

CANCER JOURNAL

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SURVIVORSHIP

Early Detection of Tubular Breast Carcinoma Saves Andrea Cain's Life



Women who get routine mammograms know the drill: Before the exam, you're typically asked if you have experienced any changes in your breasts—including pain or changes in appearance—since your last mammogram. Those questions prompted 55-year-old Middle School Principal Andrea Deneé Cain to recall a “very weird, piercing pain” in her left breast 6 months prior, which at the time she dismissed as a fluke. And a blemish on that same breast, which she “didn't think much of” either.

The signs were there, yet she had been too busy to pay them much heed. The day of her mammogram was New Year's Eve 2018. It was her birthday, and Cain—Dr. Cain—had just received her PhD from Texas A&M University.

Cain says that she has received annual mammograms and ultrasounds since her early 20s, given she has dense breast tissue and a history of non-cancerous breast issues. (She underwent a needle biopsy for fibro-

cystic breast disease in 1995 and surgery to remove a benign tumor in 2006, both performed by general surgeon Mike Ratliff, MD, at Memorial Hermann Greater Heights Hospital.)

That day, in addition to her ultrasound, Cain requested a 3-D mammogram, an option that had recently become available to her. A few days later, she was called back for

a needle biopsy, which, she says, she didn't think much of because she had had biopsies before. She went to the appointment alone.

“At the end of the biopsy appointment, the radiologist showed me on my image what he called a radial scar, a benign breast lesion. He said they can be tricky because they can hide growths beneath them,” Cain says.

A week after the biopsy, Cain was referred to Dr. Ratliff for a surgical biopsy to determine the diagnosis. “Still, at this point, the word ‘cancer’ had never been spoken,” says Cain.

Dr. Ratliff referred her to radiation oncologist Aparna Surapaneni, MD, and oncology hematologist Kevin Hude, MD, both affiliated with Memorial Hermann Greater Heights.

In her surgical follow-up appointment—to which she took her mom, who is a retired nurse, and two of her sisters—Dr. Ratliff explained that he had indeed found something beneath the radial scar. “He said it was very

small, but it was cancer,” she remembers. “And I froze. I don't remember anything he said after that. From that point on he was talking to my mom and my sisters.”

Cain was diagnosed with tubular breast cancer, a rare form of invasive cancer that accounts for approximately 1 percent to 2 percent of invasive breast cancers. Dr. Ratliff subsequently performed a lumpectomy and sentinel lymph node biopsy to completely remove the tumor.

“Tubular carcinoma is rare but is, fortunately, a less aggressive cancer than the most common form of breast cancer, invasive ductal cancer,” says Dr. Ratliff. “Her nodes were negative, as is expected with tubular cancers. As a result, her overall outlook is excellent.”

Dr. Surapaneni told Cain that while she didn't need chemotherapy, she recommended radiation therapy “as standard of care,” to prevent recurrence of her cancer. “Radiation treatment for breast cancer is, in the vast majority of cases, used in conjunction with definitive surgical treatment for best outcomes,” says Dr. Ratliff.

Cain underwent 3 weeks of full breast radiation followed by a boost, which she completed in May 2019.

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Don Pannell: Cancer-Free Following Innovative Robotic Prostatectomy



Photo credit: Katie Littler, Light & Matter Photography

In the beginning, Don Pannell exhibited no obvious signs of prostate cancer. He had no issues with urination. No pain. And no family history of the disease. But Pannell, then 50, was tired. "I felt sluggish and lacked energy," he recalls. "I just didn't feel like my old self."

In 2012, Pannell's primary care physician referred him to David Kent, MD, a urologist affiliated with Memorial Hermann Memorial City Medical Center and Memorial Hermann Katy Hospital. Blood work indicated Pannell's testosterone levels were low, so Dr. Kent prescribed clomiphene, a female fertility drug that is also used to boost testosterone levels in men.

During the drug therapy, Dr. Kent monitored Pannell's prostate-specific antigen (PSA) levels. PSA is a protein produced by both normal and malignant cells of the prostate gland. A PSA test measures the PSA levels in a man's blood. Abnormally high PSA levels can indicate the presence of prostate cancer.

"At one of my checkups, Dr. Kent told me that while my PSA level was in the normal range, he was seeing a rate of change that concerned him," says Pannell.

Dr. Kent performed a prostate biopsy, the results of which were inconclusive. Still concerned, Dr. Kent ordered an MRI of Pannell's prostate, which revealed two lesions. In December 2015, Dr. Kent performed a second, MRI-guided biopsy targeting the areas of concern. The diagnosis was low-risk prostate cancer.

Over the next 2 years, Pannell was under active surveillance, monitored by his physicians in a structured program of care. At a scheduled biopsy in December 2017, his Gleason score changed from 6 to 7, elevating his cancer from low to intermediate risk. The Gleason scoring system is the most common prostate cancer grading system used. A score of 6 is considered a low-grade cancer, predicted to grow more slowly and be less likely to spread than a higher-scoring cancer. A score of 7 is considered a medium-grade cancer.

Dr. Kent consulted with urologist Paul Smith, MD, a colleague who specializes in minimally invasive robotic prostate surgery at Memorial Hermann Memorial City and Memorial Hermann Katy. "Don was young and in good health," says Dr. Smith. "With an intermediate-risk prostate cancer, he was an excellent candidate for a minimally invasive robotic prostatectomy technique I utilize, which combines a nerve-sparing approach and a detrusor apron sparing hood (DASH) technique. It is much less destructive than traditional surgery and preserves continence. Put simply, it lets me keep everything as undisturbed as possible while removing the prostate. Patients typically go home the next day and recover their urinary and erectile functioning relatively quickly."

In February 2018, Dr. Smith performed the DASH robotic prostatectomy.

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Jack Levinson: Robotic RPLND Surgery for Testicular Cancer

Jack Levinson is happy to be back in the gym. In April 2019, the then 43-year-old workout enthusiast was temporarily sidelined with testicular cancer. His workout hiatus could have been much longer, however, were it not for robotic surgeon and urologist Samit Soni, MD, and a multidisciplinary team of specialists.

Levinson's cancer journey began in spring 2019, when he first dismissed pain and discomfort as workout strain but later mentioned it to his doctor during a routine physical. A few days later, a CT scan revealed a mass in his right testicle.

Levinson was referred to Memorial Hermann Medical Group urologist Ramesh Krishnan, MD, affiliated with Memorial Hermann Memorial City Medical Center and Memorial Hermann Katy Hospital, who performed a radical inguinal orchiectomy, surgical removal of the tumor along with the testicle. The initial pathology showed a subtype of testicular cancer called seminoma, which was classified as stage IB. With no evidence of spread, the decision was made to closely watch Levinson with regular CT scans and lab work.

In December 2019, Levinson went to the Emergency Center at Memorial Hermann Memorial City complaining of severe back pain. Imaging showed a 6-centimeter mass obstructing his right kidney and ureter, causing his right kidney to fail.

"My initial diagnosis freaked me out a bit, but what I felt in December was a different kind of fear," says Levinson. "Something that was supposed to be gone had come back. And I wondered, what's to stop it from coming back again and again and again?"

Dr. Krishnan surgically implanted a stent to relieve the blockage of the right kidney and referred Levinson to Hematologist/Oncologist Mona Lisa Alattar, MD, affiliated with Memorial Hermann Memorial City and Memorial

Hermann Katy. Dr. Alattar prescribed three rounds of chemotherapy to reduce the size of the tumor. During chemotherapy, "my immune system tanked," says Levinson, and Dr. Alattar had to make dose adjustments so that he could withstand the curative intent treatment.

The chemo reduced the size of the tumor, but there was still a residual mass. Dr. Krishnan consulted with his colleague Dr. Soni about performing retroperitoneal lymph node dissection, or RPLND. This surgery removes the lymph nodes in the back of the abdomen, or retroperitoneum.

The RPLND procedure is typically performed with a large incision in a traditional open surgery; however, Dr. Soni is one of a few surgeons around the country who can perform the complex surgery in a minimally invasive fashion using robotics.

"Post-chemotherapy robotic RPLND for seminoma specifically is an extremely challenging surgery and to my knowledge has not previously been reported in the medical literature," says Dr. Soni. "With a RPLND, you're not removing much tissue. The difficulty lies in gaining access to the area, which is what usually requires a very large incision and the associated risk of exposure to infection."

Dr. Soni explained Levinson's options to him, along with associated risks and benefits. "Dr. Soni said the big surgery would require me to be in the hospital for a week or more," says Levinson. "He said he could start with the less invasive method and revert to the open method if necessary."

On May 8, 2020, Dr. Soni performed the robotic surgery at Memorial Hermann Memorial City. The surgery went smoothly, and Levinson was home for his 44th birthday 3 days later. Despite gyms temporarily closing due to COVID-19, he resumed his workouts in August.

"I feel great," says Levinson. "I have a



lot of energy now, which I need to keep up with my girlfriend's 5-year-old son, who considers me his personal jungle gym."

"In select cases, a robotic approach to a retroperitoneal lymph node dissection can provide fantastic outcomes, with reduced morbidity and a quicker return back to work," says Dr. Soni. "And from a cancer control standpoint, the minimally invasive approach can yield an equivalent outcome to an open approach." ■

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From the moment she received her diagnosis, she never attended a treatment alone. She describes her experience as "very positive," saying, "Dr. Surapaneni always asked us if we had any questions. Everyone was so nice."

"This is the outcome you want," says Dr. Surapaneni. "Because Andrea was vigilant about getting her regular screenings, her cancer was caught at an early stage and was small. She tolerated treatment really well and has a very good prognosis. She had great support from her family. And she is very willing to advocate for the importance of breast screening."

After finishing her treatment, Cain shared her news at a large school district event. Afterward, she says, several women came up to her and said they were so moved by her story, they were going to schedule overdue mammograms. "I totally trust God that this was meant to be an opportunity for me to be there for someone else," she says. ■



Cancer can occur anytime, including during a pandemic. In response to COVID-19, the Memorial Hermann Cancer Centers quickly took action to implement

safety measures, consistent with CDC guidelines, to be able to deliver the quality cancer care our community expects of us. We started with a pre-screening questionnaire, temperature checks and masks before entry to any of our cancer centers. Next, we adopted a limited visitor policy and reduced points of entry to decrease the number of people entering our facilities. In addition, we rearranged seating in patient waiting areas to allow for social distancing, provided

sanitation stations and converted appointments to telehealth visits when appropriate for patient care.

Cancer prevention and early detection are critical to the very best outcomes. Resuming your preventive cancer screening is our top priority, and we are ready to safely serve you.

I wish that my mother had not been afraid to have her low-dose CT lung screening done. After smoking for 60 years, my mom was afraid of what a lung scan would show, and no amount of coaxing from her daughter, the nurse, could change her mind. Maybe with early detection of a smaller tumor, we would not have lost her to lung cancer.

The guidelines for lung cancer screening are under revision, but current standards say you are eligible and should have a lung cancer screening if you meet the following criteria: age 55 or older and currently or did

smoke at least one pack a day for 30 years, or are a former smoker who has quit in the last 15 years and has no signs of lung cancer.

Discuss lung cancer screening with your primary care physician today. We are here to help you every step of the way. We understand that quitting smoking can be hard. Let us help you get to the resources you need to quit for good.

Thank you for trusting us with your cancer care. Thanks also to our amazing medical, nursing, social work, dietitian, chaplain and house-keeping team for ensuring that at Memorial Hermann, no one faces cancer alone.

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



Every year, our team reviews and compiles data for the Memorial Hermann Cancer Centers Annual Report, a tool that provides valuable data on how we are doing, what

has occurred over the past year and what we need to focus on in order to achieve our future goals and provide better care for our patients. This year, healthcare workers were presented with unique challenges. Memorial Hermann and UTHealth changed the way we work in response to COVID-19. For some, this involved working remotely. However, many healthcare workers cannot work remotely. Our clinicians continued to come to work every day, tirelessly taking care of patients while navigating an ever-changing pandemic.

