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The Heart of the Matter

For many of us, the first time cardiac health will register on our radar is when a relative, friend or colleague experiences a heart attack. In the midst of our concern for their recovery, another worry may surface: Is my heart healthy? In this issue of Seattle Health, we explore that very question, asking local experts what you need to know about understanding, preventing, treating and bouncing back from a variety of heart troubles—from arrhythmia to heart failure and more (“Take Heart,” page 22). Plus, we present a comprehensive guide to the cardiac care centers in your backyard, comparing services, treatments and costs. This is definitely a chart to keep in your health files.

From heart to mind, we also check in on the state of traumatic brain injury prevention (“Brain Trust,” page 44). For children in youth sports to boomer athletes, the seriousness of concussions is clear. The Centers for Disease Control and Prevention estimates that nearly 4 million sports- and recreation-related concussions occur in the U.S. every year, constituting a major public health issue—one that disproportionately affects young people.

We’ll meet local hero Zackery Lystedt, who suffered multiple impacts during a high school football game that left him severely disabled. Through his long, miraculous rehabilitation, he has worked—along with his parents, surgeons and local advocates—to pass a player protection law that has become the national standard. But that’s not the only local breakthrough: Cutting-edge player protection technology is under development in Seattle (and we break some big news there), and clinical trials for an out-of-the-box treatment approach are under way in Issaquah.

In our other big story, Sheila Cain writes about women who, like herself, are diagnosed with breast cancer before the age of 40. While they constitute a small percentage of women diagnosed with the disease, they face unique challenges, including tumors that are generally more aggressive and in late stages (“Too Young,” page 28). We talk to Seattle oncologists and researchers to understand why this is the case—and where to find support.

These stories, plus more on health care trends (such as integrative care, page 18), medical developments, research (weight-loss tips that work, page 14), service providers and more, are part of our charge to provide relevant, easy-to-digest information to assist you in making important health care decisions. Of course, we never intend to be a substitute for your most trusted and best resource, your doctor. But we’re here to give you healthy, homegrown food for thought.

Be well,

The Seattle Health team
seattlehealthmag.com
CONTRIBUTORS

SHEILA CAIN’s story of breast cancer in women younger than 40 (“Too Young?” page 28) hits close to home. She was diagnosed with an aggressive, invasive breast cancer three years ago, when she was 38 and the mother of a kindergartner. While the risk of a recurrence diminishes with each passing year, the possibility that the cancer could come back is never far from her mind. Cain is a regular contributor to Seattle magazine and Seattle Health, and her personal story was detailed in Seattle magazine’s “Top Doctors” issue (July 2011). She lives in the Green Lake neighborhood with her husband and son, who’s now 9 and barely remembers when his mom was bald.

Art director ALICIA NAMMACHER specializes in magazines and books that focus on food, health, beauty and home décor.

Recent projects include the award-winning cookbook Fried Chicken & Champagne, G Magazine, Seattle Bride magazine and Fresh magazine, and she is three-time recipient of the International Association of Culinary Professionals award. Nammacher lives in Seattle with her husband, Jeff, and her health regime includes cardio activities such as art directing, hiking, traveling, cooking, entertaining, laughing and taking lots of vitamins.

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BY SHEILA MICKOOL For more than a century, aspirin has been a staple in most medicine cabinets—the go-to treatment for fevers, pain and inflammation. In addition, many people take low-dosage aspirin as a blood thinner for heart health and to prevent strokes. Now, there’s evidence that this inexpensive, widely available wonder drug may also help prevent cancer. We checked in with Swedish Cancer Institute’s Dr. Henry Kaplan, a board-certified oncologist who sees patients at the True Family Women’s Cancer Center, to get a local cancer expert’s view on these developments.

Q: IS IT TRUE THAT ASPIRIN MIGHT BE A GAME CHANGER IN RELATION TO CANCER? A: Yes. There is now retrospective data [collected after the completion of a clinical trial studying aspirin’s impact on vascular disease] suggesting that people who take aspirin have a lower incidence of a number of cancers.

Q: WHICH CANCERS DID ASPIRIN AFFECT? A: Most particularly, breast and colon cancer. The data also suggest that people who have already had breast cancer and take aspirin have a lower risk of recurrence of breast cancer. Initial study results look very promising.

Q: WHAT NEEDS TO HAPPEN NEXT TO FURTHER EXPLORE ASPIRIN AND ITS IMPACT ON CANCER? A: To really nail this down, we need to do a randomized prospective trial of the use of aspirin [specifically in relation to cancer] to see if it really works. Right now, for example, we don’t even know what the correct dose should be for cancer prevention.

Q: EVEN SO, SHOULD CONSUMERS CONSIDER TAKING ASPIRIN DAILY TO REDUCE CANCER RISK? A: They should first check with their doctors, because there are some negative side effects, such as bleeding [aspirin is a blood thinner] and stomach irritation. Personally, I believe that the side effects of taking aspirin are modest enough that I would suggest that people who have had breast cancer or who are at high risk for breast cancer or colon cancer consider taking it.

These studies were conducted by the University of Oxford; the results were published March 21, 2012 in The Lancet and The Lancet Oncology (accessible at thelancet.com).
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150 YEARS UNIVERSITY OF WASHINGTON
Seattle’s Mo Bros

A mustache—especially one waxed to perfection—is a guaranteed conversation starter, and the “Mo Bros” who grow mustaches in the month of November use theirs to spark a particular discussion. Movember, a movement that started in Australia (where “mo” is slang for “moustache”), has gone global in its work to raise awareness of and funds for prostate and other types of men’s cancers. Thousands of people (even Justin Bieber) have grown mo’s for the cause since the movement reached the U.S. in 2007. Check out these Seattle notables who were among the 6,000 locals who participated in Movember 2011.

Photos below, from left: The seven men of Swedish Thoracic Surgery (five pictured below) grew soup strainers to raise awareness of not only men’s cancers, but lung cancer as well. (November is also Lung Cancer Awareness Month.) They were joined by colleagues in Swedish Medical Center’s Cellnetix Pathology, Physicians Anesthesia Service and others.

The hosts of KISW’s The Men’s Room grew Movember mustaches for the fourth year in a row and raised nearly $24,000. Seahawk punter Jon Ryan sprouted ginger fringe (top, left) and Kirkland resident Jason Mesnick, of The Bachelor fame, sported a “horseshoe” that extended down the sides of his chin.

Shawna Leader
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Forget campfires and canoe races—for some returning high school students, summer-camp memories include stethoscopes, sutures and surgical instruments. Every year, students with an interest in health care can experience nursing through hands-on programs at hospitals in the Puget Sound area.

In July, Sonia Xu, a senior at Puyallup High School, participated in MultiCare Health System’s ninth annual Summer Nurse Camp. “I wanted to see what goes on, on the other side of the curtain,” she explains. Aimed at high school sophomores and juniors in Pierce and south King counties, MultiCare’s five-day camp covered everything from learning first aid skills to performing a “Skittlectomy” (a mock procedure using surgical tools to remove Skittles from mannequins). Dressed in navy blue scrubs, participants visited various departments at all four MultiCare hospitals and six local colleges and universities, and shadowed nurses and health care providers working with patients in an emergency department, intensive care unit, surgical care unit and other areas.

“I had the opportunity to really grasp what nurses do every day,” Xu says. “[Nurse camp] made me more likely to pursue a career in health care.”

To learn more about local summer nurse camp opportunities, including camps at the University of Washington School of Nursing/UW Medical Center and Seattle Children’s, visit Washington Center for Nursing at wacenterfornursing.org. Sarah Wehmann

If you gave up keeping a diary long ago, it may be time to reconsider. Recent research from the Fred Hutchinson Cancer Research Center found that women who kept a detailed record of the food they ate lost 6 pounds more than those who didn’t. Keeping a food journal is an effective weight-loss tool, says Anne McTiernan, M.D., Ph.D., director of the Prevention Center at Fred Hutch. “It is difficult to make changes to your diet when you are not paying close attention to what you are eating.” The one-year study of the impact of self-monitoring and diet-related behaviors among overweight or obese postmenopausal women also found greater weight loss among those who avoided skipping meals and/or eating out, especially for lunch. S.W.

Music has unique ways it affects us,” says music therapist David Knott, M.T.-B.C, a music therapist at Seattle Cancer Care Alliance Inpatient Cancer Unit at Seattle Children’s. “My job is finding a way to use it for healing and development.” This can be everything from facilitating motor movements for rehabilitation to relaxation for pain management. Thanks to a recent $34,000 matching grant from the Wilson Trust Music Therapy Project, Seattle Children’s has hired an additional music therapist, enabling more children with cancer to make music—and reap therapeutic rewards. S.W.
One Roof, Many Doctors

The Puget Sound region’s strong commitment to patient-centered care got a boost with the recent openings of two multidisciplinary facilities that provide a broad range of resources in one location.

Opened in June, the True Family Women’s Cancer Center on Swedish Medical Center’s First Hill campus includes exam and procedure rooms, imaging services, counseling and meeting spaces, and, an important feature, elevator access to the comprehensive resources of the Swedish Cancer Institute. The center brings oncologists and other specialized physicians together with holistic practitioners—all focused on the particular needs of women with cancer.

In May, the Polyclinic relocated more than 120 physician practices and clinicians from several First Hill locations to its new Madison Center at Seventh Avenue and Madison Street, consolidating primary care and specialty services under one roof. “This is not only convenient for patients,” says Polyclinic executive director Lloyd David, “it also facilitates collaboration between our physicians and other providers—something that has been an integral part of our practice model throughout our 95-year history.” S.W.
For pediatrician Wendy Sue Swanson, M.D., raising children is like a second medical residency

BY SHEILA MICKOOL

After navigating medical school, charting a career and establishing a successful pediatric practice, Dr. Wendy Sue Swanson had certain expectations about having children. “I had idealistic visions of motherhood,” she says.

Then, during an ultrasound conducted 12 weeks into her first pregnancy, reality hit. “There was this little guy bopping around, with his arms and legs moving,” she says, “and my first reaction was ‘What is he doing? I didn’t tell him he could do that!’ He was going to be his own person.”

Seattle resident Swanson, 38, and her husband, Jonathan, who is also a physician at Seattle Children’s, now have two boys, ages 3 and 5. They share parenting duties and both are deeply involved in raising their boys. Like many working mothers, Swanson struggles to balance her career and home life. She sees patients at The Everett Clinic, writes the popular Seattle Mama Doc blog, is an official spokesperson for the American Academy of Pediatrics and sits on the board for the Mayo Clinic Center for Social Media.

It hasn’t been easy. Swanson had complications in both her pregnancies, resulting in partial bed rest being ordered during the first, and full bed rest in the second, when her first son was not yet 2 years old. “It was tough,” she says, “especially the second pregnancy. I couldn’t pick up my first son or take care of him like I would have preferred and enjoyed.”

But the challenges and joys of raising her own children have made Swanson a much better pediatrician. “Being a parent is a second residency, another level of education,” she says. “I really get it now—how parents will do anything to protect their children. How desperately in love we are with these little guys. How crazy we can become in trying to do the right thing.”

It’s much easier for Swanson to empathize with parents now that she has her own children.

“I love being a parent more than anything,” she says, “but after the 15th tantrum in one day, do I get frustrated? Heck, yeah! Do I worry about that high fever, even though as a pediatrician I know it’s gonna be OK? Absolutely. And I agonize over leaving my younger son, as he desperately clings to my leg. Our experience informs us. I listen to parents differently now.

“As parents, we all want the same thing: to see our kids stay safe and healthy, and we’re all doing the best we can to make that happen. I understand that perspective so much better now, and it makes me a better doctor.”

Swanson says that she has also learned a lot from her children. “My sons are in control of their development,” she says. “I’m there to support them, and my job is to let them evolve. If you listen and pay attention, your kids will guide [you] into beautiful decisions.”
I’ve been caught in a recurring cloud this week even though the sky has been essentially spotless. It’s been one of those weeks where I find myself spinning around to grab the cup of milk or the steering wheel, muttering, “What am I doing?”

I am back perseverating on how to do this right. Life, I mean. The issue of balance between work and parenting while trying to contribute to the world and use my skills (read: loaded issue) bubbles up at times. I never quite know what will trip me up, triggering a re-evaluation....

There are days I am astonished by my opportunities and the children I get to take care of. And days where I am so delighted by my kids, I cry when I leave for work. And days I question if I have the stamina to endure. Last night by the end of clinic, I was so tired and my eyes so bloodshot (no idea why), that my medical assistant took my temperature. It was normal. But, point is, it happens; I do get really tired.

