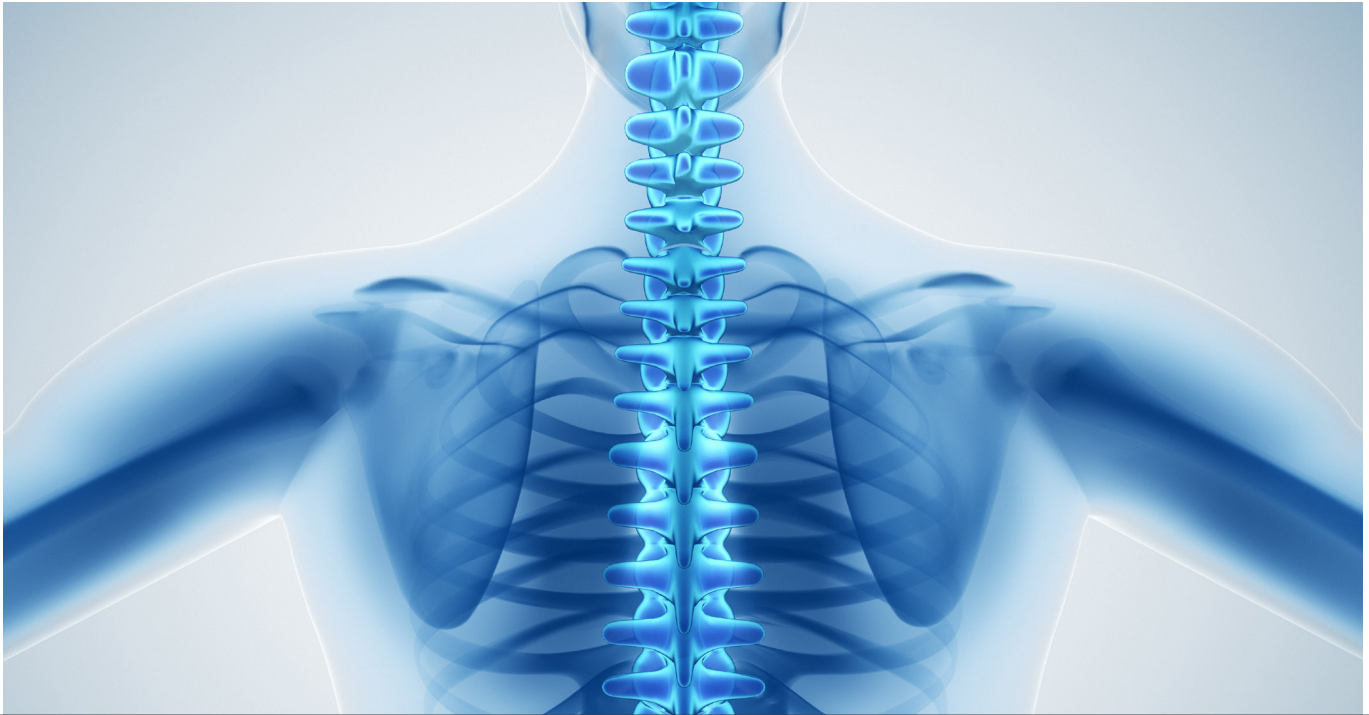


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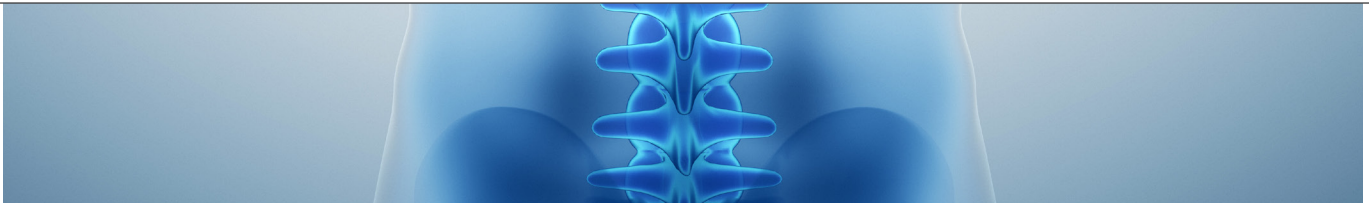
Clinical research updates • Welcoming new physicians •
New multiple sclerosis drug

A publication of Aurora Health Care

Edition 4 • June 2018



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Meet our providers



Junaid Kalia, MD, aims to provide timely, evidence-based, cost-effective acute and critical care to neurological and neurosurgical patients.

