

CANCER JOURNAL

FALL 2017

SURVIVORSHIP

Surviving Breast Cancer at a Young Age: Angel Marie Fields Moves on to Help Others

Angel Marie Fields was out with friends when she noticed that her chest felt tight and heavy. She felt a lump but did not give it much attention. After all, she was only 26.

When she checked it again later, it felt like one big lump. She made an appointment with her ob-gyn, Hany



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Ahmed, M.D., who found three distinct lumps – two in her left breast and one in her armpit – and referred her to the Memorial Hermann Cancer Center-Greater Heights for an ultrasound.

“At that point, I still thought I had nothing to worry about. I was certain it was benign because of my age,” Fields says. “They did a mammogram and a biopsy that same day – all the tests were scheduled a couple of hours apart.” During the biopsy, the radiologist placed three biopsy clips to help Fields’ surgeon localize the tumors with greater precision.

The following day Dr. Ahmed’s office

called and asked her to come in. “When I told them I’d come my next day off, they said they wanted to see me ASAP,” she recalls. “I’d recently had a Pap smear and thought there might be something wrong with that. When my doctor read over the breast biopsy report, I went into panic mode. I asked if I was dying. He said, ‘We don’t know how far along it is yet,’ but he already had Dr. Adams, Dr. Bhuchar and Dr. Surapaneni lined up as my team.”

Surgeon Ronnie Adams, M.D., medical oncologist Vinod Bhuchar, M.D., his partner Shahab Khan, M.D., and radiation oncologist Aparna Surapaneni, M.D., were at the Cancer Center’s weekly breast cancer conference when Fields’ case was discussed. Radiology and pathology were also represented. The biopsy showed stage 2B invasive ductal carcinoma with lymph node involvement.

“Breast cancer is uncommon at such a young age, but we do see cases and it’s well documented in the literature,” Dr. Adams says. “Because of her family history, her BRCA mutation and the extent of her disease, we recommended full bilateral mastectomy as the best treatment course.”

With multiple tumors and lymph node involvement, Fields underwent a four-week standard-of-care chemotherapy regimen to shrink the tumors as much as possible before surgery. By her third round of chemotherapy, she had lost her appetite and was too fatigued to work. When she finished her fourth round, she thought to herself, “This is what you have to do, girl, so pick up your head and be strong so



Angel Marie Fields.

you can survive for your kids.’ I did a lot of praying.”

Shortly after she finished chemotherapy, Dr. Adams performed the bilateral mastectomy on Oct. 3, 2016. “When I woke up, I looked down and for the first time saw myself without breasts. It was a shock, but I was up and walking around the next week.”

Fields underwent six weeks of radiation therapy. “It wasn’t a cakewalk,” she says. “I was tired, but I have to say that the entire staff at the Cancer Center was awesome in helping me through it. They were so supportive. My family still had to **Breast Cancer Survivor** continues on page 2

DIGITAL VERSION

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MEMORIAL
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Cancer Centers

Breast Cancer Survivor continued from page 1 go on with life. If I had to bring my kids when I came in for chemotherapy, they took care of them. When I stopped working, I needed help with my rent. The nurse navigator arranged that for me. Dr. Adams did a great job. Dr. Bhuchar and Dr. Khan were wonderful. Everyone arranged everything around my schedule. It wasn't



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APARNA SURAPANENI, MD
Radiation Oncologist
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that I got special treatment. I watched them take care of other patients in the same way. We became a little family.

“When I was first diagnosed, I thought, ‘I have cancer. I want to go to MD Anderson.’



MEMORIAL HERMANN LUNG CANCER CONFERENCE: PAGE 15

But when I met my team, I really liked them and felt confident,” she adds. “I know I made the right decision.”

Dr. Adams describes Fields’ case as “difficult overall. No physician wants to deliver the news to any patient who has a bad disease, and especially not to a patient so young,” he says. “A diagnosis of breast

cancer is a lot to take in. Sometimes I feel we’re putting an avalanche of information on our patients. We talk about the operation, chemotherapy, radiation therapy and possible reconstruction. Because Angel was BRCA positive and had a 20 to 45 percent chance of developing ovarian cancer, we recommended a salpingo-oophorectomy and hysterectomy, so we talked about harvesting eggs in case she wanted to have another pregnancy later in life. There are so many important decisions that our patients have to make, all of which have long-term repercussions. She had good family support and worked through it very well.”

Fields opted for reconstructive surgery. Plastic surgeon Carlos Murillo, M.D., who is affiliated with Memorial Hermann Greater Heights Hospital, put in tissue expanders immediately after her bilateral mastectomy during the same surgery. “Once I have my reconstruction, I’ll be done,” she says. “I just have to do checkups once a year and take tamoxifen for 10 years.”

Fields has two children – a daughter, Mia, age 5, and a son, Juelz, age 7. She says she is doing fine. “I’m starting to get back to my normal life,” she says. “I’m happier today. I’ve talked to a lot of girls my age who have had cancer. Everything happens for a reason. Now I’m trying to help others through their journey.”

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Glenna Stoecker vs. Lung Cancer: She's Winning

In 2013, Glenna Stoecker was hospitalized with pneumonia under the care of pulmonologist Mohammad Siddiqui, M.D. (Dr. Siddiqui), who is affiliated with Memorial Hermann Southeast Hospital. Dr. Siddiqui followed her with chest imaging every six months afterward. After noting changes in her right upper lung lobe in late 2015, he ordered a CT-guided biopsy, which revealed pulmonary adenocarcinoma, a common cancer that usually originates in the peripheral lung tissue.



PHILIP A. RASCOE, MD
Associate Professor of Surgery
McGovern Medical School at UTHealth
Department of Cardiothoracic and Vascular Surgery
Attending Surgeon affiliated with Memorial Hermann-TMC, Memorial Hermann Southeast Hospital

Dr. Siddiqui referred her to Philip Rascoe, M.D., associate professor of cardiothoracic and vascular surgery at McGovern Medical School at UTHealth who practices at Memorial Hermann-Texas Medical Center and Memorial Hermann Southeast Hospital. In early January Dr. Rascoe performed a mediastinoscopy to biopsy the lymph nodes near Stoecker's trachea, confirming that the disease was present in the nodes, leading to a diagnosis of stage 3 cancer. He brought in medical



NADYA HASHAM-JIWA, MD
Hematology Oncology
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oncologist Nadya Hasham-Jiwa, D.O., to help with treatment planning.

Stoecker, a non-smoker, learned that that she had lung cancer on Jan. 5, 2016. "I was surprised," she says. "I never even had any symptoms."

"Because Glenna had stage 3 cancer involving a mediastinal lymph node, we recommended neoadjuvant chemotherapy prior to surgery," says Nadya Hasham-Jiwa, M.D. (Dr. Hasham-Jiwa), who is affiliated with Memorial Hermann Southeast Hospital and Memorial Hermann Pearland Hospital. "After four cycles of chemotherapy over three months, follow-up imaging showed a response to therapy."

Stoecker underwent surgery with Dr. Rascoe at Memorial Hermann Southeast Hospital on May 11, 2016. "Because she had residual cancer in the lung that had metastasized to the lymph nodes, we removed the entire right upper lobe of the lung and performed a lymph node dissection," he says.

After recovering from surgery, Stoecker was scheduled for five weeks of radiation therapy under the direction of radiation

oncologist Ted Yang, M.D., who often works with Dr. Rascoe and Dr. Hasham-Jiwa.

