Friends and colleagues at the Texas Heart Institute, join with his family in mourning the death of world-renowned heart surgeon and medical pioneer Dr. Denton A. Cooley.

Cooley, who founded THI as a premier cardiovascular research and education institution in 1962, and served as its surgeon-in-chief for more than 40 years, died on November 18, at the age of 96 after a long life.

"We’ve lost a dear friend and transformational leader, but the world has lost a medical genius and a great humanitarian," said THI President Dr. James T. Willerson. "Dr. Cooley dedicated his life to healing hearts, and the number of lives he saved and improved over the years cannot be counted."

Cooley, a pioneering heart surgery and son of a Houston dentist, was born in 1920. He attended Houston Public Schools and graduated from San Jacinto High School. He then attended The University of Texas at Austin where he was a member of Kappa Sigma Fraternity. Cooley was a member of the Southwest Conference Champion basketball teams of that era. He graduated with highest honors and Phi Beta Kappa. He attended The University of Texas Medical Branch in Galveston for two years and transferred to Johns Hopkins University School of Medicine in Baltimore where he graduated in 1944 with highest honors and Alpha Omega Alpha. Cooley completed his surgical residency under Dr. Alfred Blalock, serving for six years with a leave of absence between 1946 and 1948 to serve military duty in the 124th Station Hospital, Linz, Austria. As an intern under Blalock, Cooley assisted in the first "blue-baby" operation, which he referred to as possibly being "the dawn of the modern era of heart surgery." Upon completing his residency, he joined Russell Brock at Brompton Hospital in London, England where he was senior surgical registrar.

Upon completing his training, Cooley entered the full-time medical faculty of Baylor College of Medicine where he served from 1951 to 1969 when he resigned to lead the Texas Heart Institute, where he was already surgeon-in-chief. Cooley was a member or honorary member of over 50 professional societies around the world and a dozen fraternities and clubs.

Cooley’s list of accomplishments is lengthy. Among his more than 120 honors and awards are the Grand Hamdan International Award for Medical Science presented in Dubai in November 2000; the National Medal of Technology presented by President William “Bill” Clinton in 1999; the Medal of Freedom, the nation’s highest civilian award, presented by President Ronald Reagan in 1984; the Theodore Roosevelt award given by the National Collegiate Athletic Association to a varsity athlete who has achieved national recognition in his profession; and the Rene Leriche Prize, the highest honor of the International Surgical Society for cardiovascular contributions. Cooley received the American Surgical Association Medallion of Scientific Achievement for "Distinguished Service to Surgery" in April 2010. He has been named Distinguished Alumnus for both The University of Texas and Johns Hopkins University where he served on the board of trustees. He received honorary degrees from five American and three foreign universities. He was named Honorary Fellow of five Royal Colleges of Surgery: Glasgow, Scotland, Australasia, Ireland, England and Edinburgh. Cooley received decorations from 12 foreign countries including Argentina, Ecuador, Greece, Italy, Jordan, Panama, Peru, the Philippines, Spain, the Netherlands.
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health information (“ePHI”) on behalf of a covered entity, as well as when doing so as a subcontractor of a business associate. The guidance clarifies this is true even if the CSP only processes and stores encrypted ePHI and cannot view the ePHI, but not if the CSP receives and stores only de-identified information as defined by the HIPAA Rules. Also, the guidance clarifies that a CSP will most likely not fit within the “conduit” exception because the exception is limited to “transmission-only services” of ePHI and the CSP will generally maintain ePHI for the purpose of storage. This is true even in cases where the CSP provides view-only services.

Risk Analysis. The guidance states that the health care provider is responsible for having a sufficient understanding of the cloud computing systems and configurations offered by a CSP and the particular risks in order to appropriately conduct an internal risk analysis and establish risk management policies to ensure the confidentiality, integrity and availability of its ePHI. For example, the provider should know what security and encryption protections are in place by the CSP, how does the CSP backup and recover ePHI; and how will the ePHI be returned and destroyed after the service contract is terminated.

