significantly with chromoendoscopy, often four- to fivefold,"* says Dr. Shah. *"This sensitive and accurate procedure will translate into less frequent colonoscopies and biopsies while preventing more colon cancers."*



# Services to Treat Life-Threatening Conditions

## Getting Ahead of Esophageal Cancer

Wayne Beaucage, 53, had been living with acid reflux and stomach pain. A patient of Dr. Neil Greenspan at The Miriam Hospital and Gastroenterology Associates, Wayne had been taking oral medications to help relieve his discomfort. When the medicine's effectiveness began to diminish, he underwent endoscopy in summer 2012 that revealed a condition called Barrett's esophagus—a risk factor for esophageal cancer.

Dr. Greenspan immediately recommended an innovative technique called radiofrequency ablation and referred Wayne to another Miriam physician, Dr. Brett Kalmowitz, who has performed the most Barrett's ablations in Rhode Island. Barrett's esophagus, which is caused by chronic exposure to acid from reflux, results in an abnormal change to the cells within the lining of the esophagus.

*"When doctors told me what they found in my esophagus and that it could result in cancer, my first thought was about my wife, my 30-year-old daughter and two teenage sons—I was determined to get the treatment I needed to make sure I'm here for them,"* Wayne recalls.

A nonsurgical procedure guided by endoscopy, radiofrequency ablation uses controlled amounts of energy to generate heat, which is delivered by catheter to the esophageal lining. The directed heat obliterates the diseased tissue while minimizing injury to healthy tissue. The equipment is currently housed at Rhode Island Hospital, but plans are under way to bring the technology to The Miriam.

Just a few years ago, patients with advanced Barrett's had limited options and faced the prospect of an esophagectomy. Today, Dr. Kalmowitz can perform ablation the moment he detects abnormal cell activity. *"Rather than a patient having to live with Barrett's, we can proactively remove the disease safely, which improves quality of life and well-being,"* says Dr. Kalmowitz. *"Ablation demonstrates our commitment to caring for patients with complex gastroenterological problems."*

Because a large section of Wayne's esophagus was affected, Dr. Kalmowitz performed three separate ablations to remove all of the diseased tissue. Following the procedure, Wayne felt no discomfort or pain. Thanks to ablation and changes to his diet, Wayne no longer suffers from acid reflux and feels better than he has in years.

*"Dr. Kalmowitz put me at ease and gave me all the confidence in the world that he could take care of me,"* says Wayne. *"It was frightening to think that removing my esophagus was a possibility had I not received this treatment. I can't explain how different I feel today; I no longer have any acid or stomach issues. I have The Miriam to thank for that."*

