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Getting to know you. RN supervisor provides extra caring touch



As a nursing supervisor for five HealthBack Home Health offices, Heather Marston brings a myriad of skills blended with a caring spirit to her career.

by James Coburn
Staff Writer

Brad Butts and Heather Marston work together for HealthBack Home Health of Central Oklahoma. They run five offices of the HealthBack

pool from Norman all the way to the Texas border, said Butts, who serves as administrator. Marston is the supervising RN.

Butts has been with HealthBack Home Health for

13 years. When he was going to school he worked for a home health agency in Paul's Valley where he worked for five years. He entered the field of information technology when he began his career with them.

Butts has been in home health for so long that he was proficient with networking and also began helping the company with scheduling. Soon he was offered an administrator position. "HealthBack

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Operation Nurses Helping Nurses

*RN collecting donations
for Orlando responders*



photo by Qyuhn Tang-Tran

Devyn Denton, RN, is asking for donations to help support nurses and other front-line responders who worked the recent Orlando shooting.

by Bobby Anderson, Staff Writer

The viral image of Dr. Joshua Corsa's blood-stained sneakers was just one of the many haunting visuals to come out of the recent Orlando nightclub shooting.

The senior resident at Orlando Regional Medical Center was a social media sensation when he posted the now famous picture of his brand new, blood-soaked sneakers hours after working multiple traumas.

The image resonated with millions. It resonated with Devyn Denton, RN, too.

"Right beside that doctor I guarantee you were at

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HEALTHBACK

Continued from Page 1

itself, being family owned and operated by caring individuals, creates an environment that gives nurses the freedom to actually do their jobs correctly," he said. "Home health nurses need to have that compassion. It's the caring side that allows them to do their jobs and get folks feeling better."

"People like Heather make my job easy. I basically just support her."

Marston had worked in oncology and surgery prior to joining the HealthBack team five years ago. And she shines with the extra caring spirit that Butts admires in the nursing staff.

They become a family as they bond with their patients as part of the HealthBack experience. It's more than helping a patient take their pills and facilitate wound care.

"It's a connection you make with individuals. You make sure they're taken care of," Butts said. "They truly count on you because in most cases we're the only people they see."

Marston brings a depth of understanding to her profession with HealthBack. She has been a nurse for 12 years, ever since going to nursing school in Wyoming. She's from Oklahoma but lived in Wyoming for 13 years.

"Like Brad said, we're a big family," Marston said. "He's great support and the nurses that I have are great with teamwork. We're a family and that helps."

She enjoys the one-on-one interaction with patients. Being in their home makes for a special bonding relationship with the patients, she said. Nurses who work in hospitals may also form bonds but it exists within the grounds of a facility and not at the patient's home, she said.

"With home health we are in their

home taking care of them. So they feel more comfortable. It's more one-on-one so I like that," Marston said.

The nurses educate their clients about the healing process and how to remain independent as much as possible in the comfort of their homes.

"That's our goal to keep them independent as long as they can and that comes with education," she continued.

Skills can be learned but compassion cannot be taught. Marston aspired to becoming a nurse when as a young mother she knew the need to provide stability for her family. She liked everything she observed about the nurses who comforted her and provided education when she had a baby.

"I just thought this is something that I would want to give back," Marston said.

HealthBack also provides the flexibility its nurses need when taking time off to care for a sick child or other family member. Being supportive makes life easier for the the nursing staff.

"Even for school functions we let them go out and we band together as a team," Marston said. "We get them where they need to be. I was huge with going to school functions so everybody else will have that right, too."

Butts said flexibility is a method of recruiting. Being family owned and operated extends that family mentality to the nurses, he said.

"We see the nurses that are coming in to work the night shift," Butts said. "We give them the opportunity to take on-call but they're still in their home. Most of the time we can work around any family schedules that pops up."

Nurses get to be with their families and see their children without missing all the baseball games and dance recitals, Butts said.

