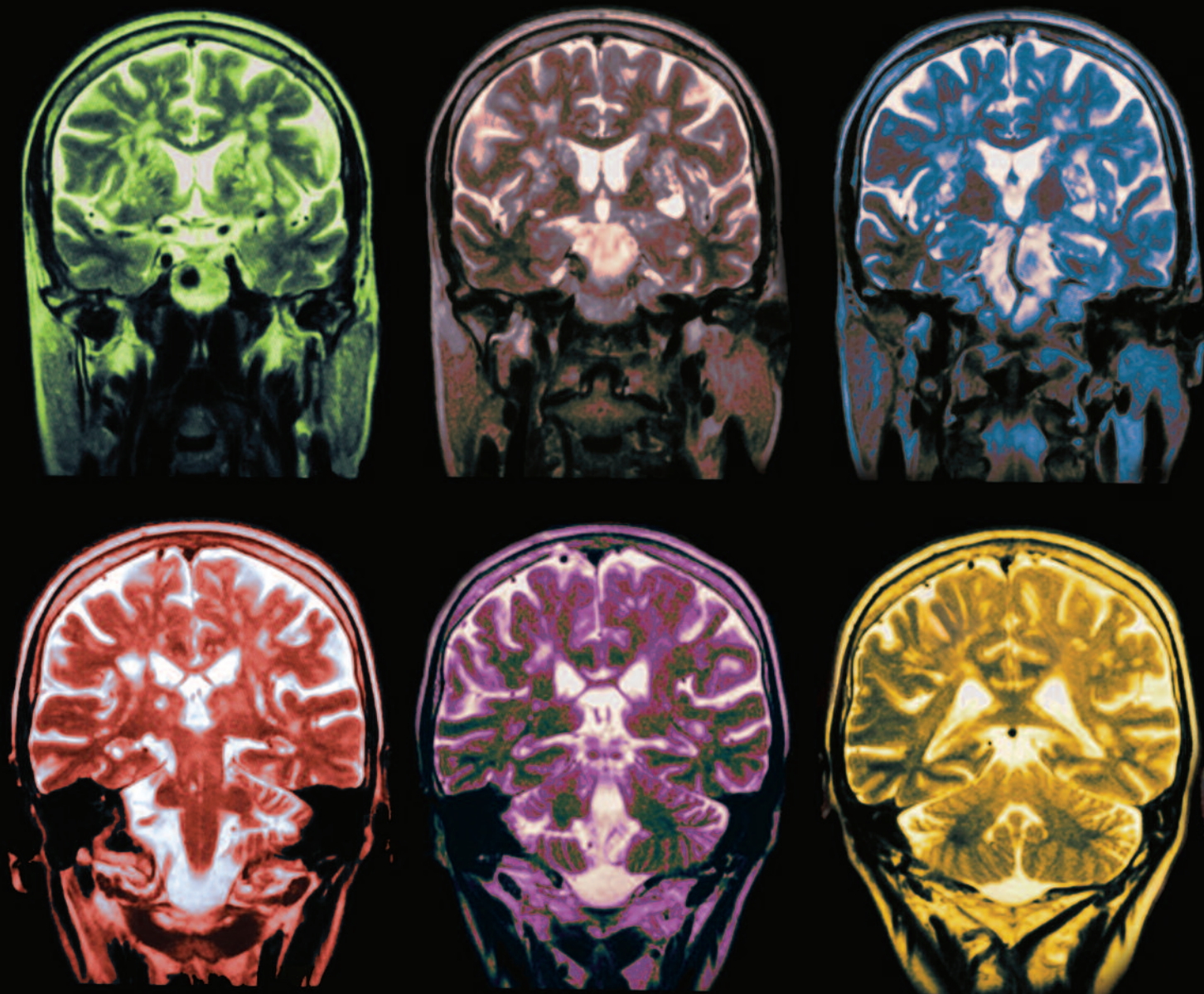


Fall 2013

# Advancing Medicine.

## *Touching Lives.*



**Stimulating the Brain:**  
“Turning back the clock” for patients  
while propelling brain science into the future

*Full story on page 3*

**Annual Donor Listing Included**



**Rhode Island Hospital**

*A Lifespan Partner*

— 150 years —  
Advancing Medicine. Touching Lives.