CSP Security Practices. The HIPAA Rules do not require a covered entity or business associate customer to audit the security practices of the CSP or that the CSP must provide documentation of its security practices as confirmation. However, that does not preclude a health care provider from requiring certain assurances from the CSP through the service contract or BAA of its security protections for the ePHI, such as documentation of a risk analysis and safeguard protocols.

Foreign Vendors Storing ePHI. The HIPAA Rules do not prohibit a health care provider to use a CSP that stores ePHI on servers outside of the U.S., but the guidance notes that the risks may vary dramatically depending on its geographic location, especially with respect to enforceability of HIPAA privacy and security protections over the data. This line of inquiry should be part of the risk analysis performed by a covered entity and business associate customer prior to entering into a contract with a CSP.

Privacy Rule Compliance. The guidance suggests that the service contract or BAA clarify the

By Charles Dunham and Francesca Ozinal

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see Legal Health page 20
A new study at The University of Texas Medical Branch in Galveston sheds light on how Ebola so effectively disables the human immune system.

Virologist Alex Bukreyev, UTMB professor and senior author of the study, said the research team engineered versions of the Ebola virus in order to study how the components responsible for thwarting or disabling our immune defenses wreak their havoc. The findings are described in the new edition of PLOS Pathogens.

For the past 16 years, there has been an extensive investigation of how the Ebola virus operates when it invades a new host such as a human and how it interferes with interferons - specialized signaling proteins that are made and released in response to an invasion by a virus or other pathogen. Interferons directly inhibit replication of viral particles in cells. A focus of this research has been how Ebola gets around the host’s cell-mediated immune response, which is another defense mechanism involving some specialized immune cells that either kill virus-infected cells or secrete antibodies that directly neutralize the virus.

Previous studies have identified two protein regions within the Ebola virus’ structure called interferon inhibiting domains, or IIDs, that prevent the host’s interferons from doing their job thus disabling the host’s immune system defenses. As a result, these IIDs promote replication of the virus within the host. However, researchers have assumed that IIDs only inhibit the effects of interferons – until now.

The study used genetically altered strains of the Ebola virus that were designed with one or both of the IIDs disabled to study what they do to the host. The altered viruses were placed on specific types of immune cells isolated from human blood, called dendritic cells, T lymphocytes, B lymphocytes and natural killer cells, as these types of cells are key players in marshaling defenses.

“We found that IIDs work not only in ways previously established, which includes interference in cascades of protective biochemical reactions that occur in cells in response to Ebola that limit infection”, Bukreyev said. “The IID’s also counter the activity of immune cells, including T lymphocytes and natural killer cells that kill virus-infected cells as well as B lymphocytes that secrete antibodies.”

“It’s a double edged sword - the IIDs not only block interferon signaling, they also prevent infected cells from activating the cell-mediated arm of the immune response,” said Patrick Younan, research scientist and co-lead author of the paper. “You take away these functions of Ebola virus and the immune system should clear the infection.”

Bukreyev said, “taken together, the findings suggest that Ebola IIDs have a global dampening effect on the host’s ability to fight off the impending Ebola infection, and also indicate the potential benefits of blocking the immunosuppressive effects of IIDs as a potential therapy for Ebola infection.”

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When one is in medical distress, it is natural to think of going to the closest hospital-based emergency room. In the past, this was the only option. Now things have changed, and taking the time to understand the options can help someone with a medical crisis access care in the fastest way possible.

Freestanding emergency centers (FECs) are fully functioning ERs that provide care at the same level as a hospital-based ER. There are more than 200 of these facilities throughout Texas, and more are located in the Houston area than anywhere else in the state. Although most patients are treated and discharged directly from both FECs and hospital-based emergency departments, these facilities also treat patients who require additional services outside of the emergency department. Some FEC patients need to be admitted to the hospital just like those treated in a hospital ER. Understanding how the admission process works for both FECs and hospital-based ERs, and the unique benefits of being directly transferred to inpatient services from an FEC, can help individuals make the right choice in an emergency.

Transfer Agreement and Memorandum of Transfer

Before opening, all FECs secure a transfer agreement to work with nearby hospitals to coordinate care and ensure a smooth transfer when inpatient services are needed.