Marston and her husband like their new-found love of travel. Her nursing career enriches her life by offering her the opportunity to take care of others.

"When you're able to be able to do that and go above and beyond -- I love everything," Marston said.

HealthBack works with a lot of developmentally delayed clients as well. She works with several of these individuals who have been discharged from state run facilities.

"She checks on them on a daily basis and they become part of her extended family," Butts said.

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HELPING

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least five or more nurses with bloody scrubs and shoes on," said Denton, an Oklahoma City nurse.

That's why Denton is seeking donations to send to Orlando to support those first responders.

Gift bags are scheduled to go out July 6th to the 210 Orlando Medical Center nurses and the 225 combined fire and police department responders.

Denton said Oklahoma State University Center for Health Sciences has donated the bags and 13 teenage girls from the Church of Jesus Christ of Latter Day Saints have hand made personal diffusing charms to promote feelings of comfort and peace.

Items still needed include: beef jerky, hand sanitizer, hand wipes, flavored water packets, snack bars, T-shirts, beauty product samples, packs of nuts, mints, gum, (anything fun for fire/rescue personnel, police or nurses) thank you cards, stress balls, good luck charms, scriptures or words of encouragement.

Denton said the hospital is not allowing gift cards of monetary value at this time.

You can find out more about the group on Facebook. The group is listed as Operation Nurses Helping Nurses. You can also email Denton directly at operationnurseshelpingnurses@gmail.com.

Donations can also be mailed to PO Box 2612, Edmond OK, 73083.

Denton created her group after the May 20, 2013 tornado and used her contacts while she was on the board of directors for the Oklahoma Nurses Association, American Nurses Association and National Student Nurses Association to organize an outreach network.

Orlando Medical Chief Surgeon Dr. Michael Cheatham said nine patients died within minutes of arrival after the country's worst terrorist attack since 9/11.

While the victims kept streaming into the 75-bed facility so did off-duty nurses.

Surgical intensive-care unit director Chadwick Smith told reporters dozens of nurses arrived in tears just to help out any way they could.

"All hospitals train for mass casualties," Denton said. "They were ready, but nobody is ever really ready for anything like that. When that happened it struck a chord in my heart."

Corsa summed up his feelings on

a Facebook post he intended to be an outlet for what he was feeling.

Accompanying a picture of his blood-stained shoes were these words: "These are my work shoes from Saturday night. They are brand new, not even a week old. I came to work this morning and saw these in the corner [of] my call room, next to the pile of dirty scrubs."

"I had forgotten about them until now. On these shoes, soaked between its fibers, is the blood of 54 innocent human beings. I don't know which were straight, which were gay, which were black, or which were Hispanic."

"What I do know is that they came to us in wave upon wave of suffering, screaming, and death. And somehow, in that chaos, doctors, nurses, technicians, police, paramedics, and others, performed super-human feats of compassion and care."

"This blood, which poured out of those patients and soaked through my scrubs and shoes, will stain me forever. In these Rorschach patterns of red I will forever see their faces and the faces of those that gave everything they had in those dark hours."

"There is still an enormous

amount of work to be done. Some of that work will never end. And while I work I will continue to wear these shoes. And when the last patient leaves our hospital, I will take them off, and I will keep them in my office."

"I want to see them in front of me every time I go to work."

"For on June 12, after the worst of humanity reared its evil head, I saw the best of humanity come fighting right back. I never want to forget that night."

As of last week the hospital reported the following stats:

- 44 victims treated
- 9 died
- 23 have been discharged
- 12 remain in the hospital
- Since the incident, surgeons had performed 58 operations on the victims

- 3 remained critical
- 9 were stable

"I think the most important part of it is front-line providers have to have secondary providers, which is the service we are providing" Denton said. "We're no longer leading our young, we're taking care of them and we're going to do it with compassion, love and human kindness."

