TERMINALLY ILL PATIENTS IN TEXAS NOW HAVE THE “RIGHT TO TRY”

By: Mark S. Armstrong, J.D.
Epstein Becker Green

On June 16, 2015, Governor Abbott signed into law H.B. 21, known as the “Right to Try Act” and the law became immediately effective, thereby allowing patients with terminal illnesses the right to use potentially life-saving investigational drugs, biological products, and devices. With the passage of this new law, Texas joins 21 other states that have passed similar “right-to-try” legislation. Although the new law is intended to give terminally ill patients access to experimental and potentially life-saving treatments, the Right to Try Act conflicts with federal FDA laws and questions remain regarding the actual impact of the new law.

Under current federal regulations, patients seeking to use experimental drugs before FDA approval must apply for expanded access to the investigational drug. In order to be eligible for the expanded access (also called compassionate use), the patient must (a) have a serious or immediately life-threatening disease or condition, (b) have no comparable or satisfactory alternative therapy to treat the disease or condition; and (c) be unable to otherwise obtain the investigational drug or to participate in a clinical trial. In addition, the patient’s physician must determine that the probable risk to the patient from the investigational drug is not greater than the probable risk from the disease or condition.

House answers Alzheimer’s Association advocates’ call for a $300 million increase

Alzheimer’s Association advocates moved closer to realizing their request for substantially-increased Alzheimer’s research funding. The House Appropriations Committee approved the Labor, Health and Human Services, Education and Related Agencies (Labor-HHS) bill, including an additional $300 million for Alzheimer’s disease research. Rep. Chairman Tom Cole (R-Okla.) first proposed this landmark increase.

“The Alzheimer’s Association applauds Congressman Cole, Appropriations Committee Chairman Hal Rogers (R-Ky.), Appropriations Committee Ranking Member Nita Lowey (D-N.Y.) and all members of the House Appropriations Committee for prioritizing the Alzheimer’s crisis. It is our sincere hope given the action taken by the House Appropriations Committee today and by the Senate Labor-HHS Appropriations Subcommittee yesterday, that the final bill that is enacted to fund the National Institutes of Health includes such a substantial increase for Alzheimer’s disease research,” said Harry Johns, president and CEO of the Alzheimer’s Association. “As we look toward to the announcement of the first Alzheimer’s professional judgment budget next month, this surge of bipartisan support marks a turning point in the fight
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Money Matters
Looking Below the Surface When Considering Private Equity Investments

By Shehzad F. Roopani, JD, MBA
Sr. Vice President of Reporting and Analytics of ZT Wealth

Physicians are usual targets of private equity investments due to generally having above-average disposable income. Private equity, in simple terms, is capital that is not quoted on a public exchange, but rather, into private companies. Private equity can be a great addition to a portfolio as it can serve to reduce the effect of market volatility and provide higher returns than public asset classes. Unfortunately, many physicians share horror stories when discussing private equity, with experiences ranging anywhere from a failed restaurant to an untested medical startup. While there are certain natural risks, such as lack of liquidity, the risks of investing into private equity can be understood and measured. After educating oneself of the risks, mitigating risks takes a more subjective approach to investing, but one that can be simplified.

When considering such investments, physician investors will likely analyze return expectations, management teams, time-horizons, investment size, transparency, business plans, etc. All of these characteristics need to be weighted against the investor’s risk appetite and business aptitude. In laymen terms, if you don’t understand “how the business will make its money,” the prudent approach is to avoid the investment. An additional, but important, consideration many physicians commonly face is how to weigh their options between multiple private equity investments as the alternatives for high-net worth individuals are abundant. Many companies provide an attractive business plan along with a seemingly intelligent management team. Being diligent in analyzing these basic factors go along way in helping a physician decide whether a private equity investment fits their investment profile. Evaluating these fundamentals is an important objective step to a successful private equity investment but a physician investor should take it one step further. Investors need to recognize that after their check is written, and the business opportunity takes off, how the management team conducts themselves is vital. This factor can’t always be assessed on paper and requires subjective analysis of the psyche of those associated with the investment. One of the primary considerations is how the management team aligns itself with its limited partners. One of the main features physician investors should look for is whether the management team invests their own capital into the deal. When a management team faces adversity for the first time, their reaction will undoubtedly be different if their own personal capital is at risk with their limited partners. Other important elements are whether the physician investor will be empowered to have a voice and will be treated like a person as opposed to a number (with a familial level of service). To investigate these factors, it is important to get to know not only the leaders of the management team but their staff and even their families. Getting to know the leaders at their core requires some upfront time but will allow a physician to understand management’s philosophy toward investors.

