

CANCER JOURNAL

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SURVIVORSHIP

SPECIAL SECTION: Memorial
Hermann Cancer Centers'
Annual Report, Page 5

Saving a Linguist's Tongue

The goal of the Head and Neck Cancer Program at Memorial Hermann and McGovern Medical School at UTHealth is to help patients with head and neck cancer and their families through diagnosis and treatment and into recovery and rehabilitation.

“Only 4 percent of all cancers are head and neck. Because it’s a small number, only a few centers specialize in the multidisciplinary treatment these cancers require. Memorial Hermann-Texas Medical Center is one of them,” says Ron Karni, MD, Chief of the Division of Head and Neck Surgical Oncology at the hospital and an associate professor who holds joint appointments in the Department of Otorhinolaryngology-Head and Neck Surgery and the Division of Medical Oncology at McGovern Medical School at UTHealth.

Corpus Christi resident David Beck is among the many patients to benefit from the skill of Dr. Karni and Kunal Jain, MD, who is fellowship trained in head and neck oncology and reconstruction and an assistant professor of otorhinolaryngology at McGovern Medical School at UTHealth. The two surgeons and a team of other specialists in the clinic and operating room work together to provide patient-centered care for head and neck cancer patients.

In summer of 2017, Beck had what he thought was a canker sore that was not healing. His dentist examined it and advised him to see a specialist for a biopsy if it didn’t heal in a couple of weeks. After a



David Beck and his wife, Katherine, as he was undergoing treatment in May 2017.

biopsy that fall, he learned he had stage 2 carcinoma of the tongue and was referred to Todd Weiss, MD, an otolaryngologist who practices in Corpus Christi.

“Dr. Weiss said that the cancer was too extensive for him to treat and told me I needed to go to a place where specialists do the kind of surgery I needed every week. He knew of Dr. Karni and Dr. Jain in Houston and referred me there,” says Beck, a linguist who took Russian in high school during the Cold War, joined the United States Navy and was sent to the Defense Language Institute in Monterey, Calif., for a two-and-a-half year immersive training course in Russian. He was stationed in Russia and worked as an interpreter on chemical weapons and nuclear disarmament treaties, including the Intermediate-Range Nuclear Forces

Treaty, signed in 1987 by President Ronald Reagan and General Secretary Mikhail Gorbachev; and the Chemical Weapons Convention, signed and ratified by most countries of the world in 1993 under the auspices of the United Nations. He returned to the U.S. in 2000, got married and graduated summa cum laude with a bachelor’s degree in mathematics from Texas A&M University-Corpus Christi.

Beck traveled to Houston to see Drs. Karni and Jain on Dec. 7, and four days
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Linguist's Tongue continued from page 1

later, he was admitted for surgery. “They gave me a good overview of what to expect during and after surgery,” he says. “They would dissect the tumor and cut out a portion of my tongue, then take a graft from my right forearm to reconstruct the tongue so that I could talk and swallow. I remembered going to the OR and waking up with a very swollen tongue.”

“The cancer was on the right lateral tongue,” Dr. Jain says. “It’s important for everyone to be able to speak after this type of surgery, but because he’s a linguist, we knew it was especially important for Mr. Beck. We replaced the

tongue tissue with forearm skin and soft tissue, which is as pliable and thin as the tongue, using microsurgical techniques to reconstruct the tongue by reattaching the very small artery and veins of the forearm flap to the vessels in the neck.”

They also removed the lymph nodes from the right side of the neck for biopsy – standard for these tumors; the lymph nodes came back negative for cancer.

“Shortly after surgery, Mr. Beck’s speech was intelligible, and he was able to start eating two weeks later,” Dr. Jain says. “He’s a healthy man with a long life ahead of him. We wanted to ensure a high quality of life by returning him as close as

possible to normal.”

Beck spent 10 days at Memorial Hermann-Texas Medical Center, recovering from the complex surgery under the care of specialized nurses and physicians. “By the time I was discharged on Dec. 22, I was doing very well,” he says. “I never had pain during my stay and didn’t even need an ibuprofen.”

He returned to Corpus Christi before Christmas, and by mid-January, he was taking the majority of his food by mouth. By the end of January, he no longer needed a feeding tube.

His recovery was fast. “They did a very good job. Thanks to their skill and professionalism, I can eat and drink anything,” says Beck, who started working with a speech-language therapist in early March and expects to recover full function of his speech within the next year and a half.

“Because we do so many cases like Mr. Beck’s we have dedicated ORs and can work efficiently,” Dr. Karni says. “We have a team of 20 people, including anesthesiologists, circulating nurses and scrub techs who are focused solely on head and neck cancer cases. Otorhinolaryngologists, pulmonary intensivists and critical care nurses work hand in hand to treat patients with complex conditions in our dedicated ENT ICU, the first in Houston. We take on complex cases like his, day in and day out. We were able to give him a good operation for cancer. Fortunately his tumor was removed with clear margins, no lymph node was involved and no radiation was required.”

Beck, who is retired, hopes to be able to return to speaking Russian in the coming months. “Our church has a project not too far from Moscow, and groups visit from Moscow. The Cyrillic sounds of Russian are the most difficult for me, but I’m making good progress,” says Beck. “I had a lot of support from the doctors and staff at Memorial Hermann and the community here in Corpus Christi, and especially from my wife, Katherine Kearley. I’m very grateful to Dr. Karni and Dr. Jain. They’re a great team. It was not a bad experience at all.”

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

For This Cancer Survivor, Life Began at 67



A retired fertility clinic financial coordinator, Jean Joseph was among an estimated 140,000 people diagnosed in 2017 with colorectal cancer, the third most commonly diagnosed cancer in both men and women.

For Jean Joseph, life began when she was diagnosed with colon cancer in 2017, at age 67. She had been sleepwalking through life for three years, reeling from the death of her only child – and best friend – Laura, at 44, from endometrial cancer.

“To stand helpless over my daughter dying in her living room where we had laughed, danced and had joy was so painful,” says the Nacogdoches resident. “I couldn’t do anything for her but watch her die.”

During that difficult time, Joseph neglected her own health. Deeply depressed, Joseph ignored a total loss of energy and appetite, in late 2015. Only after her legs swelled to three times their normal size by April did she act. “My friends kept saying, ‘Go to the doctor!’ I knew they wouldn’t leave me alone, so I finally did.”

Though she had survived the ovarian cancer that had spread to her colon 26 years earlier, Joseph could not remember her last colonoscopy – the gold standard of screenings for colorectal cancer, spotting polyps, or small benign growths, which can become cancerous over time.

“I was notorious for not going to doctors. As a cancer survivor, I had arrogance that it

wouldn’t return. To not have had a colonoscopy was just stupid,” admits Joseph.

With no primary care doctor of her own, Jean made an appointment with Erin Bolivar, MD, a family medicine physician affiliated with Memorial Hermann.

Dr. Bolivar ordered blood tests, which revealed a lethally low level of the blood protein hemoglobin – signaling major blood loss – and the electrolyte potassium, vital to the function of heart muscle cells. Joseph’s hemoglobin was one-third the normal 12–15, and her potassium was about half the healthy range.

At 7 p.m., Dr. Bolivar phoned her. “She told me I could die if I didn’t go to the emergency room immediately,” Joseph recalls. “I had soap in my hair, the water was running and I was really tired. I told her, ‘I can’t go tonight. I’ll go in the morning.’ Another doctor called an hour later and I still refused.”

When she arrived at the Emergency Center at Memorial Hermann-Texas Medical Center the next day, she had two diagnostic exams: a CT scan and an endoscopy. The exams revealed a grapefruit-sized tumor – 8.3 centimeters in diameter – in her colon.

“I wasn’t in pain, so it caught me by surprise,” Joseph says.

A retired fertility clinic financial coordinator, Joseph was among an estimated 140,000 people diagnosed in 2017 with colorectal cancer, the third most commonly diagnosed cancer in both men and women.

If caught early when tumors are confined to the intestinal tract, colon cancer kills only one in 10 people, says Marianne Cusick, MD, the colon and rectal surgeon affiliated with Memorial Hermann Cancer Center who treated Joseph. Yet, only three of five get screened for a disease that is preventable. “People need to get checked out,” says Dr. Cusick.

Most people should start having colonoscopies at age 50, or age 45 if they are African-American. Anyone with a personal or family history of colon cancer should start screening a decade before the age of

the earliest family member’s diagnosis of colorectal cancer.

Those found to have polyps should have more frequent colonoscopies, between one to five years, depending on the number of polyps and the kind of polyp identified. “Changes in bowel habits or dark and bloody stools also may lead to more frequent need for screening,” Dr. Cusick says.

Joseph was fortunate. “Despite the size of the tumor, her cancer had not spread,” says Dr. Cusick, who removed the mass, part of her colon and small intestine, and 26 nearby lymph nodes.

Her lymph nodes showed no trace of cancer, so no chemotherapy or radiation treatments were needed. More than 50,000 die yearly from colorectal cancer, which often has spread to other organs before it signals its presence. Joseph quickly discovered the benefit of the Memorial Hermann Cancer Center.

“We aim to be a one-stop shop: with imaging, nutritionists, nurse navigators and medical oncologists (for chemotherapy) and surgeons together in the same building,” says Julie H. Rowe, MD, medical oncologist affiliated with Memorial Hermann Cancer Center.

“Part of my job as a medical oncologist is to make sure we’re aware of symptoms, and side effects of treatment and whether patients are taking care of themselves physically and mentally,” adds Dr. Rowe. “We try to emphasize to patients that cancer is part of them, but doesn’t define them.”

Joseph considers Memorial Hermann care a miracle. “You cannot find a better facility on this earth, from the doctors to the nurses to the orderlies. I got the best of the best. Memorial Hermann not only was relentless to find out what was wrong with me, but they were confident and caring all the way through,” says Joseph. “I’m convinced there’s no better surgeon than Dr. Cusick and no better oncologist or caring person than Dr. Rowe. They are the stars in my sky.”

Survivor continues on page 4

Given her personal and family history of cancer (her father died of lung cancer at age 77), it is likely Joseph has genetic issues, which might predispose her to various cancers. However, genetically linked colon cancers account for only 5 percent to 7 percent of colon cancers.

Now in remission, Joseph will get blood tests every three to six months for two years, CT scans every six to 12 months for two years and colonoscopies every one to five years. Her first colonoscopy after her cancer treatment showed

no evidence of cancer.

“With routine screening and aggressive follow-up her chances of survival are very good,” Dr. Cusick says. “She’s also seeking earlier medical care for all health issues.”

Not only is Joseph’s cancer gone, so is her deep depression. She credits her medical team. “If Dr. Rowe, Dr. Cusick and the others wouldn’t give up on me, how could I?”

In March, Joseph turned 69. “I realize there must be a purpose for me to be here still,” says Joseph. “And I’m determined

to live the best life I can.”

That includes giving other cancer survivors hope and, inspired by her daughter, exploring Central and East Texas. “I also try to laugh at something every day,” adds Joseph. “Because it’s good medicine.”

For more information about colon cancer screenings and treatment at Memorial Hermann, visit <http://cancer.memorialhermann.org/colon>.

A NOTE FROM LEADERSHIP



As I reflect on the work done at Memorial Hermann Cancer Centers over the last year, I can say I am proud to be a part of a team so committed to its patients and improving cancer

care in Greater Houston. In 2017, we saw 12,547 cancer patients seek care at Memorial Hermann. Of these patients, most were able to receive high-quality cancer care in their community, close to home, due to our extensive network of providers and locations.