"I had the greatest team of doctors," Stoecker says. "I'm so pleased with all of them. The last time I saw Dr. Rascoe, we laughed and talked. It was wonderful. I could call Dr. Hasham-Jiwa anytime I needed help or had questions. I didn't have to because I made it through really well. All of them are so concerned and caring. I'd recommend Memorial Hermann Southeast to anyone who has cancer."



THEODORE K. YANG, MD
Radiation Oncologist
Affiliated with Memorial Hermann Southeast Hospital

Despite the fact that Stoecker was 79 years old when she was diagnosed, her oncology team treated her aggressively. "She's very independent, engaged in activities, has good family support and was otherwise in good condition," Dr. Hasham-Jiwa says. "It is important to offer curative treatments to elderly patients who have good quality of life, when we feel they can tolerate it. She did well, and we were able to give her good results. On her follow-up scan in September, more than a year out from treatment, she remains cancer free."

Cancer Survivorship and Wellness Programs

Cancer survivorship begins the day of a cancer diagnosis. Patients who have just been diagnosed with cancer, are currently going through treatment or have completed primary treatment are considered cancer survivors. The survivorship journey is different for each patient, depending on whether the long-term or ongoing effects are physical, emotional, spiritual or psychosocial. Memorial Hermann provides a variety of programs that address these needs for patients and families whose lives are touched by breast, prostate, lung and other types of cancer.

Research shows that integrating medical science with gentle complementary therapies may accelerate the healing process. These therapies are aimed at helping individuals achieve a balance between the physical, mental, emotional and spiritual aspects of health.

Canopy, a unique cancer survivorship center at Memorial Hermann The Woodlands Medical Center, is dedicated to shifting the conversation from experiencing cancer to living and celebrating life at every stage of cancer treatment – in other

words, changing the focus from surviving to thriving. Similarly, the Lindig Family Cancer Resource Center at Memorial Hermann Memorial City Medical Center is open to all those who are in need of support and assistance when coping with the diagnosis of cancer. Canopy and the Lindig Center also serve the community at large by providing complimentary classes and information about health promotion, cancer awareness and prevention. These survivorship centers are open to all cancer survivors and caregivers, both men and women.

Classes and groups include art therapy, meditation, oncology nutrition, smoking cessation, lymphedema support, gentle yoga, chair yoga, grief support, stress relief, tai chi, cooking together, and a "coffee and support" group.

The goal of all staff members at all eight Memorial Hermann Cancer Centers is to integrate survivorship programs into the continuum of cancer care. Through strong community connections and compassionate support, the Centers provide programs geared toward improving the health and quality of life of cancer survivors post diagnosis.

A NOTE FROM LEADERSHIP



Today a woman will walk into a Memorial Hermann Breast Care Center for her annual screening mammogram. The staff and providers will be prepared to receive her and deliver specialized breast cancer imaging services.

She may go to lunch with a friend, return to work or go on the many errands she has planned for that day. She will not consider that there may have been a change in her breast health over this last year until she receives the call from her physician saying, “We see

something in your mammogram that concerns us and want you to come back for some additional imaging.” Following her diagnostic workup, the providers will meet as an interdisciplinary team to review all of her diagnostic imaging and health history to correctly identify the type of cancer and the stage of her cancer, and individualize evidence-based treatment options for her. The physician, working in partnership with the interdisciplinary team and the patient, will provide the information and support she needs to make treatment choices that are best for her.

At Memorial Hermann, we stand ready to care for you and your loved ones should you ever have a diagnosis of breast cancer. As you read this

current edition of the journal, I hope you see the way we at Memorial Hermann coordinate care and collaborate across specialties to give you the best possible cancer care experience. Our mission is to be sure that no one ever faces a cancer diagnosis alone. We will be with you every step of the way toward a healthy recovery.

As we close out Breast Cancer Awareness Month, let me remind you to schedule your screening mammogram today. Be well.

Sandra Miller, M.H.S.M., RN, NE-BC
Vice President
Memorial Hermann Oncology
Service Line



It is important to recognize the broad scope of specialists comprising the team of providers at the Memorial Hermann Cancer Centers. We represent a wide spectrum of providers in medical and surgical care, chemotherapy, radiation oncology, specialty nursing, diagnostics, cancer rehabilitation, prevention,

hospice and survivorship. Our services stretch across a large geographic footprint in the Greater Houston region. Our cancer treatment teams manage every cancer type, with access to cutting-edge technologies provided by world-class specialists. Our patients have access to a broad research program and clinical trials. And despite the growing complexity of cancer care over time, our distinguishing characteristic as a cancer program is a patient-centered approach, facilitating access for cancer patients to this wide breadth of providers

and services in a seamless and coordinated fashion. Despite the regional devastation of Hurricane Harvey, the Memorial Hermann Cancer Centers exhibited marked growth across all services in 2017. We have set forth an ambitious agenda for 2018, and we look forward to the challenge of continuing to improve cancer care for Houstonians.

Ron J. Karni, M.D.
Chair, Oncology CPC Subcommittee
Memorial Hermann Physician Network

ADVANCES IN CANCER TREATMENT

Moving Radiation Therapy for Prostate Cancer to the Next Level with HDR Brachytherapy and SpaceOAR®

A unique collaboration between radiation oncology and urology at Memorial Hermann Cancer Center-Memorial City has raised the standard of care for prostate cancer patients, improved patient satisfaction and increased volumes. One of only a few centers in the Greater Houston area offering

high-dose rate (HDR) brachytherapy for prostate cancer, it is also the only center with a radiation oncologist, Shariq Khwaja, M.D., Ph.D., certified by Augmenix® to use SpaceOAR, an abbreviation for Spacing Organs at Risk, which offers rectal protection for prostate

cancer radiation therapy patients.

“By collaboration, I mean that the radiation oncologist and the urologist are both in the OR at the same time, when usually it’s just the radiation oncologist doing the procedure alone,” says Dr. Khwaja, who practices primarily

at Memorial Hermann Memorial City Medical Center. "Patient safety and patient satisfaction are our main goals. By working closely together we can present our patients with the best option for treatment."

Dr. Khwaja collaborates with urologists Andrew Selzman, M.D.; Paul Smith, M.D.; and Ramesh Krishnan, M.D., who are affiliated with Memorial Hermann Medical Group Urology Memorial City. Prostate cancer patients who have low risk or favorable intermediate risk are offered HDR brachytherapy as an alternative monotherapy to surgery or external beam radiation therapy.

"HDR brachytherapy treats prostate tumors with very high doses of localized radiation that greatly reduce the dose to surrounding healthy tissues," he says. "Using ultrasound guidance, we place tiny, hollow catheters in the prostate and then insert a radioactive wire into each of the catheters. Treatment is accomplished in two implants spaced two weeks apart



SHARIQ KHWAJA, MD, PH.D.
Radiation Oncologist
Affiliated with Memorial Hermann
Memorial City Medical Center

versus the usual eight to nine weeks of daily treatment with external beam radiation therapy.

HDR brachytherapy is a good option for patients who are not candidates for a radical prostatectomy or who may not be able to come in for eight weeks of radiation therapy. Offering it has allowed us to attract patients from greater distances."

For prostate cancer patients who are not candidates for HDR brachytherapy or surgery, Dr. Khwaja uses SpaceOAR hydrogel as an alternative to inserting a temporary balloon to protect the rectum during external beam radiation therapy. Placed between the prostate and rectum, the one-time temporary implant pushes the rectum out of the region of high-dose radiation. The hydrogel spacer is

injected during a minimally invasive procedure. It remains in place for three to six months during radiation treatment and then is absorbed by the body.

