The Power of Our Women

Leading departments, making breakthroughs, and leveling the playing field. p.8

Plus: Women on Women's Health
Female UConn Health physicians talk about caring for women. p.12

Cutting-Edge Neuroimaging Technique Raises Stroke Treatment Standard 3
Exercise Can Improve Alzheimer's Symptoms 7
Helping Patients with Internet Gaming Addiction 16
New Clinic Provides Health Evaluations to Asylum Seekers

UConn School of Medicine students have launched the UConn Immigration Rights Initiative (UIRI) to aid individuals seeking asylum, providing medical and mental health evaluations to improve asylum seekers’ chances of being granted safe haven in the U.S.

The asylum advocacy effort is led by UConn medical school’s student chapter of the internationally renowned organization Physicians for Human Rights (PHR), which recently joined forces with the school’s Physicians for Social Responsibility (PSR) student chapter. Currently, the PHR-PSR student chapter is co-led by second-year medical students Anastasia Barros and Martina Sinopoli. Together, the group of more than 30 medical and dental students is committed to addressing patient health through policy, advocacy, and community outreach.

The UConn Health Asylum Clinic, located in UConn Health’s Outpatient Pavilion, builds on the success of UConn Law School’s student Asylum and Human Rights Clinic, founded in 2002. That clinic’s work has provided legal help to more than 120 asylum seekers in 2002. That clinic’s work has provided legal help to more than 120 asylum seekers in Connecticut to UConn Health. Dr. Susan Levine is the medical director of the student-run URI and heads UConn Immigrant Health, an entity that includes an immigrant health clinic in general medicine, as well as a student and a resident curriculum in refugee health.

“Exposing trainees to immigrant and refugee health needs is incredibly rewarding,” says Levine. “It offers students a window into the global health arena and an opportunity to gain unique skills in eliciting complex determinants of health, skills that are transferrable to the care of virtually any patient.”

UConn fourth-year medical student Kaillt Marikoja talks with Donna McKay, executive director of Physicians for Human Rights (PHR), and Glenn Mitoma, director of UConn’s Thomas J. Dodd Research Center. PHR was honored on Nov. 2, 2017, with UConn’s 2017 Thomas J. Dodd Prize in International Justice and Human Rights for its lifelong global efforts to prevent human rights violations.

Women on Women’s Health 12

Until a few decades ago, it wasn’t easy for a woman seeking a female obstetrician or general practitioner to find one. But times have changed. Today, UConn Health is proud to have an army of women caring for women in every specialty. We spoke to just a few of them. This is what they said.

Find us online: healthjournal.uconn.edu

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Spring 2018 1
Longevity Indicators

A new large-scale international study published in the journal Aging has expanded the number of genetic markers known to be associated with exceptional longevity from 8 to 25. Researchers at UConn, the University of Exeter, University of Wisconsin, and University of Iowa studied 389,166 volunteers who took part in U.K. Biobank, identifying genes that could one day be targeted to help prolong human life.

Fall 2016, Lab Notes, “Parents Living Longer Is Good News for Offspring, Study Says”

Health Disparities Institute

Wizdom Powell, Ph, D., associate professor of psychiatry, is the new director of the Health Disparities Institute at UConn Health. Powell’s focus in the eradication of health inequities is improving men’s mental health awareness, resources, and services. As chair of the American Psychological Association’s Working Group on Health Disparities in Boys and Men, Powell testified Jan. 30 to the Congressional Briefing on Men’s Mental Health Disparities in Boys and Men, Powell testified Jan. 30 to the Congressional Briefing on Men’s Mental Health in Washington, D.C., and proposed policy solutions to create a more supportive social climate for men suffering from depression.

Summer 2016, “Fighting for Equity”

Visit healthjournal.uconn.edu/archive to read the original stories.

Weight Stigma Coping Tactics Affect Health

A new study by the Rudd Center for Food Policy and Obesity at the University of Connecticut shows that how people cope with being mistreated because of weight can affect their health.

