

TMC | PULSE

NEWS OF THE TEXAS MEDICAL CENTER — FEBRUARY 2020 —

7 / NO. 1

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Team Spirit!

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WILLIAM F. McKEON

President and Chief Executive Officer, Texas Medical Center

In late January, a number of infectious disease experts assembled in the boardroom of the Texas Medical Center to discuss the outbreak of a respiratory illness caused by a new strain of coronavirus (2019-nCoV) discovered in Wuhan, Hubei Province, China. There is currently no cure or vaccine for this new strain of virus.

As global transportation networks through air, land and sea have expanded, the amount of time it takes a deadly virus to spread around the world has reduced significantly.

Multiple sources have reported more than 4,000 cases of this new strain of coronavirus around the world, with nearly half of the cases in Hubei. However, Chinese health authorities were extremely slow to communicate the extent and severity of the situation in China. China has locked down more than 15 cities—a combined population of more than 50 million people. That is comparable to restricting the movements of all residents in the states of Texas and California.

Coronaviruses are common in many species of animals, including, cats, cattle, bats and camels. Sometimes, a coronavirus becomes “zoonotic,” meaning it is transmitted from animals to humans. In those rare cases when it spreads from person to person, human transmission usually occurs via

respiratory droplets released after coughing or sneezing. Both SARS (severe acute respiratory syndrome) and MERS (Middle East respiratory syndrome) are strains of the coronavirus that have led to the deaths of hundreds of people around the world.

As alarming as the current outbreak is, it is important to remember that influenza—the common flu—causes far more deaths annually than any of the coronaviruses. Moreover, taking preemptive steps to get a flu vaccine can significantly reduce the risk of a severe illness or death.

The Centers for Disease Control and Prevention (CDC) established 20 quarantine stations around the country—including a station at George Bush Intercontinental Airport—where health care workers will test arriving travelers for the new strain of coronavirus. These screening centers will also educate travelers. People who have traveled from an outbreak zone and begin to experience symptoms including fever, cough or difficulty breathing should contact a doctor immediately.

The Texas Medical Center and our member institutions are working closely with Mayor Sylvester Turner, the city, county, state and national teams to streamline communications and coordinate our efforts to support our residents.

A handwritten signature in black ink that reads "William F. McKeon". The signature is fluid and cursive, with the last name being more prominent.

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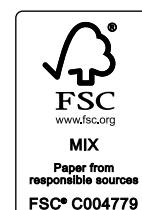
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ON THIS PAGE: Roger Creager performs at the Armadillo Palace in Houston, Texas on Dec. 28, 2019. Weeks earlier, his father's life was saved at Memorial Hermann Heart and Vascular Institute-Texas Medical Center. See page 12.

ON THE COVER: Mascots help boost the brand identities of TMC institutions, including Rice University's Sammy the Owl, center, who is surrounded by Children's Memorial Hermann's Topper, Texas Southern University's Tiger, Mogie of Ronald McDonald House Houston, Hunter of St. Dominic Village and the LifeGift dove in flight dangling from the ear of Texas Heart Institute's Cool-E Robot.

Forensics on Call

A new Texas response team, born in Houston, is ready to react to the state's mass fatalities

BY ALEXANDRA BECKER



Garrett Phillips, M.D., left, an assistant medical examiner for the Harris County Institute of Forensic Sciences (HCIFS), stands with Jason Wiersema, Ph.D., the director of forensic anthropology and emergency management at HCIFS.

Garrett Phillips, M.D., received an urgent phone call on the evening of Saturday, Aug. 3, 2019. Since mid-morning, national news outlets had been reporting on a mass shooting at an El Paso Wal-Mart—one of the deadliest in modern United States history. Ultimately, 22 people were killed in the attack.

Phillips, a physician and assistant medical examiner for the Harris County Institute of Forensic Sciences (HCIFS), had a brief conversation. When he ended the call, he packed a bag.

He was heading to El Paso.

Early the next morning, Phillips met two HCIFS colleagues and an autopsy assistant from Galveston County at Hobby Airport in Houston. The group flew to El Paso and connected with another autopsy assistant from Collin County, just north of Dallas. That day, those five individuals made up the first official Texas Mass Fatality Operations Response Team—a new, statewide, around-the-clock response group for death investigations and forensic support, known as TMORT for short.

“We hit the ground running,” Phillips said. “We got a quick orientation and started doing autopsies.”

The idea for TMORT was first hatched by Jason Wiersema, Ph.D., the director of forensic anthropology and emergency management at HCIFS. Wiersema had a storied career responding to mass fatality incidents; he worked at mass grave sites in Bosnia, in New York City after 9/11 and in New Orleans during the aftermath of Hurricane Katrina.

Designing a program from the ground up, however, was a new challenge for the forensic anthropologist.

“I didn’t really know what to do, so I started reaching out to the county resources and to the city and it quickly became evident that I couldn’t write a mass fatality preparedness plan for our office—that it has to be the county,” Wiersema said. “But then, as I started talking to people in the county, it became obvious that it would have to be the county *and* the city, since we serve both.”

The more Wiersema learned, the more the project’s scope expanded. Soon, the plan was slated to serve the entire state of Texas, in part because resources vary so widely from region to region.

“The death investigation system

in Texas is extremely variable in capability,” Wiersema said, adding that Harris County has the largest medical examiner’s office in the state, with nearly 300 employees.

“We have 60 staff just in investigations alone, so those are the people that go to the scenes and do really detailed death investigations. ... That’s 24 hours a day. We have 17 or 18 pathologists conducting autopsies, four anthropologists, we’ve got toxicology, drug chemistry, DNA trace evidence, histology—doing the job that, in a neighboring county, has to be done by only one person,” Wiersema explained. “And that one person may not have any training at all

“There’s this misconception that we’re just picking up bodies and transporting them, but it’s so much more than that, and I think that’s part of what is so valuable about TMORT. It’s going and doing real forensic science.”

— JASON WIERSEMA, PH.D.

Director of forensic anthropology and emergency management at Harris County Institute of Forensic Sciences

in forensics or medicine. They’re tasked with the same thing, of course on a much smaller scale, but that doesn’t matter at all if 10 people die acutely in their jurisdiction. Until TMORT, there was really no formal mechanism for them to get

any sort of assistance.”

The need for this kind of program has grown as mass casualty events have increased in number and complexity over time. ➡



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“Mass fatality 10 or 15 years ago was very different than it is now,” Wiersema said. “It used to be that what we were planning for was, really, catastrophes—large-scale natural disasters, like floods or earthquakes or hurricanes, where you’re generally dealing with intact remains and you’re also not complicating the thing by the fact that it’s a homicide or a crime scene. These incidents that we’re having now—you just add a whole additional dimension to the process.”

Ultimately, the TMORT plan landed under the Texas Emergency Medical Task Force (TX EMTF), a response system already in place and led by the Texas Department of State Health Services, regional advisory councils, local EMS organizations and hospital systems. The TX EMTF, developed in 2009, fulfills the need for emergency health care on short notice during man-made or natural disasters by coordinating local and regional emergency services.

While many EMTF teams use individuals from local EMS chapters, fire stations, and hospitals, TMORT draws assistance from medical examiners’ offices, academic institutions and private entities to help with scene investigations, morgue operations, victim identification and other death investigation and medicolegal operations.

The mass shooting in El Paso was the first time TMORT was officially deployed, although Wiersema traveled to San Marcos in the summer of 2018 to test TMORT as part of a multi-agency response to an apartment fire that killed five people.

TMORT works through the arrangement of pre-rostered, vetted and trained professionals who have signed an agreement with the state. When a mass casualty event occurs, TMORT will reach out to the leadership of an unaffected jurisdiction (with pre-approved professionals) to request assistance, Wiersema said.

Often, smaller jurisdictions who may need assistance don’t

know exactly what to ask for, so Wiersema’s team created a rapid assessment guide, which includes a series of questions to help TMORT identify the type of professionals needed. TMORT will pull together a team based on the severity of the event and the rapid assessment results.

In El Paso, TMORT supported the local medical examiner’s office with autopsy exams and evidence management. Phillips, the HCIFS assistant medical examiner, and Wiersema estimate that TMORT helped reduce the time of work completion by at least one day. That’s significant—especially when families and law enforcement officials are awaiting information about the deceased.

“It went remarkably smoothly,” Phillips said. “Honestly, it’s my personal opinion that you can’t plan for these sorts of things. You can only prepare. And this was really a testament to the amount of preparation that had gone into TMORT and the

Emergency Task Force that resulted in such a smooth deployment for the first time.”

Wiersema hopes that more teams from jurisdictions throughout the state will join the program.

“There’s this misconception that we’re just picking up bodies and transporting them, but it’s so much more than that, and I think that’s part of what is so valuable about TMORT,” he said. “It’s going and doing real forensic science.”

Not only does the work bring some sense of closure to loved ones, but it also helps in the legal realm.

“Particularly with these mass shootings, a lot of cases are going to go to court,” Wiersema said. “Some of these incidents are pretty complex. Cause and manner [of death] isn’t necessarily evident on the body only, so a lot of times the scene and all the background information that a death investigator would get informs the cause and manner. There are a lot of questions that need answers and doing it right is imperative.” ●



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CURATED

The Intersection of ARTS and MEDICINE

By Britni R. McAshan



They say a new dress can make you feel like a new woman, but a trio of custom-made dresses designed for three teens living with skin diseases helped each young woman own her disease while sharing it with the rest of the world.

