

UT SOUTHWESTERN MED

Yes, no-scar
gallbladder
surgery

Coming next
in cardiac care

The debate
on PSA tests:
What to do?

Battle cry

How one brave
mom and top realtor
beat breast cancer

and more...

Improve poor vision
with the newest
implantable lenses

7 sure-fire ways
to cope with stress

How you could benefit
from our researchers' latest
medical breakthroughs

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MEDICAL CENTER
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About UT Southwestern Medical Center

UT Southwestern Medical Center ranks among the top academic medical centers in the world. Its mission is to improve health through innovative patient care, research, and education. Founded in 1943, UT Southwestern has rapidly evolved into a premier research institution, pioneering breakthroughs in cancer, cardiovascular disease, neurosciences, and women's health. UT Southwestern's faculty includes four Nobel laureates, three of whom are active faculty members.

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"I felt my world had collapsed. I called five friends on the way home from the hospital, totally hysterical and screaming."
—Henda Salmeron, on being diagnosed with breast cancer

FEATURES

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Battle Cry

With the help of UT Southwestern doctors, Henda Salmeron successfully **stared down breast cancer**. Here's the inspirational story of this wife, mom, and top-producing realtor, from diagnosis to hiking in Peru after her lumpectomy.

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Without a Trace

Gallbladder disease didn't sideline pro golfer Melanie Willhite, thanks to an **innovative surgical procedure** that doctors now perform at UT Southwestern. It **leaves no visible scars**, and the recovery time is fast, so patients return to their normal lives quickly.

A Sneak Peek Inside



"In 10 years, we'll likely be doing very few of the operations we're doing now where a large incision is made."

—John Warner, M.D., on advances in cardiac care



"Mammograms are pretty good at picking up 85 percent of cancers, but they do miss 15 to 20 percent. They're more likely to miss it in women younger than 50, and more likely if you have dense breast tissue."

—Roshni Rao, M.D., on why mammograms aren't always foolproof



"Why have four incisions on your body when we can do the same thing with just one incision that doesn't show?"

—Homero Rivas, M.D., on a new gallbladder surgery procedure

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On the cover Henda Salmeron and her two children, Mateo and Dominique. Photography by Allison V. Smith.



Better Health Brought Home to You

Imagine if you could see into the future of medicine. Imagine you had a window into health care discoveries that are making life better—and even saving lives. And, imagine you and your family could directly access world-class health care right here in Dallas.

You don't have to imagine. This new magazine opens a window to UT Southwestern Medical Center, which some describe as “the best-kept secret in Dallas.”

The secret is out. This is your portal to exciting discoveries, cutting-edge treatments, and advanced medical thinking that, in effect, brings *better health home to you.*

Many people know UT Southwestern as one of the largest and best medical schools in the nation, training the physicians of tomorrow to care for future generations of patients. And many people know us as one of the world's leading centers for groundbreaking scientific and medical research. But fewer people realize we deliver excellence in patient care—applying from our classrooms and laboratories cutting-edge medical knowledge and groundbreaking discoveries.

That's why people come to UT Southwestern from all over the nation—and indeed from around the world—for diagnosis and treatment of all sorts of conditions, ranging from the most common ailments to the most complex. Cancer. Heart disease. Stroke. Neurosurgery. Pain management. The latest and most advanced surgical procedures. Whatever the medical problem, our experts collaborate to provide care using the most advanced treatments and technologies available.

In this inaugural issue of *UT Southwestern Med*, you'll find a lot of medical information about a wide range of conditions. And we've included a story we think may inspire you. It's about Henda Salmeron—a wife, a working mother . . . and a breast cancer survivor. She was diagnosed quickly by a UT Southwestern physician and received just the right care to now have been given a 99 percent chance for survival.

We're living at a time when health care consumers increasingly are taking charge of their care. They're more informed and more involved—and we hope that with the right knowledge and the resources available to you and your family, you'll be able to make decisions that may affect your health for the better, much like Mrs. Salmeron.

We look forward to bringing better health home to you!

UT SOUTHWESTERN MED

UT SOUTHWESTERN
MEDICAL CENTER

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UT SOUTHWESTERN
MEDICAL CENTER

The Academic Medical Center in North Texas



Sleep Disorders

AVOIDING JET LAG: IT'S AS EASY AS 1-2-3

Make long-distance travel more fun with this **three-pronged strategy** for keeping jet lag from slowing you down, courtesy of John Herman, Ph.D., professor of psychiatry and pediatrics at UT Southwestern Medical Center.

- ▶▶ As you travel, take 6 mg. of melatonin when it's 11:30 p.m. in the time zone of your destination.
- ▶▶ When you arrive, get into the sunlight as soon as possible.
- ▶▶ Take another 3 mg. of melatonin an hour before bedtime.

Combining melatonin and sunlight should help reset your body clock. Repeat the process during your return trip home.

Internal Medicine

Colon cleansers?

To rid your body and colon of toxins, you might be considering a special diet, pills, powders, or enemas. Good intentions aside, your plan might be unnecessary—and even risky.

“The lining of the gut regenerates about every seven days, so you probably don’t need colon cleansers,” says Don Rockey, M.D., a professor of internal medicine at UT Southwestern Medical Center who specializes in digestive and liver diseases.

The risk: Colon cleansers could imbalance the body’s fluids and lead to dehydration, salt depletion, and low blood pressure.

Better plan: “Stick with what’s proven to be safe,” Dr. Rockey says. “Drink plenty of water, and eat food high in fiber, such as fresh fruits, vegetables, and whole grains.”



Breast Cancer

Lifesaving supplemental screenings

Early detection is important if you’re at high risk for breast cancer, so it’s essential to take extra precautions. Consider supplementing your mammogram screenings with ultrasound tests, which doctors can

use to evaluate possible abnormalities found by mammography.

Phil Evans, M.D., director of the UT Southwestern Center for Breast Care, says they are a viable option because they’re widely

available, are noninvasive, don’t expose patients to radiation, and are less expensive than magnetic resonance imaging (MRI).

With ultrasound, sound waves are sent through the breast to create an image of the breast tissue.

Studies have shown that it detects more lesions than mammography alone.

One important fact to note: Ultrasound has a higher false-positive rate when just one ultrasound screening is performed.

Medical Breakthrough



FEWER CALORIES VS. LESS PASTA: WHAT’S BETTER?

THE DISCOVERY A low-carbohydrate diet burns more excess liver fat than a low-calorie diet, according to a recent study.

THE SIGNIFICANCE Two dietary approaches have emerged for weight loss: carbohydrate (bread, pasta, rice) restriction versus caloric restriction. While both are valid, researchers are working hard to determine what is the best real-world approach.

“Instead of looking at drugs to combat obesity and the diseases that stem from it, maybe optimizing diet can not only manage and treat these diseases but also prevent them,” says Jeffrey Browning, M.D., assistant professor of internal medicine at UT Southwestern, and the study’s lead author.

Although the study was not designed to determine which diet was more effective for losing weight, the average weight loss for the low-calorie dieters was about five pounds after two weeks, while the low-carbohydrate dieters lost 9 1/2 pounds on average.

WHAT IT MEANS TO YOU Obesity has been shown to be a key negative factor for a number of important medical conditions including heart disease, stroke, and type 2 diabetes. Weight loss is critical to dealing with these life-threatening conditions, and an approach to effective weight loss that is sustainable has long been sought. For short-term weight loss, a low-carbohydrate diet may be more effective than a low-calorie diet.

WHAT’S NEXT Further research in the medical community will develop and support specific measures that will lead to effective weight loss alternatives.

7

SIMPLE WAYS DR. BRUCE ELLISTON BEATS HIS STRESS

1 LAUGHS IT OFF

“A sense of humor helps me defuse stress during the workday. Usually I try and think of something funny about myself (which is all too easy) or about life, then I share that with a patient or staff member.”

