Sidestep Heart Attack & Stroke
UCSF experts target early warning signs
TO OUR NEIGHBORS

Children in the Bay Area and beyond now have more hope for healthier lives, thanks to a $100 million gift from Lynne and Marc Benioff to the newly renamed UCSF Benioff Children’s Hospital—part of an unprecedented hospital complex for children, women and cancer patients that broke ground at UCSF Mission Bay this month.

Lynne and Marc Benioff are amazing people. Marc is the co-founder, chairman and chief executive officer of Salesforce.com, and Lynne serves on the UCSF Foundation Board. The Benioffs have decided to focus their personal philanthropy on the children’s hospital, with the goal of seeing both the new hospital built and significantly advancing children’s health worldwide.

UCSF Benioff Children’s Hospital will set the standard for this care, bringing to life the new discoveries made in Mission Bay laboratories located directly across the street. In addition to offering the latest technologies, the hospital will in every way be tailored to meet the special needs of sick children and their families.

We celebrate the generosity of spirit and the confidence that the Benioffs have shown in UCSF, and the work that will be done to benefit children here and around the world.

On behalf of the UCSF community, we thank the Benioffs for their incredible generosity. To learn more about this gift and our vision, and to share your ideas on how to make UCSF Benioff Children’s Hospital the best children’s hospital in the world, visit www.ideas.ucsfbenioffchildrenshospital.org.

Mark R. Laret
Chief Executive Officer
UCSF Medical Center
UCSF Benioff Children’s Hospital

FOR HMO MEMBERS IN SAN FRANCISCO: Choose Hill Physicians – San Francisco for “In Network” Access to UCSF’s Specialists

Since January 2010, UCSF Medical Center and our doctors have been affiliated with Hill Physicians Medical Group.

If you are a member of a health maintenance organization (HMO) and receive your health care in San Francisco, select Hill Physicians – San Francisco as your medical group during this year’s open enrollment period. Then choose a primary care physician in San Francisco or northern San Mateo County. These selections provide you with the ease of “in network” access to UCSF’s specialists and a majority of the “Best Doctors” in the city.

Your current physician may already be part of Hill Physicians Medical Group. Call the Hill Physicians customer service team at (800) 321-6673 for help or search for your doctor(s) by last name at www.hilphysicians.com. This network of 1,000-plus doctors provides you the confidence of easier access to UCSF. If you’re a member of a preferred provider organization, there’s no need to do anything.

For more information on maintaining unrestricted access to UCSF specialists and services, read our Frequently Asked Questions at www.accessucsf.org or call UCSF Medical Center at (888) 689-8273 and a representative will answer your questions.

SCANNING FOR PAIN

If you have back, neck, leg, arm or hip pain or have a peripheral nerve disorder, you might benefit from treatment guided by our advanced 64-slice CT scanner. Read about this innovative procedure at www.tinyurl.com/2c6k6n9 or call our Radiology practice manager at (415) 353-9492 for more information.

BUILDING THE FUTURE: THE CAMPAIGN FOR UCSF MEDICAL CENTER

An extraordinary opportunity now stands before UCSF Medical Center: to build an unprecedented new hospital complex at UCSF’s Mission Bay campus that will define the future of health care. To learn more about the project and how you can help, visit www.missionbayhospitals.ucsf.edu.

NEWS TO USE
A NEW LIFE AFTER SURVIVING CANCER
Neal Garton, father of four, received a lifesaving bone marrow transplant at UCSF

Nowadays, you usually can find Novato resident Neal Garton and his wife, Elena, in a race to keep up with their rambunctious quadruplets—and relishing every minute. “My life is very active, especially with four kids,” says Garton. “We just enjoy life.”

Enjoying life is a much more precious undertaking since that fateful time about 10 years ago, when Neal was referred to UCSF Medical Center, where he was diagnosed with acute myelogenous leukemia, a fast-growing cancer of the blood and bone marrow, and where he would receive the advanced therapy that would save his life.

