DoCMessages

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Culture of compassion and confidence gives liver cancer patient courage to fight

Jim McGurr has a small house in Clear Lake Shores in Galveston County. He moved in 36 years ago, and if you ask him about it, he'll tell you it's a paid-for, 800-square-foot house amid a sea of million-dollar mansions going up all around him. He's proud to have raised his two sons there, and just as proud to be doing many of the repairs still needed after Hurricane Ike flooded the place back in 2008. But these days, McGurr is not able to do as much of the renovations as he'd like because he's living through treatment for hepatocellular carcinoma—liver cancer.

"None of the staff I've met here seems like a stranger to me," says McGurr (right), shown with Kaseb (left).

The malignant tumor was discovered in September 2012 following a trip to a local emergency room for severe abdominal pain. Hours later, McGurr was taken to surgery where doctors spent the next seven-and-a-half hours repairing a liver rupture that was caused by hepatitis C. "They told me I died on the table twice and had to have my entire blood volume replaced twice. The surgeon said I was the 'toughest old guy he'd met in his life,' " McGurr said. "He explained that biopsy results showed that I had liver cancer, but that if I came to MD Anderson, there would be a treatment for me."

McGurr submitted his medical records, underwent an MRI that showed two hypervascular masses, and was approved by the Liver Tumor Study Group for transarterial chemoembolization (TACE). The procedure uses a catheter to inject chemotherapeutic agents through the hepatic artery and directly into the tumor to cut off the tumor's blood supply and promote cell death. Because the dosage is not administered systemically,

continued

Patient Care

Stage IV breast cancer survivor in remission after novel drug clinical trial

Nieto (center), shown with Guerra (left) and Valero (right), is grateful she participated in the clinical trial.

When Isabel Nieto, a schoolteacher in Weslaco, Texas, noticed a lump in her left breast in October 2011, she promptly went to get it checked. The mammogram was negative, and the doctor reassured her that the lump was just some fatty tissue. A couple of months later, during a shower, she noticed her breast had turned deep red and purple like a bruise. Referred to a surgeon, she underwent a physical examination and answered many questions about her health. When treatment with antibiotics for mastitis did not resolve her problems, she had a biopsy. That was when she learned that she had stage IV inflammatory breast cancer (IBC). With extensive metastases to her lymph nodes and liver, she was told that her chance of going into remission was 1%.

The 44-year-old mother, who teaches math and science to gifted and talented elementary school children, was distraught. However, while telling people that she had cancer, she decided not to let anyone know about the stage and

continued

Courage to fight, continued from page 1

specialists can give higher concentrations of the drugs, producing better odds for success and sparing patients some side effects such as nausea and hair loss. Since November 2012, McGurr has had two TACE procedures followed by three occurrences of radiofrequency ablation (RFA), which uses heat from electrical currents to enter and destroy tumor cells.

"This is hard, but I'm no stranger to adversity," McGurr said. "As a teenager, I was in a terrible car wreck that broke my leg and jaw. Later in life, a disc in my neck had to be replaced with a titanium plate, and I've had an abdominal aneurysm repair. So, I am a tough old guy." What has made the ordeal a little easier, he said, was the welcoming reception he received at MD Anderson from the first phone call to admissions up until now. "There's a culture of compassion here. You can't train people to be that way and you can't buy it," he said. "None of the staff I've met here seems like a stranger to me. They refer to me by first name and ask me about my birthday and my life outside of cancer. Then, when I met the doctors and their team, I sensed a culture of confidence. That's when I knew I could fight, that I knew I was in the best place and in the best position to take on this death warrant."

Ahmed Kaseb, MD, associate professor in Gastrointestinal Medical Oncology, and his team said McGurr's most recent images show an area on his liver that is slowly growing but they believe it can be successfully treated with another course of RFA. He hopes to become eligible for a liver transplant at another medical center hospital despite a lung infection. "I know I have a long way to go, but I know I've come to the right place because MD Anderson leads some of the updates that happen in the cancer field," McGurr said.

He is looking forward to getting on with his life. "I want to finish my house repairs, complete the restoration of my 22-foot sailboat, and get more involved in working with a group that addresses pollution issues, including abandoned gas stations that still have tanks in the ground," McGurr said. "For me, it's about helping my neighbors, being kind to my fellow man, and encouraging other people to think about their options when they face their own health crises."

– By Maxsane Mitchell

Kaseb has been treating McGurr since 2012.

Survivor in remission, continued from page 1

severity of her disease. "Not even my son knew," she said. "He was just going off to college, and I did not want that to keep him from going." At the same time, she made another decision—she was going straight to MD Anderson. "I had heard a lot of good things about MD Anderson, and the first place I came was here," she said.

> "I had heard a lot of good things about MD Anderson, and the first place I came was here."

She consulted with **Vicente Valero, MD,** professor and deputy chair of Breast Medical Oncology, and an IBC specialist with 23 years of experience. When Nieto first walked into his office for a physical examination, Valero said he was not able to feel the lymph nodes near her collar bone because of the extensive disease.

Fast-forward to 2015: Nieto has had "no evidence of disease" (NED)—the official term for going into remission—since June 2013. The remission came about after a year and seven months of treatment on the Phase III MARIANNE clinical trial that compared therapies for patients with untreated metastatic breast cancers who tested positive for the oncologic marker called human epidermal growth factor receptor 2 (HER2). One group of patients in the trial received the then-standard treatment in early 2012: the anti-HER2 antibody trastuzumab—known popularly by its trade name, Herceptin—together with a taxane-based chemotherapy drug. Others, including Nieto, received a new drug, either with or without another HER2-targeting antibody, pertuzumab. The new drug was ado-trastuzumab emtansine (T-DM1), known by the trade name Kadcyla.