Most physician investors have a strong opportunity cost on their time and money so it is imperative to mitigate as many risks as possible when investing in private equity. Looking past the surface and beyond business fundamentals can help achieve that goal.
Pediatric cardiologist presented with the Council on Pediatric and Congenital Heart Disease Founders Award from the American Society of Echocardiography

Earlier this month, Dr. Hugh Allen, pediatric cardiologist at Texas Children’s Hospital, was presented with the Council on Pediatric and Congenital Heart Disease Founders Award from the American Society of Echocardiography (ASE). Allen received the prestigious accolade during ASE’s Annual Scientific Sessions.

The biennial award recognizes continued major scholarly contributions to the field of pediatric echocardiography. Allen was instrumental in the development of the field and was involved in the early days of interventional catheterization.

“I am honored to receive this award,” said Allen, who is also a professor of pediatrics-cardiology at Baylor College of Medicine. “Throughout my career, I have seen tremendous and life-saving advancements in the way we diagnose and treat pediatric heart defects.”

Allen’s academic impact within pediatric cardiology includes his role as lead editor for the last three editions of the textbook “Moss & Adams’ Heart Disease in Infants, Children, and Adolescents, Including the Fetus and Young Adult,” which represents the most important pediatric cardiology textbook available. Most recently, Allen has made major contributions in the field of neuromuscular diseases and their effects on the heart, and has received multiple grants related to his work in this field.

ASE is an organization of professionals committed to excellence in cardiovascular ultrasound and its application to patient care through education, advocacy, research, innovation and service to our members and the public.

For more information about Texas Children’s Heart Center, ranked #2 nationally in pediatric cardiology and heart surgery by U.S. News & World Report, visit texaschildrens.org/heart.
Healthy Heart
Healthy Choices, Healthy Kids: How To Create An Environment For Heart Health

By: Apiyo Obala
American Heart Association

Childhood obesity has become the No.1 health concern among parents in the United States. Kids today have health problems usually not seen until adulthood, such as high blood pressure, elevated cholesterol levels, and Type 2 Diabetes. In almost all cases, a lot of these health problems can be avoided by teaching kids healthy eating habits and making sure they are getting enough exercise. Currently 23.9 million of American children are overweight and of these, 12.7 million are obese.

Summer is a great time to start making changes in your household by developing healthy habits for your children and family to last all year long. Healthy living doesn’t have to be a daunting task. It’s easy (and free) to start and, the only thing it requires is a commitment from you to create an environment of heart health in your home! Here are three simple things you can do to start your kids on the right track to living a heart healthier life:

Step One: Rethink your drink!

One of the primary culprits of childhood obesity is sugar-sweetened beverages, which includes soda, sports drinks, sweetened waters and teas. According to the American Heart Association, consumption of sugary drinks has increased by 500 percent in the past 50 years and is now the single largest caloric intake in children.

Beverages like energy drinks can be deceiving because they advertise that they are healthy, but usually are loaded with calories and sugar. Common forms of added sugars are sucrose, glucose, fructose, maltose, dextrose, corn syrups, concentrated fruit juice and honey. Also, look at the label carefully as many drinks provide more than one serving, which can double or triple your sugar consumption.

If you have sugary drinks on a regular basis, the American Heart Association recommends cutting out one of those drinks a day. A week later, drink two less a day until those sugary drinks are cut out completely from your diet. Replace those drinks with water.

Step Two: Healthy eating is a family affair!

With a little planning, parents will find that it is possible to make healthy, easy-to-prepare meals. Preparing menus and meals ahead of time decreases spontaneous food choices, which often aren’t healthy.

Here are some tips to help you and your family start eating healthier:

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Details about Meridiana’s unprecedented amenities will be revealed soon!
The breakthrough of the decade: Is the immunotherapy the cure for cancer?

Have you ever imagined that the cure for cancer could be your own immune system? A personalized treatment for cancer patients? This new approach was considered the breakthrough of the year in 2013, bringing tons of hope for several patients in need for a new cancer treatment. Immunotherapy records a pivotal moment in cancer as long sought attempt to promote the immune system against tumors. The standard treatments for patients with several cancer types are in most cases, surgery, radiation and chemotherapy. Surgery offers a huge chance for a cure for many types of cancer, principally those that have not metastasized. Radiotherapy is involved in many therapeutic treatments of cancer; however, severe side effects can occur months to years after treatment. Additionally, some tumor cells are strong enough to tolerate and retrieve from the damage to their DNA caused by radiation therapy. Although chemotherapy remain an effective treatment for many types of cancer often causes side effects such as fatigue, pain, diarrhea, nausea and vomiting, blood disorders, nervous system, among others. Thus, there is an urgent need to develop new therapies for cancer treatment. Some strategies such monoclonal antibodies (CTLA-4 and PD-1), dendritic cell-based immunotherapy, T cell adoptive transfer, autologous immune enhancement therapy and genetically engineered T cells are being developed to improve the quality of life and increase survival of cancer patients. Recently, T cells can be genetically engineered to create special receptors on their surfaces - called as Chimeric Antigen Receptors (CARs), a personalized treatment that involves genetically modifying a patient’s T cells to make them target.

