

# Discover Health

West Chester Campus


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Jill Ford: Parkinson's Patient and  
Tennis Player Extraordinaire  
Pg. 3 - 4

Beating Pancreatic Cancer  
Pg. 1 - 2

Allergy Ailments Are Optional  
Pg. 5

Changing the Diabetes Dialogue  
Pg. 6



Jill Ford (photo taken prior to the COVID-19 pandemic) shares that the impact of COVID-19 on her life was minimal. "Nothing with my Parkinson's disease had any affect on how I lived during the pandemic, except my exercise routine. While I had to stop playing tennis, I was able to do my regular workout routine three times a week, virtually. I was able to have my doctor's appointment via phone visit because I had no new health concerns with my Parkinson's."

# Surviving and Thriving

## Beating Pancreatic Cancer

Unrelenting pain wracked Dan Null's abdomen and lower back one evening in March 2017. In response, Dan's son drove him to West Chester Hospital's Emergency Department. Doctors ordered an MRI, and within 24 hours of being admitted, Dan received his diagnosis — pancreatic cancer.

"It was like everything happened in the blink of an eye — they found a mass on the head of my pancreas and immediately set me up with a team of pancreatic cancer specialists," said Dan.

That team of specialists included Syed Ahmad, MD, UC Health director of surgical oncology, director of the Pancreatic Disease Center and co-director of the University of Cincinnati Cancer Center, and Davendra Sohal, MD, MPH, UC Health oncologist on the West Chester Campus and associate professor of medicine at the UC College of Medicine.

About 57,600 people will be diagnosed with pancreatic cancer in 2020, according to the American Cancer Society. Pancreatic cancer accounts for about 3% of all cancers in the U.S. and about 7% of all cancer deaths.



**Davendra Sohal, MD**  
Oncologist

"Within one month, they'd mapped out their strategy for my treatment," Dan said. Diagnosed March 20, 2017, he underwent about five months of chemotherapy treatments, followed by two weeks of radiation. Doctors gave him a brief break from treatment for his body to recoup before undergoing surgery.

Dr. Ahmad performed Dan's eight-hour pancreaticoduodenectomy, a complex surgical technique referred to as the Whipple procedure, named for Dr. Allen Whipple, an American surgeon who created the surgery. Simply put, it is a resection of the pancreas.

It's a lifesaving option for patients with pancreatic cancer. Dr. Ahmad notes that UC Health's pancreatic cancer patients have less than a 1% mortality rate.

Dan cheerfully describes his recovery as a "piece of cake."

"I thought it would be difficult, but I came through surgery without a problem—I've had teeth pulled that have caused me more pain."

The only snag occurred during Dan's recovery—he wasn't able to eat. "I had zero interest in food, even with medication to stimulate my appetite," he said. "I had to force myself to eat, and I lost so much weight that I went from about 165 pounds down to 120."



*Dan Null is back in his kitchen doing what he loves - cooking delicious meals for his family.*

Doctors discovered an abscess on the surgical site, which contributed to Dan's inability to eat. The abscess was surgically removed in early January 2018, and Dan said everything after that was smooth sailing.

Nearly three years in remission, Dan says he feels better now than he did before his diagnosis. He receives scans and routine bloodwork every six months. "I've been so fortunate, and I can't thank everyone at UC Health and West Chester Hospital enough," Dan said. "I felt comfortable and confident with every decision the doctors made, and I thank them for saving my life."

## What is the Whipple Procedure?

The Whipple, technically called a pancreaticoduodenectomy, is a complex surgical procedure used to resect the pancreas. The head of the pancreas, the first part of the small intestine (duodenum), the gallbladder and the bile duct are removed. The surgeon then reconnects the remaining organs to allow normal digestion. After surgery, patients are carefully monitored in the surgical intensive care unit for 24–48 hours. The estimated hospital stay is 7–10 days and estimated postoperative recovery is 6–8 weeks. Patients with pancreatic cancer and patients with benign disorders such as chronic pancreatitis and pancreatic cysts who require surgery are primary candidates for the procedure.

