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SCORES

Table with columns for AL, 6C and NL, 6C, listing various sports teams and their scores.

Table with columns for IL, 6C and WFLA, 6C, listing various sports teams and their scores.

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Slowed by injury in 2012, Ware is sending a message to skeptics

OXNARD, Calif. — It's hard to understand why a seven-time Pro Bowler feels he has to still justify himself at this stage of his career. But a fire is burning inside DeMarcus Ware, and it's kindled by the doubts, both real and perceived, of others.

COWBOYS INSIDER



RAINER SABIN
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mutated more than his 111 sacks. Because of his sterling track record, it seems certain Ware will one day return for his own Hall of Fame ceremony in Canton, Ohio, the city

where he watched other greats enshrine this month. But he's not thinking that far ahead. Ware instead is caught up in the moment, and that is evident when he's on the field, where he is a human dynamo cranked to the highest wattage. Throughout training camp and the brief appearance he made in his preseason debut

Sack leaders

Since entering the league in 2005, Cowboys defensive end DeMarcus Ware has collected more sacks than any other player in the NFL.

Table with columns: Player, Team(s), Sacks. Lists DeMarcus Ware, Jared Allen, Julius Peppers, John Abraham, Robert Mathis.

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and the Eagles' go-to receiver for being so prominently mentioned in Silver Lining: Playbook ("DoSean Jackson is da man"). But Dez is front and center in all discussions.

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HIGH SCHOOLS Last of a series

Heart screening mandates face obstacles

Schools and districts look for ways to reduce the high cost of testing

suffer sudden cardiac arrest. To help keep it that way, Erwin has taken a proactive approach to his players' cardiovascular health.

Marcus football players at every level had the opportunity to undergo an electrocardiogram (ECG) and echocardiogram screening at a Flower Mound Walgreens this off-season. Ninety of them took advantage.

Irving-based healthcare company Frontera Strategies staffed the Walgreens with a sonographer, who sent the data to Dr. Jason Finkelstein, an interventional cardiologist with Advanced Heart Care. The results were relayed to the families and athletes within a week.

"We just want to make sure we're on the cutting edge with everything we're doing," Erwin said. "This is becoming a very prevalent issue, so through Frontera, through Walgreens and through the Marcus football booster club, we've joined together to make this happen." It's an ideal recipe for making affordable heart screenings,

available to high school athletes. In this case, Walgreens, a large national company, had the space to perform the tests, and Frontera, a regional company, possessed the staff. The cost of the tests was reduced to \$75. A trip to the doctor for the same tests would

See COST Page 9C

By DAVID JUST

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Flower Mound Marcus coach Bryan Erwin has never had one of his football players

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ownership in 2012.

Despite those losses, Coppell remained the top-ranked team in the state to open the

Coppell sweeps

Coppell swept Richardson Pearce in its opening match of the day to start the season 2-0.

points. Four different Coppell players had kills during that six-point rally.

Follow David Just on Twitter at @DavidJustDNN.

Flagstaff, Ariz.

Cost, infrastructure are barriers to required tests

Continued from Page 1C

cost up to \$600, Finkelstein said.

Flower Mound Marcus was the first school to receive this opportunity, but Walgreens market pharmacy director Frank Koven hopes to expand the program.

"It's just the right thing to do," Koven said.

What to mandate?

Some advocates of ECG screening would like to see it mandated across the state, and there was a push to do so at the most recent session of the Legislature.

House Bill 1319 would have required athletic participants in UIL events to have two ECGs during their high school careers. The bill did not get out of the public education committee in the House.

There are two main hurdles standing in the way of a successful mandate: cost and infrastructure.

The Journal of the American College of Cardiology published a study last year detailing the cost-benefit of national electrocardiographic screening. A 20-year program of ECG screening of young competitive athletes in the U.S. would cost between \$61 billion and \$69 billion and could be expected to save 4,811 lives.

That makes the cost of each life saved roughly \$10.6 million to \$14.3 million.

The screening itself represents only a fraction of the cost that would follow an abnormal result. An athlete whose tests reveal abnormalities would need to visit a cardiologist to determine the problem, which could range from a genetic defect to any number of structural or electrical disorders.

The diagnosis of the underlying problem and the sub-

sequent treatment could cost tens of thousands of dollars.

Jonathan Drezner, a professor in the Department of Family Medicine at the University of Washington, said the high cost in the JACC conclusion is largely a symptom of a bad infrastructure.

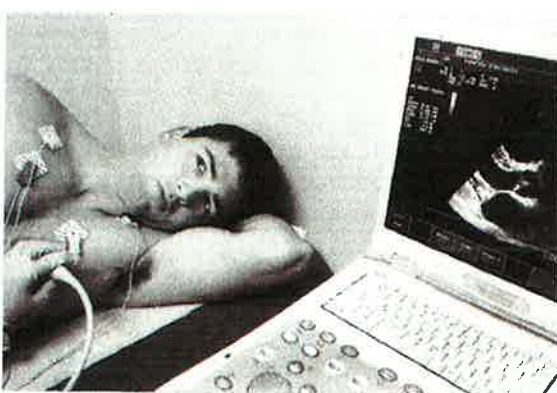
Drezner is the team physician for the Seattle Seahawks and the University of Washington Huskies, and he performs ECGs on every athlete in his programs. He's a staunch advocate for the test because it provides a better screen for heart health than a physical alone — but only if it's performed by doctors who can properly interpret the results, he said.