The study, published online in Health Psychology, found that coping with the experience of being teased or bullied because of weight, including better physical and psychological well-being and less frequent depressive symptoms. Responding to weight stigma with negative emotions and maladaptive eating (such as starving, bingeing, or purging) was linked with more depressive symptoms, lower self-esteem, and worse physical and emotional health. Considerable evidence had previously linked the experience of weight stigma to poor health. Yet few studies had explored how individuals cope with mistreatment because of their weight, or the role that their coping responses may play in health outcomes. Doctors should offer support and positive coping strategies, the study authors say.

FOLLOW-UP

Research doesn’t stop when we report it. Here are updates on past UConn Health Journal stories:

Cutting-Edge Neuroimaging Technique Raises Stroke Treatment Standard

UConn John Dempsey Hospital is among only a few hospitals in the state to offer a new neuroimaging technique to patients who’ve suffered the most common type of stroke, potentially quadrupling the narrow window for intervention to 24 hours from the onset of symptoms.

The cutting-edge technique, which involves new software called RAPID, facilitates computed tomography (CT) perfusion imaging in emergency settings by making radiologic interpretation of perfusion data simpler, a particularly crucial feature when treating emergency stroke patients.

This helps physicians determine which patients are good candidates for a highly specialized neurosurgical and interventional radiological procedure called mechanical thrombectomy. The lifesaving procedure is only available at a few hospitals in the state, UConn Health Chief of Neurosurgery Dr. Ketan Bulsara performed UConn John Dempsey Hospital’s first-ever mechanical thrombectomy in November.

“We can tell if there is brain that can be saved, even beyond the previously accepted window of time for thrombectomy.”

— Dr. Leo Wolansky, chair, UConn Health Department of Radiology

“It enables us to easily check how large an area of the brain is deprived of blood flow,” says Dr. Leo Wolansky, chair of the UConn Health Department of Radiology. “We can distinguish between the part of the brain that’s already dead [cerebral infarction] and the part of the brain that is in danger of dying [ischemic] but can be saved.”

In October, UConn Health rolled out the perfusion imaging program a week after processing its first functional MRI case for surgical guidance. The innovations are part of a system-wide initiative by UConn Health leadership to provide cutting-edge technology and recruit top physicians familiar with its use, such as Wolansky, in order to provide the finest care for neurological conditions.

Historically, when a patient has cerebral infarction, the most common type of stroke, the race is on to administer a clot-dissolving medication known as a tissue plasminogen activator (TPA). Mechanical thrombectomy traditionally has also been an option for stroke patients who were treated safely for up to 24 hours of their stroke if the CT perfusion scan is favorable. “We can tell if there is brain that can be saved, even beyond the previously accepted window of time for thrombectomy,” Wolansky says. “This creates the possibility of treating many ‘wake-up’ strokes, people who went to sleep well, but woke up eight hours later with a stroke.”

The results of a major study known as the DAWN trial, released in May 2017, showed good outcomes for stroke patients who were treated with thrombectomy up to 24 hours after the event.

Dr. Leo Wolansky, chair of the UConn Health Department of Radiology, shows the topic of images CT perfusion scanning yields to help determine the best course of action in stroke treatment.
For the third consecutive year, UConn John Dempsey Hospital was awarded the highest A-rating in patient safety by national nonprofit health care ratings organization The Leapfrog Group.

Kathy Novak, LCSW, was named 2018 Social Worker of the Year by the National Association of Social Workers Connecticut Chapter.

Protecting Cancer Patients’ Heart Health

There are currently more than 15 million cancer survivors in the U.S., and that number is expected to grow to 20 million within 10 years. But as more patients survive cancer, the risk of developing cardiovascular health issues from lifesaving chemotherapy and radiation treatments also is increasing.

In an effort to detect cardiac health risks or conditions early, UConn Health has begun tracking cancer patients with an advanced heart imaging test before, during, and after chemotherapy and radiation therapy.

New echocardiography strain imaging allows cardiologists to hunt for early warning signs of heart muscle function changes or damage within the heart tissue. The in-depth strain analysis is powered by traditional ultrasound technology, which uses high-frequency soundwaves to create a sonogram of the pumping heart.

Dr. Agnes Kim, director of the Cardio-Oncology Program at the Pat and Jim Calhoun Cardiology Center at UConn Health, says it’s very important to monitor cancer patients for any signs of cardiac toxicity.

