MEMORIAL HERMANN

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SURVIVORSHIP

Kristy Martin: Atypical Presentation of Acute Myeloid Leukemia

On March 5, 2020, Kristy Martin woke up to find her legs weren't working correctly. The 46-year-old mother of four was scheduled to see her primary care physician for a follow-up appointment for back pain that day. "Since I couldn't drive, I called an Uber car to take me to my appointment," she says. "I didn't think it was urgent."

When Martin arrived at the offices of primary care physician Douglas Tsuchida, MD, on the campus of Memorial Hermann Memorial City Medical Center and explained what she was experiencing, Dr. Tsuchida wheeled her directly into the hospital's Emergency Center.

There, an MRI revealed a large mass in the region of her lower spine. In the operating room, a team of neurosurgeons, led by affiliated UTHealth Neurosciences neurosurgeon Spiros Blackburn, MD, associate professor in the Vivian L. Smith Department of Neurosurgery at McGovern Medical School at The University of Texas Health Science Center at Houston (UTHealth), removed the tumor (as much as could safely be removed without causing further damage to the spinal cord). In addition, the team performed a laminectomy, a surgical procedure to ease the pressure on her spinal cord and nerve roots that was causing her pain and her inability to walk. Tumor samples were sent to a pathology lab for analysis.

Martin was transferred to the Neuroscience Center at Memorial Hermann Southwest Hospital, one of the most advanced neuroscience centers in Houston, where where she began receiving inpatient occupational and physical therapy under the care of neuro-oncologist Jay-Jinguang Zhu, MD, PhD, professor in the Vivian L. Smith Department of Neurosurgery at McGovern Medical School.

Pictured, from left to right: Adan Rios, MD; Kristy Martin; Michelle Schulhauser, RN; and Jay-Jinguang Zhu, MD, PhD.

"That was where my story took a turn," says Martin.

The pathology laboratory results indicated the tumor was a myeloid sarcoma, acute leukemia outside the bone marrow. Given the diagnosis was not a neurological tumor but rather an unusual form of acute leukemia, Dr. Zhu brought in Adan Rios, MD, professor in the Division of Oncology at McGovern Medical School, whose special interests include hematological malignancies (leukemia, lymphoma and multiple myeloma).

Describing Martin's diagnosis, Dr. Rios says, "The presence of leukemic tissue outside the bone marrow occurs in about 3 percent to 9 percent of patients with acute myeloid leukemia. It can occur in the skin or in any organ. In her case, it occurred as a very large mass that compressed her spinal cord on the right side from the level of the thoracic vertebral body eight (T8) down to the lumbar vertebral body L1 in the lumbo-sacral region, extending into the anterior portion of her abdomen."

Dr. Rios, who Martin describes as a

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Atypical Presentation *continued from page 1*

"collaborative genius," consulted with colleagues across multiple disciplines to create a care plan for Martin. In tandem, plans were made to initiate dose-intensive inpatient chemotherapy at Memorial Hermann-Texas Medical Center and to initiate a rehabilitation program at TIRR Memorial Hermann in the Texas Medical Center.

"In injuries of the spinal cord, the immediate restoration of function and rehabilitation are essential for recovery of these patients," says Dr. Rios. "Even when she was at TIRR, she was getting her chemo treatment. There aren't many institutions where this type of dose-intensive chemotherapy and multidisciplinary team are available."

Martin's care plan would eventually include radiotherapy, provided by radiation oncologist Mark Amsbaugh, MD, assistant professor of neurosurgery at McGovern Medical School and medical director of radiation oncology at Memorial Herman-TMC, and oral chemotherapy maintenance treatment, prescribed by Dr. Rios to prevent recurrence.

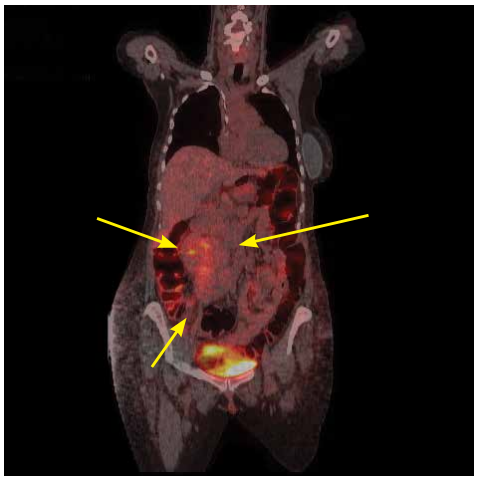
As if Martin's medical challenges weren't enough, just as she was diagnosed, the COVID-19 pandemic hit, and hospital visitation restrictions were put in place. "It was hard because I couldn't see my kids and the rest of my family," she says. "But the nurses and chaplains really helped lift my spirits. They helped me video chat with my family and even shared their own stories with me."

Martin was discharged from the hospital on June 5, 92 days after arriving via Uber car at her primary care physician's office for her follow-up visit. Throughout her journey, she was cared for by over a dozen UTHealth and Memorial Hermann affiliated specialists–emergency physicians, surgeons, neurologists, hematologists, oncologists, radiologists and neurorehabilitation specialists–plus a host of physical and occupational therapists, nurses, social workers, chaplains, home health providers and others, who worked in concert to ensure the best possible outcome.

Martin has regained some use of her legs, although she's mostly wheelchair dependent. But that's not holding her back. She recently relearned to drive a car using hand controls. ("It's so cool to be on the road again!") A self-described "good home chef," she's relearning to chop at a different angle.

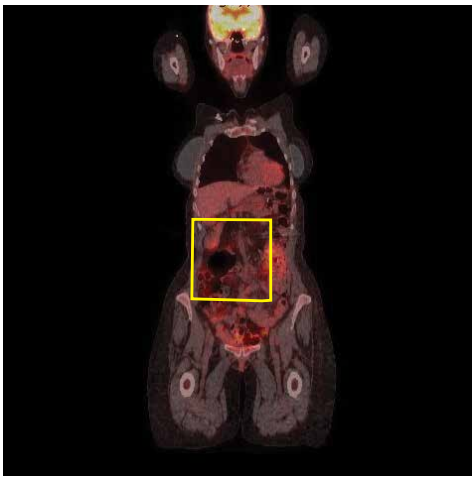
"My whole life changed. Everything changed," she says. "But it has been such a positive journey. It made me realize what's important and what's not. Everyone worked together. It all worked out." ■

BEFORE



PET CT reveals a very large myelosarcoma mass compressing the patient's spinal cord on the her right side, from the level of the thoracic vertebral body eight (T8) down to the lumbar vertebral body L1 in the lumbo-sacral region, extending into the anterior portion of her abdomen.

AFTER



PET CT shows complete resolution of the mass following treatment.

IN THIS ISSUE

Young Dad Beats Colon Cancer, Welcomes Second Child

In 2017, Daniel Begnaud's world as he knew it came crashing down when he was diagnosed with stage IV colon cancer at the age of 30. A father of a 1-year-old son, he was initially told that it was unlikely he would ever have more children. On top of a cancer diagnosis, it was a hard pill to swallow. From the moment his son, Luke, was born, he knew he wanted more children. He never dreamed it might not be an option.

"Up until I was told I had cancer, my wife and I were living the dream," says Begnaud. "We were checking all the boxes–career success, buying our first house, celebrating five years of marriage, and Luke turned 1. There were so many great things happening in our lives, but in hindsight, I wasn't feeling my best."

While Begnaud didn't feel sick, he felt sluggish, which he chalked up to being a tired parent. But after finding blood in his stool, Begnaud had a colonoscopy, which revealed a large tumor in his colon. Later, scans showed that the cancer had spread outside of the colon to the liver, abdomen and lymph nodes.

Medical oncologist Julie Rowe, MD, assistant professor at McGovern Medical School, who sees patients at Memorial Hermann Cancer Center-Texas Medical Center and Memorial Hermann Cancer Center-Northeast, says that while screening is definitely the key to catching cancer earlier, in Begnaud's case, he did not meet the standard screening criteria because of his young age.

"I think, in general, a person needs to 'know' his or her body well and watch for signs that are not normal, such as unintentional weight loss or changes in bowels or urine," says Dr. Rowe. "I encourage patients to keep track of the things they feel are unusual and not ignore them. Ignoring these symptoms can lead to more advanced cancer."

Dr. Rowe remembers the heartbreaking conversation with Begnaud and his family when she told him he would be on chemo for the rest of his life, would never be able to have more children and had a life expectancy of less than 2 years. "But Daniel proved me wrong. And in this case, I wanted to be proven wrong," she says. "He is a true testimony to his faith and believing his cancer would be cured."

Dr. Rowe says it is unusual to see people in their early 30s with advanced colon cancer, but more and more young patients are being diagnosed. "Cancer research is focusing on trying to understand why this is happening and on finding ways to improve screening for cancer," she says. "It's also why the recommended screening age was recently changed from 50 to 45."

"I remember when I went in for my colonoscopy, my biggest concern was where I was going to eat pancakes afterward," recalls Begnaud. "I never considered I would be starting my first of 21 rounds of chemo."

The plan was to shrink the tumor enough to do surgery, but before this happened there was a hiccup in his plan when he experienced severe pain. Doctors discovered his colon had stopped working, and they had to put in a stent. A youth minister at Central Baptist Church in Buna, Texas, Begnaud knew prayer was now more important than ever.

In July 2018, his prayers were answered when scans showed the chemo had worked and he was a candidate for surgery. His 13-hour surgery included a colon resection, gallbladder removal, liver ablation and a peritoneum and lymph node removal. In October 2018, he was given a clean bill of health. His scans showed no evidence of disease.

Despite all of the bad that comes with a cancer diagnosis, he says the silver lining is that he can be an advocate for his children. "It was a numbing feeling to learn that the cancerous tumor had been growing in my body for about 10 years, meaning it started when I was 20. I now know that my children will need to undergo screening around that time because of my diagnosis. At least now I have the tools and knowledge to be proactive and potentially prevent colon cancer for them."

Although Begnaud was diagnosed at such a young age, he doesn't have a family history of colon cancer. "Many people think if they don't have a family history of cancer they don't need to worry about screening," he says. "But I am living proof that's not true. If you have any inkling that something isn't right, get screened. It could add years to your life."

Thankfully, it looks like that is the case for Begnaud. In July 2019, he rang the bell that signified the end of his treatment. In March 2020, his scan came back clear. He says the only thing that topped that was the birth of his daughter, Ava, one week later.

Begnaud's road to recovery has included some detours. "I had a recurrence in July 2020. In August, I had a small mass removed laparoscopically followed by 11 more rounds of maintenance chemo," he says.

His recent scans were clear, so his next round of chemo should be his last. And he will ring the bell again. ■

Drama Therapy: Empowering Cancer Thrivers to Grow and Heal

Rebecca Clarke, a metastatic cervical cancer "thriver," shares her story via a tableau during a drama therapy session at Canopy. "I call it 'Solace' because it depicts the only comfort I can give my elderly mother, who has lost two sons to cancer and feels helpless in coping with my cancer," she says.

Registered Drama Therapist Peyton Welch understands the physical, mental and emotional toll that debilitating illness, including cancer, can take. In October 2019, the 40-year-old Arkansas native turned Houston transplant was diagnosed with stage II/III brain cancer for which he underwent brain surgery followed by radiation therapy.

"The diagnosis hit me like a ton of bricks," he recalls. "I remember thinking, I will never be the same again."

Fortunately, years before his cancer diagnosis, Welch, who suffers from epilepsy, discovered–and ultimately pursued a career in–a novel yet powerful form of therapy: drama therapy. Now, he shares this beneficial approach with other cancer thrivers and their families from all over Greater Houston at Canopy at Memorial Hermann The Woodlands Medical Center.

Amanda Poole, Canopy manager, says, "Drama therapy is a wonderful addition to our line-up, which includes a wide variety of programs and services addressing the emotional, physical and social needs of those touched by cancer."

Cancer Journal: What is drama therapy?

Welch: Drama therapy is an expressive and action-oriented therapy that focuses on the "here and now." It actively intertwines psychology with theater, allowing participants to see and understand their real-life struggles in a new way, making discoveries through their own experiences and experimentation.

Cancer Journal: Who might benefit from drama therapy?

Welch: Just about anyone can benefit–individuals, families and communities struggling with change, loss or other challenges. This approach can provide the context for participants to tell their stories, set goals and solve problems, express feelings or achieve catharsis. Through drama, the depth and breadth of inner experience can be actively explored, and interpersonal relationship skills can be enhanced.

Cancer Journal: From which therapeutic approaches does drama therapy draw?

Welch: In my drama therapy work, I often combine select elements from existential therapy, which focuses on self-awareness and freedom; person-centered therapy, a non-directive, empathic approach that empowers and motivates the client in the therapeutic process; and Gestalt therapy, which focuses on the individual's experience in the present moment. However, each approach is based on a client's specific needs and objectives.

Cancer Journal: What theater techniques does drama therapy involve?

Welch: Drama therapy employs a wide range of drama tools and techniques. Common approaches include improvisation, the use of masks, performance, storytelling, role playing, puppetry and playback theater.

Cancer Journal: What does a typical drama therapy session look like?

Welch: Each session begins with a check-in in which participants share how they are currently feeling. This provides important information to the drama therapist about how to lead the group that day, what issues are ready to be worked on and what resistances will need to be worked past to get the group to function openly and smoothly. Next, a warm-up gets everyone focused on each other and on being in the "here and now." A warm-up also prepares muscles that may be used in activities later in the session and prepares imaginations so everyone is ready to work together creatively and safely.

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Drama Therapy *continued from page 4*

Each session usually includes at least one major drama therapy activity in which the group participates, then discusses. Participants who have assumed a role need to "de-role" afterward in order to reconnect with themselves. The group ends with a closure activity, such as a game, ritual, review of the session or song.

Cancer Journal: Can you provide an example of a "major drama therapy activity"?

