

# CANCER JOURNAL

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SURVIVORSHIP

## Mother of Three Surprised by Colon Cancer Diagnosis

Jill Schwertner doesn't fit the profile of the average colon cancer patient. The 42-year-old resident of The Woodlands is healthy, doesn't smoke, eats healthfully and doesn't have a family history of colon cancer.

Yet the "average" colon cancer patient profile is changing. While the overall death rate from colorectal cancer has dropped—likely due to increased screening and improved cancer treatments—deaths from colorectal cancer among people younger than 55 are on the rise. Given this alarming trend, the American Cancer Society recently lowered its recommended starting age for regular screening for colorectal cancer from age 50 to age 45—and younger if there's a family history of colon polyps or colon cancer.\*

While Schwertner experienced symptoms, she was too busy taking care of her family to heed them. "I was spending more time in the bathroom," she says. "And I noticed blood in my stool, which should have been a huge red flag. I felt cramping pain in my abdomen, but I thought it was probably just female related. I was busy, and

it wasn't something I wanted to share with a doctor, or even my husband."

At her husband's urging, she finally made an appointment with a family care doctor, who listened to her symptoms and suspected it might be hemorrhoids. Nonetheless, she referred Schwertner to affiliated gastroenterologist Anna Gonzales, MD, for a colonoscopy.

As Schwertner awoke from the colonoscopy procedure, the nurse explained that there was an area of concern in her colon. A sample was being sent to a pathology laboratory to be biopsied. "Even at this point, I wasn't concerned at all," says Schwertner. "In fact, I was annoyed at my husband for making me do it."

Four days later, Dr. Gonzales called Schwertner with the news that she had cancer. "I explained to Jill that I thought we were catching the cancer early," says Dr. Gonzales. "I told her I had already put in calls to an oncologist and surgeon and could get her in to see them right away."

Two days later, Schwertner met with oncologist Gregory Seymour, MD, and the next day met with colon and rectal surgeon

Mark Pidala, MD, assistant professor of surgery at McGovern Medical School at UTHealth Houston. All three physicians are affiliated with Memorial Hermann The Woodlands Medical Center.

Schwertner says it was amazing how the three physicians worked together for her. "Dr. Gonzales was fantastic, pulling the team together so quickly. And once I met Drs. Seymour and Pidala, I knew they were all in it with me, to help me come out on the other side. I had an overwhelming sense of calmness that this is where I needed to be."

Dr. Pidala performed the surgery at Memorial Hermann The Woodlands, removing about 4 inches of diseased colon and 14 lymph nodes. The lymph nodes were biopsied, and all tested negative for cancer. Schwertner's official diagnosis was stage II colorectal cancer. Given the localized nature of the disease, no further treatment was necessary.

"Everything went perfectly," says Schwertner. "The hospital was pristine, the nurses fantastic. I felt confident I was in the best hands possible."

"We tend to have a stereotypical view of who we think gets colon cancer," says Dr. Gonzales. "Jill's case highlights the importance of being in tune with your body so you can recognize changes and, more important, discuss them with your doctor. I always tell my patients, 'You don't have a family history of colon cancer until you have a family history

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of colon cancer.' As soon as I diagnosed Jill's cancer, I knew as a team we would do everything possible to ensure the best result for her. I am so thankful she has had such a fantastic outcome and is paying it forward by getting the word out to others about colon cancer awareness.'"

Colon cancer is the third most common type of cancer and the second most common cause of cancer death among adults in the U.S., says Dr. Pidala. But it is preventable and curable if found early enough. "That's why routine screening is so important," he says. "And anyone with symptoms, including blood in the stool, a change in bowel movements or unexplained weight loss, should be checked by a specialist. But routine screening is important, because often patients with colon cancer, especially in the early stages,

don't feel any symptoms at all."

Schwertner she says she feels "beyond blessed" that she had the colonoscopy and is thankful her husband pushed her to go through with it. "Even though it's not something you want to talk about, you need to," she says. "You need to take care of yourself. It is important for everyone to pay attention to their body and get screened early." ■

To watch a video interview with Schwertner and Dr. Pidala, visit [hellowoodlands.com/colorectal-cancer-screening-at-memorial-hermann-the-woodlands-medical-center/](http://hellowoodlands.com/colorectal-cancer-screening-at-memorial-hermann-the-woodlands-medical-center/)

To schedule a colonoscopy, visit [memorialhermann.org/services/colonoscopy](http://memorialhermann.org/services/colonoscopy)

*\*Due to recent changes in screening recommendations, please consult your insurance provider to confirm coverage if you are under age 50.*

## Targeted Therapies for Lung Cancer: Two Patients' Journeys

Two Houston-area women who were diagnosed with stage IV non-small cell lung cancer (NSCLC) are benefitting from a new and innovative approach to treating lung cancer called targeted therapy. Under the care of affiliated oncologist Sameeksha Bhama, MD, assistant professor at McGovern Medical School at UTHHealth Houston, Darlennie Hamilton Powell, 84, and Uzma Hasan, 43, were found to be candidates for specific cancer-targeting drugs that are improving their quality of life.

As Dr. Bhama explains, "Non-small cell lung cancers start with gene mutations which help the cancers grow and spread. Our ability to analyze the genetics of cancer cells has enabled us to identify cancer-causing gene mutations that can be countered with drugs. These drugs target, slow the growth of or kill cancer cells while minimizing damage to healthy cells."

According to the American Cancer Society, lung cancer is the second most common cancer type and the leading cause of cancer-related death in both men and women in the United States. Lung cancer includes two main types: NSCLC and small cell lung cancer. NSCLC accounts for about 85 percent of lung cancers and includes three major subtypes: adenocarcinoma (comprises 40 percent of lung cancer diagnoses), squamous cell carcinoma (30 percent) and large cell carcinoma (15 percent).

"Unlike other forms of cancer, most lung cancers are diagnosed at later stages because they present with mild or no symptoms, especially in the early stages" says Dr. Bhama. "Stage IV cancers, which are cancers that have spread, or metastasized, to other parts of the body can be very challenging to treat.

"If you have metastatic lung cancer, without any treatment, your survival can be measured in months," says Dr. Bhama. "If you're treated with chemo alone, it's about a year. With immunotherapy, you can get multiple years. Now with the advent of precision medicine, if you have a mutation, you might get several

years, just on that one targeted agent.” She says that these patients will eventually need to go on chemo, but in general, these targeted drugs are much better tolerated.

Not everyone is eligible for targeted therapies for lung cancer. FDA-approved targeted therapies currently exist for fewer than 10 gene mutations. While Powell and Hasan were diagnosed with different subtypes of NSCLC and were found to have different gene mutations, both of their gene mutations were among those for which targeted drug therapies have been FDA approved.



**SAMEEKSHA BHAMA, MD**  
Assistant Professor,  
McGovern Medical School at  
UTHealth Houston

## Darlienne Hamilton Powell: Osimertinib medication for EGFR-Mutated Adenocarcinoma

Darlienne Hamilton Powell has always led an active life, applying her passion for dance to both her professional career and social life. As the owner of a dance studio, she taught children of all ages. She later served as a YMCA physical director, taught water exercises, served as coordinator for six community centers and engaged seniors in dancing and activities. A community leader, she served as an elder in her church and has been involved in several clubs and organizations, including the Red Hat Society, Beta Sigma Phi, Rotary Club and Shriners International.

Her cancer journey began with a trip to the hospital for vertigo. “I had had vertigo before, but it always went away within a few minutes,” she says. “But that day, it lasted all morning.”

Later, she would realize that the fatigue she had been feeling, especially when dancing or walking, was likely attributable to the mass on her right lung that doctors found that day. Additional tests would show that her cancer had metastasized to lymph nodes in her neck, chest, adrenal glands and pleura.

“A biopsy of cells from her left neck lymph node showed metastatic lung adenocarcinoma,” says Dr. Bhama. “Although NSCLCs are associated with cigarette smoke, adenocarcinoma is the most common type of lung cancer in people who don’t smoke. It is more common in women than in men and is more likely to occur in younger people than other types of lung cancer. It is more common in young Asian females.”

Powell says she has never been a smoker, but she has a history of exposure to secondhand smoke because both her husband of 36 years and her father smoked.

Powell was transferred and admitted to Memorial Hermann Northeast Hospital. During her stay, she met Dr. Bhama, who ordered genetic testing to see if Powell might be a candidate for targeted therapy. While awaiting the

results, Dr. Bhama started Powell on chemotherapy.

At the time of her diagnosis, Powell was living alone, active and independent. Her diagnosis came as a major blow. “When I got sick, it was just such a loss to me,” she says. “It was hard to believe what they were telling me. It was hard to believe I had cancer.”

For a while, Powell struggled. “She was having a lot of side effects from the chemo and difficulty coping with her diagnosis,” says Dr. Bhama. “She was depressed, stopped eating at home and was hesitant to reach out for help. She was not thriving. She was subsequently hospitalized and realized she needed more assistance.”

Powell moved to an assisted living facility, where she could receive proactive care and benefit from a more active community life. Her daughter, Danette Conaway, says, “Within 2 weeks she was thriving, exercising, helping others and was, in many ways, back to her old self.”

Around that time, her genetic test results indicated she had a gene mutation called epidermal growth factor receptor (EGFR) exon 19 deletion, for which Dr. Bhama prescribed the targeted drug osimertinib. She takes one tablet a day.

Now, she’s dancing again, and encouraging others in the community to dance with her. She serves as an ambassador for the community, coordinating bingo and classes. She also walks the halls twice a day, staying as active as possible. “I like to help other people,” she says.

Powell and her daughters, the aforementioned Conaway and Dawn Morris, speak highly of Dr. Bhama. “Nothing slips past her,” says Conaway. “And she is the only doctor we have ever had who not only offered her cell phone number but encouraged us to call her any time.”

Despite her challenges, Powell remains upbeat. “When one door closes, another door opens,” she says. ■

## Uzma Hasan: Lorlatinib for ALK-Mutated Large Cell Lung Cancer

For 2 months, Uzma Hasan felt ill. What started out feeling like a common cold gradually worsened. She developed headaches, fever, a cough, weight loss, nausea and vomiting. One doctor treated her for pneumonia, another prescribed an inhaler. Meanwhile, her condition continued to worsen.

When she suffered a seizure, her family called 911, and she was transported to Memorial Hermann Northeast Hospital. Extensive imaging revealed over 100 lesions in her brain, plus

lesions in her lungs, bones, spleen and lymph nodes. A liver biopsy showed metastatic high-grade neuroendocrine cancer.

Hasan says she was shocked by the diagnosis. “I said again and again, ‘No, it’s not.’ My 5-year-old son was so upset, he wouldn’t talk to me. It was a very difficult time for me, for my family.”

“Neuroendocrine cancer is treated with a combination

*Targeted Therapies* continues on page 4

of chemo and immunotherapy, or chemoimmunotherapy,” says Dr. Bhama. “We did that for two cycles, and while her symptoms initially got a little bit better, they started coming back.”

Dr. Bhama explains her thought process for formulating a plan of care for her patient: “I knew that the patient was young, had no history of serious illness, was a non-smoker and had metastatic disease. I also knew that the first-line chemoimmunotherapy is usually the one that’s the most effective. And if that wasn’t working then the second and third line options would probably be even less successful. I knew we had to try something different. So I sent off for genetic testing.”

Pathology had shown that Hasan’s cancer was about 50 percent small cell lung cancer and 50 percent large cell lung cancer, which is treated like NSCLC. Dr. Bhama says she started treating the small cell component because it is typically more aggressive. When her cancer progressed on chemoimmunotherapy, they had to find an alternative approach. The genetic test results showed that Hasan had an anaplastic lymphoma kinase (ALK) gene mutation, also known as ALK-positive lung cancer.

According to the American Lung Association, ALK-positive lung cancer represents about 4 percent of lung cancer and generally appears in adenocarcinoma NSCLC. Patients who are ALK-positive tend to be younger than the average lung cancer patient and tend not to have a smoking history.

Dr. Bhama suggested they try a targeted drug, lorlatinib, which is FDA approved to treat ALK-mutated NSCLC. “When the drug arrived, Uzma was so sick from the side

effects of cancer, she couldn’t keep anything down,” says Dr. Bhama. “She was really miserable and could not tolerate treatment. And so I was actually holding all treatment pending a gastroenterology evaluation and improvement in her blood counts. We found a window in which she was able to start the pill. And miraculously, all her symptoms melted away. Before she started the targeted therapy, she had a pan-positive review of symptoms; every time I saw her, everything would be wrong. And then she started taking the pill once a day, and within about 2 weeks she was like, ‘I feel normal.’ It was remarkable.”

