A Dose of Prevention

Take measures today to help you ward off cancer in the future.
Here at Simmons Cancer Center, we have a singular goal that unifies us a team: to defeat cancer. And while we’re always investigating new and effective ways of treating cancer, we also want to help people avoid a diagnosis in the first place.

Well over 1 million people in the U.S. are diagnosed with cancer every year, but early detection through screening can provide more options for successfully fighting the disease, which is why we’re working to ensure cancer screenings are available and accessible to all – read more about our early detection outreach programs on page 14.

In addition to cancer screenings, there are a few key lifestyle changes that can help people reduce their cancer risk. A major lifestyle change is quitting smoking. No matter how many times you’ve tried to quit or how long you’ve smoked, it’s never too late to quit and improve your health. Turn to page 8 to learn how a Bedford, Texas, resident (and UT Southwestern employee) was able to finally kick the habit for good.

For some people, though, cancer is caused by inherited mutations that are embedded in our genes from the time we’re born. Hereditary or germline genetic testing looks for certain mutations in genes that are inherited from our parents and potentially transmitted to our children. But deciding whether one should consider or undergo testing – and knowing what to do with the results – can be complex. On page 6 our expert explains how genetic counseling can help.

And if the time does come when cancer treatment is needed, we’re here. Our team of hundreds of leading cancer doctors and oncology-trained support staff are trusted partners in returning patients with cancer to good health. Through a combination of expertly delivered compassionate care and our initiatives to develop new lines of defense against cancer, we offer more than most cancer centers. We deliver the future of cancer care, today.

Sincerely,

CARLOS L. ARTEAGA, M.D.
Director, Harold C. Simmons Comprehensive Cancer Center
Quitting Time
An innovative tobacco cessation program helps people break the habit for good.

What the Latest Science Says About Cancer Prevention
From aspirin to exercise to sun exposure, here’s what you need to know about reducing your risk of cancer.
**SUPPORT FOR PEOPLE WITH PANCREATIC CANCER**

In January, UT Southwestern Medical Center joined forces with the Pancreatic Cancer Action Network (PanCAN) and invited people with pancreatic cancer to the Pancreatic Cancer Patient Summit. There, 130 people learned about cancer prevention, treatment options, supportive care, and promising clinical trials from leading pancreatic cancer clinicians.

The multidisciplinary team of presenters covered topics including:

+ The latest research from UT Southwestern labs
+ Pancreatic cancer and robotic surgery
+ What to expect before – and after – surgery
+ Nutrition
+ Surviving pancreatic cancer: What’s next?
+ How palliative care can improve quality of life

These free summits are held throughout the United States in partnership with leading pancreatic cancer treatment centers. The summits give patients and their families and friends the opportunity to meet with others who are fighting pancreatic cancer, as well as access resources and speak with experts.

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**Reaching Out to Help Prevent Cancer**

UT Southwestern’s Harold C. Simmons Comprehensive Cancer Center is working to make sure people in the community who are at risk of cancer, or who have cancer, can benefit from the Center’s research, care, and expertise.

Simmons partnered with the Dallas Mavericks to promote its Conquering Cancer campaign, featuring the mayors of Dallas and Fort Worth, during the Feb. 27 Mavs game against the Indiana Pacers.

The Conquering Cancer campaign is a public outreach initiative designed to help raise awareness of cancer prevention, genetic testing, and early detection, with a focus on breast, lung, liver, cervical, and colon cancers.
UTSW Nurse Honored for Outstanding Work

Jennifer Goodman, B.S.N., RN, OCN, received the Dallas Oncology Nursing Society (ONS) Founders Award in January. The award recognizes a member who:
+ Actively participates in oncology nursing and in the oncology community at large
+ Advocates for patients, families, and others to provide access to the health care system
+ Contributes to the nursing profession and acts as a role model for other nurses

Deborah Spitzer, M.S.N., RN, OCN, nominated Ms. Goodman for this award. Ms. Spitzer recognized Ms. Goodman’s 22 years of nursing experience, saying, “She goes beyond on a daily basis, for not only her patients but her colleagues as well. She is an excellent mentor to younger nurses and ensures all colleagues are taught the correct way to administer quality care. When there is a challenging issue, she is everyone’s ‘go to’ person.”