The real trouble is this: I liked my day in clinic yesterday and the things I discovered: the broken bone I found in a 2 week old, the teenager I helped with depression, the 20+ check ups I completed. But tired and missing my boys, yes. See, this would be far easier if I was only pulled in one direction. It’s not how it works for me; I have tugs on each limb.
East Meets West
Alternative medicine is in the mix as ‘integrative care’ takes hold at local hospitals

BY SHAWNA LEADER When Norman Simon of Gig Harbor was diagnosed with prostate cancer a few years ago, he supported his radiation with alternative treatments, including taking supplements and eating a diet rich in fruits and grains as recommended by a naturopathic doctor. He had massages and acupuncture as needed, exercised regularly and was supported through it all by a social network of friends and family. This past December, he and his wife, Barbara, donated $1 million to improve access to alternative therapies for cancer patients like himself at MultiCare Regional Cancer Center in Auburn. “We believe in a total holistic approach to cancer and encourage others we know to do the same,” Barbara Simon says. “We believe both sides of medicine and complementary approaches must play a part in dealing with any illness and/or disease, but especially with cancer.” The Simon endowment emphasizes the role of “integrative care,” when services such as acupuncture, massage and naturopathic consultations are offered as a complement to clinical treatment. “By bringing together these services, all the practitioners will have an opportunity to coordinate in a way that serves the best overall interests of the patient,” says David Nicewonger, oncology administrator for MultiCare Health System, which includes Tacoma General Hospital, Good Samaritan Hospital and three other sites in the South Sound area. MultiCare is not alone. Many hospitals in the Puget Sound region are expanding access to alternative (also known as holistic or natural) care and integrating it into new comprehensive centers. For example, Swedish Cancer Institute’s new True Family Women’s Cancer Center offers alternative therapies, including acupuncture and naturopathy, along with radiation, surgery and other conventional treatments.

Interest in natural medicine is much greater here than in many other parts of the country, says Dan Labriola, N.D., director of Northwest Natural Health, a naturopathic clinic, and a consultant to many local hospitals, including Swedish Medical Center. “The Northwest culture, with its focus on the outdoors and nature, is part of the equation, and the fact that Bastyr University [a natural health university in Kenmore] has increased the public’s exposure to naturopathic medicine, clinical nutrition and other natural therapies.” One sign of strong regional support for alternative medicine is the Washington state law, in effect since 2000, requiring insurance plans to cover care from all providers, including licensed alternative medicine professionals. “People don’t want a drug all the time,” says Dr. Amy Z.Y. Chen, an Oriental medical doctor and a board-certified acupuncturist with a clinic in Bellevue. She says the majority of her patients see a medical doctor before visiting her, seeking both preventive care and whole-body approaches. Vitamin and herbal supplements, as well as acupuncture, are the most popular alternative treatments at Seattle Cancer Care Alliance (SCCA), says Kim Jordan, manager of SCCA’s nutrition therapy service. About 50 percent of SCCA patients take supplements to boost their immune system, fight the cancer and/or increase the success of conventional
treatments—with breast and prostate cancer patients most commonly taking supplements. Many SCCA dietitian/nutritionists are educated in integrative modalities, and several have master’s degrees from Bastyr.

“While the focus is always on real food first,” Jordan says, “patients are also offered nutrition-based alternative interventions, such as ginger for nausea and herbal teas for GI issues.” For alternative therapies, including acupuncture, massage and high-level supplements, patients are referred to Bastyr.

“Demand for natural medicine has historically come mostly from patients, but as time and positive collaborative experiences have accrued, a growing number of conventional medical and other providers are referring their patients,” Labriola says. “Collaboration between specialists for the benefit of the patient is immediate, and the patient finds the best of both worlds in one place.” But coordination is about much more than convenience. When treatments are coordinated, there is less risk of contradictions, such as cases when high-level antioxidant supplements decrease the efficacy of radiation and chemotherapy.

For families like the Simons, there’s another key benefit to integrative care. “When you hear a diagnosis of cancer, the first thing you experience is fear,” Barbara Simon says. “A holistic approach offers much comfort and healing.”
Anesthesiologists play a critical role in surgery, yet patients have little say in who fills that role—
or do they?

BY SHEILA MICKOOL Last year, at age 50, Grace* was diagnosed with breast cancer for the second time in three years. She was scheduled for a double mastectomy with immediate reconstruction, and would likely be in surgery for about 13 hours. “It was scary,” Grace says, “especially the anesthesia consult several weeks prior, where they tell you that there is always a chance, with a long, complicated surgery, that you won’t wake up. At that point, I was more worried about [not waking up from] the surgery than the cancer.”

Grace is not alone in her concerns. Dr. Shelley Agricola, a cardiac anesthesiologist at Overlake Hospital Medical Center, says it’s common for patients to be more fearful of the anesthesia than the surgery. “not her real name

Until recently, most patients didn’t ask many questions about who would be doing their anesthesia. “Patients are more savvy now,” Agricola says, “and their level of concern is often driven by the news cycle.” The death of Michael Jackson from propofol in 2009 elevated the public’s concern about the risks of anesthesia, Agricola says. Patients started asking questions: What exactly does an anesthesiologist do? Is mine competent? Can I ask for a specific doctor?

In basic terms, anesthesiologists specialize in using drugs to control pain. They are essential members of the operating room’s patient-care team, whose purpose is to provide a safe and comfortable environment, according to James Stangl, M.D., past president of the Washington State Society of Anesthesiologists (WSSA) and an anesthesiologist at MultiCare’s Tacoma General Hospital and Mary Bridge Children’s Hospital. They care for patients before, during and after surgery.

In most cases, patients are not invited to choose a specific anesthesiologist—but that needn’t deter you. Anesthesiology departments try to honor patients’ requests, barring emergencies and schedule conflicts. “We try,” says Dr. Max Lucero, an anesthesiologist at Swedish Medical Center who sees both adult and pediatric patients, “but if a little baby needs my attention, that takes priority over a patient request, because I have expertise in pediatric anesthesia and most of my colleagues do not.”

Scheduling generally takes place the day prior to surgery, according to Dr. James Burkman, a board-certified anesthesiologist at Swedish Medical Center. He says assignments are based primarily on the skill required for procedures, but patient requests are also considered.

Lucero suggests that when requesting an anesthesiologist, ask for your first choice—and one or two backups—with the understanding that you are limited to anesthesiologists assigned to the hospital where your procedure will be performed. He also advises patients to tell surgeons their preferences for an anesthesiologist, and to call the hospital’s anesthesiology department directly to make sure their requests are on record.

Your surgeon is often a good source for suggestions about which anesthesiologists might best meet your needs—keeping in mind that the hospital’s anesthesiology department routinely reviews scheduled procedures and patient histories in advance to assign anesthesiologists with the right skills for each procedure.

*SPECIALTY SPOTLIGHT

Under General

Anesthesiologists play a critical role in surgery, yet patients have little say in who fills that role—or do they?
“You really are in good hands,” Overlake’s Agricola says, “because, behind the scenes, anesthesiologists collaborate for the best possible patient outcomes.”

Given her concerns, Grace asked her surgeon and his nurses for recommendations and then checked out the recommended anesthesiologists’ credentials. “I wanted a super experienced, educated [anesthesiologist] who would make me feel comfortable and whom I could trust,” she says. “Someone with a great bedside manner, because not only was I scared about not waking up from surgery, I’m also needle-phobic.” She asked for Dr. Lorri Lee at the University of Washington Medical Center, and Lee was assigned to the surgery.

To check the qualifications of an anesthesiologist, Sean Kincaid, M.D., CEO of Matrix Anesthesia, practicing at Evergreen Hospital Medical Center (and WSSA president), suggests checking with the Washington State Department of Health (doh.wa.gov; search by the provider’s name) to verify that the doctor is licensed and in good standing, and to confirm board certification with the American Board of Anesthesiology (theaba.org). In addition, hospital and anesthesiology group websites often post profiles, education and training.

On the day of surgery, your anesthesiologist will meet with you and discuss the anesthesia plan. This is another opportunity to ask about training and experience, what medications will be used, what to expect when you wake up and to raise concerns. The review should not conclude until all questions have been answered to your satisfaction, says Mark Flanery, M.D., a WSSA board member and a board-certified anesthesiologist at the Covington MultiCare Center. “That is your right as a patient.”

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Sharon Chastain was tired. She dragged through her job as a vice president at Premera Blue Cross and she dragged through several tennis matches a week, a sport she normally loved. And she dragged through life at home in Bothell, barely holding it together until she climbed into bed early.

“Then I started to feel flutters at the base of my throat,” says Chastain, who was 48 at the time, in 2009. “I felt like it was my heart, but I had no idea what it could possibly be.” Her doctor listened to her heart, did an electrocardiogram (EKG), and over the course of several visits, said it could be acid reflux, a vitamin D deficiency or panic attacks.

And so Chastain continued to drag herself along for several weeks. She thought she was just out of shape and decided to work out at home. When she lifted some weights, she felt “a heaviness, almost as if someone was sitting on top of me,” she says. She returned to her doctor, who told her she seemed kind of run-down, but had no specific diagnosis.

In fact, Chastain was on the verge of a heart attack. Although still relatively rare in someone younger than 50, especially a woman, she is emblematic of what local experts say could be a rising tide of heart disease in young people as the twin epidemics of diabetes and obesity continue to grow. Both conditions contribute big-time to cardiac problems.

But people like Chastain, who suffer heart problems in the Puget Sound area, have several advantages. First, the region has what is regarded as one of the best and fastest emergency response programs in the nation, as well as hospitals that boast outstanding door-to-treatment rates—the time it takes a patient arriving at the hospital with symptoms of a heart attack to be diagnosed and have a stent installed to open a blocked artery. Speed is crucial to preventing permanent damage to the heart.

Second, the region’s hospitals offer some of the most progressive health programs around for preventing, treating and recovering from cardiac problems.

It’s unnerving when a seemingly healthy person suffers a heart attack. It appears to come out of the blue. But there are plenty of reasons to take heart, including the simple truth that many contributing factors to heart disease are within our control, and the resource-rich Puget Sound region is a great place to get on track before, during and after heart trouble. BY ELAINE PORTERFIELD

EARLY INTERVENTION
Dr. Sarah Speck embodies that excellence. Speck heads Cardiac Rehabilitation and Wellness Services for Swedish Heart & Vascular and is CEO/medical director of the medical fitness company POTENTRx, which helps cardiac patients, among others, improve their fitness and diet to achieve, regain and maintain optimum health.

Speck says society must wake up to the fact that lack of exercise and a poor diet begin taking their toll on vessels early in life.

“Unfortunately, this disease starts happening in our teenage years,” Speck says. “It doesn’t necessarily have to be the fat kid in the class. It’s the kids who are just not paying attention to their diet. That’s who we see in cardiac rehab as early as 35; people who have just had a heart attack and can’t believe it happened to them.”

She says those recovering from heart attacks and other cardiac problems can thrive again if they lower their stress levels and improve diet and exercise, along with taking prescribed medication. She cites the INTERHEART Trial (The Lancet, 2004), which looked at 12,000 people in 58 countries who had had a first heart attack. “It showed 80 percent of the factors causing a first heart attack were things you could control,” she says. “Even if you have a genetic history of heart disease, that’s only 20 percent of your total risk, if you will. The other 80 percent is: Do you smoke? Have a tendency for diabetes, uncontrolled high blood pressure? And so on. The other thing [the study showed] was that the effects of stress are as bad as uncontrolled high blood pressure or being medically obese. That’s how powerful chronic stress is.”

She emphasizes that it can all be turned around. “The good news about all of this is that the disease is certainly containable and, in many instances, reversible,” Speck says. “Stop smoking, get moving, reverse your tendency to diabetes and reduce your stress level. Really pay attention to what you’re eating. Your body will reabsorb [arterial] plaque on its own. I really want people to understand this.”

Dr. Drew Baldwin, a cardiologist who joined Virginia Mason Medical Center earlier this year, said it’s a pleasure to practice in a region so rich with resources for treating cardiac issues, from the excellence of its emergency responders to the rehabilitation resources available. One of those resources is in his new backyard: The Heart Institute at Virginia Mason, which collaborates with The Hope Heart Program and the Center for Control of Inflammation and Tissue Repair at the Benaroya Institute (also at Virginia Mason) to provide patients with access to advanced treatment opportunities.

Baldwin adds that younger cardiac patients or those at risk for heart disease have a huge advantage over those with the same conditions even a decade ago, because of their access to excellent medications available at a reason-
STEM CELLS: EARLY PROMISE

One of the big challenges of treating heart disease is that once the heart is damaged—after a heart attack or other injury—the muscle cells can’t divide and regrow. But the potential for using stem cells from other parts of the body to repair the heart is showing promise.

“Stem cell research allows doctors to target specific areas of the heart and to encourage tissue repair and/or new blood vessel growth by using stem cells to recruit other cells into regenerative growth,” says Dr. Paul Huang, medical director of Swedish Heart & Vascular, where several stem cell therapy trials to address heart conditions are under way. For example, for patients with refractory angina and no options for either stenting or bypass surgery, a current trial uses the patients’ own stem cells to regenerate blood vessels in the heart.

This past August, UW researchers demonstrated for the first time that healthy human cells strengthened the ability of a guinea pig’s damaged heart to contract and prevented arrhythmias, potentially fatal rhythm disturbances. UW researchers plan to start human trials in three to four years. Meanwhile, a current human trial at the UW studies the effect of stem cells extracted from a patient’s bone marrow and injected into his or her heart during surgery to implant a mechanical pump.

To participate in a trial at Swedish, call 206.215.1500. For UW studies, visit uwmedicine.org. Shawna Leader

STEALTH MONITOR

By next year, patients with the most common kind of arrhythmia may be wearing monitors developed by University of Washington cardiologist David Linker, M.D. The quarter-ounce, Band-Aid-sized “Stealth Monitor” sticks to the patient’s chest and uses an algorithm to detect atrial fibrillation. The monitor commonly used for this purpose is the more cumbersome Holter monitor invented more than 50 years ago. “We’ve made a monitor for this century,” explains Linker, who says his monitor is currently under review by the FDA. Sarah Hardy

NEW AND IMPROVED—HEART ATTACK SURVIVOR, EDWARD LAMMI

attacked. I had no chest pain, no shortness of breath,” she says. “When the cardiologist came in, my words were ‘I’m freaking out.’ He says, ‘It’s OK, you can if you want. We’re not; we know what to do.’” And what they knew to do was to place a stent into the blocked artery, reopening it and allowing the blood to flow again.

