

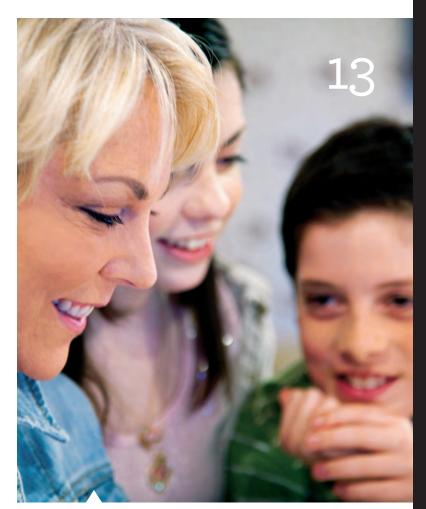
T SOUTHWESTERN MEDICAL CENTER UNIVERSITY HOSPITALS & CLINICS



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About UT Southwestern Medical Center

UT Southwestern Medical Center ranks among the top academic medical centers in the world. Our mission is to improve health through innovative patient care, research, and education. Founded in 1943, UT Southwestern has evolved rapidly into a premier research institution, pioneering breakthroughs in cancer, cardiovascular disease, neurosciences, and women's health. UT Southwestern faculty members have won four Nobel Prizes since 1985. Patient care is provided in our University Hospitals and Clinics, where we offer the latest advanced treatments and technologies.



"This is the face of heart disease. This is the face of six stents. This is the face that nearly died a year ago in November."

—Wenter Blair, on her hard-to-believe health status

Wenter's Tale
By all appearances, Wenter Blair was healthy, but a series of heart attacks indicated otherwise. Here's the story of how UT Southwestern physicians uncovered her potentially fatal disease and how they're working to restore her to the picture of health.

16

Second Opinions

Sometimes, another viewpoint can make all the difference in medical care, but nearly half of Americans never seek a second opinion. Two UT Southwestern physicians tell why, when, and how to get a second opinion and explain what makes them "worth the investment."

A Sneak



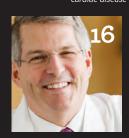
"Bariatric surgery doesn't replace the need to actively work at managing the amount and type of food you eat. That's an ongoing process."

—Arsalla Islam, MD, on whether bariatric surgery can cure obesity



"I'm the quarterback.
My job is to get the
patient the best care
possible from the best
people possible—not
just the usual cardiology treatments."

-Amit Khera, MD, on his management of



"About half the time, a patient who comes in with a report of a narrow artery turns out not to have that at all."

—James Valentine, MD, on the value of getting a second opinion

PREVENTION

4 Need to Know

Vital adult inoculations, avoiding liver damage caused by over-the-counter drugs, and when to screen for glaucoma.

CONTENTS

5 First Person

Six key ways to protect your heart if you have type 2 diabetes—advice from a cardiology expert.

6 Ask Our Experts

Managing an overactive bladder, cutting back on added sugar, and taking vitamins to handle stress

7 For Women Only

Changes in breast cancer treatment, a nearly painless alternative to hysterectomy, and important new information about hormone therapy and kidney stones.

TREATMENTS

8 Smart Strategies

Lasering away stubborn inches, and beating the blues with exercise.

9 Controversies in Medicine

The debate on the effectiveness and safety of cholesterol-lowering medications in women—insight from Sharon Reimold, MD.

10 Breaking Ground

New cancer-killing technology makes its North American debut, and a risk-prediction model assesses the danger of carotid artery surgery.

11 Three Questions

Arsalla Islam, MD, offers up the skinny on weight-loss surgery, its safety, and how to determine which procedure is right for you.

INSIDE UT SOUTHWESTERN

12 Tackling the Toughest Cases

A UT Southwestern surgeon recalls a challenging case and the courageous patient who rewarded him with an important reminder.

18 Clinical Updates

The latest on UT Southwestern patient care services—including information on colon screening, cancer genetics, transplants, and osteoporosis.

20 Distinctions

Key posts get new leaders.

21 In the Headlines

Nobel Prize winners receive special recognition, and UT Southwestern expands global reach.

1



A matter of opinion on your health

he human body is so complex and modern medicine so continuously evolving, it's not surprising there would be differing opinions among physicians as they diagnose and treat patients. Some differences may occur because there's often more than one way to successfully treat a disease. Other times, it may simply be a reflection that in medicine, as in life, things are not always what they seem. That's why expertise—the kind you'll find at a leading academic medical center like UT Southwestern—is critical.

Wenter Blair, our cover story subject, certainly knows that. Wenter has a life-threatening disease. but vou wouldn't know it to look at her. She looks so healthy her personal physicians didn't realize she had a serious medical problem. It was only when she came to UT Southwestern seeking another opinion that a

In medicine, as in life. things are not always what they seem. That's why expertise is critical.

world-renowned specialist correctly diagnosed her condition and lifesaving treatments began. Turn to page 13 for Wenter's story.

Not every illness is as life-threatening as Wenter's, but many diseases can be just as complex and open to differing interpretations. In "Second Opinions," our story on page 16, we take a look at the importance of getting a **second medical opinion**: when it's appropriate, what's involved, and the best way to go about it. If you've ever been reluctant to get a second opinion, this could have you rethinking that view.

Speaking of differing opinions, we delve into the discussion surrounding women's use of **cholesterol-lowering medications** in our "Controversies in Medicine" story on page 9. Some claim cholesterol medications aren't as effective in women as in men and that they can cause significant side effects. Sharon Reimold, MD, a UT Southwestern cardiologist, offers her thoughts on the issue.

As medical knowledge continues to grow, so will diversity of thought in diagnosis and treatment. Whether you're seeking a first, second, or even third opinion, UT Southwestern's mission of patient care, research, and education makes us an unmatched resource in North Texas. About that, there is no debate.

UT SOUTHWESTERN

UT SOUTHWESTERN MEDICAL CENTER

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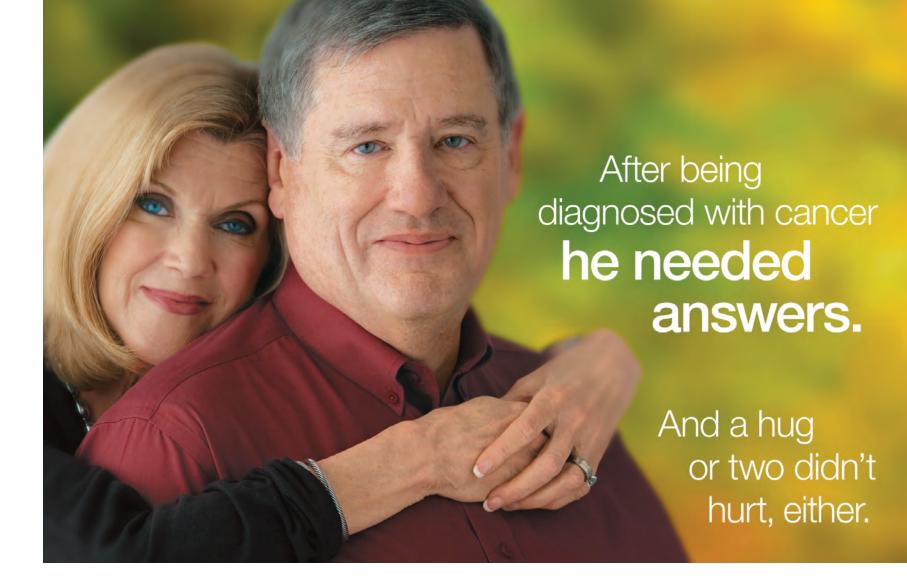
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Charles Florsheim was diagnosed with lung cancer in 2009.

Following that diagnosis, he sought out the renowned cancer experts of the Harold C. Simmons Cancer Center at UT Southwestern. Under the care of Dr. Joan Schiller and her oncology team, Charles received thoughtful answers and the comfort he needed to face his cancer head-on. And after a successful surgery to remove the tumorous region, he is now cancer-free.

Hundreds of the best medical minds. The most advanced technologies. And the latest breakthroughs in cancer treatment and research. We treat your cancer differently here.

