For patients facing the possibility of an inherited cardiac condition, UW Health’s Inherited Arrhythmia’s Clinic offers genetic counseling to individuals who may have a hereditary polyposis syndrome such as Familial Adenomatous Polyposis, juvenile polyposis syndrome or Peutz-Jeghers syndrome. "Genetic counselor Laura Stettner and I meet with every patient referred to the clinic who may have a hereditary cancer risk syndromes such as Lynch syndrome or Familial Adenomatous Polyposis. We discuss the unique genetics of each patient and provide education and counseling about cancer risk and prevention. We also offer family counseling to help patients understand the risks involved in cancer prevention, diagnosis, treatment and follow-up," said Dr. Weiss.

According to Dr. Weiss, “We guide patients with Lynch syndrome, a genetic disorder that increases their risk for colorectal cancer, to obtain genetic counseling at the UW Health Inherited Arrhythmia’s Clinic. Those individuals who test positive for a genetic link to GI cancers, we send to the GI Genetics Clinic at the UW Health Inherited Arrhythmia’s Clinic for care. Patients who test positive for a genetic link to GI cancers will work with the GI Genetics Clinic to determine whether a hereditary basis to cancer exists. We then recommend genetic counseling for their families to determine the probability of a hereditary basis to cancer in the family. We then recommend genetic counseling for their families to determine the probability of a hereditary basis to cancer in the family. We aim to empower patients and their families to make informed decisions about their medical and family choices.

For more information about genetic counseling through the UW Health Inherited Arrhythmia’s Clinic, visit uwhealth.org/MDNews. For more information about the UW Breast Center’s PATHS program, call (608) 266-6400 or visit uwhealth.org/breastcare. For more information about the GI Genetics Clinic, visit uwhealth.org/generations.

For more information about insurance coverage for genetic testing, visit uwhealth.org/insurance. For more information about the Inherited Arrhythmias Clinic, go to uwhealth.org/IAC. For more information about the Inherited Arrhythmias Clinic, go to uwhealth.org/IAC.

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Highly Advanced Care for Babies at Level IV NICU

A world-class resource for neonates requiring highly complex surgical or medical intervention is now open at UW Health’s neonatal Intensive Care Unit (NICU). The new Level IV Neonatal Intensive Care Unit, with its state-of-the-art facilities and highly advanced care, is designed specifically for complex surgical, or medical intervention babies. The new Level IV NICU is one of only a few Level IV NICUs in the state of Wisconsin.

The new Level IV NICU includes features that have been specifically designed to support the unique needs of babies requiring complex surgical or medical intervention. These features include:

- Advanced medical technology and equipment
- Highly trained and experienced neonatal nurses and doctors
- Specialized care for complex surgical or medical intervention babies
- Enhanced communication between healthcare providers

The new Level IV NICU is open 24/7 and is staffed by highly trained neonatal nurses and doctors who have received specialized training to care for babies requiring complex surgical or medical intervention. The new Level IV NICU is a collaborative effort between UW Health’s neonatal intensive care unit and the Department of Pediatrics, Department of Surgery, and Department of Anesthesiology.

The new Level IV NICU is located in the UW Hospital Tower II, which opened in 2017. The new Level IV NICU is one of several highly advanced care areas that have been added to UW Health in recent years. Other highly advanced care areas include the UW Health Lung Transplant Program, the UW Health Lung Cancer Center, and the UW Health Lung Center.

Tissue Engineering and Regenerative Approaches to Wound Healing

For Dr. Randall Marchant, MD, PhD, the promise of regenerative medicine is a breakthrough in medicine that has been long in the making but is finally reality that may seem too good to be true. Dr. Marchant is a professor in the Department of Surgery and the Division of Plastic Surgery at UW Health, and the Department of Orthopedics and Rehabilitation at UW Health. He is also a member of the Stead Family UW Health Research Institute. He has an appointment in the Department of Cell and Developmental Biology at UW Madison.