Hasan’s recent scans show her tumors are shrinking. Shortly after her initial diagnosis, she underwent radiation therapy in her brain to shrink those lesions. “When you have disease in your brain, that’s the first thing you’ve got to treat,” says Dr. Bhama. “And those lesions, most of them disappeared and got smaller. But on the last scan, a couple of spots had started growing, so she recently underwent Gamma Knife®, a non-invasive radiation procedure in which intense doses of radiation are given to targeted areas while sparing the surrounding tissues. The remainder of her systemic disease is under control with lorlatinib.”

Hasan says despite the trauma of her diagnosis and treatment, she felt completely safe in Dr. Bhama’s hands. “Dr. Bhama is very good and smart and polite. I really like her.”

Also, she is grateful for the support of her loving family. “My husband is an angel,” she says. “My kids are my strength.” ■



# Longtime Friends Ring the Bell Together After Breast Cancer Treatments at Memorial Hermann



Martha Maggard and Laura Wong have known each other since the 1990s. They met while working at the same elementary school, where Maggard was a secretary to the principal and Wong was a teacher. Eleven years later, Maggard retired, and the women lost touch. The next time they happened to see each other was in the hallway at Memorial Hermann Cancer Center - Northeast in Humble, on the first day they were both being treated for breast cancer.

Last summer, Maggard's husband died after complications from dementia and COVID-19. Now a widow, she decided it was time to focus on her health. The 77-year-old went in for a battery of tests, including her yearly mammogram, and found out she had stage I breast cancer. After going through 4 weeks of successful radiation treatments, she was ready to ring the bell ending her treatment.

For Wong, this was her second bout with cancer. Five years ago, doctors discovered salivary gland cancer

in her right cheek. She underwent surgery to remove the cancer and was in remission, but last year doctors noticed something suspicious during her yearly mammogram. An ultrasound revealed a small, pebble-like nodule which led to a diagnosis of invasive lobular carcinoma, a type of breast cancer that begins in the milk-producing glands of the breast. The cancer had spread to her lymph nodes and other parts of the body.

"My doctor suggested that I have surgery to remove the cancer," says Wong. "I chose the lumpectomy, and the surgery was very smooth."

In addition, her doctors told her she would also need to undergo at least 20 rounds of radiation therapy. After completing her therapy, she was ready to ring the bell, too.

On Feb. 1, 2022, the two women stood in front of the bell together. Family, and those who took care of them throughout their cancer journeys, looked on with excitement as they read the passage written by U.S.

Navy Rear Admiral Irve Le Moyne, a head and neck cancer patient, signifying the end of radiation treatment: "Ring this bell. Three times well. Its toll to clearly say, my treatment's done. This course is run, and I am on my way!"

After ringing the bell three times, they hugged and went their separate ways, vowing to stay in touch.

"I had 4 weeks of radiation, and Laura and I both started the same day," says Maggard. "We ended the same day, and our appointments were similar. We saw each other almost every day. It was really nice, and I hope I was encouragement to her as she was to me."

"When ringing the bell, I was just thankful I was strong enough to get through it and that I didn't have a poor outcome," says Wong. "I'm also blessed that Martha was here with me. It was encouraging to have someone you know go through it with you. It gave me confidence that everything would be okay."

Maggard and Wong strongly encourage women to get their yearly mammograms. Both said their outcomes could have been much worse had they not had their annual screenings.

"Make sure you take care of yourself. If you feel something, and you think it's not right, get it checked out," says Wong. "Mammograms are no fun, but if I hadn't caught this early, I would have ended up having to undergo chemotherapy and a more invasive surgery. I'm grateful mine was caught early." ■

To see this story covered on KHOU, visit: [bit.ly/3Ee02gg](https://bit.ly/3Ee02gg)

# Three-Time Cancer Survivor Finds Solace and Hope in Canopy Survivorship Center

Many people go through numerous trials throughout their lives, but few have gone through as many as Cheryl Ward. The 61-year-old has survived homelessness, depression, Hurricane Harvey, ovarian cancer and stage IV breast cancer. Now she is dealing with stage IV lung cancer. Despite all of these difficulties, her faith has never wavered; rather, it is what continues to give her strength through each challenge she endures.

“You have to remember that God is in control and not you,” she says. “Stop trying to fix it and let God fix it.”

Her process of “letting God fix it” started a few years ago. She had lost her apartment and was struggling to put food on the table. She was homeless, staying in a motel and going to a local food pantry for basic provisions. It was there where she heard about a free medical clinic for women, and she decided to get checked out. At the clinic, she underwent her first mammogram and found out she had stage IV breast cancer, which had already spread. She had surgery to remove the cancer and then underwent extensive chemotherapy. While she was recovering and thinking the worst was behind her, Hurricane Harvey hit Houston.

“I was out trying to get supplies and as I was coming down the bridge, I drove straight into floodwaters,” she says. “My wounds on my breasts hadn’t yet closed up, and I had to deal with fire ants in the water. It was flooded everywhere. The water was up to my neck.”

Rescue crews pulled her from the floodwaters, and a Good Samaritan took her and her son home. *Maybe this was the end - maybe there would be no more trials*, she thought. Then, her husband suffered a stroke, and shortly thereafter she was diagnosed

with stage IV lung cancer. All of these medical issues and other problems were starting to wear her down, and she desperately needed someone to talk to who would understand what she was going through. That’s when she found the Canopy Survivorship Center on the campus of Memorial Hermann The Woodlands Medical Center.

The goal of the program is to integrate a cancer survivorship center into the continuum of cancer care. Their strong community connection and compassionate support system make it possible for Canopy to provide programs geared toward improving the health and quality of life for cancer survivors post-diagnosis. The program is open to all cancer patients (not just Memorial Hermann patients) and offers a variety of programs for women during their recovery journeys, including:

- Counseling sessions
- Exercise classes; including yoga, tai chi and Pilates
- Book clubs
- Art therapy
- Cooking classes
- Wig, breast prosthesis and bra fittings
- Oncology nutrition
- Massage therapy

“Whatever you need, Canopy is there for you,” Ward said. “It is wonderful. If you need someone to listen, they listen. If you need someone to hug you just because you need a hug that day, they hug you. Or if just you need someone to sit and cry with you, they will sit and cry with you,” Ward said. “I feel safe. I feel comfortable. There is always another woman who has already experienced



“You have to remember that God is in control and not you,” she says. “Stop trying to fix it and let God fix it.”

—CHERYL WARD

what you’re experiencing, and she’s able to help you walk through it. That’s what you get at Canopy. It’s such a dynamic place.”

Ward is currently undergoing chemotherapy to treat her lung cancer. She feels blessed and finds love, strength and support from her two sons, nine grandchildren and two great-grandchildren, as well as the other survivors and staff at Canopy.

“At Canopy, you can get the best love and support on your roughest day. When you feel like the world is crazy and on you, and there is no way out, I go to Canopy,” Ward said. “I would encourage other cancer patients to go there as well. I promise them that they will not leave there the same way they went in. That is a guarantee.” ■

# Get Your Rear in Gear Event Supports Colorectal Cancer Screening and Prevention

On Saturday, November 13, 2021, over 400 runners and walkers took part in the Colon Cancer Coalition's 10th anniversary *Get Your Rear in Gear*® 5K run/walk and kids' fun run to raise awareness of the nation's No. 2 cancer killer, colon and rectal cancer. Among them were 28 colorectal cancer survivors. The event, which took place at Constellation Field in Sugar Land, raised over \$56,000 to support the fight against the disease.

Memorial Hermann is pleased to have been a sponsor of the race, which is planned by local volunteers with help from the Colon Cancer Coalition, a national organization that hosts over 30 events across the country to educate and raise funds for colorectal cancer screening and prevention. The money raised through *Get Your Rear in Gear - Houston* is spent locally to build and fund programs aimed at increasing screening and early detection of the disease.

Memorial Hermann Oncology Nurse Navigator Carolyn Allsen attended the event and says she was impressed with how well organized and well attended it was. "The families from the community really turned out for the event and were very engaged, especially for such a typically shy topic," she says. "And I was glad to see strong ostomy support available in the community and a focus on the importance of colonoscopy for colorectal cancer prevention and early diagnosis." ■



## Virtual Support for Breast Cancer Survivors

As any breast cancer survivor or caregiver knows, breast cancer doesn't pause for a pandemic. If anything, the COVID-19 virus has added an extra layer of stress to an already stressful situation.

To help ensure breast cancer survivors, regardless of where they are in their cancer journeys, continue to get the support they need, safely and conveniently, Memorial Hermann hosts virtual breast cancer support groups. Since initiating the online groups in June 2020, over 100 patients have participated.

Hosted by Memorial Hermann Oncology Nurse Navigators, the online support groups feature speakers on topics ranging from nutrition to cancer prehabilitation/rehabilitation and spiritual support. Patients help decide on topics and speakers.

Groups are currently being hosted by the following Memorial Hermann Cancer Center locations (but all are welcome to attend, regardless of where they live). For more information and/or to register, contact:

- Southwest: Held the second Wednesday of every month from noon to 1 p.m. (Central time), contact Janetta Thomas at 713.456.6711
- Memorial City/Katy/Cypress: Held the last Wednesday of every month from 6 to 7 p.m. (Central time), contact Erica Scott at 713.242.3395 or Lisa Lampton at 713.262.8435. ■

# Memorial Hermann Celebrates Breast Cancer Awareness Month



Memorial Hermann Katy Hospital lighted pink during October as part of awareness efforts for breast cancer.



Employees wear pink inside the walls of Memorial Hermann-Southeast in observance of Breast Cancer Awareness Month.



Employees wear pink inside of the walls of Memorial Hermann Pearlland Hospital in honor of those battling breast cancer.



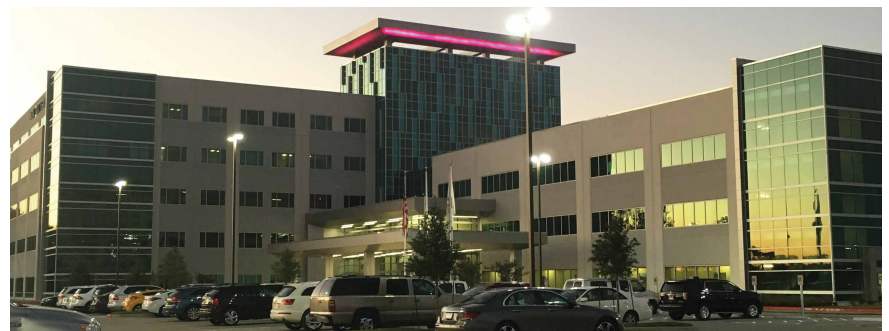
Memorial Hermann Memorial City Medical Center employees were posed in pink in honor of those battling breast cancer.



Memorial Hermann-TMC team members were "ticked pink" for Breast Cancer Awareness month, wearing pink scrubs and accessories while posing with a life sized balloon display.



Memorial Hermann Cypress Hospital employees got festive with pink attire, tutus and feather boas to raise awareness.



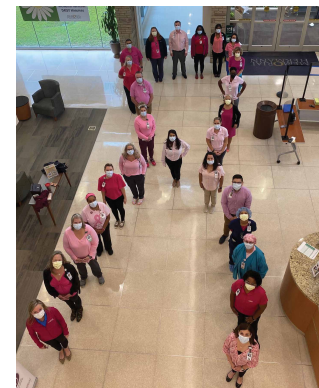
Memorial Hermann Cypress Hospital went pink during October to raise awareness for breast cancer.



Memorial Hermann Sugar Land Hospital employees and the building went pink to celebrate Pink Out Day.



Clinicians at the Memorial Hermann Breast Care Center at League City were "pretty in pink" in honor of Breast Cancer Awareness Month.



Employees at Memorial Hermann Katy Hospital stand united in support of Breast Cancer Awareness, donning masks and pink attire to celebrate Pink Out Day.





Cancer care is a high-stakes situation that demands expertise, compassion and trust. Our cancer programs are centered around you, and our goal is to be

sure you never face cancer alone.

At Memorial Hermann, we have invested in a team of oncology nurses who are specially trained and skilled at helping you navigate the complexity of cancer care.

Cancer nurses have dedicated their careers to your cancer care needs. They are local nurses who live in our communities, are raising their families here and are committed to

partnering with you in this care. Our cancer nurses continually strive to grow and improve their practice. Sure, cancer nurses are technically advanced, but their most important characteristic is their heart for what they do.

