Handled With Care

The breast cancer journey is a delicate one. UConn Health’s breast team guides each patient through every step with an unmatched level of attention. p.10
Leadership in Diversity

This spring, U.S. News & World Report named UConn School of Medicine among the 10 medical schools nationwide with the most African American students, a validation of the School’s efforts to grow the diversity of its student body.

The School’s African American student population for 2018–2019 was 11.8%, well above the national average for medical schools. The national average, which was 6% in 1980, is now 7.2%.

“The lack of African Americans and other underrepresented minorities choosing to enter the fields of medicine and research is a critical and longstanding national issue,” says Dr. Bruce T. Liang, dean of UConn’s School of Medicine. “We look forward to further helping curb this national issue and building a stronger, more diverse pipeline of future health care professionals.”

Research has shown that racial and ethnic diversity in medical education improves the learning and cross-cultural competencies of all doctors. And minority medical students are more likely to work in underserved communities and, therefore, positively influence access to care.

UConn School of Medicine has worked for decades to increase diversity, with much success. With this year’s incoming class, the medical school’s underrepresented-population enrollment is expected to reach a height of nearly 23%. For more than a decade, UConn’s medical school has maintained its overall percentage of African American students and has doubled the number of black males enrolled.

Having among the highest number of African American students “is very gratifying,” says Dr. Marja M. Hurley, founding director and associate dean for the Health Career Opportunity Programs at UConn Health, sponsored by the Aetna Health Professions Partnership Initiative. For nearly two decades, these programs have aimed to attract more young people from across Connecticut, of all ethnic and socioeconomic backgrounds, to medicine and science.

Of the near 900 youth from the state’s elementary schools, high schools, and colleges who have participated in the programs since 1996, more than 500 have gone on to enter medical, dental, or other health profession schools. Among the School of Medicine Class of 2019, 66% of the African American graduating students participated in one or more of the programs.

“We are very proud of the successes in growing the diversity of our student body, and also building a greater pipeline for a more diverse future health care workforce,” says Hurley. Liang added: “This is very good recognition for the UConn School of Medicine and the excellent work of our medical school’s Student Affairs team and Dr. Marja Hurley.”

Unparalleled 8

Dr. David Choi is the only neurosurgeon in Connecticut who is fellowship-trained in spinal oncology surgery. His arrival enables patients dealing with the pain and adverse impacts of spinal tumors to stay close to home for their treatment.

Handled With Care 10

The breast cancer journey is a delicate one. The team at Beekley Imaging Center and the Carole and Ray Neag Comprehensive Cancer Center work to guide each patient through every step of their individual path with an unmatched level of attention and comfort.

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Connecticut Magazine’s 2019 Best Doctors issue includes 48 UConn Health physicians, while six UConn Health dentists made the magazine’s Top Dentists list. To see who was named, visit s.uconn.edu/bestdocs19 and s.uconn.edu/dentists19.

Nancy Dupont, MPH, BSN, RN, received the 2019 Association for Professionals in Infection Control and Epidemiology (APIC) Chapter Leader Award for her achievements in developing the APIC New England Chapter member community and in advancing infection prevention.

Dr. Cato T. Laurencin was the first UConn Health faculty member to be elected to American Academy of Arts and Sciences.

ConnectiCare Passage Plan Patients Now Accepted at UConn Health

Physicians at UConn Health recently began accepting ConnectiCare passage plan patients. “Passage” plans are referral plans offered by ConnectiCare to commercial and Medicare Advantage members. Members of passage plans are required to get primary care provider (PCP) referrals to see any specialist in the ConnectiCare network. For assistance on referrals and general information, contact practicerelations@uchc.edu.

When do doctors need to submit a referral?
When a patient needs specialist care, a referral must be submitted before the patient goes to see that specialist. One referral is required for office visits for each different specialty. However, a referral isn’t needed for each visit to the same specialist.

