

Better Health Brought Home to You

FALL 2010

UT SOUTHWESTERN

MED

Robotics
in surgery:
less pain
and quicker
recovery

What our
'Gold Standard'
cancer care
means to you

Smartest
ways to
prevent
fatty liver
disease

Family ties

*Faith, a daughter's love, and
transplant surgeons gave
Gene-o Parenica his life back*



For your health, we ‘go for the gold’

It’s a statement usually heard in the sports world. But our version of striving for the gold is achieving victory over illness and disease—and it’s what UT Southwestern physicians and researchers do every day. Whether it’s finding and developing promising new treatments for complex diseases, or curing someone of a life-threatening or debilitating condition, or treating a patient with respect and dignity, we’re on a mission to be the best.

Our quest for the gold made news recently when UT Southwestern’s Harold C. Simmons Cancer Center attained National Cancer Institute (NCI) designation, an elite distinction held by only the top-tier cancer centers nationwide. NCI designation is the *gold standard* for cancer programs. It reflects our promise and ability to deliver the **best cancer care available today** and to discover new treatments that will lead to tomorrow’s best cancer care. We’re the only North Texas medical center to achieve this prestigious status, and we’re proud of that fact. But we’re even happier about what it means for our patients. Read all about it in “Gold Standard” on page 16.

We’re leading the way in North Texas medical care in other ways as well. Robots, for instance, were once the stuff of science fiction. But increasingly, you find them in the operating room, where they help physicians perform surgeries in a manner more precise than humanly possible. Discover this brave new world in “Minimal Invasion” on page 10, and learn about the impressive list of “firsts” UT Southwestern doctors are registering in the field of **robotic surgery**.

We also invite you to check in with one of our physicians—an orthopaedic surgeon and sports medicine specialist—who offers **important advice on avoiding and managing sports injuries**. Bill Robertson, MD, is a former college athlete who understands sports pain, so if you’re going for your own personal gold this fall, he can help smooth your path. You’ll find his tips on page 5.

At UT Southwestern, we’ll continue to go for the gold. Because when it comes to your health, winning is indeed the only thing.

**... Harold C. Simmons
Cancer Center attained
National Cancer Institute
(NCI) designation, an
elite distinction ...**

UT SOUTHWESTERN MED

Publisher

Dorothea W. Bonds

Executive Editor

Al Marucci

Managing Editor

Ashlie Brookhart McGill

Creative Director

Shayne Washburn

Art Director

Jay Caldwell

Contributing Editor

Heidi Harris Cannella

Contributing Writers

Mick Doherty
LaKisha Ladson
Aline McKenzie
Katherine Morales
Connie Piloto
Russell Rian
Kristen Holland Shear
Erin Prather Stafford

Contributing Photographers

Brian Coats
Charles Ford
David Gresham
Carter Rose

Production

Cheryl Sudol
Kathy Watson

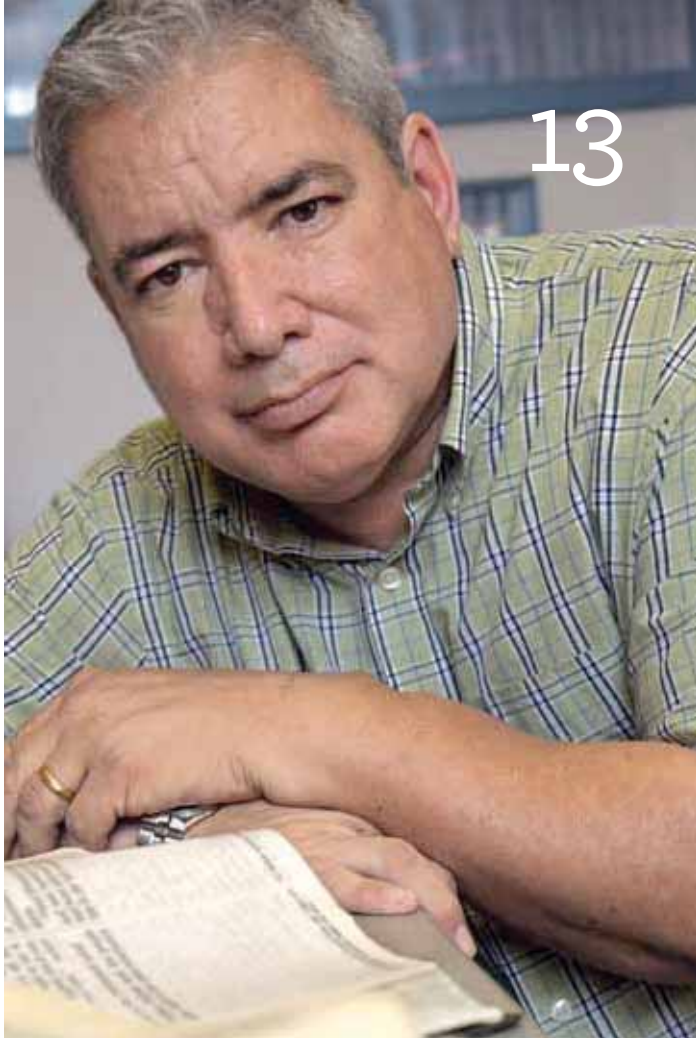
Editorial Consultant

Don Nichols

UT Southwestern Med is published by UT Southwestern Medical Center and produced by the Office of Communications, Marketing and Public Affairs.

UT Southwestern Med strives to offer current news about health topics of interest to our readers. It is not intended to provide personal medical advice, nor to substitute for consultation with a professional health care provider.

If you are receiving multiple copies, have a change of address, or do not wish to receive this publication, please e-mail UTSWMed@utsouthwestern.edu or write to UT Southwestern Med, 6333 Forest Park Road, Dallas, TX 75235-8519.



"I would come home and sit on the couch, and just drop off the face of the Earth. I'd just fall asleep. In the past, I'd always been someone who was very energetic."

— Parenica,
on his unexplained, persistent weariness

FEATURES

13

The Gift of Life

Kidney problems were sapping Gene-o Parenica's strength and threatening his life. Here's the story of how **deep religious faith, a daughter's selfless sacrifice, and UT Southwestern surgeons** converged to give this once-energetic youth minister the greatest gift of all.

16

Gold Standard

Only the nation's **best cancer centers** receive recognition from the National Cancer Institute. For cancer patients, it means *everything*. Now, UT Southwestern's Harold C. Simmons Cancer Center has become the **only North Texas medical center** to attain NCI designation.

13

A Sneak Peek Inside



"About 25 to 35 percent of the U.S. population and 80 to 90 percent of obese people have nonalcoholic fatty liver disease."

—Anne Larson, MD,
on the pervasiveness of a puzzling disease



"Kidney donations from living donors are a critical component to expand the pool of potential donors and shorten life-threatening delays."

—Juan Arenas, MD,
on the need for living donors for transplants



"Patients are best served by having the components of cancer care integrated at the very beginning. The very first point of contact is likely to be the most important in determining a patient's success."

—James Willson, MD,
on collaboration in cancer care

CONTENTS

FALL 2010

IN THE HEADLINES

2 News Flashes

"Best Hospitals" recognition from *U.S. News & World Report*, and other breaking news about UT Southwestern.

PREVENTION

4 Need to Know

Lifesaving clues on skin cancer, identifying stroke symptoms, the warning signs of over-training, and juicing your way to better health.

5 First Person

Six easy tips for avoiding and managing sports injuries from a sports medicine specialist.

6 Ask Our Experts

How to find a good eye surgeon, driving with Alzheimer's, and when to begin cholesterol screening.

7 For Women Only

Three key ways to protect your cervical health, keeping up with mammograms if you have implants, and an alternative approach to urinary incontinence.

TREATMENTS

8 Smart Strategies

The psychological side of overeating, and timely tune-up tips for the face.

9 Three Questions

Anne Larson, MD, offers information on a potentially life-threatening disease, how to know if you have it, and the best ways to treat it.

10 Robotic Surgery

Robots are nudging their way into the operating room—with patient-friendly benefits as a big plus.

12 Breaking Ground

A new technique for removing breast-cancer tumors with greater precision, and treating kidney tumors without surgery.

INSIDE UT SOUTHWESTERN

18 Clinical Updates

The latest on UT Southwestern patient care services—including information on the most advanced CT imaging device available, and coronary artery disease prevention.

