



# Grey Matters

Newsletter of Givens Brain Tumor Center



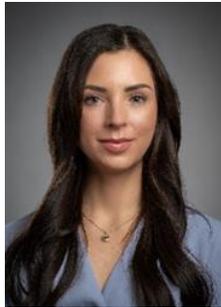
Winter 2026

## Welcome

### Dr. Andrea Wasilewski

#### Medical Director

#### Continuing to Lead with Heart, Science and Vision



As we head into 2026, we bring with us our successes and lessons from the past year and hopes for the future. 2025 was a year of great accomplishment and change for the Givens Brain Tumor Center and we are looking forward with great anticipation. I continue to be deeply honored to direct this program, caring for our wonderful patients and working

with a dedicated team who share a united goal. Each and every one of you play a role in shaping the fabric of the Givens Brain Tumor Center.

I am thrilled to announce the expansion of our team with the addition of Emma Venteicher NP, Lori Christensen NP and our neuro-oncology pharmacist, Kalli Taylor PharmD. Combined they bring extensive prior experience in neurosurgery, oncology and pharmacy and will be intricately involved in the care of our patients. Their patient-centered approach and commitment to providing the highest level of care will undoubtedly benefit our patients and our team.

In this newsletter, we feature beautiful and honest stories from our patients. These individuals bravely share their experiences. I hope you find their stories as inspiring and remarkable as I have. We will also hear from our caregivers and one of our own nurses, Karen Holmseth RN, who provide the unique perspective of a loved one. Their stories moved me, made me laugh, cry and truly appreciate what it means to be touched by brain cancer.

You will see updates about the many changes at the Abbott Northwestern Campus, our clinic expansion and the addition of another MRI scanner. This ambitious project will enhance our facilities, expand our services, and provide an even better healthcare experience for our patients. With all the changes occurring on our campus, we thank you for your patience and assure you it will be worth the wait! (continued on next page)

## In this issue

- Medical Director's Column
- Welcome New Staff
- The Givens Family
- Editor's Column
- Patient Stories
- Neuro-oncology News
- Healthy Lifestyles
- Caregiver Insights
- Donations and Fundraising
- Allina Health Brain and Spine Institute Update
- ANV Revitalization/Construction Update

## Givens Brain Tumor Center

### Allina Health Brain and Spine Institute

913 E 26<sup>th</sup> St. Minneapolis MN 55407  
Mail Route 39304

Phone: 612-863-3732  
Fax: 612-863-2837

[www.allinahealth.org/givens](http://www.allinahealth.org/givens)



**all  
together  
better.**



## Dr. Wasilewski

In this issue, Dr. Patrick O'Brien from Neurosurgery sheds light on the use of laser interstitial thermal therapy (LITT), a minimally invasive neurosurgical procedure, and its role in the treatment of central nervous system tumors. We also have a highly educational section on brain tumor locations and their correlated symptoms which provides great insight into our brain anatomy.

We are excited to continue our section on healthy lifestyles, with a focus on understanding fatigue along the cancer journey. In this section, we delve into the multifactorial nature of fatigue, provide tips for achieving restful sleep and actions for tackling fatigue that we can all benefit from.

We look forward to another incredible year together engaging with our patients and families. I leave you with this quote from the writer Albert Camus which speaks to the resilience, hope and warmth within us all.

"In the depths of winter, I finally learned that within me there lay an invincible summer."

Sincerely,

Dr. Wasilewski

## Welcome New Staff!!

### **Kalli Taylor, PharmD** **Neuro-Oncology Clinical Pharmacist**



I am incredibly excited to have the opportunity to join the Givens Brain Tumor Center team as their clinical neuro-oncology pharmacist and build relationships with patients and this amazing care team. I am a Minnesotan through and through and naturally found my way back to Minnesota after pharmacy school at the University of Iowa. Over the past 10 years, I have been in the outpatient oncology space, and it is there where I found a passion for working with the neuro-oncology patient population and care team. Givens Brain Tumor Center has given me the opportunity to shift all my focus to neuro-oncology patients, and I look forward to meeting and supporting many of you soon.

When I'm not at the clinic, you will find me chasing around two toddler boys with my husband. We are excited as our baby girl was born this fall. Soon we will have another toddler to chase around. We love being outside, going for walks, bike rides, gardening and spending time on the lake. In the early hours of the morning, you can usually find me sipping coffee with my husband and then enjoying a run or barre workout class before the busyness of the day begins!

*Continued on next page*





## Emma Venteicher, APRN, CNP



I am so excited to be joining the Givens Brain Tumor Center. I grew up in Boston, Massachusetts and neuro has always been in my blood. I joined a neuro nurse association as a student member in middle school and have never looked back! I worked as a neuro floor nurse, neuro ICU nurse and neurosurgery NP for many years and so glad to connect with patients here in neuro-oncology! I went to Simmons University for my undergraduate nursing degree in Boston, and Georgetown University for my NP! I am super passionate about connecting with patients and learning how to care for each person as an individual. We each have unique things that make us tick and who we are. I am excited to cultivate a relationship with all of you here and support you and your families as you navigate the complex world of living with a brain tumor. I have a big family back in

Boston and love travelling back to the East Coast. I have three kiddos who are the absolute joy of my life. I enjoy spending time with my husband and kids, hiking, cooking, being outdoors, and have a newfound love for endurance sports. I also really love any DIY project, big or small, and am working on creating a garden for next spring! I am so glad to be a part of your care team!

## Lori Christensen, APRN, CNP



I have been an RN at Allina for 23 years, first on the inpatient side, then transitioning to outpatient oncology clinic. My patient background includes acute and chronic diseases of all body systems, emergency care, and oncology. Oncology has always been my passion throughout all my patient experiences, gaining insight from how each patient navigates their individual journey is a learning that no textbook can provide. I recently completed my NP degree to apply my years of hands-on experience to use greater autonomy in a comprehensive whole patient approach to shape patient outcomes. I am excited to be joining the Givens Brain Tumor Center team, broadening my knowledge of complex neuro-oncologic tumors and providing support to our patients and their families a whole treatment approach, focusing beyond their illness.

I grew up in North Dakota and graduated from University of Minnesota-Mankato with my Bachelor of Science in Nursing and Walden University with my Master of Science, with a focus in adult gerontology acute care. I am married to my husband, Chad, and we have three daughters, ages 15, 17, 19 and our dog, a very silly Boxer, Cabo. I enjoy spending the summer months at our lake cabin, watching the girls water ski, reading, planting various flowers, and admiring the sunsets. My fall and winter months are filled with many soccer games watching the girls do what they love most and downhill skiing and traveling as a family.

