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Moving Forward After a Cancer Diagnosis: Two Comprehensive Memorial Hermann Programs Help Survivors Cope

More than 14 million people are cancer survivors in the United States, a number expected to rise to almost 19 million by the year 2024. As arduous as treatment is, many survivors say they're grateful that the experience led them to make important changes in their lives, from healthier lifestyles to learning the value of gratitude. Many also tell family and friends that while they felt very supported during treatment, they've found it hard to transition to a new way of life after treatment. In response to these and other issues, two comprehensive survivorship programs are helping survivors move forward, while educating the public about prevention, screening and treatment options. Canopy in The Woodlands and the Lindig Family Cancer Resource Center in Memorial City both opened in recent months.

A first-of-its-kind cancer survivorship center in Montgomery County, Canopy was made possible through support from Memorial Hermann The Woodlands Hospital and its In the Pink of Health volunteer organization. It offers a broad range of free programs and services that address the emotional, physical and social needs of those affected by cancer.

"Our goal is to elevate life above cancer and shift the conversation from the disease itself to living and celebrating life at every stage of cancer treatment,"



Canopy - A Cancer Survivorship Center in The Woodlands

says Carolyn Allsen, RN, OCN, an Oncology Nurse Navigator who oversees Canopy's programs.

Canopy opened in a newly designed and constructed space at Memorial Hermann The Woodlands this summer as a place for cancer survivors and caregivers to find resources and connect with others. "The space is designed to be calm and inviting and to encourage people to feel at home while they're here," says Amanda Poole, Canopy facility coordinator. "We envision it as a safe haven where people from all over the Houston area can come and gather together, regardless of where they received their care. Sometimes you simply need to be around people who are going through or who have been through what you're

experiencing."

Programs include caregiver support sessions; yoga, Pilates, tai chi and ballroom dance classes; massage therapy; oncology education sessions with invited speakers; art therapy; and lifestyle education classes focused on exercise and nutrition, along with cooking demonstrations in a specially designed kitchenette. These programs are provided by community professionals who donate their time and expertise to

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DIGITAL VERSION

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

MEMORIAL
HERMANN
Cancer Centers

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cancer survivors. Canopy also includes a small support group and counseling room for Look Good Feel Better sessions, a consultation room for one-on-one meetings, an onsite library and electronic resources, a massage therapy room, a private dressing room for breast prosthesis fittings and a wig salon for those coping with hair loss from chemotherapy.

The Lindig Family Cancer Resource Center opened its doors this spring at Memorial Hermann Cancer Center-Memorial City, through a generous gift from the Lindig family and from Memorial Hermann employees, who donated an additional \$87,000 through the health system's annual employee fundraising campaign.

"We're extremely appreciative and grateful to the Lindig family for their continued support," says Alla Vargo, AART(R), RDMS, service line administrator for oncology services and director of inpatient imaging at Memorial Hermann Memorial City Medical



(left to right) Bill Lindig, Bobetta Lindig and Paul O'Sullivan at the opening of the Lindig Family Cancer Resource Center at Memorial Hermann Memorial City Medical Center.

Center. "Thanks to them, we've been able to grow our services and create this outstanding resource for patients, families, caregivers and the community.

Before the Center opened, many of our programs were scattered across the campus. We're very pleased to have everything available to the public in one

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convenient location.”

The Center’s free support services include classes in art, nutrition therapy, chair yoga, oncology prehabilitation and wellness, stress relief techniques, smoking cessation and a lymphedema support group. In addition, the Memorial Hermann Cancer Center-Memorial City also hosts classes such as Look Good Feel Better, an American Cancer Society-sponsored class held in the Wig, Breast Prosthesis and Bra Boutique.

“Survivorship is not just an end product. We consider patients survivors from the day of diagnosis,” says Jessica Burgess,

RN, OCN, Oncology Nurse Navigator at the Memorial Hermann Cancer Center-Memorial City. “As nurses we believe this is an important concept for patients and families to understand.”

Burgess says that staff members at the Lindig Family Cancer Resource Center take a holistic approach, staying focused on the people themselves, rather than the disease. “We treat the disease but there’s also a great emphasis on what is relevant to our patients’ psychosocial and emotional wellbeing,” she says. “Our patients are very supportive of one another, and we provide a venue for them

to connect fact to face.”

Both Canopy and the Lindig Family Cancer Resource Center offer community members an opportunity to connect with an Oncology Nurse Navigator and use the resource library to learn more about cancer screening and prevention. For directions and more information about programs at Canopy, visit www.thewoodlandscanopy.org or email canopyinfo@memorialhermann.org. To reach the staff at the Lindig Family Cancer Resource Center, call 713.242.3500.

A NOTE FROM LEADERSHIP



Welcome to the first edition of the *Memorial Hermann Cancer Journal*. This quarterly publication focuses on Memorial Hermann’s goal of providing expert

cancer care, close to home, that supports and guides patients and families experiencing cancer. Memorial Hermann’s cancer system offers a multidisciplinary cancer team approach to coordinate care, create individualized treatment plans and accompany patients during a complicated and stressful time.

Throughout a cancer journey, patients and families need help navigating every part of their care from screening to survivorship. Memorial Hermann is here every step of the way. With 59 cancer care access points throughout the Greater Houston area, Memorial Hermann’s cancer system assists patients with physical, emotional, spiritual and psychological care needs.

Each year, over 6,000 newly diagnosed cancer patients trust the Memorial Hermann cancer system for treatment and rely on affiliated cancer specialists in medical, surgical and radiation oncology. Patients are provided with access to the most advanced services and technologies, and combined with compassionate nurses,

social workers, chaplains, physical therapists, dietitians and researchers, Memorial Hermann is able to provide the quality cancer care close to home that patients need.

Thank you for taking time to read the first edition of the *Memorial Hermann Cancer Journal*. We hope you enjoy reading about Memorial Hermann’s efforts to advance health, promote healing and provide cancer patients all they need in their battle against cancer.

Sandra Miller, M.H.S.M., RN, NE-BC
*Senior Vice President
Oncology Service Line*



As physicians, it’s our duty to ensure patients not only receive the best course of treatment for their cancer, but also that they feel confident entrusting us with their

care. At Memorial Hermann, our team of affiliated specialists in surgery,

radiation and medical oncology, radiology, pathology and rehabilitation come together to develop individualized treatment plans for every patient that walks through our doors. We are able to provide patients peace of mind by offering them a solution to their cancer before their treatment even starts. From diagnosis to treatment to survivorship, patients who choose Memorial Hermann for their cancer treatment receive quality care, in a location that’s most

convenient for them.

Our affiliated physician teams across Greater Houston serve to partner with patients along their cancer journey. As you read the first edition of the *Memorial Hermann Cancer Journal*, we hope you see our passion and dedication shine through.

Ron J. Karni, M.D.
*Chair, Physician Strategic Steering
Committee
Oncology Service Line*

Muscle-Sparing DIEP Flap Combines Breast Reconstruction with a Tummy Tuck

With advances in microsurgery over the last decade, new reconstructive procedures are available to women following mastectomy, including the deep inferior epigastric perforator (DIEP) flap, which is performed by only about 10 percent of plastic and reconstructive surgeons in Houston. For the convenience of women who live in West Houston, the DIEP flap and other microsurgical breast reconstruction procedures are available at Memorial Hermann Katy Hospital and Memorial Hermann Cancer Center-Memorial City.

“Microsurgical procedures can provide women with a very natural-looking breast reconstruction using abdominal tissue,” says Rafi Bidros, M.D., FACS, a plastic and reconstructive surgeon affiliated with Memorial Hermann Memorial City Medical Center and Memorial Hermann Katy Hospital. “Because they do not use abdominal muscle, they tend to result in fewer donor site complications. But microsurgical reconstruction is more complex, with a higher risk of complication, and should be performed only by plastic surgeons who perform microsurgery regularly in institutions with experience in monitoring the flaps postoperatively.”