Having witnessed countless acts of courage and tenacity among cancer nurses, your cancer nurse is one of your biggest advocates and strives to ensure safety in your care.

May is Oncology Nurses Month, and this note is to celebrate cancer nurses everywhere. But I do believe at Memorial Hermann, we have the best oncology nurses anywhere. Cancer nurses are essential partners with our physicians to help coordinate your care and help you manage the side effects of your treatment.

Cancer nursing is one of the most challenging and rewarding areas of nursing. Memorial Hermann cancer nurses are working behind the scenes every day to support our physician providers and work with you toward health. Cancer nurses are helpers and are the very heart of what we do. Thank you to all our Memorial Hermann cancer nurses. And thank you to all our cancer patients who trust us for care and rely on our nurses to help calm fears, answer questions and support healing.

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



It's hard to believe that it has been more than 2 years since the beginning of the pandemic, but it appears we are finally seeing the light at the end of the tunnel. I

remain optimistic and am encouraged by the current trajectory of COVID-19 case data that shows transmission rates and hospitalizations continuing to decline.

Looking back, I am amazed at how drastically our world has changed since the pandemic hit. From the way we view social gatherings, to wearing masks as part of our daily routines, the pandemic changed our mindsets and the way we practice medicine.

We have learned so much over the past few years since being faced with this unprecedented situation. Despite the many negatives,, there have also been many positive things that have come from the pandemic. We proved

that we had all of the necessary resources and the necessary people to get the job done. Memorial Hermann also had the opportunity to serve as a vaccine hub for the state of Texas, taking on the responsibility to make sure our employees, staff and the community got vaccinated. We found new and creative ways to stretch our PPE supply, implemented new strategies for finding the people with the expertise we needed to treat our patients and had the opportunity to work with new specialists and nurses who traveled from all over the United States to offer their valuable skills to help manage a pandemic none of us could have ever imagined.

Through it all, the one thing that never changed is our commitment to taking care of the community, including our most vulnerable population, patients with cancer. I am so proud of the entire Memorial Hermann family. We all came together as a multidisciplinary team, constantly pivoting as the COVID-19 landscape changed to

provide the highest quality care for all patients, while keeping everyone safe. Our team of skilled caregivers helped us fight the virus, and it appears that we are finally coming out on the other side. It's exciting to see a new world where we are slowly beginning to restore a sense of long overdue normalcy back into our lives.

While "thank you" does not seem adequate, I would like to extend my most sincere and heartfelt gratitude to all Memorial Hermann employees in both clinical and non-clinical roles across the system for your unwavering commitment to our patients, our community and each other. Together, we will see an end to this pandemic, once and for all. Healthcare heroes, we salute you.

In good health,

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

# Memorial Hermann Launches Multidisciplinary Spine Oncology Program

Memorial Hermann-Texas Medical Center recently launched a multidisciplinary spine oncology program to better serve the complex needs of patients with spine cancer. The program is designed to provide patients with easier access to comprehensive care and to expedite treatment intervention—ultimately to improve patients' quality of life and outcomes.

“The program stemmed from a desire and need to take better care of patients with spine tumors, both tumors originating in the spine (primary spine tumors) and those originating elsewhere in the body (metastatic spine tumors),” says Mark Amsbaugh, MD, affiliated radiation oncologist with UTHealth Houston Neurosciences, clinical assistant professor at McGovern Medical School at UTHealth Houston and medical director of radiation oncology at Memorial Hermann-TMC.

He says that while the multidisciplinary framework for the care of cancer patients has been around for a long time, to his knowledge, this is one of the first programs in the region that is specifically dedicated to the care of spine cancer patients. “As cancer patients live longer, spine metastasis has become more frequent and more profound,” he says. “That’s why a program such as this is so important.”



## A Collaborative Approach

Spine cancers can be complex, requiring the care of many different specialists. Dr. Amsbaugh says one of the cornerstones of the program is collaboration among affiliated specialists in radiation oncology, neurosurgery and orthopedic surgery, working in concert with medical oncologists from McGovern Medical School and the community, as well as specialists in physical medicine and rehabilitation, cancer rehab, pain medicine and interventional radiology.

He says the program serves as a patient-centered home for the team to create and recommend a personalized treatment plan tailored to each patient's needs—from diagnosis to recovery and continued follow-up.

## Better Patient Experience

“Navigating their care can be daunting for these patients,” says affiliated spine surgeon Ran Lador, MD, assistant professor at McGovern Medical School. “The multidisciplinary spine oncology program is like a one-stop shop for these patients, enabling them to see multiple providers on the same visit.”

Patients have access to a dedicated Oncology Nurse Navigator who co-

ordinates scheduling of the patient's imaging before the patient sees his or her physician team, and coordinates the patient's physician consults. The navigator also liaises with referring physicians to keep them apprised of their patient's status.

## Whole-Patient Centered Care

Dr. Amsbaugh says whereas at one time the focus was on managing a spine cancer patient's pain, new technologies are enabling a broader, more whole-patient centered approach. The team's radiologists employ advanced radiation therapy technologies, including stereotactic radiosurgery (SRS), stereotactic body radiation therapy (SBRT), stereotactic ablative radiotherapy (SABR) and Gamma Knife®.

“From the radiation oncology standpoint, the prevalence of high-dose radiosurgery has changed the care of these patients,” he says. “It has improved patients' disease-specific outcomes as well as their pain and functional outcomes.”

Dr. Lador says the team's affiliated spine surgeons offer precision surgeries using minimally invasive techniques and intraoperative 3D imaging and navigation. In addition, they utilize the

latest technologies, such as advanced radiolucent carbon-fiber instrumentation for better radiation delivery and radiological follow-up, which he calls a game-changer, and 3-D printing technology for implants, vertebrae and large bone defects, and for modeling and planning of surgeries.

While the program has been in official operation for only a few months, both physicians say early results are promising. “Patients are having a much better experience and getting better care,” says Dr. Lador. ■

To learn more, or to refer a patient to the Spine Oncology Program at Memorial Hermann-TMC, email [spine.tumor@memorialhermann.org](mailto:spine.tumor@memorialhermann.org) or call **713.704.2628**.



**MARK AMSBAUGH, MD**

Clinical Assistant Professor,  
Vivian L. Smith Department of Neurosurgery  
McGovern Medical School at  
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**RAN LADOR, MD**

Assistant Professor, Department  
of Orthopedic Surgery  
McGovern Medical School at  
UTHealth Houston

## Educational Video for Physicians: “Cancer Rehabilitation, The Importance of Improving Function and Quality of Life”



Cancer rehabilitation—before (prehabilitation), during and after cancer treatment—has been proven to improve cancer patients' function and quality of life. Physicians involved in the care of cancer patients are invited to learn more about this important and largely underutilized tool in a free, 30-minute (+Q&A) recorded presentation: “Cancer Rehabilitation, The Importance of Improving Function and Quality of Life,” by Carolina Gutierrez, MD, assistant professor at McGovern Medical School at UTHealth Houston and affiliated physical medicine and rehab specialist at TIRR Memorial Hermann.

Among the topics Dr. Gutierrez covers: What is cancer rehabilitation and why is it important? When and how can it be integrated into cancer care to improve a patient's symptoms, outcomes, quality of life and function? Which patients benefit? And what is the role of exercise?

To view, log onto OneSource. Click on the Education tab → Continuing Medical Education (CME) → Online CME → Clinical Topics. Courses are listed in alphabetical order. Credit: 1 AMA PRA Category 1 credit.

# Memorial Hermann Radiation Oncology Clinic Delivers Leading-Edge Treatments

The American Cancer society estimates that more than half of the people treated for cancer receive radiation therapy. Cancer cells have a higher sensitivity to DNA damage than healthy cells, so the goal of radiation therapy is to injure or destroy cancer cells by damaging their DNA, making it impossible for the cells to continue to divide and spread. To increase the likelihood of a positive outcome, radiation therapy may be paired with other cancer treatments, including surgery, chemotherapy, targeted therapy and immunotherapy.

The affiliated radiation oncology specialists at the Memorial Hermann Radiation Oncology Clinic in the Texas Medical Center utilize the latest technologies to provide innovative radiation therapy treatments to patients, and doing so in a comfortable environment. They consult and work closely with referring physicians and other specialists involved in the care of cancer patients to develop an individualized treatment plan for each.

## Advanced Treatments

The clinic offers the full complement of radiation therapy modalities, including:

### External Beam Radiation Therapy (EBRT)

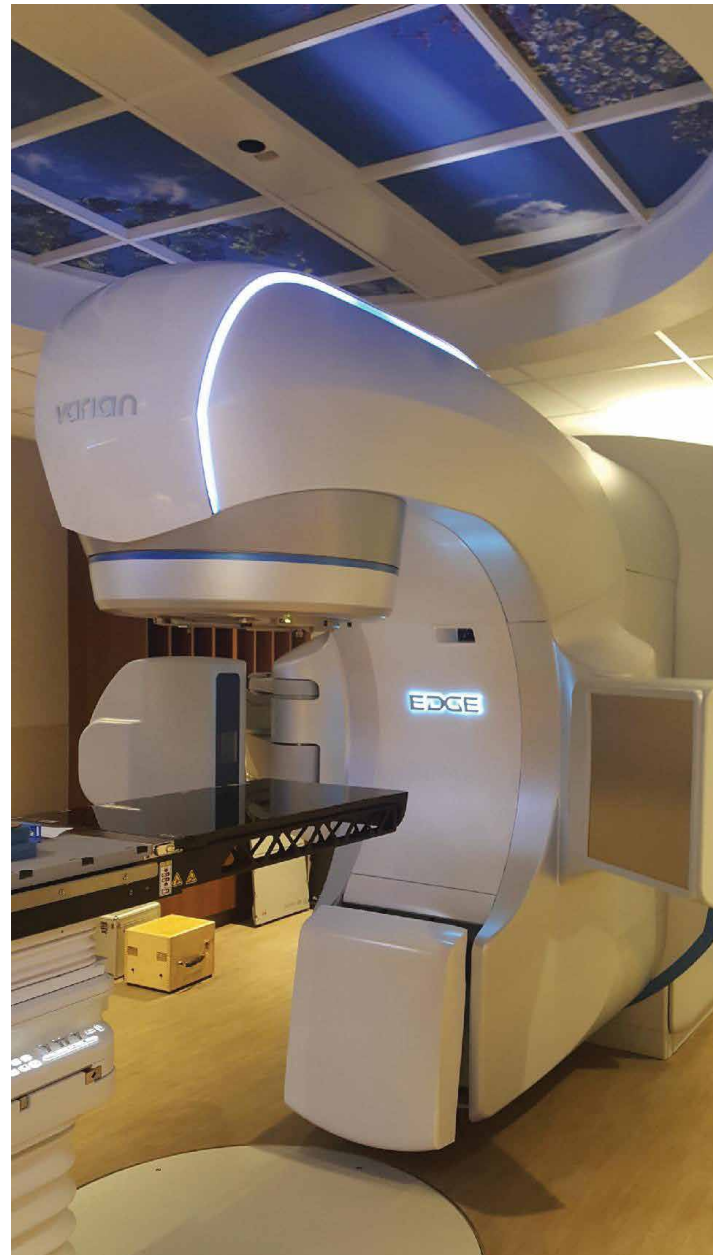
During external beam radiation therapy (EBRT), patients lie down on a treatment table while a linear accelerator (a tool that accelerates electrons or high energy X-rays) delivers a beam or several beams of radiation to a targeted tumor site. With careful planning, EBRT can destroy cancer cells with minimal damage to surrounding tissue.

### Intensity-Modulated Radiation Therapy (IMRT)

This specialized therapy uses linear accelerators to offer pinpoint accuracy in the area to be irradiated while increasing the likelihood of completely eradicating a tumor with targeted dose escalation. This therapy is administered over the course of several outpatient sessions.

### Image-Guided Radiation Therapy (IGRT)

Image-guided radiation therapy (IGRT) is similar to IMRT but uses X-rays or CT scans before and during treatment to provide more precise targeting of the tumor dur-



ing treatment. IGRT is an effective treatment for cancers in areas of the body where there is excessive motion, such as the lungs and upper abdomen.

### Stereotactic Body Radiotherapy (SBRT)

Stereotactic radiosurgery (SRS) is a highly precise procedure for treating small brain tumors and tumors of the spine. When it is used in other areas of the body, it is called stereotactic body radiotherapy (SBRT), or stereotactic ablative radiotherapy (SABR), and may be used to treat cancers of the lung, spine, liver, abdomen and

lymph nodes. SBRT uses 3-D imaging to target high doses of radiation to the affected area, minimizing damage to surrounding healthy tissue. Radiotherapy usually involves between one and five sessions.