Dr. Kalia provides treatment for patients suffering from acute ischemic stroke, intracerebral hemorrhage, status epilepticus, subarachnoid hemorrhage and neuromuscular emergencies. He has additional training in reading continuous electroencephalograph (EEG) in critically ill patients.

Dr. Kalia earned his medical degree at Sindh Medical College, Karachi University, Karachi, Pakistan. He completed his residency in Neurology at Saint Louis University Hospital in Missouri and his fellowship in Neurocritical Care at UT Southwestern Medical Center, Dallas TX.

In his free time, Dr. Kalia enjoys spending time with his family, technology, electronic medical records implementation, mobile applications and racquetball.

Aurora St. Luke's Medical Center

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Aurora Neuroscience Innovation Institute

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Dr. Khan, diagnoses, treats and manages patients with brain and spinal cord disorders, as well as tumors and systemic cancers with brain and spinal cord complications. He brings new therapeutic approaches to improve outcomes and decrease side effects and complications.

Dr. Khan earned his medical degree at Aga Khan University, Karachi, Pakistan,

and completed his residency at the University of Texas in Houston. He completed fellowships in both Hematology/Oncology and Neuro-Oncology at MD Anderson Cancer Center, Houston, Texas. Dr. Khan has additional training in Adult Neuro-Oncology and Pediatric Neuro-Oncology, and is dual board-certified in Hematology/Oncology and Neuro-Oncology.

In his free time, Dr. Khan enjoys skiing, snowboarding, scuba diving, reading and writing.

Aurora Cancer Care

**2801 W. Kinnickinnic River Parkway Suite 930
Milwaukee, WI 53215 • 414-384-5111**



Elizabeth Traynor, MD, believes in treating her patients with the utmost respect, helping them recover to the best of her ability. She provides general neurology and stroke care.

Dr. Traynor earned her medical degrees at The University of Wisconsin-Madison and Boston University School of Medicine in Massachusetts. She completed her residency at

Wilford Hall USAF Medical Center in San Antonio, Texas, and is board-certified in Adult Neurology and Neurology by the American Board of Psychiatry and Neurology.

In her free time, Dr. Traynor enjoys sewing and reading science fiction novels. ■

Aurora Center for Epilepsy & Neurology

**2801 W. Kinnickinnic River Pkwy Suite 550
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Thomas Wolfe, MD, is an endovascular neurologist that performs catheter angiography, embolization, embolectomy, angioplasty, stenting and interventional treatments and provides care for patients with aneurysm, AVM, ischemic stroke, brain injury and concussion.

Dr. Wolfe earned his medical degree at the Medical College of Wisconsin and completed both his residency

in Neurology and fellowship in Neurocritical Care and Endovascular Surgical Neuroradiology at the Medical College of Wisconsin Affiliated Hospitals, Milwaukee. He is board-certified by the American Board of Psychiatry and Neurology-General Neurology, Vascular Neurology and is certified in Neurocritical Care by the United Council of Neurological Subspecialties.

Two new stroke trials (DAWN and Defuse 3) are revolutionizing the care Dr. Wolfe provides for stroke patients. Prior to these studies, many patients were only eligible for advanced stroke treatments within 6 hours of the onset of their symptoms. Now, that treatment window has expanded to upwards of 24 hours. With Dr. Wolfe's leadership, the practice of stroke at Aurora St. Luke's has changed and the team has heavily influenced the development of a new EMS triage protocol in Milwaukee County. Earlier this year, they adopted the stroke team's SNO scale for triage, which helps identify large vessel occlusions and ultimately helps determine which hospital the patient should be transferred to. This new process shifts the focus to Right Hospital First Time for more timely treatment.

Aurora Neuroscience Innovation Institute

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How doctors at Aurora Medical Center in Summit gave Judy her mobility and life back

Judy Henning has had back pain for years. At the age of 74, she just figured it's something you live with as you get older. But in the last year, as it began to worsen and affect her mobility, she made an appointment with Ofer Zikel, MD, a neurosurgeon at Aurora Medical Center in Summit.

