Know when you should seek a second opinion

Cholesterol meds: Safe for women?

8 vaccines even adults should get

Double Take

With Wenter Blair, looks deceive. Heart disease almost killed this mom.
This is the face of heart disease. This is the face of six stents. This is the face that nearly died a year ago in November.

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

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.
A matter of opinion on your health

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

Wenter Blair, our cover story subject, certainly knows that. Wenter has a life-threatening disease, but you wouldn’t know it to look at her. She looks so healthy her personal physicians didn’t realize she had a serious medical problem. It was only when she came to UT Southwestern seeking another opinion that a world-renowned specialist correctly diagnosed her condition and lifesaving treatments began. Turn to page 13 for Wenter’s story.

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

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

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

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

Charles Florsheim was diagnosed with lung cancer in 2009.

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

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

The future of cancer care, today.
Infectious Diseases

8 vital shots that could save your life

Think you don’t need any vaccinations because you’re well past puberty? Think again. You need for shot prick doesn’t end once we enter adulthood, says Jeffrey Kahn, MD, PhD, Professor of Pediatrics and Microbiology at UT Southwestern, notes that immunizations are one of the 10 greatest American achievements of the past century, yet only children’s vaccines are well-defined.

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

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

Recommended Adult Vaccinations

- Hepatitis A/B
- Varicella
- Meningococcal
- Hepatitis A/B
- Pertussis
- Influenza
- Pneumococcal
- Pneumonia
- Tetanus
- Mumps
- Rubella
- Shingles
- Varicella

Liver Disease

Taking too much of a good thing?

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

Acetaminophen poisoning—whether one major overdose or too much over a long period of time—is the most common cause of adult liver failure in the U.S., often requiring immediate liver transplant ation,” says William M. Lee, MD, Professor of Internal Medicine. It’s easy to overdose, he notes, because most over-the-counter medications, including cold remedies, contain acetaminophen, as do prescription painkillers such as Viocon or Percocet. Read the labels on all medications to make sure you’re not overdosing it, Dr. Lee says.

How much is too much?

Although package inserts recommend no more than 4,000 milligrams of acetaminophen a day—that’s eight extra-strength Tylenol—the Food and Drug Administration intends to cut this maximum dosage back. A safe amount is 3,000 milligrams, or six extra-strength Tylenol—less if you drink alcohol.

RECOMMENDED ADULT VACCINATIONS

- Hepatitis A/B
- Varicella
- Meningococcal
- Hepatitis A/B
- Pertussis
- Influenza
- Pneumococcal
- Pneumonia
- Tetanus
- Mumps
- Rubella
- Shingles
- Varicella

Ophthalmology

Glucoma: Don’t let it blindside you

“Don’t look now, but you may have glaucoma and not even know it.”

As many as 3 million people in the U.S. have glaucoma, but only half are aware of it,” says Jess Whitson, MD, Professor of Ophthalmology at UT Southwestern and a leading expert on the disease.

Increased pressure in the eye typically peaks around January, or as soon as the vaccine is available.

“Varicella protects against the viral disease chickenpox, zoster (shingles), and postherpetic neuralgia. Children and adults without evidence of immunity to varicella need the vaccine.”

Adults age 60 and older with diabetes, those age 60 and older with a history of chickenpox at any age should receive varicella zoster vaccine.

Did you know?

- African-Americans and Hispanics are three to four times more at risk of developing the disease.
- Varicella can damage the optic nerve, affect peripheral vision, and cause sight loss.
- But with early detection and treatment, blindness may be prevented.
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Tip: Medicare covers preventive screenings for African-Americans older than 50, as well as any beneficiary with a history of diabetes or family history of glaucoma or a history of eye trauma.

EXERCISE IN MODERATION

“Cholesterol-lowering and blood pressure medications, together with favorable lifestyle adjustments, will generally help control cardiovascular risks in people with diabetes. Because of their powerful benefits, further medication to their cholesterol is recommended for most people older than 65 and for all persons at high risk for sickle cell disease, HIV infection, and other conditions that compromise the immune system. Adults age 60 to 65 years old who smoke cigarettes or who have asthma also should get the vaccine.”

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Q. What exactly is "added sugar," and how do I know if I’m eating too much of it?
A. “It’s hard to tell by nutrition labels if a product includes natural sugars, such as fructose in fruit, or if the sugars are added during food processing. Scan the label for ingredients. If sugar is listed as one of the first three ingredients, you know that most of the sugar in that food is coming from added sugar.”