Dr. Bidros is among a handful of plastic surgeons practicing outside the Texas Medical Center with expertise in performing DIEP flap reconstruction. “My goal is to perform autologous reconstruction so that women who have their own natural breast on one side can obtain natural tissue for the other breast, which helps achieve better symmetry,” he says. “Because skin and fat are removed from the belly, having a DIEP flap means your belly will be flatter and tighter as with a tummy tuck. In most cases the scar is below the bikini line. No mesh material is required to support

the abdominal wall, as may be the case with a TRAM flap.”

The pedicled transverse rectus abdominis myocutaneous (TRAM) flap had been the most common method of tissue reconstruction after mastectomy. With a TRAM flap, abdominal muscles, tissue, skin and fat are used to create a natural breast shape. Unlike the TRAM flap, the DIEP flap does not remove muscle tissue unnecessarily, which Dr. Bidros believes results in a faster recovery.

“I’M NOT BIASED TOWARD ONE SURGERY OR THE OTHER. I MEET WITH PATIENTS AND REVIEW THE PROS AND CONS TO FIND THE BEST MATCH FOR EACH WOMAN. THE MOST IMPORTANT THING IS TO DO IT RIGHT THE FIRST TIME. I BELIEVE THAT WOMEN HAVE THE RIGHT TO FEEL WHOLE AGAIN AFTER BREAST CANCER.”
- RAFI BIDROS, M.D., FACS

As a student at Louisiana State University School of Medicine, Dr. Bidros trained with Robert J. Allen, M.D., who pioneered microsurgical breast reconstruction including the DIEP, SGAP, IGAP and SIEA* perforator flaps. “Dr. Allen was the first to note that reconstructive breast surgery can be performed without using muscle,” Dr. Bidros says. “DIEP is more technically challenging than TRAM but it produces the same outcome and allows women to keep their abdominal muscle. This offers an advantage to women who might be considering a tummy tuck to improve the aesthetics of the abdomen. It’s a bigger surgery but it will last a lifetime, unlike an implant, which usually requires more maintenance.” Dr. Bidros continued his training in DIEP flap breast reconstruction with several renowned DIEP specialists including Belgian surgeon Phillip N. Blondeel, M.D., Ph.D., FCCP, an internationally known expert

on aesthetic and reconstructive breast surgery and a pioneer of perforator flap surgery.

Dr. Bidros offers his patients the full range of options for reconstruction, including shaped implants, DIEP and other perforator flaps, fat grafting and hybrid techniques, as well as partial breast reconstruction for lumpectomy patients. “I’m not biased toward one surgery or the other,” he says. “I meet with patients and review the pros and cons to find the best match for each woman. The most important thing is to do it right the first time. I believe that women have the right to feel whole again after breast cancer.”

He also encourages prospective breast reconstruction patients to preplan with the breast surgeon for a better outcome. “With a team approach, the success rate is very high,” he says. “Ultimately, the final choice of flap depends on the patient’s anatomy and the quality of the tissue harvested. Different surgeons produce different results. The refinements we offer in breast surgery are based on aesthetics. Part of that is the innate ability of the surgeon, and part of it comes with experience.”

*Superior gluteal artery perforator (SGAP), inferior gluteal artery perforator (IGAP), and superficial inferior epigastric artery (SIEA) flaps

Ten Steps Toward an Anti-Cancer Lifestyle

After a diagnosis of cancer, many patients think first of diet – and rightly so. Good nutrition is an essential part of cancer prevention and treatment.

“Both cancer itself and the treatment you undergo can affect your appetite and your ability to tolerate certain foods,” says Erika Jenschke, R.D., an oncology dietitian at the Memorial Hermann Cancer Center at the Texas Medical Center. “According to data from the American Institute for Cancer Research, a third of the most common cancers in the United States may be prevented through diet.”

In her blog, Jenschke offers cancer patients and others seeking to improve their health 10 easy steps and recipes for an anti-cancer diet, along with a list of perks.

Pump up your volume of vegetables and fruit. “The phytochemicals that give plant foods their flavor, color, fiber and texture can help prevent damage to DNA, which may lead to cancer,” Jenschke says. “They also block carcinogens and curb inflammation that fuels cancer cell growth.”

She suggests eating five servings daily of non-starchy vegetables and fruits “in a rainbow of reds, oranges, yellows, light

and dark greens, blues, purples and even whites and browns.” A single serving is a half-cup of cooked vegetables, frozen fruit or 100 percent fruit juice; one cup of leafy vegetables; one-fourth cup of dried fruits; half a banana; or one medium-size piece of fresh fruit.

“Substitute zucchini or squash pasta for the white-flour kind or add frozen broccoli, spinach and green peas to whole wheat pasta while it’s boiling,” she says. “You can also blend blueberries or banana into oatmeal, add mushrooms to ground beef and stir canned unseasoned pumpkin puree into spaghetti sauce. A well-balanced plate is half fruits and vegetables, a fourth low-fat proteins – edamame, lentils and kidney beans, for example – and another fourth consisting of starchy foods, including corn, sweet potatoes and summer squash.”

Bulk up on fiber. Fiber fights heart disease, diabetes and constipation. It also fills you up. Jenschke advises women to consume about 25 grams of fiber daily and men about 35 grams. “Substitute high-fiber foods such as peas, lentils, black beans, artichokes, broccoli, Brussels sprouts, raspberries, blackberries, bran flakes, whole wheat

pasta, barley and oatmeal for white pasta, rice, potatoes, sweetened cereals and high-sugar foods,” she advises.

Switch to healthy fats. High-fat diets raise the risk of breast, prostate, colon and other cancers. Monounsaturated fats (canola and olive oil) and polyunsaturated fats (salmon and tuna) slow cancer growth. “Ditch high-fat whipping cream and whole milk for 1 percent milk and reduced-fat almond, soy and coconut milk,” Jenschke says. “Nix coconut, palm and palm kernel oils, which are rich in saturated fats, and use healthy oils such as olive, avocado, almond, walnut and flaxseed. Eat red salmon and white tuna packed in water at least twice a week.” Reducing saturated fats also slashes the dangers of heart disease, obesity, diabetes and Alzheimer’s disease.

Spice it up. Many herbs and spices are rich in cancer-thwarting phytochemicals. Add cinnamon, lemons, cumin, turmeric, limes, cilantro, onions and garlic as you prepare your meals.

Give up cured, smoked, salted and preserved meats. Salami, bacon, ham, sausage, hot dogs and bologna are high in the carcinogen nitrite. Jenschke suggests avoiding them altogether.

Limit red meat. Beef, pork and lamb contain heme iron, which can harm the colon’s lining. In addition, the high temperatures used to grill meat unlock cancer-causing chemicals. Limit red meat to 18 ounces per week, substituting wild-caught fish and free-range chicken.

Prepare food differently. Breading foods with flour and cooking them at high temperatures can change their chemistry, harming your cells’ DNA. Bake, broil or poach poultry, fish and meat instead of frying or charbroiling. Read food labels and weed out hydrogenated fats, preservatives and high-fructose corn syrup.

Limit alcohol. The more alcohol you drink, the higher your risk of head and neck, esophageal, liver, breast and colorectal cancers. Suggested amounts

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are one drink a day for women and two daily for men, either 8 ounces of beer, 4 ounces of wine or 1.5 ounces of hard liquor. Using tobacco with alcohol fuels cancer more than either one alone, Jenschke says. Women at high risk of breast cancer may want to consider avoiding alcohol altogether.

Get physical. Be active most days of the week, with more than 30 minutes of a sustained elevated heartbeat. Getting your blood pumping helps maintain muscle mass and strength, stamina and bone strength. Exercise can help reduce depression and stress.

Start now. Keep a diary of foods and feelings as you progress through your

treatment. Seeing it on paper can lead to improvement day to day. “Beginning healthy habits early makes it easier to comply later in life,” Jenschke says. “But it’s never too late. Instead of regretting the past, think of your healthy future.”

For Jenschke’s recipe suggestions, visit <http://blog.memorialhermann.org/ten-easy-steps-anti-cancer-diet>.