Healthy cells in the rectum can be damaged during radiation therapy. SpaceOAR, has been proven to minimize the rectal side effects of external beam radiation and improve quality of life for prostate cancer patients undergoing radiation therapy.

"I offer the hydrogel to all my patients, and all have tolerated the 30-minute procedure well," says Dr. Khwaja, who is certified to perform this procedure and has now completed more than 30 cases. "As radiation oncologists we use extremely high-energy X-rays to treat cancer, and this must be done in a precise and accurate manner. From a patient satisfaction standpoint, we're intimately involved with care, assessing any side effects on a daily to weekly basis, depending on the patient and the treatment."

EXCELLENCE IN CANCER CARE

Spotlight on the Breast Cancer Program: Best Practices in Breast Cancer Care

Memorial Hermann gives women the best breast imaging experience available at 19 Houston-area locations, combining advanced technology with fellowship-trained radiologists and a comfortable environment.

If a patient is diagnosed with breast cancer, comprehensive breast care is provided by affiliated specialists in medical, surgical and radiation oncology, who work in concert with breast oncology nurse navigators, social workers and other healthcare professionals to help patients navigate the entire cancer journey.

"At Memorial Hermann we have very high-quality physician providers. We have multiple convenient locations across the city for screening and diagnosis.," says Sandy Miller, vice president of the Memorial Hermann



The Bobetta Lindig Breast Care Center at Memorial City.

Oncology Service Line. "We work hard to be part of our community by providing outreach and education. Our work with

the provider community includes facilitating weekly breast cancer **Spotlight on Program** continues on page 6

Spotlight on Program continued from page 5
conferences that encourage a collaborative approach to breast cancer care. All providers work closely together to create an integrated treatment plan. We're also committed to adding the latest technology."

Among these providers is Emily Robinson, M.D., a leading breast surgeon in Houston and professor in the department of Surgery at McGovern Medical School at UTHealth. Dr. Robinson has been affiliated with the Memorial Hermann Cancer Center-Texas Medical Center since 2005 and has recently extended her practice to treat patients at Memorial Hermann Memorial City Medical Center and Memorial Hermann Southeast Hospital.

"Our goal is to give patients the opportunity to access care closer to home and to their primary care physicians," Dr. Robinson says.

"Memorial Hermann's Cancer Program is integrated, and certified through the American College of Surgeons Commission on Cancer, which means there is standardization of care across the System. Each Center had to meet ACS's rigorous standards, and they all follow the same protocols. Quality reporting occurs in Clinical Practice Committees to continuously improve breast cancer care, including a focused



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EMILY ROBINSON, MD

Surgeon

Professor, Dept. of Surgery

McGovern Medical School at UTHealth

Affiliated with Memorial Hermann-TMC,

Memorial Hermann Southeast Hospital

Breast Clinical Practice Committee. Nurse navigators at the Breast Centers coordinate care, educate patients and families, serve as advocates and support patients throughout the journey to provide an enhanced patient experience. As a physician, one of the most important things to me is that patients can have imaging and lab work done at any Breast



Using the SCOUT Radar Localization System in the OR, surgeons can precisely target the affected tissue within a millimeter.

Center around the city and the results flow into the same electronic medical record so that all physicians on the team can easily access them. That isn't the case in every healthcare system."

New at the Memorial Hermann Woodlands Medical Center breast center is the SAVI SCOUT® Radar Localization System, which uses radar for a zero-radiation and wire-free aid to help surgeons locate target tissue during lumpectomies. Instead of placing a wire in the breast prior to surgery, a small reflector is placed into the breast up to 30 days before surgery. Using the SCOUT Radar Localization System in the OR, surgeons can precisely target the affected tissue within a millimeter. This precision tissue targeting reduces the risk of the need for additional surgery. The technology will be added at the Bobetta Lindig Breast Care Center at Memorial City in late 2018.

Other services available at Memorial Hermann Breast Care Centers include 2-D mammography, 3-D digital breast tomosynthesis, diagnostic mammography, digital mammography, breast ultrasound and breast MRI, as well as bone density scans and ultrasound, stereotactic and

MRI breast and lymph node biopsies. Sixteen locations offer MD Anderson Breast Care with Memorial Hermann, and 16 sites offer 3-D breast tomosynthesis, an FDA-approved digital technology that helps physicians detect smaller tumors at the earliest stages of breast cancer. Tomosynthesis takes 15 successive images at slightly different angles across the breast, resulting in improved accuracy in screening results and better pinpointing of lesion location. Clinical trials using the Dimensions 3-D system showed measurable improvement in clinical performance over conventional mammography. The trials also showed significant gains in specificity, giving radiologists the confidence to rule out cancer and reduce callbacks. Other benefits include improved lesion and margin visibility and the ability to accurately localize structures in the breast.

The Bobetta Lindig Breast Care Center at Memorial City offers the Hologic Affirm™ Prone Biopsy System with both 2-D and 3-D imaging, enabling radiologists to accurately biopsy lesions seen only on 3-D breast tomosynthesis with patients in a more relaxed prone position. A breast cancer support group meets monthly at that location.

Breast care centers at eight hospitals – Memorial Hermann Memorial City Medical Center, Memorial Hermann-Texas Medical Center, Memorial Hermann Southwest Hospital, Memorial Hermann Southeast Hospital, Memorial Hermann Greater Heights Hospital, Memorial Hermann The Woodlands Medical Center, Memorial Hermann Katy Hospital and Memorial Hermann Sugar Land Hospital – bring together a interdisciplinary breast cancer tumor boards comprised of medical oncologists, radiation oncologists and surgeons who discuss care options for the best possible patient outcomes. There are seven oncology-certified nurse navigators across the Memorial Hermann Health System who provide additional resources to patients diagnosed with cancer. ♦

Capturing Each Patient's Unique Story Through the Memorial Hermann Cancer Registry

The Memorial Hermann Cancer Registry is dedicated to capturing the complete patient cancer experience from diagnosis to survivorship. Each patient's cancer experience is unique, based on the physician's treatment plan, cancer stage and outcomes. The work of the System's registrars, through the American College of Surgeons (ACS) Commission on



cases and conducted patient follow-up on 25,000-plus cases. The registry also completed more than 250 data requests from physicians, oncology nurses, administrators and researchers.

"Each of the six national breast cancer measures was endorsed by the Commission on Cancer with the expectation that cancer programs would use them to assess their performance on treatment guidelines," says Maria Tran, M.P.H., CTR, director of the Memorial Hermann Cancer Registry.

Tran and her team function as investigators assessing performance at the hospital and system level. "All patients who qualify are recommended or considered for the treatment specified

in the measures," she says. "They represent the care Memorial Hermann provides for patients depending on the cancer stage and prognostic factors. Based on the national guidelines for breast cancer care and benchmarks set by the CoC, Memorial Hermann consistently outperforms to the standards of care set out in the guidelines."

"The Cancer Registry is the very backbone of all the quality programming for any cancer program, and our team is outstanding," says Sandy Miller, M.H.S.M., RN, NE-BC, vice president of the Memorial Hermann Oncology Service Line. "They staff and coordinate over 500 multidisciplinary cancer conferences each year, where nearly 1,800 unique cancer cases are presented. In 2016, under Maria Tran's leadership, we were reaccredited with Silver Commendation by the Commission on Cancer as an Integrated Network Cancer Program, one of only two in Texas." ♦



"Each of the six national breast cancer measures was endorsed by the Commission on Cancer with the expectation that cancer programs would use them to assess their performance on treatment guidelines."