# A Message

## from the President



**Timothy J. Babineau, MD**

President, Rhode Island Hospital

President and Chief Executive Officer,

Lifespan

As we near the end of our 150th Anniversary year, I continue to marvel at how far medicine has advanced...the degree to which technology has evolved...the breakthroughs within reach for the future. And the pivotal role Rhode Island Hospital has had in shaping this landscape.

This is an exciting time for Rhode Island Hospital, and it's your philanthropic support that is—and always has been—the anchor that makes our work possible. *Thank you.* From the founding families in 1863 right through to today, it has always been the generosity of caring individuals, businesses and foundations that has allowed us to forever stay true to our hospital's mission: *to be at the forefront of patient care by creating, applying and sharing the most advanced knowledge in health care.*

Today, we are leading the way forward with innovative programs and technologies that are models for the nation and the world, as you will read in this issue of *Advancing Medicine. Touching Lives.* We are also proud to share with you our 2012 honor roll of donors.

On behalf of all the staff at Rhode Island Hospital, thank you for being at our side as we prepare for the next 150 years of innovation in medicine, technology and patient care.

## JOIN THE PRESIDENT'S CIRCLE

The Rhode Island Hospital President's Circle is a giving society that recognizes supporters who make annual gifts of \$150 or more. By making a yearly commitment at this level, you help save lives and shape Rhode Island Hospital's future. Your gift of \$150 or more sustains and strengthens Rhode Island Hospital's lifesaving work. With your generosity, we can continue to provide the most cutting-edge medical advancements and superb care right here in Rhode Island.

### PRESIDENT'S CIRCLE BENEFITS

#### Gifts of Kindness (\$150-\$249.99)

- Rhode Island Hospital pen and notepad
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#### Gifts of Inspiration (\$1,000-\$4,999.99)

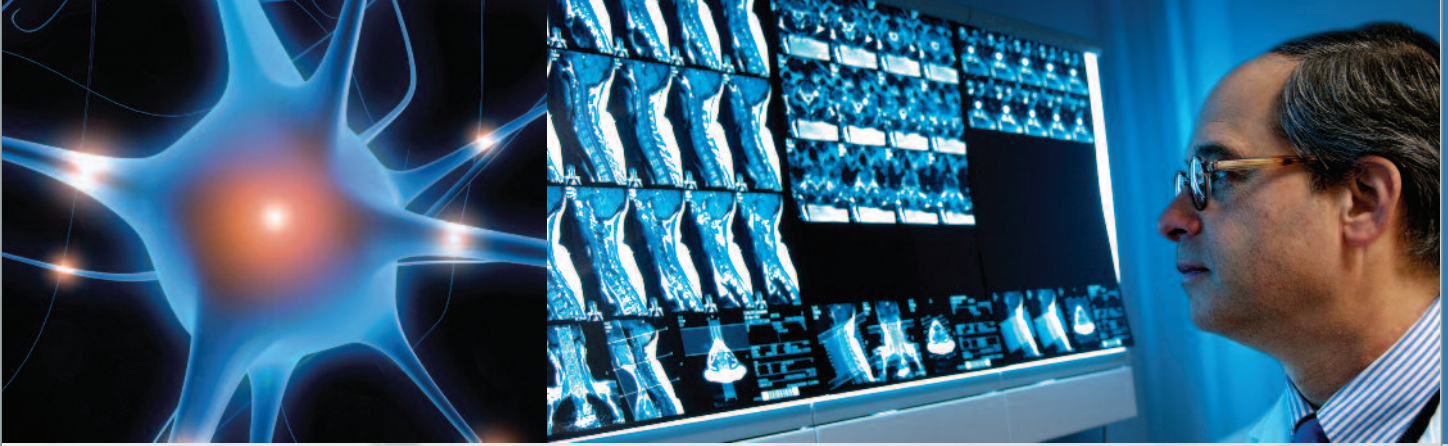
- All of the above, plus personalized brick placed in Legacy Park
- Two individuals will be our guests to The Rhode Island Hospital 150th Anniversary Celebration in November 2013

#### Gifts of Hope (\$5,000+)

- All of the above, plus personalized AT Cross pen
- Special invitation to annual lunch with the hospital president
- Four individuals will be our guests to The Rhode Island Hospital 150th Anniversary Celebration in November 2013

