When the path of pregnancy strays toward complication and serious risk, the maternal-fetal medicine physicians of UT Southwestern’s High-Risk Pregnancy and Genetics Program provide a full spectrum of diagnostic and treatment options to women and their physicians.

The multidisciplinary team includes specialists with advanced training in maternal-fetal medicine, along with experts in neonatology, pediatric surgery, pediatric cardiology, and other pediatric subspecialties. Recognized nationally for their care and management of women with complicated pregnancies, they provide specialized in-utero therapeutic procedures as well as ex-utero intrapartum treatment for certain fetal conditions.

And, unlike many maternal-fetal specialists elsewhere, they also care for and deliver high-risk patients.

UT Southwestern maternal-fetal experts deliver specialized care when serious complications threaten the health of mother and child.
“We accept prenatal patients whose pregnancies require a higher level of care due to either maternal or fetal complications,” says Robyn Horsager-Boehrer, MD, Professor of Obstetrics and Gynecology and Medical Director of the Maternal-Fetal Medicine Clinic.

**Latest Techniques**

The High-Risk Pregnancy and Genetics Program offers the latest diagnostic techniques to evaluate a woman’s risk factors, including preconceptional counseling and genetic testing to identify inherited risks, high resolution 3-D and 4-D ultrasound to visualize the baby’s development, and prenatal procedures such as amniocentesis and chorionic villus sampling.

In addition, UT Southwestern is one of only a handful of medical institutions in the country offering fetal MRI for particularly complex cases that require a higher degree of resolution, says Diane Twickler, MD, Professor of Radiology, who also holds a dual appointment in Obstetrics and Gynecology. Over the past 10 years, Dr. Twickler has read and interpreted more than 2,000 fetal MR images, making her one of the country’s leading experts in the procedure.

“We can do fetal MRI at anytime throughout gestation, but the preferred times are to answer important clinical questions at 21 to 22 weeks, or to anticipate what is going to happen closer to delivery, usually around 32 to 34 weeks,” Dr. Twickler says. “Usually, I am asked to answer a very specific question, as opposed to global information that an ultrasound can answer. Referring physicians want to look deeper and make sure there is nothing else going on.”

Examples of the types of conditions that Dr. Twickler investigates include problems with the central nervous system or head, problems with the chest or kidneys, congenital diaphragmatic hernias, and complications of twinning.

Her advanced training in both radiology and obstetrics and gynecology imaging offers referring physicians and patients alike an advantage in dealing with complex maternal-fetal cases—“Most places do not have people trained in both areas,” she says—as do the extensive resources of UT Southwestern.

Maternal transport and inpatient services can be arranged by calling the Maternal-Fetal Medicine Transport at 877-UTSWFM (877-887-9636).

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**Ambulatory services for high-risk patients**

UT Southwestern is one of just 14 centers nationwide selected by the National Institutes of Health to participate in the Maternal-Fetal Medicine Units Network, a national consortium that focuses on health care outcomes of pregnant women and their infants.

Specialists in the High-Risk Pregnancy and Genetics Program offer a full range of outpatient services on the UT Southwestern campus. Referring physicians can call 877-UTSWFM (877-887-9636) to facilitate:

- First trimester screening
- Routine and targeted 3- and 4-D ultrasound
- Prenatal genetic counseling
- Amniocentesis
- Fetal blood sampling
- Chorionic villus sampling (CVS)
- Evaluation and consultation
- Coordination of care—prenatal assessment, delivery planning, postnatal management
- Transfer of total obstetric care

**Off-campus facilities**

Outpatient services are also available at the UT Southwestern Maternal-Fetal Medicine office at Children’s Medical Center at Legacy in Plano. Call 469-303-3591 for appointments or information on the Legacy location.
Traditionally, physicians have considered congenital heart disease, the most common form of birth defect, to be a problem for pediatricians. However, due to the resounding success of surgical and interventional treatments for congenital heart defects, more than 85 percent of patients survive to adulthood. There are now more adult than pediatric patients with congenital heart disease. Despite cardiac surgery, a true “cure” is rare and many of these patients require ongoing specialized cardiac care throughout their lives.

Coordinated Care
UT Southwestern’s Adult Congenital Heart Disease Program provides comprehensive diagnostic, treatment, and consultative services for patients with all types of congenital heart disease, ranging from simple to complex defects. Patient care is provided by adult congenital heart disease cardiologists who coordinate all of the patients’ cardiovascular care. Subspecialty care for patients includes expertise in cardiac imaging (including echocardiography, cardiac MRI, and cardiac CT), interventional cardiology, electrophysiology for arrhythmia management, device implantation, complex ablation procedures, and congenital cardiovascular surgery. Care is coordinated with the assistance of pediatric interventional cardiologists, electrophysiologists, and cardiac surgeons who work with the adult cardiology teams. This complex group of patients often requires other medical services, and care is coordinated with other providers in the heart and lung transplant program, the pulmonary hypertension clinic, and the high-risk maternal-fetal medicine clinic. M. Elizabeth Brickner, MD, Professor of Internal Medicine, is Director of the Adult Congenital Heart Disease Clinic, as well as Director of the Audre and Bernard Rapoport Center for Cardiovascular Research. Because of UT Southwestern’s vast medical resources, combining our strong clinic services in adult cardiovascular medicine and cardiac surgery with the expertise of our colleagues at Children’s Medical Center, our team is able to employ the appropriate team of specialists to the best care possible for the patient’s unique condition, Dr. Brickner says. In the process, UT Southwestern is contributing to the growing body of knowledge about the long-term outcomes of this growing population of patients.