MARIA TRAN, M.P.H., CTR,
Director of the Memorial Hermann System Cancer Registry

Cancer (CoC), leads to better information that helps researchers, physicians and administrators understand the management of cancer to find better treatment and improve overall survival.

In 2016, the System's Cancer Registry abstracted more than 10,000 oncology

Memorial Hermann Cancer Center-Southeast Expands, Offers New Services

Consistently ranked in the top 1 percent in the nation in patient satisfaction, the Memorial Hermann Cancer Center-Southeast has expanded its services to better meet the needs of patients in southeast Houston and the Bay Area communities.

"One of our major initiatives this past year was to expand our cancer expertise and grow the complexity of the services we provide to allow patients to access superior care close to home," says Kyle Price, senior vice president and CEO of Memorial Hermann Southeast Hospital. "We've added new physicians to the cancer service line, both private physicians and faculty affiliated with McGovern Medical School at UTHealth. Our goal was to form a well-rounded multispecialty group of oncology experts

who can treat all types and aspects of cancer, and provide comprehensive collaborative care. In addition to the physicians we've added, we've also added oncology nurse navigators and oncology-certified nurses and upgraded our technology, adding a higher level of care that patients previously had to seek outside the community."

Among the physicians who have added expertise to the Cancer Center is Curtis Wray, M.D., a surgical oncologist whose areas of clinical expertise include open and minimally invasive surgery for gastric, liver, pancreatic, bile duct and colorectal cancers. Dr. Wray is an associate professor at McGovern Medical School and also is affiliated with Memorial Hermann-Texas Medical Center.



"As Memorial Hermann Southeast has grown, UTHealth has expanded its collaboration with the hospital to the extent that we now have six Texas Medical Center cancer surgeons practicing here."

CURTIS WRAY, MD
Surgical Oncologist
Associate Professor
McGovern Medical School at UTHealth
Affiliated with Memorial Hermann-TMC,
Memorial Hermann Southeast Hospital

"As Memorial Hermann Southeast has grown, UTHealth has expanded its collaboration with the hospital to the extent that we now have six Texas Medical Center cancer surgeons practicing here," says Dr. Wray. "The one missing piece was surgical oncology for liver and pancreas, which I now provide. We have a **Southeast New Services** continues on page 8

Southeast New Services *continued from page 7*
 lot of highly skilled gastroenterologists performing advanced endoscopic procedures at the hospital – procedures needed to diagnose these types of cancers. Previously our cancer care was fragmented. Patients could be diagnosed here and receive chemotherapy but had to go to the medical center for surgery, then come back here for additional chemotherapy or radiation therapy. Having everything under the same roof ensures patients access to efficient, comprehensive care and allows us as physicians to partner in the management of these patients, providing timely, convenient, high-quality care. The facilities at the Cancer Center here are top notch.”

Board-certified subspecialists affiliated with the Memorial Hermann Cancer Center-Southeast include medical oncology and radiation oncology, as well as specialists in surgical oncology, including breast, pancreatic, liver, sarcoma and melanoma; gynecologic oncology; thoracic and lung surgery; colorectal surgery; and urological surgery. They collaborate closely, discussing cases at the hospital’s biweekly Multidisciplinary Cancer Conference, along with radiologists,



Southeast Cancer Center Infusion Center.

pathologists and oncology nurse navigators, to make the best possible recommendations for patient-specific treatment plans.

Minimally invasive technology for the diagnosis and treatment of cancer at the Center includes the *da Vinci*® Surgical System; video-assisted thoracoscopic surgery (VATS) lobectomy for lung cancer; iLogic™ Electromagnetic Navigation Bronchoscopy™ for biopsy of peripheral small lung lesions; endobronchial ultrasound (EBUS) for the diagnosis of lung cancer, infections and other diseases causing enlarged lymph nodes in the chest; and radioembolization (Y90) for liver cancer treatment.

A recent expansion of the Infusion

Therapy Suite allows patients undergoing cancer treatment to receive their chemotherapy infusions, immunotherapy, blood transfusions, IV and subcutaneous medications, and fluid/electrolyte replacements in a renovated area in the Cancer Center itself. The suite is staffed by oncology-certified nurses who continually monitor and assess patients through the course of their treatment. With today’s rapid scientific and technological advances in cancer care, oncology nursing certification ensures that nurses at the Cancer Center have the specialized knowledge and experience to provide superior care.

“Originally our Cancer Center housed radiation therapy, and our infusion suite was a small room on the first floor of the hospital, separate from the Center,” says Shannon Kimich, cancer service line administrator at Memorial Hermann Southeast Hospital. “With the renovation, infusion therapy is now located adjacent to radiation therapy in the Center. It’s a much larger and pleasant area where patients can move around and feel more at home.” ♦

For more information about the Memorial Hermann Cancer Center-Southeast, call 281.929.4200.

Memorial Hermann Recruits Dr. Ernest Conrad to Launch Musculoskeletal Oncology Service

Ernest “Chappie” Conrad, M.D., has a well-established international reputation for the surgical treatment of sarcomas. At the University of Washington in Seattle, he paved the way and helped set standards for the world in assessing risk and response in sarcoma patients, using PET imaging, as well as in limb-salvage surgery for adults and children. His goal at Memorial Hermann-Texas Medical Center and McGovern Medical School at UTHealth is to establish a strong Musculoskeletal Oncology Service that combines surgery with medical



“The Memorial Hermann Red Duke Trauma Institute is one of the busiest Level I trauma centers in the nation, and the Memorial Hermann Health System one of the largest in the country, with the large base of primary care physicians and specialists, we expect to see many new patients as our service grows.”

ERNEST “CHAPPIE” CONRAD, MD
 Orthopedic Surgery & Oncology
 Professor, Department of
 Orthopaedic Surgery
 McGovern Medical School at UTHealth
 UT Physicians - Orthopaedics
 Affiliated with IRONMAN Sports
 Medicine Institute,
 Memorial Hermann Orthopedic
 & Spine Hospital

oncology, radiation oncology, pathology and radiology to provide comprehensive, collaborative care to patients.

When Dr. Conrad relocated to Seattle in the 1980s, little was known about sarcoma. By 1996, the malignancy was the second most common reason after breast cancer for admission of patients to the University of Washington Medical Center for chemotherapy.

“Chemotherapy for sarcoma was a very new idea in the early eighties,” says Dr. Conrad, a professor in the department of Orthopedic Surgery at McGovern Medical School. “At that

time, it was a novel therapy used primarily in children. I believed it could be applied to young adults and adults successfully.”

At the University of Washington he assisted in launching clinical trials for sarcoma in adults, and by 2000 he had created a model that included aggressive early imaging with PET scans to determine the likelihood of positive response to chemotherapy in adults. “We could image a patient after the first two months of therapy and tell if the tumor was responding, which at the time was novel,” he says. “The work we did has been repeated in trials around the world, and today evaluating patients quickly and effectively with PET is the standard of care in good, aggressive academic medical programs.”

The surgical treatment of pediatric tumors represented a third of Dr. Conrad’s practice at the University of Washington,



The goal of cancer prehabilitation is to prevent or lessen the severity of anticipated treatment-related problems that could lead to later disability.

where he provided care annually for 50 to 100 pediatric patients with sarcoma – an uncommon malignancy in children – and between 200 and 300 adults with the malignancy a year. “Treatment results

with pediatric sarcoma patients are more dramatic because of their greater ability to respond to chemotherapy, which allows for a smaller surgery and helps avoid amputation,” he says.

In his first few months at Memorial Hermann and UTHealth, Dr. Conrad and his team have provided surgical treatment to 60 patients at Memorial Hermann-TMC and Memorial Hermann Orthopedic & Spine Hospital – a number he considers a surprisingly busy start for any tumor type.

