DoCMessages
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Immunotherapy trailblazer named to lead division

'Collegiality and collaboration' originally drew Dr. Hwu from the NCI

– By Maxsane Mitchell

Patrick Hwu, MD, new head of the Division of Cancer Medicine since March 4, 2015, remembers exactly what motivated him to become a cancer researcher. As a middle school student, he watched helplessly as two people he knew suffered from the disease. One was a locker-mate and the other was a teacher who had to travel hundreds of miles away from their West Virginia town to receive care at the National Cancer Institute (NCI) in Bethesda, Md. "I saw that cancer was afflicting so many people, and since I liked biology, I took it as a challenge to dedicate myself to addressing that need," he said. "After that, the only question I had was whether I should become a pure PhD researcher or a medical doctor."

Becoming a physician-scientist

Right out of high school, Hwu was accepted into a six-year program that included two years of undergraduate studies and four years of medical school. During this time, he did a rotation at the National Institutes of Health (NIH), where it became clear to him the exact path he should take. "I decided I wanted to translate things from the lab to the clinic," he recalled. Curious about how the immune system could be used to fight cancer, Hwu applied for a fellowship at the NCI. He was accepted and then mentored by Steven Rosenberg, MD, a pioneer in the development of gene and immunotherapies for patients with advanced cancers. Hwu was later promoted to the rank of senior investigator, a position he held for 10 years until **Waun Ki Hong, MD,** former Cancer Medicine division head, recruited him to MD Anderson in 2003 to become the first chair of the Department of Melanoma Medical Oncology. Additionally, Hwu took on the responsibility of serving as chair of Sarcoma Medical Oncology in 2012, when professor **Robert Benjamin, MD,** retired from that leadership position, though he continues to see patients.

Transitioning from the NCI to academia

"The NCI is a special place because you can really focus solely on research. You have a lot of resources and you don't have to worry about applying for grants if you're on the intramural side, like I was," Hwu said. But he also had limitations on hiring personnel and acquiring the space needed to build a program within the federal government. "I knew we were doing some novel immunotherapies, but I thought, 'What good is it if we're only doing it in Bethesda?' So, I started looking at other places, and when Dr. Hong invited me to come to Houston, the collegiality and collaboration among clinicians and laboratory scientists at

Patrick Hwu, MD, new head of the Division of Cancer Medicine: "I knew I had to come here."

MD Anderson was unparalleled. I knew I had to come here."

Upon arrival, Hwu had to learn how to build a lab from scratch, including even the simplest things like ordering a centrifuge, and learn how to apply for grants to support his enterprise. "Supportive people like Drs. Hong, Margaret Kripke, and **John Mendelsohn** mentored me and introduced me to other people who were willing

continued

Accolades

Everybody's role is important

Recognizing dedicated and hard-working employees

MD Anderson President **Ron DePinho, MD,** joined the celebration to congratulate Exemplary Award winner **Emily Roarty, PhD,** and the citation winners.

See story on page 12.

Immunotherapy trailblazer continued from page 1

Hwu is thankful for the support of **Elizabeth Grimm, PhD**, and others who helped him learn the ropes.

to help me, including **Drs. Robert Bast** and **Elizabeth Grimm,**" Hwu explained. They read over his grant applications and tutored him on what it took to win R01s. "Even though we had to resubmit a few times, we were ultimately successful, and awarded three R01s within the first few years." His laboratory work significantly contributed to the field as he helped to launch the era of gene-modified T cells, publishing one of the first papers on engineering chimeric antigen receptor (CAR) T cells against cancer. Trials using CAR-transduced T cells are now being studied in many cancers at MD Anderson. He established an adoptive T cell therapy program that has treated more than 80 melanoma patients so far. Some of Hwu's most recent preclinical studies focus on combinations of immune checkpoint blockade and T cell therapy, and rational combinations of targeted therapies and immunotherapies. Other accomplishments include serving as co-director of MD Anderson's Center for Cancer Immunology Research and of the Moon Shot Immunotherapy Platform. He shares leadership of the Cancer Center Support Grant (CCSG) melanoma program and is a co-leader of the Melanoma Specialized Program of Research Excellence (SPORE).