2 SETS PRIORITIES

As deadlines and obligations mushroom, makes a list of what needs to be accomplished first that day or that week. “Organizing a sometimes overwhelming list of ‘to dos’ gives me some sense of control over a busy and at times chaotic schedule.”

3 SWEATS IT OFF

Burns off the stress hormone adrenaline after work with as little as 20 minutes on a treadmill or elliptical machine three times per week. Exercises on weekends with up to 60 minutes of weight lifting, tennis, and/or jogging.

4 LISTENS TO THE BEAT

“Listening to music helps to soothe my nerves when I focus on the lyrics and orchestration.” Opts for fast-tempo music when exercising; easy listening when he just needs to de-stress.

5 BONDS WITH LOVED ONES

Comes home at the end of the workday and debriefs with his family. “This can be as simple as just asking my wife and children how their day went. By listening and focusing on my family, rather than on me, I’m able to reduce the stress.”

6 READS AT NIGHT

Usually reads a little before bedtime. “It gets my mind off of work or situational stress. It’s light reading, though—not something nail-biting like world news on the front page!”

7 GETS SPIRITUAL

“When I’m going through daily challenges, I strive to keep a prayerful, positive attitude, which puts problems into perspective and renders peace of mind.”

Bruce Elliston, M.D.

Medical Director of Occupational Health, UT Southwestern Medical Center,
Assistant Professor of Family and Community Medicine

Photo by Carter Rose

Q & A

Q. What can you do if a peanut allergy keeps you or your kids from munching on classic peanut-butter-and-jelly sandwiches?

A. “Don’t reach for cold cuts; consider another butter. Spreads made from other nuts or seeds provide a nutritious alternative to peanut butter.”

Three tasty substitutes: Almond butter, which is high in protein and potassium; soy nut butter, which has as much fiber as peanut butter; or sunflower seed butter—a 2-tablespoon serving has more than one-third of a child’s daily magnesium and vitamin E requirements.



Joyce Barnett, M.S., R.D.
Assistant Professor of Clinical Nutrition



Q. Is exercise good for the bones?

A. “Exercise can help preserve and increase bone mass. Working out also helps build stronger muscles, which improves balance and stability and reduces your risk for falling and breaking a bone. You should talk to your doctor before starting an exercise program.”

The best exercises for bone strength: Weight-bearing exercises, such as walking, hiking, jogging, dancing, stair-climbing, and tennis. Weight training can also help strengthen bones.



Naim Maalouf, M.D.
Assistant Professor of Internal Medicine

Q. If you’re carving a pumpkin this fall, should you throw out the meat and seeds?

A. “No, pumpkin flesh is an excellent source of vitamins A and C and potassium, and the seeds are high in fiber, vitamin B12, and polyunsaturated fatty acids, one of the so-called good fats. Plus, pumpkins are low in fat and calories, and are loaded with vitamins.”

Buying tip: For baking purposes, choose smaller, blemish- and bruise-free pumpkins. Smaller ones have softer, tastier meat.

Storing tip: Keeping the pumpkins in a cool, dry place until you’re ready to use them will keep them fresher.

Snacking tip: Oven-roast the seeds; they’re ideal as snacks, or toss some into a salad.



Lona Sandon, M.Ed., R.D.
Assistant Professor of Clinical Nutrition



Medical Breakthrough



THE DISCOVERY Coronary bypass surgery may carry less risk of serious complications if stents coated with a drug that suppresses cell growth are used in the procedure rather than bare-metal stents.

DRUG-COATED STENTS LESS RISKY IN BYPASSES

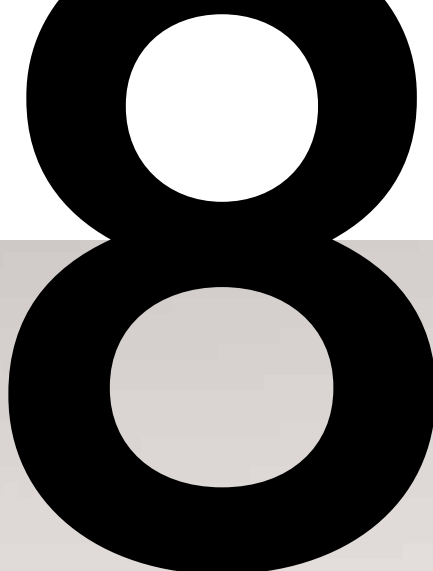
THE SIGNIFICANCE In bypass surgery, grafts are taken from a vein in the patient’s leg and sewn to the coronary arteries. Stents—small mesh tubes—are used to reinforce the walls of blocked blood vessels. But years after surgery, those grafts themselves may develop blockages. “Stented vein grafts have a very high risk of re-narrowing—sometimes up to 50 percent when bare-metal stents are used,” says Emmanouil Brilakis, M.D., Ph.D., assistant

professor of internal medicine at UT Southwestern and the lead author of a study that compared bare-metal stents with those coated with the drug paclitaxel. “Drug-eluting stents could provide a solution to this problem.”

WHAT IT MEANS TO YOU Patients receiving drug-coated stents may be significantly less likely to have a recurrence of their graft blockage and require a repeat procedure to clear it. Researchers found that 51 percent

of patients with a bare-metal stent had a re-narrowing of the vein graft, compared with nine percent of the drug-coated stent group. In addition, 28 percent of patients who had a bare-metal stent required another procedure, while only five percent of patients with a drug-coated stent did.

WHAT’S NEXT A new and more patient-focused approach to coronary bypass surgery may be in the works.



Urology

EASY WAYS TO PREVENT UTIs

These doctor-recommended steps will help you reduce your risk for those nagging, painful urinary tract infections women commonly get.

Half of all women will develop a maddening, yet easy-to-treat urinary tract infection (UTI) in their lifetime.

To help prevent them:

- ▶▶ Drink plenty of water every day to help cleanse the urinary tract of bacteria.
- ▶▶ Drink cranberry juice—large amounts of vitamin C inhibit the growth of some bacteria by acidifying the urine. Vitamin C supplements have the same effect.
- ▶▶ Urinate when you feel the need; do not resist the urge to go to the bathroom.
- ▶▶ Avoid using feminine hygiene sprays and scented douches.
- ▶▶ Wash the body before and after sex.
- ▶▶ Take showers instead of tub baths.
- ▶▶ Wash the skin around and between the rectum and vagina daily.
- ▶▶ Wipe from front to back after a bowel movement or urination to prevent bacteria around the anus from entering the vagina or urethra.