Regional Referrals
The Adult Congenital Heart Disease Clinic is a regional referral center that provides care for patients throughout Texas, Oklahoma, and Louisiana. The clinic welcomes referrals from adult and pediatric cardiologists as well as primary care providers seeking optimal care for this special group of patients with their unique issues and challenges. Working with Children’s Medical Center, UT Southwestern is developing a seamless transition from Children’s clinics to the adult clinic to provide optimal continuity of care.
Breast cancer clinical trials: Does your patient qualify?

Patients at the Harold C. Simmons Cancer Center, the only NCI-designated center in North Texas, have access to treatment options that would otherwise be unavailable to them in the region. Physicians and researchers at UT Southwestern participate in and, in many cases, serve as principal investigators to numerous clinical trials in cancer and other diseases. Below is a small sampling of breast cancer clinical trials at UT Southwestern that are currently open to appropriate patients.

**Breast Cancer Clinical Trial**

**A Randomized Multicenter, Double-blind, Placebo-controlled Comparison of Chemotherapy plus Trastuzumab plus Placebo Versus Chemotherapy plus Trastuzumab plus Pertuzumab as Adjuvant Therapy in Participants with Operable HER2-positive Primary Breast Cancer**

**Summary**

This trial will compare invasive disease-free survival (IDFS) in patients with HER2-positive breast cancer randomized to chemotherapy plus one year of trastuzumab plus placebo or chemotherapy plus one year of trastuzumab plus pertuzumab. The participant will receive chemotherapy for 18-21 weeks through a vein (IV).

**Patient Eligibility**

A patient may be eligible for this trial if:

- She is 18 years or older with nonmetastatic invasive breast carcinoma that is HER2-positive,
- She is not pregnant, and
- She has baseline LVEF of > 55%.

**A Phase III, Randomized Clinical Trial of Standard Adjuvant Endocrine Therapy Plus or Minus Chemotherapy in Patients with 1-3 Positive Nodes, Hormone-responsive and HER2-Negative Breast Cancer according to Recurrence Score (RS)**

**Summary**

Patients with hormone receptor-positive breast cancer that has spread to their lymph nodes usually get both chemotherapy and hormonal therapy after surgery. But for some of these patients with low to intermediate “recurrence scores” on the Oncotype DX test, chemotherapy may offer little or no benefit; hormonal therapy alone may be enough. This trial will measure how much, if any, benefit these patients get from chemotherapy, and it will try to determine where the cutoff score is between patients who benefit from chemotherapy and patients who do just as well with hormonal therapy alone.

**Patient Eligibility**

A patient may be eligible for this trial if:

- She is a woman with early breast cancer and has had or will have surgery,
- Her cancer is hormone-receptor positive,
- Her cancer is HER2-negative,
- Her cancer has been found in 1-3 of her lymph nodes, and
- She has not yet begun chemotherapy or hormonal therapy for her cancer.

*Patient enrollment beginning in late May*
CLINICAL TRIAL: Efficacy and Safety Study of NeuVax™ Vaccine to Prevent Breast Cancer Recurrence

Summary
This trial assesses the efficacy and safety of NeuVax, a peptide (E75) vaccine administered with adjuvant Leukine® (sargramostim, GM-CSF), and will evaluate and compare the disease-free survival (DFS) in the vaccinated patients and control patients. The active portion of the study will last three years. The follow-up will last from five to 10 years.

Patient Eligibility
A patient may be eligible for this trial if:
- She has an early stage Node-Positive (NP) breast cancer, and
- Her tumor expresses low or intermediate levels of the HER2 protein.

Patient enrollment beginning in early May

CLINICAL TRIAL: An Open-Label, Multicenter, Randomized Phase 2 Study Evaluating the Safety and Efficacy of Ramucirumab (IMC-1121B) Drug Product or IMC-18F1 in Combination With Capecitabine or Capecitabine Monotherapy, in Unresectable, Locally Advanced, or Metastatic Breast Cancer Patients Previously Treated With Anthracycline and Taxane Therapy

Summary
The primary objective of this trial is to evaluate the progression-free survival (PFS) in patients with anthracycline- and taxane-pretreated unresectable, locally advanced, or metastatic breast cancer when treated with the monoclonal antibody ramucirumab drug product in combination with capecitabine or with capecitabine monotherapy.

Patient Eligibility
A patient may be eligible for this trial if:
- He or she is 18 years of age with histologically or cytologically confirmed anthracycline- and taxane-pretreated unresectable, locally advanced, or metastatic breast cancer.