“The Memorial Hermann Red Duke Trauma Institute is one of the busiest Level I trauma centers in the nation, and the Memorial Hermann Health System one of the largest in the country,” he says. “With the large base of primary care physicians and specialists, we expect to see many new patients as our service grows.”

Dr. Ernest Conrad continued on page 10

PERSPECTIVES ON RESEARCH

Ongoing Clinical Trials

| TRIAL NAME | DESCRIPTION |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A Phase 2 Study of Androgen Deprivation Therapy plus Chemotherapy as Initial Treatment for Local Failures or Advanced Prostate Cancer | <p>Researchers are assessing the clinical benefit of androgen deprivation therapy (ADT) plus chemotherapy in previously untreated patients with local failures, or patients who were not candidates for prostatectomy or radiation therapy. By treating all components of the tumor initially, they anticipate that androgen-independent growth will be delayed, prolonging patient survival. Patient subsets are designed to ensure that fewer hormones are used in those with more favorable parameters; patients with more aggressive disease will receive 1-2 extra cycles of chemotherapy. The drugs used in this study are FDA approved.</p> <p>Lead Physician: Robert J. Amato, D.O. Contact: Christine Kent, RN, at 832.325.6515 or christine.m.kent@uth.tmc.edu</p> |
| A Phase 2 Trial of Pembrolizumab in Subjects with Metastatic Castration-resistant Prostate Cancer (mCRPC) Previously Treated with Chemotherapy | <p>The purpose of this study is to test the safety, tolerability and effectiveness of pembrolizumab (MK-3475) for the treatment of patients with advanced prostate cancer who were previously treated with other chemotherapy. MK-3475 has been approved for use in certain types of skin cancer called malignant melanoma; however, it has not been approved by the FDA for the treatment of prostate cancer.</p> <p>Lead Physician: Robert J. Amato, D.O. Contact: Christine Kent, RN, at 832.325.6515 or christine.m.kent@uth.tmc.edu</p> |
| A Phase 3 Randomized, Placebo-controlled Clinical Trial Evaluating the Use of Adjuvant Endocrine Therapy +/- One Year of Everolimus in Patients with High-risk Hormone Receptor-positive and Her2/Neu Negative Breast Cancer | <p>In this study researchers are assessing whether treatment with everolimus plus hormone treatment after chemotherapy will increase the length of time patients remain cancer free. The current standard treatment after chemotherapy is hormone treatment alone. Everolimus is currently approved for the treatment of patients with advanced or metastatic kidney or breast cancer. It is considered investigational for non-metastatic breast cancer patients. In this study participants will get hormone treatment with either everolimus or with placebo. The combination of hormone-treatment and everolimus is experimental in patients with breast cancer.</p> <p>Lead Physician: Anneliese Gonzalez, M.D. Contact: Cheri Klingner, B.S.N., RN, CCRP, at 832.325.7710 or katherine.c.klingnerwinton@uth.tmc.edu</p> |

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Dr. Conrad's current interests include finding new drugs for sarcoma treatment. His research projects include multiple clinical studies in pediatric and adult tumors with a special interest in pediatric limb-sparing procedures, benign pediatric tumors and soft-tissue sarcomas in adults. His research interests include the metabolic imaging of sarcomas, the clinical and biologic description of hereditary multiple exostoses and the response associated with musculoskeletal transplantation. He is site principal investigator of a

Phase 2/3 randomized, double-blind, placebo-controlled efficacy and safety study of oral palovarotene in patients with multiple osteochondroma. An investigational retinoic acid receptor gamma (RAR γ) agonist, palovarotene has the potential to slow disease progression. Approximately 150 participants will be enrolled at 20 international sites.

"I have a great sense of urgency to further knowledge of sarcoma and other musculoskeletal malignancies through clinical research," Dr. Conrad says. "The natural history of sarcoma is the

same as that for most high-grade tumors - the chance of survival is 50 percent. More than half a million new patients are diagnosed with musculoskeletal malignancies every year in the United States. With the high incidence of both benign and malignant musculoskeletal tumors and the high incidence of other new malignant diagnoses - breast, prostate, lung and colon cancer that involve the musculoskeletal system - we expect to be able to help many patients. Our research is still in its infancy, and the treatment potential is enormous." ♦

PROFILES IN CARING: CANCER CENTER SUPPORT TEAM MEMBERS

Erika Jenschke, M.S., RD, LD

Memorial Hermann Cancer Center-Texas Medical Center



Growing up with a mother who believed strongly in good nutrition, Erika Jenschke learned to cook at an early age. "My mom always made sure we had

home-cooked meals, so I learned the importance of good nutrition," Jenschke says. "We rarely dined out. Both of my parents are now 65 and have no chronic health conditions and take no medication. Even though nutrition was an important part of my life, I didn't understand the clinical components of food as medicine until I was in school."

Jenschke earned her master's degree in nutrition at Texas Woman's University in Houston in 2010, and after graduation, joined Memorial Hermann Southwest Hospital as an inpatient dietitian. The oncology floor was one of her areas of responsibility.

She went on to work at the Memorial Hermann Cancer Center-The Woodlands and Memorial Hermann Cancer Center-Northeast, where she focused specifically on radiation therapy patients. "I especially loved working with my head-and-neck radiation

patients," she says. "I followed them closely every week because so much that affects eating can change in a matter of days - the ability to swallow and taste and the level of pain."

Jenschke has been the oncology dietitian at Memorial Hermann-TMC for the past three years. She ensures that Memorial Hermann Cancer Centers meet the nutrition component of accreditation by the American College of Surgeons Commission on Cancer. She keeps close ties to Texas Woman's University and gives an annual presentation on enteral nutrition to each new class of nutrition graduate students.

"IF A PATIENT RECEIVING CHEMOTHERAPY HAS LOST 10 POUNDS AND HAS ABNORMAL LAB RESULTS, THE DOCTOR MAY REDUCE DOSAGE OR DELAY CHEMOTHERAPY THAT DAY. ADEQUATE NUTRITION IS AN IMPORTANT PART OF THE PATIENT'S TREATMENT REGIMEN. IT'S MY JOB TO REMIND THEM THAT FOOD IS ALSO MEDICINE."

- ERIKA JENSCHKE, M.S., RD, LD

"Our goal for cancer patients is to ensure that they complete treatment with as few interruptions as possible - no hospitalizations and no delayed treatments," she says. "If a patient receiving chemotherapy has lost 10 pounds and has abnormal lab results, the doctor may reduce dosage or delay

chemotherapy that day. Adequate nutrition is an important part of the patient's treatment regimen. It's my job to remind them that food is also medicine."

To learn more, contact Jenschke at erika.jenschke@memorialhermann.org.

Susan Abraham, M.A., M.Div., BCC

Memorial Hermann Cancer Center-Greater Heights



Originally from Kerala, India, Chaplain Susan Abraham received her master's degree in economics at Fatima Mata National College in Kerala and her

master's of divinity at the University of Serampore, India. She taught in a seminary in India before relocating to Philadelphia in 1995, where she taught in a private school.

Chaplain Susan relocated to Houston in 2002, where a friend introduced her to chaplaincy. "I found it to be very people centered, which appealed to me," she says. She went on to complete her chaplaincy training through the Memorial Hermann Clinical Pastoral Education Program. She is board certified by the Association of Professional Chaplains.

“I love my vocation,” she says. “It’s tremendously meaningful to me to make a profound impact on people who are physically, emotionally and spiritually hurting. We all work together to heal the body, mind and spirit.”