A memorandum of transfer (MOT) will tell the patient where they are being transferred, why they are being transferred, and the risks and benefits of the transfer. The MOT will also note who the accepting physician is at the inpatient facility. Before the MOT is valid, it requires signatures from a physician at the FEC stating that the patient is stable enough to be transferred, as well as a signature from both the patient and the physician who will be treating the patient at the higher level of care. Patient transfer costs vary, but on average cost approximately $500. This cost, which stems primarily from the ambulance ride, is typically covered by insurance.

The partnership between FECs and hospitals allows for an easy transition process and efficient transfer of patient information from one facility to another. This strong working relationship between hospitals and FECs helps to ensure Texans receive the highest quality care possible.

Reasons for Transfer

It is important to remember that an FEC has the same equipment and capabilities as a hospital-based ER. The only time a patient would require a transfer from an FEC is when the patient needs inpatient services that aren’t provided in an ER setting. For example, if a patient has a condition that requires surgery, the patient would be stabilized at the FEC and then admitted to the hospital for the surgical procedure. Admitted patients are rarely transferred from the FEC into a hospital-based ER, but instead go directly into the inpatient portion of the hospital. When a patient needs to be admitted from a hospital-based ER, they follow this same process and transfer the patient to the inpatient department of the hospital; the significant difference is FECs transfer patients via ambulance while hospital ERs typically transport the patient on a stretcher.

However, some hospital-based ERs do transfer patients via ambulance if their facility does not provide the level of care the patient needs. In such cases, the patient would need to be transferred to another facility that offers a higher level of care. For example, many hospitals struggle to maintain neurosurgery and certain types of orthopedic coverage. Patients requiring
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Oncology Research

Why is it so hard?

By Jorge Augusto Borin Scutti, PhD
Houston Medical Times

Have you ever thought how complex our immune system is to recognize cancer cells? Researchers have tried to develop cancer vaccines for decades but unfortunately this achievement does not translate into success in clinical trials. This complexity is due to the compromise nature of how the evolution selects our immune system to respond not only against strange particles or different cells but normal cells as well. The immune system’s capacity to detect and most of the time destroy abnormal cells may prevent the development of many cancers. Cancer is not only a disease but also a collection of several diseases – it is not only characterized by uncontrolled growth cells but a complex mechanism as proposed by Douglas Hanahan and Robert A. Weinberg as an organizing principle that provides a logical framework for understanding the remarkable diversity of cancer. According to them there are six biological, distinctive and complementary capabilities that enable tumor development and progression as the follow: Sustaining proliferative signaling, resisting cell death, inducing angiogenesis, enabling replicative immortality, evading growth suppressors and activating invasion and metastasis. In this context cancer cells are able to growth, escape and avoid detection and destruction by the immune system. Cancer cells come from a normal cell driven by mutations that lift the brakes on cell proliferation. Cell proliferation is a very tightly controlled mechanism that happens mainly to replace cells that die due to exposure to various external factors or as a result of normal cell cycle. In this case cancer can be considered as a genetic disease. In the other hand most of cancer patients suffer since their immune system is weak and inefficient. How the immune system is impaired in cancer patients and how they can contribute to the tumor growth and development? One of the key issues refers to the reduction of the expression of tumor antigens on their surface making it harder for the immune system to recognize them as well as expressing protein on their surfaces that induce immune cell inactivation and releasing substances that suppress immune responses and promote tumor cell proliferation, growth and survival. In this case cancer can be considered as an immunological disorder – cause or consequence!

Besides this cancer cells can be extremely adaptable and responsive. Cancer cells can resist chemotherapies and other treatments through a variety of mechanisms that can sometimes seem perplexing. The fundamental mechanism, by which several cancers develop resistance to therapy, is a major feature in the failure of many forms of treatment, including chemotherapy and radiotherapy. While most cancers initially can respond to the given treatment unfortunately some cancers will relapse following treatment. The resistance can be caused by alteration to drug metabolism such drug uptake and efflux. Another important feature of drug resistance is that development of resistance to one drug can lead to resistance to other drugs. The loss of a drug transporter (responsible of putting the chemotherapeutic agent to inside the cell) can lead to resistance to structurally diverse compounds that resulting from one therapy will affect the efficacy of many other compounds. Additionally, some cancer 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 fatigue, pain, diarrhea, nausea and vomiting, blood disorders, nervous system, among others. Thus, there
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METABOLISM: WHAT IS IT AND CAN IT BE CONTROLLED?
Surprise! Your metabolism can be managed, and you have the power to do so!