Welch: We often use metaphors and symbolism. For instance, in one activity, participants navigate an obstacle course made up of chairs, each labeled with a word or phrase representing an obstacle, such as "mud," "monkey bars" or "ice." Each person navigates the course, acting out how he or she would overcome each obstacle. It's fun to see how different people face and deal with different challenges. Then each person will write down one obstacle they are currently facing. We put everyone's obstacles on the chairs and go through the course again. There is no right or wrong way to go about it. I tell participants, I want you to be you. What is your ideal way to overcome these obstacles? Then we process, which sparks ideas. We always close on a positive note.

Cancer Journal: How does one become a drama therapist?

Welch: To become Registered Drama Therapist (RDT), you must earn a master's or doctoral degree in drama therapy from a program accredited by the North American Drama Therapy Association (NADTA) or a master's or doctoral degree in theater or a mental health profession with additional in-depth training in drama therapy through NADTA's alternative training program. I received my master's degree in drama therapy from Kansas State University in 2017 and was registered through the NADTA in 2019.

Cancer Journal: What do you hope participants will take away from their drama therapy experience?

Welch: My personal mission statement is "Learning to accept life's challenges and values by embracing hope, creativity and personal worth!" I tell everyone, your story matters. Share your story and know there is always hope.

To learn more about Welch and his cancer journey, see "Peyton Welch Tells His Story and Helps Others Tell Theirs" on page 28. ■

To register for a drama therapy session at Canopy, call 713.897.5939. To find out more about the services and programs offered at Canopy, visit memorialhermann.org.

Exercise May Increase Cancer Survival

It's common knowledge that exercise is important for good health. In addition, studies have shown that regular exercise can lower cancer risk and improve a person's quality of life during cancer treatment. But did you know that regular exercise may also help decrease the risk of cancer recurrence and improve survival?

Reducing Cancer Risk

Physical activity may lower risk of cancer by helping control weight, regulating hormones or insulin and strengthening the immune system.

A study from the researchers at the American Cancer Society and the National Cancer Institute, published in the May 16, 2016, issue of *JAMA Internal Medicine*, linked physical activity with a lower risk of 13 specific types of cancer, including colon, breast, endometrial, esophageal, liver, stomach, kidney, head and neck, rectum, bladder and lung cancers, as well as myeloid leukemia and multiple myeloma.

Excercise *continues on page 6*

Excercise *continued from page 5*

Boosting Quality of Life During Cancer Treatment

Patients undergoing cancer treatment may also benefit from being as physically active as possible during cancer treatment. Among the benefits, exercise can help improve balance, strengthen muscles, improve cardiac health, reduce anxiety and depression, improve self-esteem and lessen nausea and fatigue.

"One of the most common complaints I hear from patients undergoing cancer treatment is about the fatigue," says Memorial Hermann Oncology Nurse Navigator Angela Sisk, RN. "I try to bring it up even before they do. I tell them, 'I know it seems counterintuitive to get up and exercise when you're so tired, but if you can get up and exercise a bit, you'll feel better.'"

Improving Cancer Survival

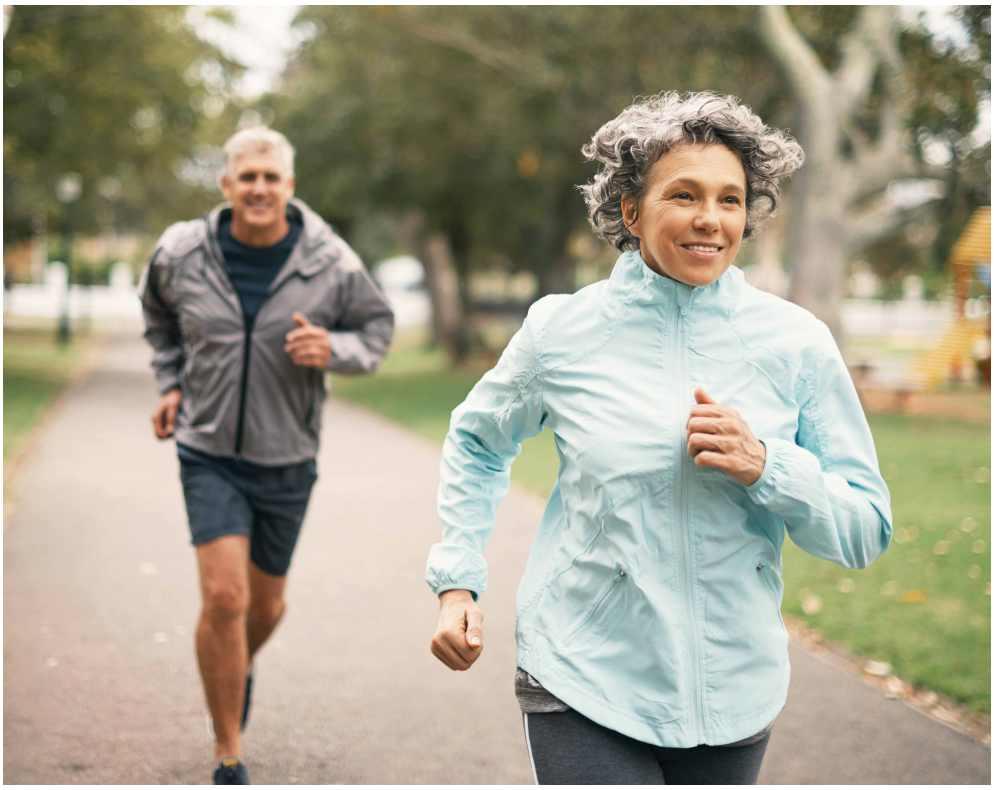
Now, researchers are finding that regular physical activity may also reduce a cancer survivor's risk of cancer recurrence and improve survival.

A 2018 study of the cancer survival benefits of exercise, funded by the Roswell Park Cancer Center and National Cancer Institute, concluded that exercise after a cancer diagnosis–even once or twice a week, and even in patients who had not exercised prior to their cancer diagnosis–improved survival.

The study found that "habitually active" patients had the biggest survival advantage over their sedentary counterparts. Those who exercised three to four times a week before and after their cancer diagnosis reduced their overall mortality risk by 39 percent and their cancer-specific mortality by 36 percent. Patients who engaged in exercise 1 to 2 days a week before and after their cancer diagnosis experienced a 32 percent reduction in both all-cause mortality and cancer-specific mortality.

But the study also found that those who had been sedentary in the decade prior to their diagnosis experienced a 28 percent drop in all-cause and cancer-specific mortality when they exercised just one to two times a week during the year following their diagnosis.

And these survival benefits were found to occur regardless of the patient's sex, age, weight, smoking status or cancer state.



Not One-Size-Fits-All

Sisk says that while cancer patients and survivors can certainly benefit from regular physical activity, there's no one-size-fits-all answer. "Each person's exercise program should be based on his or her condition and abilities," she says. "While several studies have shown the benefits of exercise for cancer patients, overdoing it can put certain cancer patients, including those who are seriously ill or have comorbidities, at additional health risk," she says. "Patients should speak to their doctor before starting any type of exercise."

Sisk says physical activity doesn't have to be strenuous to be effective. "Emerging research shows yoga use by cancer patients can improve overall wellbeing in addition to relieving stress, anxiety and some of the negative side effects related to cancer treatment."

A Certified YogaNurse®, Sisk taught yoga classes at Memorial Hermann Greater Heights Hospital prior to the pandemic and hopes to resume teaching when it's safe to do so. "I have been an oncology nurse for 25 years and have been practicing yoga for almost as long," she says. "I've found that restorative, therapeutic yoga offers a safe, gentle practice that is especially helpful for patients with cancer."

Yoga classes are also offered at Canopy at Memorial Hermann The Woodlands Medical Center. "Canopy offers a wide variety of free programs and services to address the emotional, physical and social needs of those touched by cancer," says Amanda Poole, manager of Canopy. "In addition to offering yoga classes twice a week, we also offer Pilates, barre and tai chi classes. Many of our classes are taught both online and in person. In-person class sizes are limited to allow for social distancing." ■

For a complete list of Canopy offerings, call 713.897.5939.

ANGELA SISK, RN
Oncology Nurse Navigator
Memorial Hermann Greater Heights Hospital

I want to urge everyone who is reading this message today to return to wellness care, including cancer screening. Have you had your mammogram in the last 12 months? Have you spoken to your provider about a colon cancer screening test? Are you ready to have a low-dose CT lung cancer screening exam? Many of you have delayed cancer screenings during the coronavirus pandemic. The American College of Surgeons Commission on Cancer and Memorial Hermann Cancer Centers urge you to you to return to regular wellness care and cancer screening. Memorial Hermann has eight Commission on Cancer accredited centers to safely provide for all your cancer screening and cancer care needs.

Detecting cancer early is the primary goal of cancer screening because finding cancer earlier can mean a better outcome for you. Talk to your healthcare provider today about scheduling your mammogram, cervical screening, prostate cancer screening, colon cancer screening and lung cancer screening. Memorial Hermann is ready to help you get your in-person screenings done safely and quickly.

As we continue to navigate the pandemic, it is my hope that the community understands the safety processes we have put into place to be able to treat everyone safely. We are committed to doing everything we can to make sure people feel comfortable walking into our facilities to receive care.

At Memorial Hermann, I feel privileged to work alongside some of the best and brightest surgical, medical and radiation oncologists our city has to offer. Our multidisciplinary teams work together to create personalized treatment plans that give every patient the best chance at survival. Even with the challenges we have faced recently, we will continue to provide every patient with the personalized care and support they deserve. At Memorial Hermann, no one faces cancer alone.

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

Every year brings change. It's a part of life for all of us, but no one could have predicted how drastically our world has changed since the pandemic started. From the way we view social gatherings to wearing masks as part of our daily routines, the pandemic has changed our mindsets and the way we practice medicine.

The one thing that should never change is our commitment to our own personal health. Part of this commitment is getting the COVID-19 vaccine when it is available to you, as outlined by national health leaders. It's understandable that some may feel hesitant to get the vaccine. After all, this is new to all of us. However, the important thing to remember is that the vaccine's efficacy is backed by science and has been reviewed by panels of experts in the field. These mRNA vaccines, which deliver genetic material to create proteins, have been studied for more than a decade and have shown to be very effective in preventing COVID-19 infection. Doing your part in getting vaccinated is the first step in helping to achieve herd immunity to help slow the spread of the coronavirus.

As a vaccine hub for the state of Texas, Memorial Hermann has a responsibility to take care of the community, a responsibility our entire medical team takes very seriously. It is my hope that the public sees our commitment and places trust in us so we can continue to make strides in beating COVID-19. Be the change. Do it for yourself and for your loved ones. I already have.

In good health,

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

Natalie Davis: Surprise Colon Cancer Diagnosis

"Cancer" was not what Natalie Davis was expecting to hear. After all, she was 50 years old. She had no history of colon cancer in her family. The colonoscopy–her first–was routine. And she felt perfectly fine.

"Life has a sense of humor," says Davis. "Up until that day, my only exposure to colorectal cancer was writing about it for a paper in grad school."

Yet in October 2019, Davis found herself in the office of Memorial Hermann Medical Group gastroenterologist Shaheryar Siddiqui, MD, who had performed her colonoscopy at Memorial Hermann Southwest Hospital a couple days earlier.

"I explained to Natalie that during the colonoscopy, I found a lesion in her sigmoid colon, which was too large to be removed through a colonoscopy," says Dr. Siddiqui. "I tattooed the area (marked the area of the lesion on the outside of the colon so that a surgeon could locate it, if surgery were required) and sent a sample to the pathology laboratory to be biopsied. The results indicated she had colon cancer. Fortunately, the cancer had not spread outside the colon, including to the lymph nodes."

Dr. Siddiqui referred Davis to colon and rectal surgeon Aakash Gajjar, MD, for a surgical consult. Dr. Gajjar saw her that same day.

"Dr. Gajjar explained my situation to me, and we had a conversation about how things could go," recalls Davis. "I could tell from the conversation he knew what he was doing. I felt comfortable I would be in good hands."

In December 2019, Dr. Gajjar performed a robotic sigmoid colectomy, a minimally invasive surgical procedure to remove the diseased part of Davis' colon. The procedure, which took a few hours, was performed at Memorial Hermann Sugar Land Hospital.

"By using the robot, we can spare the patient an open surgery," says Dr. Gajjar. "A minimally invasive surgery yields smaller incisions, less pain, a shorter hospital stay, less risk of infection and a faster recovery and return to work."

"Everything went really well," says Davis, who describes her surgery as "uneventful." She was moving around that night and walking the next day.

Because her cancer was caught at an early stage, Davis did not require radiation or chemotherapy. "Early detection through cancer screening is so important," says Dr. Gajjar. "So many younger people are getting diagnosed with colon cancer these days. Everyone thinks 50 is the age at which you should get your first colonoscopy. But recently, the American Cancer Society began recommending that the general public should start getting colonoscopies at the age of 45*, earlier if a person is experiencing symptoms or has a family history of colon cancer."

Davis wholeheartedly concurs. "I've been telling people, even if you have no symptoms, get screened. By the time you have symptoms, your cancer may have already advanced."

While her diagnosis came as a surprise, Davis says about a month before her diagnosis, she decided to adopt a more plant-based diet and lost her lifelong "sweet tooth." "I still eat meat on occasion, but I have added more leafy greens and legumes to my diet," she says. "And I recently resumed my yoga practice. I feel better than I did before the cancer." ■

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

What You Need to Know About Breast Cancer: Experts Weigh In

One in eight women will be diagnosed with breast cancer in her lifetime, making breast cancer the second most common cause of death from cancer in women in the U.S. after lung cancer. Early detection saves lives. When breast cancer is caught early, before it has spread outside the breast, the 5-year survival rate of women with the disease is 98 percent.

In an effort to educate women about breast cancer and breast cancer prevention, in October 2020, three members of the Memorial Hermann affiliated cancer team participated in an online breast cancer awareness webinar hosted by the Houston International Women's Ministry and the Houston International Seventh Day Adventist Church.

