

September 2012

# Baylor Health

**GARLAND EDITION**

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**REAL PATIENTS. REAL STORIES.**

## Love & Support

Cancer survivor **DIANE ALFORD** was so moved by the support she received during her journey through cancer, she's decided to help support others

**PAGE 6**



### **NO MORE PAIN**

Tired of living in pain? You have treatment options **PAGE 2**



### **ARE YOU AT RISK?**

Get the answers to your questions about prostate cancer **PAGE 3**

# Mind, Body and Spirit

## Treating chronic pain with a holistic approach

CHRONIC PAIN AFFECTS not only your health, but your work, activities, relationships, outlook and even your financial situation. That's why treating chronic pain must take into account the whole person—body, mind and spirit.

The Baylor Center for Pain Management, an outpatient department of Baylor Medical Center at Garland with locations in Richardson and Wylie, offers a comprehensive, interdisciplinary pain program customized to the needs of each patient. The staff includes anesthesiologists, registered nurses, psychologists, a licensed professional counselor, and physical and occupational therapists, all highly skilled in advanced pain-management techniques.

“Many people aren't aware that chronic pain can be treated successfully,” says Stephanie Dunn, RN, BSN, nurse manager at the Baylor Center for Pain Management. “You don't have to sit back and suffer needlessly.”

### BODY

Physicians on the medical staff at Baylor Garland perform interventional

### Where Does It Hurt?

The Baylor Center for Pain Management at Wylie and Richardson treat the following conditions:

- Back and neck pain
- Disk herniation and spinal stenosis
- Migraine and tension headaches
- Joint pain
- Facial pain/TMJ
- Neuropathic pain
- Complex regional pain syndrome (RSD)
- Cancer pain
- Sciatica
- Fibromyalgia/myofascial pain
- Shingles/postherpetic pain
- Abdominal and pelvic pain
- Acute and postoperative pain
- Phantom limb pain

### Put an End to Pain

For more information about managing your chronic pain, visit **BaylorHealth.com/GarlandPain** or call **1.800.4BAYLOR**.

procedures at the Baylor Center for Pain Management in Wylie, including:

- Epidural steroid injections
- Joint injections for neck, spine, shoulder, hip, pelvic or knee pain
- Rhizotomy, a procedure that sends radio waves (heat) through a needle to damage nerve endings and interrupt pain signals to the brain
- Spinal cord stimulation

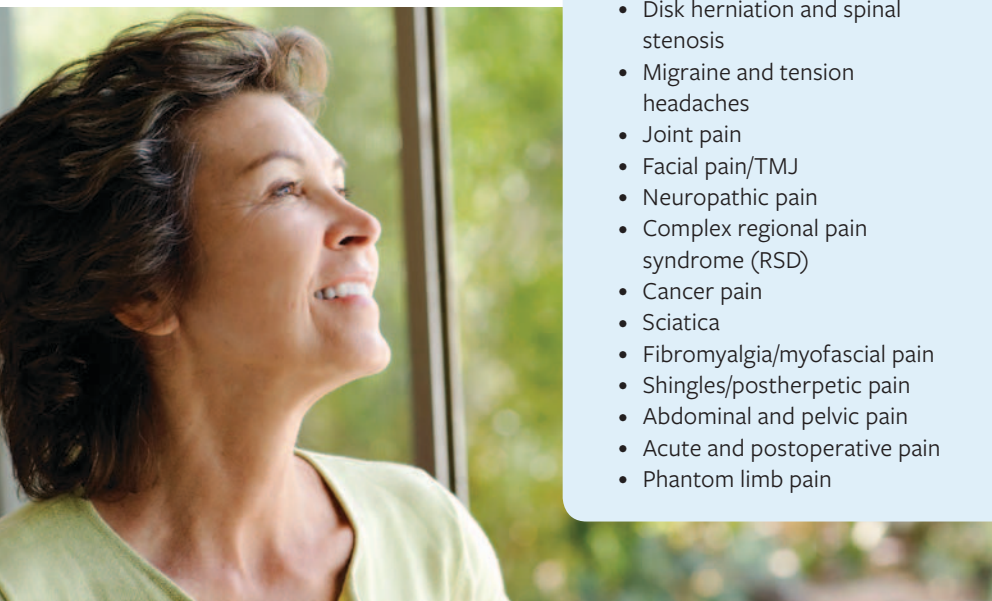
Other body-based approaches include physical and occupational therapy, nutrition counseling, ultrasound-guided injections and pain medications, if indicated.