20 Distinctions

Prominent physicians assume key leadership roles.

On the cover Gene-o Parenica and his daughter, Theresa. Photo by Charles Ford.

▶▶ UT Southwestern nationally ranked in patient care in six specialties

Transplant, stroke care earn certification

Transplant

UT Southwestern's heart, lung, kidney, and liver transplant programs have been **certified by the Centers for Medicare & Medicaid Services (CMS)**, an agency of the U.S. Department of Health & Human Services. CMS oversees Medicare and Medicaid programs and decides whether to cover a program's

services. Many other insurers base their coverage on the CMS certification. To gain certification, transplant programs must meet strict requirements.

"In order to achieve CMS status, you have to perform a number of transplants over a period of time and have good outcomes and good follow-up," says Juan Arenas, MD, Chief of Surgical Transplantation at UT Southwestern.

Stroke

UT Southwestern University Hospital-St. Paul has received Joint Commission **certification as a Primary Stroke Center**, a distinction given to hospitals fostering specialized stroke care for patients.

Certification signifies that University Hospital-St. Paul's stroke services have the critical elements to achieve long-term success in improving outcomes and that the hospital effectively manages its resources to meet the unique and specialized needs of stroke patients.

"This distinction further underscores UT Southwestern's status as one of the nation's top stroke treatment facilities and the exceptional efforts made daily by our physicians and caregivers to achieve the best outcome for every patient," says Sharon Riley, Vice President and CEO of UT Southwestern University Hospitals.

The annual *U.S. News & World Report* listing of "America's Best Hospitals" is out, and **UT Southwestern Medical Center is nationally ranked in more specialty-care areas than any other North Texas health care provider.**

UT Southwestern is nationally ranked in six specialties: **urology; diabetes/endocrinology; gynecology; kidney disorders; neurology and neurosurgery; and ear, nose, and throat.**

In 2009-10, UT Southwestern was ranked in four specialties; diabetes/endocrinology and ear, nose, and throat are new to the list this year.

The "**America's Best Hospitals 2010-11**" guide identifies only 152 of about 4,800 medical centers nationwide that excelled in one or more of 16 specialties. The ranking in each of the specialties is determined by a combination of criteria, including objective measures

of quality for 12 specialties (including death rates, procedure volume, and ratio of nurses to patients).

To make the list, a facility must be a teaching hospital; have at least 200 beds; or have at least 100 beds plus four or more types of important medical technologies. To be ranked in a particular specialty, a hospital must have either a specified volume in certain procedures and conditions over three years, or must

have been nominated in the magazine's yearly survey of specialists across the country.

In addition to UT Southwestern, Parkland Memorial Hospital—which UT Southwestern physicians staff—was ranked in gynecology and orthopaedics. UT Southwestern physicians also provide the majority of specialists for Children's Medical Center Dallas and the Dallas Veterans Affairs Medical Center.



▶▶ New University Hospital gets green light

The UT System Board of Regents and the Texas Higher Education Coordinating Board have approved plans to construct a new, state-of-the-art University Hospital at UT Southwestern Medical Center on a 32-acre site along Harry Hines Boulevard, between Mockingbird Lane and Inwood Road.

The new hospital will replace University Hospital-St. Paul, which opened in 1963 and has become too costly to maintain and renovate as an academic medical center, according to Daniel K. Podolsky, MD, President of UT Southwestern.

The new, **12-story, 424-bed facility**, slated to open in 2015, is an essential component of UT Southwestern's commitment to become one of the top 10 comprehensive academic medical centers in the nation.

"With the necessity of constructing this new replacement hospital came the ability to create a design that will enable us to provide patient-centric care as well as integrate our education, research, and clinical missions. It incorporates forward-looking approaches to patient care and

embeds appropriate space to support clinical and translational research, as well as education and training," says Dr. Podolsky.

Construction of the 1.3 million-square-foot project will start in March 2011. University Hospital-St. Paul will remain fully operational until the new facility opens.

Funding for the \$800 million hospital is being raised through a mix of revenue bonds, funds generated by university clinics and hospitals, and philanthropy. No public funds or tax revenues will be used to build the new facility.





What does it take to become the only NCI-designated Cancer Center in North Texas?

UT Southwestern Harold C. Simmons Cancer Center is the region's only National Cancer Institute-designated Cancer Center.

NCI designation means we stand at the forefront of the very latest advances in cancer research, prevention, and patient care. It means that our patients gain access to the most promising therapies and innovative treatments in the country. It means that our team of specialists works together to treat the cancer and care for the person. That's what it takes to earn NCI designation – and deliver the cancer care you need.

The future of cancer care, today.

To learn more, visit simmonscenter.org
or call 214-645-8300.

UT SOUTHWESTERN
Harold C. Simmons Cancer Center

Dermatology

Skin cancer: lifesaving clues

It's not always practical to head to the doctor's office every time a new spot shows up on your skin. But by following these **ABCDEs of skin cancer**, you can help evaluate whether a spot or mole deserves special attention from a physician, says Clay Cockerell, MD, Clinical Professor of Dermatology at UT Southwestern.

Check out blemishes for:

- A Asymmetry** — moles that don't look the same on each side
- B Borders** on moles that are irregular, jagged, or blurry
- C Colors** that are inconsistent or that change appearance
- D Diameter** of moles larger than a quarter inch or the head of an eraser
- E Evolving** lesions that are changing

Nutrition

Really juicy news

Does the thought of steamed broccoli with a side of salsa make you cringe? For those who loathe vegetables, juice may be the best way to increase your vegetable intake without having to stare down an eggplant.

Juices contain many of the same vitamins and minerals found naturally in vegetables, says Lona Sandon, a registered dietitian and Assistant Professor of Clinical Nutrition at UT Southwestern.

"Both tomato juice and juices with tomatoes are full of lycopene, an antioxidant thought to reduce the risk of heart disease and some cancers," she says. "The key is

sticking to the low-sodium varieties."

Helpful info: Visit utsouthwestern.org/nutrition.



Neurology

CRITICAL FACTS ABOUT STROKES

Nearly 800,000 people will suffer a stroke this year, but some victims may not even realize they've had one. "A stroke often doesn't hurt," says Mark Johnson, MD, Associate Professor of Neurology at UT Southwestern.

To be effective, **treatment must begin within hours**, so "it's critical to be able to recognize the symptoms," he says.

Look for these signs, all of which can come on suddenly:

- ▶▶ Numbness or weakness (especially on one side of the body)
- ▶▶ Trouble speaking or vision problems
- ▶▶ Trouble with coordination or walking, or a severe headache

If you suspect someone is having a stroke, try this simple three-question test. Ask the person to:

- ▶▶ Smile (Do you notice an asymmetry in the smile?)
- ▶▶ Raise both arms (Any difficulty in keeping an arm up?)
- ▶▶ Say a simple sentence, such as "My name is ..."

If the individual has trouble doing any of these, call 911 immediately.



Sports Medicine

When exercising, don't ignore the warning signs of overtraining

Training and exercise are part of a healthy lifestyle, but pushing yourself to the next level can come with a price: overuse injuries.

Unlike a knee sprain or broken arm, overuse injuries are caused by repetitive stress to a musculoskeletal structure, resulting in overload and gradual breakdown of tissue, according to Robert Dimeff, MD, Professor of Orthopaedic Surgery and Medical Director of Sports Medicine at UT Southwestern. "They commonly occur when individuals increase their activity level too quickly, not allowing for proper recovery after exercise," he says.

Other factors that can cause overuse injuries: improper form, imbalances between strength and flexibility, poor body alignment, change in footwear or exercise surface—even ill-fitting sports equipment.

"It's important to give your body time to properly adjust as you progress through a training and exercise regimen," says Dr. Dimeff.

Common signs of overuse: pain, swelling, or stiffness, often in the shoulders, legs, or elbows; favoring one arm or leg over the other; a drop in performance; worsening pain after exercise.

Tip for increasing your regimen: Don't increase training or activities too quickly. Runners and walkers, for example, shouldn't increase the distance or pace more than 10 percent a week.

Good idea: A sports medicine specialist can help identify specific pitfalls before you start your routine, as well as address and treat new issues should they occur.