### Gamma Knife®

Gamma Knife is a painless, simple, safe and effective treatment procedure that is completely noninvasive. Nearly 200 precisely targeted radiation beams converge on a single focal point, avoiding healthy tissue.

### High-Dose Rate (HDR) Brachytherapy

is most commonly used for treating gynecologic and prostate cancers. This therapy allows radiation oncologists to administer higher doses of radia-

tion over a shorter period of time and deliver radioisotopes (the treatment materials) to afflicted areas with minimal damage to surrounding tissue.

### Whole-Patient Care

Radiation oncologists affiliated with the clinic are active participants in several cancer-specific programs at Memorial Hermann, in which multiple affiliated specialists involved in the care of patients with a specific type of cancer—including surgeons, medical oncologists, pain and physical medicine specialists, oncology rehab specialists and more—work collaboratively as a team to create and execute a care plan for each patient. The team manages the patient’s care from diagnosis to recovery and ongoing follow-up.

The newest of these programs is a multidisciplinary spine oncology program dedicated to serving the complex needs of patients with spine cancer. For more information, see “Memorial Hermann Launches Multidisciplinary Spine Oncology Program” on page 10. ■



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## ADVANCES IN CANCER TREATMENT

# Multidisciplinary Acute Leukemia Program Supports Patients Throughout Their Cancer Journeys



**ADAN RIOS, MD**

Professor of Oncology,  
McGovern Medical School at  
UTHealth Houston

Patients with acute leukemia require specialized care and expertise. Together with specialists from McGovern Medical School at UTHealth Houston, Memorial Hermann-Texas Medical Center has created a multidisciplinary acute leukemia program to provide comprehensive, personalized care to patients with acute leukemia.

### Expediting Treatment

“Acute” means that without immediate intervention, a patient’s condition can quickly worsen. If a hospital bed is unavailable, the patient’s care might be delayed. To eliminate this barrier to care, Memorial Hermann-

TMC is keeping a bed open for acute leukemia patients at all times.

“When a physician calls to transfer a patient with acute leukemia, there is a need for the patient to be seen right away,” says Adan Rios, MD, professor in the Division of Oncology at McGovern Medical School, who is affiliated with Memorial Hermann-TMC. “Instead of accepting a patient’s transfer and then looking for a bed, we ensure that a bed is always available.”

### A Full Continuum of Comprehensive, Personalized Care

The acute leukemia program brings together a team of physicians, pharmacists, nurses and other healthcare professionals with particular expertise in the management and treatment of acute leukemia. Together, they provide comprehensive, personalized care, striving for the

best outcomes.

Patients with acute leukemia can present with complications associated with their high white blood counts, including infections. The advanced leukemia team with Dr. Rios provides the full continuum of care, from diagnosis to the patient’s induction phase of their treatment to outpatient treatment at the Memorial Hermann outpatient infusion cancer center and transition back into their community. Each patient is supported by the program’s dedicated Nurse Navigator, who assists them every step of the way.

### On the Horizon: Expansion Into Outlying Communities

The COVID-19 pandemic demonstrated the value of technologies such as telemedicine in remotely extending the reach of medical expertise to

*Leukemia Program continues on page 14*

**Leukemia Program** continued from page 13

patients. Dr. Rios says discussions are underway to utilize those same technologies to create a leukemia network that could bring the expertise of the team from the Texas Medical Center into rural areas on the outskirts of the Greater Houston area. “Our goal is for all patients, regardless of where they live, to receive the best care possible,” he says. ■

To view a message from Dr. Rios and Lance Ferguson, vice president, operations, at Memorial Hermann-TMC, about the acute leukemia program at Memorial Hermann-TMC, visit [memorialhermann.wistia.com/medias/8tlvxgw60z](http://memorialhermann.wistia.com/medias/8tlvxgw60z)



## Memorial Hermann Cancer Center-Northeast Welcomes New Team Members

Memorial Hermann Cancer Center - Northeast is a leading provider of cancer treatment in northeast Houston. The Center offers adult cancer patients the entire continuum of cancer care—education, prevention, screening, diagnosis, treatment, survivorship and rehabilitation. The Center is accredited as part of the Memorial Hermann Integrated Network Cancer Program by the American College of Surgeons Commission on Cancer.

The Center recently welcomed two new members to its multidisciplinary team: affiliated medical oncologist Shrestha Patel, DO, assistant professor of oncology at McGovern Medical School at UTHealth Houston, and Teresa Herrin, MSN, advanced practice registered nurse for radiation oncology.

Dr. Patel and Nurse Herrin join existing team members affiliated medical oncologist Sameeksha Bhama, MD, assistant professor of oncology at McGovern Medical School, affiliated UTHealth

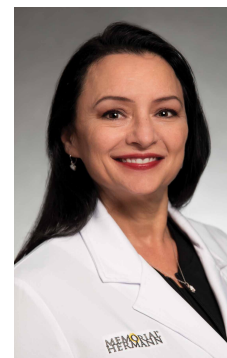
Houston Neurosciences radiation oncologist Angel Blanco, MD, associate professor of neurosurgery and director of radiation oncology and stereotactic radiosurgery at McGovern Medical School, as well as Oncology Nurse Navigator Sherette Abrahams, RN, who guides patients from diagnosis through survivorship.

“On behalf of our entire team, we are thrilled to welcome Dr. Patel and Teresa, both of whom share our dedication to providing the residents of Northeast Houston with quality, comprehensive cancer care and the best possible outcomes, from diagnosis through survivorship,” says Dr. Blanco. ■

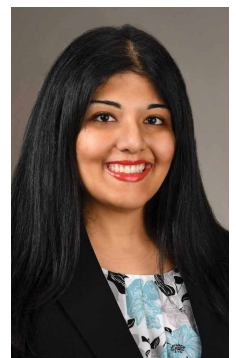
For patient referrals and appointments, call **281.540.7905**.



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



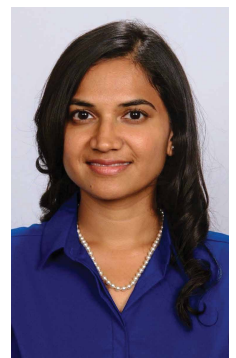
Teresa Herrin, MSN



Sameeksha  
Bhama, MD



Sherette Abrahams



Shrestha Patel, DO

# The Facts About Lung Cancer

Lung cancer is the leading cause of cancer death in both men and women in the United States. Symptoms don't often occur until the disease has progressed, so most lung cancer diagnoses occur in the later stages. However, with early detection through routine screening, lung cancer can be caught early and treated.

Affiliated pulmonologist Kiran Nair, DO, and affiliated cardiothoracic surgeon Philip Rascoe, MD, associate professor at McGovern Medical School at UTHealth Houston, answer frequently asked questions about lung cancer risk factors, screening and the latest treatments available.

## What are the symptoms of lung cancer?

**Dr. Nair:** Lung cancer does not have a lot of signs and symptoms, which is why it is so lethal. Patients with lung cancer may experience cough, coughing up blood, shortness of breath, wheezing, chest pain that worsens with deep breathing and weight loss.

## What are the risk factors for lung cancer?

**Dr. Nair:** The No. 1 risk factor for lung cancer is smoking. An estimated 85 percent to 90 percent of lung cancer patients have a history of smoking. Secondhand smoke exposure can increase your risk by 20 percent to 30 percent. Other risk factors include genetic or familial history as well as exposure to certain radiation or chemicals, such as asbestos, coal products, radon and uranium; however, those cases are less common.

## How can lung cancer be detected?

**Dr. Nair:** The best way to detect the presence of lung cancer is through a painless, noninvasive test called a low-dose computed tomography (LDCT). The purpose of screening is to identify patients with early stage disease.

We cannot stress enough the importance of quitting smoking. In addition to causing lung cancer, smoking can also lead to heart disease, other types of cancer and a myriad of other health problems. Memorial Hermann offers programs to help anyone who is looking to quit to do so. Among the many methods available, we can offer medications

or pharmacologic agents, nicotine replacement therapies, counseling, support groups and more.

## Who should be screened?

**Dr. Rascoe:** The U.S. Preventive Services Task Force (USPSTF) recently updated and broadened its guidelines for the screening of individuals who are at high risk for lung cancer. **The USPSTF now recommends annual screening for lung cancer with LDCT in adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years.** Anyone who fits the criteria is eligible for this annual LDCT screening, and we highly recommend it.

## If lung cancer is detected, how can it be treated?

**Dr. Rascoe:** There is a wide range of treatment options available for patients with lung cancer, and most of it is stage-specific. The gold standard of treatment for patients with early stage lung cancer is surgical resection (removal) of the cancerous lung tissue and surrounding lymph nodes. We are able to offer patients with early stage lung cancer minimally invasive surgical options, including video- or robotic-assisted procedures.

For those who do not qualify for surgery, refined radiation techniques are also a good option for people with early stage lung cancers. More advanced cancer are typically treated with some combination of chemotherapy and radiation. Recently, however, we added immunotherapy to this list, which has been a game-

changer for the treatment of patients with more advanced cancers, and we will continue to change our management of this disease.

Treating patients with later stage disease, including patients whose lymph nodes test positive for the disease, requires a multidisciplinary approach to care involving a pulmonologist, thoracic surgeon, medical oncologist, radiation oncologist and pathologist. This multidisciplinary team meets regularly to discuss patients' cases, to ensure each patient gets the most effective plan of care and to streamline the patient's care.

With the support of our Oncology Nurse Navigator, patients can see all of their doctors on the same day, saving the patient multiple trips. ■

Learn more about Memorial Hermann's comprehensive services at [memorialhermann.org/lungcancer](http://memorialhermann.org/lungcancer)



**KIRAN NAIR, MD**  
Affiliated Pulmonologist



**PHILIP RASCOE, MD**  
Associate Professor,  
McGovern Medical School at  
UTHealth Houston

# Battling the Lung Cancer “Scourge”

If you think smoking is the greatest barrier to preventing death from lung cancer, you might be surprised to hear what one pulmonologist has to say.

Akinyinka Ajelabi, MD, a pulmonologist and critical care specialist affiliated with Memorial Hermann Northeast Hospital, says, “Yes, smoking is the No. 1 risk factor for developing lung cancer, but in my opinion the biggest barrier to preventing deaths from lung cancer is the lack of widespread adoption of low-dose CT screening. If every patient who met the criteria for screening were screened, the mortality rate could change significantly.”

## Screening, Screening, Screening

Dr. Ajelabi believes the only chance of winning the battle against lung cancer is to detect it early then treat it. “With early detection, outcomes are generally far superior—for any cancer, but especially for lung cancer,” he says. “Screening, screening, screening. It’s really important.”

He says that while there are many treatments available to treat the disease, such as surgery, radiation therapy and chemotherapy, we cannot truly control

the disease without early detection. And unlike some other forms of cancer, lung cancer patients are typically diagnosed in the later stages of the disease, in stages III or IV, when curative measures are no longer an option. One reason is because many lung cancer patients don’t experience symptoms, at least in the early stages of the disease, so they don’t know that anything is wrong. “Lung cancer is a scourge,” he says.

So why aren’t more people screened? “People don’t get screened for a number of reasons,” he says. “Either they don’t regularly see a family doctor or primary care physician who would recommend screening to them, or they do, but they don’t fully disclose their smoking history to their doctor, so the doctor doesn’t know to recommend screening.”

## What about vaping?

Are e-cigarettes a good alternative to smoking cigarettes? Dr. Ajelabi says no. “Vaping does not decrease your risk for cancer and in fact might actually increase your risk of exposure to harmful, even cancer-causing chemicals. We just don’t know because the chemicals in e-cigarettes are not regulated,” he says.

He describes vaping as “insidious” in that it is more socially acceptable than smoking, especially among children and teens, and yet it is every bit as damaging. Plus, it often eventually leads to smoking.

## Committed to Preventing, Curing and Treating Lung Cancer

Memorial Hermann Cancer Centers provide the full spectrum of cancer care—prevention, including smoking cessation programs, screening, diagnosis, treatment, ongoing survivorship support and palliative care. Treatments include surgery, chemotherapy, radiation therapy, immunotherapy and targeted therapy. And these services are provided by physicians who are specially trained to treat specific types of cancer, including lung cancer.