With heart attacks on both her father’s and mother’s sides, Chastain says, she did sometimes worry about her heart, but figured that, at 48, she had a lot more time before any problems occurred. Instead, she figured her brothers were the ones who needed to worry. That’s a classic mistake: Although the average age for a first heart attack is 64.5 years for men and 70.3 years for women, your risk increases if you have relatives who have suffered from heart disease.

“The thing people still don’t appreciate is that family history is such a heavy predictor of early coronary artery disease,” says Dr. Margaret Hall, chief of Cardiology and medical director of the Cardiac Rehabilitation Program at Northwest Hospital, which is the first cardiac rehab unit in Seattle to achieve certification from the American Association of Cardiovascular and Pulmonary Rehabilitation. “In young people, [heart disease] almost always happens in someone with a relative who had it.”

It’s a problem made worse by poor health habits. Hall, like other experts, says she fears the gains in prevention and treatment in recent decades will be reversed due to bad diet and inactivity. Statistics from the American Heart Association indicate looming problems. Obesity continues to be a major issue for many Americans, the organization says, with between 60 and 70 percent of U.S. adults and 31.7 percent of children either overweight or obese. In addition, doctors say that younger and younger teenagers are showing signs of elevated cholesterol or prediabetes—both of which are linked to...
Edward Lammi is living proof that poor health habits can be turned around, hearts mended and lives extended with the right care and the right attitude.

The Mountlake Terrace man was only 35 when he experienced his heart attack in 2006. A Rite Aid store supervisor at the time, he wasn’t overweight, but he did smoke and was inactive. One morning, his chest started feeling heavy and tight. He felt like he’d been out and powered through a full pack of cigarettes the night before, but he’d gone to bed early.

“About noon, I started to walk to work, just 10 minutes away,” Lammi says. “It’s a walk I’ve done many times. But I had to stop like three times. I was short of breath. A tingling started in my left elbow.”

He barely made it to work, where the store manager insisted on taking him to the hospital. If he had waited another 20 minutes, he might not have survived, Lammi says. He, too, received a stent to open a blocked artery.

Today, his life is very different. He no longer smokes, carefully monitors his diet and exercises. He’s started doing long-distance bike rides and triathlons. He also began volunteering—at The Humane Society, the American Heart Association, the Seattle Theatre Group, the Rat City Roller Girls and other groups. “I consider my heart attack one of the best things to have ever have happened to me because it became the start for so much more,” he says.

Tests indicate almost no damage to his heart. “It’s a happy ending for me,” he concedes.

Chastain has remade her life as well, but the tragedy of heart disease continues to plague her family. Her older brother suffered a heart attack the year after she did. The following year, her younger brother died of a heart attack.

“We’re all in this state of denial,” she says. “I do not feel I was an anomaly in any way. And with our current lifestyle, there are a lot of people who are going to experience what I experienced.”

TIME TO SEE A CARDIOLOGIST?

Serious questions about heart health often surface after a relative or friend has a heart attack, especially when it seemed to come out of nowhere. We wonder, maybe for the first time, is my heart OK? Should I see a cardiologist?

In general, primary care doctors refer patients to a cardiologist when they have concerning symptoms, such as chest pain or shortness of breath, or if they have been identified as having a heart problem that needs treatment, says Dr. Philip Massey, a cardiologist with Pacific Medical Centers and medical director of the Nuclear Cardiology Department at PacMed’s First Hill clinic.

Your primary care doctor will assess your heart health with an exam, review your health history and previous test information, if available, and conduct additional tests, such as an electrocardiogram (or EKG), to examine your heart’s electrical activity, and blood work, to determine your “cholesterol level,” a multihumber lipid profile.

Benchmark numbers for reduced risk of heart disease are: LDL (low-density lipoprotein, called the “bad” cholesterol because it can build up on walls of arteries) should be less than 100; for HDL (high-density lipoprotein, known as “good” cholesterol because it seems to protect against heart disease by helping to eliminate LDL), 60 or greater is optimal, and greater than at least 40 is considered normal; triglycerides (fats carried in the blood, linked to higher risk of coronary artery disease) should be less than 150; and total cholesterol (a measure of LDL, HDL and other lipid components) should be less than 200.

If you are referred to a cardiologist, be prepared to describe any symptoms and concerns. “Your story is one of the most helpful pieces of information in determining what is wrong,” Massey says. Tests may include an echocardiogram (an ultrasound of the heart), angiogram (an X-ray using dye to check the arteries for blockage) and/or an exercise stress test, in which you walk or jog on a treadmill, which increases speed and steepness every three minutes until you become too tired to continue. During the stress test, the cardiologist monitors your heart with an EKG, and uses imaging, to look for abnormalities that could indicate coronary artery disease. While a cardiologist interprets a stress test, any doctor can order it.

In addition, some cardiologists may request a heart scan. Also known as a coronary calcium scan, it detects calcium in the heart arteries, which can indicate a patient’s risk for coronary artery disease. However, Massey points out, heart scans don’t tell the cardiologist how the heart is functioning.

Treatment plans focused on decreasing the risk of heart disease often include regular exercise, a diet low in saturated fat, quitting smoking, plus medications. For patients with heart disease, treatment may also include stents, pacemakers and additional medications. S.L.

NEW HOPE FOR AGING HEARTS

About one-third of people suffering from life-threatening aortic stenosis (narrowing of the aortic valve) are too sick or too old to undergo open heart surgery to replace the valve. Until recently, they simply had no treatment options.

In May, cardiac surgeons at Swedish Medical Center began offering a minimally invasive procedure (approved by the Food and Drug Administration at the end of last year) that will change all of that. With transcatheter aortic valve replacement (TAVR or TAVI), a replacement valve is implanted, via a catheter in the femoral artery, like a regular stent, while the patient’s heart continues beating. Unlike open heart surgery, which can take four hours, TAVR takes about 90 minutes, and has less risk of infection, less blood loss and a faster recovery. Procedural complications include the risk of stroke.

During the past three years, the procedure has been performed as part of a clinical trial at the UW Medicine Regional Heart Center, which was the only hospital in Washington state participating in the trial. L.W.
### CARDIAC CARE CENTERS

Most of the hospitals in our region provide essential services for heart attack and heart failure, and many provide more advanced care, such as cardiac interventional services and surgery, along with extensive online information and patient seminars. Always consult your primary care doctor to discuss your best options. And if you or someone you love is experiencing symptoms of a heart attack or heart failure, dial 911 immediately. Time is of the essence, and the EMTs have the equipment, training and knowledge to assess the situation and determine where best to take patients in an emergency. (Please see notes, definitions and data sources below.)

<table>
<thead>
<tr>
<th>HOSPITAL</th>
<th>Coronary interventional procedures</th>
<th>Heart attack</th>
<th>Heart bypass</th>
<th>Heart failure</th>
<th>Valve repair / replacement</th>
<th>Hospital charges</th>
<th>SPECIAL SERVICES, STRENGTHS, SPECIALTIES &amp; AWARDS</th>
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<td>132</td>
<td>371</td>
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<td>$21,804 - $66,992</td>
<td>Heart Care Center: diagnostics, cardiac catheterization and interventional services, prevention, rehabilitation; participates in national research</td>
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<td>Evergreen Health</td>
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<td>314</td>
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<td>$22,897 - $63,276</td>
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<td>$29,010 - $88,095</td>
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<td>639</td>
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<td>911</td>
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<td>245</td>
<td>$29,507 - $122,802</td>
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</table>
Heart attack: A life-threatening medical emergency. Minimally invasive procedures such as coronary angioplasty and stenting that open narrow or blocked coronary arteries, the number performed as reported by Medicare and Medicaid for 2008–2010.

Coronary interventional procedures: Minimally invasive procedures such as angioplasty and stenting that open narrow or blocked coronary arteries; the number performed as reported by Medicare and Medicaid for 2008–2010.

Heart bypass: Surgery to create a new route for blood to flow around a blocked artery; the number performed as reported by Medicare and Medicaid for 2008–2010.

Valve repair/replacement: Surgery to repair or replace a valve that is not functioning properly; the number performed, as reported by Medicare and Medicaid for 2008–2010.

Surgery to replace a valve that is not functioning properly; the number performed as reported by Medicare and Medicaid for 2008–2010.

Heart failure: Occurs when the heart is too weak to pump enough blood; the number of patients treated as reported by Medicare and Medicaid for 2008–2010.

Valve repair/replacement: Surgery to repair or replace a valve that is not functioning properly; the number performed, as reported by Medicare and Medicaid for 2008–2010.

Heart & Vascular Institute; advanced diagnostics, cardiac catheterization, prevention, rehabilitation, cardiac surgery, electrophysiology; Level 1 cardiac care

Access to Swedish Heart & Vascular Institute; diagnostics, cardiac catheterization, prevention, rehabilitation; Level 1 cardiac care; 2012 Distinguished Hospital Award for Clinical Excellence

Access to Swedish Heart & Vascular Institute; diagnostics, prevention, rehabilitation; Level 2 cardiac care

Heart Hospital, Chest Pain Center; advanced diagnostics, cardiac catheterization, cardiac surgery, electrophysiology, prevention, rehabilitation, ventricular assist devices

Original UW Medicine Regional Heart Center; advanced diagnostics, cardiac catheterization, elective and emergency angioplasty, advanced cardiac surgery, general and sub-specialty cardiology clinic, cardiac valve minimally-invasive therapies, advanced heart failure, mechanical assist devices, heart transplantation, electrophysiology, women’s focus, clinical research and emerging technology advancement; The Joint Commission: Center of Excellence, Ventricular Assist Device Program; Level I Cardiac Center

Access to UW Medicine Regional Heart Center, Chest Pain Observation Unit; advanced diagnostics, cardiac catheterization, prevention, rehabilitation

Heart Institute; advanced diagnosis, anticoagulation management, cardiac catheterization, electrophysiology, prevention, rehabilitation, research, women’s focus; recipient of 2012 Healthgrades’ America’s 100 Best Specialty Excellence Award for Overall Cardiac Care, as well as Cardiac Care Excellence and Coronary Intervention Excellence awards and Distinguished Hospital Award for Clinical Excellence

ChildREN

Every year, about 4,800 babies in the U.S. are born with a critical congenital heart defect—one that can go undetected. But a noninvasive, pain-free test—just a beam of light on the hand and foot—to determine blood oxygen levels can detect heart defects in seemingly healthy infants and allow for early life-saving intervention.

One of two new national heart health screening recommendations for children, made by the Department of Health and Human Services, advises that pulse oximetry screening be administered to all newborns within the first 24 to 48 hours of life.

In February 2008, MultiCare Tacoma General Hospital was one of the first hospitals in the state to automatically conduct pulse oximetry screenings on healthy-appearing newborns. In May of this year, the protocol at Tacoma General was adjusted to meet national recommendations and then introduced at MultiCare Good Samaritan in Puyallup. Parents of newborns at other hospitals are encouraged to ask for the test.

Also last fall, a panel appointed by the National Heart, Lung, and Blood Institute called for cholesterol screening of all children ages 9–11 years old and, again, between 17 and 21 years of age, and more frequent screenings for children with risk factors, such as diabetes.

“Most people are not surprised to find out that they are obese—most people know that already,” says Amy Schultz, M.D., M.S.C.E., of Seattle Children’s. “But when you tell them that their cholesterol is abnormal or their blood pressure is abnormal, that does make it seem more important or concerning to some parents, and may motivate them to change their lifestyle.”

Shawna Leader
Women diagnosed with breast cancer before 40 usually face especially tough prognoses at the same time they are trying to establish a career and raise young children.
The diagnosis of breast cancer in women younger than 40 is still quite rare, but when it happens, they often face a tougher fight than many of their older counterparts. Seattle-area doctors, researchers and survivors join the battle

*BY SHEILA CAIN*

I got that call saying, ’It’s cancer,’ it was a real shock,” Seago-Coyle says. The scans found a 2-centimeter lump in her breast. She underwent a double mastectomy, 12 weeks of chemotherapy and one year of Herceptin targeted to her specific cancer type. Genetic testing indicated that she was a carrier of one of two known breast cancer genes—which also greatly increases the risk of ovarian cancer—so she had her ovaries removed.

Seago-Coyle’s story isn’t unprecedented. Neither is Elizabeth Sharpe’s. At age 38, she sheepishly returned to her doctor after a nagging suspicion that the lump under her breast wasn’t a callus caused by her underwire bra, as her physician said it could be. It turned out to be stage III breast cancer that had also affected five of 12 lymph nodes tested. Judy Schwartz Haley was having trouble breastfeeding and was sent home with antibiotics after a...
mastitis diagnosis. When it didn’t clear up a couple of months later, the then-39-year-old first-time mother returned to her clinic and found out the lump was stage III breast cancer with Paget’s disease, a rare complication.