The importance and reach of mentorship

Because he attributes so much of his early successes to mentorship, Hwu insists on paying it forward by sharing what he knows about science, the business of medical care, and care delivery to patients with his own investigators and fellow faculty. "We've been able to successfully mentor people from within our group in Melanoma and Sarcoma to become independent and successful," he said, naming **Drs. Michael Davies, Greg Lizee,** and **Willem Overwijk.** "I believe that any one person's influence will always be limited, but if we all really work hard to train somebody else, and then they train someone else, the influence you can make in society can be even greater. That's why I think mentorship is so important," said Hwu. He was presented the Best Boss Award in 2007, partly in recognition of his efforts to mentor employees; named Faculty Educator of the Month in 2009; and accepted the Distinguished Clinical Faculty Mentor Award in 2013. Hematology/Oncology fellows in Cancer Medicine also named him Mentor of the Year in 2009. Hwu believes mentorship goes beyond the trainee period and into early careers as faculty members. "In Melanoma and Sarcoma, we made it a requirement for instructors and assistant professors, and made it optional for associate professors to have mentors and mentorship committees. But I don't think there's ever a time in somebody's career when they should stop learning," he said. "I'm always learning about something in the lab or with my patients. In fact, I'm also learning so much right now because I've been meeting with faculty groups and administrators in our division and across the institution."

Communicating to forge the future

Hwu says the division is blessed to have so many people working hard for our patients, but acknowledges that it can be a challenge to communicate what's happening under new leadership. During his first several months as division head, he has been working with the Cancer Medicine communications team to share information with faculty and administrators. Those leaders are encouraged to keep their own teams updated. "In the coming months, we'll have town hall meetings with faculty and employees in groups to have two-way discussions to share ideas as we form a five-year plan for the division's future," Hwu said. "We don't want to have meetings for the sake of having meetings. We want to offer real content."

He will also be working with **Wendy Austin, RN, MS, AOCN, NEA-BC, FACHE,** executive director and division administrator, to coordinate meetings with staff in our clinics and labs, and to go on informal walkabouts. "Fortunately, technology is such that we have a myriad of ways to provide information, including our newsletters, emails, fliers, and the division's website," Hwu said. "We're like a very big family that just needs to communicate with each other."

Time management: Patients, laboratory, family

Hwu is maintaining his lab, but to successfully meet the administrative responsibilities of being a division head, he has reduced some of his time on inpatient service and has limited his outpatient clinic visits to Wednesday afternoons. Additionally, like all MD Anderson faculty, he is learning how to use the Epic health record system in advance of the March 2016 go-live date.

Hwu and his wife, Katie, have two daughters, 16-year-old Emily and 14-year-old Ally. And no, so far neither of the girls has expressed a desire to go into medicine. "They're into the theater. I like that because it gives them a great way to be creative and learn team-building skills. The theater has room for everybody—those in front of the audience and those working behind the scenes, doing the lighting, the costumes, the sets. That's how a successful division works, too. The people out front are important, but so are the administrative assistants who arrange meetings between people working to cure cancer; so are the grant managers, who help us apply for millions of dollars in support; so are the IT employees and the communications staff. Everybody's role is critical," he said.

Written with Parvathy Hariharan, MS, ELS, former senior technical writer in Cancer Medicine.

Creating the centerpiece

Midlevel providers play pivotal role in patient care

Jenny Berry, RN, MSN, ANP, *left,* shares her knowledge with department MLPs including **Victoria Miller, RN, MSN, FNP**.

Ever start a new job and, without any training, get thrown into the thick of things on day one and be expected to perform like you've been there for years? The Department of Investigational Cancer Therapeutics (ICT) is taking action to make sure that does not happen to its new midlevel providers (MLPs). These specialized clinicians are so important because, under the supervision of medical doctors, they perform exams, diagnose and treat illnesses, order and interpret tests, write prescriptions, provide symptom management, and advise patients on preventive care. They can be physician assistants, advanced practice registered nurses, or, in other parts of the institution, certified nurse anesthetists.