### MIND AND SPIRIT

“We often see patients who feel like there's nothing they can do to make their pain go away,” says Michelle Murray, PhD, clinical psychologist at the Baylor Center for Pain Management at Richardson.

Engaging the mind encourages a problem-solving attitude instead of feeling helpless. Cognitive behavioral therapy, biofeedback, stress management and relaxation training play a huge role in managing chronic pain.

“We don't have a magic wand that can take the pain away, but we are able to give people tools so they can function better, enjoy their lives more and hopefully reduce their reliance on pain medication or other medical treatments,” Murray says.



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1 in 6

About one in every six men will be diagnosed with prostate cancer in his lifetime.

## WHAT YOU NEED TO KNOW ABOUT PROSTATE CANCER

Screening, treatment options and more

THE PROSTATE-SPECIFIC ANTIGEN (PSA) test is the only widely available screening test for prostate cancer, but it has pros and cons. In May, the U.S. Preventive Services Task Force sparked debate when it recommended against routine PSA testing, saying that thousands may get needless surgery and radiation while only a handful of deaths from prostate cancer are prevented per year.

Men should discuss the risks and benefits of PSA testing with their physicians to make an informed decision. Here, Sashidhar Reddy, MD, a hematologic oncologist on the medical staff at Baylor Medical Center at Garland, weighs in on PSA screening and other important things to know about prostate cancer.

**Q: What is the most important risk factor for prostate cancer?**

**A:** Age. Prostate cancer is rare in men younger than 40, but incidence rises significantly after age 50. Almost two out of three prostate cancers are found in men over age 65.

**Q: What are the symptoms of prostate cancer?**

**A:** Early prostate cancer has no symptoms. A man can have difficulty urinating or a decreased urinary stream,

but often this is due to benign prostatic hypertrophy (BPH). Other times, unexplained blood in the urine, persistent back or hip pain, and weight loss can be signs of an underlying problem.

**Q: How effective is the PSA blood test as a screening test for prostate cancer?**

**A:** Unfortunately, we don't really have a great screening test for prostate cancer. PSA testing leads to unnecessary biopsies and procedures. Also, PSA levels can be influenced higher or lower by unrelated factors, including certain medications and dietary supplements. But until a better test is developed, I still recommend PSA testing in men over age 50—in their 40s for African Americans—especially if there is a family history of prostate cancer.

**Q: What are the treatment options?**

**A:** It depends on the stage of the disease and the grade of the tumor, along with the man's age and general health. With slow-growing prostate

### Advances in Treating Prostate Cancer

“In the past two years we've taken some good steps forward in targeting prostate cancer,” says Sashidhar Reddy, MD, a hematologic oncologist on the medical staff at Baylor Medical Center at Garland. One new treatment, a medication called sipuleucel-T, engages the immune system to attack prostate cancer cells. The first “cancer vaccine” for prostate cancer, it is extending the survival time of patients with advanced disease. Also, a new medication in pill form, called abiraterone, has shown promising results in eliminating early prostate tumors.

tumors, or in patients of advanced age, the nontreatment choice of “watchful waiting” is a valid option. Other options are surgery, chemotherapy and radiation therapy, implanting radioactive “seeds” near the tumor. Hormonal treatment uses medication to suppress the production of testosterone, which fuels prostate cancer's growth.

### Prevention Is the Best Medicine

For a prostate cancer screening, talk to your doctor. If you need a referral to a primary care physician, visit [BaylorHealth.com/Garland](http://BaylorHealth.com/Garland) or call **1.800.4BAYLOR**.

# Special Order

Do certain foods make you sick? Find out if it's an allergy or an intolerance

**"NO ONIONS, PLEASE. I'M ALLERGIC."**

How often do you hear statements like that when dining out with friends or family? Although it may very well be true, it's more likely that your dining companion has an intolerance to the food in question, rather than an actual allergy.

"It's a big misconception," says Rassa Shahidzadeh, MD, a gastroenterologist on the medical staff at Baylor Regional Medical Center at Plano. "Having a reaction when you eat a particular food doesn't necessarily mean you have an allergy."