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CAREERS IN NURSING

TOUCHING LIVES - TOUCHMARK OFFERS MEMORY CARE AT ITS BEST

by Jason Chandler - Writer/Photographer

Debi Sims has been a registered nurse for 20 years working in the Oklahoma City area mostly in long-term care. She also worked in assisted living for a dozen of those years.

She went through a survey in January at Touchmark at Coffee Creek in Edmond. She had never experienced a perfect survey until this year when she became the memory care manager.

"I was shocked," Sims said. "But what was even more shocking is that Touchmark had two previous perfect surveys."

"So that made three years of perfect surveys."

Touchmark is a retirement community offering the highest standard for senior living. It offers 24-hour nursing care.

"It's a really nice memory care," Sims said. "And I like the corporation a lot. Melissa Mahaffey and I worked together before we opened Cyprus Springs, which was a free-standing memory care. When she had an

opening here in memory care she asked me if I might be interested."

The memory care at Touchmark consists of four courts or areas for the seniors. Each court embodies 12 to 13 persons with two staff during the day and the evening, Sims said. There is one staff each night per court.

"Staffing is really good. The activities or life enrichment is exceptional here. I've never seen so much going on so they stay really active," Sims said.

There is a lot of music and the singing of hymns. Music is piped in from almost 60 years ago. Sims finds herself singing along although she has not heard those songs for 50 years, she can remember "Love Potion Number 9".

"I love that song and I don't miss a single word because it's fascinating," she said. "My grandmother would put it on the record player for me when I was little."

Touchmark at Coffee Creek in Edmond also has a memory care

choir.

It's going to be presenting a Christmas program. She said people living with memory care issues can remember every single word of a song they heard decades ago. They recall old church hymns and patriotic songs such as God Bless America, she said.

"Even though they can't always formulate a sentence or understand what you're saying, they can still remember the songs," Sims said.

The crowd is standing room only and Sims cannot wait, she said. One of the residents was a pianist at his church. Sims was in her office recently when she heard beautiful concert pianist music, she said.

"And I go in there and he's sitting there playing by ear, playing the piano," Sims continued. "So I started making requests, and everything I asked him to play, he was able to play."

"It was really good and the residents were all sitting around and watching him."

The courts are integrated with people living with different degrees of memory loss. For anyone who requires a two-person assist or is no longer appropriate for assisted living memory care, Touchmark will work with families to transfer them to nursing care if that is what they need.

"But we try to keep them in assisted living memory care as long as we can," Sims said. "But we don't consider ourself to be an age in place."

Touchmark encompasses independent houses, apartments, assisted living apartments and memory care.

Experienced nurses with longevity and compassion will do well at Touchmark, Sims said. But you try not to hire people who simply put on a good face for their desire to have a job, she explained.

All types of employees are vetted with the right scenario of questions.

"And ask them in a way to elicit an answer that shows they have

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Julie had a passion for her family and enjoyed every moment she could with them. She enjoyed spending time outside, swimming, giggling and telling stories around a campfire. Julie loved to bake treats for her friends and family and cherished activities with her church. It was because of Julie's firm belief in helping others that she chose to be an organ and tissue donor to help those who needed it most.

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As the memory care nurse manager, Debi Sims, RN, has found her niche at Touchmark at Coffee Creek.

a really good medical background or clinical background," Sims said.

Patient safety is a priority at Touchmark, Sims said. She will ask an applicant if they were passing down a hall and noticed someone prone on a floor with a head wound, "What would you do? And if they were asking you to help them up what would you do?"

They shouldn't say they would help the person up and render first aid, Sims said. Rather, Sims wants to hear them say they would find a nurse and stay with them and keep them comfortable until a nurse arrived.

"We don't ever get anybody up until they've been assessed for fractures and injury," Sims explained.

Sims is an active lady at work or home. She loves to be in a swimming pool or traveling.

"I love to travel," she said. "I love sports. I love the Thunder and the Sooner football team to the point I about lose my mind that time of year," she said.

Football season is only 20 weeks away, she said.

