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Coughing. That is the sound that awoke Jennifer McDougal on the morning on Dec. 28, 2010. Her husband, Rodney, was in the bathroom preparing for work, and coughing. Suddenly, he collapsed.

Rodney, then 42, had a history of hypertension, so Jennifer immediately took his blood pressure. It measured 230/100 — dangerously high. “I didn’t know what was happening. One minute he was fine, the next he was out,” says Jennifer.

Paramedics transported McDougal to a local hospital near their home in Fleming Island, Fla., where medical staff determined he was suffering from an intraventricular stroke — a form of hemorrhagic stroke marked by a sudden bleed into the ventricular system of the brain, often as a result of hypertension. There is no drug to treat the condition, which accounts for about 5 or 6 percent of all brain strokes and is one of the most deadly.

Hearing the news, Jennifer was rightfully scared. “It never occurred to me he was having a stroke,” she says. What she didn’t know was that, McDougal, a self-described workaholic insurance broker by day and volunteer football coach by night, had neglected to refill his blood pressure medication. It was determined later that pressure buildup in his arteries caused one of the vessels to burst.

McDougal was airlifted to Mayo Clinic’s Comprehensive Stroke Center in Jacksonville, Fla., one of four centers in the southeastern United States participating in a national clinical trial to test the first potential treatment for this type of stroke.

“I am so thankful that this opportunity was offered to us.
– Rodney McDougal
Limited treatment options

With a hemorrhagic stroke, blood pools into the brain cavity. But, ultimately, a clot forms that causes additional oxygen deprivation, resulting in irreversible outcomes. “In the past, the only thing we’ve been able to do is stick a catheter in the brain to relieve the pressure and just wait for the clot to dissolve, but it often takes weeks,” says Mayo Clinic critical care neurologist William Freeman, M.D.

The CLEAR III study is comparing two clot-dissolving methods: treatment with a very small amount of the drug recombinant tissue plasminogen activator (tPA) vs. a saline irrigation method that “flushes out” blood clots.

“The drug tPA revolutionized the treatment of ischemic stroke, where a blood vessel supplying the brain becomes blocked,” says Dr. Freeman. “When administered within four hours after symptoms appear, tPA can minimize brain damage due to stroke. We hope to find out if tPA, if given within 72 hours of stroke onset, can also expedite recovery for hemorrhagic stroke patients and provide a better outcome.”

When Dr. Freeman shared the information about the study with Jennifer, she paused — but only momentarily. “I had to make a decision quickly because time was of an essence. But I knew how Rodney felt about studies. He had said once, ‘I don’t ever want to be on a trial.’”

Clinical trial offers hope

But, says Jennifer, her husband couldn’t foresee the dire choices in front of her. “I saw the condition my husband was in, and I had so much faith in Dr. Freeman as he explained this to me. This was life or death,” she says.

She agreed to the trial, and McDougal was treated with tPA. Hopeful, Jennifer gathered with the couple’s two children, friends and family. Within a few days, their prayers were answered as McDougal began responding to the therapy. When he awoke, however, he had no recollection of what had occurred.

“I woke up and saw all these get-well cards and was trying to figure out where I was,” he says. “I didn’t know I was in the hospital or what happened.”

Doctors told Jennifer that as a result of the stroke, McDougal could be paralyzed, have speech problems or trouble walking. Today, more than a year later, he still has no memory of the stroke, but no other complications. “I’m feeling great. No problems, no side effects,” he says. His wife notes one change, though. “He’s calmer now,” says Jennifer. And he is more diligent about his medication, too.

“Of course, I text him, I call him, our daughter calls him, we always remind him,” says Jennifer.

And McDougal now embraces the opportunity to talk about research and clinical studies. “I never understood what research and trials were all about until now,” he says. “I am so thankful that this opportunity was offered to us. I definitely recommend research and trials because it’s an opportunity to not only get the help needed but also down the road could help save someone else’s life.”