UT SOUTHWESTERN

Harold C. Simmons Cancer Center

The future of cancer care, today.

Trust your cancer care to one of the nation's premier treatment and research centers. For an appointment: utsouthwestern.org 214-645-8300



Infectious Diseases

8 vital shots that could save your life

Think you don't need any vaccinations because you're well past puberty? Think again; the need for shot pricks doesn't end once we enter adulthood.

Jeffrey Kahn, MD, PhD, Professor of Pediatrics and Microbiology at UT Southwestern, notes that immunizations are one of the 10 greatest American achievements of the past century, yet only children's vaccines are well-utilized.

"People need to be more aware of the value of adult vaccines," says Dr. Kahn. "In fact, some vaccines, such as the zoster (shingles) vaccine, target adult diseases. Older adults are particularly prone to certain infections, and these vaccines can be lifesaving."

Discuss the recommended vaccination schedule with your doctor, advises Dr. Kahn, and determine whether you should be immunized.

RECOMMENDED ADULT VACCINATIONS

▶▶ Hepatitis A/B

Hepatitis viruses attack the liver. The hepatitis A vaccination is particularly recommended for travelers to countries where the virus is widespread.

papillomavirus (HPV)

HPV is the most common sexually transmitted virus in the U.S. At least 50 percent of sexually active people will have genital HPV at some time in their lives. HPV vaccines are approved for use in children and adults younger than 26.

▶▶ Influenza

Because influenza activity typically peaks around January, vaccinations should begin in September, or as soon as the vaccine is available.

▶▶ Measles mumps, rubella (MMR)

Recommended for adults born in 1957 or later and all health

care workers, regardless of age, who have no documentation of vaccination or disease.

▶▶ Meningococcal

Protects against meningitis. Particularly recommended for military recruits, college

students, certain foreign travelers, and those with a damaged (or removed) spleen.

▶▶ Pneumococcal

Recommended for adults older than 65 and for all persons at least two years old who are at high risk for sickle cell disease. HIV infection, and other conditions that compromise the immune system. Adults 19 to 64 years old who smoke cigarettes or who have asthma should also get the vaccine.

▶▶ Tetanus, diphtheria, pertussis (Td/Tdap)

The Centers for Disease Control and Prevention recommends adults get a Td booster, which protects against tetanus and diphtheria, every 10 years. Adults under age 65 who have never gotten Tdap, which also protects against pertussis. should substitute it for the next booster dose.

▶▶ Varicella

Protects against the viral diseases chicken pox, zoster (shingles), and postherpetic neuralgia. Children and adults without evidence of immunity to varicella need the vaccine. Adults age 60 and older with a history of chicken pox at any age should receive varicella zoster vaccine.

$oldsymbol{1}_{ ext{UNDERSTAND}}$ THE DANGER

"People with type 2 diabetes are two to four times more likely to have cardiovascular problems than someone without diabetes. Most diabetic patients are primarily concerned with vision loss or kidney problems as a result of diabetes, but by far the biggest risks are heart attack and stroke."

2 WATCH LDL AND BLOOD PRESSURE

"Type 2 diabetes treatments often focus on glucose control, but for managing cardiovascular risk, the focus should be primarily on aggressively lowering LDL cholesterol and blood pressure. Cholesterol abnormalities are common cardiovascular risk factors in diabetes, and their treatment yields the greatest benefit. And between 80 and 85 percent of patients with type 2 diabetes have high blood pressure. Treating it also potently reduces heart disease risk."

3 CUT BACK ON CALORIES

"Managing type 2 diabetes—and reducing cardiovascular risk—is not so much about cutting sugar from the diet, but rather cutting calories. Every bit of food you eat, whether it's protein or fat or carbohydrates, your body can turn into sugar. So the key is limiting total calories."

4 STOP IT BEFORE IT STARTS

"A large majority of type 2 diabetes cases are preventable or treatable with lifestyle interventions. The best way to combat diabetes is to prevent it in the first place. Maintaining a healthy body weight and exercising regularly go a long way toward prevention."

5 EXERCISE IN MODERATION

"Cholesterol-lowering and bloo pressure medications, togeth with favorable lifestyle adjust ments, will generally he older, even if



"It only takes a modest amount of regular exercise to fend of of regular exercise to fend off or treat diabetes and associated cardiovascular risks. As a general guide, I tell patients they should do something that makes them a little short of breath but still able to carry on a conversation. A bris walk for most people will do it." 6 TAKE YOUR MEDS, TOO

KEY WAYS TO PROTECT YOUR HEART IF YOU HAVE TYPE 2 DIABETES

vien K. McGuire, MD

Cardiology

Type 2 diabetes afflicts more than 20 million Americans and is among the strongest risk factors for heart disease. Darren McGuire, MD, an expert in cardiovascular disease among diabetes patients, recommends taking these critical steps to optimize cardiovascular health if you have diabetes.

Darren McGuire, MD

Liver Disease

Taking too much of a good thing?

Acetaminophen is a popular remedy for minor aches and pains, but too much of it is bad for your liver, says a UT Southwestern expert on liver diseases.

"Acetaminophen **poisoning**—whether one major overdose or too much over a long period of time —is the most common cause of acute liver failure

in the U.S., often requiring

immediate liver transplantation," says William M. Lee, MD, Professor of Internal Medicine. It's easy to overdose, he notes, because most over-the-counter medications, including cold remedies, contain acetaminophen, as do prescription painkillers such as Vicodin or Percocet.

Read the labels on all medications to make sure you're not overdoing it, Dr. Lee says.

How much is too much?

Although package inserts recommend no more than 4,000 milligrams of acetaminophen a day-that's eight extrastrength Tylenols—the Food and Drug Administration intends to cut this maximum dosage back. A safe amount is 3.000 milligrams, or six extra-strength Tylenols—less if you drink alcohol.

DID YOU KNOW?

or family history of glaucoma.

Ophthalmology

on the disease.

Glaucoma: Don't

coma and not even know it.

let it blindside you

Don't look now, but you may have glau-

"As many as 3 million people in the

U.S. have glaucoma, but only half are

UT Southwestern and a leading expert

Increased pressure in the eye typi-

damage the optic nerve, affect periph-

eral vision, and cause sight loss. But

with early detection and treatment,

Ophthalmologists recommend

glaucoma or a history of eye trauma.

Hispanics are three to four times more at

Tip: Medicare covers preventive screenings

for African-Americans older than 50, as well as any beneficiary with a history of diabetes

and those with a family history of

Did vou know? African-Americans and

risk for developing the disease.

screening for people age 40 and older,

blindness may be prevented.

cally causes glaucoma, which can

aware of it," says Jess Whitson, MD,

Professor of Ophthalmology at

Four of the 18 ophthalmologists listed in *D Magazine* as being the best in Dallas practice at UT Southwestern Medical Center.

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Q. I'm running to the bathroom more than usual to empty my bladder. Why?

A. "Take a look at your diet. If you drink heavily caffeinated products, that could be the culprit. Caffeine has a diuretic effect, meaning it increases urine production. Additionally, caffeine can be a bladder irritant which makes your bladder more sensitive and increases the urge to urinate. If you're reluctant to give up caffeine, you have to decide which affects your life the most—your need for caffeine or trips to the bathroom."

Common caffeine sources:

Coffee, tea, colas, and chocolate

Other bladder irritants: Citrus fruits, spicy foods, and some cheeses



Gary Lemack, MD Professor of Urology and Neurology and Neurotherapeutics



Q. What exactly is "added sugar," and how do I know if I'm eating too much of it?

A. "It's hard to tell by nutrition labels if a product includes natural sugars, such as fructose in fruit, or if the sugars are added during food processing. Scan the label for ingredients. If sugar is listed as one of the first three ingredients, you know that most of the sugar in that food is coming from added sugar."

Common sugar euphemisms: Corn sweetener, corn syrup, dextrose, fructose, fruit juice concentrate, glucose, honey, lactose, maltose, molasses, sucrose, and syrup.