A June 10th, 2015 the Trainee Research Day was held at MD Anderson Cancer Center in order to recognize and exhibit the research of educational trainees. I had the

see Cure for Cancer page 21
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Memorial Hermann Opens its First Urgent Care in Friendswood

A new level of healthcare from Memorial Hermann is coming to Friendswood and the surrounding communities. Memorial Hermann will open its first Urgent Care in Friendswood on June 24.

Memorial Hermann Urgent Care will provide walk-in care for non-life-threatening health conditions. No appointments are necessary. Memorial Hermann Urgent Care will be staffed with board-certified family medicine physicians from the Memorial Hermann Medical Group (MHMG).

“This will be the first of its kind for the Memorial Hermann system,” says Dr. David James, CEO, Memorial Hermann Medical Group.

Memorial Hermann is playing an active role in the growth of the Friendswood and Pearland areas. Memorial Hermann’s Convenient Care Center (CCC), located in Pearland, opened in February of last year. The CCC offers lab services, comprehensive radiology services and a 24-hour emergency room in one convenient location.

Meantime construction continues on the Memorial Hermann Pearland Hospital, set to open in early 2016. The 64 bed acute care hospital will feature a number of services including an intensive care unit, cardiac catheterization labs, medical/surgical units and women’s and neonatology services.

The 4,711 square foot Memorial Hermann Urgent Care will offer Friendswood and the surrounding communities the ease and convenience of extended medical care and serves as an extension of a primary care physician’s office.

“We’re proud to be an active member of our growing community in Friendswood,” says Kyle Price, Sr. Vice President, CEO, Memorial Hermann Southeast Hospital. “Healthcare and healthcare needs are changing. Memorial Hermann Urgent Care will provide one more choice and a new level of care for Friendswood and surrounding communities.”

If your primary care physician is a member of the MHMG, records of your Memorial Hermann Urgent Care visit will be placed in your Memorial Hermann electronic health record. This will allow your MHMG primary care provider to easily review your Memorial Hermann Urgent Care records during any follow up appointments.

Memorial Hermann leaders are joined by state and local leaders and members of the Friendswood community to celebrate the opening of the first Memorial Hermann Urgent Care in Friendswood.

Memorial Hermann Medical Group. “Our community is growing and our healthcare needs are changing. We’re committed to meeting those changes by providing the appropriate level of high quality, convenient care to the communities we serve.”

Memorial Hermann is located at 1505 East Winding Way, Suite 112, in Friendswood and will treat patients as young as six months and older. Memorial Hermann Urgent Care will offer convenient hours from 9:00 a.m. to 9:00 p.m., seven days a week.

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Exercise can help control blood glucose, and trim waist size and body fat in diabetics regardless of fitness gains, UT Southwestern cardiologists find

By Cathy Frisinger
UT Southwestern Medical Center

Diabetics who exercise can trim waist size and body fat, and control blood glucose, even if they don’t see cardiorespiratory benefits, new research by UT Southwestern Medical Center cardiologists shows.

Researchers found that waist circumference, percentage of body fat, and hemoglobin A1c levels—a test of long-term blood sugar—all improved in diabetic participants who exercised compared to those who did not. And the beneficial effects of exercise were seen whether they participated in aerobics, resistance training, or a combination of the two compared to a control group that did not exercise.

“What we observed is that exercise improves diabetes control regardless of improvement in exercise capacity,” said Dr. Jarett Berry, Associate Professor of Internal Medicine and Clinical Sciences at UT Southwestern, and co-senior author of the study.

Following an exercise training program generally improves fitness. Researchers typically measure fitness by the ability of the respiratory system to exchange carbon dioxide and oxygen. The more you train, the better your ability to take in oxygen.

But a sub-group of exercisers, considered non-responders, are unable to improve their cardiorespiratory fitness levels despite diligent exercise, explained Dr. Ambarish Pandey, a cardiology fellow at UT Southwestern and first author on the study appearing in Diabetes Care. About 30 percent of exercisers are considered non-responders.

Using data from the Health Benefits of Aerobic and Resistance Training in Individuals With Type 2 Diabetes (HART-D) trial, researchers looked at whether non-responders who exercised saw improvements in their diabetes control.

“We were interested in the relationship between the change in cardiorespiratory fitness, or exercise capacity, and change in metabolic parameters,” said Dr. Berry, a preventive cardiologist and Dedman Family Scholar in Clinical Care.

Researchers divided people into four groups:
- Controls, who did not exercise;
- Individuals who did aerobic exercise;
- Individuals who did resistance training;
- Individuals who did a combination of aerobic exercise and resistance training.

The UT Southwestern data analysis found that hemoglobin A1c, waist circumference, and percentage of body fat all improved in the groups that exercised, regardless of whether the participants improved their cardiorespiratory fitness. This outcome was true even for those participants who were fitness non-responders—those whose ability to take in oxygen did not improve.

