

# CANCER JOURNAL

SUMMER 2019

SURVIVORSHIP

## The Year of Living with Cancer

SPECIAL SECTION: Memorial  
Hermann Cancer Centers'  
Annual Report, Page 6

Katherine O'Brien, PhD, felt a lump in her breast on Super Bowl Sunday 2017. That brief moment set her on a nine-month journey of cancer treatment and a lifetime of survivorship marked by vigilance, screening and concern about the possibility of recurrence.

Two days later she was in the office of her OB/GYN, Sidra Yunas, MD, who sent her, on the same day, to the Memorial Hermann Imaging Center-Texas Medical Center for a mammogram and ultrasound. Thanks to a cancellation, she had a biopsy just two hours later. At the end of the week, her doctor called with a preliminary diagnosis of ductal carcinoma in situ.



**EMILY ROBINSON, MD, FACS**

Breast Surgeon affiliated with Memorial Hermann Cancer Centers; Professor, Department of Surgery, McGovern Medical School at The University of Texas Health Science Center at Houston (UTHealth).

She had a next-business day appointment with breast surgeon Emily Robinson, MD, FACS, a professor in the department of Surgery at McGovern Medical School at The University of Texas Health Science Center at Houston (UTHealth). "I was feeling confident with my pages of questions in hand. I wanted to discuss treatment options with her like the competent professional I was trained to be," says Dr. O'Brien, 34, the Brain Injury Program leader and clinical neuropsychologist for the Disorders of Consciousness Program at TIRR Memorial Hermann. "Dr. Robinson was clearly, compassionately and thoroughly explaining my diagnosis to me, and all the questions I had



"I found myself on the same roller coaster ride of emotions I've watched my own patients experience, and had a new appreciation of what it is to be on the other side." - Katherine O'Brien

prepared were suddenly irrelevant. I simply couldn't process the information. I found myself on the same roller coaster ride of emotions I've watched my own patients experience, and had a new appreciation of what it is to be on the other side."

That week Dr. O'Brien had five physicians' appointments in the first four days, and began to consider herself a regular at the Memorial Hermann Cancer Center-Texas Medical Center. Her surgery was scheduled for Feb. 28, just 18 days post-diagnosis. Due to the extent of disease, indicated by a large calcification on imaging, she decided to undergo a left mastectomy. Her lymph nodes were negative, but the pathology report showed invasive ductal carcinoma Grade 3.

"Although the tumor was small, it was high grade, so we sent it for Oncotype DX® testing, a genomic test that helps us make informed treatment decisions," says Anneliese Gonzalez, MD, a medical oncologist affiliated with Memorial Hermann-Texas



**ANNELIESE GONZALEZ, MD**

Medical Oncologist affiliated with Memorial Hermann Cancer Centers; Associate Professor, Oncology and Hematology, McGovern Medical School at The University of Texas Health Science Center at Houston (UTHealth).

Medical Center and an associate professor of oncology and hematology at McGovern Medical School at UTHealth in Houston.

In the midst of all this, Dr. O'Brien was trying to be fully present at work and engaged with her patients and their families. "At work I was able to block it out for a few hours," she says. "Then I would get home and it would become real all over again. I was a cancer patient. I'd had my mastectomy and then the waiting and uncertainly started *Living with Cancer* continues on page 2

**Living with Cancer** *continued from page 1*

all over again. We were waiting to hear the results of genetic testing and Oncotype testing, which would help us determine whether I would benefit from chemotherapy.”

Dr. O’Brien’s tissue markers came back estrogen and progesterone positive and HER2 negative, the most common form of breast cancer. “She had clean lymph nodes, so this was a best-case scenario,” Dr. Gonzalez says. “But she also tested positive for a mutation on the BRCA2 gene, which increased her risk for developing breast cancer, ovarian cancer, pancreatic cancer and melanoma. Her Oncotype assessment landed right in the middle, in the gray zone, where there is no definitive data on whether the potential benefit of chemotherapy would outweigh the risk of side effects. She had to decide whether she wanted to move forward with more aggressive treatment with chemotherapy or less aggressive treatment.”

Dr. Gonzalez reviewed the pros and cons, citing the most recent research. “She provided me with all the information I needed to make an informed decision, but she left it up to me,” Dr. O’Brien says. “I had to think long and hard about whether or not to have chemotherapy. My pathology report came back with clean

margins, but there was a small, nagging voice in the back of my head that said all it takes is one cancer cell. And it was possible that I might develop cancer again due to my BRCA2 status. I made the decision to go ahead with chemotherapy to lower my risk of recurrence.”

She also made the decision to have a prophylactic mastectomy of the right breast, a surgery that Dr. Robinson performed in November 2017. Affiliated plastic surgeon Sean Boutros, MD, placed tissue expanders at the time of both mastectomies, and Dr. O’Brien later underwent reconstructive breast surgery with implants.

Because of her BRCA2 status and increased risk for ovarian cancer, she sees gynecologic oncologist Elizabeth Nugent, MD, annually for evaluation. Dr. Nugent is an assistant professor in the department of



**ELIZABETH NUGENT, MD**  
Gynecologic Oncologist affiliated with Memorial Hermann Cancer Centers; Assistant Professor, Department of Obstetrics, Gynecology and Reproductive Sciences at McGovern Medical School at UTHealth.

Obstetrics, Gynecology and Reproductive Sciences at McGovern Medical School at UTHealth in Houston.

“I am eternally grateful to the team at the Memorial Hermann Cancer Center,”

Dr. O’Brien says. “From the front desk to registration, to the wonderful nurses, physician assistants, pharmacists and doctors, they all worked to make me feel comfortable as a patient in a place I didn’t really want to be. My friends came to keep me company during chemotherapy. The nurses and my genetic counselor visited while I was receiving treatment.”

On July 12, 2017, Dr. Gonzalez described her patient as in remission with no evidence of disease. “The entire cancer center came together to watch me ring the bell, signifying the end of my active cancer treatment. It was a day I’ll always remember,” Dr. O’Brien says.

“Like many people who work in health care, Katie was very involved in her decision-making and wanted to understand all her options before going through with the proposed intervention,” Dr. Gonzalez says. “She was always calm and took her time to understand and think about the different steps along the way, and discussed them with her friends and family members. We wanted to give her time to decide which treatments would be the best fit for her based on the things that matter to her. Chemotherapy or not? A mastectomy on the unaffected breast or not? She’s an intelligent and thorough woman. It’s a pleasure to care for her.”

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# Tackling Melanoma with Courage



"I do everything I can to encourage my kids, my friends and family to wear sunscreen, put on hats and take the extra steps to protect their skin. You just can't take it for granted." - Sabrina Farber

On average, the Houston area has 204 sunny days. For each of those days, Sabrina Farber has to tackle an inner battle against fear that her melanoma may return.

"Once you've had a diagnosis of melanoma, it almost makes you afraid of the sun. One day I told myself, 'Forget this. I am going to put on my protective clothing and I am going to enjoy the outdoors,' but it's a battle to keep that fear out," said Farber.

Farber, a fair-skinned, red-headed mother of five, says she'd always taken the extra precautions to try to protect her skin from the sun and has been vigilant about undergoing a yearly skin cancer screening. She'd had biopsies over the years and even some basal cell carcinomas removed, so she didn't think twice about a biopsy on a spot on her forearm.

"The results came back that it wasn't cancerous, but the spot never quite healed well. When I asked my dermatologist, he suggested a second biopsy, but I was afraid that would only exacerbate the problem," said Farber.

With the condition of her arm unchanged, Farber eventually went in for the second biopsy that would change everything.

"I don't know how to communicate what it feels like when someone tells you that you have cancer, that you have a tumor. It's frightening, no matter what type of cancer it is," said Farber.