I have experienced the amount of dedication and compassion the team provides to each of their patients and families with no exceptions. I look forward to growing and learning from the whole team and meeting all the patients and their families.



## Deborah Jones- Care Guide, MA The Winter Blues



It is January, 2026, and this week is typically the coldest week of the year. And being typical, this week we are experiencing subzero temperatures with an even colder wind chill! I hope you are warm and cozy with a hot beverage and warm socks! If you look towards the end of the newsletter you can learn about the changes we have made at the clinic and within the Allina Health Brain and Spine Institute. There is also news about the Richard M. Schulze Surgical and Critical Care Center set to open in late summer, 2026! The end of many months of construction will finally evolve into a technologically advanced space to care for and treat our patients.

## Editor's Column



Our newsletter is a vehicle for us to share what we, the Givens Brain Tumor Center, and our colleagues, who support and collaborate with us, can about this special world of brain and spinal cord tumors. Knowledge is power. We also believe this newsletter is a means for us to share our stories with each other. Storytelling is healing. Your unique stories and experiences continue to inspire our readers in many profound ways. We are always open to your ideas and suggestions for this newsletter.



## The Givens Family



Mike Givens, who lost his battle with brain cancer in 2015, was a hero in every sense of the word. He and his wife, Linda, co-founded the 501© 3 MG Charities, which held fundraising events around the country. Mike and Linda were self-made entrepreneurs in the Midwest and the driving force behind raising and donating over \$10 million to charities around the country over the past 20+ years.

Since 2016, MG Charities has donated \$1.85 million to the Givens Brain Tumor Center. Their annual Mind Over Matter charity golf event has been held at the Wayzata Country Club during previous summers, raising money to benefit brain cancer research and patients currently being treated for brain cancer.

Mike's legacy lives on through the charity work that continues in his honor. Mike and Linda's daughter, Megan Givens Laatsch, continues their legacy of service with involvement with the Allina Health Foundation.



# Patient Stories

“

”

## A Grey Matters Personal Story

### Phyllis Thomson

#### Where to Begin?



Phyllis (2<sup>nd</sup> from right) with friends. Her husband, Clark, is to her left.

More than 10 years ago in the Mall of America, I was shopping with my daughter Kate, and I suddenly had a grand mal seizure. One of my dear friends was certain that it occurred because of shopping at the DSW Shoe Wearhouse in a crowded space, but, in fact, doctors at Southdale Hospital diagnosed me with it a brain tumor and my lifechanging story began.

I settled into the Givens Brain Tumor Center, at Abbott Northwestern Hospital, and my “soon to be” team prepared me for my surreal journey. For the first year, working with “Dr. John” Trusheim, my life was a merry-go-round of fear and discovery. I had an extensive surgery, and I was treated with the “usual suspects” - radiation and chemotherapy. When I finished, I was pronounced cancer free, for the time being. It was very clear that it would come back, but when, where, and

the severity of the new tumor experience was unknown. The funny thing is that, the complicated aspects of life and living are, in reality, unknown as well, but we don’t think about it in the same way. While having a grave disease of brain cancer is a harsh reality, the great gift that we have been handed with is the knowledge that life is short, and we brain tumor patients know it much more than most. We can pack in as much as we can.

I jumped in feet first and started to do all the things that mattered. Right before my tumor breathed life in my body, I was trying to find purpose in the fourth quarter of my life, and I was struggling. However, when I woke up from my first surgery, I had about 100 things in my mind that I needed to do on my list, and my time was a-wasting!

I became comfortable on my journey, traveling, volunteering, journaling and working on two children’s story books as I moved into my life with purpose. I find that I see that colors are brighter, my love is deeper, my life in this world is filled with gratitude, and I step forward each day in life with amazing grace.



Phyllis with her daughter Kate

About two years ago, a small tumor returned. The surgeon discovered that the new tumor was too small to really dig in and completely know and understand what it was. My first tumor– the belief was that the tumor years ago would be the same as the one that was now surgically removed. Pathologists at Mayo found the brain cancer that I have been living with now for more than 10 years was glioblastoma.



Kate with friends in Guatemala with Habitat for Humanity.

I moved back into a new style of chemo, and I am cancer free again. The odyssey continues step by step, and the mind-altering experience that I have been living with for more than 10 years continues. I recently joined in with 18 people, building a small house in Guatemala in the mountains with Habitat for Humanity. At 74, I was the oldest person on the build, for which I am eternally grateful– one of my work partners was 17. No doubt, life works in mysterious ways.

I hold on to, and I believe all of us to be, warriors with a purpose, and knowing there are others ahead of me who support me..... Hope springs eternal!



## Amy Sampson

“I believe in faith, hope, love, and music”



Hi! My name is Amy Sampson. I was diagnosed with a grade 2 atypical meningioma when I was 27 years old. The first inkling that I might have a tumor was in 9<sup>th</sup> grade! My health / gym teacher talked about a friend who'd been diagnosed with a meningioma. I wondered out loud if that type of brain tumor can press on your brain and cause side effects. In fact, it can!

I have always been a positive person and active achiever. I got very good grades in middle school and high school. I ran cross country and track for six years including being the captain of our Cross Country team and lettering all six years, and in pole vaulting, when I was a senior. I became a certified responder in 10<sup>th</sup> grade and I took PSEO courses and earned college credits. However, I had some struggles with college classes my

senior year. I got two Ds in math and chemistry which was so embarrassing! I graduated from Anoka Ramsey Community College in 2000 and had them mail my diploma because I was mortified.

I worked at Unity Hospital in patient transport for three years and volunteered there for 11 years to help gain some of my skills back after the brain tumor was removed. After college, I started working at the Target Distribution Center lifting 60 lbs all day (I was physically fit!) and later worked in Logistics for 9 years.

My first time flying was supposed to be a trip to England for a semester at Oxford University on September 2001, but 9/11 happened and the world would never be the same. I was able to leave two weeks after that and not only did I get straight A's, but I was also able to travel to seven other countries in Europe. I loved traveling!

In 2007, I was having migraines and would have loss of feeling and speech for 15 minutes at a time and wondered if I was having a stroke. I finally saw a doctor and had an MRI at my request. There was a big mass, and I had to have surgery! The pathology indicated I had an atypical meningioma. I've always wondered if it had been growing since high school because it was a really big tumor! (Meningiomas are usually slow growing, and the tumor was in a part of my brain where math and science are associated.)