Like every hospital and clinical setting across America, Memorial Hermann and UTHealth felt the impact the pandemic presented. Our annual report paints a picture of the work we did as a system and academic institution and, despite setbacks, how we are continuing to do the work that is placed before us—the work of always putting the patient first.

Cancer patients, in particular, are at much greater risk than the rest of the population for complications related to COVID-19. This is why we took extra precautions while continuing to provide cancer care during the entire pandemic. Cancer patients cannot wait to receive lifesaving care—that's why we made sure our most vulnerable patients were seen in person for appointments, received infusions and underwent procedures that were crucial to their health.

In 2019, nearly 11,000 new cancers were diagnosed at Memorial Hermann and in UT Physicians clinics, and more than 16,000 cancer patients were seen

throughout the Memorial Hermann Health System. This reinforces how vital our services are to our community, and we look forward to challenging ourselves to achieve even better outcomes next year by providing an enhanced patient experience and personalized care for every patient who comes through our doors.

We know that physicians have a choice of where to send their patients for care. When physicians send them to us, it's an honor to care for them. We hope that this edition of the *Memorial Hermann Cancer Journal* inspires trust in Memorial Hermann caregivers for the skill and compassionate care they provide every day.

Ron J. Karni, MD
*Associate Professor, Department of
 Otorhinolaryngology – Head and Neck
 Surgery, McGovern Medical School at
 UTHealth
 Chair, Oncology CPC Subcommittee,
 Memorial Hermann Physician Network*

Journey to Value Leadership: Memorial Hermann Adopts New Operating Model

In January, under Dr. David Callender's leadership, Memorial Hermann Health System embarked on a bold new journey to position Memorial Hermann for future success. Through the adoption of a new service line operating model, we will endeavor to create even greater value for our patients—our *consumers*.

We're starting from a place of strength. Today, our 6,700 affiliated physicians and 27,000 employees provide quality, personalized care to our patients throughout Southeast Texas at more than 270 care delivery sites, including 17 hospitals and the country's busiest Level I trauma center.

An operating model defines how an organization runs its business. Through our new service line operating model, we are organizing our operations around our service lines.

Our service lines will serve as a bridge, strengthening the alignment between Memorial Hermann Health System—our traditional healthcare operations, including our acute care, ambulatory and post-acute care services—and the Memorial Hermann physician network, which includes our academic physician partners at McGovern Medical School at UTHealth, our employed physicians through Memorial Hermann Medical Group and our affiliated private physicians.

The service lines are responsible for designing and managing the performance of the network in partnership with the physician organization, strategic program development and management within each service line, service distribution across the health system and strategic patient navigation.

Operating in this fashion, we are bringing all physician partners together with a common shared vision for best-quality outcomes and cost effectiveness, delivered through strategic

patient navigation across the continuum. This will enable us to more fully leverage the resources that exist within our system to drive greater value for our patients, our physician partners, payers and our organization.

An undertaking of this magnitude requires significant planning and forethought. In March 2020, a service line transformation team, sponsored by Memorial Hermann Senior Executives Erin Asprey and Dr. Jamie McCarthy, was tasked with determining how to organize the system around this new service line model. I am proud to have served alongside several of my colleagues on this team as we envisioned and charted Memorial Hermann's path to success.

One thing that was clear from the very start: The patient is front and center. We are committed to creating an experience that is seamless for our patients. One that's personal.

And we know that even with the greatest strategy in the world, we will fail without successful execution. We know, for instance, that if we are not a user-friendly system in terms of how our consumers interact with us, whether that be in person or digitally, we will

fail. To ensure successful execution, in concert with this strategy work, we recently embarked on a complementary project to identify and create the ideal patient experience. You can read about it in this issue of the *Memorial Hermann Cancer Journal* on page 11.

Our Oncology service line and our cancer patients and providers have been instrumental in this work. There is probably no more personal a patient journey than that of the cancer patient. And with the high volume of services a cancer patient typically requires, there's probably no greater need for value.

Every journey begins with a single step. Ours began in January 2020 with a vision and a stake in the ground. We plan to be fully operational in our new model and structure by the end of this calendar year.

Thank you for taking this journey with us and for placing your trust in Memorial Hermann. ■



HEATH RUSHING
Senior Vice President, Service Lines
Memorial Hermann Health System

Cancer-Free *continued from page 2*

tony on Pannell at Memorial Hermann Katy. "My anxiety was through the roof," recalls Pannell. "But from the first time I saw Dr. Smith, I was immediately impressed with him. He explained things in a way I could understand. He knew what he was doing. And on the day of my surgery, he came and sat with me and asked if I had any questions or concerns. He just connected with me."

The procedure was a success, and Pannell recovered quickly. As Dr. Smith explains, "Don was dry 1 month after surgery. He never wore (incontinence) pads. Within a year of his surgery, he was off of erectile dysfunction

medication. And most important, 2 and a half years later, he still has undetectable PSAs. It's the trifecta of prostate surgery: He's got good cancer control, good urinary control and good sexual function. He has really been a model patient."

Pannell is pleased, too. "It's so important to get annual prostate screenings. Early detection allowed my surgeon to use a nerve-sparing procedure that has allowed me to maintain my quality of life," he says. "If you've got cancer, you want a gifted surgeon like Dr. Smith, who has the ability to perform this procedure, which has immense implications for life after surgery." ■

ANNUAL REPORT

A YEAR IN REVIEW: MEMORIAL HERMANN CANCER CENTERS 2019 ACCOMPLISHMENTS

LETTER FROM THE CHAIRMAN



As chairman of the Memorial Hermann Integrated Network Cancer Committee (INCC), I am pleased to present our 2019 Annual Report outlining the performance of our eight hospitals accredited by the American College of Surgeons (ACoS) Commission on Cancer® (CoC) and our breast center accredited by the ACoS National Accreditation Program for Breast Centers (NAPBC).

2019 was another productive and successful year. Memorial Hermann Health System was re-accredited by the ACoS CoC as an Integrated Network Cancer Program. Commendation was received for clinical research accrual, cancer registry education, public reporting of outcomes, oncology nursing care and rapid quality reporting of breast and colorectal cases. In addition, Memorial Hermann Greater Heights Hospital

was re-accredited by the NAPBC.

We increased the number of Oncology Nurse Navigators in the system from eight to 13, who in 2019 collectively navigated 5,137 patients and conducted 10,112 patient visits. Work groups focused on improving the patient experience through breast imaging and diagnosis. This successful pilot program increased physician and patient satisfaction and is now being implemented across the system.

In addition, we improved oncology education for our newly diagnosed cancer patients using material from the American Cancer Society and improved drug signage for inpatient oncology patients. We held 33 community outreach activities throughout Greater Houston, led by physicians on the INCC and our Nurse Navigators. Of significance, the head and neck screening conducted in April 2019 in collaboration with UT Physicians, the clinical practice of McGovern Medical School at UTHealth, screened over 160 patients,

with 42 patients recommended for follow-up consultation visits.

Looking ahead, in 2020, the CoC will develop and rewrite standards evaluating the quality of patient care and will develop surgical operative notes for breast, colon, melanoma and lung surgeries. Programs focused on survivorship opportunities, such as support groups, physician-dedicated seminars and nutritional and physical activity classes, will be available for patients and caretakers.

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 to each patient, every day.

Sincerely,

Emily Robinson, MD

Professor of Surgery, McGovern Medical School at UTHealth

Chair, Memorial Hermann Integrated Network Cancer Committee

Chair, Texas Medical Center Cancer Committee

LETTER FROM THE CANCER LIAISON PHYSICIAN



As the cancer liaison physician (CLP) for Memorial Hermann's Integrated Network Cancer Committee and Memorial Hermann Greater Heights, my role is to

monitor, interpret and provide updated reports of the program's performance with regard to the quality of oncology care. In 2019, the CLP's role was expanded to include serving as quality leader of the cancer program, encompassing quality improvement and accountability, and surveillance of patient care.

Table 1 illustrates the outstanding oncology care that was provided at Memorial Hermann's eight accredited hospitals and our accredited breast center in 2019. We

are proud of the consistently high performance of our physicians, which underscores our commitment to maintaining the highest standards for comprehensive cancer care.

Each year, the Memorial Hermann systemwide cancer committee undertakes studies and evaluations of a particular area of cancer treatment to find ways to improve the care we provide to our patients. This year, we completed a two-year study and educational process on breast cancer care involving early stage disease that has led to even better care and outcomes for our patients with this all too common condition. Our motivation and desire for these studies is to continuously strive to improve and grow in the care we provide.

An important focus in the 2020 Com-

mission on Cancer accreditation standards will be the Operative Standards for Cancer Surgery. The required data elements for the technical conduct of surgical operations are based on the *Operative Standards for Cancer Surgery Volumes I & II*. This is an important step toward improving oncologic outcomes, and Memorial Hermann has already started the preliminary stages of building out these forms.

As the physician quality leader, I am proud of the Memorial Hermann oncology program's many successes in 2019, and I look forward to continued success in 2020.

Sincerely,

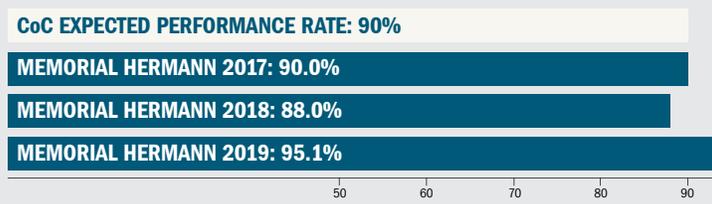
Mike Ratliff, MD, FACS

CLP, Integrated Network Cancer Committee

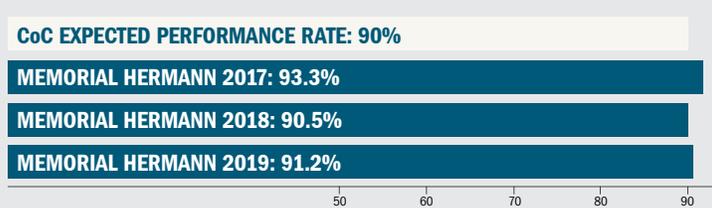
CLP, Memorial Hermann Greater Heights Hospital

Table 1: Breast and Colon Quality Measures

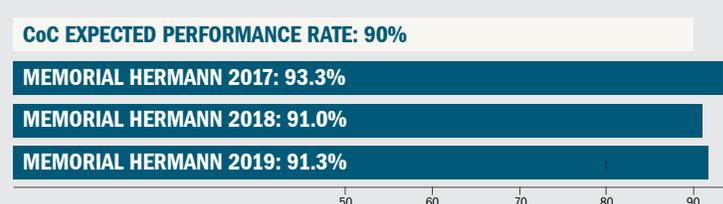
Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer.



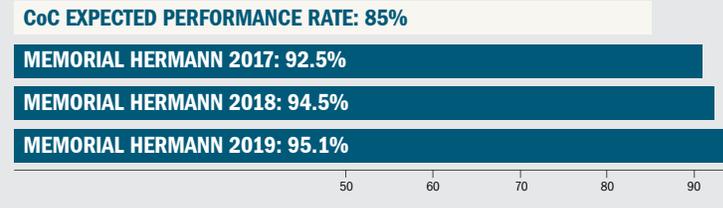
Tamoxifen or third-generation aromatase inhibitor is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1c or stage IB-III hormone receptor positive breast cancer.



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



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



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.

New 2020 CoC accreditation standards became effective for all accredited programs starting January 1, 2020, to ensure each standard resulted in patient care improvement through evidence-based medicine, reflected current cancer care practice, was clearly interpretable and benefited cancer patients.

The 2020 standards include six new operative standards (for breast, colon, melanoma and lung cancers), which were developed from the *Operative Standards for Cancer Surgery Volumes I and II*. These manuals include evidence-based recommendations for surgical operations and allow for high-quality surgical outcomes.

