

Baylor's New Outpatient Imaging Center Combines Advanced Technology with Enhanced Communication

Overview

- First PET/CT scanner at Baylor Dallas located in one center with other advanced imaging technology
- Prompt imaging and reporting enhances referring physician experience
- Patients may choose to self park in attached garage or valet park

THE BAYLOR DIAGNOSTIC Imaging Center (BDIC) at Junius, located in the new Baylor Medical Pavilion at Washington and Junius streets on the campus of Baylor University Medical Center at Dallas, opened in June. The center offers the full scope of outpatient imaging services, including PET/CT, high field and high definition MRI, CT, ultrasound, fluoroscopy and X-ray suite. The center is designed to provide ease of access to patients and timely communication between referring physicians and radiology specialists.

Patients will experience easier access to parking and centralized check-in. The facility has been designed to be patient-focused, with a serene environment, larger dressing rooms, a spacious waiting area, and more registration locations for faster check-in procedures.

Richard Seggerman, M.D., medical director of diagnostic imaging for BDIC at Junius, and a radiologist on the medical staff of Baylor Dallas, says the center offers a unique experience for referring physicians and their patients.

"This is not a stand-alone 'doc-in-the-box' imaging center. By using this center, physicians will tap into the depth of the Baylor Health Care System network. The images that are acquired there can be promptly and electronically transferred to one of more than 50 sub-specialized, board-certified radiologists

for timely interpretation, depending on the patient's needs" says Dr. Seggerman.

Because of the Baylor information network, radiologists can compare a current study with older exams performed elsewhere within the Baylor system.

"Barriers to accessing films from previous studies that might have been performed in another department have been removed," says Joe Hise, M.D., a diagnostic radiologist and neuroradiologist on the medical staff at Baylor Dallas. "This imaging center is absolutely seamless with the rest of Baylor University Medical Center."

Additionally, all images are digitally acquired and available electronically to the referring physician. A voice-to-text dictation system provides instant, typed reports that are linked to images.

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Center Offers Entry Point for Diagnosis and Treatment of Malignant and Benign Bone Tumors

Overview

- Bone Tumor Center offers access to multidisciplinary team specializing in bone and soft tissue cancers
- Dedicated center provides centralized resource to physicians and patients

BAYLOR University Medical Center at Dallas (Baylor Dallas) recently opened the Baylor Sammons Bone Tumor Center to provide a focused and comprehensive resource for physicians and patients. Wynne Snoots, M.D., and Al Mollabashy, M.D., orthopaedic oncology surgeons on the medical staff at Baylor Dallas, are co-medical directors.

The hallmark of the center is its provision of multidisciplinary treatment and the ability to provide a resource for diagnosing abnormal bone and soft tissue lesions.

“A patient may have an abnormal imaging study, for example, and it could be a number of things,” Dr. Snoots says. “These bone lesions are uncommon, so the primary care physician may have some difficulty in interpreting the images and deciding what other studies are appropriate. That’s where the combined experience of our medical staff can help facilitate the evaluation process for a referring physician.

“The Baylor Sammons Bone Tumor Center is a place with a dedicated level of expertise in diagnosing both common

and uncommon lesions. We may be able to make an immediate diagnosis and stop further study, or we have the resources to continue additional diagnostic testing and treatment with broad capabilities,” he adds.

When surgery is required, patients benefit from the comprehensive team of physicians on the medical staff at the center.

“Today we recognize that successful treatment of bone tumors involves the expertise of many specialists,” Dr. Mollabashy says.

Limb-salvaging surgery, for example, allows doctors to remove the tumor while sparing tendons, nerves, muscle, tissue and blood vessels, and replace removed bone with bone graft or metal implants. The Baylor Sammons Bone Tumor Center also works collaboratively with vascular surgeons on the medical staff at Baylor and wound care program to provide additional resources to patients.