Ms. Goodman is the secretary of the board for the ONS Dallas chapter and was chosen to attend a national leadership weekend sponsored by ONS. She volunteers to help facilitate a semiannual certification review course. Her other volunteer activities include teaching smoking cessation classes and involvement with Kwanzaa Fest, Breast Cancer Awareness Day, Relay for Life, and Light the Night. She also is an enthusiastic fundraiser for Camp Kesem, a camp for children affected by a parent with cancer.

Ms. Goodman also received the UT Southwestern nursing DAISY Award in 2017 recognizing her work as an outstanding role model, and the Ambulatory Nursing Excellence Award in 2015 for delivering excellent, compassionate care.

Ms. Goodman joins her UT Southwestern Simmons Cancer Center peers who have recently won the Founders Award:
+ Fatemeh Youssefi, Ph.D., RN, OCN, 2018
+ Deborah Spitzer, M.S.N., RN, OCN, 2016

Simmons Cancer Center is one of only 30 cancer research centers in the United States designated as a National Clinical Trials Network Lead Academic Participating Site by the National Cancer Institute, which means that the Center has demonstrated its ability to enroll high numbers of patients in trials and its scientific leadership in the design and conduct of clinical trials.

By participating in research, you can be part of tomorrow’s health care breakthroughs. UT Southwestern is always looking for people who are willing to participate in studies so that our researchers can better understand how to diagnose, treat, and prevent diseases and conditions.

Every study is different – some need healthy volunteers, while others are looking for people with a specific condition. UT Southwestern is currently enrolling volunteers for more than 1,000 studies. These studies are researching everything from cancer to immune system disorders to mental health.

If you’re interested in volunteering, visit the StudyFinder website at clinicaltrials.utswmed.org to see which studies are recruiting and what types of candidates they need.
Cancer is caused by changes, or mutations, to genes (pieces of DNA in our cells that tell the cells how to make the proteins the body needs). Sometimes those mutations are inherited from our parents and are embedded in genes from the time we’re born. Other times, alterations to the genes occur during our lifetime – the result of exposure to cancer-causing substances, for example.

Hereditary or germline genetic testing looks for certain mutations in genes that can run in families. But deciding whether to undergo testing – and knowing what to do with the results – is complex. Sara Pirzadeh-Miller, M.S., CGC, Assistant Director for Cancer Genetics at UT Southwestern Medical Center, shares how genetic counseling can help.

WANT TO LEARN MORE?
If you think you could benefit from genetic counseling, call 214-645-8300 to schedule an appointment.

SARA PIRZADEH-MILLER, M.S., CGC

A UTSW expert offers answers to frequently asked questions.
Q. What is the role of a certified genetic counselor?

Ms. Pirzadeh-Miller: Certified genetic counselors, or CGCs, are mid-level providers with specialized master’s-level training in genetics as well as psychology. Our job is to fully comprehend the role of genetics with its application to patient health care and to make it easy to grasp for our patients. Certified genetic counselors ensure patients have an understanding of how genetics could impact their health care, as well as health risks for relatives.

Q. How can I make sure I’m seeing someone who is properly trained?

Ms. Pirzadeh-Miller: Be sure to look for the credentials “CGC” (certified genetic counselor) after a genetic counselor’s name to verify the person is board-certified. Genetic counselors who have recently graduated from an accredited training program are board-eligible and can consult with patients while they prepare for the board exam to become a CGC. In Texas, there is currently no additional licensure.

Q. How do I know whether I should see a CGC?

Ms. Pirzadeh-Miller: Anyone can consider genetic counseling and testing, and the CGC will walk you through understanding testing logistics and insurance coverage issues specific to your situation. But there are “red flags” for hereditary cancer risk that people should know. Someone who’s been diagnosed with cancer at a particularly young age (examples: breast cancer diagnosed at or under age 45, colorectal cancer at or under age 50) or with a rare cancer (examples: all ovarian and pancreatic cancer diagnoses) might be referred to a CGC because there is a question that it might be an inherited cancer. Inherited genetic mutations are involved in about 5 to 10 percent of all cancers, with higher percentages of some types of cancer. Having insight into what this really means for you is invaluable. In addition, people who are unaffected by cancer but have a family history of the disease might also benefit from genetic risk assessment and testing. In the end, we welcome anyone who has concern about their personal and/or family history of cancer even if they don’t fit a particular criterion. It is important to know genetic testing costs have dropped dramatically over the past several years, putting these tests within reach for more people.