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Mercy Opens \$80 Million Cancer Center and Breast Center

Coletta Building honors late Sister of Mercy



The first in the metro to combine all cancer and breast services under one roof, today Mercy opened the \$80 million Coletta Building. Located on the campus of Mercy Hospital Oklahoma City, the facility was designed by patients, for patients, as architects took into consideration the input of hundreds of cancer survivors and those currently receiving cancer treatment.

"For the large part, patients often feel that cancer facilities are mazes they have to find their way through when they feel their absolute worst," said Jim Gebhart, president of Mercy Hospital Oklahoma City. "It can add

a great deal of unnecessary anxiety to an already stressful situation. If there is any time in someone's life when they need the process to be simple, the people to be compassionate and the place to be as calming as possible, it's when they seek cancer care."

With a dozen of the state's leading cancer doctors at the helm, the Coletta Building features the latest in detection and treatment:

Whole breast ultrasound - An estimated two out of every five women have dense breast tissue, making it more difficult to detect

See MERCY page 9

New \$2.2 Million NIH Grant Targets Cervical Cancer Prevention



Doris Mangiaracina Benbrook, Ph.D. and colleague.

What if the women at high risk for getting cervical cancer need never fear getting that cancer? A researcher at the Stephenson Cancer Center at the University of Oklahoma believes she may have found a way; and with a new \$2.2 million grant from the National Institutes of Health, she and her team aim to prove it.

Cervical cancer affects about 528,000 women worldwide and is the second leading cause of cancer-related deaths among women. It's a cancer that starts with changes in cells of the cervix that are abnormal but not cancerous. The changes, also known as cervical dysplasia, often are triggered by the human papillomavirus, the most common sexually transmitted infection.

According to the Centers for Disease Control and Prevention, about 79 million people are currently infected with HPV, and some 14 million are newly infected each year in the United States.

Doris Mangiaracina Benbrook, Ph.D., believes she and colleague researchers have developed a compound that can successfully stop cervical cancer before it even starts in those infected with HPV.

"We developed a non-toxic, orally-

bioavailable, small molecule drug called OK-1 and aim to demonstrate its usefulness for treatment of cervical dysplasia and cancer," Benbrook said. "In a new clinical trial, we aim to see how the drug counteracts the effects of the human papillomavirus."

Benbrook explained that cancer is not normal evolution for the virus but rather a rare accident. In the natural life cycle of the virus, certain proteins cause the disposal of two key proteins in normal cells of the cervix. Those proteins function as tumor suppressors, meaning they are responsible for regulating cellular DNA replication as well as whether a cell survives or dies, a critical component of the body's ability to prevent a cell from becoming cancerous.

"We've shown in our studies that OK-1 counteracts the effects of the virus proteins on the tumor suppressors, thereby preventing cancer, Benbrook said. "This grant will allow us to test this further in more experimental models and in a clinical trial."

In addition to delivering the compound in capsule form, she said the team is developing a vaginal suppository formulation to be used in the clinical trial.

See GRANT page 11

Oklahoma's Nursing Times Hospice Directory

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Alpha Hospice: 7512 N Broadway Ext., suite 312
Okc, 405-463-5695 Keith Ruminer/volunteer
coordinator/chaplain

Autumn Bridge Hospice: 405-440-2440

Autumn Light Hospice: 580-252-1266

Carter Healthcare & Hospice: OKC - OKC
Pat McGowen, Vol. Coordinator, 405-947-7705, ext.
134; Tulsa - Samantha Estes, Vol. Coordinator,
918-425-4000

Centennial Hospice: Becky Johnson,
Bereavement Coordinator 405-562-1211

Choice Home Health & Hospice:
405-879-3470

Comforting Hands Hospice: Bartlesville:
918-331-0003

Companion Hospice:
Steve Hickey, Vol. Coordinator, Guthrie:
405-282-3980; Edmond: 405-341-9751

Compassionate Care Hospice: Amy Legare,
Bereavement/Vol. Coordinator, 405-948-4357