Mia Johnson suffers from scleroderma, a connective tissue disease that causes hardening of the skin. Emily Haygood has atopic dermatitis, commonly known as eczema. And Alex Schaener has alopecia areata, a skin disease that causes patches of hair loss.

All three patients are part of the extended family of A Children's House for the Soul, a Houston nonprofit that offers social, emotional and spiritual support for children affected by skin disease and birthmarks. And all three teens appeared in "I Was Made a Masterpiece," a recent short film commissioned by the nonprofit to educate viewers on the deep emotional impact of skin disease.

"Our world is unfortunately focused on outward beauty, so my patients know people are going to stare at them and look at them and make fun of them," said Alanna F. Bree, M.D., founder and executive director of A Children's House for the Soul and a pediatric dermatologist at A Children's House for Pediatric Dermatology, the practice affiliated with the nonprofit. "If you have a visible skin disease, it is the first thing that people notice."

Kimberly Oehrlein, designer and director of communications and creative vision at A Children's House for the Soul, designed the dresses for Bree's patients to wear at the world premiere of "I Was Made a Masterpiece" in New York City, but the dresses quickly became masterpieces of their own.

From a distance, the satin garments made in rich hues of coral, purple and forest green seem like any other dresses you might find at a formal shop. But unlike ordinary, off-the-rack dresses, each of these garments was tailored to suit each patient. Mia, Emily and Alex specified the color and silhouette they wanted and then pathologic images of their skin conditions were printed on the fabric they chose.

"The girls got to pick the color of their dress—if it was big or small, everything they wanted," Bree said. "By putting on these dresses, the girls got to define how they wear their diseases."

Skin conditions impact the lives of many people in the United States. Scleroderma affects about 300,000 people, while alopecia areata affects as many as 6.8 million and eczema affects an estimated 35 million. Because skin diseases and disorders are so visible, Bree explained, the social and emotional scars associated with them run deep—especially among young people.

"As a dermatologist, I'm able to treat the skin conditions of my patients, but I also address their social and emotional concerns," Bree said. "I don't want to just hand out creams and prescriptions. I want to treat the whole patient." ■

The three dresses are on display at A Children's House for the Soul, 1976 W. Dallas St. Information: 713-942-9357.

Part of the print on Alex Schaener's dress, left, was taken from a pathologic image of alopecia areata, a skin disease that causes patches of hair loss.



Gary Tinterow poses in the Arts of China Gallery at the Museum of Fine Arts, Houston.



Native Houstonian, acclaimed curator and art scholar **GARY TINTEROW** has been leading the Museum of Fine Arts, Houston for almost eight years, overseeing the campus redevelopment set to be completed by the end of 2020. A Harvard University graduate, Tinterow made his way back to his hometown after nearly three decades at the Metropolitan Museum of Art in New York City.

Q | What was it like growing up in Houston and what was it like to return after 40 years?

A | Houston in the 1960s and '70s was an exciting environment. I went to great public schools—Pershing Middle School and Bellaire High School—and what was especially attractive to me was that the city was booming. I'm deeply interested in architecture and I could see all of those great buildings going up downtown. We had a great symphony, wonderful opera and ballet, Broadway musicals coming through town—everything felt accessible. I remember going backstage and telling André Previn what I thought about his performance at the symphony when he was conductor. If I had grown up in New York, I probably would not have been admitted backstage to tell André Previn what I thought as a high school student. Years later, when I was a professional and curator at the Metropolitan Museum of Art (the Met), when people would find out I was from Houston, they would ask with some surprise, 'How did you become who you are growing up in Houston, Texas?' I would say, 'I am who I am because I grew up in Houston, Texas.'

Coming back, Houston has grown enormously in the 40 years I was absent and it has improved in every dimension. It's much more diverse. It's much larger. The city has also become more affluent and that affluence has made more opportunities. Houston Grand Opera is now a world-famous opera company. Our ballet is spectacular and our symphony continues at a very high level. The Museum of Fine Arts, Houston (MFAH) has grown enormously. But it is also a continuation of that same can-do spirit and desire for excellence and a sense on the part of our city leaders, philanthropists and cultural leaders that we should have the very best here in Houston.

Q | You built your career at the Met, where you became chairman of the department of 19th-century, modern and contemporary art. In 2012, when you returned to Houston to become director of the MFAH, what lessons and experiences did you carry with you?

A | While I was at the Met, I was able to enjoy an extraordinary environment that was dedicated to and focused on excellence—excellence in programs, excellence in acquisitions, excellence in scholarly publications and production on the part of the staff. I think I brought those high expectations with me back down to Houston. At the same time, those years at the Met enabled me to develop relationships, friendships and contacts with museum professionals, collectors and artists around the world. I've been able to maintain those here and bring some of those relationships to Houston in order to further our mission.

Q | The MFAH has changed dramatically under your leadership. Why was that change necessary and what is to come in the future?

A | I was hired at this great moment here at the museum. I was hired specifically to fulfill the many plans that my predecessor, Peter Marzio, had in place. For the last 10 years we have been buying modern and contemporary art without galleries to display it. Before I came, the trustees acquired land across the street—the north side of Bissonnet—on which we could build something. With the constant acquisition of modern art prior to my arrival and since my arrival, and with the desire on the part of our trustees to find and to build a new facility, we will be opening the Nancy and Rich Kinder Building, designed by Steven Holl, on Nov. 1, 2020. ➡

Since I have been here, we will have created the new Glassell School of Art building, two garages, a conservation center and, soon, the magnificent Kinder building, all within the 14 acres of the Susan and Faye S. Sarofim Campus. I don't consider it my accomplishment; I consider it the community's accomplishment, as well as the board of trustees.

Q | The architectural design of the buildings that now make up the MFAH are quite different. What is the thought process behind the aesthetic of the new buildings and how do they converse with the older buildings?

A | I think the architects very much wanted to create complementary contrast. We have the black steel of Ludwig Mies van der Rohe in the Caroline Wiess Law Building, the limestone of Rafael Moneo in the Audrey Jones Beck Building, the white glass and concrete of the Glassell School of Art designed by Steven Holl Architects. I think everything was meant to provide contrast, but with some careful modifications in order to defer to the existing monuments we have. You will notice that the Kinder building curves and adopts the same curve on Bissonnet as the van der Rohe building. The scale of the building—the way it is cut up into pavilions—again helps integrate a very large building into our existing campus.

Q | The MFAH benefits greatly from philanthropic donors. Where would the museum be without them?

A | We would be nowhere. Less than 1.5 percent of our finances are contributed by the city through the hotel tax—everything else is private philanthropy. The endowment is a result of private gifts, annual fundraising, admissions revenue and memberships. But 75 percent of the budget is a result of Houston philanthropy.

Of the big city museums—Chicago, Boston, New York, San Francisco—they often receive a sizable portion of funds from the municipality. But of the major American museums, we probably have the smallest contribution from the government,

but the largest contribution from the philanthropists in the community. We depend on the kindness of our family and of strangers, so that means we have to continue integrating ourselves within the community and providing programs that the community finds compelling so the community will continue to support us. To me, our success with fundraising is a report card on our success with programming.

Q | The MFAH is committed to making the museum accessible to individuals of all ages, walks of life and abilities. Why is inclusiveness so important to you and your team?

A | It is our primary mission and focus to make this a place for all people—all colors, religions, all ages, all abilities. We work as hard as we can to improve. We are by no means perfect, but every season or every year we might focus on a different community. "Peacock in the Desert," for example, a 2018 exhibit of royal treasures from India, enabled us to address our Indian and Hindu community here in Houston. It is very exciting for me to work on these types of projects, meet people from other parts of the world, engage in partnerships and then bring those projects here. Sometimes visitors will come back again and bring their children and grandchildren, and sometimes the children will bring their grandparents.

And for people who are challenged one way or another—physically or mentally—we find, and research shows, that art and a visit to the museum can be tremendously helpful, consoling, encouraging and inspiring.

Q | How many people visit the MFAH each year? Is that number on the rise?

A | Last year we counted, in all of our different facilities, 1.25 million pairs of feet. Sometimes the feet belong to the same person. That is an all-time record and we won't have that many this year. It was because of the van Gogh exhibit and we will probably go back to our norm in 2020, which is a million.