**CASEY DUNCAN, MD**

Surgical Oncologist affiliated with Memorial Hermann-Texas Medical Center  
Assistant Professor, McGovern Medical School at UTHealth in Houston

## Diagnosed with Stage 2B Melanoma

"Melanoma is the most serious form of skin cancer because it often spreads.

The surgery surrounding the removal of the cancer is much more involved and patients require surveillance for the rest of their lives," said Casey Duncan, MD, a surgical oncologist affiliated with Memorial Hermann-Texas Medical Center and assistant professor at McGovern Medical School at The University of Texas Health Science Center at Houston (UTHealth).

Farber says it was also difficult that she received the diagnosis near the holidays, but was thankful Dr. Duncan treated her in a timely manner.

"She told me she had availability to perform the surgery on New Year's Eve, and I told her if she was willing to come in, I would be there! I was so impressed by her responsiveness and her supportive nature throughout the entire process," said Farber.

Dr. Duncan also biopsied the lymph nodes in Farber's armpit to ensure the cancer hadn't spread.

"When Dr. Duncan called and told me there was no sign of cancer in my lymph nodes, it was like getting a 'not guilty' verdict when you faced the potential of the death penalty. I can't even explain the weight it lifted off my shoulders," said Farber.

*Melanoma continues on page 4*

## A Reminder about Skin Cancer Screening

Skin cancer accounts for more malignancies than all other cancers combined. One in five people in the United States will develop some type of skin cancer by the age of 70, with more than 5.3 million new diagnoses expected this year in the United States alone. In 1935, the average American's lifetime risk of developing malignant melanoma was 1 in 1,500. The American Cancer Society now calculates the risk at 1 in 38 for whites, 1 in 1,000 for blacks and 1 in 172 for Hispanics.

The primary risk factor for melanoma and non-melanoma skin cancers is long-term exposure to ultraviolet light from the sun and tanning beds. Primary prevention programs for skin cancer focused on screening and reducing UV exposure through increased awareness appear to be having a positive effect in lowering the overall incidences of skin cancer. Studies have shown that people who developed basal cell carcinoma had fewer subsequent cancers if they protected themselves from UV exposure. Reduction in sun exposure by daily use of a sunscreen may also reduce the risk of squamous cell cancer.

Please remind your patients to do a monthly self-examination and schedule an annual full-body examination with a physician. The prognosis for patients with lesions found and treated early is generally good.



### Melanoma Can Reoccur or Spread

Dr. Duncan says Farber, like all patients she treats for melanoma, will need to undergo skin checks every three months for the rest of their lives.

“Once you have melanoma once, you are at a higher risk of it developing again. Combine that with the danger of melanoma spreading, and we want to catch any spots

as early as possible,” said Dr. Duncan.

Dr. Duncan also recommends putting on sunscreen, or wearing protective clothing, when you will be in the sun for an extended period of time. The American Academy of Dermatology recommends using a water resistant broad-spectrum sunscreen of at least SPF 30.

Farber says the whole experience, while tough, helped give her clarity. “You really start to realize what’s important and

what isn’t. You see how strong your family is. Now, I do everything I can to encourage my kids, my friends and family to wear sunscreen, put on hats and take the extra steps to protect their skin. You just can’t take it for granted,” said Farber.

Learn more about skin cancer treatment options offered through Memorial Hermann Cancer Centers, or find a dermatologist near you to schedule an appointment for a skin cancer screening.

## Defying the Odds to Tackle Cancer and Give Back



“Going through this whole cancer journey has made me feel like I’m the most blessed person on earth. I’ve met so many wonderful people. Dr. Blanco calls me a miracle, but it’s my doctors who have been the miracle workers.” - Mary Mancl

For the past 20 years, Mary Mancl has traveled to the Caribbean island of Roatán, Honduras, first to scuba dive, and then with her sister to snorkel when a blood disorder brought her diving days to an end. “We loved it so much, and it’s such a beautiful place to dive, so we started going every year. Over the years we got to know the local people and started bringing school supplies to donate to the Roatán Children’s Fund, a not-for-profit organization that helps school children and orphanages. The kids are excited to get a box of crayons, so every time we go, we take suitcases and boxes of school supplies.”

In 2014, Mancl’s life was interrupted by frequent sinus infections that would improve with antibiotics and then recur. “I was starting to see double and it was hard



**AMBER LUONG, MD, PHD**  
Associate Professor and Director of Research, Department of Otorhinolaryngology-Head and Neck Surgery, McGovern Medical School at UTHealth in Houston



**ANGEL BLANCO, MD**  
Medical Director of the Radiation Oncology and the Gamma Knife Centers, Memorial Hermann-Texas Medical Center; Associate Professor, Vivian L. Smith Department of Neurosurgery at McGovern Medical School at UTHealth in Houston

for me to work on a computer,” she says. “Finally, in 2015 my boss said, ‘You’re going to an ENT and you’re not leaving the office until you make an appointment.’”

Mancl’s ENT found a mass in her maxillary sinus on endoscopic exam and referred her to Amber Luong, MD, PhD, an associate professor and director of research in the department of Otorhinolaryngology-Head and Neck Surgery at McGovern Medical School at UTHealth in Houston. Dr. Luong scheduled a surgical biopsy, and the pathology report came back Stage 4 squamous cell carcinoma, a rare tumor in that location. She referred her patient to medical oncologist Shannon Guo, MD, and Angel Blanco, MD, medical director of the Radiation Oncology and the Gamma Knife Centers at Memorial Hermann-Texas Medical Center and an associate professor in the Vivian L. Smith Department of Neurosurgery at McGovern Medical School at UTHealth in Houston. Mancl had the beginnings of her multidisciplinary treatment team.

“It was in my sinus, going up the nerve into my eye, and had gone through the bone under my eye socket, which is why I was seeing double,” she says. “Dr. Guo worked to shrink the

tumor before surgery, and after eight weeks of chemotherapy, it had shrunk somewhat.”

Based on imaging results, Dr. Blanco pushed for removal of her right eye. “Dr. Blanco deserves a pat on the back,” Mancl says. “He felt strongly that it needed to come out. Once I was in the OR and they saw how extensive the metastasis was, they said it was the absolute right thing to do.” In July 2015, Dr. Luong and Ron Karni, MD, chief of the division of Head and Neck Surgical Oncology at Memorial Hermann-Texas Medical Center, did a right orbital exenteration with maxillectomy, a surgery done only under the most drastic circumstances. After healing, Mancl started six weeks of external beam radiation therapy, plus chemotherapy and fluids, which she finished in late September.

On a brain MRI done after the radiation, her medical team found that part of the tumor was ascending the optic nerve into the brain. In October 2015, Mancl underwent Gamma Knife® radiosurgery by Dr. Blanco and neurosurgeon Scott R. Shepard, MD, at Mischer Neuroscience Institute at Memorial Hermann-Texas Medical Center.

A year later, Dr. Ho did a microvascular free tissue transfer from her thigh, which provided sufficient bulk to fill in the defect left by the exenteration and also reconstruct the sinus.

“Dr. Ho did an amazing job, but unfortunately they found cancer again during the surgery,” Mancl says. She was referred to Yuval Raizen, MD, for immunotherapy, which she underwent for a year from November 2016 to October 2017, suffering significant side effects. Since then she has not had any treatment for cancer.

*Defying the Odds continues on page 5*

**Defying the Odds** *continued from page 4*

“It has stayed stable for the last couple of years, and I manage the side effects every day,” she says. “I don’t have saliva and have to constantly sip on water or take lozenges. I need daily sinus irrigation and fluoride treatments. Sometimes I need iron infusions. Sometimes I need fluids because I get dehydrated. A couple of years ago my doctors thought I was dying but I’m still here. I told them all about my trips to Roatán and that I need to keep doing this. They helped me figure out what I needed to do to make the trips. I take Lovenox® shots before I get on an airplane as prophylaxis for deep vein thrombosis. I’m on a blood thinner now due to my blood disorder and AFib, and the tumor is by a blood vessel. Radiation damaged my Eustachian tubes, so Dr. Luong put in ear tubes to keep my ears from clogging, and she’s also given me advice on how to adjust to changes in cabin air pressure during flights. She’s one of my

heroes. They have made it possible for me to keep making the trips.”

