

CANCER JOURNAL

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SURVIVORSHIP

Multimodal Treatment of Aggressive Prostate Cancer in 58-Year-Old



Griffin talks with his doctor about the innovative multimodal treatment.

During a routine physical in November 2020, 58-year-old Troy Griffin mentioned to his family doctor that he had been experiencing some minor urinary symptoms—a little stopping and starting of his urine stream and a bit of urinary urgency and frequency. His doctor performed a PSA test, which measures the amount of prostate-specific antigen (PSA) in the blood. The normal range for a healthy 58-year-old male is between 0 and 4. Griffin's was 80. His doctor referred him to Memorial Hermann Medical Group urologist and urological surgeon Zachary Mucher, MD, vice chief of staff and former chief of surgery at Memorial Hermann Sugar Land Hospital. Dr. Mucher performed some additional tests, including an MRI of Griffin's prostate, in December 2020.

“The MRI revealed a very suspicious lesion, a mass replacing almost the entire prostate, extending to the bladder wall,” says Dr. Mucher. “This, coupled with his elevated PSA, was highly concerning.”

In early January 2021, Griffin underwent a prostate fusion biopsy using specialized equipment that allows the physician to perform a transrectal ultrasound of the prostate and to “fuse” the ultrasound images, in real time, with the prior MRI images. Memorial Hermann Sugar Land Hospital was the first hospital in Fort Bend County to utilize this approach.

This technology allows for more accuracy in targeting specific areas of the prostate to biopsy. In Griffin's case, all 14 biopsies revealed cancer. Prostate cancer is graded from 1 to 5, with 5 be-

ing the most aggressive. The majority of Griffin's biopsies were grade 3, with some being grade 4.

A major concern was whether Griffin's cancer had metastasized, or spread to other parts of his body. Prostate cancer can spread to regional lymph nodes and beyond to the bones. Luckily, Griffin's head-to-toe bone study and CT scan showed that his cancer had not metastasized to his bones.

His physician discussed all of the results with him. “My physician was positive from day one, but he never sugarcoated anything,” says Griffin. He informed me that I had all of the indicators of high risk and that we needed to make a plan and take action.”

The recommended plan included surgical removal of Griffin's prostate, potentially followed by radiation and hormone therapy. In early February 2021, Griffin underwent a robotic-assisted laparoscopic radical prostatectomy (RALP), a minimally invasive procedure to remove his prostate, and a bilateral pelvic lymph node dissection, removal of a chain of lymph nodes on both sides of the pelvis. Griffin spent one night in the hospital and was home the next day.

Typically patients' PSA levels are

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checked 3 months after surgery, but in Griffin's case, his levels were checked about 6 weeks afterward. Griffin's PSA had decreased to 5 (from a high of about 117 before surgery), with the goal of being less than 0.1. A month later, his PSA was 5.3, indicating the presence of some residual cancer.

A PET scan, used to detect the metabolic activity of cancer, showed evidence of cancer where the prostate had been, adjacent to the bladder. In June 2021, Griffin was referred to radiation oncologist Shariq Khwaja, MD, clinical assistant professor in the Vivian L. Smith Department of Neurosurgery at McGovern Medical School at The University of Texas Health Science Center at Houston (UTHealth Houston) and medical director of radiation oncology at Memorial Hermann Memorial City Medical Center.

Dr. Khwaja prescribed a series of 39 radiation treatments, which began in July 2021. According to Khwaja,

younger patients with aggressive prostate cancer are recommended to consult with both radiation oncologists and urologists because they have a higher likelihood of needing either adjuvant or early salvage radiation therapy.

"Despite Mr. Griffin having numerous high-risk features that required radiation therapy, his surgery was successful," Khwaja says. "He is doing excellent, and we will continue to monitor him with surveillance PSAs to ensure that he continues to respond well to treatment."

The goal of multimodal treatment is to remove as much of the cancer with surgery and then let radiation do the rest.

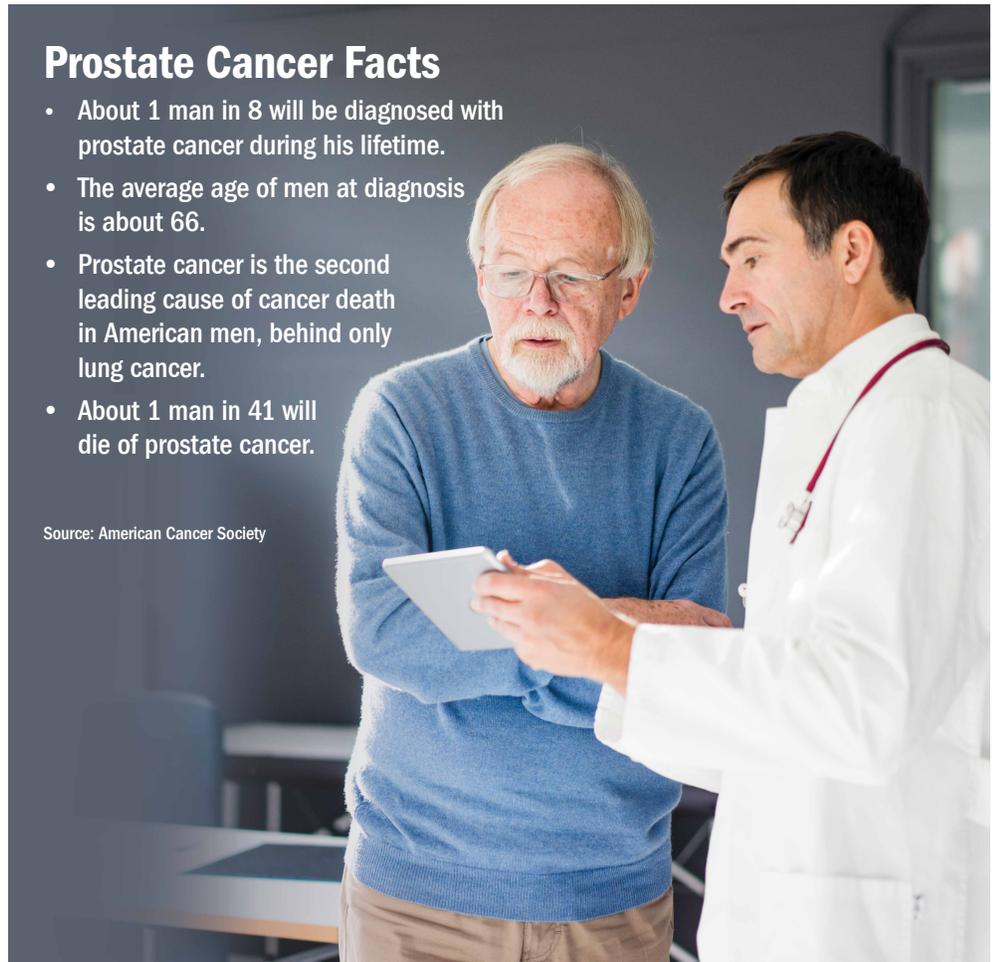
Griffin's physicians are optimistic about his outcome and hope the multimodal treatment will render the cancer undetectable, now and in the future.

Griffin is also upbeat. "My philosophy is that it could always be worse," he says. "And my approach is to take life as it comes." ■

Prostate Cancer Facts

- About 1 man in 8 will be diagnosed with prostate cancer during his lifetime.
- The average age of men at diagnosis is about 66.
- Prostate cancer is the second leading cause of cancer death in American men, behind only lung cancer.
- About 1 man in 41 will die of prostate cancer.

Source: American Cancer Society



Misdiagnosed Sarcoma Patient Gets New Chance at Life



Memorial Hermann patient Clarisa Tovar rings the bell signifying the completion of her cancer treatments.

A misdiagnosis almost cost 27-year-old Clarisa Tovar her life. After receiving care in her home country of Venezuela for what was presumed to be a rare form of breast cancer called a phyllodes tumor, her cancer came back and spread to a lung.

On the recommendation of a physician in Venezuela, Tovar contacted medical oncologist Jessica Jones, MD, assistant professor of oncology at McGovern Medical School at UTHealth Houston and leader of the Memorial Hermann Breast Cancer Prevention Program, from her home in Venezuela. It was a Saturday. Just three days later, she was seen by Dr. Jones in Houston.

“We had to leave everything behind,” says Tovar. “It was an emergency.”

Memorial Hermann’s comprehensive sarcoma team acted quickly and performed a re-analysis of Tovar’s

cancer. After a case consensus review in Memorial Hermann’s sarcoma tumor board, a treatment plan was created involving the most advanced treatment available for her condition.

Within 2 weeks, thoracic surgeon Robert Hetz, MD, assistant professor in the Department of Cardiothoracic and Vascular Surgery at McGovern Medical School, who is affiliated with Memorial Hermann, performed surgery to remove the cancerous tumor from Tovar’s lung.

“We reviewed everything from Venezuela and the tumor that Dr. Hetz removed. Our radiologists, surgeons and pathologists sub-specialize in sarcoma. The pathologist performed special testing on the lung tumor. From that it was determined not to be a phyllodes tumor. Rather, it was pleomorphic soft tissue sarcoma—a very special soft tissue sar-

coma that required chemotherapy,” says Dr. Jones. “There are a lot of delicate intricacies that make these diagnoses very hard for sarcomas, because there are over 100 different types of sarcomas. So it takes a team that works closely together, with years of experience.”

Tovar underwent two rounds of inpatient chemotherapy. Afterward, a PET scan was performed and compared to her pre-treatment state. It revealed that the tumor had shown tremendous response, indicating Tovar was responding to treatment. Moreover, based on Tovar’s family medical history, genetic testing was ordered and revealed a genetic mutation known as Li-Fraumeni syndrome, an inherited predisposition to a wide range of certain, often rare cancers.

Two more rounds of inpatient chemotherapy commenced, followed by expert surgical excision of the local reoccurrence by Emily Robinson, MD, professor of surgery at McGovern Medical School, who is affiliated with Memorial Hermann. Given the genetic test results and her own cancer history, Tovar opted at the same time to undergo a preventive mastectomy on her other breast.

“Li-Fraumeni has an increased risk of breast cancer as well as rare cancers,” says Dr. Jones. “So in addition to the preventive mastectomy, Clarisa’s treatment plan includes yearly check-ups and regular cancer screenings with other specialists affiliated with Memorial Hermann to make sure she doesn’t develop any other cancers. Finding that mutation early really informed her treatment plan.”

After completing a total of six rounds of chemotherapy, Clarisa was finally ready to return to her home in Venezuela, but with a new lease on life. “Everybody was great at Memorial Hermann,” says Tovar. “Dr. Jones was amazing. I am really excited to start living again.” She plans to return to Memorial Hermann for breast reconstruction. ■

A Double Diagnosis: Brain and Lung Cancer

When Natascha Odom began having trouble finding the right words, she thought she might be coming down with COVID-19. The 49-year-old fourth grade math teacher at Hubenak Elementary School in Richmond, Texas, told a colleague, who took her to see the school nurse. When Odom told the nurse that the current president of the United States was George Washington, the nurse recommended she see a doctor.