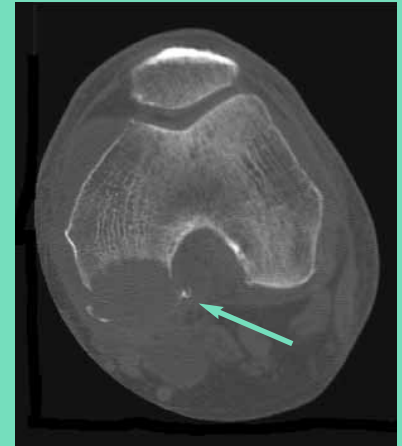
While osteosarcoma and Ewing’s Sarcoma tend to occur in younger populations, physicians expect to see a higher percentage of adults due to the aging population and a growing population of long-term cancer survivors.

“Many times we see patients who have had cancer treatment and either have radiation or chemotherapy induced tumors,” Dr. Snoots says. “It’s not uncommon for us to see a lesion that is not a tumor, but a cyst.”

The Baylor Sammons Bone Tumor Center provides an entry point and comprehensive care for both patient and the referring physician.

“For patients, our goal is to offer a service that eliminates the confusion of

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These examples of abnormal X-ray and CT images provide the basis for further evaluation and treatment at the Baylor Sammons Bone Tumor Center.

Treatment Modalities Offer Options for Patients with Barrett's Esophagus

Overview

- Treating Barrett's esophagus may eliminate risk of developing esophageal cancer
- Endoscopic treatments offer effective means to treat disease based on patient's age, extent of disease

AN ESTIMATED 5 percent to 15 percent of patients with gastroesophageal reflux disease (GERD) will develop Barrett's esophagus, a condition that may increase the risk of developing esophageal cancer.

"We know patients with Barrett's esophagus have an increased incidence of developing esophageal cancer, although estimates have been as high as 100 times greater to as low as 10 times greater than that of the general population," says Daniel C. DeMarco, M.D., medical director of endoscopy and a gastroenterologist on the medical staff at Baylor University Medical Center at Dallas (Baylor Dallas). "It is a small percentage, but patients with a history of chronic reflux and heartburn are definitely at greater risk."

Once diagnosed, either through endoscopy or another technology, patients have several options available through Baylor's Gastrointestinal Physiology Lab.

"What treatment to pursue is often a controversial question, because if a person is elderly, he or she likely has greater health issues than Barrett's esophagus," Dr. DeMarco says. "Younger patients, on the other hand, would want to do something about it. We are fortunate at Baylor to have the full spectrum of treatment

modalities available for patients to receive the treatment best suited for their medical needs and physical condition."

For some patients, doing nothing at all or undergoing periodic surveillance may present the most reasonable options. Esophagectomy is a more drastic approach, and often results in post-operative stenosis, strictures and dumping syndrome.

Advances in endoscopic procedures offer patients several options, each with positive results.

Radiofrequency ablation delivers a short burst of radiofrequency energy to the esophagus, targeting a thin layer of abnormal tissue. The body regenerates new, healthy tissue to replace what was removed.

"We've been using radiofrequency ablation over the past year with very good success," Dr. DeMarco says. "Eighty percent of the time we can eliminate the dysplasia, with no resulting strictures. There are not many complications with this procedure and it is applicable to the younger population, and safe enough for older patients."

Another option is endoscopic mucosal resection (EMR), which allows physicians to shave off superficial layers of pre-cancerous tissue. The procedure also enables physicians to examine the underlying tissue to determine if cancer is present.

Photodynamic therapy (PDT), involves the injection of porphyrin, which sensitizes the esophagus to light. Using an endoscope, physicians focus a laser on the pre-cancerous tissue, causing the cells to slough off and die.

"PDT is a primary therapy for patients with Barrett's esophagus with dysplasia. It also is effective for early esophageal adenocarcinoma or high-grade dysplasia," says Steven Burdick, M.D., a gastroenterologist on the medical staff at Baylor Dallas. "Both EMR

and PDT go deeper into the tissue. They offer good results, but the trade-off is a higher risk of complications.