Selectively delivering toxin to tumor cells

Valero describes T-DM1 as an immunoconjugate consisting of an antibody and a drug connected by a little molecular bridge. Trastuzumab helps exclusively target HER2-positive cells, and DM1, a derivative of the cytotoxic agent maytansine, kills them. "DM1 is chemotherapy. However, you cannot give it by itself because it produces a lot of toxicity. The only way to give it is by linking it to this antibody," he said. "I would say Nieto got chemotherapy, but in a different way." The drug hence provides selective delivery of the chemotherapy directly to the HER2-positive breast cancer cells without targeting normal tissue, thus greatly reducing the extent of systemic side-effects.

To receive her drug infusion every three weeks in Houston, Nieto traveled five hours each way from Weslaco. Her 10 siblings took turns accompanying her, all the while not knowing about the stage of her disease.

continued

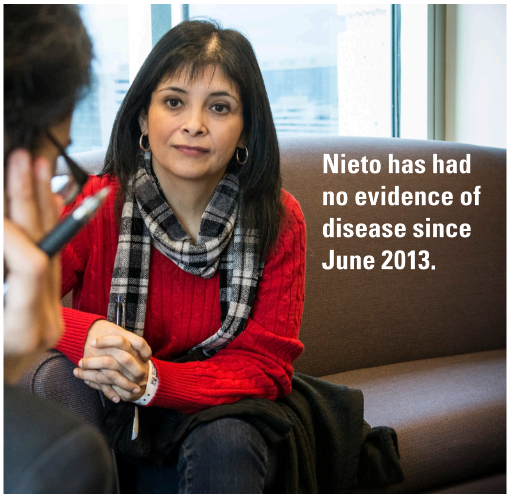
"Every week she used to come with a different sibling, someone always used to be with her," said **Gil Guerra, BA, CCRP,** senior clinical studies coordinator, who managed the trial at MD Anderson. Nieto recalls that in the first few scans, her tumors were not getting any bigger. Gradually, with every scan, she watched the lesions in her liver and lymph nodes melt away. Through most of her 24 treatment cycles spanning a year and a half, she continued working. "The kids kept me busy. I thought it was the best thing to do instead of staying home and thinking worst-case scenarios," she said. Her boss and colleagues organized a big barbecue fundraiser that helped with a lot of expenses. "All I had to worry about was me getting better—not about bills or taking time off work. I was lucky." And then in 2013, she was informed of her NED status. "When I first heard that term, I asked: 'What does that mean?' It did not click right away," she said. "It was incredible. My first response was: 'Are you sure?' "

Making the call to join a clinical trial

Nieto originally did not want to participate in this trial. The clinical protocol required her biopsied breast tumor tissue be sent to Germany to confirm that it was indeed overexpressing the HER2 protein, a process that took over two weeks. Having just suddenly found out that she had advanced metastatic cancer, she was impatient. "I was told my cancer was stage IV, that it was aggressive. I did not want to wait. I wanted something now," she recalls. Memories from the past also haunted the family. Two years earlier, her mother died from advanced gynecological cancer after a clinical trial at another institution. As a result, her relatives were skeptical. Nieto remembers the unspoken question in their minds: "It didn't work for her. Who's to say it will work for you?"

Valero advised Nieto to participate. "I told her this was a very novel approach for her, because I can always give her the standard treatment," he said. Valero emphasizes that communication with the patient is critical. "I never tell the patients how they are going to do themselves. I can only tell them: These are the studies, I don't know how it is going to apply to you," he said. Nieto recalls, "It was the way he worded it. I had nothing to lose in trying this out. He was real persistent, and I'm grateful for that."

After she was in complete clinical remission, Nieto withdrew from the trial and underwent mastectomy and radiation treatment. "When they operated on her, there was no cancer left in the breast, and importantly, in the lymph nodes," Valero said. "A very dramatic response." She currently comes to MD Anderson every three months for scans, and Guerra tracks her progress as a survivor from the MARIANNE study.



Nieto has had no evidence of disease since June 2013.

