UT Southwestern Medical Center at Frisco set to debut

The Future of Medicine heads north to a 20-acre medical campus...

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After more than two years of construction, Frisco’s newest medical facility is ready for its grand opening.

When it opens in December, UT Southwestern Medical Center at Frisco will offer referring physicians and their patients in Collin County access to more than a dozen specialties in both adult and pediatric care. The facility, situated 25 miles north of UT Southwestern’s main campus in Dallas, will be the latest milestone in the Medical Center’s expansion in the Metroplex, joining UTSW clinical facilities in Richardson/Plano, Park Cities, Las Colinas, and Fort Worth that have opened in recent years.

The new four-story, 120,000-square-foot facility in Frisco will be part of a modern, 20-acre campus in Frisco, connected to the Medical Center by a covered pedestrian bridge.

For information or to make a referral, call 469-604-9000.

Cardiology
New drugs, new program, new hope for devastating cardiac condition

For decades, there were no FDA-approved treatments for transthyretin cardiac amyloidosis (or ATTR) in the U.S. But in the past two years, new therapies have been approved for the disease, and UT Southwestern is creating a comprehensive program to care for patients with the condition.

The developments mean new hope for patients in North Texas battling what had been thought to be a hopeless disease. (Median survival of ATTR without proper treatment is just two to five years.)

Amyloidosis is characterized by proteins that “misfold,” explains Justin Grodin, M.D., a cardiologist in UT Southwestern’s Clinical Heart and Vascular Center. “Imagine the proteins as 3D origami figures with perfectly folded edges,” he says. “In patients with amyloidosis, the folds are imperfect, and the protein can’t hold its structure. The protein breaks down into a substance called amyloid, which can travel through the body and deposit in the organs like excessive mortar in a brick wall.”

Amyloid deposits cause heart muscle tissue to stiffen, preventing the heart from contracting and relaxing normally during heartbeats. Cardiac amyloidosis requires prompt, effective treatment. “Recently approved drugs are helping patients and providers shift their thinking about cardiac ATTR,” Dr. Grodin says. “Now, we see it as a condition that can be managed, giving patients better outcomes and improving their quality of life.”

One drug, tafamidis, has been shown to slow the progression of cardiac ATTR, Dr. Grodin notes. Tafamidis acts like a bit of glue to hold protein folds in place, stabilizing them so they don’t misfold. While tafamidis doesn’t cure or reverse cardiac ATTR, the drug has been shown to reduce the risk of death by 30% and the frequency of cardiac-related hospitalization, according to data published in the New England Journal of Medicine.

Diagnosing cardiac amyloidosis takes some detective work because of the vagueness of symptoms, which can include, among other things, shortness of breath, chest pain, and blushing. Too often, Dr. Grodin says, ATTR is recognized at a later time it has progressed to a point where outcomes are likely to be poor. Sometimes symptoms are dismissed as normal signs of aging. “There can be substantial delays in establishing the diagnosis. The median time from symptom onset to diagnosing cardiac amyloidosis might range from two to three years,” Dr. Grodin notes.

The condition can be diagnosed using a specialized heart scan, echocardiogram, or cardiac MRI. However, sometimes a heart biopsy is required if other tests yield ambiguous results.

“A distinct specialty program – like ours at UT Southwestern – is needed to accurately diagnose amyloidosis and align available treatment options,” Dr. Grodin says. UT Southwestern offers a comprehensive, patient-centered approach to diagnosis and treatment involving specialists in cardiology, neurology, hematology, and pathology, among other disciplines.

Patient support is an important element of amyloidosis care as well, he adds. UT Southwestern is involved with amyloid support groups and the Amyloidosis Foundation. Additionally, UTSW will be participating in several clinical trials in the next few years to study the effectiveness of other drugs for ATTR.

“Se we are well-equipped to address this difficult disease,” Dr. Grodin says, adding that UTSW receives a large number of referrals for amyloidosis.

To schedule a referral with Dr. Grodin, call 214-645-8300.
UT Southwestern neurosurgeons perform about 2,000 complex surgeries each year. UT Southwestern has been recognized by Healthgrades as one of America’s 500 Best Hospitals for neurology, which is ranked by U.S. News & World Report.

Skilled in diagnosis and treatment

UT Southwestern’s neurology and neurosurgery program is nationally ranked by U.S. News & World Report as one of the top programs in the nation for 2019-20. "Our neurological surgeons are highly skilled in diagnosing and treating both common and complex neurological problems,” notes Dr. Taylor. “One aspect of our program that sets us apart and helps ensure success for our patients and their referring physicians is the truly built-in connection."