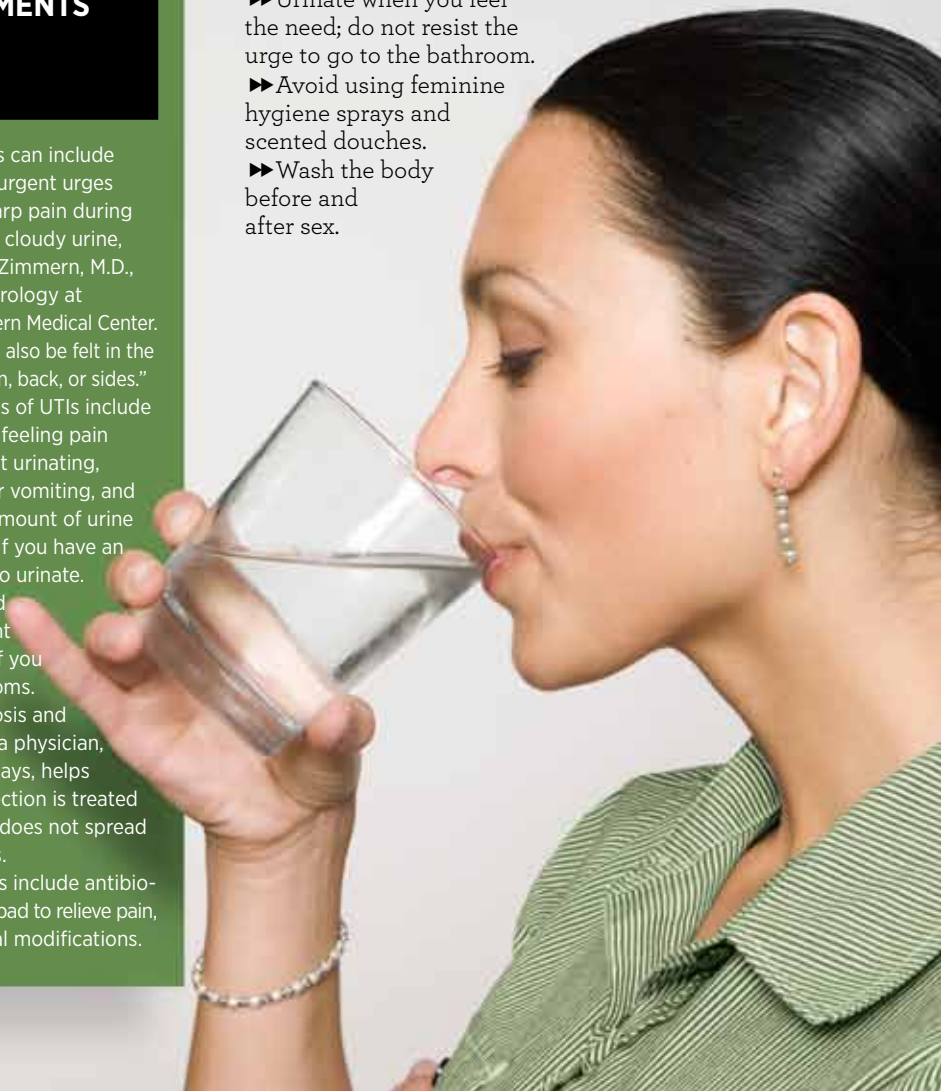
SYMPTOMS AND TREATMENTS

UTI symptoms can include frequent and urgent urges to urinate, sharp pain during urination, and cloudy urine, says Philippe Zimmern, M.D., professor of urology at UT Southwestern Medical Center. "Soreness may also be felt in the lower abdomen, back, or sides."

Other signs of UTIs include fever, fatigue, feeling pain even when not urinating, nausea and/or vomiting, and only a small amount of urine passing even if you have an intense urge to urinate.

You should seek treatment immediately if you notice symptoms. Proper diagnosis and treatment by a physician, Dr. Zimmern says, helps ensure an infection is treated correctly and does not spread to the kidneys.

Treatments include antibiotics, a heating pad to relieve pain, and behavioral modifications.



A balcony courtyard at the Simmons Cancer Center

Oncology

Detecting a killer before it's too late

About 22,000 women in the United States will be diagnosed with **ovarian cancer** this year, according to the National Cancer Institute, while about 15,000 will die from the disease. Ovarian cancer is often called a silent killer because it has few symptoms. In fact, only about 10 percent of cases are detected early. The good news, however, is that if it's detected in its early stages, it can be treated effectively with surgery and chemotherapy.

Early symptoms of ovarian cancer include bloating, pelvic or abdominal pain, trouble eating or feeling full quickly, and the need to urinate frequently or urgently, says David Scott Miller, M.D., professor of obstetrics and gynecology at UT Southwestern Medical Center. If you have these symptoms daily for more than a few weeks, you should see a doctor. It may not be cancer—the early signs are common symptoms for a lot of other health problems— but it's best to know as soon as possible if it is.

Plastic Surgery

Beauty on a budget

The current state of the economy may have you tightening your purse strings and rethinking a face lift. But even if you're pinching pennies, you can still look your best with some less-costly medical options that eliminate facial folds and other signs of aging.

"Some of our patients are now considering **facial fillers** and **Botox** as a temporary alternative," says Rod Rohrich, M.D., chair of plastic surgery at UT Southwestern Medical Center. "These can offer a less-costly approach with shorter recovery times, some as quick as a few hours."



Dermal fillers are injected during 10-to-20-minute procedures targeting the specific area of the face needing rejuvenation. Some reduce the appearance of wrinkles and lines around the eyes, mouth, and nose, while others can help produce fuller lips and cheeks.

Costs range from several hundred dollars to just over \$1,000, a fraction of the cost for traditional face lifts—and with little or no down time. These solutions can last a few months to more than a year, and some longer-term fillers are being tested.

INSIDER TIP: "Make sure you're getting an FDA-approved filler from a plastic surgeon or dermatologist specially trained for that particular filler," Dr. Rohrich advises. "Fillers are injected differently, and different ones are used for different areas of the face."



Weight Loss

The inside skinny on lightening up

Trying to decide between **gastric bypass** and **gastric bands**?

In a rare side-by-side comparison of the two most popular weight-loss surgeries, UT Southwestern Medical Center doctors found that the bypass option led to faster results.

"Gastric bypass patients lost more weight and did so faster and more consistently than patients receiving gastric bands," says Nancy Puzziferri, M.D., assistant professor of GI/endocrine surgery who led the study published in the *Annals of Surgery*. The study reviewed more than 1,500 patients, whose outcomes were measured four times during the two years after surgery.

Although bypass came out ahead, the study also showed that more than 90 percent of both bypass and banding patients who initially lost at least 40 percent of their weight successfully managed to keep it off two years after surgery.

DID YOU KNOW?

UT Southwestern's surgeons performed the first laparoscopic gastric-bypass surgeries in a three-state area. They also performed the state's first Lap Band procedures.

Medical Breakthrough



DIABETICS: MORE FIBER MAY MEAN LESS CALCIUM

THE DISCOVERY

The amount of calcium your body absorbs might depend on the amount of fiber you consume. The more fiber in your diet, the less calcium in your body.

THE SIGNIFICANCE

In a study led by Abhimanyu Garg, M.D., a professor of internal medicine and an investigator in the Center for Human Nutrition at UT Southwestern, researchers found that type 2 diabetics who consume twice the recommended daily intake of dietary fiber were able to retain less calcium. (The American Diabetes Association recommends a daily intake of 24 grams of dietary fiber.) Prior research at UT Southwestern has shown that high intake of dietary fiber lowers blood glucose levels and leads to decreased insulin levels.

WHAT IT MEANS TO YOU

"Because more calcium equals better bone health, we recommend that people on

high-fiber diets talk to their physician about increasing their dietary calcium as well, in order to get the most benefit from both," says Dr. Garg. Be sure and speak with a physician or registered dietitian before increasing your calcium intake, he cautions, because excessive levels may cause kidney stones. He recommends people try food sources rich in fiber and calcium such as spinach, broccoli, figs, papaya, artichoke, okra, beans, mustard and turnip greens, and cactus pads.

WHAT'S NEXT

Going forward, it's clear that calcium absorption has to be closely monitored when fiber consumption is increased.

Urology

Prostate cancer and PSA tests: to screen or not to screen

BY CLAU G. ROEHRBORN, M.D.
Chair of Urology
UT Southwestern Medical Center

Photo by Carter Rose

Each year, millions of men older than 40 have prostate specific antigen (PSA) blood tests as part of routine physical exams to test for prostate cancer. But the utility of these tests in detecting cancer early—and ultimately in preventing death from the disease—has long been debated.

And the picture is, unfortunately, not getting any clearer—as two major studies recently published in *The New England Journal of Medicine*, in the same issue, contained somewhat different results.