When faced with a diagnosis like cancer, we believe this convenience is an important part of a patient’s overall well-being, and pride ourselves on providing a welcoming atmosphere for anyone that walks through our doors. I am grateful we recently added four specially-trained Oncology Nurse Navigators to our team. Their assistance in reducing barriers to care and helping alleviate the everyday stress that patients may experience during treatment is invaluable to what we do. Please turn to page 20 to get to know a little about them.

At Memorial Hermann, we are thankful for the hundreds of affiliated cancer specialists who dedicate themselves to our patients, offering the highest-quality

cancer care. These physicians are diligent in the pursuit of excellence in the most up-to-date treatments and provide leadership that results in patient-centered care.

This edition of the Memorial Hermann Cancer Journal includes our 2017 Annual Report. I invite you to review these highlights, as well as learn about our newest initiative as we work toward becoming a Center of Excellence in colorectal cancer. As always, thank you for trusting us with your care.

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



In recognition of Oral, Head and Neck Cancer Awareness Week in April, four Memorial Hermann locations throughout the Greater Houston area hosted free head and neck

cancer screenings. In a few hours, my colleagues and I from the McGovern Medical School at UTHealth’s Department of Otolaryngology saw more than 160 people

participate, many of which were referred for follow-up due to suspicious findings. Without screening programs, free or not, many people may not catch cancer at a point that it is treatable.

As a System, Memorial Hermann is now diagnosing fewer late-stage cancers, due in part to our emphasis on prevention, education and screening. Through outreach events, partnerships with primary care physicians, and dedication from our clinicians and staff members, Memorial Hermann is raising awareness about the importance of early detection, and patients are listening.

These early diagnoses enable our multidisciplinary teams to treat patients in a timely manner, resulting in better outcomes and greater patient satisfaction. As highlighted in our Annual Report, beginning on page 5, we are proud of the growth of our screening programs and look forward to continued collaboration with our community physician partners like you.

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

ANNUAL REPORT

A YEAR IN REVIEW: MEMORIAL HERMANN CANCER CENTERS' 2017 ACCOMPLISHMENTS

LETTER FROM THE CHAIRMAN



As Chairman of Memorial Hermann's Integrated Network Cancer Committee, I am pleased to present our 2017 Oncology Annual Report. In this report, a summary

by the numbers section will describe the cancer cases treated at Memorial Hermann's acute care hospitals, of which eight are accredited with the American College of Surgeons Commission on Cancer (CoC), and one is accredited with the National Accreditation Program of Breast Centers. Our System continues to excel at patient care as you will see by our performance in the CoC-defined quality measures. These quality measures provide

a platform for evaluating care within and across disciplines while promoting evidence-based practices. The report also outlines the extraordinary work our program does within the community promoting various oncology screening and prevention activities throughout the year. The CoC accreditation demonstrates Memorial Hermann's commitment to high-quality cancer care with concerted efforts and resources that span from prevention to survivorship and end-of-life care.

The Cancer Program at Memorial Hermann continues to grow and 2017 was an active year. Some of the activities included:

- Implementation of a new medical device, SAVI SCOUT®, which has enhanced the localization of breast cancers at the time of surgery;
- Expansion of radiation oncology services for prostate cancer patients;

- Expansion of oncology nurse navigation program;
- Development of more site-specific cancer conferences at the community hospitals;
- Robust enrollment of patients into oncology-related clinical trials; and
- Growth in oncology volume year over year.

Delivering the highest quality of cancer care is something our program takes very seriously, and I would like to thank our cancer committee, oncology physicians, nurses, administration and cancer registry for their important work.

Sincerely,

Emily Robinson, MD

*Chairman, Integrated Network
Cancer Committee*

*Chairman, Texas Medical Center
Cancer Committee*

LETTER FROM THE CANCER LIAISON PHYSICIAN



The Memorial Hermann Health System is dedicated to providing outstanding care for cancer patients. We are accredited by two national organizations -

the Commission on Cancer (CoC) and the National Accreditation Program of Breast Centers (NAPBC) - which underscores our commitment to the highest standards for comprehensive cancer care.

As the Cancer Liaison Physician (CLP) for Memorial Hermann Greater Heights Hospital and the Integrated Network Cancer Committee as a whole, my role is to monitor, interpret, and provide updated reports of the program's

performance using the National Cancer Data Base (NCDB), with the intent of evaluating and improving the quality of patient care. Table 1 illustrates the excellent oncology care that is provided within our Network. As the link between the hospital and the community, between national treatment standards and the hospital, and between the Cancer Committee and the various departments at Memorial Hermann, the CoC quality measures have enabled discussions regarding best practices, evaluating compliance with national guidelines, for participating in clinical trials, and improving overall quality of care. Table 1 tabulates several examples of these quality measures we adhere to in our cancer program. We are proud of the consistently high numbers we strive to achieve as represented in this tabulated data spanning the last several years.

In 2017, special emphasis was directed

towards oncology survivorship. Annually, Memorial Hermann conducts active follow-up on over 47,000 patients who received oncology care at our institutions. To ensure the best possible outcomes for cancer survivors, Memorial Hermann's Integrated Network Cancer Committee created a process to deliver a treatment summary and follow-up plan to patients who completed cancer treatment. This document raises awareness based on national standards for follow-up care and surveillance testing/examinations and referrals for support services the patient may need going forward.

Sincerely,

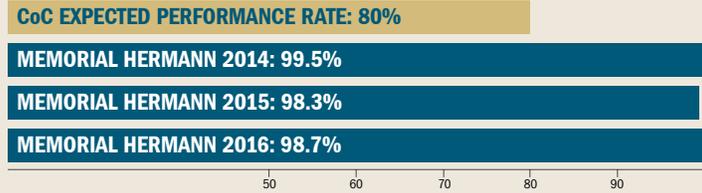
Mike Ratliff, MD, FACS

*CLP, Integrated Network
Cancer Committee*

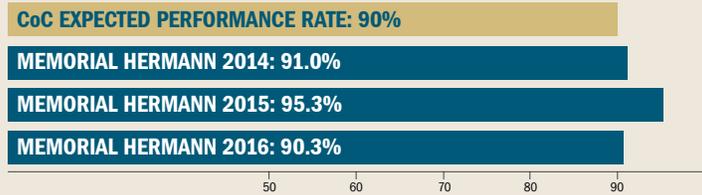
*CLP, Memorial Hermann
Greater Heights Hospital*

Table 1: Memorial Hermann Estimated Performance for Breast and Colorectal Measures

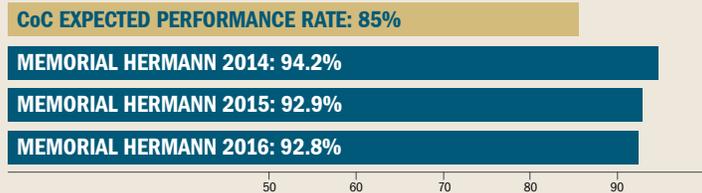
Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer.



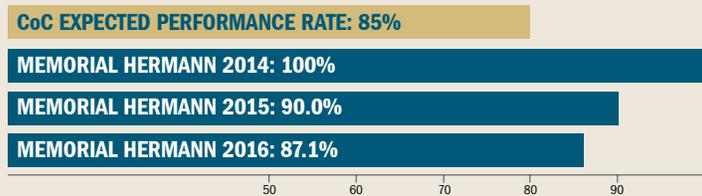
Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast-conserving surgery for breast cancer.



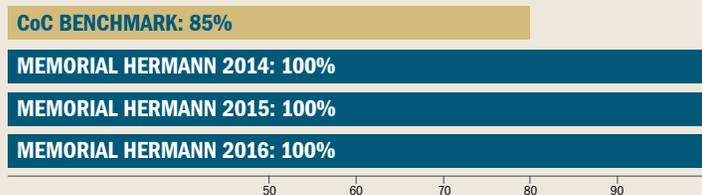
At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.



Preoperative chemotherapy and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or postoperative chemotherapy and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0, or Stage III; or treatment is recommended for patients under the age of 80 receiving resection for rectal cancer.



Systemic chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or it is recommended for surgically resected cases with pathologic lymph node-positive (pN1) and (pN2) NSCLC (Quality Improvement)



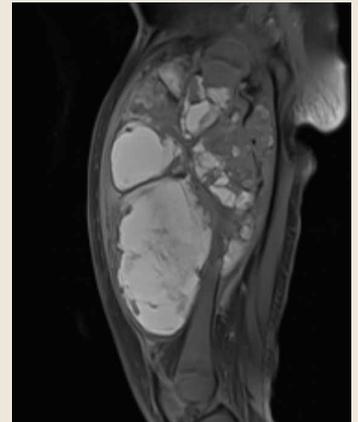
Musculoskeletal Oncology Service Shows Remarkable First-year Growth

Well into his first year at Memorial Hermann and McGovern Medical School at UTHealth, Ernest “Chappie” Conrad, MD, and his team are providing ongoing care for more than 100 patients, with one or two people a week admitted through the emergency department for previously undiagnosed musculoskeletal cancers. Dr. Conrad, who has a well-established international reputation for the surgical treatment of sarcomas, was recruited to start a strong Musculoskeletal Oncology Service that combines surgery with medical oncology, radiation oncology, pathology and radiology to provide comprehensive, collaborative care to patients.

“The Red Duke Trauma Institute at Memorial Hermann-Texas Medical Center is one of the busiest Level I trauma centers in the nation, and the Memorial Hermann Health System is one of the largest in the country,” says Dr. Conrad, who sees patients at Memorial Hermann-Texas Medical Center and Memorial Hermann Orthopedic & Spine Hospital. “Because of the size of the population, ethnic diversity and lack of access to healthcare services, we’re seeing a significant number of patients with advanced disease. There aren’t many musculoskeletal oncologists in Houston considering the size of the city. Given these factors and the large base of primary care physicians and specialists, we expect to see many new patients as our service grows.”

At the University of Washington in Seattle, Dr. Conrad paved the way and helped set standards for the world in assessing risk and response in sarcoma patients using PET imaging, as well as in limb-salvage surgery for adults and children. When he relocated to Seattle in the 1980s, little was known about sarcoma. By 1996, the malignancy was the second most common reason after breast cancer for admission to the University of Washington Medical Center for chemotherapy.

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



The Musculoskeletal Oncology Service at Memorial Hermann is providing ongoing care for more than 100 patients.

Musculoskeletal Oncology continues on page 7

Musculoskeletal Oncology continued from page 6
medical programs.”

At Memorial Hermann, Dr. Conrad has instituted a weekly musculoskeletal tumor conference in conjunction with medical oncologist Jorge Quesada, MD; diagnostic and interventional radiologist Nicholas Beckmann, MD; radiation oncologist Angel Blanco, MD; and medical

oncologist Mona Lisa Alattar, MD.

His current research interests include finding new drugs for sarcoma treatment. “I have a great sense of urgency to further knowledge of sarcoma and other musculoskeletal malignancies through clinical research,” he says. “The natural history of sarcoma is the same as that for most high-grade tumors – the chance of survival is

50 percent. More than half a million new patients are diagnosed with musculoskeletal malignancies every year in the United States. With the high incidence of other new malignant diagnoses – breast, prostate, lung and colon cancer that involve the musculoskeletal system – we expect to be able to help many patients.”