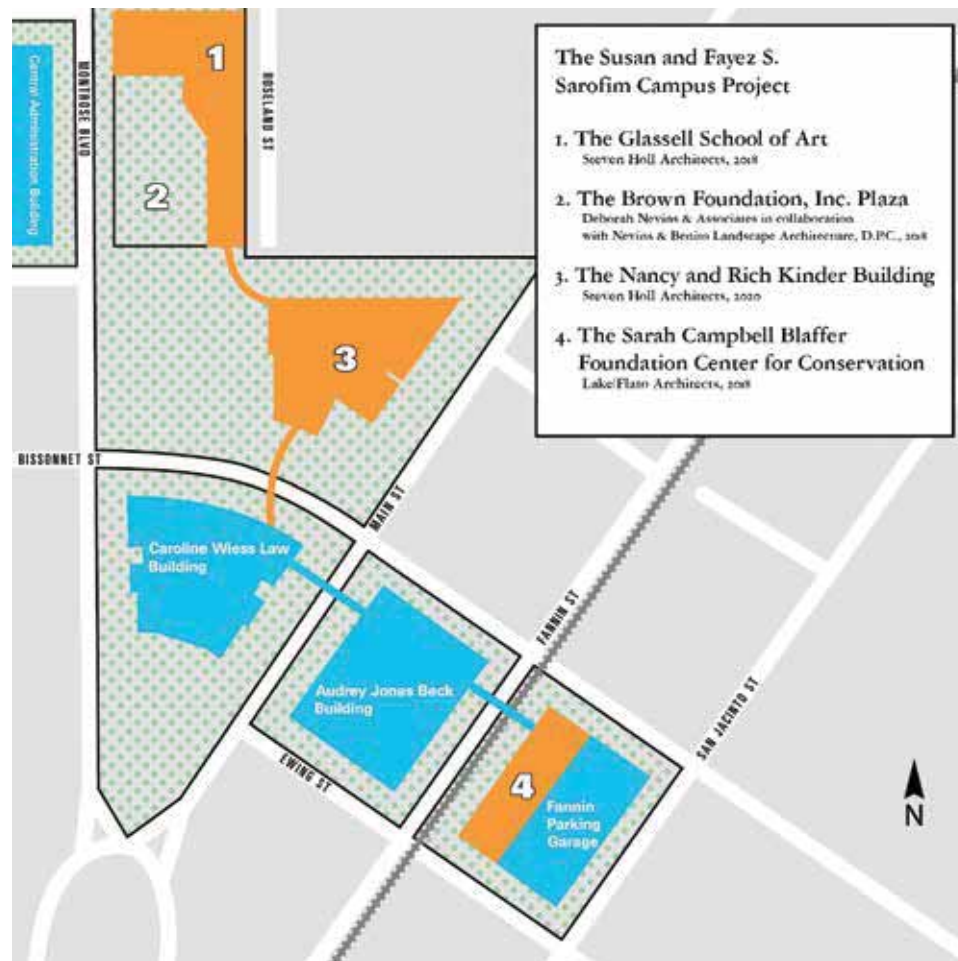
Q | What are your favorite things to do in Houston when you're not working?

A | I get my exercise at Rice in the mornings and most nights I like to ride bikes with my partner of 16 years, Christopher Gardner, and do the dog run with our dog, Beau. If I want to just do something different—in a sense be by myself, but with people—I go to Central Market. I love just looking at the food, looking at all of the different products from all around the world. It is a kind of travel for me.

Q | Tell us a bit about Beau.

A | Beau is a greyhound. We've had four greyhounds in a row. In the history of art, I think the greyhound is the breed most frequently depicted. You see them on ancient Greek vases and ancient sculptures. You see them in Chinese paintings early on, Islamic art, European art, Medieval art. They are just such a beautiful dog because of their unusual formation. The greyhound line goes from the Anubis in ancient Egypt all the way to the modern greyhound today, essentially unchanged. That is exciting to me. I just love traveling through museums around the world and seeing greyhounds in art. ■

MFAH director Gary Tinterow was interviewed by TMC Pulse columnist and writer Britni R. McAshan. The interview has been edited for clarity and length.



VITALS

Trending topics in health, science and medicine

By Shanley Pierce

Exposure to green light may reduce pain

Long-time sufferers of migraines and other chronic pain conditions may benefit from exposure to green light. A new study, led by pharmacologist Mohab M. Ibrahim, M.D., Ph.D., found that the color green may be key to easing pain.

Ibrahim's interest in studying the ameliorating effects of green light was inspired by his brother, who has dealt with severe headaches for several years. Instead of taking ibuprofen, his brother would sit in his garden and soak up the verdure of nature to ease the pain from his headaches.

"I wanted to see what is it in his garden or in a garden, in general, that would make headaches better," said Ibrahim, director of the Chronic Pain Management Clinic at Banner - University Medical Center Tucson.

In his clinical practice, Ibrahim also saw that his patients suffering from migraines and fibromyalgia had limited treatment options, and wanted to find a novel, noninvasive, nonpharmacological therapy.

In his study, which has yet to be published, Ibrahim exposed 25 migraine volunteers first to white lights for two hours as a control, then to green LED lights. He measured multiple parameters, including pain reduction, frequency of migraines or headaches, frequency of fibromyalgia flare-ups, pain intensity and duration, and quality of life.

The results, Ibrahim said, were "profound."

On a scale of 0 to 10, with

0 indicating no pain and 10 the highest level of pain, migraine volunteers had an initial average baseline pain score of 8. After completing the green light therapy, their score dropped down to an average of 2.8. The frequency of headaches dropped from 19 to 6.5 per month, and overall quality of life climbed from 48 percent to 78 percent.

"The best part about it ... is the simplicity, the affordability and, most importantly, the lack of side effects," Ibrahim said. "It's a normal light. We're not using a high-energy laser or anything like that."

But if pain works through the nervous system, how exactly can green light, which works through the visual system, make people feel better?

The effects of green light on the brain have been researched and well-documented for years. Green light can reset the circadian rhythm through melatonin, the hormone that regulates our sleep-wake cycles. A special photoreceptor system in the human eye picks up light and elicits nonvisual responses, sending signals to the brain to reset the body's internal clock and altering melatonin production levels.

New studies show that there are neuronal connections that span from the retina all the way to the spinal cord, passing through the parts of the brain that control and modulate pain. Green light changes the levels of serotonin and alters the endogenous opioid system, an innate pain-relieving system found throughout the central

and peripheral nervous system, gastrointestinal tract and immune system, said Bing Liao, M.D., a neurologist at Houston Methodist Hospital.

"The endogenous opioid system ... allows the body to generate something similar to opioids and gives us a sensation of pain relief and happy feeling," Liao said. "Research has found that, with green light, the receptors of the endogenous opioid system can increase production in the brain and body, and the hormone by itself can increase in production, as well. ... It might be an explanation for why people feel good when they're in a green environment."

In the animal studies Ibrahim conducted before working with human subjects, he saw a three-fold increase in enkephalins—a molecule that serves as a natural pain reliever in the body—when exposed to green light.

While more studies must be done to test the efficacy of green light therapy as a treatment for chronic pain, Ibrahim said he is trying to advance this therapy as a complement to current therapies.

"What this green light therapy offers is a noninvasive, nonpharmacological additional tool, so it might help reduce opioids," he said. "I don't think it will eliminate opioids, but at least it may reduce it enough. It may provide people just with extra help or extra relief so that they may not need the amount of opioids that they're on." ●




ARMADILLO PALACE

HOUSTON TEXAS



A COUNTRY BOY CAN SURVIVE



The father of Texas music star Roger Creager takes the stage after lifesaving heart surgery at Memorial Hermann-Texas Medical Center

BY ALEXANDRA BECKER

It was nearly 11 p.m. on the Saturday after Christmas and the sold-out show was coming to a close. A deluge of rain had just passed over the covered patio at the Armadillo Palace—so common for Houston that concertgoers were anything but fazed—when Texas country music star Roger Creager made an announcement over the microphone.

“Back in July,” Roger began, “my dad, 1st Sgt. Green Beret Bill Creager—he’s 85 years old—he had a health scare.”

The raucous crowd grew quiet.

Roger continued, speaking candidly to his fans. His father, he said, had needed surgery to replace one of the valves in his heart.

“We brought him to Memorial Hermann in the med center here in Houston, Texas,” Roger said, to cheers and applause. “Earlier this month, my dad went in with, I think, just the finest surgeons and the finest medical staff in the world, and they saved his life. Y’all, welcome to the stage, my dad, Bill Creager.”

The crowd roared as Bill emerged from the side, beaming at his son. A cowboy hat covered his military-style haircut, and he was decked out in an Ariat button-up and western-style boots, jeans and a belt. His face was weathered, but youthful, and he moved more like a rock star than an octogenarian. Together, the pair performed

“Rancho Grande”—a rowdy Spanish ballad and one of Roger’s most popular songs, in no small part because of Bill.

Neither father nor son took the performance that night for granted; both knew that without the surgery, it never would have happened.

Nearly a year earlier, in January 2019, Bill had just returned to his home in San Diego, Texas, after performing with Roger at his annual concert in Steamboat Springs, Colorado. It is one of Bill’s favorite places to travel with his son, but afterwards, he began feeling ill. He said things only got worse throughout the year.

“I just had a whole lot of trouble breathing. I didn’t have a whole lot of energy; I couldn’t walk very far,” Bill said.

A lifelong resident of San Diego, a South Texas city that boasts a population of about 4,500, Bill drove to the closest big city to get checked out—60 miles east to Corpus Christi. There, doctors determined that his heart valve, which had been replaced in 2009, was failing. But they couldn’t offer much hope.

“The guy there scared the hell out of me,” Bill said. “He told me the thing was bad enough that he wasn’t going to try [the surgery], and he said, ‘If I do it, you’ve got about a 10 percent chance of surviving it.’” ➡

Facing page: Roger Creager (left) and his father, Bill Creager, perform together at the Armadillo Palace in Houston, Texas on Dec. 28, 2019.



Richard Smalling, M.D., Ph.D., director of interventional cardiovascular medicine at UTHealth's McGovern Medical School and the Memorial Hermann Heart and Vascular Institute-Texas Medical Center, listens to Bill Creager's heart during a follow-up appointment.

Bill's six children weren't satisfied with that prognosis. And lucky for him, his country star son had friends in high places. Roger personally knows Jerry Ashworth, CEO of TIRR Memorial Hermann, and Greg Haralson, CEO of Memorial Hermann-Texas Medical Center.

Both recommended he call Richard Smalling, M.D., Ph.D., immediately.