Running the metastatic cancer marathon

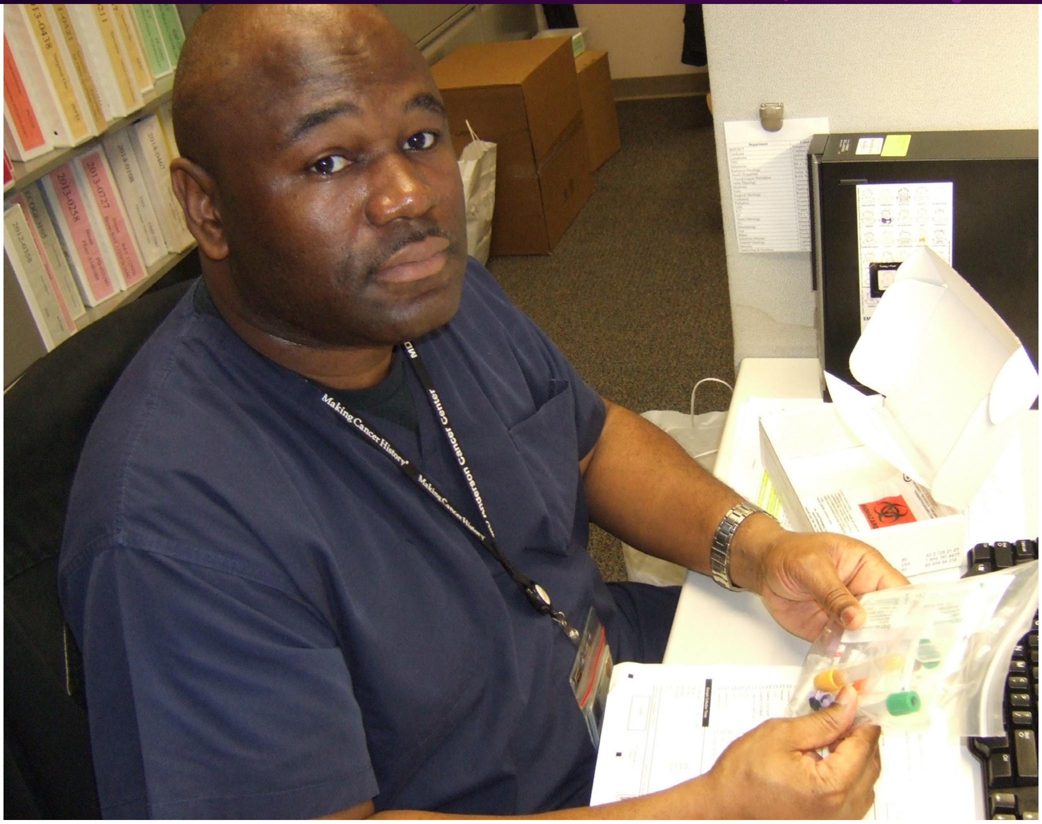
In June 2012, the combination of trastuzumab, pertuzumab, and docetaxel was approved as the first-line treatment for HER2-positive metastatic breast cancer. In February 2013, the FDA approved T-DM1 as an option for treating HER2-positive trastuzumab-resistant metastatic breast cancer, based on data from other clinical trials. In December 2014, the results of the MARIANNE trial were released and showed that the T-DM1, both with or without pertuzumab, showed similar—but not better—rates for progression-free survival (PFS) compared to the trastuzumab-taxane combination in untreated HER2-positive breast cancer. So while T-DM1 is still an approved drug, it will not be the new standard first-line treatment for everyone with HER2-positive breast cancer, as hypothesized. Some would perhaps call that a failure.

> Comparing treating metastatic cancer to running a marathon, Ueno asserts that what really matters is to pace the treatments in the context of maintaining the highest quality of life possible with least toxicity.

Naoto Ueno, MD, PhD, executive director of the Morgan Welch IBC Research Program and Clinic at MD Anderson, disagrees. "Yes, it is disappointing for not proving the hypothesis, but we have to put this finding in the context of metastatic disease, which requires lifetime treatment and is not easy to cure," he said. Comparing treating metastatic cancer to running a marathon, Ueno asserts that what really matters is to pace the treatments in the context of maintaining the highest quality of life possible with least toxicity. Therefore, approved drugs like T-DM1 continue to be important treatment options in the long series of switching or combining drugs in resistant disease, he said. "T-DM1 is not going to disappear."

While not the first treatment for everyone with HER-positive disease, T-DM1 has made a lot of difference to Nieto. After learning of her NED status, she has gradually opened up about her advanced stage cancer diagnosis. She said that her son keeps remarking that it is unbelievable. "Now, I can talk about it. I could not at that time," she said. "I was Stage IV. And I was 1%. And I am here now."

– By Parvathy Hariharan



Coordinator's attention to detail spares patients unnecessary blood draws

Ever hear the idiom, "The devil is in the details?"

That can certainly be said of all the details that comprise a successful clinical trial.

Trevor Wint, a senior research data coordinator in the Clinical and Translational Research Center (CTRC) Laboratory, knows all about that. He's a member of the Protocol Analysis Team, which is responsible for the creation of documents necessary to activate Phase I and II clinical trials. At the start of the fiscal year, Wint was reviewing paperwork needed to activate an early phase trial when he noticed discrepancies in which a blood-based biomarker panel was ordered in the pharmaceutical lab manual but not in the actual protocol. Additionally, a proteomic sample listed in the protocol was not detailed in the manual, and a DNA whole blood sample listed in the manual was not reflected in the protocol. **Passion Lockett, DrPH, MBA,** assistant director, said of all the sites participating in that trial, no one else noticed the error. The mistake at our lab could have resulted in unnecessary blood samples being collected from patients, thus jeopardizing their safety and creating a protocol deviation. It had the potential to affect patient dosing and clinical treatment recommendations. "Trevor notified the sponsor for clarification, as is our standard practice, and in turn the sponsor updated the lab manual and destroyed the incorrect kits," Lockett said. Wint's big catch was celebrated at a staff meeting.

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Up and Coming Investigator

Shah rallies natural killer cells to take on myeloma

Shah developed a technique for expanding NK cells for clinical use.

Nina Shah, MD, seeks to deploy immune cells in a war against their own kind—to thwart multiple myeloma, a cancer of the antibody-producing B cells of the immune system. A clinician with a translational interest in cellular immunotherapies, Shah came to MD Anderson in 2007. She joined the Division of Cancer Medicine's Hematology/Oncology Fellowship program after a two-year postdoctoral fellowship at Columbia University tracing the biological mechanisms of autoimmune disease development. Mentored by stem cell professor **Elizabeth Shpall, MD,** as a fellow, Shah graduated with several honors—including the program's Clifton D. Howe Award for Clinical Excellence—and joined the department faculty, where she has been since. She is currently an assistant professor of Stem Cell Transplantation and Cellular Therapy and medical director of the Stem Cell Transplantation Center.