A Multidisciplinary Approach to Care: How Oncology Providers Work Together at Memorial Hermann



NADYA HASHAM-JIWA, DO

Medical Oncologist affiliated with Memorial Hermann Southeast Hospital and Memorial Hermann Pearlland Hospital

After completing her residency and fellowship in oncology at The University of Texas Medical Branch at Galveston, medical oncologist Nadya Hasham-Jiwa, DO, started an independent practice serving patients in southeast Houston. In 2016, she partnered with Oncology Consultants because their mission aligned with hers: to provide state-of-the-art cancer treatment in a caring environment close to home.

“After I completed my fellowship in 2006, Memorial Hermann Southeast Hospital was recruiting oncologists to expand the cancer service line,” says Dr. Hasham-Jiwa, whose interest in oncology developed in residency, when she felt a strong connection to cancer patients and their families. “Over the years I developed a close working relationship with Memorial Hermann and its team of affiliated physicians, including primary care providers, specialists and subspecialists. As the cancer program has grown, that relationship has deepened. We now have a full-fledged radiation center and multiple specialty surgeons affiliated with Memorial Hermann and a system-based approach to oncology in the community. We can manage the full spectrum of a patient’s cancer treatment here, even complex cases. Oncology is an exciting field because of the rapid advancement in treatment options.”



DAVID SANDBERG, MD, FAANS, FACS, FAAP

Pediatric Neurosurgeon affiliated with Children’s Memorial Hermann Hospital and Mischer Neuroscience Institute at Memorial Hermann-Texas Medical Center

David Sandberg, MD, was recruited to Children’s Memorial Hermann Hospital, Mischer Neuroscience Institute at Memorial Hermann-Texas Medical Center and McGovern Medical School at UTHealth in 2012 to lead the division of Pediatric Neurosurgery.

“It was a great opportunity to join an amazing team,” says Dr. Sandberg, who is professor and director of pediatric neurosurgery and holds the Dr. Marnie Rose Professorship in Pediatric Neurosurgery at McGovern Medical School. “I had the good fortune to be able to work in the Texas Medical Center, where there are so many opportunities for collaboration in my area of interest – pediatric brain tumors.”

His decision to specialize in children’s neuroscience began to evolve when he did brain tumor research at Johns Hopkins University School of Medicine while working on his medical degree. He decided early on that he wanted to be a neurosurgeon.

“I love taking care of children,” says Dr. Sandberg, who is co-director of the Pediatric Brain Tumor Program at The University of Texas MD Anderson Cancer Center. “As a parent, I know what goes into raising a child and how much parents love their children. If one of my children has a fever, I get upset. You can multiply that feeling by a million for parents deal-

ing with a problem in their child’s brain. I have very honest conversations with parents. Nobody benefits by sugarcoating a diagnosis or not fully explaining what will be done. It’s a combination of providing world-class care and understanding what parents are going through. We pour our hearts into these kids.”

Dr. Sandberg is currently leading two single-center trials at Children’s Memorial Hermann Hospital and McGovern Medical School at UTHealth investigating novel therapies with the potential to improve outcomes for children with fourth ventricular brain tumors while avoiding systemic toxicity.

“The current outlook for children with recurrent malignant brain tumors originating from the posterior fossa is extremely poor,” he says. “Most clinical trials offer systemic chemotherapy or re-irradiation, both of which can have a variety of side effects and most often fail in children with recurrent tumors. Kids with brain tumors do better than adults, but there’s lots of room for improvement.”

At Children’s Memorial Hermann Hospital, Dr. Sandberg specializes in minimally invasive endoscopic approaches to brain tumors, hydrocephalus and arachnoid cysts, as well as surgical management of arteriovenous malformations of the brain, congenital spinal anomalies, spasticity and craniofacial anomalies. “There are so many things I love about Children’s Memorial Hermann Hospital. First and foremost, it’s a privilege to have parents trust me with the care of

Multidisciplinary Approach continues on page 8

their children in the most challenging circumstances they face as parents,” he says. “We have an extraordinary team in my division that makes everything we do possible. It’s a very special place.”



CHRISTINE LEE, MD
Gynecologic Oncologist affiliated with
Memorial Hermann The Woodlands
Medical Center

Possessing a particular interest in ovarian cancer at the molecular level, Christine Lee, MD, was awarded an educational grant to investigate ovarian cancer and targeted gene therapy. Her patients with recurrent or progressive cancers also have access to gynecologic oncology clinical trials through her practice at Texas Oncology in affiliation with the Memorial Hermann Cancer Center-The Woodlands Medical Center. She provides many highly specialized cancer treatments, including tumor-debulking surgeries for ovarian cancer and complex ovarian cancer chemotherapy regimens.

Dr. Lee chose gynecologic oncology as her specialty in medical school. “I loved my obstetrics and gynecology rotation and loved the thought of treating women,” she says. “I was particularly struck by the surgeries offered to gynecologic patients with cancer. In medical school I knew it was my passion early on. I like the continuity of care. With gynecologic oncology, we have diagnosis, treatment, follow-up and long-term follow-up. We’re unique in that we provide both surgery and chemotherapy.”

Dr. Lee, who runs a tumor board every month, says her philosophy is to focus on the patient in front of her – one patient at a time. “I ask myself, ‘What can I do to optimize the experience for this patient? How do I improve her quality of life and extend survival, and what data out there will help me do that one patient at a time?’”

A clinical professor at McGovern Medical School at UTHealth, she trains fourth-year ob-gyn residents in robotic surgery. They rotate through Memorial

Hermann The Woodlands Medical Center to gain experience, and many are robotic certified by the time they leave the gynecologic oncology service.

“I have the best of both worlds – a very academically driven practice in a community setting. It’s very rewarding,” she says. “I’ve never worked with a hospital administration so supportive. Texas Oncology and Memorial Hermann have worked together well to build a strong oncology service line. We have the capabilities to provide almost every treatment for ovarian cancer in the community setting without having to send patients to the Texas Medical Center.”



MUFFADDAL MORKAS, MD
Medical Oncologist affiliated with
Memorial Hermann Memorial City
Medical Center

Muffaddal Morkas, MD, grew up in a family of physicians. The art of medicine therefore came naturally to him. During medical residency, a mentor introduced him to the world of oncology. “Many physicians view oncology as gloom and doom and imagine that it’s difficult to treat cancer patients,” Dr. Morkas says. “My mentor said, ‘Give me one year under my wings and if you don’t like it, you’re free.’”

He went on to complete a combined medical oncology/hematology fellowship at the James Graham Brown Cancer Center

at the University of Louisville in Kentucky and never looked back. “I found working with patients and helping them medically and emotionally so rewarding,” he says. “I don’t think I would have found the same feeling in another medical specialty.”

Dr. Morkas, who practices with Texas Oncology and is a member of the Memorial Hermann System Health Cancer Committee, describes the cancer team at Memorial Hermann Cancer Center-Memorial City as a close-knit group that collaborates daily. “Once a week we participate in our tumor board, and we’re involved in subcommittees focused on organizational issues, quality improvement and advancing our clinical skills,” he says. “There’s always a free flow of ideas that leads to new ways of advancing oncology to help patients.”

Asked why he chooses to practice at Memorial Hermann he says, “That’s almost a no-brainer. Memorial Hermann is a very large, dynamic organization in which all medical specialties, subspecialties and superspecialties are represented. I can just pick up the phone and find the resources I need. Memorial Hermann has a robust electronic medical record in which I can search for the entire medical life of a patient. The System embraces change, fosters a constructive work environment and camaraderie, and also fosters healthy competition. For all these reasons, it’s a great place to practice oncology.”

For Physicians and Advanced Practice Providers: The 411 on Lung Cancer Screening

Lung cancer is the No. 1 cancer killer of men and women in the United States. According to the American Lung Association, the five-year survival rate for lung cancer is 17.7 percent, among the lowest of all types of cancer. For cases detected when the disease is still localized, the five-year survival rate jumps to 55 percent, underscoring the importance of screening high-risk patients.

Since the initiation of low-dose CT (LDCT) screening of high-risk patients at Memorial Hermann Cancer Centers in 2015, the program has reported an

almost 253-percent growth in number of patients screened. “We went from 316 people screened in 2015, to 594 in 2016, to 1,115 in 2017,” says Samuel Smiley, MD, a diagnostic radiologist affiliated with Memorial Hermann Greater Heights Hospital, who represents his service line on the Memorial Hermann Integrated Network Cancer Committee. “We’re on target for an even bigger year in 2018. We’re getting the word out to smokers and to referral sources – ENTs, primary care physicians, internists, OB/GYNs, oncology

The 411 continues on page 9

The 411 continued from page 8

gists and other clinicians who see patients who smoke.”

Patients seen in Memorial Hermann emergency departments also are checked for eligibility for LDCT screening. “We thought getting patients who smoke in to be screened – and then getting them to come back the following year – would be more difficult than it’s proven to be,” Dr. Smiley says. “Our main objective is always smoking cessation, but it’s very hard to quit.”

“Many active smokers may come in to be screened for peace of mind while they continue to try to quit. If people have tried and can’t yet quit, the next best thing is an annual screen to detect cancer early.”

Cardiothoracic surgeon Philip A. Rascoe, MD, says he is seeing more patients diagnosed at an earlier stage who qualify for minimally invasive lung cancer surgery using robotic or video-assisted approaches. Dr. Rascoe is affiliated with Memorial Hermann-Texas Medical Center and Memorial Hermann Southeast Hospital and is an associate professor in the department of Cardiothoracic and Vascular Surgery at McGovern Medical School at UTHealth. His practice grows about 30 percent each year. “The more aggressively we screen at-risk patients, the more likely we are to be able to offer them minimally invasive lung resection,” he says.

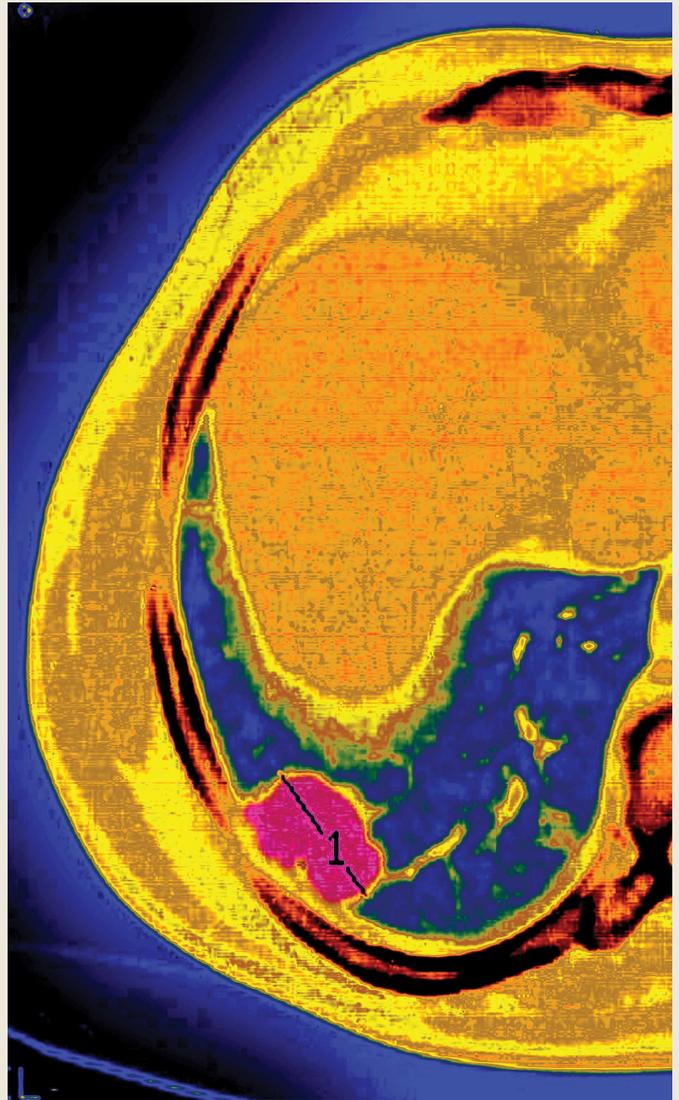
Clinicians who are part of Memorial Hermann Medical Group (MHMG), a

collaborative group of primary care physicians, specialists and advanced practice providers who serve patients in more than 60 locations throughout the Greater Houston area, can access the order form for low-dose CT scans through Memorial Hermann’s electronic medical record, Care4.