## Research at UC Health Is Improving Outcomes

The future has become much brighter for people diagnosed with pancreatic cancer, thanks in part to research studies conducted at UC Health. Dr. Sohal and Dr. Ahmad recently completed their latest collaboration: a groundbreaking clinical trial of 150 patients with pancreatic cancer. "We focused on treating pancreatic cancer in a new way by having patients undergo chemotherapy up front before surgery," said Dr. Sohal. "The traditional method has always been to go to the operating room first. Our goal is to have a clinical trial available for every patient coming through our doors. We have clinical trials that span a wide spectrum, focusing on chemotherapy drugs, radiotherapy and tumor genomic sequencing. We treat all types of pancreatic cancer with the goal of providing better, targeted therapies."

*To receive a referral to a physician specialist on the West Chester Campus, call 513-298-DOCS (3627). Discover more at [uchealth.com/en/pancreatic-disease-center](https://uchealth.com/en/pancreatic-disease-center).*



*Syed Ahmad, MD, performed Dan's eight-hour surgery, known as the Whipple Procedure. Note: Photo taken prior to the COVID-19 pandemic.*

# My Diagnosis Does Not Define Me

## Jill Ford: Parkinson's Patient and Tennis Player Extraordinaire

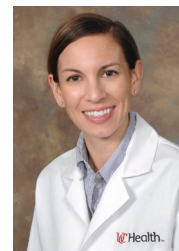
Subtle symptoms appeared in the midst of Jill Ford's normal routines. An avid tennis player, Jill suddenly found it challenging to grip the handle of her racquet. Her right hand was affected—Jill watched in confusion as her once-neat handwriting at times became difficult to read, and she began to notice an occasional tremor in the hand as well.

"It was like the strength just left my hand. Completing anything involving fine motor skills became difficult, sometimes impossible," Jill said. "That's when I knew something was off."

Armed with a physician referral from a close friend, Jill met with Cara Jacob, MD, UC Health neurologist on the West Chester Campus and assistant professor in the Department of Neurology and Rehabilitation Medicine at the UC College of Medicine.

At age 53, Jill Ford was diagnosed with Parkinson's disease, a progressive neurodegenerative disorder that may cause tremors, slowed movement, stiffness and changes to walking, among other symptoms.

Approximately 60,000 Americans are diagnosed with Parkinson's each year, and nearly one million people in the U.S. are living with the disease, according to the Parkinson's Foundation.



**Cara Jacob, MD**  
Neurologist

Parkinson's is caused by a loss of nerve cells in the brain which produce dopamine. While there is currently no cure, the disease can be treated with a wide array of options. For Jill, a low dose of medication worked; her symptoms rarely ever show.

"People look at me in disbelief when I tell them about my diagnosis," Jill said. "There's a misconception of Parkinson's being a devastating, uncontrollable disease, and that's just not the case. Symptoms present differently and depend on the patient and disease stage. I chose to not tell anyone outside my close family about my diagnosis until I was able to encompass it and fully know what I was dealing with — and what my future would look like."

"I think the community in general has a horrible mental image of Parkinson's and yes, we see some patients with advanced Parkinson's, but the overwhelming majority of our patients live well with Parkinson's disease. It's important to showcase that positive side to people—it takes some of the fear out of the diagnosis."

Dr. Jacob's optimistic outlook lifted Jill's spirits and has kept her confidence high for six years now. "Dr. Jacob is incredibly encouraging and helped me understand the promising scope of possibilities out there to treat Parkinson's... if one path didn't work out, we'd simply try another."

"The symptoms of Parkinson's can often be managed through a variety of different treatments including medications, supportive therapies, exercise and in more-advanced cases, surgical options," Dr. Jacob said.



*Jill Ford enjoys regular tennis matches at Queen City Racquet Club with her good friends Linda Keller (left) and Kim Haaff (right). Note: Photo taken prior to the COVID-19 pandemic.*

"I often tell my patients that while there may be bumps in the road, we will tackle those together to best manage their symptoms over time."

Jill and Dr. Jacob mapped out a path for the future and as it unfolded, Jill felt grounded and prepared. Life regained normalcy—Parkinson's was reduced to following up with Dr. Jacob as needed and taking a couple of pills each day.

