



Christena Garduno (left) at the Viva Las Vegas Pro-Am Dance Competition

# Christena Garduno's Story

By Ryan Daugherty

**Ideally, a patient will have many advocates along the way in their interactions with medical professionals. But sometimes you've got to be your own advocate. That was Christena Garduno's experience.**

Garduno lives in Frisco, Texas. She is the CEO of a brand response marketing agency specializing in media planning and has spent over 25 years building her company from the ground up. In June of 2021, her agency was rebranded and renamed to Media Culture.

While big changes were happening in her business, she had been experiencing other changes in her health for about a year as well.

At first there did not seem to be anything to be concerned about, just mild abdominal discomfort now and then. But over the summer months, she could no longer ignore what was happening.

That August, the stomach pains became so severe that she went to the emergency room.

After her bloodwork came back normal, she was told she likely had a gastrointestinal-related issue and was given medication for it. This initial diagnosis alleviated any major fears as she chalked it up to stress. However, a visit to her general practitioner in late October revealed there was an underlying, more serious issue at hand. After a regular bloodwork test and an additional hormone test, she received a text message from her doctor that she needed to be seen right away.

"He told me that I was extremely anemic and my hemoglobin level was low, right around 7.6," she says. "I was told I needed to see a hematologist to find out if I needed iron or blood, and if I couldn't get in that morning I would be sent to the emergency room."



Garduno was able to meet with a hematologist but it wasn't until a following visit with her OBGYN that she learned what the issue was; she had multiple fibroids – a very large submucosal fibroid and a subserosal fibroid. She was told these fibroids were the reason for her symptoms and that either a traditional hysterectomy or robotic surgery would be the best course of action.

She spoke with multiple doctors who had experience with this procedure and found one in particular who was viewed as a leader in fibroid treatment. They would perform an alternative treatment to completely remove the submucosal fibroid. At the same time, the subserosal fibroid would be treated with an Acessa procedure where a probe would be placed inside to “kill” it with radiofrequency ablation.

The plan was for Garduno to undergo surgery in April of 2021. However, the very day before the scheduled surgery, this was put on hold. Her brother, who had been on a transplant list for both a kidney and pancreas, received a call that both organs were available and he was ready for his operation. As her brother's medical power of attorney, Garduno was advised to postpone her own surgery until the following month to be present for his procedure.

This delay would turn out to be a lifesaver. One week before her rescheduled surgery Garduno was told the Acessa procedure was no longer

a viable option, as her fibroids had grown substantially; she would now need a myomectomy.

“I was a little skeptical of the whole situation,” she says. “I didn't want to go into surgery and I was also concerned that my doctor had made this decision based on just an ultrasound, not even an MRI. But she said it was all they needed, which didn't sit right with me.”

This healthy skepticism led Garduno to seek another opinion – hiring a radiologist herself so she could get an MRI done. Her gut instinct turned out to be right, and the following day her results came back showing a high suspicion of a malignancy. She immediately sought out an oncologist and found Salvatore LoCoco, M.D., Associate Professor of Obstetrics and Gynecology at UT Southwestern Medical Center.

Dr. LoCoco specializes in performing robotic surgery for gynecologic malignancies; he was an early adopter of this technique and has been a leader in the field since 2007. During her surgery it was revealed that in addition to her fibroids she had a very large, rare endometrioid tumor. Had she gone with the previously recommended myomectomy, the tumor would have likely spread to her abdomen.

“The level of attention I received was night and day compared to the experience with my prior doctor,” says Garduno. “I was scheduled for surgery just two days after meeting Dr. LoCoco. It was a blessing that everything happened the way it did.”

After her surgery, Garduno left the hospital 19 pounds lighter. She was then referred to receive radiation therapy – specifically with Kevin Albuquerque, M.D., FACR, Professor of Radiation Oncology, Chief of Gynecological Radiation Oncology Service, and Director of Radiation Oncology Accreditation.

Dr. Albuquerque has spent his entire career treating both breast and gynecologic cancers – including cervical, uterine, vulva, and ovarian cancer – and is one of the few radiation oncologists in North Texas offering specialized brachytherapy, a targeted radiation therapy that sends radiation directly to the tumor.

Garduno's initial visit to the Department of Radiation Oncology highly impressed her, most notably the structure and organization of the team around her.

"They do not miss a beat, and that is all across the board," she says. "And what struck me immediately about Dr. Albuquerque was his compassion and interest in me not only as a patient, but as a person. I quickly learned just how brilliant he is in his field and at what he does – it's a bonus to have a doctor as compassionate as he is."

Her case was brought to a gynecological multidisciplinary tumor board where it was decided that in addition to chemotherapy, she would receive standard intensity-modulated radiation to her pelvis.

While Garduno remained nervous about upcoming treatments, her nerves were alleviated, notably by Astrid Medrano, M.S.N., APRN, FNP-C, a nurse practitioner on her care team. Astrid supports both the gynecological and breast disease-oriented teams in the department with consultations, treatment coordination, brachytherapy, and symptom management of radiation therapy.

Garduno recalls a lengthy interaction with Astrid after the tumor board meeting as key in her treatment process.

"I had so many thoughts in my head – what would the decision be and what were their recommendations," she says. "Astrid was incredibly patient and thorough in her explanations and gave me a very good sense that I didn't need to worry. Something she frequently said was 'let us do the worrying'

and that just stuck with me the entire time; I think the world of her."

In addition to the people in the department, treatment and recovery were made easier in part due to the minimal change in her everyday life and job duties. She attributes the leadership team at her agency as a main factor in this, as they allowed her as much time on and off the job as needed; this made her feel as if nothing abnormal was going on.



On the treatment side, Garduno notes the radiation was hardly intrusive to her daily life. In fact, driving back and forth every five days was the biggest nuisance.

She views her journey as a prime example of why UT Southwestern is a well-renowned and recognized hospital and would highly recommend the institution to anyone seeking treatment. While her questions and persistence in researching every avenue along the way likely saved her life, physicians dedicated to providing top patient care are a necessary component to good outcomes. UT Southwestern has that, and Garduno is a perfect example of the benefits of both.

"When you come to UT Southwestern you can expect exceptional care and state-of-the-art technology and treatment," she says. "And I love the level of information and detail that is provided. In my book, it makes all the difference in the world."