"Where appropriate, these techniques can be combined, which completely eliminates the dysplasia a vast majority of the time," Dr. Burdick adds. "Studies show that these ablative therapies offer improvement over surgery or surveillance alone, and may lower the risk of developing esophageal cancer."

For more information on treatments for Barrett's esophagus available through Baylor's Gastrointestinal Physiology Lab or clinical trials, call **1-800-9BAYLOR**.

Baylor Hospitals Receive Quality Award

Seven Baylor Health Care System hospitals, including Baylor University Medical Center at Dallas and Baylor Hamilton Heart and Vascular Hospital, received this year's Texas Health Care Quality Improvement Award, presented by TMF Health Quality Institute. This award honors Texas hospitals that are improving outcomes in patient care related to acute myocardial infarction, heart failure and pneumonia. These clinical areas have been designated as national health care priorities by the Centers for Medicare & Medicaid Services and the Joint Commission. Out of 390 eligible Texas hospitals, only 63 met the criteria and received the award.

Minimally Invasive Treatment for Thoracic Aortic Aneurysm with New Technology

Overview

- Thoracic endoprosthesis reduces operative mortality, blood loss
- Patient recovery time usually reduced by half

PHYSICIANS on the medical staff at Baylor University Medical Center and Baylor Jack and Jane Hamilton Heart and Vascular Hospital now offer patients a minimally invasive procedure to repair thoracic aortic aneurysm with a device called the GORE TAG® Thoracic Endoprosthesis. The procedure seals off the aneurysm by placing a graft inside the diseased aorta while creating a new path for blood flow.

William P. Shutze, M.D., F.A.C.S., a vascular surgeon on the medical staff of Baylor Dallas, reports the new procedure offers many benefits for patients.

“This new approach generally means less risk, less pain, fewer complications and a quicker recovery for patients. It also lowers the chance of paralysis by nearly 80 percent and blood loss by 60 percent,” Dr. Shutze says.

The device consists of a tube-shaped stent-graft made of biocompatible ePTFE material and an outer self-expanding nitinol support structure. Designed to offer both flexibility and durability, the device creates a new aortic lining and seals off blood flow to the aneurysm.

“Under fluoroscopic guidance, we thread a wire in the arteries through a groin incision, and then position it up to the thoracic aorta,” Dr. Shutze says. “The stent-graft device is then guided into position at the aneurysm and deployed, reinforcing the weakened section of the aorta and cutting off the aneurysm’s blood supply.”

Patient candidates are those who have adequate iliac/femoral access, aortic diameter in the 23–37 mm range, and

≥2 cm non-aneurysmal aorta proximal and distal to the aneurysm.

“Any patient with any thoracic aneurysm is a candidate for this procedure and should be referred for evaluation, even if they have other serious medical conditions,” Dr. Shutze says. “Our results have been good with few complications.”

For more information on the thoracic endoprosthesis procedure for aortic aneurysms, contact **1-800-9BAYLOR**.



Images courtesy of W.L. Gore & Associates, Inc.

Comparisons of thoracic endoprosthesis to open surgery in five year study

	Thoracic Endoprosthesis	Open Surgery
Paraplegia Rate	3%	14%
Operative Mortality Rate	1%	6%
Procedural Blood Loss	472ml	2,402ml
Aneurysm-related Death Through One Year	3%	10%
Average ICU Stay	1 day	3 days
Average Hospital Stay	3 days	10 days
Return to Normal Activity	30 days	78 days

Source: The Gore Tag® Thoracic Endoprosthesis Pivotal Trial; Gore Medical

Baylor Offers Comprehensive Evaluation and Treatment for Liver Tumors

Overview

- Baylor offers patients with liver tumors access to full spectrum of treatment options
- Physicians on the medical staff bring expertise in latest techniques for multimodality approach to care

PATIENTS DIAGNOSED with liver tumors benefit from the full scope of treatment options available at Baylor University Medical Center at Dallas. Patients benefit from a centralized location for evaluation, coordination of care and access to advanced treatments and transplantation.