**NEVER TOO YOUNG** Talk to women who have been diagnosed with breast cancer before turning 40 and their stories will sound eerily similar: Yes, they noticed the lump or discoloration themselves; no, they didn’t get it checked out right away because they thought they were too young for breast cancer; and no, their doctors didn’t initially offer any follow-up scans, because young women usually don’t get breast cancer.

All those doctors were right—they usually don’t. According to the “Breast Cancer Facts & Figures 2011–2012” report by the American Cancer Society, the median age for a breast cancer diagnosis between 2004 and 2008 was 61. In 2011, only 5 percent of new cases—or about 11,000 women—were diagnosed in women younger than 40.

But breast cancer in young women does happen, and when it does, prognoses are usually less positive than those of their older counterparts.

Because routine mammography is rarely recommended for women younger than 40 (the U.S. Preventative Service Task Force recommended in 2009 against routine screening mammography in women 40 to 49, creating a fair amount of controversy), those with the disease tend to show up at their physician’s office when the tumor is large enough to be felt during a self-exam.

“Most tumors in younger women are detected by the women themselves,” said Henry Kaplan, M.D., chief of medical oncology and breast cancer service at Swedish Cancer Institute in Seattle. And even when mammography is used, it’s not highly effective for young women, who tend to have dense breast tissue that makes tumors difficult to detect.

“Mammograms are just X-rays” that show the differences in density of various tissues, Kaplan says. Breasts contain fatty tissue and denser connective and glandular tissues. Tumors are also denser.

“Older women have more fatty tissue, and a tumor stands out like a light bulb.” Not so in younger women.

“To complicate matters, younger women’s cancers also tend to be harder to treat, says Kimberly Allison, M.D., director of breast pathology at the University of Washington. She battled breast cancer shortly after the birth of her child four years ago, at age 33. Tumors that are fueled by a particular epidermal growth factor receptor called HER2/neu, as well as basal-like tumors called “triple-negative” (not expressing estrogen, progesterone or the chemical HER2/neu), tend to be more common in younger women—and more aggressive. Treatment usually requires surgery, chemotherapy or radiation, and often, all three.

Studies have shown that women with triple negative breast cancer often began menstruating at age 12 or younger, says Michael Hunter, M.D., a radiation oncologist and medical director of the cancer program at Kirkland’s EvergreenHealth. An increase in childhood obesity in the U.S. is pushing the onset of menarche earlier and earlier, Hunter says, with heavier girls menstruating when they are as young as 9 or 10 years old.

Doctors have fewer theories about why younger women get more aggressive cancers in the first place.

“We’re just at the tip of the iceberg,” Hunter says.

**SPEAKING OUT** While women younger than 40 with breast cancer still are in the minority, their plight is gaining considerable attention. One reason may be that women are more open about their diagnoses.

When Jennifer Merschdorf was told she had breast cancer two years ago, at age 36, one of the first things she and her husband did was e-mail their network of friends and family; relaying the news, describing the diagnosis and asking for connections with other young women facing breast cancer. Within a few days, Merschdorf was connected with 13 women throughout the U.S. and Canada, and was receiving vital information and support.

“They got me through that first weekend,” says Merschdorf, who has since become the CEO of the New York–based Young Survival Coalition (YSC), a nationwide support group for women younger than 45 facing breast cancer.

It was an entirely different scenario seven months earlier, when Merschdorf’s then-66-year-old mother was diagnosed with breast cancer. “My mom was more private about it,” Merschdorf says.

Merschdorf’s and her mother’s experiences processing their diagnoses spanned both ends of the spectrum, underscoring generational differences. Unlike many of their older counterparts, women today aren’t embarrassed to share their diagnoses with others, since the stigmas his-
teristically associated with breast cancer are slipping away. Today, it’s commonplace to don a pink feather boa and glittery sneakers for fundraising walks and runs. Social networking and support groups allow women to ask questions, share their stories and vent their frustrations on a more public platform.

That’s exactly what the members of the Seattle affiliate of the YSC do two Wednesday evenings every month at the cancer support center Gilda’s Club on Seattle’s Capitol Hill. Topics range from raising young children while recovering from a double mastectomy to the challenges associated with advancing one’s career during treatment and recovery, long-term side effects, fertility, intimacy and sexuality, and early menopause.

“Dealing with breast cancer is tough for women of any age, but younger women face some very specific challenges,” says Nicole Taylor, the manager of the YSC Seattle affiliate who battled stage III breast cancer eight years ago, at age 34. “They are often raising kids and working full-time. Some are dating or considering starting a family when they get the news.”

YSC’s group meetings are where Seago-Coyle has been able to share the emotional struggles she’s faced since her diagnosis and subsequent surgery to remove her ovaries.

“At the time of my diagnosis, my husband and I were on the fence about getting pregnant,” said Seago-Coyle. “Now I’m 37 and menopausal.”

New one-time treatment for busy women

When women with young children or demanding careers, or both, face a breast cancer diagnosis, one of their toughest challenges can be dealing with the demands of extended treatment, which may include a lumpectomy, daily radiation for more than six weeks and, later, reconstructive surgery. For patients who live far from a treatment center, this schedule can be especially onerous. In some cases, women feel they have no alternative but to choose a mastectomy.

For patients who live far from a treatment center, this schedule can be especially onerous. In some cases, women feel they have no alternative but to choose a mastectomy.

In some cases, women feel they have no alternative but to choose a mastectomy for convenience, says Janie Grumley, M.D., an oncoplastic surgeon at Virginia Mason Medical Center, the first hospital in the state to offer intraoperative radiation therapy (known as IORT) for women with breast cancer. For the surgery/radiation procedure, Grumley first removes the tumor. Then, radiation oncologist Michelle Yao, M.D., does a focused radiation treatment directly to the site, after which Grumley completes the repair and reconstruction. The procedure not only allows women to complete the process far faster and at less cost, it avoids many of the side effects of external beam radiation, including surface burns to the skin and damage to healthy tissue. The procedure is being offered as part of a clinical trial, which is limited to women 45 or older with early stage breast cancer. Yao says she is hopeful that, with good results from the trial, the treatment will eventually be made available to younger women. L.W.

A MILLION THEORIES

The causes of breast cancer—in women of any age—remain a mystery. According to the American Center Society’s study, a slight increase in risk for breast cancer is indicated in women who started their period before the age of 12, delay or never have a full-term pregnancy and/or have never breastfed a child. Carriers of either of the two known breast cancer genes BRCA1 and BRCA2, such as Seago-Coyle, are also at an increased risk, but only a small percentage of all breast cancer cases can be attributed to such mutations.

Breast cancers in younger women could still be genetic, even if they test negative for the known BRCA genes.

“The younger the age of diagnosis, the more likely there’s some inherited genetic component that led to the cancer,” says Julie Gralow, M.D., an endowed professor at the University of Washington and director of breast medical oncology at Seattle Cancer Care Alliance. “Breast cancers that develop over a lifetime in older women are usually a combination of internal or external exposures, such as more cell division or their own estrogen.”

The lack of any definite causes of breast cancer stymies both doctors and patients. Theories that emotional stress or poor diet can contribute to the onset of the disease can be difficult to study, Allison says. For example, linking stress hormones continued on page 51
Kindred Healthcare understands that when people are discharged from a traditional hospital, they often need continued care in order to recover completely. That’s where we come in.

Kindred offers services including aggressive, medically complex care, intensive care and short-term rehabilitation.

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WANT TO LIVE INDEPENDENTLY BUT WOULD LIKE some assistance with medications or daily chores? Perhaps your loved one needs 24-hour specialized care for Alzheimer’s or other medical issues. Or maybe you want to make plans now that will also take into account any future medical needs.

“Finding the right fit in a community requires careful consideration of a multitude of factors including lifestyle preference, geographical location, financial ability, and the level of care that is needed. It is important for the older adult to consider how a particular community can meet their needs in both the short range and the long range as circumstances change,” says Nicole Amico Kane, MSW, social work care manager with Sound Options, a care management and home care company based in Western Washington.

Below are some of the residential options available.

INDEPENDENT LIVING> If you’re healthy and active and don’t need medical care, this option may be best for you. You will have your own private residence—such as an apartment, condominium or duplex—in a community that may include shared services, like meals, activities, group outings or transportation.

Questions to ask: What type of security is provided? Is there a resident council to help resolve issues and/or plan activities? Are pets allowed? If meals are provided as an option, how many are offered and are special dietary needs accommodated? Is transportation provided to medical appointments? Are shopping buses available? Is an entrance fee or buy-in required? How does a resident and/or family member know when the resident is no longer able to safely live independently? Are any of the homes licensed in a way that assisted living services can be added on rather than having to move to a new apartment?

ASSISTED LIVING> For those who want some independence in a private living space such as an apartment or room, but need assistance from caregivers with activities like bathing, dressing, taking medication or preparing meals, assisted living could be the right choice.

Questions to ask: What type of security is provided? Is there a resident council to help resolve issues and/or plan activities? Are pets allowed? If meals are provided as an option, how many are offered and are special dietary needs accommodated? Is transportation provided to medical appointments? Are pharmacy services provided? Can spouses/partners share a room? Is there a visiting physician? How is dementia care managed (special programs, special unit)? What level of care cannot be managed in this particular communi-
ty? What fee increases can be expected as care needs increase? Does the facility have a benevolence fund to assist those whose funds have been exhausted?

**SKILLED NURSING HOMES**> Skilled nursing homes are for those with physical or mental impairments needing a high level of care or rehabilitation.

**Questions to ask:** If you are looking at specialty care for Alzheimer’s and dementia are the premises secured with wander guards or other security measures? Can spouses/partners share a room? What is the staff-to-patient ratio? Are both private and shared rooms available?

**CONTINUING CARE RETIREMENT COMMUNITY**> Continuing care retirement communities offer a continuum of care. Residents may start out living independently, and then, as their medical or personal needs change, move to assisted living or skilled nursing facilities within the same community.

**Questions to ask:** Is there is a resident council to help resolve issues or plan activities? Are pets allowed? What types of activities are provided for residents? If moving in as a couple, can the husband/wife/partner remain in independent living if his/her significant other is admitted into skilled nursing? Is an entrance fee or buy-in required? Is there a special unit for dementia care?

**ADULT FAMILY HOMES**> Adult family homes are located in residential neighborhoods and generally look like other surrounding homes. They are licensed by Washington State’s Department of Social and Health Services to care for two to six individuals. Each home defines the level of care and service it makes available to residents, so there can be wide variances in the types of care offered.

**Questions to ask:** How many residents live in the home? Is transportation provided? Is there a visiting physician service? Is there potential for the person to bond with other residents or staff? Are organized activities offered? How long has the home been in business? Is there awake overnight staff? What type of care needs cannot be managed? What are the providers’ credentials and do they have special skills training (e.g., mental health, dementia, developmental disabilities)? Does the home accept Medicaid? What supplies are the resident and/or family member responsible for purchasing?

When researching a community, be sure to check if the facility has any violations with the state licensing agency by visiting the Aging and Disability Services Administration Division of the Washington State Department of Social and Health Services online at aasa.dshs.wa.gov.

“There are many different options to consider and great variability amongst the different types of facilities. This can be very confusing to the consumer. Utilizing the services of a geriatric care manager will ensure that the older adult and their family is well informed about their choices so the best selection in a care facility can be made,” Kane recommends.
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There’s No Place Like Home

From giving injections to walking the dog, in-home services allow older adults to remain in their own homes.

According to a 2010 AARP survey, nearly 90 percent of those over the age of 65 want to stay in their homes as long as possible, a trend known as “aging in place.” In fact, 82 percent would prefer to stay in their own homes even if they should need assistance with health care issues. Fortunately, there are companies that provide a myriad of aging-in-place services.

Home Health Care

In Washington, in-home health care is the highest level of licensing for in-home care. Services are provided by highly skilled professionals under a doctor’s direction, including nurses, physical therapists, speech therapists or occupational therapists. Often private insurance or Medicare covers this type of care. A wide range of services is available and includes injections, home infusion, physical therapy and occupational rehabilitation. Many home health care organizations also provide hospice care.

Home Care

Companies that provide home care services are also licensed in Washington and provide non-medical care and assistance at home. Focusing on daily living assistance, services include dressing, bathing, grooming, light...
housekeeping, medication reminders and meal preparation. Some companies also provide companionship, transportation, bill-paying, insurance claims, and check-in monitoring services. Home care services are not covered by private insurance or Medicare.

**Unlicensed Home Care**

Unlicensed home care companies offer chore, transportation and companion services, but do not provide any hands-on care. These companies are not licensed in Washington and their services are not covered by insurance or Medicare.
Wired Seniors

New technology enables older adults to live independently longer

According to technology expert and elder care advocate Laurie Orlov, the marketplace for technology solutions for aging adults is on track to reach $20 billion by 2020. Orlov is the founder of the market research firm Aging in Place Technology Watch. In a market overview report she released in May 2012, she noted that the increased awareness of technology solutions combined with the 78 million aging baby boomers will drive those sales.

Aging-in-place technology ranges in focus from health to safety to social engagement—both for older adults and their caregivers. Here’s a snapshot of what’s available:

**VRI (MONITORINGCARE.COM)** offers medical alert, medication management and in-home vital sign monitoring services. The medication dispenser is monitored by a care center which will follow up with the patient if a dosage is missed. The vital sign monitoring system allows health professionals and caregivers to monitor the daily vital signs of patients with chronic diseases such as congestive heart failure, hypertension and diabetes.