6

WAYS TO PREVENT AND MANAGE SPORTS INJURIES

Bill Robertson, MD, knows about sports pain. A former college linebacker, he has served as assistant team physician to the New England Patriots, Boston Red Sox, and Boston Bruins, and he is currently the team physician to the Grand Prairie AirHogs baseball team. He offers these tips for avoiding and managing a sports injury, no matter your level of play.

1 RESIST 'NO PAIN, NO GAIN'

"Playing through pain can result in overuse injuries such as tendonitis, bursitis, stress fractures, and muscle strains. It can worsen the condition or create a problem in another part of your body."

2 GET READY TO PLAY

"Don't go from a period of relative inactivity to very aggressive activity. Instead, start several weeks ahead of time with a good conditioning program that combines aerobic and resistance training."

3 STAY HYDRATED

"The key to avoiding dehydration and heat-related illnesses is prevention. Drink 16 ounces of water or a sports drink an hour before intense activity, then 4 to 8 ounces every 15 to 20 minutes during your activity. Water is fine during the first hour, but then add in a sports drink to replace electrolytes."

4 PROTECT THE KNEES

"Avoid steep hills, embankments, and stairs if you're a runner; they aren't good for the knees. Wear a good, supportive running shoe as well. If you have flat feet or high arches, orthotics or inserts can sometimes help prevent ankle and knee problems."

5 REST AND REHAB

"After an injury, rest often isn't enough. Instead, a period of relative rest and rehabilitation of certain muscle groups is preferred. This will help maximize the strength and endurance of key muscles that will aid in preventing a recurrence of injury when you return to play."

6 KNOW WHEN TO SEEK HELP

"Consider seeing a sports medicine professional if you have an injury with severe pain and swelling. Also, if you've been treating an injury for 2 or 3 months and you're still having pain at rest or with routine daily activities, or the pain prevents participation in your sport despite changes to your training program, it's time to seek professional help."

IF YOU DO GET INJURED ... "At UT Southwestern, the goal at our multidisciplinary sports medicine center is to get patients back to activity as quickly as they can, but in a safe and effective manner. While I'm an orthopaedic surgeon, my partner, Dr. Robert Dimeff, and I have vast experience in the nonoperative management of sports-related injuries. We also have a phenomenal team of physical therapists."

To schedule an appointment with Dr. Robertson, call 214-645-8300.

Bill Robertson, MD

Assistant Professor of Orthopaedic Surgery
Specialist in Sports Medicine and Shoulder Surgery

Q & A

Q. How do I get beyond the advertising hype and select a good eye surgeon to perform my laser surgery?

A. “Ask about your surgeon’s background and affiliations, as well as pose questions about the center’s safety and satisfaction record. Also, check how many procedures the center offers and how experienced the staff is with the various technologies. *Bottom line:* You should feel comfortable with your doctor, his office, and approach.”

Additional tip: Free educational seminars and personal consultations, like those offered at UT Southwestern’s Laser Center for Vision Care, are especially helpful to learn about the diversity of eye surgery options. Contact 888-663-2020, or visit utswlasik.com to learn more.



R. Wayne Bowman, MD
Professor of Ophthalmology



Q. Should you limit driving privileges for someone who has been diagnosed with Alzheimer’s disease?

A. “Driving represents independence and capability, so being asked to give it up can put the person with Alzheimer’s in deep conflict with their loved ones. An Alzheimer’s diagnosis doesn’t have to put a total halt on driving. The most important thing is to discuss the issue soon after diagnosis, when the person can fully participate in decisions.”

Driving tip: Consider limiting driving to daytime trips, certain places, or only when someone else is in the car.

Watch for: Physical and mental changes that affect driving safety, such as changes in attention span, eye-hand coordination, and in the ability to react quickly.



Kristin Martin-Cook, MS
Clinical Research Coordinator,
Alzheimer’s Disease Center

Q. At what age should you begin cholesterol screening?

A. “Screening should begin as early as age 20 and be repeated at least once every five years. If early screening reveals low levels of good cholesterol or moderately high levels of bad cholesterol, counseling can help to modify lifestyles.”

Cholesterol-lowering tips: Decrease the amount of saturated fat you consume to less than 7 percent of total daily calories. Increase the daily amount of soluble fiber by just 5 to 10 grams. Limit cholesterol intake to less than 200 milligrams a day.

FYI...

Saturated fat is found in animal products, including meats and dairy foods, and in some plant sources such as coconut oil and cottonseed oil.

Soluble fiber is found in plant foods. Good sources: dried beans, oats, sweet potatoes, carrots, brussels sprouts, prunes, apples, and berries.



Anand Rohatgi, MD
Assistant Professor of Internal Medicine



Medical Breakthrough

THE DISCOVERY Fat tissue in males and females is almost completely different, genetically speaking, which may explain why men store fat in their bellies and women store it in their hips.

BELLY OR HIP FAT? IT REALLY IS ALL IN THE GENES

THE SIGNIFICANCE Belly fat in men has been associated with numerous obesity-related diseases, including diabetes and heart disease. Women, however, are generally protected from these obesity-related disorders until menopause, when ovarian hormone levels drop and fat storage tends to shift from their rear ends to their waists. The answer why may reside in our genes, according to UT Southwestern research. In a new study involving mice, which distribute fat

similarly to humans, researchers have discovered that males and females have few fat cell genes in common. “Although our findings don’t explain why women begin storing fat in their bellies after menopause, the results do bring us a step closer to understanding the mechanisms behind the unwanted shift,” says Deborah Clegg, PhD, Assistant Professor of Internal Medicine at UT Southwestern and senior author of the study that appeared in the *International Journal of Obesity*.

WHAT IT MEANS TO YOU According to Dr. Clegg, results suggest that hormones made by the ovaries may be critical in determining where fat is deposited. If fat storage could be prevented from shifting, it could reduce a major health concern in postmenopausal women.

WHAT’S NEXT Researchers are studying whether it’s possible to develop “designer” hormone replacement therapy that protects postmenopausal women from belly fat and related diseases.

Breast Care

Don't let implants deter annual mammograms

This year, nearly 200,000 American women will be diagnosed with breast cancer, and the disease will kill more than 40,000 women. With early detection, however, nearly 90 percent of those diagnosed will live at least five years.

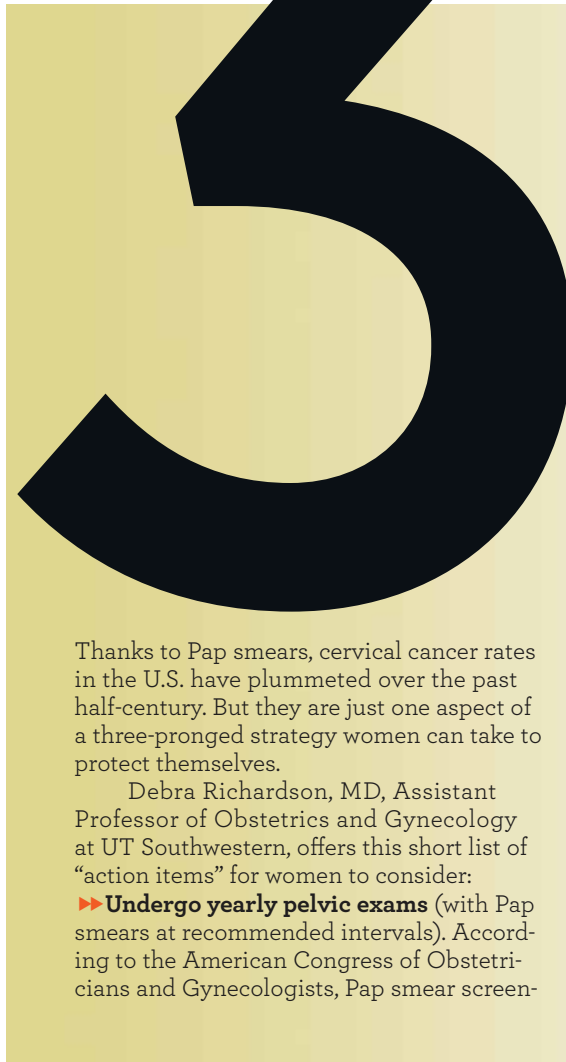
One key to early detection: getting an annual mammogram. While there is no such thing as a “good excuse” to avoid that annual exam, one avoidance excuse can be completely dismissed.

“Having breast implants should never deter any woman from having an annual mammogram,” says W. Phil Evans, MD, Professor of Radiology and Director of the UT Southwestern Center for Breast Care.