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

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

Q. I’m running to the bathroom more than before to empty my bladder. Why?

Common caffeine sources: Coffee, tea, cola, and chocolate
Other bladder irritants: Citrus fruits, spicy foods, and some cheeses

Kidney Stones

Surprising new info about estrogen therapy

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

Once thought to protect women from the disease, hormone therapy could put them at risk for kidney stones, says Naim Maalouf, MD, Assistant Professor of Internal Medicine at UT Southwestern.

“Clinicians need to keep these results in mind when considering the risks and benefits of hormone therapy protocols in postmenopausal women,” says Dr. Maalouf.

Q. What causes kidney stones? A. They can be caused by calcium, uric acid, oxalate, or cystine. Urinary tract infections or other conditions can also contribute to the formation of kidney stones.

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

The standard of treatment may be about to change.

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

“Having more limited surgery did not result in worse survival or local recurrence of cancer at five years,” says Marilyn Leitich, MD, Professor of Surgical Oncology at UT Southwestern and co-author of the study, which appeared in the Journal of the American Medical Association.

One reason more extensive surgery wasn’t helpful, she says, is that the cancer was removed so we could check the nodes to see if they were cancerous. The nodes also remove other cancerous cells that can cause lymph nodes to swell up, making it harder for doctors to detect the disease early. But in this study, the researchers found that removing the sentinel lymph nodes was just as effective as removing more lymph nodes.

For women only

Urinary Tumors

Nearly painless alternative to hysterectomy

Non-cancerous growths in the uterus called uterine fibroid tumors lead to nearly a third of all hysterectomies. Though benign, these hormonally driven tumors can cause heavy menstrual bleeding and pain. If diagnosed with these tumors, you may be able to opt for a minimally invasive alternative called uterine fibroid embolization (UFE), says Dr. Brian Dolmatch, MD, Director of Interventional Radiology at UT Southwestern. UFE shrinks the fibroid tumors so they’re less likely to cause symptoms and works for most women who have symptomatic fibroids.

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

What to expect: “During UFE, tiny beads are delivered through a thin catheter to block arteries that supply blood to the tumors,” says Dr. Dolmatch. “This halts their growth and most will shrink over time. The procedure takes about an hour, and patients typically go home within 24 hours.”
Body Contouring
Laser away stubborn inches
Having trouble fitting into your favorite jeans? Zerona, a new type of body-contouring laser available at UT Southwestern, can help you fight that battle of the bulge.

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

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

Psychiatry
Blues buster Exercise can offer emotional benefits, too
Jumping on that treadmill or bike is not only good for your physical health, it can also help significantly reduce depression, says a UT Southwestern researcher.

“Participating in exercise for 30 minutes to three times a week can reduce the symptoms of mild to moderate depression similar to taking antidepressant medication,” says Madhukar Trivedi, MD, Professor of Psychiatry. “The key is in the intensity of the exercise and continuing it for 30 to 45 minutes per day. It’s not for the faint of heart.”

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

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

Even if you aren’t clinically depressed, exercise is good for reducing stress and boosting your spirits, notes Dr. Trivedi, so it helps keep you physically and emotionally healthy.

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

Medical Breakthrough
HORMONE STIMULATES CONTROL OF BODY PRESSURE
The discovery
A hormone that prompts the kidneys to retain salt—and increases blood pressure, as a result—appears to also stimulate brain centers that control the vascular system and blood pressure.

Hormone stimulates control of blood pressure
The significance
Aldosterone is a hormone that regulates electrolytes in the body. Created by the adrenal glands, it’s responsible for the retention of sodium and water into the bloodstream and for regulating potassium. It’s a study published in the Journal of Clinical Endocrinology & Metabolism.

UT Southwestern researchers evaluated patients who over-produce aldosterone to see whether the hormone also had any effect on sympathetic nerve activity responsible for blood pressure increases. Between 10 and 20 percent of patients with high blood pressure who are resistant to treatment have elevated aldosterone hormones, says Vargish Varghese, MD, Associate Professor of Internal Medicine at UT Southwestern and the study’s senior author.

WHAT’S NEXT
Future studies will focus on preventing the effects of aldosterone on the brain.