Q. Should I see a genetic counselor before or after genetic testing?

Ms. Pirzadeh-Miller: It could be either one. At Simmons Comprehensive Cancer Center, the majority of our patients have not had genetic testing yet and come to us for a pre-test risk assessment where they gain an understanding of the benefits and risks of genetic testing before deciding if it’s right for them.

That said, we’re certainly seeing an increasing number of people who have already done genetic testing elsewhere and are coming to gain a better understanding of their results or to determine if they need additional and/or confirmatory testing.

THE BENEFIT
OF GENETIC
COUNSELING

Genetic counseling ensures you understand the benefits and risks of testing so you are fully aware of what it could mean for you and your family before making the decision to move forward with testing. And once you have the results, you have someone who can explain what the findings could mean for your cancer risk and how to make a cancer risk reduction plan. For these reasons, certified genetic counselors are becoming an ever more critical resource in this era of personalized medicine.
QUITTING TIME

An innovative tobacco cessation program helps people break the habit for good.

Jacob Richman of Bedford, Texas, smoked his first cigarette when he was 11 years old. By the time he was 16, he smoked regularly, and as an adult he was “easily” smoking a pack a day.

Over the years, Mr. Richman, 42, has repeatedly tried to quit. “I’ve tried gutting it out, but the longest I’ve made it was 12 days,” he says.

While he worries about the health risks of smoking, his main motivation for trying to quit is financial. A pack of cigarettes costs $6.69 on average in Texas, adding up to more than $200 per month. “I was so fed up with smoking and tired of being broke,” he says.

Mr. Richman works for UT Southwestern, installing telephone lines and computers, and some colleagues told him about Simmons Comprehensive Cancer Center’s tobacco cessation program. “They said, ‘When you’re ready to stop, this program will help,’” he says.

In November, he contacted the program and said he was ready to quit. At 10 p.m. on Dec. 4, 2018, he smoked his last cigarette.
Jacob Richman was able to quit smoking with the help of the tobacco cessation program at UTSW.
HOW IT WORKS
The program includes eight weeks of group sessions and unlimited individual counseling. Each patient meets regularly with David Balis, M.D., an internal medicine physician who is the program’s medical director.

“I get really excited about going to see Dr. Balis the day before and the day of my appointment,” Mr. Richman says. “I know for the next four or five days it will be easy not to smoke, because of his energy.”

Three certified tobacco-trained counselors – Maria Grabowski, M.S.N., RN, OCN, Karla Jerkins, and Michele Yates – also meet one-on-one with each patient. Those sessions can be in person or on the phone, whichever works best for people. “We do anything we can to help people quit,” Dr. Balis says.

The clinic is free. “That’s very important. We need to remove barriers. If it was easy to quit, people would have already done it,” Dr. Balis says. Any medications are processed through insurance, but there’s no cost to see Dr. Balis or the counselors.

BREAKING THE HABIT
Dr. Balis points out that there are two main factors in smoking – nicotine addiction and habit. “We have tips and tools to help with the habits, and medication to help with the addiction,” he says.

As part of the program, people receive a booklet they can use to record their smoking. For Mr. Richman, this tracking was huge. “I could see all kinds of patterns. Every time I drove, the first thing I would do was light up,” he says. He also smoked when he had his first cup of coffee, and after eating.

Substitutions help break those patterns. “The tobacco and nicotine are out of your system in a few days, but you still have those habits you built over 20 or 25 years of smoking,” Mr. Richman says. Those habits can be mentally harder to break. “When I get in the car now, I pop in a piece of gum. That takes the place of lighting up a cigarette. With my coffee I eat a banana, so now I’ve added a fruit to my diet. These are the little things they show you and teach you,” he says.

When Mr. Richman really wants to smoke, he tries the exercises he has learned in the program. “They say to take three deep breaths, but I take five. They say to count to 20, but I count to 50. The next thing you know, three to five minutes have gone by and you didn’t smoke,” he says.

He also limits the time he spends with people who smoke. “Since I quit I have only been around people who smoke a couple of times. Both times those people were encouraging me to stay off cigarettes. And I have a big group of friends who don’t smoke,” he says.

