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SURVIVORSHIP

Chealci Eddins: A Breast Cancer Patient's Fight Continues During COVID-19

When Chealci Eddins found a lump in her breast during a self-exam in the shower in September 2019, the young wife and mother had just finished her master's degree and had plans to earn her PhD. She never dreamed that, at age 27, she would be diagnosed with stage III breast cancer.

"I was definitely surprised," she says. "I'm always on top of my health checks, so being diagnosed with cancer at such a young age was a complete shock."

Eddins came in for a consultation just before the COVID-19 pandemic spread throughout the U.S. Although she was concerned about the virus, she knew she needed to act quickly because the lump had grown to the size of a golf ball within a month. She completed her first round of chemotherapy in March 2020, immediately before the pandemic shut down all non-essential operations.

"Being diagnosed with cancer is scary enough, then you add a global pandemic to the mix, and it definitely added another layer of anxiety and uncertainty," Eddins says.

Jessica Jones, MD, a breast oncologist affiliated with Memorial Hermann, diagnosed Eddins' cancer. Eddins heard about Dr. Jones after her grandmother saw her on the news, and she's so glad she did.

"I didn't have an oncologist, and I didn't even know where to start,"

Eddins says. "Dr. Jones' compassion and motivation to cure my cancer made all the difference. She immediately made me feel comfortable. I knew I was in good hands."

Dr. Jones knew she had to look closely at Eddins' treatment plan, given her age. "I was concerned because she was so young," Dr. Jones says. "I included genetic testing and fertility preservation options for her before we started treatment. She didn't know her family history, but she knows now that she has a gene mutation that puts her at increased risk for developing cancer. Thankfully, it is completely curable since it has not spread to the organs or bones."

According to Dr. Jones, cancer patients need to take extra precautions during the COVID-19 pandemic because of their compromised immune systems. She says it is also important that people who live with someone undergoing cancer treatment practice social distancing to limit potential exposure.

"It is challenging because we have very little data for cancer patients who get sick with COVID-19 if they are on chemotherapy, but the universal concern is that they would potentially be sicker," says Dr. Jones, who recommends the following for her patients undergoing cancer treatment:

- If you go in public, protect your



hair by wearing a hat since we know the virus has been isolated on hair.

- Change your clothes in a separate area when you arrive home, and put them in a separate bag for washing.
- Be vigilant about hand washing with soap and water or hand sanitizer when going out, and even when at home.
- Regularly clean high-touch areas, such as remotes, light switches and handles.

The self-proclaimed "social-distancing queen," Eddins made the decision to self-quarantine after the COVID-19 outbreak. She knew she had to stay healthy, given that radiation and surgery are in her future. She knows she's not only fighting for herself, she's also fighting for her husband and her two-year-old daughter, Riley.

Eddins' students also keep her motivated to fight the fight. A ninth-grade algebra teacher, she has a lot of people

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Diagnosing Daniel Puente: A Riddle Solved by Action



What began as a trip to the ER for pain turned into a mystifying journey for Daniel Puente, ultimately leading the 23 year old to Memorial Hermann-Texas Medical Center and a diagnosis of a rare and aggressive form of cancer.

In early July 2018, Daniel Puente came home from work complaining of pain in his left side. His mother, Beatrice Puente, took him to an ER near their home in Corpus Christi, Texas, where physicians examined him and sent him home with an antibiotic prescription.

Two days later, suffering extreme pain and nausea, he was hospitalized at a local community hospital, where tests revealed an extremely low platelet count. There, he underwent

a partial lymph node removal and biopsy, and on July 20 was discharged to the care of his family practitioner without a named diagnosis.

On August 1, his mother took him back to the ER, and he was admitted to the ICU in kidney failure. He began dialysis and was immediately transported to Memorial Hermann-Texas Medical Center in Houston.

“On August 3, three doctors came in and right away started testing again, including lymph nodes and bone marrow,” Beatrice Puente says. “We had at least five teams coming in daily. I was amazed at the effort they put into diagnosing Daniel.”

She recalls a pivotal visit to the hospital on August 15. “Daniel asked me to look at the notebook by his bed on which was written ‘Stage 4 cancer.’ I looked at him and said, ‘Daniel, this is just a number. Are you ready to fight?’ And he said, ‘That’s what I needed to hear from you, and yes, I’m ready to fight.’”

The diagnosis was suspicion of plasmablastic lymphoma, a rare and aggressive cancer. Adan Rios, MD, an oncologist affiliated with Memorial Hermann-TMC, joined the treatment team.

“While Daniel presented as having plasmablastic lymphoma, which

has a poor prognosis, we were not entirely certain at that point,” Dr. Rios says. “We didn’t know if it was an incidental finding in a single area with a small amount of tumor triggering hemophagocytic lymphohistiocytosis (HLH). Eventually, because he responded to chemotherapy and the HLH continued, instead of getting attached to the lymphoma diagnosis, his medical team pursued treatment following the HLH-94 protocol, the standard of care for this syndrome.

“HLH is characterized as an ‘immunological storm.’ If not arrested promptly, it can cause the demise of a patient in a vortex of irreversible inflammation and multi-organ failure,” Dr. Rios says. “At Memorial Hermann-TMC, we are experienced with this condition and know that only decisive action saves a patient. We continued vigorous treatment for HLH, and several months after the initiation of the protocol, Daniel was well enough to be discharged home.” After he improved, physical therapists helped him learn to walk again.

“Praise God that all the nurses and therapists were so awesome,” Beatrice Puente says. “He saw so much compassion in all of them, and they

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supporting her, including the principal at her school who is also a five-year breast cancer survivor.

When her students and colleagues heard of her diagnosis, they jumped into action, making pink shirts for everyone and hosting a special ceremony to honor her, complete with cake, TikTok videos and a “We Love You, Mrs.

Eddins” sign adorning the wall. Eddins remembers laughing so much with her friends at the ceremony that it made her forget about her cancer.

“Everyone has been so supportive,” she says. “The cards and notes of encouragement continue to pour in, which helps me to stay focused and motivated, even when I’m having a rough day.”

“As a young wife and mother, Chealci

is in the prime of her life,” Dr. Jones says. “We are not only treating Chealci, the patient, but also the mom of a two year old, the wife of an adoring husband, a teacher, a best friend and a daughter. We will ensure she has every chance for a fulfilling life after cancer. COVID-19 will not stop us from treating our patients and providing them the highest level of care.”

Kelli Roshong: Right Colectomy and Nephrectomy Through Minimal Incisions

Kelli Roshong, RN, says it’s a miracle that her cancer was discovered, and another miracle that she hasn’t had to undergo any treatment except surgery.