"When I was first diagnosed, my biggest fear was of people looking at me differently," Jill said. "But now I don't live my life worried about Parkinson's, because my diagnosis does not define me. The support of my husband and children was so important when I was diagnosed – they truly were my 'rocks'."

Jill encourages anyone with Parkinson's disease to keep moving, no matter what. She continues to play tennis, which is good for hand-eye coordination, and she also works out three times a week with a personal trainer who targets exercises that strengthen capabilities that Parkinson's disease often inhibits.

"Jill is the perfect example of a patient who lives well with Parkinson's," Dr. Jacob said. "We have so many patients who live active, full lives with Parkinson's. It's important to showcase that positive side to people—it takes some of the fear out of the diagnosis."

## Research Paves the Way for a Brighter Future

New paths continue to be laid as researchers conduct clinical trials and discover new methods for diagnosis and treatment of movement disorders. Dr. Jacob is one of several experts treating patients and participating in research trials at the Gardner Center for Parkinson's Disease and Movement Disorders at the UC Gardner Neuroscience Institute. The team of specialists and subspecialists provide comprehensive assessment and treatment of all types of movement disorders.

*For the name of a neurologist who specializes in Parkinson's disease and movement disorders, call 513-298-DOCS (3627). To learn more, call the UC Gardner Center for Parkinson's Disease and Movement Disorders at 513-475-8730 or visit [uchealth.com/en/neuroscience-institute](https://uchealth.com/en/neuroscience-institute).*



*Jill Ford encourages anyone with Parkinson's disease to keep moving, no matter what. Note: Photo taken prior to the COVID-19 pandemic.*

# Allergy Ailments Are Optional

## Quality of Life Doesn't Depend Upon the Season

The Southwest Ohio region is a hotbed of allergens that impact the quality of life for many residents. Common seasonal allergens are tree pollen (March–June), grass pollen (May–July) and ragweed (August–October). Year-round allergens are usually indoors and include pets, dust mites, cockroaches and mold.

Yes, allergies are common, but they don't have to be a way of life.

### Allergy Q&A with Ahmad Sedaghat, MD, PhD, UC Health Otolaryngologist.

#### Allergy symptoms can make everyday life challenging—when is it time to contact an ear, nose and throat (ENT) specialist?

**Sedaghat:** Allergies are very treatable, and no one should ever try to “get used to” their symptoms and the associated decreased well-being. Yes, allergies are particularly common where we live in the Ohio River Valley, but that doesn't mean being symptomatic is a way of life—we can help you feel much better!

#### How do you determine the right treatment path for each patient?

**Sedaghat:** Using our knowledge from the latest clinical trials, we recommend treatment options tailored to the patients' needs. For example, our own current research focuses on identifying patient characteristics that may be associated with greater responses to particular allergy medicines. This research allows us to examine a patient and, based on their characteristics, make a personalized recommendation for treatment that maximizes the chances of efficacy.

#### What makes your patient approach unique?

**Sedaghat:** We consider all elements of each patient's situation, including the mind/body connection. We are cognizant of the fact that emotional well-being affects outcomes as much as any allergy-specific symptom. We understand extra-nasal symptoms such as poor sleep quality and craniofacial discomfort are factors affecting quality of life. We consider all elements of allergies in order to maximize outcomes for patients.

We work closely with our sleep medicine colleagues to develop plans for treatment of poor sleep, as well as with our neurology colleagues in treating prominent symptoms of facial pain, pressure and discomfort. Additionally, because allergies are associated with inflammation in the lower airways (i.e. asthma), we also work closely with our pulmonary medicine colleagues to ensure that our asthmatic allergy patients have appropriate treatment for their asthma. We perform all allergy testing and immunotherapy in our office so that patients don't need to travel elsewhere.

#### What treatments are available, besides the standard allergy shots?

**Sedaghat:** Some allergy sufferers are sometimes reluctant to seek medical therapy for various reasons, and for those people, we offer new procedures to block the nerves in the nose that stimulate and aggravate allergy symptoms such as runny nose and sneezing. We also offer the latest in-office procedures, such as cryotherapy, which freezes nerves in the nose, as well as minimally invasive surgery to selectively cut the nerves that cause mucus production in the nose.