The new survivorship standard has moved away from treatment summaries and care plans and allows hospitals to develop programs that meet the needs of cancer survivors. Three services impacting cancer survivors are required each calendar year. In addition, cancer conferences (i.e., tumor boards) added new opportunities to discuss patient eligibility for genetic counseling and opportunities for supportive care. ■

Table 2: Memorial Hermann Cancer Incidence as a Percentage of Cancer Patient Population vs. American Cancer Society Estimates

ESTIMATED NEW CASES

	MALE	MHHS	ACS
	Prostate	23%	21%
	Lung & Bronchus	11%	13%
	Colon & Rectum	11%	9%
	Urinary Bladder	4%	7%
	Kidney & Renal Pelvis	5%	5%
	Non-Hodgkin Lymphoma	5%	5%
	Leukemia	4%	4%
	Oral Cavity & Pharynx	4%	4%

	FEMALE	MHHS	ACS
	Breast	38%	30%
	Lung & Bronchus	9%	12%
	Colon & Rectum	7%	8%
	Uterine Corpus	5%	7%
	Thyroid	3%	4%
	Non-Hodgkin Lymphoma	3%	4%
	Leukemia	2%	3%
	Pancreas	2%	3%
	Kidney & Renal Pelvis	2%	3%

10,928

New cancers diagnosed at Memorial Hermann



16,571

Cancers seen in the Memorial Hermann Health System



440

Tumor boards held

1,737

Cases presented

5,137

Cancer patients navigated



10,112

Patient visits held by Oncology Nurse Navigators



2,294

Low-dose computed tomography (LDCT) lung screenings performed



199

Clinical trials available

3,216

Patients enrolled in clinical trials



13

Screening/prevention activities held

EXCELLENCE IN CANCER CARE

New Program Helps High-Risk Patients Reduce Breast Cancer Risk

Peggy Setliff and Thresa Dennis are very different women. Different ages. Different occupations. Different stages in life. But they share one important distinction: Both are at high risk of developing breast cancer during their lifetimes.

Fortunately, both women are benefitting from a new Memorial Hermann Breast Cancer Prevention Program led by Jessica Jones, MD, a medical oncologist dedicated to helping women like Setliff and Dennis live long, healthy and cancer-free lives. Affiliated with Memorial Hermann-Texas Medical Center and in practice since 2013, Dr. Jones serves as assistant professor of oncology at McGovern Medical School at UTHealth and is involved in breast cancer research.

As part of the program, in September 2020, Dr. Jones opened a new UT Physicians clinic dedicated to improving breast health, preventing breast cancer in high-risk patients and providing compassionate, quality cancer care. There, women like Setliff and Dennis are gaining the knowledge, tools and support they need to better understand and manage their breast cancer risk.

Thresa's Story: Lobular Carcinoma in Situ (LCIS)

Thresa Dennis knew to keep up with her breast screenings. With dense breast tissue and a family history of cancer, she was aware she was at higher than average risk of breast cancer. But then she lost her job, her insurance lapsed, and she put off getting her annual mammogram and ultrasound.

In August 2019, with a new job and new health insurance, the 46-year-old made a beeline to get screened. "Right away, I knew something wasn't right," she recalls. "It was taking a long time.

The radiologist was being very thorough."

The mammogram revealed some calcification in her left breast, necessitating a biopsy. A few weeks later, she received a call from her gynecologist saying that she had abnormal cells called lobular carcinoma in situ, or LCIS. While LCIS is not considered cancer, it increases an individual's risk of breast cancer.

The week before Christmas, Dr. Emily Robinson, professor of surgery at McGovern Medical School at UTHealth, performed a lumpectomy, removing the affected tissue, and referred Dennis to Dr. Jones to minimize the risk of breast

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Thresa's Story continued from page 8

cancer in the future.

“Thresa had several factors working against her,” says Dr. Jones. “First, LCIS is particularly challenging. While it is a non-invasive cancer, it elevates a woman’s chances of developing invasive breast cancer by seven to 11 times, increasing 1 percent every year of her life. In addition, she had dense breast tissue, she is African American, she has a family history of cancer, including breast cancer, and she has never had children.”

Dennis’ treatment plan includes tamoxifen, twice yearly breast exams and annual, staggered breast MRIs and ultrasounds. Part of a patient’s ongoing care involves continuously updating her personal and family health histories. In her last checkup, Dennis shared that she recently lost a cousin to breast cancer and another to peritoneal cancer. This new information prompted Dr. Jones to suggest genetic testing to see if Dennis is genetically predisposed to other illnesses.

Dennis understands her journey is ongoing. There are new concerns to watch, including a new cyst on her left breast. But with the continuity of care provided by Dr. Jones, radiologists can precisely track changes in her breast architecture.

And Dennis also knows she won’t walk the path alone. “Thanks to Dr. Jones, I have a plan of action. It’s flexible and it may change, but it’s a plan. She blew me away,” says Dennis. “She is the most compassionate person. She is present. She listens.” ■

Peggy’s Story: Atypical Ductal Hyperplasia



In May 2019, Peggy Setliff had her first 3-D mammogram following a 4-year lapse in annual mammograms. “My younger sister was diagnosed with breast cancer at age 54, and my father died of three different forms of cancer,” says the 66-year-old, who works at Memorial Hermann-TMC. “I had become lackadaisical about my mammograms. I knew I needed to get serious.”

Setliff says immediately after the test, the radiologist came into the room. “She said she saw a spot close to the chest wall that looked ‘a little brighter’ than on past mammograms,” recalls Setliff. “I didn’t even know about the spot in the first place.”

At the urging of her primary care physician, Setliff underwent a breast biopsy in July. Two weeks later, she found herself in the office of Emily Robinson, MD. “Dr. Robinson

explained I had atypical ductal hyperplasia (ADH), a non-cancerous condition that increases the risk of breast cancer,” says Setliff. “It was a shock.”

In September, Dr. Robinson performed a lumpectomy, removing the non-cancerous abnormal tissue, then referred Setliff to Dr. Jones for ongoing preventive breast care. “I may be one of the few oncologists who is happy to see these non-cancerous lesions. Most oncologists treat people with cancer; I want to stop it before it starts,” says Dr. Jones.

“Peggy had dense breast tissue, which, coupled with her age and her family history, put her at a 50.8 percent risk of developing breast cancer in her lifetime versus a 7.5 percent average risk for a woman her age,” says Dr. Jones.

Dr. Jones created a personalized plan for Setliff that includes the use of tamoxifen, a hormonal drug therapy that blocks the effects of estrogen in breast tissue, reducing breast tissue density; annual MRIs and mammograms, staggered every 6 months; physical breast exams every 6 months; increased exercise; and changes to her diet.

“Peggy is now healthier, happier and more knowledgeable,” says Dr. Jones. “She is taking control of her health.”

“I love Dr. Jones,” says Setliff. “She takes the time to listen. She really cares. On my first visit, she gave me her cell phone number. You don’t see that every day.”

Empowering Women to Take Control of Their Health

At the new clinic, located at UT Physicians Multispecialty – Bayshore in southeast Houston, a patient’s care begins with a personalized, evidence-based risk assessment incorporating genetic testing, if indicated. With that knowledge in hand, Dr. Jones works with her patients to create a holistic, personalized plan of care and helps them stick to their plans. “Women want to take care of themselves, but personal and systemic issues can get in their way. We are good at helping patients navigate those issues.”

Dr. Jones says early detection paves the way for earlier intervention and an improved overall survival and quality of life. “Our goal is to empower women with the knowledge, tools and support they need to take control of their health,” she says. “I believe it’s a service that is long overdue for women.”

To schedule an appointment or refer a patient to UT Physicians Multispecialty – Bayshore clinic, call 713.486.6325. ■

Cancer Care During COVID-19: “Cancer Won’t Wait.”

Medical oncologist Anneliese Gonzalez, MD, sums up cancer care during the COVID-19 pandemic in three words: “Cancer won’t wait.”

Dr. Gonzalez, director of the hematology-oncology division of McGovern Medical School at UTHealth and medical director of Memorial Hermann Cancer Centers, says, “Despite the pandemic, we have continued to operate and to provide excellent care to our patients. Cancer doesn’t take a back seat.”

Gina Huckels, RN, BSN, MBA, clinical director of the Memorial Hermann Cancer Center-Texas Medical Center, says, “Since the beginning of COVID, our cancer patient volumes have never decreased. In fact, they are higher now than they were in February.”

While COVID-19 hasn’t slowed cancer patient care at Memorial Hermann, it has posed additional challenges for patients and caregivers, and it has changed the way care is being delivered.

Keeping Patients Safe During the Pandemic

Given many cancer patients are immunocompromised and more susceptible to developing serious complications from COVID-19, Memorial Hermann, in compliance with CDC guidelines, has put in place a host of measures to keep cancer patients safe.

Monica Perales, RN, clinical nurse manager at Memorial Hermann Cancer Center-Northeast, describes some of the measures her team employs to protect patients. “We have installed protective shields at registration. All patients and staff are screened upon arrival each day and are given a mask if they don’t have one. We provide a colored wrist band that shows they have cleared through the screening for the day, which changes daily to ensure a recent screening has been conducted. In addition, we have temporarily closed our waiting and

patient dressing rooms. Upon arrival, patients are escorted straight to their exam or treatment rooms. (If a patient’s room isn’t ready, the patient is asked to wait in his or her car until the room is ready.) And once the patient leaves, the treatment room is thoroughly sanitized.”

Perales notes that fever doesn’t always mean a patient has COVID-19.

“Fever can be a side effect of chemo,” she says. “If a patient has fever, the patient will immediately be evaluated by a physician.”

Even if a cancer patient exhibits COVID symptoms, the physician may want to continue with their cancer treatment. “We escort these patients through a side door for their treatment. They are our last patients of the day. And after their visits, we thoroughly sanitize their treatment rooms,” says Perales.

Ringling the bell for family and friends is a rite of passage for cancer patients completing their last cancer treatment, but during the pandemic, visitors are not allowed. “We record our patients ringing the bell and take pictures. And their families are usually waiting to celebrate with them in the parking lot,” says Perales.

Margaret Stewart, RN, patient care director at Memorial Hermann Southeast Hospital, says the oncology nurses have done an amazing job of being an extension to patients’ families. “Because visitors are not allowed, the nurses have served as cheerleaders and support people during the treatment process. Cancer treatment is vital, so the team pulled together to make the process work for patients.”

Suzanne Croft, MHA, director of Memorial Hermann Cancer Center-



Northeast, says these COVID-19-prompted changes, while stressful, have been seamless. “At first, there was a lot of anxiety, but then it just became second nature.”

Helping Patients Navigate During COVID-19

Patients at Memorial Hermann Cancer Centers have complimentary access to an Oncology Nurse Navigator, a specialty trained oncology clinician and patient/client advocate who assists them throughout their course of treatment.

The support provided by Nurse Navigators is essential anytime but especially during COVID.

Two Memorial Hermann Nurse Navigators—Priscilla Rodriguez, RN, Oncology Nurse Navigator for Memorial Hermann-TMC, and Janetta Thomas, RN, Oncology Nurse Navigator at Memorial Hermann Southwest Hospital—share the top challenges their cancer patients are facing:

- **Transportation.** “Because of COVID-19, the (ACS) American Cancer Society had to discontinue providing transportation for cancer patients to their appointments, so we’ve been focused on helping patients find transportation,” says Thomas. (The ACS recently provided

Cancer Won’t Wait continues on page 11

Co-creating a Better Patient Consumer Experience

Memorial Hermann is bolstering efforts to further personalize care in order to deliver consistently exceptional experiences for our patients, their families and our caregivers. Our cancer patients and survivors stand to benefit.

In keeping with our mission to personalize the care experience of each patient, last summer, Memorial Hermann appointed Alexander Greengold as new senior vice president and chief consumer experience officer and in February 2020 welcomed Denise Worrell as vice president, consumerism.

As Worrell explains, the first step in improving the patient's experience was to understand the patient's healthcare journey and identify their pain points along the way. "In February, an interdisciplinary team, dedicated to looking longitudinally across Memorial Hermann Health System, participated in brainstorming sessions to map the ideal patient journey and to identify universal pain points. We validated the team's output through in-depth interviews with patients and affiliated physicians. Then we identified and prioritized projects to help us deliver the ideal journey. Now, we're in the process of designing each of these projects with more granularity."