The studies did agree in one area: Relying only on PSA tests can lead to unnecessary procedures with serious side effects, such as incontinence, impotence, and bowel disturbances that may be worse than the prostate cancer itself—if it even exists in the first place.

Questions to ask

Each man is faced with at least three questions involving his prostate health:

First, and most basically, should a man have a PSA test as part of the prostate exam? The answer, in my opinion, is yes, but we should consider the results in a context with other important health history information and tests. In some cases a prostate biopsy might be the next step.

This leads to question two: If a biopsy is negative, but the PSA level is high, what is the best next step? Nothing, monitoring the PSA, or repeating the biopsy? Each patient needs to work with his doctor to answer this question, so it's important to have a doctor who specializes in urology and who has an independent and open mind.

The third question, assuming a biopsy indicates prostate cancer: Do you treat it? The answer may seem obvious, but it's not. A growing body of evidence suggests that certain kinds of prostate cancer do not require active treatment because they are small, slow-growing, and unlikely to be fatal.

Moving forward

You need a sophisticated, skilled urologist to guide you through these questions and decisions. In my view, academic medical centers are well-suited to giving patients objective analysis and treatment recommendations in this complex area.

Dr. Roehrborn, professor and chair of urology, earned his medical degree from Justus Liebig University in Giessen, Germany. He received his urology training, as well as finished a research fellowship in urologic endocrinology, at UT Southwestern Medical Center. He sees patients at UT Southwestern in the Urology Clinic. To schedule an appointment, call 214-645-UROL (8765), or 214-645-8300.

For a more complete discussion of this issue, visit utsouthwestern.org/psatest.

▶▶ John Warner, M.D.

Medical Director of the Doris and Harry W. Bass Jr. Clinical Center for Heart, Lung and Vascular Disease

Q: WHAT ARE YOUR TOP CHALLENGES IN TREATING HEART DISEASE?

▶▶ **Dr. Warner:** First, people are sicker. Ten or so years ago, most of our patients were in their 50s, and they had cardiovascular disease but not a lot of extra medical problems. Now, partly because people are living longer, I see a lot of older patients with lots of other things wrong with them. I have to put what I do in the context of their other medical problems, and that can be tricky.

Secondly, at the other extreme, we now see many young patients in their 30s—partly because of the growth of obesity and diabetes in this country and partly because everyone is working hard and not exercising in this current economy. Physicians feel a lot of pressure to make the right decisions for these young people, because they might live 50 years or more if you make the right choices.

Q: WHAT DO YOU SEE AS THE BIG ADVANCES IN CARDIOVASCULAR CARE OVER THE NEXT 10 YEARS?

▶▶ **Dr. Warner:** First, the identification of patients who are at risk for cardiovascular disease even before they have symptoms,

using biomarkers and new genetic screening tests. Eventually, we'll do this routinely as part of a physical, but initially it will probably be done on people with family histories of heart disease or markedly high cholesterol.

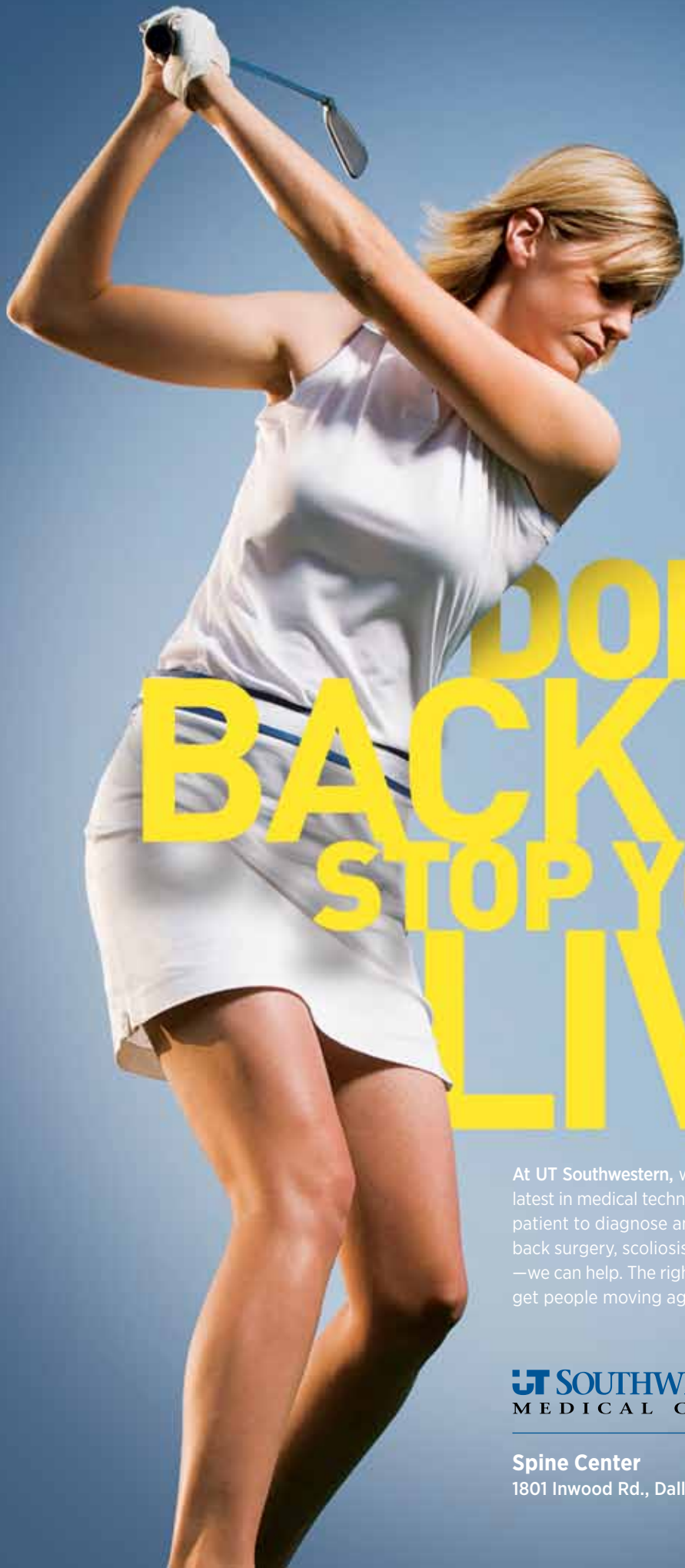
Secondly, as technology develops, we'll see more outpatient, minimally invasive procedures. In 10 years, we'll likely be doing very few of the operations we're doing now where a large incision is made. And I think we'll be giving pharmaceuticals locally—delivering medicine to the spot it's needed.

Q: WHAT'S THE IMPACT OF THE INCREASING INCIDENCE OF TYPE 2 DIABETES ON HEART DISEASE?

▶▶ **Dr. Warner:** It's huge. With diabetes come heart and vascular problems—and diabetics have more severe vascular disease, and they're more likely to progress quickly through the disease process.

Because of this diabetes epidemic, we'll see very complex cardiovascular disease. To fix that, we have to change our lifestyle, eat less and change what we eat, and exercise more. We also have to start looking for diabetes earlier. If we diagnose it early and treat it appropriately, we can at least slow down the pace of complications.

Dr. Warner, associate professor of internal medicine, received his medical training at Vanderbilt University School of Medicine and completed fellowships in cardiology and interventional cardiology at Duke University Medical Center. He sees patients at UT Southwestern University Hospital—St. Paul and is available for second opinions, if required. To schedule an appointment, call 214-645-8300.