“Last October, I turned 60, and the summer before I was thinking that I had a lot of deferred maintenance,” says Roshong, a full-time nurse. “I wanted to have everything checked out and be in good shape before my birthday. I had no symptoms and no reason to believe anything was wrong.”

Gastroenterologist Katherine Nguyen, MD, found a large polyp on the right side of Roshong’s colon during a colonoscopy and referred Roshong to colorectal surgeon Scott McKnight, MD. Both physicians are affiliated with Memorial Hermann.

“The appearance of the polyp was concerning enough that it warranted CT scans to stage for distant metastases, in the event that the polyp came back from pathology as cancerous. It’s always better to have the information before rather than after surgery,” says Dr. McKnight. “We don’t want to open for cancer surgery without having checked for metastasis.”

Before surgery, a CT scan of her entire abdomen and pelvis revealed a large tumor on the kidney that appeared suspicious of carcinoma.

“We had planned to remove the right colon, and we found that the kidney mass was touching the co-



SCOTT MCKNIGHT, MD

Affiliated Colon and Rectal Surgeon
Memorial Hermann Katy and Memorial Hermann
Memorial City Medical Center

lon,” he says. “After I read the scan, I thought we could spare her a second surgery if we could do it all as one procedure.”

Dr. McKnight called affiliated robotic surgeon and urologist Samit Soni, MD, to find out if Dr. Soni could perform a nephrectomy concurrent with Dr. McKnight’s scheduled right colectomy. Dr. Soni rearranged his surgery schedule to accommodate a joint robotic procedure at Memorial Hermann Katy Hospital.

“I had surgery on a Tuesday and went home on Friday. To have these two top-tier physicians see me so quickly and coordinate surgeries was amazing.”

-KELLI ROSHONG

Working through minimal incisions, Dr. McKnight removed Roshong’s right colon, and Dr. Soni removed the right kidney. “We learned from pathology that the colon polyp was not cancerous but was highly dysplastic, and the kidney mass was malignant,” Dr. McKnight says. “The good news is that she had clean mar-

gins and clear lymph nodes.”

“Because we were able to do the surgery together using the same robotic incisions and port, she came out ahead,” Dr. Soni says. “A second surgery is always more difficult because we’re working with scar tissue, which usually prolongs the procedure, and she would have had to go through a second recovery. Being able to pull it all together in a short timeframe was a win-win.”

Roshong followed up with both doctors, asking if she needed a referral to a medical oncologist. “From my perspective, we did the definitive treatment and the work is done,” Dr. McKnight says.

Dr. Soni also considers her cured of renal cancer. “We’ll need to do ongoing surveillance to ensure that there’s no recurrence, but as of right now, she has no evidence of disease. We’ll do imaging at six months and then annually for five years.”

Roshong says her recovery was “almost nothing,” adding, “I had surgery on a Tuesday and went home on Friday. To have these two top-tier physicians see me so quickly and coordinate surgeries was amazing. I’ve been a nurse for 35 years, and I have to feel good about my doctors,” she says. “Somehow I was led to the right doctors. I feel blessed.”

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were drawn to my son. We were very blessed to be in that hospital with so many compassionate people.”

Daniel was discharged on December 13, 2018. On December 24, Dr. Rios ordered a whole-body PET scan. When the family went in for a follow-

up appointment on December 27, Dr. Rios told them the cancer had not returned. A year and a half later, Daniel says his labs have been “perfect.” He still travels to Houston every three to six months to discuss his progress with Dr. Rios. In December he will celebrate two years of remission.

“I’m convinced that acting on the HLH protocol and not getting sidetracked by a tumor that may have been an incidental finding made the difference,” Dr. Rios says. “In cancer treatment, to paraphrase Robert Frost, the road less traveled can make all the difference.”

Angela Salcedo Goes from Patient to Advocate

Angela Salcedo woke up from her colonoscopy to find her gastroenterologist talking with her husband about a large rectal mass she’d found during the procedure. Salcedo was 39, six years younger than the recommended age to begin colon cancer screening.

“My gastroenterologist wrote two phone numbers on the colonoscopy report,” Salcedo says. They were the office numbers of Nadya Hasham-Jiwa, DO, a medical oncologist affiliated with Memorial Hermann Southeast Hospital, and Erik Askenasy, MD, a colon and rectal surgeon who practices at the same hospital. Two days later Salcedo was in Dr. Askenasy’s office.

“He was almost certain it was cancer but didn’t know what stage,” she says. “Everything after that happened very fast.”

A CT scan showed the cancer had metastasized from her rectum to the liver, with five lesions across both lobes. “Angela had metastatic colorectal cancer at the age of 39, and she is not the exception,” Dr. Askenasy says. “Unfortunately, we’re seeing quite a lot of Hispanic Americans with more advanced cancers at a young age. Diet has been suggested as a possible cause, and there is a weak association with red meat, but we really don’t know why it’s occurring.”

When her case was presented at the Rectal Cancer Tumor Board at Memorial Hermann Southeast Hospital,



“I’m blessed to be where I am. I have three children and two grandchildren, a three year old and a six month old born during my chemotherapy. They were a huge motivation for me.”

- ANGELA SALCEDO

chemotherapy was recommended to shrink the tumor, to determine if she would be a good candidate for surgery. Dr. Hasham-Jiwa explained the recommended chemotherapy regimen to Salcedo, and Dr. Askenasy placed her port on July 5, 2018. Salcedo had 15 rounds of chemotherapy beginning on July 11, every 14 days, in Dr. Hasham-Jiwa’s office.

“I was scanned during chemo to check its effectiveness,” Salcedo says. “After the fourth round, they couldn’t find the tumor in my rectum on a scan, and Dr. Askenasy could not see it during an endoscopic exam. But I still had lesions on my liver, so we continued the chemotherapy.”

After her fifteenth round, a scan showed only three tiny lesions on the liver. She finished her treatment with five rounds of oral chemotherapy.

“She had a remarkable response to chemotherapy, with a 95 percent decrease in the size of the rectal tumor,” Dr. Askenasy says. “All that remained of the rectal lesion was a small scarred ulcer with some small polyps at the edge. In addition, the disease in her liver had gone from five good-sized masses to three 3-millimeter areas that had not changed in size for a significant period of time. We spent a lot of time discussing further options at the tumor board and decided to proceed with surgery, given her dramatic response to chemotherapy.”

In June 2019, Dr. Askenasy removed her rectum and connected her colon to her anus. At the end of December 2019, a CT scan showed that the three tiny lesions in her liver were still unchanged in size. “Angela is undergoing aggressive surveillance, but we are hopeful that these small lesions will continue to show no evidence of disease,” he says.

“She was a fantastic patient and has become an advocate for colon cancer screening,” Dr. Askenasy says. “Her husband was by her side the entire time, and her family rallied around her.”