“Echo strain imaging has been compared to a canary in a coal mine,” she says. “We are so grateful that our cancer patients have access to this latest technology so that we can monitor and intervene early if any warning signs are present.”

Studies have shown that confirming any changes in heart muscle function can help doctors predict whether a patient is at risk for cardiotoxicity and its side effect of future heart failure. A decline in heart strain of 15 percent or more suggests cardiotoxicity, and doctors may prescribe cardio-protective drugs, such as beta-blockers or ACE inhibitors, or modify the patient’s chemotherapy dosage.

Possible cardiotoxicity side effects from chemotherapy medications include a lowering of overall heart muscle function, which can lead to heart failure, formation of blood clots, or an increase in blood pressure. The side effects of radiation therapy also can lead to damaged heart muscle, heart valves, and arteries, or impact the lining of the heart.

Kim launched the Cardio-Oncology Program in 2016 to ensure UConn Health had an integrated program of oncologists and cardiologists, allowing for coordinated care to address the potential risks to heart health that can arise from cancer treatment.

The program also is studying the presence of serum biomarkers in the blood for predicting whether a cancer patient is at high risk for cardiotoxicity, as well as tracking cancer patients’ long-term heart health to analyze the impact of additional clinical care protections.

DNA BECOMES HARDER TO ACCESS AS WE AGE

A comparison between the immune cells of seniors ages 65 and over and those of adults between the ages of 22 and 40 has revealed that DNA changes with age, impacting how the immune system renews itself. In the sample from the aging population, chromosomes appeared more tightly coiled, making it difficult for cells to access the DNA that might be critical in defending our bodies against diseases, including flu and some cancers. In contrast, the regions of chromosome coding for genes associated with cell death and inflammation appeared to be more open in the elderly than in the young. The study, conducted by a team from UConn Health and the Jackson Laboratory for Genomic Medicine, appeared in the Journal of Experimental Medicine.

Dr. Agnes Kim, director of the Cardio-Oncology Program at UConn Health, uses new echocardiography strain imaging to detect signs of potential heart problems in cancer patients, before clinical symptoms are evident.
Dr. Mina Mina, UConn Health professor and chair of pediatric dentistry, was named a 2017 American Association for the Advancement of Sciences Fellow for distinguished contributions to the fields of craniofacial development and organ formation and regeneration, and for 25 years of service to the NIH and other organizations.

Dr. Linda Barry, who recently was appointed to the new role of Director of Multicultural and Community Affairs for UConn School of Medicine, is the Northeast Regional Representative to the Association of American Medical Colleges’ Group on Diversity and Inclusion Steering Committee.

Lab Discovery Could Lead to Prader-Willi Treatment

Stem cell researchers at UConn Health have reversed Prader-Willi syndrome in brain cells growing in the lab, findings they recently published in Human Molecular Genetics.

The discovery provides clues that could lead to a treatment for Prader-Willi, a genetic disorder that occurs in about one out of every 15,000 births, and is the most common genetic cause of life-threatening childhood obesity. Unlike many genetic syndromes that are caused by a mutation in a gene, people with Prader-Willi often have the right gene available — it’s simply that it’s been silenced.

The gene is silenced because it is on the part of their chromosome they inherited from their mother, and for mysterious reasons our cells use the father’s copy of this gene. But if the father’s copy is missing, the cells can’t express that gene at all.

UConn Health’s Maeva Langouet, a post-doctoral fellow; Marc Lalande, professor emeritus of genetics and genome sciences; and their colleagues wondered if it was possible to reverse the silencing of the mother’s copy.

The researchers noticed that a certain protein, called ZNF274, was involved in the process. It silences many other genes as well, but in those cases it usually acts with another protein. On the Prader-Willi region of our DNA, the protein seems to act with another protein. On the Prader-Willi region.

“The gene is silenced because it is on the part of their chromosome they inherited from their mother, and for mysterious reasons our cells use the father’s copy of this gene,” says Langouet.

And many other questions still need to be answered. Does this work directly in human brain cells? Will it only work in embryos, or can it help the brain develop normally even after birth?

Currently, there is no cure for Prader-Willi syndrome, and most research has been targeted towards treating specific symptoms. For many individuals affected by the disorder, the elimination of some of the most difficult aspects of the syndrome, such as the insatiable appetite and obesity, would represent a significant improvement in quality of life and the ability to live independently.