Shah's translational research involves the aptly named natural killer (NK) cells, the body's natural defense against viruses and tumors. Based on data that leukemia patients with alloreactive NK cells fare better than others, she developed a technique for expanding the population of NK cells from frozen umbilical cord blood on a large scale for clinical use. Showing that these expanded NK cells had an active antitumor effect in both myeloma cancer cell lines and mouse models, Shah now leads a first-in-human clinical trial in which multiple myeloma patients receive them following high-dose chemotherapy and before autologous stem cell transplantation, to clean up any residual traces of cancer. A project that began during her fellowship years with Shpall, Shah's original work has led to parallel clinical trials in myeloid and lymphoid leukemia, and is positioned to be a project under the Myeloma Moon Shot Program. "This project is my baby—I call this my third child—because when I started this, my kids were one and two," Shah said with a smile. "And it all goes back to what I started as a fellow seven years ago," Shah said.

Long after her fellowship days, Shah's partnership with Shpall continues to thrive, and the one person Shah credits for finding her mentor is **Waun Ki Hong, MD,** professor of Thoracic/Head and Neck Medical Oncology and former division head of Cancer Medicine. He insisted that fellows go to weekly departmental research presentations, which is how Shah said she got to meet the faculty, understand their work and get an idea of their personalities. "The day I met Dr. Shpall, I decided that I wanted to work with her," Shah said. "What I learned from Dr. Hong and the whole process of being a fellow here is how to choose the right mentor." She also said that the rigorous training during her fellowship—including competitive grant submissions such as the Paul Calabresi Career Development Award for Clinical Oncology—helped hone skills essential for an academic career.

On the clinical research side, Shah is a co-principal investigator for developing the Blood and Marrow Transplant Clinical Research Network's first multi-center dendritic cell-based vaccine trial for multiple myeloma. She has also been involved with a Phase I/II trial of chemotherapy drugs lenalidomide and melphalan in myeloma patients who underwent transplantation, collaborating with stem cell professor **Muzaffar Qazilbash, MD,** whom she calls her clinical mentor. "So I have a lab mentor, clinical mentor, career mentor—all sorts of mentors around here," she said with a laugh.

"My goal—this is lofty—I'd like to better understand how we would direct NK cells against myeloma, whether it is by increasing certain receptors or making the receptors on these cells more specific," she said. As a first step, she and her team have discovered that NK cell receptors NKG2D and NKP30 are critical to the cellular stress that kills myeloma cells. She is developing a project to outfit NK cells with myeloma-hunting chimeric antigen receptors. "This is just one way to increase the functionality of the NK cells or even to predict whose NK cells are going to work better," she said. "Because, if I had a choice between picking between NK cell products with different receptors, I want to pick the cells with the best bet. We don't know how to do that yet."

– By Parvathy Hariharan

Shah (right) examines a patient as Ravin Ratan, MD, third-year-fellow, looks on.

Research and Education continued

Inhibiting the inhibitors

Lymphoma researchers unshackle tumor-suppressed immune system to fire at cancer


Immunotherapy has gained steady prominence in the battle against cancer during recent years with an extensive arsenal of sophisticated molecular weapons. Missiles include checkpoint blockade inhibitors that release the immune system's built-in brakes and designer immune T cells with novel receptors to detect particular cancer antigens, among others. However, while immunotherapy can induce long-lasting remissions that keep the cancer at bay for years, it is effective only in a small percentage of patients due to many biological factors, including tumor-induced immunosuppression. To truly fire up the immune system, **Hong Qin, MD, PhD,** assistant professor, Lymphoma/Myeloma, (left) together with department chair **Larry Kwak, MD, PhD,** (right) and their team are working to eliminate the self-inhibitory arm of the immune police—myeloid-derived suppressor cells (MDSCs) that inhibit T cell activity—and set it free to attack the cancer.

MDSCs have been observed in a number of cancers, including lymphoma, leukemia, multiple myeloma, melanoma, prostate, liver, kidney, and breast cancer. Tricked by the tumor, these cells have been known for many years now to suppress the immune system, but have been difficult to isolate and study because their characteristic molecular markers are not well known. In a study published by *Nature Medicine* in June 2014*, Qin, Kwak, and their team worked around this problem by using a peptide phage display system to find proteins unique to the MDSCs, a technique in which viruses chip away at different protein sequences on the surface of MDSCs and display them individually for analysis. In this way, they isolated two such protein fragments exclusive to MDSCs in mice—peptides called H6 and G3—and fused them to portions of mouse antibodies to generate one-of-a-kind "peptibodies" that specifically bind to and block the action of MDSCs. Injecting these peptibodies into mouse models of cancer selectively eliminated MDSCs from the blood, spleen, and tumors, and was associated with slower tumor growth, an effect not seen with control antibodies. Importantly, the peptibodies decreased MDSCs originating from both types of immune cells (monocytes and granulocytes) without affecting the functioning of other immune cells, such as dendritic cells.

With impressive results in mice, the research team is now working to discover similar proteins unique to human MDSCs and design drugs to treat blood cancers. Qin said that a major advantage of the peptibody is that it can be employed as both a diagnostic and therapeutic agent to detect and destroy MDSCs. He also noted that the versatility of the peptide phage display platform could be expanded to identify molecular targets on other rare types of cells. "The key challenge is to develop a promising therapeutic that is not cross-reactive to proteins in normal human tissues," he said. "We expect this strategy to be synergistic with many cancer therapies—whether chemotherapy, targeted therapy, or others—because it helps clean up the immune-suppressing cells from the tumor microenvironment."