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Breast Cancer Experts *continued from page 8*

Here, we share highlights from the 2-hour webinar.

Who is considered at high risk for breast cancer?

According to the American Cancer Society, the average risk for breast cancer is 13 percent and increases with age until age 80. The average age of diagnosis is 62.

A woman is considered to be at higher-than-average risk for breast cancer if she:

- Has been told that her breast tissue is very dense
- Began puberty before age 12
- Began menopause after age 55
- Underwent hormone replacement therapy after menopause
- Has a personal history of breast biopsy
- Has a family history of breast or ovarian cancer
- Has above normal body mass index (BMI) after menopause

African American women are more likely to:

- Be diagnosed with cancer before age 40
- Be diagnosed with breast cancer at a later stage
- Have a more aggressive breast cancer
- Die from their breast cancer

What is a personalized breast cancer risk assessment?

Dr. Jones explained that each woman's risk profile for breast cancer is unique and is based on the risk factors outlined above. When Dr. Jones first sees a patient, she creates a personalized risk assessment for the patient on which she bases a personalized treatment plan.

In the webinar, she offered the following example:

The patient is a 45-year-old woman. She has been getting annual mammograms since age 40 because when she was in her 30s, she had lumpy breasts that her primary care physician frequently imaged with an ultrasound. The patient has heard her breasts are "very dense" for years. She even had a biopsy when she was 42, but it was negative for cancer. She has been worried about her breast health for years, since it seemed every other year, she was called back for a 6-month follow-up screening.

The patient started her period at age 11. She is 5′2″ and weighs 168 pounds. She had kids after graduate school, her first at age 32. She is not menopausal. She has been taking the same contraception (progesterone and estrogen) for years. Her aunt on her father's side of the family had breast cancer.

Based on her risk profile, her lifetime risk for developing breast cancer is between 22.7 percent and 25.7 percent, significantly higher than the average of 13 percent. Therefore, she qualifies for yearly breast mammograms, yearly breast MRIs and risk-reducing medications.

What is genetic testing?

As Drs. Jones and Gonzalez explained, there is a hereditary link for breast and other forms of cancer. There are ways to test a person's DNA, their genes, to determine if he or she is more predisposed to cancer.

What is the difference between a screening mammogram and a diagnostic mammogram?

Drs. Gonzalez and Jones recommend annual screening mammograms starting at age 40. If, during a screening mammogram, a potential irregularity is noted, the patient may be called back for diagnostic mammogram, to gain additional views of the breast. Both physicians emphasized that getting a call-back does not necessarily mean there is a cancer.

What can a woman do to reduce her risk of breast cancer?

While some risk factors, such as genetics, cannot be overcome, there are still actions a woman can take to reduce her risk. If she is overweight, she should evaluate her diet, replacing fast food, packaged foods, starches, carbohydrates, sugar and red meat with a diet rich in fresh fruits and vegetables, whole grains (which are high in fiber) and soy-based protein, beans and lean animal protein, such as skinless chicken and fish. Dr. Gonzalez recommends a stepped approach, giving up one bad thing a week and adding one healthful one.

Not only can a healthful diet help stave off cancer and other serious health problems, including heart disease and diabetes, but eating healthfully can also increase cancer survivability and help prevent cancer recurrence. Lowering alcohol intake to fewer than six glasses of wine a week will also decrease a woman's risk of breast cancer.

What are the stages of cancer, and what do they mean to patients?

There is a spectrum of cancer diagnoses from stages 0 to IV:

- **Stage 0** – Abnormal cells are present but have not spread outside the breast.
- **Stages I, II and III** – Cancer is present. The higher the number, the larger the cancer tumor and the more it has spread to nearby tissues.
- **Stage IV** – The cancer has spread to distant parts of the body.

Dr. Jones said that if breast cancer has spread to lymph nodes in the armpit, it is still a curable disease but with a higher risk of recurrence and needs to be treated more aggressively. She emphasized that screening mammograms can help prevent the spread, reiterating that the 5-year survival rate of patients with stage I and II breast cancers is 98 percent, adding that if a woman doesn't get annual mammograms, she puts herself at risk of getting a later-stage disease. Dr. Gonzalez added that if breast cancer spreads to organs and bones–meaning it is stage IV–it can be treated but not cured. But treatment can help prolong life.

Breast Cancer Experts *continued on page 10*

Breast Cancer Experts *continued from page 9*

What is the role of a caregiver to a breast cancer patient?

Ruiz, whose mother was diagnosed with breast cancer 3 years ago, says a caregiver plays a very important role in the physical and emotional wellbeing of a cancer patient. Her advice? Be a support system for them by providing transportation to appointments. When accompanying them to their appointments, be a second set of ears for them. But as important, simply be there for them. Listen and provide emotional support.

What is the role of the Oncology Nurse Navigator?

Ruiz and her fellow Memorial Hermann Oncology Nurse Navigators help cancer patients find support, such as online support groups, mentors and financial resources. They help patients find transportation to medical appointments. Assist patients with their mental wellness. And provide information on resources for survivors, such as Canopy at Memorial Hermann The Woodlands Medical Center, open to cancer survivors and their families and caregivers across the Greater Houston area.

What has been the effect of COVID-19 on breast cancer?

Unfortunately, the COVID-19 pandemic has resulted in a sharp decline in breast cancer screenings. According to a study published in the November 2020 issue of *JCO Clinical Cancer Informatics*, screenings for breast cancer were down 85 percent in April 2020 from April 2019. The researchers concluded that "the pandemic has resulted in decreases and delays in identifying new cancers and delivery of treatment. These problems, if unmitigated, will increase cancer morbidity and mortality for years to come."

Drs. Jones and Gonzalez urge women not to delay screenings, again reiterating that early detection through screening saves lives. ■

To schedule an appointment or to refer a patient to the Memorial Hermann Breast Cancer Prevention Program, call the UT Physicians Multispecialty–Bayshore clinic at 713.486.6325.

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Breast Cancer Prevention and Survivorship: A Family's Story

Claudia Osorio, 32, and her sister, Ana Osorio, 33, are hoping to keep the wolf at the door–breast cancer–at bay. Their mother, Rosa Osorio, 55, was diagnosed with breast cancer in 2019. Their sister, Elizabeth Osorio, 36, was diagnosed a year later.

Fortunately, all four women are patients at a new UT Physicians clinic dedicated to improving breast health, preventing breast cancer in high-risk patients and providing compassionate, quality cancer care. Claudia and Ana are also benefitting from a new Memorial Hermann Breast Cancer Prevention Program.

The clinic and Program are led by medical oncologist Jessica Jones, MD, assistant professor of oncology at McGovern Medical School, who is affiliated with Memorial Hermann-Texas Medical Center and is involved in breast cancer research.

Rosa: Stage II Breast Cancer

Rosa learned she had breast cancer while accompanying her daughter Claudia to a doctor's appointment in Mexico. "The minute the doctor touched mom's breast, his eyes opened wide, and he told her she needed to get it biopsied right away," recalls Claudia. "She had been feeling lumps before, but she just waited and waited."

In July 2019, a biopsy revealed Rosa had breast cancer. In August, she underwent surgery to have her right breast removed, followed by chemotherapy, both in Mexico. Claudia says the chemo was rough. "Mom was on 'red devil' (doxorubicin), which caused her to lose all of her hair and made her nails turn purple. She literally couldn't speak for three days after her treatments. Dad had to help her go to the restroom."

As soon as Rosa's insurance policy took effect January 1, 2020, the sisters sought treatment for their mom in Houston. "We did a ton of research to find her the best care," says Claudia. "We made an appointment with Dr. Jones, and it was amazing. Mom's doing great. She's glowing with good health."

"Rosa's daughters went above and beyond to make sure that they were getting the appropriate care for their mother," says Dr. Jones.

Now that Rosa has completed her therapy, she sees Dr. Jones every 3 months.

Elizabeth: Stage II Breast Cancer

Having watched her mother go through cancer, Elizabeth insisted she and her sisters get mammograms. Elizabeth got hers at The Rose. Abnormalities seen in the mammogram necessitated a biopsy, which revealed she had cancer in both breasts.

"Fortunately, she had already met Dr. Jones," says Claudia.

"With Elizabeth, we hit the ground running and personalized her treatment and care," says Dr. Jones. "To ensure the best surgical outcome, we initiated chemotherapy up front. Since

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A Family's Story *continued from page 10*

she did not have an identifiable genetic mutation, expert consensus with cancer conference discussions led to the physician-patient joint decision for bilateral mastectomy. She's a mom. She has young kids. Throughout her treatment we wanted to help her do all the things that she's doing right now, to support her through that. She's in her 30s and doesn't have a nest egg yet, so our cancer center found financial support. Knowing there's more to preventing breast cancer than mammograms, we said, 'Let's talk about your diet, your weight, and your other lifestyle choices.' And when her teenage daughter was having a hard time seeing her mom with cancer, we helped her find a therapist."

Elizabeth finished her last round of chemo in January 2021. In March, she underwent curative intent breast surgery at Memorial Hermann-TMC, performed by Emily Robinson, MD, professor of surgery at McGovern Medical School.

Ana and Claudia: Personalized Preventive Care

Because of Rosa's personal history of breast cancer, the extended family's history of breast cancer and Elizabeth's age for breast cancer, Ana and Claudia both qualified for genetic testing. "Both tests came back negative," says Dr. Jones. "But I told them, 'Just because you're negative doesn't mean that your children are out of the woods.' If you have a family history of cancer, like a mom or sister, you are at increased risk. So we treat you differently if you report changes in your breast. Everything is triaged differently. If you tell me you have a lump, it's more worrisome."

Dr. Jones conducted a comprehensive breast cancer risk assessment on Ana and Claudia. Then, based on their risk profiles, she created a personalized breast cancer prevention program for each. Dr. Jones prescribed Ana the hormone therapy drug Tamoxifen, a daily oral medication that prevents cancer cells from using estrogen and progesterone to grow. Along with preventing cancer, it can help reduce the density of Ana's very dense breast tissue—another risk factor for breast cancer. Ana has tandem mammograms and breast MRIs every 6 months. Claudia, who chose not to take Tamoxifen (which shouldn't be taken if a woman is pregnant or planning to become pregnant) is on the same screening schedule. Both women see Dr. Jones every 6 months.

A Brighter Future?

Claudia says, "It's unfortunate that my mom and sister had to have cancer for us to be aware and get preventive care. When our daughters and nieces get older, they will start even sooner."
Of the sisters, Dr. Jones says, "They used to be scared. Now they're doing something about it. Every generation has more hope. Every generation it gets better for them." ■

To schedule an appointment or refer a patient to UT Physicians Multispecialty – Bayshore clinic, call 713.486.6325.

JESSICA JONES, MD
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Leader, Memorial Hermann Breast Cancer Prevention Program

EMILY ROBINSON, MD
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Chair, Texas Medical Center Cancer Committee

Ahmed Samara: Back on the Road After Metastatic Melanoma

Ahmed Samara was expecting the call. His primary care physician had removed a mole on his back and had sent it out to be examined. But Samara wasn't expecting the news.

"When she called, she said, 'Are you sitting down? Are you driving?' And I said, 'Go ahead. I'm sitting down. I'm a big guy. I can take it.' That's when she told me I had cancer," says Samara.

Samara's cancer journey began in early 2020 when, within a month, a mole on his back, present since birth, became much larger and harder. When the lab results came back diagnosing the lesion as a melanoma, his primary care physician referred him to medical oncologist Nadya Hasham-Jiwa, DO, who did a full body scan to see if the cancer had spread to other organs. It had not.

She then referred Samara to surgeon Casey Duncan, MD, assistant professor of surgery at McGovern Medical School, who surgically removed the remainder of the lesion at Memorial Hermann Southeast Hospital and simultaneously performed another procedure to evaluate if the cancer had spread to the lymph nodes. "We excised the large melanoma on Mr. Samara's back and determined that the cancer had in fact spread to his lymph nodes," says Dr. Duncan. "Since the cancer had not spread to other organs, his diagnosis was stage III metastatic melanoma."

Following the surgery, Dr. Hasham-Jiwa started Samara on immunotherapy. After 2 or 3 months, Samara began to experience swelling in his underarm, indicative of additional cancer. Dr. Hasham-Jiwa ordered scans, which indicated a recurrence of cancer in the remaining lymph nodes in his underarm. She referred him back to Dr. Duncan for a second surgery to remove the remaining lymph nodes.

Melanoma *continues on page 12*

Melanoma *continued from page 11*

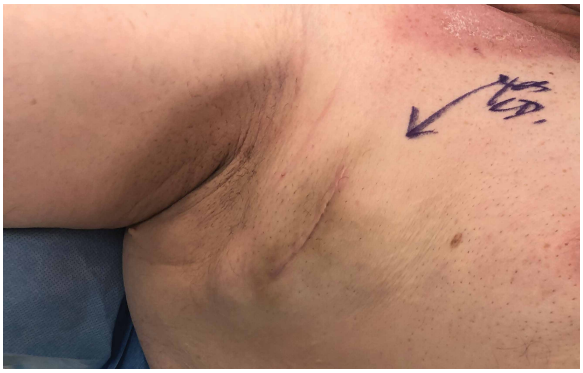
After the second surgery, Samara began radiation therapy under the care of radiation oncologist Theodore Yang, MD. "I did 30 rounds of radiation–Monday through Friday, 15 minutes a day at Memorial Hermann Southeast, he recalls. "There was no pain involved, but it made me really weak. If I went upstairs to my bedroom and came back downstairs, I would have to rest before going back upstairs."

Samara, 56, who drives a party bus and has a used-car business, completed his radiation treatments and has begun to feel like his old self again. He is now on a targeted therapy and says he has some residual numbness in his right arm, which is expected to dissipate over time. In his follow-up appointment in March 2021, there was no evidence of cancer.