A woman with implants may need more images taken than with a standard mammogram. Additionally, images may be more difficult to read, so women should **look for a mammography center with staff experienced in dealing with implants**, adds Dr. Evans.

“Though mammograms can be more difficult for women who have breast implants,” he says, “women should not avoid this potentially lifesaving test.”

October is Breast Cancer Awareness Month. Schedule your mammogram. Simply call us at 214-645-XRAY (9729).



Cervical Cancer

KEY WAYS TO PROTECT YOURSELF

Thanks to Pap smears, cervical cancer rates in the U.S. have plummeted over the past half-century. But they are just one aspect of a three-pronged strategy women can take to protect themselves.

Debra Richardson, MD, Assistant Professor of Obstetrics and Gynecology at UT Southwestern, offers this short list of “action items” for women to consider:

▶ **Undergo yearly pelvic exams** (with Pap smears at recommended intervals). According to the American Congress of Obstetricians and Gynecologists, Pap smear screen-

ing should begin at age 21 and continue every other year for healthy women ages 21 to 29. The frequency of screening at age 30 and beyond depends on the woman’s health and the results of previous screenings.

▶ **Get vaccinated** against the human papilloma virus (HPV). Sexually transmitted HPV causes nearly all cervical cancer, but vaccines protect against two types of HPV that account for about 70 percent of cancers.

▶ **Quit smoking.** Smoking increases the risk of HPV infection.



Urinary Incontinence

What to do when surgery isn't enough

There may be an alternative solution for women who continue to suffer from stress urinary incontinence (SUI) even after surgery to address the problem, according to UT Southwestern researchers.

Collagen injections may be the answer, says Philippe Zimmern, MD, Professor of Urology at UT Southwestern, who led a recent study of the problem. While not life-threatening, SUI can socially cripple those afflicted because of its embarrassing nature.

“Patients with persistent or recurrent incontinence often do not wish to undergo another surgery,” says Dr. Zimmern. “The collagen

injection is a good alternative for those who cannot afford recovery time from surgery or are too medically unfit or frail to undergo a second surgical intervention.”

Doctors inject the collagen into the tissue surrounding the urethra, the tube that connects the bladder to the outside of the body.

“Women need to know they do not have to live with SUI,” Dr. Zimmern emphasizes. “Although collagen injections might not work for everyone, the option is out there, and patients need to communicate with their physicians to discover what treatments are possible.”



Weight Loss

Drop pounds with 'me' time

If you're struggling with weight gain, the reason why could run deeper than you think: It could be in your head.

"It's critical to understand the **psychological side of overeating**," says

Martin Deschner, PhD, Associate Professor of Psychology at UT Southwestern, who counsels patients in the bariatric program. According to Dr. Deschner, there is a definite "prototype" overeater.



"It's someone who gives a lot to others, someone who is a caretaker," he says.

Stress is usually a trigger of overeating, and caretaker personalities internalize stress. "They don't like to be argumentative. These people are giving every which way, but they are not taking care of themselves, and the only way they can find to do that many times is to eat," says Dr. Deschner.

A SELF-HELP REMEDY: Start taking better care of yourself by making time every day for something you enjoy, says Dr. Deschner. Take 30 minutes each day to do something you like but usually don't allow yourself time for. This can help you relax, manage stress better, and may help reduce the desire to compensate by overeating.



Plastic Surgery

Just in time: easy tune-up tips for the face

Thinking ahead to that class reunion or holiday event and wondering if you'll have enough time to look your best? Circle the calendar, and then consider these "timely" beauty options, courtesy of Rod Rohrich, MD, Chair of Plastic Surgery at UT Southwestern.

If you've got a month before your special occasion rolls around:

"Identify some beauty care products containing Retin A to start a skin care program," advises Dr. Rohrich. Latisse, an eyelash lengthener, can improve eyelash length within 4 to 6 weeks. A full-face chemical peel can correct skin blotches while refreshing the face and neck. Downtime is 5 to 6 days, and the positive effects should be noticeable in about 10 days.

If the event is only two weeks away:

"Botox and Dysport can remove crow's feet, reshape the brows, and soften frown lines," says Dr. Rohrich. Fillers such as Juvederm can plump up your lips. Facial fillers such as Radiesse restore cheekbone highlights and soften chin jowls.

If you've got just a week:

"Photofacial or Intense Pulse Light treatments can treat sunspots, small veins, rosacea, and other forms of skin discoloration, as well as refresh the face," says Dr. Rohrich. Facial or body massages can also help. "Massages don't just feel good; they can help reduce stress that shows up in your face and body."

LONG-TERM PLAN: "Schedule a consultation with a plastic surgeon so you're not restricted in your options," Dr. Rohrich advises. "You can establish a long-term strategy that targets your biggest concerns and ensures you're getting the most from your beauty budget."

Medical Breakthrough

QUICK EYE TEST COULD INDICATE SIGNS OF MS

THE DISCOVERY A quick, painless eye measurement procedure shows promise as a way to diagnose multiple sclerosis (MS) in its very early stages and to track the effectiveness of treatments.

THE SIGNIFICANCE MS is a disease that attacks the central nervous system. It can be difficult to diagnose early, because symptoms can come and go; however, a technique called optical coherence tomography (OCT) reliably measures thinning of the retina in people with MS, researchers from UT Southwestern have found in a multicenter study. Because the retina is easily visible through the pupil, it provides a convenient route for assessing nerve damage. As a result, retinal measurement might be able to pick up signs of MS before a person develops other symptoms. "This technique has the potential to provide a powerful and reliable assessment strategy to measure structural changes

in the central nervous system," says Elliot Frohman, MD, PhD, Professor of Neurology and Ophthalmology and Director of the Multiple Sclerosis Program and Clinical Center at UT Southwestern. Dr. Frohman was co-senior author of the study, which appeared in the *Annals of Neurology*.

WHAT IT MEANS TO YOU

"An ophthalmologist might someday be able to use OCT to identify retinal thinning during a routine eye exam and consider MS as a prime diagnosis," says Dr. Frohman, but he notes that is "a long way off."

WHAT'S NEXT

Future studies will determine whether OCT can measure the effectiveness of MS treatments.

▶▶ Anne Larson, MD

Must-know details on fatty liver disease—a puzzling, pervasive, and potentially life-threatening illness

Q: IS FATTY LIVER DISEASE A SERIOUS MEDICAL PROBLEM?

▶▶ **Dr. Larson:** It certainly can be. The disease develops when the liver has trouble processing fats, and they accumulate in the liver. We don't know exactly what causes that to happen, but we do know there are several unhealthy things associated with fat in the liver such as obesity, high cholesterol, diabetes, and the use of alcohol. You don't have to drink alcohol to get the disease: About 25 to 35 percent of the U.S. population and 80 to 90 percent of obese people have nonalcoholic fatty liver disease. It's the most common chronic liver disease among adolescents. Fatty liver is found in all races, but UT Southwestern studies suggest that Hispanics may be at greater risk. For most people, a fatty liver will cause no serious damage, but it can lead to inflammation, cirrhosis, liver failure, liver cancer, and death.

Q: HOW DO YOU KNOW IF YOU HAVE THE DISEASE?

▶▶ **Dr. Larson:** It's often difficult to know, because usually there are no signs or symptoms. As many as 50 percent of patients do complain of fatigue, malaise, or abdominal discomfort, however. Blood tests may help confirm a diagnosis, and they're often the only signal that

something is wrong. Imaging tests, like ultrasounds and CT scans, may also indicate fat in the liver. The most reliable method of confirming the disease is a liver biopsy. The most important thing a person can do to prevent the disease is control the risk factors and get regular checkups. If caught early, it may be reversible.

Q: WHAT TYPES OF TREATMENTS ARE EFFECTIVE AGAINST IT?

▶▶ **Dr. Larson:** Because we don't fully understand the disease, it's difficult to treat directly. There is no standard treatment. One of the best things to do is vigorously treat the conditions associated with it. That means watching your weight through diet and exercise, keeping your cholesterol low, controlling your diabetes if you have it, and avoiding things like alcohol that put stress on the liver. Interestingly, vitamin E has been shown to decrease the amount of fat in the liver. And one of my UT Southwestern colleagues, Dr. Jeffrey Browning, has found that people on a low carbohydrate diet burn liver fat for their energy, but more research is needed in that area.