For example:
1. If the patient needs to see a dermatologist and a cardiologist, a separate referral must be entered for each specialist.
2. If the patient’s dermatologist refers the patient to a surgeon, the patient will need another PCP referral for the surgeon.
3. If the patient needs to see a dermatologist six times, only one referral is needed. Referrals should be submitted with start and end dates that allow the patient enough time to see the dermatologist six times.

Breast Milk Donations
UConn Health’s milk depot collected more than 12,000 ounces of donated breast milk in its first year, providing approximately 97,000 meals for premature babies. The depot, opened in August 2018, is the first at a Connecticut hospital and the only one in the greater Hartford area to join Mothers’ Milk Bank Northeast. The nonprofit community milk bank, accredited by the Human Milk Banking Association of North America, distributes donated, pasteurized human milk to babies in fragile health throughout the Northeast.

Visit healthjournal.uconn.edu/archive to read the original story from Fall 2018.

Better Urologic Cancer Detection

By not going through the rectum, we anticipate the risk of sepsis going to zero.”
— Dr. Peter Albertsen, urology chief

UConn Health urologists are at the forefront of new and improved approaches to detecting prostate and bladder cancer, the first and fourth most common forms of cancer among men.

When a patient needs a prostate biopsy, the urology team is among the first in New England to practice a new method called transperineal prostate biopsy, which offers distinct advantages in safety and precision over previous protocols.

Historically, when a biopsy was needed, urologists would pierce the rectal wall with a needle to take a biopsy of the prostate. Known as a transrectal biopsy, the procedure carries a small but real risk of infection. Roughly three out of every 100 men who undergo a transrectal biopsy end up in the intensive care unit with sepsis, a potentially life-threatening condition related to the body’s response to infection.

“The other problem with the transrectal approach is the difficulty accessing some portions of the prostate,” says Dr. Peter Albertsen, chief of UConn Health’s Division of Urology. “The angle of the biopsy needle traversing the probe makes it hard to hit the apex of the prostate.

With the transperineal approach, we are finding it much easier to access regions of the prostate which historically have been difficult to reach with a transrectal probe.”

With transperineal biopsy, the needle that retrieves the tissue sample goes not through the rectum but the soft tissue just outside and past it, guided by the latest ultrasound technology for a clear, real-time view.

“Fortunately there are no nasty blood vessels, there are no nasty nerves, and it’s a straight shot to get” to the prostate, Albertsen says.

“And by not going through the rectum, we anticipate the risk of sepsis going to zero.”

For bladder cancer detection, the urologists are the first in central Connecticut to use a new blue light cystoscopy technology to illuminate tumors in the bladder and identify smaller cancers earlier than ever before.

Certain tumors are hard to detect using traditional white light cystoscopy, but turn pink under the enhanced imaging provided by the blue light.

Recurrence rates for bladder cancers are somewhere in the 50–70% range. Using blue light cystoscopy, depending on the tumor type, can reduce the risk of recurrence by about 40%, which means fewer trips to the operating room,” says Dr. Benjamin Ristau, UConn Health’s surgical director of urologic oncology.

Fall 2019
**UConn and Foundation for Prader-Willi Research Create Stem Cell Biobank**

A new collaboration between UConn Health and the Foundation for Prader-Willi Research will create a centralized, high-quality biobank of stem cells to help researchers better understand Prader-Willi syndrome, a rare genetic disease that may hold insights into obesity, developmental delays, autism spectrum disorders, and many other conditions.

The foundation (FPWR) and the UConn-Wesleyan University Stem Cell Core will jointly support the biobank of induced-pluripotent stem cells for Prader-Willi syndrome. These special stem cells are made from adult cells, and they have the potential to grow into any bodily tissue, including skin, stomach, brain, blood, and more. The biobank will be able to supply induced-pluripotent stem cells for Prader-Willi syndrome to researchers throughout the world.