Neal underwent radiation and chemotherapy, and while those treatments kill cancer cells, they also destroy bone marrow stem cells, which develop into blood cells. He ended up needing a bone marrow transplant—also called a stem cell transplant—to replace those cells, reboot his immune system and give him the best chance of long-term recovery.

“We believe the patient is eventually cured not because the preparative treatment before transplantation destroys every tumor cell, but because the new immune system that we’re transplanting will recognize residual tumor cells and eradicate them,” says Dr. Karin Gaensler, a hematology-oncology specialist at UCSF Medical Center, who handled Neal’s transplant.

UCSF is a leader in blood and bone marrow transplants for blood disorders, including leukemia, lymphoma and multiple myeloma. The hospital performs both autologous transplants (using the patient’s own, prefrozen stem cells) and allogenic transplants (using donor stem cells).

“For an allogenic transplant, the white cells of the patient and donor are compared for different markers called human leukocyte antigens to see whether they match,” says Dr. Gaensler.

Neal had to undergo an extensive physical to ensure that he was a good candidate for a transplant. Once he was cleared for the transplant, he was given medication to suppress his immune response, which avoided rejection of the foreign cells. Then, he intravenously received blood from his sister, who had been found to be a good match and had happily agreed to help.

As his life has unfolded over this past decade since the procedure (the quadruplets were born in 2005), it’s clear that Neal’s transplant was a success. He had to remain within close range of UCSF for several months after the procedure, for required follow-up transfusions and checks for graft-versus-host disease (reaction of the donor immune cells against recipient tissues), bleeding complications and infections due to a suppressed immune system.

While the procedure and recovery is complex, patients like Neal can count on UCSF’s state-of-the-art care and advanced facilities. “Bone marrow transplantation is a very sub-specialized area of medicine,” says Dr. Gaensler. “It requires a team of highly trained physicians, nurse practitioners and nurses, such as the group we have at UCSF.”

For more information, call (415) 353-2421 or visit www.ucsfhealth.org/bmt.
EXTRAORDINARY CARE FOR THE AGING BACK
The UCSF Spine Center is distinguished by its experience, multidisciplinary expertise and full range of treatments, including minimally invasive procedures.

Scoliosis, a disorder marked by lateral curvature of the spine, affects both young and old but is becoming more prevalent in U.S. adults as the population ages. “As people get older, they develop more degeneration in their discs and facet joints in the back,” explains UCSF orthopaedic surgeon Dr. Serena Hu. “It’s not uncommon to have asymmetry of that wear and tear, then one joint will start to tilt. Gradually others follow, and the spinal column can get curved and tilted.” The end result can be disabling back and leg pain and deformity.

At the UCSF Spine Center, one of the largest centers of its kind in the country, treatment typically begins with a combination of nonsurgical therapies, which include physical therapy, pain-relieving medications and steroid injections. If severe pain persists or spinal curvature is large or worsening, surgery may be considered. “The major surgical intervention is spinal fusion,” says Dr. Vedat Deviren, a UCSF orthopaedic surgeon. “The vertebrae of the spine are fused together using various types of instrumentation, typically screws and wires, and bone graft.”

Also available at UCSF are innovative approaches to spinal fusion, which limit doses of anesthesia and minimize blood loss and tissue damage, with relatively quick recovery time. “These include new, minimally invasive techniques that create a small opening in a patient’s flank to operate, minimizing muscle stripping but maximizing access to the disc,” says Dr. Shane Burch, a UCSF orthopaedic surgeon. During these operations, surgeons at UCSF may use state-of-the-art, 3-D imaging technology that allows the spine to be viewed clearly, increasing safety and accuracy in the placement of instrumentation.

For Spine Center physicians, the overall aim is to improve patients’ “self-assessment of their quality of life, including pain, function and self-image,” says Dr. Sigurd Berven, a UCSF orthopaedic surgeon. “If we restore back alignment—take someone who tips forward and straighten them up—that’s an extremely grateful patient,” adds UCSF neurosurgeon Christopher Ames. “Many of our elderly patients could not do basic activities and assumed that a severe increase in their disability was just a normal part of aging. To be able to tell a patient, this is something we can fix, that’s the most rewarding part.” For more information, visit www.ucsfhealth.org/spine or call (866) 817-7463.
Q&A

DECODING EPILEPSY

UCSF specialists are at the forefront of research and treatment.