The next day, Odom was in her primary care doctor's office, where she couldn't draw the face of a clock. Abhilash Davlapur, MD, a primary care sports medicine physician with Memorial Hermann Medical Group (MHMG), scheduled her that same day for an MRI and a CT scan, after consulting with Krishanthan "Krish" Vigneswaran, MD, a neurosurgeon with UTHealth Neurosciences and clinical assistant professor in the Vivian L. Smith Department of Neurosurgery at McGovern Medical School at UTHealth Houston, who is affiliated with Memorial Hermann.

Dr. Davlapur called Odom the next day with her results: She had a large mass on the frontal lobe of her brain, a smaller mass on the back of her brain and a tumor in her lung. As Dr. Davlapur delivered her diagnosis, Odom recalls thinking, "How in the world can this be happening? My mom had lung cancer and had smoked 25 years ago, but I was not a smoker and had no symptoms prior to losing my words."



Memorial Hermann patient Natascha Odom consults with affiliated radiation oncologist Mark Amsbaugh, MD, a member of her multidisciplinary medical team.

Dr. Davlapur referred Odom to Dr. Vigneswaran, who saw her in his office 2 days later to discuss options for treating the brain tumor. After reviewing her MRI and CT scan results and examining Odom, Dr. Vigneswaran admitted her right away to Memorial Hermann Southwest Hospital for brain surgery the next day.

To prepare her for the brain surgery, a minimally invasive left frontal craniotomy, Odom underwent a pre-operative navigation MRI to help Dr. Vigneswaran plan her surgery. This high-resolution MRI would help identify critical areas of the brain and serve as a real-time GPS for Dr. Vigneswaran as he used Memorial Hermann's software-guided system to assist him while performing the surgery. The nursing staff carefully braided Odom's hair so that a small, linear incision could be used without shaving a large part of her scalp.

"We removed the tumor from the frontal lobe of Ms. Odom's brain and kept it intact so the pathologist could

submit the tissue for next-generation sequencing to determine the genetic makeup of the tumor," he says. "This helps the oncologist determine the best treatment for her lung tumor."

Her brain tumor turned out to be cancerous and had spread from the tumor in her lung, but it was determined by the genetic sequencing that it was not related to smoking. Instead, it was a genetic mutation, likely inherited from her mother.

After her brain surgery, Odom remained in the hospital for one

night in the dedicated Neuroscience Intensive Care Unit, where craniotomy patients are monitored post-operatively, and was cleared to leave the hospital after working with physical therapy. During this short time, Odom noticed the gradual improvement in her cognition and restoration of her hand function, which she had lost just after her diagnosis.

"I had no pain and was ready to go home 2 days later," she says. With the large brain tumor gone, Dr. Vigneswaran collaborated with Mark Amsbaugh, MD, radiation oncologist with UTHealth Neurosciences, clinical assistant professor at McGovern Medical School and medical director of radiation oncology at Memorial Hermann-Texas Medical Center, on the best way to treat Odom's remaining small tumor on the back of her brain. For that, Dr. Amsbaugh performed radiosurgery using the Leksell Gamma Knife[®], which suc-

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cessfully shrank the smaller tumor.

Meanwhile, Odom also began receiving care from Kathy Sam, MD, an oncologist affiliated with Memorial Hermann. Based on the genetic sequencing of the tumor removed from Odom's brain, Dr. Sam prescribed a targeted chemotherapy pill to not only treat the lung tumor but also any potential residual cancer cells in the brain.

"The specialized regional care that Ms. Odom received at Memorial Hermann Southwest was really key in this case," say Dr. Vigneswaran. "A primary care doctor doesn't normally have the ear of a neurosurgeon and would likely have sent the patient to the Emergency Center or referred her to a neurosurgeon, where an appointment could take time to be scheduled. In this case, the collaboration among all Ms. Odom's doctors gave her the type of care she would get in a tertiary medical center, but closer to her home and her family. Her primary care physician remained at the helm while working with specialists."

"I feel great, even with the chemo that I have to take for 3 months," Odom says. Although her journey may not be over, she remains positive about her prognosis, as do her doctors, to whom she is grateful. "They have been very supportive and honest, and they genuinely care about me. I am thankful to each of them for giving me my life back," she says. ■



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



ABHILASH DAVLAPUR, MD
Primary Care Sports Medicine
Memorial Hermann Medical Group



KRISH VIGNESWARAN, MD
Neurosurgeon, UTHealth Neurosciences
Clinical Assistant Professor, Vivian L. Smith
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Medical School

Pancreatic Cancer Survivor Celebrates 5-Year Milestone



Bonda Byerly (accompanied by her husband, pictured, right) celebrates 5 years of being free of metastatic pancreatic cancer, thanks to her medical team, which includes medical oncologist Putao Cen, MD, (pictured, left) and surgeon J. Steve Bynon, MD (not pictured).

In January 2016, Bonda Byerly's family physician took one look at her and asked if her husband was with her, so certain was he that she was in dire health.

At the time, the (then) 60-year-old East Texas resident had just retired from her job of 33 years in accounting at an electrical co-op. She and her husband, also retired, had just sold their 100-acre homestead with cattle and were building a house on 4 acres on the shores of Lake Sam Rayburn.

"I was really dragging but I thought I was just burnt out," she says. "Finally my husband said, 'You need to go get checked out.'"

Her physician asked her some questions and noted jaundice in her eyes and skin. Hours later a CT scan revealed a 5-centimeter tumor obstructing her pancreatic and bile ducts. A stent was placed as a temporary life-saving measure, and she was referred to Memorial Hermann-Texas Medical Center for further evaluation and treatment.

Two weeks later, J. Steve Bynon, MD, professor of surgery at McGovern Medical School at UTHealth Houston, who is affiliated with Memorial Hermann-TMC, performed a procedure known as

the Whipple procedure (also known as a pancreaticoduodenectomy) on Byerly. During the complex 5-hour surgery, Dr. Bynon removed and reconstructed a large portion of Byerly's gastrointestinal tract.

"We removed the gallbladder, the head of the pancreas, the first part of the small intestine (the duodenum), the bile duct and surrounding lymph nodes," says Dr. Bynon. "Afterward, pathology confirmed clean margins in the surrounding tissue. Four lymph nodes tested positive for cancer. Given the size of the tumor and the metastasis to surrounding lymph nodes (but not to distant organs), the diagnosis was Stage III pancreatic cancer."

According to the American Cancer Society, pancreatic cancer is the third leading cause of cancer death in the United States and has the lowest relative survival rate of all major cancers. The 5-year survival rate for pancreatic cancer (all stages) is 10 percent.

As Dr. Bynon explains, "Treatment options for pancreatic cancer include chemotherapy, radiation and surgery; however, surgical removal of the tumor is only possible in 20 percent of

Pancreatic Cancer continues on page 6



Breast surgical oncologist Diana Hook, MD, monitors patient Karen Cole after performing surgery on Cole to remove a cancerous breast tumor.

Treatment for Metaplastic Breast Cancer Dramatically Improves Patient's Quality of Life

When Karen Cole finally sought medical care for the tumor growing in her right breast, the tumor measured 24 centimeters and weighed nearly 10 pounds.

“I called it my monster,” says the petite 58-year-old from Montgomery, Texas. “I knew it was killing me, but I was upset and panic-stricken. And the more upset I got, the bigger it got.” She noticed about a year earlier that one breast was a different size than the other but chalked it up to her poor posture at her computer. Plus, she rationalized, fibroids run in her family. Then as her tumor—and her concerns—grew, she thought she could control it with herbal remedies and castor oil packs. A self-described sufferer of “white coat syndrome” (a fear of doctors), she says that about the time she finally mustered the courage to seek medical care, COVID-19 hit. And then she had health insurance issues.

“There were all these little road-blocks,” she says.

In March 2021, her husband, Alan,

made an appointment for her. “Alan is my rock,” she says. “He made every call, every appointment for me. He took care of me. Without him, I wouldn’t be here today.” She says her friends and family are also a part of her support team.

Karen was seen by breast surgical oncologist Diana Hook, MD, and medical oncologist Kruti Nair, MD, both of whom are affiliated with Memorial Hermann The Woodlands Medical Center.

“Based on her presentation, initial imaging and biopsy results, we originally thought it was a rare and aggressive form of breast cancer called a malignant phyllodes tumor,” says Dr. Nair. “But final surgical pathology was consistent with a form of invasive breast cancer known as metaplastic breast carcinoma. This is another rare form of breast cancer, which accounts for fewer than 1 percent of all breast cancers.”

A staging PET/CT scan revealed small lesions in her lungs and spine,

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cases. And many patients who undergo surgery cannot complete their therapy (chemo) due to complications related to surgery. But for patients with localized disease who can complete therapy (surgery plus chemo), the 5-year survival rate is 39 percent.”

While in the hospital, Byerly was visited by medical oncologist Putao Cen, MD, associate professor of oncology at McGovern Medical School at UTHouston, who is affiliated with Memorial Hermann. Dr. Cen explained that with surgery alone, the recurrence rate of metastatic pancreatic cancer is greater than 90 percent. Dr. Cen prescribed a special 6-month chemotherapy regimen designed to treat Byerly’s specific type of cancer.

“Chemotherapy is a very important part of treatment to prevent recurrence of this type of cancer,” says Dr. Cen. “But because pancreatic cancer cells are heterogenous, we combined four to five different agents across two different regimens to offer a broad spectrum of coverage. And since treating Mrs. Byerly, we’ve added even more agents and we’re using even more advanced technologies, testing each individual’s cancer genomic information, to diagnose and treat these patients.”

In January 2021, Byerly celebrated her 5-year milestone. There is no evidence that her cancer has returned.

“For patients diagnosed with pancreatic cancer, it’s important to get treatment at a center that involves all of the disciplines required and, most important, has the surgical expertise—low complication rate with complete resection of the tumor—to obtain the best results,” says Dr. Bynon. “Our goal is to put patients, such as Mrs. Byerly, on the positive side of the 5-year survival rate.” ■

For more information about Memorial Hermann’s services to diagnose and treat pancreatic cancer, visit [memorialhermann.org/services/conditions/pancreatic-cancer](https://www.memorialhermann.org/services/conditions/pancreatic-cancer)

Metaplastic Breast Cancer *continued from page 6*

which were suspicious for metastatic disease. “The lesions were too small to biopsy at the time but were characteristic of this type of cancer, which tends to spread, or metastasize, to the lung and bone,” says Dr. Nair.

Given likely advanced disease, along with a large primary tumor, the normal course of action would be chemotherapy. However, due to the often low response rates to chemotherapy reported with this cancer, and size of her tumor, Drs. Hook and Nair agreed to a palliative resection first, with an aim to restore her quality of life.

“When I first saw Karen, she had not been out of the house for 6 months,” says Dr. Hook. “She couldn’t go for a walk or go to the grocery store. She was miserable.”