Dr. Freeman continues to be amazed by McDougal’s recovery and says he is hopeful about the future of the tPA therapy. Preliminary study data is positive, with death rates declining. “If the CLEAR study continues to show significant improvement in patient outcomes, it could transform the future care of intraventricular hemorrhagic stroke care the same way tPA changed ischemic stroke therapy in the 1990s,” he says.

Learn more about stroke treatment clinical trial

The CLEAR III study is evaluating treatment for intraventricular stroke — a sudden bleed into the ventricular system of the brain.

While this condition only accounts for about 5 to 6 percent of all brain strokes, about 80 percent of patients die. “We need therapy that will quickly help dissolve the blood clot in these patients to improve clinical outcomes,” says William Freeman, M.D., Mayo Clinic critical care neurologist.

For more information on the CLEAR III clinical trial at Mayo Clinic, contact the Mayo Clinic Cerebrovascular Research Lab at 904-953-6515.
Veteran scuba diver Scott Martin, 46, and his girlfriend left Florida in July 2011 to celebrate his birthday in Cozumel, Mexico. His experience there changed the way he thinks about his heart and his favorite pastime.

The couple had been in Cozumel for five days, diving twice a day. On the morning of the last day, they made a deep dive. An expert diver, Martin always followed U.S. Navy dive tables and safety protocols.

But shortly after he surfaced, Martin began to lose feeling in his hands and feet. The numbness crept up his legs and arms toward his body. He recognized the loss of feeling as a symptom of decompression sickness, or the bends, a condition that occurs when divers surface too fast and gas bubbles form in their bloodstream.

“I knew everything I did was right; it didn’t make sense to me what happened.”
– Scott Martin

He ignored the numbness, hoping it would go away, and went out on a second dive. The next day, the numbness got worse. By then, Martin believed he was experiencing the bends and went to a local hospital.

Fortunately, the hospital had a hyperbaric chamber — a high-pressure room used to treat the bends. The treatment improved his symptoms. But after returning home to Cocoa Beach, Fla., he scheduled an exam at Mayo Clinic in Jacksonville, Fla.

His Mayo Clinic doctor discovered a hole inside his heart. The condition, called patent foramen ovale (PFO), is present in about one in four adults. The hole is natural in newborn babies and normally closes on its own in the first year of life.

“That hole, in adult life, may cause several problems,” says Issam Moussa, M.D., a Mayo Clinic cardiologist who diagnosed Martin. For example, scuba divers with PFO may unexpectedly experience the bends. The hole makes them more prone to developing tiny gas bubbles in their bloodstream that travel to organs and cause a variety of symptoms.

Martin underwent a minimally invasive heart procedure to repair the hole. Two weeks later, he was out running.

“If you are a diver, it is worth asking your health care provider about PFO and other risk factors so he or she can decide if additional tests are necessary,” Dr. Moussa says.

Soon, Martin will be back in the water. He is planning to go diving this spring in Jamaica.
Last spring, Ravuth Thorng, then just 24, noticed it was increasingly difficult to do ordinary tasks, such as walking to his car. “I felt out of breath walking from my parking spot to work,” says Thorng, who worked at a home improvement store in Rochester, Minn.

In retrospect, he recalls that during the previous winter, he couldn’t push a shovel full of snow more than five feet before getting chest discomfort and shortness of breath. He shrugged off the chest pain. “At my age, I didn’t think it’d be anything serious,” he says. “I thought it was heartburn.”

He took heartburn medication, but his symptoms worsened. Knowing something was wrong, he went to the Emergency Department at Saint Marys Hospital on Mayo Clinic’s Rochester campus. It may have saved his life.

Diagnostic tests suggested a major problem with his heart. An angiogram, an X-ray test that shows the heart working in real time, confirmed it. Thorng’s arteries were significantly clogged, and the blood flow to his heart muscle was dangerously low.

Arteries are the supply roads that send out oxygenated blood throughout the body. The rivers of blood also carry cholesterol, which are dissolved fats. Over time, some of them stick to the inside of arteries. That buildup can harden and block the flow of blood.