"What I liked about him is he didn't try to pressure me into surgery right away. I wanted to try physical therapy and he agreed I should try it first, but warned me the problem would only get worse. And he was right," Judy explains.

The physical therapy did make her back feel stronger; but this past July, after moving apartments, Judy woke up one morning and couldn't walk.

"I had sciatica-type pain; it was shooting down my leg. I couldn't even walk into the hospital when I went to see Dr. Zikel again, it was so bad," she says. Judy was diagnosed with spinal stenosis and this time she agreed surgery was the best way to go.

"Spinal stenosis is a very common condition where the spinal column becomes narrowed over time due to degenerative changes. She was experiencing severe, radiating leg pain due to the compression of her spinal nerves," Dr. Zikel explains. He performed a common procedure to remove some of the bone and ligament that was pressing against Judy's nerves along her spine.

Judy says the relief was instantaneous, "Let me tell you, that did it! I woke up after surgery and that shooting pain was gone."

Spinal stenosis is a very common condition where the spinal column becomes narrowed over time due to degenerative changes.

Within three weeks Judy was able to walk a mile. She now walks a mile every single day, sometimes two. She is incredibly grateful for Dr. Zikel and the staff at Aurora Medical Center in Summit for not only helping her regain her mobility, but for helping her feel safe and comforted every step of the way.

"The staff is so superior, every single one of them. And Dr. Zikel is just so competent. I always knew I was in such good hands," she says. ■

Concussions: They don't just happen to athletes



Stephen R. Peterson, MD

We've heard a lot about concussions in the world of sports, but concussions can happen to anyone. A concussion is not just a sports injury.

A concussion is a traumatic brain injury (TBI) that changes the brain's normal functions. The most common cause of concussions is slips and falls. Other common causes of a TBI or concussion are car accidents or bumps, blows or jolts to the head, such as something falling on you while working around the home or on the job.

The Centers for Disease Control and Prevention estimate that each year about 1.7 million emergency department visits, hospitalizations or deaths are associated with traumatic brain injuries.

Fortunately, most concussions cause only mild, temporary problems. Most people recover fully. However, an unrecognized or poorly treated concussion can prolong the recovery time and increase the risk of brain swelling, which can be dangerous.

Having had a previous concussion increases the risk of another concussion.

What Are the Signs and Symptoms of a Concussion?

With a concussion, you may not see all of these signs and symptoms, but if you have concerns, it's important to promptly seek professional health care. Some signs, such as behavior or personality changes, may take some time to be noticed.

Concussion signs

- Vacant stare
- Delayed verbal and/or motor responses
- Confusion and/or inability to focus attention
- Slurred or incoherent speech
- Lack of coordination
- Behavior or personality changes
- Memory deficits or amnesia
- Any loss of consciousness

Concussion symptoms

- Headache
- Dizziness
- Nausea or vomiting
- Vision problems
- Hearing problems/ringing in ears
- “Foggy” or “slowed-down” feeling
- Drowsiness
- Increased/abnormal emotional responses
- Difficulty concentrating
- Confusion
- Irritability
- Sensitivity to light or noise
- Difficulty remembering

A health care professional can properly diagnose a concussion.

Treatment for a Concussion

A primary treatment for a concussion is rest—both physical and mental—so the body can heal properly. During treatment, patients may be asked to:

- Rest as long as recommended by the health care professional.
- Avoid certain medicines. Check with a health care professional before taking medications, especially aspirin, blood thinners and medications that can cause drowsiness.
- Avoid using alcohol and illegal drugs.
- Prevent re-injury by avoiding activities that might jolt or jar the head.
- Wait to return to a sports activity until your health care professional has given permission. Ask when it's safe to drive a car, ride a bike, work or play at heights or use heavy equipment.
- Have neuropsychological testing. Check on the availability of concussion baseline screenings and post-concussion assessment tools.

The health care professional will likely check the patient two or three times each week for about six to eight weeks.



Steps to Prevent TBI

Every sport or activity has specific steps that can be taken to reduce the risk of TBI/concussion. General recommendations include:



- Wear the proper helmet for your activity.
- Helmets should be worn consistently and correctly.
- Helmets should be well maintained, age-appropriate and appropriately certified for their use.
- Children should not use a helmet that's too big for them.
- Make sure the helmet is positioned correctly on the head. (Bicycle helmets are commonly worn incorrectly.)