Riley Lentz: No Stone Unturned

Fifteen-year-old Riley is no stranger to hospitals. Diagnosed with malignant medulloblastoma in 2008, she underwent two open brain surgeries to remove the tumor and later, two noninvasive

radiosurgical CyberKnife® procedures. When the tumor recurred in 2013, she was given high-dose chemotherapy and received a stem cell transplant to help her body bounce back after the infusions.

“After the chemo, we went until April or May of 2015 before they found another small spot and opted to try the CyberKnife for the second time,” says Riley’s mother, Melissa. “At her three-month follow-up MRI, we learned that the procedure didn’t help.”



WHEN RILEY’S PARENTS ENROLLED HER IN A CLINICAL TRIAL FOR RECURRENT MEDULLOBLASTOMA, A FAST-GROWING, HIGH-GRADE TUMOR LOCATED IN THE CEREBELLUM, HER RESPONSE TO TREATMENT WAS DRAMATIC. THE TRIAL IS AVAILABLE ONLY AT CHILDREN’S MEMORIAL HERMANN HOSPITAL IN HOUSTON.

Somewhere along the way, Melissa joined a Facebook group called Parents of Kids with Medulloblastoma, a forum for parents who want to share their knowledge and experience. “I had heard about a clinical trial of direct infusion of chemotherapy into the fourth ventricle around the time Riley had the stem cell transplant in 2013,” she says. “After her oncologist told us her body wouldn’t tolerate any more systemic chemo, I started looking for other options. I was fortunate to find another parent on the Facebook page whose child had just finished the clinical trial in Houston.”

Through Parents of Kids with Medulloblastoma, Melissa connected with Marcia Kerr, RN, CCRC, research coordinator for pediatric neuroscience at McGovern Medical School at UTHealth. Among the trials Kerr coordinates is one

led by David I. Sandberg, M.D., FAANS, FACS, FAAP, director of pediatric neurosurgery at Children's Memorial Hermann Hospital, Memorial Hermann Mischer Neuroscience Institute, and McGovern Medical School.

Prior to his arrival in Houston in 2012, Dr. Sandberg conducted translational studies that demonstrated the safety of infusing chemotherapeutic agents directly into the fourth ventricle to treat children with recurrent malignant brain tumors in this location. The promising results of those studies led to a pilot clinical trial completed in August 2015 and a new methotrexate dose-escalation study available only at Children's Memorial Hermann Hospital in collaboration with Mischer Neuroscience Institute.

"This radically new approach to chemotherapy delivers agents directly to the site of disease, which minimizes the side effects for children like Riley by decreasing systemic drug exposure," says Dr. Sandberg, an associate professor with dual appointments in the Vivian L. Smith Department of Neurosurgery and the department of Pediatric Surgery at McGovern Medical School. "After we determined that methotrexate can be

infused into the fourth ventricle without causing neurological toxicity, and that some patients with recurrent medulloblastoma experience a beneficial anti-tumor effect both within the fourth ventricle and at distant sites, our next step was a dose-escalation study to determine the optimum dose of the agent."

Riley was among the first participants enrolled in the clinical trial at Children's Memorial Hermann Hospital, the only such study under way in the world. In a surgery that took place on Nov. 3, 2015, Dr. Sandberg removed as much of the tumor as possible and placed a reservoir for the direct delivery of chemotherapy - a catheter and plastic disk covered by a rubber balloon underneath the skin at the back of Riley's neck.

Riley and other children who participate in the trial undergo three cycles of chemotherapy and an MRI before and after treatment. Each cycle includes an infusion on Monday and Thursday for three weeks, followed by a rest week.

"Once we've shown that the treatment is safe and the child is responding to it, we're happy if we can find a pediatric oncologist to continue it," Dr. Sandberg says. "Riley came to us from Arkansas

"THIS RADICALLY NEW APPROACH TO CHEMOTHERAPY DELIVERS AGENTS DIRECTLY TO THE SITE OF DISEASE, WHICH MINIMIZES THE SIDE EFFECTS FOR CHILDREN LIKE RILEY BY DECREASING SYSTEMIC DRUG EXPOSURE."
- DAVID I. SANDBERG, M.D., FAANS, FACS, FAAP

and had a dramatic response. Her parents are unbelievably dedicated, leaving no stone unturned to help their daughter, including making the 16-hour round-trip drive to Houston twice a week. We're thrilled to get this kind of positive response to the treatment without the toxicity of systemic chemotherapy, and we're grateful to Riley's oncologist for continuing the treatment in Little Rock."

For more information about the clinical trial, visit neuro.memorialhermann.org/research/brain-tumor/phase-i-study-of-methotrexate-infusion-into-the-fourth-ventricle-in-children-with-recurrent-malignant-fourth-ventricular-brain-tumors, or contact Marcia Kerr at 713.500.7363 or via email at marcia.l.kerr@uth.tmc.edu.

UroNav: A Powerful New Technology Improves Prostate Cancer Detection

Urologists affiliated with Memorial Hermann Katy Hospital now offer high-tech prostate imaging using the next-generation UroNav fusion biopsy system, ensuring that men with suspicious prostate findings benefit from more targeted and accurate biopsies and the possibility of earlier diagnosis and treatment. Recent studies of UroNav have shown positive predictive values above 90 percent.

"Before the availability of UroNav, physicians depended on transrectal ultrasonography (TRUS) to perform prostate biopsies," says Steve Dinwiddie,

director of imaging services at Memorial Hermann Katy Hospital. "With TRUS, the urologist locates the prostate gland and uses a biopsy needle to capture four samples across the top third of the gland, four in the middle third and four in the bottom third, for a total of 12 biopsy samples. They're hoping that one of the samples will detect cancer cells, but with TRUS biopsies cancer goes undetected about 80 percent of the time. With UroNav, we have a game changer."

UroNav fuses MRI images of the prostate taken before biopsy with ultrasound-guided images during the

biopsy, providing excellent views of the prostate and any suspicious lesions. The crucial step between MRI and biopsy is DynaCAD, a workstation linked to the MRI. Images can be transferred directly from the MRI to DynaCAD for quick processing and customized 3-D views of the prostate.

"MRI shows radiologists the outline of the prostate gland, which allows them to determine whether the gland is enlarged or looks abnormal in any way," Dinwiddie says. "DynaCAD examines the volume of prostate cells and points

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out cells that look suspicious, then locates any other similar suspicious cells. It allows the radiologist to rotate the 3-D image and pinpoint actual lesions within the prostate.”

With the patient under anesthesia in the surgical suite, the urologist uses an ultrasound rectal probe equipped with a biopsy needle connected to the UroNav. The UroNav system allows the physician to locate the suspicious cells precisely and view the trajectory of the biopsy needle in advance for accurate targeting.

Urologist Ramesh Krishnan, M.D., who is affiliated with Memorial Hermann Katy Hospital and Memorial Hermann Memorial City Medical Center, has been using UroNav for diagnosis and treatment for about a year. “My experience has

“(URONAV) PROVIDES A MUCH HIGHER LEVEL OF CONFIDENCE THAN TRUS, WHICH TRANSLATES TO EARLIER DETECTION AND EARLIER TREATMENT WHEN NEEDED. ACCURATE BIOPSIES HELP IMPROVE THE PROSTATE CANCER CURE RATE.”
- RAMESH KRISHNAN, M.D.

been excellent,” he says. “The procedure is very easy to do, sensitive and accurate, and much more comfortable for the patient than TRUS biopsies done in the office. It provides a much higher level of confidence than TRUS, which translates to earlier detection and earlier treatment when needed. Accurate biopsies help improve the prostate cancer cure rate.”

Dinwiddie’s enthusiasm about UroNav comes in part from personal experience.

“A little over a year ago my PSA was elevated, and my family physician was concerned,” he says. “He referred me to a urologist, who concluded that I needed a biopsy. I knew we were getting the UroNav so I decided to wait. After analysis by DynaCAD, the radiologist gave me a score of 2 based on the Prostate Imaging Reporting and Data System (PI-RADS). Biopsy is recommended with PI-RADS scores of 3 or 4, so thanks to DynaCAD, I didn’t need a biopsy.”