Prader-Willi syndrome occurs in approximately 1 in 15,000 to 30,000 births. It’s caused when certain genes that are normally found on chromosome 15 are missing or not working. In most individuals with Prader-Willi syndrome, certain genes on chromosome 15 that should be specifically expressed from the father’s chromosome are missing. Geneticists don’t understand why, but the mother’s version of these genes is always turned off. It’s these genes, and how their absence affects the rest of the genome’s and cells’ functions, that researchers will be able to investigate thanks to the biobank.

Researchers will be able to use the induced-pluripotent stem cells to look for potential therapies for Prader-Willi syndrome. They may also be able to use the cells to explore the genetic and biomolecular basis of some of the syndrome’s symptoms, such as sleep disorders, developmental delays, and disordered eating.

UConn will host the centralized repository in the Stem Cell Core on the UConn Health medical school campus. Each Prader-Willi syndrome induced-pluripotent stem cell sample provided through the biobank will have undergone a select set of validation assays. The biobank will help facilitate research on cellular phenotypic abnormalities in Prader-Willi syndrome and ensure that precious research dollars are not spent re-creating stem cell resources that may already exist.

“The objective of FPWR’s translational research program is to reduce the amount of time and resources needed to move therapeutic studies forward,” says Nathalie Kayadjian, director of translational research at FPWR.

“Stem cells stored at the UConn Core will provide Prader-Willi syndrome researchers and pharmaceutical companies pursuing Prader-Willi syndrome therapeutics high-quality cellular resources to perform robust experiments in a timely manner.”

Currently the Prader-Willi syndrome biobank has two cell lines, one with a deletion of certain genes on the father’s copy of chromosome 15, the other with two copies of chromosome 15 from the mother and none from the father. Both cell lines were contributed by Stormy Chamberlain, Ph.D., and Marc Lalonde, Ph.D., UConn Health researchers who study Prader-Willi syndrome and its sibling genetic disorder Angelman’s syndrome. More cell lines will be banked at the facility in the coming years.

**THE KEY TO ALLERGIES**

An unexpected source drives severe allergies, researchers from UConn Health, The Jackson Laboratory for Genomic Medicine, and Yale University report in Science. An antibody known as high-affinity IgE is often behind the most severe food allergies, triggering anaphylactic shock. The researchers looked at mice with a genetic immune problem that causes severe food allergies including Cymbalta, was shown to most likely increase the risk of falls over time, according to the study published in the Journal of the American Geriatric Society. SNRIs, particularly duloxetine, should be avoided or used with caution in older adults, the researchers say.

**JUST BREATHE**

Yoga practice that emphasizes mental relaxation and breathing techniques can have as much of a beneficial impact on high blood pressure as aerobic exercise, according to research by Yin Wu, Ph.D., a postdoctoral fellow in UConn’s Department of Kinesiology. The study, published in Mayo Clinic Proceedings, highlights the potential for an alternative antihypertensive therapy, particularly for those unable or unwilling to perform aerobic exercise. “We are not telling people to use yoga to substitute for aerobic exercise,” says Wu. “Aerobic exercise is the gold standard for antihypertensive lifestyle therapy. But yoga provides an additional option that can be just as effective.”

**HALTING HYPERTENSION’S EFFECTS**

Elderly people with hypertension who took a high dosage of medicine to manage their high blood pressure showed significantly less accumulation of harmful brain lesions compared to those on a lower dose of the same medicine. UConn Health researchers reported at the American College of Cardiology’s 68th Annual Scientific Session. However, the reduction in brain lesions did not translate to a significant improvement in mobility and cognitive function. The INFINITY study is the first to demonstrate an effective way to slow the progression of cerebrovascular disease, a condition common in older adults that restricts the flow of blood to the brain. In addition to seeing beneficial effects in the brain, those who kept their blood pressure lower also were less likely to suffer major cardiovascular events, such as a heart attack or stroke.
UConn Health Leads Search for Syphilis Vaccine

While cases of syphilis in Europe first were recorded over 500 years ago, no vaccine candidates have ever advanced to human clinical trials. A new, international center led by the UConn School of Medicine and the Connecticut Children’s aims to change that.