DON'T LET BACK PAIN STOP YOU FROM LIVING

At UT Southwestern, we eliminate severe, chronic back pain. It's that simple. Using the latest in medical technology, our multidisciplinary team of physicians works with every patient to diagnose and treat problems. Whether it's a herniated disc, failed neck or back surgery, scoliosis, a neurological condition, or any other spine or neck problem—we can help. The right solution is not always surgery. In fact, it rarely is. Our goal is to get people moving again—back to their active lifestyles.

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Ophthalmology

NO MORE READING GLASSES?

With the newest artificial lenses, you just might not need them

Having trouble reading your latest issue of *People* or sending text messages? UT Southwestern Medical Center ophthalmologists may have a remedy. You may even be able to finally pitch those reading glasses you can't ever find anyway.

Intraocular lenses (IOLs), the next generation of implantable lenses, correct cataracts and presbyopia, the blurry eyesight that commonly occurs about age 40. These artificial lenses improve vision for middle and near distances, which include

computer screens, books and magazines, and cell phones. They have become an increasingly popular solution for those who want to solve their vision problems and say goodbye to their glasses.

Using IOLs, eye surgeons replace the eye's natural or damaged lens. A new generation of ReSTOR lenses offers better clarity for many high-tech gadgetry demands, with tweaks to near vision, which people increasingly use for viewing data on cell phones and PDAs, and intermediate

vision, used for computer screens or GPS devices.

"A person is four times as likely to have 20/20 distant, intermediate, and near vision with this new lens as with the previous lens. Previously, that 20/20 equivalence often was not attained in the intermediate distance," says James McCulley, M.D., chair of ophthalmology at UT Southwestern.

For information, or to sign up for a free educational seminar or consultation, call the Laser Center for Vision Care at 888-663-2020, or visit utswlasik.com.

Medical Breakthrough



OLD-FASHIONED EXAMS OR HIGH-TECH EVALUATION?

THE DISCOVERY Good, old-fashioned physical exams, along with a thorough patient history, may still be among the most accurate and cost-efficient methods to evaluate patients with congestive heart failure.

THE SIGNIFICANCE In recent years, doctors have come to rely on high-tech diagnostic approaches, such as imaging and measuring biomarkers, to evaluate patients. While these advances have proven effective, they are more costly than traditional methods. UT Southwestern and other researchers have found, however, that less-costly physical exams and history taking are still viable options. In a study of nearly 400 patients, researchers found that evaluations of patients using just physical exams and history compared favorably to those using invasive measurements. "Our study touches upon an important clinical question," says Mark Drazner, M.D., medical director of the Heart Failure and Cardiac Transplantation Program at UT Southwestern and the study's lead author. "If physicians were more adept at performing histories and physicals, would they rely less on more costly diagnostic tests?"

WHAT IT MEANS TO YOU Results of the study may shift the pendulum back more toward using history and physical examination in patient care. "The key objective of this study was to uncover whether the history and physical examination remain useful in the modern era," notes Dr. Drazner.

WHAT'S NEXT Physicians need to be more aggressive in the use of physical exams as an important indicator for the treatment of heart failure.

Physical Medicine

Stimulating news, indeed

Using two new innovative devices, rehabilitation therapists at UT Southwestern Medical Center are helping people **regain the use of arms or legs** with nerve damage caused by accidents, traumatic brain injuries, some spinal cord injuries, or debilitating conditions like multiple sclerosis (MS). The strap-on devices, from California-based Bioness Inc.,

are custom-fitted to limbs and include sticky electrodes that fire off electrical signals to stimulate the particular muscles needed to improve function.

"The devices are a big motivation for many patients who have struggled with movement over the years, as well as people who are just starting to deal with their injury," according to Karen Kowalske, M.D., chair of physical medicine

and rehabilitation at UT Southwestern.

"I took the first three steps and broke into tears. When you feel like you're taking something like a normal step, it's a pretty amazing experience," says Dwight Risky, whose MS has deadened the nerves in his foot. The result is a foot that has to be dragged along with the aid of a cane and an unstable feel that results in stumbles and falls.

The device Mr. Risky uses, the Bioness L-300, improves his stability when he walks without using his cane, decreasing his falls. Similarly, the Bioness L-200 aids other patients with hand and arm rehabilitation, making it easier for them to drink from a glass, reach for things, write, or use both hands again.

—
Rowing for exercise played a part in Henda Salmeron detecting a lump in her right breast.

BATTLE CRY

How one brave mom stared down breast cancer and won, with the help of a compassionate UT Southwestern doctor

**The Salmeron family—
Dominique, Henda,
and Mateo—cooks
pumpkin soup at home.**



When Henda Salmeron began rowing for exercise, she anticipated a leaner body, reduced stress, and lower blood pressure. She now credits it with helping save her life, in a way she never expected.

“I lost 20 pounds, plus body fat, rowing,” says Henda, 43, a senior vice president and top producer with Ellen Terry, Realtors in Dallas. “That’s how I was able to feel the lump.”

That she was even self-examining her breasts was an anomaly. She never had until this past spring, after starting a self-tanning procedure using a cream. Keeping the color longer necessitated her moisturizing her body twice a day. She was merely following instructions, not looking for lumps. Why would she have been? Six months earlier, her yearly mammogram had come back clear, as always.

Initially, the lump in her right breast didn’t worry Henda, who’s married and the mother of a 10-year-old son and an 8-year-old daughter. But at her mother-in-law’s urging, she had the lump checked out. And on Sunday morning, June 7, her life took a most unexpected turn: Her gynecologist and close friend called with the biopsy report. She had a malignant 1.5-centimeter tumor.

“I felt like I was in an episode of *The Twilight Zone*,” she says. “I could not believe it. I was on my way to

meet with buyers to write a contract, so 30 minutes later I had to pretend that nothing had happened. After that I attended my daughter’s ballet recital as if nothing had happened. It was a strange day.”

Seeking help from an oncologist

HENDA MANAGED TO GET AN appointment the very next day with Roshni Rao, M.D., of UT Southwestern Medical Center’s Harold C. Simmons Comprehensive Cancer Center. An assistant professor of surgical oncology, Dr. Rao’s clinical interests include the treatment of locally advanced and metastatic breast cancer, as well as the effects of exer-

cise on tumors. She has done research on exploring ethnic differences in breast cancer and evaluating reconstruction decisions made by women.

Dr. Rao had treated one of Henda’s close friends, who recommended she seek treatment from her. “After I did my own research on her I was happy with her credentials,” she says. “The fact that she is a woman and somewhat close in age to me also weighed very heavy, as well as my being comfortable with her.”

Dr. Rao recommended a sonogram and an MRI that afternoon. The next day Henda learned the tumor wasn’t 1.5 centimeters. It was 4 centimeters and invasive; she needed chemotherapy right away.

“I felt my world had collapsed. I called five friends on the way home from the hospital, hysterical and screaming,”

she says. “I was blind with anger because I did what I was supposed to, but the mammogram had not picked this up.”

Learning more of the facts

LIKE MANY WOMEN, HENDA thought mammograms were foolproof. But she has dense breast tissue, a phrase she had never heard before. Dr. Rao explained it to her: “Mammograms are pretty good at picking up 85 percent of cancers, but they do miss 15 to 20 percent,” says Dr. Rao. “They’re more likely to miss it in women younger than 50, and more likely if you have this dense breast tissue.”

Younger women, she explains, tend to have more



Photo by Allison V. Smith

She has e-mailed questions to Dr. Rao at 3 a.m. and received answers the next morning

more positive turn. A radiologist called and explained that the biopsy contradicted the MRI: The cancer was noninvasive ductal carcinoma in-situ, or DCIS.

Still, the lump needed to be removed, and Dr. Rao discussed two options with her: mastectomy or lumpectomy. Henda chose the latter, less-invasive one. “For me, lumpectomy was as drastic as I wanted to go,” she says.

