

THE UNIVERSITY OF TEXAS

MD Anderson
Cancer Center

Making Cancer History®

DIVISION OF

Internal Medicine

News

WINTER • 2011

Endocrine Research: Novel approaches, exciting results

2011 has been a landmark year for thyroid cancer research, and MD Anderson endocrinologists are in the thick of the discoveries. Not since the discovery of radioiodine therapy 50 years ago has there been such significant progress.

"It's been a fascinating past six years," says Steven Sherman, chair of Endocrine Neoplasia and Hormonal Disorders, "since we developed the first multicenter thyroid cancer treatment trials."

Sherman is referring to changes in thyroid cancer research that are transforming options for treating patients with advanced or metastatic disease.

The most recent breakthrough involves the results of a Phase III trial of cabozantinib, a drug for medullary thyroid cancer patients. The drug significantly improved progression-free survival by 7.2 months compared with placebo.

The Phase I trial of cabozantinib, led by Razelle Kurzrock, M.D., chair of Investigational Therapeutics, first indicated the potential role of the drug in this disease. Although the Phase III trial was not performed here at MD Anderson, Sherman led the global steering committee and the emerging analysis of the results.



"The positive outcome of the trial represents important progress in the treatment of MTC, an indication that has long been underserved, and still has a significant unmet medical need," Sherman said in a news release from the drug maker, Exelixis®.

He says patients expressed their excitement at a recent thyroid cancer survivors' conference.

"There's enormous interest among thyroid cancer patients about what's going on in clinical trials, what the research findings are, how they can get involved, and how they can provide support for research activities. For them, it's a huge breakthrough time as well."

Endocrine Research, continued on page 2





A different approach

Sherman says the design of the Phase I study was critical to leading into the Phase III study.

“Dr. Kurzrock’s team adapted the Phase I study to include so many MTC patients, that we were able to skip Phase II and move immediately to the randomized Phase III trial.”

The trial is an international, randomized, placebo-controlled, double-blinded study of cabozantinib in patients with progressive, locally-advanced MTC. More than 300 patients were randomized in a 2:1 ratio to receive the drug or placebo, administered at a daily dose of 175 milligrams.

The study did not allow for crossover from placebo to cabozantinib, thus potentially allowing a true assessment of the drug’s effect on overall survival with further follow-up.

The optimism continues

Since the Phase III results were released, Sherman’s learned the National Cancer Institute has plans for the drug to become available for other trials, including new thyroid cancer studies.

In addition, results of a second Phase I trial of cabozantinib show promise for patients with differentiated thyroid cancers, which include follicular and papillary types. The two cancers account for more than 90% of thyroid cancers.

In the past, patients with differentiated thyroid cancer who didn’t respond well to surgery or radioactive iodine-131 treatment didn’t have many options. The only FDA-approved drug is doxorubicin, which is not very effective in treating thyroid cancer. In recent years, anti-angiogenic tyrosine kinase inhibitors have been studied in these patients, providing promising results.

“It is too early to determine progression-free survival, but preliminarily, it sounds promising.”

In a study of 15 patients with differentiated thyroid cancer here at MD Anderson, investigators learned that cabozantinib is a potent inhibitor of VEGFR2 and MET that promote tumor cell survival, invasion and metastasis. It also demonstrated a better efficacy than other recent experimental drugs.

Maria Cabanillas, M.D., assistant professor, Endocrine Neoplasia and Hormonal Disorders, recently presented Phase I results during the American Thyroid Association meeting in October.

“This is the first time anyone has reported on differentiated thyroid cancer with this particular drug,” Cabanillas says. She says investigators confirmed a partial response rate of 53%. Forty percent of patients had stable disease as their best response. No patients experienced progressive disease.

“It is too early to determine progression-free survival, but preliminarily, it sounds promising.”

Although it was a small study, Cabanillas says the positive results justify proceeding to a Phase II trial.

“A decade ago, we essentially had little to offer patients who didn’t respond to radioactive iodine. After surgery and radioiodine, there wasn’t much else for patients with differentiated thyroid cancer who had progressive disease.”

The “lead-off batter”

The first glimmer of hope for thyroid cancer patients came earlier this year, when the Federal Drug Administration approved vandetanib, the first therapy specifically approved for treatment of MTC.



Maria Cabanillas, M.D., is Faculty Director of Clinical Research for her department. In that role, she directs research staff consisting of two nurses, two study coordinators, two data coordinators and three regulatory support staff.

Division Head Robert Gagel, M.D., national co-investigator of the trial, delivered the results to the FDA in December 2010, which led to its approval. Gagel also was a co-author on the recent publication in Journal of Clinical Oncology. Mimi Hu, M.D., assistant professor, Endocrine Neoplasia and Hormonal Disorders, was a local investigator.

Hu is also leading a follow-up study comparing two doses of vandetanib for treatment of MTC.