**To learn more, please contact Emily Quinn  
at 401-444-6509 or [equinn@lifespan.org](mailto:equinn@lifespan.org)**





## Turning Back the Clock: “Brain Pacemaker” Benefits Patients with Neurological Diseases

**B**rain surgery is something most of us would prefer to avoid at all costs. But for those with advanced neurological disease, the prospect can be met with gratitude and relief rather than anxiety and fear. Today, world-class neurosurgeons from the Norman Prince Neurosciences Institute at Rhode Island Hospital are using a sophisticated technique called deep brain stimulation (DBS) to improve patients’ lives while expanding the horizons of neuroscience.

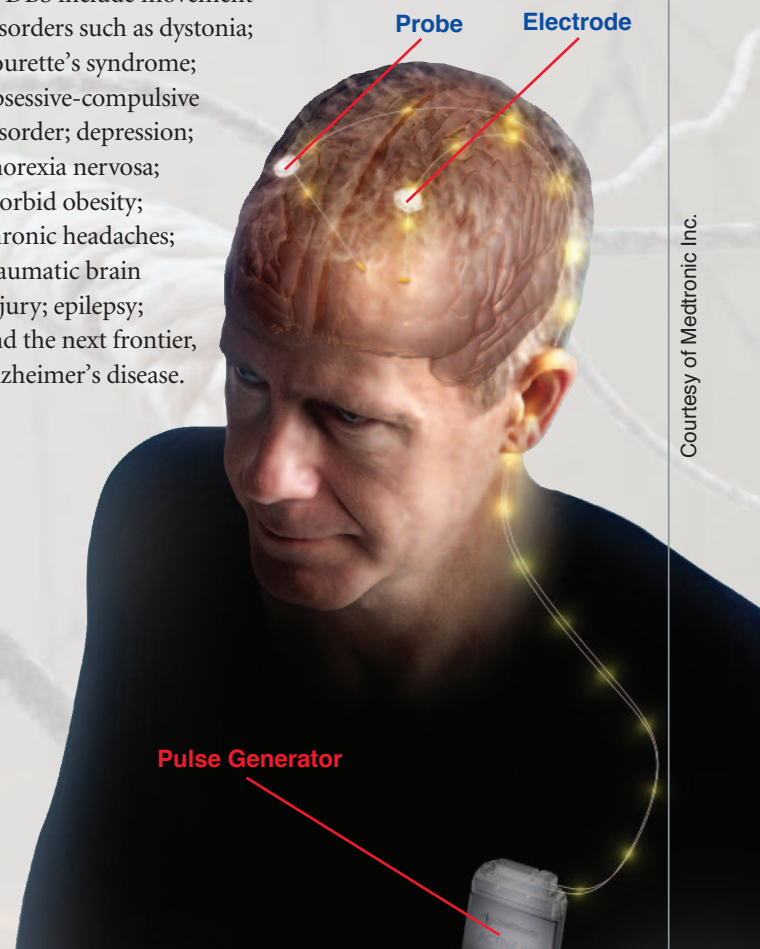
In 1998, Rhode Island Hospital was the first in the state to treat patients with Parkinson’s disease with DBS, which uses a surgically implanted device, similar to a cardiac pacemaker, to deliver mild electrical pulses to precisely targeted areas of the brain. Between 10 and 20 percent of all patients with Parkinson’s disease or essential tremor would be considered good candidates for DBS, and these two groups represent the majority of patients who undergo DBS surgery at Rhode Island Hospital. Success rates vary from patient to patient, but most see a significant reduction, if not a complete reversal, of their disabling symptoms.

*“DBS is not an early intervention. The patients who benefit have progressed past the point of effective medical therapy or suffer from serious medication side effects,”* says Dr. G. Rees Cosgrove, chief of neurosurgery and director of the Norman Prince Neuroscience Institute at Rhode Island Hospital and chair of the department of neurosurgery at The Warren Alpert Medical School of Brown University. *“To restore function in otherwise disabled people—like turning a clock back almost a decade—is a wonderful opportunity.”*

Rhode Island Hospital performs one or two DBS surgeries a month, and DBS typically requires one or two inpatient procedures, with outpatient follow-ups for programming and battery replacement over time.