- Instruct sports participants on how to reduce their risks for TBI and how to protect others.
- Ensure all participants understand the signs and symptoms of a concussion and the importance of reporting symptoms of a possible concussion to coaches or another adult.

Around the home or workplace:

- Reduce the risks for slips and falls by ensuring there's good lighting and no obstructions in walking paths. (Wrinkled rugs or carpeting, low drawers left open and clutter on the floor are common causes of falls.)
- Reduce wet or slippery surfaces. Potential slip-and-fall hazards include wet floors in areas such as the bathroom or winter ice on walking paths.

If you ever have a concern or question about TBI/concussion, check with your health care professional. Appropriate treatment is the key to a full recovery from a TBI/concussion. ■

Research

Clinical Trials

- Dabigatran Etxelate for Secondary Stroke Prevention in Patients With Embolic Stroke of Undetermined Source (RE-SPECT ESUS)
 - Clinical trials identifier: NCT02239120
 - Local PI: Ziad Darkhabani, MD
 - Sponsor: Boehringer Ingelheim
 - Phase: III
 - Details: This trial will randomize about 6,000 patients with recent embolic stroke of unknown source to receive either the blood thinner dabigatran and an aspirin placebo or aspirin and a dabigatran placebo. Participants will be monitored every three months for adverse and serious adverse events and outcomes.
- Screening for Large Vessel Occlusion in Acute Ischemic Stroke: Development and Validation of a Risk Score Model
 - Local PI: Kessarini Panichpisal, MD
 - Sponsor/Collaborator: Aurora Health Care
 - Type: prospective, consecutive cohort study
 - Details: This trial will test a screening tool developed by Dr. Panichpisal to determine if three indicators gaze deviation, expressive aphasia (inability to talk or neglect)—can identify patients experiencing an acute stroke caused by a blockage in a large vessel. If these signs prove to be reliable indicators of a large-vessel occlusion-caused stroke, clinicians will be able to expedite prompt and effective medical intervention for these patients in the future.



For the fourth year in a row, the National Cancer Institute (NCI) has increased the grant allotment to Aurora NCORP, bringing the four-year grant total to \$3,413,327. Aurora, which started its fourth year of participation in NCORP in 2017, is projected to receive more than \$4 million by the time its five-year NCORP grant cycle ends in 2019.

Aurora is one of 34 sites nationwide participating in NCORP, which brings clinical cancer trials to people in their own communities instead of only at major research institutions. Conducting clinical trials in a range of communities small and large means a more diverse patient population can participate in clinical trials in “real-world” health care settings. This expanded access to clinical trials, in turn, generates more broadly applicable evidence that contributes to improved patient outcomes and a reduction in cancer disparities.

Currently, Aurora NCORP has about 50 NCI clinical trials open to recruitment for multiple cancer types, including brain, breast, lung and prostate cancers, as well as leukemia, lymphoma and melanoma. These clinical trials are available at nearly all 20 Aurora Health Care cancer clinics. ■

Help for headache sufferers

Dr. Shawn Witton

Marinette Eagle Herald

Headaches, especially migraines, can be a real pain. Most people suffer from headaches occasionally, but when the situation becomes chronic and debilitating or limits one’s ability to enjoy life, it’s time to seek medical help.

Migraines affect more than 37 million people, or about 13 percent of American adults. More women than men suffer from them. And for as many as two to three million migraine sufferers, migraine headaches become a chronic problem.

In addition to migraine headaches, there are other types of headaches, such as cluster headaches, tension headaches and sinus headaches. You may wonder what the difference is between a “regular” headache and a migraine headache.

Some people who think they have a sinus headache may actually have a migraine. Sinus headaches and migraines share some symptoms in common, including:

- Pain in the head, particularly the forehead
- Itchy or watery eyes
- Pain when you move

continued on next page

Headache sufferers continued

Migraine sufferers may also experience:

- Nausea
- Vomiting
- A long-duration headache—a migraine can last from four hours to three days or more
- Severe throbbing pain on one side of the head
- Sensitivity to sound
- Sensitivity to light

Many factors can trigger migraine headaches, including lack of food or sleep, exposure to environmental or food-related triggers, weather changes, stress or anxiety and hormonal swings in women.