Dr. Hook consulted with plastic surgeon Bryan Correa, MD, affiliated

with Memorial Hermann The Woodlands, about the feasibility of surgically removing the tumor. “We knew we needed to remove the tumor, but we needed to do so with negative margins,” says Dr. Hook. “And I wanted to make sure we could successfully close the defect created by the resection.”

In May 2021, Dr. Hook surgically removed the tumor, and Dr. Correa closed the incision using a skin graft from her leg and a tissue flap using a muscle from her back. The 7-hour surgery, performed at Memorial Hermann The Woodlands Medical Center, was a success. Two weeks later, Dr. Hook surgically implanted a port for the administration of chemotherapy.

Karen is currently receiving chemotherapy and immunotherapy under Dr. Nair’s care. “The goal of treatment is to keep her disease from growing further. If her cancer remains stable, we will consider breast

radiation to help with local control, followed by maintenance treatment. We are taking it month by month, but she is extremely well so far in her journey,” says Dr. Nair.

Both physicians are amazed at how her outlook has changed. “When we first saw Karen, she was suffering and super anxious,” says Dr. Hook. “Two weeks after her surgery she was pain-free and all smiles, walking on sunshine.” ■



BRYAN CORREA, MD

Surgeon
Affiliated with Memorial Hermann
The Woodlands



KRUTI NAIR, MD

Medical Oncologist
Affiliated with Memorial Hermann
The Woodlands





These last weeks and months it has been difficult to see the way forward as we face the continuing COVID-19 crisis. It reminds me of the struggle cancer patients

face every day. Questions that seem to have no answers: Why me? Why now? What about the plans that I have for the future? These are hard questions, and they disturb the daily life, sleep, rest and peace of cancer patients, friends and family members.

Every article you read in this journal is carefully crafted to help cancer patients. Our goal is to share information that will help cancer patients and providers connect to medical care, programs and services to make their cancer experience a little bit easier to

cope with. We strive every day to improve our services and programs. We are very proud of the quality and safety put into every thought and decision as we consider Centers of Excellence programs, community and provider partnerships.

Whether you are facing emotional, physical, financial, spiritual or relational problems as part of your cancer experience, we are here for you. We have a network of community and social programs to help support you every step of the way in your cancer care. These are stressful times, but together we will get through them. Our promise to you is that at Memorial Hermann, no one faces cancer alone.

We would be glad to help you connect with support groups, counseling services, chaplains and social workers. We can offer tele-visits if you are more comfortable reaching out via computer or by phone. Our Oncology Nurse Navigators

and dietitians have teamed up to offer real-time video visits. Our dedicated physicians, pharmacists, clinic and inpatient staff and leaders are all working together to be sure your care is coordinated to value your time and energy.

We do not know when this crisis will end, but we do know that we will walk this cancer journey with you. We will do all in our power to ensure your peace of mind, reduce your fears and anxieties and focus on the very best care for your cancer. We will walk with you and support you each step of the way.

Please remember to continue to encourage family and friends to go for their wellness care including cancer screenings. And please get vaccinated against the COVID-19 virus.

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



As we find ourselves in the middle of the fourth surge of the COVID-19 pandemic, the passion and resilience of our Memorial Hermann team

continues to shine through as we work collaboratively to provide the highest quality care for all patients while keeping everyone safe.

As COVID-19 cases and hospitalizations are increasing once again, we know the safest and most effective way to ensure that everyone stays healthy is to get vaccinated.

As a physician who treats our most vulnerable population—patients with cancer—I am proud that Memorial Hermann recently took an important and necessary step to ensure protection from COVID-19 by making vaccination mandatory for all members

of our workforce. Given the impact of the dominant and much more aggressive and contagious delta variant, we know that now is the time to implement a COVID-19 vaccination requirement.

Additionally, a big win for us was when the Pfizer COVID-19 vaccine was granted full approval by the FDA for individuals ages 16 and over. But, we still have work to do. With much of the Greater Houston population still unvaccinated, along with the relaxation of safety measures in the community and the fact that most people have gone back to their pre-pandemic lifestyles, COVID-19 hospitalizations continue to increase at an alarming rate.

Current data shows that unvaccinated populations are causing the surging spread of the virus. But we can be the positive change. The more people who are fully vaccinated, the harder it will be for the virus to spread from person to person and mutate

into other, more infectious strains such as the delta variant. Simply put, the sooner we can all get vaccinated, the sooner the pandemic will end.

We have learned so much over the past 18 months, and we have all the necessary resources, including a team of skilled caregivers, to beat this virus. As always, thank you to all Memorial Hermann employees in both clinical and non-clinical roles across the system for your amazing commitment and dedication to our patients, our community and each other. We could not do it without you. Together, we can be a positive force for change that will one day lead to the ultimate change: an end to this pandemic, once and for all.

In good health,

Ron J. Karni, MD
Associate Professor, Department of
Otorhinolaryngology - Head and Neck
Surgery, McGovern Medical School at
UTHealth Houston

Memorial Hermann Cancer Center – Northeast Expands Multidisciplinary Teams

Medical oncologist Sameeksha Bhama, MD, assistant professor of oncology at McGovern Medical School at UTHHealth Houston, and radiation oncologist Angel Blanco, MD, associate professor of neurosurgery and director of radiation oncology and stereotactic radiosurgery at McGovern Medical School, are now seeing patients at Memorial Hermann Cancer Center – Northeast.

And Shernette Abrahams, RN, has joined the Center as Oncology Nurse Navigator, guiding patients from diagnosis through survivorship.

These additional team members serve patients alongside radiation oncologist Shariq Khwaja, MD, assistant professor of neurosurgery at McGovern Medical School.

A leading provider of cancer treatment in Northeast Houston,

Memorial Hermann Cancer Center – Northeast provides adult cancer patients with the entire continuum of cancer care—education, prevention, screening, diagnosis, treatment, survivorship and rehabilitation. The Center is accredited as part of the Memorial Hermann Integrated Network Cancer Program by the American College of Surgeons Commission on Cancer. ■



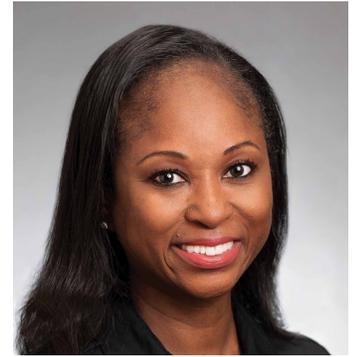
Dr. Bhama



Dr. Blanco



Dr. Khwaja



Shernette Abrahams, RN

Memorial Hermann Launches Prostate Cancer Center of Excellence

In 2020, Memorial Hermann embarked on the creation of a Prostate Cancer Center of Excellence (CoE) to provide prostate cancer patients with continuous, consistent quality care across the Memorial Hermann Health System. Leading this effort are Memorial Hermann Medical Group urologist Nathaniel Barnes, MD, and urologist Steven Canfield, MD, professor and chief of urology at McGovern Medical School, who is affiliated with Memorial Hermann-Texas Medical Center.

Cancer Journal: What is the Memorial Hermann Prostate Center of Excellence (CoE)?

Dr. Barnes: It's a collaborative, multidisciplinary approach to providing integrated care for prostate cancer patients—from screening and diagnosis to management and end-stage treatment—across the Memorial Hermann Health System.

Cancer Journal: Who is involved in the CoE?

Dr. Barnes: The CoE comprises urologists, radiation oncologists, medical oncologists, a very specific group of radiologists reading diagnostic MRIs, uro-oncology and urologic pathologists, and Memorial Hermann Oncology Nurse Navigators. Participating physicians are from Memorial

Hermann Medical Group, McGovern Medical School and private physicians in the community who are affiliated with Memorial Hermann.

Cancer Journal: How does the CoE approach differ from traditional care delivery?

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Dr. Barnes: Instead of operating as individual specialties, clinicians, campuses and offices, we're all working from a 30,000-foot view with metrics that we have gathered using guidance from the Advisory Board in Washington, D.C. Our goal is to establish quality metrics across the board so we're all playing from the same playbook, throughout the system. Operating in this fashion elevates our ability to diagnose, treat and provide care to our patients across the system in a unified and collaborative manner.

Cancer Journal: How will patients benefit?

Dr. Barnes: We see patients benefitting in four ways—through coordinated care beginning at diagnosis, improved quality through multidisciplinary oversight and collaboration, expedited treatment plans and greater access to clinical trials.

Dr. Canfield: With this approach, when a patient sees a physician who is part of the system-wide center of excellence, regardless of where that physician is located, the patient can be confident that they are receiving the highest-quality prostate cancer care—care that is in line with any other location in the system, including at Memorial Hermann-TMC.

One thing we want patients and referring physicians to understand is that all diagnostic approaches are not the same, all MRI imaging and biopsy is not the same, all treatments are not the same, access to cutting edge technologies is not the same and access to care and clinical trials may not be the same everywhere you go. We want them to understand that through the center of excellence, they will receive the highest level of care for all of those pieces.

Dr. Barnes: One of the things we're doing to enable this is analyzing our capabilities and equipment to identify opportunities for additional investments across our facilities. So that, for instance, if a patient has an MRI at one facility, he can have a biopsy at another facility, because we can rely on the quality of the imaging and migrate that data in, which is something that is not even common on a national level at this point.

Cancer Journal: How does the CoE provide greater patient access to clinical trials?

Dr. Canfield: There are many ongoing clinical trials in prostate cancer (and other urologic malignancies, for that matter) at specific practice locations that are affiliated with UT or Memorial Hermann in some fashion. Prior to the CoE, a patient presenting at a site on one side of town might never have been considered for participation in a trial happening on the other side of town. Houston is a big city, after all. The CoE functions as a collaborative working group that can provide information about, and access to, all clinical trials happening across the system.

Cancer Journal: In addition to clinical trials, is there another research aspect to the CoE?

Dr. Canfield: Yes, absolutely. We envision establishing a research clearing house of both clinical research and basic science research from all the data that we are and will be collecting. This coordinated effort will combine data from our physicians with the expertise of some of the epidemiologists and data specialists at McGovern Medical School. We really are going to have a wealth of brain trust, and to be able to use all the disparate parts in a unified fashion will allow us to achieve that collaborative effort on the research side.

Cancer Journal: You mentioned Memorial Hermann Oncology Nurse Navigators. What is their role?

Dr. Barnes: Our Oncology Nurse Navigators are really the glue that holds all of those sub-specialists together. They help patients and their families through the educational process. As a result, they help decrease the time for follow-up, enhance the consultative visits that the patients have and increase patient compliance, which leads to better patient outcomes.

Cancer Journal: How will you measure success?