Regarding cabozantinib, Sherman says, “I think both studies, the Phase III trial and the data from Dr. Cabanillas’ research team, are incredibly exciting. It’s a great time to be in this field.”



A FEW WORDS from Dr. Gagel

Internal Medicine Division Head

One article in this issue of the DoIM News focuses on the very important topic of quality improvement. The division has embraced this subject as a method for improving quality of patient care, delivery of services to our clinic population, and safety within the hospital.

The recent presentations at the Internal Medicine and Cancer Survivorship Grand Rounds outlined nine quality improvement projects that have been in place for more than one year.

At least five of the seven projects tackled difficult problems directly related to medical care, and made significant inroads to improve these processes. They ranged from a project to reduce wait times for patients receiving chemotherapy to my favorite – a project to reduce error rates for labeling of skin biopsy/pathology specimens in the dermatology clinics.

What each of these projects illustrated is that change is possible and is likely to happen only if our faculty and staff become actively involved and work together to analyze the problem and create solutions.

Each of the participants in these nine projects is to be congratulated for his/her hard work, dedication and perseverance. The improvements were so impressive in most departments that we have elected to apply the same process this year in the research area to improve processes by which protocols and grants are submitted and managed.

We are pleased that Performance Improvement has agreed to provide a mini-clinical safety and effectiveness course for the research components for our departments, thereby providing them with tools for making quality improvements in the handling of research activities.

It is our clear intention to adopt quality improvement techniques wherever possible, and I encourage you, the employees of the division, to look for opportunities to utilize these skill sets in your areas.

Nikia Hubert is ... I Am MD Anderson

If you happen to meet Nikia Hubert and think, "I know I've seen you somewhere before," you probably have.

Hubert, a medical assistant in the Internal Medicine Center in Mays Clinic, is one of 35 employees and two volunteers to be selected for the I Am MD Anderson promotional update. Her video and profile are on the intranet site, and her poster is on display in the institution.

Nominated by colleagues, Hubert and the other individuals were selected for consistently going above and beyond their normal job descriptions, and for demonstrating the behavioral themes from MD Anderson's customer service model.

"This is my first experience working with cancer patients. There's something new with each patient."



Nursing is in her blood

Hubert currently attends Houston Community College and plans to earn a Bachelor of Science in Nursing. When she does, she'll be following in the footsteps of her mother and her grandmother.

"I love the medical field," she says. "This is my first experience working with cancer patients. There's something new with each patient."

Hubert recently moved from Waco and was married in June. So you won't find her promotional pieces under her current name, but under her maiden name, Nikia Deckard.



New Leadership

Ellen Manzullo, M.D., named deputy division head



Ellen Manzullo, M.D., professor, General Internal Medicine, assumed the position of deputy division head in the Division of Internal Medicine. In her new role, Manzullo will oversee the development, coordination and implementation of clinical programs focused on internal medicine problems in our cancer patients.

She has served as deputy department chair in General Internal Medicine since 2001, and has been chief of the section of General Internal Medicine since 2005. A faculty member of our institution for more than 20 years, Manzullo obtained her medical degree and performed her residency in Internal Medicine at The University of Texas Medical School at Houston.

As a general internist, she has worked in a variety of clinical areas such as the pre-operative setting, outpatient clinics, Emergency Center, Ambulatory Treatment Center, Fatigue Clinic, and the inpatient areas. Manzullo has been actively involved in the internal medicine treatment of comorbid conditions in our cancer patients and survivors.

She also has chaired the Executive Committee of the Medical Staff since 2009 and has served on, or chaired, numerous other committees, including the Medical Records Committee, Ethics Committee, Clinical Faculty Review Committee, MD Anderson Physician Network, Quality Council and the Faculty Senate.

"Her wealth of experience will provide an excellent background for Dr. Manzullo as she pursues her new role as deputy division head," says Division Head Robert Gagel, M.D. "We are excited she has agreed to join our leadership team."

Bashoura appointed center medical director



Lara Bashoura, M.D., associate professor in Pulmonary Medicine, has been appointed center medical director for the Cardiopulmonary Center, effective Thursday, Sept. 1. The appointment, made by Executive Vice President and Physician-in-Chief Thomas Burke, M.D., is a three-year-appointment. Elie Mouhayar, M.D., assistant professor in Cardiology, is

associate medical director, and immediate past center medical director. "We want to thank him for three years of leadership," says Robert Gagel, M.D., division head.

Helmke accepts division administrator role



Joel Helmke officially became division administrator, effective Thursday, Sept. 1.

Helmke received his Bachelors of Science in Psychology at the University of Houston in 1992, and completed a Masters in Science, Healthcare Administration at Texas State University in 1996.