“Baylor has a group of physicians dedicated to this very complex issue of liver cancer, and Baylor offers every FDA-approved treatment modality for the disease” says Robert Goldstein, M.D., Assistant Director of Transplant Surgery, Surgical Director Living Donor Liver Transplantation and Hepatobiliary Surgery, and a surgeon on the medical staff of Baylor Dallas.

Specialists on the medical staff at Baylor Dallas provide a multimodality approach designed to prolong and enhance quality of life of patients diagnosed with liver disease.

Based on the type of tumor and extent of disease, Baylor Dallas offers the following treatments for patients with liver cancer:

Radiofrequency Thermal Ablation

Radiofrequency thermal ablation involves the use of a special probe to kill the cancer cells with heat. CT or ultrasound helps guide the probe to the edge of the tumor. When heat is applied, the tumor and surrounding margins are destroyed.

Chemoembolization

Chemotherapy is infused into the artery that supplies a specific tumor, and then it is closed off, cutting the tumor’s blood supply. The chemotherapy and plug are delivered through a catheter inserted in the groin and guided into the artery. Advances in chemoembolization include chemo-eluting embolizing agents that are implanted into the tumors.

Yttrium 90 TheraSpheres®

TheraSpheres® deliver radiation directly to tumors in the liver through small glass beads (20–30 micrometers in diameter), or spheres, containing Yttrium 90. The beads are injected into the bloodstream and then guided into the hepatic artery. The spheres lodge within the smaller blood vessels, delivering radiation directly to the tumors while sparing healthy tissue. This treatment is suitable for patients whose cancer cannot be removed by surgery or who may be waiting for transplant.

Cyberknife®

Cyberknife can be used to treat non-resectable primary or metastatic liver tumors using high energy X-rays. Fiducials injected into the area around the tumor allow physicians to pinpoint the cancer target with the X-ray beams. Cyberknife technology is available through Baylor Radiosurgery Center at Baylor Dallas.

Resection and Transplantation

Tumor resection can often be performed using minimally invasive laparoscopic techniques. In most cases, patients can go home in 24–36 hours. Patients who are unable to undergo that surgery, and who meet national criteria for transplantation may be referred to Baylor Dallas’ transplantation program. Surgeons on the medical staff at Baylor Dallas have performed more than 2,000 liver transplants, which makes Baylor one of the few centers in the country to reach this milestone. According to the United Network for Organ Sharing (UNOS), Baylor places in the top five percent of U.S. adult liver transplant centers, with one-year patient and graft survival outcomes higher than expected.

“All patients receive care that is coordinated from evaluation to treatment,” Dr. Goldstein says. “The beauty of Baylor’s multimodal approach is that Baylor has all the resources in one location to provide the care for each individual patient.”

For information on treatment for liver tumors, or to refer a patient, contact ConsultLines at **1-800-9BAYLOR**.

Save the Date!

November 9–10, 2007



Baylor Housestaff Alumni Reunion and Scientific Symposium

Friday, November 9, 2007

Alumni Dinner

The Fairmont Hotel
1717 N. Akard Street
Dallas, Texas 75201

**William L.
Sutker, MD**
Event Chairman



A limited number of rooms are available for \$119 per night, if reserved by 10/10/07. Contact the Fairmont Hotel directly at (214) 720-5290, and request the discounted rate for Baylor University Medical Center.

Saturday, November 10, 2007

Scientific Symposium

Baylor University Medical Center
3500 Gaston Avenue
Dallas, Texas 75246

**Marvin J.
Stone, MD**
Symposium
Chairman



*Designated for AMA PRA
Category 1 credit™*

Registration Fees

Dinner and Scientific Symposium	\$150
Guest for Dinner	\$ 50

After November 1, please add \$25.