Mapped to the patient journey, these consumer experience projects are designed to provide patients with:

- **Easier access** through streamlined appointment scheduling and registration
- **Enhanced transparency** into the steps involved in their care and their financial responsibility
- **Improved navigation support** across Memorial Hermann, including coordination of their appointments

- **Cancer survivorship support**, extending Memorial Hermann's existing cancer survivorship resources—Canopy at Memorial Hermann The Woodlands and the Lindig Family Cancer Resource Center at Memorial Hermann Memorial City—to individuals across the Greater Houston area
- **Proactive advanced care planning** for all patients, regardless of their diagnosis or life stage

Worrell says the project is a team effort with Memorial Hermann-affiliated physicians. "We knew that we couldn't have a better patient experience if providers don't have a better experience as well. So, we engaged a group of providers to work with us to co-create a better experience for everyone."

Regarding cancer survivorship support, Shelita Anderson, RN, director of Memorial Hermann oncology nursing, says, "Given the pandemic, we're currently focused on extending our existing virtual resources to patients. But in the longer term, we may look to build additional physical survivorship centers like the two that exist." She says Memorial Hermann is involving community partners like the ACS and CanCare in survivorship activities.

Of the advanced care planning efforts, Anderson says, "One of our goals is to offer advanced care planning to our community prior to diagnosis. The physicians working on this project are very engaged."

While these programs are still in the planning stages, Worrell and Anderson say some will be implemented this fiscal year, which began July 1, 2020, while others will take longer. ■

Cancer Won't Wait continued from page 10

Memorial Hermann with grants to assist patients with transportation.

See "ACS Funding Supports Patient Transportation and Colorectal Cancer Screening" on page 26.)

- **Anxiety.** Cancer is already a stressful diagnosis, say Rodriguez, but COVID-19 has caused a lot of additional anxiety for patients. "Patients are worried about protecting themselves from COVID-19, including contracting COVID from other patients. For a while, they were concerned they might not be able to receive their chemotherapy or radiation treatments. And there was fear that our cancer centers might have to close down."

Thomas says she has also been assisting her patients with their mental wellness. "We're helping patients manage their stress and anxiety with relaxation techniques, such as meditation, and through support groups."

- **Financial support.** Both Navigators say many patients have lost their health insurance due to loss of employment. "There have been a lot of navigation needs in getting patients connected with resources so that they can keep their coverage and continue their cancer treatment," says Rodriguez.

Rodriguez and Thomas say COVID has increased communication within Memorial Hermann and with patients. "Because of COVID, we have to stay on top of our patients' barriers and concerns and also of the changing resources available to them," says Thomas. "We meet weekly to share information about patient resources. And our patients can choose how we meet with them—by phone, videoconference, email or in person. It's their choice." ■

Memorial Hermann Chaplain: “You’ll Never Walk Alone.”

Memorial Hermann Chaplain Sondra Kaighen says chaplaincy support isn’t just praying with patients. “Prayer is one tool we have, but it is not the majority of what we do. We are here to provide emotional and spiritual support to patients, family and staff. Mostly, we are present for them in their pain and anxiety. Often, we just listen, providing a safe space for them to pour out their hearts or (before COVID-19) to just hold hands.”

Kaighen is a board-certified chaplain at Memorial Hermann-TMC. She completed her chaplain residency at Memorial Hermann in 2017 and worked as a supplemental chaplain at six Memorial Hermann campuses. In September 2019, she was hired in inpatient surgical services and at Memorial Hermann Cancer Center-TMC.

Her current profession is actually her third. Prior to becoming a chaplain, she was a board-certified family law attorney for 30 years and before that a flight attendant. She says her past experiences of serving people of all walks of life, many of whom were in the throes of immense suffering, have served to enhance her current career.

Kaighen’s days are full.

Arriving at

5 a.m., she responds to requests from patients and families for a chaplain as they arrive for surgery. She then visits cancer patients, some of whom she may have met in surgical services as they underwent biopsies, portal placements or tumor excisions. And she rounds on patients at the Cancer Center—in the waiting room, during their infusion treatments or in clinic as they receive diagnoses or updates on their conditions. She says unlike surgical patients, who are typically there for a short time, cancer patients



afford her a chance to create and deepen relationships.

When COVID-19 hit, patients’ and staff members’ anxiety and stress levels “went through the roof,” she says. “Patients already feel vulnerable. This is one more thing they have to deal with, and with the visitor restrictions, more often than not, alone,” she says.

“Patients already feel vulnerable. This is one more thing they have to deal with, and with the visitor restrictions, more often than not, alone.”

—CHAPLAIN SONDRA KAIGHEN

She says many staff members have lost colleagues, patients and family members—some to COVID. “They have no mode of grieving. They still must perform the necessary work of patient care. To support them, I started a monthly bereavement ceremony. After a brief silence or a reflection, poem or blessing, we read the names of those discharged on hospice or those who have died.”

Kaighen recently established a small space in the Cancer Center where she holds private conversa-

tions or prayer with patients, family members or staff. When not in use, staff members are welcome to use it as their own respite space. Kaighen decorated the room with beach decor to remind the staff that they can take a break from the medical environment to envision the calming nature of the seashore.

Kaighen is an interfaith chaplain.

“We help people discover what resources they already possess—whether it’s their particular faith,

the spirituality of spending time with family and friends, or taking a nature walk—and help them locate their spiritual strengths,” she says. “They can then see that they already have everything they need. Until they reach that point of emotional and spiritual equilibrium, however, we’re there to let them know, “You’ll Never Walk Alone.” This is the message she displays on the lanyard she wears every day. ■



On Facebook: Houston Cancer Survivorship Support

Memorial Hermann recently launched a new closed Facebook group for cancer patients and their families to connect with each other and to receive insight, comfort and friendship.

This new Houston Cancer Survivorship Support group was created to:

- Enable an open conversation between those affected by a cancer diagnosis.

- Help newly diagnosed patients and their families learn about ways of coping.
- Offer hope and empowerment.
- Provide a nonjudgmental space for patients and survivors, who understand what other patients are going through.

To join, log in to Facebook and search for the group Houston Cancer Survivorship Support. ■

Memorial Hermann Launches Video Visits for Cancer Patients

Memorial Hermann is committed to providing patients with an exceptional patient experience, including safe and convenient care. In keeping with this commitment, Memorial Hermann recently began offering cancer patients video visits with their Oncology Nurse Navigators and oncology dietitians.

“Our cancer patients come from all over to receive their care,” says Carol Kirton, RN, manager of the Memorial Hermann Health System oncology nurse navigation team. “Well before the pandemic, we were already working to create ways they could more easily access their care.”

Using video visits, patients can use

their smart phones for scheduled visits with their Oncology Nurse Navigators and for nutritional follow-ups with their oncology dietitians. To get started, patients should contact their Oncology Nurse Navigators, who can help them get set up, either through their Everyday Well accounts or via Zoom.

Kirton says that while COVID-19 was not the impetus for video visits, this tool is especially useful now, given heightened patient vulnerability and patients’ need for additional emotional support. “Our patients need support now more than ever,” she says, “And sometimes, you just need face-to-face time.” ■

Canopy Provides Continued Survivorship Support

The ongoing pandemic has changed the type of support cancer survivors seek and how they choose to receive it, says Amanda Poole, manager of Canopy at Memorial Hermann The Woodlands Medical Center.

The first-of-its-kind cancer survivorship center in the Greater Houston area, Canopy offers a wide variety of free programs and services to address the emotional, physical and social needs of those touched by cancer. Pre-COVID-19, guests visited Canopy in person for everything from wig and prosthesis fittings to cooking classes and nutritional education and counseling.

Out of concern for patient safety, Canopy temporarily closed in mid-March, then reopened in late April with new health and safety protocols and a more focused line-up of programs. “Mental health has become a much greater concern among our guests,” says Poole. “So, we’ve temporarily narrowed our focus to programs, such as gentle yoga and guided meditation, that help guests reduce stress and anxiety. And we’re providing a lot of counseling services.”

Poole says there’s also been a shift in how guests “visit” Canopy. “We’re currently hosting about 200 in-person visits per month, down from about 800 before COVID. But we’ve seen an increase in participation in our online classes,” she says. “Still, for many cancer patients and survivors, Canopy is the only place they can go and feel safe.”

Canopy has implemented safety measures consistent with CDC guidelines to prevent the spread of COVID-19. To protect guests, Canopy is sanitizing surfaces, screening and requiring everyone to wear a mask and practice social distancing.

For more information about Canopy, visit memorialhermann.org/canopy. ■

Focus on Lung Cancer: A Multidisciplinary Approach to Detection, Prevention and Treatment

Memorial Hermann is waging a multifaceted war on lung cancer. Through our lung cancer screening program, we're encouraging high-risk individuals to get regular low-dose CT (LDCT) scans to detect lung cancer earlier. Through smoking cessation resources, we're helping smokers kick the habit. And our lung cancer multidisciplinary team helps newly diagnosed lung cancer patients receive seamless, expedited care, from diagnosis through treatment.

Detecting Lung Cancer Earlier

According to the ACS, lung cancer is by far the leading cause of cancer death among both men and women, making up almost 25 percent of all cancer deaths. Each year, more people die of lung cancer than of colon, breast and prostate cancers combined. The ACS estimates that in 2020, there will be 1.8 million new cancer cases and over 600,000 cancer deaths.

If lung cancer is found at an earlier stage, when it is small and before it has spread, it is more likely to be successfully treated. However, symptoms of lung cancer typically do not appear until the disease has already spread and is at an advanced stage.

“Prevention and detection are pillars of Memorial Hermann’s oncology program, and LDCT is the only recommended screening approach for lung cancer. Over the last 4 years, our lung cancer screening program had grown 81 percent. Still, nearly 60 percent of lung cancer patients will present with stage III or IV disease,” says Sandra Miller, RN, vice president of the Oncology service line at Memorial Hermann.

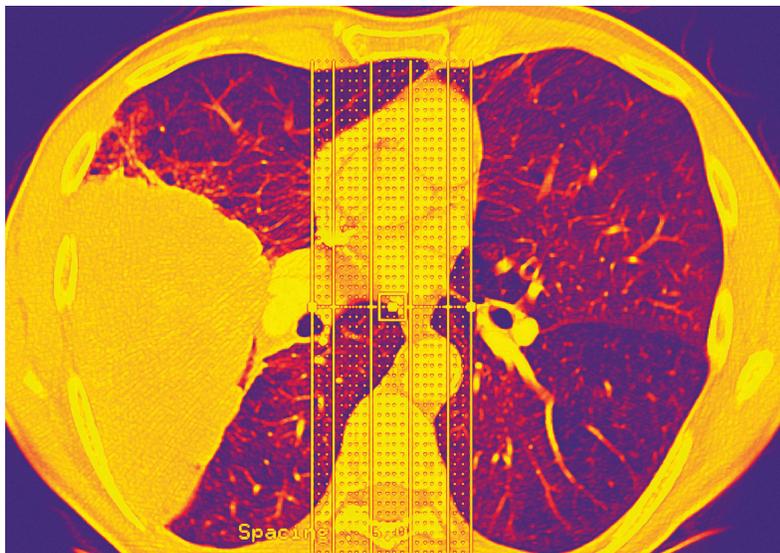
The U.S. Preventive Services

Task Force (USPSTF) is discussing expanded guidelines for LDCT screening. “Current USPSTF guidelines call for screening individuals between the ages of 55 and 80 with 30 pack-years of smoking and who either still smoke or have quit within the past 15 years,” says Pulmonologist Pushan Jani, MD, an assistant professor of internal medicine at McGovern Medical School at UTHealth who is affiliated with Memorial Hermann-TMC. “The new recommendations shift the starting age to 50 and provide the screening option for people with the equivalent of 20 pack-years. We hope that these new guidelines, if adopted and adhered to by patients, will result in earlier detection of lung cancer and fewer lung cancer deaths.”

To schedule a lung cancer screening at Memorial Hermann, visit cancer.memorialhermann.org/patients-caregivers/contact-us-lung-cancer-screening/.