"I had no history of skin cancer in my family. I never even thought about it," says Samara. "Now I tell people, if you see something, go and have it checked out, because it's not worth it. The earlier you find out, the better. Cancer is not a joke."

Dr. Duncan says she's seeing a lot of people, including people in their 20s, with melanoma. "Skin cancer is the most common form of cancer in the U.S.," she says. "The highest risk factor for skin cancer is sun exposure and tanning beds. And the cancer can even show up in places that normally don't get sun exposure."

She recommends using a sunscreen with at least 30 SPF, doing regular self skin checks and seeing a dermatologist once a year, more often if you've been diagnosed with melanoma.



USPSTF Updates Lung Cancer Screening Recommendations

On March 9, 2021, the U.S. Preventive Services Task Force (USPSTF) issued an updated recommendation regarding the use of low-dose computed tomography (LDCT) to screen for lung cancer. The new recommendation lowers both the minimum age for screening–from 55 to 50 years of age–as well as the number of pack-years a person has smoked–from 30 pack-years to 20.

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

Lung cancer is the second most common cancer in the U.S. In 2020, an estimated 228,820 people were diagnosed with lung cancer, and 135,720 people died of the disease. Smoking is estimated to account for about 90 percent of all lung cancer cases, and the median age of diagnosis of lung cancer is 70 years.

According to a statement released by the American College of Radiology (ARC) on July 7, 2020, the new screening guidelines could save 30,000 to 60,000 lives in the U.S. each year.

Pulmonologist Sandeep Gupta, MD, affiliated with Memorial Hermann Southeast Hospital, who says his clinic has seen as many as five lung cancer patients a week, applauds the efforts to expand screening. "Lung cancer is the leading cause of cancer death among both men and women, comprising about 25 percent of all cancer deaths. Each year, more people die of lung cancer than of colon, breast and prostate cancers combined. But there is hope. As people continue to stop smoking–and with advances in early detection and treatment–the death rate from lung cancer continues to drop."

To schedule a lung cancer screening at Memorial Hermann, visit memorialhermann.org/services/low-dose-ct-scan/lung-cancer-screening-locations

Oncologic Emergencies: Improving Patient Care Through Enhanced Collaboration

When it comes to oncologic emergencies, every second counts.

"Providing excellent care for inpatients being treated for acute leukemia, acute lymphoma, hemophagocytic lymphohistiocytosis (HLH), central nervous system tumors and sarcoma requires a multidisciplinary approach, with everyone operating as a team," says medical oncologist Jessica Jones, MD, assistant professor of oncology at McGovern Medical School and leader of the new Memorial Hermann Breast Cancer Prevention Program.

"In the setting of any oncologic emergency that may happen within the hospital, every department must be clear of the roles and expectations of not only their own department but of the other departments involved in the patient's care as well," she says. "And true empowerment requires not just an understanding of what needs to happen, but why."

Last summer, the internal medicine residency and oncology fellowship programs from McGovern Medical School at UTHealth and the Memorial Hermann Cancer Center-Texas Medical Center launched a quality improvement project to further elevate inpatient oncology patient safety and care. The program is being led by Dr. Jones and oncologist hematologist Julie Rowe, MD, associate professor of gastrointestinal malignancies at McGovern Medical School.

The program is a team effort among the oncology/hematology fellows, including second-years Wei Yang and Frances Cervoni-Curet and first-years Binou Yohannan and Arthi Sridhar, working alongside Adan Rios, MD, professor of hematological malignances at McGovern Medical School; Neha Maithel, MD, assistant professor of genitourinary malignancies at McGovern Medical School; and Memorial Hermann Cancer Center clinical pharmacists Nwabugwu "Simone" Ndujiuba, PharmD, BCOP; and Brian C. Dinh, PharmD, BCOP.

"Our mission is to improve utilization of antidotes and emergent chemotherapy for inpatient oncologic emergencies by updating processes for communication, guidelines and education through close collaboration between nursing, pharmacy, laboratory services and physicians," says Dr. Rowe. "Multiple steps have been involved in this quality project, from making project charters to creating education videos for the nursing staff. Education and communication are integral to making the project a success." Once the program received a green light, core team members met with the different departments to understand and map out current and desired future states and what needs to happen to get from the former to the latter.

"It's a very multidisciplinary approach," says Dr. Jones. "We've engaged with our pharmacy, laboratory and nursing departments and really heard what they had to say. We asked, 'What can we do for you to make treatment for our patients better?' We listened, and we heard them. Moreover, we acted."

At the outset, five oncologic emergencies were identified on which to focus on initially. These were drawn from across the four oncologic emergency types– metabolic, hematologic, structural and side effects from chemotherapy agents. For each emergency, the team performed an extensive literature review to create evidence-based guidelines along with a process map and educational materials. The education materials were then used to conduct interactive in-services for physicians, nurses and pharmacy personnel.

Based on positive feedback and results to date, the team has started to implement the new guidelines across the Memorial Hermann Health System. "What has resulted is a knowledge and understanding that is unparalleled, and furthered excellent patient care," says Dr. Jones. ■

Dale Thornton: Thriving After Robotic Rectal Cancer Surgery

In eager anticipation of the birth of his first grandson, Dale Thornton recently pulled his son's massive Lego collection out of the attic. Having survived rectal cancer, the retired agriculture teacher from Alvin, Texas, now realizes the value of taking proactive care of this health.

This wasn't always the case. "The day I retired, a co-worker came into my shop to congratulate me, and I mentioned to him that I had never had a physical," recalls Thornton. "I was 57, and I said, 'Now that I'm retired, if there's anything wrong with me, I don't want to know.' And he told me, 'Dale, that's the wrong way to think about it. It's when you start hurting that it's too late.'"

A self-described procrastinator, Thornton finally took action two years later. "I was sitting on my patio, and a feral cat jumped onto my fence and bit me," he says. "While I was on the phone with a doctor about the cat bite, I scheduled a full physical. And I've been getting annual physicals ever since."

Rectal Cancer *continues on page 14*

Rectal Cancer *continued from page 13*

During his physical in 2018, a stool sample revealed blood in his stool. His primary care physician referred him to colon and rectal surgeon Erik Askenasy, MD, an assistant professor in the Department of Surgery at McGovern Medical School, who is affiliated with Memorial Hermann Southeast Hospital.

Dr. Askenasy performed a flexible sigmoidoscopy, which revealed two lesions on Thornton's rectum. Pathology and imaging results confirmed that Thornton had stage I rectal cancer. "I presented Mr. Thornton's case to our cancer conference, and the recommendation was to perform surgery up front. It was determined that the patient was a good candidate for minimally invasive robotic low anterior resection (RLAR)," says Dr. Askenasy.

"The goal of rectal cancer surgery is to completely remove the cancer and associated lymph nodes while sparing as much healthy tissue and functionality as possible," says Dr. Askenasy. "Traditional surgery for rectal cancer requires an incision down the middle of the abdomen, which can mean longer recovery times. This minimally invasive approach allows us to make smaller incisions, which can decrease pain, shorten hospital stays, speed recovery and lower the occurrence of post-operative complications, such as infections."

Prior to the surgery, Dr. Askenasy described the procedure and potential outcomes to Thornton. "Dr. Askenasy explained that he would be removing the cancerous part of my rectum then would reattach my colon to the remaining part of my rectum. He said, worst case, I would spend 3 to 5 nights in the hospital, and there was a small chance I might need to wear an ostomy bag for several months," recalls Thornton.

On November 17, 2020, Dr. Askenasy performed the 2 ½-hour procedure at Memorial Hermann Southeast. Thornton recalls waking up to good news. "Dr. Askenasy said, 'Dale, I've got nothing but good news. The cancer's gone, you don't need to wear an ostomy bag and you don't need radiation. You just need to get checked at least once a year.'" The day after his surgery, Thornton was released to go home.

Asked what advice he would give to others who are putting off getting regular cancer screenings, including their colonoscopies, Thornton replies, "I tell people, I have no history of cancer in my family. I am in good health. It can get you too. Don't wait." ■

ERIK ASKENASY, MD
Colon and Rectal Surgeon
Assistant Professor, Department of Surgery, McGovern Medical School

Transoral Robotic Surgery Speeds Throat Cancer Patient Recovery

Head and neck surgeon Kunal Jain, MD, is helping patients with throat cancer recover faster and avoid chemotherapy and radiation treatments with transoral robotic surgery (TORS) at Memorial Hermann.

Dr. Jain is assistant professor of head and neck oncology and microvascular reconstruction at McGovern Medical School and is affiliated with Memorial Hermann-Texas Medical Center. He says prior to utilizing this minimally invasive approach, surgeons had to perform open surgery on the patient. "We basically had to split the patient's jaw to remove cancers in the back of the throat and use a tracheostomy–a breathing tube in the neck–and feeding tube."

Now, with the robot, the surgeon is able to place two robotically guided instruments, acting as the surgeon's arms, into the patient's mouth to safely remove tumors. As a result, patients can leave the hospital in 2 to 3 days rather than 2 weeks, and they are potentially able to avoid radiation therapy and chemotherapy and their side effects.

In 2021, an estimated 54,010 adults (38,800 men and 15,210 women) in the U.S. will be diagnosed with oral and oropharyngeal cancer. Oropharyngeal cancer occurs in the back of the throat and includes the base of the tongue and tonsils. Oral and oropharyngeal cancers are the eighth most common cancer among men. Smoking or being infected with the human papillomavirus (HPV) can increase the risk of oropharyngeal cancer. HPV is believed to cause 70 percent of oropharyngeal cancers in the U.S.

In 2009, the U.S. Food and Drug Administration approved transoral robotic surgery for early state oropharyngeal cancer. Robotic surgery for patients with early stage, oropharyngeal squamous cell cancer has been associated with improved health outcomes, including better long-term survival, according to a Cedars-Sinai study published in the August 20, 2020, issue of *JAMA Oncology*.

Dr. Jain is one of a handful of sur-

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geons performing this procedure in the Houston area.

John Bush, one of Dr. Jain's patients, describes his experience. "I woke up one morning, and I had a cyst on my neck. I saw my family physician, who thought it might be a swollen lymph mode. She prescribed antibiotics and told me to call her in 10 days if it hadn't gotten better. It hadn't; it had gotten bigger, so she referred me to Dr. Jain."

Dr. Jain performed a physical examination and ordered a CT scan of the neck, which revealed that Bush had large cystic node in the neck. A fine needle aspiration of the lymph node was inconclusive, and Dr. Jain's level of suspicion was high for a cancer. He performed surgery to excise the lymph nodes. The surgery revealed Bush had oropharyngeal cancer.

Dr. Jain then performed the transoral robotic surgical procedure on Bush for the tonsil cancer at Memorial Hermann-TMC. Within 2 weeks, he was back to his normal activities, without having to undergo chemotherapy or radiation therapy.

Now, 8 months post-surgery, Bush says, "I am cancer-free at the moment, and I'm hoping to stay that way. I go in and see Dr. Jain about every 6 weeks for a physical exam and undergo a body scan about once every 3 months."

Despite the pain he felt following his second surgery, he says the experience was overwhelmingly positive. "The healing of the tongue was the hardest part, but Dr. Jain and his team were just phenomenal. They were right there, providing everything I needed to support my mental and physical wellbeing, every step of the way."

Dr. Jain says there are two things individuals can do to help prevent and treat throat cancer. "The big one is we're vaccinating our kids against the human papillomavirus, which is causing a lot of these cancers. And as Mr. Bush did, if you have a lump in your neck that will not go away, see your doctor so we can catch it early and treat it." ■

Karen Echols: The Warning Signs Were There

Karen Echols doesn't mince words: "I think a lot of people don't like to talk about their poop."

The 52-year-old Houston hairdresser and mother of three, now a rectal cancer survivor, says she knows a lot about poop. But because she kept ignoring the warning signs, she came by that knowledge the hard way.

Echols first saw blood in her stool when she was 47 or 48 years old. "I thought, eh, it's probably nothing. I was a wine drinker, so I attributed it to that. Something silly like that," she says.

She mentioned it to her OB/Gyn, who said it was probably hemorrhoids, letting Echols off the hook.

Over time, she began having more frequent, looser bowel movements, which she attributed to dieting and working out. And the blood became more obvious. "Your mind is always talking you into things," she says. "I just brushed it off."

Finally, she scheduled her first colonoscopy, but the facility canceled because of her insurance. "I am a hairdresser, so it was hard for me to reschedule," she says. "I promised my husband I would reschedule 'tomorrow,' but tomorrow turned into months."

Finally, her husband scheduled an appointment for her with gastroenterologist Nikhil Inamdar, MD, who is affiliated with Memorial Hermann Southeast Hospital. "I went in and told him my symptoms," Echols recalls. "It was right before Christmas. He was really busy. But he took the time and walked me to the front, telling his staff to schedule a colonoscopy for me immediately. He even scheduled a follow-up appointment for me that day. I think he knew."

The colonoscopy revealed a tumor. The first biopsy came back negative, but Dr. Inamdar ordered a second, which came back positive for cancer.

Dr. Inamdar referred Echols to colon and rectal surgeon Erik Askenasy, MD, assistant professor in the Department of Surgery at McGovern Medical School, who is also affiliated with Memorial Hermann Southeast.

Dr. Askenasy performed a flexible sigmoidoscopy, a test used to detect cancer in the lower part of the colon and in the rectum. The test revealed a lesion about 2 centimeters in diameter. After a workup, which included a dedicated rectal cancer protocol MRI and CT scans of the chest, abdomen and pelvis, she was diagnosed with stage IIIB rectal cancer.

"Stage III colorectal cancer means that the cancer involves the lymph nodes surrounding the colon or rectum, regardless of the size of the primary tumor itself," says Dr. Askenasy. "Using pre-therapy imaging with MRI, we were able to determine that Karen's lymph nodes surrounding her rectum were involved with the disease."