This research is supported by the Lymphoma SPORE and The Quest for Cures initiative of the Leukemia and Lymphoma Society.

– By Parvathy Hariharan

***Nature Medicine* 2014;20(6):676–81.

9th Annual Faculty Recognition and Awards Program

– By Maxsane Mitchell

Achievements earn praise for dedicated work benefitting patients

There was no red carpet and no golden statue presented, but some recipients of the Faculty Recognition and Awards compared the event to the Academy Awards. The ninth annual program, where the best and brightest in the Division of Cancer Medicine were recognized for their accomplishments in cancer care, research, and education, was held Dec. 16, 2014.

The John Mendelsohn Lifetime Achievement Award

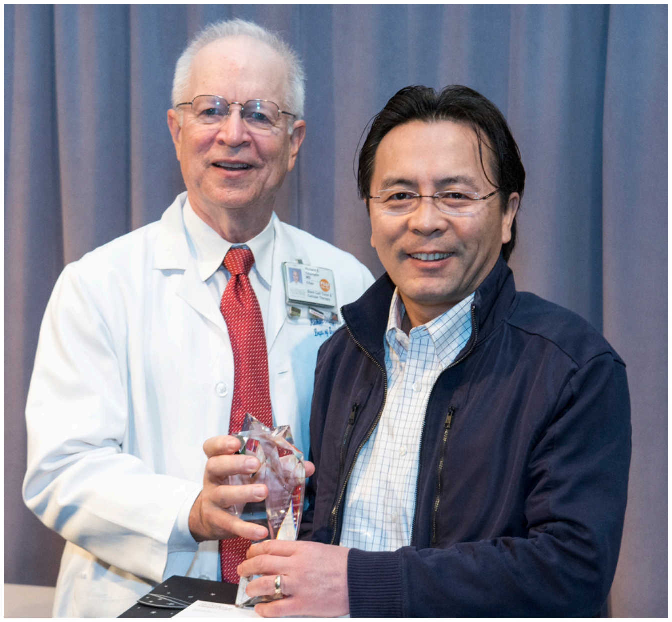
"For a moment, I thought I had won an Oscar Award, but I'm just as humbled to be selected to receive an award named after Dr. Mendelsohn. In my career, I have followed his footsteps," said **W. K. Alfred Yung, MD,** chair of Neuro-Oncology. He recalled that when he was a resident at the University of California San Diego, **John Mendelsohn, MD,** was the director of the cancer center there. He said that during his fellowship at Memorial Sloan Kettering Cancer Center, Mendelsohn chaired their Department of Medicine. "When I joined MD Anderson, Dr. Charles LeMaistre was president, but later when I decided to return to Memorial, Dr. Mendelsohn became MD Anderson's new president. When I met with him, he told me to tear up my offer letter from Memorial and stay here, and I did. It worked out," said Yung. Nominators count among Yung's accomplishments his role in the pivotal trial that led to FDA approval of temozolomide for recurrent anaplastic astrocytomas and, ultimately, of bevacizumab in recurrent glioblastomas. He contributed research on glioblastomas in The Cancer Genome Atlas (TCGA), helped a team of investigators win an $8 million grant to set up a new TCGA Genome Data Analysis Center, and led successful renewal last year of the Brain Cancer SPORE. Additionally, Yung served as editor-in-chief of the journal *Neuro-Oncology* for six years—growing the publication from four issues to 12 annually. Yung, who has been with MD Anderson for 33 years, said he was proud to have helped some patients live longer with glioblastoma multiforme and work continues to defeat the disease through the pilot Brain Cancer Moon Shot program. "I want to say 'thank you' to my family, especially my wife, Susie. Without her standing by me, I would not be here. She's raised our family—three children, one of whom is a faculty member here—and been there through two episodes of cancer in the last 15 years," he said. "She often says that I have two wives, her and MD Anderson, and that I see my second wife much more than her. So, today, I dedicate this award to her."

The Melvin L. Samuels Award for Excellence in Patient Care

Nominators lauded **Nizar Tannir, MD,** professor in Genitourinary Medical Oncology, as a doctor's doctor whom they have also called upon to treat family members. Annually, he sees about 200 new patients—more than any other faculty member in the department, performs 2,000 follow-up visits, and leads several investigator-initiated trials. "As a first-year fellow in 1981, I had the privilege of learning from the late Dr. (Melvin) Samuels, who developed the first curative chemotherapy regimen for testicular cancer. He took care of patients on the ward and in the clinic around the clock at a time when there were no MRIs or CAT scans or ancillary help as we now have," recalled Tannir. "I aspire to emulate Dr. Samuels, and will consider myself lucky if I can achieve a fraction of the career that he achieved in his distinguished time at MD Anderson."

Accolades continued

Accolades



The Irwin H. Krakoff Award for Excellence in Clinical Research

Michael Wang, MD, professor in Lymphoma/Myeloma, is leading a first-in-human trial with the small molecule ON201 in B cell lymphomas. Small molecule drugs have more potential to be taken orally, whereas larger molecules have to be given as injections or IVs. His involvement in breakthrough trials includes clinical research that was the basis for FDA approval of lenalidomide for multiple myeloma. Wang was a top enroller for the study of lenalidomide plus dexamethasone for relapsed multiple myeloma, and recently was involved in trials of carfilzomib alone and as combination therapy in multiple myeloma, including the registration trial that led to FDA approval. He co-authored a paper in a January 2015 edition of the *New England Journal of Medicine* showing progression-free survival from 17.6 months to 26.3 months in the control group for relapsed multiple myeloma. Additionally, he is a co-leader of a multidisciplinary Moon Shot group of 30 MD Anderson investigators focused on increasing the cure rate of B cell lymphoma in the next five to 10 years. "As I look out into the audience, I see a lot of mentors to whom I owe thanks. This includes Dr. John Mendelsohn who, when the critical time came for review of my *New England Journal of Medicine paper,* helped me with revision," Wang said upon accepting his award.