If you do get headaches often, try to become aware of what triggers them and avoid those situations if possible.

While there is currently no permanent cure for migraines, there are many ways to manage the severity and frequency of attacks. Medications can be used to reduce or stop the pain once an attack has started.

If you suffer from migraines, chances are you may have been treated with acetaminophen (Tylenol), NSAIDs (non-steroidal anti-inflammatory drugs such as ibuprofen or naproxen), triptans (serotonin activators such as sumatriptan/Imitrex) or anti-nausea meds. Your health care provider may have prescribed additional medications as well. All these remedies work best when given at the earliest signs of migraine onset.

In addition to medications, some proactive steps migraine sufferers can take to reduce the frequency or intensity of their migraines include:

- Increasing your daily intake of water
- Not smoking, or quitting smoking
- Sticking to a regular sleep schedule
- Eating regular meals, as a drop in blood sugar can cause headaches
- Avoiding common food triggers (chocolate, red wine, MSG and nitrates found in many processed foods)
- Avoiding caffeine
- Exercising regularly and practicing relaxation and stress-management techniques
- Limiting alcohol consumption
- Limiting intake of over-the-counter pain medication

Be sure to follow the directions when taking over-the-counter medications. Taking too many of some drugs can cause something called “medication overuse” headache.

While prescriptions may work well for you, they can have side effects. Consider treating your migraines using holistic, non-drug approaches, such as limiting stress through yoga, Tai Chi or acupuncture. This ancient Chinese medicine technique, where fine needles are inserted into specific points in the body, has been shown to decrease frequency and intensity of headaches for some people.

Addressing the problem of frequent or severe headaches is important in improving a person's quality of life. Frequent headaches should also be treated because they may signal potentially serious health problems, including depression, sinus infection, high blood pressure, sleep apnea or even a stroke, brain infection or cancer.

If you experience a new, severe or constant headache that begins suddenly and is accompanied by weakness, dizziness, numbness or other strange physical sensations, please seek medical attention immediately.

If you have concerns about your headaches, please consult with your health care professional, who can refer you to a specialist if needed.



Local man hopes new multiple sclerosis drug gives him his life back

George Mallet

A Washington County man has been diagnosed with multiple sclerosis (MS), which will make his physical job difficult and possibly impossible, but a new medication could help maintain his quality of life.

Jeff Brandner first noticed symptoms when he was at the EAA air show last year.

"Well, initially I just started limping," he said. "It was rainy and dreary that day and I was limping all day long. No pain in my leg."

Brandner showed a glimpse of dry humor when we asked him what he did next.

"Well, I'm a man, so I did nothing," he said. "Then my sister yelled at me and then I went to the doctor."

Doctors ordered an MRI taking a close look at Brandner's brain and spinal cord. Lesions were clearly visible. Doctors told Brandner he had primary progressive multiple sclerosis. It is an insidious disease that robs patients of many physical abilities and can leave them wheelchair bound.

"I cried as soon as he told me," Brandner said, referring to the diagnosis shared by his neurologist, Dr. Akram Dastagir of Aurora Health Care.

Brandner is only 48 years old and works in the Washington County Highway Department. It is a physical job characterized by lots of walking, lifting, climbing and pounding with a jackhammer.

"I like that kind of work, physical work," Brandner said. "I like the guys I work with. They're awesome. It's like you're not going to work. I'm going to hang out with my

buddies and I'm getting paid for it."

Needless to say, Brandner would like to continue working. He knows multiple sclerosis could well make that impossible.

But in recent months, the FDA approved the first drug for the treatment of primary progressive MS called Ocrevus.

"What's unique to Ocrevus is it's the only approved FDA medication for primary progressive MS," Dastagir said. "What's really exciting is we have this new medication that's been approved and it's been showing benefit in clinical trials."

In recent months, the FDA approved the first drug for the treatment of primary progressive MS called Ocrevus

Dastagir is quick to point out that Ocrevus is not a cure. Patients with primary progressive MS have progressive deterioration of their physical faculties, an increase in disability. In clinical trials, Ocrevus has shown an ability to slow that progression and decrease disability by roughly 25 percent in patients.

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aurora.org/neuro