But in the future, this new line of research may offer a therapeutic approach for kids with Prader-Willi, Langouet says.

The research was funded by the Foundation for Prader-Willi Research, the Cascade Fellowship, and the CT Regenerative Medicine Fund.

Exercise Can Improve Alzheimer’s Symptoms

A new UConn analysis of years of previous research suggests there is ample evidence that exercise may delay the decline in cognitive function associated with Alzheimer’s disease.

Aerobic exercise has possibly the most favorable effect, according to the study in the Journal of the American Geriatrics Society.

Led by Gregory Panza, a UConn kinesiology graduate student, this is the first analysis of a group of studies on a particular type of dementia — Alzheimer’s. The authors examined data from 19 studies with 23 interventions that encompassed 1,125 participants who were at risk of Alzheimer’s. The studies were all conducted prior to August 2017 and published in peer-reviewed journals.

The studies led to the overall conclusion that moderate-intensity exercise training about three days a week for 45 minutes resulted in modestly better cognitive function for participants.

The findings reinforce the World Health Organization (WHO) guidelines, which recommend exercise as a cost-effective lifestyle therapeutic option to improve brain health in older adults.

New 3-D Fabrication Technique Could Deliver Multiple Doses of Vaccine in One Shot

A new 3-D fabrication technique invented by a UConn engineering professor could provide a safe and convenient way to deliver multiple doses of a drug over an extended period of time with a single injection.

Other 3-D printing techniques have been limited for such applications because they rely on printable inks that are potentially toxic to the human body.

But UConn assistant professor of mechanical engineering Thanh Nguyen circumvented those obstacles by adopting an additive manufacturing technique commonly used for the manufacture of computer chips.

“The technique, which Nguyen calls SEAL (StampEd Assembly of polymer Layers), can create hundreds of thousands of drug-carrying micro-particles made of a biocompatible, FDA-approved polymer currently used for surgical sutures, implants, and prosthetic devices.

During the process, the polymer, PLGA, is shaped into a drug-carrying micro-shell designed to degrade and release its contents over an extended period, ranging from a few days to a few months. This allows for a drug’s release into the body in bursts, similar to what happens when a patient receives multiple injections over time.

“This application could enable the creation of a new set of single-injection vaccines or drugs, which will help avoid the repetitive, painful, expensive, and inconvenient injections often required to administer drugs like growth hormones and pain medicine,” says Nguyen, who invented the technique as a postdoctoral researcher in Professor Robert Langer’s lab at MIT.

Nguyen joined UConn’s mechanical, biomedical, and regenerative engineering research teams last fall.

Details of the novel technique appear online in the journal Science.
THE POWER OF OUR WOMEN

By Lauren Woods
Cover by Peter Morenus

At UConn Health, dedication to the achievements of women in medicine and science dates back to our founding in 1968. Efforts to achieve gender parity in our student body and among faculty and staff and their positions as leaders have grown over the decades.

Dr. Molly Brewer, Dr. Marja Hurley, Dr. Cheryl Oncken, and Dr. Laurinda Jaffe are among the women leading UConn Health’s departments.
In 2007, the number of women enrolled in American medical schools surpassed the number of men for the first time, according to the Association of American Medical Colleges. And, UConn’s schools of Medicine and Dental Medicine were part of that demographic shift. There are now more female than male students enrolled – 207 female medical students comprise 50.7 percent of the student body, while 94 female students make up 52.5 percent of the dental school’s student body.

Although the first class admitted to the UConn School of Medicine in 1968 was all men, the faculty has included women from the start. Over the years, the number and roles of women at UConn Health have grown significantly since four accomplished women stood among the founding faculty. “Since UConn Health’s inception, highly accomplished and dedicated women have always driven UConn Health’s success in research, education, and the patient care mission,” says UConn Health CEO Dr. Andy Agwunobi. “These amazing professionals, and those who join us every day, are key to our past and future success.”