UroNav is recommended for patients with a PI-RADS score of 3 or higher, negative prior TRUS biopsies with a continued elevation or rising PSA, or positive digital rectal examination with a negative TRUS biopsy. The technology is also available at the Memorial Hermann Cancer Center-Texas Medical Center.

PERSPECTIVES ON RESEARCH

Toward Zero Hair Loss for Breast Cancer Patients During Chemotherapy: Scalp Cooling for Alopecia Prevention (SCALP)

Can scalp cooling prevent hair loss during chemotherapy for breast cancer? Memorial Hermann Memorial City Medical Center is one of six sites in the United States where physician researchers are investigating the safety and efficacy of the Paxman Orbis Hair Loss Prevention System in reducing chemotherapy-induced alopecia in women with breast cancer who are undergoing neoadjuvant or adjuvant chemotherapy. If the U.S. randomized Phase III clinical trial shows outcomes similar to prior studies in Europe, Scandinavia, Australia and Japan, researchers are hopeful it will lead to FDA approval of the device.

More than 235 women will be enrolled in the American trial, which began in December 2013 and is expected to close by the end of 2016. “Most women who participate, whether they’re receiving



FRANKIE ANN HOLMES, M.D.
Medical Oncologist affiliated with
Memorial Hermann

the cooling cap or are in the control group, are delighted to be a part of this study,” says medical oncologist Frankie Ann Holmes, M.D. Dr. Holmes has focused her professional career on treatment and research into a cure of breast cancer. “Many patients have commented that loss of hair ‘outs them’ as cancer patients, which they resent and consider an invasion of privacy. Yes, you can wear a wig, but having your own hair gives you a feeling of control at a time when you lose significant control over your day-to-day life.”

Dr. Holmes joined the US Oncology

Network and Breast Cancer Research Committee – and the medical staff of Memorial Hermann Memorial City – after 15 years of practice at The University of Texas MD Anderson Cancer Center. Memorial City was selected as a study site through her research connections and collaboration with the Lester and Sue Smith Breast Center at Baylor College of Medicine, the trial’s sponsor.

“Dr. Holmes’ practice is at the core of a strong Memorial City-based breast cancer treatment group, with outstanding specialists in medical and surgical oncology and plastic and reconstructive surgery, as well as a strong multidisciplinary tumor board,” says Michelina Cairo, M.D., an affiliated medical oncologist who joined Dr. Holmes as a partner in November 2015 from Texas Oncology in the Texas Medical Center. “Our strong

medical community and robust network of collaborators allows us to offer patients a very high level of care, which made Memorial Hermann Memorial City an appealing site for the trial.”

The Paxman scalp cooling cap and



MICHELINA CAIRO, M.D.
Medical Oncologist affiliated
with Memorial Hermann

subsequent series of clinical trials grew out of the personal experience of Richard Paxman and his family. “My mother had quite aggressive breast cancer at the age of 34, when I was 10,” says Paxman, who is managing director of the family-owned company. “At the time, her physicians offered scalp cooling as a potential way to prevent hair loss, but it failed to work. When her hair began to fall out, it was a visible sign of her illness that very much affected our family dynamics. Later, my father began investigating the technology with a real drive to do something better for patients going forward. We’re hoping the results of the U.S. trial will be in line with previous international results.”

Trial participants wear the cooling cap 30 minutes before chemotherapy, during chemotherapy and 90 minutes afterward. They – and the physicians – know who is randomized to cooling versus the control group. A physician and a blinded observer examine every participant before each chemotherapy session.

“MANY PATIENTS HAVE COMMENTED THAT LOSS OF HAIR ‘OUTS THEM’ AS CANCER PATIENTS, WHICH THEY RESENT AND CONSIDER AN INVASION OF PRIVACY. YES, YOU CAN WEAR A WIG, BUT HAVING YOUR OWN HAIR GIVES YOU A FEELING OF CONTROL AT A TIME WHEN YOU LOSE SIGNIFICANT CONTROL OVER YOUR DAY-TO-DAY LIFE.”

- FRANKIE ANN HOLMES, M.D.

“The trial adds a little more than an extra hour to the chemotherapy experience, but women who are participating recognize the benefits and tell us it’s worth



the extra time,” Dr. Cairo says. “Those who are randomized to the control group know what a great service they’re providing to future breast cancer patients. They underscore the amazing generosity of patients who participate in clinical trials.”

“What’s exciting for us as physicians is the results we’re getting,” she adds. “To get through chemotherapy and feel good about yourself is very powerful. To the extent that they can, most women want to continue to live their lives with cancer in the background to the general public.”

Dr. Holmes believes the trial also affirms the value of the human touch in caring for patients. “The success of the device relies heavily on ensuring that the

cap is intimately attached to the scalp,” she says. “Richard came to Texas to make sure we were fitting the cap correctly to ensure the results would have little interference from fit deviations. If the device is successful, women undergoing treatment for breast cancer will be able to continue to live their lives as normally as possible with control over the information they share with the outside world.”

For more information about the trial, call 713.467.1722 or visit www.clinicaltrials.gov and enter NCT01986140 in website’s search box.

Ongoing Clinical Trials

Please contact Christine Kent, RN, CCRC, NE-BC, 832.325.6515, or email christine.m.kent@uth.tmc.edu for details about the trials below.

TRIAL NAME	DESCRIPTION
Hormonal Therapy and Chemotherapy Followed by Prostatectomy in Patients with Prostate Cancer	This study assesses the safety and benefit of androgen-deprivation therapy (ADT) plus chemotherapy before prostate removal. Participants will be treated with four weeks of ADT, accompanied by 16 weeks of chemotherapy. At week 18-19, they will undergo radical prostatectomy. The study is open to men who have locally advanced prostate cancer and are eligible to undergo prostatectomy. Lead Physician: Robert J. Amato, D.O.
G-202 in the Neoadjuvant Setting Followed by Radical Prostatectomy in Patients with Prostate Cancer	This single-arm phase II clinical trial is evaluating the effect of G-202, a prodrug activated in prostate cancer tissue and in the blood vessels of tumors – but not in normal tissue. G-202 is expected to bring about cell death in prostate cancer cells and destroy the blood supply of prostate tumors. The treatment has led to disease stabilization in some patients but has not been evaluated previously in the neoadjuvant setting. Lead Physician: Robert J. Amato, D.O.
Hormone Therapy Plus Chemotherapy as Initial Treatment for Local Failures or Advanced Prostate Cancer	Men who have prostate cancer and have failed local therapy or are not candidates for prostatectomy or radiation therapy may be eligible for this study, which assesses the safety and benefit of androgen-deprivation therapy (ADT) to block hormones, plus chemotherapy. The current standard treatment is ADT and chemotherapy; what differs in this clinical trial is the cycling and combination of chemotherapy drugs selected, which have fewer side effects and are believed to provide maximum benefit. Lead Physician: Robert J. Amato, D.O.
Apalutamide Plus Intermittent Hormone Therapy (IHT) versus IHT Alone in Prostate Cancer Patients with Biochemical Recurrence	Apalutamide is a synthetic compound designed to bind the androgen receptor, prevent both nuclear translocation and DNA binding, and induce apoptosis. It has greater anti-tumor activity at a lower dose, achieves steady-state levels at a lower dose and accumulates in tumor tissue without building up in the brain, which increases effectiveness and decreases the risk of seizure associated with other androgen-receptor inhibitors. This trial will determine how much longer apalutamide plus 3-month depot leuprolide controls PSA to levels <1 ng/dL compared with 3-month depot leuprolide alone. Lead Physician: Robert J. Amato, D.O.
Phase III Study of DCVAC Added to Standard Chemotherapy for Men with Metastatic Castration-resistant Prostate Cancer (VIABLE)	DCVAC/PCa therapy is an immunotherapy created from the patient's own cells, designed to increase the tumor-killing effect of standard-of-care chemotherapy by stimulating immune response. Participants in this trial receive DCVAC/PCa consisting of dendritic cells produced from their own blood samples and standard-of-care chemotherapy with docetaxel plus prednisone. Lead Physician: Robert J. Amato, D.O.
Testosterone Revival Abolishes Negative Symptoms, Fosters Objective Response and Modulates Enzalutamide Resistance (Transformer)	This study is specifically designed for patients who present with asymptomatic metastatic castration-resistant prostate cancer who were previously treated with abiraterone. Participants will be randomized to receive either enzalutamide or intramuscular testosterone given on a dose and schedule designed to result in rapid cycling from the polar extremes of supraphysiologic to near-castrate levels of testosterone. Lead Physician: Robert J. Amato, D.O.
A Randomized Multicenter Pivotal Study of CDX-011 (CR011-vcMMAE) in Patients with Metastatic, GPNMB Over-expressing, Triple-negative Breast Cancer (METRIC)	The researchers' primary goal is to assess the anti-cancer activity of CDX-011 in metastatic GPNMB over-expressing, triple-negative breast cancer. CDX-011 is an antibody-drug conjugate, combining a tumor-targeting antibody with a cytotoxic agent. Patients enrolled in the study will receive the CDX-011 as an IV infusion every three weeks until disease progression. Lead Physician: Anneliese Gonzalez, M.D.
A Phase III, Randomized, Open-label, Multicenter, Safety and Efficacy Study to Evaluate Nab-Paclitaxel (Abraxane) plus Carboplatin in Subjects with Squamous Cell Non-small Cell Lung Cancer (NSCLC)	This study assesses whether nab-Paclitaxel is an effective maintenance agent against squamous cell non-small cell lung cancer after first-line therapy. For the induction portion of the study, patients receive the FDA-approved agents nab-paclitaxel and carboplatin as IV infusions. Carboplatin will be given once every 21 days, and the nab-paclitaxel will be given weekly for a total of four 21-day cycles. After assessment for disease status, patients who have benefited from the induction portion of the study will be enrolled in the maintenance study where they will receive nab-paclitaxel for the first two weeks of the three-week cycle until it is determined the treatment is no longer effective. Lead Physician: Syed Jafri, M.D.