MLPs are relied upon to liaise between at least one faculty member, an outpatient nurse, a nursing assistant, a pharmacist, and a patient services coordinator—all of whom interact with research nurses and research coordinators, said **Vivek Subbiah, MD,** assistant professor in ICT. "The MLPs make lives easier for patients because they can spend more time with them to answer questions about their scans, labs, and their clinical trials before and after physician visits. There's no doubt that we physicians could not do what we need to do for our patients without midlevels. They are the centerpiece."

To give new MLPs a good start, **Jenny Berry, RN, MSN, ANP,** advanced practice registered nurse, developed an orientation program that allows new MLPs to shadow preceptors for about two months so they can observe patient care procedures and ask questions along the way.

"I also created a manual that has step-by-step instructions on how to do different things in our clinic, such as ordering procedures and mutation analyses. The manual has examples of work schedules, details on how we run our Monday/Wednesday case meetings, documentation examples that show how to begin a new patient workup, how to order consults, clinic service requisitions for labs and images, and examples of clinic notes that we write for the doctors," said Berry. After orientation, MLPs are assigned to a physician and begin seeing patients without their preceptor.

"We see extremely complex patients who come to us in the Phase I clinic after having already exhausted standard lines of chemotherapy. They are anxious, yet have hope and high expectations of us," Subbiah said. "Midlevels are among the front lines of care and communication with our patients. They see patients and look for signs of toxicity from these first-in-human drugs that we're administering. This is complicated work that we're doing, and so when a new midlevel joins us, the learning curve is steep and intimidating. It's important that they are eased into this work, and that they be allowed to observe and ask questions about the way we do things here."

– By Maxsane Mitchell

Research and Education

Retreat: Breast Medical Oncology consolidates research focus areas

In order to establish our divisional strategy over the next five years, Division Head **Patrick Hwu, MD,** requested that all departments conduct a retreat to determine areas of clinical, research, and educational focus. "Let's take advantage of the power that comes from getting together and getting organized so that we can change the future for our patients," Hwu said.

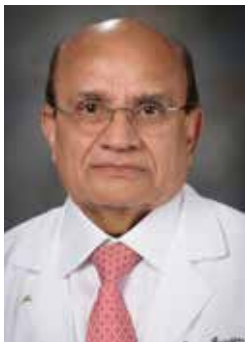
Breast Medical Oncology (BMO) was one of the first departments to complete its retreat. Department Chair **Debu Tripathy, MD,** *(left)* communicated the ground rules ahead of time for the May 27 meeting. "I made it very clear to everyone what the goal was – to prioritize and streamline our activities," he said. "I told our faculty they probably have too many projects on their plates, potentially limiting their progress."

Tripathy organized the agenda around the department's vision, which is "to impact on care and outcomes of patients with breast cancer in those areas where our department excels." The group prioritized areas of unique strengths where they have the ability to innovate. Faculty were encouraged to pick one or two research areas that have the best chances of success. "It's a bit of a relief because everybody's working very hard, and we should work hard on things that are making progress. It was a reality check for many of us," he said. Going forward, they are refocused on projects with promising preliminary data competitive for peer-reviewed funding, and those in which they have a leadership role or a relationship with a particular biotechnology or pharmaceutical company.

Therapeutic themes

Specific topics discussed included estrogen-receptor positive breast cancers, HER2 growth factor-driven pathways, immunotherapy, BRCA mutations, mesenchymal stem cell biology, and survivorship.

About two-thirds of all breast cancers are hormone receptor positive, and recently recruited Professor **Craig Jordan, PhD,** *(left)* is a world-renowned expert in estrogen receptor biology. BMO has a history of success in this area and was one of the leaders testing the mTOR inhibitor everolimus, which is now an approved therapy. Research is focused on combination therapies that reverse resistance to estrogen receptor blockade and discovery of resistance mechanisms.



The department also has a long track record of developing HER2 targeted therapies, and **Aman Buzdar, MD,** *(right)* was the first in the world to develop a preoperative neoadjuvant protocol. Now, there are several drugs in development for patients who have become resistant to HER2 targeted therapies, including a HER2 kinase inhibitor and an immunoliposome, which is chemotherapy surrounded by a lipid bound to a HER2 antibody. Tripathy, who started developing the immunoliposome two decades ago at the University of California, San Francisco, is one of the leaders of a multicenter trial assessing its efficacy, and also is involved in a "window of opportunity" preoperative study to develop novel imaging and tissue assays.