UConn will receive up to $11 million over five years from the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health (NIH), to develop a vaccine for this centuries-old disease.

Syphilis poses serious health concerns internationally and in the United States. The World Health Organization (WHO) estimates that 10.7 million people between the ages of 15 and 49 had syphilis in 2012, and about 5.6 million people between the ages of 15 and 49 had syphilis in 2012, and about 5.6 million people between the ages of 15 and 49 had syphilis in 2012, and about 5.6 million people between the ages of 15 and 49 had syphilis in 2012, and about 5.6 million people between the ages of 15 and 49 had syphilis in 2012. While cases of syphilis in Europe first were recorded over 500 years ago, no vaccine candidates have ever advanced to human clinical trials. A new, international center led by the UConn School of Medicine and the Connecticut Children’s aims to change that.

Syphilis is primarily transmitted through direct contact with an infectious lesion during unprotected sex, and can also be passed from expecting mothers to their unborn children. Syphilis is the second leading cause of stillbirth and miscarriage worldwide. If left untreated, it can cause strokes, dementia, and other neurological diseases in any infected person.

Past attempts to control the syphilis epidemic by treating infected individuals and their partners have proved unsuccessful, largely due to difficulties diagnosing the disease, limited access to care for certain high-risk individuals, and limited resources.

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An estimated 400,000 U.S. patients undergoing chemotherapy and radiation therapy each year develop painful mouth sores known as oral mucositis. Researchers across UConn are attacking this common side effect from several angles, with one team working to understand the root causes of the ulcers and another developing a better way to treat them.

“An effective syphilis vaccine would represent a triumph for biomedical research over an ailment that has defied conventional public health strategies for prevention and control,” says Dr. Justin Radolf, professor of medicine and co-principal investigator with Dr. M. Anthony Moody of Duke University. “If successful, the scientific and public health impact of our approach will extend well beyond syphilis and establish a model to tackle other pathogens.”

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Dr. Andrew Arnold received the FRIMO Parathyroid Medal at MEN 2019: The 16th International Workshop on Multiple Endocrine Neoplasia for his research on parathyroid glands.

Dr. Marja Hurley was appointed to The American Society for Bone and Mineral Research Council.

The Research Society of Alcoholism has awarded Dr. Victor Hesselbrock its 2019 SAAS Seixas Award for Service.

UConn Health faculty researchers Dr. Emily Germaine-Lee, Dr. Se-Jin Lee, Dr. Annabelle Rodriguez-Oquendo, and Biajiang Yan, Ph.D., are among 24 newly elected members of the Connecticut Academy of Science and Engineering.

UConn Health and physician-in-chief at UConn Health in Farmington.

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Dr. Rajesh Lalla, of the UConn School of Dental Medicine, is developing an improved oral mucositis treatment and Diagnostic Sciences, found that patients who developed the most severe lesions showed suppression of beneficial mouth bacteria and overgrowth of harmful ones.

Further studies are needed to understand which specific microbiome components are detrimental and in what manner they affect the oral mucosa’s ability to withstand a chemotherapeutic challenge.

Meanwhile, Dr. Rajesh Lalla, professor of dental medicine, is collaborating with UConn Board of Trustees Distinguished Professor of Pharmaceutical Sciences Diane J. Burgess, graduate student Tingting Li, and drug design firm Cellix Bio to develop a new, long-acting topical anesthetic that he hopes will someday replace current methods of treating oral mucositis.

The current first-line therapy at most U.S. hospitals is a mouth rinse containing the local anesthetic lidocaine, providing about 30 minutes of relief. The rinse numbs the entire mouth instead of focusing specifically on the sores, which poses safety concerns since it can inhibit the swallowing reflex. Patients are also often prescribed systemic opioids to treat the pain.