## WHAT'S THE DIFFERENCE?

So what distinguishes an allergy from an intolerance?

"An allergic reaction produces serious—even deadly—symptoms, like rash, respiratory distress, gastrointestinal

problems and shock," Dr. Shahidzadeh says. "An intolerance is when you eat something and you don't like the way you feel after."

For example, when people who are lactose intolerant drink milk, they may experience gas, cramping and diarrhea, but the symptoms eventually pass on their own once the milk is out of the system. Allergic reactions, on the other hand, worsen without treatment.

## A THIRD POSSIBILITY

Another condition that is often confused with food allergies is celiac disease. "It's neither an allergy nor an intolerance," Dr. Shahidzadeh says. "Celiac disease is a genetic disorder in certain people who get very sick when they eat a type of wheat called gluten. In these people, their immune system reacts to gluten, causing damage to the bowel."

Symptoms range from bloating, cramping, diarrhea and blood in the stool to seemingly unrelated side effects such as liver abnormalities, hair loss and tooth decay. Even though one in a hundred Caucasians in the U.S.

## Find Out If You Have Food Allergies

Do you have a reaction to certain foods? For a referral to a gastroenterologist on the medical staff at a Baylor Health Care System medical center, visit [FindDrRight.com](http://FindDrRight.com) or call **1.800.4BAYLOR**.

have celiac disease, an estimated 97 percent don't know they have it, according to the Celiac Disease Foundation.

## WHAT TO DO

If you think you have a food allergy or intolerance, or celiac disease, talk to your

doctor. It's important to get a diagnosis.

Treatment for each condition always involves avoidance of the food that gives you a reaction. If you have an intolerance, you can try substitution products like lactose-free milk. But Dr. Shahidzadeh stresses the importance of strict avoidance of gluten for those with celiac disease.

"Avoid it as if it's poison," he says. "And be on the lookout for gluten in products you would never guess it's in, like hot dogs, salad dressing and even lipstick."

8

The number of foods that account for 90 percent of food allergens: milk, eggs, peanuts, tree nuts, wheat, soy, fish and shellfish.





# 40-74

Screening mammograms can reduce the number of breast cancer deaths for women in this age range.

—National Cancer Institute

exam, are used to spot issues in the lungs (especially important for those who smoke) and to look for broken bones.

### DO THESE EXAMS HURT?

“Other than the fact that for some tests, such as MRIs and CT scans, the patient will need an IV, virtually all imaging exams are painless,” Dr. Hise says.

### HOW LONG DO THEY TAKE?

“From the time you get on the table, a CT scan can be five minutes or less,” says Scott Woomer, MD, a radiologist on the medical

staff and medical director of breast care and diagnostic radiology at Baylor Regional Medical Center at Grapevine. “MRIs can be longer, sometimes a half-hour to an hour. An abdominal ultrasound with an experienced technician can be done in 10 minutes. Regular X-rays are quick, like taking a photograph, and the same goes for mammograms.”

### HOW CAN I PREPARE?

“For most exams, there’s little preparation,” Dr. Hise says. “If the CT scan is going to look at the abdomen, you might have to drink a contrast agent [a liquid that makes digestive organs, as well as blood vessels and tumors, stand out on film]. For a few exams, you may need to come in on an empty stomach.”

### SHOULD I BE CONCERNED ABOUT RADIATION?

Many imaging exams, including MRI and ultrasound, don’t use radiation at all. Although X-rays and CT scans do, the doses are very low. “We use the ALARA principle: as low as reasonably achievable,” Dr. Woomer says. “That means as little radiation as possible to get the answer to the questions.”

## IMAGING ANSWERS

Have questions about an upcoming imaging test? We’ve got answers

THERE ARE A LOT OF REASONS your doctor may ask you to get an imaging test. A chest X-ray might be ordered to check for pneumonia. An MRI, or magnetic resonance imaging, might be necessary to find the source of your back pain. Or a computed tomography (CT) scan could be used to look for signs of heart disease.

Because these tests can provide your doctor with important information, they are a mainstay of modern medicine. So if you’re scheduled for an exam, don’t fret. Here’s what to expect.