Drezner argues that there aren't enough doctors adequately trained in interpreting ECGs to accommodate running the test on every athlete at a state or national level. The result of mandating these tests now, he said, would be a high false-positive rate, which would lead to more follow-up visits and mounting costs.

"In the sports medicine community, we're really interested in trying to improve this," Drezner said. "I don't think that includes mandatory or legislative programs. I think it includes physician education."

Drezner said he operates with a 3 percent false-positive rate, well below a national average of 5 to 10 percent. He said roughly 10 percent of patients who have an abnormal screen actually end up having a problem.

Rather than mandate ECG screenings for all athletes, Drezner said a better place to start would be to test those at the highest risk. In his own research, Drezner found that black males are at the highest risk and that basketball and football players accounted for roughly 60 percent of sudden cardiac deaths.



Cole Erwin, senior quarterback at Flower Mound Marcus, undergoes an echocardiogram at a local Walgreens as part of an effort to screen football players at a reduced price.

"What I hope is that if a state is thinking of mandating this that they provide the resources for follow-up," Drezner said. "Most hospitals have a charity line of care that they're willing to access for this purpose."

The enormous costs and the inadequate infrastructure to accommodate testing every athlete make cardiologists reluctant to support a mandate.

"I really wouldn't say there's an urgency to get testing done," Finkelstein said. "But if a child has participated in sports and they've had issues where they've passed out, or had chest pain or there's a history of sudden cardiac arrest, then I would recommend going further and at least seeing your family doctor."

Carrollton's approach

This year, Carrollton-Farmers Branch ISD offered heart screenings to its students through the Living for Zachary Foundation. The organization, founded after the

sudden death of Flower East football player Zachary Schrab in 2009, partnered with HealthFair to provide mobile screenings at area high schools.

Mobile units came out to each Carrollton high school and offered ECGs, echocardiograms and blood pressure tests to athletes for \$100 per student. The foundation is organizing a similar screening in Garland next month.

Carrollton Newman Smith football coach Paul Ressa said the process was user-friendly, educational, affordable and convenient. But only a handful of athletes participated, Ressa said.

A pair of tragedies befell the Newman Smith football team this summer. Standout defensive tackle Jaquis Jones drowned in June, and less than two months later safety Kalen Berry underwent surgery after being diagnosed with rhabdomyosarcoma, a form of cancer.

If given the opportunity to participate in heart screenings

again, Ressa said he's certain more athletes would turn out.

"That shield of invincibility, that I'm bulletproof, was stripped from our kids," Ressa said. "Now they understand. They've matured and grown up a lot. I think they're going to be taking themselves and their bodies a lot more seriously."

Starting this fall, the UIL is requiring parents of athletes to sign a two-page form to help generate awareness of sudden cardiac arrest. The document outlines the causes and symptoms and provides information on where to go for screenings.

Finkelstein said it's a step in the right direction.

"If it's making them aware of what can happen and what the risks are and puts that in the forefront of the parents' mind," he said, "then maybe they'll know that their kid needs to be checked out."

Staff writer Corbett Smith contributed to this report.

Follow David Just on Twitter at @DavidJustDNN.

Trainers' guidelines

The National Athletic Trainers' Association released the following guidelines in June to prevent sudden cardiac death in secondary school athletic programs:

- Athletes should undergo cardiovascular screenings before participating in competitive activities.
■ An automated external defibrillator should be on site and readily available within three minutes (with one minute being ideal) for all organized sports activities.
■ School staff, medical professionals, coaches and athletes should be educated annually about location and use of AEDs.
■ Any athlete who has collapsed and is unresponsive should be assumed to be in sudden cardiac arrest until proven otherwise.
■ Proper management includes: prompt recognition of SCA (brief seizure-like activity occurs in 50 percent of young athletes with SCA and should not be mistaken for a seizure); early activation of the EMS system (call 911); early CPR beginning with chest compressions; early use of an AED; and transport of the patient with SCA to a hospital capable of advanced cardiac care.

About the series

The Dallas Morning News is exploring the issue of heart health and high school athletes.

- ☐ Sunday: The UIL's mandate adding cardiac tests before students can participate in athletics has raised concerns.
☐ Monday: Matt Wixson looks at families affected by heart-related deaths in athletics and their efforts to help prevent similar incidents.
☐ Today: How local schools are taking measures to screen their students. Is it worth the cost and effort?

Writers Q&A

Do you have any questions for the authors of this series? Send them to heartseries@dallasnews.com or Corbett Smith, David Just and Matt Wixson will answer them later this week on dallasnews.com.

In our iPad app

Read the full three-part series exploring heart health and high school athletes with our iPad app beginning Tuesday night.