If you or a loved one smokes or has a history of smoking, talk to your doctor about lung cancer screening. Early detection truly does save lives. ■



**AKINYINKA AJELABI, MD**  
Affiliated Pulmonologist and  
Critical Care Specialist





# Study Seeks to Improve Survival in Patients With Resectable Pancreatic Cancer

A new clinical trial underway at Memorial Hermann-Texas Medical Center is exploring a novel, minimally invasive technique to be used in the treatment of pancreatic cancer known as pancreatic ductal adenocarcinoma (PDAC).

Surgeon Curtis J. Wray, MD, professor of surgery at McGovern Medical School at UTHealth Houston, and gastroenterologist Nirav Thosani, MD, associate professor of gastroenterology at McGovern Medical School at UTHealth Houston (both of whom are affiliated with Memorial Hermann-TMC) serve as co-principal investigators for the study.

New cases of pancreatic cancer are estimated to surpass 62,000 in 2022. Pancreatic ductal adenocarcinoma accounts for 90 percent of all pancreatic malignancies and is the fourth leading cause of cancer death in the United States with a survival rate of less than 8 percent. While the mortality rates of some types of cancer, such as lung, colon and breast cancers, have declined, the mortality rate for pancreatic cancer has, over time, remained relatively flat.

A pancreatic cancer is considered to be resectable (removable via surgery) if it appears to be solely in the pancreas or doesn't extend far beyond the pancreas, and has not grown into nearby large blood vessels. The patient must also be healthy enough to undergo the major surgery. Surgery is the preferred treatment of these cancers, as it is the only way to cure the cancer.

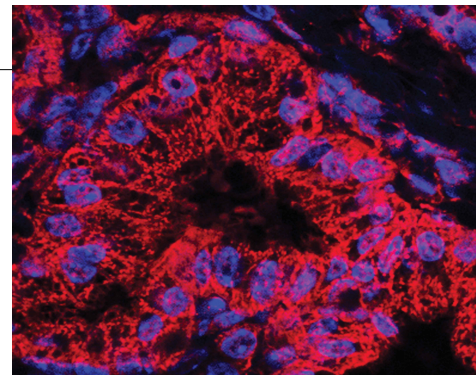
The experimental clinical trial taking place at Memorial Hermann-TMC, known as Endoscopic Ultrasound PANcreatic CAncer RaDIofrequeNcy AbLation; a Phase II PANCARDINAL-1 Trial, is designed to examine the impact of a minimally invasive procedure known as endoscopic ultrasound radiofrequency ablation (EUS-RFA) and standard-of-care chemotherapy in the treatment of resectable PDAC.

Study participants will undergo up to 4 months of neoadjuvant chemotherapy (NAC) and up to three sessions of EUS-RFA. Then they will undergo pancreatic resection, followed by adjuvant (postoperative) chemotherapy. It is estimated that participants will complete therapy approximately 8 to 9 months after diagnosis.

“One thing that makes this trial different from others is that we're giving patients chemotherapy, performing several ablations and then performing surgery to resect and remove the tumor,” says Dr. Wray. “Most of the time when ablation is performed, there is no follow-up resection.”

He says that one of the reasons the team is excited about the trial is the fact while that there is fairly conclusive evidence that chemotherapy before surgery improves outcomes for patients with pancreatic cancer, response rates remain suboptimal. “In about 30 percent to 40 percent of patients who get chemotherapy before surgery, we can see an actual decrease in the size of the tumor,” says Dr. Wray. “However, in about 20 percent of patients, despite chemotherapy, the tumor grows, and those patients are more likely to experience a bad outcome. And there's the 40 percent to 50 percent of patients in the middle who receive chemo and don't have much response. So this additional treatment, adding preoperative EUS-RFA, is something we hope helps provide more of a treatment effect during the initial, neoadjuvant phase.”

“We initially began using this treatment in patients with locally advanced disease and patients who weren't surgical candidates,” he says. “We saw that it was well tolerated with very few complications and could be given during chemotherapy. There was evidence that it may also be beneficial. Now we're studying the impact of this



therapy on patients with resectable pancreatic cancer.”

Dr. Wray says the team is looking for any additional treatment that may help to improve survival in patients with resectable pancreatic cancer. “While surgical resection remains the only curative option, more than 80 percent of patients present with unresectable disease, and even among those who undergo resection the reported median survival is 15 to 23 months.”

Drs. Wray and Thosani and their co-investigators are currently recruiting patients for the study. Once they have completed the study, they plan to publish the results and hope to position the study as a seed for a larger, multi-center randomized trial. Also, they are planning additional studies involving patients with more advanced pancreatic cancers and possibly those with metastatic cancer. ■

For more information about the PANCARDINAL study, visit [clinicaltrials.gov/ProvidedDocs/09/NCT04990609/Prot\\_000.pdf](https://clinicaltrials.gov/ProvidedDocs/09/NCT04990609/Prot_000.pdf)



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**CURTIS WRAY, MD**

Professor of Surgery,  
McGovern Medical School at  
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# Y-90 Radioembolization Treatment Benefits Patients With Liver Cancer

A minimally invasive, outpatient procedure that combines embolization and radiation therapy to target tumors in the liver known as Y-90 radioembolization treatment is proving beneficial to patients with inoperable liver cancer. During the Y-90 treatment, tiny glass or resin beads filled with the radioactive isotope yttrium Y-90 are placed, via catheters, inside the blood vessels that feed the tumor. The beads embolize (block the blood supply to) the cancer cells and deliver a high dose of radiation directly to the tumor, killing the cancer cells while sparing surrounding healthy liver tissue.

When performing the Y-90 treatment, the physician uses guided imaging and contrast material to visualize, or map, the blood vessels feeding the tumor. This enables the physician to precisely pinpoint where to place the radioactive beads to improve treatment response. Only a small incision is required, and the side effects are typically very minimal.

Affiliated physicians at Memorial Hermann have been performing Y-90 radioembolization since 2017 with promising outcomes. “While surgery is the most curative option, Y-90 is a good alternative for patients who are poor candidates for surgery,” says affiliated interventional radiologist Sasidhar Yallampalli, MD. “For patients with localized, smaller cancers, Y-90 can be curative. And it can extend and improve the quality of life for patients with more significant disease.”

Among the patients benefitting from this new treatment are James Thias and Riccky Friloux, two Houston-area grandfathers. “Y-90 has revolutionized the way we treat primary and metastatic liver cancer, and offers hope to patients like James, Riccky and others who are not candidates for surgery or liver transplantation,” says Dr. Yallampalli.



## Riccky's Story

Riccky Friloux knows that overcoming challenges in life takes patience, courage, perseverance and a positive attitude. This mindset helped the 67-year-old grandfather stay strong when faced with circumstances that tested his strength. A two-time cancer survivor, Friloux beat throat cancer in 2004, and two years ago survived primary liver cancer.

“I felt that something just wasn't right with my body,” he says. “In July 2020, I went to my primary care physician because I was losing a lot of weight. After running several tests, he told me

I should see a cardiologist. My cardiologist noticed a suspicious mass in my liver and referred me to affiliated oncologist Anish Meerasahib, MD, at Memorial Hermann. He ordered a biopsy and scans. It didn't take long for him to confirm that I had primary liver cancer. Since I beat cancer once before, I told him, ‘I'm ready to fight this again.’”

Friloux was diagnosed with hepatocellular carcinoma, the most common type of primary liver cancer. He had only two hepatocellular carcinoma lesions on his liver, making him a good candidate for Y-90.

Dr. Yallampalli treated the two lesions separately, performing the first treatment in October 2020 and the second a month later. “The experience wasn't bad at all,” says Friloux. “I felt comfortable, didn't feel any pain and was awake during the entire

*Riccky's Story continues on page 19*



## James' Story

James Thias enjoys the simple things in life. He loves spending quality time with his wife, his two grown children and his 2- and 6-year-old grandsons, who are his “little rays of sunshine.” Two years ago, James didn't think he would live to cherish these moments. Now he believes that miracles can happen.

“I was diagnosed with primary liver cancer right when the COVID-19 pandemic hit,” he says. “My primary care physician referred me to Irfan Jawed, MD, a medical oncologist affiliated with Memorial Hermann. Even though I knew my chances of getting liver cancer were high since I had hepatitis C and cirrhosis of the liver, I was never completely prepared when the doctor told me that I had cancer. You start asking yourself questions: ‘How long will I live? Is this treatable?’”

Following the diagnosis, Dr. Jawed collaborated with Dr. Yallampalli to determine the best treatment protocol. Since Thias had a single mass in his liver, the interventional radiology team determined he was a good candidate for Y-90.

Dr. Yallampalli performed a Y-90 treatment on Thias in May 2020. Five months later, he performed a second Y-90 treatment to remove a small trace of residual disease. Thias says undergoing Y-90 was tolerable, and he didn't have any negative side effects. “I had no pain, and I was awake for the entire procedure,” he says. “I am grateful that I had this procedure. It's been life changing.”

Two years after his Y-90 treatments, he is doing well. He continues to see

*James' Story continues on page 19*

**James' Story** continued from page 18

Dr. Jawad for follow-up imaging and lab tests. Also, he hopes his cancer journey inspires others. "I want people to know there is hope after liver cancer," he says. "When I researched liver cancer online, everything I read made me believe I only had 6 months to live. But here I am."

He credits his oncology team at Memorial Hermann for helping him along his tough journey. "I am blessed to have Dr. Jawad, Dr. Yallampalli and Dr. Yallampalli's physician assistant, Rachael, who worked together to determine the best treatment plan for me. The nurses were amazing as well. I also have to give credit to the Lord for healing me and to my wonderful wife, kids and family for their support. My message to others is to stay on top of your health. If something isn't right, get it checked out." ■

**Riccky's Story** continued from page 18

procedure. I didn't experience any bad side effects. Within the next day or two, I was able to go back to work and resume my normal activities."

Friloux responded well to the treatments; his most recent imaging showed no evidence of residual disease. "I am glad I was a good candidate for Y-90. It saved my life," he says. "I was blessed to have the best oncology team. They were always there to answer any questions or concerns. I am glad I beat liver cancer. I am now taking much better care of my health these days."

It's been two years since Friloux completed his Y-90 treatments, and he is doing great. He sees his oncologist twice a year for regular CT scans and lab work to ensure everything is fine with his liver.

"I have a lot more living to do," he says. "I have seven grown children—four boys and three girls—and lots of grandchildren I love spending time with and creating memories with. I am grateful for this second chance at life." ■

To learn more about liver cancer and treatment options at Memorial Hermann, visit [memorialhermann.org/services/conditions/liver-cancer](https://www.memorialhermann.org/services/conditions/liver-cancer)

## ON THE PODIUM



## AONN Poster Sessions: Eliminating Barriers to Cancer Care

Memorial Hermann Cancer Centers strive to help patients receive the best care possible, and as quickly and conveniently as possible. Achieving this involves not only providing access to skilled healthcare providers and the latest technologies, but also identifying and helping patients overcome barriers to care.

Memorial Hermann was honored to have three programs, all designed with these objectives in mind, accepted for presentation at the Academy of Oncology & Patient Navigators (AONN) Annual Conference held virtually November 17-21, 2021. The following are excerpts from the three entry abstracts.

### **"Patient Lay Navigator Program: An approach to enhancing patients' access to psychosocial support and reducing non-clinical barriers associated with care"**

Oncology Nurse Navigators have many clinical and non-clinical responsibilities. Lay patient navigators are trained volunteer community members—often cancer survivors or caregivers themselves—who can help patients with cancer overcome nonclinical barriers to care. They can provide peer and emotional support to patients diagnosed with cancer, educating them on existing cancer support resources and communicating in a supportive manner.

A quality improvement project was conducted to implement a patient lay navigation program at one Memorial Hermann Cancer Center site in 2019 and was later expanded to include an additional site in 2021. Once lay navigators were trained, ONNs identified patients in need of emotional peer support and assigned them to the lay navigators. Lay navigators reported support needs and follow-up items to the clinical navigation team on completion of patient interactions.

From April through June 2021, the program served 275 patients, during which time lay navigators answered patients' treatment questions and worked to address their non-clinical needs. The greatest needs identified were emotional (affecting around 60 percent of patients), educational (affecting around 58 percent) and spiritual (affecting around 23 percent). Combined financial and transportation

*Poster Sessions* continues on page 20

needs were equally identified in 24 percent of patients. Program interactions resulted in 62 escalated clinical navigation support interventions for cancer patients.