Dr. Canfield: The CoE is data driven. We have created a dashboard of evidence-based and guideline-derived key metrics in the areas of documentation, timeliness, appropriateness of care, nurse navigation and overall survival rates. The dashboard is a living and evolving assessment. And as national guidelines are developed or they evolve, we will change or adjust the dashboard to keep current. The success of the entity as a whole is measured by this data and can be shared with both the scientific community and consumer. ■



NATHANIEL BARNES, MD
Urologist
Memorial Hermann Medical Group



STEVEN CANFIELD, MD
Urologist
Professor and Chief of Urology
McGovern Medical School at UTHealth Houston

Memorial Hermann The Woodlands Medical Center Recognized for Rectal Cancer Care

The American Cancer Society estimates there will be 45,230 new cases of rectal cancer in the United States in 2021.

Memorial Hermann The Woodlands Medical Center has earned The National Accreditation Program for Rectal Cancer (NAPRC) accreditation, a collaboration between The OSTRiCh Consortium (Optimizing the Surgical Treatment of Rectal Cancer) and the Commission on Cancer (CoC), a quality program of the American College of Surgeons, to ensure patients with rectal cancer receive appropriate care using a multidisciplinary approach.

NAPRC-accredited programs treat patients with cancer according to nationally accepted accountability and quality

measures that emphasize:

- A multidisciplinary team consisting of trained and qualified rectal cancer specialists
- Research-supported protocols and processes for rectal cancer care
- Data collection/monitoring to track care processes, treatment, compliance and patient outcomes
- Adherence to evidence-based procedures ■



TIRR Memorial Hermann to Open Outpatient Rehabilitation Location in Southeast Houston

TIRR Memorial Hermann will open its seventh outpatient rehabilitation site in summer 2022. The new facility, located in Southeast Houston, will provide convenient access to high-quality outpatient rehabilitation and aquatic therapy for adults and children with neurological, oncological and medically complex diagnoses.

“We look forward to serving as a rehabilitation leader in this area,” says Rhonda Abbott, TIRR Memorial Hermann CEO. “Currently, the

Southeast region does not have a comprehensive neurological outpatient rehabilitation facility for adults and children. This new location will not only provide continuity of care for patients at Memorial Hermann Southeast Hospital’s inpatient rehabilitation program, but it will also serve residents in the Southeast and Bay Area.”

Located at 300 Rogers Court in Webster, the facility will be visible and easily accessible from I-45. ■

TIRR is a registered trademark of TIRR Foundation.

Open Access Screening Colonoscopies Now Available at Memorial Hermann Northeast Hospital

Screening for colorectal cancer via a colonoscopy allows for the early detection of cancer when it is highly curable, as well as the detection of growths, or polyps, that could become pre-cancerous. Memorial Hermann Northeast now offers colonoscopies without a physician referral, saving patients time, effort and money. These “open access” colonoscopies are available for asymptomatic patients between the ages of 45 and 64 who are in generally good health and who have not been previously screened or who were screened more than 10 years ago. ■

To schedule a screening colonoscopy, call **346.323.COLO** (2656) or visit [memorialhermann.org/colonoscopy](https://www.memorialhermann.org/colonoscopy) for more information.

Advance Care Planning: Taking Charge of Your Healthcare Decisions

Making decisions during a medical emergency can be difficult. The best way to prepare for the unexpected is to talk to people you trust, ahead of time, so you can be sure that doctors and nurses have the information they need to care for you in the way you prefer.

An advance care plan is a way to tell your loved ones and doctors what kind of medical care you want if you are unable to speak for yourself. This plan should be created when you are healthy. If you wait until a medical emergency happens, it may be difficult to let others know your wishes.

The first step is to start the conversation. Talk with loved ones and decide who should make decisions for you if you become unable to do so yourself. Your medical decision maker doesn't have to be a family member.

Then, make it official using legal documents called advanced directives, which must be signed by two witnesses who are not part of your medical team. You can change or cancel your advanced directives at any time.

Advanced directives typically include:

- **Medical Power of Attorney**, allowing you to name another person as your agent to make medical decisions for you if you become unable to do so
- **Directive to Physicians**, also known as a living will, which records your wishes for withholding or withdrawing life sustaining procedures



- **Our-of-Hospital Do Not Resuscitate (DNR) Order**, which you can use to indicate that you do not wish to be resuscitated at your home or healthcare facility

Memorial Hermann Oncology Nurse Navigators are here to help. Their goal is to help you voice your wishes so that your healthcare team can honor your choices.

For more information, visit

memorialhermann.org/cancer-advancedcareplanning or call **833.770.7771**.

ADVANCES IN CANCER TREATMENT

Webinar Connects Participants with Breast Cancer Specialists

In celebration of National Women's Health Week, on May 18, 2021, Memorial Hermann hosted a talk about breast cancer, from screening and diagnosis to treatment and rehabilitation.

Originally hosted in a live webinar format, Connect with Breast Cancer Specialists features three Memorial Hermann affiliated physicians and a TIRR Memorial Hermann therapist who guide attendees/viewers through the entire breast cancer journey to empower them to take control of their breast health. The following are highlights from the webinar, which is available for viewing at memorialhermann.wistia.com/medias/ny57hmy9yn.

Prevention and Early Diagnosis Through Breast Cancer Screening

In the webinar, breast radiologist Michele Lesslie, DO, emphasizes the importance of annual screening mammograms for women ages 40 and older to detect cancer in its early stages. In her presentation, she answers frequently asked questions about breast cancer screening, including:

- What is the difference between a screening mammogram and a diagnostic mammogram?
- How long does a mammogram take? How do I prepare? Does it hurt?
- What if my mammogram isn't normal?
- Can the COVID-19 vaccine affect my results?

- What is a 3-D mammogram and how is it different?

Surgical Treatment of Breast Cancer

Memorial Hermann affiliated breast surgeon Tamara Saunders, MD, explains that surgery is just one of multiple steps involved in the treatment of breast cancer, along

Webinar continues on page 13

Webinar continued from page 12

with chemotherapy, radiation and/or endocrine therapy. A patient's treatment plan will depend on several factors, including the type, stage, size and location of the cancer, and the patient's preference.

In her talk, Dr. Saunders provides an overview of different surgical techniques employed to achieve the best oncologic outcomes, including breast-conserving surgery, mastectomy, axillary preservation and risk reduction surgery.

Radiation Therapy for Breast Cancer

About two-thirds of all cancer patients will receive radiation therapy as part of their cancer treatment, often in combination with other treatments, such as surgery and chemotherapy. In his presentation, Memorial Hermann

affiliated radiation oncologist Shariq Khwaja, MD, provides an introduction to radiation oncology, walking viewers through the steps involved in radiation therapy—referral, consultation, simulation, treatment planning and treatment process. He then describes the different types of radiation therapy along with short- and long-term side effects.

Prehabilitation and Rehabilitation

TIRR Memorial Hermann occupational therapist Susanne Borkhuis explains that TIRR Memorial Hermann sees clients at various stages of their cancer journeys to address both the early and late effects of their oncology treatments. Based on a comprehensive evaluation, TIRR Memorial Hermann therapists develop a customized therapeutic exercise

plan for each client that may begin with “prehabilitation” even before a client begins their cancer treatment. Plans may include a wide range of therapies, from exercises, stretches and myofascial release to scar management and energy conservation for cancer-related fatigue.

Informative Q&A

Following the presentations, the speakers answer a host of audience questions, about everything from the relationship of dense breast tissue to cancer risk and how to prevent lymphedema, to how much radiation is enough and what causes triple negative breast cancer. ■

View the recorded webinar at [memorialhermann.wistia.com/medias/ny57hmy9yn](https://www.memorialhermann.wistia.com/medias/ny57hmy9yn).

National Women's Health Week Memorial Hermann Breast Cancer Webinar



Moderator

*Erica Scott, Senior Oncology Breast Nurse Navigator
Memorial Hermann
Cancer Center-Memorial City*



Featured Speaker

*Michele Lesslie, DO,
Breast Radiologist*



Featured Speaker

*Tamara Saunders, MD,
Breast Surgeon
Assistant Professor,
Department of Surgery,
McGovern Medical School
at UTHealth Houston*



Featured Speaker

*Shariq Khwaja, MD, Radiation Oncologist
Clinical Assistant Professor, Vivian L. Smith
Department Of Neurosurgery,
McGovern Medical School
at UTHealth Houston and
Medical Director, Radiation
Oncology, Memorial Hermann
Memorial City Medical Center*



Featured Speaker

*Susanne Borkhuis, OTR/L,
MOT, CLT, Occupational
Therapist
TIRR Memorial Hermann
Outpatient Rehabilitation
at Sugar Land*

Ensuring a Seamless Leukemia Patient Experience

“Leukemia is a complex disease requiring complex management,” says Adán Ríos, MD, professor in the Division of Oncology at McGovern Medical School at UTHealth Houston, who is affiliated with Memorial Hermann-Texas Medical Center and whose special interests include hematological malignancies (leukemia, lymphoma and multiple myeloma). “We are seeing an influx of acute leukemia patients. These patients require specialized care. And we are being responsive to their needs.”

To ensure these patients receive comprehensive, seamless care, Memorial Hermann is piloting a program to optimize each facet of the leukemia patient experience. “We are marshaling all of our resources—the physicians and specially trained oncology nurses who care for these patients, our Oncology Nurse Navigators, our pharmacy and our infusion center—to provide the



best care possible,” says Dr. Ríos.

A patient’s journey begins even before they are admitted for treatment. When the patient is seen in clinic, orders are sent to the pharmacy. On the day of treatment, a new “bed ahead” process helps to ensure a bed will be ready when the patient arrives. Once admitted, the patient is escorted

to the infusion center, where chemotherapy is administered within minutes of their arrival. And the patient’s Oncology Nurse Navigator is on hand to answer any patient questions or to address any concerns.

“We are thrilled to put this process in place, to help ensure our leukemia patients get the quality care they need, without delay,” says Lance Ferguson, vice president of operations for Memorial Hermann-TMC. “Providers in the community can refer patients into the program with confidence. Dr. Ríos and the rest of the team are committed to providing each patient with a seamless experience and the best possible outcome.”

In addition to the process for planned admissions, there is a separate process for handling emergent admissions. The pilot commenced July 2021. An official launch is planned for October 2021. ■



Lung Cancer: Early Detection Saves Lives

Lung cancer is the leading cause of cancer death among men and women and comprises about 25 percent of all cancer deaths. Each year, more people die of lung cancer than of colon, breast and prostate cancers combined. But there is hope. As people continue to stop smoking—and with advances in early detection and treatment—the death rate from lung cancer continues to drop.

Low-Dose CT (LDCT) is an effective tool in screening for lung cancer. Without this screening test, lung cancer is usually not found until a person

develops symptoms, at which time the cancer is much harder to treat.

In March 2021, the U.S. Preventive Services Task Force (USPSTF) updated its recommendations, lowering the minimum age for screening—from 55 to 50 years of age—and the number of pack-years a person has smoked—from 30 pack-years to 20. ■

To schedule a lung cancer screening at Memorial Hermann, visit [memorialhermann.org/services/low-dose-ct-scan](https://www.memorialhermann.org/services/low-dose-ct-scan).

The USPSTF recommends annual screening for lung cancer with LDCT in adults aged 50 to 80 years who have a 20-pack-year smoking history and currently smoke or have quit within the past 15 years.