### WHY ARE THERE DIFFERENT KINDS OF IMAGING TESTS?

“Different exams are good for different types of things,” says Joe Hise, MD, a radiologist on the medical staff and chief of the department of radiology at Baylor University Medical Center at Dallas. “MRIs are good for looking at the central nervous system—the brain, the spine—but they’re not as good for the gastrointestinal tract. CT scans are better for critically ill patients because they can allow for movement and IVs. CTs are also good for looking at abdominal organs.” And X-rays, the most common imaging

### Let Us Take a Look

To learn more about Baylor’s radiology services or to find an imaging center near you, visit [BaylorHealth.com/Imaging](http://BaylorHealth.com/Imaging) or call **1.800.4BAYLOR**.



# The Secret Is Support

Getting through breast cancer is all about *what you do to deal*

When Diane Alford, 62, retiree, received her breast cancer diagnosis, she turned to her church family for support. “My church family took me to my chemo treatments and came by to help with cooking and cleaning,” she says.

Alford also drew on an existing relationship with a nurse in her life. “My ex-mother-in-law is a nurse, and she took it upon herself to be at my side every step of the way. She basically held my hand all the way through it.”

Maria Baker, 41, a child care provider and mother of two young boys, shared the news with her husband first. “He’s my best friend and we’re very close,” Baker says. “He was my primary support person every step of the way.”

Baker also drew support through social networking. “I used Facebook a lot to connect with other cancer patients and to update my extended family in Italy,” she says.



If you’re facing breast cancer, it’s important to find a support structure that works for you. It may include family and friends, as it did for Alford and Baker. Or you may find your own route. Whatever it is, choose *something*.



## Watch Diane's Story

To hear more about Diane’s journey through breast cancer, visit [BaylorHealth.com/Exclusive](https://www.baylorhealth.com/exclusive) today.

Diane Alford drew support from her church family during her illness.



## Are You a Caregiver?

Learn tips on how to care for a friend or loved one who has cancer by listening to our podcast at [BaylorHealth.com/CancerPodcast](http://BaylorHealth.com/CancerPodcast) today.

“Women who feel supported during treatment fare better than those who ‘suffer in silence’ during their cancer journey,” says Heidi Jordan, MD, an oncologist on the medical staff at Baylor Regional Medical Center at Grapevine. “They perceive their side effects to be less severe and manage better emotionally in the long run.”

While Alford and Baker drew strength and support through different channels, their outcomes were similarly positive. Both made it through their ordeal with flying colors and are cancer-free today.

“Experiencing a breast cancer diagnosis—and the months of difficult treatment that follow—is one of the most challenging things a woman can go through,” says John Pippen, MD, a medical oncologist on the medical staff at Baylor University Medical Center at Dallas. “You want to rally your friends and family around you and take advantage of the great resources available.”

Here are some common ways breast cancer patients can get that critical support:

### FAMILY AND FRIENDS

For most people, immediate family and close friends offer the kind of hands-on care and intimate emotional support that is so critical during cancer treatment.

In fact, many people find that their relationships are strengthened and deepened through their breast cancer journey.

Baker says she couldn’t have made it through without the unwavering support of her family and friends. “I never felt alone throughout the entire process,” Baker says. “There was always someone by my side, either physically or emotionally, to share the burden.”

### SUPPORT GROUPS

Support groups offer an opportunity in a safe, open environment to connect and share with others who have similar diagnoses.

Alford says she leaned heavily on a support group for cancer patients during her treatment. “They offered emotional support and connected me to important resources that ultimately

helped pay for my treatment,” she says.

Today, Alford runs a cancer support group she started at her church. “I wanted to help others by giving them the same support I had,” she says.

### FORUMS AND SOCIAL NETWORKS

Online forums offer a unique opportunity to share thoughts, feelings and personal experiences anonymously. Many people find social networks like Facebook useful as well, not only for sharing updates with concerned friends and family members but also as a way to connect with others facing similar diagnoses.

Baker, for example, received private messages from old friends after she shared her diagnosis on Facebook. “A few of my friends from high school were battling breast cancer as well, so we kept in touch online and checked in on each other throughout our treatment programs.”

### A CANCER NAVIGATOR

“A breast cancer diagnosis requires many steps from start to finish, and patients have a lot of questions and decisions to make,” Dr. Jordan says. “The breast nurse navigator can answer those questions, guide you through each step and help you understand your choices. They make everything seem manageable in an otherwise overwhelming and very frightening process.”