The program received positive feedback from patients, physicians and ONNs. The additional support provided by lay navigators helped to reduce the non-clinical workloads of ONNs, allowing ONNs to focus more on patients' clinical needs. Based on the project's success, the program is being expanded to other Memorial Hermann Cancer Center locations. ■

**Presenting Team:** Shelita Anderson, RN, Carol Kirton, RN, Renjitha Kolambel, RN and Shirley Ruiz, RN

*Of note: this poster received an outstanding poster award at the conference, and Carol Kirton, RN, presented the poster at the conference on the team's behalf.*

## Providing Accommodations to Ease Financial Toxicity for Radiation Patients

Increasing cancer treatment costs create disparities for patients trying to access high-quality cancer care; disparities that were exacerbated by the COVID-19 pandemic. Some patients travel relatively long distances to receive care at Memorial Hermann - Texas Medical Center, and require lodging to proceed with their treatments.

In response to the pandemic and to address the Commission on Cancer (CoC) Standard 8.1, Addressing Barriers to Care, a quality improvement project was undertaken at Memorial Hermann-TMC to reduce financial toxicity for radiation patients by providing accommodations during treatment.

The Memorial Hermann Oncology Service Line collaborated with the radiation team and the Memorial Hermann Foundation to provide accommodation resources, including access to grant funding for patients requiring radiation treatments.

The team created a process to identify patients with accommodation needs, developed criteria and compiled three levels of resources to best suit patients' needs. The ONN met with all new patients to discuss barriers to care, as well as to identify any need for accommodation resources based on the program criteria. Once the level of need was established, the application process was initiated with submission to the review committee for approval, processing and hotel booking.

Data evaluated from October 2020 through May 2021 reveals that the organization was able to provide 138 nights of hotel accommodation for six patients, enabling them to keep 166 radiation oncology appointments.

Addressing accommodation as a barrier to care can help to prevent missed radiation appointments, ideally enabling all patients to receive lifesaving treatment. As a result of the program, Memorial Hermann will continue efforts to provide financial assistance for patients to prevent barriers to care. ■

**Presenting Team:** Shelita Anderson, RN, Carol Kirton, RN, Phoebe Dawn Spencer RN and Janetta Thomas, RN



# Ongoing Clinical Trials

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



## COLORECTAL CANCER · Texas Oncology

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

**Texas Oncology Study #:** 20422

#### Contact:

Texas Oncology-The Woodlands: 281.296.0365 or [Sandra.Thornton@usoncology.com](mailto:Sandra.Thornton@usoncology.com)

Texas Oncology-The Woodlands: 281.296.0365 or [Sandra.Thornton@usoncology.com](mailto:Sandra.Thornton@usoncology.com)

Texas Oncology-Houston Memorial City: 713.467.1722 or [El-ton.Oliveira@usoncology.com](mailto:El-ton.Oliveira@usoncology.com)

Texas Oncology-Webster: 281.332.7505 or [Tara.Gray@usoncology.com](mailto:Tara.Gray@usoncology.com)

Texas Oncology-Sugar Land: 281.277.5200 or [Melissa.Howell@usoncology.com](mailto:Melissa.Howell@usoncology.com)

**COLORECTAL CANCER · Oncology Consultants**

**BESPOKE Study of ctDNA Guided Therapy in Colorectal Cancer**

**OC Study #:** OC-20-014

**Contact:**

ResearchTeam@OncologyConsultants.com, 713.600.0913

**A Phase 1/2 Multiple Expansion Cohort Trial of MRTX849 in Patients with Advanced Solid Tumors with KRAS G12C Mutation**

**OC Study #:** OC-22-006

**Contact:**

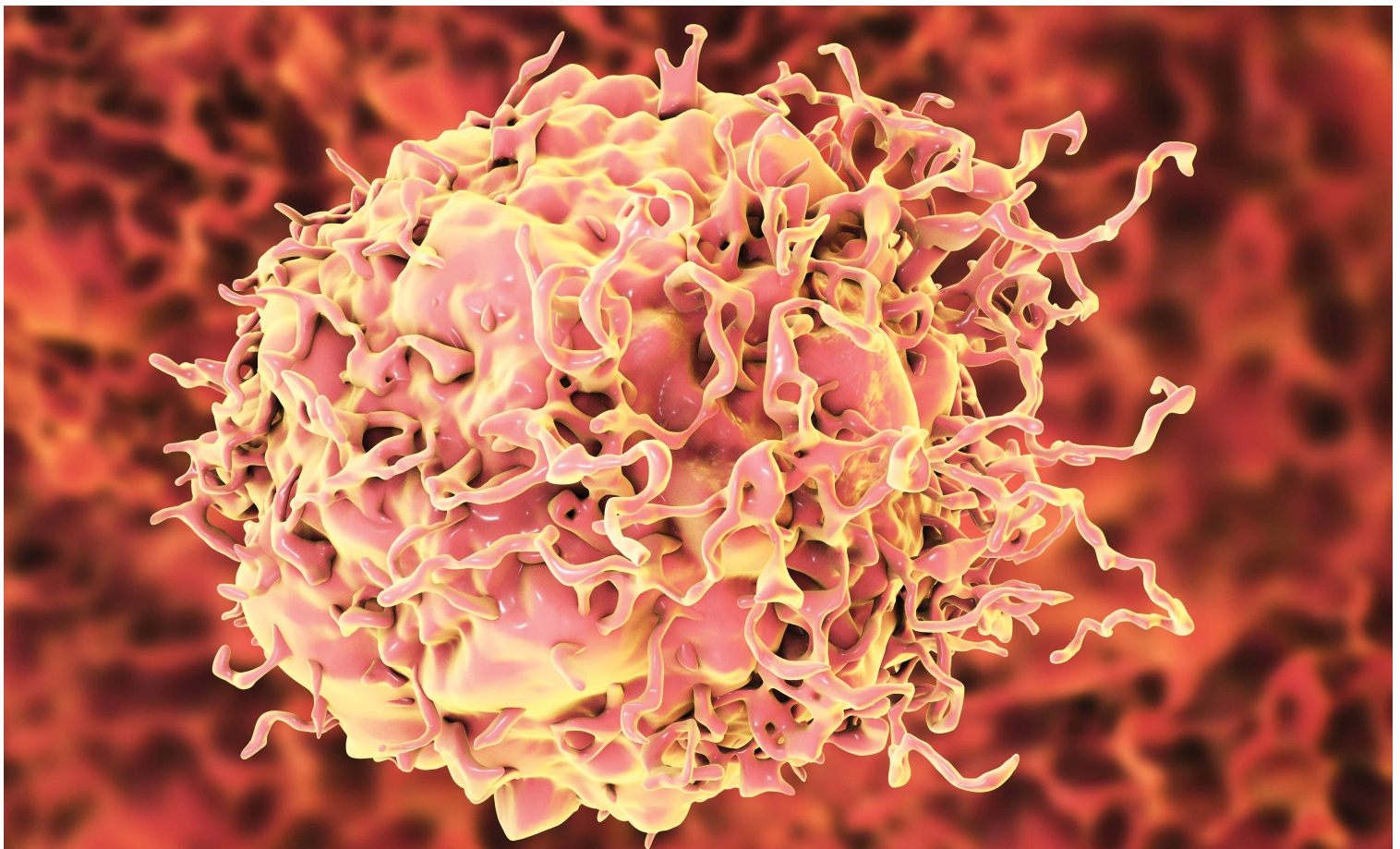
ResearchTeam@OncologyConsultants.com, 713.600.0913

**A Randomized Phase 3 Study of MRTX849 in Combination With Cetuximab Versus Chemotherapy in Patients With Advanced Colorectal Cancer With KRAS G12C Mutation With Disease Progression On or After Standard First-Line Therapy**

**OC Study #:** OC-22-007

**Contact:**

ResearchTeam@OncologyConsultants.com, 713.600.0913



**BREAST CANCER · Texas Oncology**

**Phase I/II trial of Ibrutinib plus Trastuzumab in HER2-amplified Metastatic Breast Cancer - USOR 14059**

**Texas Oncology Study #:** 14059

**Contact:** Texas Oncology-Webster: 281.332.7505 or Tara.Gray@usoncology.com

**MammaPrint, Blueprint, and Full-genome Data Linked with Clinical Data to Evaluate New Gene Expression Profiles: An Adaptable Registry (FLEX Registry)**

**Texas Oncology Study #:** 17079

**Contact:**

Texas Oncology-Houston Memorial City: 713.467.1722 or Angie.Recitas@usoncology.com

Texas Oncology-Houston Willowbrook: 281.894.8822 or Myra.Miguel@usoncology.com

Texas Oncology-Webster: 281.332.7505 or Tara.Gray@usoncology.com

Texas Oncology-Sugar Land: 281.277.5200 or Melissa.Howell@usoncology.com

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

**Texas Oncology Study #:** 17188

**Contact:**

Texas Oncology-Houston Memorial City: 713.467.1722 or An-gie.Recitas@usoncology.com

**EPIK-B3: A phase III, multicenter, randomized, double-blind, placebo-controlled study to assess the efficacy and safety of alpelisib (BYL719) in combination with nab-paclitaxel in patients with advanced triple negative breast cancer with either phosphoinositide-3-kinase catalytic subunit alpha (PIK3CA) mutation or phosphatase and tensin homolog protein (PTEN) loss without PIK3CA mutation (CBYL719H12301)**

**Texas Oncology Study #:** 19122

**Contact:**

Texas Oncology-Houston Memorial City: 713.467.1722 or Angie.Recitas@usoncology.com

**(B041843) A phase III randomized, double-blind, placebo-controlled, multicenter study evaluating the efficacy and safety of GDC-9545 combined with palbociclib compared with letrozole combined with palbociclib in patients with estrogen receptor-positive, HER2-negative locally advanced or metastatic breast cancer**

**Texas Oncology Study #:** 19226

**Contact:**

Texas Oncology-Webster: 281.332.7505 or Tara.Gray@usoncology.com

Texas Oncology-Sugar Land: 281.277.5200 or Melissa.Howell@usoncology.com

**Breast Cancer Index (BCI) Registry Study (BTX-BCI-016-PRT)**

**Texas Oncology Study #:** 20210

**Contact:**

Texas Oncology-Webster: 281.332.7505 or Tara.Gray@usoncology.com

Texas Oncology-Sugar Land: 281.277.5200 or Melissa.Howell@usoncology.com



**A Phase III Study of Trastuzumab Deruxtecan (T-DXd) with or without Pertuzumab versus Taxane, Trastuzumab and Pertuzumab in HER2-positive, First-line Metastatic Breast Cancer (DESTINY-Breast09) (D967UC00001)**

**Texas Oncology Study #:** 20396

**Contact:**

Texas Oncology-The Woodlands: 281.296.0365 or Sandra.Thornton@usoncology.com

**GSK 213831: A randomized phase 3 double-blinded study comparing the efficacy and safety of niraparib to placebo in participants with either HER2-negative BRCA-mutated or triple-negative breast cancer with molecular disease based on presence of circulating tumor DNA after definitive therapy**

**Texas Oncology Study #:** 20418

**Contact:**

Texas Oncology-Houston Memorial City: 713.467.1722 or Angie.Recitas@usoncology.com

**A Phase 3, Randomized, Double-Blind Study of Trilaciclib or Placebo in Patients Receiving First- or Second-Line Gemcitabine and Carboplatin Chemotherapy for Locally Advanced Unresectable or Metastatic Triple-Negative Breast Cancer (PRESERVE 2) (G1T28-208)**

**Texas Oncology Study #:** 20431

**Contact:**

Texas Oncology-Houston Memorial City: 713.467.1722 or Angie.Recitas@usoncology.com

Texas Oncology-Houston Willowbrook: 281.894.8822 or Myra.Miguel@usoncology.com

**EMBER-3: A Randomized, Open-Label, Phase 3 Study of LY3484356 vs Investigator's Choice of Endocrine Therapy, in Patients with Estrogen Receptor Positive, HER2 Negative Locally Advanced or Metastatic Breast Cancer Previously Treated with Endocrine Therapy (J2J-OX-JZLC)**

**Texas Oncology Study #:** 21183

**Contact:**

Texas Oncology-The Woodlands: 281.296.0365 or Sandra.Thornton@usoncology.com

Texas Oncology-Houston Willowbrook: 281.894.8822 or Myra.Miguel@usoncology.com



## BREAST CANCER · Oncology Consultants

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

**OC Study #:** OC-21-008

**Contact:**

ResearchTeam@OncologyConsultants.com, 713.600.0913

## LUNG CANCER · UTHealth Houston

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

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

**Lead Physician:** Syed Jafri, MD

**Contact:** 713.704.3961, ms.oncology.research@uth.tmc.edu

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

**Lead Physician:** Syed Jafri, MD

**Contact:** 713.704.3961, ms.oncology.research@uth.tmc.edu

## LUNG CANCER · Texas Oncology

**516-005: A Randomized Phase 3 Study of Sitravatinib in Combination with Nivolumab Versus Docetaxel in Patients with Advanced Non-Squamous Non-Small Cell Lung Cancer with Disease Progression On or After Platinum-Based Chemotherapy and Checkpoint Inhibitor Therapy (SAPPHIRE)**

