Researchers at National Jewish Health have discovered a trigger for autoimmune diseases such as lupus, Crohn’s disease and rheumatoid arthritis.

Several of these incurable diseases strike women two to 10 times more often than men. Overall, about 80 percent of autoimmune patients are women.

National Jewish Health researchers have identified a subset of immune cells, known as B cells, that accumulate in females and those prone to autoimmune diseases. They named these cells Age-associated B Cells, or ABCs. Understanding why and how ABCs arise could lead to new therapies for autoimmune diseases.

“Our findings for the first time show that ABCs are not only associated with autoimmune disease, but actually drive it,” said Kira Rubtsova, PhD, an instructor in biomedical science at National Jewish Health.

The Rheumatology Program at National Jewish Health utilizes the latest science when treating patients with a wide range of autoimmune diseases. The team works closely with specialists in cardiology, interstitial lung disease and connective tissue disorders, as autoimmune patients have higher risk factors for these diseases.

In addition to specialized treatment plans, our interdisciplinary approach provides access to the latest clinical trials, nutrition advice from dietitians, and rehabilitation services to meet the unique, ongoing needs of autoimmune patients.
### NATIONAL JEWISH HEALTH

National Jewish Health is the leading respiratory hospital in the nation. Founded in 1899 as a nonprofit hospital, National Jewish Health today is the only facility in the world dedicated exclusively to groundbreaking medical research and treatment of patients with respiratory, cardiac, immune and related disorders. Patients and families come to National Jewish Health from around the world to receive cutting-edge, comprehensive, coordinated care.

### PHYSICIANS

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<tr>
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<tbody>
<tr>
<td><strong>Phone:</strong> 800.652.9555</td>
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<td><strong>Fax:</strong> 303.270.2153</td>
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### FREQUENTLY ASKED REFERRAL QUESTIONS

njhealth.org/refer/FAQ

### SERVICES FOR PHYSICIANS

#### CONSULTS

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#### MEDICAL RECORDS

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#### TESTS

njhealth.org/tests

### PHYSICIAN RELATIONS

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### PROFESSIONAL EDUCATION

njhealth.org/CME
Fruits and Vegetables Can Activate Rare Allergic Reaction

By Carah Santos, MD, Allergist, National Jewish Health for Kids

Oral allergy syndrome (OAS) is an allergic reaction that occurs when a person with pollen allergies eats raw fruits or vegetables that have a protein similar to those found in pollen. This condition is also known as “Pollen-Food Allergy Syndrome.”

Only a small subset of patients with seasonal allergies will experience OAS. The condition is more common in older children and adults who previously tolerated these foods. Patients with OAS are most often allergic to birch trees, grass (timothy or orchard), and/or weeds (mugwort or ragweed). Baking or cooking foods degrades the protein and eliminates the cross reaction. Avoidance of the raw forms of these foods is recommended.

We diagnose and treat pediatric and adult patients with OAS at our main campus and Highlands Ranch locations.

ARE FRUITS AND VEGGIES MAKING YOUR MOUTH ITCHY?

You may have oral allergy syndrome (OAS)

SIGNS:
- Itching or swelling of the mouth, lip, tongue or throat.

SPRING:
- Trees

SUMMER:
- Grasses

FALL:
- Weeds

OAS is an allergic reaction to fruits and vegetables that have similar proteins to certain pollens.

TIPS & TREATMENT

- Avoid raw foods that cross-react with your pollen allergens.
- Take oral antihistamine medications to relieve mild symptoms.
- Bake or cook foods to degrade the protein and eliminate the cross reaction.
- Eat canned fruits or vegetables during your pollen season.
- Peel the food, as the protein is often concentrated in the skin.

Call an allergist when OAS symptoms get worse or occur when eating nuts.

Carah Santos, MD, treats pediatric patients with allergies, asthma and immunologic disorders at our main campus and Highlands Ranch locations.
Non-Hispanic Whites at Higher Risk for Barrett’s Esophagus

By Kenneth J. Vega, MD

Non-Hispanic whites are 3.6 to four times more likely than African Americans to develop Barrett’s esophagus (BE), a change in the lining of the esophagus after injury that is most often diagnosed in people with gastroesophageal reflux disease (GERD). My recent clinical research also showed that non-Hispanic whites and African Americans experience other GERD-related complications at similar rates.