Cornerstone Hospice: Vicky Herrington, Vol.
Coordinator, 918-641-5192

Crossroads Hospice: Elizabeth Horn, Vol.
Coordinator, 405-632-9631

Cross Timbers Hospice: Ardmore-
800-498-0655 Davis-580-369-5335 Volunteer
Coordinator-Shelly Murray

Excell Hospice: Toni K. Cameron, Vol.
Coordinator 405-631-0521

Faith Hospice of OKC: Charlene Kilgore, Vol.
Coordinator, 405-840-8915

Frontier Hospice: Kelly Morris, Vol.
Coordinator, 405-789-2913

Golden Age Hospice: 405-735-5121

Good Shepherd Hospice: 4350 Will Rogers
Parkway Suite 400 OKC OK 73108 405-943-0903

Grace Hospice Foundation: Sharon Doty, Dir
of Spec. Projects - Tulsa 918-744-7223

Harbor Light Hospice: Randy Pratt, Vol.
Coordinator, 1009 N Meridian, Oklahoma City, OK
73107 405-949-1200

Horizon Hospice: LaDonna Rhodes, Vol.
Coordinator, 918-473-0505

Heartland Hospice: Shawnee: Vol. Coord. Karen
Cleveland, 405-214-6442; Norman: Vol. Coord. Lisa
Veauchamp, 405-579-8565

Heavenly Hospice: Julie Myers, Coordinator
405-701-2536

Hope Hospice: Bartlesville: 918-333-7700,
Claremore: 918-343-0777 Owasso: 918-272-3060

Hospice by Loving Care: Connie McDivitt,
Vol. Coordinator, 405-872-1515

Hospice of Green Country: Tulsa:
918-747-2273, Claremore: 918-342-1222, Sapulpa:
918-224-7403

**INTEGRIS Hospice, Inc. & the INTEGRIS
Hospice House:** Ruth Ann Frick, Vol.
Coordinator, 405-848-8884

Hospice of Owasso, Inc.: Todd A. Robertson,
Dir. of Marketing, 877-274-0333

Humanity Hospice:
Kay Cole, Vol. Coordinator 405-418-2530

InFinity Care of Tulsa: Spencer Brazeal, Vol.
Director, 918-392-0800

Indian Territory Home Health & Hospice:
1-866-279-3975

Interim Healthcare Hospice: 405-848-3555

Image HealthCare : 6116 S. Memorial Tulsa,
Ok. 74133 (918) 622-4799

LifeChoice Hospice: Christy Coppenbarger,
RN, Executive Director. 405-842-0171

LifeSpring In-Home Care Network: Terry
Boston, Volunteer and Bereavement Coordinator
405-801-3768

LifeLine Hospice: April Moon, RN Clinical
Coordinator 405-222-2051

Mercy Hospice: Sandy Schuler, Vol.
Coordinator, 405-486-8600

Mission Hospice L.L.C.: 2525 NW Expressway,
Ste. 312 OKC, OK 73112 405-848-3779

Oklahoma Hospice Care: 405-418-2659
Jennifer Forrester, Community Relations Director

One Health Home Health in Tulsa:
918-412-7200

Palliative Hospice: Janet Lowder, Seminole, &
Sabrina Johnson, Durant, 800-648-1655

Physician's Choice Hospice: Tim Clausing,
Vol. Coordinator 405-936-9433

Professional Home Hospice: Sallisaw:
877-418-1815; Muskogee: 866-683-9400; Poteau:
888-647-1378

PromiseCare Hospice: Angela Shelton, LPN -
Hospice Coordinator, Lawton: (580) 248-1405

Quality Life Hospice: 405 486-1357

RoseRock Healthcare: Audrey McCraw,
Admin. 918-236-4866

Ross Health Care: Glenn LeBlanc, Norman,
Chickasha; April Burrows, Enid; Vol. Coordinators,
580-213-3333