*“DBS is providing our researchers with a window into how the brain functions at the neuronal level,”* says Dr. Cosgrove. *“We’re providing outstanding clinical care to our current patients, and we remain committed to scientific discovery and understanding the causes of these conditions.”*

Other current or investigational areas for possible use of DBS include movement disorders such as dystonia; Tourette’s syndrome; obsessive-compulsive disorder; depression; anorexia nervosa; morbid obesity; chronic headaches; traumatic brain injury; epilepsy; and the next frontier, Alzheimer’s disease.



Courtesy of Medtronic Inc.



## In Good Hands at Rhode Island Hospital



Shortly after giving birth to her second son in 2006, **Jillian Courcy** started experiencing hand tremors and slurred speech. At 34, the young mother from Dighton, Massachusetts, didn't want to believe it when she was diagnosed Parkinson's disease. Soon, lack of fine motor control made it difficult for Jillian to do the things she loved, like cooking dinner for her family or working in her garden. In April 2012, after medications stopped working, she underwent DBS surgery with Dr. Wael Asaad at Rhode Island Hospital. *"They placed two little probes into the back of my brain," she says, "and these receive an electric stimulus from a device implanted in my upper chest that can be controlled with a small remote."* A month later, Dr. Victoria Chang, a neurologist at Butler Hospital, turned on and programmed the device. Jillian noticed a difference immediately. Her shaking stopped, and she's now able to speak coherently. *"It's made me feel like I've got my old life back," she says. "I was awake through the surgery, and Dr. Asaad let me bring my iPad to take pictures of the whole experience. I was always in good hands at Rhode Island Hospital."*

## Excellent Care Right from the Start

A 57-year-old from Narragansett, **Frank Woodbine** was an overhead line-man for National Grid before he was diagnosed with Parkinson's in 2010. To control the severe tremors in his right arm, the husband and father of three grown daughters took a range of medications with little long-term effect, and he was relieved to find out he was a good candidate for DBS. Through the spring and early summer of this year, Frank completed the stages of DBS with Dr. Asaad at Rhode Island Hospital, along with Dr. Chang and Dr. Joseph Friedman at Butler Hospital. The device was activated on July 15. *"At first I didn't want anyone tinkering with my brain, but when all the medications weren't working, I thought I'd give it a shot," he says. His tremors went away completely for two-and-a-half weeks—a normal "honeymoon period"—and have returned somewhat, with significantly less severity. "I'll soon return to work for four more years until retirement—not as a lineman but in another capacity. Having this technology available and close to home is great. I went in with a good outlook that I would have a good result, and so far I have. I've received excellent care right from the start."*