Evidence-Based Yoga Interventions for Patients with Cancer

Introducing patients with cancer to the practice of yoga can help them cope with the side effects of treatment and the psychological effects of the disease. In an article published in the *Clinical Journal of Oncology Nursing* in April 2016,¹ co-authors Angela Sisk, RN, OCN, AHN-BC, CYN, and Marsha Fonteyn, Ph.D., provide details about the benefits of yoga and the development and implementation of a yoga class for patients with cancer at the Memorial Hermann Cancer Center-Greater Heights. They also offer suggestions on ways nurses can integrate yoga into oncology nursing and cancer care.

“Healthcare practitioners are increasingly interested in mind-body techniques, including yoga, and at the same time more patients who are undergoing treatment or are cancer survivors are asking about the benefits of yoga to their physical and emotional health,” says Sisk, who is an Oncology Nurse Navigator at the Memorial Hermann Cancer Center-Greater Heights in addition to being a certified YogaNurse®. “Studies done by researchers in the Integrative Medicine Program at The University of Texas MD Anderson Cancer Center found yoga to be beneficial in improving sleep, decreasing the side effects of cancer treatment, improving quality of life and

helping patients find meaning from the illness experience as they transition into cancer survivorship.”



ANGELA SISK, RN, OCN, AHN-BC, CYN
Oncology Nurse Navigator
Memorial Hermann Greater Heights Hospital

Sisk observes that yoga is included as an intervention in the Oncology Nursing Society’s Putting Evidence into Practice (PEP) guidelines. The PEP guidelines on yoga note that it has been examined as an intervention for anxiety, depression, chemotherapy-induced nausea and vomiting, hot flashes, cognitive impairment, sleep-wake disturbances, pain and fatigue in patients with cancer, as well as for caregiver strain and burden, and “is most likely effective” for fatigue and anxiety.

Sisk, who has been practicing yoga for 20 years and completed yoga teacher training in 2011, developed the weekly one-hour yoga class for cancer survivors and their family members at Memorial Hermann Greater Heights Hospital in 2012. Her article in collaboration with Dr. Fonteyn came about through the *Clinical Journal of Oncology Nursing* mentorship program, which teaches

nurses about writing and publishing for a peer-reviewed journal. When Sisk expressed interest in the program, she was matched with Dr. Fonteyn, a retired nurse scientist who resides in California and Vermont.

Participants in the yoga class led by Sisk must sign a release before attending the free classes. “It’s not a strenuous class. We do chair yoga and focus on breathing and relaxation,” says Sisk, who presented on yoga and cancer care at the Oncology Nursing Society’s 41st Annual Congress held April 28-May 1 in San Antonio, Texas. “Nurses can integrate some very basic techniques into their nursing practice to help their patients without having to go through intensive yoga training. It’s also beneficial for the nurse. We have to take care of ourselves before we can take care of others.”

For more information about the class at the Memorial Hermann Cancer Center-Greater Heights or about the practice of yoga and nursing, call Sisk at 713.867.2062.

¹Sisk A, Fonteyn M. Evidence-Based Yoga Interventions for Patients with Cancer. *Clin J Oncol Nurs*. 2016 Apr 1;20(2):181-6.

Cancer Through the Eyes of a Child

With three published children’s books to her name, author Shelita Anderson, RN, OCN, is tackling the subject of cancer in a new children’s book called *Mommy, cancer, and Me*. The book, which is written for ages 7 to 9 years old, is expected to be available by the end of summer 2016.

“It’s very difficult for kids to understand cancer, and there aren’t many



SHELITA ANDERSON, RN, OCN
Patient Care Director, Special Projects
Memorial Hermann Greater Heights Hospital

materials available that speak to them on a level they can comprehend,” says Anderson, who is patient care director at the Memorial Hermann Cancer Center-Greater Heights and has worked with oncology patients for the past 28 years. “Dealing with patients and their families

Eyes of a Child continues on page 12

Eyes of a Child continued from page 11

for so many years has given me insight into the questions kids have and the issues they face. My goal is to explain the complex issues surrounding cancer in a way that children can understand.”

The book’s main character is a girl named Abigail, who learns that her

mother has cancer. She discusses her feelings as she gains knowledge about the disease itself and the effects of radiation and chemotherapy, including fatigue and hair loss. Abigail’s mother survives, but she learns that not everyone does. She connects with other children dealing with cancer and comes to

understand the importance of working together as a community to help others.

“Kids are smart and very creative,” says Anderson, who is the author of *I Think Myself Happy, God’s Creation I Can See* and *What God Says About Me*. “They never stop surprising me with their understanding and generosity.”

PROFILES IN CARING

Cherryl Lourdes D. Resilla, RN, OCN

As a young girl growing up in Cebu City, Philippines, Cherryl Resilla knew she wanted to be a nurse by the age of five: her brothers were her first “patients.” With her early interest in science and family members who were physicians, nurses and dentists, a career in health care was a natural choice.

“I tagged along during clinic hours and watched my family members take care of patients,” says Resilla, an oncology nurse in the Infusion Suite at the Memorial Hermann Cancer Center-The Woodlands. “My greatest influence continues to be my aunt - my mom’s sister - who has been a nurse for 40 years and now works in Michigan. I feel really lucky and blessed to have had guidance and a career path laid out for me. I was highly motivated to be a nurse.”

Resilla earned her bachelor’s degree at Cebu Normal University College of Nursing in Cebu City, Philippines, in 1993, and was recognized with an Outstanding Clinical Practice Nurse Award at graduation. She ranked among the top 10 on the national nursing licensure exam and was acknowledged for excellence by the president of the Philippines.

After working as an intensive care and hemodialysis nurse in the Philippines and Hong Kong, Resilla moved to San Francisco in 2002 and began working as a step-down ICU nurse for open heart surgery patients at a trauma center. In 2006, her life changed dramatically.



Cherryl Lourdes D. Resilla (left) and Michelle Cagaoan are both Oncology Certified Nurses who work in the Infusion Suite at Memorial Hermann The Woodlands Hospital.

“I moved to The Woodlands to be close to family,” she says. “When I applied at Memorial Hermann The Woodlands Hospital, there were no vacancies for positions in either the ICU or step-down unit. The medical oncology floor had just opened and they needed a full-time nurse on the day shift. It was a blessing in disguise. I had a personal interest in oncology because we have a strong family history of cancer, so I was very enthusiastic about being trained in a new practice of nursing. I looked at cancer patients holistically and dedicated myself to oncology from then on.”