**PHILLIPS LIFELINE (LIFELINESYS.COM)** offers both a medical alert service—which summons assistance with a personal button—and a medication dispensing service, which reminds the user to take medication and dispenses the correct amount at pre-programmed times.

**BECLOSE (BECLOSE.COM)** uses wireless sensors and an alert button to track the older adult’s daily routine via a secure web page. If there is a disruption in normal activity, the caregiver is alerted in real time by phone, email or text message.

**GRANDCARE SYSTEMS (GRANDCARE.COM)** connects to a dedicated Internet connection and communicates with wireless sensors throughout the user’s residence. Caregivers can log onto the GrandCare website to send communications to their loved ones, including photos, calendar appointments, music or videos. They can also view activity and tele-wellness sensor information. Older adults can play games, listen to music and catch up on the news through the system. Automatic caregiver alerts are sent via phone, email or text message if specified conditions occur, such as medication non-compliance or unusual activity.

**READEO (READEO.COM)** is an online video book-chat that allows seniors to read virtual children’s books to their grandchildren, complete with a virtual page-turning experience.

**CARECENTRAL (CARECENTRAL.COM)** allows caregivers to set up a private website that serves as a central hub of information for family and friends. Users can share photos, make announcements, discuss issues and make requests for caregiving assistance.

**TECHNOLOGY TIPS**

When looking for a technology solution for yourself or a loved one, technology expert Laurie Orlov says, “There is no useful technology that doesn’t have an associated service in place—a guaranteed responder.”

She suggests seniors and caregivers ask to speak with satisfied customers and work with a dealer close to home rather than purchase online. She also warns against using technology that is new to market.

In addition, Orlov recommends consumers consider technology that doesn’t just track medical issues. “The most important thing to think about is what’s in it for the older adult,” says Orlov. “There should be some user experience that is of benefit.” Those benefits can include the ability to surf online, send email and view and share photos. For more information on the industry or to download Orlov’s free market reviews, visit agingplacetech.com.
Seniors & Cohousing

Local cohousing communities can offer engaging and rewarding social networks for older adults

Joani Blank has lived in cohousing communities for the past 20 years. The 75-year-old is a volunteer for the Cohousing Association of the United States and lives in Swan’s Market Cohousing in Oakland, Calif. Her reason for choosing a multi-generational cohousing community, she says, is simple: “It’s the natural way for people to live.”

“People who live in multi-generational cohousing communities want more sense of community in their lives. They want community with people they live with instead of just in the workplace or church or through their shared interests,” says Blank.

Cohousing is a collaborative community in which residents participate in the design and operation of their neighborhood. The community-engaged housing model began in Denmark and was introduced to the U.S. in the mid-1980s by Kathryn McCamant and Charles Durrett in the book Cohousing: A Contemporary Approach to Housing Ourselves.

According to the association, there are 125 completed communities in the United States, including approximately 14 in Washington (Washington has the second-highest number of cohousing communities after California). Residential options may include private for-sale and/or for-rent duplex, condominium and/or single-family homes, as well as shared spaces and common houses for sharing meals and activities.

Dori Gillam, program manager with Senior Services’ Aging Your Way program in Seattle says interest in multi-generational cohousing communities is growing as baby boomers age. She says boomers want more options than what has been offered to their own parents, and many don’t want to live in communities that are age-restricted.

“Many boomers are saying: ‘there are some of us that want intergenerational housing and communities. We like to have young children around.’ They don’t want to live in an exclusive, 55-plus housing community with no sounds of children’s laughter,” Gillam says.

Grace Kim is an award-winning architect and owner of the Seattle-based architectural firm Schemata Workshop. She studied 20 cohousing communities in Denmark and has toured approximately 60 across the United States. Currently she is designing a cohousing community in Seattle’s Capitol Hill neighborhood—one in which she and her family will live.

For older adults, Kim says multi-generational cohousing helps seniors feel like they are making a valuable contribution, providing opportunities to mentor, assist with child rearing or child care, and offer counsel.

The communities are also valuable support systems.

“Seniors who live in a cohousing community have a social network that has developed over the years,” Kim says. If they are injured or ill, she says, having meals made is already part of the system. And neighbors can help with rides to the doctor or picking up prescriptions.

 “[Older adults] can choose to give up their cars and know that there are ready drivers in the community. They can share their ‘used-once-year’ punchbowl, extensive library or telescope with other families. They can also teach a child how to knit or play an instrument. In return, they might also be able to get a light bulb changed or computer question answered without having to pay for these services,” Kim says.

For information on cohousing communities in your area, visit cohousing.org.

\[image\] Designed by Seattle-based Schemata Workshop, Daybreak Cohousing in Portland, Ore., includes shared spaces, such as a common house and an outdoor terrace.

\[image\] Courtesy of Schemata Workshop
Forgot where you put your keys?
Bruising more easily?
No longer enjoying your favorite foods?
Are these normal signs of aging?

BY TERESA KENNEY

“OLD AGE IS NO PLACE FOR SISSIES,” quipped silver screen star Bette Davis. Our eyesight worsens, our memories fog, our bladders...well, suffice it to say, aging is no place for sissies. Complicating matters is many of the health issues we all face as we age are conversation-stoppers. There are no “Senior Health: 101” classes and those who have gone before us don’t typically sit us down to tell us what to expect. So how do we discern between what is normal aging and what is cause for concern? Local medical experts weigh in on some of the most pressing age-related health issues.
MEMORY
A survey by the MetLife Foundation found that the fear of Alzheimer’s is second only to cancer among American adults. But is forgetting where you put your glasses cause for concern?

“It is normal during the aging process to have a bit more difficulty with multi-tasking—having to pay more attention to things like where you parked your car or where you left your keys. Those issues are well within the range of normal. They typically start to annoy us in midlife, but usually aren’t a sign of progressive cognitive decline,” explains Soo Borson, M.D., professor of psychiatry and behavioral sciences at the University of Washington and the director of the university’s Memory Disorders Clinic.

“On the other hand, forgetting everyday events and conversations, or having difficulty organizing one’s life and following through on plans are signs of something that could be more serious,” Borson says.

Fortunately, there are things that we can do to combat memory decline. “We know now that if you follow a heart-healthy diet and exercise regularly using aerobic and resistance training, you can make a difference in your cognitive health. The data are good. Even if a pathological form of memory loss has already begun, healthy diet and exercise can make a difference,” Borson notes.

Cognitive training can also help offset memory decline. Citing the study, “Advanced Cognitive Training for Independent and Vital Elderly,” which was conducted by Dr. Sherry Willis and published in the December 2006 issue of The Journal of the American Medical Association, Borson says, “The basic science shows that you can train people in older age to remember and get better, be better problem solvers and to be more organized in the way they approach their lives.”

GAIT
A stable gait is critical for the health and safety of older adults and should be monitored by a health professional.

“That’s an important part of our exam: watching the patient get up from a chair and walk a few steps,” says Geriatrician Wayne McCormick, M.D., with the Senior Care Clinic at Harborview in Seattle.

And for good reason. Gait and gait speed, says Geriatrician Itamar Abrass, M.D., also with the Senior Care Clinic, are important markers for risk of falling and overall well-being.

“People do get slower as they age but it is not generally obvious. When it becomes obvious that someone’s gait speed and balance have changed, we become concerned because their risks of falling increases dramatically. If they are using chairs and tables and other things to stabilize themselves that is an issue,” Abrass says.

Decreased resistance to stressors—a natural part of aging—is one of the factors that can affect gait and balance. For older adults, a stressor can range from something as simple as getting only seven hours of sleep when he or she is used to sleeping eight hours to something as serious as worrying about an adult child’s breast cancer diagnosis.

SKIN
Most people associate aging and skin to wrinkling and reduced skin laxity, but other changes occur as well, including significant thinning which can result in increased bruising. Abrass explains that finding a bruise on an arm or a leg when you don’t recall bumping into something isn’t necessarily cause for concern.

“It’s because the skin is thinning and the capillaries are closer to the surface—that’s why you’ll see bruising on the back of the hands of older adults,” Abrass explains.

Skin is much dryer as well because the number of sweat glands decreases with age. Dryer skin can lead to chronic itching which can become a major problem in comfort, but one that seniors can treat on their own by using moisturizer, particularly after they bathe.

“If you follow a heart-healthy diet and exercise regularly using aerobic and resistance training, you can make a difference in your cognitive health.”

—SOO BORSON, M.D.

KIDNEY AND BLADDER FUNCTION
Kidney function diminishes only slightly with age; however, certain conditions can adversely affect it, including illness and medications.

“One of the things we, as physicians, are concerned about with an older person is diminishing kidney function. Kidney function should be measured routinely. Many of the medications a patient has been on may need lower doses to maintain healthy function,” says Abrass.

For men, kidney function can be adversely affected by benign prostatic hyperplasia—or BPH—which is the benign enlargement of the prostate. Symptoms include difficulty initiating urine flow, a weaker flow, or an inability to stop the flow. While BPH cannot be cured, there are treatments to reduce its symptoms, ranging from simple lifestyle changes to surgery in the most severe cases.

Bladder capacity also decreases with age, so seniors may have an increased urgency to urinate or find that they are urinating more frequently. This could lead to incontinence. While an occasional problem with incontinence isn’t cause for concern, if it becomes more frequent, see a medical professional.

“Patients are really reluctant to talk about incontinence. But physicians want to know because we can do something about it; we can reduce it or eliminate it altogether. So we encourage older individuals to share that with their doctors,” says McCormick.

FEMININE DRYNESS
Vaginal dryness is a problem as women age, especially when they are post-menopausal. This can be very uncomfortable, even painful, particularly during sex. And if the sur-
rounding skin breaks down, women may experience further irritation when urinating, which may lead them to believe they have urinary tract infections. These issues should be discussed with your physician.

“We can do something about the dryness and irritation,” says McCormick.

“Local estrogens can be delivered without the side effects associated with taking estrogen orally,” Abrass adds.

**MUSCLE MASS AND BONE DENSITY**

Starting at around 35 years of age, our muscle mass begins to decrease, so by the time we are 75 years old, 50 percent of our total muscle mass has disappeared. However, the majority of seniors have adequate muscle mass to perform daily tasks. Individuals should be concerned, however, when it begins to affect their ability to walk and/or take care of themselves.

“When individuals say, ‘my legs are weak, my arms are weak,’ we want to evaluate them, there are underlying conditions that can cause this. This is different from fatigue,” Abrass says.

Bone mass also diminishes with age which can increase the risk of broken bones. It is recommended that women at age 65 and men at age 70 receive bone density scans (or earlier for individuals with certain risk factors, such as smoking and heavy drinking).

McCormick notes that there is one thing you can do about both: Exercise.

“One exercise to address muscle strength and bone density is simple walking. If you will just walk 15 minutes a day—good old walking, it doesn’t have to be fast. You don’t need equipment and it has enormous health benefits for both muscle strength and overall health with little side effects,” McCormick says. “It’s also a great activity for a caregiver because you can do something that honestly helps and is simple. You can just start walking around inside the house.”

**SIGHT/HEARING/SMELL/TASTE**

As we age, our senses become less acute which can affect our everyday social interactions and quality of life.

Changes in vision go beyond the need for stronger reading glasses (or longer arms). In addition to worsening nearsightedness or farsightedness, depth perception is affected as well, increasing the risk for falling.

“You often see an older person on top of the escalator waiting to take that first step because they have poor depth perception and the lines of the escalator run the wrong way. It’s important to recognize that this is an issue,” Abrass says. Eye dryness is also a problem—in some people it’s severe enough to cause corneal abrasion. But the problem is easy to treat and should not be ignored.

Sixty-five percent of older adults have some hearing deficit. However hearing loss is poorly diagnosed and it is often family members or friends, rather than the older adult, who first recognize that there is a problem. Hearing aids can be expensive, but make a big difference in socialization.

A hearing deficit can also attribute to the loss of speech discrimination. An older individual may not understand everything that is being said in a conversation, particularly with individuals who have unfamiliar accents. While the older adult can adapt to the deficit, hearing aids cannot help.

Taste and smell also diminish as we age which can adversely affect what and how much we eat.

“Smell is very important in our food satisfaction. Most of what we think of as taste is our sense of smell; it’s a major part of enjoying food,” McCormick says.

It’s imperative that seniors and caregivers are aware of the issue and watch for changes in weight or appetite. While there is little that can be done to reverse normal, age-related diminishment of smell and taste, there are some strategies available that may increase the appetite.

“This is something we, as doctors, worry greatly about. Poor nutrition among seniors is a very serious problem which is why we have a nutritionist on staff at our practice,” McCormick notes.

**DEPRESSION**

“Depression is not a normal part of aging,” Borson says. “It can be confused with normal grieving. Grieving is normal after a deeply felt loss—of a spouse, a child, a pet, a sibling, a friend, a career or a job—and has its own course. It is part of the human experience. It is not the same as depression. But sometimes a person can get stuck there, with a sustained low mood, difficulty with sleeping and a decrease in everyday functioning because of fatigue, lack of motivation, or feelings of hopelessness.”

These can be signs of clinical depression.

“Depression can be diagnosed and treated, and older adults should not hesitate to talk with their doctor or bring it up with a loved one. Mild depression can respond to increased activity and planning more pleasurable events, but other depressions may need the help of a therapist and/or medications. Even then, there is a lot you can do on your own,” Borson explains.