The team has developed an innovative formulation and novel patented compound that allows a long-acting topical anesthetic to be applied directly to sores. The researchers expect the more potent anesthetic to prove safer, and to be applied directly to sores. The researchers expect the more potent anesthetic to prove safer, and to be applied directly to sores. The researchers expect the more potent anesthetic to prove safer, and to be applied directly to sores. The researchers expect the more potent anesthetic to prove safer, and to be applied directly to sores.

One UConn School of Dental Medicine research team published in Springer Nature’s Microbiome the most comprehensive study to date about the pathophysiology of oral mucositis in humans due to the effects of chemotherapy.

The team, led by Dr. Patricia Diaz, associate professor in the Department of Oral Health

Dental Researchers Attack Painful Chemo Side Effect
When a man in his sixties recently went to UConn John Dempsey Hospital after four days of severe back pain, an MRI revealed a rapidly growing spinal cord tumor that was placing extreme pressure on his spine.

He was sent straight to the emergency department where Dr. David Choi, the only neurosurgeon in Connecticut with fellowship training in spinal oncology, met him. But not for the first time.

"Because we're local, I had been seeing this gentleman for months before this tumor problem arose, so I already knew who he was, I already knew what treatments he was going through, I knew his general attitude about the quality of life that he would want for himself," Choi recalls.

"Now thankfully he did not have any neurologic deficits, but there was just so much compression on the spinal cord that I didn’t want to wait for anything bad to happen."

Right away — in the middle of the night — Choi operated to decompress the tumor and stabilize the spine with rods and screws.

"The decision to do surgery was a no-brainer for both of us," says Choi. Before Choi, the product of an elite complex spine surgery fellowship at Brown University, arrived at UConn Health, patients like this one had to travel to Boston or New York City for the same level of fellowship-trained expertise.

Having a comprehensive spine surgery specialist like Choi provides "real-time coverage — you’re getting things done right as they happen, and that gives the best chance for improved outcomes," he says.

"In some cases, tumors cannot be entirely removed, requiring further treatments after surgery, such as chemotherapy and/or radiation therapy, coordinated by oncologists and radiation oncologists," Choi says. "In cases of metastatic tumors, other surgical tumor specialists may continue their involvement in treating the primary tumor."

Spinal tumors can metastasize to the spine or originate in or around the spinal cord or in the vertebrae. A tumor in the bone can cause fractures and a partial collapse of the spinal cord. In extreme cases, fractured pieces of bone may affect the spinal cord and cause neurologic deficits such as limb weakness or incontinence. Similar neurologic defects can result from a tumor in or around the spinal cord, which can compress the spinal cord or the nerve roots that exit it.

"The possible permanence of these deficits makes surgery necessary," Choi says. "If you’re not able to walk around, or if you have bowel or bladder issues, that’s a pretty big impact on quality of life for the rest of your life."

"UConn Health is poised to become a leading destination center for a wide variety of neurosurgical conditions, and spinal oncology is a field that will serve our community and state well."

Choi’s addition is a cornerstone of the vision of Dr. Ketan Bulsara, chief of the Division of Neurosurgery, to expand UConn Health’s neurosurgical care offerings and make UConn a world-class destination center.

"Dr. Choi’s expertise adds to the excellent work that was already being done at UConn Health in collaboration between neurosurgery and orthopedic surgery through our comprehensive spine center," Bulsara says. "His level of training allows him to offer a unique perspective and potential treatment options for spine/spinal cord tumors."

It also adds to a multidisciplinary team of spine surgeons at UConn Health.

"The recruitment of his talent and clinical expertise buttresses the vision of our comprehensive spine program," says Dr. Hillary Onyiuke, neurosurgical director of UConn Health’s Comprehensive Spine Center.

The elite skill of the growing neurosurgery program is expanding in other ways as well.

Dr. Kevin Becker recently came from Yale to build a neuro-oncology program in collaboration with the Department of Neurology and the Carole and Ray Neag Comprehensive Cancer Center. Bulsara says the arrival of Becker "continues to build on our collaboration with the Preston Robert Tisch Brain Tumor Center at Duke, bringing an additional dimension to our treatment paradigm."
Some people need no urging to get medical screenings. These are the people who see their dentist twice a year like clockwork, who make that annual preventive care appointment, and who don’t put off a colonoscopy.