Resilla became an Oncology Certified Nurse (OCN) in March 2014. “What I like most about oncology nursing is the challenge of caring for patients in a

fast-moving discipline with a range of opportunities,” she says. “You can be a direct caregiver, an educator, a consultant and a researcher.”

She believes she learns more from her patients than they learn from her. “Oncology patients live through a very intense experience, and I want to do the best I can to help them. They’ve taught me not to sweat the small stuff when there are so many greater things to worry about. I’ve learned to look beyond myself and be more caring, and to spend more time with family. My patients have taught me to be a better person. I feel very fulfilled in knowing that every time I come to work, I’m making a difference.”

Michelle Cagaoan, RN, OCN

In choosing nursing as a career, Michelle Cagaoan was influenced by family members in the same profession. Today, as an oncology nurse in the Infusion Suite at the Memorial Hermann Cancer Center-The Woodlands, she administers chemotherapy, provides support and supportive treatments, and educates her patients.

Cagaoan received her Bachelor of Science in Nursing from Cebu Normal University College of Nursing in Cebu City, Philippines, in 1998. After working as a staff nurse for two years in the Philippines, she relocated to Halifax, West Yorkshire, England, where she practiced nursing at Calderdale Royal Hospital. It was there that she met and married Jay Cagaoan, who also is a nurse. After three years in England, the couple moved to Port St. Lucie, Fla., in 2003, where she had her first opportunity to work in an oncology unit. In 2006, they moved to Texas, and she joined the oncology nursing staff at Memorial Hermann The Woodlands Hospital.

“Hearing the word *cancer* is a dark moment for patients and their families,” says Cagaoan, whose older sister is a patient care coordinator at St. Lucie Medical Center in Florida. “It’s something we all fear, and we know that many of our patients face a tough journey ahead. I want to be here to help them through it. Whatever my patients are struggling with, I’m part of making them feel better through support and education.”

Cagaoan became an Oncology Certified Nurse (OCN) in March 2014. Certification provides patients and their families with validation that the nurse caring for them has demonstrated experience, knowledge and skills in the complex specialty of oncology.

“My patients make me a stronger person,” she says. “I learn from them every day by watching them stay positive no matter what they’re going through. As one of my patients once told me, ‘Life isn’t about waiting for the storm to pass, it’s about learning to dance in the rain.’”

EXCELLENCE IN CANCER CARE

Memorial Hermann Cancer Centers

All eight Memorial Hermann Cancer Centers are accredited by the American College of Surgeons Commission on Cancer (ACoS CoC). Only 25 percent of hospitals across the country have received this special recognition. This approval means our Centers meet national standards that have been established to ensure cancer patients receive the best care. Commission accreditation is given only after a thorough onsite evaluation process and performance review. To maintain approval, our Centers undergo an onsite review every three years.



Memorial Hermann Greater Heights Breast Care Center

The Breast Care Center at Memorial Hermann Greater Heights Hospital is accredited by the American College of Surgeons’ National Accreditation Program for Breast Centers (NAPBC). NAPBC accreditation is granted only to those centers that have voluntarily committed to provide the best in breast cancer diagnosis and treatment and are able to comply with established NAPBC standards. Each center must undergo a rigorous evaluation and review of its performance and compliance with the NAPBC standards. To maintain accreditation, centers must undergo an onsite review every three years.



NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS
ACCREDITED BREAST CENTER

Celebrating Oncology Nursing Month

In May, Memorial Hermann celebrated Oncology Nursing Month by recognizing the efforts of our dedicated oncology nursing team. At a luncheon held on May 19, the System’s 27 Oncology Certified Nurses (OCNs) were applauded for their commitment to cancer care throughout the Memorial Hermann Health System.

To become an OCN, registered nurses must have at least one year of experience as an RN, complete a minimum of 1,000 hours of adult oncology nursing practice and a minimum of 10 contact hours of continuing nursing education in oncology nursing. Once all of those qualifications have been met, a comprehensive exam must be successfully completed to obtain certification. Investing the time to become an OCN demonstrates a strong commitment to oncology nursing, and helps Memorial Hermann ensure our patients receive the highest quality of care.

“Becoming an OCN is not an easy journey - it takes time and dedication,” says Jennifer Cox, B.S.N., RN, CMSRN, OCN, Oncology Nurse Navigator at Memorial Hermann Northeast Hospital. “I think as nurses we want to show our patients that we strive for excellence and becoming certified is a way to do it. It shows dedication to your profession and to your patients, and also shows the physicians we work with that we have put in our time and done the homework to know how to navigate patients through the oncology journey.”

Project Mammogram Provides Breast Services to Underserved Women in Northeast Houston

Women who are uninsured or have high deductibles, and live in zip codes served by Memorial Hermann Northeast Hospital, may qualify for free breast services provided through Project Mammogram. A program of the Memorial Hermann Northeast Hospital Foundation, the project offers free mammograms and appropriate follow-up treatment, including ultrasound and biopsies.

“We’re here to head women down the right path,” says Fran Linton, office manager for Project Mammogram. “For people who would otherwise have no access to breast care, this program is a lifesaver.”

Project Mammogram provides more than 500 mammograms and ultrasounds annually that typically lead to the diagnosis of 6-13 malignancies a year. It is the only program in Northeast Houston offering these services at no charge.

Began in 2001 with an initial donation from the Kingwood Women’s Club, which continues to support the program through donations and volunteers, Project Mammogram is also funded in part by Memorial Hermann Northeast Hospital, Susan G. Komen Houston, Memorial Hermann Northeast Hospital Foundation and other community donations. Women who qualify receive a complete clinical breast exam by a registered nurse. If the exam is normal, they are referred to the Memorial Hermann Breast Care Center for a screening mammogram. In the event of a suspicious finding, the staff orders a diagnostic mammogram and ultrasound.

Women with abnormal mammogram or ultrasound findings are referred to The Rose, a nonprofit breast cancer organization that partners with Project Mammogram to serve insured and uninsured women in Houston and

surrounding counties. If cancer is diagnosed, The Rose navigates them to healthcare programs that pay for services.

“In most cases, women learn that there’s nothing wrong,” Linton says. “But if you feel a lump, you want peace of mind and that’s what we provide, in addition to saving lives.”

Project Mammogram conducts educational sessions and accepts applications at Humble Area Assistance Ministries in Humble on Wednesdays from 10 a.m. to noon; at the Society of St. Stephens in Kingwood on Mondays from 8:45 to 10:45 a.m.; and at Mission Northeast in New Caney on Tuesdays and Thursdays from 9:30 to 11:30 a.m. Qualification is based on income, hospital service area, lack of insurance, high deductible or an income that is not low enough to qualify for Medicaid.

For more information, call Project Mammogram at 281.540.6443 after 1 p.m.

Lung Cancer Screening Offered at Memorial Hermann Cancer Centers

Lung cancer, both small cell and non-small cell, is the second most common cancer in both men and women after prostate cancer in men and breast cancer in women. Only skin cancer is more common, according to the American Cancer Society. For patients at high risk of developing lung cancer, six Memorial Hermann Cancer Centers now offer low-dose computed tomography (LDCT), an effective screening tool.

According to the Centers for Medicare & Medicare Services, LDCT lung screening is recommended for the following populations: individuals age 55 to 77 who have smoked at least one pack of cigarettes a day for 30 years, either currently or in the past, *or* who are current smokers or have quit within the last 15 years. Those in the high-risk group may have no signs or symptoms of lung cancer. Not all people who smoke fit the criteria necessary for screening.

A physician order is required for an

LDCT lung screening. Patients who have an order may call the screening location nearest them to schedule the test, or schedule online at www.memorialhermann.org/lungcancer.