Unfortunately, an hour after my surgery, I had a stroke, and lost cognition, speech, short term memory, and was paralyzed on my right side. I was at Abbott Northwestern Hospital for two months and later admitted to inpatient at Courage Kenny for a month, followed by intense outpatient therapies including physical therapy, speech therapy, occupational therapy, pool therapy, and, later, horse therapy. I required continual care and couldn't be left alone for some time during rehabilitation.

Six years after my initial brain tumor diagnosis, my MRI showed progression. I again had surgery and pathology showed it was another Grade 2 atypical meningioma. I was back at the gym working out and with PT, OT, SLP. Since that time, I have had hospitalizations for psychoses, which can also occur with meningioma tumors.

More recently my doctor is watching two other areas in my brain for possible residual or new tumors. Since my first surgery, I have lived with right sided hemiparesis (one-sided body weakness) and wear splints and braces to support my arm and foot. I can drive with modifications to my car. I also continue to work with therapies such as PT.



I love music and attend as many concerts as I can. I saw Third Eye Blind at the Red Rocks in Colorado and also Cold Play in Colorado. I went by myself to see 30 Seconds to Mars in Minnesota.

I continue to be very active and participate in the ABTA BT5K each year with my Angels for Amy team. This year it was too hot to run, but I walked three minutes faster this year! I also earned the Pat McDonald Scholarship to attend, alone, this year's 2025 ABTA National Conference in Schaumburg, IL. I enjoyed sound healing, meditation, campfire connections, and chair yoga meditation. And I often visit The Haloasis Mobile Salt Cave at the Willow Bridge Center in Isanti, MN which is my respite for healing and rejuvenation!

\*Learn more about Meningiomas in this newsletter!



Amy at the ABTA 2025 National Conference

## Mike Palodichuk

“ I like helping people ”

I am easy going and I have always liked helping people when I can. I grew up in South St. Paul and graduated from South St. Paul High School. Two months after graduation, in 1981, I joined the Army Reserves. The Army Reserves is different from the Army National Guard as it is a federal entity that supports active-duty activities globally and usually larger conflicts. I served with the Army Reserves for 33 years and was in active duty in Iraq from 2003-2004 and then again in 2008-2009. I loved every minute of it.

In June 2023, I was experiencing balance issues, falls and headaches. Later, an MRI showed that I had a mass in the right frontal area of my brain which was removed on June 27. I was diagnosed with glioblastoma. I had surgery, completed chemoradiation in September 2023, and went on to complete 12 cycles of temozolomide. I have been wearing the Optune Gio device since the beginning. I had progression in October 2024, requiring an additional 6 cycles of lomustine, and in July 2024, I also had stereotactic radiosurgery for a possible lesion. I am now receiving avastin treatments.

Family is most important to me. I am the proud father of three daughters, two bonus kids, and three grandkids. When I married Amanda in 2005, I was blessed with two children, Mariah and Matt, who were 1 and 4 at the time. Together we had a daughter, Sidney, who is now in her twenties. I have two older daughters from earlier relationships; Nicki who lives in Oregon, and Megan, in northern Minnesota. I have three grandchildren.

In addition to the Army Reserves, I worked as a welder until I was diagnosed with brain cancer. Before that I worked at various jobs, including eye care, which is where I met my former wife, Amanda. At home, I love to work on my lawn mower, my truck, and create useful items from pallets.

Since my diagnosis, I have been rethinking everything about my life. I am working hard to complete various projects and machinery on my property. I continue to enjoy experimenting and learning new things.

[Visit us online](#) for more patient stories and to see previous issues of our newsletter.



# Neuro-Oncology News

## New Treatment Therapy - Laser Interstitial Thermal Therapy (LITT)

Pat F. O'Brien, MD, FCNS



A heartfelt hello and thank you to the Grey Matters audience! My name is Pat O'Brien, one of the new neurosurgeons that is part of the Allina Health Neurosurgery team. As an East Coast native trained in Virginia and D.C., my decision to join the team at Allina may seem surprising to some. However, in residency I partook in our enfolded Neurosurgical Oncology fellowship and my time in D.C. was spent completing my Pediatric Neurosurgery fellowship. Having dual, yet complementary, interests placed me in a somewhat rare niche for a neurosurgeon, and I was incredibly fortunate to find an opportunity here in the Twin Cities that would support my practice goals of providing lifelong brain and spine tumor care.

I have been with Allina for just over a year now and have been quite fortunate to spearhead several new programs and offerings for our patients in that short time.

With incredible support from the Allina Health Brain and Spine Institute, I am excited to say that we have been able to bring an entirely new treatment option for brain tumors to the Allina Health system, harnessing minimally invasive technologies for maximum treatment results. Specifically, we now can perform Laser Interstitial Thermal Therapy (LITT). LITT is an exciting and powerful tool in the neurosurgeon's armamentarium. By using precise surgical navigation, a laser fiber can be introduced into areas of the brain by using an incision (or incisions) as small as 5 millimeters. Under continuous monitoring within the MRI scanner, the neurosurgeon can generate heat to destroy the target tissue in a very precise manner. LITT has been investigated in many applications in neurosurgery: it is used in surgical treatment of epilepsy; it can be used to treat metastatic tumors to the brain; it can be used to treat radiation necrosis of the brain; it can be used for cavernous malformations of the brain; it can be used for the treatment of recurrent tumors; and it can even be used as the primary treatment for certain otherwise-inaccessible tumors in deep locations within the brain including newly diagnosed glioblastoma<sup>1,2,3,4</sup>. One of the significant advantages of LITT is that due to the minimally invasive approach, treatment for well selected patients often entails a much shorter hospital stay (frequently requiring only a night of observation).

As a member of our very talented, multidisciplinary Brain Tumor Board team, I look forward to keeping Allina on the forefront of neurosurgical care for brain tumor treatments. In conjunction with our incredibly talented staff within the Institute I look forward to being a small part of a world class team here to take care of our amazing patients!