But most people are not like that. Even a mammogram can be a tough sell. Getting your breasts squeezed between two cold plates and X-rayed while wearing an ill-fitting gown is nobody’s idea of a good time. And when a patient has already found a suspicious lump, there’s an extra layer of stress.

The radiologists and staff at UConn Health’s Beekley Imaging Center, part of the Women’s Center, do their best to dispel that stress. Good service and a relaxing atmosphere go a long way toward evoking a spa-like ambience. There’s comfortable seating, private changing rooms, warmed gowns that fit, appointments that start on time — and cookies.

The patients appreciate it. “I’m always in and out,” one woman says to another as they ride the elevator up to the imaging center. “I stay for the cookies and juice,” says the other. They both laugh. The first woman proclaims, “It’s really nice up there!” Indeed it is. And if a woman

Handled With Care

The breast cancer journey is a delicate one. The breast team at UConn Health strives to guide each patient through every step of their individual path with an unmatched level of attention and comfort.

UConn medical oncologist Dr. Susan Tannenbaum initiated the multidisciplinary focus of the breast program, connecting patient care to research and bringing accreditation through the American College of Surgeons, before handing the reins to surgeon Dr. Christina Stevenson.
and juice, and hears her results within 15 minutes. If she\'s in a hurry, she can leave immediately and get a phone call within two days letting her know if she needs any follow-up tests.

Most of the time, those results are A-OK. The radiologist gives the all-clear and says, \"See you in two years.\"

Intimate, Holistic Care

Only about 10% of women have something in the mammogram that might indicate a problem. When that happens, the radiologist recommends a follow-up ultrasound or a special mammogram to detect the calcium deposits that can signal early breast cancer.

\"I\'m a frequent flyer\" at the Beekley Imaging Center, says a patient named Patricia. Because she\'s at high risk for breast cancer, she\'s had tests often over the last 10 years. At some places she\'s had mammograms, \"you go in a basement, you don\'t talk to anyone, you get a letter a week later,\" she says. But UConn Health is completely different.

When she first started going, they modeled her risk. Patricia\'s was off the charts, so they had her meet with a medical oncologist at the Carole and Ray Neag Comprehensive Cancer Center who specializes in breast cancer to discuss preventive options. After examining Patricia\'s history in detail, the oncologist, Dr. Susan Tannenbaum, advised her that actually, she didn\'t need to proceed with preventive medical oncology. On other visits, the radiologist has invited her into his office to view the mammograms displayed on big screens so he can show her exactly what he sees and explain why he is or isn\'t concerned.

\"They give you a lot of information in a caring way,\" Patricia says. \"I have too much going on to have my primary care doctor and OB/GYN booking appointments randomly — I need a team treating me holistically. This feels like intimate care from really great doctors.\"

That focus on intimate, holistic care is evident even when a woman has a benign breast condition. Women with breast pain, breast infections, fibroadenomas, and other...

Sometimes we have a patient whose first instinct is \"Cut it off!\" I explain you can\'t just cut; you need tests to understand what we need to do to treat this. Not all cancers are the same.

If Hegde and the radiologists agree the woman has a cancerous mass, they spring into action. They contact the breast cancer nurse navigator and, often, the team\'s social worker and bring them in to discuss the results of the biopsy with the patient. The nurse navigator will call the patient and answer any preliminary questions she has. The navigator also tries to identify any hurdles or barriers the woman might have to overcome to get treatment.

\"You need to understand where people are coming from: people may have the exact same diagnosis but very different resources,\" says Wendy Thibodeau, RN, one of the nurse navigators.
weekly meetings between the medical oncologist, the surgeons, the radiologists, pathologists, the nurses, and the social worker. Radiation oncologists, plastic surgeons, genetic counselors, and others involved in the patients’ care also join. They discuss their cases that week. Typically, the radiologists will start off, to show the extent of the cancer in the breast and whether they believe it has spread. The pathologist will share and confirm with the team what she’s found.