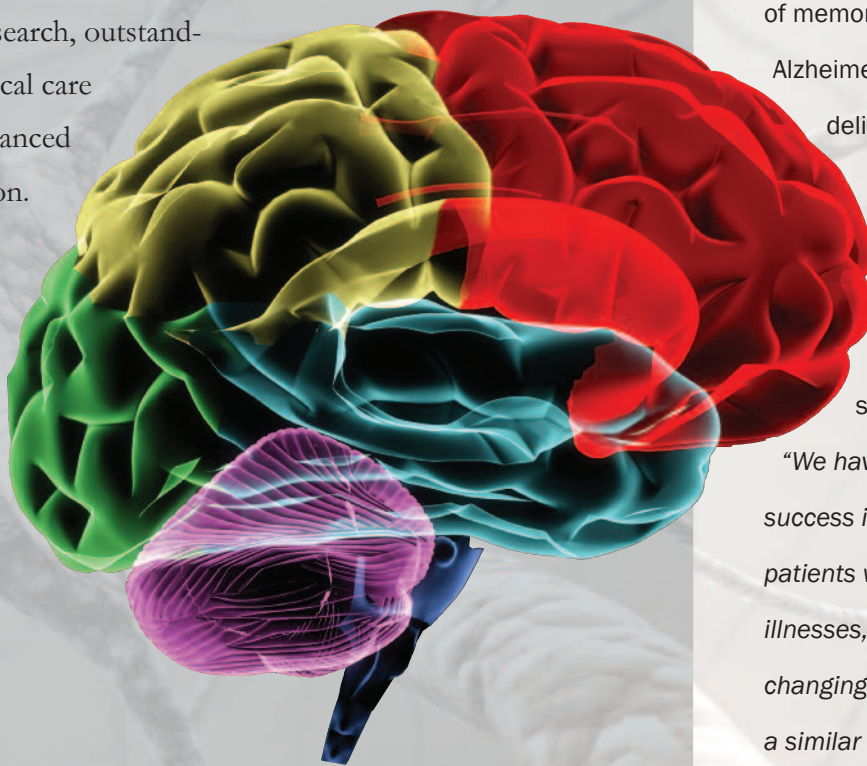
## Effect Was Instant and Dramatic



**Cynthia Carter's** 12-year struggle with essential tremor in her hands and head progressed to the point where she could no longer write her name or drink from a glass without spilling. After years of medications, the 69-year-old from Harrisville, Rhode Island, felt she had exhausted all other solutions until her neurologist referred her to Dr. Asaad at Rhode Island Hospital for DBS. Between December 2012 and March 2013, she underwent a series of six procedures, with two surgeries to place electrodes on both sides of her brain. The effect was instant and dramatic. Her head tremors have lessened, and she has much greater control over her dominant hand. *"I didn't know what to expect at first, but Dr. Asaad was very reassuring," she says. She now sees Dr. Chang for programming, and in April 2013 she volunteered to speak with students at Alpert Medical School about her experiences.*

## ABOUT THE NORMAN PRINCE NEUROSCIENCES INSTITUTE

The Norman Prince Neurosciences Institute brings together physicians and scientists from Rhode Island Hospital and its Hasbro Children's Hospital, Bradley Hospital, Brown University, the Brown Institute for Brain Science, Butler Hospital, the Providence VA Medical Center and Women & Infants Hospital. The institute is dedicated to advancing the neurosciences and reducing human suffering from disorders of the nervous system through world-class research, outstanding clinical care and advanced education.



## ON THE FRONT LINES OF RESEARCH:

**Alzheimer's disease** afflicts more than 5 million people in the United States, and there is no cure. National leaders in Alzheimer's care and research, Rhode Island Hospital and Butler Hospital are now participating in The ADvance Study—a multisite clinical trial on the safety and efficacy of DBS in slowing the loss of memory and cognition in patients with

Alzheimer's disease. In this study, DBS delivers electrical pulses directly to the fornix, a part of the brain that plays a central role in memory.

*"The results of the preliminary trial are very encouraging,"*

says Dr. G. Rees Cosgrove.

*"We have seen tremendous success in using DBS on many patients with other neurological illnesses, and it has truly been a life-changing treatment. If we can achieve a similar response with our Alzheimer's patients then we will have the opportunity to improve millions of lives."*

## WHO MAKES A GOOD DBS CANDIDATE?

Before considering DBS surgery, patients must have tried medications and other therapies and not responded well. Rhode Island Hospital's multidisciplinary team considers the history, needs and expectations of each patient before recommending surgery. Patients may be candidates for DBS if their cognitive function is still intact (if not, surgery can worsen cognitive decline); their brain MRI shows no sign of significant cerebrovascular or neurodegenerative disease; and they are medically fit for up to six hours of surgery performed while the patient is awake.



**E**ric Robinson was looking forward to sitting in on the bass for a blues piece with his son's band at a club in Foster, Rhode Island, on that first Saturday in March. By all accounts, he did a great job. He doesn't remember a thing about that evening—or the next few days. His mind went blank until he woke up in the Cardiac Care Unit at Rhode Island Hospital.

## **Saving a Life** Using a New Form of Implantable Cardiac Defibrillator

His fiancée, Kate Menard, and his son, Brett, have filled in the pieces for him of that harrowing night. Eric did play with his son's band, but the evening took a dramatic turn as soon as he left the stage.

*"I went to put my arm around him to congratulate him and knew something was wrong. He had his head down, his arms were crossed, and he was making random movements. He didn't respond to me at all,"* Kate recalls.

The next few moments were a blur of activity as patrons jumped in to help—calling 911 and moving him to the floor. Kate recalls thinking, *"This can't happen again,"* as she watched Brett call to his only living parent. He had lost his mother two years before to a heart attack.