**Texas Oncology Study #:** 19018

**Contact:**

Texas Oncology-Beaumont: 409.899.7180 or Alana.Brown@usoncology.com  
Texas Oncology-Houston Willowbrook: 281.894.8822 or Myra.Miguel@usoncology.com  
Texas Oncology-Sugar Land: 281.277.5200 or Melissa.Howell@usoncology.com

**Randomized, Open Label Phase 3 study of SAR408701 versus Docetaxel in Previously Treated metastatic non-squamous Non-Small Cell Lung Cancer patients with CEACAM5 positive tumors (EFC15858)**

**Texas Oncology Study #:** 19118

**Contact:**

Texas Oncology-Beaumont: 409.899.7180 or Alana.Brown@usoncology.com

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

**Texas Oncology Study #:** 19211

**Contact:**

Texas Oncology-Houston Memorial City: 713.467.1722 or Elton.Oliveira@usoncology.com

<p><b>A Phase 2 Trial of MRTX849 in Combination with Pembrolizumab in Patients with Advanced Non-Small Cell Lung Cancer with KRAS G12C Mutation (849-007)</b></p> <p>Texas Oncology Study #: 20270</p>	<p><b>Contact:</b> Texas Oncology – The Woodlands: 281.296.0365 or Sandra.Thornton@usoncology.com</p>
<p><b>A Randomized, Double-Blind, Placebo-Controlled Trial of Tomivosertib in Combination With Anti-PD-(L)1 Therapy in Subjects With Non-Small Cell Lung Cancer as First-Line Therapy or When Progressing on Single-Agent First-Line Anti-PD-(L)1 Therapy (eFT508-0011)</b></p> <p>Texas Oncology Study #: 20423</p>	<p><b>Contact:</b> Texas Oncology-Beaumont: 409.899.7180 or Alana.Brown@usoncology.com Texas Oncology-Houston Memorial City: 713.467.1722 or Elton.Oliveira@usoncology.com Texas Oncology-Houston Willowbrook: 281.894.8822 or Myra.Miguel@usoncology.com Texas Oncology-Webster: 281.332.7505 or Tara.Gray@usoncology.com</p>

**LUNG CANCER · Oncology Consultants**

<p><b>A Randomized, Phase 3, Open-label Study to Investigate the Pharmacokinetics and Safety of Pembrolizumab SC plus Chemotherapy versus Pembrolizumab IV plus Chemotherapy in the First-Line Treatment of Participants with Metastatic Squamous or Nonsquamous Non-Small-Cell Lung Cancer</b></p> <p>OC Study #: OC-21-010</p>	<p><b>Contact:</b> ResearchTeam@OncologyConsultants.com, 713.600.0913</p>
<p><b>A Randomized, Double-Blind, Placebo-Controlled Trial of Tomivosertib in Combination With Anti-PD-(L)1 Therapy in Subjects With Non-Small Cell Lung Cancer as First-Line Therapy or When Progressing on Single-Agent First-Line Anti-PD-(L)1 Therapy (KICKSTART)</b></p> <p>OC Study #: OC-20-18</p>	<p><b>Contact:</b> ResearchTeam@OncologyConsultants.com, 713.600.0913</p>
<p><b>A phase 3, open-label, 3-cohort randomized study of N-803 in combination with current standard of care vs standard of care as first-line treatment for patients with advanced or metastatic non-small cell lung cancer (NSCLC)</b></p> <p>OC Study #: OC-21-002</p>	<p><b>Contact:</b> ResearchTeam@OncologyConsultants.com, 713.600.0913</p>
<p><b>A Phase 3, Randomized Study of Amivantamab and Lazertinib Combination Therapy Versus Osimertinib Versus Lazertinib as First-Line Treatment in Patients with EGFR-Mutated Locally Advanced or Metastatic Non-Small Cell Lung Cancer</b></p> <p>OC Study #: OC-21-005</p>	<p><b>Contact:</b> ResearchTeam@OncologyConsultants.com, 713.600.0913</p>

<p><b>A Phase II Multi Center Study of BGB324 in Combination with Pembrolizumab in Patients with Previously Treated Advanced Adenocarcinoma of the Lung</b></p> <p><b>OC Study #:</b> OC-20-003</p>	<p><b>Contact:</b> ResearchTeam@OncologyConsultants.com, 713.600.0913</p>
<p><b>A Phase 1, First-in-Human, Open-Label, Dose Escalation Study of JNJ-61186372, a Human Bispecific EGFR and cMet Antibody, in Subjects with Advanced Non-Small Cell Lung Cancer</b></p> <p><b>OC Study #:</b> OC-21-019</p>	<p><b>Contact:</b> ResearchTeam@OncologyConsultants.com, 713.600.0913</p>
<p><b>Phase 1-2 Study Investigating Safety, Tolerability, Pharmacokinetics and Preliminary Antitumor Activity of Anti-TIM-3 Monoclonal Antibody BGB-A425 in Combination with Anti-PD-1 Monoclonal Antibody Tislelizumab in Patients with Advanced Solid Tumors (NSCLC)</b></p> <p><b>OC Study #:</b> OC-22-004</p>	<p><b>Contact:</b> ResearchTeam@OncologyConsultants.com, 713.600.0913</p>
<p><b>A Phase 1b Efficacy and Safety Study of Cofetuzumab Pelidotin (ABBV-647, a PTK7-Targeting Antibody Drug Conjugate) in Subjects with PTK7-Expressing, Recurrent Non-Small Cell Lung Cancer</b></p> <p><b>OC Study #:</b> OC-19-015</p>	<p><b>Contact:</b> ResearchTeam@OncologyConsultants.com, 713.600.0913</p>





### PROSTATE CANCER · Texas Oncology

**Biomarker study to determine frequency of DNA-repair defects in men with metastatic prostate cancer (64091742PCR0002)**

**Texas Oncology Study #:** 19144

**Contact:**

Texas Oncology-Beaumont: 409.899.7180 or Alana.Brown@usoncology.com  
Texas Oncology-Houston Memorial City: 713.467.1722 or Elton.Oliveira@usoncology.com  
Texas Oncology-Houston Willowbrook: 281.894.8822 or Myra.Miguel@usoncology.com  
Texas Oncology-Webster: 281.332.7505 or Tara.Gray@usoncology.com

**A Phase 3 Randomized, Double-Blind Study of Nivolumab or Placebo in Combination with Docetaxel, in Men with Metastatic Castration-resistant Prostate Cancer (CA209-7DX)**

**Texas Oncology Study #:** 19191

**Contact:**

Texas Oncology-Houston Memorial City: 713.467.1722 or Elton.Oliveira@usoncology.com

### PROSTATE CANCER · Oncology Consultants

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

**OC Study #:** OC-21-007

**Contact:**

ResearchTeam@OncologyConsultants.com, 713.600.0913

## ADDITIONAL CLINICAL TRIALS – VARIOUS CANCERS – UHealth Houston

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

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

**ClinicalTrials.gov Identifier:** NCT03811015

**Lead Physician:** Syed Jafri, MD

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

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

**Sponsor:** AVEO Pharmaceuticals, Inc.

**ClinicalTrials.gov Identifier:** NCT03970616

**Lead Physician:** Julie Rowe, MD

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

**An Open-label, Multicenter, Multicohort, Phase 2 Study to Evaluate Enfortumab Vedotin in Subjects with Previously Treated Locally Advanced or Metastatic Malignant Solid Tumors (EV-202) Protocol #7465-CL-202**

**Sponsor:** Astellas Pharma Global Development, Inc.

**ClinicalTrials.gov Identifier:** NCT03474107

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

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

**Sponsor:** National Cancer Institute (NCI)

**ClinicalTrials.gov Identifier:** NCT03793166

**Lead Physician:** Neha Maithe, MD

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

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

**Lead Physician:** Julie Rowe, MD

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

**Tafasitamab + Lenalidomide + R-CHOP Versus R-CHOP in Newly Diagnosed High-intermediate and High Risk DLBCL Patients (frontMIND)**

**Sponsor:** MorphoSys AG

**ClinicalTrials.gov Identifier:** NCT04824092

**Lead Physician:** Adan Rios, MD

**Contact:** 713-704-3961, ms.oncology.research@uth.tmc.edu

## Retired Physician's Cancer Journey Gives Hope to Others

When 76-year-old Arthur Hamberger, MD, reflects on his 50-year career, the first thing that comes to mind are his patients and their admirable courage and resilience in the face of adversity. The same thing can be said of their physician, who has survived cancer five times.

"I was 25 years old with a wife and 5-month-old daughter when I was diagnosed with testicular cancer," says Dr. Hamberger.

"While receiving treatment, I became interested in radiation therapy and decided to become a radiation oncologist."

After completing a 3-year fellowship program at The University of Texas MD Anderson Cancer Center in Houston, Dr. Hamberger, his wife and 1-year-old daughter moved from New York to Houston in June 1972. Dr. Hamberger worked at MD Anderson for 10 years as a tenured professor of radiation oncology and director of the radiotherapy training program. While there, he was recruited to direct a new radiotherapy department at Memorial City General Hospital (now Memorial Hermann Memorial City Medical Center). It was the first department outside Loop 610 that had equipment comparable to MD Anderson's.

Dr. Hamberger says he loved his patients at Memorial Hermann and appreciated the loyalty of his staff and the comradery of his medical colleagues. As he prepared for retirement, he spent 3 years working part-time at Memorial Hermann. It was during that time he was diagnosed with prostate cancer.

"Since I had a family history of



"My philosophy in life is to not let your illness overtake you. I choose to be positive and continue to live life to the fullest."

-ARTHUR HAMBERGER, MD

prostate cancer, I had a prostate health index test that indicated the likelihood I had a serious cancer," said Dr. Hamberger. "While an MRI showed one suspicious area on my prostate, a biopsy revealed there were three areas involved. Having had radiation treatment for testicular cancer, I wanted to avoid radiation because of the high risk of injury if the same area was treated a second time. I had a robotic prostatectomy in March 2017."

His lymph nodes came back negative for prostate cancer yet looked abnormal under the microscope. Upon closer examination, it was determined he had a type of lymphoma identical to chronic lymphocytic leukemia that wouldn't have been detected had he not had prostate surgery. So far, the lymphoma has not required treatment, just close monitoring.

Then, just before Thanksgiving 2018, Dr. Hamberger noticed the faintest tinge of blood in his urine.

"A CT scan showed I had a bladder tumor," he says. "I had surgery to remove the cancer, but my CT scan also revealed a mass in my pancreas. A biopsy showed pancreatic carcinoma; the fourth cancer in less than two years. I had robotic surgery to remove half of my pancreas and my spleen. After surgery, I received adjuvant chemotherapy for 6 months."

Dr. Hamberger tolerated the treatment well and continued to have routine follow-ups for all his cancers. In August 2021, a follow-up CT scan showed a small tumor in the lower pole of his right kidney. There's a 60 percent chance it could be cancer. Since the tumor hasn't grown in four years, it's being monitored for now.

After surviving multiple cancers, Dr. Hamberger continues to celebrate life with his wife of 53 years. They love to travel, enjoy the theater and the arts, as well as spend time with their two daughters and their grandchildren. Dr. Hamberger has turned his cancer journey into something positive. He volunteers for CanCare and Memorial Hermann Greater Heights Hospital, where he speaks one-on-one with cancer patients—not as a physician, but as a cancer survivor—to let them know they are not alone.

"My calling in life is to help other cancer patients to cope with their diagnoses, to cope with side effects of treatment, stay strong and maintain a positive attitude," he says. "My philosophy in life is to not let your illness overtake you. I choose to be positive and continue to live life to the fullest." ■

## Accommodations Program “a Lifesaver” for Oral Cancer Patient



Doug Walker says receiving treatment for his oral cancer at Memorial Hermann Cancer Center - Texas Medical Center would have been “virtually impossible” without assistance from the Memorial Hermann Accommodations Program.

Over a 5-week period last fall, Walker received six radiation treatments a week, Monday through Friday. He initially thought he could make the daily drive from his home in Wharton, Texas, to the Texas Medical Center and back—about 150 miles, roundtrip—and did so for the first three days.