By Dominic Hernandez

“I have a fast metabolism; I can eat and eat and stay skinny.” Most of us have heard someone say this, and a majority of us have responded with annoyance and envy. But what is metabolism, and can we make ours run a bit faster? Taylor Newhouse, a registered dietitian with the Texas A&M School of Public Health, helps break down what you should know about your metabolism.

What is metabolism?

Your metabolism isn’t just what keeps your bragging friend lean, it’s the constant process that your body is using to keep everything functioning. Your metabolism is always running, even when you’re sleeping.

“Your metabolism is kind of the engine that keeps your body going,” Newhouse said. “It’s the drive that allows your body to utilize the food and nutrients you put into it.”

Some people do have faster metabolism than others, and that is the work of genetics and someone’s lifestyle. Although there’s nothing you can do about your genetics, there are ways to impact the lifestyle side and give your metabolism a boost to keep it running in high gear.

How can you improve your metabolism?

Because the metabolism’s base rate is set by genetics, there’s no quick way to rev it up; it cannot be changed without making some long-term lifestyle changes.

“We can manipulate our metabolism to a degree,” Newhouse said. “It’s like a campfire: just like we need to give a fire tinder and pieces of wood in order to keep it from slowing down and burning out, we need to fuel our metabolism as well.”

If you’re looking to boost your metabolism, then there are a few changes you can make throughout the day. Working out, hydrating and eating right can help with your overall health, but there are also specific habits you can foster in order to give it a boost.

“Eating your leafy vegetables and working out can definitely help your metabolism,” Newhouse said. “Muscle burns more energy than fat, so lifting weights or anything else that builds muscle—along with eating correctly—can play a large role in how our body processes nutrients.”

Apart from getting in more muscle-building workouts and eating better, another important habit to kick your metabolism into gear is not ignoring the most important meal of the day: breakfast.

“People tend to overlook how important breakfast is,” Newhouse said. “We go all night without food, and our body can approach a fasting state, an episode where our body will withhold calories, if we wait too long to eat after waking up.”

What can slow your metabolism?

If it’s possible to speed up your metabolism, then it’s equally possible—and far easier—to slow it down. There are many habits that are easy to fall into that can make your metabolism run at a slower pace. One of these happens in the late hours of night, and involves what you’re not...
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Chronic pain can affect about 100 million Americans and about 5 to 8 million people use opioids for the management of their long-term pain. With the presence of chronic pain and the increased use of opioids, this has led to the creation of a silent epidemic that affects a large number of Americans. The number of opioid prescriptions for pain has increased from 76 million in 1991 to 219 million in 2011. Over the last several years, the rising epidemic of the increased use and misuse of opioids in the United States has been brought to the attention of both the general public and the medical community because of its negative impact on people’s functioning and quality of life. Regardless of a person’s background, the potential abuse of this particular class of pain medications can lead to the development of addiction. The current epidemic is affecting a variety of people from different backgrounds and this goes against the pattern that has been seen in the past because it is now starting to have an impact on mainstream American. Whereas the use of illegal or illicit drugs were seen in the past this has been overshadowed by the use of prescription pain medications.

The use of opioids for pain management has contributed to overuse and overdose which is why close monitoring should be performed for any person that is started on these medications. The medical community is being instructed to provide an individualized treatment approach to the management of chronic pain and take the recommendations for multiple disciplines when it comes to appropriate pain management in every person. Each year pain medications or pain relievers are believed to contribute to thousands of unintended deaths in the United States. It is well known that opioids are one of the most commonly abused classes of drugs in America, and with potential for abuse can come dependence and tolerance. However, there are situations where people that are not addicted to pain medications can develop tolerance or dependence so it can all depend on the individual. In a matter of speaking, addiction refers to when a person has lost control over the use of the drug, and almost all of their daily action is focused on getting the drug by any means. The severity of taking pain medication is related to the fact that they can contribute to overdose so every individual who takes this class of drugs should be well informed.