For most people, the buildup occurs over decades. “Severely narrowed or blocked arteries are unusual for someone so young,” says Martha Grogan, M.D., Mayo Clinic cardiologist on Thorng’s care team. His heart was weakened due to poor blood flow, and his symptoms were life threatening.

Dr. Grogan recommended coronary heart bypass surgery. Thorng is the youngest man she has referred for this treatment. Just five days after the diagnosis, Lyle Joyce, M.D., Ph.D., performed surgery to create new channels for the blood to bypass Thorng’s blocked arteries.

Thorng was surprised — but not shocked — at his diagnosis. His father died of heart disease at age 56. But neither Thorng nor his father had realized the significance of their family medical history.

At Mayo, Thorng learned he has familial hyperlipidemia (FH), an inherited condition of extremely high cholesterol levels. When a family history of the condition is known, doctors recommend that cholesterol screening should begin between the ages of 2 and 10. Typically in FH, cholesterol levels climb during the teenage years.

“Early, preventive care measures might help avoid heart attacks and surgery later in life,” Dr. Grogan says.

Now that Thorng knows his risks, he’s making healthier choices. His cardiac rehabilitation team has worked with him on healthy diet choices. The capstone of his ongoing recovery process is better stress management. “It’s a debilitating disease and hard to cope with sometimes, but I’m alive, and I’m happy, and it’s taught me not to stress out about the little stuff,” he says.

Young and high risk for heart disease?

Mayo Clinic doctors recommend cholesterol tests for children of a parent who experiences a heart attack before age 60. Familial hyperlipidemia (FH) is an inherited condition that causes extremely high cholesterol levels starting in childhood and can contribute to heart attacks at a young age — in severe cases in children as young as 5.

Once a family member is diagnosed with FH, it is recommended that all first-degree relatives (parents, siblings and children) be tested to determine if they have the condition. Knowing family history and cholesterol levels are key to making the diagnosis and getting early treatment.
Mindy Cahn is living proof that pancreatic cancer can be beat.

The odds can be daunting. According to the National Cancer Institute, the five-year survival rate for localized pancreatic cancer is 21 percent. For cancer that has spread, the survival rate is about 9 percent.

Cahn, 60, had been diagnosed with a softball-sized cyst on her pancreas 20 years ago. Told it was benign, the West Palm Beach, Fla., mother of three didn’t worry about it.

In August 2011, she mentioned a “weird sensation” and a “dull ache” on the left side of her rib cage to her internist during a routine checkup. An ultrasound and MRI both revealed a large mass. The cyst had doubled in size and would have to be removed. Cahn sought opinions from local surgeons.

One recommended a consultation with Horacio Asbun, M.D., at Mayo Clinic in Jacksonville, Fla. He is one of only a few surgeons in the country with experience in complex laparoscopic surgery of the pancreas.

“I knew this surgery had to be done,” she says, “but since you don’t know what’s going on inside your body, I thought it was important to ask questions to make the best decisions.”

On Dec. 14, Cahn underwent laparoscopic surgery. Surgeons made only three tiny incisions in her abdomen. Thanks to the precise technique, Dr. Asbun removed the sprawling mass from her pancreas while preserving the areas of the pancreas needed for enzyme and insulin production. He also removed her spleen and a small portion of intestine that were affected, as well as 18 lymph nodes. After the surgery, a pathology report confirmed cancer. Fortunately, it was in its earliest stage, and all the cells were eliminated.

Cahn spent only three nights in the hospital. Within six weeks of the surgery she had returned to her normal activities and full-time work as a boutique manager.

“Treat the problem, not the compartment,” says Horacio Asbun, M.D., a surgeon who specializes in complex pancreas and hepatobiliary (liver and bile duct) issues.

Mayo Clinic’s hepatobiliary program offers one-stop diagnosis and treatment, including minimally invasive surgery. For inoperable tumors, other treatment options are available. Mayo Clinic’s large volume of specialized surgeries, interventional radiology and in-house clinical laboratories combine to offer patients the expertise needed to treat complex problems.
Satilla joins Mayo Clinic Health System

On March 1, 2012, Satilla Health Care in Waycross, Ga., became a member of the Mayo Clinic family. Its new name is Mayo Clinic Health System in Waycross.