Dr. Larson, Associate Professor of Internal Medicine, specializes in digestive and liver diseases. She received her medical training and completed residency at the University of Washington, followed by fellowships in gastroenterology at the University of California, San Diego, and in transplant hepatology at the University of Washington. To schedule an appointment with Dr. Larson, call 214-645-8300.

MINIMALLY INVASIVE SURGERY

Robots are nudging their way into operating rooms, and that's a good thing—think less pain, less scarring, and quicker recoveries

Mention the word “robot” and your mind may conjure up images of machines performing mindless, repetitive tasks. Or it may launch you into some wishful thinking ... *maybe something to help out around the house?*

Your mind may not put “robot” and “surgery” together, but it should.

Robotic surgery isn't science fiction; it's here now, and UT Southwestern surgeons are at the forefront in its use, performing, among other things, complex urologic, gynecologic, thoracic, gastrointestinal, and bariatric procedures.

More precise than humanly possible

Since 2006, when the da Vinci surgical robot made its debut at UT Southwestern, surgeons here have accomplished an impressive and growing roster of “firsts” in North Texas medicine, including most recently, the first robotic surgery to remove throat tumors.

Why all the buzz about robots? In a word, “advantages”—for both the patient and the physician.

For patients, robot-assisted procedures can lead to significantly less pain, fewer complications, less scarring, shorter hospital stays, and a faster return to daily activities. That's because the robot **requires only small incisions**—instead of the large incisions needed for traditional open surgery—because its instruments are far smaller than a surgeon's hands.

For physicians, the \$1 million-plus da Vinci robot, with a human at the controls, offers **greater surgical precision, improved dexterity, and enhanced**

visualization—all of which translate into improved patient care.

The robot consists of four arms, a surgeon's console, and a high-definition 3-D monitor. While one arm holds a small camera, the other three arms manipulate tiny laparoscopic surgical tools. The surgeon controls all of the robot's arms via a joystick and views the procedure through the monitor.

“The buzzword is ‘more precise than humanly possible.’ That's the rationale for this technology,” says Daniel Scott, MD, Associate Professor of GI/Endocrine Surgery at UT Southwestern and Director of the Southwestern Center for Minimally Invasive Surgery.

John Greer can corroborate the robot's recovery benefits. Earlier this year, the 77-year-old Dallas man had his bladder removed by UT Southwestern surgeon Yair Lotan, MD, Associate Professor of Urology, who used the da Vinci robot in a North Texas first.

“Just a couple of days afterward, I was already feeling better,” John says. “I was ready to go home pretty fast after the surgery.”



Not slowing down

Robotic technology is not slowing down, nor is UT Southwestern's use of it. Since the acquisition of its first robot, UT Southwestern has acquired a newer version of the single-console da Vinci, so physicians can perform an even wider array of procedures, including gynecological surgery for benign and cancerous conditions, head and neck surgeries, and colorectal operations.

And earlier this year, UT Southwestern physicians were the first in North Texas to use the newest generation da Vinci—a *dual-console* robot—performing laparoscopic surgeries with even greater precision. With the dual-console feature, two physicians can see the same surgery on a screen, which facilitates consultation and collaboration during the procedure.

Long-distance surgery

What's next? Will a robot actually do surgery, uncontrolled by a surgeon? That remains to be seen, but in the meantime, telerobotic surgery across distances—doctors in one city using a robot to perform an operation in another city—is already a reality. The first test of such a surgery was a successful trans-Atlantic gallbladder procedure in 2001, with the surgeon in New York and the patient in France.

What would your robot say about that?

To learn more about UT Southwestern's clinical services in surgery, visit utsouthwestern.org/surgery.



O N



Robotics in North Texas: A UT Southwestern legacy

Recent milestones at UT Southwestern using robotic surgery include:

- ▶▶ The first robotic single-incision (through the belly button) ovary removal in North Texas, performed by Mayra Thompson, MD, Associate Professor of Obstetrics and Gynecology
- ▶▶ The first transoral (through the mouth) robotic procedure in Dallas to remove throat tumors, performed by Baran Sumer, MD, Assistant Professor of Otolaryngology–Head and Neck Surgery
- ▶▶ The first robotic single-incision (through the belly button) kidney removal in North Texas, and the first single-incision kidney drainage reconstruction in Texas, both performed by Jeffrey Cadeddu, MD, Professor of Urology
- ▶▶ The first robotic lung-tumor procedure, and the first chest wall resection in North Texas, both performed by Michael DiMaio, MD, Associate Professor of Cardiovascular and Thoracic Surgery

UT Southwestern surgeons were also the first in North Texas to perform robotically assisted gastric-bypass and colon-resection surgeries. These “firsts” represent only some of the procedures that have been completed via robotics at UT Southwestern. Robots are also being used in **gynecologic oncology, urogynecology, otolaryngology, general surgery, colorectal, and gastrointestinal cancer** procedures, among others.

Breast Cancer

Small object, but big improvement

A small, radioactive pellet—about the size of a rice grain—is helping guide UT Southwestern surgeons to the exact location in the breast of a hard-to-detect mass or suspicious lesion.

The **new technique provides pinpoint accuracy**, allowing surgeons to remove possible breast-cancer tumors with greater precision.

UT Southwestern physicians are the first in Texas to begin using the procedure, in which they insert a capsule, or “seed,” containing a small amount of radioactive material—less than emitted by a standard x-ray—into the mass. Once the capsule is lodged, surgeons use a wand that detects radioactivity to locate the mass and find the best pathway for removal.

“The new technique is also less invasive for the patient,” says Roshni Rao, MD, Assistant Professor of Surgical Oncology at UT Southwestern. Dr. Rao teamed with Ralph Wynn, MD, and Michael Ulisse, MD, both Associate Professors of Radiology, to establish the seed program.

The technique replaces a process in which a radiologist would lance a thin,

hooked wire into the breast just hours before surgery to help guide the surgeon to the mass. While one end of the wire was lodged at or near the mass, the other end protruded from the patient’s skin.

“With the seed technique, the patient can have the seed inserted up to three days before surgery,” says Dr. Ulisse.

Urology

Leading-edge technique removes kidney tumors without surgery



Kidney cancer tumors often are treated surgically, requiring several weeks of recovery time for patients. But a **minimally invasive technique** that uses an electrically controlled heating probe to destroy tumors is similarly effective at curbing cancer recurrence rates.

And 90 percent of patients are able to go home the same day, reports a UT Southwestern physician.

Called radiofrequency ablation (RFA), the technique involves placing a needle-like probe inside the tumor. Radiofrequency electricity waves pass through the probe, heat up tumor tissue, and destroy it. Patients who have undergone the procedure had three- and five-year survival rates of more than 95 percent, a UT Southwestern study showed.

“The fact that cancer survival rates are comparable to surgical interventions is very encouraging,” says Jeffrey Cadeddu, MD, Professor of Urology and an expert

in kidney ablation, who reported on the outcomes of more than 200 patients who were treated with RFA.

The RFA procedure allows doctors to save more tissue than is possible with traditional open or laparoscopic surgery, which is a significant consideration, according to Dr. Cadeddu.

“The real advantage to RFA is its superior preservation of kidney tissue,” he says. “Preserving kidney function has been clearly demonstrated to **maximize quality of life and length of life** for patients with kidney tumors. Whenever possible, we try to save as much of the kidney as we can.”