Not long after, Bill found himself sitting in an exam room in Houston.

"When I came and I visited with Dr. Smalling, I wasn't sure that they could fix me. The words that I didn't want to hear were, 'I can't help you,'" Bill said. "But then pretty soon he started talking to me and just kind of visiting a little bit and then he said, 'OK, well here's what we're going to do.'"

Smalling, who is the director of interventional cardiovascular medicine at UTHealth's McGovern Medical School and the Memorial Hermann Heart and Vascular Institute-Texas Medical Center, wasn't intimidated by Bill's condition. Yes, his prior heart valve was failing and it needed to be replaced, but it was a procedure Smalling had

performed more than a thousand times.

Known as TAVR, a transcatheter aortic valve replacement is a minimally invasive surgery used to repair an aortic valve that has narrowed or does not open properly. In Bill's case, the previous valve was too small for a heart his size, which is one of the reasons it failed.

During a TAVR, instead of replacing the damaged valve through open heart surgery, the cardiovascular surgeon threads tools through the femoral artery in the groin and inserts a replacement valve over the old one; the surgeon then runs a "balloon" through the valves and inflates them both to relieve any blockages. In Bill's case, Smalling also performed a more specialized technique known as a valve cracking procedure, in which the balloon stretches the old valve until it breaks. This was necessary since his previous valve was too small.

"The old valve is broken and the new valve is taking over for it, and that's the right size," Smalling explained during a follow-up appointment in December. He turned and spoke to Bill.



Bill Creager enjoys his time on stage at the Armadillo Palace.

“You’re a new man right there ... That allows you to do whatever you want,” Smalling said.

“Well, I’m going to, too,” Bill said, smiling. His surgery, which took place on Dec. 3, could not have gone any better.

“Smalling came out and the first thing he said was, ‘The surgery is over and it went perfectly,’” Roger recalled. “And that’s exactly what you want to hear. Shortly after the surgery his color changed, and he was lying in bed still loopy from the medicine ... but he looked great, immediately. We were all pleasantly surprised by that. I think once the blood begins flowing to all the parts of your body, I think everything else improves—

not just your heart but your kidneys improve, your lymph nodes clear—everything seems to function better.”

Bill was discharged from the hospital the following day, and for the first time in months, he began to feel better. He dismissed his eldest daughter, who had been by his side for six months, from her “nursing duties.” After spending some time at home, he drove his truck back to Houston to celebrate Christmas with his kids. He’s back on stage, back on the dance floor and back to his occasional whiskey.

“Hell, I’m doing great,” Bill said. “I’m ready to party.” ●

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Reconstructing Breasts with a Dermal Bra

Plastic surgeon uses her sewing savvy to improve post-mastectomy reconstructions

BY SHANLEY PIERCE

Eleanor “Blitz” Hoppe was 18 when an at-home genetic test revealed that she carried the BRCA1 gene mutation. This means one of her genes that is supposed to help prevent breast cancer is damaged, leaving her more likely to develop breast cancer at a younger age.

“I don’t think it affected me in any way, shape or form when I found out. I’m good at compartmentalizing things and I think I put that in a vault and moved on,” Hoppe said. “There was a lot of excitement going on in my life. I was getting ready to go to college.”

After graduating from Texas Christian University with a nursing degree, Hoppe was excited to start her career at Houston Methodist Hospital. Thriving, she brushed aside her knowledge of the gene mutation, but after a few months as an operating room nurse, she could no longer ignore the future of her own breast health.

“I started noticing that a lot of these women [in the OR] had a history of breast cancer. Some of them were frightening. They didn’t look like they were going to leave the hospital,” she said. “Then, all of a sudden, the genetic testing crept its way back into my mind.”

Her father’s battle with multiple myeloma, a blood cancer that affects plasma cells, was also a driving force.

“I have a dad who has an incurable cancer. We’ve been dealing with that since 2012. At the time, he was on oral maintenance chemotherapy,” Hoppe said. “I knew that if I ever had kids down the road, I did not want to do this to them. It’s not like my dad had a choice, but I do. I have a choice.”

Hoppe’s father, an avid football fan, nicknamed her “Blitz” before she was born. A blitz is a defensive tactic used to disrupt an offensive pass—and a fitting nickname for someone trying to decide if the best way to attack her increased risk of breast cancer is an aggressive defense.



The dermal brassiere, marketed under the name FlexHD Pliable PRE by MTF Biologics, is placed over the chest muscles and under the skin.

“He told me, ‘You either live up to the nickname or you don’t,’” Hoppe said. “This is a dangerous cancer and I have the choice to protect myself from it. I can beat cancer before it gets its nasty hands on me.”

Determined, she opted for a double mastectomy.

A dermal bra, sewn under the skin

For women carrying the breast cancer type 1 (BRCA1) or breast cancer type 2 (BRCA2) gene—both mutations involve a flaw in the gene’s ability to produce tumor suppressor proteins—one of the ways to reduce the risk of breast cancer is a prophylactic mastectomy, which involves completely removing the breasts. This procedure can reduce the risk of breast cancer by 95 percent in women with BRCA1 or BRCA2, according to the National Cancer Institute.

Houston Methodist reconstructive plastic

surgeon Aldona Spiegel, M.D., has developed an innovative approach to breast reconstruction that offers patients, like Hoppe, more natural-looking breasts with decreased surgery time, reduced pain and faster recovery.

Spiegel had grown frustrated by the results of reconstructive surgeries that placed implants in the mastectomy pocket under the muscle. The pectoralis muscle covered the top half of the implant, while new collagen provided coverage for the bottom half.

“We were able to do a very nice reconstruction and patients were happy, but unfortunately, the thing that still was a problem was the muscle that was basically causing deformity of the implant,” Spiegel explained. “As you contract, that muscle pulls. It’s right underneath the skin and you can see a deformity that occurs. We were challenged to figure out how we can improve this.”

In pursuit of a solution, Spiegel drew on her childhood in Poland, where she learned how to sew clothing for her dolls.

“Unlike the U.S., where you have American dolls with different outfits, that was not the case in Poland. You just had one doll, one outfit and that was it,” she said.

Spiegel’s love of sewing dresses grew into a love for fashion. When she immigrated to Canada in 1981, she became enamored by the elegant cuts, silhouettes and embellishments on couture dresses. Although she couldn’t afford to buy her own designer clothing, she was inspired by a Chanel dress with a corset in an issue of *Vogue* magazine and decided to replicate it for her prom.

“Sewing was an experience I had that allowed me to figure out this [breast reconstruction] problem,” Spiegel said. “I don’t think I would have been able to figure it out easily if I didn’t have that experience of realizing how to sew fabric into a bodice of a dress. That allowed me to problem-solve in this situation and figure out how to make this two-dimensional shape conform to a three-dimensional object.”

Spiegel created an internal dermal brassiere made of biological tissue meshes that supports and holds the implant in the same space from which the breast tissue was removed. The implants are placed over the chest muscles and underneath the skin, creating a more natural reconstruction without deforming the muscle or pulling on the skin. This approach also prevents capsular contracture (a hardening of a thin layer of tissue around the implant) and uses smooth implants rather than the textured implants that have been linked to a type of cancer called anaplastic-large cell lymphoma or BIA-ALCL, for short.

Credit: Courtesy Houston Methodist

The dermal brassiere, which is commercially manufactured by MTF Biologics under the name FlexHD Pliable PRE, also allows the implant itself to assume a dynamic shape.

“When a patient is lying flat, it looks very spherical—just like a normal breast,” Spiegel explained. “As a patient sits up, that implant takes more of a teardrop shape because that dermal brassiere is giving it room to have what we call a dynamic shape change. It allows a natural transition between the breast shape, very similar to the natural breast shape that women have.”

Nipple-sparing mastectomy

Preventive mastectomies allow women to take charge of their health and keep their femininity and confidence, Spiegel said.

To quite literally cut out the risk of developing breast cancer, Eleanor Hoppe underwent a nipple-sparing double mastectomy on April 2, 2018. Houston Methodist surgical oncologist Sherry J. Lim, M.D., performed the surgery and Spiegel implanted the dermal brassiere.

“When we do breast reconstruction, we have evolved to doing what we call a nipple-sparing mastectomy quite frequently now,” Spiegel said. “What that allows us to do is hide the mastectomy scar in the crease of the breast, so in the visual part of the breast, there isn’t really a scar. It makes the breast look very natural and unoperated.”

Without the fear of cancer looming, Hoppe said she’s thankful for Spiegel and the dermal brassiere.

“We’re in a day and age when ... these new technologies and advancements are out there, but you still need somebody who knows what they’re doing,” Hoppe said. “Don’t be afraid of taking control of your health. You have the choice and I chose to hopefully keep myself healthy in the future.” ■

Aldona Spiegel, M.D., a plastic surgeon at Houston Methodist Hospital, used her skill as a seamstress to develop an innovative dermal brassiere to offer post-mastectomy patients more natural-looking breasts, reduced pain and faster recovery.



LET'S HEAR IT FOR Team Spirit! MASCOTS OF THE TMC

BY CINDY GEORGE

High-rise hospitals and state-of-the-art research facilities spring to mind when one envisions the Texas Medical Center. People, too—the experts and academics who’ve made Houston’s gleaming medical city a leader in life sciences and innovation.

But there’s another element at play, a small cast of fun-loving characters creating something every community needs: Spirit.