The medical oncologist will discuss the best approach, the type of treatment this cancer responds to best, whether the patient will need chemotherapy. The surgeons consider the type of excisions they can offer the patient. The discussion about treatment is often collaborative, with the surgeons, radiologists, medical oncologist, and geneticists all weighing in. They also discuss cases post-surgery; did they find what they thought they would? Should treatment change in any way?

**The Road to the ‘All-Clear’ – and Beyond**

And then there was a patient we’ll call Deborah. She was a 40-year-old single mother. She needed to come in for surgery, and soon. But she had no one to take care of her children for the 24 hours or so she would need for surgery and recovery. Everyone was worried about her.

Dr. Christina Stevenson, the surgical oncologist and head of the breast program at UConn Health, was the first person to bring up Deborah’s childcare predicament. She’d seen her the day before.

Stevenson is very calm describing all this; talking to her about breast surgery is almost soothing. Above her desk is an excerpt of a Christian prayer often attributed to Mother Teresa: “Dear Lord, Give skill to my hand, clear vision to my mind, kindness and meekness to my heart. Give me singleness of purpose and strength to lift up a part of the burden of my suffering fellow man.”

Stevenson brought up Deborah’s case at the tumor board. The social worker and nurse and community visits of the medical oncologist. Then, if all is well, the patient comes back for yearly mammograms for life. She comes in for her scans and her cookies and juice and, hopefully, gets the all-clear. And if not, then Stevenson and the rest of the team at UConn Health’s breast program will help her take care of it.

“Because breast cancer is fairly easy to treat, typically. Especially when we catch it early,” Stevenson says.

“And when we do regular mammograms, we catch it early.”

**We try to reduce the ambiguity: either you’re OK, or you’re not.**

Stevenson often offers patients emotional support.

“Cut it off! Cut it out of me!” Thibodeau says. “I have to call her and explain you can’t just cut, you need to do lots of tests to understand what we need to do to treat this.” Sometimes a woman will need chemotherapy before surgery to shrink the tumor. The nurse navigator can fit the woman for a cold cap to preserve her hair and meet her on the first day of chemotherapy for support. Or she might need other tests or treatments, and the nurse navigator can explain those and help her through them. Not all breast cancers are the same.

And not all women are the same, nor do they have the same needs. Both these points were highlighted during a tumor board meeting this summer. The tumor boards are

Dr. Christina Stevenson, surgical oncologist and breast program head, in the operating room.

Nurse navigators and nurses like Mindy Davis, RN, often offer patients emotional support.

who works with breast cancer patients. Thibodeau speaks plainly, and intuitively grasps what you’re really asking with a question. Her role as a navigator is to coordinate care for the patient, offer her emotional support, evaluate any barriers to treatment, and help her get to the next step. She gives every patient her cell phone number and tells them they can call her anytime. Often, they call her to ask her to remind them what the doctor said, what they need to do. But other times, she must talk them down.

“Sometimes we have a patient whose first instinct is
Healthy Aging

According to the U.S. Census Bureau, the number of Americans over 65 is expected to almost double by 2060. An aging population means caring for more Americans living with cancer, obesity, and Alzheimer’s disease, among other challenges. UConn Health Journal asked gerontologist Dr. George Kuchel about the key phases of geriatric care.

Why should a patient see a geriatrician?
At our multidisciplinary geriatric clinic, we see older adults who wish to maintain their health, function, and independence, as well as those facing a crisis. Geriatricians are specialists on the complex issues arising from having multiple coexisting chronic diseases, multiple medications, and multiple providers. We work with each patient and their family and referring physician to come up with an optimal plan that meets their unique needs and goals.

What is the Center on Aging doing to address the unique challenges related to hospitalization in this population?
At most hospitals, nearly half the inpatients are 65 years old and older. To raise the overall level of care for these patients, we bring together all of the providers they need — physicians, nurses, physical therapists, social workers.