Even though Mancl is beyond five years, Dr. Luong continues to see her. “We meet with her on a regular basis to address her symptoms so that she can continue to do the things she loves,” Dr. Luong says. “Mary’s success is so great. The five-year survival rate is very low in Stage 4 squamous cell cancer of the sinuses. Her life is modified, but she’s still able to make the trip, which is core to her personality and an important element in her quality of life.”

Mancl is flying to Honduras again in August 2019. Dr. Blanco says he considers her a hero. “Something as externally obvious as the removal of an eye is not an easy proposition for anyone. That drastic step has given Mary a longer lifespan,” he says. “She’s been aggressive in her treatment to the utmost degree of reason, and she has surpassed everyone’s expectations. She’s

a long-term survivor in a case with a very poor prognosis. It’s one thing to be a cancer survivor living with side effects of treatment and say, ‘I have a few more years to live and will enjoy them.’ It’s another thing to say, ‘I’m going to continue to help others who are less fortunate than I am.’”

Although Mancl can no longer scuba dive, she snorkels on visits to Roatán. “It’s such a blessing to be able to do that and to continue helping the kids on the island,” she says. “They’re so happy and appreciative.

“Going through this whole cancer journey has made me feel like I’m the most blessed person on earth,” she says. “I have such wonderful, supportive family and friends, and I’ve met so many amazing people. Dr. Blanco calls me a miracle, but it’s my doctors who have been the miracle workers. Everyone thought I was going to die, but the man upstairs had a different plan. Every day when I wake up I feel like this will be a good day.”

**A NOTE FROM LEADERSHIP**



We are thrilled to announce Memorial Hermann has been re-accredited as an Integrated Network Cancer Program by the American College of Surgeons’ Commission on Cancer. We are

proud of the work that goes in to achieving and maintain this designation, as it represents Memorial Hermann’s commitment

to providing quality cancer care to patients in the Greater Houston area. Without the dedication of our affiliated physician partners, oncology nurses and clinicians, and tireless efforts of our leadership and Cancer Registry staff, this achievement would not have been possible. I would like to extend to them my sincerest gratitude.

In this edition of the Memorial Hermann Cancer Journal we share the stories of Katie, Mary and Sabrina, three cancer survivors who represent strength and resilience in the utmost sense of the words. The work we do each and every day is for them, and

for all of our patients. Their stories continually challenge us to strive for greatness, and remind us of the profound impact our work together can have on cancer patients’ lives.

I invite you to turn to page 6 to view our 2018 Annual Report, which highlights our program’s most recent accomplishments. As always, thank you for partnering with us to improve the lives of cancer patients in Greater Houston. Be well.

**Sandra Miller, MHS, RN, NE-BC**  
*Vice President  
Memorial Hermann Oncology  
Service Line*



Each year we review and compile data for the Memorial Hermann Cancer Centers Annual Report. In 2018, Memorial Hermann took care of more than 14,000 cancer patients.

Affiliated surgical, medical and radiation oncologists came together with

radiologists, pathologists, oncology nurses, social workers, rehabilitation specialists, genetic counselors and cancer registrars 582 times during the year to review patient cases at multidisciplinary cancer conferences. The goal of these conferences is to work together to achieve better outcomes for patients by coordinating care and delivering the best cancer treatment strategy for each individual patient. If you are interested in participating in a conference, or submitting a case for review, please turn

to page 8 for more information.

We know you have a choice in where to send your patients for cancer treatment, and are honored you entrust them to our care. Please enjoy this edition of the Memorial Hermann Cancer Journal. We hope you learn something additional about our program that may benefit a patient in need.

**Ron J. Karni, MD**  
*Chair, Oncology CPC Subcommittee  
Memorial Hermann Physician Network*

# ANNUAL REPORT

A YEAR IN REVIEW: MEMORIAL HERMANN CANCER CENTERS' 2018 ACCOMPLISHMENTS

## LETTER FROM THE CHAIRMAN



As Chairman of Memorial Hermann's Integrated Network Cancer Committee, I am pleased to present our 2018 Oncology Annual Report. Memorial Hermann Health

System, with eight accredited American College of Surgeons Commission on Cancer (ACoS CoC) hospitals and one accredited National Accreditation Program of Breast Center, had a busy year where there were great strides made with survivorship care plans, psychosocial distress screening and patient navigation.

The most notable change in the oncology community was the implementation of the *American Joint Committee on Cancer (AJCC) Cancer Staging Manual, Eighth Edition*. In this report, breast and colon cancer quality measures from the Rapid Quality Reporting system (RQRS) showcases the extraordinary work of our providers in providing care to our patients. Other areas that continue to highlight our hospital system include the numerous community endeavors that promoted oncology education, prevention and screening activities. A few examples of quality improvement include implementation of advanced genomic testing, Memorial Hermann Specialty Pharmacy facilitating financial assistance for oncology patients, supportive

medicine improving the quality of life for oncology patients and lowers healthcare costs, and advances in cancer treatment such as HDR Brachytherapy and SpaceOAR.

I would like to thank our cancer committee, administration, nurses, social workers, genetic counselors and cancer registry for their dedication to delivering the highest quality of cancer care each and every day to all our patients.

Sincerely,

**Emily Robinson, MD**

*Chairman, Integrated Network*

*Cancer Committee*

*Chairman, Texas Medical Center*

*Cancer Committee*

## LETTER FROM THE CANCER LIAISON PHYSICIAN



As the Cancer Liaison Physician (CLP) for the Integrated Network Cancer Committee and Memorial Hermann Greater Heights, my role is to monitor, interpret and

provide updated reports of the program's performance using the National Cancer Data Base (NCDB) quality reporting tools such as Cancer Quality Improvement Program (CQIP), Cancer Program Practice Profile Report (CP3R), Rapid

Quality Reporting System (RQRS) and hospital comparison benchmark reports.

In 2018, the most notable change was the implementation of the *American Joint Committee on Cancer (AJCC) Cancer Staging Manual, Eighth Edition*. The oncology community, through cancer conferences, introduced these changes to assist physicians in understanding the new AJCC TNM staging system.

Table 1 illustrates the outstanding oncology care that is provided at Memorial Hermann which is composed of eight accredited hospitals and one accredited breast center at Memorial Hermann Greater Heights. The CoC quality mea-

asures have enabled discussions regarding best practices, evaluating compliance with national guidelines, participation in clinical trials and improving overall quality of care which includes survivorship. We are proud of the consistent high performance from our physicians which underscores our commitment to the highest standards for comprehensive cancer care.

Sincerely,

**Mike Ratliff, MD, FACS**

*CLP, Integrated Network Cancer Committee*

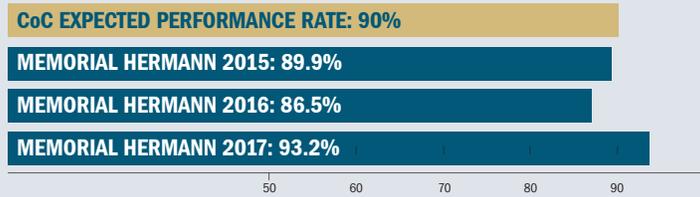
*CLP, Memorial Hermann Greater Heights Hospital*

## DIGITAL VERSION

To receive the Memorial Hermann Cancer Journal via email, please sign up online at [cancer.memorialhermann.org/journal](http://cancer.memorialhermann.org/journal).

**TABLE 1:** Breast and Colon Quality Measures

Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cNOMO, or stage IB-III hormone receptor negative breast cancer.



Radiation is administered within 1 year (365 days) of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer.