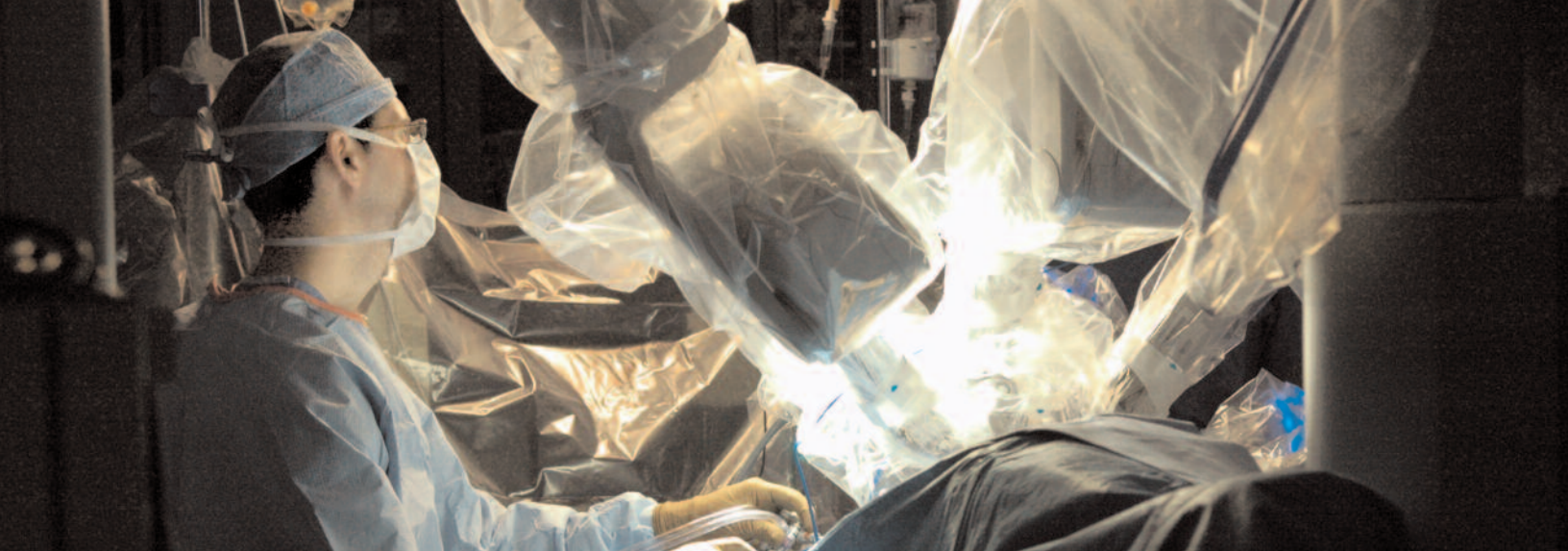


Radiofrequency ablation device inserted via a catheter through the mouth into the esophagus uses a controlled amount of energy to remove diseased tissue (darker blotch, lower left) in the esophageal lining. Used with permission of Covidien.



Aaron, Darlene, Wayne and Adam Beaucage





## Radical Cystectomy Using da Vinci Surgical Robot Saves Bladder Cancer Patient's Life



Skip Hull

**B**ladder cancer was not on Robert (Skip) Hull's radar screen. "My first symptom was pain while urinating, and I thought I had a bladder infection that wasn't going away," the 58-year-old from Warwick remembers. "A sonogram revealed a mass in my bladder that turned out to be cancer."

Skip's cancer was staged as diffuse T1, which means the tumor had started to grow into the connective tissue beneath the bladder

lining. His search for the best treatment possible led him to Dr. Dragan Golijanin, a urologic surgeon and co-director of the Minimally Invasive Urology Institute at The Miriam.

"I liked Dr. Golijanin immediately at our first meeting," Skip says. "He answered all my questions and put me at ease."

Dr. Golijanin and his team performed a radical cystectomy—a minimally invasive procedure using the da Vinci surgical robot to remove Skip's bladder, prostate, distal ureters and several lymph nodes. The surgical team then constructed a "neobladder" using the da Vinci robot so that Skip could continue to urinate normally. The neobladder was made from a piece of Skip's small intestine that was formed into a pouch and placed in the same position as his original bladder. This way, Skip was able to avoid having an "ileal conduit" procedure in which a patient must use a urostomy bag outside the body to collect urine.

"Because of Skip relatively young age—most bladder cancer patients are over 68—and the diffuse T1 stage disease with high risk for progression, cystectomy was the best option," says Dr. Golijanin, who has performed nearly 60 cystectomies at The Miriam in the past year and a half. "Skip came through this procedure with no complications, and we were able to preserve his urinary function. He will need no

chemotherapy or radiation, and his prognosis for lifetime survival without recurrence is excellent. He will continue to follow up with me regularly to assure that there is no recurrence in the urethra, ureters and kidneys."

Dr. Golijanin adds, "Of the prostate, bladder, kidney, testicular and penile cancer patients I treat at The Miriam, more than 90 percent have laparoscopic surgery with the da Vinci robot. Those who've had previous extensive open abdominal surgeries often require open surgery, which I perform at Rhode Island Hospital and which can lead to slightly longer recovery and greater blood loss intraoperatively. Having the new da Vinci Si HD surgical system, made possible through the philanthropy of several Miriam donors, allows us to treat the full range of patients with urological cancers. And we have the expertise of our Comprehensive Cancer Center, Men's Health Center and our Women's Medicine Collaborative to help patients deal with the physical and psychological effects of cancer treatment."