“I’m blessed to be where I am,” Salcedo says. “I have three children and two grandchildren, a three year old and a six month old born during my chemotherapy. They were a huge motivation for me. If not for them, I might have given up a long time ago.”

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Nancy Wooten: Quick Action on the Part of a Surgeon Saves a Life

While the recommended age to begin having colonoscopies is 45, Nancy Wooten will tell you from experience that you can get colorectal cancer when you're even younger.

Last year, Wooten, then 41, bought a Peloton® bike and started working out regularly with streaming fitness classes.

"I was working on muscles I hadn't moved around for a while, and I developed a nagging pain," she says. "But it was bearable. I thought I had pulled a muscle."

When she started having extreme pain at her desk at work, she went to a health clinic, where the emergency physician sent her to the ER at a Texas Medical Center hospital. A CT scan showed a tumor the size of a golf ball on the right side of her colon, pushing against three walls.

"They admitted me that night, but I wasn't happy there, so I checked out and made an appointment to see Dr. Ertan," she says, referring to gastroenterologist Atilla Ertan, MD, medical director of the Ertan Digestive Disease Center at Memorial Hermann-Texas Medical Center. During his exam of Wooten, Dr. Ertan called in Amit Agarwal, MD, a colon and rectal surgeon affiliated with Memorial Hermann.

"The patient looked tired and anemic," Dr. Agarwal says. "The CT scan showed what appeared to be obstructing right colon cancer, and her heart rate was up. We scheduled her for surgery the next day."

"They told me they were going to remove the tumor, along with half of my colon the next morning," Wooten recalls.

Dr. Agarwal believes that every colorectal cancer case should be attempted laparoscopically because minimally invasive surgery offers



AMIT AGARWAL, MD

Affiliated Colon and Rectal Surgeon
Memorial Hermann Texas Medical Center and
Memorial Hermann Sugar Land

patients a faster and better healing experience. Wooten had no prior surgeries and was a good candidate.

In the OR, he found a very large mass almost 6 centimeters in diameter. "Had we waited even a week, the mass might have perforated her colon," he says.

I've had no major health issues in my life. This came out of nowhere. It's given me a second chance at life."

- NANCY WOOTEN

After the surgery, affiliated medical oncologist Julie Rowe, MD, prescribed capecitabine, an oral chemotherapy.

Wooten says the chemotherapy didn't slow her down, and she can hardly see the surgery scar. "I had Stage II colon cancer and had no idea," she says. "Dr. Agarwal stepped in and acted quickly. I couldn't have asked for better treatment. I was not far away from a ruptured colon. I'm 5'6" and weigh 120 pounds. I've had no major health issues in my life. This came out of nowhere. It's given me a second chance at life."

Dr. Agarwal says he and his colleagues are seeing a trend toward younger patients, including some in their early 30s. "We don't know the cause, but some studies show that diet, obesity, smoking and genetics may be related to colorectal cancers. When you find a mass in a patient of any age, act quickly because waiting may cost a life."

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Salcedo and her family traveled to San Antonio on March 1 to participate in Get Your Rear in Gear, a 5K walk/run to raise funds for colorectal cancer research. "Oncology Consultants helped me through when I couldn't afford one of my medications, so I'm very supportive of organizations that help pay for cancer treatment."

"Not long ago, Dr. Askenasy called me to see how I was doing," Salcedo says. "He took time out of his day to check on me. What important surgeon says to himself, 'Let me call Angela at 6 p.m. to see how she's doing?' He really cares about his patients."

The Memorial Hermann Cancer Center-Southeast has expanded dramatically over the past two years. "The collaboration between all the medical specialties—pathology, radiation oncology, medical oncology, gastroenterology and surgeons—involved in our Rectal Cancer Tumor Board at Memorial Hermann Southeast is impressive," Dr. Askenasy says. "We've formed a team that rallies together to provide best practices for our patients. We accept challenging cases and are achieving great results. Having a cohesive team gives our patients confidence. Also, our administration has supported us throughout. All this, in combination with our enhanced recovery protocol, has changed the way we do colorectal surgery here."

Meanwhile, Salcedo has been off chemotherapy for more than a year and still shows no signs of active disease. She continues her mission to encourage friends and acquaintances to get colonoscopies, no matter how old they are.

"I hope family doctors and OB/GYNs become more aware of the possibility of colon and rectal cancer in younger men and women," she says. "Go to a gastroenterologist and get your colonoscopy, even if you think you're too young."



As I write this message I am reflecting on where we find ourselves as compared to how we started 2020. The unexpected COVID-19 pandemic has engaged

our Cancer teams in the way they envisioned as they dreamed about careers in health care. All the health-care workers within the Memorial Hermann Cancer Centers have risen above their own concerns to face this crisis head on while ensuring the very best cancer care. This journal shares inspired stories of courage, service and resiliency among patients and providers.

I have been privileged to witness the resolve of our patients coming for treatment in the midst of uncertainty and the determination of our physi-

cians, nurses, business office, house-keeping, support staff and nutritionists to consistently deliver the safest and highest quality care.

At Memorial Hermann, no one faces cancer alone. This time of crisis has shown unlike ever before the depth of compassion we have for our patients. Our Cancer teams have continued to be dedicated to personalized treatment and healing for every patient. While our patients inspire us to work harder and always improve our co-workers and physicians have been champions of change. Our community of cancer providers continue to provide care in a timely and coordinated way to be sure patients have the very best experience.

We know that having great community partnerships is critical to any cancer program. One example of a great community partner is the American Cancer Society (ACS). When COVID-19 hit the Houston area healthcare workers had an im-

mediate shortage of personal protective equipment. The local chapter of the ACS helped by donating personal protective equipment including N95 masks, eye protectors, Tyvek suits, boot covers and shields to keep everyone safe. Going above and beyond the ACS also provided a \$7500 transportation grant to make sure that cancer patients did not miss treatment because of a transportation need.

It is during the toughest times that we see the heart and soul of our community. I'm thankful to be part of the Memorial Hermann Cancer team and deeply grateful to all our staff and affiliated physicians who show up with heart every day for our patients. Remember, at Memorial Hermann, no one faces cancer alone. We are with you.