Russell Murray Hospice: Tambi Urias,
Vol. Coordinator, 405-262-3088; Kingfisher
405-375-5015; Weatherford-580-774-2661

Seasons Hospice: Carolyn Miller, Vol. /
Bereavement Coordinator, 918-745-0222

Sequoyah Memorial Hospice:
Vernon Stone, D. Min. Chaplin, Vol. Coordinator,
918-774-1171

Sooner Hospice, LLC:
Matt Ottis, Vol. Coordinator, 405-608-0555

MERCY

Continued from Page 8

cancer using mammography alone. The Coletta Building is the first in Oklahoma City to provide the newest and most advanced 3D ultrasound technology that can find small cancers mammography may miss.

Precise cancer treatments - The most advanced linear accelerator will apply customized, high-energy radiation to shrink and kill cancerous tumors. The result is effective treatment of a broad range of cancers in short sessions. Treatments that might take 10 minutes elsewhere can be completed in a few minutes and can greatly minimize the total number of treatments needed.

Advanced Research Hub - With a robust clinical trials program that allows patients easy and convenient access to new and unprecedented cancer treatments, such as a blood test that screens for breast cancer, our physicians are committed to ongoing research and innovation.

An advisory group made up of eight cancer survivors, cancer patients and family members who lost loved ones to cancer held regular meetings over the course of three years to weigh in on everything from services offered to the layout of the building.

"The advisory group also played a key role in identifying where the building should be located," said Gebhart. "While patients wanted to be close to the hospital in case of an emergency, they preferred to be in a separate building because some develop weaker immune systems while undergoing treatments."

In addition to feedback from patients and survivors, Mercy also pored through several hundred surveys ? completed by family members, physicians and co-workers - to compile a list of services that includes:

- On-site genetic counseling and cancer risk assessments make it faster and easier for loved ones to know if they carry genes that make them more susceptible to certain cancers.

- A secluded outdoor terrace and seating area so patients and their family members experiencing long hours of chemotherapy can get fresh air and sunlight.

- An oncology specialty pharmacy makes it more convenient for patients and family members to pick up or drop off prescriptions during

treatment or appointments.

- Gourmet food services from an on-site cafe that includes delivery to patients undergoing infusions.

- Women's boutique with specialty clothing and consultation services offered by a certified fitter who assists patients with mastectomy garments or lymphedema sleeves.

- Sensory mammography suites, designed to soothe patients who experience discomfort or anxiety during a mammogram. Each suite features a personalized experience, including calming fragrance and sound while flat-screen wall monitors display relaxing videos.

- Massage therapy services, which have been suggested by a number of studies to promote symptom relief.

- Creative therapies, like music and art which the American Cancer Society says may help some manage emotional and psychological side effects that often result from cancer diagnosis or treatment.

- An in-house demonstration kitchen where cancer dieticians offer weekly cooking demonstrations and private consultations for patients and caregivers on how to prepare nutritious food centered on special dietary restrictions. Cancer dieticians will also work with patients to promote healthy eating habits after treatment is completed.

- A series of classes designed to transition survivors back into life after finishing treatment.

The 86,000-square-foot space (roughly the size of one and a half football fields) includes an additional 42,000-square-foot third floor for future growth.

The building will honor the final wish of Sister Mary Coletta Massoth, a visionary Sister of Mercy who died of colon cancer in 1983, at age 63, before completing her dream of opening a cancer center. A tenacious woman, Sister Coletta relocated Mercy Hospital from downtown Oklahoma City to its present day location in 1974. At that time, the area surrounding Memorial Road and MacArthur Boulevard was nothing more than a cow pasture, but Sister Coletta encouraged city leaders to develop roadways to serve rural patients who might be unable to travel downtown for health care.