**"I'm glad I went the route I did with Dr. Golijanin and the da Vinci robot. It was a traumatic experience, certainly, for my family and me, but I focused on getting a little better each day and following the directions from my wonderful doctors and nurses at The Miriam. They gave me hope and have kept me alive."**

—Skip Hull, patient

Along with his clinical work, Dr. Golijanin is also a pioneering researcher. An anonymous donor recently made a \$300,000 gift to support his groundbreaking urology research. He is part of a multi-institutional team doing clinical research to determine if robotic laparoscopic partial nephrectomies are the best option to preserve kidney function in patients with small kidney tumors. In addition, he is studying the biology of kidney tumors and looking for new markers for imaging and for predicting disease severity.

After seven days of recovery at The Miriam, Skip was ecstatic to return home to his wife, his 26-year-old son and his 20-year-old daughter. He underwent rehab to strengthen his abdomen, and follow-up tests have all been clear. Skip is now back at work as a manufacturing supervisor, once again feeling healthy and strong.



# The Miriam Launches State's Only Comprehensive Kidney Stone Center

In March, the Kidney Stone Center opened its doors at The Miriam, bringing together a multidisciplinary team to evaluate, diagnose and treat patients suffering from kidney stones. It is the only center of its kind in Rhode Island.

According to Dr. Gyan Pareek, the center's director, kidney stones are one of the most common and painful disorders of the urinary tract, affecting nearly 15 percent of Americans each year. About half of all patients experience recurrent stones within 10 years.

*"Our patients are evaluated by a urologic surgeon (Dr. Pareek), a nephrologist (Dr. John O'Bell) and a dietitian (Dr. Mary Flynn) in a single visit," says Dr. Pareek. "Our goal is to treat existing stones and prevent new stones from forming. Because most stones are diet-related, tailored nutrition and dietary management are critical."*

Dr. Pareek's team has extensive experience in caring for patients at high risk of developing stones due to metabolic syndrome, diabetes and obesity. Diagnostic services, including sonography, are available on-site, and the center offers the most innovative surgical tools.

*"Our shockwave lithotripsy machine uses sound waves delivered outside the body to dissolve the stone to a passable size," says Dr. Pareek. "We also offer ureteroscopy, in which a small scope travels through the urethra and the urinary system while the patient is under general anesthesia. A laser breaks up the stone and extracts the pieces. Both are performed as outpatient procedures at The Miriam. We hope that our patient's first kidney stone removal is also their last."*



Dr. Gyan Pareek



Multiple stones (circled) in the kidney (center) and an upper ureter (lower left).



L-R. Edward Feldstein; Samuel C. Dudley, MD, PhD; Ann Clark; Deborah Greenspan, PhD; Neil Greenspan, MD; and Arthur Sampson



Andy and Shelley Sigal



Linda Paster, Wes Alpert and Ben Paster

## The Miriam People Dinner

2 0 1 3

### Puts the Heart in Philanthropy

More than 150 members of The Miriam People Society gathered at the Providence Marriott on September 24 for The Miriam People Dinner 2013. Chairing this fabulous event were Deborah Greenspan, PhD, and Neil Greenspan, MD. Samuel C. Dudley, Jr., MD, PhD, chief of the divisions of cardiology at The Miriam Hospital and Rhode Island Hospital, gave the keynote speech titled *"A Path with Heart—The Future of Cardiac Care, Research and Innovation at The Miriam."* For more information about The Miriam People Society, founded by Stanley Grossman, please visit [www.miriamhospital.org/Miriam\\_People\\_Society.aspx](http://www.miriamhospital.org/Miriam_People_Society.aspx)



**The Miriam Hospital  
Foundation**

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# Save the Date April 5, 2014

**Rhodes on the Pawtuxet  
Cranston, Rhode Island**

**Join gala chairs Susan and David Bazar for a  
SoHo chic evening to benefit The Miriam Hospital.**

Bid on an exciting selection of auction items  
presented by professional auctioneer Paul Zekos,  
enjoy exquisite cuisine by Russell Morin Fine  
Catering and dance "in the streets" to the  
sounds of World Premier Band!

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