Helping Smokers Kick the Habit

Screening is not a substitute for quitting smoking. The most important way to lower the chance of dying from lung cancer is to stop smoking. In tandem with Memorial Hermann’s lung cancer screening program, to-



bacco cessation counseling programs are available to help patients quit using tobacco products and to educate them on lung cancer prevention. Memorial Hermann Oncology Nurse Navigators can connect individuals with the community resources they need to help them quit smoking.

Tobacco users can also visit the following websites for cessation tips and information on the risks of tobacco use:

- YesQuit: www.yesquit.org
- American Lung Association: www.lung.org
- American Cancer Society: www.cancer.org
- Make a Quit Plan: www.smokefree.gov

To connect with a Nurse Navigator in your area, call 833.770.7771 or visit cancer.memorialhermann.org/contact-us.

Lung Cancer Multidisciplinary Program: Coordinated, Timely, Evidence-based Care for Lung Cancer Patients



Once a patient has been diagnosed with lung cancer, Memorial Hermann endeavors to provide the most effective treatment possible, efficiently and seamlessly, by employing a multidisciplinary team approach to patient care.

“Treating lung cancer requires multi-specialty care,” says Medical Oncologist Syed Jafri, MD, an associate professor of internal medicine at McGovern Medical School who is affiliated with Memorial Hermann-TMC. “The Memorial Hermann lung cancer multidisciplinary team of specialists is dedicated to the treatment of lung cancer.”

The team of lung cancer specialists

works together to:

- Design a treatment plan that is unique to each patient.
- Help the patient make informed decisions about their care.
- Coordinate a patient’s care, including scheduling appointments and testing.
- Expedite a patient’s treatment.
- Provide access to clinical trials.
- Provide access to financial counseling, genetic counseling, survivorship and community resources, and other support services.

Cases are reviewed by a multidisciplinary tumor board whose members

discuss treatment options and create individualized treatment plans. “If surgery is required, most patients with an early stage lung cancer are not going to require an open procedure,” says thoracic surgeon Philip Rascoe, MD, an associate professor at McGovern Medical School who is affiliated with Memorial Hermann-TMC and Memorial Hermann Southeast Hospital. “We are performing video-assisted and robotic-assisted thoracoscopic lobectomies and segmentectomies for our early stage lung cancer patients. Patients undergoing these procedures will have shorter hospital stays, shorter recoveries at home, smaller scars and a lower likelihood of requiring blood transfusions.”

UTHealth Neurosciences radiation oncologist Angel Blanco, MD, clinical associate professor of neurosurgery and director of radiation oncology and stereotactic radiosurgery at McGovern Medical School, says the multidisciplinary approach yields a better patient experience. “By having all of their services coordinated for them by our Oncology Nurse Navigator, patients can often come in and be seen by multiple specialists in one visit. Not only is this convenient for patients, but it can also expedite their care, which is important, as lung cancer

Multidisciplinary Program continues on page 16

MEMORIAL HERMANN LUNG CANCER MULTIDISCIPLINARY TEAM



MARK AMSBAUGH, MD
Clinical Assistant Professor of Neurosurgery, McGovern Medical School at UTHealth



ANGEL BLANCO, MD
Associate Professor of Neurosurgery, McGovern Medical School at UTHealth



SYED JAFRI, MD
Assistant Professor of Internal Medicine, McGovern Medical School at UTHealth



PHILIP RASCOE, MD
Associate Professor of Thoracic Surgery, McGovern Medical School at UTHealth



PRISCILLA RODRIGUEZ, RN
Oncology Nurse Navigator Memorial Hermann-Texas Medical Center

must be treated with urgency.”

Dr. Jani says referring physicians can feel comfortable that their patients with abnormal findings will receive complete care. “Most primary care physicians are busy trying to manage their patients’ hypertension, diabetes and other conditions. With everything on their plates, it can be hard to make sure a patient gets his or her follow-up CT scan. Once we receive a patient, we manage all aspects of the patient’s care, seamlessly.”

UTHealth Neurosciences radiation oncologist Mark Amsbaugh, MD, clinical assistant professor at McGovern Medical School and medical director of radiation oncology at

Memorial Hermann-TMC, believes that the program is a great step forward in the care of patients with lung cancer at Memorial Hermann. “By seamlessly integrating technology, expertise, research and passion in a patient-centered clinical pathway, we’re caring for the whole person, employing the most advanced treat-

ments available. We’re putting the patient first and at the center.”

To learn more about the Memorial Hermann lung cancer multidisciplinary program or to refer a patient, call Memorial Hermann-TMC Oncology Nurse Navigator Priscilla Rodriguez, RN, at 713.704.9542. ■

Educational Video for Physicians: Low-Dose CT Screening for Lung Cancer

Physicians are invited to view this free 1-hour online course by oncologist Theodore F. Tenczynski, MD. To view, log in to OneSource.

Click on the Education tab → Continuing Medical Education (CME) → Online CME → Clinical Topics.

Courses are listed in alphabetical order. Credit: 1 AMA PRA Category 1 credit.

Newly Expanded Memorial Hermann Radiation Oncology Clinic Boasts Latest Technologies

Leading-edge technology, innovative treatments, a multidisciplinary team of specialists and an enhanced overall patient experience await patients visiting the recently expanded Memorial Hermann radiation oncology clinic. Located in Suite 220 of the Memorial Hermann Medical Plaza building at 6400 Fannin in the Texas Medical Center, the new facility features patient registration and a treatment area on one floor and a clinic with six exam rooms, a full nursing station and

physician offices on another, accessed through an open staircase.

“The new clinic provides patients a with pleasant environment, a dedicated team of practitioners and access to the latest technologies, including the Varian EDGE™ treatment delivery system, which allows us to deliver precise doses to tumors and track tumor position in real time,” says UTHealth Neurosciences radiation oncologist Angel Blanco, MD, a clinical associate professor of neurosurgery and director of radiation oncology and stereotactic radiosurgery at McGovern Medical School at UTHealth.

“We offer a wide variety of treatment modalities and techniques spanning the spectrum from standard external beam treatments to more specialized treatments, such as stereotactic body radiation

therapy (SBRT) and spinal stereotactic radiosurgery (spinal SRS),” says Angelo Bergamo, PhD, chief medical physicist, radiation oncology at Memorial Hermann-TMC and Memorial Hermann Memorial City Medical Center. “And now with the EDGE, we have HyperArc™ capability, which is really the frontier of what is technologically possible for treating certain types of cancer.”

“The EDGE technology allows us to deliver a precise treatment while minimizing the toxicity of the treatment,” says UTHealth Neurosciences radiation oncologist Mark Amsbaugh, MD, a clinical assistant professor at McGovern Medical School and medical director of radiation oncology at Memorial Hermann-TMC. “This is because of the different tolerances of the machine and the fact that it allows us to closely monitor the patient during the delivery of treatment.”

The clinic’s full complement of radiation therapy modalities also

Oncology Clinic continues on page 17



Joseph Park: Advanced Stereotactic Body Radiotherapy for Early Stage Lung Cancer

When 78-year-old Joseph Park was diagnosed with stage IB non-small cell lung cancer in December 2019, members of Memorial Hermann's multidisciplinary tumor board met to discuss his case and treatment options. Despite being in generally good health, Park has a history of smoking—he says he quit when his first child was born—as well as more recent lung and heart problems.

“In addition to his health issues, Mr. Park's tumor was fairly large,” says UTHealth Neurosciences radiation oncologist Mark Amsbaugh, MD, a clinical assistant professor at McGovern Medical School at UTHealth and medical director of radiation oncology at Memorial Hermann-TMC, who diagnosed and treated Park. “Fortunately, the tumor, located in the right upper lobe, had not spread to his lymph nodes or outside of his chest.”

The tumor board recommended stereotactic body radiotherapy (SBRT), a highly precise treatment often utilized to treat early stage lung cancer. Unlike other forms of radiation therapy, SBRT requires very few treatments, ranging from one to five sessions, typically completed in a week or less.

“Given his age and health issues, including the fact that he wears a pacemaker, we knew we needed to utilize the best radiation technology available,” says Dr. Amsbaugh. The team utilized the EDGE™, an advanced image-guided radiation therapy system, to deliver highly targeted high-dose radiation therapy in five treatments over 2 weeks.

“There are two main components of treatments of this type—patient positioning and the delivery of the actual treatment,” explains Dr. Amsbaugh. “At the beginning of Mr. Park's therapy, we performed a 4-D CT simulation to track the movement of the tumor



while he was breathing so we could be very precise in the delivery of the radiation, limit the size of the radiation field and deliver the radiation to the tumor as it moved.”

Park recalls the day he received his last treatment. “I rang that bell! It was the most marvelous feeling since I had my children.” He has five children, eight grandchildren and 15 great-grandkids.

Three months after Park's last treatment, a CT scan showed the tumor was responding. “Six months post-treat-

ment, we saw no evidence of active disease,” says Dr. Amsbaugh.

“I'm in good health,” says Park, who recently turned 79. “I do 30 squats three times a day, walk a quarter mile every morning and work out with 70-pound weights.”

Park says his cancer treatment experience was positive. “I've always bragged about how Memorial Hermann people have treated me. It's a good environment. The people are very professional and always make me feel comfortable.” ■

Oncology Clinic *continued from page 16*

includes intensity-modulated radiation therapy (IMRT), image-guided radiation therapy (IGRT), high-dose radiation (HDR) brachytherapy and the Gamma Knife® procedure.

The team began treating patients in the new clinic in December 2019; however, COVID-19 prevented a grand opening planned for spring

2020. “Despite the pandemic, patient volumes have remained strong,” says Gina Huckels, clinical director of ambulatory services, Memorial Hermann-TMC. “We've conducted some clinic visits via telemedicine, but patients obviously must come in for treatments. Fortunately, it's a beautiful new space for them to come.” ■

Ongoing Clinical Trials

Among the benefits Memorial Hermann offers our cancer patients is access to a wide range of clinical trials. Starting with this issue of the *Memorial Hermann Cancer Journal*, we are pleased to provide an expanded listing of ongoing cancer clinical trials that incorporates clinical trials being undertaken by our partner organizations Texas Oncology (Gulf Coast Region) and Oncology Consultants, in addition to those being undertaken by our longtime academic partner The University of Texas Health Science Center at Houston (UTHealth).

In recognition of prostate, breast and lung cancer awareness months, in addition to listing all open UTHealth trials, we have also listed Texas Oncology's and Oncology Consultants' clinical trials for lung, breast and prostate cancer.

Gury Doshi, MD, medical oncologist and hematologist at Texas Oncology who is affiliated with Memorial Hermann Katy Hospital, knows how critical the work of research is to advancing cancer care. "Texas Oncology shares Memorial Hermann's commitment to providing our patients access to leading-edge clinical trials and research right where they live," says Dr. Doshi. "Breakthroughs that advance prevention and treatment of cancer are made possible by patients who volunteer to participate in clinical trials and research. Texas Oncology enrolls more than 2,500 patients annually in clinical trials, and we have helped develop over 100 FDA-approved cancer therapies, which accounts for about one-third of all approved cancer therapies to date."

Julio Peguero, MD, oncology hematologist at Oncology Consultants, says, "Our research mission is to ensure patients receive the best care while on clinical trials and to identify the right clinical trials, address trial logistics and bridge trial opportunities that could align with our practice needs so that we offer patients clinical trial treatment options, especially when their treatment options may be diminishing."

Of note, Oncology Consultants participates in the Tempus Integrated Molecular Evaluation (TIME) Trial™ Program, which, according to the Tempus website, was launched "in an effort to increase clinical trial participation by using real-time clinical and molecular data to match patients to trials, and then rapidly open pre-qualified sites once a patient has been identified." Tempus claims it has matched "nearly 1,000 patients to the trials in its portfolio and averaged just under 10 days from patient screened to site activated." In the listing below, Oncology Partners' Tempus trial names begin with "JUST IN TIME MODEL."



LUNG CANCER · UTHealth

ALCHEMIST A151216 - Screening Trial for the ALCHEMIST Studies: Adjuvant Lung Cancer Enrichment Marker Identification and Sequencing Trial.