“This finding suggests that our definition of ‘non-responder’ is too narrow. We need to broaden our understanding of what it means to respond to exercise training,” Dr. Berry said.

The study proposes that exercise-training programs for people with Type 2 diabetes should measure improvements in glycemic control, waist circumference, and percentage of body fat.
StayWell introduces mobile health management app for Texas Children’s Pediatrics

Managing health care decisions and accessing provider relationships is about to get easier for thousands of patients and families in the greater Houston, Texas area thanks to a new mobile application that will be introduced by Texas Children’s Pediatrics and the StayWell Company, LLC (StayWell). The ParentAdvice Center, available for Android and iPhone smartphones, will help families prepare for visits to Texas Children’s Pediatrics while offering mobile access to a library of children’s health topics that were previously only available online.

The new app, which was produced by StayWell, a leading provider of health education and engagement solutions, will help patients and families at Texas Children’s Pediatrics’ 49 practices better understand their children’s health symptoms. The app will give parents the support and information they need to make timely decisions about the appropriate level of care for their child — whether that means providing care for minor illnesses at home or finding a Texas Children’s facility. The mobile app will also give parents access to their child’s health records via the MyChart patient portal.

“When it comes to the health of our children and families, having immediate access to information can be both empowering and comforting,” said Elna Hamp, President, Patient/Member Education Solutions, StayWell. “Mobile technology like ParentAdvice Center puts essential decision support tools in patients’ hands, no matter where they are. It’s a perfect fit for the way people live and use health care today.”

StayWell partnered with Self Care Decisions, a software development company that specializes in health care apps and systems to produce ParentAdvice Center for Texas Children’s Pediatrics. The new mobile platform will provide a variety of valuable features, including:

- Online symptom checker with access to 129 care guides, first-aid illustrations, parent message boards and over-the-counter medication guides.
- Access to MyChart patient portal for personal medical information and to manage relationships with Texas Children’s hospitals and clinics.
- Ability to find a practice or care facility within Texas Children’s Pediatrics, from individual pediatricians, urgent care centers or emergency rooms.
- Tips on how to prepare for an appointment and connections to popular social media platforms such as Facebook and Twitter.

“This is an important step in meeting the needs of our families where it’s convenient for them on their smart phones,” explained Lou Fragoso, vice president of Texas Children’s Pediatrics. “Now, the hundreds of thousands of Texas Children’s Pediatrics patient families can have easy and quick access to helpful medical information and links to our pediatric practices, urgent care facilities and emergency rooms.”

Fragoso also noted, “The app, while targeted at existing Texas Children’s Pediatrics patient families, is available to any parent who wants to use the ParentAdvice Center.”
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We’re all heard about eating wisely and our diet’s effect on our health. We’re told to eat lots of fruits and vegetables, limit our consumption of fried foods, cut back on salt and sugar, and get a reasonable amount of exercise.

But does a one-size-fits-all approach to nutrition work for seniors? Will a diet that suits a 30-year-old work as well for a person twice as old?

Dr. Robin Eickhoff is a board-certified family practitioner and WellMed Medical Director in San Antonio. WellMed, a physician-led company that provides healthcare to people who are eligible for Medicare, partners with the Texas Department of Aging and Disability Services (DADS) to promote the DADS Age Well, Live Well program. Age Well, Live Well helps local communities prepare for the growing number of aging Baby Boomers to help them stay healthy and active longer.

Eickhoff says that, for the general population, eating healthy and exercising are appropriate for all ages.

“I wouldn’t recommend anything different for my healthy seniors versus my younger patients,” Eickhoff said.

“When the general population is eating healthy—fresh fruits and vegetables and a little bit of lean protein, plus lots of whole grains. And, of course, I want them to include regular exercise in their daily routine.”

Eating Habits and Nutrition

Eickhoff said that our sense of smell declines as we age, and that this can affect our sense of taste, which in turn can make food less appealing. Additionally, some medications can affect the way food tastes.

When food isn’t appealing, seniors may suffer from poor nutrition. To make food more appealing, Eickhoff said that seniors can boost the taste, smell, sight and feel of foods by using herbs, spices and lemon juice—not just salt or sugar—to make foods more appealing. She also recommends foods that look good and foods that have a variety of textures and temperatures.

However, she also adds that it is also true when many older adults say they just aren’t hungry. Many factors influence appetite, including digestive problems, certain medications, depression or loneliness.

To encourage eating and appetite, she recommends keeping portions small, allowing plenty of time to eat, having smaller meals more often, playing music at meal time, eating with friends, and increasing physical activity.

Poor nutrition at any age causes complications; however as we age we also need to consider that an unhealthy diet can cause a weakened immune system, lowered energy level and chronic health problems such as type 2 diabetes, high blood pressure, heart disease, stroke and osteoporosis.

Nutritional problems in the elderly can cause a number of complications, including weakened immune systems, lowered energy levels and chronic health problems such as type 2 diabetes, high blood pressure, heart disease, stroke and osteoporosis.