Kate Mraz, CGC

Memorial Hermann Cancer Center-Texas Medical Center



In her role as a certified genetic counselor with the Cancer Risk Genetics Program at Memorial Hermann Cancer Center-TMC and McGovern Medical

School at UTHealth, Kate Mraz sees between 25 and 40 patients each month, including new patients and those who return in follow-up. They meet with Mraz and a medical oncologist to discuss cancer risk assessment; if their personal or family history is suggestive of a hereditary cancer syndrome, they are offered genetic testing, if warranted.

“We also discuss ways to help lower cancer risk or take preventive measures on a personal level,” Mraz says. “Our team develops a personalized cancer surveillance plan for each patient’s needs, and we help them navigate their care.”

“OUR TEAM DEVELOPS A PERSONALIZED CANCER SURVEILLANCE PLAN FOR EACH PATIENT’S NEEDS, AND WE HELP THEM NAVIGATE THEIR CARE.”
- KATE MRAZ, CGC

We also address the cancer risk of family members and make recommendations for evaluation and testing for a large spectrum of cancer histories in addition to hereditary pancreatitis. Genetic testing can help identify moderate-risk and high-risk patients. If patients and their families do not have an identifiable genetic predisposition, risk models are sometimes used to clarify if changes to cancer screening are warranted.”

Because genetics is a rapidly advancing field, Mraz has to keep up with the literature. “For example, if we find either

BRCA1 or BRCA2 or a lower-risk gene to be mutated or not working, we follow National Comprehensive Cancer Network (NCCN) recommendations for BRCA-related cancer risk in addition to considering updated literature. We also follow each of these patients in our clinic. Maybe a woman just had breast surgery and hasn’t yet made plans for ovarian cancer risk management, is a candidate for high-risk pancreatic surveillance or has family members who would benefit from testing and she wants to learn more about their options. It’s a lot to deal with, and I help them navigate the process by providing information. We make recommendations about how to proceed so that they can make informed choices.”

Emilia Dewi, OTR, O.T.D., CLT

TIRR Memorial Hermann Outpatient Rehabilitation-Memorial City



Cancer patients make up 60 percent of Emilia Dewi’s occupational therapy practice. Originally from Indonesia, Dewi came to the United States in 2003 to

attend Ouachita Baptist University in Arkadelphia, Ark.

“I was interested in neuropsychology and after graduation had planned to get my doctorate in neuroscience,” she says. “I was an assistant in a research lab doing studies with stroke patients. Research is vital to advancing knowledge, but I wanted to see the difference I was making in people’s lives firsthand. I went to observe occupational therapy and liked the focus on solving real-world problems – helping people find new ways to get on with their lives.”

Dewi says the field of oncology found her while she was a scholarship doctoral student in occupational therapy at the University of Southern California in Los Angeles. “I was paired with a project to develop the beginning of a cancer rehabilitation program, although we

weren’t yet calling it that at the time,” she says.

After finishing her program in 2010, she accepted a position at The University of Texas Southwestern Medical Center. While there, she enrolled in a course in Neuro-IFRAH® (Neuro-Integrative Functional Rehabilitation and Habilitation) for the treatment and management of patients affected by stroke or brain injury, held at TIRR Memorial Hermann.

“I was impressed by the instructors and thought that TIRR was an amazing place, so I applied for a job, had an interview a month later, and moved to Houston a month after that,” she says.

Certification as a lymphedema therapist in 2013 moved her closer to oncology. “I thought my involvement with cancer rehabilitation was in the past, but when TIRR Memorial Hermann made the decision to expand their lymphedema services, I thought it was meant to be, and I offered to take the certification test.”

Dewi is driven by a desire to educate patients early about what their cancer journey may look like. “At the beginning, cancer patients are focused on getting through surgery, chemotherapy and radiation therapy,” she says. “For most patients, a change of lifestyle is necessary to maximize their new normal. That’s why I’m passionate about rehabilitation and prehabilitation. Cancer treatment can create lifelong changes – knowing what to expect is half the journey. Learning to cope with them is the other half. I like helping with both.”

Kate Mahan, M.S.S.W., LMSW, OSW-C

Memorial Hermann Cancer Center-Northeast
Memorial Hermann Cancer Center-The Woodlands



A healthcare social worker for 19 years, Kate Mahan has served as an oncology social worker for Memorial Hermann since 2011. She provides direct care for

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patients at the Memorial Hermann Cancer Center-Northeast and Memorial Hermann Cancer Center-The Woodlands.

Mahan, who is oncology certified through the Board of Oncology Social Work, covers both Cancer Centers simultaneously. “If I’m physically in one location, I’m remotely available to clinicians and patients at the other,” she says.

She also provides psychosocial support and education talks, and facilitates the caregiver support group at Canopy, a unique survivorship center at Memorial Hermann The Woodlands Hospital

“IF I’M PHYSICALLY IN ONE LOCATION, I’M REMOTELY AVAILABLE TO CLINICIANS AND PATIENTS AT THE OTHER.”

- KATE MAHAN, M.S.S.W., LMSW, OSW-C

dedicated to shifting the conversation from experiencing cancer to living and celebrating life at every stage of cancer treatment. She served as the psychosocial coordinator for the Memorial Hermann Integrated Network Cancer Committee several times between 2012 and 2017, reviewing data and reporting on the distress screening process across the system. Screening cancer patients for psychosocial distress is a standard of care requirement of the American College of Surgeons Commission on Cancer, a major accrediting group for Memorial Hermann oncology services.

A psychology graduate of the University of Houston, Mahan went on to receive her master’s degree in social work at The University of Texas at Austin. She completed a clinical internship at the National Institutes of Health, where she worked with the National Cancer Institute and the National Institute of Allergies and Infectious Diseases.

A native of Wilmington, Del., she joined Memorial Hermann after working with HIV/AIDS patients for nine years at the Montrose Clinic, now Legacy Community Health.

To contact Mahan, email her at katharine.mahan@memorialhermann.org.

Rhonda Sherman, Ph.D.

Psychologist- Oncology



Dr. Rhonda Sherman has a longstanding sense of connectedness with Memorial Hermann. She grew up in the hallways of Memorial Hermann Memorial

City Medical Center, where her father and mother practiced psychology and psychotherapy, respectively, and she was a Junior Volunteer.

A psychologist in private practice, Dr. Sherman has an office at Memorial Hermann Memorial City, where she has staff privileges and is available for referrals and consultation to medical staff and patients. About 40 percent of her practice focuses on oncology patients or oncology-related clients.

“IN WORKING WITH ONCOLOGISTS AND CANCER CENTERS OVER THE PAST 20 YEARS, WE ALL HAVE BECOME MORE AWARE OF THE CORE NEED TO IDENTIFY AND ADDRESS THE PSYCHOLOGICAL ASPECTS OF A CANCER DIAGNOSIS AND TREATMENT. EARLY ENGAGEMENT OF A PSYCHOLOGIST AS PART OF THE TEAM IS THE VERY BEST WAY TO IMPROVE PATIENT OUTCOMES AND LONG-TERM RECOVERY.”

- RHONDA SHERMAN, PH.D.

“In working with oncologists and cancer centers over the past 20 years, we all have become more aware of the core need to identify and address the psychological aspects of a cancer diagnosis and treatment,” she says. “Early engagement of a psychologist as part of the team is the very best way to improve patient outcomes and long-term recovery.”