"Hearing my diagnosis was like someone throwing a bucket of cold water in my face," says Echols. "Dr. Askenasy explained everything to me, including survival statistics, and said I would likely need to undergo chemotherapy and radiation followed by surgery. He told me I would probably have to have my rectum removed. It was a pretty rough day."

Dr. Askenasy referred Echols to oncologist-hematologist Pavel Levin, MD, and radiation oncologist Theodore Yang, MD, both of whom are affiliated

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Warning Signs *continued from page 15*

with Memorial Hermann Southeast.

In February 2020, Echols began receiving chemotherapy infusions–eight infusions every other week, 4 hours a session, with the pump (which she named Bob) in for 48 hours after each session. After chemotherapy, she began undergoing chemoradiotherapy–a combination of chemotherapy and radiation treatments–five times a week for 6 weeks, for a total of 28 sessions.

"While I did lose most of my hair, I didn't lose weight," says Echols. "And I never suffered from nausea. They (my physicians) really know what they're doing. I was tired, but I worked through it. My clients said they could see it in my eyes."

In October 2020, Dr. Askenasy performed a robotic-assisted surgery at Memorial Hermann Southeast to remove the tumor. "Karen responded very well to therapy," says Dr. Askenasy. "By the time of the surgery, her tumor had shrunk to about .4 millimeters in size. We removed her rectum and performed an ileostomy, creating a temporary opening (stoma) in her abdomen through which solid waste could pass without passing through her colon or rectum, until we could perform a reversal."

"At first, the (ileostomy) bag was hard," says Echols. "I kept thinking, I'm doing it wrong. But after a couple months, I thought, if I had to have this forever, it wouldn't be the worst thing."

In December 2020, Dr. Askenasy performed ileostomy closure surgery, reversing the ileostomy so that Echols could resume normal bowel movements. Echols says she is still getting used to her new bowel and her new normal. She says she's never had an accident. And every day gets better and better. There is no evidence of disease.

For so long, Echols let life get in the way of getting checked out. Now, she has a message for others who do the same: "If you see anything different, get it checked."

Dr. Askenasy wholeheartedly concurs, saying, "Ignoring this problem doesn't make it go away. Even if you don't catch cancer early, we can still offer effective and durable long-term therapies. And even with aggressive cancer, a good quality of life can be achieved." ■

ON THE PODIUM

Memorial Hermann Oncology Certified Nursing (OCN) Review a (Virtual) Success

Traditionally, twice a year, the Memorial Hermann oncology nursing department hosts a 2-day Oncology Nursing Review for oncology nurses across the Houston area. The conference agenda is designed to provide participants with the knowledge they need to increase the efficiency and effectiveness of the nursing care they provide to their oncology patients. The event also serves as a preparatory course for nurses preparing to take the Oncology Certified Nurse (OCN®) exam.

"Oncology nurses are highly skilled nurses that care for cancer patients," says Shelita Anderson, RN, director of Memorial Hermann oncology nursing. "The OCN certification validates their qualifications and expertise to care for patients with cancer."

Last summer, with the COVID-19 pandemic in full swing, the event team, including Memorial Hermann Oncology service line leadership, had to think outside the box. Rather than cancel the September 2020 event, they made the decision to host a virtual 1-day event using the Zoom platform. The results were overwhelmingly positive.

Renjitha Kolambel, RN, Memorial Hermann education specialist who coordinated the event, says taking the event online allowed the team to expand their reach. "We normally draw 20-30 participants from across the Houston area at our physical events," she says. "Our first online event, held September 19, 2020, drew 131 participants from across the U.S. And on February 27, 2021, we hosted a 'rerun' of the recorded event for an additional 192 participants. Across the two events, we drew participants from 22 states across the U.S."

A post-event survey revealed participants favor the 1-day online format, with one nurse responding, 'Thank you for hosting this class. I passed my test!'

Reducing Preventable Emergency Center Visits by Chemotherapy Patients

A team from Memorial Hermann Cancer Center-Texas Medical Center was recently awarded the opportunity to make an oral presentation, "Innovative Strategies to Reduce Preventable ED Visits for Patients Receiving Chemotherapy," at the Oncology Nursing Society's annual ONS Congress, held online April 22-29, 2021. Renjitha Kolambel, RN, education resource specialist for the Memorial Hermann Oncology service line, presented on the team's behalf.

"To assess the quality of care for chemotherapy patients and encourage performance improvement among hospitals, Medicare and Medicaid Services (CMS) measures hospitals' preventable ED visits by patients who have received chemotherapy visits within 30 days of their chemotherapy treatments," says Kolambel.

According to CMS, the national ED utilization rate among this population is 12.5 percent. At the outset of the pilot program, under 10 percent of Memorial Hermann-Texas Medical Center patients receiving cancer treatments were reporting to the ED for management of symptoms, such as anemia, nausea, dehydration, neutropenia, diarrhea, pain, emesis, pneumonia, fever and sepsis. The oncology team at Memorial Hermann-TMC believed with early interven-

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tion, many of these symptoms could be addressed in an outpatient setting.

The oncology multidisciplinary team collaborated to develop a strategy to address preventable ED utilization and subsequent inpatient admissions. Several support tools for staff and patients were created, including telephone nursing practice guidelines, a telephone triage call process, patient handouts and a wallet card. The toolkit educated patients about the side effects, symptom management and when to call the triage line.

These new strategies were effective in reducing the number of preventable ED visits, from under 10 percent at the start of the program in June 2020 to just under 4 percent in August 2020.

"This was a group effort that involved our amazing team of physicians, including our oncologists, and the rest of the Memorial Hermann Cancer Center-TMC team," says Kolambel. "Based on the initial success of this project, we plan to implement this process across the entire Memorial Hermann network." ■

Changing the Way We Work—With Surprisingly Positive Results

Often a cancer patient's treatment plan is formulated through the collaboration of experienced specialists across multiple disciplines in Memorial Hermann cancer conferences. Formerly known as tumor boards, these regularly scheduled meetings allow physicians to present their patients' cases to–and seek the counsel of–multiple colleagues across interrelated disciplines. The resulting treatment plans are shared with the patient's referring and treating physicians, resulting in better communication and improved patient care.

With the onset of the COVID-19 pandemic, these gatherings–traditionally held in person–were forced to go online. Originally perceived to be a threat, or at least a hindrance, to this time-honored institution, going virtual has had a surprisingly positive effect: Over the past year, the average number of participants and case presentations per conference has doubled.

In addition, the response from participants has been resoundingly positive. "Most of the doctors we've spoken to have requested that the conferences stay virtual," says Maria Tran, director of the Memorial Hermann Health System cancer registry.

In addition to changing the way meetings are held, Memorial Hermann is also changing the way meeting outcomes are documented and distributed to a patient's care team. For the past year, in its rectal and breast cancer conferences, Memorial Hermann has been piloting a new recommendation form that highlights a patient's diagnosis and staging workup.

"The new form includes a brief patient history, imaging/radiation information, diagnostic workup (if biopsies were conducted), surgical history and other pertinent information," says Tran. "Memorial Hermann Oncology Nurse Navigators distribute the completed form to the patient's team of treating physicians."

Based on positive feedback from the initial use of the forms for rectal and breast cancer patients, Memorial Hermann plans to expand the practice to other forms of cancer. ■

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 The University of Texas Health Science Center at Houston (UTHealth), Texas Oncology (Gulf Coast Region) and Oncology Consultants. Memorial Hermann hospitals serve as study sites for some of these clinical trials.

Please note: Oncology Consultants participates in the Tempus Integrated Molecular Evaluation (TIME) Trial™ Program. In the listing below, Oncology Partners' Tempus trial names begin with "JUST IN TIME MODEL."

LUNG CANCER · UTHealth

ALCHEMIST A151216 - Screening Trial for the ALCHEMIST Studies: Adjuvant Lung Cancer Enrichment Marker Identification and Sequencing Trial **Sponsor:** National Cancer Institute (NCI) **ClinicalTrials.gov Identifier:** NCT02194738	The Adjuvant Lung Cancer Enrichment Marker Identification and Sequencing Trials, or ALCHEMIST, are a group of randomized clinical trials for patients with early stage non-small cell lung cancer (NSCLC) whose tumors have been completely removed by surgery. For patients with early stage NSCLC, there is a 50% chance that the cancer will come back, even after patients receive standard treatment. The ALCHEMIST trials test to see if adding targeted therapy based on patients' tumor genetics will help prevent the cancer from returning and therefore increase the number of people who may live longer. The targeted therapy would be in addition to and after the patient completes the usual standard of care treatment.
ALCHEMIST A081105 - EGFR Treatment Trial: Erlotinib Hydrochloride in Treating Patients with Stage IB-IIIA Non-Small Cell Lung Cancer That Has Been Completely Removed by Surgery **Sponsor:** National Cancer Institute (NCI) **ClinicalTrials.gov Identifier:** NCT02193282	To determine which trial is best for patients, doctors will screen patients by examining a small sample of their tumor and testing it for the presence of EGFR mutations and the ALK rearrangement. Patients who have either of these alterations will then be referred to one of two treatment trials that are testing the drugs erlotinib (for EGFR mutations) or crizotinib (for the ALK rearrangement) versus observation. Patients who are negative for both EGFR and ALK alterations or are squamous-type NSCLC will be referred to the immunotherapy trial testing nivolumab. All patients screened on A151216 will be monitored for 5 years.
ALCHEMIST E4512 - ALK Treatment Trial: Crizotinib in Treating Patients with Stage IB-IIIA Non-Small Cell Lung Cancer That Has Been Removed by Surgery and ALK Fusion Mutations **Sponsor:** National Cancer Institute (NCI) **ClinicalTrials.gov Identifier:** NCT02201992	Mutations in EGFR are found in about 10% to 15% of non-Asian patients with NSCLC and up to 50% of Asian patients. Patients whose tumors test positive for an EGFR mutation will be referred to the ALCHEMIST EGFR treatment trial. In this trial, eligible patients will be randomly assigned to take the drug erlotinib or standard-of-care observation for up to 2 years or until they experience unacceptable toxicity or a reocurrence of their cancer. After treatment, participants' health will be monitored for up to 10 years. **Lead Physician:** Syed Jafri, MD **Contact:** Krishna Cannon at 832.325.6526, 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	The purpose of this study is to find out if Hsp70 and Hsp90 are biomarkers of cancer cachexia. This information could eventually lead to extend the lifespan of and improve the quality of life for cancer patients and development of new treatments for this hard-to-treat and often fatal condition. **Lead Physician:** Syed Jafri, MD **Contact:** 713.704.3961, ms.oncology.research@uth.tmc.edu

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Clinical Trials *continued from page 18*

LUNG CANCER · Texas Oncology

A Phase III, Multicenter, Randomized, Double Blind, Placebo-Controlled Study Evaluating the Efficacy and Safety of Canakinumab versus Placebo as Adjuvant Therapy in Adult Subjects with Stages AJCC/UICC vs. 8 II-IIIA and IIIB (T>5cm N2) Completely Resected (R0) Non-Small Cell Lung Cancer (NSCLC) (CACZ885T2301) **Texas Oncology Study #:** 17167 - NSCLC	**Contact:** Texas Oncology-Beaumont: 409.899.7180 or Jennifer.Todora@usoncology.com
CX 839-016: Screening Protocol to Detect Mutation of KEAP1 or NRF2/NFE2L2 Genes in Patients with Non-Small Cell Lung Cancer Not Previously Treated for Metastatic Disease to Determine Eligibility for a Biomarker Selected Clinical Trial (KEAPSAKE Trial) **Texas Oncology Study #:** 20224 - NSCLC	**Contact:** Texas Oncology-Beaumont: 409.899.7180 or Jennifer.Todora@usoncology.com
A Phase III, Double-Blind, Placebo-Controlled, Multi-Center International Study of Neoadjuvant/ Adjuvant Durvalumab for the Treatment of Patients with Resectable Stages II and III Non-Small Cell Lung Cancer (AEGEAN) (D9106C00001) **Texas Oncology Study #:** 19211 - NSCLC	**Contact:** Texas Oncology-Houston Memorial City: 713.467.1722 or or Jennifer.Todora@usoncology.com
A Phase I/II Multiple Expansion Cohort Trial of MRTX849 in Patients with Advanced Solid Tumors with KRAS G12C Mutation (849-001) **Texas Oncology Study #:** 19151 - NSCLC	**Contact:** Texas Oncology-Sugar Land: 281.277.5200 or Jennifer.Todora@usoncology.com

Clinical Trials *continues on page 20*

Clinical Trials *continued from page 19*

LUNG CANCER · Oncology Consultants

A Phase I Dose Escalation and Cohort Expansion Study of TSR-022, an Anti-TIM-3 Monoclonal Antibody, in Patients with Advanced Solid Tumors, AMBER **OC Study #:** OC-18-002 **Sponsor #:** GSK (Tesaro) 4020-01-001	**Principal Investigator:** Julio A. Peguero, MD **Contact:** Ahmed Ayad, 713.600.0960, aayad@oncologyconsultants.com
TACTI-002 (Two ACTive Immunotherapeutic): A multicenter, open label, Phase II study in patients with previously untreated unresectable or metastatic non-small cell lung cancer (NSCLC), or recurrent PD-X refractory NSCLC or with recurrent or metastatic squamous head and neck cancer (HNSCC) receiving the soluble LAG-3 fusion protein eftilagimod alpha (IMP321) in combination with pembrolizumab (PD-1 antagonist) **OC Study #:** OC-19-001 **Sponsor #:** Immutep TACTI-002	**Principal Investigator:** Julio A. Peguero, MD **Contact:** Daniela Urueta, 713.275.3206, durueta@oncologyconsultants.com
A Phase Ib Efficacy and Safety Study of Cofetuzumab Pelidotin (ABBV-647, a PTK7-Targeting Antibody Drug Conjugate) in Subjects with PTK7-Expressing, Recurrent Non-Small Cell Lung Cancer **OC Study #:** OC-19-015 **Sponsor #:** AbbVie M19-611	**Principal Investigator:** Julio A. Peguero, MD **Contact:** Rozeen Badeel, 713.275.3207, rbadeel@oncologyconsultants.com
A Phase II Multi Center Study of BGB324 in Combination with Pembrolizumab in Patients with Previously Treated Advanced Adenocarcinoma of the Lung **OC Study #:** OC-20-003 **Sponsor #:** BerGenBio BGBC008	**Principal Investigator:** Julio A. Peguero, MD **Contact:** Rozeen Badeel, 713.275.3207, rbadeel@oncologyconsultants.com
A Randomized Phase III 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) **OC Study #:** OC-20-016 **Sponsor #:** Mirati 516-005	**Principal Investigator:** Julio A. Peguero, MD **Contact:** Victor Samperio, 713.600.0978, vsamperio@oncologyconsultants.com