He has served MD Anderson in several capacities since 2000, including center business manager in the Gastrointestinal Center/Endoscopy Center (2000-2003), ad-interim program director of Community Oncology (2003-2004) and department administrator in Gastrointestinal Medical Oncology (2003-2007). Most recently, Helmke was division administrator in Cancer Prevention and Population Sciences (2007-2011).

"He has proven to be an effective manager and administrator, and brings a unique combination of research and clinical experience to his new role," Robert Gagel, M.D., division head, says.

Atkinson named medicine department administrator



William Atkinson IV was named medicine department administrator in Emergency Medicine.

Atkinson is a graduate of Texas A&M University, receiving a Bachelor of Science in Microbiology. He also attended the University of Houston-Clear Lake, receiving both a Masters in Business Administration and Masters in Health Administration in 2003. He also is a Fellow in the American College of Healthcare Executives.

After a successful administrative fellowship at the Cleveland Clinic and appointment as an operations analyst in their Regional Medical Practice Division, Atkinson returned to Texas where he had successful roles in business development and medical group management roles in large academic medical centers. In his previous role at MD Anderson, Atkinson served as finance manager in Physician Referral Service, where he further developed his expertise in financial analysis and forecasting.

Robert Gagel, M.D., division head says, "We wish Bill the best in his new role as medicine department administrator and look forward to working with him as Emergency Medicine continues to grow and develop."

Milestones and Achievements

• DERMATOLOGY



Sophia Rangwala, a Baylor College of Medicine medical student and research intern in Dermatology, is a recipient of the American Dermatological Association Medical Student Fellowship.

• EMERGENCY MEDICINE



Patricia Brock, M.D., assistant professor, was named volunteer of the year, at the recent One People One World Gala. More than 300 people attended the event in October to raise funds for Medical Bridges, an organization which distributes medical supplies to hospitals and clinics in developing nations.

• ENDOCRINE NEOPLASIA AND HORMONAL DISORDERS

Endocrine Neoplasia and Hormonal Disorders has been approved for two Oncologic Endocrinology Fellowships, beginning in 2012. The program length is one year with an optional second year.

The Rolanette and Berdon Lawrence Bone Disease Program of Texas brochure and video each won a Silver Medal from the National Health Information Awards. Mimi Hu, M.D., assistant professor, and Lea Tatar, program director, joined forces with Huifang (Linda) Lu, M.D., assistant professor in General Internal Medicine, Patient Education and UT-Television in the development of the communication tools.

• GASTROENTEROLOGY, HEPATOLOGY AND NUTRITION



Manoop Bhutani, M.D., professor, co-directed a postgraduate course with David Rubin, M.D., associate professor of Medicine, University of Chicago Medical Center, at the Annual Scientific Meeting and Postgraduate Course, October 28-November 2, in Washington, D.C.

MD Anderson gastroenterologists making presentations at the meeting include: **William Ross, M.D.**, professor, **Jeffrey H. Lee, M.D.**, professor, and **G.S. Raju, M.D.**, professor.

Gastroenterology, Hepatology and Nutrition, in collaboration with Patient Education, won a Merit Award from the National Health Information Awards for the video, "Colonoscopy for Colon Cancer Prevention."

• GENERAL INTERNAL MEDICINE



General Internal Medicine Chair **Carmen Escalante, M.D.**, was featured in the September 2011 edition of The MDS Connection, a newsletter for people living with myelodysplastic syndromes. Escalante, who also sees patients in MD Anderson's Cancer-related Fatigue Clinic, shared tips for managing fatigue in bone marrow failure diseases.

• INFECTIOUS DISEASES, INFECTION CONTROL AND EMPLOYEE HEALTH



Dimitrios Kontoyiannis, M.D., deputy division head and professor, has received the Frances King Black Endowed Professorship for Cancer Research, effective December 1, 2011. The endowment was established in 1955 by Pastor and Mrs. Charles K. King and members of First Presbyterian Church on South Main, in honor of the King's daughter, who died of cancer in 1954.

• PULMONARY MEDICINE



Rodolfo Morice, M.D., professor, has been named chair of The American College of Chest Physicians Pro Bono Programs for Central America and the Caribbean. As chair, Morice is responsible for organizing ACCP activities at the XXVI Congress of the Central American and Caribbean Federation of Pneumology and Thoracic Surgery, March 27-30, 2012.



From left: Spears' sister, Dorothy Franklin, her mother, Dorothy Gilley, Spears, and Susan Chon, M.D.

Spears nominated for Rogers Award

When Betty Spears stepped into her job in Dermatology eight years ago, she found her passion.

"Right off the bat, I volunteered to coordinate the annual Houston Dermatological Society skin cancer screening event," says Spears, program coordinator in Dermatology. "I can really pour my energy into helping people."

Under her watch, the event has grown from 12 hospitals in 2003 to 19 hospitals in 2011. More than 2,000 patients are screened in one day.

Now she is being recognized for her efforts.