Above all, regardless of the health issue, if you’re concerned, talk with your doctor—if only for your own peace of mind.
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FROM YOUTH SPORTS TO WEEKEND RECREATION, THE OCCURRENCE OF TRAUMATIC BRAIN INJURY IS ON THE RISE. BUT THANKS TO WORLD-CLASS PHYSICIANS, RESEARCHERS, ADVOCATES AND ONE VERY BRAVE TEENAGER, THE PUGET SOUND REGION IS ON THE LEADING EDGE OF RESEARCH, PREVENTION AND TREATMENT. BY SHEILA MICKOOL

A helicopter airlift to Harborview Medical Center is never a good thing, and on the evening of October 12, 2006, the news was particularly grim. Zackery Lystedt, only 13, was on board. A star football player for Tahoma Junior High School, Zack hit the ground headfirst after a tackle in the second quarter. “He grabbed his head and rocked from side to side,” says his father, Victor Lystedt. An injury timeout was called, and Zack was walked off the field. He returned to the game in the third quarter, playing every play, and hit one boy so hard, that player fumbled the ball. It’s possible this impact caused a second concussion.

At the end of the game, Zack walked off the field, shaking his head and wobbling. He told his father, “Daddy, I can’t see,” and then collapsed and started convulsing. “I was distraught; I couldn’t hold him down,” Lystedt says. “He was having seizures; he had at least 10 to 15 strokes on the field; his brain was shutting down.”

At Harborview, surgeons removed parts of his skull to relieve the pressure caused by hemorrhaging. Zack was in a coma and placed on life support. It was impossible to tell the extent of the brain damage. His father and his mother, Mercedes, were in shock; they didn’t know if he’d make it. And if he did, they were concerned he might not be able to recognize anyone or be able to communicate.

While most who suffer brain injuries are not so badly injured, the Centers for Disease Control and Prevention (CDC) has identified traumatic brain injury (TBI) as a major public health issue and estimates that nearly 4 million sports-and-recreation-related concussions occur each year. Head injuries are being incurred by kids in youth sports and by baby boomers and weekend athletes while engaged in activities such as biking and skiing, in motorcycle and auto accidents, and in falls. More than 70 percent of emergency room visits for sports-and-recreation-related TBI are for young people ages 10 to 19 years old, and during the last decade, children and adolescents visiting ERs for sports-and-recreational brain injuries increased by 60 percent. Young athletes, such as Zack, are especially susceptible to something called second impact syndrome—a second hit after initial impact that can cause severe permanent disability and even death.

In recent years, the dangers of TBI have been widely reported—from actress Natasha Richardson’s fatal fall on a ski slope in 2009 to lawsuits against the National Football League (NFL) by more than 3,000 former football players alleging the organization concealed the long-term dangers of head trauma for years. Football legend Terry Bradshaw said that if he had a son today, he would not let him play football. There is definitely a sea change in public awareness about the dangers of brain injury and concussion, says Richard H. Adler, an attorney for the Lystedt family and founding principal of Adler Giersch PS, a Puget Sound-area law firm specializing in cases related to TBI, as well as spinal trauma, joint injuries and musculoskeletal trauma.

As attorney for the Lystedts and president of the Brain Injury Association of Washington, Adler organized and led a coalition of community partners (including the Seattle Seahawks, Washington Interscholastic Activities Association and others) and local and national medical experts to do groundbreaking work as an advocate for stopping preventable brain injuries in youth sports. He is given much of the credit by his colleagues for drafting legislation leading to the passage of the Zackery Lystedt law in Washington state in 2009. Designed to prevent what happened to Zack (being returned to play immediately following suspicion of a concussion, thereby causing a much more severe, even life-threatening injury), the law requires young athletes with signs or symptoms of a concussion to be removed immediately from practice or play and to receive written clearance from a licensed healthcare professional trained in the evaluation and management of concussions before returning to play. It was the first player protection law of its kind in the nation, and the model, pushed along by Adler and the University of Washington’s Dr. Stanley A. Herring, for other states. But that is only the beginning. Washington state—and the Seattle area in particular—is not only a leader in player protection legislation, it’s also a leader in brain injury prevention, research and treatment. Some of the world’s leading TBI experts and advocates are here—many working with Zackery Lystedt to transform our understanding of brain injury.

FROM YOUTH SPORTS TO THE NFL

Dr. Herring, a world-renowned expert in concussion evaluation and management, provided testimony focusing on the medical justification to get the Zackery Lystedt law passed in Washington. He works closely with the Lystedt family and does as much advocacy around the country on player protection laws as Adler, often joining him on road trips to make presentations. Herring is in a good position to make a big difference for many athletes: He’s the director of Sports, Spine and Orthopaedic Health for UW Medicine and co-medical director of the Seattle Sports Concussion Program.
Program; one of the team physicians for the Seattle Seahawks and Seattle Mariners; consultant to the UW Sports Medicine Program and the Seattle Storm; and a member of the NFL’s Head, Neck and Spine Committee.

Herring has been a member of groups that wrote sports concussion guidelines widely used by health care providers. He has worked with the CDC, USA Football and Pop Warner to develop sports concussion information for athletes, parents and coaches, as well as serving as a panellist at the prestigious International Conference on Concussion in Sport, held every few years.

Dr. Richard G. Ellenbogen, another strong advocate for the Lystedt law, is co–medical director, along with Herring, of the Seattle Sports Concussion Program. He is the UW professor and chairman of the Department of Neurological Surgery, chief and attending of neurological surgery at Harborview Medical Center and attending neurosurgeon at Seattle Children’s. It was his surgical team at Harborview that performed Zackery Lystedt’s surgeries. Ellenbogen is considered one of the foremost neurological surgical experts in the country, especially in brain injury cases.

With Herring, Ellenbogen contributed to the CDC’s online educational course for health care providers titled “Heads Up to Clinicians: Addressing Concussions in Sports Among Kids and Teens.” As co-chair of the NFL’s Head, Neck and Spine Committee, Ellenbogen, with Herring and others, persuaded NFL commissioner Roger Goodell to put the weight of the NFL behind the drive for youth player protection laws in every state.

**CREATING WIRELESS TOOLS**

Passing laws, providing concussion management guidelines and changing culture can only do so much without tools to measure the force of brain impacts in real time. Rich Able and Christoph Mack, cofounders of the Pike Place Market–based startup X2Impact, aim to fill that gap.

Veterans of the medical device industry, they came up with the idea to start the company after Able’s son Kyle was injured in a football game in 2007. Playing for Tacoma’s Bellarmine Prep, Kyle was racing up the middle. He was tackled and slammed headfirst onto the field. “I kept thinking, ‘Please move your legs….Please move,’” Able says. “It was the longest 45 seconds of my life.”

Able started doing research and realized that families all over America had experienced the same agonizing moments; concussions in football, baseball, basketball, soccer, snowboarding and other sports were occurring at alarming rates. He realized something else: Nothing existed that could measure what was happening to the athletes.

X2Impact is developing sensors that players wear as mouth guards, headbands and skin patches (which adhere behind a player’s ear) to measure impacts, which are transmitted wirelessly to a trainer’s or coach’s tablet or smartphone.

“The system measures each impact and displays it in the context of the individual athlete’s head impact history,” Mack says, “thereby helping athletic trainers, team physicians and coaches to determine if a player is at risk for brain injury.”

The technology is designed for helmeted and unhelmeted sports, and male and female athletes of all ages. The Stanford women’s soccer, lacrosse and field hockey teams will be wearing skin patches this fall, according to Able.

“The technology we developed would have given Kyle’s trainers information about the number of hits he was taking and their severity,” Able says. “Although Kyle eventually recovered, his concussion might have been prevented.”

“In five years,” Mack predicts, “tracking brain impact and taking preventive action to eliminate sports brain injuries will be as common as wearing a seatbelt.

**“MANY PEOPLE WILL NEVER GET TO RECOVER—EVEN AS MUCH AS I HAVE. I NEED TO WALK FOR THEM AND TO TALK FOR THEM. BECAUSE THEY CAN’T.” —ZACKERY LYSTEDT**

For hospital and clinic contact info, see page 53
In 2011, Zackery Lystedt, the young athlete who was the inspiration for the Zackery Lystedt law, joined his Tahoma High School classmates for their graduation ceremony. After years of intense physical therapy, he stood up from his wheelchair and walked, using his cane, haltingly across the stage at the White River Amphitheatre. He received the school’s first Lystedt Adversity Award, for finding the courage to succeed despite the odds. The University of Washington’s Dr. Stanley A. Herring attended the ceremony, as did Sandra Thompson, program manager for UW Medicine Sports and Spine Physicians. “Everyone in the audience was overwhelmed, not just us,” Thompson says. “It was very emotional.”

Zack suffered a catastrophic brain injury on the football field in 2006, and every day since has been a battle to recover and relearn basic skills. “He was on life support for seven days; he couldn’t speak for nine months; after 13 months, he could move his left arm a little; it took two years to get rid of the feeding tube and four years before he could move his right leg purposefully,” says his dad, Victor Lystedt. So finally being able to stand and take a few steps was an incredible accomplishment.

Zack, now 19, could be forgiven for feeling sorry for himself now and then, but he doesn’t have time. He is relentless in his drive to support brain injury awareness, prevention, safety and legislation, especially in youth sports. Zack testified in support of the Lystedt law in Olympia. He met NFL commissioner Robert Goodell and visited the Seahawks and then-coach Mike Holmgren.

Because of the efforts of a wide range of community partners and inspired by Zack’s story, 40 states and the District of Columbia have passed player protection laws—surpassing the 21 states that require children to wear bicycle helmets, 32 states with primary seatbelt laws and 19 states requiring helmets for motorcycle riders. “Leading this effort is what motivates me,” Zack says. “I was chosen for this. I really believe that.”

In many ways, Zack is a typical teenager. He wants to earn a college degree. He plays video games on his computer. He loves music (especially Eminem). His favorite meal is Alaska king crab, and he has a quick, wicked sense of humor. At just under 6 feet tall, with dark brown hair, a mischievous expression and Clark Kent glasses, he’s a bit of a hunk and can be devastatingly charming. Recently, he had his first evening out with a friend home from college—with no parents in attendance—just two guys out for the evening.

Despite Zack’s miraculous progress, Herring points out that the family still faces challenges. Conventional wisdom suggests he will need a lifetime of assistance. The Lystedts recently built a house designed just for their son: all one level, no stairs, and a private wing for him, to support his desire for independence. Victor imagines owning a local small business with his son one day, to further Zack’s socialization. “We’re a strong family,” his mom, Mercedes, says. “The love we have for each other gets us through.” S.M.
or a bicycle helmet.”

Shortly before press time, X2Impact told Seattle Health that the NFL has signed a contract to utilize the X2 Concussion Management System (X2 CMS) this season. The software system will be used by the NFL’s athletic trainers and clinicians to record a player’s baseline assessment and to assist in the evaluation of a player after head injury is suspected.

**BRAINIACS STUDYING THE BRAIN**

Despite these positive developments, still more needs to be known about the brain, and the Puget Sound region supports some of the most innovative research to be found anywhere in the world. In March 2012, Paul Allen committed $300 million to expand the Allen Institute for Brain Science, based in Fremont, bringing his total commitment to $500 million since the organization was established in 2003. It is one of the largest philanthropic commitments ever made to neuroscience research.

The institute is an internationally respected powerhouse, tackling some of the most complex questions about how the brain works. Each month, approximately 50,000 visitors, including researchers from universities, pharmaceutical and biotechnology companies, and government laboratories in 70 countries, access the institute’s data. Scientists predict such access could shave years of effort off research programs, leading to groundbreaking discoveries about brain disease and disorders, including traumatic brain injury.

Plus, the Seattle-area is home to leading edge clinical trials that are challenging even insiders’ ideas about what is possible. Xavier Figueroa, Ph.D., admits he was skeptical when a colleague at the UW suggested he join Restorix Research Institute to manage clinical trials examining the potential of hyperbaric oxygen therapy to accelerate recovery and reverse brain damage for mild to moderate traumatic brain injury.

Hyperbaric oxygen therapy—which Restorix Health uses for the treatment of diabetic wounds, pressure sores and limb injuries—has been around for more than 50 years. It is probably best known as a therapy for the bends (the decompression sickness suffered by scuba divers who rise to the surface too quickly).

Until recently, there hadn’t been...
much study done regarding the impact of hyperbaric oxygen therapy on brain injury. After more than 18 months of clinical trials, Figueroa (now director of scientific research at Redmond-based Restorix) is a believer.

“I am seriously shocked by the results I am seeing; the outcomes have been astounding,” he says. “Patients feel normal again; light doesn’t bother them; they can sleep; they aren’t irritable. Memory improves; the ability to handle stress does, too. It’s an amazing transformation for patients—and a relief to their families.”

Those who have suffered traumatic brain injury from military service, sports injuries or accidents may be eligible to participate in the study. (Information is available online at restorixresearch.com/ActiveStudy.)

SEEDS FOR A BETTER FUTURE

With so much going on in the Puget Sound area in terms of TBI, no one can predict what the future might hold. Ultimately, the Lysteds and Adler want a unified federal player protection law covering all 50 states. Herring hopes there will one day be a robust, multidisciplinary medical organization for TBI—one devoted to research, education, advocacy and clinical care, something like the American Heart Association—perhaps here in Seattle, given everything else that’s already in place.