The Hospice Directory above does not represent a list of all Hospice facilities statewide. For a complete list visit www.ok.gov/health



Vicki L Mayfield, M.Ed., R.N., LMFT Marriage and Family Therapy Oklahoma City
If you would like to send a question to Vicki, email us at news@okcnursingtimes.com

So I having been talking to a woman online. She has shared a good amount about herself and I must admit some of it sounds too good to be true or too far out there to be true. She is wanting to meet soon and I want to meet her. How should I follow up on some of her information?

Isn't it interesting how there is a "private detective" component to dating. It is easier than ever to get information in this social media era: you can google anything. And unfortunately people do not always present as their true selves.

Here are a few dating tips:

1. Pre-dating homework:

You stated that this woman has shared a lot about herself and some of it you found "interesting." Get more details to check out specific information such as, verifying college graduation, criminal background checks, etc.

2. Ask questions:

Really listen to what is being said. If something gets your attention, especially if you get a gut reaction, get more details. I think it is almost a 100% guarantee that if you get a gut reaction to shared information, something is wrong.

3. Body Language:

Watching body language is a great way to get information. Online conversations and texting leave much to the imagination. When you sit face to face and share information, you get the words and the body responses. Look for good eye contact, how easily is the person distracted, do they listen to you and do they ask you questions. Don't be in a rush. Try not to miss opportunities to gain more knowledge about this person.

4. Don't be needy or desperate:

This makes a huge difference in how you process the information you are given. If you are a DW (as my friend Susan calls it) a Desperate Woman or for you guys a DM, a desperate man, you will overlook the elephant sitting in the booth with you. Fine tune your ability to be comfortable with yourself and you will make much healthier choices. Desperate does not create positive outcomes.

5. Physical appearance:

You said she was beautiful, really a knock out. This might also make it more difficult to question some of her information. Try not to be "taken in" by her beauty. Everything she is telling you could be truthful and honest but you might have a harder time disbelieving her, if you can't see past the outside.

Dating is both exciting and anxiety provoking. Not everyone presents with dishonesty. But it does appear to be smart to leave your gullible hat at home. Listen and ask questions. Remember if you don't want date #2, tell her. That's why it is called "dating."

Does X mark the spot? A new clue why autoimmune diseases target women

Researchers have long searched to understand why diseases like lupus and rheumatoid arthritis disproportionately affect women. Now, findings from the Oklahoma Medical Research Foundation shed some new light.

Sjogren's, lupus, RA and more than 80 other disorders are known as "autoimmune" diseases, conditions in which the immune system becomes unbalanced and turns on the body instead of protecting it. Many of these illnesses strike women at much higher rates than men.

For clues as to why this happens, OMRF scientist Hal Scofield, M.D., studied men who suffer from Sjogren's syndrome, an autoimmune disease where the body attacks its own moisture-producing glands. It occurs in women more than men at a 9-to-1 ratio.

Examining biological samples donated at OMRF's Sjogren's research clinic by 136 men who suffer from the disease, Scofield was looking for the presence of a relatively uncommon condition called Klinefelter syndrome, where men have an extra X chromosome in their cells. This condition normally occurs in about 1 in 500 men.

In men with Sjogren's, Scofield discovered that Klinefelter occurs at 17 times the normal rate.

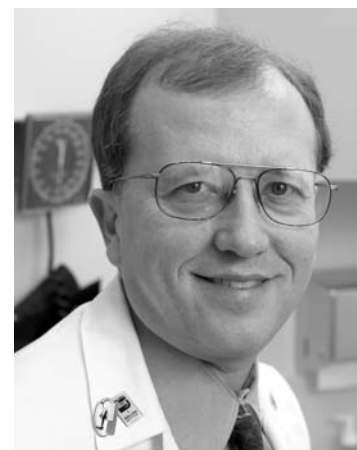
"We found that the female-heavy basis of these diseases is not actually whether you're a man or a woman. It's how many X chromosomes you have," said Scofield. "This is kind of a new idea."

In other words, when it comes to understanding the gender bias of Sjogren's and other autoimmune diseases, X might literally mark the spot.