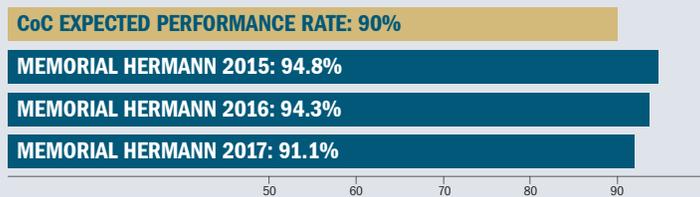
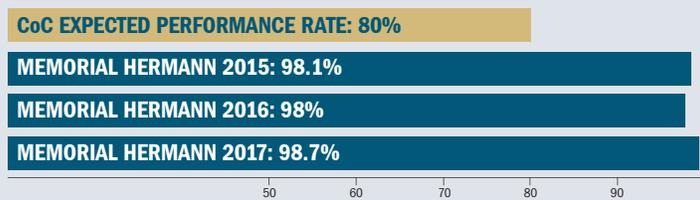
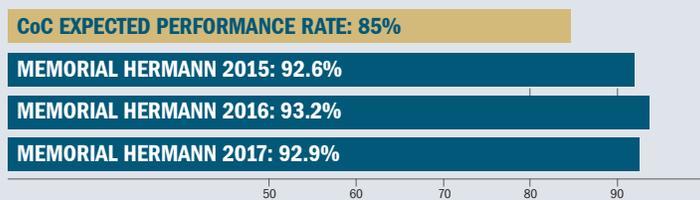


Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer.



At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.



## Memorial Hermann Receives ACS Commission on Cancer Reaccreditation as an Integrated Network Cancer Program



Memorial Hermann Health System, the only American College of Surgeons (ACoS) Commission on Cancer® accredited Integrated Network Cancer Program in Houston, was reaccredited by the ACoS for the third consecutive time after a survey in April 2019. Memorial Hermann is one of only four health systems in Texas to receive accreditation as an Integrated Network Cancer Program, and with eight Cancer Centers, it is the largest program in the state.

“We are proud recipients of this redesignation with five commendations,” says Emily Robinson, MD, FACS, a breast surgeon affiliated with Memorial Hermann-Texas Medical Center, professor in the department of Surgery at McGovern Medical School at UTHealth in Houston and chairman of Memorial Hermann’s Integrated Network Cancer Committee. “The Integrated Network Cancer Program accreditation ensures patients and providers that we deliver the same high quality of care at all eight Memorial Hermann Cancer Centers. It also ensures that physicians affiliated with Memorial Hermann have access to their patients’ records regardless of where they received their treatment within the System. We have a dedicated vice president and administrative team focused on the Oncology Service Line, which helps keep the service line top of mind for our CEO and also keeps our patients front and center.”

The Memorial Hermann INCP received commendations for clinical research accrual, cancer registry education and rapid quality reporting, public reporting of outcomes and oncology nursing care.

Commission on Cancer-accredited Integrated Network Cancer Programs (INCPs) are held to rigorous quality standards and must pass a reaccreditation survey every three years. To qualify, they must have multiple facilities providing integrated cancer care, comprehensive services and opportunities for patients to participate in cancer-related clinical research. INCPs have a unified cancer committee, tumor boards, a standardized registry with a data repository and coordinated service locations with multidisciplinary practitioners who work together for patients.

## Memorial Hermann-Greater Heights Receives NAPBC Reaccreditation

The Memorial Hermann Breast Care Center at Memorial Hermann Greater Heights Hospital has been reaccredited by the National Accreditation Program for Breast Centers after a two-day survey in April 2019.

“The NAPBC holds us to rigorous standards based on National Comprehensive Cancer Network guidelines for breast cancer patients,” says Mike Ratliff, MD, a general and breast surgeon who co-chairs the Cancer Committee at Memorial Hermann Greater Heights and leads the hospital’s weekly tumor board. “We’re

proud of the breast care we deliver here, and of the reaccreditation, which takes a lot of work, commitment and camaraderie among all staff members involved.”

The Breast Care Center has been accredited by the NAPBC since 2013, and is the only NAPBC-accredited program in the Memorial Hermann Health System. In addition to participating in the Memorial Hermann Integrated Network Cancer Committee, Memorial Hermann Greater Heights operates its own cancer committee that meets quarterly.

# Commission on Cancer Update

More than 1,000 hospitals in the United States are accredited by the Commission on Cancer® (CoC), a consortium of professional organizations dedicated to improving survival and quality of life for cancer patients. Established by the American College of Surgeons in 1922, the CoC sets quality standards, conducts compliance surveys, collects data from CoC-accredited organizations to measure cancer care quality, uses data to monitor treatment patterns and outcomes and develops educational interventions to improve prevention and outcomes.

Curtis Wray, MD, a general and oncological surgeon affiliated with Memorial Hermann-Texas Medical Center and an as-



**CURTIS WRAY, MD**  
Surgical Oncologist affiliated with Memorial Hermann Cancer Centers; Associate Professor of Surgery, McGovern Medical School at UTHealth

“IF YOU RECEIVE CANCER CARE AT A COC-ACCREDITED HOSPITAL, YOU CAN BE ASSURED THAT THERE’S A COMMITTEE ACTIVELY ENGAGED IN IMPROVING CANCER CARE AND THAT THE FACILITY MEETS VERY SPECIFIC QUALITY STANDARDS”

- DR. CURTIS WRAY

sociate professor of surgery at McGovern Medical School at UTHealth in Houston, has been appointed to the CoC’s Committee on Cancer Liaison.

“The Committee on Cancer Liaison oversees the larger network of more than 1,600 volunteer Cancer Liaison Physicians who provide local support for

the Commission on Cancer’s national programs and activities,” says Dr. Wray, who has served as a member of the CoC’s Governance Committees for the last four years. “The committee also directs the activities of volunteer state chairs at the

state and regional levels to manage state-based cancer activities and their respective groups of Cancer Liaison Physicians. We also oversee the implementation

of priorities established by the American Cancer Society.”

“If you receive cancer care at a CoC-accredited hospital, you can be assured that there’s a committee actively engaged in improving cancer care and that the facility meets very specific quality standards,” Dr. Wray says.

## Memorial Hermann Expands Oncology Nurse Navigation Program

Oncology nurse navigation ensures cancer patients have the guidance they need to cope with a cancer journey. Nurse navigators ease anxiety and coordinate care, all of which lead to a better experience for patients. In fiscal year 2020, which began in July, Memorial Hermann will add seven new Oncology Nurse Navigator (ONN) positions, bringing the total of ONNs at Memorial Hermann’s eight Cancer Centers from 11 to 18.

“The number of cancer patients we treat is increasing each year,” says Sandra Miller, MHSM, RN, NE-BC, vice president of the Memorial Hermann Oncology Service Line. “We recognize the importance of the ONN role in creating a better care experience for our cancer patients from screening and diagnosis through

survivorship. These specially trained nurses help patients understand what to expect during cancer care, connect the dots by providing education about treatment and possible side effects, as well as support during what, for many, is a traumatic experience. The addition of the new ONN positions upholds our philosophy that at Memorial Hermann no



**KRYSTIE FENTON, BSN, RN, OCN**  
Oncology Nurse Navigator,  
Memorial Hermann Southeast Region



one faces cancer alone.”

ONNs at Memorial Hermann are required to have at least five years of direct care experience in oncology. “The majority of our Oncology Nurse Navigators have been in their roles longer than that, and some have managerial or directorial experience,” says Krystie Fenton, BSN, RN, OCN, oncology nurse navigator at Memorial Hermann Southeast Hospital, who has practiced as an oncology nurse

*Nurse Navigation continues on page 9*

**Nurse Navigation** continued from page 8

for 18 years, and as an ONN for seven. “That kind of experience ensures more skilled and compassionate care that produces better outcomes.”