“It took a tremendous effort to streamline the process so that our affiliated PCPs can enroll eligible patients for lung cancer screening,” says Jeffery Gubbels, MD, interim CEO, chief medical officer and vice president of medical operations for MHMG. “After six months of development, we went live with the electronic provider order form for the LDCT scan last January. The information providers input interfaces with clinicians across the entire Memorial Hermann Health System seamlessly so that we don’t have to

keep going back to patients to collect the same information. With everything entered up front in Care4, we get results of screenings back to patients more efficiently.”

Despite the dramatic increase in LDCT screening for lung cancer, Memo-



rial Hermann is still seeing only a fraction of the at-risk population and therefore encourages physicians to talk with their patients about their individual risk, if they are candidates for screening and how to reduce risk through smoking cessation.

How To Talk With Patients About Lung Cancer Screening:

Resources for Physicians

Talking with your patients about screening for lung cancer:

<https://www.uspreventiveservicestaskforce.org/Home/GetFileByID/796>

Understanding lung cancer risk and screening:

<https://lungcanceralliance.org/risk-early-detection/about-screenings>

Who is Eligible for Low-dose CT Lung Cancer Screening?

The Centers for Medicare and Medicaid will cover the cost of annual low-dose CT screening for lung cancer if the following criteria are met:

- Lung cancer screening counseling and a shared decision-making visit
- Age 55 to 77 years
- Asymptomatic of lung cancer
- Tobacco smoking history of at least 30 pack-years (one pack-year equals one pack per day for one year)
- Current smoker or one who has quit smoking within the last 15 years
- A written order from a physician or an advanced practice provider

7,655

New cancers diagnosed at Memorial Hermann



12,547

Cancers seen in the Memorial Hermann Health System



8

Cancer Centers accredited by the American College of Surgeons Commission on Cancer



1

Breast Center accredited by the American College of Surgeons National Accreditation Program for Breast Centers (Memorial Hermann Greater Heights)



115

Clinical trials available



More than 800

Board-certified affiliated physicians touch Memorial Hermann's Cancer Program



516

Multidisciplinary Cancer conferences held



1,849

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



980

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



3,643

Patients enrolled in clinical trials



123,751

Breast cancer screening mammograms performed



162,598*

Colon cancer screening exams performed



1,115

Low-Dose Computed Tomography lung cancer screenings performed



6

Free community screenings held for skin and head and neck cancer



94

Oncology nurses in the Memorial Hermann Health System



7

Oncology Nurse Navigators

*Screening exams performed by clinically integrated physician providers. TIRR is a registered trademark of TIRR Foundation.

Memorial Hermann Seeks National Accreditation as a Rectal Cancer Center of Excellence



JOSEPH R. CALI, MD
Colon and Rectal Surgeon affiliated with Memorial Hermann Memorial City Medical Center

Memorial Hermann Memorial City Medical Center, Memorial Hermann The Woodlands Medical Center and Memorial Hermann Southeast Hospital are seeking accreditation through the National Accreditation Program for Rectal Cancer (NAPRC), developed through 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. The systemwide initiative is led by Joseph Cali, MD, a colon and rectal surgeon affiliated with Memorial Hermann and a clinical assistant professor of surgery at McGovern Medical School at UTHealth.

“Our goal is to provide state-of-the-art care for patients with rectal cancer through evidence-based, multidisciplinary treatment shown to provide the best outcomes,” Dr. Cali says. “Because extending this level of care to the community is a large endeavor, we’re starting with Memorial Hermann Memorial City, Memorial Hermann Southeast, and Memorial Hermann The Woodlands Medical Center, all of which are high-volume treatment centers for rectal cancer.”

Memorial Hermann’s treatment model will be based on successful international models that emphasize program structure, patient care processes, performance improvement and performance measures.

“To meet the high standards of the American College of Surgeons, our multidisciplinary team, including Oncology Nurse Navigators, is researching evidence-based protocols and processes for rectal cancer

care,” Dr. Cali says. “Our tumor boards at the three hospitals include colorectal surgery, radiation oncology, medical oncology, pathology and radiology. Other doctors are invited to participate, particularly gastroenterologists. The multidisciplinary team works together to review information and design a treatment plan based on National Comprehensive Cancer Network® guidelines.”

They will also be reviewing care after treatment to confirm that evidence-based procedures were followed, including total mesorectal excision, pathological assessment, and MRI staging and reporting. “It’s a requirement of the American College of Surgeons to present a pre-treatment plan, continue treatment after surgery, and follow up on all patients as part of a survivorship program,” Dr. Cali says. “Our goal is to be with our patients every step of the way.”

Colon Cancer Treatment at Memorial Hermann: Screening, a New Colectomy Protocol and a Colorectal Tumor Board



NIRAV THOSANI, MD

Gastroenterologist affiliated with Memorial Hermann-Texas Medical Center

It all starts with screening. While the gold standard of colon cancer screening is colonoscopy, other tests are available for patients who have economic or medical concerns.

“Most patients I talk with prefer colonoscopy, whose purpose is trifold – diagnostic, preventive and interventional,” says Nirav Thosani, MD, a gastroenterologist affiliated with Memorial Hermann-Texas Medical Center. “It’s among the most frequently performed endoscopic procedures to screen for diseases of the colon and remove precancerous lesions. If necessary, we take small biopsy samples and send them to pathology to test for cancer.”

Other tests are available, including the fecal immunochemical test (FIT), which screens for hidden blood in the stool, an early sign of cancer. According to the National Institutes of Health, it tends to be more accurate and have fewer false positive results than other tests, but FIT detects human blood only from the lower intestines.

“When there are economic concerns, we start screening with the FIT test. Most who test positive go forward with colonoscopy,” Dr. Thosani says. “This tends to be a decision made between the patient and primary care provider, so usually it has been made by the time I see the patient.”

The Cologuard® test, available by prescription only, is a combination of the FIT test and stool DNA technology that has been shown in studies conducted by the manufacturer to detect colon cancer and the highest-risk precancers. “It remains a good test for people at high risk for colonoscopy, for instance, those with heart or respiratory disease,” he says. “It also plays a good role in determining which patients might need a colonoscopy.”



The implementation of *da Vinci*® Surgery for colectomy and rectal resection has resulted in patients being able to leave the hospital faster and with lower pain scores, according to Scott McKnight, MD, FACS, a colon and rectal surgeon affiliated with Memorial Hermann.

Ensuring Timely Treatment With a Dedicated Colorectal Tumor Board

Theodore Yang, MD, a radiation oncologist affiliated with Memorial Hermann Southeast Hospital, treats rectal and anal cancers, and colon cancer that goes beyond the wall of the colon.



THEODORE YANG, MD

Radiation Oncologist affiliated with Memorial Hermann Southeast Hospital

“We use intensity-modulated radiation therapy (IMRT) and image-guided radiation therapy (IGRT) to treat cancer,” Dr. Yang says. “IMRT uses computerized control of field arrangement so that we can ‘paint’ the radiation inside the patient, which is very useful with colorectal tumors because we want to minimize the effect to the small bowel, liver, kidneys and other abdominal organs.

Before every treatment we do a cone beam – a rough CT scan of the patient – to make sure the structures we’re targeting are centered appropriately. This is not anything new. It’s a standard of practice that benefits the patient.”

In line with the growth of its colorectal cancer service line, Memorial Hermann Southeast Hospital has initiated a colorectal tumor board. “All cases must be brought before the tumor board within two weeks of the patient’s diagnosis to determine options and pathways for treatment,” Dr. Yang says. “We’re one of the first Memorial Hermann hospitals to start a colorectal tumor board, which ensures that we fast-track patients to care, and that they are treated using a multidisciplinary approach. We’ve increased the number of colon and rectal surgeons affiliated with the hospital from two to five, which has allowed us to treat many new patients who otherwise would have had to travel to Memorial Hermann-Texas Medical Center. The majority of our surgeons practice at both hospitals.”

A New Colectomy Protocol Shortens Patient Stays

Erik Askenasy, MD, a colon and rectal surgeon who practices at Memorial Hermann Southeast Hospital, has initiated an enhanced recovery after surgery (ERAS) protocol as part of the hospital's growing colorectal service line.



ERIK ASKENASY, MD

Colon and Rectal Surgeon affiliated with Memorial Hermann Southeast Hospital

“After elective colectomy surgery for colon cancer without free flap, we’re seeing lengths of stay of around 1.45 days, thanks to our new multidisciplinary enhanced recovery after surgery protocol,” says Dr. Askenasy, an assistant professor of surgery at McGovern Medical School at UTHealth. “After major colectomy, 63 percent of our patients stay one day, and 90 percent of our patients are home by day two. This kind of fast recovery is among the lowest reported and allows patients to get back to their lives more quickly.”

Dr. Askenasy and his partner, Marianne Cusick, MD, developed this protocol, which encompasses the entire perioperative period. “Many ERAS protocols look only at what’s done in the operating room,” he says. “Our protocol addresses patient care starting well before the operation and continues through their postoperative course – a more global view of the patient’s operative experience. Historically, the cornerstone of pain management after surgery has been narcotic based. We’ve found that through a combination of multi-quadrant blocks to the abdominal wall, changes to some of the anesthetic drips and preoperative patient education that intra- and postoperative narcotic requirements are minimal. In fact, by changing some of the anesthetic drips we can reduce 50 to 70 percent of the anesthesia necessary to keep patients asleep for surgery, which means an easier anesthetic recovery with less nausea and vomiting. We know that narcotics disrupt bowel function.

Doing narcotic-free or narcotic-sparing surgery combined with decreased anesthesia allows patients to eat immediately after the operation. We’ve found that about a third of our patients require no narcotic for the entire hospital stay, including the operating room.”

Generally, patients are put on a soft diet the day after surgery with return of bowel function and are prepared to go home. They have also found that patients undergoing open surgery have a very short length of stay – a little under two days. For robotic surgery, the length of stay is around 1.4 days. The ERAS protocol is all encompassing so that it requires the perioperative and intraoperative involvement of all teams. “When we all work together, we get a great result,” he says.

Dr. Askenasy believes that patient expectations of recovery set the stage for their actual recovery. “In my office I tell them what they likely will experience after surgery. Most patients have some mild discomfort and soreness after surgery, which is normal and to be expected,” he says. “Patients are kept on scheduled non-narcotic pain medications through their hospital stay and only intermittently require a narcotic for breakthrough pain.

“To get these results requires a lot of communication,” he adds. “We’ve built a great team at Memorial Hermann Southeast that includes preoperative nursing, anesthesia, postoperative care, floor nursing, pharmacy and administration. Everyone has bought into the concept, and the results speak for themselves. As we improve our protocols, we may one day get to the point where patients are able to go home the day of their colon surgery.”