Emil Frei, III Award for Excellence in Translational Research

Sattva Neelapu, MD, associate professor in Lymphoma/Myeloma, shared that when he mentioned to his family the night before the awards program that he had been nominated, his daughter asked if he knew who the winner would be. When he explained that no one finds out until the actual program, she said, "Oh, so it's like the Oscars?" He confirmed her analogy, but added that there would be no red carpet or gold statues. Neelapu's nominators described him as a major force in cancer immunology and immunotherapy. He is investigating the biology of B cell lymphomas, developing therapeutic vaccines that are less toxic for older patients, and leading the first clinical trial of immunologic checkpoint blockade with a PD-1 antibody in lymphoma patients. "I think it takes a village to do translational research, so I'd like to accept this award on behalf of all of our team members. This includes research nurses, data coordinators, midlevel providers, lymphoma tissue bank personnel, and laboratory members such as our postdoctoral fellows, and the research scientists and assistants who toil day in and day out to make the discoveries that result in better therapies for our patients," Neelapu said.

Accolades continued

Accolades

The Potu N. Rao Award for Excellence in Basic Science

Jan Burger, MD, PhD, associate professor in Leukemia, was celebrated for research that focuses on microenvironment-derived drug resistance. Successes include leading the exploration of the role of B cell receptor signaling in chronic lymphocytic leukemia (CLL) and other B cell malignancies, as well as chemokine receptors in cross-talk between leukemia cells and their microenvironment, and his discovery of nurse-like cells that act as central regulators in CLL cell survival. Burger's protocols that combine ibrutinib and rituximab are getting a lot of attention. The FDA classified ibrutinib as a breakthrough agent and approved it last year to treat CLL patients who carry a deletion in chromosome 17. He continues to examine these pathways in the CLL Moon Shot.

The Gerald P. Bodey Award for Excellence in Education

Jorge Cortes, MD, professor in Leukemia, is known internationally for his clinical investigative work in acute myeloid leukemia (AML) and CLL. He has also earned a reputation as an educator of fellows and patients. Cortes launched a departmental fellowship program 10 years ago because he was impressed by the amount of time and depth of knowledge that mentors—including **Richard Champlin, MD, Gabriel Hortobagyi, MD, Waun Ki Hong, MD,** and **Vicente Valero, MD**—poured into him when he came to MD Anderson during his early training. Recent successes include the patient education program called "I Have a Question," where he provides general answers to public questions about leukemia and treatment options. These presentations are standing room only. Cortes also organized an online teaching event for people in Latin America that had over 1,000 participants. The webcast is now on YouTube. "My educational efforts are successful because I work with outstanding faculty colleagues who are just as committed as I am, and because our educational program coordinator, **Nicole Jimenez,** does a tremendous job of managing this big effort," said Cortes. "I'd also like to dedicate this award to one of my mentors, **Dr. Susan O'Brien.** She is perhaps the main reason why I am here, and it will be sad for me to see her retire this year."

The Waun Ki Hong Award for Excellence in Team Science

The MDS Team consists of **Guillermo Garcia-Manero, MD,** Raja Luthra, PhD, Carlos Bueso-Ramos, MD, PhD, **Hagop Kantarjian, MD,** and **Richard Champlin, MD,** representing the Departments of Leukemia, Hematopathology, and Stem Cell Transplantation and Cellular Therapy. Nominators say the group is carrying out some of the most clinically relevant MDS trials in the country to pursue significant discoveries that were not even considered 20 years ago because of the complicated, heterogeneous nature of myelodysplastic syndrome. Successes include developing new internationally accepted prognostic scores for patients with lower-risk MDS and the general population, identifying new molecular alterations in the disease; and launching Phase III trials of new oral hypomethylating agents, in particular, azacitidine. The group is working to identify the mechanism of resistance in patients who fail hypomethylating agents and is examining drug development options to address the problem.

Accolades continued

DAISY award winner says patients are like her family

Evangeline Bayaua (Vangie), RN, from the Ambulatory Treatment Center, received the DAISY award in December 2014 for her exemplary clinical service and team work, from Barbara Summers, RN, PhD, vice president and chief nursing officer. Established in the memory of J. Patrick Barnes to recognize compassionate and skilled nurses, this award is recognized nationally and internationally by several healthcare institutions as a testament to excellence in nursing. Having worked at MD Anderson for 23 years, Bayaua feels that she is part of the patients' families. "I think I can strike a rapport with them, even though they are nervous. Every time, I talk to them like they are one of my family members," she said. Likewise, patients request her by name and are willing to wait for her to get their treatments. **Laura Kwong, RN, BSN, MBA,** assistant nurse manager, concurs. "We always call her the super nurse because she is always raising the bar. She has her own high standards for excellence," she said. "Her work keeps her busy all the time, but she loves it." Nominators say that her enthusiasm to keep updated with new protocols and to mentor new nurses, serving where and when needed without being asked, creates an atmosphere of trust. They say they want to clone her! "The best part is that every day, I feel like I'm a doing a service to the patients. It's a good feeling for them and also for me," Bayaua said.