Film Highlights Life of Memorial Hermann Affiliated Physician Dr. Adán Ríos



What do the country of Panama, two-time heavyweight world champion George Foreman, the AIDS pandemic and the last Shah of Iran have in common?

Memorial Hermann affiliated physician Dr. Adán Ríos.

A new documentary, “Tras las Huellas: Dr. Adán Ríos,” chronicles the life of the oncologist and professor of oncology at McGovern Medical School at UTHealth Houston, whose special interests include hematological malignancies (leukemia, lymphoma and multiple myeloma).

Beautifully and dramatically produced, the 1-hour “Tras las Huellas” (which translates to “behind the tracks”) tells the story of a man who took the least trodden path—selling rice in his family’s store in his beloved Panama, working on AIDS research, participating in the team managing the medical care for the Shah of Iran during the hostage crisis and helping George Foreman achieve the title of heavyweight champion.

In an on-camera interview, Foreman flatly states, “Without Dr. Ríos, there would have been no George Foreman heavyweight champion at 45 again.”

Dr. Ríos refers to Robert Frost’s famous quote about “the road less traveled” to describe his life’s decisions and accomplishments. Despite having lived an extremely adventuresome and rewarding life, he says teaching has been among his most gratifying experiences.

Directed by Alberto Serra and co-produced by WP Films and TVN, “Tras las Huellas: Dr. Adán Ríos” aired in Spanish in Panama on April 21, 2021, and is currently being translated into English.

Watch the trailer on the UT Physicians Vimeo channel at vimeo.com/528419980/e241adc683.



Memorial Hermann Oncology Dietitian Earns Distinction

On March 8, 2021, just in time for National Nutrition Month (in March) and Registered Dietitian Day (on March 10, 2021), Erika Jenschke, MS, RD, CSO, LD, oncology dietitian at Memorial Hermann Cancer Center-Texas Medical Center, was awarded her Certified Specialty in Oncology (CSO) by the Commission on Dietetic Registration (CDR), the credentialing agency of The Academy of Nutrition and Dietetics (AND).

Jenschke earned her bachelor’s degree in nutritional sciences/dietetics from Texas Tech University in Lubbock, Texas, and her master’s degree in nutrition from Texas Woman’s University in Houston. She has held several dietitian roles across the Memorial Hermann Health System since joining Memorial Hermann in 2009. She currently serves as system lead outpatient oncology dietitian at Memorial Hermann-TMC.

Earning her CSO puts Jenschke in an elite category among her peers. Of the 7,509 registered dietitians in Texas, only 57 have their CSO. “This certification adds validity to my 12 years of experience and knowledge gained working exclusively in nutrition oncology for Memorial Hermann,” says Jenschke. “Our patients deserve the absolute best in all members of their healthcare team, and I believe this specialty certification provides an extra facet to our oncology care here at Memorial Hermann Cancer Centers.”

Specialized Training for Specialized Nursing Care

The Memorial Hermann Oncology Nursing Department hosts an Oncology Certified Nursing (OCN) review for oncology nurses across the Houston area,

designed to provide participants with the knowledge they need to increase the efficiency and effectiveness of the nursing care they provide to their oncology patients. In addition, Memorial Hermann provides specific training to nurses in the handling of chemotherapy medication.

OCN Review

Historically held in person over 2 days, in September 2020, a 1-day online format was adopted, which had a surprisingly positive impact on attendance. Whereas the in-person event typically drew nurses from the Houston area, the online version drew nurses from all over the country.

The event also serves as a preparatory course for nurses preparing to take the OCN exam. “Oncology nurses are highly skilled nurses that care for cancer patients,” says Shelita Anderson, RN, director of Memorial Hermann’s Oncology Nursing Department. “The OCN certification validates their qualifications and expertise to care for patients with cancer.”

Chemotherapy Training

In addition to the OCN review, the Memorial Hermann Oncology Nursing Department conducts monthly internal training for nurses on the administration of chemotherapy. “Nurses who handle chemotherapy drugs, which can be harmful when touched or ingested, must be properly trained to ensure the safety of both the patient and the nurse,” says Anderson. “This training applies to our oncology nurses as well as other of our nurses involved in the administration of chemotherapy, immunotherapy and bi-therapy treatments, which take place in our cancer centers as well in many other areas across the organization.”

Between January and December 2020, the department trained 590 non-oncology nurses plus 67 chemo-credentialed nurses. ■

For more information, interested nurses should contact Renjitha Kolambel, RN, at Renjitha.Kolambel@memorialhermann.org.

Ongoing Clinical Trials

Memorial Hermann offers cancer patients access to a wide range of clinical trials. Included in this issue are select clinical trials being undertaken by Memorial Hermann partners McGovern Medical School at UTHealth Houston, Texas Oncology (Gulf Coast Region) and Oncology Consultants. Memorial Hermann hospitals serve as study sites for some of these clinical trials.

PROSTATE CANCER · UTHealth Houston

Nanospectra- An Extension Study of MRI/US Fusion Imaging and Biopsy in Combination with Nanoparticle Directed Focal Therapy for Ablation of Prostate Tissue

This is an open-label, multi-center, single-dose study of AuroLase Therapy in the focal ablation of neoplastic prostate tissue via nanoparticle directed irradiation. The patient population consists of men with low- to intermediate-risk localized prostate cancer with MRI visible and confirmed focal areas of prostate cancer using MR US Fusion Guided Biopsy.

Contact: 713.704.3961 or 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 (64091742PCR0002)

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

Texas Oncology-Houston Memorial City: 713.467.1722 or Jennifer.Todora@usoncology.com

Texas Oncology Study #: 19144 – Prostate

A Phase III Randomized, Double-Blind Study of Nivolumab or Placebo in Combination with Docetaxel, in Men with Metastatic Castration-Resistant Prostate Cancer (CA209-7DX)

Contact:

Texas Oncology-Houston Memorial City: 713.467.1722 or Jennifer.Todora@usoncology.com

Texas Oncology Study #: 19191 – Prostate

PROSTATE CANCER · Oncology Consultants

Phase III, Randomized, Double-Blind Study of Talazoparib with Enzalutamide vs Placebo with Enzalutamide in Men with DDR Gene Mutated Metastatic Castration-Sensitive Prostate Cancer TALAPRO-3

Adenocarcinoma of the prostate without small cell or signet cell features. Confirmation of DDR gene mutation status by prospective or historical analysis (with sponsor pre-approval) of blood (liquid biopsy) and/or de novo or archival tumor tissue using FoundationOne CDx or Liquid CDx. May have received up to six cycles of taxane-based chemotherapy (and no more than 3 months from last dose of taxane) or 3 months of enzalutamide in the CSPC setting.

OC Study #: C3441052

BREAST CANCER · Texas Oncology

MammaPrint, Blueprint and Full-Genome Data Linked with Clinical Data to Evaluate New Gene Expression Profiles: An Adaptable Registry

Texas Oncology Study #: 17079 – Breast

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

Single-Arm, Open-Label Phase Ib/II Study of SGN-LIV1A in Combination with Pembrolizumab for First-Line Treatment of Patients with Unresectable Locally Advanced or Metastatic Triple-Negative Breast Cancer

Texas Oncology Study #: 18004 – Breast

Contact:

Texas Oncology-Houston Memorial City: 713.467.1722 or Jennifer.Todora@usoncology.com

Randomized, Double-Blind, Phase III Study of Tucatinib or Placebo in Combination with Ado-Trastuzumab Emtansine (T-DM1) for Subjects with Unresectable Locally Advanced or Metastatic HER2+ Breast Cancer

Texas Oncology Study #: 19054 – Breast

Contact:

Texas Oncology-Houston Memorial City: 713.467.1722 or Jennifer.Todora@usoncology.com

A Phase II, Randomized, Open-Label, Multicenter Study Evaluating the Efficacy and Safety of GDC-9545 Compared with Physician's Choice of Endocrine Monotherapy in Patients with Previously Treated Estrogen Receptor-Positive, HER2-Negative Locally Advanced or Metastatic Breast Cancer (W042312)

Texas Oncology Study #: 20258 – Breast

Contact:

Texas Oncology-Houston Memorial City: 713.467.1722 or Jennifer.Todora@usoncology.com

EPIK-B3: A Phase III, Multicenter, Randomized, Double-Blind, Placebo-Controlled Study to Assess the Efficacy and Safety of Alpelisib (BYL719) in Combination with Nab-Paclitaxel in Patients with Advanced Triple Negative Breast Cancer with Either Phosphoinositide-3-kinase Catalytic Subunit Alpha (PIK3CA) Mutation or Phosphatase and Tensin Homolog Protein (PTEN) Loss without PIK3CA Mutation (CBYL719H12301)

Texas Oncology Study #: 19122 – Breast

Contact:

Texas Oncology-Houston Memorial City: 713.467.1722 or Jennifer.Todora@usoncology.com

A Randomized, Double-Blind, Phase III Study of Pembrolizumab vs Placebo in Combination with Neoadjuvant Chemotherapy and Adjuvant Endocrine Therapy for the Treatment of High-Risk Early-Stage Estrogen Receptor-Positive, Human Epidermal Growth Factor Receptor 2-Negative (ER+/HER2-) Breast Cancer (MK3475-KN756)

Texas Oncology Study #: 17188 – Breast

Contact:

Texas Oncology-Houston Memorial City: 713.467.1722 or Jennifer.Todora@usoncology.com

BREAST CANCER · Texas Oncology

Phase I/II Trial of Ibrutinib Plus Trastuzumab in HER2-Amplified Metastatic Breast Cancer

Texas Oncology Study #: 14059 – Breast

Contact:

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

A Randomized, Multicenter, Double-Blind Phase III Study of Amcenestrant (SAR439859) Plus Palbociclib vs Letrozole Plus Palbociclib for the Treatment of Patients with ER (+), HER2 (-) Breast Cancer Who Have not Received any Prior Systemic Anti-Cancer Treatment for Advanced Disease (SAR439859 - EFC15935)

Texas Oncology Study #: 20227 – Breast

Contact:

Texas Oncology-Houston Memorial City: 713.467.1722 or Jennifer.Todora@usoncology.com

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

Texas Oncology-The Woodlands: 281.296.0365 or Jennifer.Todora@usoncology.com

A Phase III, Randomized, Double-Blind Study of Trilaciclib or Placebo in Patients Receiving First- or Second-Line Gemcitabine and Carboplatin Chemotherapy for Locally Advanced Unresectable or Metastatic Triple-Negative Breast Cancer (PRESERVE 2)(G1T28-208)

Texas Oncology Study #: 20431 – Breast

Contact:

Texas Oncology-Houston Memorial City: 713.467.1722 or Jennifer.Todora@usoncology.com

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

BREAST CANCER · Oncology Consultants

Randomized, Double-Blind, Phase III Study of Tucatinib or Placebo in Combination with Ado-trastuzumab Emtrastine (T-DM1) for Subjects with Unresectable Locally Advanced or Metastatic HER2+ Breast Cancer (HER2CLIMB-02)

OC Study #: SGNTUC-016

A Randomized, Multicenter, Double-Blind Phase III Study of Amcenestrant (SAR439859) Plus Palbociclib vs Letrozole Plus Palbociclib for the Treatment of Patients with ER (+), HER2 (-) Breast Cancer Who Have Not Received Prior Systemic Anti-Cancer Treatment for Advanced Disease (AMEERA-5)

OC Study #: EFC15935

A Phase Ib/II, 2-Stage, Open-Label, Multicenter Study to Determine the Efficacy and Safety of Durvalumab (MEDI4736) + Paclitaxel and Durvalumab (MEDI4736) in Combination with Novel Oncology Therapies with or Without Paclitaxel for First-Line Metastatic Triple Negative Breast Cancer (BEGONIA)

OC Study #: D933LC00001

LUNG CANCER · UHealth Houston

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.