1. Seaton MP, Schmidt JC, Brown NJ, Sahyouni R, Khalessi AA, Ben-Haim S, Gonda DD. Contemporary Applications of Laser Interstitial Thermal Therapy: A Comprehensive Systematic Review. *World Neurosurg.* 2025 Jan;193:356-372. doi: 10.1016/j.wneu.2024.10.022. Epub 2024 Nov 4. PMID: 39419170.
2. Kamath AA, Friedman DD, Akbari SHA, Kim AH, Tao Y, Luo J, Leuthardt EC. Glioblastoma Treated With Magnetic Resonance Imaging-Guided Laser Interstitial Thermal Therapy: Safety, Efficacy, and Outcomes. *Neurosurgery.* 2019 Apr 1;84(4):836-843. doi: 10.1093/neuros/nyy375. PMID: 30137606; PMCID: PMC6425465.
3. Jimenez AE, Geist EG, Connolly ES, McKham GM, Youngerman BE. Laser interstitial thermal therapy for cavernous malformations: a meta-analysis of individual patient-level data. *J Neurosurg.* 2024 Nov 29;142(4):1014-1024. doi: 10.3171/2024.7.JNS241003. PMID: 39612492.
4. Fadel HA, Haider S, Pawloski JA, Zakaria HM, Macki M, Bartlett S, Schultz L, Robin AM, Kalkanis SN, Lee IY. Laser Interstitial Thermal Therapy for First-Line Treatment of Surgically Accessible Recurrent Glioblastoma: Outcomes Compared With a Surgical Cohort. *Neurosurgery.* 2022 Nov 1;91(5):701-709. doi: 10.1227/neu.0000000000002093. Epub 2022 Aug 19. PMID: 35986677.



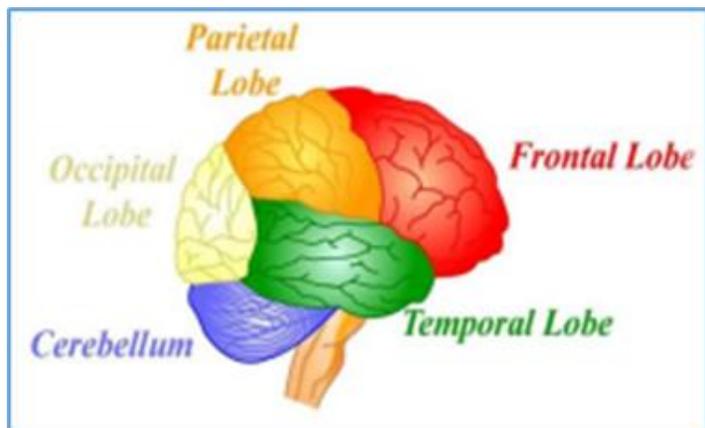
## Living with a Brain Tumor: Symptoms Related to Location

Lori Christenson , APRN, CNP



Brain tumors present many different symptoms depending on the size and location of the tumor. The brain tumor causes damage to healthy brain tissue, which can stop that area of the brain from functioning as it should. The brain is divided into two halves called the right and left hemispheres. The brain is divided further into four lobes known as frontal, temporal, parietal and occipital, plus two more important areas called the cerebellum and the brain stem.

Nonspecific symptoms of a brain tumor can include headaches, nausea, vomiting, memory loss and seizures. When a brain tumor is located on the left side of the brain, it can affect the right side of the body, causing right side numbness and weakness, problems with language, as well as right side visual deficits. When the brain tumor is located on the right side of the brain, it can affect the left side of the body, causing left side numbness and weakness as well as left side visual deficits. The 4 lobes, cerebellum and brainstem have unique functions within the brain, any damage to these areas from a brain tumor will cause specific dysfunction and deficits.



**The frontal lobes** are in the front part of the brain. They control attention, concentration, planning, organizing, decision making and changes in personality. Damage from a brain tumor would cause a person to experience depression and anxiety, inappropriate social behavior, impulsiveness and memory loss.

**The temporal lobes** are on the sides of the brain and control memories, language and learning. Impairment in this area results in memory loss, problems with learning, trouble understanding language and fluent speech that is nonsensical. Temporal lobe tumors place a person at an increased risk for generalized and focal seizures.

**The parietal lobes** are in the upper middle part of the brain, and they help process touch, taste, smell, vision and hearing. Damage to these lobes can cause an inability to recognize objects by touch, problems with balance and coordination, and difficulty recognizing faces or objects.

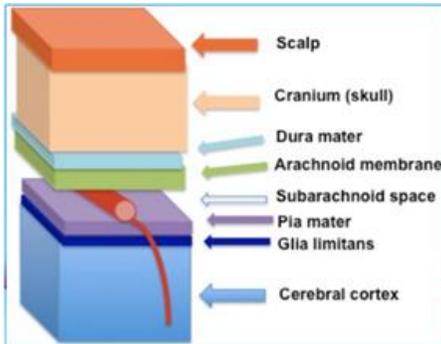
**The occipital lobes** are in the back of the brain. They control input of vision and when damaged the person has difficulty understanding what they are seeing or can experience missing parts within their vision.

Beyond the four lobes, brain tumors may affect the cerebellum and the brain stem. Symptoms and deficits to the **cerebellum** include difficulty with coordination, jerky eye movements (nystagmus), and unsteady walking, whereas **brain stem** symptoms and deficits present with double vision, slurred speech, trouble swallowing, dizziness, decreased blood pressure and heart rate.



## What are Meningiomas?

Meningiomas are tumors that can occur in the protective layer, the meninges, that covers the brain and the spinal cord. They do not grow from brain tissue inside the brain. They are the most common type of brain tumor and are often benign, non-cancerous tumors; however, they can be malignant or cancerous. They can also occur around the spinal cord, although rare. They are typically treatable.



The layers of the brain

The meninges, this protective layer, consists of three thin layers, the dura matter, the arachnoid membrane, and the pia matter; each having their own function in protecting the brain and spinal cord. Most meningiomas occur in the dura matter layer of the meninges. The meninges is covered by the cranium or skull, which is covered by the scalp.

Meningiomas grow slowly and can become very large before pressing on areas of the brain where symptoms may occur. As they get larger, they may grow into brain tissue affecting normal brain function.

Symptoms, depending on the location of the tumor, may include headaches, hearing loss, loss of smell, memory problems, muscle weakness, seizures or vision changes. They usually grow near the top of the brain and the outer curve of your brain but can also grow near the base of the skull. Patients typically develop one meningioma, but some patients may develop several tumors at one time in different parts of the brain or spinal cord.

Meningiomas can often be left undetected with little or no symptoms. They are typically detected or confirmed through a CT scan or an MRI. A healthcare provider may also incorporate molecular, or genetic, testing to learn more about the tumor to determine which treatment(s) will be most effective. Researchers continue to discover new genetic mutations and biomarkers linked to meningiomas.

Meningiomas are graded 1 – 3; benign (grade 1), atypical (grade 2), or malignant (grade 3) which is more aggressive. The higher the grade, the less normal the cells look and the quicker the tumor grows. The majority of meningiomas are grade 1. Grade 3 meningiomas are rare. Some meningiomas may contain sacs of fluid (cysts), mineral deposits (calcifications), or tightly packed bunches of blood vessels. Meningiomas typically occur more in women and are generally found in older adults. Primary treatment for meningiomas, depending on the type, will often include surgery, and radiation therapy or stereotactic radiosurgery may be used for malignant or recurring tumors. Drug therapy can be another treatment option. Meningiomas that are large and left untreated can cause memory loss, paralysis, personality or behavioral changes, cognition changes, speech difficulty, and or vision loss.