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



My years as a practicing physician never could have prepared me for the impact COVID-19 had on our own health system and healthcare institutions across the na-

tion. This unprecedented pandemic has forever changed the way we practice and the way we communicate and interact with others. While COVID-19 has changed the way we do business at Memorial Hermann, it has not changed the quality of care we provide to our patients who travel from all over the Greater Houston area to receive our services. Because we know that people being treated for cancer are at greater risk for

contracting and recovering from the virus, we quickly learned how crucial it is to take extra precautions when caring for our most vulnerable patients. We found ourselves navigating a virus for which we have no vaccine, forcing medical professionals and the entire population to adapt to a new normal. Wearing face masks, frequent and consistent handwashing, increased sanitation of common areas and practicing social distancing guidelines are just a few of the things our organization has implemented in response to the virus in an effort to keep everyone healthy and safe. COVID-19 has not stopped cancer care at Memorial Hermann. All of our facilities have continued to provide cancer treatment and care throughout the entire pandemic. While our daily operations look different, our commitment to provid-

ing the highest quality of care to all of our patients remains. I'd like to recognize and salute all of our medical professionals who have worked tirelessly during the pandemic to keep our hospitals operational and our patients and staff safe. Saying "thank you" is not enough for what you've done to carry us through this pandemic, but I hope you understand how truly grateful we are for all of you, the true heroes.

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

Breast Health Consumer Journey Project Reduces Time from Mammogram to Diagnosis



“After reading comments on patient surveys and listening in focus groups, we started looking for ways to speed up our process from screening mammogram to diagnosis,” says Kelly Ochoa, MS, BSN, RN, NE-BC, FABC, vice president of operations at Memorial Hermann Southeast Hospital and Memorial Hermann Pearland Hospital. “Many of the women we treat have families and jobs and go through cancer treatment without missing a beat. We want to reduce their stress even further.”

The Breast Health Consumer Journey Project began on Aug. 14, 2019, and piloted on Oct. 30 at Memorial Hermann Southeast Hospital. “An interdisciplinary team that included employees from imaging, the business office, nursing, as well as consumers mapped the diagnostic journey from beginning to end, reviewed best practices and put process improvements in place to better accommodate our patients,” Ochoa says. “We set a goal of becoming best in class for each part of the process, starting with the screening mammogram.”

Clinicians and employees from across the Memorial Hermann Health System were involved in the pilot program,

which strengthened teamwork across departments and hospitals. “We really wanted all staff to understand their role in providing breast care from scheduling to imaging. It was important that they realize the impact they could have on patient outcomes,” says Sandra Miller, MHSM, RN, NE-BC, vice president of the oncology service line at Memorial Hermann. “It was amazing how everyone came together when

they understood that a mammogram is more than an imaging test. It’s a breast cancer screening test. As a result of staff engagement, we have reduced the time a

woman will wait for her diagnostic results by 55 percent. This means women have answers sooner and can begin to plan for their care more quickly.”

“In addition to educating every employee who interacts with consumers every step of the way, we also added a nurse navigator much earlier in the process. It’s been an incredible journey,” Ochoa adds.

“Patients told us they wanted high-touch, compassionate care that showed how much they were valued,” Miller says. “Our goal was to personalize the entire patient experience, making sure patients felt the human touch throughout. We know it’s important to build trust with our patients so they feel supported and confident in their care with us. We’ve achieved those project goals by improving our connection with patients through better teamwork and navigation.”

Cancer Center-Southeast Offers SBRT for Lung Cancer Onsite

Memorial Hermann Cancer Center-Southeast is now offering onsite stereotactic body radiation therapy (SBRT) for some types of lung cancers, prostate cancers and brain metastases—services were previously offered at a nearby location in Clear Lake.

“We use stereotactic body radiation therapy to treat small lesions with very high doses accurately and precisely in fewer treatment sessions, or fractions,” says Ted Yang, MD, a radiation oncologist affiliated with the Cancer Center-Southeast. “This helps patients avoid surgery and save time. A normal course of external beam radiation therapy requires 35 fractions, which is about seven weeks.”

With the upgrade of the linear accelerator at the Cancer Center, the radiation team added advanced treatment imaging to allow for breathing motion during treatment. “This gives us much higher accuracy in the treatment setup for lung tumors,” says Mani Koshy, lead medical physicist for Advanced Medical Physics. “A lot of work was done to validate, test and commission these systems. In addition to lung lesions, we have the capability to treat brain lesions stereotactically and prostate cancer using stereotactic ablative radiotherapy.”

The Memorial Hermann Cancer Center-Southeast also added volumetric modulated arc therapy (VMAT) capabilities to their machine. Instead of shooting a beam at the tumor from fixed angles, the radiation oncology team can continuously irradiate the tumor in an arc while blocking healthy tissues.

“VMAT allows faster treatment of patients and delivers a very conformational dose with a very sharp dose gradient,” Koshy says. “This allows us to give a higher dose to the center of the target and ablate it.”

Updates to ACOS Commission on Cancer Guidelines

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

The CoC recently released its 2020 *Overview of Optimal Resources for Cancer Care*. These new standards became effective for all accredited programs on Jan. 1, 2020. The most notable changes are requirements for:

1. An annual review of nutrition and rehabilitation services. Each calendar year, the Memorial Hermann Integrated Network Cancer Program (INCP) evaluates nutrition and rehabilitation services in terms of patient functional status and quality of life through preventive, restorative, supportive and palliative interventions. Physical medicine and rehab (PM&R) specialist Carolina Gutiérrez, MD, and Erika Jenschke, RD, serve in this role on the INCP.

2. Development of a survivorship program to ensure that the breadth of the survivor's needs are being met. The Memorial Hermann survivorship program appointed medical oncologist T.F. Tenczynski, MD, as the survivorship program coordinator. A small subcommittee meets regularly to develop three services that will include physician seminars for survivors, rehabilitation services and nutritional services. Survivorship care plans will continue to be provided for breast cancer patients at Memorial Hermann Greater Heights Hospital, and rectal cancer patients at Memorial Hermann Memorial City Medical Center, Memorial Hermann

Southeast Hospital and Memorial Hermann The Woodlands Medical Center.

3. Implementation of psychosocial distress screening, with all cancer patients screened for distress at least once during their first course of treatment and an evaluation of progress. Shelita Anderson, MBA, RN, BSN, OCN, interim coordinator, formed a subcommittee to evaluate the screening process, timing of screening, utilization of the current National Comprehensive Cancer Network (NCCN) Distress Thermometer, and identifying distress level, which would trigger a referral to services that will address physical, psychological, social, spiritual and financial needs.

4. Six standards have been created out of Operative Standards for Cancer Surgery (OSCS) guidelines for cancers of the lung, melanoma, breast, colon and rectum. Maria Tran, MPH, CTR, director of the Memorial Hermann System Cancer Registry, is working with the Memorial Hermann ISD team to develop electronic surgical templates, along with

physician champions Michael Ratliff, MD, Emily Robinson, MD, Arlene Ricardo, MD, Joseph Cali, MD, Mark Pidala, MD, Scott McKnight, MD, and Erik Askenasy, MD.

5. The Cancer Liaison Physician (CLP) serves as the physician quality champion of the Cancer Committee and leads a quality improvement initiative. W. Michael Ratliff, MD, a general and oncological surgeon affiliated with Memorial Hermann Greater Heights Hospital, is the CLP for the Memorial Hermann INCP.