In 2015, Memorial Hermann performed more than 250 LDCT lung cancer screenings across the Memorial Hermann Health System. LDCT screenings are currently available at the following locations: Greater Heights (713.867.3336), Memorial City (713.242.3564), Northeast (281.540.7808), Southwest (713.778.4366), Texas Medical Center (713.704.3961) and The Woodlands (713.897.5655). Lung nurse navigators are available at all Centers to assist patients with scheduling, physician referrals and follow-up for abnormal findings.

Helping Patients Kick the Habit: Tobacco Cessation Counseling

According to the American Cancer Society, smokers have a much higher risk of developing lung cancer than nonsmokers. In tandem with Memorial Hermann’s Lung Cancer Screening Program, a dedicated team of Oncology Nurse Navigators offer tobacco cessation counseling in an effort to help patients quit using tobacco products and educate them on lung cancer prevention.

Patients interested in participating in a tobacco cessation program should contact the following campuses for more information:

- Memorial City - 713.242.3564
- Texas Medical Center - 713.704.3929
- The Woodlands - 713.897.4668
- Greater Heights - 713.867.2062
- Northeast - 281.540.7851

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

- **YesQuit:** www.yesquit.org
- **American Cancer Society:** www.cancer.org
- **American Lung Association:** www.lung.org

Memorial Hermann Katy Hospital Participates in Relay for Life

On May 14, Memorial Hermann Katy Hospital participated in the American Cancer Society's annual Relay for Life at Katy City Park.

Memorial Hermann Katy Hospital employees, along with their families and friends, joined the movement and raised \$2,750 to benefit the American Cancer Society. The hospital has been involved with Relay for Life for many years, beginning when a former employee with brain cancer decided to form the hospital's first team. When the employee passed away two years ago, Memorial Hermann Katy committed to dedicating their Relay for Life efforts to that employee and all other employees fighting cancer.

"Cancer touches everyone and we have had some special co-workers, family and friends that battled the disease," said Robin Hanzelka, manager of the cancer registry for Memorial Hermann Katy. "We participate in honor of them."

Relay for Life brings together over 4 million people in 20 countries each year to raise awareness and funds to save lives

from cancer. During the 24-hour event, teams take turns walking or running around a track or path. Since cancer never sleeps, each team is asked to have at least one participant on the track at all times. Funds raised through Relay for Life help the American Cancer Society support cancer research and community programs for cancer patients and survivors.

Memorial Hermann Offers Free Cancer Screenings to Community

Throughout the year, Memorial Hermann Cancer Centers host free cancer screenings for the community. On April 15, affiliated physicians from McGovern Medical School at UT Health's Department of Otorhinolaryngology-Head & Neck Surgery, led by Ron J. Karni, M.D., screened 148 people as part of National Oral, Head and Neck Cancer Awareness Week®. Of the 148 people screened for oral, head and neck cancers, four were referred for further examination, and one cancer was found.

In May, skin cancer screenings were conducted at Memorial Hermann-Texas Medical Center, Memorial Hermann

Pearland Hospital, Memorial Hermann The Woodlands Hospital and Memorial Hermann Northeast Hospital as part of Skin Cancer Detection and Prevention Month. Of a combined 129 people screened, 39 were referred for further exam and 26 were referred for biopsies. There were 2 cases of suspected melanoma, 7 cases of suspected basal cell carcinoma, 6 cases of suspected squamous cell carcinoma and 9 cases of suspected actinic keratosis.

Giving Cancer the Boot: National Cancer Survivors Day Celebration

From the day patients are diagnosed with cancer, they are survivors. On June 3, Memorial Hermann Cancer Centers came together with 200 current and former patients, their caregivers, volunteers and staff to celebrate National Cancer Survivors Day® at The Westin Houston-Memorial City. Dan Shapiro, Ph.D., clinical psychologist, medical comedian, author, and cancer survivor tickled the audience's funny bone with his keynote address, "A Funny Thing Happened on the Way to Chemotherapy," *Community Outreach* continues on page 16



Giving Cancer the Boot: Memorial Hermann Cancer Centers celebrated National Cancer Survivors Day at The Westin Houston-Memorial City on June 3.

Community Outreach continued from page 15
which chronicled his battle with Hodgkin lymphoma.

Between having their snapshots taken in the photo booth and enjoying a buffet of healthy country cooking, survivors and their guests moseyed through the cancer resource fair, where they were able to pick up information on treatment and survivorship programs throughout the Houston area. This yearly event is a way to give back to patients who have fought, or are continuing to fight, cancer.

“Each one of us has such compassion in planning and creating this day for our patients, so that they are reminded of what a gift each day brings and that they are a gift to each one of us, are appreciated, and teach us the true meaning of strength and perseverance,” said Sylvia Brown, MS, RN, OCN, CNL, Oncology Nurse Navigator at Memorial Hermann

Cancer Center-Texas Medical Center. “Countless hours go into the planning of this event; however, it doesn’t hold a candle to what our patients endure. As a cancer survivor myself, I have seen all sides of the spectrum, which brings me a greater appreciation for our survivors.”

To view a gallery of photos from the event, visit memorialhermann.org/cancer.

Pink in the Park Raises Money for Breast Cancer

Memorial Hermann Sugar Land Hospital and the Sugar Land Skeeters teamed up for Pink in the Park on May 6 at Constellation Field in Sugar Land. Attendees were encouraged to wear pink in support of breast cancer awareness as the Skeeters took on the Somerset Patriots in the annual “Pink Out” game. During the

game, 70 breast cancer survivors were honored on the field by more than 5,000 attendees, including 300 Memorial Hermann employees. A silent auction featuring baseball bats painted by Skeeters players and pink jerseys worn during the game raised over \$9,500 for enhancements to Memorial Hermann Sugar Land’s breast cancer services, including digital mammography for screening and diagnostics and the cutting-edge 3-D breast tomosynthesis.

“Pink in the Park is a special night for the community that we look forward to each year and this year even more so as we honor all healthcare employees alongside breast cancer survivors,” said Greg Haralson, Sr. Vice President and CEO, Memorial Hermann Sugar Land. “It’s a privilege to recognize these amazing individuals who serve and inspire our community.”



The Sugar Land Skeeters’ annual “Pink in the Park” game at Constellation Field raised over \$9,500 for enhancements to breast cancer services at Memorial Hermann Sugar Land Hospital.

MD Anderson Cancer Center and TIRR Memorial Hermann Sponsor Cancer Rehab Symposium

More than 190 physicians, nurses, therapists, case managers, social workers, psychologists and other healthcare professionals attended the 1st MD Anderson Cancer Center and TIRR Memorial Hermann Cancer Rehabilitation Symposium, held May 13-14 at The University of Texas MD Anderson Cancer Center in Houston. The symposium focused on “Shifting Paradigms in Cancer Rehabilitation.”

More than 14 million people are cancer survivors in the United States, a number expected to rise to almost 19 million by the year 2024. “Because cancer survivors often experience complications from cancer and treatment that can impact function, cancer rehabilitation plays an important role in the cancer care continuum,” says Anna de Joya, PT, D.Sc., NCS, director of New Program Development at TIRR Memorial Hermann. “The symposium focused on the benefits of rehabilitation for various cancer diagnoses and treatments that impact quality of life, with a special focus on evidence-based assessment and treatment strategies that can be applied to clinical practice.”

Featured speakers were Julie K. Silver, M.D., associate professor and associate chair for strategic initiatives in the Department of Physical Medicine and Rehabilitation at Harvard Medical School; Eduardo Bruera, M.D., chair of the Department of Palliative, Rehabili-



Anna de Joya, PT, D.Sc., NCS (left) and Samantha Dewey, PT, D.P.T., NCS presented at the MD Anderson Cancer Center and TIRR Memorial Hermann Cancer Rehab Symposium in May.

tation and Integrative Medicine at The University of Texas MD Anderson Cancer Center; Ron J. Karni, M.D., chief of the Division of Head & Neck Surgical Oncology and an assistant professor with joint appointments in the Department of Otorhinolaryngology-Head & Neck Surgery and the division of Medical Oncology at McGovern Medical School at UTHealth; Jack Fu, M.D., a physiatrist and associate professor in the department of Palliative, Rehabilitation and Integrative Medicine, Division of Cancer Medicine, The University of Texas MD Anderson Cancer Center; Carolina Gutiérrez, M.D., a physiatrist specializing in cancer rehabilitation at TIRR Memorial Hermann and clinical assistant professor in the Department of Physical Medicine and Rehabilitation at UTHealth’s McGovern Medical School; and Samantha Dewey, PT, D.P.T., NCS, a physical therapist and board-certified Neurological Certified Specialist at TIRR Memorial Hermann.