Exercise and Seniors

As we age, our metabolism inevitably slows down. Many older people are not as active as they once were, and this means they need fewer calories to provide the energy they need. However, she said she recommends that seniors stay active and exercise regularly.

Ask For Help

Eickhoff said that any questions about diet and nutrition—whether about one’s own diet or that of an older loved one—should be addressed by a physician.
Disease transferred by fleas on rats, opossums found in Galveston County

A disease transferred from rats and opossums to humans by fleas was thought to be brought under control about 60 years ago. But a doctor at the University of Texas Medical Branch at Galveston has found that the disease may be making a comeback in Galveston County.

Dr. Lucas Blanton, an infectious disease expert at UTMB, is on the trail of murine typhus - a disease that causes those infected to suffer from fever and pain for weeks.

Typically found in coastal areas of tropical and subtropical regions throughout the world, the disease was once prevalent in the United States. There were over 5,300 cases in the United States in 1944. Thanks to the use of DDT to kill fleas on rats, the original reservoir of the bacteria, it was nearly eradicated or controlled in most of the country by the mid-1950s.

"I won’t say it completely disappeared, perhaps clinicians weren’t recognizing it, but it really did have a tremendous drop off after the use of DDT in the 1940’s,” Blanton said.

After decades with little activity in Galveston County, Blanton said the disease seems to be making a comeback. Some physicians were skeptical when Blanton found what he believed was a case of murine typhus in Galveston in 2012. Since then he has diagnosed about 20 cases in Galveston County.

Along with treating patients, Blanton worked with local animal control officers to collect blood and flea samples from locally trapped opossums and found that about two out of three opossums tested positive for the disease. Blanton will start a project to trap and test rats as well.

The bacteria that causes the disease, Rickettsia typhi, is passed to humans by the feces of fleas found on rats and fleas common to both opossums and cats.

The feces of infected fleas are packed with the bacteria and it’s when a person scratches it into a flea bite or wound or spreads into a mucus membrane that he or she will potentially get sick, he said.

While rarely deadly – only about 2 to 4 percent of hospitalized patients die – murine typhus can cause fever, headaches, chills, malaise and, in about 50 percent of patients, a rash. Symptoms can last up to two weeks and even those young and healthy can be affected, Blanton said.

"Diagnosing this can be very challenging," Blanton said.

It can be mistaken for many other illnesses so doctors may not treat it properly leaving a patient suffering for weeks, Blanton said.

The disease has been well controlled for decades and has typically only been found in South Texas and Southern California. But there was an outbreak in 2008 in Austin and cases have been reported in Harris County as well, Blanton said.

"It is really important to know what is causing infection in a community," Blanton said.

Residents can better understand the need to keep fleas under control and find ways to discourage rats and opossums from living near their homes, Blanton said.

And if doctors know to look for the symptoms of murine typhus the more likely they are to treat it correctly.

"This is something that can easily be treated with the right antibiotic," Blanton said. "With proper treatment, we can get someone back to work sooner, taking care of their kids sooner, having fun sooner.\n
The costs associated with cancer drug prices have risen dramatically over the past fifteen years, which is of concern to many top oncologists. In a new analysis, researchers at The University of Texas MD Anderson Cancer Center concluded the majority of existing treatments for hematologic, or blood, cancers are currently priced too high to be considered cost-effective in the United States. Their findings are published in the current issue of the journal Cancer.

There have been substantial improvements in survival and quality of life after treatment for hematologic cancers in recent years, but drug costs have also skyrocketed. High prices have placed a significant financial burden on patients facing these diseases, especially in light of falling household income levels. In fact, up to 20 percent of patients may forgo treatment or significantly compromise their treatment plan due to high drug costs, according to a 2014 study.

A 2015 report suggesting that hematologic cancer drugs provide good value for money raised concerns for MD Anderson researchers Jagpreet Chhatwal, Ph.D., study lead and assistant professor, Health Services Research, and Hagop Kantarjian, M.D., senior author and professor and chair, Leukemia.

The prior study calculated cost-effectiveness for these drugs based on 29 studies of 9 treatments for hematologic cancers, including chronic myeloid leukemia (CML), chronic lymphocytic leukemia (CLL), non-Hodgkin’s lymphoma (NHL) and multiple myeloma (MM). The results indicate that these drugs provided reasonable value for the money in the U.S.

However, those cost-effectiveness calculations were performed using drug prices at the time of the original studies, and often included prices from countries outside of the U.S., the researchers explain. Therefore, Chhatwal and Kantarjian performed a critical re-analysis of the prior study using current drug prices in U.S. dollars.

"We found that, in a majority of the studies, the incremental cost-effectiveness ratios (ICERs) were substantially higher than..."
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Ben Taub Hospital Earns National Recognition for its Cardiac Care

Harris Health System’s Ben Taub Hospital has received the 2015 Mission: Lifeline Gold Plus Receiving Center award from the American Heart Association for its treatment of severe heart attack patients.