6. Each CoC-accredited center must address barriers to care and identify gaps in community resources, populations in need, uninsured or underinsured, and any existing healthcare provider shortages. Each must choose a barrier and implement strategies to address them, reporting results to the cancer committee. Angela Sisk, MSN, RN, OCN, ONN-CG, leads this subcommittee, which reviews various reports evaluating the strengths and barriers of the cancer program.

ADVANCES IN CANCER TREATMENT

Memorial Hermann-Texas Medical Center Upgrades to the Gamma Knife

Building on Leksell Gamma Knife® precision and adding new technology, the Gamma Knife® Icon™ gives clinicians the option to perform single or fractionated frame-based or frameless treatments, enabling more personalized delivery of cranial radiation with precision and accuracy. The Icon is now in use at Memorial Hermann-Texas Medical Center.

“As a result of upgraded sources, the new Icon offers much faster treatment times than our former Perfexion™,



ANGEL BLANCO, MD
Medical Director of Radiation Oncology
and Gamma Knife® Radiosurgery at
Memorial Hermann-Texas Medical Center

which translates to shorter treatments for patients and staff,” says radiation oncologist Angel Blanco, MD, director of radiation oncology at UTHealth Neurosciences. “Generally, at high-volume Gamma Knife centers, the cobalt radiation source is upgraded

every five years, reflecting the biologic half-life of the 60Co radioisotope.”

The upgrade to the Icon also expands clinical usability. “We’ve added onboard imaging guidance via conventional CT scan,” he says. “We are also incorporating a sophisticated mask system that will allow some patients to receive frameless image-guided radiosurgery, rather than using the stereotactic frame, depending on the location and size of the tumor and the patient’s clinical condition.”

UroNav Prostate Imaging and Biopsy Now Available in Sugar Land

Memorial Hermann Sugar Land Hospital has acquired the UroNav MR/ultrasound-guided fusion biopsy system, offering an advanced biopsy option for many patients with elevated or rising PSA levels.

Targeted MR/ultrasound biopsy is the new standard in prostate care, fusing pre-biopsy MR images of the prostate with ultrasound-guided biopsy images in real time, for excellent delineation of the prostate and suspicious lesions. It also ensures clear delineation of the biopsy needle path.

“After a patient has undergone

a prostate MRI, our radiology colleagues can quickly visualize and evaluate suspicious lesions,” says affiliated urologist Kyle Keyes, MD. “The fusion of MR and ultrasound images through UroNav gives us the ability to offer our patients an alternative to remaining in an uncertain state of diagnosis after a prostate exam.”

The clinical team can view biopsy targets and core samples taken during the procedure in 3D, which assists in easily identifying biopsy sample locations. UroNav also allows physicians to view and export screen captures

and video recording taken during the fusion-guided biopsy.

Prostate cancer is the second most common type of cancer in American men after skin cancer, and the second leading cause of cancer death in this population.



KYLE KEYES, MD
Affiliated Urologist
Memorial Hermann Sugar Land

RESEARCH

Ongoing Clinical Trials

LUNG CANCER

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

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

Sponsor: National Cancer Institute (NCI)

ClinicalTrials.gov

Identifier: **NCT02194738**

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

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

Sponsor: National Cancer Institute (NCI)

ClinicalTrials.gov

Identifier: **NCT02193282**

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

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

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

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

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

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

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

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

PROSTATE CANCER

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

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

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

Sponsor: Clovis Oncology **ClinicalTrials.gov** **Lead Physician:** Julie Rowe, MD
Contact: Marka Lyons at 713.500.6919 or marka.lyons@uth.tmc.edu.
Identifier: NCT02975934

SOLID TUMORS AND LYMPHOMA

An Observational Study Profiling Biospecimens from Cancer Patients to Screen for Molecular Alterations

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

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

Sponsor: Strata Oncology **Lead Physician:** Anneliese Gonzalez, MD **Identifier:** NCT03061305
Contact: Betty Arceneaux at 713.704.3186 or ms.oncology.research@uth.tmc.edu

Jacqueline Jacobs: A Life of Giving Back

Memorial Hermann The Woodlands Medical Center volunteer Jacqueline Jacobs was overdue for her mammogram. A fellow volunteer, Carol Anderson, who has since retired, encouraged Jacobs to schedule one.

“Carol is a breast cancer survivor herself and was persistent in asking me if I had scheduled my mammogram,” Jacobs says. “I told her that breast cancer doesn’t run in my family, and she said, ‘That’s not the question I asked.’ She really kept after me like a thorn in my side,” Jacobs says, laughing.

Jacobs reluctantly made an appointment. A short time later, she would be glad she did.

A Lifetime of Service to Others

Jacobs started volunteering at a young age. “My mother was a nurse at a nursing home, and every Thursday we volunteered,” she says. “We’d read to patients, take them up to the dining room, or help with any activities they had planned for that day.

“I learned very early that I’m at my best when I’m of service to others and can bring a smile by doing even a small thing. It’s an honor to be useful. I think helping does more for me than it does for the people I’m serving,” she says. “It’s wonderful to take the time to listen and to care. I love Thursdays because those are the days when I’m thinking about others instead of myself.”

After high school, Jacobs joined the U.S. Navy and was stationed in Norfolk, Virginia. She also served seven months at Guantanamo Bay in Cuba. Today she’s a flight attendant with United Airlines.

“When my kids were in high school, I wanted to start volunteering again,” she says. “I applied to a few healthcare orga-

nizations, and Memorial Hermann The Woodlands was the first to reach out.”

Mammogram and Diagnosis

When Jacobs had her mammogram, the radiologist told her she had some calcifications. She called her OB/GYN at another hospital system in Houston, who ordered a magnetic resonance-guided needle biopsy, a bone density scan and a series of other tests.

Three days later, she was shopping at a home store when her doctor called with a diagnosis of invasive ductal carcinoma in situ. “I sat down in the store and cried for an hour,” she says.

Her medical oncologist advised her against going forward without the support of her family. Jacobs and her husband, Wade, have three children, daughters Brittney, 24, and Alexys, 22, and son Tomas, 23. “I told Wade I didn’t want to tell anyone else, and he finally gave me an ultimatum that if I didn’t tell our family, he would. Brittney made me promise that I would be there for her when she graduates from high school, when she walks down the aisle, and when she has her first child. Alexys made me promise that I would never quit fighting. On my first day of chemo, she packed my lunch and stuck 20 or so Post-it notes on my bathroom mirror. When I got into my husband’s truck, there were even more motivational notes: ‘You can do this, Mom!’ ‘You’re going to do great!’ ‘I’m so proud of you.’ She put notes in my lunchbox reminding me to stay positive and eat well.”