Mascots are positive forces who unite diverse groups of people by providing a sense of loyalty, pride and belonging. Among the mascots of TMC member institutions are costumed tigers, fluffy dogs and a cardboard robot. With their quirks and individuality, TMC’s ultimate brand ambassadors serve as pick-me-ups in places where not everyone always wins and not everyone always thrives.

hospitals in north, southeast and western Texas.

“The dove, as we describe it formally and informally, truly represents what we do, which is offer hope,” said LifeGift CEO Kevin Myer. “More specifically, the dove in flight represents that transition moment from very difficult, tragic times for a donor family into an amazing and incredible opportunity for life after transplantation. It just couldn’t be more perfect.”

1 Cool-E Robot

Project Heart is a beloved Texas Heart Institute (THI) program whose star is a fictional android called Cool-E Robot. He is named after cardiovascular surgeon and heart transplant pioneer Denton A. Cooley, M.D., who founded THI in 1962. Project Heart is an elementary school curriculum designed to help pupils make heart-healthy choices. Cool-E Robot’s origin and adventures are detailed in a storybook available in English and Spanish. He’s an imaginary invention of Cooley’s whose mission is to share heart health with children worldwide. Presently, Cool-E Robot is a two-dimensional cardboard cutout, but he may soon roam THI halls as an interactive 3D mascot.

2 Dove in flight

LifeGift’s logo includes its mascot—a dove in flight—to express hope, freedom from the confines of disease and the moment of transformation offered by organ and tissue donation. The dove embodies the purpose and mission of LifeGift, a Houston-based organ procurement organization that partners with TMC institutions as well as hundreds of

3 Hunter

Hunter is a sweet, 3-year-old Labrador Retriever who represents St. Dominic Village, a faith-based retirement community on Holcombe Boulevard at Almeda Road. The 100-pound, four-legged friend is a calming force for the resident seniors. He also mingles with board members.

“He attends many meetings and will go from one side of the board room to the other when he spots the folks he knows will show him love,” said Melba Hamilton Breed, St. Dominic’s director of marketing and admissions. “He literally turns to the side he wants you to rub on.”

Hunter’s pal, Ms. Kitty, is a stray cat adopted by St. Dominic Village who declined to give her age and was unable to accommodate photos or an interview. She can be observed activating automatic doors, hitching a ride on the walkers of residents, sleeping on top of desks or curling up in a chair someone was about to use.

“There has never been a cat with so much attitude” Breed said. The two furry resident mascots happily interact with humans, but the party stops there. “When they see each other, they’re like two ships passing in the night and never even make eye contact.”

Still, Ms. Kitty’s aloofness—oops, we mean assertiveness—shouldn’t sour her sweet side.



“When our admissions staff tour potential residents or family members, Ms. Kitty will often fall in step and partake in the tour along with any strokes of love visitors are willing to give her,” Breed added.

4 Mogie

The apricot Australian Labradoodle who calls Ronald McDonald House Houston his home is actually the second pup known as Mogie. After a “passing of the bone” in December 2018, this almost-2-year-old bundle of personality assumed the responsibilities of the original Mogie, a now-retired, golden-locked Labradoodle who was the organization’s house dog for a decade. Louis and Marilyn Mogas, longtime supporters of Ronald McDonald House Houston, are the benefactors of both canine ambassadors. Mogie offers companionship to recovering children and their families at Holcombe House, the 70-bedroom flagship facility of Ronald McDonald House Houston.

5 Sammy the Owl

Rice University’s 113-year-old mascot, Sammy the Owl, has an illustrious, near-infamous and century-long history of survival. In addition to being elected homecoming queen, Sammy has been kidnapped multiple times since 1917 and was smuggled out of the former Rice Hotel disguised as a corpse. When the Rice Owls won the 2003 College World Series, Sammy celebrated by jumping on a pile of baseball players as they relished the victory. Once a pair of live owls each named Sammy, Rice’s mascot transformed into a costumed character in the 1970s. The students and volunteers who have occupied the suit have been rousing fans, making mischief and witnessing Rice history for more than 40 years.

6 Sunny the Bear

This plush toy represents comfort for the young people served by DePelchin Children’s Center. A child receives the bear when welcomed into a foster home or in a courtroom where a forever family is made official.

7 Tex, Rex and Lex

The Texas Southern University Tigers are represented by Tex and his brother, Rex, first introduced in 1996. Known for their outstanding abilities as dancers and game-day hype men, the tigers can be found clowning around courtside at basketball games, tumbling alongside the football field and working parades and pep rallies. Perhaps the most popular pair on campus, the siblings expanded

into a cheerleading trio in 2018 when the university introduced their little sister, Lex, who sports a hair bow and fluttering eyelashes.

8 Topper

Topper is the Gumby-green costumed giraffe who represents Children’s Memorial Hermann Hospital. Pediatric patients typically receive a stuffed Topper upon admission for comfort during their stay.

“Topper provides a positive distraction for children to help with their healing process by cheering them up, lifting their spirits and allowing them to actually be a kid,” said Susie Distefano, CEO of Children’s Memorial Hermann Hospital.

The costumed giraffe became a member of

the Children’s Memorial Hermann family—and earned his name—after patients looked out of their hospital windows to see the tops of giraffe heads across the street at the Houston Zoo, Distefano said.

“Years ago, when a new giraffe was born at the zoo, Houstonians and many friends of Children’s Memorial Hermann voted to also name that baby giraffe Topper,” the CEO added.

There’s also another tale that a nameless baby giraffe wandered across the street from the zoo with an injured ear that “people doctors” bandaged before returning him home with a name.

Either way, Topper now celebrates the skills of his healers as a tall and terrific hospital mascot. ■



Above and facing page: Wrangling a group of mascots for a photograph is no easy feat, as these outtakes reveal. Costumed characters and humans helped calm their canine friends.

Tale of Two Deans: A Love Story

One married couple. Two prominent medical schools.

BY BRITNI R. McASHAN

In a storyline that seems pulled from the TV script of a Shonda Rhimes medical drama, two budding young doctors fell in love and, over time, became deans of two top medical schools.

As far as they know, Paul Klotman, M.D., president and executive dean of Baylor College of Medicine, and Mary Klotman, M.D., dean and vice chancellor of Duke University School of Medicine,

resident and I was an intern. ... We fell madly in love and got engaged within four months and married within the year."

They were married in Duke University Chapel on Nov. 28, 1981.

"Mary is Catholic and I'm Jewish. The rabbis wouldn't do it, the priests wouldn't do it, so we were married by a female Unitarian minister in a non-denominational chapel," said Paul, who was seated on the sofa next to his wife. "There was this Jewish guy who converted to being Catholic, so we got him to come to give the blessing. All of the Catholics, of course, recognized his Jesuit robes and said, 'It's so wonderful having a priest here.' All of the Jews go by and say, 'It's so wonderful having a Rabbi here.'"

Paul mostly planned the reception.

At the time, Paul was preparing to follow in his parents' footsteps as an academic leader. His mother, Phyllis Klotman, was the dean for women's affairs at Indiana University. His father, Robert Klotman, was chair of the department of music education at Indiana University.

"I knew I was going to be a chairman of something, but I didn't necessarily think I was going to be a dean or a president," Paul said. "I saw the career ladder my parents were on and I always assumed that, eventually, I would be there, too."

Mary Klotman, on the other hand, wasn't sure if her future was in academia. Once she realized that she wanted to pursue a career in academic medicine, she knew she needed a focus—an area of expertise to help her stand out from the rest of the crowd. She found one at the National Institutes of Health (NIH) in Washington, D.C.

"The HIV epidemic was exploding," Mary recalled. "It was very exciting because I trained in infectious disease, so I saw the first cases of HIV at Duke and then I went into the top lab in the world for HIV research, where the virus was discovered. New drugs were being developed and you could really see it in action." ➡



Above: Paul and Mary Klotman photographed on their wedding day in 1981 at the Duke University Chapel. **Facing:** The Klotmans relax in their Houston, Texas home.

are the only married couple in the United States to run two separate medical schools. The Klotmans have not only chosen to share their lives, but have been collaborating as scientists for 25 years, as well.

They met in Durham, North Carolina, at Duke University School of Medicine.

"We met during training in internal medicine," said Mary, who was seated on a leather sofa in the couple's Museum District-area condominium in Houston on a recent Saturday. "Paul was my chief



In what would be their first of many moves, the Klotmans left faculty jobs at Duke and moved to Washington, D.C., for new jobs at NIH. Mary was a member of the Public Health Service and trained and worked in the laboratory of tumor cell biology, while Paul became chief of the molecular medicine section in the laboratory of developmental biology. While there, they had their first scientific breakthrough as a couple.

"Fortuitously, another lab in my institute was working with transgenic [genetically modified] mice and they created the first HIV transgenic mouse," Paul said. "The mouse developed a disease, but they were not sure what it was. I was one of the few physicians in the entire institute, so they came up to me with this mouse that they thought was obese and asked me, 'What's wrong with this mouse?' I said, 'It looks like ascites [abnormal build-up of fluid in the abdomen] and edema [swelling], not fat, and that would be liver or kidney disease.' As it turns out, it was a disease very much like the one caused by HIV in man. I began to study this new major problem in the nephrology field, so our research converged."

After a few years in their respective labs, the Klotmans made their next move to New York City and the Mount Sinai School of Medicine. Paul was the Irene and Dr. Arthur M. Fishberg Professor of

Medicine and chief of the division of nephrology and eventually became the chair of medicine. Mary was the Irene and Dr. Arthur M. Fishberg Professor of Medicine and eventually became the chief of the division of infectious diseases, as well as co-director of Mount Sinai's Global Health and Emerging Pathogens Institute.