Patient-centered Cancer Care

“To have access to care and be seen right away is very important to cancer patients,” says Julie Rowe, MD, a medical oncologist who specializes in gastrointestinal malignancies and is affiliated with Memorial Hermann-Texas Medical Center. “We’re very hands-on with personalized care delivered by a team that also includes medical

oncologists, surgeons, radiation oncologists, gastroenterologists, nurse navigators, a nutritionist and social worker.”



JULIE ROWE, MD

Medical Oncologist affiliated with Memorial Hermann-Texas Medical Center

Dr. Rowe believes in putting her patients and their needs first. “I understand that they want a physician who listens to them and whose goal is to provide the best care,” she says. “I strive to provide a comforting environment throughout the course of treatment and establish an open and collaborative relationship with my patients and their families.”

Physicians affiliated with Memorial Hermann engage referring physicians in the care of their patients, keeping them informed about patient progress throughout the treatment process. They encourage continued communication about each patient.

“It’s important for me to talk regularly with primary care physicians, especially if my patients have diabetes, kidney disease, high blood pressure or other chronic conditions,” Dr. Rowe says. “Patients can reach us at any time. I have to understand their philosophy of life to provide the best treatment. What’s important to them in their lives is also important to me.”

Robotic Surgery for Colectomy and Rectal Resection



SCOTT MCKNIGHT, MD

Colon and Rectal Surgeon affiliated with Memorial Hermann Memorial City Medical Center and Memorial Hermann Katy Hospital

Using *da Vinci*[®] Surgery for colectomy and rectal resection overcomes the limitations of conventional laparoscopic surgery – lack of 3-D visualization and limited maneuverability. Scott McKnight, *Robotic Surgery* continues on page 13

Robotic Surgery continued from page 13

MD, FACS, a colon and rectal surgeon affiliated with Memorial Hermann Memorial City Medical Center and Memorial Hermann Katy Hospital, performs two to four colon surgeries a week using the robotic system.

“The newest iteration of the *da Vinci* is much improved,” says Dr. McKnight, a clinical assistant professor of surgery at McGovern Medical School at UTHealth. “When you compare minimally invasive surgery to open surgery, the results are better. There’s less torquing and strain

on the abdominal wall. They’re out of the hospital faster, and pain scores are lower. Less pain means faster recovery and return to normal activity. It’s not uncommon for patients to leave the hospital without taking narcotics.”

Skin Cancer Treatment Options: A Look at Mohs Surgery and Skin Brachytherapy



Skin cancer is the most common form of cancer in the United States. According to the World Health Organization, one in every five Americans will develop skin cancer in his or her lifetime.

For those diagnosed with primary basal cell carcinoma, the most common type of skin cancer, and with squamous cell carcinoma, Mohs surgery offers a microscopically controlled treatment option with a very narrow surgical margin and a high cure rate. Developed in the late 1930s by Frederic Mohs at the University of Wisconsin, the procedure allows for complete margin control during removal of skin cancer using frozen section histology.

“During the surgery we take very thin, pie-shaped slices of skin, which we examine while the patient waits,”



AARON K. JOSEPH, MD
Dermatologist affiliated with
Memorial Hermann Southeast Hospital

says Aaron K. Joseph, MD, a dermatologist affiliated with Memorial Hermann Southeast Hospital and Memorial Hermann Pearland Hospital. “If we find any residual tumor, we go back to that area only and take more tissue. It’s a one-time outpatient office procedure with a lower risk of infection. It’s very time efficient because of rapid freezing and processing of the excised sections. Because we take less tissue, there’s less potential for scarring and if reconstruction is needed, less tissue is involved.”

The cure rate for primary basal cell

carcinoma treated with Mohs surgery is 98 percent to 99 percent; for squamous cell carcinoma, it’s about 98 percent. The procedure is also used for melanoma in situ, most commonly lentigo maligna, with cure rates similar to those for standard excision.

For patients who cannot undergo surgery for medical reasons or wish to avoid it for cosmetic reasons, skin brachytherapy provides an alternative for small basal cell and squamous cell skin cancers. External beam irradiation also can be used to treat larger skin cancers.



ELIZABETH SANDS, MD
Radiation Oncologist affiliated with Memorial
Hermann The Woodlands Medical Center

“For high dose-rate skin brachytherapy, we place an applicator directly on the skin and target the site of the malignancy using a radioactive source,” says Elizabeth Sands, MD, a radiation oncologist affiliated with Memorial Hermann The Woodlands Medical Center, Memorial Hermann Northeast Hospital and Memorial Hermann Greater Heights Hospital. “Skin brachytherapy typically involves from seven to 10 treatments lasting 15 minutes three times weekly. For larger skin cancers treated with daily external beam radiation, treatment may last from four to six weeks. Radiation for skin cancer generally results in a good cosmetic outcome and a low chance of recurrence.”

Important Updates to Cancer Staging Guidelines

Cancer staging refers to the extent of a patient's tumor at various stages during their medical history. Stage is determined based on information relating to three anatomic categories: T category, relating the size and extent of the primary site of the tumor; N category, relating the presence or absence of regional lymph node metastases and the number of nodes involved; and M category, relating to the presence or absence of distant metastases of the cancer. This TNM system was first utilized by the American Joint Committee on Cancer (AJCC) and the International Union for Cancer Control (UICC) since the publication of the 1st Edition of the *Cancer Staging Manual* in 1977, and remains the core of cancer staging to this day. Most recently a new *Cancer Staging Manual*, the 8th Edition, has been published, and all new cancer cases diagnosed after January 1, 2018, must be staged utilizing this new edition.

There are various classifications of cancer staging in use today. Clinical staging (or pretreatment staging), cTNM, refers to the extent of tumor at the time of diagnosis, before institution of any treatment. Pathologic staging, pTNM, refers to the extent of tumor found after definitive surgical resection

of the tumor. Post-therapy staging (post-neoadjuvant staging), yTNM, refers to the extent of tumor after the patient has received systemic and/or radiation treatment prior to surgical resection, or has received systemic and/or radiation treatment when no surgery is planned. Two additional categories of cancer staging exist – re-treatment staging, rTNM, performed when the patient has relapsed from a period of remission; and autopsy staging, aTNM, when cancer is found only postmortem and not during the patient's lifetime.

Stage Group refers to the TNM categories with additional clinical information, such as hormone receptors, PSA, histologic grade of the tumor, and many other prognostic factors. Each cancer can then be classified into various Stage Groups, such as Stage Group I or Stage Group IV, depending on many of the aforementioned factors.

The value of cancer staging is significant. It is a critical element in determining appropriate treatment based on the experience and outcomes of groups of prior patients with similar stage. In addition, accurate staging is necessary to evaluate the results of various treatments as well as clinical trials.

Staging helps to facilitate the exchange and comparison of information among cancer treatment centers, and it serves as a basis for clinical and translational research. At a national and international level, the agreement on the classifications of cancer cases provides a method of clearly conveying clinical experience to others without ambiguity.

All physicians caring for cancer patients need to be competent in assigning an accurate stage to their patients, for all the reasons listed above. The Memorial Hermann Health System Cancer Program is an accredited Network Cancer Program with the Commission on Cancer of the American College of Surgeons, and as such is required to submit its cancer cases to the National Cancer Data Base (NCDB), from which much research is done. This database also serves as the source of many of the clinical guidelines for the treatment of cancer utilized in this country, as well as in the rest of the world.



TED TENCZYNSKI, MD, CTR
Associate Director of the
Memorial Hermann Cancer Registry

Screening Cancer Patients for Signs of Distress

According to the National Comprehensive Cancer Network® and the American Psychosocial Oncology Society, about a third of cancer patients experience significant distress during treatment, while only about 5 percent seek psychological help. Oncology social workers at the Memorial Hermann Cancer Centers are determined to change that. They consider screening for distress a critical first

step in providing high-quality cancer care.

“The psychosocial experience of patients undergoing cancer care is the least recognized and most undertreated dimension of the cancer experience,” says Sonia Bernal, LMSW, oncology social worker at Memorial Hermann-Texas Medical Center and coordinator of the systemwide Cancer Distress Screening Committee. “All patients and families experience some level of distress, and research studies show that at least one-third experience severe emotional problems. It can be difficult for patients to talk about their distress in a way that helps their



KATE MAHAN, MSSW, LMSW, OSW-C
Oncology Social Worker at
Memorial Hermann Cancer Center-Northeast

cancer care team understand how much the experience is affecting them.”

Bernal and Kate Mahan, MSSW, LMSW, OSW-C, her counterpart at Memorial Hermann Cancer Center-Northeast and Memorial Hermann Cancer Center-The Woodlands, use the National Comprehensive Cancer Network Distress Thermometer and Problem **Screening Patients** continues on page 15



SONIA BERNAL, LMSW
Oncology Social Worker at
Memorial Hermann Cancer Center-
Texas Medical Center

List for Patients. “This is a self-reported measurement of stress used to address the psychosocial part of the patient experience, capturing a complete assessment of each patient’s biopsychosocial concerns,” Mahan says. “When we address global concerns in people’s lives, we can provide better support, which leads to better treatment compliance and ultimately better outcomes. Once we have the results of the distress screening tool, we follow up and provide the resources they need.”

The Distress Thermometer measures distress on a 0-to-10 scale in the same way pain is measured. Patients are asked to choose the number that reflects how much distress they feel. People with a score of 4 or above are considered to have a moderate-to-high degree of distress. In 2009, the American Psychosocial Oncology Society embraced distress as the sixth vital sign.

Research supporting use of the screening tool was presented in a pre-conference session at the February 2018 meeting of the American Psychosocial Oncology Society, an organization of social workers, psychologists and psychiatrists working in oncology to address the psychological, social, behavioral, spiritual and physical needs of patients with cancer and related diseases, as well as the needs of their families. Bernal and Mahan are members and attended the meeting.

“According to research shared at the conference, lower distress means fewer emergency department visits and readmissions to the hospital,” Bernal says. “As we implement use of the tool across the Memorial Hermann Cancer Centers, we’re hoping that physicians and other clinicians will also begin to use it in their practices. Physicians affiliated with Memorial Hermann can access it through Care4.”

The Distress Thermometer and Problem List for Patients is also available at https://www.nccn.org/patients/resources/life_with_cancer/pdf/nccn_distress_thermometer.pdf.