When it comes to taking opioids or any pain medications it is best to follow the specific instructions that are provided by your doctor. An individual should only take the amount and dose that has been prescribed for the length of time that has been indicated. By going against instructions this can increase the desire to take more and more and with time this can become an ongoing cycle. Moving forward, it is important that steps are taken to address the distress, disability, and danger that can come from the increased use of pain medications.
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Study reveals potential new strategy to prevent Alzheimer’s disease

Taking a pill that prevents the accumulation of toxic molecules in the brain might someday help prevent or delay Alzheimer’s disease, according to scientists at Baylor College of Medicine, Texas Children’s Hospital and Johns Hopkins University School of Medicine.

The study, published today in Cell Press journal Neuron, took a three-pronged approach to help subdue early events that occur in the brain long before symptoms of Alzheimer’s disease are evident. The scientists were able to prevent those early events and the subsequent development of brain pathology in experimental animal models in the lab.

“Common diseases like Parkinson’s, Alzheimer’s and dementia are caused in part by abnormal accumulation of certain proteins in the brain,” said senior author Dr. Huda Zoghbi, professor of molecular and human genetics and of pediatrics - neurology and developmental neuroscience at Baylor and director of the Jan and Dan Duncan Neurological Research Institute at Texas Children’s Hospital. “Some proteins become toxic when they accumulate; they make the brain vulnerable to degeneration. Tau is one of those proteins involved in Alzheimer’s disease and dementia.”

“Scientists in the field have been focusing mostly on the final stages of Alzheimer’s disease,” said first author Dr. Cristian Lasagna-Reeves, postdoctoral fellow in the Zoghbi lab. “Here we tried to find clues about what is happening at the very early stages of the illness, before clinical irreversible symptoms appear, with the intention of preventing or reducing those early events that lead to devastating changes in the brain decades later.”

The scientists reasoned that if they could find ways to prevent or reduce tau accumulation in the brain, they would uncover new possibilities for developing drug treatments for these diseases.

Cells control the amount of their proteins with other proteins called enzymes. To find which enzymes affect tau accumulation, the scientists systematically inhibited enzymes called kinases.

“We inhibited about 600 kinases one by one and found one, called Nuak1, whose inhibition resulted in reduced levels of tau,” said Zoghbi, who is also an investigator at the Howard Hughes Medical Institute.

The scientists screened the enzymes in two different systems, cultured human cells and the laboratory fruit fly. Screening in the fruit fly allowed the scientists to assess the effects of inhibiting the enzymes in a functional nervous system in a living organism.

“Screening hundreds of kinases in the fruit fly animal model was critical because we could assess degeneration
Pomona is the first LiveSmart master-planned community in the Houston area by Hillwood Communities, a Perot company. Featuring a relaxed, coastal atmosphere, this 1,000-acre community in the heart of the rapidly growing Highway 288 corridor makes it easy to live a happier, healthier lifestyle with a resort-style amenity center, miles of walking trails, sports fields, Fish Camp, Exploration Zone Park and an on-site Alvin ISD elementary school. And with 300 acres left untouched or as dedicated green space, Pomona is setting the standard for what it means to LiveSmart.

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Texas Stem Cell Opens State-of-the-Art Preservation and Banking Facility in Houston
More Than 80 Diseases are Currently Treated by Stem Cells Processed from Cord Blood

The only one of its kind in Houston, Texas Stem Cell (TSC), recently opened a cutting-edge stem cell processing facility that offers local cord blood, cord tissue and placenta preservation and banking to families within the state of Texas and across the U.S.

“We are committed to the longterm health of our clients, and honored to be part of a once in a lifetime opportunity for their families,” said Lisa Benjamini, CEO, Texas Stem Cell. “Making the decision to store your child’s life-saving stem cells preserves the future opportunity to treat more than 80 diseases for your child or immediate family member.”