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

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% 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 A081105 - EGFR Treatment Trial: Erlotinib Hydrochloride in Treating Patients with Stage IB-IIIA Non-small Cell Lung Cancer That Has Been Completely Removed by Surgery.

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

To determine which trial is best for patients, doctors will screen patients by examining a small sample of their tumor 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 E4512 - ALK Treatment Trial: Crizotinib in Treating Patients with Stage IB-IIIA Non-small Cell Lung Cancer That Has Been Removed by Surgery and ALK Fusion Mutations.

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

Mutations in EGFR are found in about 10% to 15% of non-Asian patients with NSCLC and up to 50% 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.

Lead Physician: Syed Jafri, MD
Contact: Krishna Cannon at 832.325.6526, ms.oncology.research@uth.tmc.edu

Biomarkers of Cancer Cachexia: A Prospective Translational Observational Study (Protocol No. T-19-101) Grant Title: Identification of Key Tumor Cell-Released Factors That Induce Cachexia.

The purpose of this study is to find out if Hsp70 and Hsp90 are biomarkers of cancer cachexia. This information could eventually lead to extend the lifespan of and improve the quality of life for cancer patients and development of new treatments for this hard-to-treat and often fatal condition.

Lead Physician: Syed Jafri, MD
Contact: 713.704.3961, ms.oncology.research@uth.tmc.edu

LUNG CANCER · Texas Oncology

A Phase III, Multicenter, Randomized, Double-Blind, Placebo-controlled Study Evaluating the Efficacy and Safety of Canakinumab versus Placebo as Adjuvant Therapy in Adult Subjects with Stages AJCC/UICC vs. 8 II-IIIA and IIIB (T>5cm N2) Completely Resected (R0) Non-small Cell Lung Cancer (NSCLC).

Texas Oncology Study #: 17167 - NSCLC

Contact: Texas Oncology-Beaumont: 409.899.7180 or Jennifer.Todora@usoncology.com



LUNG CANCER · Oncology Consultants

A Phase 2b, Single-Arm, Multicohort, Open-Label Study of ALT-803 in Combination with a PD-1/PD-L1 Checkpoint Inhibitor in Patients Who Have Disease Progression Following an Initial Response to Treatment with PD-1/PD-L1 Checkpoint Inhibitor Therapy.

OC Study #: OC-19-012
Sponsor #: QUILT-3.055

Multicohort study to include patients who have progressed after an initial response to PD-1/PD-L1 checkpoint inhibitor therapy in an FDA-approved setting. Each cohort represents a different setting, i.e., front line or after standard of care.

Research includes cohorts for patients with non-small cell lung cancer and small cell lung cancer.

Principal Investigator: Julio A. Peguero, MD
Contact: Rozeen Badeel, 713.275.3207, rbadeel@oncologyconsultants.com

A Phase 1 Dose Escalation and Cohort Expansion Study of TSR-022, an Anti-TIM-3 Monoclonal Antibody, in Patients with Advanced Solid Tumors, AMBER.

OC Study #: OC-18-002
Sponsor #: Tesaro 4020-01-001

Principal Investigator: Julio A. Peguero, MD
Contact: Ahmed Ayad, 713.600.0960, aayad@oncologyconsultants.com

A Phase 2 Multicenter Study of BGB324 in Combination with Pembrolizumab in Patients with Previously Treated Advanced Adenocarcinoma of the Lung.

OC Study #: OC-20-003
Sponsor #: BGBC008

Principal Investigator: Julio A. Peguero, MD
Contact: Rozeen Badeel, 713.275.3207, rbadeel@oncologyconsultants.com

<p>A Phase 1b Efficacy and Safety Study of Cofetuzumab Pelidotin (ABBV-647, a PTK7-Targeting Antibody Drug Conjugate) in Subjects with PTK7-Expressing, Recurrent Non-small Cell Lung Cancer.</p> <p>OC Study #: OC-19-015 Sponsor #: AbbVie M19-611</p>	<p>Principal Investigator: Julio A. Peguero, MD Contact: Rozeen Badeel, 713.275.3207, rbadeel@oncologyconsultants.com</p>
<p>A Phase 2 Randomized, Multicenter, Double-Blind Study of the Glutaminase Inhibitor Telaglenastat With Pembrolizumab and Chemotherapy vs. Placebo with Pembrolizumab and Chemotherapy in First-Line, Metastatic KEAP1/NRF2-Mutated, Nonsquamous, Non-Small Cell Lung Cancer (NSCLC).</p> <p>Study #: JUST IN TIME MODEL Calithera CX-839-014</p>	<p>Principal Investigator: Julio A. Peguero, MD Contact: Laura Guerra, RN, CCRC, 713.600.0913, lguerra@oncologyconsultants.com</p>
<p>TPX-0005-01: A Phase 2, Open-Label, Multi-Center, First-in-Human Study of the Safety, Tolerability, Pharmacokinetics and Anti-Tumor Activity of TPX-0005 in Patients with Advance Solid Tumors Harboring ALK, ROS1 or NTRK 1-3 Rearrangements (TRIDENT-1) (Includes NSCLC).</p> <p>OC Study #: OC-19-009 Sponsor #: TPX0005-01</p>	<p>Principal Investigator: Julio A. Peguero, MD Contact: Claudia Luna-Arvizu, 713.600.0978, alarvizu@oncologyconsultants.com</p>
<p>A Phase 2 Study of Erdafitinib in Subjects with Advanced Solid Tumors and FGFR Gene Alterations (Includes NSCLC).</p> <p>OC Study #: OC-20-007 Sponsor #: 42756493CAN2002</p>	<p>Principal Investigator: Julio A. Peguero, MD Contact: Rozeen Badeel, 713.275.3207, rbadeel@oncologyconsultants.com</p>

BREAST CANCER · Texas Oncology

<p>A Phase 2, Multicenter, Open-label, Three-cohort, Noncomparative Study to Assess the Efficacy and Safety of Alpelisib plus Fulvestrant or Letrozole in Patients with PIK3CA Mutant, Hormone Receptor (HR) Positive, HER2-Negative Advanced Breast Cancer (aBC), Who Have Progressed on or After Prior Treatments.</p>	<p>Contact: Texas Oncology-Houston Memorial City: 713.467.1722 or Jennifer.Todora@usoncology.com</p>
<p>MammaPrint, Blueprint, and Full-genome Data Linked with Clinical Data to Evaluate New Gene Expression Profiles: An Adaptable Registry. Texas Oncology Study #: 17079 - Breast</p>	<p>Contact: Texas Oncology-Houston Memorial City: 713.467.1722 or Jennifer.Todora@usoncology.com Texas Oncology-Sugar Land: 281.277.5200 or Jennifer.Todora@usoncology.com Texas Oncology-Houston Willowbrook: 281.894.8822 or Jennifer.Todora@usoncology.com Texas Oncology-Webster: 281.332.7505 or Jennifer.Todora@usoncology.com</p>

<p>Single-Arm, Open-Label Phase 1b/2 Study of SGN-LIV1A in Combination with Pembrolizumab for First-line Treatment of Patients with Unresectable Locally Advanced or Metastatic Triple-negative Breast Cancer.</p> <p>Texas Oncology Study #: 18004 - Breast</p>	<p>Contact: Texas Oncology-Houston Memorial City: 713.467.1722 or Jennifer.Todora@usoncology.com</p>
<p>A Randomized, Double-blind, Phase 3 Clinical Trial of Neoadjuvant Chemotherapy with Atezolizumab or Placebo in Patients with Triple-negative Breast Cancer Followed by Adjuvant Continuation of Atezolizumab or Placebo.</p> <p>Texas Oncology Study #: 19049 - Breast</p>	<p>Contact: Texas Oncology-The Woodlands: 281.296.0365 or Jennifer.Todora@usoncology.com</p>
<p>Randomized, Double-blind, Phase 3 Study of Tucatinib or Placebo in Combination with Ado-trastuzumab Emtansine (T-DM1) for Subjects with Unresectable Locally Advanced or Metastatic HER2+ Breast Cancer.</p> <p>Texas Oncology Study #: 19054 - Breast</p>	<p>Contact: Texas Oncology-Houston Memorial City: 713.467.1722 or Jennifer.Todora@usoncology.com</p>

BREAST CANCER · Oncology Consultants

<p>An Open-label, Multicenter, Phase 1b/2 Study of Rebastinib (DCC-2036) in Combination with Paclitaxel to Assess Safety, Tolerability and Pharmacokinetics in Patients with Advanced or Metastatic Solid Tumors.</p> <p>OC Study #: OC-19-014 Sponsor #: Deciphera DCC-2036-01-003</p>	<p>Principal Investigator: Ricardo H. Alvarez, MD Contact: Daniela Urueta, 713.275.3206, durueta@oncologyconsultants.com</p>
<p>Randomized, Double-blind, Phase 3 Study of Tucatinib or Placebo in Combination with Ado-trastuzumab Emtansine (T-DM1) for Subjects with Unresectable Locally Advanced or Metastatic HER2+ Breast Cancer (HER2CLIMB-02).</p> <p>OC Study #: OC-20-009 Sponsor #: SGN-TUC-016</p>	<p>Principal Investigator: Ricardo H. Alvarez, MD Contact: Daniela Urueta, 713.275.3206, durueta@oncologyconsultants.com</p>
<p>An Open-label, Randomized, Multicenter Study Evaluating the Activity of Lasofoxifene Relative to Fulvestrant for the Treatment of Pre- and Postmenopausal Women with Locally Advanced or Metastatic ER+/HER2- Breast Cancer with an ESR1 Mutation (Elaine I).</p> <p>Study #: JUST IN TIME MODEL Sermonix SMX 18-001</p>	<p>Principal Investigator: Ricardo H. Alvarez, MD Contact: Laura Guerra, RN, CCRC, 713.600.0913, lguerra@oncologyconsultants.com</p>

An Open-label, Multicenter Study Evaluating the Safety of Lasofoxifene in Combination with Abemaciclib for the Treatment of Pre- and Postmenopausal Women with Locally Advanced or Metastatic ER+/HER2- Breast Cancer and Have an ESR1 Mutation (ELAINEII).

Study #: JUST IN TIME MODEL Sermonix SMX 20-001

Principal Investigator: Ricardo H. Alvarez, MD

Contact: Laura Guerra, RN, CCRC, 713.600.0913, lguerra@oncologyconsultants.com

PROSTATE CANCER · UTHealth

TRITON3: An International, Randomized, Open-label, Phase 3 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 #: 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. They 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: Carmela Lewis, 832.325.7297, ms.oncology.research@uth.tmc.edu

PROSTATE CANCER · Texas Oncology

Biomarker Study to Determine Frequency of DNA-repair Defects in Men with Metastatic Prostate Cancer.

Texas Oncology Study #: 19144 - Prostate

Contact:

Texas Oncology-Houston Willowbrook: 281.894.8822 or Jennifer.Todora@usoncology.com

Texas Oncology-Webster: 281.332.7505 or Jennifer.Todora@usoncology.com

Texas Oncology-Beaumont: 409.899.7180 or Jennifer.Todora@usoncology.com

PROSTATE CANCER · Oncology Consultants

A Phase 1B/2 Open-Label Study Evaluating Tazemetostat in Combination with Enzalutamide or Abiraterone/Prednisone in Chemotherapy-Naive Subjects with Metastatic Castration-Resistant Prostate Cancer.

OC Study #: OC-20-004
Sponsor #: EZH-1101

Principal Investigator: Julio A. Peguero, MD

Contact: Ahmed Ayad, 713.600.0960, aayad@oncologyconsultants.com

Additional UTHealth Clinical Trials · Solid Tumors and Lymphoma

Solid Tumors and Lymphoma: An Observational Study Profiling Biospecimens from Cancer Patients to Screen for Molecular Alterations.

Observational study for advanced cancer patients with any histologically documented solid tumor or lymphoma. Surplus, clinical formalin fixed paraffin-embedded (FFPE) tumor specimens of eligible subjects will be submitted for molecular profiling. A test report will be provided back to the treating physician. For subjects identified as having molecular variants associated with an affiliated therapeutic protocol and/or approved targeted therapy, the Strata report will provide additional relevant information.