Jacobs’ healthcare providers were affiliated with another hospital in the Texas Medical Center. “For chemotherapy I was envisioning a place with windows and flowers, but when I went to see the infusion suites, it wasn’t like



that at all, so I didn’t feel like it was a place to heal,” she says. “I called Susan Shelander (former manager, volunteer services at Memorial Hermann The Woodlands Medical Center) and she said, ‘You need to come home to The Woodlands.’ I asked her if she could help me arrange a second opinion.”

Jacobs’ new medical oncologist is Paula Ryan, MD, PhD, affiliated with Memorial Hermann The Woodlands Medical Center. Alan Hubbard, MD, was her breast surgeon, and Beth Sands, MD, who has since retired, was her radiation oncologist.

“Knowing that they are all friends as well as colleagues, and that they discussed my case in depth, was very comforting.”

Moving Forward with Life

After finishing her treatment, Jacobs returned to volunteering at Memorial Hermann The Woodlands Medical Center, where she serves as a patient advocate volunteer.

“As a patient advocate volunteer, there are times when I share my journey with my patients to encourage them,” she says. “I also share with them that I have been a patient as well as a volunteer, and that the culture of Memorial Hermann is a loving and caring one.”

Giving Back continues on page 12

Jacobs is one of a group of pilots, doctors, engineers, flight attendants and others who speak to students to educate them about opportunities in aviation.

“Some African American children share with me that they have never seen an African American flight attendant on their flights,” she says. “I love that I am able to expand their horizons. We share our stories, and they learn that doc-

tors, lawyers and people in many other professions can work for the airlines.”

After her volunteer shift at Memorial Hermann The Woodlands Medical Center some Thursdays, she volunteers at Canopy, a first-of-its-kind cancer survivorship center on the hospital’s campus. Canopy serves people across the greater Houston area, offering a broad variety of programs and services to address the emotional,

physical and social needs of those whose lives are touched by cancer.

“I view my commitment to volunteering the same way I perform at work,” Jacobs says. “My job isn’t complete until everyone has been taken care of. I believe the purpose of life is not only to be happy but to be useful, to be honorable, to be compassionate, and to have it make a difference that you have lived and lived well.”

COMMUNITY OUTREACH

A Helping Hand: American Cancer Society Pitches in to Help with COVID PPE



When COVID-19 hit the Greater Houston area and healthcare workers had an immediate shortage of personal protective equipment (PPE), Stacie Ellis, a health systems manager for the American Cancer Society in Houston, lent a helping hand.

As a hub of the nonprofit community, the Houston Community ToolBank saw an opportunity and reached out to its nonprofit membership to ask for donations of PPE to be distributed to area hospitals. The ToolBank lends tools to more than 450 area nonprofits, many of which have PPE

stocks to help manage disaster recovery and response efforts. Within 72 hours, more than 19,700 PPE items were collected. When they needed help dispersing the items to those in need, Ellis took action, working with ACS hospital partners to identify their needs. She coordinated distribution to COVID-19 testing sites and hospitals, and also to cancer centers for both personnel and patient use.

The donated PPE included N95 masks, eye protectors, Tyvek suits, boot covers and shields. They were distributed to more than 13 area

hospitals and clinics, including the Memorial Hermann Health System.

“From the bottom of our hearts, we thank both organizations so much,” says Sandra Miller, MHSM, RN, NE-BC, vice president of the oncology service line at Memorial Hermann. “We deeply appreciate their efforts to help, and our patients, physicians and staff are so grateful. We are blessed to have the support and strength of the American Cancer Society behind us.”

Ellis didn’t stop there. She worked with Connect Community and TXRX, which started a project called Sewn Goods, to make PPE, such as reusable masks, face shields and Intubation Enclosures for Aerosol Containment, for sale and donation. In its early stages, the project provided more than 3,100 PPE items to hospitals and clinics.

“Once again, the nonprofit community in Houston showed their willingness to step up and come together in the face of disaster,” says Erika Hornsey, executive director of the Houston Community ToolBank. “However, after we received the donations we faced the challenge of getting in touch with the right people in the healthcare field. Thanks to Stacie and the American Cancer Society and their swift response, we were able to get these items to those who need it most.”

Bringing Advanced Care for Esophageal Cancer to the Community

Affiliated Cardiothoracic surgeons Philip Rascoe, MD, and Robert Hetz, MD, have extended care to patients with malignancies of the esophagus to Memorial Hermann Memorial City Medical Center and Memorial Hermann Southeast Hospital.

“We now perform esophagectomies at all three hospitals,” says Dr. Rascoe. “The care of esophageal cancer patients requires a multidisciplinary team that includes a gastroenterologist, surgeon, medical oncologist and radiation oncologist. Most people who need esophagectomy will need chemotherapy and radiation prior to surgery. We’re able to provide this

opportunity to be treated closer to home.”

The incidences of adenocarcinoma of the esophagus, esophagogastric junction and gastric cardia have increased dramatically over the past three decades, due in part to obesity and gastroesophageal reflux disease (GERD). White people are affected five times more often than African Americans, and men eight times more often than women, according to the Centers for Disease Control and Prevention.

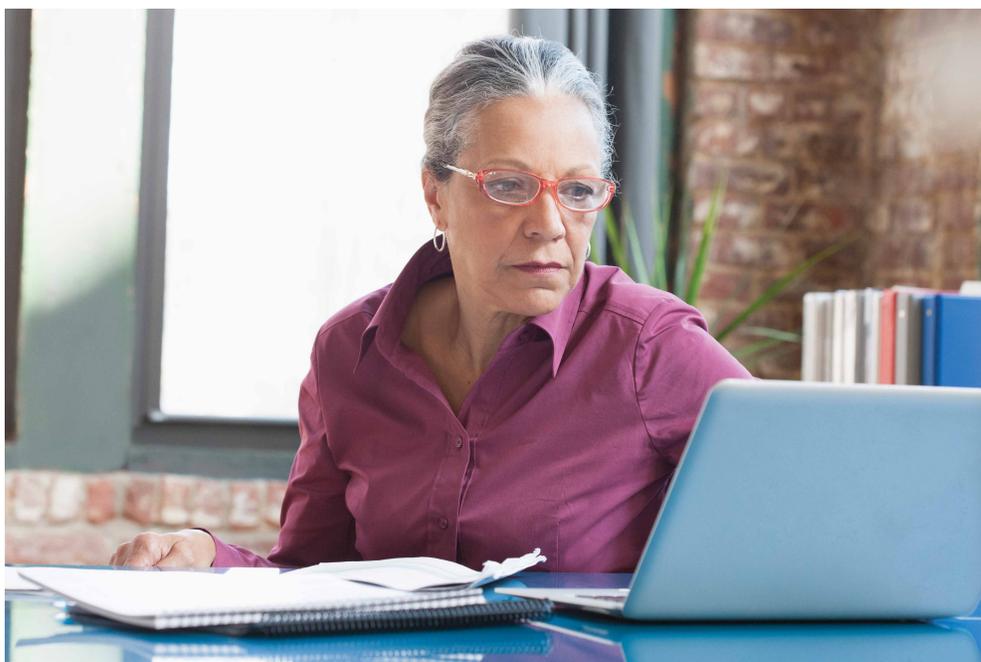
“Typically treatment for esophageal cancer is multimodal,” says Dr. Hetz. “It’s very often chemotherapy and radiation therapy up front and then surgery.