Stem cells from cord blood, cord tissue and placenta currently have the potential to treat diseases including cancers, autoimmune disorders, diabetes, lung and liver diseases, autism and cerebral palsy. While cord blood has been used in therapy since 1988, women in Texas have only recently been granted the legal right to store their placenta and Texas Stem Cell is one of only three facilities in the country who offers this service.

TSC preserves and banks cells from all three available sources – cord blood, cord tissue and the placenta. Research shows the isolation from all three sources is found to have different properties and utility in disease therapy.

Located in Houston, home to many of the world’s premier medical and research facilities, Texas Stem Cell invested nearly $4 million to construct the innovative and state-of-the-art stem cell processing facility. The new facility meets the highest FDA standards available in the state, and utilizes the latest equipment that guarantees the safety, high viability and potency of the stem cells collected and brought to the lab.

Additionally, Texas Stem Cell holds two key patents:

- Award-winning storage canister – the cell transporting device is temperature controlled and maximizes the viability of stem cells to be preserved;
- Stem cell isolation process – the non-enzymatic isolation of umbilical cord tissue and stem cell isolation guarantees the cells preserved are the most viable for future use.
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20-year cancer survivor is beating a second diagnosis: pancreatic cancer

By Lori Sundeen Soderbergh

Ken Abernathy is very familiar with cancer. He was diagnosed with non-Hodgkin lymphoma in 1996 and managed his slow-growing disease until 2013, when he started having pains in the side of his abdomen. A closer look revealed a devastating diagnosis – stage 4 pancreatic cancer – a diagnosis he is handling remarkably well three years later.

“I understood that we could successfully treat and manage my non-Hodgkin lymphoma,” said Mr. Abernathy, a resident of Forney, Texas, east of Dallas. “I’d been working fulltime the whole time. But I knew that with pancreatic cancer, I was in serious territory.”

Mr. Abernathy had been a regular visitor to UT Southwestern Medical Center’s Harold C. Simmons Comprehensive Cancer Center in Dallas since 2000. Now he turned to a new team of cancer experts for help.

His first oncologist, Dr. Robert Collins, Professor of Internal Medicine and leader of the Hematologic Malignancies/Blood and Marrow Transplantation Program, referred Mr. Abernathy to his colleagues who handle gastrointestinal cancers. Dr. Collins holds the Sydney and J.L. Huffines Distinguished Chair in Cancer Research in Honor of Eugene Frenkel, M.D., and the H. Lloyd and Willie V. Skaggs Professorship in Medical Research.

“We worked very closely with Dr. Collins to develop an individualized plan focused on his complex disease course with two ongoing cancers,” said Dr. Muhammad Beg, Assistant Professor of Internal Medicine, co-Director of the Gastrointestinal Cancer Team and leader for multiple pancreatic cancer trials.

While he was stage 4 at diagnosis and did not qualify for pancreatic surgery, Mr. Abernathy is managing his disease with chemotherapy called FOLFIRINOX which he receives every two weeks. Aside from some nausea the first couple of days following each treatment, he has not noticed any significant side effects.

Pancreatic cancer represents 3 percent of cancer cases diagnosed annually. Yet more people die annually from pancreatic cancer than breast cancer, an estimated 41,780 people according to the National Cancer Institute. Five year overall survival rates are currently 7.7 percent, in part because there are no effective methods of early detection. Treatment options are limited, and many patients choose to further research in the field of pancreatic cancer by volunteering for clinical trials, such as those at UT Southwestern.

PANCREATIC CANCER SYMPTOMS

Early pancreatic cancers often do not cause any signs or symptoms. By the time symptoms arise, pancreatic cancers may have spread. Having one or more of the symptoms below does not mean you have pancreatic cancer and many of these symptoms are more likely to be caused by other conditions. Still, it’s important to consult a physician so that the cause can be found and treated if needed. Symptoms may include:

- Jaundice and related symptoms
- Belly or back pain
- Weight loss and poor appetite
- Nausea and vomiting
- Gallbladder or liver enlargement
- Blood clots
- Fatty tissue abnormalities
- Diabetes

“This case shows that each patient has a very unique disease course and we need to move forward with our best possible hand, even when faced with a devastating diagnosis. Averages posted online are just that – averages. They cannot predict individual disease courses,” said Dr. Beg, Dedman Family Scholar in Clinical Care.