Zack says his life mission is nothing less than working to eliminate preventable brain injury. “Many people will never get to recover—even as much as I have. I need to walk for them and talk for them. Because they can’t. I remember who I’m doing this for—it’s for the ones who don’t get the chance.”

IN FIVE YEARS, TRACKING BRAIN IMPACT AND TAKING PREVENTATIVE ACTION TO ELIMINATE SPORTS BRAIN INJURIES WILL BE AS COMMON AS WEARING A SEATBELT OR BICYCLE HELMET.

—CHRISTOPH MACK

SIGNS OF A CONCUSSION

Anyone who experiences any of the signs and symptoms listed below after a bump, blow, or jolt to the head or body should be kept out of play and evaluated for concussion by a medical provider trained in concussion evaluation and management.

- Headache
- Nausea or vomiting
- Dizziness
- Double vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy or groggy
- Concentration or memory problems
- Confusion
- Does not “feel right” or is “feeling down”
- Appears dazed
- Is confused
- Forgets instructions
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior or personality changes
- Can’t recall events prior to or after a hit or fall

If symptoms persist or get worse, or there is a change in behavior, Herring says. “They should rest, eat and drink what they like, but avoid alcohol or taking aspirin or anti-inflammatory products [such as Aleve or Advil] and an appointment should be made with a health care professional trained in concussion. If symptoms worsen later that day or night, send them to the ER.”

These same guidelines for athletes are also applicable to situations in which a concussion is suspected after the result of an accident, such as a fall while hiking or skating, a job accident or a slip in the shower.

Note: You can’t see a concussion, and some children and adults may not experience and/or report symptoms until hours or even days after the injury. S.M.

Additional sources: Seattle Sports Concussion Program (uwmedicine.org/sportsconcussion) and Centers for Disease Control and Prevention (cdc.gov/concussion)
Classes & Events for Healthy Living

Classes
10/15
Your Life, Your Choices
[PALLIATIVE CARE] These two-hour group workshops focus on making informed decisions about end-of-life care, including how to document your wishes so that family and health care providers know the choices you’ve made. Group Health, Capitol Hill campus (additional sessions on other dates at other Group Health locations); 866.458.5276; ghc.org

Look Good...Feel Better
[CANCER] This program teaches beauty techniques to women who are cancer patients in active treatment to help them combat the appearance-related side effects of cancer treatment. Valley General Hospital; 360.794.1411; valleygeneral.org

10/18
Lowering High Cholesterol
[HEART HEALTH] Learn how to lower high cholesterol with positive lifestyle changes. Plus, bring your most recent cholesterol numbers to find out what they mean. Swedish/Mill Creek; 206.386.2502; swedish.org

10/24, 11/28 & 12/19
Eat Well, Play More
[WELLNESS] Discover the art, science and psychology behind sustainable weight loss and well-being with a naturopathic doctor and a cognitive behavioral therapist. EvergreenHealth, Kirkland; 425.899.3000; evergreenhealth.com

10/28
Natural Home Remedies
[WELLNESS] Learn how natural remedies can be used at home to treat cuts, scrapes, burns, sports injuries, day-to-day trauma and acute conditions. Bastyr University, Kenmore Campus; 425.602.3152; bastyr.edu

11/1
Let the Games Begin!
[BRAIN INJURY] This group provides support to those who have sustained brain injury by giving them the opportunity to participate in card and board games in a supportive environment. Thursdays, Northwest Hospital & Medical Center; 206.368.1848; nwhospital.org

11/3
Boot Camp for New Dads
[PARENTING] Are you a “rookie dad”? Join other new dads as experienced fathers pass on advice about fatherhood. Good Samaritan Family Birth Center; 253.697.5300; multicare.org

11/8
Group Holistic Consultation
[HOLISTIC MEDICINE] Virginia Mason patients with cancer and other chronic conditions interested in holistic medicine have the opportunity to join a monthly group session to discuss nutrition, supplements, cancer, mind-body practice and more. Virginia Mason Medical Center, Buck Pavilion; 206.344.8053; virginiamason.org

11/28–12/19
Diabetes Self-Management Education Program
[DIABETES] This program offers training in nutrition, blood sugar monitoring and heart health as well as a number of other areas related to diabetes. Four Wednesdays (recurring series). The Polyclinic Madison Center; 206.860.4475; polyclinic.com

Events
10/6
Be Well Washington
[PREVENTION] This family health fair features free health assessments, including blood sugar tests, body mass analysis, blood pressure screening, posture analysis and more, plus demos and samples. CenturyLink Field; BeWellWashington.net

10/7
Making Strides Against Breast Cancer
[BREAST CANCER] A noncompetitive 5K walk through downtown Bellevue, this event raises funds for research, advocacy, education and patient service programs, including Washington’s Breast and Cervical Health Program, which provides mammograms and screenings for uninsured women. Downtown Bellevue Park; makingstrideswalk.org

10/12
Lifesavers & Legends Dinner & Auction
[EMERGENCY MEDICINE] Celebrate first responders and community heroes while supporting the Medic One Foundation, which funds training and ongoing medical education for Medic One paramedics. Sheraton Seattle Hotel; 206.744.9425; mediconefoundation.org

10/13
Beats for Boobs
[BREAST CANCER] This second annual Belltown fundraiser features art, fashion, food and music to honor and remember those affected by breast cancer and to raise funds for local organizations, including Seattle Cancer Care Alliance. The Crocodile; beatsforboobs.org
in the blood to developing cancer would require taking measurements over long periods of time, often years before a cancer is detected clinically; something that’s not very feasible.

The Seattle metro area has one of the highest rates of breast cancer in the world—another frustrating fact that doctors can’t explain. The lack of sunlight—and consequently low levels of vitamin D in our bodies—is one theory many point to, but that doesn’t explain why sunny states such as California and Hawaii have some of the highest rates of breast cancer in the nation.

“As you move away from the equator, the risk goes up,” Evergreen’s Hunter says. “It’s hard to say it’s a lack of vitamin D, but there are hints it is.”

What Seattle-area women do have in common with other high-risk cities is a high population of highly educated, professional women who delay childbearing.

“Working women aren’t likely to have three children before the age of 25,” Hunter says. “Wherever you find successful women, you will find breast cancer.”

Pregnancies eliminate the surge of estrogen during monthly menstrual cycles, Hunter says, which could contribute to estrogen-fueled breast cancers. Plus, a full-term pregnancy before the age of 25 appears to permanently change the structure of the internal breast, making it less hospitable for cancer development.

Interestingly, even with our region’s high incidence rates, Washington state has a lower than average death rate from breast cancer, according to the Centers for Disease Control and Prevention.

“We are surviving it,” Gralow says.

While the voices of young breast cancer patients are gaining volume, the fact remains that their cancers are often more serious. Until a cause or a cure is found, a young woman’s best defense against breast cancer is an astute awareness of the changes in her body and the courage to push for a second opinion if necessary.

“Don’t ever say, ‘Oh, I’m too young,’” Allison says. “Even if a physician tells you that, pursue it with another physician. And be open to talking about it.”

### 10/13
**Gift of Health Gala**
*Global Health* Group
Health’s evening of dinner and dancing will feature the 2012 Innovator in Health Award recipient, Christopher Elias, M.D., M.P.H. Proceeds benefit the Childhood Immunization Initiative. The Westin Seattle; 206.448.7330; ghc.org/foundation

### 10/17
**Breath of Life Gala & Auction**
*Cystic Fibrosis* The 29th annual auction and gala raises money for the Cystic Fibrosis Foundation. Sheraton Seattle Hotel; 206.282.4770; cff.org/Chapters/washington

**Festival of Trees**
*Children’s Health* For the 35th year, Seattle Children’s celebrates the season with a tree lighting and choral concert, followed by a holiday gala and auction. Proceeds benefit pediatric cancer research and uncompensated care at Seattle Children’s. The Fairmont Olympic Hotel; 425.488.9597; seattlefestivaloftrees.com

### 10/27
**Brain Injury Gala**
*Brain Injury* Celebrate and support the Brain Injury Association of Washington, which has been working for 30 years to prevent brain injury and help those affected by such injury. The Seattle Sheraton; 206.897.5755; braininjurywa.org

### 11/10
**Winter Pineapple Classic, 5K Run and Luau**
*Cancer* Don flip-flops, Hawaiian shirts and leis for the seventh annual 5K Run with Obstacles, a fundraiser for The Leukemia & Lymphoma Society. Mountain Meadows Farm, North Bend; 206.957.4564; llsuw.convio.net/site/PageServer

### 11/11
**Hutch Holiday Gala**
*Cancer* Join business and community leaders to help raise money for Fred Hutchinson Cancer Research Center at this 37th annual black tie bash. Sheraton Seattle Hotel; 206.667.6680; fhcrc.org

### 11/12
**Jingle Bell Run/Walk for Arthritis**
*Arthritis* With bells on their shoelaces and other festive attire, runners and walkers raise money for arthritis research during the 28th annual Arthritis Foundation event. Westlake Center; 206.547.2707; seattlemag.com for additional events and classes. Many classes are offered on a recurring basis.

For hospital and clinic contact info, see page 53
Clinical Trials & Research

All around the Puget Sound region, health care practitioners and researchers are trying to discover cures and treatments for the challenging conditions of our time. To learn about local research, or if you have a medical condition and want to participate in a study, visit the website of an area research institute or hospital and search using the keyword “research” or “clinical trials.” Your physician is also a good source. Here are three current studies related to the topics featured in this issue. Shawna Leader

BREAST CANCER STUDY Overlake Hospital, University of Washington Medical Center and Seattle Cancer Care Alliance patients with breast cancer can donate breast tissue samples to the Seattle Cancer Consortium (Fred Hutchinson Cancer Research Center/UW Medical Center and Seattle Cancer Care Alliance) to help breast cancer patients. Overlake Hospital, University of Washington Medical Center’s Cherry Hill campus is one of 100 sites conducting studies on the Seattle metropolitan area by

HEAD INJURY STUDY At UW Medicine’s Department of Rehabilitation Medicine, patients who have had traumatic brain injury in the past six months can assist in testing the effect of amantadine (in pill form) on post-injury irritability (206.543.0219; rehab.washington.edu/research/studies).

HEART MONITOR STUDY Swedish Medical Center’s Cherry Hill campus is one of 100 sites conducting studies on the safety and effectiveness of the Guardian System, an implanted device that monitors the heart’s electrical signal. This study is open to patients who have had high-risk acute coronary syndrome or coronary artery bypass graft surgery within the past six months (206.215.3989; swedish.org).

Awards & Accolades

Among recent distinctions awarded to local health organizations are several “A” grades in hospital safety from The Leapfrog Group, a nonprofit quality-improvement group (leapfroggroup.org), HealthGrades Patient Experience and Safety awards (healthgrades.com), and top rankings in U.S. News & World Report’s “Best Hospitals 2012–2013,” published in July.

EVERGREENHEALTH
2012 HealthGrades Outstanding Patient Experience Award, May 2012; named a national leader in gynecologic surgery and one of the top hospitals in the nation for maternity care by HealthGrades in June 2012; 2012 Partner for Change Award from Practice Greenhealth for its environmental achievements and sustainability focus, May 2012; Outstanding Achievement Award in 2011 from the Commission on Cancer of the American College of Surgeons for commitment to quality care for cancer patients, March 2012

GOOD SAMARITAN HOSPITAL “A” Hospital Safety Score by The Leapfrog Group, June 2012

GROUP HEALTH COOPERATIVE
Recognized as a leader in health care equality for lesbian, gay, bisexual and transgender (LGBT) patients, for the fourth consecutive year, in the Healthcare Equality Index 2012, a national survey by the Human Rights Campaign Foundation, June 2012

HARBORVIEW MEDICAL CENTER Ranked second in the state and the Seattle metropolitan area by U.S. News & World Report; received national rankings in orthopedics (25) and diabetes/endocrinology (47)

MULTICARE HEALTH SYSTEM
Named one of the nation’s most wired health care organizations by Hospitals & Health Networks magazine, May 2012; ranked as the top health care system in the state and 10th in the nation on the Top 100 Integrated Healthcare Networks list, compiled by IMS Health, January 2012

SEATTLE CHILDREN’S
Ranked nationally in 10 pediatric specialties by U.S. News & World Report, including top 10 rankings in pediatric cancer, nephrology and neurosurgery, and urology

SWEDISH MEDICAL CENTER, CHERRY HILL
“A” Hospital Safety Score by The Leapfrog Group, June 2012

SWEDISH MEDICAL CENTER, FIRST HILL “A” Hospital Safety Score by The Leapfrog Group, June 2012

TACOMA GENERAL HOSPITAL “A” Hospital Safety Score by The Leapfrog Group, June 2012; “Get With The Guidelines” Stroke Gold Plus Performance Achievement Award from the American Heart Association/ American Stroke Association, May 2012

UNIVERSITY OF WASHINGTON MEDICAL CENTER Listed on the Best Hospital Honor Roll and ranked first in state and the Seattle metropolitan area by

U.S. News & World Report; also ranked nationally in 10 specialties, including fourth in rehabilitation, sixth in diabetes and endocrinology, and eighth in cancer care

VALLEY MEDICAL CENTER
Ranked seventh in Washington and fourth in the Seattle metropolitan area by U.S. News & World Report; recognized as a leader in health care equality for LGBT patients in the Healthcare Equality Index 2012, a national survey by the Human Rights Campaign Foundation, June 2012; recognized by the King County Council for excellence in health care, work environment and financial management, January 2012

VIRGINIA MASON MEDICAL CENTER 2012
HealthGrades Patient Safety Excellence Award, May 2012; “A” Hospital Safety Score by The Leapfrog Group, June 2012; Medical Group Preeminence Award from the American Medical Group Association, March 2012; ranked third in the state and the Seattle metropolitan area by U.S. News & World Report, and recognized for high performance in 10 specialties, including cancer, cardiology and neurosurgery

—Compiled by Shawna Leader
Puget Sound Region Hospital & Clinic Directory

The following is a listing of Seattle-area hospitals and medical centers, along with their related primary and urgent care clinics and emergency care facilities. Check websites for specific locations and services.