Sugar intake tip: The American Heart Association recommends no more than 25 grams of added sugar a day for women (that's 5 teaspoons or 5 sugar packets); 37.5 grams for men (7 teaspoons or 7 sugar packets). Both these figures are less than what's found in a 12-ounce can of soda.



Lona Sandon, MEd, RD Assistant Professor of Clinical Nutrition

Q. Can "stress-formula" vitamins help me beat stress and stay calm?

A. "Stress-formula supplements, particularly those containing B vitamins such as thiamin, niacin, and riboflavin, are really meant for physical stress, not emotional stress. The B vitamins are especially important for injury recovery because they play a key role in energy metabolism, helping people get more of the energy they need from the foods they eat. But psychological stress doesn't really increase your energy or nutrient needs, so taking stress-formula vitamins won't help relieve this stress or make you feel any calmer."

Better ways to relieve emotional stress: Get lots of rest. Eat a nutritious, balanced diet. Drink plenty of fluids and get regular exercise. Try relaxation techniques.



Scott Grundy, MD, PhD Director, UT Southwestern Center for



Breast Cancer

New approach to lymph node surgery: similar results, faster recovery

For years, many women undergoing treatment for early-stage breast cancer have also routinely had all lymph nodes removed from underneath the arm if even one was cancerous. But the surgery has a downside: It can cause unsightly and painful arm swelling, along with tingling or numbness, and it can limit mobility.

The standard of treatment may be about to change.

A groundbreaking new study involving UT Southwestern cancer researchers indicates that some women—about 40,000 a year in the U.S.—may not necessarily need all their lymph nodes removed. Instead, partial lymph node removal (called sentinel lymph node biopsy) can be just as effective and lead to faster recovery times and fewer postoperative troubles.

"Having more limited surgery did not result in worse survival or local recurrence of cancer at five years," says Marilyn Leitch, MD, Professor of Surgical Oncology at UT Southwestern and co-author of the study, which appeared

in the *Journal* of the American Medical Association.

One reason more extensive surgery wasn't necessary, say researchers: The patients also received radiation treatments as part of a breast-conserving strategy. In addition, most received chemotherapy and/or antihormonal therapy.

"We've adopted this data in the care of our patients here at UT Southwestern's Harold C. Simmons Cancer Center," says Dr. Leitch, though she cautions, "it doesn't fit everybody." Women with plans for mastectomy may not be candidates for limited lymph node surgery. And if more than two lymph nodes are shown to have cancer, then removal of all the lymph nodes is still recommended, "an important distinction that shouldn't be lost in the excitement of the study's findings," Dr. Leitch says.

Uterine Tumors

Nearly painless alternative to hysterectomy

Non-cancerous growths in the uterus called uterine fibroid tumors lead to nearly a third of all hysterectomies. Though benign, these hormonally driven tumors can cause heavy menstrual bleeding and pain.

If diagnosed with these tumors, you may be able to opt for a minimally invasive alternative to hysterectomy called uterine fibroid embolization (UFE), says Bart Dolmatch, MD, Director of Interventional Radiology at UT Southwestern.

UFE shrinks the fibroid tumors so they're less likely to cause symptoms and works for most women who have symptomatic fibroids.

Doctors can perform UFE on patients of any age, says Dr. Dolmatch, and complications are rare. "UFE spares the uterus and preserves fertility, and most women experience quick recovery with minimal pain."

What to expect: "During UFE, tiny beads are delivered through a thin catheter to block arteries that supply blood to the tumors." says Dr. Dolmatch. "This halts their growth and most will shrink over time. The procedure takes about an hour, and patients typically go home within 24 hours.'

Medical Breakthrough

THE DISCOVERY A set of proteins found in blood serum shows promise as an accurate way to diagnose Alzheimer's disease, according to UT Southwestern researchers

BLOOD TEST COULD DIAGNOSE ALZHEIMER'S DISEASE

THE SIGNIFICANCE Alzheimer's in detecting suspected Alzheimer's health care workers could perform disease currently afflicts more than 5 million people older than 65 in the U.S. The disease is difficult to diagnose, particularly in its early stages when it resembles other cognitive problems. Researchers have sought a simple blood test for Alzheimer's for years, but no single substance, or "biomarker," has been shown to be useful. But in a statewide study, UT Southwestern researchers found that analysis of proteins in blood serum, plus a clinical

exam, proved 94 percent accurate

and 84 percent accurate in ruling it out in people without the disease. "This research uses a novel technology that makes it possible to analyze several biomarkers in a single blood test in a cost-effective way." says Ramón Díaz-Arrastia, MD, Professor of Neurology and Neurotherapeutics and senior author of the study, which was published in the Archives of Neurology.

WHAT IT MEANS TO YOU

A blood test would provide a convenient diagnostic method that

nearly everywhere. Such a test would be comparable in principle to measuring blood cholesterol as a biomarker of cardiovascular disease. according to Dr. Díaz-Arrastia.

WHAT'S NEXT This test is not yet commercially available. Further research will seek to confirm the biomarker test can accurately detect Alzheimer's. Additionally, future research will focus on discovering therapies that prevent or slow the progression of Alzheimer's by targeting the identified biomarkers.

Kidney Stones

Surprising new info about estrogen therapy

Postmenopausal women who take estrogen may have a greater chance of developing kidney stones, according to UT Southwestern researchers.

Once thought to protect women from the disease. hormone therapy could put them more at risk for kidney stones, says Naim Maalouf, MD, Assistant Professor of Internal Medicine at UT Southwestern. "Clinicians need to keep these results in mind when considering the risks and benefits of

hormone therapy protocols in postmenopausal women."

Painful kidney stones affect an estimated 5 to 7 percent of postmenopausal women nationwide, a figure lower than in men. Researchers have speculated that estrogen offered a protection that men don't have.

"This research suggests that the opposite might be true, and it offers new information that might be considered when prescribing estrogen-

replacement therapies to postmenopausal women," says Dr. Maalouf

Many lifestyle and healthrelated factors determine kidnev-stone formation, so estrogen therapy's true impact on the disease is still hard to determine, Dr. Maalouf notes.

"Getting to the bottom of what causes kidney stones and how to prevent them is an important issue in women's health," he adds.

DID YOU KNOW?

UT Southwestern obstetricians and gynecologists direct the largest OB/GYN training program in the U.S. They have written several major OB/GYN textbooks, including Williams Obstetrics, Williams Gynecology, and Essential Reproductive Medicine.

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Body Contouring

Laser away stubborn inches

Having trouble fitting into your favorite jeans? Zerona, a new type of body-contouring laser available at UT Southwestern, can help you fight the battle of the bulge.

noninvasive and moves across the outer skin, disrupting fat cells so they flush out of the body naturally. And you experience no burning after-effects, as with other types of lasers.

proved by the Food and Drug Administration, requires six, 40-minute sessions over a two-week period. The low-level laser can be safely used on the waist, hips, and thighs and may also work in other areas, such as male breast reduction or neck and arm flab.

Medical

HORMONE

CONTROL

OF BLOOD

PRESSURE

THE DISCOVERY

A hormone that prompts the

kidneys to retain salt—and

a result—appears to also

and blood pressure.

increases blood pressure, as

stimulate brain centers that

control the vascular system

STIMULATES

Breakthrough

"The Zerona laser

is really for helping you fit into

your clothes a bit better," says Jeffrey

and Director of the Clinical Center for

Cosmetic Laser Treatment at UT South-

western, "It doesn't supplant traditional

candidates need to be close to their ideal

INSIDER TIP: Before heading to the closest spa

for a Zerona treatment, Dr. Kenkel advises you

you're spending your money wisely to get the

first schedule an evaluation with a board-

certified plastic surgeon, who can confirm

body weight and have good skin quality

liposuction for those needing a more

significant contour change, so good

to see good results."

Kenkel, MD, Vice Chair of Plastic Surgery

Exercise can offer

emotional benefits, too

Jumping on that treadmill or bike is not only good for your physical health, it can also help significantly reduce depression, says a UT Southwestern researcher.