“Attitude doesn’t decide your outcome, but I think it plays a role,” said Mr. Abernathy, whose energy is infectious. He’s found a new passion through a program his church recently started, which sends him to meet with newly diagnosed cancer patients. “I try to give them hope and show them how to have a good attitude.”

Now 64 and retired, Mr. Abernathy focuses much of his time on his two grandchildren.
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hospital-based ERs are much longer when compared to FECs. For patients who present initially at a hospital-based ER, these long waits prolong the process of seeing a physician and being admitted to the inpatient part of the hospital.

The obligations of the CSP to allow the covered entity or business associate customer to make available or make amendments to any ePHI stored on the cloud computing system.

- Security Rule Compliance. In cases where a CSP is providing only no-view services, certain access and use controls, such as authentication or unique user identification, may only be the responsibility of the covered entity or business associate customer. The guidance emphasizes that, if the service contract states that the covered entity or business associate customer will control and implement certain security features of the cloud service, HHS will not hold the CSP responsible for the compliance failures that are attributable solely to the actions or inactions of the customer.

- Use of Mobile Devices to Access Cloud System. The guidance confirms that healthcare providers are allowed to use mobile devices to access ePHI stored in a cloud-based solution; provided that there are appropriate physical, administrative, and technical safeguards are in place to protect ePHI. To be clear, no specific types of technology are required under HIPAA rules and HHS does not recommend specific technology or products. HHS has issued guidance in the past on securing ePHI on mobile devices (i.e. laptops, cellphones, flash drives, etc.) which should be referenced in developing internal policies and protocol.

Legal Health
Continued from page 3

FEC Patient Transfers
Continued from page 5

these services who visit a hospital-based ER may require an ambulance transfer to another hospital, just as they would if they visited an FEC.

Benefits of FEC Transfers
The wait times at traditional hospital-based ERs are much longer when compared to FECs. For patients who present initially at a hospital-based ER, these long waits prolong the process of seeing a physician and being admitted to the inpatient part of the hospital.
FEC Patient Transfers
Continued from page 20

hospital. A typical hospital-based ER can see as many as 180-200 patients per day, and the majority of those patients don’t display obvious outward signs of an emergency. A patient can sit in the hospital ER for hours believing they have indigestion, and end up having a heart attack in the waiting room. In an FEC setting, the same patient would be in the FEC exam room in less than 10 minutes on average.

In many cases, FEC patients can be seen by a physician, diagnosed, and transferred to a hospital in a shorter amount of time than if the patient had gone straight to the hospital-based ER. It’s the short time between door to diagnosis at FECs that saves patient lives, along with the efficiency of FEC transfers if a patient requires a higher level of care. This is another example of how the FEC delivery model is revolutionizing healthcare and improving patient outcomes.

Oncology Research
Continued from page 6

is an urgent need to develop new therapies for cancer treatment. Some strategies including cytokines, signal transduction inhibitors, oncolytic viruses, cancer vaccines, T cell adoptive transfer and angiogenesis inhibitors have been tried, generally with low percentages of positive response. Immunotherapy records a pivotal moment in cancer as long sought attempt to promote the immune system against tumors. The immunotherapy agent (Nivolumab, Pembrolizumab and Ipilimumab) is being used in conjunction with chemotherapy on patients with advanced sarcoma, breast, lung, ovarian, head and neck, colorectal, and pancreatic cancers. Early results indicate that this combination with several types of chemotherapy appears to be safe and effective in treating advanced cancer patients.

Metabolism
Continued from page 8

"Eating snacks won’t slow down your metabolism if you’re eating the right foods,” Newhouse said. “Healthy snacks—such as nuts, fruit or vegetables—have the nutrients to slow the rate of digestion, keep you feeling fuller longer and keep your body working to process the nutrients.”

Stress can also indirectly lead to problems with your metabolism. People with high amounts of cortisol, a stress hormone, tend to be overweight, and being overweight can slow your metabolism. Lowering your cortisol levels can start a chain-reaction that can help your metabolism run more efficiently.

What does your metabolism do over time?