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

Cardiology
Statins: Are they effective and safe in preventing women’s heart disease?
Since the late 1980s, millions of men and women have taken cholesterol-lowering medications called statins to either prevent or reduce their risk of heart attack or stroke. Known commercially by names such as Crestor, Lipitor, and Zocor, statins reduce LDL or “bad” cholesterol in the blood, thereby preventing the accumulation of additional dangerous plaques. The drugs’ popularity would suggest physicians universally embrace them.

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

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

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

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

If cholesterol-lowering strategies are in order, statins are not the only option. Diet, exercise, and even natural solutions can be effective. Physicians and patients should discuss these options so everyone is comfortable with the decision.

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

Dr. Reimold earned her medical degree from Washington University in St. Louis and completed a fellowship in cardiovascular disease at Brigham and Women’s Hospital in Boston. To schedule an appointment, call 214-645-8300.
Radiation Therapy

Radiation revolution

What a new cutting-edge system means to you

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

The new Vero SBRT system combines many state-of-the-art radiation therapy capabilities into one machine. SBRT, or stereotactic body radiation therapy, delivers radiation beams to a tumor in a concentrated, precise manner, which minimizes damage to healthy tissues and reduces the number of patient treatment sessions.

This year, UT Southwestern’s Vascular Surgery Center will participate in delivering cutting-edge radiation therapy, and have recognized experts who are capable of applying this new technology for the benefit of our patients,” says Hak Choy, MD, Chair of Radiation Oncology.

NEW BLOOD TEST COULD DETECT HEART DISEASE

The discovery

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

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

What it means to you

“Because this test can detect previously unrecognized cardiovascular problems that were previously unrecognized, we hope it is the future to be able to use it to present some death and disability from heart failure and other cardiac diseases,” says James de Lemos, MD, Professor of Internal Medicine at UT Southwestern and the study’s lead author.

The significance

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

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WHAT IT MEANS TO YOU

“This test is likely to become available in the U.S. in the next 12 to 18 months. Research will continue toward identifying lifestyle factors or medications that can lower troponin T levels and prevent cardiac risk associated with high levels of the protein.”
A plastic surgeon’s reward for offering a high-risk patient a choice

An important reminder about perseverance

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

In December 2009 she was diagnosed with breast cancer and needed a total mastectomy. Because of her brittle heart condition, she had to undergo the procedure with just local anesthetic and sedation. Her surgical oncologist was confident it would be successful, but a new question emerged: Could she be a candidate for breast reconstruction?

‘Deserved to have a choice’

During a conference with the medical team to discuss her high-risk case, I had a thought: If she could have a total mastectomy under sedation, why couldn’t she have some type of breast reconstructive surgery as well? If possible, I would attempt only an expander/implant reconstructive procedure. This woman deserved to have a choice if the procedure was deemed safe. My colleagues decided that if she was willing, no complications arose during her mastectomy, and the procedure was still safe, I could move forward.

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

A first step

In many women, including this patient, the muscle and overlying skin are often too tight for the safe insertion of a full-size implant immediately following a mastectomy. Instead, a saline-filled temporary prosthesis—an expander—is inserted. Additional saline is gradually added in an outpatient clinic, usually over a few months. The expander’s volume increases, and the muscle and overlying skin gently expand to provide enough space for a final implant. When the desired volume is attained, another operation replaces the saline-filled expander with a permanent breast implant.

Struck by her words

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

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

Dr. Teotia earned his medical degree at the University of Virginia and completed residencies in general surgery at the Mayo Clinic and in plastic surgery at the University of North Carolina. In addition, he has completed fellowships in transplantation at the Mayo Clinic and in aesthetic surgery at UT Southwestern. To schedule an appointment with Dr. Teotia, call 214-645-8300.
Her arteries had amassed a decade’s worth of buildup in about a year's time.

On a cold yet sunny January morning with patches of ice not yet melted on the sidewalk outside, Wenter Blair sets a local coffee shop and flashes a smile that she wears warm on all who see her. It is, as she says, the going, the picture of perfect health.

Except looks can be deceiving.

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

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

The look of a heart patient

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

“I went to see the cardiologist,” Wenter remembers, “and the cardiologist said, ‘Look at you! You’re 42! You’re fabulous! You’re fine.’”

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

When Wenter was in the recovery room, her hands and shared the news—50 percent blockage in four arteries. The doctors had trouble stabilizing her and wanted to do a quadruple bypass procedure on the spot. Wenter’s husband told the doctors she wasn’t spiritually prepared for such a surgery, to keep her spirits high in two stents instead. Two weeks later, three more stents.