A major evolving area in breast cancer, as with other cancers, is immunotherapy. "We're all excited about immunotherapy, but for the first time in breast cancer we're seeing activity in triple negative breast cancers (TNBC), which is notable because the only effective treatment we have now is chemotherapy," Tripathy said. Although targeted therapies have not been effective in TNBC, immunotherapies are showing promise in Phase I trials. BMO faculty have been working with vaccines and are opening several trials with PD1 inhibitors, a combination CTLA-4 and PD1 inhibitor, and a third with paclitaxel combined with a PD-L1 antibody.

Patients with BRCA mutations represent 5% to 10% of all breast cancer patients. The Clinical Cancer Genetics (CCG) program co-led by BMO professor **Banu Arun, MD,** *(left)* and Karen Lu, MD, from Gynecologic Oncology, has garnered a world-class reputation over the past 10 years and has provided genetic counseling to thousands of women. Arun has several studies open to develop new therapies for patients with BRCA mutations. "We feel that this is an area not only where we can develop prevention measures for patients who have the mutation but don't yet have cancer, but also where we can develop newer therapies in those with BRCA-related cancers," Tripathy said.

continued

Research and Education

Research and Education

Work in the area of mesenchymal stem cell biology is examining a subset of treatment-resistant tumors. "A regular cancer cell can become more stem cell-like and evade many therapies through a variety of pathways," Tripathy said. "If we could disable these pathways, maybe we could be able to combine standard therapies and make them more effective." **Stacy Moulder, MD,** *(right)* has been leading the efforts, including a protocol using combination therapy with everolimus in metaplastic breast cancer, a subtype that exhibits stem cell properties. The Breast and Ovarian Moon Shot is working with the department to expand clinical trials for patients with TNBC, including patients who have not developed metastases – those with curable cancers. This cohort is typically treated first with chemotherapy and then surgery. However, patients whose tumors are not responsive to chemotherapy given prior to surgery typically have poorer outcomes and a high risk of recurrence. These patients will then be offered combination treatments with investigational agents. TNBC has been subclassified into different types, such as mesenchymal, basal, and androgen receptor positive, Tripathy said, and patients are given different drugs to target each type. For example, if a tumor is found to make androgen receptors, a patient is given enzalutamide – a drug used in prostate cancer. The group that has mesenchymal stem cells is given the mTOR inhibitor temsirolimus, and those with the basal type are given panitumumab, an anti-EGFR drug traditionally used for colon cancer. Scientists are matching patients biologically to targeted therapies. The project also features studies on the tumor that aim to identify newer vulnerabilities that will lead to a new generation of transformative therapies.

The breast cancer survivorship program, led by **Carlos Barcenas, MD,** *(left)* aims to ensure that a survivor's life after treatment is as healthy as possible, to monitor potential long-term side effects of therapy, and to address behavioral and emotional issues. Women in survivorship mode tend to be concerned about menopausal symptoms, bone health, and recurrence. Mammograms can identify new cancers, but it is more difficult to find metastases. Scientists are working with emerging technology in molecular surveillance to create blood tests that identify circulating tumor cells and tumor-specific DNA that could signal metastases on the horizon. "We're going in steps: First we're just measuring circulating tumor cells and tumor DNA, then we're going to test the effects of specific treatments depending on the original type of breast cancer," Tripathy said.

Concrete mentorship plans

Aligning junior faculty with one of the research themes was a top priority. All BMO assistant professors participate in a monthly mentorship meeting to review progress reports and timelines for journal submissions and grant funding proposals. Ideally, junior faculty will identify three to four mentors, and they are encouraged to have at least one mentor outside the department. "What is critical is that each junior faculty member has a role in one of these groups, and that they have a mentorship plan," Tripathy said. For example, assistant professor **Meghan Karuturi, MD,** is focusing on hormone receptor-positive breast cancers as well as geriatric oncology. "We're making sure she's linked up with investigators who are working in this area, but that she's also being mentored by individuals who have a focus in geriatric oncology," he said. Assistant professor **Rashmi Murthy, MD,** is a principal investigator on some studies of HER2 targeted agents, partnered with Tripathy and **Vicente Valero, MD,** and is on her way toward establishing herself as an independent investigator. First-year assistant professor **Bora Lim, MD,** is working closely with **Naoto Ueno, MD, PhD,** focusing on TNBC and inflammatory breast cancer.