Using Memorial Hermann’s core clinical application, Care4, the Nurse Navigators are working with Information Systems to create their own system for documentation of resources and education provided to patients. “We’re

collecting metrics on the patient populations we serve at our eight Cancer Centers,” Fenton says. “Based on their specific needs, we can fine-tune our care and the resources we provide at each location.”

Physicians and other providers may refer an inpatient or outpatient to an ONN through Care4 or by calling 833.770.7771. Those who call the toll-free number will be referred to a

nurse navigator at the closest Memorial Hermann Cancer Center.

“We have top-notch equipment and provide outstanding care using evidence-based guidelines,” Fenton says. “Our goal is always excellence and an exceptional patient experience.”

To refer a patient to an Oncology Nurse Navigator, place an order in Care4 or call 833.770.7771.

## Physicians Invited to Present Cases at Memorial Hermann Cancer Conferences

Cancer conferences improve the monitoring of oncology patient care by providing multidisciplinary treatment planning and an opportunity for physician collaboration. Weekly, biweekly and monthly conferences are scheduled at 10 Memorial Hermann hospitals around the city.

“Cancer conferences provide consultative services to help physicians formulate an effective treatment plan for their patients. They also offer an educational opportunity to physicians and allied health professionals,” says Maria Tran, MPH, CTR, director of the Memorial Hermann Health System Cancer Registry. “The meetings include an extensive discussion of pathology and radiology findings as well as discussion of cancer stage,

prognostic indicators, available clinical trials and treatment planning based on national evidence-based treatment guidelines. Teleconferencing is available at some locations, and free continuing medical education credits are provided for physicians.”

Memorial Hermann holds general and site-specific conferences, including breast, lung, gynecologic, central nervous system, gastrointestinal, thyroid, head and neck, lymphoma/leukemia, hepatobiliary and colorectal cancers.

Physicians who have privileges at any Memorial Hermann hospital and wish to present a case for discussion may call Maria Tran at 713.338.5971 or email maria.tran@memorialhermann.org,

for more information about meeting times for cancer conferences. For Memorial Hermann-Texas Medical Center, physicians may contact Virginia Mohlere at 832.325.7289, or via email at virginia.m.mohlere@uth.tmc.edu.

Conferences are held at Memorial Hermann Cypress Hospital, Memorial Hermann Greater Heights Hospital, Memorial Hermann Katy Hospital, Memorial Hermann Memorial City Medical Center, Memorial Hermann Northeast Hospital, Memorial Hermann Southeast Hospital, Memorial Hermann Southwest Hospital, Memorial Hermann Sugar Land Hospital, Memorial Hermann-Texas Medical Center and Memorial Hermann The Woodlands Medical Center.

**TABLE 2:** Memorial Hermann Cancer Incidence as a percentage of Cancer Patient Population vs. the American Cancer Society Estimates

**ESTIMATED NEW CASES**

MALE	MHHS	ACS
Prostate	19%	19%
Lung & Bronchus	13%	14%
Colon & Rectum	12%	9%
Urinary Bladder	5%	7%
Kidney & Renal Pelvis	6%	5%
Non-Hodgkin Lymphoma	5%	5%
Leukemia	2%	4%
Oral Cavity & Pharynx	4%	4%
Liver & Intrahepatic Bile Duct	4%	3%



FEMALE	MHHS	ACS
Breast	40%	30%
Lung & Bronchus	8%	12%
Colon & Rectum	7%	8%
Uterine Corpus	6%	7%
Thyroid	3%	5%
Non-Hodgkin Lymphoma	2%	4%
Leukemia	1%	3%
Pancreas	3%	3%
Kidney & Renal Pelvis	3%	3%



Reference: <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2017/cancer-facts-and-figures-2017.pdf>

# Memorial Hermann Specialty Pharmacy Facilitates Financial Help for Cancer Patients



As the cost of cancer care has risen, more patients are facing bills with the potential for bankruptcy. Since its official opening in December 2017, the Memorial Hermann Specialty Pharmacy has facilitated the provision of \$10.9 million in financial assistance to patients through charitable organizations, pharmaceutical companies and other sources. The pharmacy saved patients \$7.75 million

in calendar year 2018 alone.

“Most newly approved oncology medications average about \$10,000 per month and can exceed \$30,000 monthly,” says Brandon Vachirasudleka, PharmD, clinical manager of the Specialty Pharmacy. “Many patients are required by their insurance plans to pay 20 percent to 30 percent out of pocket, which can add up to \$2,000 a month

or more. Our goal as pharmacists is to connect with patients on a personal level and then work with them to help reduce their out-of-pocket costs. We streamline the process and are there 24/7 for patients, so they don’t have to fend for themselves. Cancer patients are especially appreciative.”

According to the American Society of Clinical Oncology, 10 percent to 20 percent of cancer patients decide not to take the prescribed treatment or make compromises based on the cost of medications. Patients in Southeast Texas who fall into this category are those the Specialty Pharmacy strives to help.

The Memorial Hermann Specialty Pharmacy is headquartered in Katy, with clinics in seven locations. Prescriptions are filled and delivered by mail to the entire Southeast Texas area the day after they are ordered.

**E-Prescribe:** Memorial Hermann Specialty Pharmacy under ‘Retail’ Pharmacy Type

**Phone:** 1.833.234.MHSP (6477) toll free or 281.698.6100 local

## Oncology Research Continues to Expand

Oncologists and researchers affiliated with Memorial Hermann and/or serving on the faculty of McGovern Medical School at UTHealth in Houston are engaged in a broad and intensive research program focused on the mechanisms, treatment and cure of cancer. They use diverse approaches – molecular, transgenic and physiological techniques – in biomedical studies, translational research, clinical trials and technology development and assessment.

“The number of oncology clinical trials led by affiliated physicians has increased over the past five years, along with an explosive growth in genetic studies,” says Sheila Ryan, JD, MPH, CCRP, system director of clinical research operations at Memorial Hermann-Texas Medical Center. “We’ve also seen an increase in studies focused on prevention, epidemiology, community measures, quality of life and the economics of cancer treatment.

Registry studies with large populations of patients are a substantial component of our oncology research program.”

Grants to researchers at McGovern Medical School are awarded by the National Institutes of Health, pharmaceutical companies and foundations.

More than 3,686 patients at Memorial Hermann hospitals have been enrolled in a UTHealth study, and more than 100 studies are currently active, with over 300 patients enrolled.

# Philanthropic Support of Memorial Hermann Cancer Centers



	Memorial Hermann Razzle Dazzle Luncheon	\$ 469,747.11
	Memorial Hermann The Woodlands In The Pink of Health Luncheon	\$ 752,441.62
	Canopy - A Cancer Survivorship Center at Memorial Hermann The Woodlands Medical Center	\$ 140,102.40
	Memorial Hermann Cancer Services	\$ 15,464.50
<b>GRAND TOTAL</b>		<b>\$1,377,755.63</b>

Thanks to the support of generous donors, Memorial Hermann has raised over \$1.3 million to support cancer services at locations across the Greater Houston area. Funds raised at the Memorial Hermann Razzle Dazzle luncheon directly benefit the Bobetta C. Lindig Breast Center at Memorial Hermann Memorial City Medical Center, while funds raised at the In The Pink of Health luncheon are invested in technology, prevention, community outreach and education with the purpose of reducing the incidences of breast and ovarian cancer. Additionally, Canopy - A Cancer Survivorship Center at Memorial Hermann The Woodlands Medical Center, is able to provide free programs and support services to cancer patients in the community strictly due to ongoing philanthropic support.