Subjects who have been identified with genetic alterations relevant to a trial or targeted therapy will be followed for treatment changes for 3 years from the time of signed informed consent. The purpose of the study is to understand the proportion of subjects available for clinical trials and approved targeted therapies in advanced cancer while assessing the feasibility of using a large-scale NGS screening program to match subjects for eligibility assessments in clinical trials and/or for approved targeted therapies.

Lead Physician: Anneliese Gonzalez, MD

Contact: Betty Arceneaux, 713.704.3186, ms.oncology.research@uth.tmc.edu

Additional UTHealth Clinical Trials · Hepatocellular Carcinoma

EMERALD 1 - HCC: A Phase 3, Randomized, Double-Blind, Placebo-Controlled, Multicenter Study of Transarterial Chemoembolization (TACE) in Combination with either Durvalumab Monotherapy or Durvalumab plus Bevacizumab Therapy in Patients with Locoregional Hepatocellular Carcinoma (Protocol No. D933GC00001).

Sponsor: AstraZeneca

ClinicalTrials.gov #: NCT03778957

Randomized, double-blind, placebo-controlled, multicenter, global Phase III study to determine the efficacy and safety of transarterial chemoembolization (TACE) treatment in combination with durvalumab monotherapy or TACE given with durvalumab plus bevacizumab therapy compared to TACE therapy alone in patients with locoregional hepatocellular carcinoma not amenable to curative therapy.

Eligibility criteria: Disease not amenable to curative surgery or transplantation or curative ablation; Disease must be amenable to TACE and anticipated to require no more than four TACE treatments to treat sites of disease within a ≤16-week period (permitted modalities are DEB-TACE or cTACE (using an emulsion of Lipiodol® and a permitted chemotherapeutic agent as per institutional practice, followed by embolizing agents).

Adequate organ and marrow function as defined below. Criteria “a,” “b,” “c” and “f” may not be met with transfusions, infusions or growth factor support administered within 14 days of starting the first dose.

- (a) Hemoglobin ≥ 9.0 g/dL
- (b) Absolute neutrophil count $\geq 1000/\mu\text{L}$
- (c) Platelet count $\geq 75000/\mu\text{L}$
- (d) Total bilirubin $\leq 2.0 \times$ the upper limit of normal (ULN)
- (e) Alanine aminotransferase (ALT) and aspartate aminotransferase (AST) $\leq 5 \times$ ULN
- (f) Albumin ≥ 2.8 g/dL
- (g) International normalized ratio ≤ 1.6
- (h) 2+ proteinuria or less urine dipstick reading
- (i) Calculated creatinine clearance (CL) ≥ 30 mL/min. as determined by Cockcroft-Gault (using actual body weight) or 24-hour urine creatinine CL

Lead Physician: Julie Rowe, MD

Contact: Carmela Lewis, 832.325.7297, ms.oncology.research@uth.tmc.edu

AVEO-DEDUCTIVE (HCC): A Phase 1b/2, Open-Label, Study of Tivozanib in Combination with Durvalumab in Subjects with Untreated Advanced Hepatocellular Carcinoma (Protocol AV-951-18-121).

Sponsor: AVEO Pharmaceuticals, Inc.

ClinicalTrials.gov #: NCT03970616

This study is for men or women with histologically or cytologically confirmed untreated hepatocellular carcinoma.

This study consists of two parts: a dose finding phase and a dose expansion phase. The first part (Phase 1b) of the study will help assess the safety of two different doses of tivozanib in combination with a single dose of durvalumab. The second part (Phase 2) of the study will confirm these results using the dose that was identified as the safest and will also make it possible to assess the potential efficacy of combining both investigational drugs.

Lead Physician: Julie Rowe, MD

Contact: Cynthia Sturm (Research Nurse), 713.704.4137, Cynthia.Sturm@uth.tmc.edu

Meet Memorial Hermann Volunteer Extraordinaire Bill McDaniel

After 40 years in the railroad industry culminating in a position as salesman for the Union Pacific Railroad, Bill McDaniel retired, but he didn't put on the brakes; he merely switched gears. Wanting to do something meaningful with his time, he began volunteering at Memorial Hermann Northeast Hospital.

And when, 7 years later, he was diagnosed with lung cancer, again, he kept going—volunteering two to three times a week at Memorial Hermann Northeast, where he was diagnosed and treated.

From 1993 to 2018, McDaniel racked up over 15,000 volunteer hours.

When asked how he spent those hours, the 87-year-old replies, "I did anything they asked me to do." He assisted with discharging patients, delivering messages and packages to patients' rooms and performing other tasks.

But what really stands out for him is his work with the kids. For about 12 years, he led the hospital's junior volunteers, teenagers who volunteered at the hospital during their summer breaks. He even took groups of his junior volunteers to volunteer conventions, which brought together volunteers from all over Texas.

Volunteering afforded him the oppor-



From 1993 to 2018, McDaniel racked up over 15,000 volunteer hours. "I did anything they asked me to do."

—BILL MCDANIEL

tunity to form some lifelong friendships. Matt Woodward, manager of volunteer services for Memorial Hermann Northeast, says, "Bill and two other male volunteers were affectionately called The Three Amigos, as they were some of the only male volunteers we had and were friends both inside and outside of the hospital." McDaniel says he and his wife would frequently get together with fellow volunteers, including his fellow 'amigos' and their wives, for potluck

dinners in each other's homes.

As those friendships grew, so did his family. He has two grown children, a daughter, Luanna Christensen, who is a registered nurse, and a son, Ron McDaniel, who is retired from the U.S. Postal Service. He also has three grandchildren, two great-grandchildren and a third great-grandchild on the way.

In 2000, McDaniel was diagnosed with cancer in his right lung and underwent a partial lung removal. In 2006, he was diagnosed with cancer in his left lung and underwent surgery followed by chemotherapy and radiation.

In 2018, tests revealed cancer in both lungs for which he underwent chemotherapy until September 2019, when he was placed in hospice care.

When asked what he would say to a retiree considering volunteering at Memorial Hermann, he quickly replies, "I would say, start tomorrow! You can't find anything better to do with your time. Everyone there is super nice. I enjoyed every minute of it."

Woodward says McDaniel has been a steadfast volunteer. "Bill is definitely a volunteer emeritus of our volunteer corps." ■

COMMUNITY OUTREACH

Be In the Loop: Support Project Mammogram

Memorial Hermann Northeast Hospital has long been a supporter of Project Mammogram, an ongoing program of the Northeast Hospital Foundation, which since 2001 has served to decrease the incidence of late stage breast cancer diagnosis among women and men who lack access and funds for proper breast cancer screening. To date, Project Mammogram has

served over 10,000 residents and each year provides an average 500 to 600 procedures and detects an average six to 12 cancers.

This year, as a result of the pandemic and social gathering restrictions, the annual In the Pink of Health luncheon, typically held in support of Project Mammogram, will not take place. In lieu of the event, co-chairs

Carol Prince and Cristi Cardenas are encouraging individuals to become In the Loop donors in support of Project Mammogram. All funds raised through December 31, 2020, will be matched dollar for dollar.

For more information or to donate, visit northeasthospitalfoundation.org. ■

ACS Funding Supports Patient Transportation and Colorectal Cancer Screening

Memorial Hermann and the ACS have a longstanding partnership in support of cancer prevention, diagnosis and treatment. In keeping with this shared mission, the ACS recently awarded Memorial Hermann over \$50,000 in grants to be used for cancer patient transportation and for the early detection of colorectal cancer in underserved communities.

Helping Patients Get to Treatment

Many patients have traditionally relied on the ACS's Road to Recovery volunteer rideshare program to get to their cancer treatments. At the start of the pandemic, however, due to patient safety concerns, the ACS had to suspend the program, leaving many patients without transportation to their essential treatments.

To bridge the gap, in April, the ACS awarded Memorial Hermann a \$7,500 emergency transportation grant, which Memorial Hermann



rial Hermann applied for and was granted a \$40,000 community transportation grant to be used for cancer patient transportation during its fiscal year, starting August 17, 2020. The grant amount was based on Memorial Hermann's calculation

“We are constantly reassessing our programs, looking at new ways to deliver our services and support.” She says the Road to Recovery program will resume when it is deemed safe for patients and volunteer drivers.

Screening for Colorectal Cancer

In September, the ACS awarded Memorial Hermann a \$5,000 grant to be used for colorectal screening. Ellis says the funds were gifted by the Texas Dow Employees Credit Union (TDECU), the largest Houston-area credit union and the fourth largest in Texas, with the stipulation they be used for the early detection of colorectal cancer in underserved communities.

“We are grateful to the ACS for their ongoing partnership and support,” says Anderson. ■

“ACS support has been a blessing for the hospitals and their patients. We are constantly reassessing our programs, looking at new ways to deliver our services and support.”

—STACIE ELLIS, CANCER CONTROL STRATEGIC PARTNERSHIPS MANAGER, AMERICAN CANCER SOCIETY

used to provide gas cards to patients based on need. “The entire \$7,500 was used to fund patients’ transportation needs for cancer treatments and cancer doctor appointment visits,” says Shelita Anderson, RN, director of Memorial Hermann oncology nursing, who oversaw funding allocation. Anderson says the funds “saved” over 1,400 patient visits.

Realizing the pandemic would be prolonged, in August, Memo-

rial Hermann Health System throughout the year. These funds are being used for gas cards, rideshare and taxi vouchers, parking expenses and wheelchair transportation. Patients can request support through their Oncology Nurse Navigators.

“ACS support has been a blessing for the hospitals and their patients,” says Stacie Ellis, ACS cancer control strategic partnerships manager.

In the Pink



▲ Nikki Roux, CNO, Memorial Hermann Northeast Hospital, and Justin Kendrick, CEO, Memorial Hermann The Woodlands Medical Center and Memorial Hermann Northeast, hold signs and don matching shirts in observance of Breast Cancer Awareness Month.



▲ Leaders at Memorial Hermann Southeast Hospital enjoy Pink Out Day festivities with a life-sized balloon display to raise awareness.



▲ Employees wear pink inside the walls of Memorial Hermann Sugar Land Hospital in honor of those battling the disease.



▲ Memorial Hermann Pearland Hospital team members show their support with pink attire and masks as they make rounds in the clinic caring for patients.



▲ Employees Sandy Salinas, patient access representative, and Miranda Martinson, senior mammography tech, proudly display the Breast Cancer Awareness and Tribute Wall at Memorial Hermann's League City Convenient Care Center. The wall was created to allow employees to sign pink ribbons to pay tribute to current patients, survivors and those who have lost their battle with breast cancer.



▲ Employees at Memorial Hermann-TMC stand united in support of Breast Cancer Awareness Month clad in masks and pink attire to celebrate Pink Out Day.



▲ Employees pay tribute to those who come through the doors of Canopy, a cancer survivorship center located on the campus of Memorial Hermann The Woodlands that offers free programs for those touched by cancer.

Breast Cancer Awareness Month 2020



▲ Jessica Daniel, clinical nurse educator for our OR at Memorial Hermann Cypress, gets into the spirit of the month with pink pumpkins and attire to commemorate Breast Cancer Awareness Month.



▲ The team of clinicians clad in masks came out in numbers in observance of Breast Cancer Awareness Month at Memorial Hermann Cypress.



▲ Employees at Memorial Hermann Southwest enjoy some fresh air and a socially distant gathering for Pink Out Day.



▲ Employees at Memorial Hermann Memorial City are "pretty in pink" in honor of Breast Cancer Awareness Month.



▲ Memorial Hermann Cypress Hospital physicians Kelly Birt, MD, Veena Chandrakar, MD, and Ashmitha Srinivasan, MD, are tickled pink in support of Breast Cancer Awareness Month.



▲ Leslie Line loads swag bags into donor cars as part of the virtual 11th annual Razzle Dazzle event benefiting the Bobetta Lindig Breast Care Center at Memorial Hermann Memorial City.