"We did everything together," Mary said. "We had our labs together, our offices next door, we walked to work together—not because we were obsessed with each other, but because it really worked. We loved our science, we loved our trainees—so it just worked."

While the Klotmans were building their medical careers, they were also determined to start building a family together. After adopting their first son, Sam Klotman, their second son, Alex Klotman, became the first baby born from in-vitro fertilization (IVF) at Duke University.

"We had a rough time starting a family," Mary said. "We had very painful loss of pregnancies early on. It was really the beginning of IVF. They weren't even freezing embryos at first. It was primitive and expensive back then, but it was interesting to see that field change the options for women in so many ways. It was stressful, but we just did it."

Once their children were raised, opportunity



Above: Mary and Paul Klotman coordinate their busy schedules for the next few months.

came knocking again for the couple. Mary was recruited by Duke University to chair the department of medicine and Paul was recruited by Baylor College of Medicine to serve as president and executive dean. At the time, Baylor was still reeling from a split with Methodist Hospital and



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financially challenged by a failed attempt to start its own hospital.

Overnight, the couple went from working and living together to running medical schools in different states. In July 2017, Mary was named dean of Duke University School of Medicine.

"It would be very hard for us to be deans of medical schools in the same city," Paul said.

"Schools compete with each other, so it would take two very confident presidents of universities to feel comfortable having a husband and wife team leading their institutions. ... They would expect collusion."

The Klotmans have different leadership styles.

"My wife is a fantastic leader—just unbelievable—and she leads by example," Paul said. "She is constantly a cheerleader for the organization, always optimistic. And when she stands up, people just instantly admire her. ... But people would rather go out and party with me. I'm much more informal. I think our principles are exactly the same and I don't think we've ever disagreed on what we are trying to accomplish—ever ... but the mechanisms by which we accomplish [our goals] are night and day."

As they approach their 10th year of commuting, the Klotmans have only missed two weekends together and seem closer than ever.

"Every three months, we take out our calendars and talk about events at Baylor and events at Duke," Mary said. "But usually it's driven by things we should prioritize at each institution. And up until recently, we had our parents up in New York, so we would go there or to the Council of Deans." [The council convenes deans from the Association of American Medical Colleges'

member medical schools to address issues related to academic medicine.]

Paul believes the commute has made them value their time together even more than when they lived in the same place.

"When we were together and in our other jobs, we were working through the weekends," he said. "You couldn't really tell Saturday and Sunday versus Monday. Now, I take the weekends off, especially if I'm in Durham. ... Our house there is a country home. It's like a spa."

Their secret to a successful marriage? Friday night dates and a willingness to be flexible. When in Houston, you might find the couple at Spanish restaurant BCN Taste & Tradition. When they're in Durham, you might find them eating seasonal American cuisine at Nana's.

After all this time, they still haven't run out of things to talk about.

"Medicine is so interesting right now. Everything is changing, so our conversations after 38 years of marriage are just as interesting as the first month we met," Mary said. "A lot of it is really thinking about health care and how do you train young physicians. ... These are complex institutions and there is no road map going ahead. We are all changing, so I'm glad I have someone to talk to all the time about it." ●



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Adult-Onset Food Allergies: More Common than You Think

Physicians are trying to figure out why

BY SHANLEY PIERCE

In June 2011, 22-year-old graduate student Amy Barbuto sat down at a Thai restaurant in Houston with her boyfriend and family, ready to enjoy pad thai and fried rice. She asked that her dishes be prepared without gluten because gluten upset her stomach, but when the restaurant accidentally used the wrong soy sauce, her throat began to swell and she started to suffocate. She was in anaphylactic shock.

"We didn't really know what was going on because it had never happened before," said Barbuto, who was later diagnosed with a severe allergy to wheat and gluten. "The first time's always scary."

She was rushed to the hospital, where doctors pumped her system with a cocktail of anti-allergy drugs—epinephrine, Benadryl and albuterol—and placed her on a ventilator that pushed air into her lungs for the next 12 hours.

"It was surprising," Barbuto said of her diagnosis. "I grew up eating [wheat and gluten] and I used to be normal, so it's weird how you can develop something like this later in life. You can eat something your whole life and be fine and then, all of a sudden, your body won't let you eat it anymore."

Contrary to popular belief, adults with no history of food allergies can unexpectedly develop them.

In a survey of more than 40,000 adults published recently in *JAMA Network*, researchers from Northwestern University and Stanford University found that nearly half of adults who reported being allergic to a certain food or ingredient developed the allergy in adulthood. Nearly 11 percent of adults reported having a food allergy, with adult-onset food

allergies representing half of those cases.

These findings, researchers said, suggest that adult food allergies are more common than previously believed and tend to be more severe compared to allergies developed during childhood.

Unfortunately for Barbuto, many food items contain wheat or are produced in a facility with wheat products. She has been hospitalized for allergic reactions 25 times since she was diagnosed in 2011.

"It's a hard one to avoid, even when you work your hardest to avoid it," she said. "My allergy is so severe that I could get exposed and not even know it. My food can look gluten-free, look normal ... but all it would take is somebody having touched bread and then touched my plate."

Whether it's a food or environmental allergy, when a foreign particle is introduced to the body and enters the bloodstream, the immune system produces an army of antibodies called immunoglobulin E (or IgE, for short) to swarm the foreign invaders, setting off a cascade of allergic symptoms that can range from a mild reaction (such as coughing) to a serious, life-threatening reaction (such as anaphylaxis).

"For example, if somebody eats one or two shellfish here and there, the body's making [IgE] every time that person is exposed to shrimp, but it may not have crossed a certain threshold beyond which the body says, 'Hey, I don't like this anymore and I'm going to ... release histamine,'" explained Saffana Hassan, M.D., an allergist at Memorial Hermann Greater Heights Hospital. "That person may still be having a sensitivity to that, except they're not

actually symptomatic at that point."

However, consuming a bowl of gumbo, which is loaded with shellfish ingredients, could trigger an allergic reaction.

"At that point, it's too much for the immune system to handle," Hassan added. "When the IgE crosses a certain threshold, the body goes into hyper-function ... and there starts your allergy to a food."

But experts are still scratching their heads as to what exactly causes adult-onset allergies in the first place.

"We don't have a good understanding of the cause of adult-onset food allergy or why people who have done remarkably well, enjoyed food for many years and then, for some reason, become allergic to it," said Sanjiv Sur, M.D., director of the section of immunology, allergy and rheumatology at Baylor College of Medicine. "This is actually an unknown mechanism, but it clearly exists."

For children with food allergies, oral desensitization is a process in which a certain food is slowly reintroduced in small amounts until it no longer causes an allergic reaction. However, the same protocol for pediatric allergies cannot be applied to adults because the mechanism behind the phenomenon is different.

"In adults, the mechanism is different because these are people who were taking in huge quantities of whatever, whether it's seafood or nuts, they were eating without any problems," Sur explained. "You cannot really reintroduce because that's exactly what they were doing before. ... All we can do is play it safe and say, 'Don't eat this kind of food in the future.'"





When a person suspects a food allergy, the first thing to do is to consult a primary care physician to make sure it is, in fact, an allergy.

“Somebody who may be thinking they have food allergies might actually be having other more severe GI problems, which do need to be diagnosed on time, and the patient may need treatment and medications,” Hassan said.

Food allergies are diagnosed by a skin prick test, during which a health care professional places a sample of the suspected food allergen on either the forearm or back of the patient and gently scratches, without breaking the skin or causing bleeding. If a visible reaction is present on the skin, blood is drawn to determine the levels of IgE antibodies the patient’s immune system is producing.

Once a food allergy is diagnosed and confirmed, experts say patients should always carry an EpiPen—to give themselves an injection of epinephrine—and completely avoid the food allergen.

“If they’re highly allergic, not only do they have to avoid that, but family members and friends also have to be educated,” Hassan said, especially “if they are eating that [food] beside that person and then they’re touching that person with their hands or fingers.”

Unfortunately, even with due diligence and taking every precaution, accidental exposure can still happen.

“For a long time, we didn’t eat out,” Barbuto said. “It was safer to just eat at home. From a quality of life standpoint, we tried eating out at a couple of places, just so that we could feel a little more normal. We only go to a couple of places. We talk to them—talk to the managers, talk to the chefs—to make sure everybody’s aware, but unfortunately, the risk of going out to eat with a food allergy is that something can happen.”

When people experience difficulty breathing from allergic reactions in public, it is important that they not isolate themselves.

“It’s OK to be in distress in front of others because they can help you,” Sur said. “But if you feel that you don’t want to embarrass others and go to the restroom, you close the door and there’s no one else there. That’s the worst possible mistake you can make.”

Can adult-onset food allergies disappear just as quickly as they appeared? Yes, Hassan said—theoretically.

The more you become exposed, the more IgE antibodies your body makes, she said.

“The opposite is also true, that the less you get exposed, the antibody levels drop,” she added. “Now, does it drop to a certain threshold below which you won’t have a reaction? Theoretically, it’s possible, but would I actually want to test out a patient if they have had anaphylaxis? No, I probably wouldn’t.” ■

Amy Barbuto prepares cornbread in her kitchen using ingredients that do not contain any wheat or gluten. Barbuto developed a severe allergy to wheat and gluten at age 22.