## MEMORIAL HERMANN CANCER CARE - BY THE NUMBERS

**9,429**  
New cancers diagnosed at Memorial Hermann



**14,582**  
Cancers seen in the Memorial Hermann Health System



**3,030**  
Patients enrolled in clinical trials



**203**  
Clinical trials available



**582**  
Multidisciplinary Cancer conferences held



**1,862**  
Case presentations in breast, gynecologic, lung, central nervous system, lymphoma/leukemia, hepatobiliary, gastrointestinal, endocrine and head and neck at cancer conferences



**656**  
Patients participated in cancer prehabilitation and/or rehabilitation at TIRR Memorial Hermann



**129,019**  
Breast cancer screening mammograms performed



**8**  
Oncology Nurse Navigators

**8,406**  
Colon cancer screening exams performed



**1,778**  
Low-Dose Computed Tomography lung cancer screenings performed



**9**  
Free community screenings held for skin and head and neck cancer



**94**  
Oncology nurses in the Memorial Hermann Health System



TIRR is a registered trademark of TIRR Foundation.

# Shifting Paradigms in Cancer Rehabilitation: MD Anderson Cancer Center and TIRR Memorial Hermann Sponsor Symposium



Approximately 200 physicians, nurses, therapists, case managers, social workers and psychologists attended the 2nd MD Anderson Cancer Center and TIRR Memorial Hermann Cancer Rehabilitation Symposium, held March 29-30, 2019, at The University of Texas MD Anderson Cancer Center in Houston. The symposium focused on “Shifting Paradigms in Cancer Rehabilitation.”

More than 15.5 million people are cancer survivors in the United States, a number expected to rise to almost 20 million by the year 2026. “Because cancer survivors experience complications from cancer and treatment that can impact function, cancer rehabilitation plays an important role in the cancer care continuum,” says Anna De Joya, PT, DSc, NCS, director of education at TIRR Memorial Hermann

and co-planner of the symposium. “The symposium focused on the benefits of rehabilitation for various cancer diagnoses and treatments that impact quality of life, with a special focus on evidence-based assessment and treatment strategies that can be applied to clinical practice.”

Featured speakers affiliated with Memorial Hermann were Kaki Akin, MSN, RN, CRRN, TIRR Memorial Hermann; Anna de Joya, PT, DSc, NCS, TIRR Memorial Hermann; Petya D. Demireva, PhD, TIRR Memorial Hermann and McGovern Medical School at UTHealth in Houston; Emilia Dewi, OTR/L, OTD, TIRR Memorial Hermann Outpatient Rehabilitation; Theresa Gregorio Torres, OTR, MA, ATP, MD Anderson and TIRR Memorial Hermann; Carolina Gutiérrez, MD, TIRR Memorial Her-

mann and McGovern Medical School at UTHealth; Nora Harrigan, PT, DPT, NCS, GCS, MSCS, TIRR Memorial Hermann Outpatient Rehabilitation; Ron Karni, MD, Memorial Hermann-Texas Medical Center and McGovern Medical School at UTHealth; Danielle Melton, MD, TIRR Memorial Hermann and McGovern Medical School; Sandra Miller, MHSM, RN, NE-BC, Memorial Hermann Health System; Katherine O’Brien, PhD, TIRR Memorial Hermann; Allison Reimers, RN, MSN, CRRN, Memorial Hermann Cypress Hospital; Kristin Reeves, MS, PT, TIRR Memorial Hermann; Angela Sisk, MSN, RN, OCN, AHN-BC, ONN-CG, Memorial Hermann Greater Heights Hospital; and Heather Smith, MA, CCC-SLP, TIRR Memorial Hermann - The Woodlands Adult and Pediatric Rehabilitation Services.

# Prehabilitation and Rehabilitation Ease the Transition Back to Everyday Life for Cancer Patients

The availability of cancer prehabilitation and rehabilitation is good news for patients who say they've found it hard to transition to a new way of life when their medical care ended. Patients treated at Memorial Hermann Cancer Centers have access to the entire continuum of cancer care, from prevention, screening, diagnosis, prehabilitation, treatment, rehabilitation and ongoing survivorship support.

Several factors have converged to create a need for cancer prehabilitation and rehabilitation, including a growing population of cancer patients. Because of education, screening programs and advances in cancer treatment, more patients live longer, and many have multiple functional deficits, ranging



**CAROLINA GUTIÉRREZ, MD**  
Cancer Rehabilitation Specialist, TIRR  
Memorial Hermann; Clinical Assistant Professor,  
McGovern Medical School at UTHealth in Houston

from cognitive issues in brain tumor patients to swallowing and eating difficulties in head and neck cancer patients.

“Cancer rehabilitation is a very important component of Memorial Hermann’s cancer program, with a particular focus on prehabilitation for specific patient populations,” says Carolina Gutiérrez, MD, a cancer rehabilitation specialist at TIRR Memorial Hermann and a clinical assistant professor at McGovern Medical School at UTHealth in Houston. “For example, we can help head and neck cancer patients prepare for treatment-related challenges to their physical health that may include swallowing, lymphedema and problems with neck and shoulder movement. For patients with breast cancer, especially those who receive chemotherapy, we can help prepare for challenges including fatigue, deconditioning, cognitive changes, neuropathy and lymphedema.

The medical literature supports prehabilitation, and our experience has shown that patients who have access to it have much better functional and quality of life outcomes.”



## PROFILE IN CARING

# Diana Howard, RN, BSN, OCN

Inspired by an aunt who loved nursing, Diana Howard chose nursing as her own career when she was in high school. After graduation, she enrolled in Riverside Methodist School of Nursing in Columbus, Ohio, where she received a Diploma of Nursing in the second-to-the-last nursing diploma class the school offered. She went on to earn her BSN at Ohio University.

Howard worked in Ohio for a short time before coming to Houston, where she accepted a position in the Radiation Therapy department at The University of Texas MD Anderson Cancer Center. “I



**DIANA HOWARD, RN, BSN, OCN**  
Radiation Therapy Nurse at  
Memorial Hermann Cancer Center -  
Greater Heights

was intrigued by radiation therapy,” she says. “Back then, nurses were also trained as technologists, and I really enjoyed treating patients.”

Three years later, she was one of three nurses who accompanied an accomplished radiation oncologist when he moved his practice to Memorial Hermann Memorial City Medical Center, before it

became part of the Memorial Hermann Health System in 1988. By 1991, she was working in the Radiation Therapy department at Memorial Hermann Greater Heights Hospital, where she remains today.

“I love having the opportunity to get to know patients during their weeks of radiation therapy,” says Howard, who has been a nurse for 44 years. “Our goal is to educate them about the treatment process and the roles of each of their doctors, and to ensure that any needs they have during treatment are met. They are the reason I love coming to work every day.”

# Ongoing Clinical Trials

## LUNG CANCER

The **Adjuvant Lung Cancer Enrichment Marker Identification and Sequencing Trials, or ALCHEMIST**, are a group of randomized clinical trials for patients with early-stage non-small cell lung cancer (NSCLC) whose tumors have been completely removed by surgery. For patients with early-stage NSCLC, there is a 50 percent chance that the cancer will come back, even after patients receive standard treatment. The ALCHEMIST trials test to see if adding targeted therapy based on patients' tumor genetics will help prevent the cancer from returning, and therefore increase the number of people who may live longer. The targeted therapy would be in addition to and after the patient completes the usual standard of care treatment.

**ALCHEMIST A151216 - Screening Trial for A081105, E4512 and EA5142: Adjuvant Lung Cancer Enrichment Marker Identification and Sequencing Trial**

**Sponsor:** National Cancer Institute (NCI)  
**ClinicalTrials.gov Identifier:** NCT02194738

To determine which trial is best for patients, doctors will screen them by examining a small sample of their tumors and testing it for the presence of EGFR mutations and the ALK rearrangement. Patients who have either of these alterations will then be referred to one of two treatment trials that are testing the drugs erlotinib (for EGFR mutations) or crizotinib (for the ALK rearrangement) versus observation. Patients who are negative for both EGFR and ALK alterations or are squamous-type NSCLC will be referred to the immunotherapy trial testing nivolumab. All patients screened on A151216 will be monitored for 5 years.