“The number of smokers in the United States who quit every year, according to U.S. News & World Report. Those who use smoking cessation programs significantly increase their odds of success.
Mr. Richman also worried about gaining weight as a side effect of giving up cigarettes. He had family members who quit smoking and saw their weight balloon. “Dr. Balis said there’s help for that, too,” he says, and so far he hasn’t had trouble managing his weight.

He had a couple of weeks when he felt like he might overeat, but he learned ways to keep his hands busy, like exercises and spinners, to avoid turning to food.

MEDICATION CAN HELP

Three medication options can help people quit smoking:

+ Nicotine replacements, such as patches and gum
+ Wellbutrin
+ Chantix

“Because it’s so hard to quit and so important, I stress using medication. It can make a big difference,” Dr. Balis says.

He presents these three options to patients. Most people have tried to quit in the past, so they review what worked, what hasn’t, and what side effects they experienced. “If they’ve never tried anything, we pick something together,” Dr. Balis says.

He is especially bullish on Chantix. “It’s targeted therapy for smoking. It blocks the nicotine receptors in the brain. It’s the most effective medication we have,” he says. “I encourage Chantix, but it’s the patient’s choice.”

Mr. Richman believes that Chantix helped him quit. “I don’t want to say it was easy the first month, but it was not as bad as when I tried to quit in the past with nothing. I’m still on it now, and it definitely helps with the immediate cravings.”

Dr. Balis individualizes his medication recommendations, since everyone is different. “People might respond to one medication but not another, or have side effects from one but not another,” he says. “There are all kinds of combinations.” Getting the medications right can eliminate cravings and make it easier to quit, he notes.

E-cigarettes might also be an option for some adults trying to quit smoking, since people can use them to taper down the nicotine they are using. And there’s a lot of new technology people can turn to for support – apps like My QuitBuddy, quitlines like Texas’ 1-877-YES QUIT, texting support, and websites like smokefree.gov. Along with counseling and medication, these reminder tools can help people quit.

QUITTING FOR GOOD

Because relapse is a huge problem among people who stop smoking, Dr. Balis thinks that people should stick with medication and the cessation program for a long time.

“Treating people with medication has been shown to reduce the risk of relapse, but I see smoking as a chronic disease. It’s great if you quit, but you’re not done in a day or a week. You need long-term treatment to prevent relapse,” he says.

The tobacco cessation program has been in place at UT Southwestern since September 2018, but Dr. Balis has been running a similar clinic at Parkland Health & Hospital System for many years. “So far it’s been really successful. I’m really excited,” Dr. Balis says.

While some people, like Mr. Richman, join the program because they have decided to stop smoking, others need to quit before surgery or hospitalization.

“That’s a good opportunity to quit,” Dr. Balis says. Treatment outcomes are better in people who don’t smoke, from fewer complications to better wound healing to better odds of remission from cancer. “Everything is affected by smoking, and everything is worse if you don’t quit,” Dr. Balis says.

“The program opens your eyes and offers solutions,” Mr. Richman says. “I had no idea there was help like this available.”

“Smoking is still the number-one preventable cause of death in the United States. Unfortunately, I don’t think we put enough emphasis on getting people to quit. It’s hard, but we have very effective counseling tools and medications. If someone is interested in quitting, we can really help them. It’s the part of my job I love the most. If I can get somebody to quit, that makes an enormous difference in their life.”

– DAVID BALIS, M.D.

READY TO QUIT?

Sign up for UT Southwestern’s tobacco cessation program, which includes free group and individual counseling sessions, in addition to one-on-one visits with a doctor who can provide medication as needed to help you quit. Call 214-761-3139 or email canceranswer line@utsouthwestern.edu to enroll.
What the Latest Science Says About Cancer Prevention

From aspirin to exercise to sun exposure, here’s what you need to know about reducing your risk of cancer.
Social media streams and news headlines grab our attention with the latest cancer prevention strategies. But how do we sort the scams from the science? We asked Celette Sugg Skinner, Ph.D., Associate Director for Cancer Control and Population Science at Simmons Comprehensive Cancer Center, and Professor and Chair of Clinical Sciences, to help clear up some common falsehoods about the disease.

**I SHOULD EAT ONLY ORGANIC FOOD.**

**WHAT WE KNOW:** “I don’t think there’s any question that environmental toxins are related to cancer. We just don’t know enough about what is and isn’t toxic,” Dr. Skinner says. There are lots of different factors to tease apart, and they can affect people differently. It’s really hard to measure what people have been exposed to over the course of their lives, so this is a challenging topic to study.