Conditions treated

Surgeons at the new UT Southwestern Neurosurgery at Texas Health Dallas clinic are fellowship trained in their chosen area of subspecialization and together provide care for the full range of spine, brain, and peripheral nerve conditions, including:
- **Spine**
  - Neck and back pain
  - Disc herniation
  - Sciatica
  - Spinal stenosis
  - Spondylolisthesis
  - Spinal deformity
  - Scoliosis
  - Spine fracture
- **Brain**
  - Metastatic tumor
  - Primary tumor
  - Meningioma
  - Pituitary adenoma
  - Acoustic neuroma
  - Aneurysm
  - Arteriovenous malformation
  - Chiari malformation
  - Hydrocephalus
  - Trigeminal neuralgia
- **Peripheral Nerve**
  - Carpal tunnel syndrome
  - Ulnar neuropathy
  - Nerve entrapment

Referrals made easy

UT Southwestern Neurosurgery at Texas Health Dallas welcomes referrals and offers four convenient ways to get them done smoothly:
1. Fax demographics, clinical information, and imaging reports to 214-645-0232
2. Call our Neurosurgery New Patient Referral Team at 214-645-7662 (choose option 2)
3. Call our Neurosurgery Nurse Hotline at 214-645-300
4. Email demographics, clinical information, and imaging reports to THSNeurosurgery@utsouthwestern.edu

Transplant

Meet Dr. David Wojciechowski
Medical Director, Kidney Transplant Program

David Wojciechowski, D.O.
Education & Training
- **Medical School:** Philadelphia College of Osteopathic Medicine
- **Residency:** Internal Medicine, Washington Hospital Center/Georgetown University Hospital
- **Fellowships:** Nephrology, MedStar Georgetown University Hospital/Transplant Nephrology, University of California, San Francisco

Fellowship:

Research.

His research focuses on kidney transplantation, specifically on preventing and treating post transplant viral infections, increasing access to transplantation, and evaluating immunosuppression protocols to maximize patient outcomes and minimize toxicity.

Why did you decide to specialize in transplant nephrology?

I started my medical career with internal medicine training. Later, during my nephrology fellowship, it was the interaction with transplant patients that first turned my attention toward thinking about transplant as a career. In medicine, we’re often presented with a problem for which we might not have a great solution. But in the area of kidney failure, by offering transplant we’re offering hope for patients and giving them a second chance in life. That’s rare in medicine and a wonderful opportunity to help people.

What prompted you to come to UT Southwestern?

Our program here is experiencing tremendous growth, and that’s very exciting. Our main goal is to make transplant available to as many patients as quickly as possible. We’re looking to expand our living-donor kidney transplant program and also patient access to cutting-edge clinical trials. Clements University Hospital was also attractive because of its transplant-friendly features, such as a specialized transplant ICU and the capability for in-room dialysis.

What does it take to make a successful transplant?

Certainly it takes work on the part of the transplant team. Transplant is not an isolated field – it takes good surgeons, good transplant nephrologists, pharmacists, social workers, financial counselors, etc. Fortunately, we have all those things at UT Southwestern. But there is another component as well: patient participation. Transplant patients have to be engaged in their health care – staying on top of taking their medications, having their labs checked on a regular schedule, and so on. Of course, we help them with all that; patient education is a very important component of our program.

What do you tell transplant patients who fear they are going to have to live in a bubble the rest of their life?

I tell them the whole point of the transplant is to get them to live longer and have a great quality of life. Get out and live – go to a movie, take your wife out to dinner, go to Disneyland. You just have to be smart and do common sense things. That’s it, I think, the take-home message. Sure, patients are more susceptible to unusual infections after transplant, especially immediately afterward. But we’re able to give them medications to help prevent those from happening. Over the long term, transplant patients really are at risk for the same things as you and I.

Where is the Kidney Transplant Program’s focus now?

We have a lot of very ambitious goals. First, we want to enhance our infrastructure so that we can further increase capacity. Second, we want to look at how we can increase utilization in the deceased donor pool. And finally, we want to ensure our community – go our meet providers, nurses, and other team members. Let them know we’re here to support them, to provide them with world-class transplant care, and to ensure they know we want to be a partner with them going forward.

To make a referral to the Kidney Transplant Program, call 877-392-1528. Calls answered 24/7 by a registered nurse.