Please contact our neuro-oncologists at the Givens Brain Tumor Center, 612-863-3732, if you have questions or want to learn more about this type of tumor. The resources listed below were used to gather information for this article.

### Meningioma Resources

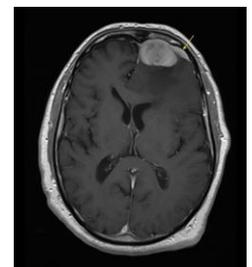
*Brain Tumor Types - Learn More About Brain Tumors.* American Brain Tumor Association. December, 2025.

[Brain Tumor Types - Learn More About Brain Tumors | ABTA](#)

*Let's Talk About Meningioma.* National Brain Tumor Society. December, 2025. [Let's Talk About Meningioma](#)

*Meningioma.* My Cleveland Clinic. December, 2025. [Meningioma: What It Is, Symptoms & Treatment](#)

*Meningioma.* American Brain Tumor Society. December, 2025. [2025-Meningioma-Brochure\\_PDF\\_ABTA0625.pdf](#)





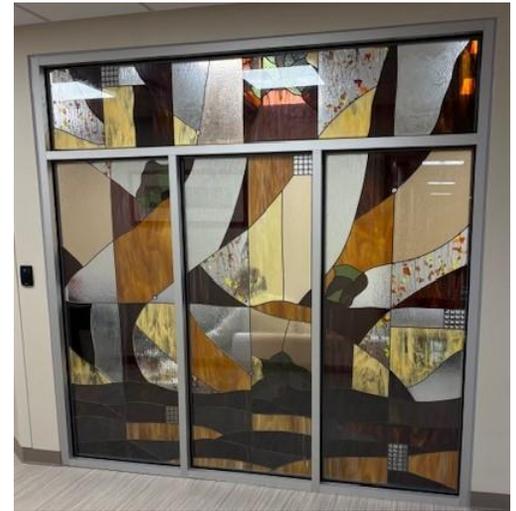
# MRI Center Remodel

## MRI Center Waiting Area Remodel

Holly Mazis  
Radiology Manager, MRI Center  
Abbott Northwestern Hospital



Many of you experienced the closing of the MRI Center waiting area this past Fall for construction to accommodate a fourth scanner. It is a new Siemens 1.5T Sola which is the latest and greatest that Siemens has to offer! There are a number of factors which determine the scanner you will use including whether there is a need for high-resolution imaging, to measure perfusion (blood flow), contrast enhancement to detect tumors and lesions, and the size of the individual being scanned.



“Holly’s Stained Glass Window”

The beautiful stained-glass window on the outside wall of the former waiting area has been moved to the new waiting area. It is the first thing you see when you walk into the MRI Center. Many years ago, Holly worked with Dr. Yock, neuroradiologist, here at Abbott Northwestern Hospital, to commission this beautiful stained-glass window. Dr. Yock was very passionate about the MRI center being a lovely place for patients. When Holly learned of adding a new MRI scanner it was important to her that it be moved to the new waiting area to ensure this beautiful piece of art continued to provide calm and presence to our patients and their loved ones.





# Neuro-Oncology Research

**Marie Meyer, MA, CCC-SLP**  
**Manager Clinical Research, Allina Health**



Research plays a crucial role in treatment for brain tumors, by driving advancements in understanding the disease, developing innovative therapies, and improving patient outcomes. Clinical trials allow researchers to evaluate the safety and efficacy of new treatments, and participating in clinical trials allows patients access to cutting-edge drug and device therapies that may not be available through standard treatment options.

The Neuro-oncology Research team recently opened IVY P3-24-021, A Study Comparing Niraparib With Temozolomide in Adult Participants With Newly-diagnosed, MGMT Unmethylated Glioblastoma. The goal of this Phase 3 clinical trial is to compare the efficacy of niraparib versus temozolomide (TMZ) in adult participants with newly-diagnosed, MGMT unmethylated glioblastoma multiforme (GBM).

The main questions it aims to answer are: Does niraparib improve progression-free survival (PFS) compared to TMZ? And Does niraparib improve overall survival (OS) compared to TMZ? This trial also compares a variety of outcomes important to people with brain tumors, including functional status, quality of life, neurocognitive status and safety. We are continually evaluating new clinical trials and diagnostic tools to advance the care our patients receive; our dedicated team of research nurses and study coordinators look forward to partnering with you in your care.

## Research Team Volunteer Event

Our research team participated in a volunteer event this fall, at the Keystone Community Services' Free Farmers Market Event. We made it possible to help distribute *10,950 pounds* of fresh fruit and veggies to 1260 individuals in 443 households at the Free Farmers Market on September 5, 2025.



On October 14, Allina Health hosted Research Day, a celebration of the individuals whose dedication, innovation, and leadership continue to advance our mission. This year marked a record number of poster submissions and the recognition of five exceptional contributors whose work exemplifies the highest standards of research and patient care. Dr. Wasilewski, Medical Director, Givens Brain Tumor Center, along with our Manager, Clinical Research, Marie Meyer, were two of those recognized.



The Distinguished Investigator Award was presented to Dr. Andrea Wasilewski, MD, Givens Brain Tumor Center Medical Director, whose work blends cutting-edge science with compassionate care, setting a benchmark for excellence in brain health research. Her ability to translate emerging discoveries into real-world outcomes is unparalleled. A tireless advocate for brain health, Andrea engages communities through events, podcasts, and media outreach—bridging the gap between research and public awareness. Within Allina, her leadership fosters collaboration and inclusion, elevating those around her. Recognized as a Rising Star and one of the Best Brain Doctors, Dr. Wasilewski exemplifies innovation and impact.



Marie Meyer, MA, CCC-SLP, Manager Clinical Research, Allina Health, received the Research Champion Award for her visionary leadership in expanding research opportunities and inspiring others to engage in meaningful and scientific work. Her exceptional efforts during the DCVax study inspection showcased integrity and professionalism, ensuring a successful audit under challenging circumstances. Marie's influence extends to compassionate use cases and investigator-initiated studies, bringing life-changing treatments to patients. Her mentorship and collaborative spirit strengthen the Allina Health Brain and Spine Institute.