Medical Breakthrough

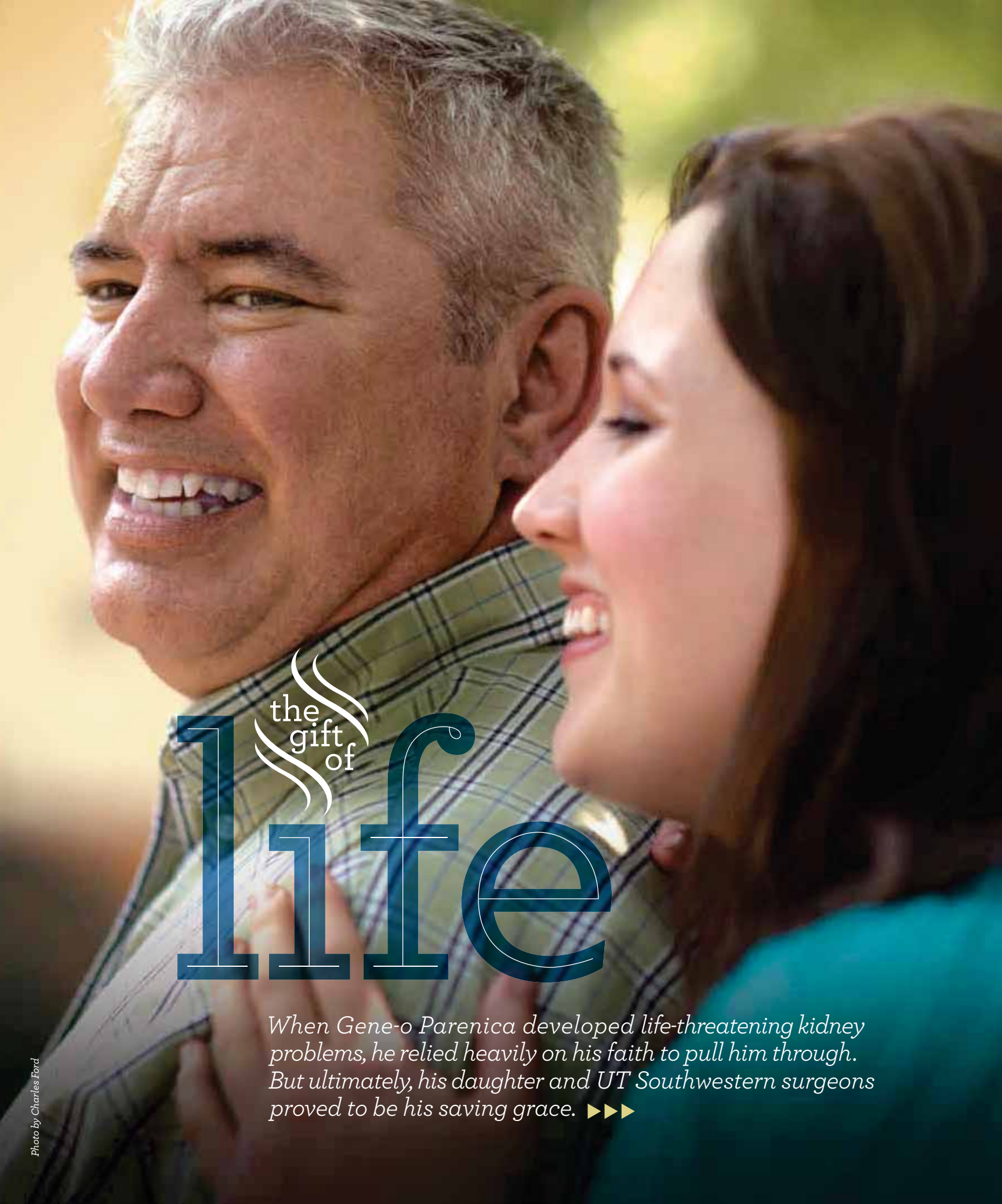
USING FEWER BLOOD PLATELETS CAN SAFELY ALLEVIATE SHORTAGES

THE DISCOVERY Physicians may be able to safely lower the platelet dosage in transfusions for cancer and bone-marrow transplant patients without risking increased bleeding, thus helping alleviate platelet shortages.

THE SIGNIFICANCE Platelet blood cells help control bleeding, but blood platelet shortages are a big problem in blood banking. Reducing platelet transfusions, and lowering the threshold on when to administer transfusions, could help address frequent shortages. “The question is: Can you use fewer platelets to achieve the same effect, thereby helping to alleviate that problem?” says Victor Aquino, MD, Associate Professor of Pediatrics at UT Southwestern and an author of a recent study that appeared in *The New England Journal of Medicine*. The multicenter study followed nearly 1,300 patients who received at least one platelet transfusion between 2004 and 2007. In addition to using fewer platelets to control bleeding, researchers also found they could use a lower threshold of platelets to trigger the need for transfusions.

WHAT IT MEANS TO YOU “The basic conclusion of the research was that fewer platelets could be used and that would have a societal benefit because, by using less platelets for oncology patients, more platelets would be available to other people who needed them,” says Dr. Aquino.

WHAT'S NEXT To further conserve platelets, future research may focus on even lower doses or lower thresholds for platelet transfusions.



the
gift
of

Life

When Gene-o Parenica developed life-threatening kidney problems, he relied heavily on his faith to pull him through. But ultimately, his daughter and UT Southwestern surgeons proved to be his saving grace. ▶▶▶

Daughter Theresa, wife Valerie, and Gene-o relax at home.

“The kidney has been a



After 25 years as a youth minister wrangling dozens of kids for his church, Gene-o Parenica might expect to be tired. But his weariness was noticeably persistent and suspiciously uncharacteristic for such a particularly energetic man.

“I would come home and sit on the couch, and just drop off the face of the Earth,” the 51-year-old recalls. “I’d just fall asleep. In the past, I’d always been someone who was very energetic.”

He eventually went to the doctor, who tweaked his blood pressure medication while they awaited results from a bevy of blood and other tests. An ominous call came within a few days while he was out playing Frisbee golf with his kids. Test results were in, and Gene-o needed to come in the next morning to discuss them.

“Kidney failure and transplant were not things we were even considering,” he recalls. But that was the problem. His kidneys were functioning at a startlingly low 13 percent capacity.

“Basically, I started a new journey,” he says. “We started doing research, and we learned the team at UT Southwestern was excellent.”

*First up:
a CHANGE of diet*

In the past year, approximately 650 people were referred to UT Southwestern’s surgical transplant program under the direction of Juan Arenas, MD, Chief of Surgical Transplantation.

First up for Gene-o was a change in diet to see if his limited kidney function could be preserved. He removed salt from his diet almost entirely, limited ice cream, and gave up chips and salsa along with most Mexican food, one of his favorites.

Even so, his kidney function continued to fluctuate from as low as 7 percent to just 15 percent. It was clear more would be needed, and he dreaded the next step—dialysis. Gene-o says having to undergo blood-cleansing dialysis treatments three times a week was about as bad as he could envision.

But prayer brought him the strength to carry on, he says, while testing family members for a living donor match began.

*Living donors
CRITICAL to success*

“The shortage of organs to transplant remains the major stumbling block for the more than 100,000 people on waiting lists, so kidney donations from living donors are a critical component to expand the pool of potential donors and shorten life-threatening delays,” says Dr. Arenas.

Transplanted organs from living donors tend to lead to better results compared with

organs from deceased donors, according to data from the United Network for Organ Sharing, which operates the Organ Procurement and Transplantation Network.

After five years, living donor organ recipients have an 80 percent survival rate, compared with 67 percent for those who receive organs from deceased donors. (Living donor kidneys do better in part because the donor can be tested thoroughly prior to transplantation, and the kidney is between bodies for less time.)

Living donations account for about one-fifth of donated organs. Among living donations, roughly three-fourths are from a recipient’s relative.

Everyone in Gene-o’s family—from his sister to his wife to his mother-in-law—eagerly stepped forward, but each proved to be a mismatch. Behind the scenes, unbeknownst to him, his children were staging a backup plan.

blessing. It's like someone turned a light on."



Worries for a DAUGHTER'S health

"We all kind of discussed it, and said, 'Dad is not doing well, and something's got to change,'" recalls his daughter Theresa, who was 19 at the time. "Originally he said, 'I don't want any of you kids to donate.' But we kids decided that wasn't good enough."

His son was too young, but Theresa was confirmed as a good match, so the duty—and privilege—fell to her.

Though she was ready to step up, Gene-o hesitated, worried about his daughter's future health and the potential for her own future kidney problems.

"That's too much for you to do for me," he told her. "Let's just trust that God will provide."

But she wasn't giving up.

"Theresa said, 'Dad, won't the same God that provides for you provide for me? Just as God has taken care of you, God will take care of me,'" Gene-o recalls. "Don't you hate it when your own kids use your words against you?"

Gene-o and his daughter rolled into separate operating rooms in June 2008, with Theresa's kidney removal performed by Dev Desai, MD, PhD, Associate Professor of Surgical Transplantation at UT Southwestern, followed immediately by Gene-o's transplant, performed by Meelie DebRoy, MD, Assistant Professor of Surgical Transplantation.