"Participating in aerobics exercise for 30 minutes three to five times a week can reduce the symptoms of mild to moderate depression similar to taking antidepressant medication," says Madhukar Trivedi. MD, Professor of Psychiatry. "The key is the intensity of the exercise and continuing it for 30 to 35 minutes per day. It's not for the faint of heart."

In a UT Southwestern study, individuals who participated in moderately intense aerobics—such as exercising on a treadmill or a stationary bicycle—had, on average, a nearly 50 percent decline in depressive symptoms after 12 weeks. Those in lowintensity exercise groups showed a 30 percent reduction in symptoms.

"Numerous effective treatments for depression are available, yet many people don't seek treatment because of the negative social stigma still associated with the disease," says Dr. Trivedi. "Exercise may offer a viable treatment alternative, particularly as it can be recommended for most individuals."

Even if you aren't clinically depressed, boosting your spirits, notes Dr. Trivedi, so

Unlike traditional liposuction, **Zerona is**

The Zerona procedure, recently ap-

THE SIGNIFICANCE

Aldosterone is a hormone that regulates electrolytes in the body. Created by the adrenal glands, it's responsible for reabsorption of sodium and water into the bloodstream and for regulating potassium. In a study published in the Journal of Clinical Endocrinology & Metabolism.

UT Southwestern researchers evaluated patients who overproduce aldosterone to see whether the hormone also had any effect on sympathetic nerve activity responsible for blood pressure increases. "Between 10 and 20 percent of patients with high blood pressure who are resistant to treatment have elevated aldosterone hormones." savs Wanpen Vongpatanasin, MD. Associate Professor of Internal

Medicine at UT Southwestern

and the study's senior author.

The study showed that aldosterone increases activity in a part of the nervous system that raises blood pressure. Such activity contributes to the onset of hypertension. In patients who had surgery to remove tumors that produce aldosterone, both nerve activity and blood pressure decreased substantially.

WHAT IT MEANS TO YOU

"Our study indicates that treatment of hypertension in these patients not only requires targeting the kidneys but also the sympathetic nervous system that controls high blood pressure," says Dr. Vongpatanasin.

WHAT'S NEXT

Future studies will focus on preventing the effects of aldosterone on the brain.

Psychiatry

Blues buster

exercise is good for relieving stress and it helps keep you physically and emotionally healthy.

ince the late 1980s, millions of men and women have taken cholesterollowering medications called statins to either prevent or reduce their risk of heart attack or stroke. Known commercially by names such as Crestor, Lipitor, and Zocor, statins reduce LDL or "bad" cholesterol in the blood, thereby preventing the accumulation of additional dangerous plaque. The drugs' popularity would suggest physicians universally

Statins:

effective and

heart disease?

preventing

women's

Are they

safe in

In recent years, however, some in the medical community have questioned whether statins are as effective in preventing cardiac events in women as in men, citing genderspecific analyses. And they point to evidence that suggests women are more likely to suffer side effects from them. For these reasons, skeptics ask why women should take them.

embrace them.

Gender focus and recent trials

Supporters of statin use in women acknowledge that early trials and analyses lacked a gender-specific focus, but maintain that does not disprove statins' benefit in women. They also point to a major statin trial that ended in 2008—involving more than 6,800 womenthat showed a 46 percent reduction in cardiovascular events in women, compared to a 42 percent reduction in men.

Look at overall risk profile

By Sharon Reimold, MD

Professor of Internal Medicine

UT Southwestern Medical Center

From my own 20-plus years of experience in treating cardiovascular disease, I believe statins are useful in helping prevent cardiac events in women, just as in men. As for side effects-typically muscle aches and discomfort—I have observed no significantly greater incidence in women.

In my opinion, the most important consideration when prescribing statins is not the patient's gender, but her (or his) overall risk profile. Is the patient a diabetic? Hypertensive? Overweight? A smoker? What is her family history? A physician needs to determine a patient's overall risk of cardiac disease and where a cholesterol disorder fits into that risk. In other words, it does no good to simply lower someone's cholesterol but leave their blood pressure high. All cardiac health risks must be managed in a coordinated fashion.

If cholesterol-lowering strategies are in order, statins are not the only option. Diet, exercise, and even natural solutions can be

effective. Physicians and patients should discuss these options so everyone is comfortable with the decision.

A well-informed medical opinion is critical to ensure you receive comprehensive care. Academic medical centers such as UT Southwestern offer well-trained, wellequipped cardiac specialists to handle virtually all aspects of cardiac disease, from initial diagnosis to treatment.

Dr. Reimold is an expert in cardiac care and cardiac imaging who has read and interpreted more than 60,000 echocardiograms during her career. She is also an expert on gender differences in cardiac disease, with a large portion of her practice devoted to treating women. Dr. Reimold earned her medical degree from Washington University in St. Louis and completed a fellowship in cardiovascular disease at Brigham and Women's Hospital in Boston. To schedule an appointment, call 214-645-8300.

FOR APPOINTMENTS CALL 214-645-8300

Radiation Therapy

Radiation revolution

What a new cutting-edge system means to you

UT Southwestern's Harold C. Simmons Cancer Center will have access to more advanced—and convenient—treatment options later this year, thanks to new, cancer-killing technology unavailable anywhere else in North America.

The noninvasive
Vero SBRT system
combines many
state-of-the-art
radiation therapy
capabilities into one
machine. SBRT, or
stereotactic body
radiation therapy,
delivers radiation
beams to a tumor in

a concentrated, precise manner, which minimizes damage to healthy tissues and reduces the number of patient treatment sessions.

The new Vero

SBRT system integrates real-time 3-D imaging with advanced radiation delivery capabilities so clinicians can locate and track tumors, even when a patient's body moves while breathing. SBRT radiation beams are relatively weak and cause very little damage when traveling through the body. But when all

the beams converge at a tumor, their cumulative effect is so potent that it can **destroy target cells**

so potent that it can destroy target cells with great precision. "We have the

"We have the reputation at UT South-western for delivering cutting-edge radiotherapy, and we have recognized experts

of applying this

new technology for

the benefit of our patients," says Hak

Choy, MD, Chair of

Vascular Surgery

Now, doctors can better assess the dangers of carotid artery surgery—here's how

It's a medical Catch-22:
Carotid artery surgery can itself cause stroke, but so can asymptomatic carotid disease if left untreated. Now, a new clinical risk-prediction model developed by
UT Southwestern researchers allows physicians to assess the danger the surgery poses using factors such as gender, race, and health history.



"Physicians don't want to cause stroke while trying to prevent stroke, so being able to carefully weigh an individual's benefits and risk from carotid surgery is important," says Ethan Halm, MD, Chief of General Internal Medicine at UT Southwestern.

The carotid arteries, which run on the sides of the neck, are blood vessels that supply oxygen to the brain. If pieces of plaque in the arteries break free, they can lodge in the brain, causing stroke.

Asymptomatic patients achieve only a modest benefit from surgery because they have a lower chance of having a stroke in the first

place, says Dr. Halm. For patients with several other medical risk factors, the up-front risk of surgery can outweigh any potential long-term benefits. Those patients most at risk for complications: female, non-white, with certain neurologic and heart diseases.

"Asymptomatic carotid disease is not an emergency, so people have time to get the facts about the pros and cons of surgical and medical approaches to lowering the risk of stroke," says Dr. Halm. "We thought it would be helpful to give doctors and patients a practical and easy-to-use tool to help determine an individual's risk level."

Medical Breakthrough

NEW BLOOD TEST COULD DETECT HEART DISEASE

THE DISCOVERY A more sensitive version of an existing blood test could indicate whether a seemingly healthy, middle-aged person has unrecognized heart disease and an increased risk of dying.

THE SIGNIFICANCE The presence of a protein called cardiac troponin T in the blood can indicate heart disease. But standard blood tests for troponin T can detect it in only a very small percent of the population, limiting the test's utility for assessing risk in people with no symptoms. Now, research from UT Southwestern published in the Journal of the American Medical Association has found that a new, highly sensitive test for troponin T can help detect unsuspected problems with the heart muscle, including abnormal thickening or weakness of the heart. The research also shows that people with detectable levels of the protein are nearly seven times more likely to die within six years from heart disease.