—Compiled by Sierra Christman and Shawna Leader

Auburn Regional Medical Center and Clinics
auburnregional.com

Hospital:
Auburn
253.833.7711

Clinics and urgent care:
Regional Medical Clinic at Bonney Lake
253.447.4770
The Clinic at Walmart Federal Way
253.838.1500
Regional Medical Clinic at Kent
253.656.0223
Urgent Care and Occupational Medicine of Auburn Regional Medical Center Federal Way
253.874.2000

EvergreenHealth Medical Center and Clinics
evergreenhealth.com

Hospital:
Kirkland
425.899.1000

Clinics and urgent care:
Canyon Park Primary Care
425.488.4988
Duval Primary Care
425.738.4899
Kenmore Primary Care
425.485.6561
Redmond Emergency Room
425.899.1111

Franciscan Health System
fhshealth.org

Hospitals:
St. Anthony Hospital
Gig Harbor
253.530.2000
St. Clare Hospital
Lakewood
253.985.1711
St. Elizabeth Hospital Enumclaw
360.802.8800
St. Francis Hospital
Federal Way
253.835.8100
(King County)
253.944.8100
(Pierce County)
St. Joseph Medical Center
Tacoma
253.426.4101

Clinics:
Franciscan Medical Clinic–DuPont
253.964.5260
Franciscan Medical Clinic– Enumclaw
360.825.6511
Franciscan Medical Clinic–Federal Way
253.839.2030
Franciscan Medical Clinic–Gig Harbor
253.858.9192
Franciscan Medical Clinic on Point Fosdick
Gig Harbor
253.858.9192
Franciscan Medical Clinic–Lakewood
253.985.6688
Franciscan Medical Clinic–Milton
253.922.5262
Franciscan Medical Clinic–Port Orchard
360.874.5900
Franciscan Medical Clinic–Canyon Road Puyallup
253.539.4200
Franciscan Medical Clinic–Spanaway
253.538.4660
Franciscan Medical Clinic at St. Joseph Tacoma
253.382.8200

Franciscan Medical Clinic–University Place
Tacoma
253.564.0170

Urgent care:
St. Anthony Prompt Care
Gig Harbor
253.853.2050
Franciscan Prompt Care on Canyon Road
Puyallup
253.539.4200

Fred Hutchinson Cancer Research Center
Seattle/South Lake Union
206.667.5000
fhcrc.org

HARBORVIEW MEDICAL CENTER
Seattle/First Hill
206.744.3300
uwmedicine.org

Harrison Medical Center
harrisonmedical.org

Hospital:
Bremerton
360.779.4444

Clinics and urgent care:
Belfair Primary Care
360.779.4444
Belfair Urgent Care
360.779.4444
Forks Family Medical Center
360.374.6334
Harrison Silverdale
(24/7 emergency care)
360.779.4444

Port Orchard Primary Care
360.779.4444
Port Orchard Urgent Care
360.779.4444

POULSBEO ADULT PRIMARY CARE
Poulsbo
253.779.4444

HIGHTLINE MEDICAL CENTER
highlinemedicalcenter.org

Hospital:
Burien
206.244.9970

Urgent care:
Des Moines Urgent Care
206.870.7333

West Seattle Urgent Care
206.971.0425

KINDRED HOSPITAL SEATTLE
kindredhospitalsSeattle.com

Hospital:
First Hill
206.682.2661
Northgate
206.364.2050

MULTICARE HOSPITALS AND CLINICS
multicare.org

Hospitals:
Allenmore Hospital
Tacoma
253.459.6633

Good Samaritan Hospital Puyallup
253.253.697.4000

Mary Bridge Children’s Hospital & Health Center
Tacoma
253.403.1400

TACOMA GENERAL HOSPITAL
Tacoma
253.403.1000

Clinics and urgent care:
MultiCare Auburn Clinic
253.876.7999

MultiCare Auburn Urgent Care
253.876.8111
resources

MultiCare Covington Medical Center
253.372.7100

MultiCare Covington Emergency Department
253.372.7400

MultiCare Covington Urgent Care
253.372.7020

MultiCare Eatonville Clinic
360.832.7300

MultiCare Frederickson Clinic
Puyallup
253.875.7600

MultiCare Gig Harbor Medical Park
(primary and urgent care)
253.530.8000

MultiCare Kent Clinic
Primary care:
253.372.7866
Urgent care: 253.372.7788

MultiCare Lakewood Clinic
253.459.6060
Urgent care: 253.459.6065

MultiCare Maple Valley Clinic
253.372.7680

MultiCare Northshore Clinic
Tacoma
253.925.1744

MultiCare Puyallup Clinic
253.697.5767

MultiCare East Pierce Family Medicine
Puyallup
253.697.1420

MultiCare South Hill Clinic
Puyallup
253.697.3030

MultiCare Spanaway Clinic
Primary care:
253.459.7777
Urgent care: 253.459.7770

MultiCare Sumner Clinic
253.891.7400

MultiCare Family Medicine Center
Tacoma
253.403.6750

Tacom Family Medicine
253.403.2900

MultiCare West Tacoma Family Medicine and Urgent Care Clinic
253.792.6900

MultiCare University Place Urgent Care
Tacoma
253.459.7177

Northwest Hospital & Medical Center
Seattle/Northgate
206.364.0500
nwhospital.org

Overlake Hospital Medical Center and Clinics
overlakehospital.org

Hospital: Bellevue
425.688.5000

Clinics and urgent care:
Overlake Medical Clinics–Downtown Bellevue
425.635.6350

Overlake Medical Clinics–Medical Tower Bellevue
425.289.3100

Overlake Medical Clinics–Gilman
425.391.0705

Overlake Medical Clinics–Issaquah
425.688.5488

Issaquah 24-Hour Urgent Care
425.688.5777

Overlake Medical Clinics–Kirkland
425.635.6470

Overlake Medical Clinics–Redmon
425.635.6430

Redmond Urgent Care
425.635.6400

Providence Regional Medical Center
providence.org

Hospital:
Everett
425.261.2000

Clinic:
Providence Everett Healthcare Clinic
425.317.0300

Regional Hospital
Burien
206.248.6040
regionalhospital.org

Seattle Cancer Care Alliance
Seattle/South Lake Union
855.557.0555
seattlecca.org

Seattle Children’s Hospital and Clinics
seattlechildrens.org

Hospital:
Seattle/Sand Point
206.987.2000

Swedish and urgent care:
Bellevue Clinic (urgent care)
425.454.4644

Primary Care at Odessa Brown Children's Clinic
Seattle/Central District
206.987.7200

Seattle Children's Mill Creek (urgent care)
425.357.5420

Skagit Regional Health
skagitvalleyhospital.org

Hospital:
Mount Vernon
360.424.1111

Clinics and urgent care:
Cascade Skagit Health Alliance
Arlington
Primary care:
360.618.5000
Urgent care: 360.657.8700

Skagit Regional Clinics–Camano Island
360.387.5398

Skagit Regional Clinics–Mount Vernon
360.428.2501
Urgent care: 360.428.6434

Skagit Regional Clinics–Stanwood
360.629.1600

Swedish Medical Centers and Clinics
swedish.org

Hospitals (in Seattle):
Swedish Ballard
Primary Care
206.320.3355

Swedish Community Health Medical Home
Seattle/Ballard
206.297.5100

Swedish Family Medicine–Cherry Hill
206.320.2484

Swedish Family Medicine–First Hill
206.386.6111

Swedish Greenlake Primary Care
206.320.3400

Swedish Magnolia Primary Care
206.320.3364

Swedish Queen Anne Primary Care
206.861.8500
<table>
<thead>
<tr>
<th>Location</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td><strong>UW Neighborhood</strong></td>
<td></td>
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<tr>
<td>Northgate Clinic</td>
<td>206.528.8000</td>
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<tr>
<td>Ravenna Clinic</td>
<td>206.525.7777</td>
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<tr>
<td><strong>Hall Health/UW Campus</strong></td>
<td></td>
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<tr>
<td>University District</td>
<td>206.685.1011</td>
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<tr>
<td><strong>UW Medical Center</strong></td>
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<tr>
<td>at Roosevelt University District</td>
<td>206.598.5700</td>
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<tr>
<td><strong>Clinics (outside Seattle):</strong></td>
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<tr>
<td>UW Neighborhood Factoria Clinic</td>
<td>425.957.9000</td>
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<tr>
<td><strong>UW Neighborhood</strong></td>
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<tr>
<td>Federal Way Clinic</td>
<td>253.839.3030</td>
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<tr>
<td>Kent Clinic</td>
<td>206.870.8880</td>
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<td>Issaquah Clinic</td>
<td>425.391.3900</td>
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<tr>
<td>Kent/Des Moines Clinic</td>
<td>206.870.8880</td>
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<tr>
<td>Woodinville Clinic</td>
<td>425.485.4100</td>
</tr>
<tr>
<td><strong>Valley General Hospital Monroe</strong></td>
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<td>Monroe</td>
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<td>Virginia Mason Federal Way</td>
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<td>Virginia Mason Issaquah</td>
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<td>Locations in Bellevue, Bothell,</td>
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<td>Port Orchard, Puyallup, Redmond,</td>
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<td>Renton, Silverdale and Tacoma</td>
<td>888.901.4636</td>
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<td><strong>Swedish South Lake Union</strong></td>
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<td>Primary Care</td>
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<td>Primary Care</td>
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<td><strong>Swedish Children’s Clinic</strong></td>
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<td>West Seattle</td>
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<td><strong>Clinics and urgent care (outside Seattle):</strong></td>
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<td>Swedish Factoria Primary Care</td>
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<td><strong>Swedish Pine Lake</strong></td>
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<td>Urgent care: 425.498.2165</td>
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<td><strong>University of Washington</strong></td>
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<td>University District</td>
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<td>UW Neighborhood Belltown Clinic</td>
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<td><strong>Valley Medical Center</strong></td>
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<td>Renton</td>
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<td>Covington Clinic</td>
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<td>Fairwood Clinic</td>
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<td>Lake Sawyer Clinic</td>
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<td>Urgent care: Auburn Clinic</td>
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<td>Renton Landing Clinic</td>
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<td>Virginia Mason Bainbridge Island-Winslow Clinic</td>
<td>206.842.5652</td>
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Heart and Soul

Fear of failure is not a factor for Dr. Margaret Hall, one of the region’s leading cardiologists.

The North Seattle resident is married and the mother of three grown children.

SH: How did you choose to become a heart doctor?
MH: I was a nurse practitioner for a few years when I was younger, then decided to go to medical school—I wanted to learn more, to do more. The more I learned about medicine, especially the heart, the more I wanted to know.

SH: How challenging was med school?
MH: School was the easy part. Actually, the most challenging thing for me was doing my residency with two “tweens” at home. You can’t even begin to imagine!

SH: What are the most significant breakthroughs in cardiac care since you’ve been practicing?
MH: The single biggest advance in the treatment of coronary disease and the saving of lives is the rapid mechanical opening of arteries. Major hospitals now have catheter labs and specially trained doctors on hand 24/7. Two other important advances include the treatment of weak hearts with implantable defibrillators, which bolster heart function, and the introduction of statins [like Lipitor] to reduce cholesterol and help prevent coronary disease.

SH: Do patients always follow your advice?
MH: The short answer: No. I’m a coach, but it’s their show. I tell them what is likely to happen and give them advice—but it’s their decision ultimately.

SH: What do you enjoy when you aren’t working?
MH: I like to ride. I own a road race bike. I’m slow, but I can get up anything. I’ve ridden 22 of the hardest French Alps mountain climbs on the Tour de France. I love to cook, too. I have no fear of failure and will try cooking anything—even if I have to throw it in the garbage. I don’t do as much baking anymore, but I can throw a pie together from scratch in minutes, and I bake a mean loaf of challah. I also enjoy sewing and making tallits [Jewish prayer shawls] for my nieces and nephews.

SH: What’s next for you?
MH: Professionally, I have a full practice, and that’s fulfilling. But now I’d like to add more focus to prevention and the creation of smarter, proactive consumers. I envision putting together educational weekend retreats to explore the cardiac system and how to identify and head off issues before bad things happen. On the personal side, I’d like to push my physical limits—see how much endurance I have. I’m in good health, but I want to see where I can go from here.

DR. MARGARET HALL IS USED TO HAVING A HEART IN HER HANDS—THIS TIME, IT’S JUST A MODEL