Today, 73 percent, or 4,098, of the total employees who fuel UConn Health’s clinical care, research, and education initiatives are female. Across the enterprise, 895 women hold faculty or community faculty appointments and 217 women are full-time UConn Health faculty. There are nearly 800 female nurses. Among the women leading the charge are department chairs on the front lines of advancing medicine and cutting-edge research: Dr. Molly Brewer in Obstetrics and Gynecology, Dr. Cheryl Oncken in Medicine, Dr. Melinda Sanders in Pathology and Laboratory Medicine, Dr. Laurinda Jaffe in Cell Biology, and Dr. Sandra Weller in Molecular Biology. Many others serve as associate deans.

Dr. Marja Hurley, the School of Medicine’s associate dean for health career opportunity programs, was the first woman of color to attend UConn’s medical school in 1972 and one of eight female students in the class. In addition to a stellar career as an NIH-funded physician-scientist conducting research on the molecular basis of osteoporosis and osteoarthritis, Hurley has dedicated the past four decades at UConn Health to advocating for women and other underrepresented groups in medicine and science. Through health career opportunity programs including the Doctors Academy, High School Mini Medical/Dental School Program, and the Summer Research Fellowship Program, Hurley also works to expand the interest of high school and college-aged women and men in science and medicine.

“It’s been a pleasure to spend my education, training, and career here at UConn and to help diversify the schools of Medicine and Dental Medicine with more underrepresented groups, including women,” says Hurley.

Currently, groups that are traditionally underrepresented in medicine and science comprise 22 percent of UConn Health’s student body.

“We have made tremendous progress,” she says. “As an American Association of Medical Colleges liaison, Hurley in 2011 launched a Group on Women and Medicine with more underrepresented groups, including women,” says Hurley. Currently, groups that are traditionally underrepresented in medicine and science comprise 22 percent of UConn Health’s student body.

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“I’ve been able to achieve everything that I’ve wanted to at UConn Health, from becoming a leader to teaching and my efforts to enhance our student curriculum.”

— Dr. Melinda Sanders, chair, Department of Pathology and Laboratory Medicine

Dr. Ellen Nestler, internist and associate dean at UConn School of Medicine, was assigned to mentor Evelyn Neuber, Ph.D., an embryologist and clinical research coordinator at the UConn-affiliated Center for Advanced Reproductive Services.

“I was able to give her tips and tools on how to empower herself to lead and work more effectively with her new team members and management responsibilities in the laboratory,” Nestler says. “Women need mentors, and this new, unique program adds to a woman’s armamentarium.”

Say Neuber, “The mentoring program was really helpful. It was educational and also fun to meet with a fellow woman at work who has gone through similar work situations and to discuss the female experience relating to working in science and personal work-life balance.”

Melinda Sanders, chair of the Department of Pathology and Laboratory Medicine, joined UConn Health 26 years ago and was promoted to chair in 2010.

“I have been able to achieve everything that I’ve wanted to at UConn Health, from becoming a leader to teaching and my efforts to enhance our student curriculum,” she says.

Educating the new, more representative class is critical as they will be the next generation of providers.

“Here at UConn Health, we really do want to foster women and develop the careers of future generations of women in health and science,” she says.

Training Aims to Draw Young Women Into Orthopedics Careers

Last fall, 40 female Connecticut high school students and more than a dozen female medical students put hands-on skills training in orthopedic surgery at UConn Health.

The program, which more than 260 high school students applied to, aimed to boost young women’s interest in medicine and science fields including orthopedic surgery. Currently, only 6.1 percent of fully accredited practicing orthopedic surgeons are female.

The training, held in October 2017, ranged from suturing to simulated surgery training with pins and saws and was facilitated by UConn Health orthopedic surgeon Dr. Katherine J. Coyner. She organized the event as part of the Perry Initiative, a national nonprofit that originated in San Francisco in 2009 with the mission of inspiring young women to become leaders in orthopedic surgery and engineering.

As a member of the Initiative’s board of directors, Coyner believes early exposure to these exciting, hands-on careers is key to boosting diversity and introducing fresh eyes and new perspectives into life-changing fields such as orthopedic surgery. The Perry Initiative is named in honor of Dr. Jacquelin Perry, one of the first 10 women orthopedic surgeons in the country.

“It was really exciting to see the girls so interested and engaged,” Coyner says. “We had a lot of volunteers who spanned different disciplines, so those students got all the perspectives. And with the exposure from this mentoring program, they might see orthopedic surgery as a potential career path.”