**ALCHEMIST A081105: EGFR Treatment Trial: Erlotinib Hydrochloride in Treating Patients With Stage IB-III A Non-small Cell Lung Cancer That Has Been Completely Removed by Surgery**

**Sponsor:** National Cancer Institute (NCI)  
**ClinicalTrials.gov Identifier:** NCT02193282

Mutations in EGFR are found in about 10 percent to 15 percent of non-Asian patients with NSCLC and up to 50 percent of Asian patients. Patients whose tumors test positive for an EGFR mutation will be referred to the ALCHEMIST EGFR treatment trial. In this trial, eligible patients will be randomly assigned to take the drug erlotinib or standard of care observation for up to 2 years, or until they experience unacceptable toxicity or a recurrence of their cancer. After treatment, participants' health will be monitored for up to 10 years.

**ALCHEMIST E4512 - ALK Treatment Trial: Crizotinib in Treating Patients With Stage IB-III A Non-small Cell Lung Cancer That Has Been Removed by Surgery and ALK Fusion Mutations**

**Sponsor:** National Cancer Institute (NCI)  
**ClinicalTrials.gov Identifier:** NCT02201992

Approximately 5 percent to 6 percent of people with adenocarcinoma or related types of NSCLC have the ALK genetic rearrangement. Patients whose tumors test positive for this rearrangement, known as an ALK-EML4 fusion, will be referred to the ALCHEMIST ALK treatment trial. In this trial, eligible patients will be randomly assigned to receive the drug crizotinib or standard of care observation for 2 years, or until they experience unacceptable toxicity or disease recurrence. After treatment, participants' health will be monitored for up to 10 years.

**ALCHEMIST EA5142 - Immunotherapy Treatment Trial: Nivolumab After Surgery and Chemotherapy in Treating Patients With Stage IB-III A Non-small Cell Lung Cancer (ANVIL)**

**Sponsor:** National Cancer Institute (NCI)  
**ClinicalTrials.gov Identifier:** NCT02595944

The ALCHEMIST immunotherapy trial was created for patients with early-stage NSCLC whose tumors do not contain the ALK or EGFR gene changes. In addition, patients with early-stage squamous-type NSCLC may also be eligible for the immunotherapy trial. Nivolumab is approved for patients with more advanced stages of NSCLC who have progressed after platinum chemotherapy. This ALCHEMIST treatment trial is testing nivolumab in patients with early-stage lung cancer. In this trial, eligible patients will be randomly assigned to receive the drug nivolumab or be observed. After treatment, participants' health will be monitored for up to 10 years.

**Lead Physician:** Syed Jafri, MD  
**Contact:** Marka Lyons (Research Manager) at 713.500.6919 or marka.lyons@uth.tmc.edu.

*Clinical Trials continues on page 15*

# Ongoing Clinical Trials

## PROSTATE CANCER

**TRITON2: An International, Multicenter, Open-label, Phase II Study of the PARP Inhibitor Rucaparib in Patients with Metastatic Castration-resistant Prostate Cancer (mCRPC) Associated with Homologous Recombination Deficiency (HRD)**

**Sponsor:** Clovis Oncology  
**ClinicalTrials.gov no.:** NCT02952534

This study is for men with metastatic, castrate-resistant prostate cancer who also have a deleterious germline or somatic BRCA1, BRCA2 or ATM mutation, whose disease has progressed despite treatment and who have not previously received a PARP inhibitor. Participants will be enrolled into one of two cohorts based on the presence or absence of measurable visceral and/or nodal disease.

Patients will receive oral rucaparib, a potent PARP1, PARP2 and PARP3 inhibitor. The purpose of the study is to determine the benefit of PARP inhibition in metastatic, castrate-resistant prostate cancer.

**Lead Physician:** Julie Rowe, MD  
**Contact:** Marka Lyons at 713.500.6919 or marka.lyons@uth.tmc.edu.

**TRITON3: An International, Randomized, Open-label, Phase III Study of the PARP Inhibitor Rucaparib vs. Physician's Choice of Therapy for Patients with Metastatic Castration-resistant Prostate Cancer (mCRPC) Associated with Homologous Recombination Deficiency (HRD)**

**Sponsor:** Clovis Oncology  
**ClinicalTrials.gov no.:** NCT02975934

This study is for men with metastatic, castrate-resistant prostate cancer who also have a deleterious germline or somatic BRCA1, BRCA2 or ATM mutation, whose disease has progressed despite treatment and who have not previously received a PARP inhibitor. Participants will be randomly enrolled into one of two cohorts to receive either rucaparib or physician's choice of abiraterone, enzalutamide or docetaxel.

Patients will receive oral rucaparib, a potent PARP1, PARP2 and PARP3 inhibitor. The purpose of the study is to determine the benefit of PARP inhibition in metastatic, castrate-resistant prostate cancer compared with approved standard of care.

**Lead Physician:** Julie Rowe, MD  
**Contact:** Marka Lyons at 713.500.6919 or marka.lyons@uth.tmc.edu.



## Canopy: Healing Through Friendship in a Health-Supportive Cooking Class



“(Cooking Together) helps to give the kids a sense of control and creates a community so they don’t feel like they’re the only ones with a parent with cancer. They also get to help at home.” - Amanda Poole, Canopy Manager

Catherine Gramss, who was diagnosed with breast cancer in 2017, has a 10 year old daughter and an 8 year old son who enjoy cooking shows. “They’ve both always loved to cook,” she says. “Out of my two kids, my daughter had the hardest time with my diagnosis, because she was older and understood more. The mother of one of her friends was diagnosed with breast cancer and died. Ashleigh wasn’t thinking about all the survivors. She was thinking about her friend’s mother.

Amanda Poole, manager of Canopy, told Gramss about Cooking Together, a monthly cooking class for kids who have a parent diagnosed with cancer. “Knowing that Ashleigh likes to cook, I thought this would be a great way to make new friends who know what she’s going through. It creates a common bond and a way to deal with a parent’s cancer diagnosis, without having to talk about it directly. Ashleigh hardly missed a class.” Through Cooking Together, Gramss and her daughter met Michelle Dealey\*, who was newly diagnosed with breast cancer,

and Diana Dealey\*, her daughter. Mothers and daughters became friends. “Had we not had cancer, we wouldn’t have met,” Gramss says. “The diagnosis creates a kind of sisterhood, and you have this shared experience for life. Canopy is a wonderful facility that brings people together.”

Cooking Together’s inaugural class was held in September 2016 at Canopy, a cancer survivorship center at Memorial Hermann The Woodlands Medical Center. “We make a grocery list and prepare a meal to empower kids to help with cooking at home,” Poole says. “It helps to give the kids a sense of control and creates a community so they don’t feel like they’re the only ones with a parent with cancer. They also get to help at home.”

The class allows parents to drop their children off for a few hours on a Sunday afternoon. Classes are two to three hours, depending on the invited chef’s recipe.

Dealey found out about Canopy through a friend who volunteered

there, went on a tour and walked away with a calendar of events. “I wanted something to help my kids while going through that difficult time,” she says. “My daughter loves cooking, and I felt like it was a match made in heaven. She loved the class, especially the opportunity to work with a real chef - an expert - as opposed to mom. She enjoyed being with other people who had an interest in cooking and a shared experience of cancer.”

“A lot of people go through the cancer experience without the wonderful support group you can find at Canopy with friends and family,” Gramss says. “The people you meet have either experienced it or have a loved one who has. My kids have experienced something that a lot of kids haven’t. I’m hoping they learn from that and come away with compassion.

“Ashleigh looks forward to the cooking class every month, even though I’m on the other side now,” she adds. “Her dream since the age of three has been to be a pediatrician, and now, she’s now saying she’d like to be a pediatric oncologist. She also thinks she’d make a better doctor now that she knows what it’s like to have cancer.”