Spears is one of five distinguished nominees of the 2011 Ben and Julie Rogers Award of Excellence in Prevention. As a finalist, she received a \$250 savings bond and certificate of merit at a reception Thursday, Sept. 29. Lorna McNeill, Ph.D., assistant professor in Health Disparities Research, is the recipient of the \$10,000 top prize.

Each year, the Rogers Foundation recognizes employees who consistently demonstrate excellence in their work and dedication to our among the areas of patient care, research, education, prevention and administration.

Screening events span the city

Besides her efforts with the annual screening program, Spears and Susan Chon, M.D., assistant professor, Dermatology, conduct skin cancer research projects at the college level. They also are working on a kindergarten through fifth grade skin cancer education and prevention interactive research project.

Chon says the outreach programs couldn't flourish without Spears' participation.

"As soon as we commit to a screening event, she begins working on the project tirelessly," Chon says. "Betty is always kind and respectful to everyone she interacts with. She is a great representative for our mission of Making Cancer History®."

Quality Improvement essential for excellent patient care Departments' projects aim for better results

The scope of the nine Quality Improvement projects presented this year varied dramatically; however, the goal of each was the same: to improve the efficiency and effectiveness of patient care.

"Quality Improvement is critical to health care," says Victoria Jordan, Ph.D., director, Quality Measurement and Engineering in the Office of Performance Improvement.

According to Jordan, the Institute of Medicine dictates that health care be safe, timely, effective, efficient, equitable and patient-centered.

"The US health care system, and even MD Anderson, sometimes falls short in each of these aims," she says, "so improvement is critical for increasing patient safety and reducing unnecessary costs in terms of waste and non-value activity."

Jordan and her colleague, Doris Quinn, Ph.D., director, Process Improvement and Quality Education, attended all three DoIM QI sessions. Quinn says improvements are needed, not only for patient care, but are being mandated by regulatory agencies, residency programs and re-certification of physicians.

"The Health Care Reform Act contains a requirement that cancer hospitals start reporting metrics by 2012," Jordan says, "and we can assume that Centers for Medicare and Medicaid Services will attempt to link performance to reimbursement."

Internal Medicine paves the way

The division began QI projects three years ago. According to Division Head Robert Gagel, M.D., Internal Medicine is among the leaders in the number of faculty engaged in QI efforts.

"We were determined to initiate QI projects that would improve processes and elevate the quality of health care at our institution. In virtually every other industry," Gagel says, "the only way things improve is when the workers, and in our case, the physicians, nurses and classified staff, take ownership and say, 'This is not acceptable. Let's do it better.'"

"At the same time, not every project will yield improvement," he says, "but the data will be available to determine whether to tackle the problem from a different direction."

Grand efforts made at Grand Rounds

Representatives from each department presented their findings during three consecutive Grand Rounds.

Quality Assurance in Colorectal Polyp Detection

Patrick Lynch, M.D., J.D.,
professor, **Gastroenterology,**
Hepatology and Nutrition

The goal of this project was to increase the adenoma polyp detection rate.

Challenges included reconciling a gap between the Endoscopy and Pathology databases, and maintaining the patient volume for the center while adhering to a new industry standard for longer colonoscopy withdrawal time.

Interventions include:

- Replacing the database
- Developing metrics for other procedures besides screening and surveillance colonoscopies
- Conducting a monthly departmental QI meeting
- Monitoring and reporting of cecal intubation rates
- Reviewing QI data with faculty and staff on a regular basis

Electrocardiogram Quality Initiative

Peter Kim, M.D.,
assistant professor, **Cardiology**

Cardiology performed a systematic quality audit to maintain accuracy of interpretation of electrocardiograms to improve the consistency of responding to critical-value ECGs. To improve on the project in the future, Kim says more ECGs will be reviewed per assessment cycle. Further clinical analysis also will be performed to correlate early critical value detection and clinical outcomes.

Inpatient to Outpatient Hand-Off Communications: Post-Operative Calcium Management

Anita Ying, assistant professor, Endocrine Neoplasia and Hormonal Disorders

The project was an extension of a Clinical Safety and Effectiveness Project. After thyroid or central neck surgery, patients are at risk for developing hypoparathyroidism and a low serum calcium level. Therefore, calcium levels must be closely monitored.

According to Ying, a timely hand-off from the inpatient team to the outpatient team is imperative to avoid missed follow-ups or lab work. In the process, the team achieved its goal to review lab results within two business days and to decrease the number of steps in the hand-off process.

Isolation Solution – Infection Prevention in Action

Cheryl Perego,
supervisor, and Kim Nguyen,
coordinator, Infectious Diseases, Infection Control and Employee Health

The project involved a multidisciplinary effort among staff from Infection Control, PI, Internet Services and Outpatient leadership, who brainstormed how to remove patients from isolation quicker to avoid unnecessary costs. For

instance, the average cost per day is \$100 for each inpatient in isolation.