Philip Rascoe, MD and Robert Hetz, MD.

The type of surgical approach we take depends on which portion of the esophagus is affected by the tumor. The main point is that we’re bringing advanced cancer surgeries to the community.”

Online Scheduling of Colonoscopies Available at Memorial Hermann Sugar Land Hospital



Patients can now schedule colonoscopies online at Memorial Hermann Sugar Land Hospital. The criteria for scheduling a colonoscopy are: You must be age 50 or older, or age 45 or

older if you are African American. If you have had a first-degree relative who was diagnosed with colon cancer, you must be 40 years old or 10 years younger than the age of the relative’s

diagnosis. Please consult with your insurance provider to confirm coverage if you are under the age of 50.

“Colon cancer is the second leading cause of death in the U.S. and the No. 1 preventable cancer in the country,” says Amit Agarwal, MD, a colon and rectal surgeon affiliated with Memorial Hermann Sugar Land. “At Memorial Hermann Sugar Land we use a multidisciplinary approach that starts with diagnosis and, if needed, includes a medical oncologist, surgeon, pathologist and radiation oncologist working together and discussing cases at our tumor board. Our oncology physician team is very close knit. We connect regularly and can schedule studies via text. Each patient’s care is personalized with a focus on meeting the individual’s goals.”

To schedule a colonoscopy, visit memorialhermann.org/colon.



Aakash H. Gajjar, MD, FACS, FASCRS, a colon and rectal surgeon, has joined the medical staff at Memorial Hermann South-west Hospital and Memorial Her-

mann Sugar Land Hospital. Dr. Gajjar earned his medical degree at the Long School of Medicine at The University of Texas Health Science Center in San Antonio. He completed his internship and residency in general surgery at the University of Oklahoma College of Medicine in Tulsa and a fellowship in colon and rectal surgery at the McGovern Medical School at UTHealth. In practice since 2004, Dr. Gajjar is board certified in both general surgery and colon and rectal surgery. His primary clinical interests are colon and rectal cancer, anal cancer, IBD (inflammatory bowel disease including Crohn's disease and ulcerative colitis), minimally invasive surgery including laparoscopy and robotic surgery,

diverticular disease, rectal prolapse, colonoscopy, hemorrhoids, fistulas, anal fissures, constipation, fecal incontinence and pilonidal disease.

Prior to his arrival in the South-west Houston area, Dr. Gajjar served as director of the Multidisciplinary Gastrointestinal Tumor Board at The University of Texas Medical Branch at Galveston (UTMB) for eight years, and was named as a significant contributor in "High Performing in Colon Cancer Surgery" by *U.S. News & World Report* from 2016-2017. He has been honored as a Top Doctor by *Houstonia* magazine and recognized among Super Doctors Rising Stars® and Super Doctors® in *Texas Monthly*, for several years.

He has been recognized for excellence in teaching at UTMB, receiving the Golden Scalpel Outstanding Teaching Award in 2013 based on voting by medical students, and he also received recognition for Excellence in Teaching in UTMB's Surgical Simulation Center. In 2017-2018, he received the Department of Surgery Outstanding Teacher of the Year Award.

Dr. Gajjar has served as a student advisor for the UTMB School of Medicine, as a facilitator for the Practice of Medicine (POM) Course for first-year medical students and as a lecturer and facilitator for POM for second-, third- and fourth-year students. He currently serves as a facilitator of the Physician Healer Track, a four-year longitudinal scholarly track at UTMB that helps medical students develop their professional identities as healers. Dr. Gajjar was inducted into the UTMB Academy of Master Teachers in 2018.

Dr. Gajjar's goal is to provide individualized quality care, beginning with patient education and shared physician-patient decision-making. His practice offers extensive medical and surgical experience combined with a high level of customer service and a commitment to health and wellness. A fellow of the American College of Surgeons and the American Society of Colon and Rectal Surgeons, Dr. Gajjar serves on several of the organizations' professional committees and is the 2020 president of the Galveston County Medical Society.



Samit Soni, MD, has joined the medical staff at Memorial Hermann Memorial City Medical Center. He is a board-certified, fellowship-trained urologist

with a focus on complex robotic surgery. Dr. Soni graduated summa cum laude from the Chemical Engineering Honors Program at the University of Texas at Austin. He earned his medical degree at Baylor College of Medicine in Houston and completed his urology residency training at Baylor College of Medicine and Houston Methodist Hospital. He went on to complete fellowship train-

ing in minimally invasive surgery and endourology, also at Baylor. Before joining Memorial Hermann, Dr. Soni served as assistant professor of urology at Baylor College of Medicine for four years, where he educated and trained numerous medical students, residents, and fellows on minimally invasive urologic surgery.

He has refined various endoscopic and robotic surgeries and serves as a course instructor for the North American Robotic Urology Symposium (NARUS). He serves as a reviewer for the *Journal of Urology* and has authored numerous scientific papers, surgical training videos and multiple book chapters, including the core curriculum of the American Urological Association. Dr. Soni also serves as a board member of the

Texas Urological Society and has been involved with the development of novel robotic platforms. He specializes in complex robotic, laparoscopic and single-site laparoscopic surgeries for the treatment of cancers of the kidneys, prostate, ureters, bladder, adrenal glands and testes. He is also a leader in minimally invasive surgery for benign conditions of the urinary tract, such as urinary tract obstruction, fistula, ureteral injury, kidney stones and enlarged prostate.



Karen M. Tart, MD, a urologist with Memorial Hermann Medical Group, has joined the medical staff at Memorial Hermann Sugar Land Hospital.

She graduated cum laude with a bachelor's degree in human biology from The University of Texas at Austin and received her medical degree at McGovern Medical School at UTHealth, where she was inducted into Alpha Omega Alpha Honor Medical Society. She completed her residency at the University of Arkansas for Medical Sciences in Little Rock.