Clinical Trials *continues on page 21*

Clinical Trials *continued from page 20*

A Phase II Randomized, Multicenter, Double-Blind Study of the Glutaminase Inhibitor Telaglenastat With Pembrolizumab and Chemotherapy Versus Placebo with Pembrolizumab and Chemotherapy in First-Line, Metastatic KEAP1/NRF2-Mutated, Nonsquamous, Non-Small Cell Lung Cancer (NSCLC) **OC Study #:** OC-20-017 **Sponsor #:** (Tempus TIME Trial) Calithera CX-839-014	**Principal Investigator:** Julio A. Peguero, MD **Contact:** Ahmed Ayad, 713.600.0960, aayad@oncologyconsultants.com
A Phase II, 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 **Study #:** JUST IN TIME MODEL Janssen 61186372EDI1001	**Principal Investigator:** Julio A. Peguero, MD **Contact:** Laura Guerra, RN, CCRC, 713.600.0913, lguerra@oncologyconsultants.com
A Phase III, 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 **Study #:** JUST IN TIME MODEL Janssen Mariposa (73841937NSC3003)	**Principal Investigator:** Julio A. Peguero, MD **Contact:** Laura Guerra, RN, CCRC, 713.600.0913, lguerra@oncologyconsultants.com

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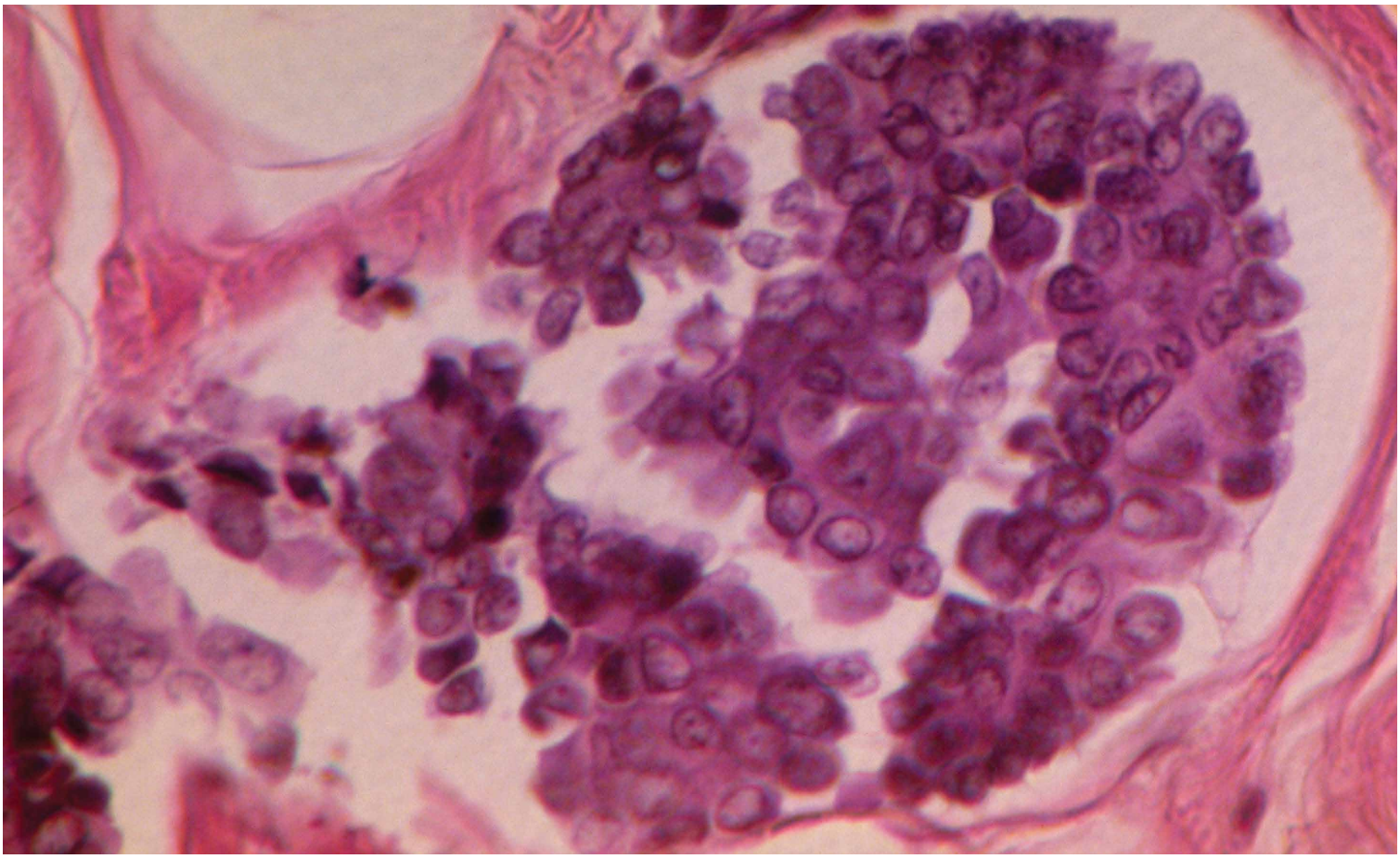
Clinical Trials *continued from page 21*



BREAST CANCER · Texas Oncology

MammaPrint, BluePrint, and Full-Genome Data Linked with Clinical Data to Evaluate New Gene Expression Profiles: An Adaptable Registry **Texas Oncology Study #:** 17079 - Breast	**Contact:** Texas Oncology-Houston Memorial City: 713.467.1722 or Jennifer.Todora@usoncology.com Texas Oncology-Sugar Land: 281.277.5200 or Jennifer.Todora@usoncology.com Texas Oncology-Houston Willowbrook: 281.894.8822 or Jennifer.Todora@usoncology.com Texas Oncology-Webster: 281.332.7505 or Jennifer.Todora@usoncology.com
Single-Arm, Open-Label Phase Ib/II Study of SGN-LIV1A in Combination with Pembrolizumab for First-Line Treatment of Patients with Unresectable Locally Advanced or Metastatic Triple-Negative Breast Cancer **Texas Oncology Study #:** 18004 - Breast	**Contact:** Texas Oncology-Houston Memorial City: 713.467.1722 or Jennifer.Todora@usoncology.com
Randomized, Double-blind, Phase III Study of Tucatinib or Placebo in Combination with Ado-trastuzumab Emtansine (T-DM1) for Subjects with Unresectable Locally Advanced or Metastatic HER2+ Breast Cancer **Texas Oncology Study #:** 19054 - Breast	**Contact:** Texas Oncology-Houston Memorial City: 713.467.1722 or Jennifer.Todora@usoncology.com

Clinical Trials *continues on page 23*

Clinical Trials *continued from page 22*

A Phase II, Randomized, Open-Label, Multicenter Study Evaluating the Efficacy and Safety of GDC-9545 Compared with Physician's Choice of Endocrine Monotherapy in Patients with Previously Treated Estrogen Receptor-Positive, HER2-Negative Locally Advanced or Metastatic Breast Cancer (WO42312) **Texas Oncology Study #:** 20258 – Breast	**Contact:** Texas Oncology-Houston Memorial City: 713.467.1722 or Jennifer.Todora@usoncology.com
EPIK-B3: A phase III, multicenter, randomized, double-blind, placebo-controlled study to assess the efficacy and safety of alpelisib (BYL719) in combination with nab-paclitaxel in patients with advanced triple negative breast cancer with either phosphoinositide-3-kinase catalytic subunit alpha (PIK3CA) mutation or phosphatase and tensin homolog protein (PTEN) loss without PIK3CA mutation (CBYL719H12301) **Texas Oncology Study #:** 19122 – Breast	**Contact:** Texas Oncology-Houston Memorial City: 713.467.1722 or Jennifer.Todora@usoncology.com
A Randomized, Double-Blind, Phase III Study of Pembrolizumab 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 – Breast	**Contact:** Texas Oncology-Houston Memorial City: 713.467.1722 or Jennifer.Todora@usoncology.com
Phase I/II trial of Ibrutinib plus Trastuzumab in HER2-amplified Metastatic Breast Cancer **Texas Oncology Study #:** 14059 – Breast	**Contact:** Texas Oncology-Webster: 281.332.7505 or Jennifer.Todora@usoncology.com
A Randomized, Double-blind, Phase III Clinical Trial of Neoadjuvant Chemotherapy with Atezolizumab or Placebo in Patients with Triple-Negative Breast Cancer Followed by Adjuvant Continuation of Atezolizumab or Placebo **Texas Oncology Study #:** 19049 – Breast	**Contact:** Texas Oncology-The Woodlands: 281.296.0365 or Jennifer.Todora@usoncology.com

BREAST CANCER · Oncology Consultants

An Open-Label, Multicenter, Phase Ib/II Study of Rebastinib (DCC-2036) in Combination with Paclitaxel to Assess Safety, Tolerability and Pharmacokinetics in Patients with Advanced or Metastatic Solid Tumors **OC Study #:** OC-19-014 **Sponsor #:** Deciphera DCC-2036-01-003	**Contact:** Daniela Urueta, 713.275.3206, durueta@oncologyconsultants.com

Clinical Trials *continues on page 24*

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Randomized, Double-Blind, Phase III Study of Tucatinib or Placebo in Combination with Adotrastuzumab Emtansine (T-DM1) for Subjects with Unresectable Locally Advanced or Metastatic HER2+ Breast Cancer (HER2CLIMB-02) **OC Study #:** OC-20-009 **Sponsor #:** SGNTUC-016	**Contact:** Daniela Urueta, 713.275.3206, durueta@oncologyconsultants.com
An Open-Label, Multicenter Study Evaluating the Safety of Lasofoxifene in Combination with Abemaciclib for the Treatment of Pre- and Postmenopausal Women with Locally Advanced or Metastatic ER+/HER2- Breast Cancer and Have an ESR1 Mutation (ELAINEII) **OC Study #:** OC-21-001 **Sponsor #:** (Tempus TIME Trial) Sermonix SMX 20-001	**Principal Investigator:** Julio A. Peguero, MD **Contact:** Ahmed Ayad, 713.600.0960, aayad@oncologyconsultants.com
An Open-Label, Randomized, Multicenter Study Evaluating the Activity of Lasofoxifene Relative to Fulvestrant for the Treatment of Pre-and Postmenopausal Women with Locally Advanced or Metastatic ER+/HER2− Breast Cancer with an ESR1 Mutation (Elaine I) (NCT03781063) **Study #:** JUST IN TIME MODEL Sermonix SMX 18-1	**Principal Investigator:** Julio A. Peguero, MD **Contact:** Laura Guerra, RN, CCRC, 713.600.0913, lguerra@oncologyconsultants.com
A Study of AL101 Monotherapy in Patients with Notch Activated Triple Negative Breast Cancer (NCT04461600) **Study #:** JUST IN TIME MODEL Ayala Pharma AL-TNBC-Tenacity	**Principal Investigator:** Julio A. Peguero, MD **Contact:** Laura Guerra, RN, CCRC, 713.600.0913, lguerra@oncologyconsultants.com

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Clinical Trials *continued from page 24*

PROSTATE CANCER · Texas Oncology

Biomarker Study to Determine Frequency of DNA-Repair Defects in Men with Metastatic Prostate Cancer (64091742PCR0002) **Texas Oncology Study #:** 19144 - Prostate	**Contact:** Texas Oncology-Houston Willowbrook: 281.894.8822 or Jennifer.Todora@usoncology.com Texas Oncology-Webster: 281.332.7505 or Jennifer.Todora@usoncology.com Texas Oncology-Beaumont: 409.899.7180 or Jennifer.Todora@usoncology.com
A Phase III Randomized, Double-Blind Study of Nivolumab or Placebo in Combination with Docetaxel, in Men with Metastatic Castration-resistant Prostate Cancer (CA209-7DX) **Texas Oncology Study #:** 19191 – Prostate	**Contact:** Texas Oncology-Houston Memorial City: 713.467.1722 or Jennifer.Todora@usoncology.com

PROSTATE CANCER · Oncology Consultants

A Phase Ib/II Open-Label Study Evaluating Tazemetostat in Combination with Enzalutamide or Abiraterone/Prednisone in Chemotherapy-Naive Subjects with Metastatic Castration-Resistant Prostate Cancer **OC Study #:** OC-20-004 **Sponsor #:** EPIZYME EZH-1101	**Principal Investigator:** Julio A. Peguero, MD **Contact:** Victor Samperio, 713.600.0978, vsamperio@oncologyconsultants.com
A Study of Niraparib in Combination with Abiraterone Acetate and Prednisone Versus Abiraterone Acetate and Prednisone for the Treatment of Participants with Deleterious Germline or Somatic Homologous Recombination Repair (HRR) Gene-Mutated Metastatic Castration-Sensitive Prostate Cancer (mCSPC) (Amplitude) **Study #:** JUST IN TIME MODEL Janssen Amplitude (67652000PCR3002)	**Principal Investigator:** Julio A. Peguero, MD **Contact:** Laura Guerra, RN, CCRC, 713.600.0913, lguerra@oncologyconsultants.com
A Study of Niraparib in Combination with Abiraterone Acetate and Prednisone Versus Abiraterone Acetate and Prednisone for Treatment of Participants With Metastatic Prostate Cancer (Magnitude) **Study #:** JUST IN TIME MODEL Janssen Magnitude 64091742PCR3001	**Principal Investigator:** Julio A. Peguero, MD **Contact:** Laura Guerra, RN, CCRC, 713.600.0913, lguerra@oncologyconsultants.com

Clinical Trials *continues on page 26*

Clinical Trials *continued from page 25*

COLORECTAL CANCER · Oncology Consultants

BESPOKE Study of ctDNA Guided Therapy in Colorectal Cancer

OC Study #: OC-20-014
Sponsor #: Natera 20-041-NCP

Principal Investigator: Julio A. Peguero, MD
Contact: Victor Samperio, 713.600.0978, vsamperio@oncologyconsultants.com

Additional UTHealth Clinical Trials · Solid Tumors and Lymphoma

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

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

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

Lead Physician: Julie Rowe, MD
Contact: Betty Arceneaux at 713.704.3186 or ms.oncology.research@uth.tmc.edu

Additional UTHealth Clinical Trials · Hepatocellular Carcinoma

EMERALD 1 - HCC: A Phase III, Randomized, Double-Blind, Placebo-Controlled, Multicenter Study of Transarterial Chemoembolization (TACE) in Combination with Either Durvalumab Monotherapy or Durvalumab plus Bevacizumab Therapy in Patients with Locoregional Hepatocellular Carcinoma (Protocol No. D933GC00001)

Sponsor: AstraZeneca
ClinicalTrials.gov #: NCT03778957

Randomized, double-blind, placebo-controlled, multicenter, global Phase III study to determine the efficacy and safety of transarterial chemoembolization (TACE) treatment in combination with durvalumab monotherapy or TACE given with durvalumab plus bevacizumab therapy compared to TACE therapy alone in patients with locoregional hepatocellular carcinoma not amenable to curative therapy.