Find a clinical trial at UT Southwestern

UT Southwestern’s newly launched Find a Clinical Trial (FaCT) website uses a robust search feature to help potential participants and their physicians easily find trials of interest online. The information shown is populated directly by UT Southwestern’s Velos study management tool and our Institutional Review Board (IRB) online submission system. Once the IRB has approved a study for enrollment and if the study is openly recruiting patients, it automatically appears in FaCT. Patients and physicians have access to the details they need to learn more about open clinical trials at UT Southwestern and are provided with direct contact information for follow-up questions and registration. Visit simmonscancercenter.org to search UT Southwestern open clinical trials.

When conducting clinical trials, UT Southwestern’s most important responsibility is to protect research volunteers through well-designed protocols, a dedicated Institutional Review Board (IRB), and a carefully informed consent process. In addition to the Find a Clinical Trial resource, UT Southwestern’s Research Participant Advocate can help you:

Find studies recruiting volunteers.
Find information about a study.
Communicate with the study team.
Listen to your questions, concerns, and complaints and help you find answers.

Contact the Research Participant Advocate:
Kate Wilkinson, MS
214-648-6339
kathleen.wilkinson@utsouthwestern.edu
According to the American Stroke Association, about 3 million to 5 million people in the United States have cerebral aneurysms. Many will not experience noticeable problems—unless a rupture occurs.

“When someone presents with aneurysm, a range of options is available to provide a treatment that lets the patient continue living the life they want. Because of UT Southwestern’s collaborative approach to care—which includes neurosurgeons, neurologists, and neuroradiologists—our team is uniquely equipped to determine if surgery, coil embolization, or observation will achieve the best outcomes,” says Babu G. Welch, MD, Associate Professor of Neurological Surgery. UT Southwestern treats more aneurysms than any other facility in North Texas and has pioneered some of the major advancements in the field. The cerebrovascular specialists at UT Southwestern are one of the few teams in Texas where every physician is capable of caring for the patient before and after a procedure is performed. The neurological surgery team is available for second opinions and referrals.

“Even our radiologists trained to be neurologists first. Our specialists understand and are comfortable with the full spectrum of aneurysm treatments, which can minimize neurological risks, as well as reduce recovery times,” Dr. Welch says.

Recently, a team that included Dr. Welch and Duke Samson, MD, Professor and Chair of Neurological Surgery, evaluated and treated a 35-year-old Plano mother. The first sign of the problem was a sharp pain behind her right eye. The pain was so severe she went to an emergency room. She was subsequently diagnosed with a 10 mm aneurysm pressing on her optic nerve.

At her first evaluation, a neurosurgeon elsewhere recommended a craniotomy, which would have required a hospital stay of about four days with four to six weeks of recovery. As part of a second opinion, Dr. Samson and Dr. Welch suggested coil embolization, an endovascular approach to her aneurysm. A catheter was placed through the patient’s groin and then, from her aorta, into her aneurysm. The aneurysm was then successfully packed with very fine platinum coils, and a fine, metal stent was necessary to keep the coils in place.

“The patient was released from UT Southwestern the day after her surgery,” Dr. Welch says. “She was back to everyday tasks within a week.”

**Symptoms of ruptured aneurysm**

When an aneurysm ruptures, patients often describe the feeling as “the worst headache in my life.” Other symptoms may include:

- Nausea and vomiting
- Stiff neck or neck pain
- Blurred vision or double vision
- Pain above and behind the eye
- Dilated pupils
- Sensitivity to light
- Loss of sensation
Patients with chronic conditions requiring non-cancer-related transfusions have access to the new University Hospital Aston Infusion Clinic. The hospital outpatient facility has on-site nurse practitioners and has been designed for the comfort and convenience of patients, with 15 private rooms and 16 chairs. The clinic welcomes both internal and external referrals.

The University Hospital Aston Infusion Clinic complements the University Hospital Chemotherapy Infusion Services available at UT Southwestern’s Harold C. Simmons Cancer Center.

The University Hospital Aston Infusion Clinic offers IV hydration, IV antibiotic therapy, headache treatment protocols, as well as treatments for various conditions such as:
- Rheumatoid arthritis
- Ankylosing spondylitis
- Crohn’s disease
- Ulcerative colitis
- Plaque psoriasis
- Multiple sclerosis
- Various autoimmune diseases

The University Hospital Aston Infusion Clinic is located in UT Southwestern’s Aston Building.

To schedule an appointment at the University Hospital Aston Infusion Clinic, please call 214-645-2299. A physician order is required for infusion therapy services.
UT Southwestern physicians offer consultations and treatment in more than 60 subspecialties. Recognizing that navigating through the many programs and resources at UT Southwestern can be challenging, the University established Patient and Physician Referral Services to assist external physicians and their staff with securing patient appointments. Offices may call one centralized phone number to schedule a consultation in any clinic or to fax patient records. The UT Southwestern referral coordinator will work closely with the appropriate physician or clinic to coordinate the patient’s appointment, as well as contact the patient and referring physician’s office with the appointment details.

UT Southwestern
Medical Center

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