Epilepsy is a disorder that results from abnormal electrical activity in brain cells, prompting chronic seizures whose underlying cause, in most cases, is unknown. At UCSF Medical Center, patients with epilepsy have access to neurology and neurosurgery programs that have been ranked among the top five in the nation. Here, Dr. Paul Garcia, director of Clinical Epilepsy Services, discusses highlights of UCSF’s advanced care. For more information, visit www.ucsfhealth.org/epilepsy or call (415) 353-2437.

Q: How is epilepsy diagnosed?
A: Imaging—specifically an MRI—is the best way for us to try to understand what may be causing seizures, especially in adults. An EEG (electroencephalogram or brain wave test) also can be helpful. But a large number of people who have epilepsy also have normal MRIs and EEGs. In those cases, we make largely a clinical diagnosis and make treatment decisions based on observation and the patient’s experience.

Q: How is epilepsy treated?
A: Roughly two-thirds of patients get good seizure control just by trying one of today’s many epilepsy medications. But a substantial fraction don’t get good seizure control from meds—those patients are candidates for surgery or other advanced procedures. At UCSF, we offer all types of epilepsy surgery, including removal of the seizure focus, the most common type of surgery. An option when brain surgery isn’t advisable: Surgeons may reduce the number and severity of seizures by implanting a pulse generator under the collarbone that stimulates the vagus nerve, which runs from the brain to all internal organs.

Q: Why is it important to control seizures?
A: Seizures carry risk of injury, sometimes life-threatening. When they aren’t controlled adequately, the annual risk from dying is 1 to 2 percent. People with epilepsy can also suffer job discrimination or be disallowed from driving, if seizures aren’t controlled.

Q: What are some of the strengths of UCSF’s epilepsy specialists and services?
A: We have specialists who devote their entire practice to treating epilepsy, neurosurgeons trained in the surgical management of epilepsy, a pharmacist whose area of expertise is epilepsy medications and clinical nutritionists who counsel patients on seizure-controlling diets. In all, we have more experts and resources devoted to treating people with complicated epilepsy problems than any other center in the area.

PARTICIPATE IN GROUNDBREAKING RESEARCH

Dr. Nicholas Barbaro, a UCSF adult epilepsy neurosurgeon, is lead investigator of a multicenter international study comparing standard temporal lobe surgery (seizure focus removal) to treatment with Gamma Knife radiosurgery, a noninvasive technology that delivers a highly focused dose of radiation to targeted areas in the brain. For information about participating in the study, e-mail paul.garcia@ucsf.edu. For more details about Gamma Knife radiosurgery, visit www.ucsfhealth.org/gammaknife.
Heeding the Body’s Early Warning System

Peripheral artery disease (PAD) affects more than 8 million Americans and is getting more common. It often sneaks up with minimal symptoms. And it’s closely associated with other life-threatening conditions.

Peripheral artery disease (PAD) is a narrowing or blockage of the leg arteries. It might not sound serious, but it’s a distress signal that shouldn’t be ignored. “Patients with PAD have anywhere from a twofold to sixfold increased risk of a major cardiovascular event, like heart attack or stroke,” says Dr. Michael Conte, chief of Vascular and Endovascular Surgery at UCSF and co-director of the Heart and Vascular Center.

People with PAD may be concerned about gangrene and the possible need for amputation, but overall those occurrences are rare. “Even for those who have symptoms (pain with walking) from a blocked artery, the risk of amputation is extremely small—1 percent a year or less—while the risk of cardiovascular mortality is 5 percent per year. So for most people, being diagnosed with PAD implies a much bigger threat to life than limb.”