Baker learned the value of this support during her journey. “The breast nurse navigator at Baylor Grapevine was an angel,” she says. “After my diagnosis, I thought, ‘Now what?’ She guided me through every step—from helping me find the right doctor to scheduling my appointments to just talking me through the emotions I was having.”

### A PROFESSIONAL COUNSELOR OR THERAPIST

“For breast cancer patients who want additional support beyond what friends, family and support groups can offer, professional counseling can help them find new ways to cope with the emotional aspects of a breast cancer diagnosis,” Dr. Pippen says. “Your therapist can help you deal with those feelings in a safe, open environment.”

## Which -ectomy Is Right for You?

For women facing a breast cancer diagnosis, the decision of whether to undergo lumpectomy or mastectomy is a daunting one. Here, Anil Bhogaraju, MD, an oncologist on the medical staff at Baylor Medical Center at Carrollton, explains the difference and which might be right for you.

**Lumpectomy** is the removal of the tumor and a small amount of surrounding tissue. “For most women,

lumpectomy is the best option,” Dr. Bhogaraju says. “It’s an outpatient surgery and has fewer complications, less pain and a lower risk of infection than mastectomy. Plus, it is as effective as mastectomy when combined with radiation therapy.”

**Mastectomy** is the complete removal of breast tissue. “There are a few cases where mastectomy is a better choice,” Dr. Bhogaraju

says. “For example, if the tumor is very large and the breast is small, a lumpectomy would leave the patient with a very misshapen breast while mastectomy would allow for a complete reconstruction. Another case would be when cancer appears in multiple areas or when a patient is unable to tolerate radiation.”

Talk to your oncologist to determine which option is right for you.

# Getting Weight Loss Right

Tips to help when the scale just won't budge

This week you walked five miles, skipped your daily soda and even shunned those chocolate cupcakes in the break room at work. Yet when you stepped on the scale, there was no reward for your efforts and restraint. What gives?

While you're trying to be "good," you could actually be bungling

your weight loss efforts without even knowing it. With help from Colleen Kennedy, MD, a bariatric surgeon on the medical staff at Baylor Regional Medical Center at Plano, we'll show you some common ways that many of us get weight loss wrong—and how to get the scale moving in the right direction.





#### WHAT YOU MAY BE GETTING WRONG

## Portion sizes

With foods like muffins, which were once smaller than a baseball and are now larger than a softball, it's easy to see why we misjudge how much we should really be eating.

"A single serving of protein is just 4 ounces, which is about the size of a deck of cards, yet most people end up eating much more than that," Dr. Kennedy says.

**HOW TO GET IT RIGHT:** Use common objects (like cards) or even your hand to gauge proper portion sizes. But until you get the hang of it, measure your meals with an inexpensive kitchen scale. According to Dr. Kennedy, the average meal should contain about 4 ounces of protein, 4 ounces of vegetables and about a quarter cup of complex carbohydrates such as beans or brown rice.

#### WHAT YOU MAY BE GETTING WRONG

## Not counting the small stuff

The vanilla syrup in your nonfat latte. The garlic mayo on your chicken sandwich. Sure, they weren't the main attraction of your meal, but extras like these quickly add up. And if you're not counting them, you're not fully aware of what you're eating.

**HOW TO GET IT RIGHT:** Dr. Kennedy recommends keeping track of your carbohydrate, fat, protein and calorie intake in a food diary so you know how much you're really eating and can make adjustments as needed.



#### WHAT YOU MAY BE GETTING WRONG

## Being impatient

While dropping a pound or two per week is the safe way to lose weight, "we get frustrated with that," Dr. Kennedy says. "We want 10 pounds off in a week. But if you're losing that much, you're losing water weight and you're not going to keep it off."

**HOW TO GET IT RIGHT:** When it comes to weight loss, patience really is a virtue.

"Slow and steady always works the best and keeps the weight off longer," Dr. Kennedy says.

## Supplementing Your Efforts

Even when you're doing your best to eat right, you still may not be getting the essential vitamins and minerals you need. Colleen Kennedy, MD, a bariatric surgeon on the medical staff at Baylor Regional Medical Center at Plano, recommends:

**A daily multivitamin.** "Unfortunately, our processed foods don't have enough vitamins," she says. "And because even our vegetables and fruits are processed more to keep them safe to eat, they

don't have the nutrients they used to have either."