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Using magnetism to target breast tumors

A stainless steel seed no bigger than a grain of rice is helping breast surgeons at Baylor St. Luke's Medical Center remove tumors, while preserving as much healthy tissue as possible.

"Our patients face two problems with early breast cancer," said Alastair Thompson, M.D., a Baylor St. Luke's breast surgeon. "First, with a small, impossible-to-feel breast cancer, how do we find it in the operating room? Second, we need to identify the sentinel lymph nodes that drain the fluid coming from the cancer and sit in the armpit."

Thompson, along with Stacey Carter, M.D., and Elizabeth Bonefas, M.D., are the first surgeons in the region to employ the Sentimag system, which uses magnetism to locate cancerous tissue in the breast and nearby lymph nodes during surgery.

Days before surgery, a radiologist will place the stainless steel seed—known as a Magseed—within the cancerous area so surgeons will be able to pinpoint the tissue to be removed in the operating room using Sentimag's magnetic sensing probe.

"We can detect the seed with our magnetizer and identify which small area of tissue to take out," said Thompson, section chief and professor of breast surgery at Baylor College of Medicine.

Just before operating, surgeons will also inject a dye under the nipple that contains protective coated iron oxide—known as the Magtrace marker. These tiny iron particles will enter the lymphatic system and travel to the nodes most likely to contain cancer. Surgeons can identify these nodes with the same magnetic sensing probe, which makes an increasingly high-pitched noise similar to a metal detector when it closes in on the stainless steel and iron oxide.



The Sentimag system allows for smaller, more targeted incisions and decreased recovery time. Surgeons often use a local anesthetic and dissolving stitches. Many women can have a shower or bath the day after surgery.

"It's about accuracy and precision," Thompson said. "We have a surprising number of women who come from Victoria, Dallas and Austin. They drive down the morning of the surgery and drive home that afternoon." ■



Explaining Heart Defects and Repairs with Animation

A pediatric heart surgeon educates patients and families with videos

BY BRITNI R. McASHAN

T oy cars zipping around a race-track, along with tiny buzzing robots and a few furry friends, tell a story about the heart that pamphlets and diagrams can't.

These are the characters brought to life in animated videos co-created by Daniel J. Penny, M.D., Ph.D., chief of cardiology at Texas Children's Hospital. As a care provider, Penny longed to have a better way to communicate medical information to his young patients and their families.

"When we see a parent and a patient in clinic, we usually draw a diagram of the heart and then we are proud of ourselves that we feel we've informed that family," Penny said. "It's much, much more difficult to find out ways of helping you to deal with the emotions you feel when you hand your child with tetralogy of Fallot—a rare combination of four congenital heart abnormalities—over to an anesthetist worrying that you're never going to see them again."

Not only can the information patients and parents need to know about a heart condition be hard to understand, it also can be hard to take in, given the heightened emotional stress of the situation.

Years after the scars of congenital heart surgery have healed, Penny said, post-traumatic stress disorder (PTSD), divorces and other negative outcomes can impact families.

"When you speak to children with congenital heart disease and you ask them what would help them to deal with their condition, they will usually say they want more information," Penny said. "They want information for them and also for the people around them—their friends at school, their relatives, et cetera, et cetera."



Credit: Texas Children's Hospital/Ochrelight

Beau, a bison, and Ruby, a Texas armadillo, top, teach viewers about heart defects, while tiny buzzing robots, middle, perform the operations in Texas Children's Hospital videos.



Daniel J. Penny, M.D., Ph.D., is chief of cardiology at Texas Children's Hospital.

To achieve this, Penny sought the help of Michael Liddy, an old friend who works as an architect in Australia, to create videos to share critical information with his patients. For 10 years, the pair has been creating the videos together from opposite sides of the globe, exchanging text messages and Skyping when their schedules allow.

"We had discussed an idea that, wouldn't it be great to explain to children not only the processes they're going through, but help them understand what's wrong in the first place?" Liddy said. "If we can demystify that, help them to understand, then perhaps they start to feel that it isn't their whole body that's broken."

Using a racetrack to represent circulation in the body, the videos show children how clogs and blockages can impact the function of the heart and how the heart can be repaired. Ruby, a Texas armadillo, and Beau, a bison, teach viewers about heart problems, while "blings"—little buzzing robots—perform the operations.

For Matt Timmons, assistant vice president at Texas Children's Hospital West Campus, the videos continue to help educate his own family about the heart condition of his son, Luke.

"We have a family history of congenital heart disease and Luke was diagnosed with coarctation of the aorta," said Timmons, who has worked with Penny in the past. "The animated spin on the information brought it to a level we could understand. ... You can see the blood flow and, in Luke's case, you can see where the racetrack narrows. We understood that is where the aorta is narrowing. ... It was just easier for

us to understand on a racetrack than on a two-dimensional diagram of the heart.”

Penny said he and Liddy have been able to reproduce the abnormalities of virtually every congenital malformation of the heart and also many of the heart operations and transcatheter procedures using these videos.

But the videos are not limited to educating children and their families about heart conditions and subsequent surgeries. Penny and Liddy also created videos to help parents understand the social and emotional challenges of having a child with congenital heart disease

and help make the overall hospital experience less frightening for children.

“The stresses these parents are put through often at a very young age can destroy their relationships. A lot of parents fulfill the clinical criteria for post-traumatic stress disorder, so we have to do everything we can to alleviate that,” Penny said. “We don’t want to be left with a population of psychologically damaged children and failed marriages.”

By making the medical information more accessible, outcomes improve for all parties, Penny said.

“There’s a whole science now around this idea of health care



Scan this QR code with a QR code reader app to watch an animated Texas Children's Hospital video about surgery to repair a heart defect.

literacy, which suggests the more you know about your illness, the better the likelihood of a good, long-term outcome,” Penny said. “The reason we decided on the videos and the animation is that we felt that it would be easier to disperse that across the world than a traditional book.”

Currently, the videos are free and accessible online to Texas

Children’s patients, as well as children and families around the world via YouTube (search for TexasChildrensVideo and hit “subscribe”). Penny and Liddy plan to create more videos and produce them in other languages.

“Whatever we do as a great children’s hospital,” Penny said, “we have to do that as part of a worldwide community.” ●

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Q & A Six Questions for David



PULSE | You're a medical doctor with an MBA who is now running the largest not-for-profit health system in southeast Texas. When's the last time you wore your white coat?

DC | I have privileges in three of our facilities—in Memorial City, the TMC and The Woodlands. I actually have a few of my old MD Anderson patients that I still see. I don't ever want to completely give up seeing patients. I have a great deal of loyalty to those patients I saw a number of years ago, so if they call and tell me they want to see me, I will see them. But the last time I regularly saw patients was when I was at UCLA, from 2004 to 2007.

PULSE | It's fair to say you've been honing your management and business skills over the past two decades. Do you come from a family of doctors?

DC | My father is 90 and he still asks, 'Son, didn't I send you to medical school?' And then he laughs. I say, 'Yeah, dad, but I'm just helping patients in a different way.' Everybody in my family has been in finance, so I'm the black sheep. When we get together for family celebrations and dinners and holidays, they're all talking about what's going on with the market.

PULSE | Many patients and consumers are concerned about health care waste—unnecessary tests, unnecessary office visits, unnecessary paperwork, and so on. As you get to know Memorial Hermann Health System, where will you look to trim costs?

DC | What worries me when we have these sorts of broader discussions or when I'm watching weekend news shows is that people push

this question toward blame. ... *Well, this is all the fault of the hospitals and physicians. Or, This is all the fault of the pharmaceutical companies.* To me, that's just nuts. We all need to engage together to address the big issues. Costs are too high. Access is too poor. There are huge differentials among populations in terms of access to care. All of us need to look at what we can be responsible for and focus on those things and look for points of common interest with other people and then pursue those together.

PULSE | As you note, access to care is a major issue facing all health care providers. How do we solve that?

DC | Everybody has a smart phone now. Other sectors of the economy have done a much better job than we have in terms of using technology to engage consumers. We have

id Callender



DAVID CALLENDER, M.D., assumed his new role as president and CEO of Memorial Hermann Health System in fall 2019. Before that, Callender spent a dozen years leading The University of Texas Medical Branch at Galveston and three years directing the UCLA Medical Center. From 1996 to 2004, the head and neck surgeon worked at MD Anderson Cancer Center, rising to the role of executive vice president and chief operating officer.

to emulate more of a retail model, using different channels to get information out and to try to help people make better choices. If you think about people already loyal to the Memorial Hermann brand, today we wait for them to go through the process of trying to make an appointment. Can't we create different ways to connect—multiple points of access that meet consumers on their terms?

PULSE | Memorial Hermann Health System recently unveiled its first Community Resource Center, designed to address the holistic needs of southwest Houston. An onsite partnership with the Houston Food Bank gives patients in this area access to fresh food. Are there other new projects or ideas you'd like to see blossom at Memorial Hermann?

DC | I'd like for us to keep pulling on that thread, to focus on community. This sort of approach—going beyond traditional health care venues, putting clinics in schools—really started 20 years ago. With those children [from 20 years ago], we've seen better academic achievements, improvements in health. We want to grow that effort.

PULSE | How do you manage your professional commitments to ensure that you don't work 24 hours a day?

DC | I do that though exercise. I read. I try to set the right example in terms of taking time away. If I'm going to go on a vacation, I don't read my email when I'm away. If people need me, I tell them to call me. I love going away to the mountains—going on a vigorous hike and getting out and doing whitewater rafting. I think we have to create

those breaks. If we're continually engaged in problem-solving every day, we lose our ability to be creative.