Initially, only seven of 22 care centers participated in the study, with fewer than 30 patients removed from isolation each month. Upon completion of the project, 91% of the care centers participated in the study, and 80 or more patients were removed from isolation each month.



Improving Efficiency and Effectiveness in Management of Patients with Malignant Pleural Effusion



Lara Bashoura, M.D.,
associate professor, Pulmonary Medicine

Why don't patients come to Pulmonary Medicine for pleural effusions, and why don't primary oncologists know how to get in touch with pulmonologists?

The project responded to these questions with the opening of the Thoracentesis Clinic. Each department in the institution received the contact number and the location of the pleural procedure room.

As a result, patients received more rapid relief and consistent follow up, Bashoura says, and had fewer visits to the Emergency Center. Because of the improvements, the clinic was able to perform a larger number of pleural procedures than in the past, with an increased income of \$400,000.



Improved Labeling of Specimens

Susan Chon, M.D.,
assistant professor, Dermatology

Specimens were being processed with occasional errors in the Melanoma and Skin Center Clinics. Dermatology's project instituted a process, already in place at the Cancer Prevention Center, in which labels are completed with site information before the start of a procedure.

The baseline for errors before the project was 7.6%. With the new process, errors were just above 1%.

Executive Vice President and Physician-in-Chief Thomas Burke, M.D., who attended two of the three QI sessions, challenged the team to aim for a goal of zero.



Do Our Patients Wait Too Long? Improving Patient Wait Time in an Ambulatory Chemotherapy Unit

Jessica P. Hwang, M.D.,
assistant professor, General Internal Medicine, and **Michael A. Kallen, Ph.D.,**
assistant professor, General Internal Medicine-Research

More than 100,000 patients visit the Ambulatory Treatment Center in Mays Clinic each year. During their visits, patients experience a typical wait time of nearly 40 minutes before receiving treatment. According to a recent Press Ganey survey, patients expressed dissatisfaction with the length of their wait times. As a result, improving patient satisfaction with wait time has become an institutional priority.

The QI team found the baseline median wait time in two ATC units was 39.9 minutes. The QI project set a goal to decrease median wait time by 10% during the first month of project interventions.

Six specific interventions were implemented to improve efficiency, which led to a reduction in the median patient wait time to 34.2 minutes, a 14% decrease that surpassed the project's goal. In addition, surveyed patients and nurses expressed increased satisfaction with the ATC, compared with their experiences before the team implemented the interventions.

In conclusion, Gagel commended all the teams for their efforts, and suggested the departments carry their projects into the next fiscal year.

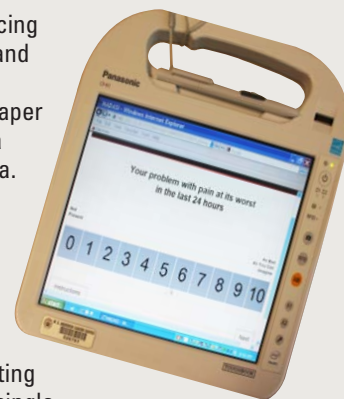
"What I'd like to see is that you build on these projects by collecting and analyzing data in greater depth," he says.

The success of a project for Fiscal Year 2012 will be based on acceptance of a manuscript in a peer-reviewed journal, and a successful presentation at the QI Grand Rounds.

Using Electronic Data Collection in Symptom Research

Lori Williams, Ph.D., assistant professor, Symptom Research

The study focused on reducing the time it takes to collect and analyze patient-reported outcome data. Instead of paper and pencil, the team used a Tablet PC to collect the data. A software application and data base also were implemented. This new technical approach trimmed the total time of collection, scanning and monitoring by 55%, generating \$6,600 in net savings for a single research study.



Improve Compliance with Early Goal Directed Therapy in the Emergency Center

Terry Rice, M.D.,
assistant professor, Emergency Medicine

The project outlined the need for early identification of patients with sepsis, one of the major killers of cancer patients. Among the improvements:

- Educating Emergency Center physicians and nurses about the components of early goal-directed therapy
- Prescribing a strict adherence to use of aggressive fluid resuscitation
- The importance of reaching goal mean arterial pressure and urine output
- Better documentation and communication

The improvements led to a reduced length of stay for the 200 patients involved in the study.

Spotlight on Research



Benign Hematology

Michael Kroll, M.D., professor and section chief, has been appointed to serve a one-year term as vice-chair of the ASH® Scientific Committee on Platelets. The appointment begins January 1, 2012, followed

by a subsequent one-year term as chair in 2013.

Dermatology



Ana Mercedes Ciurea, M.D., assistant professor, has received a \$53,000 grant from Merck for her protocol which determines the incidence and frequency of cutaneous squamous cell carcinomas and melanomas among cancer patients. The

case-controlled study followed patients during the period from 2005-2010 for longer than six months.