UCSF Medical Center’s experts target treatments to improve sluggish leg circulation—and help patients avoid a heart attack or stroke.
“Patients with PAD [peripheral artery disease] have anywhere from a twofold to sixfold increased risk of a major cardiovascular event, like heart attack or stroke.”
—Dr. Michael Conte, chief of Vascular and Endovascular Surgery

Treatments for PAD range from medication to surgery, and UCSF has been a nationally recognized leader in the field. At the UCSF Heart and Vascular Center, a multidisciplinary team—vascular surgeons, cardiologists, and specially trained radiologists and anesthesiologists—select the best approach for each patient. “There’s a lot of marketing of specific treatments going on, without good data to support them,” Dr. Conte says. “We evaluate each patient individually and may use noninvasive imaging such as ultrasound or CT scans to get a complete picture of the disease. We try to tailor the approach for each case, and we’re not wedded to any one technique.”

For those who are diagnosed with PAD, lifestyle changes such as exercise and smoking cessation, combined with medical therapy—including lipid, blood pressure and possibly glucose treatment—are key elements to reduce the overall risks of mortality and major complications. For patients with significant leg pain, a drug called cilostazol may provide modest relief.

Some patients with advanced disease need direct revascularization, rechanneling the blocked artery, or rerouting with a bypass graft, to restore blood flow. “We can use less invasive catheter-based treatments, which are most effective when the blockages are relatively limited, as a first option in some patients,” says Dr. Conte. These include balloon angioplasty (forcing the vessel walls open with a balloon), stenting (using a metal mesh tube to open the vessel) and atherectomy (shaving plaque away with instruments or lasers).

For patients who have more severe blockages, bypass surgery (employing a vein to bypass the blockage) may be appropriate. While more invasive than a catheter procedure, it is also generally more effective and durable.

Some of these procedures have significant failure rates—as many as 50 percent of angioplasty and stent procedures fail in the first few years—which is why the UCSF team takes a studied approach. In fact, Dr. Conte headed the largest North American trial of leg bypass surgery—comprising 1,400 patients at more than 80 hospitals—ultimately producing a wealth of data that is shedding light on which patients are the best (and worst) candidates for bypass surgery.

Researchers at UCSF are also focused on developing new treatments for patients with PAD. These include drugs to improve the results of angioplasty and bypass surgery, strategies to improve the body’s ability to grow new blood vessels, and approaches to stabilize or reduce the atherosclerosis process itself.

For more information about PAD and its treatment, visit www.ucsfhealth.org/vascular or call (415) 353-2357.

SHOULD YOU BE SCREENED FOR PAD?

Peripheral artery disease can be diagnosed with a painless blood pressure test called an ankle-brachial index. Talk to your doctor about getting screened if you

- are over age 70 or
- are between ages 50 and 69 and have risk factors for PAD such as diabetes, smoking, high cholesterol, hypertension, a history of atherosclerosis (e.g., coronary artery disease) or an abnormal pulse examination or
- have typical symptoms of pain in the leg muscles with exertion, or signs of more advanced disease (discoloration of toes, nonhealing wounds, pain in the foot at rest).
UCSF MEDICAL CENTER, AT YOUR FINGERTIPS

You can keep up with the latest treatment innovations, review physician biographies, get directions and much more by visiting www.ucsfhealth.org. The UCSF Medical Center Web site is your health care resource 24 hours a day, every day.

ACCESS OUR WORLD-CLASS CARE
For personal help finding a doctor, please contact us at (888) 689-8273 (toll free) or via e-mail at referral.center@ucsfmedctr.org. Assistance is available Monday through Friday, 8 a.m. to 5 p.m. (PST).

HEALTH COVERAGE: MAKING THE CHOICE THAT’S RIGHT FOR YOU
Whether you elect health coverage through your employer or purchase it on your own, you may have an opportunity to choose among several options. Understanding the different types of health plans is the first step in making a good choice for you and your family. Typically, health insurance companies, including large, nationally known plans, contract with locally based medical groups to provide benefits. Before selecting a plan, confirm that the doctors you prefer are contracted to provide services through the health plan you choose.

For information about the plans accepted by UCSF Medical Center, visit www.ucsfhealth.org/healthinsurance.

VISIT US ONLINE:
To read past issues of Advances, visit www.ucsfhealth.org/advances.

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Produced by DCP
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