Dr. Marchant’s research focuses on the development of new therapeutic approaches for the treatment of wound healing in patients with chronic wounds, particularly those with diabetic foot ulcers. His goal is to develop new approaches for the treatment of chronic wounds that have failed to respond to traditional therapies.

Other HVT Stories:

Other Pediatric Stories:

Public Relations Program Renews Focus on Access Two New Pediatric Clinics Meet Emerging Needs

New Cardiac Arrest Prevention Program Builds On Years of Expertise and Research

The program is built on years of expertise and research in cardiac arrest prevention, genetics and pathophysiology, and the multidisciplinary approach ensures that the patient receives the best possible care. The program combines expertise dating back to the 1990s and is driven by an understanding of the underlying causes of sudden cardiac death and its unique risk factors.

The goal is to investigate any risk of significant cardiac disease, including genetic factors, and to determine if a patient is at high risk. The program combines expertise in genetic and cardiovascular medicine, as well as genetics and cardiology.

The program is designed to prevent cardiac arrest and sudden cardiac death, and to improve patient outcomes. The program is supported by a multidisciplinary team of experts in genetics, cardiology, and cardiology genetics.

For more information, visit uwhealth.org/CardiacArrest

Other HVT Stories:

Other Cancer Story:

WIMR Tower II Grand Opening Update

Heart, vascular & thoracic - 3

Lung Transplant: Successful Option for End Stage Cystic Fibrosis Patients

UW Health’s Lung Transplant Program provides the only option for people with cystic fibrosis who are not in remission. The program offers a highly successful treatment option for people with end stage cystic fibrosis who are not in remission and are not responding to other treatments.

The program is designed to improve patient outcomes and reduce the likelihood of a successful transplant and lowers the risk of relapse. The most successful allogeneic transplants require a disease-free patient, but if a patient is not in remission at the time of transplant, survival remains exceptionally poor.

Dr. Eckhardt, who co-directs the program and is a member of the UW Health Lung Cancer Center, said, “One critical element of our Lung Transplant Program is to identify the best candidates for transplant and to determine the best care plan for each patient. We take a patient-centered approach to care and work closely with patients to develop a plan that is best for them.”

The program combines expertise in surgical, medical, and radiation therapy, as well as immunosuppression, to provide patients with a personalized approach to care. The program is supported by a multidisciplinary team of experts in pulmonary medicine, thoracic surgery, and cardiology.

Other HVT Stories:

Clever Twist on a Clinical Trial Regime May Open Bone Marrow Transplants to More Patients

Treatments against deadly forms of cancer that otherwise would be denied to some patients who are not in remission may open the door to bone marrow transplantation, a possible cure for cancer, according to a new study by researchers at UW Health.

Bone marrow transplantation, or bone marrow transplant, is a treatment for cancer that involves removing bone marrow from a donor and injecting it into a patient’s bloodstream. The bone marrow contains stem cells that can develop into any type of blood cell, including white blood cells, red blood cells, and platelets.

But bone marrow transplants are not currently an option for people who do not have a close family match, because the bone marrow transplants are too risky. The new study by researchers at UW Health suggests that a new treatment approach, called CAR T-cell therapy, may be a viable option for people who do not have a close family match.

The new study by researchers at UW Health shows that CAR T-cell therapy can be effective in treating cancer, including leukemia and lymphoma, even when the bone marrow transplants are not an option. The new study suggests that CAR T-cell therapy can be a viable option for people who do not have a close family match.

The new study also suggests that CAR T-cell therapy can be used to treat cancer in people who are not in remission. The new study suggests that CAR T-cell therapy can be used to treat cancer in people who are not in remission, even when the bone marrow transplants are not an option.

The new study by researchers at UW Health suggests that CAR T-cell therapy can be a viable option for people who do not have a close family match, because the bone marrow transplants are too risky.