Ongoing Clinical Trials

TRIAL NAME	DESCRIPTION
<p>A Randomized Double-Blind Phase 3 Study of Avelumab in Combination with Standard of Care Chemoradiotherapy (Cisplatin plus Definitive Radiation Therapy) Versus Standard of Care Chemotherapy in the Frontline Treatment of Patients with Locally Advanced Squamous Cell Carcinoma of the Head and Neck</p>	<p>The main purpose of this study is to compare the effects of the study drug, avelumab (MSB0010718C), in combination with standard of care (SOC) chemoradiotherapy to placebo in combination with SOC chemoradiotherapy. The SOC chemoradiotherapy in this study will be cisplatin plus radiation therapy. Other purposes of this study are to: (a) learn about the overall safety results; (b) measure the quantity of study drugs in the blood; (c) evaluate candidate biomarkers (measurable indicators in tumor tissue or blood), which may help in the identification of patients that would most likely benefit from receiving the study drug(s) or that may help with understanding how the study drugs work; and (d) evaluate the effects on the immune system and overall quality of life and physical and emotional wellbeing.</p> <p>Lead Physician: Syed Jafri, MD Contact: Martha Thompson at 832.325.7706 or martha.thompson@uth.tmc.edu.</p>
<p>Validation of Predictive Model for Chemotherapy Toxicity in Older Adults With Gynecologic, Gastrointestinal and Breast Malignancies</p>	<p>This prospective study includes all patients with diagnosed gynecologic, gastrointestinal, lung and breast cancer, scheduled to undergo a new chemotherapy regimen, either first-line treatment or greater, between March 2017 through March 2018. The researchers will investigate patient comorbidities, functional status and chemotherapy toxicity. The study will also assess the validity of an existent prediction model of chemotherapy toxicity in older adults with invasive malignancy who require first-line chemotherapy or greater.</p> <p>Lead Physician: Elizabeth Nugent, MD Contact: Sonia Robazetti at 713.500.6382 or sonia.c.robazetti@uth.tmc.edu.</p>
<p>A Randomized Phase III Trial for Surgically Resected Early-stage Non-small Cell Lung Cancer: Crizotinib versus Observation for Patients with Tumors Harboring the Anaplastic Lymphoma Kinase (ALK) Fusion</p>	<p>The purpose of this research study is to compare any good and bad effects of using the study drug, crizotinib (also known as XALKORI®), after completion of surgery and, in some cases, after chemotherapy and/or radiation therapy for ALK (anaplastic lymphoma kinase) positive non-small cell lung cancer (NSCLC). The addition of crizotinib may help prevent cancer from returning, but it could also cause side effects. This research study will allow the researchers to know whether this different approach is better, the same, or worse than the usual approach. To be better, the study drug should improve how long subjects are able to live by 2 years and 9 months (33 months total) or more compared to the usual approach. The study drug, crizotinib, is approved by the Food and Drug Administration (FDA) for use in ALK-positive locally advanced or metastatic (spread to other areas of the body) non-small cell lung cancer. The use of crizotinib in this study has not been approved by the FDA because crizotinib will be prescribed for earlier stage disease after the cancer has been surgically removed.</p> <p>Lead Physician: Syed Jafri, MD Contact: Martha Thompson at 832.325.7706 or martha.thompson@uth.tmc.edu.</p>

Dr. Richard Brown Earns Advanced Recognition From the College of American Pathologists



RICHARD BROWN, MD, FACP
Pathologist affiliated with
Memorial Hermann Cancer Centers

Richard W. Brown, MD, FACP, a pathologist at Memorial Hermann Southwest Hospital, has earned a Certificate of Recognition for completion of the Multi-disciplinary Breast Pathology Advanced Practical Pathology Program (AP3) from the College of American Pathologists (CAP). The program combines intense continuing medical education coursework with rigorous assessments leading to an objective designation of demonstrated expertise.

“At Memorial Hermann, the health of our community is always at the center of what we do. Dr. Brown’s completion of CAP’s Advanced Practical Pathology Program demonstrates his commitment to going above and beyond in service to our patients,” says Sandra Miller, MHSM, RN, NE-BC, vice president of the Memorial Hermann Oncology Service Line. “The pathologist’s role is critical in improving patient outcomes, from diagnostics to prevention. His commitment to advancing his knowledge of breast pathology, his particular area of interest, helps ensure accurate diagnoses and parallels Memorial Hermann’s commitment to quality care.”

Dr. Brown completed the AP3 core continuing medical education requirements, as well as the required practical and cognitive assessments. Only board-certified pathologists are eligible to participate in the AP3, ensuring that participants have foundational expertise in anatomic and/or clinical pathology. CAP launched the AP3 in 2009 to give pathologists opportunities to deepen their skills and training as they continue improving the accuracy and lifesaving

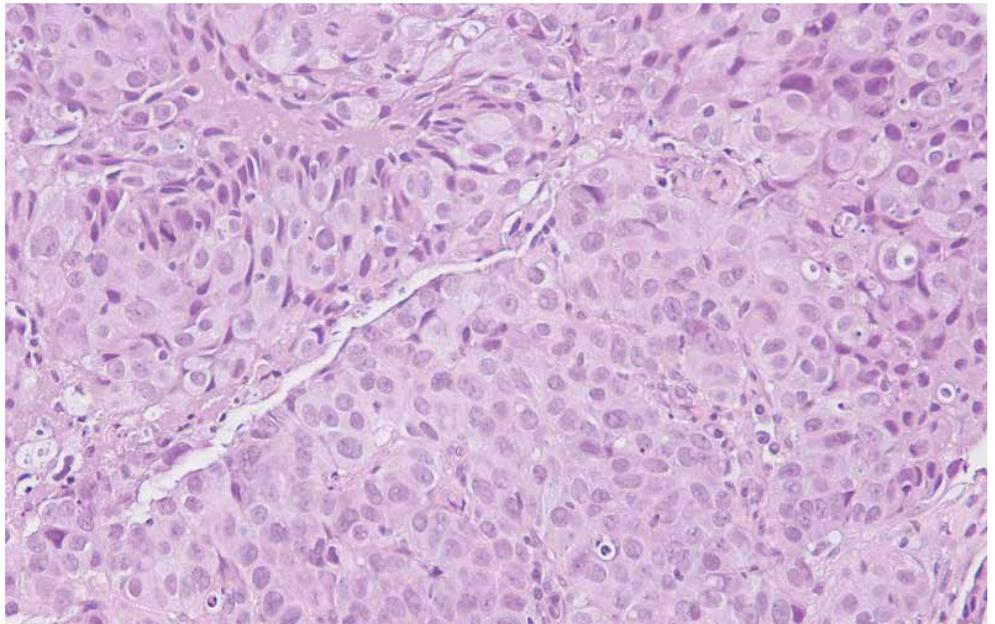
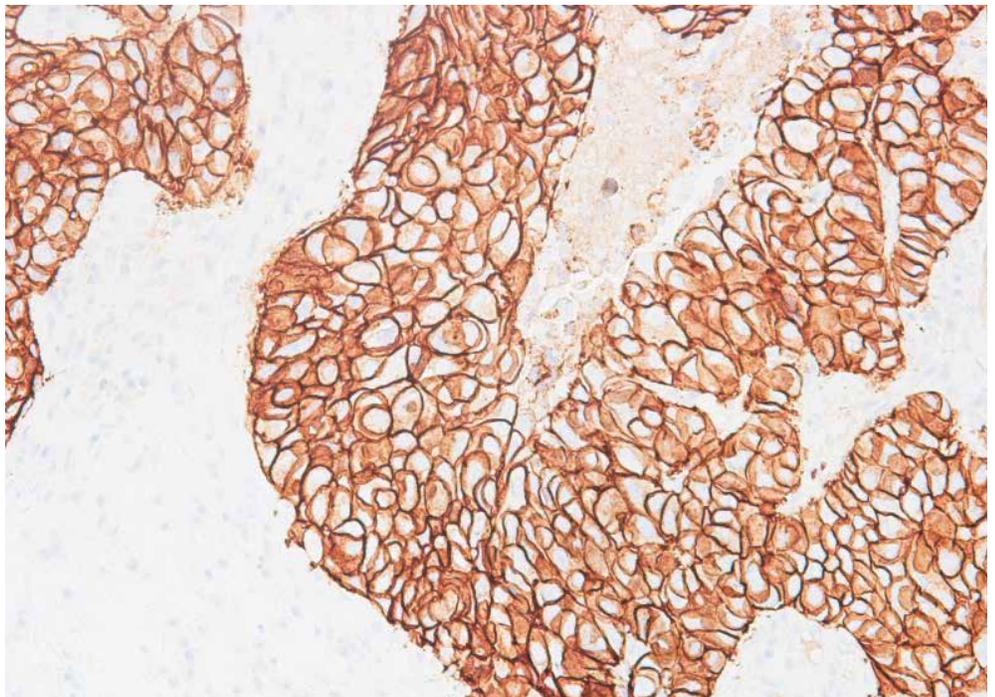


Image-guided needle biopsies of the breast are submitted for pathologic examination in order to diagnose malignancy or benign disease and, in the case of malignancy, to provide a histologic type and grade. This image shows a high-grade ductal carcinoma of the breast with solid architecture and large tumor cells.



All newly diagnosed breast carcinomas at Memorial Hermann are submitted for immunohistochemical evaluation of estrogen and progesterone receptors and HER2 protein in order to guide therapy. This image demonstrates strong membranous immunostaining for HER2 in the tumor from CONF 3 indicating that this patient will respond to therapy with trastuzumab (Herceptin) and other HER2 inhibitors. Evaluation of these markers is an excellent example of personalized medicine provided by the pathologists at Memorial Hermann.

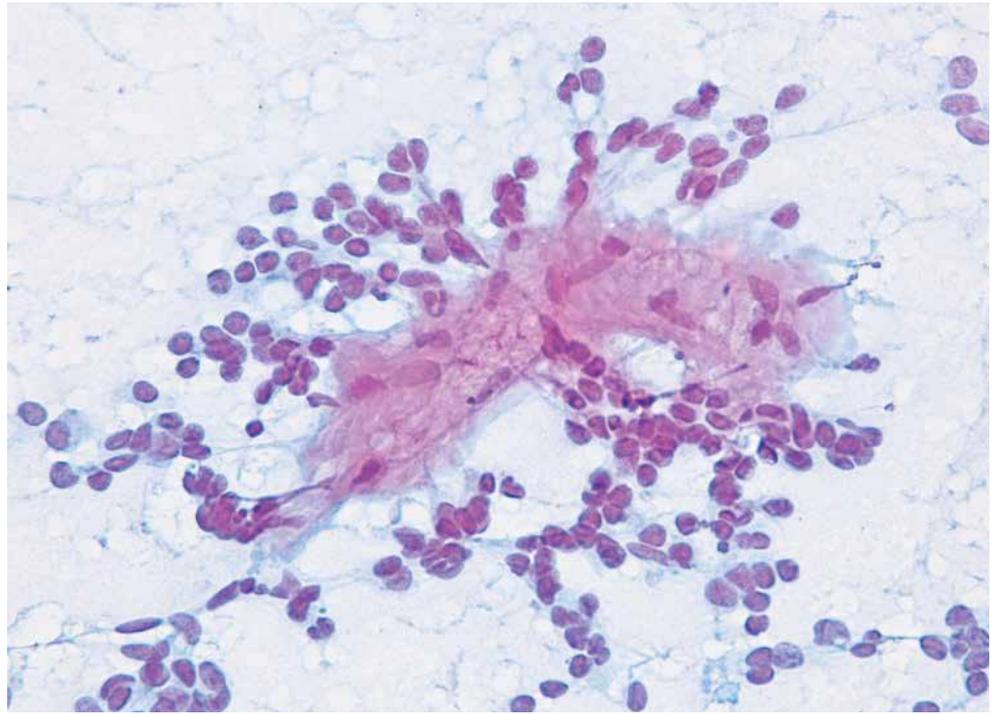
Dr. Brown continues on page 17

Dr. Brown continued from page 16

capabilities of diagnostic medicine.

Dr. Brown is the medical director for system laboratory services at the Memorial Hermann Health System. He received his medical degree and subsequently completed a residency in anatomic and clinical pathology and a fellowship in immunohistochemistry at The University of Texas Health Science Center at San Antonio, followed by an anatomic pathology fellowship at The University of Texas MD Anderson Cancer Center. Dr. Brown is a CAP Lifetime Achievement Award recipient for his extensive service to the organization.