Prepping for surgery

tissue than fat in their breasts. As women age, their breasts become fattier—and fat shows up as black on a mammogram, making tumors easier to see. Dense breast tissue, however, shows up white, the same color as tumors. As Henda says, “It would be like trying to find a polar bear cub in snow.”

Two days after Henda learned that the cancer was invasive, her diagnosis took a

HENDA’S SURGERY WAS JUNE 19.

“I had the most amazing support system,” she recalls. “My anesthesiologist personally put in the IV. My friend Dee Simmons held my hand and walked next to me to the operating room, and then Dr. Rao took over. I felt like I was surrounded by the most caring and wonderful doctors, and it helped me not to be scared.”

After saying that, Henda pauses, thinks for a moment,

and then says “scared” is not the right word. “I’m like a good soldier—when you have to go to war, you do what you have to do and get it over with. I don’t allow fear to linger too long inside me—it serves little purpose and undermines my focus and strength.”

After surgery, she now takes Tamoxifen, and she started a standard form of radiation on Aug. 17.

After the lumpectomy

BREAST CANCER HAS HARDLY slowed this courageous woman. She resumed work at Ellen Terry almost immediately after surgery, and she has since been hiking in Peru.

“What has been the hardest for me of all this,” she says, “is realizing I can’t manage everything. I’m a control freak, and this is bigger than a breadbox.”

To feel more in control, she has started a crusade to get the word out about dense breast tissue, launching a Web site—densebreasttissue.net—to raise awareness. She wants laws passed in every state similar to one in Connecticut that makes it mandatory for women to know whether they have dense breast tissue.

The crusading helps, but Henda still has her down moments and sleepless nights. “Cancer is so over-

whelming,” she says. “It’s human nature to feel depressed and sorry for yourself. But that’s the worst you can do. I tell myself, ‘Stop. Stop. Stop. Stop it. You can’t go there. It does nobody any good.’”

Late-night e-mails

THROUGH HER DIAGNOSIS AND treatment, she has been grateful for the support of family, friends, and her UT Southwestern doctors. She has e-mailed questions to Dr. Rao at 3 a.m. and received answers the next morning, using UT Southwestern’s online MyChart system.

“She was even on vacation when she called me with some test results. I feel that she really cares about her patients.”

Henda is lucky, Dr. Rao echoes. “She happened to feel the lump. It would have been another six months or so before she was due for another mammogram, which might or might not have caught it.

“She’s had no problem at all with surgery, and recovered very nicely. She’s going to do great. Her survival rate is 99 percent; it’s excellent.”

Patients can rely on a team of UT Southwestern Center for Breast Care physicians and medical professionals to provide comprehensive, seamless care. Our goal is to see patients immediately, in many cases on the same day as an initial call. For information, visit utsouthwestern.org, or call 214-645-8300.



Dr. Roshni Rao consults with Henda.

Photo by Carter Rose

without a trace

Innovative gallbladder surgery leaves no visible scars. Another big plus: a fast recovery.

As an athletic pro golfer, Melanie Willhite of Farmers Branch never relished the thought of inactivity. So when told she needed gallbladder surgery after years of recurring discomfort, she knew exactly what she wanted: a brief recovery period so she could return to competitive play quickly.

“I really wanted to get back on the tour as soon as possible,” says the 29-year-old Melanie, who has since retired from pro golf and now works as a civil engineer.

In years past, fast convalescence from gallbladder surgery was as likely as shooting a hole-in-one on a difficult par five. But thanks to a recent innovation—and the skill of a UT Southwestern Medical Center surgeon—recovery from the surgery is now much quicker, and the procedure leaves no scar.

“It was phenomenal,” says Melanie of her recovery from the operation early last year. “I was back putting within two weeks, and within a month, I was back on the tour.”

As for any scars that might now be noticeable? “If somebody were to look at

me with my bathing suit on, they would never know I had gallbladder surgery.”

Less invasive, more convenient

Melanie was one of the first patients in the area to benefit from **single-incision laparoscopic cholecystectomy**. The new patient-friendly gallbladder procedure takes less than one hour and requires just a single incision in the belly button, through which doctors insert surgical instruments and a video camera.

Almost one million Americans have their gallbladders removed every year; the vast majority are women, who tend to get gallstones more than men because of hormone differences. Doctors perform most of the surgeries on an outpatient basis using a four-incision technique, rather than a single incision.

Melanie’s innovative surgery was done by Homero Rivas, M.D., assistant professor of GI/endocrine surgery and J. Esteban Varela, M.D., assistant professor of GI/endocrine surgery at UT Southwestern. With extensive training and experience at medical facilities



Potentially there's
less chance of infection
since there's only one
incision versus four."

—Homero Rivas, M.D.
assistant professor of GI/endocrine
surgery, UT Southwestern
Medical Center



Photo by Carter Rose

on four continents, including fellowships in laparoscopic surgery in the U.S. and Europe, Dr. Rivas also teaches the finer points of minimal access surgery around the world. His presence at UT Southwestern places the university among the handful of medical facilities in the country—and the only one in North Texas—using the single-incision technique to remove gallbladders.

body when we can do the same thing with just one incision that doesn't show?"

Feeling good again

Melanie's surgery ended more than a decade of gallbladder attacks, which sometimes left her with pain so intense she couldn't stand. "I had been having pain for so long. I had just come to think it was something stress-related from golf," she says. Finally,

"It's nice to feel good and healthy," she adds. "It's been wonderful for me."

About a year ago, Diana Castro also opted for the new procedure, hoping for a faster recovery—and she wasn't disappointed either. "I was able to travel on a six-hour plane trip to my home country just 10 days after the operation. There were no complications," says the 42-year-old mother of three from Dallas, whose doctor recommended she see Dr. Rivas when ongoing gallbladder problems intensified.

"I was back on my feet the next day after the procedure, and two weeks later I was completely recovered," says Diana. "The short recovery time and the aesthetics were the surgery's best benefits. I feel perfect."

Best candidates

Though the procedure offers appealing advantages, it's not for everyone.

"Generally speaking, most patients with gallbladder disease would be able to have the single-incision procedure if they could normally have outpatient surgery—but not everyone," says Dr. Rivas.

It comes down to complexity: The simpler or less advanced the gallbladder disease, the more likely single-incision surgery would be an appropriate option. "Because this is a new technique, it's currently best suited for not very complex problems," he says.

The best candidates for the procedure? Dr. Rivas says people between the ages of 20 and 40, because their cases tend to be more straightforward and less complex, though he has performed the surgery on patients in their 60s.

It's not suited for people who have had several open operations in the upper abdomen or those who are morbidly obese, two conditions that present technical challenges to surgeons.

"In those cases, patients are better served by using the existing four-incision procedure," says Dr. Rivas.

Doctors now perform numerous types of advanced laparoscopic surgeries at UT Southwestern, making its Center for Minimally Invasive Surgery the North Texas region's foremost source for innovation and patient care in these types of procedures. For an appointment, call 214-645-8300.

Gallbladder disease—what it is

The gallbladder is a small organ that stores bile secreted by the liver to help digest food. Occasionally, substances in the bile crystallize, leading to gallbladder disease in the form of gallstones that can inflame the gallbladder and block bile flow. That can produce symptoms similar to indigestion and even intense pain if the stones become lodged in the bile duct.

"This completely new technology makes gallbladder surgery less invasive than before," says Dr. Rivas. "It can be performed safely on an outpatient basis; potentially there's less chance of infection since there's only one incision versus four; and recovery is faster. For the patient, it's much more convenient."

Besides, he asks, "Why have four incisions on your

after she lost about 12 pounds in two months, her doctor diagnosed gallbladder disease and referred her to Dr. Rivas, who told her about the single-incision operation.

"I was all for it," says Melanie. "I'm not going to say I wasn't nervous about it, but when you have full confidence in your doctor and in your faith that you're going to be fine, that really helps.