“I thought, ‘Oh, I can do this,’” recalls the 80-year-old retired anatomy teacher, who still mows his yard. “But towards the end of that first week, I realized it was going to be too much for me. The treatments were exhausting, debilitating. The radiation made me so weak.”

Fortunately, Dawn Spencer, the Center’s Radiation Oncology Nurse Navigator, explained to Walker that

“I thought, ‘Oh, I can do this,’ but towards the end of that first week, I realized it was going to be too much for me. The treatments were exhausting, debilitating. The radiation made me so weak.”

—DOUG WALKER

Memorial Hermann-Texas Medical Center, in partnership with the Memorial Hermann Foundation, provides qualifying patients\* with lodging at a nearby hotel during treatment. Walker was able to check into a hotel in the Texas Medical Center every Monday and check out on Friday, sparing him the daily drive.

Walker finished his last treatment around Thanksgiving, and in early February received the all-clear from his oncologist. He says the hotel “really saved me” and calls the program “wonderful.”

From October 2020 through September 2021, the Accommodations Program provided 10 Memorial Hermann patients undergoing cancer treatment at Memorial Hermann-TMC with a total of 247 nights of accommodation, resulting in over 300 appointments kept. ■

*\*Patients must meet income criteria and live 30 miles or more from the treatment center.*

***Patients interested in participating in the Memorial Hermann Transportation program should contact their Oncology Nurse Navigator for more information.***

# Stopping Breast Cancer Before It Starts

If you knew you were at high risk for developing breast cancer and there were steps you could take to prevent it, would you?

After skin cancers, breast cancer is the most common cancer and the second leading cause of cancer death in women in the United States. About one in eight women will develop breast cancer in her lifetime. The average age at diagnosis is 62. For many women who are at higher than average risk, chemoprevention is an option.

Chemoprevention agents are medicines that can inhibit or slow the growth of cancer cells. General surgeon Mike Ratliff, MD, who is affiliated with Memorial Hermann Greater Heights Hospital, says the term “chemoprevention” is a misnomer. “When women think of ‘chemo’, they envision an IV drip and significant side effects, such as vomiting and hair loss. This is not that,” he says. “More accurately called endocrine therapy, it is, for the most part, very well tolerated. It’s like taking a vitamin once a day.”

Factors that increase a women’s risk of developing breast cancer include a personal history of breast cancer, her age, a family history of breast cancer, a longer menstrual history or a genetic mutation linked to a family cancer syndrome, such as a BRCA mutation.

Additionally, among the women for whom chemoprevention might be an option are those who have been diagnosed with a precancerous condition that affect the cells in the breast, including atypical ductal hyperplasia (ADH), atypical lobular hyperplasia (ALH) and lobular carcinoma in situ (LCIS).

Despite the proven benefits of chemoprevention, however, many women who might benefit are unaware of this potentially lifesaving option. As Dr. Ratliff observes, “It is imperative and incumbent on all of us as physicians—surgeons, family doctors, OB/GYNs and certainly medical oncologists—to make



women aware of this option—to avail them of this option—because we know for a fact it works. The benefit is real.”

The U.S. Preventive Services Task Force (USPSTF), an independent, volunteer panel of national experts in disease prevention and evidence-based medicine, recommends that clinicians offer to prescribe risk-reducing medications to women aged 35 years or older who are at increased risk for breast cancer, and at low risk for adverse medication effects.

Once a woman has been identified as being at higher-than-average risk, a medical oncologist can work with her to accurately quantify her risk and help her weigh the benefits of chemoprevention against potential side effects. The affiliated cancer specialists at Memorial Hermann—oncologists, radiologists, surgeons and others—meet regularly to design the best care plan for each patient.

Dr. Ratliff, who leads these meetings (called tumor boards) at Memorial Hermann Greater Heights, says by reviewing a patient’s case in this fashion, the patient benefits from the collective expertise of the team. Among the factors considered in reviewing a patient’s case are the guidelines set forth by the National Comprehensive

Cancer Network (NCCN).

This method of case presentation and multidisciplinary, collaborative approach is one reason why Memorial Hermann Cancer Center – Greater Heights, along with the seven other Memorial Hermann Cancer Centers, is accredited by the American College of Surgeons Commission on Cancer (ACoS CoC). Also, they are also one of the reasons why Memorial Hermann Cancer Center – Greater Heights is also accredited by the National Accreditation Program for Breast Centers (NAPBC), a consortium of national, professional organizations dedicated to the quality of care of patients with diseases of the breast.

“Part of the rigorous evaluation by these national accreditation organizations regards how we care for our patients,” says Ratliff. “It’s another tool we use to give our patients the best care possible.” ■



**MIKE RATLIFF, MD**  
Affiliated General Surgeon





Getting a ride to and from the hospital was a big help for Brooke Gomes, whose 5-year-old son, Elijah, was diagnosed with pediatric leukemia. While dealing with her son's medical crisis was challenging, it was nice not to have to worry about making the 45-minute drive from their home in Katy to Children's Memorial Hermann Hospital in the Texas Medical Center, or finding a place to park.

Elijah spent the month of January

## Transportation Program Gives Young Leukemia Patient's Family a Lift

2021 at Children's Memorial Hermann Hospital. After he was released, he returned to receive outpatient treatments twice a week, which tapered to once a week, then once every other week and finally once a month.

Brooke and Elijah received rides to and from Elijah's outpatient treatments through a special transportation program facilitated by Memorial Hermann. "With the ride program, I didn't have to worry about parking," says Brooke. "We had a lot going on at the time, so if I was sleepy, I could take a little nap."

Elijah is one of hundreds of Memorial Hermann cancer patients and their families who are benefitting from

transportation grants provided to Memorial Hermann by the American Cancer Society (ACS). The monies are used for gas cards, rideshare and taxi vouchers as well as wheelchair transportation—to enable patients to get to and from their doctor visits and treatment appointments.

"While there were other options, like mileage reimbursement," says Brooke, "the ride service was the most convenient for us."

Since July 2020, the ACS has awarded Memorial Hermann a total of \$70,000 in transportation grants, allowing over 300 patients to keep over 4,500 appointments. ■

### MEMORIAL HERMANN WELCOMES



**Akinyinka A. Ajelabi, MD**, is a pulmonologist affiliated with Memorial Hermann Northeast Hospital. He received his medical degree from University of Ilorin

Faculty of Health Sciences in Ilorin, Nigeria, then completed a residency in the Department of Medicine at Bronx Lebanon Hospital Center in Bronx, N.Y. and a pulmonary, critical and sleep medicine fellowship at University of Mississippi Medical Center in Jackson, Miss.

In practice for more than 20 years, Dr. Ajelabi is certified in critical care medicine, internal medicine, pulmonary disease and sleep medicine by the American Board of Internal Medicine. He is a fellow of the American College of Chest Physicians, an associate of the American College of Physicians and a member of the American Thoracic Society.



**Sarah Brown, MSHS, CHES**, survivorship program manager for Memorial Hermann Health System, received her bachelor's degree in community health education

from Texas A&M University. After graduating, she served as a lay navigator for a cancer center in San Antonio, providing administrative oversight of the center's National Accreditation Program for Breast Centers (NAPBC) accreditation and administrative support for the center's oncology genetics program. After returning to Houston, she received her master's degree in healthcare quality and patient safety from George Washington University. She also served as the oncology quality improvement specialist at Harris Health System, where she oversaw the development of a survivorship program. Brown says her passion lies in ensuring patients feel supported both during and after active treatment.



**Kantheia McKinney, RN**, Oncology Nurse Navigator for the radiation spine clinic at Memorial Hermann-Texas Medical Center, earned an associate degree

from Mississippi Delta Community in Moorhead, Miss., and is currently pursuing a master's degree from The University of Texas at Arlington. Over the past 13 years, she has served as an oncology nurse in various hospitals and outpatient infusion centers. She is passionate about helping others and taking a holistic approach to healthcare, helping patients heal not just the physical but also the mental, spiritual and emotional aspects of their beings.

## ABOUT MEMORIAL HERMANN CANCER CARE

Memorial Hermann offers the entire continuum of cancer care—education, prevention, screening, diagnosis, treatment, survivorship and rehabilitation. We do more than provide trusted medical care; we are helping patients navigate their entire cancer journey by caring for their physical, social, emotional and spiritual needs. Patients can take advantage of cancer services in their own neighborhood through our convenient network, which includes eight Cancer Centers, more than 20 breast care locations, 17\* hospitals and numerous specialty programs and services located throughout the Greater Houston area.

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

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

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

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



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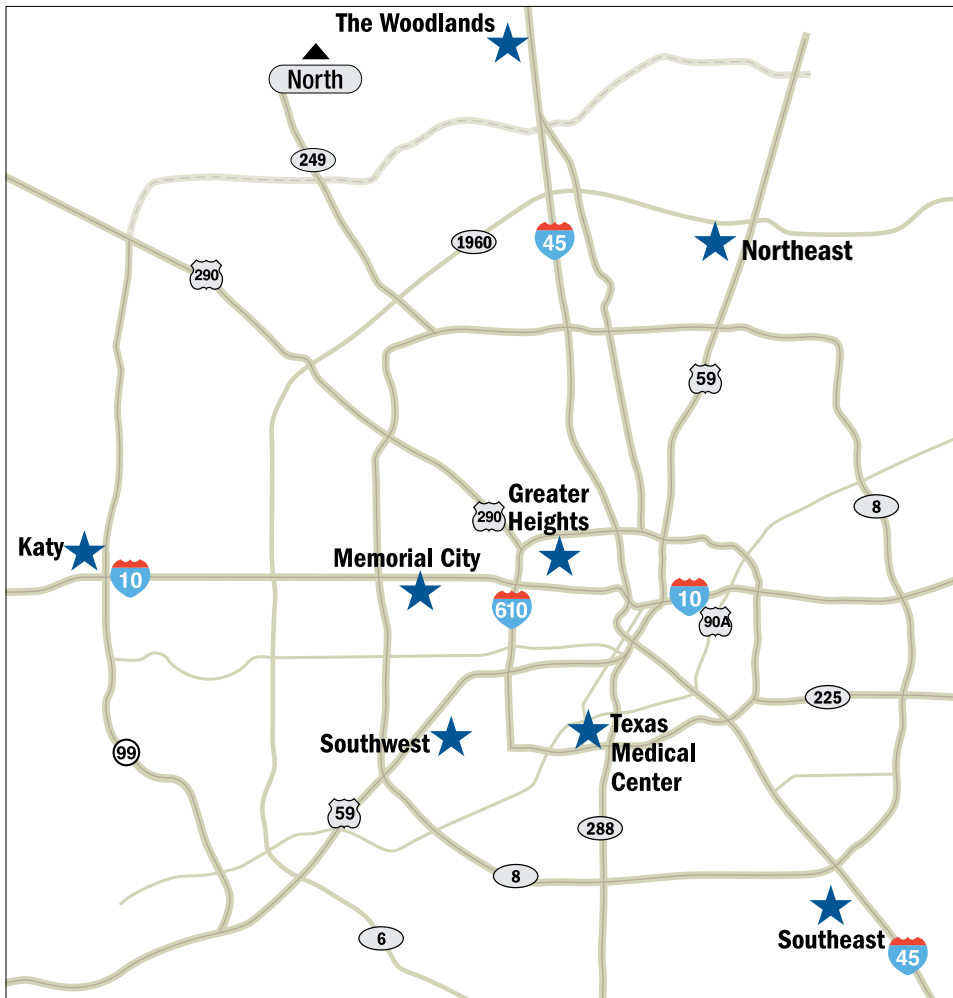
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## MEMORIAL HERMANN CANCER CENTER LOCATIONS



### Memorial City

925 Gessner Rd.  
Houston, TX 77024  
866.338.1150

### Northeast

18960 Memorial North  
Humble, TX 77338  
855.537.0016

### Greater Heights

1635 North Loop West  
Houston, TX 77008  
855.537.0019

### Katy

23900 Katy Fwy.  
Katy, TX 77494  
281.644.7000

### Southeast

11920 Astoria Blvd.  
Suite 100  
Houston, TX 77089  
855.537.0017

### Southwest

7600 Beechnut St.  
Houston, TX 77074  
713.456.4028

### Texas Medical Center

6400 Fannin St.  
Suite 2900  
Houston, TX 77030  
855.537.0013

### The Woodlands

920 Medical Plaza Dr.  
Suite 100  
Shenandoah, TX 77380  
855.537.0015

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