#### How does one know if they're experiencing normal allergic reactions or something more serious?

**Sedaghat:** Sometimes a more serious condition called chronic rhinosinusitis may present with symptoms that seem like severe allergies, such as: nasal blockage, drainage, facial pressure or decreased sense of smell. If symptoms are persistent and last for more than three months, you should seek an evaluation with an ENT sinus specialist.

#### What research are you currently involved in?

**Sedaghat:** We're involved in many clinical studies to better understand the effects of allergies on our patients and to understand the efficacy of allergy treatments. Our ENT team was the first to show that allergies are much more than just the classical nasal symptoms; the impact of allergies on sleep quality and facial discomfort are the major drivers of decreased quality of life. We are also participating in clinical trials to study the efficacy of the latest treatment options for allergies.

#### What makes UC Health stand out among other establishments?

**Sedaghat:** UC Health's Ear, Nose & Throat Program was ranked by U.S. News & World Report in 2018-19 as one of the top 50 programs in the nation. UC Health is the only regional health system staffed by physicians who are nationally and internationally renowned experts in allergies and who are at the forefront of diagnosing and treating allergies. Our physicians actively conduct research and present lectures around the world to teach other clinicians. Our team has long been at the forefront of immunotherapy for our allergy patients. In addition to allergy shots, we offer sublingual (placed under the tongue) forms of immunotherapy and the most up-to-date allergy medications, including novel delivery mechanisms for intranasal steroids.

For the name of an ear, nose and throat specialist on the West Chester Campus, call 513-298-DOCS (3627).  
Discover more at [uchealth.com/en/otolaryngology](http://uchealth.com/en/otolaryngology)

Ahmad Sedaghat, MD, says no one should ever “get used to” their allergy symptoms. Note: Photo taken prior to the COVID-19 pandemic.

# Changing The Diabetes Dialogue

## From Sick and Tired, to Exuberant and Energetic

Sarah Archibald spent her life in a perpetual state of exhaustion, often coming home drained. The lack of energy affected her quality of life personally, as well as her roles as a wife and a mother.

Sick of feeling tired, Sarah sought the opinion of Abid Yaqub, MD, UC Health medical director of endocrinology on the West Chester Campus, and professor of endocrinology at the UC College of Medicine.

“When I met Sarah about five years ago, she had the typical components of a patient with metabolic syndrome: obesity, hypertension, hypothyroidism, prediabetes, high cholesterol and polycystic ovary syndrome (PCOS),” says Dr. Yaqub.

“Sarah had a multi-nodular goiter which was causing compression symptoms, making it difficult for her to swallow and even to breathe normally,” says Dr. Yaqub. “I referred her to one of our thyroid surgeons and she underwent a total thyroidectomy.”

Despite controlling her thyroid levels with thyroid hormone replacement, Dr. Yaqub noted that Sarah’s metabolic issues became worse; she was gaining weight, her blood pressure was rising, and her prediabetes progressed to Type 2 diabetes mellitus.

Sarah tried hard to work on lifestyle changes, but progress was not easily achieved. Dr. Yaqub prescribed oral medications and daily injectable therapy for her diabetes.

“Medication compliance is essential, but the maintenance of daily injections was difficult for Sarah,” says Dr. Yaqub. “We switched her to a newly available therapeutic option, which could be injected only once a week instead of daily. She was also started on an oral diabetes pill which resulted in increased excretion of glucose through urine.”

The injections suppress appetite and also help the body dispose of glucose, which in turn lowers blood sugar and aids the ability to lose weight through lifestyle changes.

“Putting Sarah on these medications made a dramatic improvement on her metabolic parameters—she lost weight, her BMI (body mass index) decreased, her blood sugars decreased significantly, and most importantly, she feels better,” Dr. Yaqub said. “She became more cheerful; I definitely noticed a positive difference in her personality as she progressed. Today, Sarah looks like a different person, and I think things really turned around for her in a positive way.”