Wenter started looking for further treatment options elsewhere.

A second opinion

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

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

Wenter couldn’t have come to a better place for diagnosis and treatment. The gene for familial hypercholesterolemia was identified at UT Southwestern in 1989 by Michael Brown, MD, and Joseph Goldstein, MD—an important scientific breakthrough that won the two physiologists the Nobel Prize in Physiology or Medicine. Dr. Hobbs trained in their lab.

High cholesterol is a common concern for people with or without heart disease, and it’s generally treatable. LDL (low-density lipoprotein) cholesterol, often known as “bad” cholesterol, can lead to plaques in arteries, known as atherosclerosis. Apart from extreme cases, proper diet and exercise can lower LDL cholesterol to the target number of about 100. Because of her disease, Wenter usually has an LDL count in the 300s.

Wenter does not tolerate statins—medicines designed to lower cholesterol [see story on page 20] so her team on UT Southwestern’s cardiology team had to consider alternative, more dramatic treatments.

In Wenter’s case, the team recommended weekly LDL apheresis treatments. Over the course of seven months, Wenter spent every Wednesday at the Apheresis Unit at Parkland Memorial Hospital, hooked up to one of the only apheresis machines in North Texas. Similar to dialysis, the apheresis machine extracted Wenter’s blood and separated the plasma, so that LDLs could be depleted before the plasma was returned to her bloodstream.

Progress week by week

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

Firstly, biologically, what’s happening? he says. “Then, what are all of the treatments we have available? Who can be of assistance, either on campus or even worldwide? And, finally, how can I involve members of both the immediate team—the physician’s assistant and dietitian—and also the broader team: geneticists, endocrinologists, pathologists, researchers, and sometimes interventional cardiologists. I’m the quarterback,” Dr. Khera adds. “My job is to get the patient the best care possible from the best people possible—not just the usual cardiology treatments.”

The LDL apheresis has likely kept Wenter alive, but it hasn’t made the problem go away. On November 10, to celebrate the anniversary of her first stent, she and her husband ran a 5K race, and she felt fine during it. In the days that followed, however, the same fatigue and sluggishness she had experienced a year prior returned.

She had another cardiac catheterization, which revealed 80 percent blockage in an artery. Her arteries had amassed a decade’s worth of buildup in about a year’s time. A UT Southwestern interventional cardiologist placed a sixth stent in Wenter’s heart. She and Dr. Khera are again “thinking outside the box” and involving the rest of the team as they implement the next strategy and treatment phase. Amid such challenges, Wenter remains upbeat and undaunted.

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

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

“Close life so fully,” she says, “and I didn’t used to do that before. ‘I’m the luckiest girl in the world.’”

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

Risk factors for heart disease

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

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

The risk factors include:

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

To schedule an appointment for a risk assessment, call 214-645-8300.
Second Opinions

Why they’re often crucial when and where to seek them, and what to expect

James Valentine, MD

Sometimes a second opinion can mean a second chance.

James Valentine, MD, Chair of Vascular Surgery at UT Southwestern Medical Center, regularly sees patients who have had a cancer diagnosis elsewhere before coming to UT Southwestern for a second opinion. Recently, he evaluated a young cancer patient who was having difficulty getting a definitive diagnosis elsewhere in the Dallas-Fort Worth area. “He had two attempts at biopsy, neither of which had achieved a diagnosis,” says Dr. Valentine. “I explained to him how and why a biopsy could fail to reveal a diagnosis. He said, ‘You’re the first doctor who’s told me that.’” After consulting with our pathologists here, we were able to make a diagnosis, and he was able to start chemotherapy treatment.

Thomas Froehlich, MD, Medical Director of the UT Southwestern Harold C. Simmons Cancer Center, also knows the value of a second opinion. Recently, he evaluated an elderly man who was having difficulty getting a definite diagnosis in his liver, his physicians deemed it pointless to fix the aneurysm. “We operated on him because it was the right thing to do,” says Dr. Valentine. “It turned out he didn’t have cancer in his liver at all. He had some cysts that looked like liver cancer on an ultrasound.”

The surgery to fix the aneurysm was a success, and the man lived another three years before finally succumbing to a heart attack. “We gave him three years of life because he deserved that and because he had not had a complete cancer work up. He deserved to have the benefit of the doubt.”