She completed her doctoral dissertation in 1995 at Roswell Park Cancer Institute in Buffalo, N.Y.; her area of research was sexual and psychological functioning of bone marrow transplant survivors. She went

on to complete her internship in health psychology at the Veterans Administration Medical Center in Long Beach, Calif., and did postdoctoral training in HIV, oncology and pain management. Following her postdoctoral training, she joined City of Hope Cancer Center in Duarte, Calif. Dr. Sherman has 20 years of experience and holds a membership in the American Psychosocial Oncology Society.

“I learned a long time ago that cancer patients may have the same age, same diagnosis, same treatment and same gender but the psychological and psychosocial issues may be different,” she says. “I complete a very thorough assessment and psychological evaluation when I first meet clients to assess their acute symptoms and to uncover their deeper issues. Depression, anxiety, body image issues, mortality and fear of recurrence are very common. Some individuals, who are cancer free, are struggling with survivorship issues, sexuality, their careers or their roles within the family. A psychologist can help physicians uncover the underlying issues.”

To refer a patient or contact Dr. Sherman, call 281.910.1649.

COMMUNITY OUTREACH

Community Partner Spotlight: The American Lung Association

Rubina Abrol, M.D., physician leader for the American Lung Association (ALA) in Texas, loves her role in patient education and provider advocacy, in part because before she became a physician, she was a patient. A cancer survivor, Dr. Abrol was diagnosed with lymphoma in her first year of medical school. In her third year, she contracted pneumonia and ignored her symptoms.

“I collapsed at the airport on my way home to my family,” she says. “I had so much bacteria in my system that I was septic. All my organs failed, and I was on life support with very little chance of regaining consciousness. But I did.

I was fortunate because I was covered by my parents' insurance, and I thought, what about those who don't have that opportunity? After that experience I wanted to do something to help balance the scales of healthcare inequality."

Toward that goal, she stepped away from clinical medicine to chronic disease management in public health. There she found an opportunity to provide resources for providers to help them educate their patients effectively.

That is exactly what she has been doing through a year-old collaboration with Memorial Hermann Memorial City Medical Center focused on reducing emergency department visits for pediatric patients with persistent asthma. During that time, ER visits for this population have dropped dramatically.

"Using evidence-based guidelines, we were able to streamline the way each clinic approached the diagnosis and management of pediatric asthma," she says. "Through the initiative, parameters for patient education, asthma trigger identification and reduction, and patient self-assessment were built into the clinic's methods of pediatric asthma management. This resulted in an increase in patient compliance and adherence to self-management goals, and an increase in good healthcare utilization as evidenced by a reduction in unnecessary emergency department visits.

"We're seeing better engagement from pediatric patients and their caregivers on their medications, a good example of the power of education," she adds. "We've since reached out to adult patients with asthma, COPD and sleep apnea, and in November we'll be collaborating on lung cancer awareness events.

The American Lung Association recently partnered with the Ad Council to launch its "Saved by the Scan" initiative, which encourages providers to use low-dose CT scans in high-risk patients in an effort to facilitate the early detection and screening of lung cancer.

"Through Memorial Hermann, we have found an exceptional healthcare



"THE SYSTEM GIVES THE AMERICAN LUNG ASSOCIATION CONNECTION WITH AN ENORMOUS NUMBER OF PATIENTS WITH DISEASES OF THE LUNG. THEY'RE INNOVATIVE AND OPEN TO PILOTING PROGRAMS THAT CAN BE EXTENDED TO OTHER HOSPITALS IN THE COMMUNITY. THEY UNDERSTAND THAT PATIENT EDUCATION IS A FINE ART."
- RUBINA ABROL, M.D.

partner that shares that same goal," Dr. Abrol says. "During the month of November, we'll be helping to educate and empower providers to promote better utilization of the screening technique. We also will be educating the system's patient population by providing our lung cancer resources, including access to our online and in-print patient education libraries, treatment options and options to join support groups for patients and caregivers. These events include collaborating on resources for provider panel discussions and patient education summits."

The long-range goal is better healthcare utilization. "When an adult or pediatric patient is continuously in the ER because they've run out of medications, we have to ask ourselves where did we go wrong? How can we do it better to make sure our patients know how to avoid that ER visit? If patients are discharged with pages of information and a machine to measure lung volumes, it can be confusing. We envision having an ALA volunteer contact the patients to educate them. I think we can make that happen."

Dr. Abrol recently launched another one-year learning collaborative with all 10 Memorial Hermann School-based Health Centers. She is pleased to be working with Memorial Hermann for a number of reasons. "The System gives the American Lung Association connection with an enormous number of patients with diseases of the lung," she says. "They're innovative and open to piloting programs that can be extended to other hospitals in the community. They understand that patient education is a fine art. You want to provide accurate and user-friendly education to patients without overwhelming them. We're looking to bring more American Lung Association resources to patients at Memorial Hermann. The sky's the limit with this."

MEMORIAL HERMANN WELCOMES

Memorial Hermann Welcomes New Recruits

Six physicians, an oncology nurse navigator and an oncology social worker have joined Memorial Hermann Cancer Centers located across Greater Houston.



ERNEST "CHAPPIE" CONRAD, M.D.
Orthopedic Surgery & Oncology
Professor, Dept. of Orthopaedic Surgery,
McGovern Medical School at UTHealth
Memorial Hermann-TMC

Ernest "Chappie" Conrad, M.D., a professor of orthopedic surgery, joined the department of Orthopedic Surgery at McGovern Medical School at UTHealth in June. A specialist in orthopedic oncology, Dr. Conrad was recruited to develop the Musculoskeletal Oncology Service at Memorial Hermann-Texas Medical Center. His main clinical interests and emphasis include treating bone and soft tissue tumors in children and adults, and in reconstruction and grafting for bone tumors.

Dr. Conrad completed medical school at The University of Virginia School of Medicine in Charlottesville, followed by internship at Roosevelt Hospital in

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New York City and residency in orthopedic surgery at The Hospital for Special Surgery Sloan-Kettering Memorial Hospital Cornell Medical Center in New York. He completed a fellowship in orthopedic oncology at the University of Florida, and an additional fellowship in pediatric orthopedics at the Hospital for Sick Children in Toronto, Ontario.

Shortly after completing his fellowship in Toronto, Dr. Conrad moved to the University of Washington School of Medicine in Seattle, where he established a multidisciplinary academic sarcoma center. In Seattle he set the standards for the world in assessing risk and response in sarcoma patients, using PET imaging and for limb salvage surgery in adults and children.



MONA LISA ALATTAR, MD
Hematology Oncology
Memorial Hermann Texas Medical Center

Medical oncologist and hematologist Mona Lisa Alattar, M.D., is affiliated with the Memorial Hermann Cancer Center-Memorial City. Dr. Alattar is a Houston native who graduated from Rice University. She received her medical degree at St. George's University School of Medicine in Grenada, West Indies. After completing her residency in internal medicine at McGovern Medical School at UTHealth, she went on to complete a hematology/oncology fellowship at The University of Texas Southwestern Medical Center in Dallas and a leukemia fellowship at The University of Texas MD Anderson Cancer Center in Houston. Dr. Alattar's clinical interests are breast cancer, GI/GU malignancies, benign and malignant hematology. She is also an active research investigator in clinical trials, and is now the moderator for the general tumor board at Memorial Hermann Memorial City. She is fluent in English, Spanish and Arabic.