**A calcium supplement with added vitamin D.** "We've been watching vitamin levels and routinely when we check, people are deficient in vitamin D, which is needed for healthy bones," Dr. Kennedy says.

**An isolated vitamin D supplement.** Many people may also need a separate vitamin D supplement for a couple of

reasons. "We've discovered we need a higher level of vitamin D than we thought in the past," she says. "And with the combination of diet and staying out of the sun to prevent skin cancer, we're not getting enough vitamin D anymore."

To ensure you're getting the right amounts of vitamins and minerals to meet your specific needs, Dr. Kennedy recommends working with your doctor to have your levels checked.

## Having Trouble Losing Weight?

Talk to your doctor about what might be behind your inability to lose weight. To find a doctor on the medical staff at Baylor, visit [FindDrRight.com](http://FindDrRight.com) or call **1.800.4BAYLOR**.

#### WHAT YOU MAY BE GETTING WRONG

## Label-reading

Processed foods can sabotage your diet with sneaky labeling. Beyond claims about reduced fat or sugar, they may use terms like "natural," "wholesome" or even "organic" to reel us in. But organic chips still have calories—often just as many as regular potato chips.

**HOW TO GET IT RIGHT:** "If something says fat-free, it usually has a lot of sugar, and if it's sugar-free, it likely contains more fat," Dr. Kennedy says. "You have to look at the labels carefully."

Avoiding processed foods altogether may be your best option. "Eating fresh fruits and vegetables and cooking your meat products from scratch is much better for you and will actually end up filling you up more," she says.



#### WHAT YOU MAY BE GETTING WRONG

## Skimping on protein

Exercising is obviously great for burning calories, but it's not all your body is burning, Dr. Kennedy says. "If you're not getting enough protein and you're exercising, your body will absolutely attack your muscle stores to get it, because it needs protein to live."

**HOW TO GET IT RIGHT:** The average woman needs about 60 grams of protein per day, and men need 80 to 100 grams. And if you're working out heavily, you'll need even more, Dr. Kennedy says. She suggests a boost of post-workout protein, such as a slice of low-fat cheese wrapped with lunch meat, to help rebuild muscle.

# Decades of Research and Results

Nearly 20 years of study is revealing important information about colorectal cancer

AN ONGOING RESEARCH STUDY at Baylor has already made important discoveries about hereditary colorectal cancer. And as the project heads into its 18th year, researchers are focused on better identifying people at the highest risk.

Led by C. Richard Boland, MD, chief of gastroenterology for the GI Cancer Research Laboratory at Baylor Research Institute and a physician on the medical staff at Baylor University Medical Center at Dallas, the project recently had its funding renewed by the National Institutes of Health, which has helped fund the entire project.

“It’s unusual to have a grant renewed as many times as ours has been,” Dr. Boland says. “You really have to demonstrate that there’s value in continuing the research.”

The study began by looking at hereditary nonpolyposis colorectal cancer, an inherited form of the disease that affects only about 3 percent of people with colorectal

cancer. After the genetic basis of the disease was discovered, it was renamed “Lynch syndrome.”

Early on, researchers made a pivotal discovery. They developed an experimental model that permitted the nature of Lynch syndrome to be studied in detail, and they found that the mutations responsible for the disease were also involved in regulating cell proliferation. Eventually they realized that Lynch syndrome tumors probably wouldn’t respond as expected to chemotherapy, which was later confirmed in clinical studies.

The research has since expanded to include other types of familial

colorectal cancer that aren’t caused by the DNA defect. Researchers also want to determine whether there’s a genetic cause of colorectal cancers that form in young people.