BE is present in up to 1.6 percent of the general population and 5 to 13 percent of patients who undergo endoscopy for acid-reflux symptoms. The condition is significant because it is associated with a 0.12 to 0.5 percent yearly risk of transitioning to esophageal adenocarcinoma (EAC). Although the risk is small, it is noteworthy because EAC is an aggressive cancer that has increased eight-fold in the United States over the past several decades.

It is important that BE patients have regular checkups for precancerous cells, which can be treated to prevent EAC. The Gastroenterology Program at National Jewish Health provides screening for a variety of conditions, including EAC, BE, GERD and colon cancer.

Kenneth J. Vega, MD is the chief of gastroenterology at National Jewish Health. The goal of his research is to understand the mechanisms resulting in formation of Barrett’s esophagus so novel therapies can be developed to prevent premalignant events from occurring.
According to the Alzheimer’s Foundation of America, about half a million, or 10 percent, of people age 65 have some form of dementia. By age 85, roughly 50 percent of people are affected.

Differentiating occasional memory loss and other normal age-related symptoms from dementia can be difficult. My neuropsychological colleagues and I view aging on a spectrum ranging from typical aging to mild cognitive impairment to dementia. Unlike many other conditions, dementia cannot be detected definitively through a blood test or imaging. For example, a patient’s MRI may look normal, but in daily life an individual may have difficulty performing organized tasks like driving or preparing meals. It’s comparable to looking at a car where the exterior is in great shape, but there are problems with the engine.

The Adult Neuropsychological Service at National Jewish Health provides comprehensive evaluation of brain-behavior relationships using standardized measures for patients who are experiencing difficulties with memory, language abilities, visuospatial skills or executive dysfunction (e.g., problem solving, planning, etc.). Comprehensive neuropsychological evaluations assess these abilities while also considering possible impact from mental health factors, medical status and patient demographics.

Following evaluation, the neuropsychologist may make a diagnosis (if warranted), meet with your patient and their family to discuss the results, and provide a comprehensive written report with treatment recommendations.

Sarah M. Viamonte, PhD, MSPH, has been with the Adult Neuropsychological Clinic at National Jewish Health for six years. She is experienced in working with patients with a variety of neurological conditions, including stroke, epilepsy and head injuries. Her primary areas of clinical focus are neurodegenerative disease and dementia.
Breathlessness, fatigue, a dry cough. Because these symptoms can indicate numerous common medical conditions, a pulmonary hypertension diagnosis is often delayed until more severe symptoms appear, including lightheadedness, irregular heartbeat and swelling.

If your patient is experiencing these symptoms, a specialist can determine if he or she has pulmonary hypertension, as well as if it is idiopathic or the result of an underlying condition such as connective tissue disease, congenital heart disease or chronic lung disease like emphysema.

At the newly expanded Pulmonary Hypertension Program, National Jewish Health cardiologists and pulmonologists work together with our colleagues at Saint Joseph Hospital to treat this multifaceted disease, and offer continuity of care between outpatient visits and inpatient care. Utilizing advanced diagnostics, including right heart catheterization, we determine the role that pulmonary and vascular disease play in each patient’s case. We then tailor their treatment with education, drug therapy and research.

M. Patricia George, MD, is a pulmonologist at National Jewish Health. In addition to pulmonary hypertension, her areas of clinical expertise include pulmonary embolism. Her research focus is pulmonary hypertension.
Welcome New Physicians

Niels Engberding, MD
Cardiology

Daniel Fink, MD
Otolaryngology

Ruchika Husa, MD
Cardiology

Liudmila Kastsianok, MD
Rheumatology

Lia McGibbon, DO
Rheumatology

Ted McMenomy, MD
Pulmonary Medicine

Emily Speer, MD
General Surgery

Raphael Sung, MD
Electrophysiology

Upcoming Professional Education Activities

“Personalized Medicine in Severe Asthma: Applying Emerging Data and Treatments to Everyday Clinical Practice” Free Online CME Courses
Registration and information: severeasthmapm.njhealtheducation.org

OCTOBER 19-20
2017 NTM Lecture Series for Providers
Registration and information: njhealth.org/2017NTMProviders or proed@njhealth.org

OCTOBER 21
2017 NTM Lecture Series for Patients and Families
Registration and information: 303.398.1000 or proed@njhealth.org

See a complete list of events and educational opportunities: njhealth.org/CME
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