Veena Chandrakar, M.D., has been practicing medicine in Houston and the

Cypress area since 2004. She earned her medical degree at St. George's University School of Medicine in Grenada, West Indies, and completed her residency training in internal medicine at Drexel University College of Medicine in Philadelphia, Pa.,



VEENA CHANDRAKAR, MD
Hematology Oncology
Affiliated with Memorial Hermann
Memorial City Medical Center

and New York Methodist-Cornell affiliate in Brooklyn, N.Y. She went on to complete her fellowship in hematology and oncology at Lombardi Comprehensive Cancer Center at Georgetown University School of Medicine in Washington, D.C. She is board certified in hematology and medical oncology. Her clinical interests include cancers of the colon and rectum, lung and breast as well as benign and malignant hematological disorders. She treats adults, ages 18 and up, and is affiliated with Memorial Hermann Cypress Hospital.



CONCEPCION DIAZ-ARRASTIA, MD
Gynecological Oncology
Associate Professor, Dept. of Obstetrics,
Gynecology & Reproductive Sciences, McGovern
Medical School at UTHealth
Affiliated with Memorial Hermann-TMC

Concepcion R. Diaz-Arrastia, M.D., is an associate professor in the department of Obstetrics, Gynecology and Reproductive Sciences at McGovern Medical School at UTHealth and is affiliated with the Memorial Hermann Cancer Center-Texas Medical Center. She received her medical degree at the University of Medicine and Dentistry of New Jersey and completed her residency at the State University of New York Downstate Medical Center. Dr. Diaz-Arrastia went on to complete a fellowship in gynecologic oncology at the same institution. Her clinical interests are gynecological cancer, cervical cancer and ovarian cancer.

Zeyad Kanaan, M.D., is a medical oncologist and hematologist affiliated with the Memorial Hermann Cancer



ZEYAD KANAAN, MD
Oncology Hematology
Memorial Hermann Health System
Memorial Hermann Texas Medical Center
Assistant Professor, Internal Medicine Oncology,
UTHealth

Center-Texas Medical Center. Dr. Kanaan earned his medical degree at the Jordan University of Science and Technology in Jordan in 2005. He completed his residency training at the Cleveland Clinic Foundation in 2010. He was appointed chief medical resident from 2010-2011 and an assistant professor in academic internal medicine until 2013 at the same institution. He completed his fellowship training in medical oncology and hematology at the University of Louisville School of Medicine in 2016 and was appointed division chief fellow. His clinical interests are malignant hematological disorders and general oncology.

Oncologist and hematologist Hazem



HAZEM EL-OSTA, MD
Oncology Hematology
Assistant Professor of Internal
Medicine- Oncology
McGovern Medical School at UTHealth
Affiliated with Memorial Hermann-TMC

El-Osta, M.D., is affiliated with the Memorial Hermann Cancer Center-Texas Medical Center and is a clinical assistant professor of internal medicine-oncology at McGovern Medical School at UTHealth. He received his medical degree and completed his residency at the University of Saint Joseph in Beirut, Lebanon, and the University of Kansas School of Medicine in Kansas City. He subsequently completed two fellowships, one in investigational cancer therapeutics at The University of Texas MD Anderson Cancer Center in 2010 and the second in hematology-oncology at Louisiana State University Health Sciences Center in Shreveport in 2013. Dr. El-Osta's clinical interests are in head and neck cancers, melanoma and thoracic malignancies.

Krystie Fenton, B.S.N., RN, OCN, received her Bachelor of Science in Nursing at the University of Manitoba, Canada. She practiced as a hematology/



KRYSTIE FENTON, B.S.N., RN, OCN
Oncology Nurse Navigator

oncology/stem cell transplant nurse before relocating to the United States in 2005. On arrival in Houston, she worked in the stem cell transplant unit at The University of Texas MD Anderson Cancer Center and became an Oncology Certified Nurse in 2008. She began her oncology nurse navigation career at Memorial Hermann in 2012 and currently serves patients at Memorial Hermann Southeast and Memorial Hermann Pearland hospitals.

Sonia Bernal, LMSW, has joined the Memorial Hermann Cancer Center-Texas Medical Center as an oncology social worker. Bernal received her bachelor's degree in psychology at Our Lady of the Lake University of San Antonio and went on to complete her master's degree in social work at The University of Texas at San Antonio.



SONIA BERNAL, LMSW
Oncology Social Worker
Memorial Hermann Cancer Center-TMC

Prior to joining Memorial Hermann, she was a therapist at NIX Health in San Antonio. At Memorial Hermann, she provides supportive care need discussions to patients and their families, links patients to community resources to minimize barriers to care, and conducts psychosocial consultations and assessments, using a variety of counseling strategies.

EXPERTS ON THE PODIUM

Lung Cancer Survival 2017: New Treatments, New Strategies

The Memorial Hermann Cancer Centers sponsored a continuing education course for physicians and other clinicians on Nov. 10, 2017, at Memorial Hermann Greater Heights Hospital. The target audience included primary care providers, registered nurses, medical assistants, physical therapists, occupational therapists, respiratory therapists and speech-language pathologists interested in learning about advances in lung cancer prevention, screening, diagnosis, treatment, survivorship and rehabilitation.

Speakers were Angela Sisk, M.S.N., RN, OCN, AHN-BC, oncology nurse navigator, Memorial Hermann Greater Heights Hospital; Deidra Teoh, M.S.N., RN, OCN, ONN-CG, lung oncology nurse navigator for the Memorial Hermann Southwest Region; Pushan Jani, M.D., clinical assistant professor of internal medicine-pulmonology at McGovern Medical School at UTHealth; Syed Jafri, M.D., an assistant professor of medicine-oncology at UTHealth; Philip A. Rascoe, M.D., FACS, associate professor of cardiothoracic and vascular surgery at UTHealth; Aparna Surapaneni, M.D., radiation oncologist, Memorial Hermann Greater Heights Hospital; Anna de Joya, PT, D.Sc., NCS, director of new program development, Memorial Hermann Post Acute Care Services; Ted Tenczynski, M.D., medical oncologist, Memorial Hermann Greater Heights



Attendees at the Lung Cancer Survival 2017 event hear from experts in lung cancer care.

Hospital; José L. Ramos, M.D., medical director, Supportive Medicine and Palliative Care, Memorial Hermann Northeast Hospital; and Ms. Clara Lambert, 8-year lung cancer survivor, entrepreneur, real estate professional and cancer center volunteer.

Learning objectives were to provide an overview of lung screening for early detection; explore associated diagnostics and what to expect; provide tobacco cessation resources; discuss systemic therapy including immunotherapy; examine the latest in surgical techniques; define lung cancer rehabilitation; provide an overview of supportive care strategies for lung cancer patients; and describe Memorial Hermann resources.

MEMORIAL HERMANN LUNG CANCER CONFERENCE

Pulmonologists and lung cancer specialists in the Greater Houston area are invited to submit cases for discussion at Memorial Hermann's Lung Cancer Conference, which meets every other week at 7 a.m. at Memorial Hermann Southeast Hospital. Physicians may attend or teleconference in.

"Our goal is to give healthcare providers who treat patients with lung cancer an opportunity to participate in an expert interdisciplinary lung tumor board to develop evidence-based treatment plans for their patients," says Sandy Miller, vice president of the Memorial Hermann Oncology Service Line.

To participate, contact Ami Gates at 281.929.4758 or email her at ami.gates@memorialhermann.org.

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The Memorial Hermann Cancer Journal is published four times a year by Memorial Hermann Health System. Please direct your comments or suggestions to Editor, Memorial Hermann Cancer Journal, Memorial Hermann Memorial City Tower, 929 Gessner Rd., Suite 2548, Houston, TX 77024, 713.242.4490.

To receive the Memorial Hermann Cancer Journal via email, please sign up online at memorialhermann.org/cancerjournal.

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Fall 2017