At Memorial Hermann, Dr. Brown represents pathology on the Memorial Hermann Integrated Network Cancer Committee, established in 2008 to set priorities for the System's Cancer Centers and lead quality initiatives that improve clinical care. "At a functional level, completion of the AP3 in Multidisciplinary Breast Pathology allows me to take a leadership role in our breast program," Dr. Brown says. "Close collaboration between the radiologist and pathologist is essential for accurate diagnosis and treatment planning. The



Pathologists at Memorial Hermann frequently participate in fine-needle aspirations of solid tumors, both assisting the endoscopist or radiologist in evaluating the adequacy of the specimen during the procedure, and by providing a definitive diagnosis of tumor type from these limited specimens in order to avoid a more invasive procedure. This fine-needle aspirate of the pancreas shows a rare solid pseudopapillary tumor.

CAP program greatly expanded my understanding of radiology-pathology correlations. My hope is that I can use this information to enhance the relevance

and diagnostic clarity of the pathology report we general on breast needle biopsy specimens throughout Memorial Hermann."

Pain Management Specialist Dr. Hiral Patel Helps Cancer Patients Maintain Quality of Life



HIRAL PATEL, MD
Interventional Pain Management Specialist
affiliated with Memorial Hermann
Southeast Hospital

Hiral Patel, MD, who is fellowship trained in chronic pain management and board eligible in anesthesiology, first became interested in pain management during rotations in her anesthesiology residency at McGovern Medical School at UTHealth.

"It was very gratifying to see patients with chronic neck or back pain improve after undergoing an interventional pain management procedure," says Dr. Patel, who is affiliated with Memorial Hermann

Southeast Hospital and Memorial Hermann Pearlland Hospital. "As I did more research, I became interested in cancer patients and discovered that we can offer a lot to improve their quality of life."

After residency, Dr. Patel completed a fellowship in chronic pain management at The University of Texas MD Anderson Cancer Center. "During my fellowship I treated both cancer and non-cancer-related pain," she says. "Cancer pain is very complex. Patients may have pain from the primary tumor and metastasis or treatment-related pain. Surgery, radiation therapy and chemotherapy can result in unique pain patterns. For instance, patients who undergo mastectomies and

lymph node resections for breast cancer may develop post-mastectomy pain syndrome, which can involve the chest wall and shoulder on the side of surgery. We manage pain through medication as well as interventions that target specific areas of the body. Patients with post-mastectomy syndrome benefit from intercostal nerve blocks and shoulder injections. As another example, patients with pancreatic cancer benefit from celiac plexus blocks that target the sympathetic ganglia providing sensation to the tumor or to the abdomen. Patients do very well after the procedure."

Dr. Patel works in close alignment
Pain Management continues on page 18

with referring physicians and provides clear communication about the treatment plan. When referring physicians have questions, she makes herself readily available for conversation.

“We like to engage our referring physicians and keep them informed about progress,” Dr. Patel says. “They receive a summary and plan for follow-up, and I continue the communication throughout follow-up.”

Dr. Patel, who is fluent in English, Hindi and Gujarati, provides vertebral augmentation by kyphoplasty and vertebroplasty; epidural steroid injections through inter-laminar, transfo-

“I’M COMMITTED TO PATIENT CARE THROUGH COMPASSION, INTEGRITY AND RESPECT. WE USE A MULTIDISCIPLINARY APPROACH THAT INCLUDES INTERVENTIONAL PROCEDURES, MEDICAL MANAGEMENT, AND PHYSICAL OR OCCUPATIONAL THERAPY, ALL OF WHICH ARE TARGETED TO RESTORE FUNCTION AND QUALITY OF LIFE.”

- HIRAL PATEL, MD

raminal and caudal approaches; spinal cord stimulation trials and implants; intrathecal baclofen pump implants; facet joint and medial branch blocks; radiofrequency ablation; sacroiliac joint injections; diagnostic sympathetic and neurolytic blocks; peripheral joint injections; occipital nerve injections; Botox® and trigger point injections; intercostal

nerve injections; and radiofrequency ablation, in addition to treatment for cancer-related pain. “I’m committed to patient care through compassion, integrity and respect,” she says. “We use a multidisciplinary approach that includes interventional procedures, medical management, and

physical or occupational therapy, all of which are targeted to restore function and quality of life. At Memorial Hermann Southeast and Memorial Hermann Pearland we work with a very well-trained team and put our patients first. Our leadership provides the resources we need to give the best care.”

VOLUNTEER SPOTLIGHT

Ann Christenson Gets a Chance to Give Back



“It struck me that they’re [everyone at Canopy, a cancer survivorship center at Memorial Hermann The Woodlands Medical Center] genuinely interested in everyone who walks through the door. It’s a wonderful resource for our community.”

-Ann Christenson, breast cancer survivor and volunteer at Canopy.

Photo by Derrick Bryant

Ann Christenson got a call from Memorial Hermann volunteer Kelly Hull in December 2016. A month later she was a volunteer at Canopy, a cancer survivorship center at Memorial Hermann The Woodlands Medical Center. The center’s goal is to enhance the quality of life of individuals affected by cancer and those who support them.

A breast cancer survivor, Christenson recalls her surprise when she learned of her diagnosis. “I have no family history,” she says. “It was devastating to learn I had breast cancer. My primary care provider

didn’t give me much information. I didn’t know where to turn or who to call. A friend connected me to Kelly, who connected me to Linda Nelson, director of marketing at the hospital. Linda said, ‘Meet me at Canopy.’”

Carolyn Allsen, RN, BSN, OCN, ONN-CG, Oncology Nurse Navigator at Memorial Hermann Cancer Center-The Woodlands, gave her support and guidance, and helped her find a medical oncologist. “I had no idea how hard it would be to go through chemotherapy, surgery and radiation therapy,” says

Christenson, a former teacher and teacher trainer, who practiced law in Kentucky until her husband was transferred to The Woodlands. “I started down the treatment path, and it really hit me when I was in the middle of it. I was so thankful to have support. The staff and volunteers here, from Amanda Poole, the manager, to the people who greet you when you arrive, are competent and very caring. It struck me that they’re all genuinely interested in everyone who walks through the door. It’s a wonderful resource for our community. We help a lot of people, and I was grateful to find out about it myself.”

Christenson, a long-time resident of The Woodlands who, with her husband, has been involved in many volunteer groups in the area, recently worked with Hull to start Canopy’s Breast Cancer Support Group, called The Nest. And she was pleased when she got a good report from her recent mammogram.

“Cancer is a different experience for everyone who has it,” she says. “We each have to figure out how to deal with our diagnosis. For those who want help, the resources at Canopy and Memorial Hermann The Woodlands are tremendous.”

Memorial Hermann Welcomes New Recruits

Four Oncology Nurse Navigators have joined Memorial Hermann Cancer Centers in recent months.



DIANA FENG, BSN, RN
Lung Nurse Navigator
Memorial Hermann Texas Medical Center

Diana Feng, BSN, RN, is the Lung Nurse Navigator at Memorial Hermann Cancer Center-Texas Medical Center. She graduated with her Bachelor of Science in Nursing from Prairie View College of Nursing in 2007 and began her career as a nurse in the intensive care unit at Christus St. Catherine before joining Memorial Hermann-Texas Medical Center in 2010 as an emergency nurse. She has been taking care of patients in the Memorial Hermann Cancer Center since making the switch to oncology nursing in 2014.



BELYNDER OUKO-KENDRICK, MSN, RN
Oncology Nurse Navigator
Memorial Hermann Southeast Region

Belynder “Belle” Ouko-Kendrick, MSN, RN, received her Master of Science in Nursing from The University of Texas at El Paso and has been working as an oncology nurse for more than 10 years. She enjoys serving the oncology population and finds caring for cancer patients very rewarding. Prior to becoming an Oncology Nurse Navigator for Memorial Hermann’s Southeast Region, she was a clinical case manager at The University of Texas MD Anderson Cancer Center, where she oversaw the continuum of care planning for post-hospital acute care services. Belle’s primary focus is on patients with breast and gynecologic cancers.



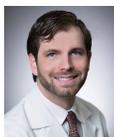
SHIRLEY RUIZ, BSN, RN, OCN
Oncology Nurse Navigator at
Memorial Hermann-Texas Medical Center

Shirley Ruiz, BSN, RN, OCN, received her Bachelor of Science in Nursing from Texas Woman’s University in 2009. Prior to her role as an Oncology Nurse Navigator at Memorial Hermann Cancer Center-Texas Medical Center, she worked as an infusion nurse and also has more than six years of experience working as a trauma and emergency nurse. Shirley is certified in biotherapy and chemotherapy, and is a member of the Oncology Nursing Society and the Academy of Oncology Nurse and Patient Navigators.



ELIZABETH TRAJE, BSN, RN, ACM
Oncology Nurse Navigator
Memorial Hermann Memorial City
Medical Center

Elizabeth Traje, BSN, RN, ACM, received her Bachelor of Science in Nursing from the University of the City of Manila in the Philippines in 1985. After spending four years as a nurse at Philippine General Hospital, she moved to Houston where she began a new chapter in her career as a nurse in the United States. She has been an oncology nurse for more than 25 years, providing direct patient care and case management. Prior to joining Memorial Hermann Cancer Center-Memorial City as the Oncology Nurse Navigator, Elizabeth was a patient access coordinator at The University of Texas MD Anderson Cancer Center.



ADAM B. HOLLANDER, MD
Urologist affiliated with
Memorial Hermann Greater Heights Hospital

Adam B. Hollander, MD, has joined

Memorial Hermann Medical Group Urology Greater Heights. Dr. Hollander received his Bachelor of Arts degree in Ecology and Evolutionary Biology from Princeton University and obtained his medical degree from Baylor College of Medicine in Houston. He completed his residency at Baylor College of Medicine and Methodist Hospital in Houston, Texas, and his fellowship in endourology and minimally invasive surgery at Baylor College of Medicine. Fluent in English and Spanish, Dr. Hollander’s principal clinical interests include complicated kidney stone disease, urologic cancers including prostate, kidney, and bladder cancer, kidney obstruction, and BPH. He specializes in robotic surgery.



D'EDRA WEBB, MSW
Community Outreach Coordinator,
Lindig Family Cancer Resource Center at
Memorial Hermann Memorial City
Medical Center

The Lindig Family Cancer Resource Center at Memorial Hermann Memorial City Medical Center recently welcomed **D'Edra Webb, MSW**, as its new Lead Office Assistant. D'Edra received her Master of Science in Social Work from The University of Texas at Arlington in 2009. Before joining Memorial Hermann, she was the Licensed Administrator at Lifeline Children and Family Services. She has extensive experience in case management and counseling, having also worked for Child Protective Services and AIDS Services of North Texas. In her role, D'Edra is responsible for the day-to-day operations of the center, including program development, breast prosthesis and wig fittings, and facilitating support groups and special events.

Oncology Nurses Present Papers at AONN's Annual Navigation and Survivorship Conference



Deidra Teoh, MSN, RN, OCN, ONN-CG; Carol Kirton, BSN, RN, OCN; Shelita Anderson, MBA, BSN, RN, OCN; Krystie Fenton, BSN, RN, OCN; and Carolyn Allsen, BSN, RN, OCN, ONN-CG, presenting at the American Academy of Oncology Nurse and Patient Navigators' Annual Conference in November 2017.