Attendee Katelyn Miller from Lyman Hall High School in Wallingford says, “I appreciated the offer [from the orthopedic surgeons] to let me shadow them to see if this is what I really want to do. This made me excited to go to school for a really long time.”

Participating first-year medical student Julia Plourde chose UConn School of Medicine for its orthopedics program.

“The Perry Initiative program really demonstrated the positive environment that orthopedics has, especially the mentorship available to foster the growth of women in orthopedics,” Plourde says. “The exposure that the program provided to me certainly sealed the deal for me to continue on my path to orthopedics.”
Dr. Danielle Luciano’s patients are usually younger women with pelvic pain or unmanageable periods related to uterine fibroids or endometriosis. Luciano tries medical treatments with the women first. If that doesn’t work, she offers minimally invasive surgery that solves the pain while sparing her patients’ fertility.

“As an OB/GYN, I take care of my patients throughout their lifespan. I might remove their endometriosis when they are young,” and help them in menopause too. As a fellow woman, she can relate to her patients and perhaps give them more convincing advice than a male doctor might.

“I’ve had some babies, and I’ve had to have some things fixed afterwards, so I know where they’re coming from,” Luciano says. “I can say, ‘Look, I know you’re going to go home and try to do 1,000 things. But I need you to take it easy for just one week.’”

Fibroids and endometriosis affect a lot of women, around 10 percent. Oftentimes these conditions run in families, and a mom may normalize it when her daughter suffers, explaining the same thing happened to her. But if a woman has miserable periods with such heavy bleeding, terrible pain, or gastrointestinal symptoms that she can’t work or go to school, there could be something wrong that Luciano can help with.

Professions sometimes run in families, too. Luciano’s father, Dr. Anthony Luciano, is also an OB/GYN at UConn Health, specializing in reproductive endocrinology and minimally invasive surgery.

“Initially I didn’t want to do anything he did — but the more I learned, the more I wanted to have that skill and expertise,” Luciano says. She and he now work together; he is a member of the Center of Excellence for Minimally Invasive Gynecologic Surgery at UConn Health. She is the director.

If lactation is a superpower, nursing is an art.

If lactation is like a superpower — a woman makes milk, and it’s perfectly nourishing, antibacterial, immunity-boosting, and always exactly the right temperature — then nursing is more of an art, a skill women learn by observation or instruction.

But fairly often in the U.S., women have trouble with it, and end up pumping or formula feeding even if they’d rather nurse.

“Whenever we talk about breastfeeding it becomes a very hot and emotional conversation,” UConn breast-feeding specialist Ruth Lucas, Ph.D., RN, says. She wants to cool that conversation off with data.

Lucas spent 20 years working as a nurse and lactation specialist, “supporting mom in whatever way she can feed her baby and feel good about herself.” But the more she saw, the more she wondered why for so many women breastfeeding just didn’t work. So she turned to research, and her first project has zeroed in on pain during nursing. Why does it happen? Does the pain change the breastfeeding? Does this affect mom’s pain? Does the pain change the breastmilk? Does that affect the babies?

“We all want to grow and nurture our children,” Lucas says. She wants to nurture the women, too.
**PELVIC HEALTH**

**Cultural taboos prevent patients from admitting that they have issues.**

Lauren Brennan and Cathy Trahiotis want you to talk to your patients about peeing. And sex. Also bowel movements. Like, how often does your patient poop?

“If they say ‘once a week’, you know there’s a problem,” Brennan says. “They’re a family nurse practitioner who works in the urology practice at UConn Health. Trahiotis is a physical therapist who specializes in women’s pelvic health. And they’re on a mission to educate people— and alleviate people’s fears— about incontinence and other pelvic problems.

Recent studies have found that almost half of adult women experience either stress incontinence— involuntarily urinating when coughing or exercising— or urge incontinence, when they feel the urge to urinate but can’t get to a toilet in time.

Brennan says: “If they say ‘once a week’, you know there’s a problem.”

Unfortunately diastasis recti can usually be cured with physical therapy. Other issues involving the pelvic muscles can be similarly healed through specific exercise, stretching, and diet.