Endocrine Neoplasia and Hormonal Disorders



Naifa Busaidy, M.D., assistant professor, has been named a recipient of a Thyroid Cancer Survivors, Inc. grant from the American Thyroid Association to study whether mutant BRAF activation of the P13K/AKT pathway in PTC

tumors – a pathway that has been implicated in aggressive thyroid cancer – is predictive of clinical outcomes and response to treatment.

General Internal Medicine

Members of General Internal Medicine

presented seven abstracts, including five posters and two oral presentations, during the 2011 Cancer Prevention Research Institute of Texas Innovations in Cancer Prevention and Research Conference, Tuesday, Nov. 15-Thursday, Nov. 17, in Austin.

POSTERS:

“Collaborative Group Clinics for Cancer-related Fatigue” **Carmelita Escalante, M.D.; Ellen Manzullo, M.D.; Sonia Rodriguez; Sofia deAchaval;** Diane Novy, Ph.D., Pain Medicine; **Maria Suarez-Almazor, M.D., Ph.D.**

“Development and Implementation of a Video-based Decision Aid for Lung Cancer Screening” **Bonnie Nelson, Lorianne Classen, Robert Volk, Ph.D.,** Therese Bevers, M.D., Clinical Cancer Prevention

“Using a Web-based System in a Clinical Setting to Assess Cancer-related Fatigue” **Michael Kallen, Ph.D.,** Dershung Yang, **Ellen Manzullo, M.D., Carmelita Escalante, M.D.**

“The Effects of Pain and Other Symptoms on Cancer-related Fatigue” **Michael Kallen, Ph.D., Tony Lam, Ellen Manzullo, M.D., Carmelita Escalante, M.D.,** Dershung Yang

“Low Rates of Hepatitis B Virus Screening at the Onset of Chemotherapy” **Jessica Hwang, M.D.;** Michael Fisch, M.D., General Oncology; **Hong Zhang; Michael Kallen, Ph.D.;** Mark Routbort, M.D., Ph.D., Hematopathology; Lincy Lal; John Vierling; **Maria Suarez-Almazor, M.D., Ph.D.**

ORAL PRESENTATIONS:

“The Burden of Comorbid Illness in Cancer Survivors” **Holly Holmes, M.D.;** Hoang Thanh Nguyen, Ph.D., Biostatistics; **Michael Kallen, Ph.D.;** Mark Routbort, M.D., Ph.D.; Lincy Lal, John Vierling; **Maria Saurez-Almazor, M.D., Ph.D.**

“Measurement of Bone Density in Patients with Breast Cancer Initiating Therapy with Aromatase Inhibitors: Low Utilization and Ethnic Disparities”

Maria Suarez-Almazor, M.D., Ph.D., Ruili Luo, Ph.D., Hoang Nguyen, Ph.D., Linda Elting, Dr.PH., Biostatistics, on behalf of the CERCIT investigators



Holly Holmes, M.D., assistant professor, was awarded a K23 grant from the National Institute on Aging. Her research, “Medication Adherence among Older Persons Enrolled in Medicare Part D,” received a five-year award, beginning September 1, 2011.



Jessica Hwang, M.D., assistant professor, was notified that her abstract, “Reactivation of Hepatitis B Infection among Patients

with Cancer,” would be mentioned, along with 10-20 others, during a news conference, Saturday, Nov. 5, at the annual meeting of American Association for the Study of Liver Diseases. The information also was published in WebMD and Medscape Medical News.



Infectious Diseases, Infection Control and Employee Health

Harrys A. Torres, M.D., assistant professor, has received a \$75,000 grant from Merck for his investigator-initiated study, “Safety and Efficacy of Raltegravir in Antiretroviral Naïve

or Experienced HIV-infected Patients with Cancer.” This is Infectious Diseases’ first project to be funded on HIV research.

Torres also was informed that his abstract, “Rituximab and Gemcitabine are Associated with Acute Exacerbation of Chronic Hepatitis C Virus Infection in Patients with Cancer,” was selected as a Presidential Poster of Distinction during the annual meeting of the American Association for the Study of Liver Diseases, November 4-8. The poster was among the top 10% of all abstracts entered in the competition



Pulmonary Medicine

Vickie Shannon, M.D., professor, was honored with the Alfred Soffer Research Award for her abstract, “Timing of Pulmonary Rehabilitation Relative to Cancer Treatment Impacts PR Benefits among Patients with NSCLC and Moderate to Severe

COPD,” presented at CHEST 2011, held from Oct. 22-26, in Honolulu, HI.