It was clear that Eric was in serious trouble. His skin was gray and he wasn't getting enough oxygen. *"I was dead,"* he calmly states today. His doctors concur. *"He died suddenly from a fatal arrhythmia,"* says Dr. Antony Chu, director of complex cardiac ablation at Rhode Island Hospital's Cardiovascular Institute (CVI).

Fortunately for Eric, a member of the Foster Rescue Squad arrived on the scene with a portable defibrillator. They shocked Eric twice before strapping him to a stretcher and transporting him by ambulance to Rhode Island Hospital.

Kate was struck by how much concern and attention

the staff paid the family, not just the patient. *"I can't say enough about how calm and professional the staff was,"* Kate says. *"They kept us informed every step of the way."*

Then, Dr. George McKendall, a cardiologist, came out of the trauma room to talk to Kate and Brett. He explained what was happening, easing some of their anxiety. *"He told us Eric was alive and that they were taking him to the catheterization lab and then up to the Cardiac Care Unit."*

As Eric was leaving the cath lab, Dr. McKendall found them to explain what his team had learned. *"He told us that Eric didn't have a heart attack, though he had been in cardiac arrest. His arteries were clear, but there was an electrical problem with his heart. Eric was alive, but Dr. McKendall made it clear there were still serious unknowns and we wouldn't have answers for several days."*

Eric continued to gain strength over the next couple of days as his doctors discussed long-term treatment options. No one knows exactly why his heart did this when it did, but the doctors said it could happen again anytime.

Fortunately, the FDA had just approved a new device—a single-lead implantable cardiac defibrillator (ICD) with a passive atrial sensor—ideal for his condition. Earlier that same week, Rhode Island Hospital had become the first hospital in New England and among the first in the country to treat a patient with the new device.



Kate Menard and Eric Robinson

An ICD is an electronic device that monitors the heart's rhythm. When it detects a rapid, potentially fatal cardiac arrhythmia, it sends electrical energy to the heart muscle, effectively resetting it and enabling the heart to beat normally again. Traditionally, ICD technology requires two leads or wires to effectively diagnose the correct electrical status of the heart. The newer single-lead ICD that Eric received can do the work of two leads with just one. Placing one lead in the heart can significantly reduce the cost, length of time of the procedure and risk of complications.

*"This technology is changing the way we treat patients by offering many benefits of two leads, but with less procedural risk and with a lower cost," says Dr. Michael Kim, director of the arrhythmia service at Rhode Island Hospital. "Implanting multiple leads can result in more complications. The new single-lead allows the detection of top chamber rhythms such as atrial fibrillation and thus can help to improve the overall management of the cardiac patient."*

Dr. Chu adds, *"Traditional single-lead ICDs are designed to only sense and correct changes in ventricular rhythm. But*

*this new single-lead ICD can sense changes in the atrial rhythm as well. This is a significant advancement that can allow single-lead ICDs to more accurately diagnose abnormal heart rhythms. We are confident that it will be a great benefit to many of our cardiac patients."*

Three days after Eric arrived at Rhode Island Hospital, Dr. Chu implanted the new ICD into Eric's chest. The

surgery, which involved making a four-inch incision on the left side of his chest, went smoothly. And just a day later he was released from the hospital. Each night, the ICD sends data directly to the CVI staff via a transmitter that sits

– Eric Robinson

on Eric's nightstand. Every few months he goes in for a checkup to ensure everything is working properly.

Eric feels very fortunate that the right people and tools were there when he needed them. *"This has truly been a life-changing event...a real eye-opener. Kate and I have been engaged for the longest time, but we are going to get married soon now. I have also decided to retire. I've been teaching for 35 years. That's enough years; it's time to make some changes. I have a lot of things I want to do."*

***"Dr. Chu told me that I was medically dead. The timing of the CPR and the defibrillator are what saved me. And the care I received at Rhode Island Hospital along with this new device will keep me alive."***

## Family Gift Creates Ophthalmology Lecture Series



Dr. Sunil Rao

In October 2012, Rhode Island Hospital lost one of its most gifted physicians after the unexpected passing of ophthalmologist Dr. Sunil Rao.