In her urology practice, Brennan often sees patients with dyspareunia, or painful sex. It can often be treated. But it’s almost never the reason the patient made the appointment, Brennan notes. She always has to ask: “No matter how you do it, Trahiotis and Brennan say, the bottom line is “know about it, talk about it, don’t be afraid! And fix it without surgery!”

**DERMATOLOGY**

**Sometimes she’ll point out something I can’t see. That’s when I reassure her.**

The trick to drawing out a patient’s concerns about her skin is to hand her a mirror, says UConn Health dermatologist Dr. Mona Shahriari.

“Sometimes she’ll point out something I can’t see. That’s when I reassure her. I’m a trained dermatologist, and if I can’t see it, the world probably can’t, either.”

Shahriari has seen a lot. The year before she entered medical school, she volunteered to work with individuals exposed to radiation and chemicals during the Iran-Iraq War. They had a tendency to grow bizarre forms of skin cancer. Many of them would try to hide the growth and ignore it. And now, even though she’s practicing medicine on the other side of the planet with an entirely different population, some of her female patients have a similar problem.

“They’re so busy caring for their families they forget to care for themselves. Women often show up with undiagnosed skin diseases” they’ve been ignoring, says Shahriari. When they finally do make it to her office, she gives them the time they need. Most of the time her women patients come to her with concerns about skin cancer, but there’s usually another underlying worry: aging.

“Society makes women very self-conscious about their appearance,” says Shahriari. And their skin is readily visible to the world. So she listens, and helps them. Ultimately, a patient may need bloodwork, a biopsy, laser treatment, or reassurance. But no matter what, “I make them feel like at least once, they’re being taking care of. Their concerns are the priority.”

**GYNECOLOGIC ONCOLOGY**

**Some women say “I just can’t do this anymore.” But we have lots of options to help.**

The patients keep her going. Many of the women are overweight. A lot of them have diabetes and high blood pressure. They don’t heal well, they’re greater surgical risks; they’re medically fragile. And yet, they keep going. And so does she.

“I love my patients,” says gynecologic oncologist Dr. Molly Brewer, chair of UConn Health’s Department of Obstetrics and Gynecology. “They endure so many incredibly hard treatments. They’re an inspiration.”

Typically, the women are referred to her by primary care physicians, gynecologists, or emergency room doctors when the women show up with a suspicious lump in their abdomen, cervix, or vulva. Such patients are usually urgent, and Brewer always gets them into her office within a week or less. If they don’t have cancer, she sends them back to their regular doctor. But if they do have cancer, she cares for them from the beginning to the end, performing surgery to remove the mass, treating it with anti-cancer drugs, and helping them through into remission. She also cares for breast cancer patients who suffer from unique gynecological issues. Certain drugs used to prevent a recurrence of the cancer can cause vaginal atrophy because they suppress estrogen, for example.

“Vaginal atrophy makes sex really painful. Some women say ‘I just can’t do this anymore’. But we have lots of options to help.” Brewer says. Her research centers on ovarian cancer and new technologies to diagnose it. She and her partner, newly arrived gynecologic oncologist Dr. Bradford Whitcomb, are currently enrolling patients for an ovarian cancer vaccine study. She chose gynecologic oncology because she loves it, and she loves it because of the patients. The challenge of taking care of women with their difficult cancers, and the inspiration of watching them make it through.

“When we get them into remission, they’re healthier, they feel better, they’re able to go back to their life. And that makes it all worth it.”

*Read more about Dr. Bradford Whitcomb on p. 17.*
Helping Patients with Internet Gaming Addiction

Q&A with Nancy Petry, Ph.D., internet addiction expert

1. How prominent is internet addiction in the U.S.? The explosion of our use of the internet, computers, and mobile technology is fairly new, so no one really knows the prevalence of internet or screen addiction as it hasn’t been studied nor standardized. But the NIH took a significant step to begin funding my research in this area, so there soon will be insights. In December 2017, the World Health Organization announced it would recognize “gaming disorder” as a mental health condition in its 11th International Classification of Diseases.

2. Who is at most risk of a gaming disorder? Anyone, regardless of age or gender, who plays video or online games excessively may be at risk of becoming addicted. However, the most vulnerable population may be the more than 90 percent of boys ages 8 to 17 who play. While the lives of the vast majority of child gamers are not adversely impacted, about 1.5 percent of children develop significant problems when they begin to play for very long hours and forego other activities to play games. Children who have a video game addiction play 3 to 8 hours a day, sometimes more.