Eligibility criteria: Disease not amenable to curative surgery or transplantation or curative ablation; disease must be amenable to TACE and anticipated to require no more than four TACE treatments to treat sites of disease within a ≤16-week period (permitted modalities are DEB-TACE or cTACE (using an emulsion of Lipiodol® and a permitted chemotherapeutic agent as per institutional practice, followed by embolizing agents).

Adequate organ and marrow function as defined below. Criteria "a," "b," "c" and "f" may not be met with transfusions, infusions or growth-factor support administered within 14 days of starting the first dose.

(a) Hemoglobin ≥9.0 g/dL
(b) Absolute neutrophil count ≥1000/µL
(c) Platelet count ≥75000/µL
(d) Total bilirubin ≤2.0 × the upper limit of normal (ULN)
(e) Alanine aminotransferase (ALT) and aspartate aminotransferase (AST) ≤5 × ULN
(f) Albumin ≥2.8 g/dL
(g) International normalized ratio ≤1.6
(h) 2+ proteinuria or less urine dipstick reading
(i) Calculated creatinine clearance (CL) ≥30 mL/min. as determined by Cockcroft-Gault (using actual body weight) or 24-hour urine creatinine CL

Lead Physician: Julie Rowe, MD
Contact: Carmela Lewis, 832.325.7297, ms.oncology.research@uth.tmc.edu

Clinical Trials *continues on page 27*

Clinical Trials *continued from page 25*

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

Sponsor: AVEO Pharmaceuticals, Inc.
ClinicalTrials.gov #: NCT03970616

This study is for men or women with histologically or cytologically confirmed untreated hepatocellular carcinoma.

This study consists of two parts: a dose-finding phase and a dose-expansion phase. The first part (Phase Ib) of the study will help assess the safety of two different doses of tivozanib in combination with a single dose of durvalumab. The second part (Phase II) of the study will confirm these results using the dose that was identified as the safest and will also make it possible to assess the potential efficacy of combining both investigational drugs.

Lead Physician: Julie Rowe, MD
Contact: Cynthia Sturm (Research Nurse), 713.704.4137, Cynthia.Sturm@uth.tmc.edu

Additional UTHealth Clinical Trials • Head and Neck Cancer

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

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

Lead Physician: Syed Jafri, MD
Contact: 713.704.3961 or ms.oncology.research@uth.tmc.edu

Peyton Welch Tells His Story and Helps Others Tell Theirs

A "word cloud" describing Memorial Hermann volunteer Peyton Welch would be chock full of words such as passionate, energetic, creative, thoughtful, generous, nurturing and engaging. In describing himself, however, Welch uses words such as anxious, fearful, thankful and hopeful.

Before Welch began volunteering at Canopy at Memorial Hermann The Woodlands Medical Center in 2020, he had become a cancer "thriver" himself. In 2019, he was diagnosed with anaplastic ganglioglioma (AGG), a rare and malignant form of brain cancer for which he underwent brain surgery followed by radiation treatments.

Now, he leads drama therapy sessions at Canopy, helping other cancer thrivers navigate their life journeys. As Welch explains, "Drama therapy is an expressive and action-oriented therapy that focuses on the 'here and now.' It combines theater techniques with therapeutic principals, providing a hands-on opportunity for change and personal growth."

Amanda Poole, Canopy manager, says Welch is a "bright light" at Canopy. "Peyton is a wonderful person, incredibly kind. And drama therapy has been very well received by our guests."

Welch has always loved theater. "I grew up in the tiny town of Crossett, Ark., population 7,000, give or take," he says. "Most people spent their time hunting or fishing, but that was never me. I have always been the creative type, so I got involved in community theater."

He says his uncle was also a big influence. "My uncle worked at Theatre Under the Stars in Houston. He was dean of music at Houston Baptist University. And he worked all over the world with Gilbert and Sullivan. During summers when I was 8 or 10, I would come to Houston, sit in the orchestra and watch the shows, then go backstage and meet the performers. That was where my love of theater blossomed."

"I consider myself a cancer thriver! I tell people, there is always hope. You have worth. You bring light into this world. You have a purpose. Tell your story. Your story matters."

–PEYTON WELCH

Upon graduating with a Bachelor of Arts in film and theatre from Southern Methodist University in Dallas, Texas, in 2001, Welch moved to Little Rock, Ark., and went on tour with the Arkansas Repertory Theatre while also working as a "traveling actor" with the Arkansas Children's Theatre. He and his wife, also an Arkansas native, moved to Los Angeles, Calif., in 2004, so that Welch could pursue the entertainment business.

"It was in LA where I had my first grand-mal seizure," he recalls. "After my third, we moved back to Little Rock, and my seizures continued."

Welch had over 70 seizures the year before his first brain surgery in 2011. And while his seizures became more controlled, they continued, prompting the implantation of a Vagus Nerve Stimulator in 2013.

Welch's epilepsy didn't stifle his creativity. "I used these challenges in a positive manner. I attended an applied theater workshop in Nashville, Tenn., where I first learned about drama therapy, and participated in a psychodrama workshop in Tupelo, Miss."

While attending the 2014 North American Drama Therapy Association Conference in Yosemite, Calif., he enrolled in the master's program in drama therapy at Kansas State University and in 2017 earned his master's in drama therapy. The next year, as his wife was wrapping up her doctorate (she is a nurse practitioner), the couple decided to relocate to Houston, where she has family.

Welch became a Registered Drama Therapist (RDT) in 2019. About that time, he began having dizzy spells. An MRI revealed a brain tumor. He was diagnosed with malignant, anaplastic ganglioglioma brain cancer, a diagnosis he describes as "overwhelming, stunning, shocking, unbelievable." In November 2019, at the age of 40, he underwent surgery to remove the tumor, followed by several sessions of radiation.

"A little over a year later, I am finally coping with it," he says. "I am taking it one day, one moment, at a time. I have doubts, fear, hope and joy." He emphasizes the "and," saying, I have come to realize that it's not black or white, because these feelings do co-exist."

With his trademark passion, he says, "I consider myself a cancer thriver! I tell people, there is always hope. You have worth. You bring light into this world. You have a purpose. Tell your story. Your story matters." ■

To learn more about drama therapy, see "Drama Therapy: Empowering Cancer Thrivers to Grow and Heal" on page 4. For information about all of the programs and services available at Canopy, visit memorialhermann.org.

Memorial Hermann Delivers 'A Shot of Hope'

The COVID-19 pandemic has been a hardship on everyone. Lives have been upended and many, lost. Cancer screenings have been delayed. Surgeries postponed. Healthcare workers have put their lives at risk and their families on hold. But there's hope.

As COVID-19 vaccines become more readily available, guarded optimism is replacing fear and hopelessness.

As a state-designated COVID-19 vaccine distribution hub, Memorial Hermann is doing its part to protect the Greater Houston community. Through the end of March 2021, Memorial Hermann administered over 275,000 vaccines to about 170,000 patients, over 100,000 of whom have now received both doses.

Cancer patients are a high priority. "There's been a large effort by Memorial Hermann Cancer Center personnel to identify cancer patients and to help get them vaccinated. The majority of our cancer patients have received the vaccine, and we are actively reaching out to those who have not," says medical oncologist Anneliese Gonzalez, MD, director of the hematology-oncology division at McGovern Medical School and medical director of Memorial Hermann Cancer Center-Texas Medical Center.

Dr. Gonzalez says that with regard to their attitudes about the COVID vaccine, her cancer patients generally fall into one of three categories. "There are those who are extremely motivated to get the vaccine, who couldn't wait. There is a small number of patients who are very reluctant to get vaccinated. And the majority are waiting for their doctor to counsel them based on their specific circumstances."

She says with a few exceptions, she encourages her patients to get vaccinated. "Cancer patients have more concerns about their immune systems and the interactions between their cancer, their cancer care and the vaccines. They're weighing the potential benefits and harms associated with getting vaccinated," she says. "I tell them that while there hasn't been time to test the vaccines on cancer patients on a large scale, at this point, the vaccines appear to be safe and well tolerated. And they have been proven to reduce the incidence of COVID-19 among individuals with cancer, along with the general population." ■

Communicating Your Wishes Through Advance Care Planning

Jennifer Cox, RN, supportive medicine clinical manager at Memorial Hermann Medical Group, learned the hard way about the value of advance care planning. When her grandfather became gravely ill, her family realized he had never documented–much less communicated–his wishes about his end-of-life care.

"He wanted to live life to the fullest," she says. "I was pretty sure he wouldn't have wanted to be kept alive if there were no chance of his coming back," she says, "but we had never had that conversation."

Now, Cox is on a mission to prevent others from finding themselves in a similar predicament. "Nobody talks about this. It's just our culture. But we have to think about our personal values and how we want to live. It's not just about end of life; it's about quality of life."

Cox is involved in a systemwide initiative at Memorial Hermann to educate patients and staff about advanced care planning. Online educational sessions help prepare staff, including physicians, nurses, social workers and chaplains, to answer patient inquiries, deliver bad news or chaplains, to answer patient inquiries and, when necessary, to deliver bad news to the patient.

Patients are being educated about the different healthcare directive documents available, ease of access to them, and the importance of communicating your wishes to your loved ones and designated decision maker.

1. Document Your Wishes

Advance directive documents for Texas residents can be found on the Texas Human and Human Services website (hhs.texas.gov/laws-regulations/forms/advance-directives). Among the forms available are:

- **Medical Power of Attorney (MPOA) form**–gives the person you name as your agent the authority to make any and all healthcare decisions for you in accordance with your wishes, including your religious and moral beliefs, when you are no longer capable of making them yourself.

  Cox says while the natural inclination is to appoint an immediate family member to be your medical power of attorney, you might want to consider picking a person whom you trust who will be able to uphold your wishes in such an emotionally trying time. "Consider appointing a neighbor or a friend who can be more objective. Pick someone you trust who will be your voice to uphold your wishes."

- **Directive to Physicians and Family or Surrogates form** – designed to help you communicate your wishes about medical treatment in the future should you be unable to make your wishes known due to illness or injury.

- **Out-of-Hospital Do Not Resuscitate (DNR) form** – which Cox says is especially important if your wishes are to not be resuscitated.

2. Store Your Documents For Easy Access

Cox suggests having the documents notarized and making multiple copies to have on hand in case of emergency, or in the case of a planned medical procedure or hospitalization.

3. Communicate Your Wishes

After you've documented your wishes, talk to your family and loved ones about your wishes. The Conversation Project (the conversationproject.org) offers tips and resources to help make, discuss and document future healthcare wishes and decisions. There's even a Conversation Starter Guide that contains conversation games, videos, blogs and other resources to get you started.

Ana Leech, MD, assistant professor at McGovern Medical School and director of palliative medicine at Memorial Hermann-Texas Medical Center, says, "A simple way to start the conversation is to ask, 'What makes life whole for you?' For example, my dad always said that without driving, his life would not be complete. So when he was sick, we knew that if he couldn't recover to drive again, we should not prolong his life artificially. The question really helps to narrow down what is important. We in the medical community can help sort out if someone would benefit from life-sustaining treatment based on their 'line in the sand.'"

Cox encourages individuals not to wait. "Start having these conversations when you become an adult," she says. "You can always revisit or revise your wishes and documents at pivotal points, such as when you get married, have a child, or if you get diagnosed with a new illness. You may never need them, but if you do, your loved ones will be glad you took the time to prepare." ■

Return to Wellness: Prioritizing Cancer Screening During a Pandemic

According to the American Cancer Society, early detection of cancer through screening reduces mortality from cancers of the colon and rectum, breast, uterine cervix, prostate and lung. But the COVID-19 pandemic has posed a perplexing dilemma for many people as they try to weigh the benefits of getting screened against the risk of infection and complications from COVID-19.

Experts are concerned about the long-term effects delaying cancer screenings during the pandemic might have on cancer mortality.

"Astounding" Decline in Screenings

Based on the findings of a study published in the *Journal of Clinical Oncology*, which represented 5 percent to 7 percent of the Medicare fee-for-service population, from March 2020 through July 2020, screenings for breast, colon, prostate and lung cancers were lower by 85 percent, 75 percent, 74 percent and 56 percent, respectively, over the same time period in 2019.