WHAT IT MEANS TO YOU "Because this test seems to identify cardiovascular problems that were previously unrecognized, we hope in the future to be able to use it to prevent some death and disability from heart failure and other cardiac diseases," says James de Lemos, MD, Associate Professor of Internal Medicine at UT Southwestern and the study's lead author.

WHAT'S NEXT This test is likely to become available in the U.S. in the next 12 to 18 months. Research will continue toward identifying lifestyle factors or medications that can lower troponin T levels and prevent cardiac risk associated with high levels of the protein.

Marsalla Islam, MD

When diet and exercise just won't trim you down, don't give up—a surgical option can help dramatically

Q: CAN BARIATRIC SURGERY CURE OBESITY?

a very effective way to lose weight for patients who haven't been successful with diets. Generally, it's for people who are a lot overweight, not just a little heavy. There are several types of bariatric surgeries, such as lap band, gastric sleeve, and gastric bypass. None work without a substantial degree of effort on the patient's part. It's most important that a prospective patient understand that bariatric surgery doesn't replace the need to actively work at managing the amount and type of food you eat. That's an ongoing process.

Q: IS BARIATRIC SURGERY RISKY?

bor. Islam: The different types of bariatric surgeries result in different degrees of weight loss, and they pose different risks. Generally speaking, there's a corresponding relationship between the operation's success in generating weight loss and the procedure's risks. In other words, the most effective procedures also carry the greatest risks. The Roux-en-Y gastric bypass is most effective at inducing weight loss. The operation involves stapling the stomach closed below the esophagus—which creates a much

smaller stomach—and then bypassing the remaining stomach straight to the small intestine. Patients can expect to lose one-third of their total body weight from this procedure within a year of the operation, and the weight loss induced is the most lasting of the various bariatric procedures.

Q: HOW DO YOU DETERMINE WHICH BARIATRIC PROCEDURI IS ADDOODDIATE?

Dr. Islam: At UT Southwestern, a team of bariatric specialists—including a bariatric surgeon, psychiatrist, dietitian, and nurse practitioners—determines the best surgery for each patient. They consider each patient individually, taking into account the person's physical condition and exercise ability, diet, eating habits, lifestyle, emotional issues, etc. The team guides patients in making informed decisions. Recovery time for each person is different. But generally, lap band surgery requires a one-night hospital stay, and the patient can usually return to work in a week. Gastric sleeve surgery usually requires two nights in the hospital, and the patient can be back on the job in a week. For gastric bypass, count on two nights in the hospital and 10 days to two weeks before returning to work.

Dr. Islam, Assistant Professor of Surgery, is Director of UT Southwestern's Clinical Center for the Surgical Management of Obesity. She received her medical training at King Edward Medical University in Lahore, Pakistan, followed by a residency in surgery and a fellowship in advanced laparoscopic and bariatric procedures, both at UT Southwestern. To schedule an appointment with Dr. Islam, call 214-645-8300.



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3 questions | treat

A plastic surgeon's reward for offering a high-risk patient a choice

An important reminder about perseverance

As a plastic surgeon, I'm closely involved with the Harold C. Simmons Cancer Center and perform various types of breast reconstructions. Last year I met a young woman whose story and courage struck me. Born with a complex congenital heart defect, the 34-year-old patient had endured many difficult surgeries throughout her life—some successful, but more often the outcomes desired were not achieved.

In December 2009 she was diagnosed with breast cancer and needed a total mastectomy. Because of her brittle heart



By Sumeet Teotia, MD Assistant Professor of Plastic Surgery

condition, she had to undergo the procedure with just local anesthetic and sedation. Her surgical oncologist was confident it would be successful, but a new question emerged: Could she be a candidate for breast reconstruction?

'Deserved to have a choice'

During a conference with the medical team to discuss her high-risk case, I had a thought: If she could have a total mastectomy under sedation, why couldn't she have some type of breast reconstructive surgery as well? If possible, I would attempt

only an expander/implant reconstructive procedure.

This woman deserved to have a choice if the procedure was deemed safe. My colleagues decided that if she was willing, no complications arose during her mastectomy, and the procedure was still safe, I could move forward.

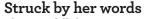
The woman and her husband listened while I laid out every possible risk and outcome. I stressed she needed to be completely comfortable with her choice before we proceeded. The couple went home to discuss their options, and she contacted me a few days later to say she was "in." She later confessed that even though I was optimistic the reconstruction would be successful, she had doubts.

A first step

In many women, including this patient, the muscle and overlying skin are often too tight for the safe insertion of a full-size implant immediately following a mastectomy.

Instead, a saline-filled temporary prosthesis—an expander—is inserted.
Additional saline is gradually added in an outpatient clinic, usually over a few months. The expander's volume increases, and the muscle and overlying skin gently expand to provide enough space for a final implant. When the desired volume is attained, another operation replaces the

saline-filled expander with a permanent breast implant.



This past fall the patient received a silicone breast implant after the expander's removal. At the same time, I performed a procedure on her unaffected breast to ensure both matched symmetrically. After a few months, she will have nipple and areolar reconstruction under local anesthesia.

During a recent appointment, she thanked me for being optimistic about her complicated condition, even though she was high-risk, and for offering her choices when many times in her life the outcomes had been less than successful. Her words struck me, reminding me that I should never give up on my patients, because they never give up on themselves. I'm thankful to work in an environment that makes that possible.

Dr. Teotia earned his medical degree at the University of Virginia and completed residencies in general surgery at the Mayo Clinic and in plastic surgery at the University of North Carolina. In addition, he has completed fellowships in transplantation at the Mayo Clinic and in aesthetic surgery at UT Southwestern. To schedule an appointment with Dr. Teotia, call 214-645-8300.



Her arteries had amassed a decade's worth of buildup in about a year's time.

n a cold yet sunny January morning, with patches of ice not yet melted on the sidewalk outside, Wenter Blair enters a local coffee shop and flashes a smile that sheds warmth on all who see it. She is, as the saying goes, the picture of perfect health.

Except looks can be deceiving.

"This is the face of heart disease," Wenter, 42, says, using a well-manicured finger to frame the visage of a woman who looks even younger than she is. "This is the face of six stents. This is the face that nearly died a year ago in November."

A stereotype exists for what a heart disease patient is "supposed" to look like—male, overweight, smoker, 60 or older—and certain risk factors help physicians predict health problems. But not every heart disease patient looks the same; Wenter doesn't fit the stereotype, and that almost killed her.

The look of a heart patient

Around Thanksgiving in 2009, Wenter was experiencing unusual fatigue and bouts of intense, extended pain. She thought she was suffering from hot flashes related to menopause or possibly just indigestion. An EKG soon after revealed Wenter was, in actuality, suffering from heart attacks. She couldn't believe it and neither could the cardiologist her obstetrician had referred her to.

"I went to see the cardiologist," Wenter remembers, "and the cardiologist said, 'Look at you! You're 40! You're fabulous! You're fine.'"

The cardiologist thought Wenter's pain was likely caused by hormones and determined that the results from numerous tests were "false positive." After a few more episodes of sweating and pain, and at the suggestion of a friend who was a nurse, Wenter asked the cardiologist for a cardiac catheterization. The doctor begrudgingly—and thankfully—obliged.

When Wenter was in the recovery room, her husband shared the news: 90 percent blockage in four arteries. The doctors had trouble stabilizing her and wanted to do a quadruple bypass procedure on the spot. Wenter's husband told the doctors she wasn't spiritually prepared for such an operation. The doctor put in two stents instead. Two weeks later, three more stents.

Wenter started looking for further treatment options elsewhere.

A second opinion

Through a friend of a friend. Wenter got in touch with UT Southwestern's Helen Hobbs, MD, Director of the Eugene McDermott Center for Human Growth and Development, who is a member of the Institute of Medicine, the National Academy of Sciences, and a Howard Hughes Medical Institute investigator. Dr. Hobbs, a world-renowned leader in heart disease genetics and Director of the Dallas Heart Study, helped Wenter in ways

few cardiologists could.