3. Boys are at much greater risk than girls because they play electronic games more. Children who are more socially isolated, or have depression or attention deficit disorder (ADD) are also at greater risk. Parents should be aware of warning signs including new problems at school, trouble with or a decline in social interactions with family and friends, and a reduction in other hobbies they once enjoyed.

4. What do you recommend to patients to curb internet or gaming use? Electronics are a big part of daily life, and they are not going away. It is up to each of us to limit internet or game use and make sure we, and our children, are not losing out on other things in life due to excessive use. Just like everything else, moderation is key. If you notice you or a loved one has or may become addicted to the internet or gaming, set rules such as no gaming or electronics use after 9 p.m. and start to make time for other hobbies you enjoy.

5. Tell us about your novel video gaming disorder research study aiming to curb the problem. We at UConn Health have the first NIH-funded clinical trial to help parents with their child’s video game addiction. The study tests the benefits of a family therapy approach, with one or both parents and the child participating. The children are ages 10-19 and they must have developed significant problems related to gaming. Parents are coached on how to better understand what gaming addiction is, why their child derives pleasure from the activity, and the best ways to monitor and intervene to reduce their child’s gaming. There are no other such studies in the U.S. to our knowledge, and only a handful of studies in Europe and Southeast Asia have evaluated interventions.

6. New Gynecologic Oncologist Stresses Early Detection, Gentle Care

Dr. Bradford Whitcomb is UConn Health’s newest gynecologic oncologist. He specializes in the holistic care of women with endometrial, cervical, or ovarian cancer or precancerous conditions.

With the Department of Obstetrics & Gynecology chair Dr. Molly Brewer, Whitcomb provides full-service gynecologic oncology services including advanced imaging, biopsies, chemotheraphy, radiation, and minimally invasive or open surgery at the state-of-the-art Carole and Ray Neag Comprehensive Cancer Center at UConn Health’s Outpatient Pavilion and at UConn John Dempsey Hospital. Each patient also has access to a vast group of UConn Health’s multi-specialists, cutting-edge clinical research trials, and support services.

“IT is so important to me to treat each of my patients like my own family member with the most personalized, comprehensive patient care experience, and the kindest and gentlest approach,” Whitcomb says. “It is so personally satisfying to me to have the ability each day to help women and their families through their cancer diagnosis and care.”

Whitcomb is a retired U.S. Army Lt. Colonel who served in the Army Medical Department for more than 25 years. He also was deployed several times in Iraq and Afghanistan as an OB/GYN, surgical assistant, and combat research team member.

“The Army was a conduit for me to attend medical school and have the privilege to care for women my entire career,” says Whitcomb. “Women run our families. It’s critical for women to remain healthy and team with their doctors to ensure they are having their annual primary care and GYN screenings, which are the basis for preventing illness and catching a female cancer early.”

According to Whitcomb, most gynecological cancers have early warning signs that women need to stay ahead of with their doctors. These may include unusual bleeding, abdominal pain, bloating, and difficulty eating. Other concerns include increased risks of endometrial or uterine cancer as obesity rates among women rise, as well as making greater efforts to increase cancer screenings among underserved female populations.

But Whitcomb reports the biggest challenge in gynecologic oncology is still preventing and catching ovarian cancer, the most lethal cancer in women, early. He is currently working with Dr. Framsd Srivastava, director of the Neag Comprehensive Cancer Center, to recruit newly diagnosed ovarian cancer patients to the world’s clinical trial testing a unique genomics-driven immunotherapy vaccine aimed at preventing the disease’s recurrence.

“Bottom line, to beat female cancers we need open lines of communication with both referring primary care and OB/GYN physicians, and we need to feel comfortable reaching out directly for consultation,” Whitcomb says. “Don’t hesitate to make that call. The UConn Health family is here to help.”
The same physicians who keep all 22 UConn athletic teams on the field, on the court, and in the game can take care of fans, too. Our experts offer decades of experience caring for some of the world's top athletes and the kind of advanced treatment you should expect from the area's only academic medical center.

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