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 vs 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) (CACZ885T2301)

Texas Oncology Study #: 17167 - NSCLC

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

CX 839-016: Screening Protocol to Detect Mutation of KEAP1 or NRF2/NFE2L2 Genes in Patients with Non-Small Cell Lung Cancer Not Previously Treated for Metastatic Disease to Determine Eligibility for a Biomarker Selected Clinical Trial (KEAPSAKE Trial)

Texas Oncology Study #: 20224 - NSCLC

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

A Phase III, Double-Blind, Placebo-Controlled, Multi-center International Study of Neoadjuvant/Adjuvant Durvalumab for the Treatment of Patients with Resectable Stages II and III Non-Small Cell Lung Cancer (AEGEAN) (D9106C00001)

Texas Oncology Study #: 19211 - NSCLC

Contact:
 Texas Oncology-Houston Memorial City: 713.467.1722 or Jennifer.Todora@usoncology.com

A Phase I/II Multiple Expansion Cohort Trial of MRTX849 in Patients with Advanced Solid Tumors with KRAS G12C Mutation (849-001)

Texas Oncology Study #: 19151 - NSCLC

Contact:
 Texas Oncology-Sugar Land: 281.277.5200 or Jennifer.Todora@usoncology.com

LUNG CANCER · Texas Oncology

516-005: A Randomized Phase III Study of Sitravatinib in Combination with Nivolumab vs Docetaxel in Patients with Advanced Non-Squamous Non-Small Cell Lung Cancer with Disease Progression On or After Platinum-Based Chemotherapy and Checkpoint Inhibitor Therapy (SAPPHIRE)

Texas Oncology Study #: 19018 - NSCLC

Contact:

Texas Oncology-Beaumont: 409.899.7180 or Jennifer.Todora@usoncology.com
Texas Oncology-Houston Willowbrook: 281.894.8822 or Jennifer.Todora@usoncology.com
Texas Oncology-Sugar Land: 281.277.5200 or Jennifer.Todora@usoncology.com

Randomized, Open-Label Phase III Study of SAR408701 vs Docetaxel in Previously Treated Metastatic Non-squamous Non-Small Cell Lung Cancer patients with CEACAM5 Positive Tumors (EFC15858)

Texas Oncology Study #: 19118 - NSCLC

Contact:

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

A Randomized, Double-Blind, Placebo-Controlled Trial of Tomivosertib in Combination with Anti-PD-(L)1 Therapy in Subjects with Non-Small Cell Lung Cancer as First-Line Therapy or when Progressing on Single-Agent First-Line Anti-PD-(L)1 Therapy (eFT508-0011)

Texas Oncology Study #: 20423 - NSCLC

Contact:

Texas Oncology-Beaumont: 409.899.7180 or Jennifer.Todora@usoncology.com
Texas Oncology-Houston Memorial City: 713.467.1722 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

CX-839-014 "KEAPSAKE": A Phase II, 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)

Texas Oncology Study #: 19239 - NSCLC

Contact:

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

A Phase III, Randomized, Double-Blind Placebo-Controlled, Multicenter Study Comparing Niraparib Plus Pembrolizumab vs Placebo Plus Pembrolizumab as Maintenance Therapy in Participants whose Disease has Remained Stable or Responded to First-Line Platinum-Based Chemotherapy with Pembrolizumab for Stage IIIb/IIIC or IV Non-Small Cell Lung Cancer (ZEAL-1L) (213400)

Texas Oncology Study #: 20218 - NSCLC

Contact:

Texas Oncology-Sugar Land: 281.277.5200 or Jennifer.Todora@usoncology.com

MA-MRTX-100: KRAS DetECT: KRAS Mutation Detection to Evaluate Eligibility for Clinical Trials

Texas Oncology Study #: 20422 - NSCLC

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-Webster: 281.332.7505 or Jennifer.Todora@usoncology.com
Texas Oncology-The Woodlands: 281.296.0365 or Jennifer.Todora@usoncology.com

LUNG CANCER · Oncology Consultants

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

OC Study #: 4020-01-001

TACTI-002 (Two ACTIVE Immunotherapeutic): A Multicenter, Open-Label, Phase II Study in Patients with Previously Untreated Unresectable or Metastatic Non-Small Cell Lung Cancer (NSCLC), or Recurrent PD-X Refractory NSCLC or with Recurrent or Metastatic Squamous Head and Neck Cancer (HNSCC) Receiving the Soluble LAG-3 Fusion Protein Eftilagimod Alpha (IMP321) in Combination with Pembrolizumab (PD-1 Antagonist)

OC Study #: TACTI-002

A Phase Ib 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

OC Study #: M19-611

A Phase II Multi Center Study of BGB324 in Combination with Pembrolizumab in Patients with Previously Treated Advanced Adenocarcinoma of the Lung

OC Study #: BGBC008

A Randomized, Double-Blind, Placebo-Controlled Trial of Tomivosertib in Combination with Anti-PD-(L)1 Therapy in Subjects with Non-Small Cell Lung Cancer as First-Line Therapy or when Progressing on Single-Agent First-Line Anti-PD-(L)1 Therapy

OC Study #: eFT508-0011

A Phase II 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)

OC Study #: CX-839-014

LUNG CANCER · Oncology Consultants

A Phase III, Open-Label, 3-Cohort Randomized Study of N-803 in Combination with Current Standard of Care vs Standard of Care as First-Line Treatment for Patients with Advanced or Metastatic Non-Small Cell Lung Cancer (NSCLC)

OC Study #: QUILT-2.023

Phase III, Randomized Study of Amivantamab and Lazertinib Combination Therapy vs Osimertinib Versus Lazertinib as First-Line Treatment in Patients with EGFR-Mutated Locally Advanced or Metastatic Non-Small Cell Lung Cancer

OC Study #: Mariposa (73841937NSC3003)

COLORECTAL CANCER · Texas Oncology

A Phase I/II Multiple Expansion Cohort Trial of MRTX849 in Patients with Advanced Solid Tumors with KRAS G12C Mutation (849-001)

Texas Oncology Study #: 19151 - CRC

Contact:

Texas Oncology-Sugar Land: 281.277.5200 or Jennifer.Todora@usoncology.com

Screening Protocol to Detect HER2 Alterations Required for Enrollment on Clinical Research Protocols of Tucatinib (SGN00-002)

Texas Oncology Study #: 20286 - CRC

Contact:

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

MOUNTAINEER: A Phase II, Open-Label Study of Tucatinib Combined with Trastuzumab in Patients with HER2+ Metastatic Colorectal Cancer (ACCRU-GI-1617, SGTUC-017)

Texas Oncology Study #: 20216 - CRC

Contact:

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

MA-MRTX-100: KRAS DetECT: KRAS Mutation Detection to Evaluate Eligibility for Clinical Trials

Texas Oncology Study #: 20422 - CRC

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

Texas Oncology-The Woodlands: 281.296.0365 or Jennifer.Todora@usoncology.com

COLORECTAL CANCER · Oncology Consultants

BESPOKE Study of ctDNA Guided Therapy in Colorectal Cancer

OC Study #: 20-041-NCP

Additional UTHealth Clinical Trials · Various Cancers

A Phase II/III Randomized Study of Maintenance Nivolumab vs Observation in Patients with Locally Advanced, Intermediate Risk HPV Positive OPCA (Protocol No. EA3161)

Sponsor: National Cancer Institute (NCI)/ECOG- ACRIN and Bristol-Myers Squibb

ClinicalTrials.gov Identifier: NCT03811015

The purpose of this study is to compare the usual treatment (the care that most people get for HPV positive oropharynx cancer) alone (radiation and chemotherapy) to adding maintenance nivolumab to the usual treatment. This study will help the study doctors find out if this different approach is better than the usual approach for patients with intermediate risk human papillomavirus (HPV) positive oropharynx cancer (throat cancer) that has spread to nearby tissue or lymph nodes.

Lead Physician: Syed Jafri, MD

Contact: 713.704.3961 or ms.oncology.research@uth.tmc.edu

AVEO-DEDUCTIVE (HCC): A Phase Ib/II, 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 Identifier: 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 Ib) 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 II) of the study will confirm these results using the dose, which 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

An Open-Label, Multicenter, Multicohort, Phase II Study to Evaluate Enfortumab Vedotin in Subjects with Previously Treated Locally Advanced or Metastatic Malignant Solid Tumors (EV-202) Protocol #7465-CL-202

Sponsor: Astellas Pharma Global Development, Inc.

ClinicalTrials.gov Identifier: NCT03474107

The goal of this study is to find out if enfortumab vedotin is effective and safe as a treatment for people with breast, lung, head and neck, gastric, gastroesophageal junction, or esophageal cancer. Researchers will look at how enfortumab vedotin can act in the body. Enfortumab vedotin is expected to work by attacking cells that have a protein called Nectin-4. This protein is commonly found in cancer cells, specifically the type of cancer you have. Enfortumab vedotin is approved to treat some individuals with urothelial cancer. It is not approved as a treatment for people with the type of cancer you have. The use of enfortumab vedotin in this study is investigational.

Lead Physician: Anneliese Gonzalez, MD

Contact: 713.704.3961 or ms.oncology.research@uth.tmc.edu

Immunotherapy with Nivolumab and Ipilimumab Followed by Nivolumab or Nivolumab with Cabozantinib for Patients with Advanced Kidney Cancer, The PDIGREE Study

Sponsor: National Cancer Institute (NCI)

ClinicalTrials.gov Identifier: NCT03793166

This phase III trial compares the usual treatment (ipilimumab and nivolumab followed by nivolumab alone) to treatment with ipilimumab and nivolumab, followed by nivolumab with cabozantinib in patients with untreated renal cell carcinoma that has spread to other parts of the body. The addition of cabozantinib to the usual treatment may make it work better. Immunotherapy with monoclonal antibodies, such as nivolumab and ipilimumab, may help the body's immune system attack the cancer and may interfere with the ability of tumor cells to grow and spread.