## The Whole Way to Better



# Healthy Lifestyles to Promote Good Brain Health

## Fatigue and Brain Tumors- Part 2 (see our Summer 2025 for Part 1)

### What Can Patients Do to Manage Physical Fatigue?

Managing physical fatigue requires a multifaceted approach, from seeking medical guidance to implementing daily strategies that support energy conservation and recovery.

Excerpt from *The National Brain Tumor Society* website. [7 Tips to Manage Physical Fatigue as a Person Living With a Brain Tumor](#).

#### 1. Talk to Your Health Care Team



Fatigue can be caused by a variety of factors. By letting your health care team know about your fatigue, they can perform any necessary evaluations or tests to ensure there are no other underlying causes.

The National Cancer Institute (NCI) recommends keeping “a daily log of your fatigue and what you are doing to manage it using the My STORI app or a journal” that can then be shared with your provider.

Your health care team can help create a personalized plan to manage fatigue, which may include adjusting medications, recommending occupational or physical therapy, or suggesting specific lifestyle changes tailored to your needs and abilities.

#### 2. Prioritize and Plan

After a while, a patient may recognize a pattern of when they can expect to be fatigued. Recognizing patterns in fatigue helps with planning and allows you to set realistic expectations for your energy levels.

Try to plan with that knowledge in mind. Prioritize important or more strenuous tasks when fatigue might be the most minimal and delegate whenever possible.

Share with friends, family, work what times you are really fatigued so everyone can plan accordingly.

#### 3. Optimize Rest and Sleep



When a patient feels physical fatigue; a nap won't necessarily resolve their fatigue in that moment. However, a consistent sleep schedule in an ideal environment — a quiet, dark room with a comfortable temperature — may help over time.

Short bouts of rest may help but avoid taking too long of a nap as it may interfere with your sleep overnight. Other healthy sleep habits include avoiding caffeine, alcohol, and screens before bed.

#### 4. Move Your Body



Gentle exercise, like walking, yoga, or stretching, can help improve energy levels over time. Talk to your health care team about whether exercise or other types of movement would be appropriate for you. Your physical therapist can help you

Getting up and moving around, even though your body protests, can help with fatigue and refresh your energy. Start small and increase gradually.

Consistent exercise can help your energy level last longer and help get your heart rate going. Find someone you can partner with to maintain your routine.



# Healthy Lifestyles to Promote Good Brain Health

## 5. Practice Good Nutrition and Hydration



Nutrition and hydration play a crucial role in proactively managing fatigue. Properly fueling and hydrating the body can help combat physical exhaustion and enhance overall energy levels. Drinking water to stay hydrated and eating smaller amounts throughout the day are important. Your health care team can recommend a registered dietitian to provide direction for the type of food that will best meet your needs. The Academy of Nutrition and Dietetics' website also allows you to search for experts in your area.

## 6. Be Patient With Yourself

Fatigue is a legitimate medical symptom and one of the most common challenges faced by people living with brain tumors. Acknowledging this reality and giving yourself grace as you navigate is important.

## 7. Seek Support



Try various strategies for seeking support to determine what works best for you. Your healthcare team can refer you to other providers who can address fatigue. Join a support group. Lean on family and friends to help with daily tasks, errands, meals. Delegating can help conserve energy. Technology can be helpful that can assist with coordinating meals, errands, transportation. There are apps that can assist you with the coordination of meals and other tasks. There are [apps that can assist you](#) with the coordination of meals and other tasks. You can also use apps like [My STORI](#), [Visible: Pacing for Illness](#), and [Bearable](#) to monitor your fatigue, look for patterns, and then discuss them with your health care team.

By experimenting with strategies and seeking support from others, you can find what works best for you.



Please kindly call us if you have insurance changes.  
Givens Brain Tumor Center. 612-863-3732



# Caregiver Insights

## Lessons from a Caregiver

“A message of hope”

### Tim Clark, husband and caregiver, for Sue Clark\*



I never imagined how much of a learning process being a caregiver would be. It taught me about love, hope, strength and dignity. Some background: Sue was diagnosed with Anaplastic Astrocytoma Grade 3 in 2014. She started treatments of radiation (six weeks) and chemotherapy (one year) at the end of December. She was a strong willed, competitive yet quiet and creative woman. She painted our world in oil, acrylic and pastel. She warmed our family with quilts. Her resolve would become her armor. Sue's mantra was: "I am a Warrior. I am a Victor. I am a Survivor".

Some lessons learned during our journey:

- Caring for a loved one is an opportunity to explore the depth of your love.
- The best celebration of a good MRI result? A chocolate milk shake. Extra chocolate.
- Take walks in the sun while you can. Things change with the seasons.
- Embrace hope. It takes many forms.

The treatments worked. No more tumor. We hoped life would be the same. We started on the bucket list. After a few years things changed. Balance and strength declined. Falls happened. No more bicycling or golfing or gardening.

More lessons:

- That bucket list? Don't delay. The memories will become valuable currency. Take photos. Lots of them. Bookmark favorite music.
- Replace old lifestyles with new ones. Smaller perhaps. But make them seem big.
- Stay close. Falls happen. Make a sign that says, "Don't get up without me".
- Be patient and not patronizing or frustrated.
- Admit that you're not as strong as you think and get help.
- Eat well. Sleep well. Exercise. You need to keep your tank full.

The cane gave way to a walker, then a wheelchair. I hoped the world would get bigger with increased mobility. A luxury vehicle is a bespoke wheelchair. That reclines. With a headrest. Wheeling to the park with sun in our faces were golden moments. I hoped that the next day would be nice too. I hoped that I could be a better caregiver. I thought I could do everything. Tough call. I was rough on myself but Sue stopped that.

I found an angel who came several hours a week so I could recharge. And family was a rock constantly. A call from our son and granddaughter made the day.

As Sue's memory declined the photos and music became a sanctuary at the dinner table. They made the past the present. She sometimes became frustrated and depressed by the memory loss.

Hope was tested. We talked about tomorrow being a better day and made plans. As the world became smaller, I hoped I could make it "just the right size".

A couple more lessons:

- Today is the most important day. Tomorrow is about Hope.
- Touch goes deeper than the skin. Hold hands. Long. Feel it.

I washed Sue's hair, styled it and dressed her in nice sweaters and slacks. Looking in the mirror she could see how beautiful she was. She "stood tall" in her wheelchair. Dignity feeds Hope. (continued)



# Caregiver Insights

More lessons:

- Make nice meals and savor each bite. Reheat, as necessary.
- Celebrate all smiles.

Sue said “don’t give up on me” as we were told that Hospice was the next step. That’s when I realized that Hope never dies in Sue’s world. She was a warrior. She was never a victim. And her dignity survived.