Dr. Tart treats all general urological conditions for male and female patients 18 years and older. Her medical training and minimally invasive surgical experience allows her to evaluate and treat a wide range of urological problems, such as kidney stones, incontinence, enlarged prostates, overactive bladder, obstructions of the urinary tract and sexual dysfunction, as well as cancers of the kidney, bladder and prostate. She is especially interested in surgical advancements, such as neuromodulation (Interstim®) and Botox® injections for overactive bladder and Urolift® and GreenLight™ laser procedures for enlarged prostates. She also performs robotic surgery to help improve recovery time and outcomes.

The bladder is commonly affected by chemotherapy, which can thin its lining and cause irritation during urination. Nerve damage can also occur, leading to urinary incontinence. Thirty-seven percent of cancer survivors treated with chemotherapy suffer from urinary incontinence, and only 19 percent receive treatment, according to the Medicare Health Outcomes Survey.

Dr. Tart understands that undergoing cancer treatment is a stressful time for patients and families. She strives to help her patients with bladder issues to improve their quality of life.

ON THE PODIUM

Evaluating the Effectiveness of the Memorial Hermann Low-Dose Computed Tomography Lung Cancer Screening Program Using 4-Year Retrospective Data

In 2015, Memorial Hermann Health System implemented its low-dose CT (LDCT) Lung Cancer Screening Program to provide high-risk patients in the Greater Houston area the opportunity for early detection of cancers. Oncology nurse navigators across the Memorial Hermann Health System presented retrospective data at in a poster presentation at the Academy of Oncology Nurse and Patient Navigators (AONN) annual conference held in Nashville in November 2019.

The System's LDCT Lung Cancer Screening Program has 22 American College of Radiology-accredited sites serving the Greater Houston area, supported by a network of community partners who provide care for patients in inpatient, outpatient, private office and community settings. From year 1 to year 4, the program has seen a 400 percent increase in the volume of LDCT lung screens performed and

continues to show growth.

Presenters were Carolyn Allsen, BSN, RN, OCN, ONN-CG, Memorial Hermann The Woodlands Medical Center; Krystie Fenton, BSN, RN, OCN, ONN-CG, Memorial Hermann Southeast Hospital and Memorial Hermann Pearland Hospital; Shirley Ruiz, BSN, OCN, ONN-CP, Memorial Hermann-Texas Medical Center; and Carol Kirton, BSN, RN, OCN, ONN-CG, clinical manager at Memorial Hermann Health System. Other authors are Tam Huynh, MSW, RN, FNP-C, CBCN, AOCNP, Memorial Hermann Southeast Hospital; Angela Sisk, MSN, RN, OCN, ONN-CG, Memorial Hermann Greater Heights Hospital; and Elizabeth Traje, BSN, RN, ACM, OCN, ONN-CG, Memorial Hermann Memorial City Medical Center.

Fenton, Ruiz, and Kirton received their AAON certified generalist certifications at the conference.

SELECTED PUBLICATIONS

Abida W, Campbell D, Patnaik A, Shapiro JD, Sautois B, Vogelzang NJ, Voog EG, Bryce AH, McDermott R, Ricci F, **Rowe J**, Zhang J, Piulats, JM, Fizazi K, Merseburger AS, Higano CS, Krieger LE, Ryan CJ, Feng FY, Simmons AD, Loehr A, Despain D, Dowson M, Green F, Watkins SP, Golsorkhi T, Chowdhury S. Non-BRCA DNA Damage Repair Gene Alterations and Response to the PARP Inhibitor Rucaparib in Metastatic Castration-Resistant Prostate Cancer: Analysis from the phase 2 TRITON2 study. *Clin Cancer Res.* 2020 Feb 21; pii: clincanres.0394.2020. doi: 10.1158/1078-0432.CCR-20-0394. [Epub ahead of print]

Seo-hyeon Lee S, Yang W, **Haewon Rowe J**. To biopsy or not to biopsy, that is the question: A single-center retrospective analysis of outcomes of liver biopsy with hepatocellular carcinoma and other liver diseases. *American Society of Clinical Oncology Abstract Publication.*

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ABOUT MEMORIAL HERMANN CANCER CENTERS

Memorial Hermann offers the entire continuum of cancer care – education, prevention, screening, diagnosis, treatment, survivorship and rehabilitation. We do more than provide trusted medical care: we are helping patients navigate their entire cancer journey by caring for their physical, social, emotional and spiritual needs. Patients can take advantage of cancer services in their own neighborhood through our convenient network, which includes eight Cancer Centers, more than 20 breast care locations, 15 acute care hospitals and dozens of other affiliated programs.

Through partnerships and affiliations with community oncology providers, McGovern Medical School at UTHHealth, Mischer Neuroscience Institute at Memorial Hermann-Texas Medical Center 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.

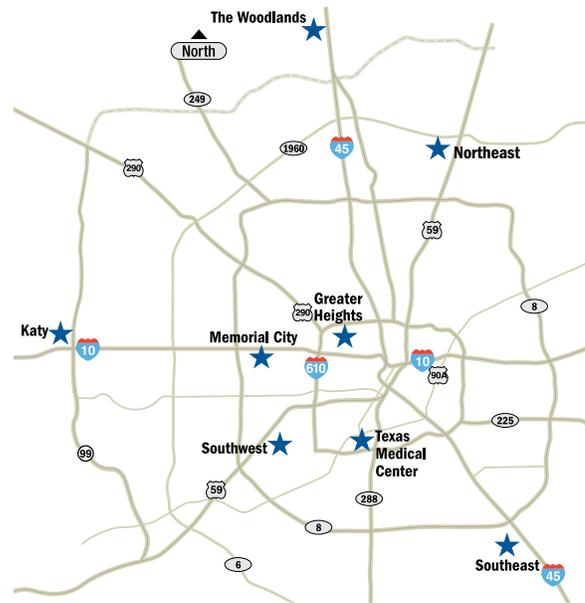
All Memorial Hermann Cancer Centers are accredited by the American College of Surgeons Commission on Cancer, and the Greater Heights Breast Cancer Center has been granted full, three-year accreditation by the National Accreditation Program for Breast Cancer.

To refer a patient or schedule an appointment, call the Memorial Hermann Cancer Center nearest you:

- Memorial City:** 866.338.1150
- Northeast:** 855.537.0016
- Greater Heights:** 855.537.0019
- Southeast:** 855.537.0017
- Texas Medical Center:** 855.537.0013
- The Woodlands:** 855.537.0015

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MEMORIAL HERMANN CANCER CENTER LOCATIONS



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Houston, TX 77024

Northeast
18960 Memorial North
Humble, TX 77338

Greater Heights
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Houston, TX 77008

Katy
23900 Katy Fwy.
Katy, TX 77494

Southeast
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Southwest
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Houston, TX 77074

Texas Medical Center
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Houston, TX 77030

The Woodlands
920 Medical Plaza Dr., Suite 100
Shenandoah, TX 77380

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