The award recognizes the hospital among the best in the country for its success and prompt care of ST-elevation myocardial infarction (STEMI) cases—heart attacks caused by a blood flow blockage to the heart. As a STEMI-receiving center, Ben Taub Hospital has the equipment and expertise to offer patients percutaneous coronary intervention (PCI), a minimal surgical procedure to quickly unclog blood vessels, and only, available in 25 percent of hospitals in the U.S.

“...we are very proud to provide our patients at Harris Health and Ben Taub Hospital with superior cardiac care recognized by the American Heart Association,” says Dr. Nasser Lakkis, chief, Cardiology, Ben Taub Hospital, and chair and professor, General and Interventional Cardiology, Baylor College of Medicine. “The award acknowledges that every patient who comes to our hospital with chest pain and heart attack symptoms will get quick and efficient care every hour of every day. As a matter of fact, patients at our hospital get the care they need in half the time of the national standard of 90 minutes—usually around 45 minutes.”

And time really counts. Each year, 250,000 people in the U.S. suffer STEMI’s. How quickly they receive expert and timely treatment could be the difference between life and death or significant disability.

In 2011, the American Heart Association and the Society of Cardiovascular Patient Care began identifying STEMI care facilities. The goal was to improve cardiac patient outcomes, improve the coordinated systems of care and identify hospitals that meet rigid standards of commitment and expertise of STEMI patients.

“We commend Ben Taub Hospital for this achievement award, which reflects a significant institutional commitment to the highest quality of care for their heart attack patients,” said Dr. James G. Jollis, chair, Mission: Lifeline Advisory Working Group, and president, North Carolina Chapter, American College of Cardiology. “Achieving this award means the hospital has met specific reporting and achievement measures for the treatment of their patients who suffer heart attacks and we applaud them for their commitment to quality and timely care.”

“This recognition is a credit to Dr. Lakkis, his leadership, dedication and the clinical excellence he and his team provide to cardiac patients in our community,” says George V. Masi, president and CEO, Harris Health System. “The award is a great honor for Harris Health, Ben Taub Hospital and the entire cardiac care team.”

To achieve the Mission: Lifeline award, Ben Taub Hospital had to achieve a composite score of at least 85 percent among the following measures, with no measure scoring less than 75 percent:

- Direct admit STEMI patients with door-to-device time at or less than 90 minutes, non-transfer
- Direct admit STEMI patients (arrival via EMS—ambulance only) with first-medical-contact-to-device time of at or less than 90 minutes
- STEMI patients receiving aspirin within 24 hours of hospital arrival
- STEMI patients on aspirin at discharge
- STEMI patients on beta blocker at discharge
- STEMI patients with LDL cholesterol levels (greater than 100) receiving statins or lipid lowering drugs
- STEMI patients with left ventricular systolic dysfunction on ACEI (Angiotensin Converting Enzyme Inhibitor) or ARB (Angiotensin Receptor Blockers) at discharge
- STEMI patients that smoke with smoking cessation counseling at discharge

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Right To Try
Continued from page 1

the patient must be willing to accept the possible risks and unknown effectiveness associated with the investigational medical product. A licensed physician who makes the individual patient expanded access submission must manage the use of the investigational drug and the patient’s medical care, including obtaining Institutional Review Board (IRB) approval, reporting adverse events and outcomes, and submitting the necessary paperwork to FDA. Generally the FDA will approve the expanded access upon the patient meeting the participation standards and the FDA’s determination that there is sufficient evidence of the safety and effectiveness of the investigational product to support its use in the particular circumstance; and that providing the investigational product will not interfere with the initiation, conduct, or completion of clinical investigations to support marketing approval. While the FDA has a procedure in place for expanded access, many terminally ill patients are unable to participate in the program because of the technical application requirements or the delays in the application process. As a result, many states, including Texas, have passed laws permitting terminally ill patients legal access to experimental drugs that are not yet approved by the FDA.

Under Texas’ Right to Try Act a patient is eligible to access and use an investigational drug, biological product, or device that has successfully completed phase one of a clinical trial (the “investigational drug”) if: (1) the patient has a terminal illness, attested to by the patient’s treating physician; and (2) the patient’s physician (a) in consultation with the patient, has considered all other treatment options currently approved by the FDA and determined that those treatment options are unavailable or unlikely to prolong the patient’s life; and (b) has recommended or prescribed in writing that the patient use a specific class of investigational drug. Before receiving an investigational drug, the patient, or the patient’s parent or legal guardian, must sign an informed consent. The manufacturer of the investigational drug may, but is not required to, make its product available to the terminally ill patient who provides an executed informed consent. A manufacturer who provides the investigational drug to the patient must do so at no cost.