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Inquiries to [cmeregistration@
baylorhealth.edu](mailto:cmeregistration@baylorhealth.edu)
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"The images and reports can be viewed promptly in the referring physician's office via a simple Internet connection on most standard computer systems. Depending on the patient's needs, this will enable the clinician to view a case in their office and discuss the findings with the radiologist even before the patient has left the imaging center," says Dr. Seggerman.

The GE Discovery-RX PET/CT scanner at the center can be found at only a few of the top medical centers in the world.

"The advanced technology optimizes this scanner for a variety of clinical applications, particularly oncologic applications," says Landis Griffeth, M.D., Ph.D., director of nuclear medicine and PET at Baylor Dallas. "Specific design features, such as the high-speed LYSO PET detector elements and the ability to perform both 2-D and 3-D PET imaging, allow this scanner to provide improved image quality for current applications. It also will provide optimal functionality for future techniques that



The new Baylor Diagnostic Imaging Center in the Baylor Medical Pavilion at Washington and Junius streets is designed to provide ease of access to patients and timely communication between referring physicians and radiology specialists.

will utilize new PET imaging agents. "The Discovery-RX also contains a full-featured, 16-slice GE Lightspeed CT scanner, which not only helps minimize imaging time for patients, but also allows most patients scheduled for both a PET/CT and a diagnostic CT study to have both studies performed during the same imaging session on the same scanner," he adds.

This capability not only provides increased patient comfort and convenience, but improves the critical comparison of the PET/CT images to the diagnostic CT images. The scanner is also

outfitted with special hardware to allow respiratory gating of images.

"The interpreting physicians on our medical staff constitute a large and experienced PET groups in the country," Dr. Griffeth adds. "All are board-certified in nuclear medicine and/or board-certified in diagnostic radiology with fellowship training in nuclear medicine. We have combined advanced technology with clinical experience and depth in PET."

To learn more about the center call **1-800-9BAYLOR**. To refer a patient, call **(214) 820-1700** (central scheduling), or fax an order form to **(214) 820-6088**.

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Center Offers Entry Point for Diagnosis and Treatment of Malignant and Benign Bone Tumors

accessing multiple medical specialties," Dr. Mollabashy says.

Dr. Snoots adds, "We will be tracking and collecting data to share with referring physicians. We are here as a resource for

physicians and an entry point for their patients."

The Baylor Sammons Bone Tumor Center is located on the 7th floor of the Baylor Tom Landry Center, 411 N. Washington, on the campus of Baylor University Medical Center at Dallas. Patients may be referred by primary care physicians, orthopaedists and oncologists for specialty diagnosis and treatment. For more information or to make a referral, contact ConsultLines at **1-800-9BAYLOR**.

Sending a Patient to Baylor University Medical Center at Dallas

With one phone call, a physician can request a referral to a specialist, an appointment for a patient, a consult, or an inpatient transfer.

Call **1-800-9BAYLOR** and a ConsultLines representative will try to assist you and your requests.

Baylor University Medical Center at Dallas has a dedicated nurse to coordinate the transfer of inpatients for physicians in the region. This includes: Emergency Department, OB and neonatal transfers and those transfers without an accepting physician. Inpatient transfers should be current acute inpatients who may require a continuation of acute care, specialized care or a higher level of care not available at your local hospital. The nurse will attempt to find an accepting physician, reserve a bed and work with Baylor's Access Service to verify insurance coverage.

ConsultLines also can help you with other needs, such as reaching specific Baylor departments for information,



or sending you the latest copy of the Physicians and Services Directory. So remember if you make one call to **1-800-9BAYLOR**, we will do our best to take care of you and your patients when you need us.

To be removed from the mailing list, call 1-800-9BAYLOR.

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