Sarah’s energy levels were transformed, and her hard work at last began to show results. So far, she’s lost more than 50 pounds after the change in her medication regime. She also exercises regularly and enjoys healthier foods. And she’s not stopping any time soon.

“Changing my medication isn’t a quick fix, and it’s not just going to hand me results—I had to implement lifestyle changes, and they’re long-term changes,” Sarah said. “For example, our whole family has changed the types of food we eat, how much we eat and how often. We’re also more active, getting out of the house and doing more as a family.”



**Abid Yaqub, MD**  
Endocrinologist

Right now, family activities involve attending softball practices and games, as Sarah’s 15-year-old daughter prepares to try out for a high school team.

“Sarah’s case was a multi-modal, multi-pronged intervention. Now she’s meeting all the requirements in terms of managing her diabetes, up to date on every aspect of care, including eye exams,” Dr. Yaqub said. “Sarah is an incredible example of being able to focus on multiple areas of the endocrine system and to achieve quality results.”

“Dr. Yaqub is one of the best doctors I’ve been to,” Sarah said. “It’s not just that he cares about his patients, which he obviously does, but he also cares about his patients’ families. For example, my husband usually comes with me to my appointments. When I came alone along to my last appointment, Dr. Yaqub asked me about my husband and my daughter. It’s always nice when providers go that extra step further and genuinely care.”

### Can Type 2 Diabetes Be Prevented?

Most patients diagnosed with Type 2 diabetes have had it for some time before finding out. It’s preceded by prediabetes for many years before it progresses to Type 2.

Early intervention is key. Over the last 10 years, many groundbreaking clinical studies show that if you’re able to gain control of the diabetes early on, you can make the most meaningful impact on the patient’s outcome.

If we are able to diagnose and effectively manage prediabetes and diabetes early on, patients are well positioned to achieve significantly positive outcomes. When primary care providers encounter difficulty in achieving optimal glycemic control in their patients, referral to a diabetes specialist or an endocrinologist should be considered.

*For the name of an endocrinologist on the West Chester Campus, call 513-298-DOCS (3627). Discover more at [uchealth.com/services/diabetes-endocrinology](http://uchealth.com/services/diabetes-endocrinology)*

## Don't Let A Pandemic Delay Your Mammogram

The COVID-19 pandemic caused cancellation or delay of screening mammograms for many women. Rifat Wahab, DO, UC Health breast imaging specialist and assistant professor in the Department of Radiology at the UC College of Medicine, encourages women who missed their mammogram to schedule an appointment as soon as possible.

### What are the serious health risks involved when you delay having a mammogram?

The most serious health risk is a delay in cancer diagnosis. The purpose of obtaining a screening mammogram is to detect breast cancer early, before a patient has symptoms, such as a lump. A delay in cancer diagnosis can lead to a more-advanced stage cancer, which may need more aggressive treatment. With extra cleaning, spacing of appointments and separating patients during the screening process, it is safe to obtain your screening mammogram during the COVID-19 pandemic.

### What are current guidelines for when to be screened?

Breast cancer screening guidelines vary widely among professional societies, which can be frustrating and confusing. Women should begin having their screening mammogram at the age of 40, if not before. Since implementing screening

mammography at the age of 40 and improved cancer treatments, the mortality rate for breast cancer has decreased by 40%. UC Health Radiology follows the American College of Radiology's recommendations for annual screening mammography, beginning at age 40. Some patients may begin screening earlier than 40, particularly if they have a family history of breast cancer or inherited genes that make them more likely to develop breast cancer.



**Rifat A. Wahab, DO**  
Breast Imaging Specialist

### Are all breast cancers the same or similar? How do they differ?

Numerous varieties of breast cancer can show up in different ways on a mammogram image. Some cancers present as a mass or a lump, and others as calcifications, which look like grains of salt that patients will not feel. Mammograms are the most effective screening tool for detecting breast cancer; however, it is not perfect. With advent of 3D tomosynthesis mammograms, 85% of breast cancers can be detected through mammography.

To schedule your mammogram at UC Health, call 513-584-PINK (7465) or visit [uchealth.com/584-pink/](https://www.uchealth.com/584-pink/).

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