Folks work at Memorial Hermann because they want to make a difference and they'll push themselves beyond the point of exhaustion. We have to do a better job providing lifelines for self-preservation. It's about better support for their work, understanding our limits as individuals, thinking about how we create teams in the organization, and then giving our people time to separate—to do something different that's good for the mind, the body and the spirit. ■

David Callender, M.D., was interviewed by Pulse Editor Maggie Galehouse. The conversation was edited for clarity and length.

Getting Through a Ferocious Flu Season

This could be one of the worst in recent years by the time the virus tapers off in the spring

BY CINDY GEORGE

The flu season that began in late September 2019 intensified earlier than usual, fueling fears about potentially ferocious viruses and increased mortality. In the Houston area, at least two young boys died from flu-associated complications in December.

The 2019-2020 flu season has caused severe, widespread illness and features a virus type—Influenza B—that usually doesn't pound patients until later in the season. That's why area physicians, researchers and public health leaders are concerned that the current season could be worse than previous years.

Harris County and Houston each announced their first flu-related pediatric deaths in December, which emphasized that the virus can kill.

One death was a boy between 6 months and 1 year old who lived in northwest Harris County and had underlying health conditions, said Umair Shah, M.D., MPH, executive director of Harris County Public Health. Another boy between age 6 and 10 who had pre-existing health conditions died in the city, according to the Houston Health Department.

"It's just a reminder of the importance of flu vaccination for the entirety of our community," Shah

said, noting that children under 6 months cannot get flu shots. "The youngest of the young really rely on all of us—the adults—to make sure we're vaccinated because it helps protect little kids."

There have been at least eight pediatric flu-related deaths in Texas this season.

Seasonal flu activity in the United States continues to increase and has been elevated for months, the weekly influenza surveillance report from the Centers for Disease Control and Prevention (CDC) has shown.

Every region in the nation has elevated levels of flu-like illness, with most activity caused by Influenza B viruses.

Children's flu-associated deaths are reportable to health authorities, but the number of adults who succumb to flu-related illnesses each season are estimates.

For the first four months of the current flu season, the CDC estimates at least 15 million flu illnesses, 140,000 hospitalizations and 8,200 deaths. So far, most of the influenza-associated pediatric deaths are associated with Influenza B.

Early Influenza B

"We started seeing some cases of Influenza B starting in September," said Syed Raza, M.D., chief medical officer and vice president of medical operations for CHI St. Luke's Health-The Woodlands Hospital, CHI St. Luke's Health-Lakeside Hospital and CHI St. Luke's Health-Springwoods Village Hospital. "We then started seeing that multiply at

an exponential rate soon afterward.

Raza, a hospitalist and internist, recommends using any means necessary to get the flu vaccine.

"There are so many different ways to get it. Pharmacies are probably the fastest, easiest way," Raza said. "It takes two or three weeks to fully develop the antibody response. It's an easy fix to preventing the flu and hospitalization and a whole lot of heartache."

An online flu tracker, developed by Houston Methodist Hospital, offers a glimpse of how the flu is impacting people in the area by gathering data from patients tested at the system's hospitals and freestanding emergency centers. In late December and early January, positive Influenza B tests outpaced Influenza A in the lab.

"Typically, Influenza B doesn't pick up until February or March," said S. Wesley Long, M.D., Ph.D., a clinical pathologist who is the medical director of Houston Methodist hospital system's diagnostic microbiology lab. "Because of that, there is some concern that the flu season may ultimately be worse."

Long stressed the importance of getting a flu vaccination, noting the higher dose flu shot for seniors 65 and older that offers more protection. Good hygiene practices, including frequent hand washing and adequately covering coughs, also make a difference, he said.

Long felt flu creep up on him in December (he tested positive for Influenza A), but he said his inoculation kept symptoms mild and caused them to subside after a few days.

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“When people say the flu vaccine doesn’t work very well—that can be true, but it depends on the match with the virus that is circulating. It may not prevent you from getting sick, but it may prevent you from getting sicker and it prevents hospitalizations and deaths.”

— CATHERINE TROISI, PH.D.

Infectious disease epidemiologist and an associate professor at UTHealth School of Public Health

Vaccine myths

Preventing mortality should be a strong reason to pursue annual flu shots, said Catherine Troisi, Ph.D., an infectious disease epidemiologist and associate professor at The University of Texas Health Science Center at Houston (UTHealth)

School of Public Health.

“The influenza vaccine has the ability to prevent a lot of death,” she said. “It also prevents a lot of hospitalization.”

The former assistant director of the Houston Health Department added that the vaccine also can

reduce the length and severity of an illness.

“When people say the flu vaccine doesn’t work very well—that can be true, but it depends on the match with the virus that is circulating. It may not prevent you from getting sick, but it may prevent you

from getting sicker and it prevents hospitalizations and deaths,” she said.

Only about half of the population gets vaccinated, although it’s now recommended for everybody over the age of six months, Troisi added.

“And there are a lot of misconceptions about the flu vaccine, like that you can get the flu from it—not true. Especially the inactivated vaccine; it doesn’t have any virus in it, just parts of virus,” she said. “With the live attenuated that’s licensed for ages 2 to 49, it is possible that you can get the flu, but it’s very rare and it would be a weak form of flu.”



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1 | JOSETTE ARMENDARIZ-BATISTE, DNP, RN, is the new System Chief Nursing and Patient Care Services Executive at The University of Texas Medical Branch at Galveston (UTMB Health). She served in the role in an interim capacity starting May 2019.

2 | STEVEN D. POWELL, MSN, RN-BC, the People with Disabilities program manager for Michael E. DeBakey VA Medical Center, has been appointed to the Health Policy Committee of the Association of Rehabilitation Nurses for the 2020 term.

3 | San José Clinic volunteer pharmacist **VICTORIA PHO, PHARM.D.**, was honored by the Houston Texans as a finalist for the United Way Community Quarterback award at a Texans game in December, where Pho received a \$5,000 check for San José Clinic.

4 | WINELL HERRON, KAREN MILES and **KELLI COHEN FEIN, M.D.**, chaired the annual Men of Substance Black Tie Gala, which raises money to fight sickle cell.

5 | ALICE McPHERSON, M.D., professor of ophthalmology at Baylor College of Medicine, received the 2019 Retina Hall of Fame Award for her contributions to the field of retinal diseases.

6 | CAROLYN OLIVAREZ, LVN, CPTC, CPHQ, has been promoted to vice president of quality and regulatory compliance at LifeGift and will join the organization's strategic governance council.

7 | JOHN COOKE, M.D., PH.D., chair of the cardiovascular sciences department at Houston Methodist Research Institute and director of the Houston Methodist Center for Cardiovascular Regeneration, has been elected Fellow of the National Academy of Inventors, class of 2019.

8 | MARIA ELENA BOTTAZZI, PH.D., professor and associate dean of the National School of Tropical Medicine at Baylor College of Medicine and co-director of Texas Children's Hospital Center for Vaccine Development, was inducted into the National Academy of Science of Honduras.

9 | WILLIAM F. McKEON, CEO and president of the Texas Medical Center, was honorary chair of 2019's "Sleep Out: Executive Edition," a Covenant House Texas fundraiser that raised \$1 million to help homeless youth.



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Credit: Nos. 1, 2, 3, 4, 5, 6, 7, 8, 10, 11, 12, 13, 14 courtesy photos; No. 10, Johnny Than; No. 13, Country Park Portraits; No. 15, Thomas Campbell



10

10 | HOUSTON METHODIST held a “Rendezvous of the Century” gala in November at Minute Maid Park to celebrate its 100th anniversary. The gala hosted 2,500 guests and raised more than \$9.5 million to attract and retain physicians, accelerate translational research and promote patient healing.



11

11 | RONALD McDONALD HOUSE HOUSTON CEO Rick Noriega, Harris County Judge Lina Hidalgo and Ronald McDonald helped kick off the 10th annual Trafigura Run for the House. The race raised more than \$622,000 for Ronald McDonald House Houston, a home away from home for families with seriously ill children.



12



13

12 | CEDRIC DARK, M.D., MPH, assistant professor of emergency medicine at Baylor College of Medicine, was named to the Emergency Medicine Residents’ Association’s 2019 45 under 45 list.

13 | LOUISE D. McCULLOUGH, M.D., PH.D., the Roy M. and Phyllis Gough Huffington Distinguished Chair of Neurology at McGovern Medical School at The University of Texas Health Science Center at Houston (UTHealth) and chief of neurology at Memorial Hermann-TMC, has been honored with the 2019 Stroke Council Award and Lecture by the American Heart Association.



15

14 | DIANE M. SANTA MARIA, DRPH, MSN, RN, the Dorothy T. Nicholson Distinguished Professor and interim dean for Cizik School of Nursing at UTHealth, and Cizik School of Nursing vice dean for academic affairs **CATHY L. ROZMUS, PH.D., RN**, were selected as 2019 American Academy of Nursing fellows. They attended the academy’s annual policy conference in Washington, D.C.

15 | Cancer survivors Allison Rosen and Alma Faz cut the ribbon at the opening of the Adolescent and Young Adult Oncology Program’s new clinic at **THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER**. The program gives a growing number of teens and young adult patients services and support. Faz is now an MD Anderson employee working at the same hospital that saved her life.



14

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2/8

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