Dr. Hobbs conducted genetic testing on Wenter, her sister, and her two children, and diagnosed Wenter with a genetic disorder called familial hypercholesterolemia, which raises cholesterol to dangerous levels. Those with the disease can suffer heart attacks in their 40s and 50s, and it can be fatal if left untreated.

Wenter couldn't have come to a better place for diagnosis and treatment. The gene for familial hypercholesterolemia was identified at UT Southwestern in 1983 by Michael Brown, MD, and Joseph Goldstein, MD—an important scientific breakthrough that won the two physicians the Nobel Prize in Physiology or Medicine. Dr. Hobbs trained in their lab.

High cholesterol is a common concern for people with or without heart disease, and it's generally treatable. LDL (low-density

lipoprotein)
cholesterol,
often known
as "bad" cholesterol, can
lead to plaque
in arteries, known
as atherosclerosis.

Apart from extreme cases,

proper diet and exercise can lower LDL cholesterol to the target number of about 100. Because of her disease, Wenter usually has an LDL count in the 300s.

Wenter does not tolerate statins—medicines designed to lower cholesterol (see story on page 9)—so her team of UT Southwestern physicians had to consider alternative, more dramatic treatments.

In Wenter's case, the team recommended weekly LDL apheresis treatments. Over the course of seven months, Wenter spent every

Wednesday at the Apheresis Unit at
Parkland Memorial Hospital, hooked
up to one of the only apheresis
machines in North Texas. Similar
to dialysis, the apheresis machine
extracted Wenter's blood and
separated the plasma, so that
LDLs could be depleted before

the plasma was returned to her bloodstream.

Progress week by week

Wenter was eventually referred to Amit Khera, MD, Director of Preventive Cardiology and Assistant Professor of Internal Medicine at UT Southwestern. Dr. Khera is an expert in cardiac risk assessment and risk factor modification. He broadly describes his approach to diagnosis and treatment in four stages.

"First, biologically, what's happening?" he says. "Then, what are all of the treatments we have available? Who can be of assistance, either on campus or even worldwide? And, finally, how can I involve members of both the immediate team—the physician's assistant

and dietitian—and also the broader team: geneticists, endocrinologists, pathologists, researchers, and sometimes interventional cardiologists.

"I'm the quarterback," Dr. Khera adds. "My job is to get the patient the best care possible from the best people possible—not just the usual cardiology treatments."

The LDL apheresis has likely kept Wenter alive, but it hasn't made the problem go away. On November 10, to celebrate the anniversary of her five stents, she and her husband ran a 5K race, and she felt fine during it. In the days that followed, however, the same fatigue and sluggishness she had experienced a year prior returned. She had another cardiac catheterization, which revealed 80 percent blockage in an artery. Her arteries had amassed a decade's worth of buildup in about a year's time. A UT Southwestern interventional cardiologist placed a sixth stent in Wenter's heart. She and Dr. Khera are again "thinking outside the box" and involving the rest of the team as they implement the next strategy and treatment phase. Amid such challenges, Wenter remains upbeat and undaunted.

"The very first time I pulled in [to UT Southwestern], facing my heart disease, I was frightened," Wenter says. "The word I chose for that day was 'humility,' because I was humbled by everything that was happening to me and my family. Today, my word is 'gratitude.'"

She's grateful for access to the most sophisticated equipment and treatments available in the world just 45 minutes from her house. She's grateful for the attention, care, and expertise that each member of her academic medical team continues to bring to her case. And because she knows her disease may shorten her life, she's grateful for each and every day she lives.

"I love life so fully," she says, "and I didn't used to do that before.

"I'm the luckiest girl in the world."

Proper diet and exercise can lower LDL cholesterol to the target number of about 100. Because of her disease, Wenter usually has an LDL count in the 300s.



Amit Khera, MD

Risk factors for heart disease

Wenter Blair's specific genetic disorder is unusual, but heart disease is not. There are several risk factors to indicate when an individual's health may be in danger.

"Our risk factors aren't perfect, but they are pretty good about who will get heart disease," says Dr. Khera.
"Any one risk factor is not the crystal ball, but together they can predict which patients will have heart disease about 75 to 80 percent of the time."

The risk factors include:

- ► ► High cholesterol (over 200)
- ► ► High blood pressure (more than 140 over 80)
- ▶ ► History of smoking
- **▶ ▶** Diabetes
- ► ► Family history of heart disease

To schedule an appointment for a heart health assessment, call 214-645-8300.

14 FOR APPOINTMENTS CALL 214-645-8300 FIND A PHYSICIAN AT UTSOUTHWESTERN.ORG 15

Second Opinions

Why they're often crucial, when and where to ometimes a second opin-

and where to seek them, and what to expect

ometimes a second opin ion can mean a second chance.

James Valentine, MD. Chair of Vascular Surgery at UT Southwestern, can testify to that. Several years ago, a fellow physician contacted him with a request: Could he operate on an elderly man who was lying in a local hospital with a ruptured aneurysm? The man's blood pressure was dropping to dangerous levels. But because the patient had also been diagnosed with colon cancer that was thought to have spread to his liver, his physicians deemed it pointless to fix the aneurysm.

"We operated on him because it was the right thing to do," says Dr. Valentine. "It turned out he didn't have cancer in his liver at all. He had some cysts that looked like cancer on an ultrasound."

The surgery to fix the aneurysm was a success, and the man lived another three years before finally succumbing to a heart at-

tack. "We gave him three years of life because he deserved that and because he had not had a complete cancer work up. He deserved to have the benefit of the doubt."

Medical Director of the UT Southwestern Harold C. Simmons Cancer Center, also knows the value of a second opinion. Recently, he evaluated a young cancer patient who was having difficulty getting a definitive diagnosis elsewhere in the Dallas-Fort Worth area. "He'd had two attempts at biopsy, neither of which had achieved a diagnosis," says Dr. Froehlich. "I explained to him how and why a biopsy could fail to reveal a diagnosis. He said, 'You're the first doctor who's told me that.' After consulting with our pathologists here, we were able to make a diagnosis, and he was able to start chemotherapy treatments."

When to seek another view

According to a Gallup Poll, nearly half of Americans never seek a second opinion from another physician when their doctor diagnoses a condition or prescribes a treatment, drug, or procedure. Of course, not every illness or diagnosis requires another view; some medical conditions can be identified with simple blood tests. So when is it a good idea to get a second opinion?

Dr. Valentine, the vascular surgeon, offers these general guidelines: "Any patient who "We gave him three years of life because he deserved that and because he had not had a complete cancer work up. He deserved to have the benefit of the doubt." —James Valentine, MD

wants to confirm or has questions about a diagnosis, who doesn't understand what's being offered, or has any concern about the type of therapy ought to seek a second opinion. It's worth the investment."

He identifies a common situation in which vascular patients come to UT Southwestern for a second opinion: following "lifeline" screening or other ultrasound exams or CT scans that suggest a narrowing of the artery in the neck.

"Some of these
are very good, but
some aren't," he
says of the screenings. "About half
the time, a patient
who comes in with
a report of a narrow artery
turns out not to have that at all."

Dr. Froehlich, a hematologist/oncologist, offers his own thoughts on when second opinions are particularly appropriate.

"There are three really im-

portant times to seek a second opinion," he says. "The first is when someone has a very rare problem that's not commonly seen. The second time is when there's no clear-cut agreement among experts as to the single best way to treat a particular diagnosis. And the third is when a patient is being treated for a disease, and the treatment is no longer working."

How do you know?

While helpful, second opinions can create dilemmas for patients. How are patients supposed to determine who, or what, is right for them? "It's like a decision tree," says Dr. Valentine. "Does the second doctor agree with the first? If they agree, then it becomes an issue of which physician you're more comfortable with." And if they disagree? Says Dr. Froehlich: "Then the patient must decide what works best

"I explained to him how and why a biopsy could fail to reveal a diagnosis. He said, 'You're the first doctor who's told me that."