Chemotherapy drugs, such as cabozantinib, work in different ways to stop the growth of tumor cells, either by killing the cells, by stopping them from dividing or by stopping them from spreading. It is not yet known how well the combination of cabozantinib and nivolumab after initial treatment with ipilimumab and nivolumab works in treating patients with renal cell cancer that has spread to other parts of the body.

Lead Physician: Neha Maithel, MD

Contact: 713.704.3961 or ms.oncology.research@uth.tmc.edu

Major Stressful Events (SE) and Risk of Developing Lung, Head/Neck and Pancreatic Cancer (Protocol No. B-14-104)

The purpose of expanding this research study is to see if major stressful life events (SE) such as divorce, death of a family member or serious financial difficulties can be a risk factor for getting lung, head/neck or pancreatic cancer.

Eligibility Criteria: Patients with diagnosis of lung, head/neck or pancreatic cancer in past one year; all stages and histologies; significant smoking history (>10 packs/year); non-smoker cases: 10% of cases are expected to be never/light smokers (<10 packs/year smoking) will also be included.

Development of a Patient-Derived Xenograft Mouse Model of Solid Tumors

The purpose of this research study is to create patient-derived xenograft (PDX) mouse models and patient-derived organoids (PDO). PDX/PDO tumor models are created using a small portion of a patient's leftover tumor tissue. In this study, researchers want to look at and compare the genetic changes of the tumor models with drug response and/or resistance.

Eligibility Criteria: Patients must be age 18 years and older, with solid tumors, undergoing cancer treatment at UTHealth/Memorial Hermann Hospital-Texas Medical Center and able to provide a solid tumor sample (from a standard of care biopsy/surgery).

Lead Physician: Julie Rowe, MD

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

Patti Jorgensen, Volunteering With Empathy

Patti Jorgensen exudes positive energy. The 46-year-old mother of eight says when she was first asked to serve on the In the Pink of Health committee for Memorial Hermann The Woodlands Medical Center, she responded, “I don’t have a lot of free time, but I can do PR. I can create social posts.” That was 3 years ago, and she’s been an active In the Pink supporter ever since.

Memorial Hermann In the Pink of Health is a group of inspired women who partner with Memorial Hermann The Woodlands to raise money for the Breast Care Center as well as other cancer-related programs for Montgomery County and surrounding communities. To date, the organization has raised over \$5 million to fight breast and ovarian cancer through education, early detection and outreach. Among its activities, the group hosts an annual In the Pink luncheon, which Jorgensen has attended every year since 2015.

Jorgensen is part of a team that keeps In the Pink’s social media sites buzzing with upbeat quips and tips for cancer survivors and caregivers. There’s #motivationalmonday (inspirational quotes from everyone from John F. Kennedy to Jon Bon Jovi) and #wellnesswednesday (“Did you know that studies have found that swimming can elongate damaged chest and arm muscles for breast cancer survivors?”). They also post timely updates on cancer statistics, In the Pink activities (including the annual luncheon taking place Friday, October 22, 2021) and resources for cancer survivors and their families. Among those resources is the Canopy Cancer Survivorship Center at Memorial Hermann The Woodlands where, in her spare time (insert rolling-eyes emoji here), she also volunteers.

Jorgensen is no stranger to cancer. Her late husband, Rob Epperson, was diagnosed with melanoma in 1998, shortly after the couple graduated from



Photo Credit: Max van Otterdyk

college. After 9 years, he was declared cancer-free, but “it came back with a vengeance,” she says. When he was diagnosed again in 2007, it had already metastasized. Despite Herculean efforts to save his life, he died just 11 weeks later, leaving behind Jorgensen (then Patti Epperson) and their five children, including 16-month-old twin boys.

Ten years later, she published a book, “Wherefore Didst Thou Doubt,” a testimony of her journey as wife and caregiver to a cancer patient. In it, she writes, “As a caregiver, you need to be all things: a medical advocate, a support system, an insurance expert, a nurse, a partner and a CEO who takes care of all of the other daily tasks that the cancer patient can’t do anymore, on top of whatever else you were responsible for in your normal life.”

Her experience, however exhausting and excruciating at the time, put her in a unique position to help others who are facing similar circumstances. “Not long ago, I was at Canopy and the wife of a newly diagnosed cancer patient came in. And I could see it in her face. So complex are the feelings of the caregiver. Everyone is concerned about the patient—as they should be. But it is so

hard on the caregiver too.”

She says she wishes there had been a resource like Canopy when she needed it. “There is a warmth there. It’s indescribable. There’s a spirit. It’s pure love.”

Jorgensen is thriving today thanks to her faith and her family, including her husband, Steve Jorgensen, their eight kids (including two from Steve’s prior marriage and a daughter they had together) and their extended families. “Steve is amazing,” she says. “He was the cheerleader behind my book. Not only did he encourage me to write it, he made me do it.”

Recently, Jorgensen was surprised to realize that it had been several years since her last mammogram. “Here I am advocating for cancer prevention; I felt like a hypocrite.” But with four kids at home, she’d been busy. And her OB/GYN retired, and she needed to find a new one. “If we don’t know how to do something, we avoid it,” she admits. “I didn’t even know how to schedule a mammogram. But I went onto the Memorial Hermann website, read physician bios and found a new doctor. And while I was there, I scheduled a mammogram. I was embarrassed by how easy it was.” ■

Colon Cancer Screening for Underserved Communities

In keeping with its mission of improving health—and in partnership with the American Cancer Society (ACS)—Memorial Hermann is working to provide underserved communities in Harris County the opportunity to get screened for colon cancer.

Last fall, the ACS provided Memorial Hermann with a \$5,000 grant for colon cancer screening, generously underwritten by the Texas Dow Employees Credit Union (TDECU). Using these funds, Memorial Hermann is distributing InSure® ONETM at-home fecal immunochemical test (FIT) kits to patients, free of charge, through its three Memorial Hermann Neighborhood Health Centers. Patients with abnormal results are referred to the Memorial Hermann Community Resource Centers at Memo-

rial Hermann Greater Heights Hospital and Memorial Hermann Southwest Hospital for referral to a gastroenterologist or for other specialty care.

“Our patients at the Neighborhood Health Centers generally cannot afford insurance,” says Guadalupe Roldan, MD, medical director for Memorial Hermann Neighborhood Health Centers. “When they come in for their regular physicals or for a specific health issue, we’ll ask them if they have been

screened for colon cancer. Most have not and cannot afford a colonoscopy. So we’ll tell them about the FIT test—the next best thing—and they are very interested and appreciative.” ■

For more information, call the **Memorial Hermann Neighborhood Health Center—Greater Heights at 713.957.8400**, the **Memorial Hermann Neighborhood Health Center—Southwest at 713.456.4280** or the **Memorial Hermann Neighborhood Health Center—Northeast at 832.658.5530**.

Screening Results (as of July 6, 2021)



OFFERING A LIFT

From August 2020 through May 2021, 266 patients were able to keep 3,910 appointments:

2,854 Radiation Therapy Appointments

896 Chemotherapy Appointments

101 Physician Visits

56 Other (e.g., Imaging, Labs)

Two Programs Help Cancer Patients Access Essential Cancer Care

A diagnosis of cancer is challenging enough, but what happens if you don’t have a way to get to your physician appointments or cancer treatments? Or what if you live out of town and don’t have a place to stay during treatment? In partnership with the American Cancer Society (ACS) and the Memorial Hermann Foundation, Memorial Hermann is offering transportation and accommodation assistance to help patients overcome these barriers to treatment. “Many cancer patients have a tough time with finances,” says Shelita Anderson, RN, director of Memorial Hermann oncology nursing. “These programs allow them to get to their lifesaving treatments.”

Transportation Program

In spring 2020, COVID-19 forced the ACS to suspend its Road to Recovery

volunteer rideshare program due to patient safety concerns, leaving many cancer patients without transportation to their doctor appointments and treatments. To bridge the gap, the ACS awarded Memorial Hermann a \$7,500 emergency transportation grant to be used for cancer patient transportation to cancer treatments and doctor appointment visits. The funds were used to help patients get to, or “keep,” over 1,400 patient visits.

As the pandemic continued, in August 2020, Memorial Hermann applied for and was granted a \$40,000 community transportation grant from the ACS, to be used for gas cards, rideshare and taxi vouchers, parking expenses and wheelchair transportation. From August 2020 through May

Two Programs continues on page 27

2021, these funds enabled 266 patients to keep nearly 4,000 appointments.

From October 2020 through June 2021, nine patients received a total of 169 nights of lodging, resulting in 206 kept appointments.

Accommodation Program

“Many patients who travel long distances to Memorial Hermann-Texas Medical Center for their radiation treatments need lodging but don’t have the means to afford it,” says Carol Kirton, RN, Memorial Hermann Oncology Nurse Navigator clinical manager. “So Memorial Hermann-TMC, in partnership with the Memorial Hermann Foundation, provides qualifying patients* with lodging at a nearby hotel during treatment.”

“As lifesaving as the innovative radiation therapy we provide can be for these patients, if they can’t make their appointments because they have nowhere to stay, they can’t receive the benefit,” says radiation oncologist Mark Amsbaugh, MD, assistant professor of neurosurgery at McGovern Medical School and medical director of radiation oncology at Memorial Hermann-TMC. “Our patients, many of whom have suffered even greater financial hardships due to the pandemic, have truly benefitted from both of these programs.”

“We are very grateful to the ACS and the Memorial Hermann Foundation for their continued partnership in support of cancer prevention, diagnosis and treatment,” says Anderson. ■

Patients interested in participating in one or both of these programs should contact their Oncology Nurse Navigator for more information.

* Patients must meet income criteria and live at least 30 miles from the treatment center.

Virtual Survivorship Seminars Offer Support

Can what you eat (or don’t eat) help keep cancer at bay? Will undergoing physical therapy before your cancer treatment help? How can you more easily navigate the complex healthcare system? And what exactly does a hospital chaplain do?

These and many other interesting topics were addressed in a Memorial Hermann Virtual Cancer Survivorship Seminar, hosted July 21, 2021, for survivors of all types of cancer (and their families and caregivers) at all points in their cancer journeys.

Moderated by Carol Kirton, Memorial Hermann Health System’s Oncology Nurse Navigator clinical manager, the one-hour online session featured four speakers, together representing an array of services available to cancer survivors throughout the Memorial Hermann system.

Feeling Overwhelmed? Oncology Nurse Navigators Can Help.



Radiation Oncology Nurse Navigator Dawn Spencer explained that cancer patients can find it very difficult and overwhelming to navigate the healthcare system, especially when newly diagnosed. She explained that Memorial Hermann Oncology Nurse Navigators (ONNs) offer individualized assistance to patients, families and caregivers, throughout the patient’s continuum of care, from prevention through survivorship.

To help patients overcome their barriers to care, the ONN coordinates care with the patient’s healthcare team, directs patients to local resources and support groups, answers questions and eases concerns about treatments, and coordinates scheduling of appointments.