Symptom Research

Members of Symptom Research participated in the presentation of three posters at the CPRIT conference in Austin:

“Impact of Cancer Survivorship Disparities on Underserved Patients and their Caregivers during the Acute Phase of Survivorship”

Guadalupe Palos, Dr.PH, Cancer Survivorship; Kai-Ping Liao, Ph.D., Biostatistics; **Karen Anderson, Ph.D., Araceli Garcia-Gonzalez, M.D.; Katherine Gilmore; Lucy Balderas;** and Cielito Reyes-Gibby, Dr.PH, Epidemiology

“Psychometric Validation of the Spanish Version of the MD Anderson Symptom Inventory: Multiple Symptom Assessment in Cancer Patients”

Javier Valenzuela, Ph.D., M.E. Irarrazaval, G. Fasce, Guadalupe Palos, Dr.PH, **Tito Mendoza, Ph.D., Ibrahima Gning, Xin Shelley Wang, M.D., and Charles Cleeland, Ph.D.**

“It’s Almost a Role Reversal: Narratives of Adult Children as Caregivers for Patients Diagnosed with Advanced Cancer”

Katherine Gilmore; Araceli Garcia-Gonzalez, M.D.; Kai-Ping Liao, Ph.D., Biostatistics; **Lucy Balderas;** and Guadalupe Palos, Dr.PH

Novel technology undermines infection

Felipe Corrales' family believes MD Anderson physicians saved his life, not once, but many times over. The 103-year-old is a 17-year prostate cancer survivor; however, recurrent urinary catheter infections almost rendered the fatal blow.

The infections have been managed by Issam Raad, M.D., professor and chair in Infectious Diseases, Infection Control and Employee Health and Well-being, through the use of various antibiotics. Still, the centenarian experiences infections. Corrales' health should improve, Raad says, once he receives an antimicrobial urinary catheter.

Raad and his team of researchers discovered the first antimicrobial catheter in 1994. It was first introduced through a randomized, double-blinded study in 1997. Now 14 years later, the Center for Disease Control is recommending it for all high-risk patients who continue to have infections after all the best practices fail.

According to Raad, "The CDC Guidelines that came out in May 2011 highlight our invention and placed it in the highest category, Category IA. The antimicrobial catheters are in practice now in Europe, as well as in the United States."

Waging war against infection

Raad explains that plastic in central venous catheters, without a protective antibacterial coating, is populated with bacteria which infect the point of entry and, ultimately, enters the bloodstream, which can be fatal.

"So what we did was coat the inside and outside of catheters with antibiotics. When the bacteria try to crawl upon the catheter, they are killed. It's like laying a land mine in a war. The enemy steps on it, and it blows up. That's exactly what we do here."



He continues, "We went further to develop other types of antimicrobial indwelling medical devices."

Infection prevention devices have impact

Raad says Infectious Diseases is among the most inventive departments at MD Anderson, developing 33 issued inventions that have been put into practice, with 16 additional patents.

Among them are vascular catheters, urinary catheters and endotracheal tubes. "We've also developed an

antimicrobial neurologic drainage catheter that goes into the central nervous system, as well as antimicrobial cardiac pacemakers."

More than 100 studies have been published, Raad says, on the antimicrobial devices.

"They've been shown to be the most effective antimicrobial catheters in practice."

Felipe Corrales is one example of how MD Anderson is involved daily in saving lives and how innovations are utilized to improve our patients' care and outcomes.



Recent happenings

Recipe for a creative Fall Festival costume



- Take one old wedding dress
- Dye it with three different fabric dyes
- Sprinkle on glitter spray for extra sparkle and pizzazz
- Add multiple strips of tulle, gems, silk flowers and sheets of moss
- Garnish with birds, bird eggs, butterflies and lady bugs
- Purchase green wings, already glittered; add gems, flowers and ribbon
- Dye old wedding shoes with three fabric dyes and add gold glitter

Fairy Wand

- Combine two woodland garland strands with lighted branch (battery operated)
- Add birds, butterflies and, of course, more glitter
- Wrap stems in several colors of tulle

Hair, Face and Body

- Add purple and green hair color
- Top hair with gold glitter spray and feathers, flowers and birds
- Apply makeup powders and glitter
- The final touch: glitter lipstick

Woodland fairy dazzles the crowd

The creative concoction belongs to **Kimberly Roe**, a.k.a., Woodland Fairy, who was among several MD Anderson employees who entertained our pediatrics patients during the Fall Festival, Friday, Oct. 28. The annual event, sponsored by Volunteer Services includes a festival and parade for patients and their families.

“It was a great experience,” says Roe, office manager in Cardiology. “I was amazed how my costume and my character-acting brought so many smiles to a diverse group of faces. The more smiles and joy I witnessed, the more I wanted to play my role and help them visit the world of pretend for just a few minutes.”

Endocrine Clinic team treats thyroid cancer survivors



■ From left: Clinical Dietician Patricia Rosemond, Senior Social Work Counselor Lynn Waldman, Patient Service Coordinator Mario Hernandez, Advanced Practice Nurse Sherrie Flores and (seated) Outpatient Clinical Nurse Karen Kyle.