Since the inception of the Oncology Nurse Navigator (ONN) program at Memorial Hermann Health System in 2009, the potential benefit for the hospital and patient was undefined. Overwhelmed by patients and lacking a systemized method to report data, the navigators were unable to provide measurable outcomes and had no evidence to justify the need for additional full-time employees to navigate the 6,200 newly diagnosed cancer patients treated each year at Memorial Hermann.

The navigators began with a thorough literature search to validate the effect navigation has on a quality of a cancer patient's care and outcomes. Through the literature search, they discovered that the standard caseload nationwide for a navigator – in order to provide excellence in quality and care for the patients served, through the continuum of care – was 100 patients over a four-month period, or 300 patients annually.

“We determined that each navigator at Memorial Hermann was averaging a total case load of 280 patients in four months, equating to over 800 patients annually, which far surpassed the national average,” says Carolyn Allsen, BSN, RN, OCN, ONN-CG, Oncology Nurse Navigator at the Memorial Hermann Cancer Center-The Woodlands Medical Center. “In addition to showing that standardized navigation metrics support the effectiveness of navigation program across our system, our study provided justification to add two additional Oncology Nurse Navigators.”

The study, entitled “Integrating Metrics and Role Delineation Into an Oncology Navigation Program for Quality Improvement,” was conducted by Allsen; Sandra Miller, MHSM, RN, NE-BC; Sylvia Brown, MS, RN, OCN, CNL, ONN-CG; Krystie Fenton, BSN, RN, OCN; Carol Kirton, BSN, RN, OCN; Angela Sisk, MSN, RN, OCN, AHN-BC, ONN-CG; and

Deidra Teoh, MSN, RN, OCN, ONN-CG.

Also presented at the conference was a paper entitled “Survivorship: If We Build It Will They Come?” – conducted by Allsen, Brown, Fenton, Kirton, Sisk and Teoh. “Memorial Hermann has always provided programs for cancer survivors, but based on community interest and philanthropic support, we responded to the need for personalized, evidence-based survivorship care by creating two comprehensive survivorship centers – Canopy at Memorial Hermann The Woodlands Medical Center and the Lindig Survivorship Center at Memorial Hermann Memorial City Medical Center,” Allsen says.

Their goal was to provide holistic, evidence-based care

designed to support the social, psychological and ongoing care needs of cancer survivors; to implement survivorship programs to increase awareness and grow access to these services for patients and providers; and to partner with community philanthropists to build survivorship centers that reflect the care and compassion cancer survivors need during their cancer journey.

The two survivorship centers opened in July 2016, attracting more than 6,000 patients and caregivers in the first year and a half. “As the number of cancer survivors increases, the need for survivorship centers and programs will also increase,” Allsen says. “The tremendous support shown for our centers continues to inspire us to plan for more programs and services for cancer survivors.”

Both papers were presented at the 8th Annual Navigation and Survivorship **Oncology Nurses** continues on page 21

Oncology Nurses continued from page 20

Conference sponsored by the Academy of Oncology Nurse and Patient Navigators (AONN) held last November in Orlando, Florida.

Angela Sisk, MSN, RN, OCN, AHN-BC, ONN-CG, Oncology Nurse Navigator, Memorial Hermann Greater Heights Hos-

pital, spoke on “Psychosocial Dimensions of Survivorship Care” at the 2018 Zeal for Teal Luncheon, Ovarcome, Houston, Texas, March 29, 2018.

Angela Sisk, MSN, RN, OCN, AHN-BC, ONN-CG; T.F. Tenczynski, MD, CTR; Maria Tran, MPH, CTR; Peter Farha, MD; Shahab Khan, MD; Sergio Soroka, MD;

Mike Ratliff, MD; Christophe Salcedo, MD; Ronnie Adams, MD; Ajanta Patra, MD; Aparna Surapaneni, MD; and Matthew Kelly, MHA, presented a poster on “Improving Management of Newly Diagnosed Breast Cancer Patients” at the Robust Process Improvement Expo, Houston, Texas, Feb. 23, 2018.

Recap of Lung Cancer Survival CME: New Treatments, New Strategies

More than 70 clinicians attended a continuing education course sponsored last November by the Memorial Hermann Cancer Centers. Attendees included primary care providers, registered nurses, medical assistants, physical therapists, occupational therapists, respiratory therapists and speech-language pathologists interested in learning about advances in lung cancer prevention, screening, diagnosis, treatment, survivorship and rehabilitation.

Among the speakers was Syed Jafri, MD, a medical oncologist affiliated with Memorial Hermann-Texas Medical Center and an assistant professor at McGovern Medical School at UTHealth. “This was our first effort to educate our community of clinicians about the importance of lung cancer screening and new treatments available when the disease is caught at its earliest stages,” Dr. Jafri says. “We now have a screening tool available that helps reduce mortality, plus a team of accomplished medical oncologists, surgical oncologists, radiation oncologists, radiologists and pathologists - all the ingredients for world-class cancer care.”

Other speakers were Angela Sisk, MSN, RN, OCN, AHN-BC, ONN-CG, Oncology Nurse Navigator, Memorial Hermann Greater Heights Hospital; Deidra Teoh, MSN, RN, OCN, ONN-CG, former lung Oncology Nurse Navigator for the Memorial Hermann Southwest Region; Pushan Jani, MD, clinical assistant professor of internal medicine-pulmonology at McGovern Medical School at



Memorial Hermann Cancer Centers hosted a continuing education course – Lung Cancer Survival: New Treatments, New Strategies – in November, and plan to host a similar event this year.

UTHealth; Philip A. Rascoe, MD, FACS, associate professor of cardiothoracic and vascular surgery at UTHealth; Aparna Surapaneni, MD, radiation oncologist, Memorial Hermann Greater Heights Hospital; Anna de Joya, PT, DSc, NCS, director of new program development, Memorial Hermann Post Acute Care Services; Ted Tenczynski, MD, medical oncologist, Memorial Hermann Greater Heights Hospital; José L. Ramos, MD, medical director, Supportive Medicine and Palliative Care, Memorial Hermann Northeast Hospital; and Clara Lambert, an eight-year lung cancer survivor, en-

trepreneur, real estate professional and cancer center volunteer.

“The Memorial Hermann Cancer Centers are accredited by the American College of Surgeons’ Commission on Cancer. As part of maintaining that accreditation, we commit to providing continuing education opportunities for physicians and clinicians in the Greater Houston community,” says Maria Tran, MPH, CTR, director of the Memorial Hermann System Cancer Registry. “We were pleased with the reception the course received and look forward to providing a similar offering in 2018.”

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PROFILES IN CARING

Toni Lindsey, BSN, RN: It's a Family



TONI LINDSEY, BSN, RN
Clinical Manager, Memorial Hermann
Cancer Center-Texas Medical Center

Toni Lindsey had her first introduction to oncology nursing as a travel nurse in Las Vegas. When the ER overflow unit where she worked was slow, she was rerouted to oncology and found she liked it.

“I loved getting to know the patients,” says Lindsey, who is clinical manager of the Memorial Hermann Cancer Center-Texas Medical Center. “I had worked on various inpatient units where we’d see patients for two or three days. As an oncology nurse, you get to know patients and their families. I liked having that kind of

close connection.”

As a senior in high school, she enrolled in a vocational program that gave her the opportunity to work in a hospital half a day each week. “My whole life I thought I would go to law school, and I even sat for the Law School Admission Test after graduating from nursing school,” she says. “But in the hospital it was amazing to see everyone work together for the benefit of patients. I was hooked.”

Lindsey received her bachelor’s degree in nursing from the University of Missouri in St. Louis and went to work in the Level I trauma unit at Barnes Jewish Hospital. She left after a year and traveled as a nurse for six years, which introduced her to Houston. She liked the city, and when she decided to move,

she looked for a position in oncology. Now, with more than 15 years of nursing experience, she’s completing a master’s degree in nursing leadership at Loyola University in New Orleans.

“I love nursing because no day is ever the same,” she says. “I love every minute of it. It’s not just work. It’s a family.”

Profiles in Caring continues on page 23

Margaret Stewart, BSN, RN: An Open Door



MARGARET STEWART, BSN, RN
Patient Care Director
Memorial Hermann Southeast Hospital

Margaret Stewart knew she wanted to be a nurse even as a child. Her desire to specialize in oncology came later, while she was in nursing school.

“My grandfather was dying of cancer, and I remember how helpless I felt,” she says. “During my years at the bedside I took care of some very sick patients. I always felt that they gave me so much more than I gave them. They taught me the true meaning of selfless love. Husbands, wives and families stayed at the bedside, not wanting to leave. Oncology

became my deepest love.”

Stewart received her nursing degree at McNeese University in Lake Charles, Louisiana, and went to work at an acute care hospital there, rising to the position of nursing director of the inpatient oncology unit. When she and her husband decided to move to Texas, she applied for a position on the oncology unit at Memorial Hermann Southeast Hospital.

“During the interview they asked if I would like to be manager of the oncology unit,” says Stewart, who is now director of patient care for oncology and also heads up the Med/Surg Observation Unit, Orthopedic Unit, Rehabilitation Unit and Outpatient Infusion Center. “When the nursing director here trans-

ferred to another facility, I accepted the role of director. I loved my team, and when I was asked to take responsibility for the other units, my answer was yes. The door opened, and I walked through it.”

Stewart says she’s stayed because she loves Memorial Hermann Southeast Hospital. “I have a fantastic team and fantastic support from our administrative team,” she says. “Expectations in health care have grown tremendously over the years. I’m still very committed to the organization and what it stands for. Even though I’ve been away from the bedside for many years and my scope of responsibility has broadened, oncology is still my passion.”

ABOUT MEMORIAL HERMANN CANCER CARE

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

Through partnerships and affiliations with community oncology providers, 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 Care Center has been granted full, three-year accreditation by the National Accreditation Program for Breast Centers.

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

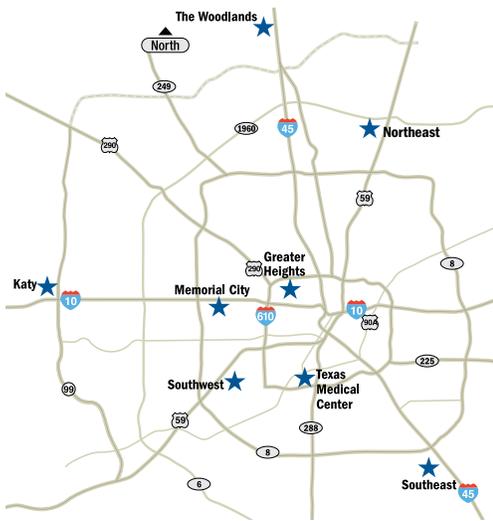
Southeast 855.537.0017

Texas Medical Center 855.537.0013

The Woodlands 855.537.0015

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Houston, TX 77024
713.242.3500

Northeast

18960 Memorial North
Humble, TX 77338
281.540.7905

Greater Heights

1635 North Loop West
Houston, TX 77008
713.867.4668

Katy

23900 Katy Fwy.
Katy, TX 77494
281.644.7000

Southeast

11920 Astoria Blvd., Suite 100
Houston, TX 77089
281.929.4200

Southwest

7600 Beechnut St.
Houston, TX 77074
713.456.4028

Texas Medical Center

6400 Fannin St.
Suite 2900
Houston, TX 77030
713.704.3961

The Woodlands

920 Medical Plaza Dr., Suite 100
Shenandoah, TX 77380
713.897.5655

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

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

Melissa Gilbert, Editor and Contributing Writer

Karen Kephart, Writer

Freeman Design Associates, Designer

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