While the Right to Try Act provides terminally ill patients access to investigational drugs, it also protects manufacturers, physicians and other care givers from legal liability associated with a patient’s use of the investigational drug. Accordingly, the law provides that there is no private or state cause of action against a manufacturer of an investigational drug or against any other person or entity involved in the care of the patient using the investigational drug, for any harm done to the patient resulting from the investigational drug. Moreover, the Texas Medical Board may not revoke, fail to renew, suspend, or take any action against a physician’s license based solely on the physician’s recommendations to a patient regarding access to or treatment with an investigational drug.

Texas’ Right to Try Act facially appears to give terminally ill patients access to investigational drugs, however, numerous questions remain regarding whether the law will achieve its desired result, including: (1) will the FDA’s exclusive jurisdiction over the regulation of drugs preempt the state law, (2) will the FDA take action against a manufacturer of an investigational drug who distributes the drug to patients outside the clinical trial process, (3) will there be an adverse impact on clinical trials because patients may be reluctant to consent to a study when they know that if they participate, there is a chance the patient will receive a placebo rather than the investigational drug, and (4) will the data regarding the safety and effectiveness of an investigational drug be compromised because some of the data may not be captured outside of a clinical trial process? While the Right to Try Act is now effective, we will have to wait for the answers to these and other questions. Stay tuned…
Eat more vegetables and fruits, whether fresh, frozen, dried or canned. Add them to dishes your family already loves and use them as healthier sides, snacks and desserts. If you choose canned, watch for added sodium and sugars.

It may take some effort and creativity to get kids to choose fruits and vegetables instead of the sweet and salty processed snacks they see advertised but the end result is better health for your whole family. Just remember that developing good eating habits young helps set the stage for lifelong heart health!

Step Three: Get Up and Get Moving!

Physical inactivity is also a major risk factor for developing heart disease, stroke, high blood pressure, high cholesterol and diabetes. The American Heart Association recommends that children and adolescents participate in at least 60 minutes of moderate to vigorous physical activity every day. Just like with adults, increased physical activity has been associated with an increased life expectancy and decreased risk of cardiovascular disease. Physical activity can also improve mood, reduce stress and anxiety, and promote better sleep.

The Alzheimer’s Accountability Act, which was enacted into law in December as part of the fiscal year 2015 funding bill, creates a formal process to ensure that scientific judgment will guide Congress in future Alzheimer’s research funding decisions. Beginning in fiscal year 2017, the NIH will submit a Professional Judgment Budget for Alzheimer’s disease research each year until 2025 to achieve annual research milestones established under the National Plan to Address Alzheimer’s Disease. It will reflect the state of Alzheimer’s knowledge and the required investments in research identified by leading scientists to achieve the plan’s primary goal to prevent and effectively treat Alzheimer’s by 2025.

- Currenttly, Alzheimer’s disease, which is the only leading cause of death among the top 10 in the U.S. without a way to prevent, cure or even slow its progression, receives $586 million. Leading experts have stated that a ramp up to $2 billion a year is necessary to meet the first goal of the National Alzheimer’s Plan.

Alzheimer’s Association

The Alzheimer’s Association is the leading voluntary health organization in Alzheimer’s care, support and research. Our mission is to eliminate Alzheimer’s disease through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health. Our vision is a world without Alzheimer’s. For more information, visit alz.org.

Healthy Heart

- Enjoy meals together. When everyone sits down together to eat, there’s less chance of children eating the wrong foods or snacking too much.
- Get kids involved in cooking and planning meals. Everyone develops good eating habits together and the quality time with the family will be an added bonus.
- Eating healthier at home starts with the ingredients you use. Many favorite recipes can be made healthier by substituting ingredients and choosing healthy alternatives.
- When you use oils for cooking, baking or in dressings or spreads, choose healthier oils — which include canola, corn, olive, safflower, sesame, soybean and sunflower oils.
- Try to reduce the amount of sodium you eat. If using packaged foods, compare food labels, and choose the product with the least amount of sodium. Use herbs and spices to add flavor when cooking, instead of salt.
- Eat more vegetables and fruits, whether fresh, frozen, dried or canned. Add them to dishes your family already loves and use them as healthier sides, snacks and desserts. If you choose canned, watch for added sodium and sugars.

It may take some effort and creativity to get kids to choose fruits and vegetables instead of the sweet and salty processed snacks they see advertised but the end result is better health for your whole family. Just remember that developing good eating habits young helps set the stage for lifelong heart health!

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Starting a healthy lifestyle is easy and it doesn’t have to be expensive. Texercise is here to help you on your path to a fit and healthier life. Call 1-800-889-8595 or visit www.texercise.com.
Healthy Heart  
Continued from page 20

Making time for a heart-healthy lifestyle can seem overwhelming. But the good news is that making a few small simple lifestyle changes can lead to heart-healthy habits that require little thought or effort. You know your family better than anyone, so use that knowledge and get creative in how you can work heart-healthy habits into your family’s life and daily schedule.