Satilla is one of the leading health care organizations in southeastern Georgia. It has more than 1,000 employees and 100 physicians, a trauma unit, cancer care unit, outpatient surgery and imaging services.

“Strengthening our relationship with Satilla Regional Medical Center presents exciting opportunities in transforming health care delivery,” says William Rupp, M.D., vice president of Mayo Clinic. “Our goal is to work together to best serve patients in the community.”

Sarcoma treatment under one roof

Mayo Clinic in Florida opened the first multidisciplinary Sarcoma Clinic in northeast Florida. Sarcoma is a relatively rare form of cancer that typically is found in soft tissues of the body that connect, support or surround other body structures. It can strike different parts of the body, including muscles, fat, blood vessels, nerves, tendons and joint linings.

When patients with suspected sarcoma come for initial evaluation appointments, they meet with a team of physicians who specialize in treating this complex disease. The team includes a medical oncologist, radiation oncologist and a surgeon. The entire diagnostic and treatment recommendation process occurs during one initial visit.

“It’s uncommon to find a multidisciplinary team of sarcoma experts practicing at one location, let alone have them all available to consult with the patient during an initial appointment,” says Steven Attia, D.O., a medical oncologist and sarcoma specialist who heads up the program.

Baseline concussion screening offered

For young people 15 to 24 years old, sports are the second-leading cause of traumatic brain injury. To help better treat this condition, the Sports Medicine Department at Mayo Clinic in Jacksonville, Fla., launched a comprehensive Sports Concussion Program.

Anyone 10 and up who plays soccer, football, lacrosse, basketball, baseball or any other contact sport is eligible for a computerized baseline concussion test that measures how the brain works in a normal state.

“Having a baseline cognitive assessment helps us identify and quantify a change in brain function if an injury occurs and determine when an athlete has returned to his or her baseline,” says Jennifer Maynard, M.D., a family medicine physician who is leading the initiative.

The computerized baseline concussion test takes about 20 minutes. The cost is $20, regardless of insurance coverage.

To make an appointment, call (904) 953-7095.

Mayo Clinic opens Hepatitis C Virus Clinic

Mayo Clinic in Florida has opened a new Hepatitis C Virus (HCV) Clinic. Hepatitis C virus is the most common cause of chronic liver disease and the leading indication for liver transplantation in the United States. An estimated 15 to 30 percent of patients with chronic infection will progress to cirrhosis.

“Careful monitoring of patients with hepatitis is required to assess treatment efficacy, deal with side effects such as rash and anemia, and evaluate for medication interactions,” says hepatologist Maria Luisa Yataco, M.D. “Physicians from hepatology, critical care, transplantation and other areas are among the members of the multispecialty team skilled in the nuances of HCV.”
Running for breast cancer research

Freezing Florida temperatures on Feb. 12 didn’t dampen the spirits of the more than 10,100 runners and walkers on hand for the fifth annual 26.2 with Donna – the National Marathon to Finish Breast Cancer.

Held at Mayo Clinic, in Jacksonville, Fla., the event is named for three-time breast cancer survivor and Jacksonville news anchor Donna Deegan. It is the only U.S. marathon dedicated solely to raising funds for breast cancer research and care for those with the disease. Over the past four years, the 26.2 with Donna Foundation has donated almost $1.2 million to Mayo Clinic.

Thanks in part to these funds, Mayo Clinic created the Breast Center Translational Genomics Program, an initiative that includes researchers from around the globe whose aim is to identify every gene and protein related to breast cancer. That information has the potential to change all aspects of breast cancer care — from diagnosis to prognosis to treatment, says Edith Perez, M.D., the oncologist leading the marathon-funded research.

“Identifying the genes and proteins driving breast cancer in each patient will help us to individualize treatment and develop new therapies,” says Dr. Perez.