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

Most patients who ask for a second opinion are doing so because they have met with a curious case that isn’t commonly seen. The second time is when there’s no clear-cut agreement among experts as to the single best way to treat a particular diagnosis. And the third is when a patient is being treated for a disease, and the treatment is no longer working.

Why do you know?

While helpful, second opinions can create dilemmas for patients. How are patients supposed to determine who, or what, is right for them? “It’s a decision tree,” says Dr. Valentine. “The second doctor agrees with the first? If they agree, then it becomes an issue of whether physician you’re more comfortable with.” And if they disagree? Says Dr. Froehlich: “Then the patient must decide what works best for their life—which recommendation best takes their particular situation into consideration.”

For some patients, the most basic dilemma of all may be whether to even seek a second opinion, perhaps fearful they will antagonize their primary physician. “Ask your doctor about getting a second opinion,” says Dr. Froehlich. “All high-quality physicians are willing to let their patients go to a second opinion.”

Both Drs. Valentine and Froehlich agree a multidisciplinary network of resources to help you get a diagnosis and to know about the latest and greatest options. And third, we do research, so we’re always contributing to new medical knowledge and breakthroughs.

Both Drs. Froehlich and Valentine identified a common theme when patients seek a second opinion: the patient’s desire to be offered, or has any concerns about a diagnosis, who doesn’t understand what’s being offered, or has any concerns about the type of therapy sought to seek a second opinion. It’s worth the investment.

He identifies a common situation in which vascular patients come to UT Southwestern for a second opinion following “life-line” screening, or other ultrasound exams or CT scans. “They suspect a narrowing of the artery in the neck.”

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

Dr. Froehlich, a hematologist/oncologist, offers his opinions. “About half the time, a patient who comes in with a report of a narrow artery turns out not to have that at all.”

According to a Gallup Poll, nearly half of Americans never seek a second opinion from another physician when their doctor diagnoses a condition or prescribes a treatment, drug, or procedure. Of course, not every illness or diagnosis requires another view; some medical conditions can be identified with simple blood tests. So when is it a good idea to get a second opinion? Dr. Valentine, the vascular surgeon, offers these general guidelines: “Any patient who wants to confirm or has questions about a diagnosis, who doesn’t understand what’s being offered, or has any concerns about the type of therapy sought to seek a second opinion. It’s worth the investment.”

He identifies a common situation in which vascular patients come to UT Southwestern for a second opinion following “life-line” screening or other ultrasound exams or CT scans. “They suspect a narrowing of the artery in the neck.”

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

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

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

“Explained to him how and why a biopsy could fail to reveal a diagnosis. He said, ‘You’re the first doctor who’s told me that.’”

Thomas Froehlich, MD

3 things to know about second opinions

1. You have a right to a second opinion if you have questions or concerns about your diagnosis or plan of treatment. Ask your physician for a recommendation on whom to see.

2. Second opinions typically involve a review of your medical records, lab tests, and other medical reports, so be prepared to bring copies with you to your appointment, or arrange for your physician send them beforehand. You may also arrange for a physical exam by the doctor offering the second opinion. The doctor will usually send a report of his or her findings to the referring physician, or anyone else you designate.

3. Be sure and check with your insurance for coverage. Many plans do cover them, but not all do cover them. Many plans will cover second opinions that physicians request.

James Valentine, MD

Thomas Froehlich, MD
**Bad to the bone? Find out now.**

If you feel at home in your bones you should be doing something about osteoporosis sooner rather than later—you’re right. Although problems related to osteoporosis may not become obvious until later in life, women primarily need to be thinking about it much earlier. For many women osteoporosis will show up later in life, when it may be too late to prevent a broken bone.

**Why is osteoporosis dangerous?**

Weak bones are more apt to fracture, with most fractures occurring in the hips, spine, and wrists. Bone density scans are quick and painless, the procedure is similar to having an x-ray taken.

**What is osteoporosis?**

It’s important for women to have bone density scans to determine whether they are at risk for weakened bones so medications can be prescribed that slow and, in some cases, reverse the progress of the disease,” says Kimberly Menes, MD, Associate Professor of Orthopedic Surgery at UT Southwestern.

Weakened bones are more apt to fracture, with most fractures occurring in the hips, spine, and wrists. Bone density scans are quick and painless, the procedure is similar to having an x-ray taken. To schedule a bone density scan, call UT Southwestern radiology at 214-645-3479 (192).