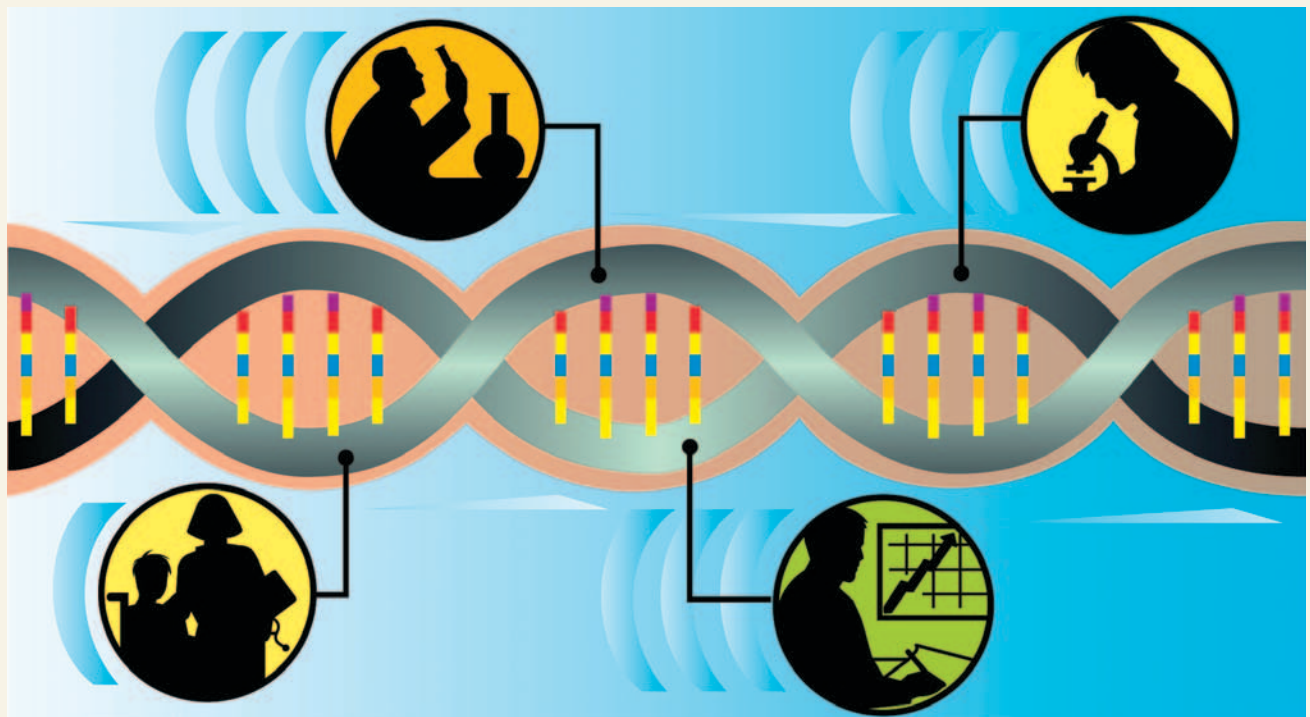
As researchers continue studying colorectal cancer, they’re also looking for tumor markers that can better identify the exact nature of the tumor.

Ultimately, Dr. Boland says, the goal is to develop ways of predicting whether people are at high risk for developing cancer, whether the cancer is likely to recur and if the tumors might respond to chemotherapy or other treatments.

“The goal of the research is to stratify people into those at highest risk—who should get colonoscopies, and maybe more frequently—and those who are never going to get colorectal cancer,” he says. “If the results of the research could relieve a portion of the population from the need for a colonoscopy, I think many people would see that as a heroic discovery.”

## How to Get Involved

Participants for this study are selected through physician referrals, so talk to your doctor if you think you might be a candidate. To learn about other research trials at Baylor seeking participants, visit [BaylorHealth.com/AdvancingMedicine](http://BaylorHealth.com/AdvancingMedicine).





## PROSTATE CANCER: ARE YOU AT RISK?

New guidelines from the U.S. Preventive Services Task Force no longer call for men to have routine blood tests for prostate cancer. But urologists and cancer experts across the nation want men to know that that doesn't mean they shouldn't get screened at all.

Instead, it means that you need to work closely with your doctor to determine a screening schedule that's right for you. For most men, that means talking to your doctor about prostate cancer screenings at age 50, as recommended by the American Cancer Society. But men at high risk should consult their doctors earlier, at age 45. And those at highest risk should begin the discussion at 40. Talk to your doctor about what's right for you.



## Moving in the Right Direction

In an age of increasing rates of obesity, it's rare to hear good news on the diabetes front. But a recent report from the Centers for Disease Control and Prevention revealed that death rates from heart disease and stroke among people with diabetes have dropped a whopping 40 percent since 1997.