Survivorship Resources

- Lindig Family Cancer Resource Center at Memorial Hermann Memorial City Medical Center
- Canopy Survivorship Center at Memorial Hermann The Woodlands Medical Center
- Memorial Hermann Breast Cancer Virtual Support Groups
- Memorial Hermann’s Facebook Support Page – Houston Cancer Survivorship & Support

For more information, visit [memorialhermann.org/services/specialties/cancer](https://www.memorialhermann.org/services/specialties/cancer).

Virtual Support Seminars continues on page 28

Memorial Hermann Virtual Cancer Survivorship Seminar

Moderator



Carol Kirton, BSN, RN,
OCN, ONN-CG
System Oncology Nurse
Navigator Clinical Manager

Featured Speakers



Dawn Spencer, BSN,
RN, OCN
Radiation Oncology
Nurse Navigator, Memorial
Hermann-Texas Medical Center



Susanne Borkhuis,
OTR/L, MOT, CLT
Occupational Therapist,
TIRR Memorial Hermann



Erika Jenschke, MS, RD,
CSO, LD
Oncology Dietitian,
Memorial Hermann-TMC



Sondra Kaighen,
JD, BCC
Chaplain,
Memorial Hermann-TMC

Virtual Support Seminars continued from page 27

TIRR Prehabilitation and Rehabilitation Services for Cancer Survivors

What is prehabilitation, and how might cancer patients benefit from it? This is one topic among many touched on by TIRR Memorial Hermann occupational therapist Susanne Borkhuis, OTR/L, MOT, CLT. “Prehabilitation is therapy, ordered by a doctor, that helps prepare a patient for surgery or treatment,” says Borkhuis. “In prehabilitation, we take baseline measurements, which we use to monitor a patient’s condition and progress. It has been proven to improve patient outcomes.”

Borkhuis also touched on the early and late effects of oncology treatments, from decreased range of motion to cancer-related fatigue. And seminar participants also learned about lymphedema, swelling due to build-up of lymph fluid in the body following lymph node removal and/or cancer treatment, and the techniques TIRR Memorial Hermann therapists use to address it.

She also introduced seminar participants to Strength Unlimited, an adaptive health and wellness program at TIRR Memorial Hermann designed to provide an enriched environment for individuals of all levels of ability, to optimize their recovery and create a path for lifelong health and wellbeing.

Healthier Living—Before, During and After Diagnosis

Diet and lifestyle changes can not only help prevent cancer, but they can also help prevent cancer recurrence and reduce the risk of developing other chronic conditions such as diabetes and heart disease. But where do you begin?

Oncology dietitian Erika Jenschke suggests starting with the American Institute for Cancer Prevention guidelines for cancer prevention.

Jenschke stressed the importance of good nutrition, saying that up to 85 percent of cancer patients experience malnutrition or weight loss. What is good nutrition? “Eat the rainbow,” she says. “Try to get about one-third or less of your diet from lean animal protein and the majority from plants, which are rich in antioxidants and phytonutrients. And avoid supplements for cancer prevention; you should be able to meet all of your nutritional needs through diet alone.”

AICR Guidelines for Cancer Prevention

1. Aim for a healthy weight.
2. Be physically active.
3. Eat a diet rich in whole grains, fruits/vegetables and beans.
4. Limit consumption of fast foods and other processed foods high in fat, sugar and starches.
5. Limit consumption of red and processed meats.
6. Limit consumption of sugar-sweetened beverages.
7. Limit alcohol consumption.
8. Do not use supplements for cancer prevention.
9. For mothers: Breastfeed your babies if you can.
10. After a cancer diagnosis, follow these recommendations as closely as you can.

Source: American Institute for Cancer Prevention, 2020

‘A Very Individual Journey’

Memorial Hermann chaplain Sondra Kaighen says chaplaincy isn’t just about praying. “We are here to offer spiritual and emotional support. And while that may involve prayer, sometimes we will just sit and listen.”

Kaighen says she helps each patient locate their own inner resources, to help them heal and be happy. “Cancer is a very individual journey,” she says. “And I am journeying alongside each patient or family member, to help discover ways in which hope can be restored.”

Healing practices she shares with cancer survivors include mindfulness, meditation, visualization and breathing techniques. “I try to help people be in the present and to make meaning of our time on this Earth.”

For more information about cancer survivorship support at Memorial Hermann, visit [memorialhermann.org/services/specialties/cancer](https://www.memorialhermann.org/services/specialties/cancer). ■

Memorial Hermann Supports *Ovarcome* Gala



On August 7, 2021, ovarian cancer foundation Ovarcome hosted its ninth-annual gala, replete with a silent auction (a Prada bag!), a celebrity host (CW39 anchor Sharron Melton), a special guest (actor and author Manisha Koirala) and more. The pandemic didn't spoil the fun, it just moved it—online.

Ovarcome (ovarcome.org) is an ovarian cancer foundation envisioned to end the scourge of ovarian cancer.

According to the Ovarcome website, ovarian cancer is the leading cause of death from gynecologic cancers. When diagnosed early, the 5-year survival is greater than 92 percent. However, 60 percent of the women with ovarian cancer are diagnosed at an advanced stage.

Ovarcome's mission is "to raise global awareness, to fund research in search of cures, and to provide financial support to underprivileged

women in the U.S. as well as developing nations in their valiant fight against ovarian cancer." The organization has several programs that benefit individuals who have been diagnosed with ovarian cancer.

Memorial Hermann Oncology Nurse Navigator Angela Sisk, RN, says, "Ovarcome is an invaluable partner and resource for my patients, providing them with education, support and—most important—connection and hope."

Memorial Hermann has proudly sponsored the Ovarcome gala for several years and wholeheartedly supports the organization's mission. "We are so grateful for the collaboration with the Ovarcome organization," says Sandra Miller, vice president of the Memorial Hermann Oncology Service Line. "They serve our patients in practical ways that support them on every step of their treatment journey and beyond." ■



ANGELA SISK, RN
Memorial Hermann Oncology
Nurse Navigator

MEMORIAL HERMANN WELCOMES



Shernette Abrahams, RN, MSN-Ed, PHN, Oncology Nurse Navigator at Memorial Hermann Cancer Center - Northeast, received her bachelor's degree in

nursing and her master's degree in nursing education from the University of Phoenix. Prior to joining Memorial Hermann, she served as a nurse supervisor, a lead surgical oncology nurse navigator, a medical oncology nurse

navigator and a staff nurse. She has over 22 years of medical and surgical oncology clinical nursing experience.



Rebecca Kern, LMSW, oncology social worker at Memorial Hermann Cancer Center - Northeast, earned her bachelor's degree in fine arts from Fort Lewis

College in Durango, Colo., and her master's degree in social work from the

University of Houston. Prior to joining the Center, Kern worked as an oncology social worker at Memorial Hermann Memorial City Medical Center for 9 years. She has been an active Licensed Master Social Worker since December 2004 and has worked as a medical social worker for 16 years. ■

Every person walks the “cancer journey” differently, whether a patient, a family member, a friend or another who lies within the wake of such a devastating diagnosis. The journey can be difficult and painful, emotionally and physically. It can also bring much insight and wisdom. In this little corner of the Memorial Hermann Cancer Journal, we seek to journey together on this tumultuous ride, with song, spirit and, hopefully, connection.

Widening Circles

by Rainer Maria Rilke as translated by Joanna Macy

I live my life in widening circles
that reach out across the world.

I may not complete this last one
but I give myself to it.

I circle around God, around the primordial tower.

I've been circling for thousands of years
and I still don't know: am I a falcon,
a storm, or a great song?



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 neighborhoods through our convenient network, which includes eight Cancer Centers, more than 20 breast care locations, 17* hospitals and numerous specialty programs and services located throughout the Greater Houston area.

Through partnerships and affiliations with community oncology providers, McGovern Medical School at The University of Texas Health Science Center at Houston UTHealth 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. ■

**Memorial Hermann Health System owns and operates 14 hospitals and has joint ventures with three other hospital facilities, including Memorial Hermann Surgical Hospital First Colony, Memorial Hermann Surgical Hospital Kingwood and Memorial Hermann Rehabilitation Hospital-Katy.*

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

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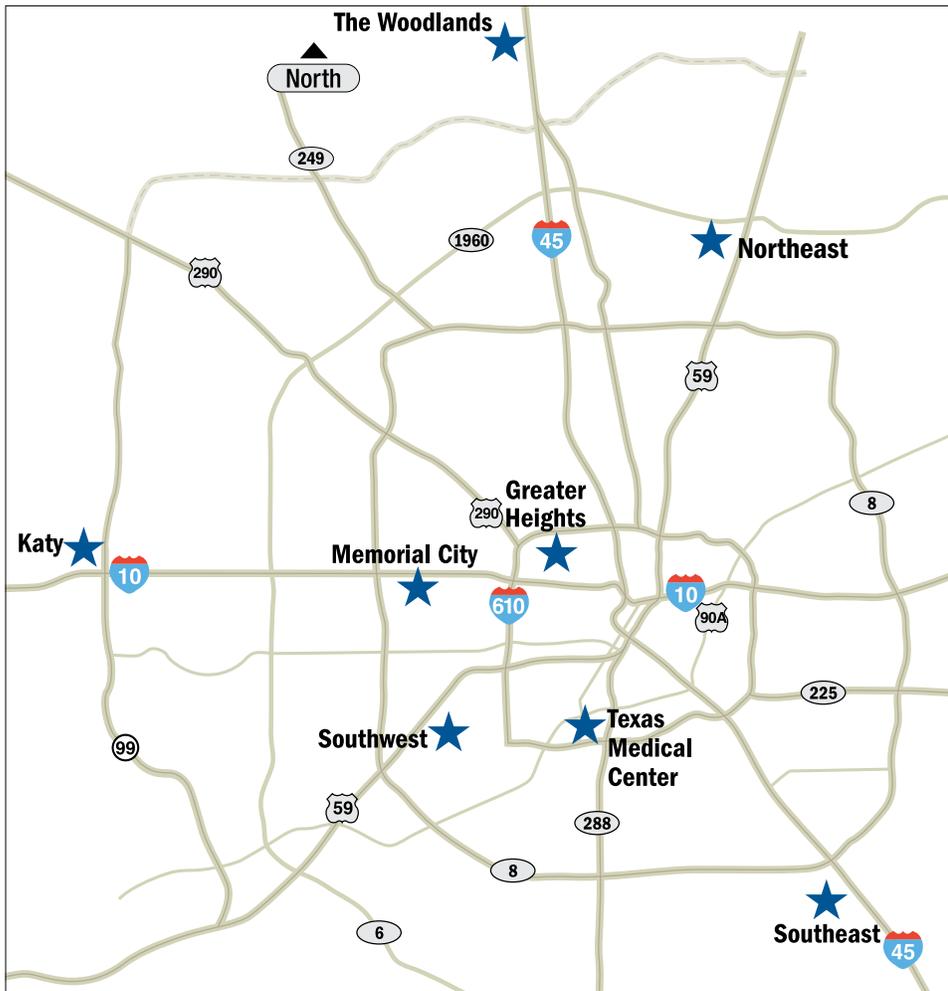


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