**Who’s at risk?**

Women who are at higher risk due to family history or who have other risk factors for decreased bone mass, including early menopause before age 45, physical inactivity, smoking, or excessive alcohol or caffeine consumption, may need to get a scan sooner.

**Bone up on your bone health**

Dr. Mezera: Women who are at higher risk due to family history or who have other risk factors for decreased bone mass, including early menopause before age 45, physical inactivity, smoking, or excessive alcohol or caffeine consumption, may need to get a scan sooner.

**Smaller bone mass means larger potential for risk.**

“Bone loss can be an insidious process,” says Dr. Mezera. “It may not be evident until a bone density scan shows a lower bone density than expected. This can be dangerous because a broken bone can be more serious than it appears. For example, a broken hip can result in long-term disability.”

**Who can get a bone density scan?**

Almost any patient who needs screening can be referred to our bone density scan program. To schedule a bone density scan, call UT Southwestern radiology at 214-645-3479 (192).

**How often should I get a scan?**

Men and women aged 65 or older, or younger patients who may be at risk due to family history, are candidates for bone density scans. To schedule a bone density scan, call UT Southwestern radiology at 214-645-3479 (192).

**When should I have a bone density scan?**

**Is a person with a low bone density at risk for a osteoporosis?**

The American Cancer Society recommends that everyone over the age of 50 have their colon screened. If a close relative has colon cancer, screening should be started sooner. To schedule a screening exam, call 214-645-6300.
inside UT Southwestern  |  distinctions

UT Southwestern recently celebrated the 25th anniversary of its first two Nobel Prize winners, Michael Brown, MD, and Joseph Goldstein, MD, by honoring them, and two subsequent UT Southwestern winners, Johann Deisenhofer, PhD, and Alfred Gilman, MD, PhD. All four were on hand for the celebration. A fifth Nobel winner with UT Southwestern ties, Linda Buck, PhD, earned a degree from the UT Southwestern Graduate School of Biomedical Sciences in 1982. Drs. Brown and Goldstein, both Professors of Molecular Genetics, won the 1985 Nobel Prize in Physiology or Medicine for discovering the underlying mechanisms of cholesterol metabolism, which led to the development of cholesterol-lowering statin drugs.

Dr. Deisenhofer, Professor of Biochemistry, won the 1986 Nobel Prize in Chemistry for identifying the three-dimensional structure of a large membrane-bound protein, which helped explain the process of photosynthesis.

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

“For many decades, UT Southwestern Medical Center has been the site of groundbreaking research that has helped transform the practice of medicine,” says former UT Southwestern President and current Southwestern Medical Foundation President Kern Wildenthal, MD, PhD. “Adding current UT Southwestern President, Daniel K. Podolsky, MD, “Ongoing research seems certain to produce additional breakthroughs in new areas, with long-term benefits for future generations.”

Small world: UT Southwestern expands global reach

UT Southwestern and Rabin Medical Center in Israel, two of the world’s top academic medical centers, have entered into an innovative affiliation agreement covering the next few years. The internationally recognized institutions will collaborate on faculty and student exchange programs, as well as the development of joint studies, research and training activities, and other educational programs.

“This agreement between UT Southwestern and Rabin Medical Center represents an exciting new era of cooperation, research, and training for both of our institutions and our two countries,” says Daniel K. Podolsky, MD, President of UT Southwestern.

Located just east of Tel Aviv, Rabin Medical Center has Israel’s only dedicated transplant facilities capable of performing kidney, lung, heart, and liver transplants. Its Cardiothoracic Surgery Department and Otolaryngology Institute are the country’s largest.

The agreement with Rabin Medical Center is the second international affiliation entered into by UT Southwestern. Last summer, UT Southwestern joined with Sun Yat-sen University and its First Affiliated Hospital in Guangzhou, China, to promote joint research, educational, and training activities. Both the Israel and China agreements reflect UT Southwestern’s growing emphasis on international health programs to reinforce the medical center’s three-part mission of patient care, research, and education.

Last year, UT Southwestern created the Office of Global Health to direct and develop training and research initiatives with partners around the world.
When you need world-renowned medical care, we’ve made access easy.

For information and appointments, call the Office of Patient and Physician Referral Services: 214-645-8300. Monday–Friday, 8:00 am – 5:00 pm. Online appointments and referral requests are available at utsouthwestern.org.