Believe it or not, metabolism—just like the rest of our body—goes through the aging process. As your metabolism slows, your continuous doing: getting enough shut-eye.

Sleep deprivation is one of the biggest epidemics in American society, with more than one-third of adults getting less than the recommended seven to eight hours of sleep each night. Sleep is not only crucial for your metabolism, but skimping on sleep can also lead to long-term conditions such as heart disease and diabetes.

“Sleep is one of the biggest factors that people seem to forget about,” Newhouse said. “Even if someone eats well and exercises, if they don’t get adequate sleep, then their metabolism won’t run as efficiently.”

Although snacks often have a bad reputation for being unhealthy, they are very important to keep you fueled and nourish your body throughout the day. Snacks should have some protein, fiber and carbohydrates and should not have too much salt or sodium.
Metabolism
Continued from page 21

diet and exercise choices become more important.

While the cause for this is unclear, women entering menopause will experience a slower metabolism and can find it more difficult to stay at a healthy weight, which makes diet and exercise vital to healthy aging.

“Nothing changes overnight,” Newhouse said. “It’s a matter of making the small choices that can add up to try and negate the effects that are naturally slowing down your metabolism.”

Alzheimer’s Disease
Continued from page 14

can be done with other animal models like the mouse, and cultured cells cannot model complex nervous system functions,” said co-author Dr. Juan Botas, professor of molecular and human genetics and of molecular and cellular biology at Baylor.

“We found one enzyme, Nuak1, whose inhibition consistently resulted in lower levels of tau in both human cells and fruit flies,” said Zoghbi.

“The next step is to develop drugs that will inhibit Nuak1 in hope that one day we would be able to lower tau levels with low toxicity in individuals at risk for dementia due to tau accumulation.”

Scientific studies like this one that uncover basic biological mechanisms of disease make it possible to develop new strategies to prevent or treat diseases such as Alzheimer’s, Parkinson’s or dementia.

In the future it might be possible to treat people at risk for Alzheimer’s disease by keeping tau low. Think of how taking drugs that lower cholesterol has helped control the accumulation of cholesterol in blood vessels that leads to atherosclerosis and heart disease.

“Just like people now take their cholesterol-lowering medications, people in the future could be taking medications to keep tau levels low and prevent the development of Alzheimer’s disease,” said Lasagna-Reeves.

Silver Lining Program is Connecting Girl Scouts and Nursing Home Residents

A new twist on an old program is helping Girl Scouts in northeast Texas engage with long-term care facilities, and organizers hope it will also help foster meaningful long-term relationships between generations.

The program is Silver Lining, a partnership between the Texas Health and Human Services Commission and the Girl Scouts of Northeast Texas. Silver Lining helps Girl Scout troops “adopt” a nursing home or assisted living facility in their area.

Scouts visit their chosen facility a specified number of times a year and interact with residents. Activities include

- Caroling
- Decorating
- A host of other activities.

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Scouts visit their chosen facility a specified number of times a year and interact with residents. Activities include readings, performing skits, caroling, decorating as well as a host of other activities.

Claire Irwin, with HHSC Aging Services Coordination, said the new initiative—the brainchild of the Girl Scouts of Northeast Texas Council—is a pilot “match-making” program that, if successful, will help scouts and facilities get together more often.

Today, thanks to collaboration between the council and HHS, interested facilities are listed on the council’s website. Troops can check there and see which facilities are available, Irwin said.

“In the past the onus was on the troops to find a facility that wanted to participate,” she said, “and sometimes that could take a while.” Today, scouts can go to the website and easily search for a facility to adopt.

Irwin said the 26,000-member council had been involved with Silver Lining for years. But recently, council leaders approached her with their idea to make match-ups easier. About 100 facilities have signed up on the website.

“We hope this becomes an ongoing, long-term relationship between the scouts and the facilities,” Irwin said. “If successful, our hope is to expand it to other scout councils.”

Kearnya Poage, program director for Girls Scouts of Northeast Texas, said the tweak has boosted participation in the Silver Lining program. “Since we started new program, in three years’ time we’ve seen a 600 percent increase in participation.”

For more information about the Silver Lining program, visit the HHSC Age Well Live Well website.
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