Dealey thinks it’s important to let people know about the program. “I’ve met so many people through my journey. When you come to Canopy, it doesn’t matter if you’re a patient or a family member, whether you have been at Memorial Hermann or were treated for cancer in New York City,” she says. “It’s a wonderful way to meet people, help members of your family and make new friends. It’s been fun to meet Catherine and her daughter. Our daughters light up when they see each other.”

For more information about Cooking Together and other programs at Canopy, please call 713.897.5939.

*\*Names have been changed at the request of the patient.*



▲ Carolyn Allsen, BSN, RN, OCN, Oncology Nurse Navigator at Memorial Hermann The Woodlands Medical Center (*third from left*), was recognized at the Ovarcome Gala on May 18 for her work with cancer patients in the community.



▲ Aparna Surapaneni, MD, radiation oncologist affiliated with Memorial Hermann Cancer Center-Greater Heights spoke at a June 12 Lunch and Learn about breast cancer prevention and detection. The event was in celebration of the 10th annual Razzle Dazzle luncheon, to be held on Oct. 10, benefiting Memorial Hermann Memorial City Medical Center.



◀ Memorial Hermann Sugar Land was a proud sponsor of the Sugar Land Skeeters "Pink in the Park" on May 17. The event celebrates breast cancer survivors and funds raised support the enhancement of breast cancer services at the hospital.



## Memorial Hermann Offers Free Cancer Screenings to the Community

Throughout the year, Memorial Hermann Cancer Centers host free cancer screenings for the community. On April 12, affiliated physicians from McGovern Medical School at UTHealth in Houston's department of Otorhinolaryngology-Head & Neck Surgery screened 126 people as part of National Oral, Head and Neck Cancer Awareness Week.

On May 4, skin cancer screenings were conducted at Memorial Hermann-Texas Medical Center, Memorial Hermann Memorial City Medical Center, Memorial Hermann Northeast Hospital and Memorial Hermann Greater Heights Hospital as part of Skin Cancer Detection and Prevention Month. Of a combined 147 people screened, 39 were referred for further exam and 25 were referred for biopsies.

There were two cases of suspected melanoma, eight cases of suspected basal cell carcinoma, 49 cases of suspected seborrheic keratosis and 16 cases of suspected actinic keratosis.

# Memorial Hermann Welcomes New Recruits



**ADRIENNE FLOYD, MD, FACS**

Breast Surgeon affiliated with Memorial Hermann Cypress and Greater Heights Hospitals

**Adrienne Floyd, MD, FACS**, has clinical interests in general, laparoscopic and breast surgery. She received her medical degree at Temple University School of Medicine in Philadelphia, followed by general surgery residency training at Baylor College of Medicine in Houston and a fellowship in anal physiology and research at the University of Southern California Division of Colorectal Surgery in Los Angeles. A native of South Carolina, Dr. Floyd practices surgery at Memorial Hermann Greater Heights Hospital and Memorial Hermann Cypress Hospital.



**AMANDA GARZA, MD**

Breast Surgeon affiliated with Memorial Hermann Cypress and Greater Heights Hospitals

**Amanda Garza, MD**, received her medical degree at Baylor College of Medicine in Houston and completed general surgery residency training at The University of Texas Medical Branch in Galveston. A native Texan, Dr. Garza specializes in general laparoscopic procedures and diseases of the breast. She is fluent in Spanish and practices at Memorial Hermann Greater Heights Hospital and Memorial Hermann Cypress Hospital.



**TAM HUYNH, MSN, RN, FNP-C, CBCN, AOCNP**

Oncology Nurse Navigator at Memorial Hermann Southwest and Sugar Land Hospitals

**Tam Huynh, MSN, RN, FNP-C, CBCN, AOCNP**, is the Oncology Nurse Navigator at Memorial Hermann Southwest and Sugar Land Hospitals. Huynh received her MSN from Texas Woman's University and has worked as an oncology nurse for 19 years. Before joining Memorial Hermann, she spent all 19 years working at The University of Texas MD Anderson Cancer Center, primarily within the Stem Cell Transplant Unit. Bilingual in English and Vietnamese, she is an advanced oncology certified nurse practitioner, a certified breast care nurse and a family nurse practitioner.



**ANDREW JACKSON, MD**

Medical Oncologist affiliated with Memorial Hermann Cancer Centers

**Andrew Jackson, MD**, a medical oncologist affiliated with Memorial Hermann The Woodlands Medical Center, is now also practicing at Memorial Hermann Northeast Hospital. Dr. Jackson earned his medical degree at McGovern Medical School at UTHealth in Houston, followed by residency in internal medicine at the same institution, where he was chief resident. He completed a fellowship in hematology and oncology at Baylor College of Medicine in Houston.

**Kriti Mohan, MD**, is a plastic and reconstructive surgeon affiliated with Memorial Hermann Greater Heights Hospital. Dr. Mohan earned her medical degree at Baylor College of Medicine with highest distinction. She continued her training at Baylor in the Integrated

Plastic Surgery Residency Program, which included training at The University of Texas MD Anderson Cancer Center. Born in Chennai, India, she moved to the United States with her family as a child.



**LAVANYA PALAVALLI PARSONS, MD**

Gynecologic Oncologist affiliated with Memorial Hermann-Texas Medical Center and Greater Heights Hospitals

**Lavanya Palavalli Parsons, MD**, received her medical degree at the University of Missouri at Columbia School of Medicine and completed residency training at Baylor College of Medicine. She completed fellowship training in gynecologic oncology at The University of Texas Southwestern Medical Center and is a gynecologic oncologist who sees patients at Memorial Hermann-Texas Medical Center and Memorial Hermann Greater Heights Hospital.



**HEATHER PULASKI, MD**

Gynecologic Oncologist affiliated with Memorial Hermann Cancer Centers

**Heather Pulaski, MD**, a gynecologic oncologist affiliated with Memorial Hermann Northeast Hospital, received her medical degree at McGovern Medical School at UTHealth in Houston, followed by residency training in obstetrics and gynecology at Wake Forest University in Winston-Salem, North Carolina. She is dual fellowship trained, having completed the Felix Rutledge Gynecologic Oncology Fellowship at The University of Texas MD Anderson Cancer Center and a fellowship in obstetric and gynecology at the University of Michigan in Ann Arbor.

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## ABOUT MEMORIAL HERMANN CANCER CARE

Memorial Hermann offers the entire continuum of cancer care – education, prevention, screening, diagnosis, treatment, survivorship and rehabilitation. We do more than provide trusted medical care; we are helping patients navigate their entire cancer journey by caring for their physical, social, emotional and spiritual needs. Patients can take advantage of cancer services in their own neighborhood through our convenient network, which includes eight Cancer Centers, more than 20 breast care

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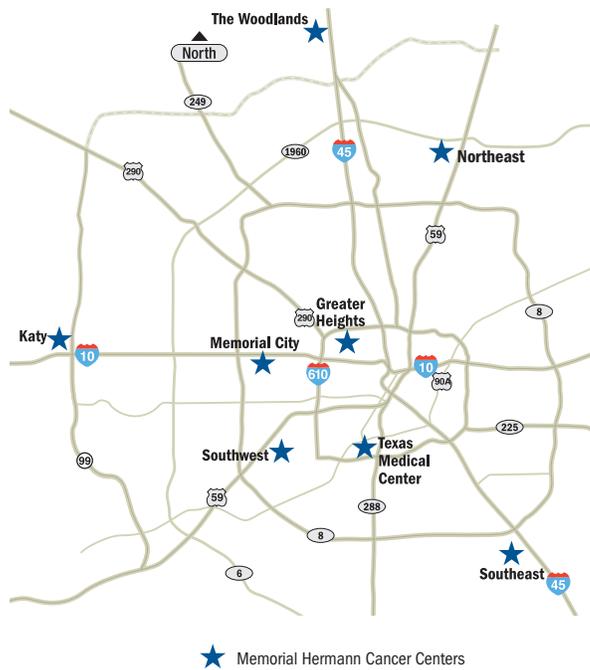
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