TIRR is a registered trademark of the TIRR Foundation.

Additional Presentations

Neelofur Ahmad, M.D., Memorial Hermann Cancer Center-Greater Heights. Late and Long-term Side Effects of Radiation Therapy. Presentation at Back to the Future: Learning to Live with Cancer and Beyond, an event organized by the Memorial Hermann Cancer Centers and CanCare, Memorial Hermann

Memorial City Medical Center, Houston, Texas, March 2016.

Michalina Cairo, M.D., Texas Oncology. Updates in Medical Oncology and Current Clinical Trials. Presentation at Back to the Future: Learning to Live with Cancer and Beyond, an event organized by the Memorial Hermann Cancer Centers and CanCare, Memorial Hermann Memorial City Medical Center, Houston, Texas, March 2016.

Angela Sisk, RN, OCN, AHN-BC, Memorial Hermann Cancer Center-Greater Heights. Yoga and Nursing in Cancer Care. Presentation at the Oncology Nursing Society 41st Annual Congress, San Antonio, Texas, April 28-May 1, 2016.

MEMORIAL HERMANN WELCOMES

Sandra L. Miller, RN, NE-BC, joined Memorial Hermann as senior vice president for the oncology service line in January 2016.

Miller received her Diploma in Nursing with Honors at Georgian College in Barrie, Ontario, Canada, and earned her Bachelor of Health Science in Nursing at Charles Sturt University in Bathurst, Australia. She completed her master’s degree in health services management at the same institution in 2011.

Before joining Memorial Hermann, she was administrator of the network oncology service line for the Seton Healthcare Family in Austin, Texas, a Commission on Cancer-accredited Integrated Network Cancer Program within a 1,826-bed academic healthcare system. At Seton, she had oversight for oncology inpatient and ambulatory care, nurse navigation, survivorship program, multidisciplinary subspecialty clinics, community and physician outreach and oncology registry and research. Prior to that, she was inpatient director of medical/surgical oncology, pulmonary and renal services at Seton Medical Center in Austin. She has held management positions at Medical City Dallas Hospital, Christus Health System in Corpus Christi, Texas, and the Heart Hospital in Corpus Christi.

Welcomes continues on page 18

TIRR Memorial Hermann and MD Anderson Cancer Center will host a FREE Cancer Rehabilitation CME webinar in August 2016. For more information or to register, visit tirr.memorialhermann.org.

Welcomes continued from page 17

An avid supporter of career advancement for nurses, Miller received her Nurse Executive Certification from the American Nurses Credentialing Center in 2009 and graduated from the Seton Leadership Institute in 2011. She is a member of the Association of Cancer Executives, Association of Community Cancer Centers, American Nurses Association, Central Texas Oncology Nursing Society, Oncology Nursing Society and Texas Nurses Association.



KUNAL JAIN, M.D.
Assistant Professor
Department of Otorhinolaryngology-
Head & Neck Surgery
McGovern Medical School at UTHealth

Kunal Jain, M.D., has joined the department of Otorhinolaryngology-Head and Neck Surgery at McGovern Medical School at UTHealth. Dr. Jain received his medical degree at The University of Texas Southwestern Medical Center in Dallas and completed his residency in otolaryngology-head

and neck surgery at SUNY Upstate Medical University in Syracuse, New York. He then completed his fellowship in head and neck oncologic surgery and microvascular reconstruction at the University of Pennsylvania in Philadelphia.

Board certified in otolaryngology, Dr. Jain has clinical interests in head and neck oncologic surgery, advanced reconstruction and rehabilitation, and minimally invasive robotic surgery. His practice philosophy is to be available to each of his patients as they undergo treatment for head and neck cancers and help them through this difficult period in their lives. He works with a multidisciplinary team of medical and radiation oncologists and emphasizes educating his patients to help them understand their disease process.

Please join us in welcoming Amanda Poole as facility coordinator for Canopy, a first-of-its-kind survivorship center in Montgomery County. Made possible through support from Memorial Hermann The Woodlands Hospital and its In the Pink of Health volunteer organization,



AMANDA POOLE
Facility Coordinator
Canopy - A Cancer Survivorship Center

Canopy offers free programs and services to address the emotional, physical and social needs of those affected by cancer.

Poole received her bachelor's degree in marketing at Texas A&M University in College Station. Before joining Canopy, she served as a marketing consultant to nonprofit organizations in The Woodlands/Spring area. Prior to that, she was director of community relations at Relationships for Christ Ministries, Inc. and spent a year living in Zambia, Africa, where the organization was building a self-sustaining family-style orphanage. She has a passion for taking care of people, and her goal at Canopy is to create a haven where people can gather for physical and emotional support before, during and after treatment for cancer.

BY THE NUMBERS

MEMORIAL HERMANN CANCER CARE

8
Cancer Centers accredited by the American College of Surgeons Commission on Cancer

18
Breast Care Centers delivering the highest quality of care for the Houston area

1
Breast Care Center accredited by NAPBC (Memorial Hermann Greater Heights)

MORE THAN 800
board-certified affiliated physicians serving in Memorial Hermann's Cancer Program

27
Oncology Certified Nurses

74
Chemotherapy Credentialed Nurses

5
dedicated Oncology Nurse Navigators

2
dedicated Breast Nurse Navigators

9,580
cancers seen in 2015

PROSTATE CANCER AT MEMORIAL HERMANN

761
cases of prostate cancer were treated in 2015

286
prostate cancer surgeries performed

51
patients received radiation therapy

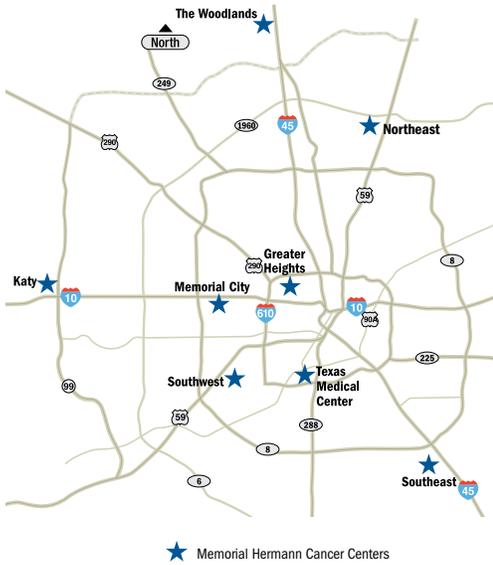
21
prostate cancer research studies were conducted

56
people in Northeast Houston participated in a free prostate cancer screening event, 13 of whom had abnormal results

435
patients are currently enrolled in clinical trials

\$600,000
earmarked for genitourinary cancer research, which includes prostate, bladder and kidney cancers

MEMORIAL HERMANN CANCER CENTER LOCATIONS



Memorial City
925 Gessner Rd.
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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ABOUT MEMORIAL HERMANN'S CANCER CARE

Memorial Hermann offers the entire continuum of cancer care - prevention, education, screening, diagnosis, treatment, survivorship and rehabilitation. We do more than provide trusted medical care - we're 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, 18 Breast Care Centers, 10 acute care hospitals and dozens of other affiliated programs. Through partnerships with

Children's Memorial Hermann Hospital, Memorial Hermann Mischer Neuroscience Institute at the Texas Medical Center, TIRR Memorial Hermann and UTHealth, patients can be confident that oncology specialists are working together to ensure the best possible outcome for their cancer treatment.

At Memorial Hermann, we enable 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 713.242.3500

Northeast 281.540.7905

Greater Heights 713.867.4668

Katy 281.644.7000

Southeast 281.929.4200

Southwest 713.456.4028

Texas Medical Center 713.704.3961

The Woodlands 713.897.5655

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