**TO REDUCE MY RISK OF SKIN CANCER, I SHOULD AVOID THE SUN.**

**WHAT WE KNOW:** To help prevent some cancers you need vitamin D. “The best way to get it is from the sun,” Dr. Skinner says. You want to limit your exposure and avoid dangerous sunburns. “But totally covering every part of your body so your skin is never exposed is not the way to go,” she says. Talk to your doctor about what constitutes a safe amount of exposure for you.

**ONLY ADOLESCENT GIRLS NEED THE HPV VACCINE.**

**WHAT WE KNOW:** The human papillomavirus, or HPV, vaccine is recommended for everyone beginning at age 11 or 12. “It doesn’t prevent only cervical cancer – there are multiple HPV-related cancers, and about 30,000 are diagnosed in the United States every year, in both men and women,” Dr. Skinner says.

**BEING OVERWEIGHT IS BAD FOR MY HEART, BUT IT DOESN’T AFFECT MY CANCER RISK.**

**WHAT WE KNOW:** “Being overweight often leads to inflammation, and inflammation is linked to many types of cancers,” Dr. Skinner says. It’s important to maintain a normal weight at all ages. Obesity is linked with cancers of the uterus, esophagus, stomach, liver, kidney, brain (meningioma), pancreas, colon and rectum, gallbladder, breast, ovary, and thyroid.

**MEN SHOULD HAVE NO MORE THAN TWO ALCOHOLIC DRINKS A DAY, AND WOMEN SHOULD HAVE NO MORE THAN ONE.**

**WHAT WE KNOW:** “Heavy alcohol consumption is a risk factor for some cancers,” Dr. Skinner says. “We don’t know exactly how much is too much, but moderation is always wise.”

**DRINKING COFFEE INCREASES MY CANCER RISK.**

**WHAT WE KNOW:** “We all grew up thinking coffee must be bad,” Dr. Skinner says. “But drinking coffee is associated with lower cancer risks, even among heavy alcohol drinkers.”

**EXERCISE IS GOOD FOR ME IN LOTS OF WAYS, BUT IT’S NOT LINKED WITH CANCER.**

**WHAT WE KNOW:** Exercise can help reduce your risk of cancer. “We don’t have a complete understanding, but it’s not only because it helps you lose weight,” Dr. Skinner says. There is a benefit from the physical activity itself. About 30 minutes of moderate activity most days is ideal, but any amount is beneficial. And even if you exercise, it’s still important to get up and move around periodically throughout the day rather than sit for long periods of time.

**I SHOULD TAKE SUPPLEMENTS TO BUILD MY MICROBIOME.**

**WHAT WE KNOW:** “We’re finding that the microbiome is important for cancer risk,” Dr. Skinner says. “But contrary to what the people selling supplements say, we don’t know exactly how to make it better.” Eating a lot of fiber and avoiding unnecessary antibiotics are probably beneficial. Eating some cultured foods like yogurt and sauerkraut is also probably a good idea.

**I DON’T NEED TO TAKE A LOW-DOSE ASPIRIN BECAUSE I’M NOT AT HIGH RISK FOR HEART DISEASE.**

**WHAT WE KNOW:** “Some people might benefit from a low-dose aspirin to help reduce the risk of colorectal cancer and possibly other types of cancer,” Dr. Skinner says. Talk to your doctor about whether aspirin is right for you.

**THERE’S NO POINT IN FOLLOWING RECOMMENDATIONS – THEY KEEP CHANGING.**

**WHAT WE KNOW:** “The reason recommendations change is because we get new and better information,” Dr. Skinner says. For example, it used to look like women needed a Pap test every year. Research has now found that, for most women, once every three years is fine. “That doesn’t mean we don’t know what we’re talking about. It means we know more about what we’re talking about,” she says.
Medical screenings such as mammography and colonoscopy can help prevent cancer and find it early, when it's most treatable. It's important for screening efforts to reach everyone, especially people in underserved communities who might struggle with access to care. That's why UT Southwestern population scientists track the success of their outreach efforts.

“As a National Cancer Institute-designated cancer center, it is important for us to track and monitor our impact on our catchment area,” says Jasmin Tiro, Ph.D., Simmons Comprehensive Cancer Center’s Associate Director for Community Outreach, Engagement, and Equity. “We need to make sure we are tracking disparities, conducting research, and putting programs in place to help achieve equity and reduce disparities.”