Orthopaedics

Sports Medicine Service puts you back in the game

If a sports injury or degenerative condition has put you on the sidelines, you may want to consider a visit to the Orthopaedic Sports Medicine and Shoulder Service at UT Southwestern. Among various treatments, the Service offers both **state-of-the-art** arthroscopic and minimally invasive surgical techniques.

A team of physicians and therapists works with athletes in all levels of sports, from recreational to professional levels. So if a hard-charging linebacker has zeroed in on your knee, a stealth pothole has attacked your ankle while jogging, or your shoulder is telling you that you put a little too much “oomph” into that last volley, the Sports Medicine and Shoulder Service can help.

New to the Service is William J. Robertson, M.D., an assistant professor of orthopaedic surgery at UT Southwestern. Following his orthopaedic surgery training at the world-renowned Hospital for Special Surgery in New York, Dr. Robertson completed a sports medicine and shoulder reconstruction fellowship at Harvard. While in Boston, he also served as an assistant team physician to the New England Patriots, Boston Red Sox, and Boston Bruins. He is currently the head team physician to the Dallas Defenders football team.

“Our goal is to restore function and guide the **safe return to athletic activities** for people of all ages and activity levels,” says Dr. Robertson.

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



Oncology

DRAWING A BEAD ON LUNG CANCER

It's a puzzle, but about 15 percent of lung cancers occur in people who have never smoked—and most of the victims tend to be younger women. Now researchers at UT Southwestern are studying whether the female

hormone, estrogen, may somehow play a role.

“We're going to be conducting a trial to see whether **anti-estrogens** may be helpful in fighting cancer,” says Joan Schiller, M.D., the director of the Lung Cancer Program at UT Southwestern's Harold C. Simmons Comprehensive Cancer Center. “Our trial will use the cancer drug Iressa, combined with an anti-estrogen medication.”

While the medical community hasn't collected historical

statistics, “It's certainly everyone's impression that there are more young, never-smoking women with lung cancer than there has been in the past,” adds Dr. Schiller.

The important research is but one aspect of the comprehensive cancer program at the Simmons Cancer Center. The facility offers state-of-the-art diagnostic and therapeutic approaches that are individualized to each patient's needs, with a staff of medical oncologists, radiation oncologists, and thoracic

surgeons all providing care in a single location. A support team of social workers, dietitians, financial counselors, and specially trained nurses rounds out the services provided to patients and their families.

“The comprehensive, coordinated support we offer is important to our patients' well-being and long-term success,” says Dr. Schiller.

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

Otolaryngology

A shout out to the Voice Center

There's no need to "suffer in silence" with voice problems, thanks to a unique clinic at UT Southwestern Medical Center. The Clinical Center for Voice Care, which is having its first anniversary, targets professionals who rely on their voice—singers, actors, public speakers, lawyers, preachers, and teachers—as well as anyone else experiencing deterioration with their voice.

"The voice is really the window to your soul. People's emotions are very tied to their voice, especially those who depend on it for their profession and livelihood," says Ted Mau, M.D., Ph.D., a fellowship-trained laryngologist who heads the Center. "We're the only voice center in North Texas that combines laryngologists and a team of voice therapists," notes Dr. Mau.

Among the services offered at the Center are videostroboscopy, which allows patients to see how their vocal cords are functioning; **voice therapy**, to teach techniques designed to correct vocal patterns that may be contributing to voice problems; operations on the voice box to strengthen weak vocal cords; and minimally invasive procedures to remove polyps or cysts that are causing hoarseness.

"Anyone with a cold can lose their voice temporarily, but if a voice problem persists, and the reason is not clear, then it should be evaluated," says Dr. Mau.

To schedule an appointment, call 214-645-8300.

DID YOU KNOW? The American Heart Association recently awarded UT Southwestern Medical Center a \$2 million grant to study the development and mechanisms of generating new cardiac muscle cells. Only three institutions in the country received the highly competitive award.

Infertility

Infertility affects an estimated 12 percent of the reproductive age population, so if you're having trouble conceiving, you're not alone.

Q: What's a reasonable time frame to attempt pregnancy before seeking medical assistance?

A: Fertile couples can expect a 20-25 percent chance of pregnancy per month with appropriately timed intercourse. Most fertile couples will conceive within three to six months. Women age 35 or older should consider evaluation if they are unable to get pregnant within six months. Evaluation of younger women is appropriate after 12 months of unprotected intercourse. Women with irregular or absent menstrual cycles should be evaluated immediately.

Q: What are the possible causes of infertility?

A: There are three general categories of problems that can negatively affect fertility: 1) Sperm issues; 2) Egg/ovarian/hormonal causes; 3) Female anatomical issues involving the reproductive tract.

Q: What happens if a couple has multiple factors affecting fertility?

A: It's not uncommon. For this reason, a complete evaluation is recommended, even if a single cause is identified early on. Treatment strategies may vary depending on the identified causes and the age of the female.

Q: Can a cause of infertility be established in all cases?

A: Unfortunately, no. But effective treatments, or "fertility boosters," are available. These fertility-boosting strategies can range from low tech to high tech. For instance, intrauterine insemination (washed and concentrated sperm transferred directly into the uterus) together with the use of fertility drugs

can be an easy, relatively inexpensive way to achieve pregnancy in many patients with unexplained infertility. For other patients, more aggressive treatment such as *in vitro* fertilization (IVF) may provide a high chance of pregnancy.

Q: What is IVF?

A: IVF is a process in which multiple eggs are extracted from the ovary with a needle and mixed with sperm in a Petri dish. Fertilized eggs are then transferred directly into the uterus through the cervix. IVF is an effective approach, but it's generally reserved for situations that can't be treated through an easier process. Most infertility cases—85 to 90 percent—can be treated with conventional therapies, such as medications or surgical repair of reproductive organs.

For an appointment with physicians in the UT Southwestern Fertility and Advanced Reproductive Medicine office, call 214-645-8300, or visit utsouthwestern.org/obgyn/fertility.

Pain Management

Taking the sting out of pain

Whoever coined the phrase "no pain, no gain" clearly wasn't talking about acute or chronic pain. It's debilitating and emotionally wrenching—not uplifting.

"Pain is a common problem," says Carl Noe, M.D., a professor of anesthesiology and pain management who was recently named to head the Eugene McDermott Center for Pain Management at UT Southwestern Medical Center. "Each year, the average American experiences three to four moderately severe episodes of **acute pain**. Headaches are the most common, with backaches, muscle pain, and joint pain not far behind. And cancer patients often experience pain at some point in the progression of their disease."

The McDermott Center is the only one in the Dallas area offering a full spectrum of pain control options, with the goals of minimizing physical suffering, decreasing disability, and eliminating

excessive reliance on medication. "We work to accelerate a patient's return to a wide array of normal daily activities, including personal, family, and vocational activities," says Dr. Noe.

Along with managing the physical aspects of pain and restoring function with rehabilitation and therapy, the Center will soon expand its focus on the **emotional component** of pain to include stress management, relaxation techniques, counseling, and coping skills training, among other programs. The overarching goal: Teach patients how to address pain with an even, measured approach without relying on unnecessary drugs.

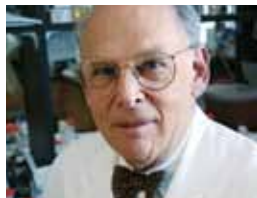
Referrals are encouraged at the McDermott Center. Ask your physician to call 214-645-8300.

Recent faculty awards and honors

ROGER ROSENBERG, M.D.
Director of the Alzheimer's Disease Center

The award: The first Medal for Scientific Achievement by the World Federation of Neurology.