Sherrie Flores enters the patient consultation room like the proverbial breath of fresh air. She addresses her patient with kindness and a pleasant smile.

"I can never give you the energy you had before your cancer," she tells her, "but I'll do my best to improve it," Flores says.

An advanced practice nurse in the Endocrine Center located in the Main Building, Flores' specialty is women and adult health care. She and her team see more than 1,000 patients per year in the Thyroid Cancer Survivorship Clinic. Many of them are women, since the majority of thyroid patients are female.

Streamlined schedules build rapport

Flores dedicates three half-days of the week to the survivorship clinic.

"My goal is for every patient to enjoy life and live cancer-free."

The other days, she works with Mouhammed Habra, M.D., assistant professor, who also is her supervising physician in Thyroid Cancer Survivorship.

On any given day, her work begins around 7:30 a.m. when she cleans up records online before seeing a steady stream of patients from around 8:30 a.m. until noon. The exams include a health history, a physical examination and plenty of education.

Flores and her team make every effort to schedule all the appointments in one visit.

"People don't want to spend their life at MD Anderson, and I'm not expecting to give them bad news. So whether the patient is from Big Spring or Boise, we try to complete the visit in one day."

Multidisciplinary approach carries on in survivorship

Working alongside her are Karen Kyle, an outpatient clinical nurse, and Mario Hernandez, patient services coordinator, who schedule the patients.

"I love the patient interaction," Hernandez says. Sometimes he has to reassure a new survivor, especially when he/she realizes a doctor is not scheduled during the visit.

"I very simply tell them everyone here is at the top of their game," Hernandez explains.

Other key members of the team are Clinical Dietician Patricia Rosemond and Senior Social Work Counselor Lynn Waldman.

Psychosocial visit is important, too

During a first visit to the clinic, Waldman probes the patient for social family issues that may affect her health.

She says conversations generally range from 15 minutes to an hour. In extreme situations, she refers patients to other facilities that are equipped to deal with crisis intervention.

"All of it is about loss associated with the development of cancer. The patients lose the comfort of good health," Waldman explains. "They lose predictability. It's a series of losses that are cumulative."

A graduation, of sorts

Despite these losses, they now earn the right to be called cancer survivors. Patients even earn a certificate celebrating the transition. And instead of hearing about cancer treatment options, they get quizzed about quality of life issues. Flores also reminds them about preventive screening tests.

"My goal is for every patient to enjoy life and live cancer-free."

Beginning in January 2012, Flores will undergo a transition of her own. She and the Thyroid Survivorship Clinic are moving to the Cancer Prevention Center in the Duncan Building.



Division of Internal Medicine News

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Sesame Street theme carries food drive team

Employees in Gastroenterology, Hepatology and Nutrition collected 63 boxes of food, weighing more than 1,400 pounds, during the institution's Texas Medical Center/Spirit of Texas Food Drive last July. Their donation tripled the

amount of food the department collected last year.

Overall, MD Anderson employees brought in more than

105,000 pounds to help an estimated half-million Houstonians who rely on the Houston Food Bank.

Food drive coordinators Tonya Whitlow, physician assistant, Lisa Walker, grant program coordinator, and Regina Sherrod, program coordinator, divided the department into six teams, with each team assigned the name of a Sesame Street character.

Team Cookie Monster gobbled up top spot, donating more than 530 pounds of food. Grant Program Coordinator Linda Wilson, alone, brought in 227 pounds of the team's total.

Sherrod believes the creative approach, plus weekly email reminders, were the reasons for the surge in donations.

"The team captains played a vital role in this competition," Sherrod says. "It was their responsibility to push their groups to bring in as much food as possible."



Upcoming conferences



SUMO, Ubiquitin, UBL Proteins: Implications for Human Disease

The Sixth Annual Conference
**Wednesday, February 8th–
Saturday, February 11th, 2012**

Organized by:
Edward Yeh, chair, Cardiology

Must apply and be accepted to attend this conference

Visit the CME Conferences site for more information.

Symptoms and Toxicities of Cancer Therapy Symposium Co-sponsor – Friends of Cancer Research

Thursday, April 26th – 7:30 a.m. – 5:00 p.m.
Friday, April 27th – 8:00 a.m. – noon

Duncan Building, Floor 8, Rooms 1-8

Purpose: To provide a forum for researchers, clinicians, advocacy groups and federal agencies to collectively determine common pathways to prevent or reduce the symptoms and toxicities of cancer therapy.

Promotions

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- Kimberly Roe
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Emergency Medicine

- Kelly Merriman,
Administrative Director
Protocol Research

Infectious Diseases, Infection Control and Employee Health

- Clarice Bartell
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Internal Medicine
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