"The GREATEST day ever"

"With both being in the hospital, it was fairly nerve-racking for all of us," recalls wife and mother Valerie Parenica. "They were in surgery at the same time, so I was running back and forth to his room, then her room. It was the most exhausting day."

"When Theresa came out, her first question was, 'How is Dad?'"

"I had to tell her at the time that we didn't know. She said, 'All of this, and he might not make it?' But once we got through that first night, we had people from our church come up and pray at his bedside."

The next day when he awoke, nurses wheeled Theresa in to see her dad.

"I kept that photo on my cell phone for the longest time," Valerie recalls. "It was like the greatest day ever, one of the best days of my life."

Theresa was back on her feet and at work within two weeks and is now back in college earning her elementary education degree.

"People ask how it was," she says. "I always answer, 'If you know someone you can donate to, do it, because it was easy.'"

Gene-o is likewise back on his feet with his ministry.

"The kidney has been a blessing. It's like someone turned a light on. I felt so much energy was returning to my body," he says. "I'm probably never going to be the Energizer Bunny again, but now I'm able to take care of things. It was a sweet blessing that my daughter Theresa gave me."

"God has blessed me with a new lease on life through my daughter."

Recognizing the problem signs of kidney disease

According to Miguel Vazquez, MD, Professor of Internal Medicine and Director of Transplant Nephrology at UT Southwestern, "Most frequently, there are no signs or symptoms of renal disease until the disease is advanced. The best approach is to have regular checkups."

Several common signs of advanced stages to watch for:

- ▶ Changes in urination patterns, such as difficulty urinating or the need to urinate at night
- ▶ Swelling in ankles, legs, hands, or face
- ▶ Feelings of fatigue, lack of energy, shortness of breath, or a lack of concentration
- ▶ Feeling cold or pain in the leg(s) and/or lower back
- ▶ Nausea, vomiting, and/or loss of appetite



GOLDSTAN

UT Southwestern Harold C. Simmons Cancer Center earns distinguished NCI designation

NCI·CC

A Cancer Center Designated by the National Cancer Institute

L eading-edge research. Leading-edge cancer care. And now, just plain *leading*. UT Southwestern's Harold C. Simmons Comprehensive Cancer Center has attained **National Cancer Institute (NCI) designation**, which the NCI bestows upon the nation's top cancer centers in recognition of innovative research and excellence in patient care.

The Simmons Cancer Center is the **only North Texas medical center** to receive the prestigious designation.

"To be selected as an NCI-designated cancer center is recognition of the best practices in cancer discovery and cancer care. It's the **gold standard for elite cancer programs**," says James Willson, MD, Director of the Simmons Cancer Center.

The center offers care programs for more than a dozen types of cancer and uses a multidisciplinary, team approach to treatment. On the front line, medical, radiation, and surgical oncologists collaborate with researchers and scientists, while specially trained registered nurses, social workers, dietitians, and financial counselors work together in support of the patient and their family. It's a unique approach among medical centers in North Texas.

"This is an objective view of excellence," says Dr. Willson of the NCI designation. "It's the promise of delivering not just the best care today, but that UT Southwestern also is home to the discoverers of *tomorrow's* cancer care."

As an NCI-designated center, the Simmons Cancer Center will receive a \$7.5 million support grant over the next five years, which

complements NCI grants currently active at UT Southwestern. NCI designation also means the Simmons Cancer Center will be able to provide cancer patients access to promising new treatments only available through the network of NCI centers.

"UT Southwestern has made an institutional commitment to innovation, to investing in new technologies, to recruiting the best medical minds, and to combining our many assets and focusing them on cancer," says Daniel K. Podolsky, MD, President of UT Southwestern. "The NCI designation is a welcome and fitting recognition of those efforts."

To learn more about the Simmons Cancer Center, visit simmonscenter.org. To schedule an appointment, call 214-645-8300.

NCI designation: What it means to you

What does it mean to be treated at an NCI-designated cancer center? In the fight against cancer, it means *everything*.

"NCI-designated cancer centers are places that provide the best cancer care anywhere—places sought by cancer patients for the latest advances

in treatment, and by physicians and scientists dedicated to solving the mysteries of cancer," says Dr. Willson.

At Simmons Cancer Center, a team of nearly 200 leading cancer physicians and oncology-trained support staff are trusted partners in

returning cancer patients to good health.

Among the advantages you'll find:

- ▶▶ Simmons Cancer Center stands at the forefront of the latest advances in cancer research, prevention, and patient care;
- ▶▶ Patients gain access to the country's most

promising therapies and innovative treatments;

▶▶ UT Southwestern's team of specialists has the expertise to treat the cancer and the compassion to treat the patient.

NCI designation underscores that the Simmons Cancer Center offers the future of cancer care, today.

data



—James Willson, MD
Director of the
Simmons Cancer Center

Photo by Charles Ford

Cancer care today ... and in the future

Insight from James Willson, MD
Director of the Simmons Cancer Center

Q: What changes are you seeing in cancer care?

Dr. Willson: In general, cancer used to be treated successfully only with surgery. Today, we're combining surgery with novel therapeutics, radiation therapy, and other treatments, and integrating them together. No longer are patients treated by just one practitioner; they are best served by having the components of cancer care integrated at the very beginning. So the very first point of contact for cancer care is likely to be the most important in determining a patient's success. At the Simmons Cancer Center, we bring multidisciplinary teams together in a real, tangible way, which gives patients the best opportunity for success.

Q: What excites you the most about cancer care today?

Dr. Willson: We're increasing the number of cancer survivors—people who are living with their cancer either controlled or cured. A great deal

of our interest is in minimizing the side effects, the impact that cancer care has on an individual, and in improving their quality of life. The instruments for doing that are new technologies; individualized, seamless care; and most importantly, making sure the most effective treatment is available at the very beginning, when a cancer diagnosis is made.

Q: What is the future of cancer care?

Dr. Willson: It's about taking discoveries and quickly using them to impact patient care and cancer prevention. UT Southwestern is a discovery engine of amazing depth that exists very few other places. We complement that with outstanding clinical teams that translate our discoveries to patient care. That level of expertise across science and patient care takes years to build, but that's where we are now at the Simmons Cancer Center.





Imaging Technology

Taking ‘image’- conscious health care to the next level—why it matters

Bravo to the latest premiere in North Texas.

UT Southwestern has become the first medical facility in North Texas to offer the **latest, most advanced computed tomography (CT) imaging device available.** The new scanner, which can create a detailed 3-D movie of an organ in real time, dramatically shortens scanning times and reduces radiation doses.

The Aquilion One can visualize organs, blocked arteries, tumors, and orthopaedic injuries substantially faster than any other CT scanner. Because the machine takes images more rapidly—and with better quality—and typically requires less than a second

to image an entire organ, patients may receive up to **80 percent less radiation** for some exams than from a typical CT scanner.

The technology’s speed can help to quickly diagnose strokes and heart attacks, for example, but UT Southwestern radiologists also anticipate better visualization in other areas, including trauma, lung, vascular, and pediatric studies—even vocal cord analysis.

“This new scanner allows us to serve patients in a much more efficient manner and to provide a higher level of care,” says W. Phil Evans, MD, Professor of Radiology at UT Southwestern. “In addition, since we can accurately diagnose prob-

lems and conditions with fewer exams, it can also lead to reduced costs for patients. This is a significant advancement in medical care in our community.”

Toshiba developed the Aquilion One, which it introduced just three years ago. Today, only about 40 U.S. medical facilities, and just 120 worldwide, have the device.

“This really is a step into the future of medicine, yet we have it here today,” says Dr. Evans.

To schedule a radiology appointment, call 214-645-XRAY (9729).

Melanoma

THE SKINNY ON SKIN CANCER

Melanoma is the most serious and deadly form of skin cancer. With expert, knowledgeable care, however, it can be successfully treated and patients can live cancer-free.

The Melanoma Program at UT Southwestern offers some of the **most advanced medical and surgical therapies** available, blending leading-edge cancer research with the best of proven standard care. The program is staffed with physicians who are leaders in the use of surgery, chemotherapy, and radiation for treatment of malignant melanoma.

“We take a team approach to fighting melanoma, using fellowship-trained dermatologists, surgeons, oncologists, and pathologists to provide patients the comprehensive care they deserve,” says Rohit Sharma, MD, Assistant Professor of Surgical Oncology at UT Southwestern.