His work: Dr. Rosenberg, professor of neurology, has studied the genetic basis of neurological diseases for three decades. In 1975 he and colleagues published the first in a series of papers on the clinical and genetic basis for Machado-Joseph disease, which causes degeneration in a brain region essential for balance and coordination. Currently, Dr. Rosenberg's research centers on a vaccine against Alzheimer's disease that uses DNA to create antibodies against beta-amyloid, a small protein that accumulates in the brains of people with Alzheimer's.



ERIC OLSON, PH.D.
Chair of Molecular Biology

The award: The Institut de France's prestigious Lefoulon-Delalande Foundation Grand Prize for his work on gene regulation in the cardiovascular system. The prize has an international reputation as the most prestigious award in cardiovascular research.

His research: Dr. Olson studies how the heart and blood vessels form, how they rebuild themselves after injury, and how genetic mutations and stress can cause heart disease. He and his team have discovered networks of genes that orchestrate the formation of the heart and have shown how inherited genetic mutations in these genes cause congenital heart disease, the most frequent form of birth defect. "Dr. Olson's discoveries have provided profound new insights into cardiac development and substantially advanced our understanding of altered cardiovascular function in disease," says Daniel K. Podolsky, M.D., president of UT Southwestern.



DANIEL K. PODOLSKY, M.D.
President, UT Southwestern Medical Center

The award: The American Gastroenterological Association's 2009 Julius Friedenwald Medal for Distinguished Service for his lifelong contributions to the field of gastroenterology. Dr. Podolsky is the first UT Southwestern physician selected to receive the award, which was endowed in 1940.

His work: Dr. Podolsky is an authority on inflammatory bowel diseases. His early laboratory work focused on intestinal epithelial differentiation and the control of proliferation. While pursuing his research, he discovered how various growth factors affected intestinal epithelial differentiation repair in a variety of disorders, including inflammatory bowel disease, infectious diarrhea, and peptic ulcer. One of these factors, a peptide known as intestinal trefoil factor that Dr. Podolsky discovered and later characterized, has shown efficacy in early clinical trials. His most recent endeavors have focused on exploring how intestinal cells guide immune responses and the body's symbiotic relationship between its own intestinal cells and the microflora. He is the author of more than 300 original articles, reviews, and textbook chapters.



SCOTT GRUNDY, M.D., PH.D.
Director of the Center for Human Nutrition and Chair of Clinical Nutrition

The award: The American Heart Association's (AHA) Gold Heart Award, an annual award and the highest honor the Association gives to volunteers who have provided continued distinguished service.

His achievements: An AHA volunteer since 1973, Dr. Grundy has played a pivotal role in the development of the AHA's recommended treatment guidelines for reducing risk factors associated with cardiovascular disease. He has served on more than 20 of the organization's national committees and task forces, often as chair, and served as the Association's first representative to the U.S. National Cholesterol Education Program (NCEP) when it was established in 1985. In 1993 and 2001, Dr. Grundy headed the NCEP Adult Treatment Panels II and III, made up of the nation's top cholesterol experts. More recently, he chaired the AHA's Council on Arteriosclerosis and helped form the Council on Nutrition, Physical Activity and Metabolism.



NIMA SHARIFI, M.D.
Assistant Professor of Internal Medicine

The award: A Howard Hughes Medical Institute Early Career Physician-Scientist Award. He was one of 11 researchers named in a national competition by the Institute to be part of the program, which is aimed at increasing the number of researchers who translate basic science discoveries into improved treatment for patients. Established in 2006, the program supports a total of 52 physician-scientists.

His research: Dr. Sharifi focuses on how advanced prostate cancer—the second-leading cause of cancer death in men—becomes resistant to androgen deprivation therapy. The most well-known androgen is the male sex hormone testosterone. Although prostate cancer initially responds to androgen withdrawal, these tumors eventually become resistant. Dr. Sharifi's laboratory focuses on genes that determine how this resistant state occurs. The hope is that this work eventually will help in the development of new therapies.





▶▶ Magazine recognizes our patient care

UT Southwestern Medical Center recently received special recognition from **U.S. News & World Report** for excellence in patient care. In the magazine's national ranking of **America's Best Hospitals 2009-10**, the medical center ranked in more specialty-care areas than any other North Texas health care provider.

The UT Southwestern specialties and their respective ranks on the list include **urology** at 15; **neurology and neurosurgery** at 20; **kidney disorders** at 23; and **gynecology** at 33.

The America's Best Hospitals guide identifies 174 out of about 4,800 medical centers nationwide that excelled in one or more of 16 specialties. The rankings in 12 of the 16 specialties weigh four elements equally: reputation, death rate, patient safety, and a set of care-related factors, such as nursing and patient services. In these 12 specialties, medical institutions have to pass

through several criteria to be ranked in the Best Hospitals guide.

To make the list, a facility must be a teaching hospital; have at least 200 beds; or have at least 100 beds plus four of eight 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 specialist survey.

In addition to UT Southwestern, Parkland Memorial Hospital—which UT Southwestern physicians staff—ranked 11th in gynecology. UT Southwestern physicians also provide the majority of specialists for Children's Medical Center Dallas, recently named one of the top 10 children's hospitals nationwide in a separate analysis by *U.S. News & World Report*.

▶▶ Achieving excellence in cancer care

UT Southwestern University Hospitals recently received the **Commission on Cancer (CoC) Outstanding Achievement Award** from the American College of Surgeons. The award recognizes programs that strive for excellence in providing quality care to cancer patients. Facilities receive the designation through rigorous on-site evaluations that must demonstrate compliance within a series of cancer program standards, including: cancer committee leadership, cancer data management, clinical services, research, community outreach, and quality improvement.

In 2008, programs at 478 community-based facilities, teaching hospitals, National Cancer Institute-designated comprehensive centers, and network cancer centers underwent site

visits and evaluations by physician surveyors. University Hospitals is among 93 facilities (19 percent) nationwide to receive this designation.

"Clearly, this is a team effort, and it highlights the integration of care for our cancer patients," says Sharon Riley, chief executive officer and vice president for UT Southwestern University Hospitals. "This recognition, through on-site evaluation, helps validate our multidisciplinary approach and our partnership with the entire campus to provide excellent patient care."

There are more than 1,400 CoC-approved cancer programs in the U.S. and Puerto Rico, representing about 25 percent of hospitals. These facilities diagnose and/or treat 80 percent of newly diagnosed cancer patients each year.

News flashes...

▶▶ In July, UT Southwestern University Hospital—St. Paul received the **Texas Health Care Quality Improvement Achievement Award** for its patient care initiatives for heart conditions and surgery. Texas' Medicare Quality Improvement Organization, the TMF Health Quality Institute, acknowledges hospitals for improving care for heart attacks and heart failure, pneumonia, and surgical care.

"This award serves as another independent indicator that our ongoing efforts to provide the best possible care for every patient every day are indeed effective," says Sharon Riley, chief executive officer and vice president for UT Southwestern University Hospitals.



▶▶ J. Gregory Fitz, M.D., has been named **dean of the UT Southwestern School of Medicine** and **provost of the medical center**. He also will serve as executive vice president for academic affairs. Dr. Fitz previously served as chair of internal medicine at UT Southwestern Medical Center.

A world-renowned hepatologist, Dr. Fitz joined UT Southwestern in 2003. His international stature in hepatology is reflected in his recent selection to serve as future president of the American Association for the Study of Liver Diseases, the leading international hepatology society.

You may know us as a great medical school or for our Nobel Prize-winning research. Now get to know us as the medical center you can turn to for your family's most important health care needs. Imagine the quality of care that results from world-class research, discovery, and innovation. Better yet, see for yourself.

LOG ON

CHOOSE A DOCTOR

SET AN APPOINTMENT

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