"The figures are astounding," says general surgeon Mike Ratliff, MD, who is affiliated with Memorial Hermann Greater Heights Hospital. "These screenings provide an opportunity to catch cancers early, often before symptoms occur and while they are more likely treatable. When screenings decline, as they have with COVID, there is a concern that we'll miss detecting breast, colorectal, lung and other forms of cancer that otherwise would not have been missed. This could potentially affect the long-term survival of some of these patients."

Dr. Ratliff says that while cancer patients who have been diagnosed are likely to go through with their treatments, healthy patients are more likely to put off preventive screenings. And when it comes to helping patients stay on top of their screenings, he says primary care physicians are "the captains of the ship."

Memorial Hermann Medical Group primary care physician Indira Vanguru, MD, says she encourages her patients to get screened. "I am definitely seeing a delay in screenings among my patients," she says. "But I explain to them that early detection outcomes are definitely better than being diagnosed at later stages. I share with them that I got my first mammogram during the pandemic, and I was comfortable doing so, given all of the safety protocols in place at Memorial Hermann."

"A Bump in Stage Migration"

Oncologist Michelina Cairo, MD, who specializes in breast cancer, has seen firsthand the damage screening delays can have on patient outcomes. "A woman in her 40s felt a lump in her breast in January 2020 but did not seek a screening mammogram right away due to fear of COVID-19," she says. "By the time she was diagnosed with breast cancer, the mass had grown, and her cancer had advanced. We had to use chemotherapy, which might not have been necessary had she gotten a screening mammogram right away. I urge patients to be open about their symptoms and concerns. If her doctors had known about her breast mass, they would have moved mountains to perform a biopsy and to initiate treatment right away."

Dr. Cairo believes there will be consequences to the delays in screening among the general population. "While total cancer numbers might not increase, there will likely be a 'bump' in stage migration, where patients present at a more advanced stage," she says.

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Return to Wellness *continued from page 31*

Ongoing Surveillance

As important as screenings are to the prevention of cancer, ongoing surveillance among cancer survivors is just as important, to help prevent cancer recurrence. Dr. Cairo says, "Given all that my patients have been through during cancer treatment, I commend them for being great about staying on top of their symptoms, appointments and cancer screenings. They don't want to let their hard-won gains slip. But for those who have delayed their appointments due to the pandemic, I say, 'It's time to return to the doctor.'"

Screenings on the Rebound

While screenings dipped sharply early in the pandemic, it appears that they are on the rebound. "A recent study conducted for the Breast Cancer Surveillance Consortium (BCSC), a federally funded, national network of breast imaging registries, suggested that by July 2020, screening rates had returned to approximately 90 percent of pre-pandemic volume, and diagnostic breast imaging rates had returned to 100 percent," says Emily Robinson, MD, professor of surgery at McGovern Medical School.

But there's still more catching up to do. "The researchers found that there is still a cumulative deficit in mammography screenings due to missed appointments last spring, and they also noted that rebound rates were lower among Hispanic and Asian women," she says. ■

Talk to your doctor to make sure you're current on your cancer screenings. To schedule an appointment with an affiliated physician, or to schedule a colonoscopy or mammogram, visit memorialhermann.org.

Memorial Hermann Distributes Colon Cancer Screening Kits

Memorial Hermann and the American Cancer Society (ACS) have a longstanding partnership in support of cancer prevention, diagnosis and treatment. In keeping with this shared mission, last fall, the ACS awarded Memorial Hermann a $5,000 grant to be used for colorectal screening. The funds were gifted by the Texas Dow Employees Credit Union (TDECU), the largest Houston-area credit union and the fourth largest in Texas, with the stipulation they be used for the early detection of colorectal cancer in underserved communities of Harris County.

Through its three Memorial Hermann Neighborhood Health Centers, Memorial Hermann has distributed over 120 InSure® ONE™ at-home fecal immunochemical test (FIT) kits to residents of Houston's underserved communities. Patients with abnormal results are referred to the Memorial Hermann Community Resource Centers at Memorial Hermann Greater Heights Hospital and Memorial Hermann Southwest Hospital for referral to a gastroenterologist or other specialty care.

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

In the Pink Distributes $450,000 to Local Organizations Fighting Cancer

In March 2021, the Memorial Hermann In the Pink of Health Committee announced the distribution of $450,000 to help cancer survivors in and around the greater Montgomery County area. Since its inception in 2001, In the Pink of Health has distributed nearly $7.1 million dollars dedicated to providing resources, treatment and support for patients and survivors of breast and ovarian cancer.

The 2020 In the Pink of Health allocations committee convened in January 2021 to review applications and determine how to allocate the $450,000.

- $200,000 to Canopy, the cancer survivorship center on the campus of Memorial Hermann The Woodlands Medical Center
- $85,000 to Interfaith Community Clinic to provide 3-D mammograms for underserved women
- $50,000 for continued investment in state-of-the-art technology at the Memorial Hermann Breast Care Center at Memorial Hermann The Woodlands
- $50,000 to The Rose for breast screening, diagnosis and treatment for women of all ages
- $35,000 to Ovarcome, to assist in its mission to increase awareness of ovarian cancer and its symptoms and provide financial support to patients in Montgomery County
- $30,000 to the Memorial Hermann Nurse Navigator program for supplies, including wigs, Radiant Wraps for women undergoing treatment, Look Good Feel Better makeup kits and provisions for the Prosthesis Closet

The October event marked the 20th anniversary of In the Pink of Health. Given the pandemic, the event shifted to an "A Porch Affair" theme that encouraged attendees to celebrate at home. Committee members prepared and delivered beautiful boxes to sponsors that included donated items like Makeup Junkie bags, In the Pink of Health branded face masks and insulated champagne flutes.

The 21st Annual In the Pink of Health event is scheduled for October 22, 2021. ■

For more information, email inthepink@memorialhermann.org.

2020 In the Pink of Health Allocation of Funds

Total Funds From 2020 Virtual Event	**$450,000**
The Rose	$ 50,000
Ovarcome	$ 35,000
Interfaith Community Clinic - 3-D Mammograms	$ 85,000
Memorial Hermann The Woodlands Breast Cancer Care Technology	$ 50,000
Memorial Hermann Nurse Navigator Program for Supplies	$ 30,000
CANOPY Cancer Survivorship Center	$200,000

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Orthopedic surgeon **Dennis Ian English, MD**, is an assistant professor at McGovern Medical School. His clinical interests include treating patients with benign and malignant bone and soft tissue tumors, metastatic cancer affecting the musculoskeletal system, hip and knee arthritis, bone infections and fractures.

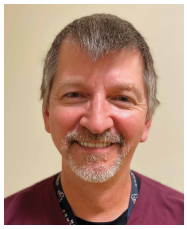
Dr. English earned his bachelor's degree in biology from Washington University in St. Louis, Mo., and his master's degree in medical science and his medical degree from Loyola University in Chicago, Ill. He completed his residency in orthopedic surgery at the Medical College of Wisconsin and a fellowship in musculoskeletal oncology at the University of Florida.

Dr. English sees both adult and pediatric patients at Memorial Hermann-Texas Medical Center and Memorial Hermann Orthopedic and Spine Hospital.

Medical oncologist **Juan F. Garza, MD**, earned his bachelor's degree in biology from The University of Texas at Austin and his medical degree from Universidad de Monterrey Facultad de Medicina, México, then completed his residency in internal medicine and a fellowship in hematology/oncology at the University of Texas Health Science Center at San Antonio.

During his residency, he was named Most Compassionate PGY2 (2015-2015 and 2016-2017), and during his fellowship, he was named Hematology Oncology Chief Fellow (2019-2020). He has also served as a research coordinator at Oncology Consultants in Houston, Texas.

Having grown up in Mexico and trained in San Antonio, Dr. Garza has worked extensively with the Spanish-speaking community and is fluent in Spanish. He sees patients at Oncology Consultants in Pasadena, Texas.



Paul Polansky, RT (R) (T), CCA, is lead radiation therapist at Memorial Hermann Cancer Center – Greater Heights. He earned his bachelor's degree in health care sciences from The University of Texas Medical Branch (UTMB) in Galveston, Texas, where he also earned his associate in applied science degree in radiation therapy.

Polansky is certified and registered in radiography and radiation therapy by the American Registry of Radiologic Technologists (ARRT) and is an American Health Information Management Association (AHIMA) Certified Coding Associate.

Polansky joined Memorial Hermann Cancer Center – The Woodlands in 2007, where he held various radiation therapy and managerial roles. Prior to joining Memorial Hermann, he served in staff radiation therapy roles in the Greater Houston area.

Michelle Solomon, BSN, RN, OCN, is a radiation clinic nurse coordinator at Memorial Hermann Cancer Center – Greater Heights. She earned her bachelor's degree in nursing from Prairie View A&M University in Houston. Prior to joining Memorial Hermann, Solomon served in clinical nursing roles and as a clinical research coordinator.

Solomon says she was inspired to become a nurse as a teenager when her younger brother was diagnosed with leukemia, which enabled her to appreciate the importance of the role of the nurse. She says she treats all of her patients as family and endeavors to provide comfort, exceptional care and compassion.

Dawn Spencer, BSN, RN, OCN, Radiation Oncology Nurse Navigator at Memorial Hermann Cancer Center – Texas Medical Center, earned her BSN in 2009 from Texas Tech Health Sciences Center. An oncology nurse for over 15 years, Spencer brings a wealth of experience to Memorial Hermann Health System. She has cared for patients in the inpatient setting and has also been an infusion nurse.

Spencer began her nursing career at Memorial Hermann The Woodlands Medical Center in 2004, where she worked in an inpatient oncology unit. She left Memorial Hermann in 2011 and returned in 2019 to work as an infusion nurse. She says her passion to help people is what drew her to nursing, and she is honored to help patients get the care and resources they need throughout their cancer journeys.

Carlyn Venable, BSN, RN, Oncology Nurse Navigator for Memorial Hermann-Texas Medical Center, earned her bachelor's degree in nursing from Manila Doctors College in the Philippines. She has been a nurse for more than 15 years and an oncology nurse for more than 3 years. In her current role, she cares for patients with blood and genitourinary cancers.

Throughout her career, she has cared for people of all ages. She also has experience in home health and hospice care and has served as a clinical research nurse for adult patients with leukemia.

For Venable, being an Oncology Nurse Navigator has personal meaning, as her grandmother, uncle and mother-in-law battled cancer. She believes her loved ones would have benefitted from the support she now provides to patients. ■

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 The University of Texas Health Science Center at Houston (UTHealth) in Houston, Mischer Neuroscience Institute at Memorial Hermann-TMC and TIRR Memorial Hermann, patients can be confident that oncology specialists are working together to ensure the best possible outcome for their cancer treatment.

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

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

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

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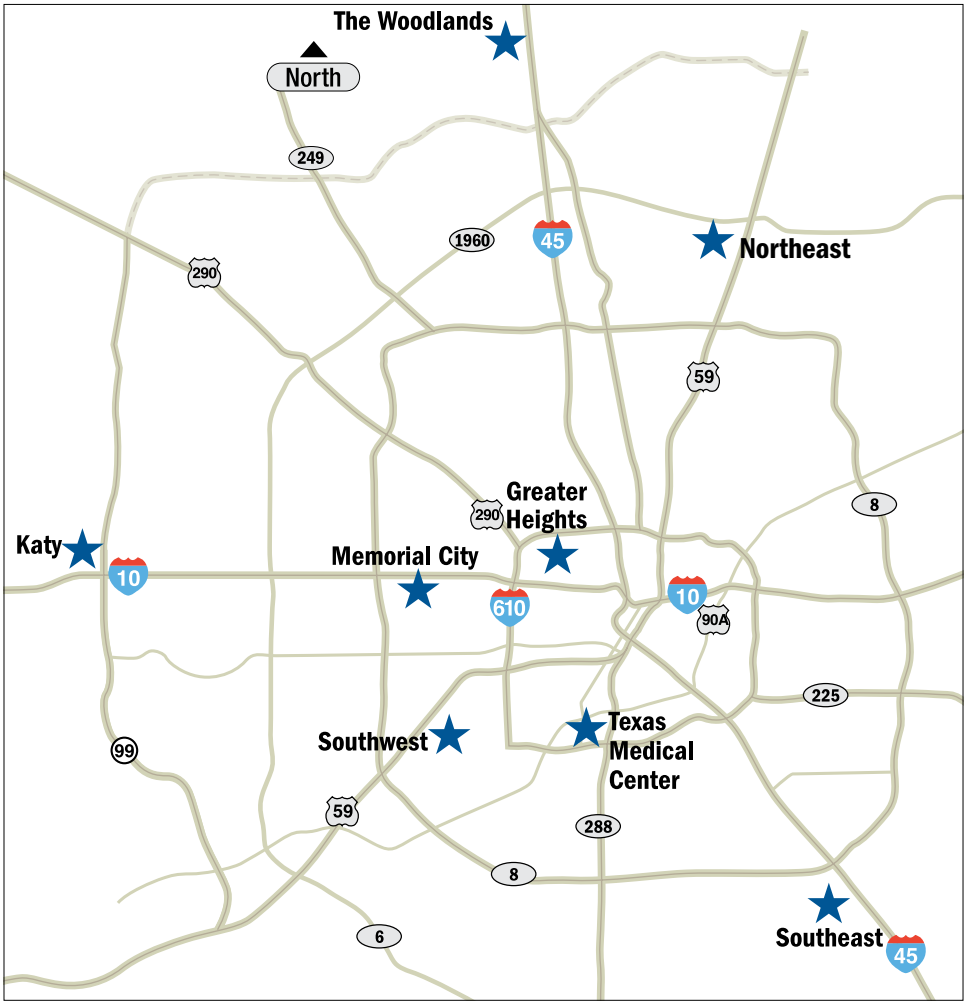

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