*"Sunil is remembered as a disciplined, dedicated and successful young physician who was incredibly passionate about providing the very best care to*

*his patients and their families," say Sunil's parents, Arjun and Geeta Rao. "Even though his career was tragically cut short, Sunil had a tremendous and permanent impact on the lives of those he touched."*

Thanks to a \$150,000 gift from the Rao family, along with Mr. Arjun Rao's business partners Bard, Rao + Athanas Consulting Engineers, the Division of Ophthalmology at Rhode Island Hospital has established the Sunil Rao Memorial Endowment to support an annual lecture series by world-class scholars as well as training and workshop opportunities for the division's medical staff.

In 2008, Rao completed his residency in ophthalmology at Rhode Island Hospital and The Warren Alpert

Medical School of Brown University. He completed his fellowship in vitreoretinal disease at the New York Eye & Ear Infirmary and then joined Southern New England Retina Associates as a vitreoretinal surgeon with offices in Attleboro and Providence. In 2009, he returned to Rhode Island Hospital's Division of Ophthalmology as a surgeon and a clinical instructor of surgery at Alpert Medical School. He was also on the faculty at Providence VA Medical Center.

*"Sunil was an outstanding teacher and mentor to our residents and medical students. This lecture series is a fitting testimonial to his dedication to education and lifelong learning, and we hope it will inspire our trainees and faculty to continue in that tradition," says Dr. Michael E. Migliori, chief of the Division of Ophthalmology at Rhode Island Hospital.*

**For more information about giving to the Sunil Rao Memorial Endowment, please contact 401-444-6758.**



# Journey with Cancer Becomes Personal: Dr. Scott E. Wang's Gift Launches Neuro-Oncology Lecture Series

**I'm the one who diagnoses cancer; I wasn't expecting to ever diagnose my own cancer,"** says Dr. Scott E. Wang, 59, who served as chief of pathology at Newport Hospital from 1991 to 2010.

Diagnosed three years ago with glioblastoma—the most common and aggressive malignant brain tumor—Wang considers his case an outlier: the median survival period when he was diagnosed was 15 months.

Despite struggling with physical limitations and fatigue caused in large part by chemotherapy, Dr. Wang remains as sharp as ever—something he credits to his positive outlook, support from loved ones, superb medical care, and regular yoga and exercise classes.

Soon after his diagnosis, Dr. Wang knew he wanted to leave a lasting legacy to Rhode Island Hospital, where he receives treatment. His \$125,000 endowment has established the Scott E. Wang, MD Lecture in Neuro-Oncology. The yearly lecture series will bring experts from around the world to Providence to present the best clinical practices and most advanced research on brain and spine cancers. The inaugural lecture earlier this month was "150 years of Glioblastoma Multiforme" by Dr. Peter Burger from John Hopkins University—an internationally renowned neuropathologist specializing in diagnosing brain and spinal cord tumors in adults and children.

While brain cancers account for only 2 to 3 percent of all cancer diagnoses in the United States, Rhode Island

has the second-highest incidence of brain cancers in the country. However, thanks to the exceptional care available at the Comprehensive Cancer Center and advances in treatment, a quarter to one-third of our patients now lives two years or more with good quality of health and life.

*"Dr. Wang's gift was completely selfless and underscores his longstanding commitment to medical education. We wouldn't have been able to afford these opportunities without his kindness,"* says Dr. Suriya Jeyapalan, director of neuro-oncology for Rhode Island Hospital. *"Clinical trials are being done here in Rhode Island. People don't need to travel to Boston or elsewhere for specialized treatment."*

Dr. Wang now attends a monthly patient support group for the Rhode Island Brain and Spine Tumor Foundation and is helping to bring a similar program to Newport this fall. He is also profiled in a documentary called *These Three Words* by Paul Roselli, which chronicles the daily lives of five Rhode Islanders with brain cancer.