—Thomas Froehlich, MD

for their life—which recommendation best takes their particular situation into consideration."

For some patients, the most basic dilemma of all may be whether to even seek a second opinion, perhaps fearful they will antagonize their primary physician.

"Ask your doctor about getting a second opinion," says Dr. Froehlich. "All high-quality physicians are willing to let their patients go for another opinion."

Both Drs. Valentine and Froehlich agree it's advantageous to the patient to see his or her own physician first, rather than self-referring.

"Patients who have met with their personal doctor will have

better medical records to bring to their appointment," says Dr. Froehlich. "It's hard to give a good, quality second opinion if you don't have complete information about the patient."

Patient advantages

Both agree as well on the advantages of getting a second opinion at a major academic medical center, such as UT Southwestern. "There are three main advantages for patients," says Dr. Valentine.

"First, in the case of vascular surgeons, we are all board-certified physicians, and we have some of the most seasoned doctors in the

area. Second, we teach, so we keep up with the literature and know about the latest and greatest options. And third, we do research, so we're always contributing to new medical knowledge and breakthroughs."

Adds Dr. Froehlich: "It's so important for specialists in different disciplines to talk with each other in difficult situations. At UT Southwestern, that's one of the things we offer—a multidisciplinary network of resources to help you get a diagnosis so that you can then decide what the treatment plan is going to be."

To speak with a patient referral specialist about available medical services at UT Southwestern, call 214-645-8300.

5 things to know about second opinions

- A You have a right to a second opinion if you have questions or concerns about your diagnosis or plan of treatment. Ask your physician for a recommendation on whom to see.
- 2. Second opinions typically involve a review of your medical records, lab tests, and other medical reports, so be prepared to bring copies with you to your appointment, or arrange to have your physician send them beforehand. You may also undergo a physical exam by the doctor offering the second opinion. The doctor will usually send a report of his or her findings to the referring physician, or anyone else you designate.
- 3. Be sure and check with your insurance plan to see if it covers second-opinion visits. Some plans, but not all, do cover them. Medicare will cover second opinions that physicians request.



Thomas Froehlich, MD

James Valentine, MD



Nearly half of Americans never seek a second opinion from another physician when their doctor diagnoses a condition or prescribes a treatment, drug, or procedure.

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Osteoporosis

Bad to the bone? Find out now.

"It's important for women

If you feel in your bones you should be doing something about osteoporosis sooner rather than later—you're right. Although problems related to the disease, which causes bones to become weak and brittle, typically show up later in life, women need to be thinking about it much earlier.

to have bone density scans to determine whether they're at risk for weakened bones so medications can be prescribed that slow and, in some cases, reverse the progress of the disease," says Kimberly Mezera, MD, Associate Professor of Orthopaedic

Surgery at UT Southwestern.

Weakened bones are more apt to fracture, with most fractures resulting from osteoporosis occurring in the hips, spine, and wrists.

Bone density scans are quick and painless; the procedure is similar to having an x-ray taken. To schedule a bone density scan, call UT Southwestern radiology at 214-645-XRAY (9729).

3 things you must know about osteoporosis

▶ Who's at risk Although the cause of osteoporosis is unknown, women who have gone through menopause are at much higher risk and need to be vigilant about bone density scans. Up to 30 percent of bone mass may be lost in the five to seven years following menopause.

>> When to get

Most women should consider a baseline bone density scan in their 50s and definite-Iv by age 65. says

Dr. Mezera. Women who are at higher risk

due to family history Is a person with a or who have other risk factors for decreased bone mass, including early menopause before age 45, physical inactivity, smoking, or excessive alcohol or caffeine consumption, may need to get a scan earlier.

▶ Bone up on your bone health

large body frame more likely to get osteoporosis? Find out. Take an osteoporosis quiz at utsouthwestern.org. Click on "Osteoporosis and Kidney Stones" on the left-hand side, then "Osteoporosis Quiz" on the right.

Transplantation

When a change of heart—and other organs is critical

A nationally recognized organ transplant program at UT Southwestern offers a new lease on life to critically ill patients—and gives new meaning to the term "Transplanted Texans."

UT Southwestern Transplant Program surgeons have performed more than 1,300 **lifesaving transplants** in North Texas, including recently the 400th adult heart transplant at UT Southwestern University Hospital-St. Paul. The solid organ transplant team offers transplants of the heart, lung, heart/lung, kidney, and liver.

One reason for the program's success: a complete continuum of care available to patients.

"We offer the **comprehensive** ongoing medical management and **care** needed for patients awaiting a transplant, as well as the post-care and follow-up for those who have received one," says Juan Arenas, MD, Chief of Surgical Transplantation at UT Southwestern. "It's a patientfocused approach to deliver seamless care throughout the entire process."

In addition to highly trained surgeons, the transplant team also includes specially trained nurses for care; financial coordinators to help patients navigate insurance and find assistance: social workers who focus on patients' emotional, social, and psychological well-being; and clinical coordinators to make sure it all runs smoothly. Services range from pharmacists to explain the medication routines to nutritionists who assist with dietary decisions.

A multidisciplinary approach that utilizes specialists in multiple fields further enhances patient care. says Dr. Arenas, as does ongoing UT Southwestern clinical and laboratory research in transplantation medicine. "We also place strong emphasis on continuous quality improvement," he adds.

UT Southwestern is a Medicare-approved center for heart, lung, liver, and kidney transplantation. To schedule a transplant consultation, call 214-645-8300.

Gastroenterology

How to best protect yourself against colon cancer

Colon cancer is the secondleading cause of cancer death in the U.S. even though it's one of the most preventable of cancers. Your best defense? Early detection, says Don Rockey, MD, Chief of Digestive and Liver Diseases at UT Southwestern. "Screening for colon cancer saves lives. It's one of the most important things you can do for yourself or encourage your loved ones to do." **UT Southwestern is one**

of the few medical centers in North Texas offering all the major colon cancer screening tests. "With a modern outpatient clinic and a staff of physicians with advanced training, we're capable of providing

immediate and expert care for any patient who needs screening or is concerned about colon cancer," says Dr. Rockey.

Major screening options available at UT Southwestern include:

▶ STOOL TEST. The easiest way to check the colon for cancer. "With this test—which is simple, inexpensive, and safe—a small stool sample is checked for blood," says Dr. Rockey. If blood is found, further testing is required, usually with a colonoscopy.

► COLONOSCOPY. This test, the most sensitive, involves inserting a scope with a tiny camera throughout the colon. "It offers the advantage of allowing the

doctor to remove precancerous polyps or take biopsies of anything that might look abnormal," says Dr. Rockey. Colonoscopy is more expensive than other tests, but insurance usually covers it.

►VIRTUAL COLONOSCOPY.

This test, the newest, is similar in many respects to regular colonoscopy, says Dr. Rockey. "The main difference is that instead of using a scope, virtual colonoscopy uses a CT scanner to take pictures of the inside of the colon. An advantage is that IV or sedation aren't required, so patients can quickly return to normal activities." Keep in mind: If a polyp or cancer is found about one or two in 10 healthy

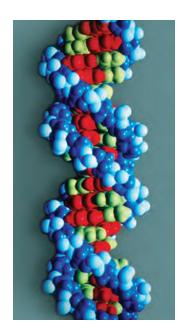
50-year-old patients will have a polyp—then colonoscopy is required to remove it. Another important consideration: Some insurance plans don't cover virtual colonoscopies.

The American Cancer Society recommends that everyone over the age of 50 have their colon screened. If a close relative has colon cancer. screening should start even sooner. To schedule a screening exam, call 214-645-8300.



Cancer Genetics

Are you at risk of cancer? Find out with this computerized assessment program.



As many as 5 to 10 percent of all cancers may be linked to an inherited risk, and 30 percent of cancers are related to a combination of genetic factors, shared lifestyles, and environmental factors.

Experts in UT Southwestern's Harold C. Simmons Cancer Center, together with Moncrief Cancer Institute in Fort Worth and other affiliates in the Dallas-Fort Worth area, can help identify your risk of developing cancer and help you understand options to manage your health.