Researchers said that several factors contributed to the decline but that a decrease in smoking among people with diabetes and higher rates of physical activity were key. The fact that people

are taking better control of their blood pressure, blood glucose and cholesterol levels also played a role.

**40%**

Amount that death rates from heart disease and stroke among people with diabetes have dropped since 1997.



## 5 Baylor Hospitals Ranked by *U.S. News*

For the 20th consecutive year, *U.S. News & World Report* has listed Baylor University Medical Center at Dallas in its "America's Best Hospitals" issue.

Baylor Dallas is ranked among the nation's top 50 hospitals in gynecology, gastroenterology, nephrology, urology, orthopedics and pulmonology. Baylor Dallas also rated high performing in six additional specialties: cancer; cardiology and heart surgery; diabetes and endocrinology; ear, nose and throat; geriatrics; and neurology and neurosurgery.

Also receiving regional rankings for the Dallas-Fort Worth area are Baylor Regional Medical Center at Plano, Baylor All Saints Medical Center at Fort Worth, Baylor Medical Center at Garland and Baylor Medical Center at Irving.

"The number of Baylor hospitals on the list shows the strength and breadth of the Baylor Health Care System," says Joel Allison, president and CEO, Baylor Health Care System. "It is proof of our commitment to provide advanced, quality care to all the communities and patients we serve."



## COMMUNITY CALENDAR

### September & October 2012

**Prepared Childbirth and Basics of Baby Care** This class meets on Tuesday for five weeks from Sept. 6 through Oct. 4, 7 to 9:30 p.m. The class helps prepare the expectant mother and her support person for the birth of the baby. The class fee is \$85/couple. To register, call **1.800.4BAYLOR** or register at **BaylorHealth.com/Garland**.

**Infant/Child CPR** When: Sept. 8 and Oct. 20, 10 a.m. to 12:30 p.m. The class fee is \$25. To register, call **1.800.4BAYLOR** or register at **BaylorHealth.com/Garland**.

**Breastfeeding Class** When: Sept. 25, 7 to 9:30 p.m., at Baylor Medical Center at Garland, Diabetes & Parent Education Center, 900 N. Shiloh Rd., in Garland. The prenatal breastfeeding class is designed for women who know they want to breast-feed and want current information and skills to prepare. The class fee is \$30 per couple. To register, call **1.800.4BAYLOR** or register online at **BaylorHealth.com/Garland**.

**Sibling Class** When: Oct. 20, 9 to 10 a.m., at Baylor Medical Center at Garland, Women's Center, 2300 Marie Curie, in Garland. Help prepare your child for the new baby. Children ages 3 through 10 are invited to attend. Parents should attend with their child. The class fee is \$15 for the first

child and \$10 for each additional child. To register, call **1.800.4BAYLOR** or register at **BaylorHealth.com/Garland**.

**SUPPORT GROUPS**  
**Alzheimer's Support Group** Every third Saturday of the month, from 10 to 11 a.m., at the Baylor Senior Center, conference room, 800 N. Shiloh Rd., Garland. For more information, call **972.487.5444**.

**Breast Cancer Survivor Group** First Tuesday of the month, 7 to 8 p.m. First United Methodist Church, 801 W. Ave. B, Garland. Call **972.272.3471**.

**I Can Cope** A free educational program for adults facing cancer. Meets the third Tuesday of the month, from 5:30 to 7:30 p.m. at Baylor Garland, Plaza I conference room, second floor, 700 Walter Reed Blvd. Call Sue Johnson at **972.487.5192**.

**SATURDAY MAMMOGRAPHY APPOINTMENTS**  
Can't find time during your busy week for a lifesaving screening? Baylor Breast Center at Baylor Garland is offering Saturday mammography appointments, including Mammography Spa Days every Saturday throughout the month of October. Appointments are available beginning at 7:30 a.m. Call **972.487.5293** to schedule your mammogram today. It could save your life!



## Recognized in 2 Specialties— Orthopedics and Urology

After a complete examination of 5,000 hospitals nationwide, *U.S. News & World Report* recognized Baylor Medical Center at Garland in two specialty areas—orthopedics and urology.



Visit [BaylorHealth.com/Garland](http://BaylorHealth.com/Garland) or call **1.800.4BAYLOR** for more information, to register for an upcoming event or for a physician referral.

2300 Marie Curie Drive, Garland, TX 75042

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