For more nutrition tips, healthy recipes and resources to help your family get healthier, please visit www.heart.org

Cure for Cancer  
Continued from page 6

Apioyo Obala is the Director of Communications for the American Heart Association Houston Metro Division. The American Heart Association is the nation’s oldest and largest voluntary health organization dedicated to building healthier lives free of cardiovascular disease and stroke. Our mission is to build healthier lives by preventing, treating and defeating these diseases—America’s No. 1 and No. 5 killers. We fund cutting-edge research, conduct lifesaving public and professional educational programs, and advocate to protect public health.

Current Blood  
Continued from page 14

Many of these drugs are meant to be taken daily for years to manage cancer. Current drug prices could cause extremely large financial burdens, even for the well insured.

The authors argue that many patients cannot afford the treatments and will be forced to decide between using financial resources to prolong their lives and saving money for their families in the future. They conclude that regulating the cost of new treatments, as done in many European countries, will make health care more affordable and valuable for patients and providers in the U.S.

activity produces overall physical, psychological and social benefits, and helps with; controlling weight, reducing blood pressure, raising HDL (also known as “good”) cholesterol, and reducing the risk of diabetes and some types of cancer.

Summertime in Houston offers lots of opportunities to keep your children active and moving. Whether it’s spending time at the neighborhood park, summer camp or swimming lessons at your local YMCA, there are many inexpensive options available to keep your kids active and engaged. Even if your child’s physical activity is playing in the yard with their friends or the family dog, the important thing to remember is by creating a routine that involves physical activity, you are making a difference in your child’s health.

Inactive children are likely to become inactive adults. Help your child develop healthy habits early in life that will bring lifelong benefits. The best way to lead your child to a healthy lifestyle is to set a positive example yourself by creating an environment of health and wellness in your home. Break the cycle before it starts and take steps today to start your child on the path of living a heart healthier life.

Making time for a heart-healthy lifestyle can seem overwhelming. But the good news is that making a few small simple lifestyle changes can lead to heart-healthy habits that require little thought or effort. You know your family better than anyone, so use that knowledge and get creative in how you can work heart-healthy habits into your family’s life and daily schedule.

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the previously reported values,” says Chhatwal. “This led us to the conclusion that current prices are too high to say that the drugs provide a good value for the money.”

Cost-effectiveness is commonly interpreted in terms of the cost needed to gain an additional quality year of life. A threshold value of $50,000 is widely accepted, below which the treatment can be considered cost-effective.

The researchers were able to reanalyze 20 of the 29 studies with updated drug prices in the current U.S. market. Upon doing this, they found that 63 percent of those studies had costs per additional life-year higher than the $50,000 threshold. Several studies resulted in costs of $210,000 to $426,000 per additional life-year, many times higher than conventionally accepted levels.

This indicates that, although the drugs may have been cost-effective originally, their current prices cannot be justified based upon improved quality of life.

One of the drugs evaluated, imatinib, was priced at $26,000 per year of therapy in 2001 and $132,000 per year in 2014. The price increase in imatinib and other drugs evaluated is not the result of new and improved versions, but instead is simply the result of rising prices charged by drug companies, explains Chhatwal.
Garth Brooks unveils Child Life Zone at Texas Children’s Hospital

Garth Brooks was on-site to celebrate the grand opening of the newly renovated and expanded Child Life Zone at Texas Children’s Hospital in Houston, Texas on June 26, 2015. Funded through the Teammates for Kids foundation (which Brooks co-founded in 1999), the Zone provides a fun, safe and procedure-free environment for Texas Children’s in-patient population and their families. “The vision for Teammates for Kids is the same as it was when we started. The kids in this hospital, and hospitals around the world, have a harder climb than a kid who is not. Our job is to remind them and remind kitchen offers unique programming for patients and families to learn more about healthy lifestyles while cooking with the hospital’s chef. When the kitchen is “closed” the 24-foot kitchen counter doubles as an arts and craft bar. The Zone also includes an expanded production studio which offers patients the opportunity to explore and create music as a part of the hospital’s music therapy program. Kids can go “on air” each week as Radio Lollipop broadcasts their radio program throughout the hospital. With the new closed-circuit television system, patients on isolation will now be able to see what’s happening in the hospital environment,” said Mary E. Tietjens, child life manager at Texas Children’s. “Play is a wonderful therapeutic tool that supports a healing environment and promotes positive coping. We can’t thank Teammates for Kids and Microsoft enough for all they have done to make the vision a reality.”

More than 100 patients and their families attended the grand opening event and were given the chance to meet Brooks. Representatives from Teammates for Kids and Microsoft were on hand to show families the activities and resources available at the Zone. Brooks chatted with patients and families, signed autographs and posed for pictures leaving many happy, “Kids are what it is all about for me. They are the greatest gift God has ever invented and they should be happy,” said Brooks. “If there is one thing I can say, it is when you walk into a room and tell others that 100 percent of the money goes to the kids, everyone is in. I am very, very proud to be a part of this.”
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