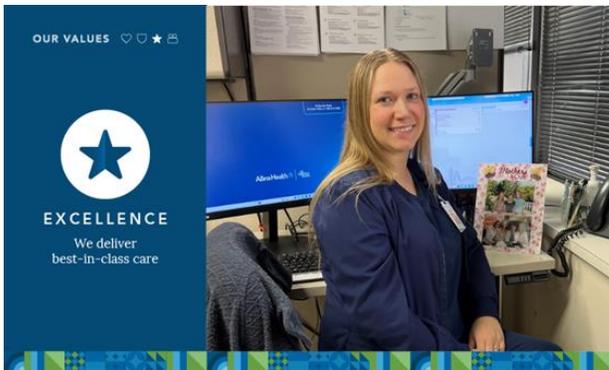
I didn’t realize I was a caregiver until it dawned on me that I was one. I hope that I can live a life that honors Sue’s strength and courage. I learned so much from her during our journey. I was less a caregiver than a student.

\*Sue was a patient at the Givens Brain Tumor Center who passed away on July 5, 2025.



Sue and Tim Clark

## Taking Caregiving Personally



*Karen Holmseth, RN, BSN, one of our Nurse Navigators, was featured this summer in the Abbott Northwestern Hospital employee electronic communications newsletter with her caregiving story.*

“It’s hard to watch your family member go through this and not know what the next day or next month is going to look like,” is how Karen Holmseth, a Nurse Navigator at Abbott Northwestern Hospital’s Givens Brain Tumor Center, describes the toll that a terminal brain cancer diagnosis can have on patients and families. For six years, Holmseth has worked with patients from prognosis through the entire treatment process, and it has fostered a deep understanding of the pain and the process brain cancer patients go through.

Holmseth’s immersion into terminal cancer’s heartache began when she was 22, well before she joined Allina Health or attained her nursing degree.

“My mom had been having some speech difficulty. She couldn’t get the words out that she wanted to say,” Holmseth says. “They sent for an MRI, and she got the call while I was home from college for Thanksgiving break, that she had a brain tumor.” Her mom was diagnosed with Glioblastoma, an often-fast-growing malignant brain tumor, with a median survival of 12 to 18 months after diagnosis. “There are so many things that are impacted. It can change a person in the way they think, their vision, their speech, their motor function, the way they walk, their physical needs, their mental needs,” she says.

Holmseth paused her college studies of music and business to stay home and be her mom’s primary caretaker. That ‘very first challenging year’ involved accompanying her to numerous appointments like speech therapy, physical therapy, chemotherapy and radiation. It exposed her to the effect every member of a care team has on the day-to-day life of a person with cancer. “There were nurses and doctors that were absolutely fabulous, but every once in a while, you’d run into somebody where it didn’t feel like their heart was in it,” she says. “I wanted to be that person who truly cared.”

Holmseth’s personal experience inspired her to pivot her career path and pursue a nursing degree. Her mom, who survived her illness for nine years, passed away just before she graduated. When Holmseth was contacted to work with the Givens Brain Tumor Center, she jumped at the opportunity, because she knew she had something to offer.

“These are real people going through this. I can relate to what’s happening because I saw my mom go through it all,” she says. “It allows me to hopefully develop the highest quality of care for my patients by spending time listening to them, helping them manage symptoms and any problems they have, to help make things better.”



# Givens Brain Tumor Support Groups

## Why Support Groups?

Allina Health's Brain and Spinal Institute's Brain Tumor Center offers two free support groups.

1. Brain tumor patients and adult caregivers and
2. Young adults aged 18 – 45 years.

Support groups are often seen as the safest place to talk about emotions and difficult subjects. Group members often develop a sense of community through shared experiences. People feel understood, supported, and accepted by other members, which can increase their ability to cope.

Please join us for a time of connection and support

## How and When:

Both support groups are offered monthly as a **hybrid meeting**. You can join us **either in person or virtually**. Both versions will be accommodated during each session. *Please visit our website for more information: [Givens Brain Tumor Center | Abbott Northwestern Hospital](#)*

**In Person Sessions:** Meet in our 3<sup>rd</sup> Floor Conference Room (Ste. 304) at the Givens Brain Tumor Center in the Piper Building. We will provide validated parking for those who attend in person.

**Virtual online:** A Microsoft Teams invitation will be emailed if you wish to attend online.

## Registration:

For our young adult support group, email: [kathryn.brusnahan@allina.com](mailto:kathryn.brusnahan@allina.com) or call 612-863-3732 for more information.

For the patient and caregivers' group, email: [GivensBrainTumorCenter@allina.com](mailto:GivensBrainTumorCenter@allina.com), or call for more information: 612-863-3732.

***We will provide monthly email updates with meeting details.***





# Raising Awareness About Brain and Spinal Cord Tumors

We are very lucky in our community to have many benefactors who make it their life mission to help increase awareness about brain and spinal cord tumors, and raise funding to help find cures, conduct research, help us live better lives, and keep us connected.



The Givens team with patients

[Twin Cities BT5K - American Brain Tumor Association \(abta.org\)](https://www.abta.org)

It was an atypically warm morning at Como Regional Park on October 4! The Givens team enjoyed the spirit of the event, seeing many of you out there when you stopped at our booth. Some of you participated in the run or the walk either sponsored by your own team or joining ours! Congratulations!! And our very own Dr. Andrea Wasilewski participated in a panel discussion that morning!



Givens Brain Tumor Center Team

Above: Dr. wasilewski at the panel discussion. Right: with patients





# Raising Awareness About Brain and Spinal Cord Tumors Save the Dates!



Humor to Fight the Tumor is one of the country’s premier fundraising events benefiting those living with brain tumors and those researching more effective treatments. Learn more about the upcoming 2026 Gala at their website.

[Humor to Fight the Tumor](#)



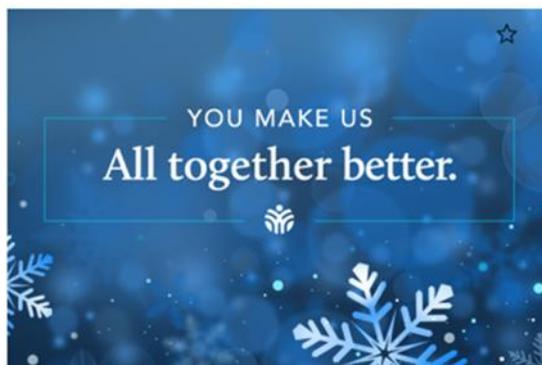
WalkTalkConnect is non-profit 501 (C) (3) dedicated to building a “peer-to-peer” mentoring community that connects patients and caregivers facing the unique challenges rare brain & spinal cord tumors present. For information about upcoming events visit

[Who We Are, What We Stand For – WalkTalkConnect](#)



ABTA Twin Cities BT5K is scheduled for October 3, 2026.