Summers, left, congratulates Bayaua.

FY'15 Team Anderson Goal:

Fundamentals of Quality Improvement learning plan

This year, in addition to a potential monetary payout, employees who participate in the division's Team Anderson Goal will receive a badge pin and certificate.

To align with the institution's strategic framework, the division's 2015 Team Anderson Goal is to complete the Fundamentals of Quality Improvement learning plan. Healthcare facilities report quality measures to the federal government, so it benefits the institution as a whole for employees to have basic knowledge of quality improvement (QI) principles.

The principles of QI are applicable to any job, and the tools in the learning plan show you how to question and analyze processes that may be ripe for improvement. The learning plan includes nine courses and takes approximately six hours. Upon completion, eligible employees earn a badge pin and a certificate, which are sent to supervisors via interoffice mail. Reports are run quarterly to monitor our progress as a division. As of Feb. 24, nearly 300 Cancer Medicine eligible classified employees had completed the learning plan. There are more than 2,100 classified employees in the division, so we have a long way to go to meet the completion criteria.

Classified employees hired on or before April 30, 2015, are eligible to participate in the FY'15 Team Anderson Goal. For the division to qualify for the monetary payout, 95% of eligible employees must complete the learning plan by August 31, 2015.

Look for the "Cancer Medicine 2015 Team Anderson Goal" in the Taleo learning plans tab. Those who previously completed the *Fundamentals of Quality Improvement* certificate only have to take two courses from the Institute for Healthcare Improvement (IHI) online through the Education Center to meet the goal.

If you have any questions about enrollment, please contact your supervisor, department administrator, or clinic administrative director. For more details about the FY '15 Anderson Award, see the Classified Employees Compensation Guide online.

Course List

- Effective Improvement Teams
- Introduction to Patient Safety at MD Anderson
- Leadership Perspectives on Quality Improvement
- Measuring Change
- PDSA 101 (Plan, Do, Study, Act)
- Planning and Managing Improvement Projects
- Process Flowchart: A Quality Improvement Tool
- Quality Improvement Overview
- Voice of the Customer

Administration continued

Quality improvement provides tools, methods to ease frustration

1. Do you experience frustrations at work? ☐Y ☐N
2. Do you ever feel like nothing seems to work well in your area? ☐Y ☐N
3. Do you ever think that if others were better at their job, you'd be more productive? ☐Y ☐N
4. Is there ever something missing or messed up? ☐Y ☐N
5. Do you ever wonder why McDonald's Hamburger works so well? ☐Y ☐N
6. Do you ever feel like getting your driver's license takes so long? ☐Y ☐N

By Doris Quinn, PhD
Director, Process Improvement & Quality Education

If you answered "Yes" to any or all of these questions, you can use quality improvement (QI) to help in your job and understand why McDonald's is efficient and getting your driver's license is not.

QI provides tools and methods needed to get the frustrations out of your daily work lives. We often hear "you can't fight the system" well, QI gives you the tools to improve the system and **win**. When things go wrong, we tend to blame people, yet we have 60 years of experience showing us that most of the time, it's the system and processes, not the people that are to blame.

QI started in 1929 with Walter Shewhart, PhD, a statistician at Bell Labs. In 1931, a young post-doctoral student named W. Edwards Deming, PhD, worked with Shewhart and in 1950 was sent to Japan after the war to help get the country's businesses back on their feet. Toyota learned the fastest! In 1980, Deming was one of the masters who was discovered when Toyota cars were flooding our market. At the age of 80, he began teaching the US how to improve.

I had the privilege of traveling with Deming from 1988 to 1993. We visited Ford, GM, Yellow Freight Line, Nashua Paper Company, and many others. He would meet with line workers first to understand their frustrations. Then he'd meet with supervisors and managers, and dinner was with the senior leaders. Sometimes he wasn't very kind if he felt the senior leaders were not supporting the line workers to decrease the work-related frustrations.

If you have ever seen a flowchart, you can see that we identify who does a task, how long it takes, what happens before the task and who gets the product of this task. It always amazes me to hear "I had no idea you had to do that!" The frustrations are there for everyone to see and to **change**.

Healthcare is late coming to the realization of how important this is. We have only been in this effort since 1986, and we still find clinicians do not understand how important QI is to patient care. However, all the processes we have here are full of opportunities for improvements. We have examples from all parts of the institution, clinical and non-clinical areas: research, support services, facilities, patient education, nursing, housekeeping, transportation, diagnostic imaging, surgery, department support, and more.

The sad truth is when we often try to solve the problem without understanding the process, preferably illustrated by a flowchart, we usually make it worse! For example one person messes up a form, so we create a policy that all forms will be checked by two people. Looks like a good solution, but such an expensive and bureaucratic fix to a problem that might have been a simple error or lack of training. Another important question might be, "Do we need that form at all?" We can no longer afford the huge expense of poor processes. If Deming is right–and with 60 years' experience I bet he is–40% of our budget is waste and rework. Think about the millions of dollars we are throwing away.

So we look forward to "messing you up for life" with our QI training in the Quality College. Everyone who studies QI feels that they can never again experience cumbersome or frustrating processes without asking if there isn't a better way. Come join the army of improvers who are tired of fighting the system without a plan to fix it. Let's make your lives easier!