Chromosomes determine the biggest difference between males and females genetically. Each person typically has one pair of sex chromosomes per cell. Females have two X chromosomes, while males have one X and one Y.

Klinefelter syndrome alters that balance by giving men an extra X, which gives them the same risk of autoimmune diseases as normal women.

Typical symptoms of Klinefelter are subtle and include weaker muscles,



Oklahoma Medical Research Foundation scientist Hal Scofield, M.D.

smaller genitals, enlarged breasts and infertility. According to Scofield, nearly 80 percent of men with the syndrome never know they have it. But a previously unknown consequence could be this increased likelihood of developing an autoimmune disease.

The research was published in the journal *Clinical Immunology*.

In a separate but related study published in *Arthritis & Rheumatology*, Scofield also saw this trend in Triple X, a syndrome that occurs in 1 in 1,000 women born with an extra X chromosome. Typically Triple X has no symptoms, but research showed they ran nearly a 50 percent higher risk of developing lupus and Sjogren's than normal women, again showing that an extra X was present in elevated risk.

"I think for the first time we have opened the door to understanding why there's a sex bias or gender bias in autoimmunity," said OMRF scientist Christopher Lessard, Ph.D., who contributed to the research. "Because there have been so many different studies done covering so many things, perhaps the simple answer got overlooked: the biological fact that males and females have different numbers of X chromosomes."

According to Scofield, the OMRF researchers have begun looking at

See SPOT next page



NURSE + TALK

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What do you like most about your field of nursing? Valir Rehabilitation Hospital

"The diversity of nursing is what I love the most. It's always something different."



Patsy Walker, RN

"I'm very compassionate. I love seeing patients in rehab go from their worst to their best."



Donna Bragg, RN

Each week we visit with health care professionals throughout the Metro



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"Helping patients overcome a barrier to get them back to where they were."



Luke Peterson, RN,
chief nursing officer

"I'm in wound care and I love watching the healing process."



Lindsey Hyden, RN

GRANT

Continued from Page 8

"In the United States, a third of the women diagnosed with cervical cancer will die from their disease. Currently, cervical cancer is treated with therapeutic adjuvants like chemotherapy, which have improved survival but are highly toxic and often negatively impact quality of life. So there's a very real need for the development of effective new treatments, which will improve efficacy or lower treatment-related toxicity or ideally both."

Benbrook and her team are collaborating with fellow researchers at the Stephenson Cancer Center, the OU Health Sciences Center and MD Anderson Cancer Center.

"Dr. Benbrook's grant is a testimony to the power of team science being

done at the Stephenson Cancer Center, bringing researchers together from a variety of disciplines creating a new drug that holds the promise of helping thousands of women each year just in Oklahoma," said Robert Mannel, M.D., director of the Stephenson Cancer Center.

Other researchers from the University of Oklahoma Health Sciences Center who will be involved in this work include: Lucilla Garcia-Contreras, Ph.D.; Altaf Mohammed, Ph.D.; C.V. Rao, Ph.D.; Sukyung (Sue) Woo, Ph.D.; Yan (Daniel) Zhao, Ph.D. and Rosemary Zuna, Ph.D.

Last year, Benbrook received a \$3 million grant from the NIH for the first-in-human clinical trial of OK-1 in women with ovarian cancer. The cervical cancer research is funded by NIH grant R01 CA200126

Ph.D., Biji Kurien, Jennifer Kelly, Astrid Rasmussen, M.D., Ph.D., and Valerie Harris also contributed to the research.

This research was funded by grants AR053483 from the Oklahoma Rheumatic Disease Research Cores Center, AI082714 from the Autoimmune Center of Excellence, the Lupus Research Institute Novel Research Grant and the Veterans' Affairs Merit Review.

SPOT

Continued from Page 10

proteins expressed by genes on the X chromosome. The scientists believe these proteins might be responsible for the effect, a finding, if proven, that could lead to new targeted therapies for autoimmune diseases.

OMRF researchers Kathy Sivils,

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One night, she found the courage to leave.

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