Hematologist and medical oncologist **Sameeksha Bhama, MD**, assistant professor at McGovern Medical School at UTHealth, earned her bachelor's degree

in biological sciences and her master's degree in basic medical sciences from Wayne State University in Detroit, Mich. She received her medical degree from American University of the Caribbean in St. Maarten, Netherland Antilles, after which she completed her residency in internal medicine at UT Austin-Dell Medical School in Austin, where she served as chief resident. She then completed a fellowship in hematology / oncology at University of Mississippi Medical Center in Jackson, Miss.

Board certified by the American Board of Internal Medicine, Dr. Bhama has been a guest lecturer on various hematology/oncology topics and has been active in medical student/resident/fellow education. She has been involved in multiple research studies and has co-authored numerous articles and poster and oral presentations.

Dr. Bhama sees patients at Memorial Hermann Northeast Hospital and UT Physicians Adult Hematology-Texas Medical Center.



Medical oncologist **Neha Maithel, MD**, assistant professor at McGovern Medical School at UTHealth, cares for patients with genitourinary cancers, including

bladder, kidney (renal cell cancer), prostate, testicular (germ cell tumors), colorectal, anal, pancreatic and hepatobiliary cancers.

Originally from California, Dr. Maithel earned her undergraduate degree

in biochemistry / cell biology at the University of California, San Diego. She received her medical degree at Temple University School of Medicine followed by a residency and fellowship in hematology/oncology at State University of New York Downstate.

She was drawn to the field of oncology because she finds it rewarding to help patients through their life-altering diagnoses. She is dedicated to supporting each patient from diagnosis to the creation of a personalized treatment plan, which may include hormone therapy, immunotherapy, targeted therapy or chemotherapy. She enjoys getting to know her patients and their families, understanding their individual needs and preferences and addressing their medical, social and emotional concerns. Dr. Maithel sees patients at Memorial Hermann-Texas Medical Center and UT Physicians Adult Hematology-Texas Medical Center.



Jolanna "Jodi" Montgomery, LMSW, a medical social worker at Memorial Hermann Cancer Center-Texas Medical Center, earned her bachelor's degree in social work

from Methodist University in Fayetteville, N.C., then received a master's degree in social work in from the University of Houston.

She began her career as a soldier in the United States Army in Fort Bragg, N.C., after which she served as a military contractor in the Middle East for more than 7 years before moving to Texas to complete her graduate degree in social work.

Montgomery began working as a healthcare social worker after completing 2 years of internships with the Department of Social Services for Cumberland County and Child Protective Services (CPS), catering to military families.



Krish Vigneswaran, MD, a fellowship-trained neurosurgeon with experience in neurosurgical oncology, is a clinical assistant professor at McGovern Medical School at UTHealth. He treats

benign and malignant tumors of the brain and spine using stereotactic neuro-navigation, intra-operative brain mapping, awake craniotomies, fluorescence-guided surgery, endoscopic surgery and other tools, to provide safe resection of tumors.

Dr. Vigneswaran earned his bachelor's degree in neuroscience and English at Vanderbilt University in Nashville, Tenn., graduating magna cum laude with research honors. He received his medical degree at UT Southwestern School of Medicine in Dallas, with distinction in research, and was inducted into Alpha Omega Alpha Honor Medical Society. He completed his residency training in neurological surgery at Emory University School of Medicine in Atlanta and subsequently completed a fellowship in neurological oncology at The University of Texas MD Anderson Cancer Center in Houston.

While at Emory University as a resident, Dr. Vigneswaran received an NINDS R25 Research Education Grant and a Neurosurgery Research and Education Foundation Research Fellowship to study new drugs to treat glioblastoma and conduct clinical trials. He is the author of numerous peer-reviewed journal articles, abstracts and book chapters, and has presented research at national and international conferences.

He sees patients at UTHealth Neurosciences, Memorial Hermann Southwest Hospital and Memorial Hermann Sugar Land Hospital. ■

Memorial Hermann Transitions Breast Radiology Services

About one in eight U.S. women will develop invasive breast cancer over the course of her lifetime, making breast cancer the second deadliest form of cancer among women.

Memorial Hermann is dedicated to the early detection of breast cancer through breast cancer screening. To continue to provide quality breast cancer screening services to individuals throughout the Greater Houston area, Memorial Hermann is aligning forces with two leading breast radiology providers, Synergy Radiology Associates and Radiology Partners Houston (RadPartners). These relationships are in addition to Memorial Hermann's longstanding partnership with the Department of Diagnostic and Interventional Imaging at McGovern Medical School at UTHealth.

Memorial Hermann is pleased to introduce the Houston-area breast imaging leaders of these three organizations.



Ashmitha Srinivasan, MD, MBA
Chair, Breast Division, Synergy Radiology Associates

Dr. Ashmitha Srinivasan serves as the division chair for breast imaging at Memorial Hermann's 11 Breast Care Centers in the Greater Houston area (located in The Woodlands, Kingwood, Spring, Northeast Houston, Katy, Cypress, Greater Heights, Southeast Houston, Southwest Houston, Pearland and League City).

Dr. Srinivasan graduated from Drexel University College of Medicine in Philadelphia, Penn., and went on to complete her diagnostic radiology residency in SUNY Upstate University Hospital in Syracuse, N.Y., and her breast imaging fellowship at the University of Maryland Medical Center in Baltimore, Md. A passionate physician leader, Dr. Srinivasan also earned her MBA in healthcare administration from The George Washington University in Washington, D.C.

Dr. Srinivasan has vast experience in serving varied socio-economic communities with diverse patient populations. As the medical director at Ray W. Moody Breast Care Center in Middletown, N.Y., Dr. Srinivasan helped gain the center's accreditation with National Accreditation Program for Breast Centers (NAPBC), a program administered by the American College of Surgeons. Dr. Srinivasan also served as an assistant professor at The University of Texas MD Anderson Cancer Center for several years before joining Synergy Radiology Associates and has been working within Memorial Hermann Health System since 2015.

Throughout her career, Dr. Srinivasan has fought against the status quo to implement changes to improve the quality of breast imaging and access to breast care for women of all backgrounds. She has particular interest in resolving disparities in breast health care in the black and minority population.



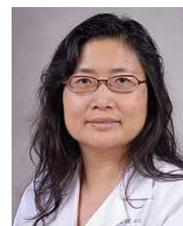
Sachin Parikh, MD
Director, Outpatient and Breast Imaging, Radiology Partners Houston

Board-certified radiologist Dr. Sachin Parikh has served as director of outpatient and breast imaging at Radiology Partners Houston since 2012. In addition to his role within Radiology Partners, he is the chairman of radiology at Memorial Hermann Sugar Land Hospital and serves the division chair of breast imaging at several Memorial Hermann facilities, including the Bobetta Lindig Breast Care Center at Memorial Hermann Memorial City.

Dr. Parikh began his professional education at the University of Missouri in Kansas City where he completed a 6-year accelerated program, earn-

ing both his bachelor's and medical degrees. He then went on to complete a residency in diagnostic radiology at Baylor University Medical Center in Dallas and a fellowship in breast imaging at Emory University in Atlanta.

Dr. Parikh has spent his career advocating for a holistic approach to the management of breast cancer. His notable passion is expanding access to breast cancer screening for those throughout the Houston area, with particular emphasis on the underprivileged and underserved.



Hongying "Heather" He, MD, PhD
Associate Professor of Radiology, Department of Diagnostic and Interventional Imaging, McGovern Medical School at UTHealth

Dr. Heather He serves as section chief, breast imaging, in the Department of Diagnostic and Interventional Imaging at McGovern Medical School at UTHealth, where she also serves as co-director of the women's imaging fellowship. In addition, she has an adjunct appointment in the Division of Oncology in the Department of Internal Medicine at McGovern Medical School.

Dr. He earned her medical degree at Albert Einstein College of Medi-

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cine in Bronx, N.Y., and her PhD in microbiology at State University of New York at Buffalo. Subsequently, she completed a diagnostic radiology residency at McGovern Medical School and a breast/body imaging fellowship at The University of Texas MD Anderson Cancer Center. She

is board certified by the American Board of Radiology.

Dr. He is on the medical staff of Memorial Hermann-TMC, where she serves as medical director of outpatient imaging.

In addition to her medical appointments and teaching duties, she serves on numerous UTHealth and

Memorial Hermann Health System committees, publicly advocates for breast cancer screening, is involved in several research projects, has co-authored multiple refereed original articles in medical journals and is frequently invited to speak at radiology events around the nation. ■

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 locations, 17 hospitals, 12 acute care hospitals and dozens of other affiliated programs.

Through partnerships and affiliations with community oncology providers, McGovern Medical School at UTHealth in Houston, Mischer Neuroscience Institute at Memorial Hermann-TMC and TIRR Memorial Hermann, patients can be confident that oncology specialists are working together to ensure the best possible outcome for their cancer treatment.

At Memorial Hermann, we provide patients with the tools and resources needed to fight cancer close to home when home is where they want to be. All Memorial Hermann Cancer Centers are accredited by the American College of Surgeons Commission on Cancer, and the Greater Heights Breast Care Center has been granted full, 3-year accreditation by the National Accreditation Program for Breast Centers.

To refer a patient or to be connected to support services, contact a Memorial Hermann Oncology Nurse Navigator at 833.770.7771. ■



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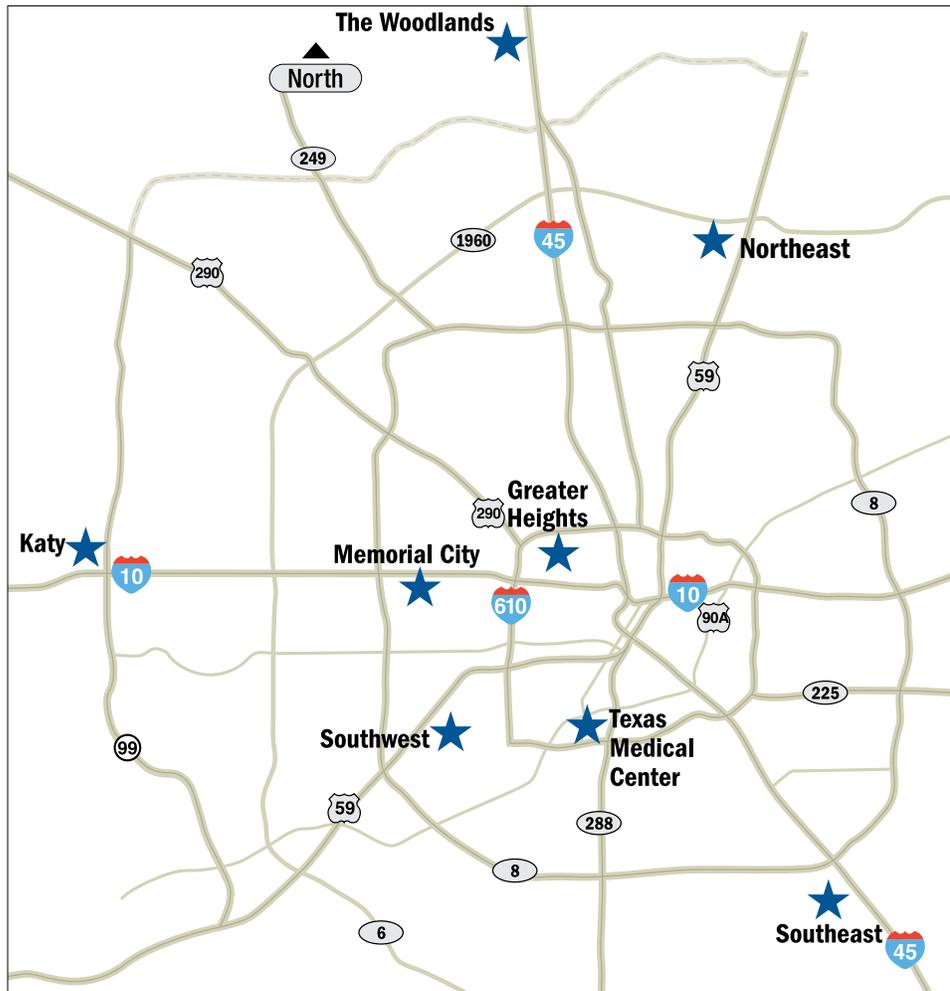
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