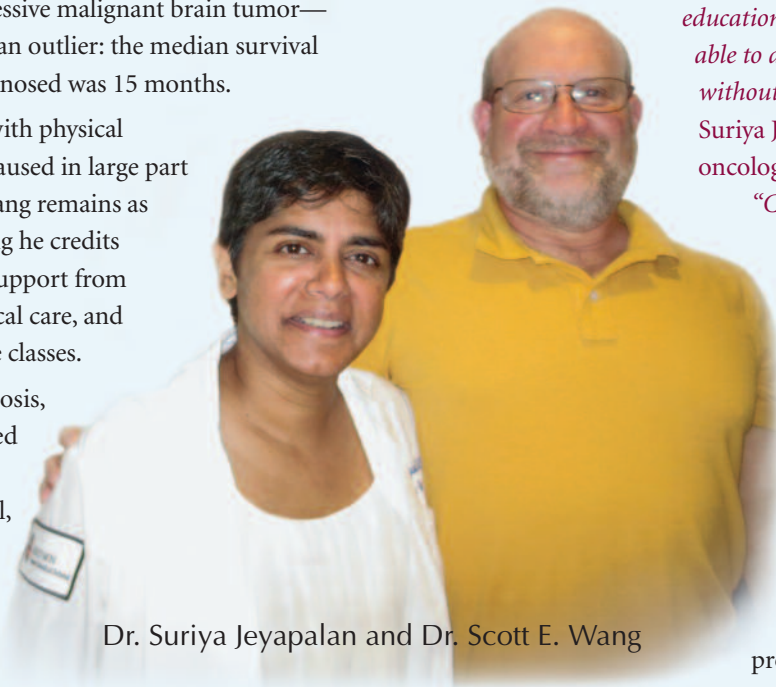
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**"Dr. Wang's gift was completely selfless and underscores his longstanding commitment to medical education. We wouldn't have been able to afford these opportunities without his kindness."**

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— Dr. Suriya Jeyapalan

*Adds Dr. Wang, "Medical science changes so rapidly, I knew it was important to keep the team in Rhode Island educated on the latest and best forms of diagnosis and treatment. I can't say enough good things about Rhode Island Hospital and their desire to remain on the cutting edge. I care deeply that physicians and their health care teams have access to the latest information on these tumors so that they may continue to deliver the highest level of care and enhance patient outcomes."*



Dr. Suriya Jeyapalan and Dr. Scott E. Wang





Peter Quesenberry, MD

## Research Powerhouse Launches Innovative Center for Stem Cell Biology

**P**atients know when they come to Rhode Island Hospital they will receive exceptional medical care, bolstered by the benefits that come with being a teaching hospital tied to a major university. *With nearly 300 talented researchers working from our state-of-the-art laboratories, Rhode Island Hospital has created a powerful engine of scientific discovery.*

We are the flagship hospital for Lifespan, the major academic medical system of The Warren Alpert Medical School of Brown University and the largest biomedical research and teaching enterprise in the state. Our scientists and clinicians work at the leading edge of their fields and are transforming patient care in areas that include cardiology, emergency medicine, diagnostic imaging, neurology and neurosurgery, psychology, orthopedics and cancer.

One of the world-class scientists charting Rhode Island Hospital's course into new frontiers of medicine is Dr. Peter Quesenberry, director of hematology and oncology at Rhode Island Hospital and The Miriam Hospital. His career in cancer treatment and research spans more than four decades,

and he is internationally known for his research on stem cells, chemotherapy and bone marrow transplantation.

In March, we celebrated the opening of the 11,000-square-foot Centers of Biomedical Research Excellence (COBRE) Center for Stem Cell Biology in Lifespan's Coro Building—located just a stone's throw from the hospitals. The construction was funded by a grant awarded to Dr. Quesenberry by the National Institutes of Health.

*"This space is helping us further study the use of stem cells to treat various forms of cancer, tissue and organ damage, and basic stem cell biology,"* says Dr. Quesenberry. *"Creating this research hub provides our researchers with the best possible resources and allows us to collaborate more effectively with our peers and bring research from the bench to the bedside."*

Current cancer studies focus on combating drug resistance in, and developing better treatments for, prostate cancer, leukemia, lymphoma and breast cancer. The researchers are also studying the use of stem cell therapy to treat pulmonary hypertension.

*"This new research space is the first step in a major renovation project at the Coro Building that will serve as a focal point for clinical research in Rhode Island and propel us to the forefront of academic medicine in the United States,"* says Dr. Peter Snyder, senior vice president and chief research officer for Lifespan.

# Rhode Island Hospital Foundation 2012 Donors

We are proud to use the following pages to honor our generous donors whose philanthropy in 2012 has helped us provide the highest quality care to the people of Rhode Island and southeastern Massachusetts. The list reflects cumulative gifts and pledges of \$250 or more in calendar year 2012. Thank you!

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