All transplant surgeries at UT Southwestern take place at William P. Clements Jr. University Hospital. The hospital houses dedicated areas for abdominal kidney and liver and thoracic (heart and lung) transplant care.
Bile duct cancer is relatively rare – only about 8,000 cases are diagnosed in the U.S. each year – but interest in the disease is growing, and UT Southwestern is among those actively investigating and testing new treatments for it, says Shaalan Beg, M.D., a medical oncologist at UT Southwestern who specializes in gastrointestinal cancers.

“It’s really a watershed moment for this malignancy that few really studied in the past,” he says. “It was sort of an orphan disease, and now there’s a lot of interest in it.”

The reason bile duct cancer is now popping up on radars for one thing, the disease appears to be rich in specific genomic mutations that might have targeted drugs linked to them, and UT Southwestern is among those actively involved in this work.

“Along with genomic testing and multiple clinical trials, Dr. Beg points to another factor positively impacting UTSW’s role in the treatment of bile duct cancer: a highly experienced liver transplant program. ‘We’ve got the expertise across multiple disciplines – medical oncology, radiation oncology, hepatology, advanced endoscopy, and transplant surgery – that allows us to offer this complex but lifesaving therapy to patients,’ he says. ‘It’s just one way that we’re pushing boundaries at UTSW’,” says Parsia Vagefi, M.D., Chief of the Division of Surgical Transplantation.

For Drs. Beg and Vagefi, being at the forefront of bile duct cancer investigation and treatment is exciting – and apparently they’re not alone in that feeling. Research on bile duct cancer is currently taking place in many university hospitals, medical centers, and other institutions around the world, according to the American Cancer Society.

UT Southwestern offers a robust program of clinical trials for the disease. Dr. Beg notes: “We have trials targeting these specific mutations, and if we don’t have a trial, we’ll send the patient to one of our collaborators.”

“I certainly feel that the U.S. population is trending older, a national movement is underway for the development of bone fragility programs that incorporate prevention for seniors. In North Texas, such a program exists only at UT Southwestern,” he says. “It’s an important emphasis because 10,000 people are turning 65 years old every day – the ‘silver tsunami’ is real,” says Megan Sorich, D.O., Director of the UT Southwestern Geriatric Fractures Program.

“The prevalence and incidence of fragility fractures increase with age, and the number of seniors is only going to rise, so the sole focus of our program is on how to take better care of them.”

An expert in geriatric orthopaedic trauma as well as shoulder and elbow surgery, Dr. Sorich received advanced training in fragility fractures under the direction of Julie Sweitzer, M.D., at the University of Minnesota, which has the only fellowship in geriatric orthopaedic trauma in the country. She is assisted by Vararatharaj Mounasamy, M.D., who was recruited from Virginia Commonwealth University, where he studied under Stephen L. Kates, M.D., a past president of the International Geriatric Fracture Society and one of the true leaders in the field. Dr. Mounasamy served as Director of the Orthopaedic Trauma Fellowship at VCU and previously received advanced training in adult reconstructive orthopaedics through a fellowship at the University of Virginia Medical Center.

Multidisciplinary management is integral to the program and part of what sets it apart,” says Dr. Sorich, Assistant Professor of Orthopaedic Surgery. “Our team includes orthopaedic surgeons, the hospitalist team, and specialists in geriatric medicine, physical therapy, nutrition, social work, and bone mineral metabolism. Working together with a patient-centered focus, we hope to improve inpatient care and prevent the next fracture from occurring.”

“Fragility fractures rank high on the list of morbid health considerations for seniors, their caregivers, and their physicians. Am, hip, or spine fractures caused by falls or traumatic injuries affect more than 2 million people in the U.S. every year. For decades, however, fragility fracture treatment has been severely slowed across health care organizations. After surgical repair of the fracture, hospital discharge has too often been the end of a patient’s care. The patient would be sent to rehabilitation with no preventive measures in place.

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To refer a patient to the Geriatric Fractures Program at UT Southwestern, call 214-865-8300.
UT Southwestern physicians offer consultations and treatment in approximately 80 specialties. Recognizing that navigating through the many programs and resources at UT Southwestern can be challenging, the University established Patient and Physician Referral Services to assist external physicians and their staff with securing patient appointments. Offices may call one centralized phone number to schedule a consultation in any clinic or to fax patient records related to a referral. The UT Southwestern referral coordinator will work closely with the appropriate physician or clinic to coordinate the patient's appointment, as well as contact the patient and referring physician's office with the appointment details.