"Our genetic risk assessment service is the only research-based clinical program in North Texas to offer testing and genetic counseling for all identified types of cancer, including pediatric cancers," says David Euhus, MD, Professor of Surgical Oncology and Director of the Mary L. Brown Breast Cancer Genetics and Risk Assessment Program at UT Southwestern.

An expert in cancer genetics, Dr. Euhus revolutionized the technique of genetic risk assessment by creating a computer program that can accurately

identify and predict an individual's risk of a hereditary syndrome based on one's family history of cancers. Physicians worldwide use the software to measure risk.

Genetic counselors provide patients with a personalized cancer screening and written risk assessment. The evaluation takes about an hour and includes a detailed family medical history; a review of risk factors; genetic testing when indicated; recommended screenings and medical interventions, if necessary; and referral to resources for follow-up care and support.

"Based on your family history and test results, we can identify your risk level and provide guidance for an early detection and prevention strategy," says Dr. Euhus.

To schedule an appointment for a genetic risk assessment, call 214-645-8300. To learn more about cancer genetics, visit simmonscancercenter.org.

19

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Faculty news & notes

JOHN BRANDECKER

Mr. Brandecker, a seasoned executive with extensive experience in hospital operations at several top academic medical centers, has been appointed Associate Vice President and **Chief Operating Officer for UT Southwestern University**

Prior to joining UT Southwestern, Mr. Brandecker was Senior Vice President for South Florida's Jackson Health System, ranked among America's top 25 hospitals by U.S. News & World Report. He has also held leadership positions at the University of Iowa Hospitals & Clinics and University of Chicago Medical Center, among others. At UT Southwestern, Mr. Brandecker will oversee all hospital operating, ancillary, and support services, as well as the health system clinical service lines.



MICHAEL JESSEN, MD

Dr. Jessen, an expert cardiac surgeon with interests in clinical outcomes, cardiac metabolism, and cardiopulmonary bypass, has been named Chair of Cardiovascular and **Thoracic Surgery** at UT Southwestern. Dr. Jessen was selected after a national search, with the appointment based on his many accomplishments in clinical and academic surgery.

A UT Southwestern

faculty member since 1990, Dr. Orth has discovered Dr. Jessen has directed a robust clinical service of the highest quality. He has served as Chief of Cardiothoracic Surgery at the Dallas Veterans Affairs Medical Center, as well as director for several clinical studies focusing on coronarv arterv revascularization. In addition, he directs a successful basic research program and is active in UT Southwestern's biomedical engineering program. related diseases.

Dr. Jessen is a recipient of the Lyndon Baines Johnson Research Award from the American Heart Association. He and his coinvestigators have written more than 100 scientific publications. UT Southwestern.



Kim Orth, PhD

Dr. Orth, Associate Professor of Molecular Biology and Biochemistry, has been recognized as one of the state's rising stars in research by The Academy of Medicine, Engineering, and Science of Texas. Dr. Orth is a recipient of one of four 2011 Edith and Peter O'Donnell Awards, which honor outstanding achievements by early-career investigators in science, medicine, engineering, and technology innovation.

new mechanisms by which invading bacteria hijack and deregulate a cell's signaling systems, cutting off the cell's ability to communicate with immune-system cells needed to fight off disease. Her studies of these mechanisms have important implications in medicine, especially in understanding and potentially treating infectious diseases and immune-

"Kim Orth has made pioneering discoveries about the fundamental biochemical mechanisms underlying many bacterial infections," says Daniel K. Podolsky, MD, President of



NEIL ROFSKY, MD

Dr. Rofsky, an internationally acclaimed radiologist with expertise in body magnetic resonance imaging, magnetic resonance angiography, and translational research, has joined UT Southwestern as Chair of Radiology. Dr. Rofsky was recruited from Harvard Medical School, where he served as Professor of Radiology and Director of MRI at Beth Israel Deaconess Medical Center. While there, he pioneered the development and application of many advanced imaging techniques.

An authority in cancerrelated imaging, Dr. Rofsky maintains several active National Institutes of Health grants, and his results have been published in more than 150 scientific journals.

Dr. Rofsky is also Co-

Director of Translational Research at UT Southwestern's Advanced Imaging Research Center. In conjunction with this appointment, he is working to develop novel approaches to detect and monitor prostate, liver, and renal cancers through the use of high-spatial-resolution techniques.



DAVID RUSSELL, PHD

Dr. Russell, a faculty member since 1982 and a member of the prestigious National Academy of Sciences, has been named Vice Provost and Dean of Basic Research at UT Southwestern Medical School, A Dallas native, Dr. Russell is a Professor of Molecular Genetics. Using mass spectrometry and other approaches, he has developed an outstanding research program in lipid biology and genetics at UT Southwestern. The program's findings have been of such depth and quality that Dr. Russell has been the recipient of numerous awards. "Dr. Russell's insights

and leadership will be invaluable in our efforts to maintain the highest level of scientific achievement. train the next generation of scientists, and integrate new scientific advances into the clinical sphere." says J. Gregory Fitz, MD, **Executive Vice President** for Academic Affairs, Provost, and Dean of **UT Southwestern Medical** School.

>> UT Southwestern celebrates four Nobel Prize winners

UT Southwestern recently celebrated the 25th anniversary of its first two Nobel Prize winners, Michael Brown, MD, and Joseph Goldstein, MD, by honoring them, and two subsequent UT Southwestern winners, Johann Deisenhofer, PhD, and Alfred Gilman, MD, PhD.

All four were on hand for the celebration. A fifth Nobel winner with UT Southwestern ties, Linda Buck, PhD, earned a degree from the UT Southwestern Graduate School of Biomedical Sciences in 1980.

Drs. Brown and Goldstein, both Professors of Molecular Genetics, won the 1985 Nobel Prize in Physiology or Medicine for discovering the underlying mechanisms of cholesterol metabolism, which led to the development of cholesterol-lowering statin drugs.

Dr. Deisenhofer, Professor of Biochemistry, won the 1988 Nobel Prize in Chemistry for identifying the three-dimensional structure of a large membrane-bound protein, which helped explain the process of photosynthesis.



Drs. Deisenhofer, Gilman, Goldstein, and Brown

Dr. Gilman, Professor of Pharmacology and former Dean of UT Southwestern Medical School, won the 1994 Nobel Prize in Physiology or Medicine for discovering "G proteins," research that has led to a more complete understanding of how cells receive signals and respond to external stimuli.

"For many decades, UT Southwestern Medical Center has been the site of

groundbreaking research that has helped transform the practice of medicine," says former UT Southwestern President and current Southwestern Medical Foundation President Kern Wildenthal, MD. PhD.

Adds current UT Southwestern President, Daniel K. Podolsky, MD, "Ongoing research seems certain to produce additional breakthroughs in new areas, with long-term benefits for future generations."

>>> Small world: UT Southwestern expands global reach

UT Southwestern and Rabin Medical Center in Israel, two of the world's top academic medical centers, have entered into an innovative affiliation agreement covering the next five years.

The internationally recognized institutions will collaborate on faculty and

student exchange programs, as well as the development of joint studies, research and training activities, and other educational programs.

"This agreement between UT Southwestern and Rabin Medical Center represents an exciting new era of cooperation, research, and training for both

of our institutions and our

ng, heart, and liver

two countries," says Daniel K. Podolsky, MD, President of

UT Southwestern. Located just east of Tel Aviv, Rabin Medical Center has Israel's only dedicated transplant facilities capable of performing kidney,

transplants. Its Cardiothoracic Surgery Department and Oncology Institute are the country's largest.

The agreement with Rabin Medical Center is the second international affiliation entered into by UT Southwestern. Last summer, UT Southwestern joined with Sun Yat-sen University and its First Affiliated Hospital in Guangzhou, China, to promote joint scientific research, educational, and training activities.

Both the Israel and China agreements reflect UT Southwestern's growing emphasis on international health programs to reinforce the medical center's threepart mission of patient care, research, and education. Last year, UT Southwestern created the Office of Global Health to direct and develop training and research initiatives with partners around the world.

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