She adds that it’s important to identify barriers and develop interventions addressing those barriers so that everyone can benefit from cancer-preventing services.

Finding financial coverage for lifesaving screenings is a big challenge. The UT Southwestern team connects with federal, state, and private funding sources to make sure people can get the tests they need regardless of their ability to pay.

Here are three ways researchers are improving access to cancer screening:

1 **INCREASING TURNOUT FOR COLON CANCER SCREENINGS**

Screening for colon cancer is recommended for people age 45 and older. It can identify polyps and lesions, removing them before they become cancerous, and it saves lives. But only about 15 percent of people without insurance get screened, with particularly low screening rates among African-Americans and Hispanics.

As part of a study evaluating outreach strategies, researchers worked with Parkland Health & Hospital System to target people age 50 to 64 who were underinsured. The team mailed nearly 5,000 letters to people in Dallas County informing them of their risk of colon cancer and recommending screening.

The recipients could choose between a colonoscopy or a free fecal immunochemical test (FIT) kit. About 41 percent of people who received the FIT kit and 25 percent of people who chose colonoscopy completed the recommended screening. Only 12 percent of people receiving usual care were screened.

“Our goal is to work with Parkland to build a sustainable colon cancer screening program that can be more effective than usual referral practices that stem from doctor’s office visits,” says Amit G. Singal, M.D., the David Bruton, Jr. Professor in Clinical Cancer Research and an Associate Professor in the Division of Digestive and Liver Diseases at UTSW.

The team is now focusing on improving FIT-based colon cancer screening outreach and looking at ways to maintain participation rates over time because the tests need to be repeated annually.
PREVENTING LIVER CANCER BY TREATING HEPATITIS C

The most common type of liver cancer, hepatocellular carcinoma (HCC), has a rapidly rising death rate and is striking Texas especially hard. It’s most often caused by the hepatitis C virus, so if people with hepatitis C are treated and cured, they can significantly reduce their risk of developing HCC in the future.

Baby boomers are at high risk for chronic hepatitis C infection – studies in the Parkland system have found that 5 to 10 percent of baby boomers test positive for the disease. And people don’t notice symptoms until the disease is advanced.

A screening program, including a navigation component to help people who test positive get the care they need, is helping to cure hepatitis C infection in the Dallas area.

“We’ve expanded our treatment capacity from one to five clinics per week, and over the past couple of years we’ve successfully treated and cured more than 1,000 patients for hepatitis C,” says Dr. Singal, who is also the Clinical Chief of Hepatology at UTSW. New drugs available to treat hepatitis C cure about 90 percent of cases.

Because medications to treat hepatitis C can be expensive, the team helps people navigate patient assistance programs. “We have been able to set up a program so underinsured patients are being cured at minimal to no out-of-pocket costs,” Dr. Singal says.

SPOTTING LIVER CANCER EARLY

If liver cancer does develop, early detection can bring the five-year survival rate up to 70 percent. But the cancer is deadly at more advanced stages, with an average survival below one year at its most advanced stage.

In one study, UT Southwestern researchers used electronic medical records to identify patients who might be at higher risk for liver cancer, based on a previous diagnosis of cirrhosis. The researchers mailed letters inviting those patients to get screened for cancer with ultrasound and a blood test that is covered by insurance.

The outreach effort tripled the number of people who were screened, and the team is now expanding the invitations to 3,000 patients in three different health systems.

“We need to make sure we are tracking disparities, conducting research, and putting programs in place to help achieve equity and reduce disparities.”

– JASMIN TIRO, PH.D.
For Misti Irvin, it began with a diagnosis of rapid stage 2 breast cancer. She feared she would never see her two little girls go to kindergarten. But Misti’s fear soon turned into a fierce determination that she would not only see her kids go to school, but also one day get married.

Working with UT Southwestern, Misti had a bilateral mastectomy followed by chemo and then a hysterectomy. At each stage during this challenging process, she found hope: in her doctors, in her nurses, and finally, in her remission.

As an NCI-designated comprehensive cancer center, UT Southwestern ranks among the most advanced in the world. This is where you will find innovative treatments, leading-edge clinical trials, and the latest technology. And hope at every stage.

To learn more about hope, visit utswmed.org/cancer