With older adults, the greatest challenges associated with hospitalization include delirium, falls, and declines in mobility. We’re actively involved in several National Institutes of Health–funded research efforts in several National Institutes of Health–funded research efforts.

What makes older patients more likely to be readmitted during post-op/recovery?
Bed rest leads to loss of muscle strength, which happens quickly in older adults. Many people continue to need monitoring or help with medications after hospitalization, which may require a stay in an intermediate facility for rehabilitation. When transitioning from one institution to another, there’s potential for some real gaps in care, such as medication errors.

Transitional care programs like the ones at our partner rehabilitation facilities—where one of our physicians provides care during post-acute rehabilitation—help to overcome these challenges. The physician’s work is integrated with the work of the discharge planners and the care team here; they’re familiar with the protocols; and they have access to our electronic medical record system. There’s seamless communication and a continuity of care. We’ve seen noticeable reductions in our hospital readmission rates among patients under the care of our physicians in skilled nursing facilities. The best example of this is at Avon Health Center, where we’ve seen a 27% reduction in the 30-day readmission rate in the three-plus years we’ve had a physician assigned there.

The STEP-HI study is enrolling participants. Women ages 65 and older with a recent hip fracture can contact study coordinator Heather McAlbee-Savick to learn how to participate in this study: 860-679-6115 or mcalbeesavick@uchc.edu.

At an academic medical center, you get a global view of different technologies and different specialties (you might) incorporate ... into your own practice.

— Dr. Kwame Amankwah, Department of Vascular and Endovascular Surgery

New Vascular Surgery Chief Stays a Step Ahead

Dr. Kwame Amankwah may be new to UConn Health, but he has already made a big impact on the Department of Vascular and Endovascular Surgery.

In his first few months, he performed an aortic dissection repair with a newly approved device that not only covers the tear that caused the dissection but also helps to heal the rest of the aorta and prevent further tears from developing.

It was the first procedure with this device at UConn and the second in the state. Amankwah had performed this same procedure in New York, the first of its kind in that state and only the second in the country.

Throughout his career, Amankwah has been among the first to use new technologies for inferior vena cava filters, devices for aortic work, therapies for the removal of clots within the arterial and venous systems, and a device for patients with pulmonary embolisms. The pulmonary embolism device was eventually approved for use in the U.S., and Amankwah was on the data safety review board for the study. He brings all of his experience and expertise to UConn Health. “The goal of all of this is to make UConn a destination center for vascular and endovascular care in the region,” he says.

Amankwah feels the best place to cultivate innovative technology and care is at an academic medical center.

“...you get the benefits of interacting with different people, including basic science researchers and clinicians in other departments who are involved in cutting-edge research of their own,” he says. “At an academic medical center, you get a global view of different technologies and different specialties, and you might be able to incorporate some of those things into your own practice.”

Another benefit of working at an academic medical facility, he says, is shaping the future of medicine by working with medical students and residents. Amankwah’s background is steeped in education, and he even writes questions for many national medical exams for medical students and residents.

Looking to the future, Amankwah hopes to offer more new therapies to his patients, specifically new endovascular devices used for thoracoabdominal aneurysms with an upcoming clinical trial that he plans to participate in. “There’s always new technology on the horizon in vascular surgery,” he says. “It’s an exciting time to be practicing medicine.”
Dedicated Line for Referring Physicians 860.679.5555

- Make patient appointments
- Arrange patient admissions
- Engage in physician-to-physician consultation
- Obtain general information and assistance

Contact practicerelations@uchc.edu for general information or for assistance regarding the resources, education, and referral information UConn Health requires.

When an injury disrupts your life and affects your mobility, trust the experts at UConn Health to get you back on your feet. As the area’s only academic medical center, we offer advanced treatment based on decades of experience to get you better faster and back to doing what you love.

Learn more about UConn Health Orthopedics & Sports Medicine. h.uconn.edu/osm