The physician team meets regularly to exchange information, review patient diagnoses, and determine the best treatment. “The collaborative approach means patients benefit from the best minds in a range of disciplines, all weighing in on their care,” notes Dr. Sharma.

Tailored therapies are prescribed based on a specialized diagnosis for each patient. “We develop a plan of care based on a partnership among the patient, their family, and our physician team,” says Dr. Sharma.



To schedule an appointment with Dr. Sharma, call 214-645-8300. To learn more about melanoma, visit simmonscenter.org.

DID YOU KNOW?

UT Southwestern physicians provide medical care in 40 specialties to almost 100,000 hospitalized patients and oversee nearly 1.9 million outpatient visits a year. Numbering more than 2,700, the faculty is responsible for groundbreaking medical advances and is committed to translating science-driven research quickly to new clinical treatments.

Intestinal Disorders

Crohn's and colitis: something to talk about

If you suffer from Crohn's disease or ulcerative colitis, take heart: Not only is expert medical help available at UT Southwestern for these chronic intestinal disorders, but now emotional support is available as well. A **new support group** at UT Southwestern for Crohn's and colitis patients can help ease the burdens of these serious diseases.



"Our support group offers an opportunity to learn about living with these conditions, to hear from other patients about their experiences, and to meet others living with Crohn's or colitis," says Prabhakar Swaroop, MD, Associate Professor of Internal Medicine at UT Southwestern and Director of the Crohn's and Colitis Program.

The support group is but one aspect of a comprehensive, multidisciplinary treatment program offered at UT Southwestern for Crohn's and colitis patients. A team of gastroenterologists, colorectal surgeons, imaging specialists, dietitians, and nurses works together to deliver highly specialized and expert patient care. Among the treatments: advanced and

minimally invasive procedures, as well as access to the latest therapies through clinical trials.

"Our goal is to **make patients feel 'normal' again** and reduce hospital admissions and complications," says Dr. Swaroop. "Patients who see a Crohn's and colitis specialist early have the best chance of successfully managing their disease and resuming an active lifestyle."

For information on the new support group, visit utsouthwestern.org/crohnsandcolitis, or call 214-645-0595.

To schedule an appointment with Dr. Swaroop, call 214-645-8300.

Cardiology

No need to suffer a broken heart

Nearly 1 million Americans suffer a heart attack each year, but according to Amit Khera, MD, Assistant Professor of Internal Medicine and Director of UT Southwestern's Preventive Cardiology Program, "Half of those who die suddenly will have had no previous warning symptoms."

Physicians in the Preventive Cardiology Program are dedicated to **preventing coronary artery disease** and its complications, particularly in high-risk patients.

"We assess an individual's risk of developing cardiac disease," Dr. Khera explains, "and then provide a comprehensive plan to help prevent it."

The program offers specialized patient care using clinical expertise combined with knowledge of the latest research from the laboratories of UT Southwestern and elsewhere. "We combine traditional approaches with new strategies based on research," says Dr. Khera.

Patients are examined for hereditary factors and other conditions that might affect their future health. Then a multidisciplinary team of doctors, nurses, and nutritionists tailors a plan to reduce risk factors. Both risk assessment and risk intervention services are offered, including family screening, imaging tests, physician counseling, and exercise

programs. Lipid management programs to control cholesterol and clinical trials of promising new drugs and therapies are also available.

Who might benefit from the Preventive Cardiology Program? According to Dr. Khera, candidates include those with multiple family members who have had heart attacks; those who have difficult-to-control risk factors for heart disease, such as smoking, abnormal cholesterol, or diabetes; and those who have experienced a heart attack at a young age.

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



► Faculty news & notes

FIEMU NWARIAKU, MD

Dr. Nwariaku, a leading force in teaching and developing medical training initiatives on several continents, has been named **Associate Dean for Global Health**, a new position at UT Southwestern.

The Office for Global Health will direct and develop training and research initiatives with partners around the world.

“International health programs offer enormous potential to reinforce our three-part mission of patient care, research, and education,” says J. Gregory Fitz, MD, Executive Vice President for Academic Affairs, Provost, and UT Southwestern Medical School Dean.

Dr. Nwariaku, Associate Professor of GI/Endocrine Surgery, has been a UT Southwestern faculty member since 1998. He has served as President of the Association for Academic Surgery, for which he created the global affairs committee.



Leader named for new global health initiative; noted physicians assume key medical, admin roles

CAROL TAMMINGA, MD

Dr. Tamminga, a nationally recognized neuroscientist, has been named **Chair of Psychiatry** at UT Southwestern. Dr. Tamminga has earned widespread recognition for the quality and importance of her research, including election to the Institute of Medicine, selection as Co-Chair of the Blue Ribbon Panel of the National Institute of Mental Health, and appointment as Deputy Editor of the *American Journal of Psychiatry*. She has been a UT Southwestern faculty member since 2003.

“Dr. Tamminga possesses an established commitment to outstanding clinical care, cutting-edge technology, and translational research,” says J. Gregory Fitz, MD, Executive Vice President for Academic Affairs, Provost, and UT Southwestern Medical School Dean. “She will bring her considerable scholarship, experience, and accolades to her new role at a critical time, since we are seeking to integrate basic, translational, and clinical neurosciences as a centerpiece of our continued academic growth.”



MARK GOLDBERG, MD

Dr. Goldberg, an expert in neurological disorders, including strokes, is the new **Chair of Neurology** at UT Southwestern.

Dr. Goldberg comes to UT Southwestern from Washington University School of Medicine in St. Louis, where he was founding Director of the university’s Hope Center for Neurological Disorders.

At the Hope Center, Dr. Goldberg brought together researchers and clinicians from many specialties to work on complex nervous-system disorders.

“Dr. Goldberg brings considerable skills to UT Southwestern to focus on the continual development of multidisciplinary programs in neurology and neurosciences,” says J. Gregory Fitz, MD, Executive Vice President for Academic Affairs, Provost, and UT Southwestern Medical School Dean. “His early high priorities will be to build clinical and academic programs in stroke and research programs in cerebral ischemia.”



DAVID JOHNSON, MD

Dr. Johnson, an internationally acclaimed oncologist, has been named **Chair of Internal Medicine** at UT Southwestern.

Dr. Johnson’s appointment is the culmination of a rigorous national search and is based on his exceptional accomplishments as a physician, scientist, and teacher.

A former Director of Hematology/Oncology at Vanderbilt University Medical Center and Deputy Director of its Vanderbilt-Ingram Cancer Center, Dr. Johnson brings considerable leadership skills to UT Southwestern. An expert in the management of lung cancer, he has been at the leading edge of cancer research for more than 30 years, helping to develop some of the latest therapeutic approaches.

“Dr. Johnson’s perspectives in science, education, clinical care, and clinical research will make a difference,” says J. Gregory Fitz, MD, Executive Vice President for Academic Affairs, Provost, and UT Southwestern Medical School Dean.



PETER PLANTES, MD

Dr. Plantes, an internist with wide-ranging experience in the management of both academic and private health care systems, has been appointed **Vice President for Medical Affairs and Executive Director of the Medical Service, Research, and Development Plan** at UT Southwestern.

Dr. Plantes previously served as Senior Associate Dean for Clinical Affairs at the Medical College of Wisconsin and CEO for Medical College Physicians, the college’s faculty practice plan. Prior to that, he was Vice President of Clinical Affairs in the business operations division of VHA, Inc. He has also served as Vice President and Senior Medical Director at United Healthcare of North Carolina and held leadership roles at MetroHealth System and the Cleveland Clinic.

“While serving several academic medical centers about how to be more effective in clinical processes, Dr. Plantes enabled them to grow their referral medicine practice while maintaining the academic mission,” says Bruce Meyer, MD, Executive Vice President for Health System Affairs at UT Southwestern.



UT SOUTHWESTERN
MEDICAL CENTER
UNIVERSITY HOSPITALS & CLINICS



REQUEST AN APPOINTMENT AT 214-645-8300

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.

UT SOUTHWESTERN
MEDICAL CENTER

5323 Harry Hines Blvd.
Dallas, Texas 75390

NON PROFIT
US POSTAGE
PAID
DALLAS, TX
PERMIT 2650

The only **NCI-designated** Cancer Center in North Texas.



SimmonsCancerCenter.org

UT SOUTHWESTERN
Harold C. Simmons Cancer Center