[BT5K, Breakthrough for Brain Tumors 5K | American Brain Tumor Association](#)





# It's growing season all year round within AHBSI!



**Meghan Peters**  
**Manager, Neuroscience Programs and Operations**



## **We're not growing...we're exploding!**

I am thrilled to share some exciting updates and initiatives at the Allina Health Brain and Spine Institute! First and foremost, you may have noticed our new name! Our institute has transitioned from the Allina Health Neuroscience Spine and Pain Institute to a simpler and patient-friendly name, The Allina Health Brain and Spine Institute. Rest assured, while our name has changed, our dedication to providing the same quality services and exceptional patient-centered care remains the same!

In addition to our new name, we are proud to announce the completion of our third-floor clinic construction refresh project. When you next visit, you'll see updated exam rooms, improved lighting, and an overall more uplifting atmosphere. We hope this enhances your comfort and experience at the clinic!

I am also excited to share about the ongoing growth within the Givens Brain Tumor Center and other specialty neurology areas. Recently, we welcomed two new nurse practitioners to our team and will have a third neuro-oncologist starting at the end of August, 2026! This expansion will allow us to continue to grow our patient caseloads and serve patients from a wider geographic area. Outside of the Givens Brain Tumor Center, we have launched a Multiple Sclerosis program and hired a neurologist specializing in headache and migraines.

Lastly, we're excited to announce the formation of the Allina Health Adult Neurology Residency Program. This initiative will enable us to educate the next generation of neurologists, creating a pipeline that benefits our community and addresses the nationwide shortage of neurologists. Our first group of three residents begins this summer.

As we move forward into 2026, we anticipate another exciting year of growth focused on continuous improvement and expansion, while keeping patient experience at the forefront. It is a true honor to work in this leadership capacity with the most knowledgeable and caring providers and care team members. Our goal is to serve you the best we can and as always, welcome any feedback you may have!

### **Here are a few key recruitment and program highlights:**

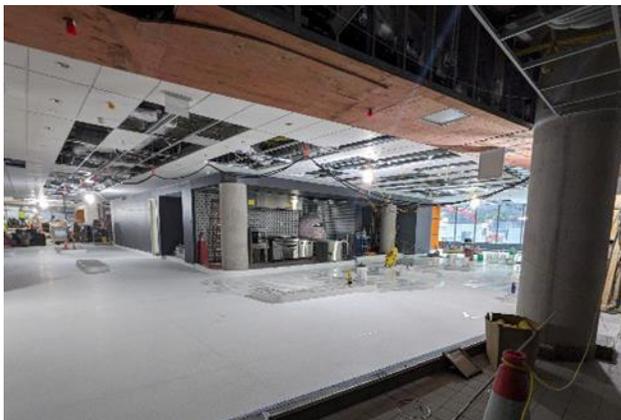
- Metropolitan Neurosurgery and Neurosurgical Associates joined forces to create Allina Health Neurosurgery making us one of the largest neurosurgical groups in the region.
- Dr. Allyson Connor, a movement disorder neurologist, joined our team September 2024.
- Dr. Armin Jewell, epileptologist, joined our team June of 2025.
- Dr. Kelsey Jensen, a movement disorder neurologist, who also does general neurology joined our team July 2025.
- Dr. Alejandra Duque, a multiple sclerosis/neuroimmunologist, joined our team August 2025.
- Dr. David Kopel, a headache and migraine neurologist, joined our team September 2025.
- Allina Health Adult Neurology Residency Program begins summer, 2026.



## Go live date is planned for August 29, 2026!

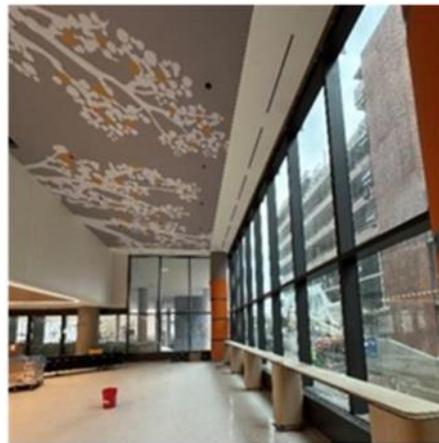
As this article is being written, this is the view of construction for the new Richard M. Schulze Surgical and Critical Care Center, which, in the photo, is on the right.

The building is fully enclosed on all levels. The large cranes that moved concrete, steel and other heavy materials during construction have been dismantled and removed from the campus. Excitement is building as floors are being fully developed in preparation for departments, services and units that will eventually be in those spaces. Transition teams have been set up and planning has already begun to ensure preparedness as patients and staff are welcomed into the new building.



## Abbott Northwestern Hospital Campus Cafeteria Update

The terrazzo floor has been poured for our future cafeteria space. Not only is terrazzo durable and eco-friendly — it's also watertight, making it ideal to maintain clean, high-traffic areas like this one. When the building opens, patients, guests, and employees will enjoy a bright, welcoming and comfortable dining space.





## Givens Brain Tumor Staff

Andrea Wasilewski, MD - Neuro-Oncologist, Medical Director  
Maya Hrachova, MD – Neuro-Oncologist, Medical Director, Brain and Spine Metastases Program  
Tankia Barnes -Medical Assistant  
Katie Brushnahan, LSW – Social Worker  
Lori Christensen, APRN, CNP – Nurse Practitioner  
Lehn Grube RN, BSN – Nurse Navigator  
Lani Hoese – Clinical Support Specialist  
Karen Holmseth, RN, BSN - Nurse Navigator  
Deborah Jones, M.A. – Care Guide  
Kelly Mehlhorn, RN BSN CNRN – Clinical Services Supervisor  
Meghan Peters, OTR/L - Manager, Clinical Operations and Program Development - Allina Health Brain and Spine Institute  
Will Majerus, RN, BSN, CNRN - Nurse Navigator,  
Kalli Taylor, Pharm D - Neuro-Oncology Clinical Pharmacy Specialist  
Emma Venteicher, APRN, CNP – Nurse Practitioner  
Brenda Wrenn – Clinical Support Specialist

Find support groups and resource information for patients and their loved ones on our website: [tinyurl.com/2pe8vcmj](https://tinyurl.com/2pe8vcmj)

Scan this QR code with your phone's camera to access the website.