Administration continued

Administration

Patient focus draws native Alabaman to MD Anderson

New Lymphoma/Myeloma Center director finds core values refreshing

Penny Phillips, RN, MSN, MBA, who was with the University of Alabama Birmingham (UAB) Health System for 27 years, is used to knowing where everything is and who to call on to get things done. Since coming on board as clinical administrative director (CAD) of the Lymphoma/Myeloma Center in December, the biggest hurdle has been finding her way around. But, she said, "One thing I've realized about Texas and MD Anderson is how friendly people are and their openness and willingness to help, that they're welcoming of new people moving in."

Phillips began her career as a staff nurse in the ICU at the UAB Hospital and worked her way up to administrative director of nursing over infusion services. She comes to us with a history of leading improvement initiatives that garner financial success and increase patient satisfaction. In fact, one of the major factors that drew her to MD Anderson is the overriding patient focus. "I've had physicians (at MD Anderson) tell me the focus is the patient, and that is very refreshing."

During her four years as administrative director, Phillips led six clinics with more than 30,000 visits annually, with about 20% research-based infusions. She incorporated ownership of five of the clinics from physician practices to be under the UAB umbrella, and worked on financial initiatives that decreased denials to less than 1% and clinic workflow initiatives that increased patient satisfaction to the 95% percentile.

Prior positions include nine years as clinical administrator of The Kirklin Clinic of UAB Hospital, where she provided leadership over 36 clinics and an ambulatory surgery center, and monitored research studies. She led the clinic to achieve state recognition for quality; directed the implementation of Kirklin's online policy system and interdisciplinary medical record form approval process; standardized purchasing of supplies and equipment, realizing over $250,000 in savings the first year; and reorganized the coding process. For three years, Phillips was the director of UAB's Office of Clinical Research, during which time she transformed the facility from a standalone unit into an institution-wide entity under the School of Medicine, a role she moved into after serving for four years as UAB's Research Coordinator.

Phillips also has served as an ambulatory facilities surveyor for The Joint Commission, something she would like to do again after getting settled in to her role here. "It's enlightening to go in to different clinics and see how they work. It's a great way to learn processes," she said.

She earned her bachelor of science in nursing and master of business administration from UAB, and her master of science in nursing from Auburn University. She is affiliated with the American College of Healthcare Executives and the Ambulatory Nursing Association, and the Sigma Theta Tau and Phi Kappa Phi honor societies.

Phillips relieves **Denene Prophet-Williams, RN, MBA, MLA, NE-BC,** Stem Cell Transplantation Center and Pheresis Center CAD, who had served as *ad interim* Lymphoma/Myeloma Center CAD since January 2014.

–By Claire Blondeau

ATC director promoted to institutional role

Congratulations to **Paula Lewis-Patterson, DNP, RN, NEA-BC**, who started her new job as Executive Director of the Cancer Survivorship office and program effective Jan. 1. She had been the clinical administrative director (CAD) for the Ambulatory Treatment Center (ATC) since 2002, and previously held positions at the Texas Children's Hospital, Community Health Choice, and The University of Texas Medical Branch in Galveston. Lewis-Patterson replaces Fran Zandstra, MBA, BSN, RN, OCN, who began and ended her 35-year career here at MD Anderson.

Joy Yates, RN, MSN, OCN, nurse manager of the ATC-main building, and **Brenda Brown, RN, MSN, OCN,** nurse manager of the ATC-Ambulatory Clinical Building (ACB), are sharing the *ad interim* CAD duties while the search for a full-time replacement is conducted.

Administration continued

DoCMessages

THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center
Making Cancer History®

Division raises over $15,000 for patients and families

The Department of Leukemia raised $3,200 for the 2014 Adopt-a-Patient/Family Program—more than any other group in the division. Their efforts included two online silent auctions. The first one invited bids for gift baskets that featured fun themes, such as movie night, game night, fixings for a barbecue feast, and supplies for coffee and tea. The other bid allowed people to purchase paintings created and signed by the department chair. The program is offered every year by the Department of Social Work to help patients and their families with financial assistance during the holidays. Each family member receives $50. The Department of Investigational Cancer Therapeutics raised $3,156 by hosting a chili cook-off, an international food fest, and a bake sale. Third in the division was Experimental Therapeutics, which collected $3,016 through various efforts. They made it a friendly competition by dividing themselves into administrative and laboratory groups. Rounding out the top five were Gastrointestinal Medical Oncology with $1,962 and Breast Medical Oncology with $1,496. An honorable mention goes to the Cancer Medicine Administrative Office for raising $1,062 through various food sales. Additionally, employees from nine of the 15 departments and five of the 10 patient care centers in the division contributed wreaths to the auction, earning $2,395. Of the wreaths submitted by division employees, the highest bid was $360 for "Little Blue Box 2014," which included a Tiffany jewelry set and was created by Erin Eaton, operations manager of the Cord Blood Bank Program. Proceeds from that effort were contributed on behalf of the Department of Human Resources. Congratulations to everyone who participated in making this year such a success!

DoCMessages is a publication of MD Anderson's Division of Cancer Medicine.

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Celebrate success

Small changes can have a big impact. Do you have a coworker who has identified an area needing adjustment, and then took the initiative to fix it? That's quality improvement, and recognition is deserved! Send an email to docmessages@mdanderson.org.

@CancerMedMDA
@MDAndersonNews

Upcoming Grand Rounds

DoCM Grand Rounds are held 8 to 9 a.m. Tuesday in the Hickey Auditorium.

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March 03, 2015
Christopher Logothetis, MD,
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March 17, 2015
Jeffery Dusek, PhD,
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