Crystallizing milestones

But this one meeting isn't the end of the discussion. The leaders of each research area are developing timelines and progress reports that the group will review again after a few months. "We'll further weed things out. We're going to ask people to drop those projects that aren't moving along," Tripathy said. Of course, no clinical trials would be sidelined. "We're talking about new projects that have not yet materialized. Those take a lot of time," he said.

The group capped off the retreat with an outing to The Ginger Man for a few pints of ale to continue their bonding!

– By Claire Blondeau

IPCT wins $6 million CPRIT grant for genomic knowledge base

Funda Meric-Bernstam, MD, *(left)* chair of the Department of Investigational Cancer Therapeutics (ICT), was awarded the largest of six Core Facility Support Awards announced in May by the Cancer Prevention Research Institute of Texas (CPRIT). Meric-Bernstam is the Medical Director of the Sheikh Khalifa Bin Zayed Al Nahyan Institute of Personalized Cancer Therapy, working closely with IPCT Directors Gordon Mills, MD, PhD, **John Mendelsohn, MD,** and Executive Director Kenna Shaw, PhD. The grant will support development of the Precision Oncology Decision Support Core, a vast knowledge base of annotated genes and genotype-relevant trials to guide clinicians in deciding on which targeted therapeutic trials their patients should enroll. The core will integrate tumor-specific data to generate personalized annotation reports. Investigators will also add variants of unknown significance (VUSs) to their functional genomics analysis at a rate of up to 30 per month over the five-year life of the project. That's 1,800 VUSs! "We're very ambitious in general," Meric-Bernstam said.

A portion of the knowledge base is available through the website www.personalizedcancertherapy.org, which went live in April 2014. It currently contains 26 annotated genes and has clocked almost 100,000 page views. The framework for the project was published in the April 2015 edition of the *Journal of the National Cancer Institute.*

Meric-Bernstam is the principal investigator of the team, which includes scientists with the Khalifa Institute for Personalized Cancer Therapy; faculty from Systems Biology, Pathology, and Hematopathology; and several division faculty: **Scott Kopetz, MD, PhD,** Gastrointestinal Medical Oncology; **Michael Davies, MD, PhD,** Melanoma Medical Oncology; **Sarina Piha-Paul, MD, David Hong, MD,** and **Apostolia Tsimberidou, MD, PhD,** all from ICT; **John Mendelsohn, MD,** Genomic Medicine; as well as Elmer Bernstam, MD, and Amy Franklin, PhD, from The University of Texas School of Biomedical Informatics.

"A treating oncologist has limited time to extrapolate the therapeutic implications of the alteration and what is known in the literature and ongoing clinical trials," Meric-Bernstam said. That is where the decision support team and knowledge base comes in. "If there's no clinical data publicly available, the team can interact with physicians and exchange data on whether these mutations are activating. So that will be unique."

The team has granularly annotated MD Anderson trials that seek specific genomic alterations, and other studies that may be a good match. "That's something we will continue to build on with this grant," she said. The knowledge base also contains public information from www.clinicaltrials.gov.

"Our goal is to start with MD Anderson and expand throughout Texas for greater impact," Meric-Bernstam said. That has already begun with the Clearinghouse Protocol, which has enrolled about 6,000 patients to date. In that trial, treating physicians receive email alerts containing information about clinical trials that are relevant to their patients' genomic alterations. The physicians can then access the decision support tool to learn more about how to interpret and use the test results.

"We're working to make the clinical trial database more useful for people who are looking, and eventually that will be external facing," she said. "To date we've received 1,800 requests for genomic annotations. This grant will really help us enhance the knowledge base and clinical trial efforts and get to a more systematic way of putting reports together, ultimately adding tumor-specific information as an extra layer," Meric-Bernstam said.

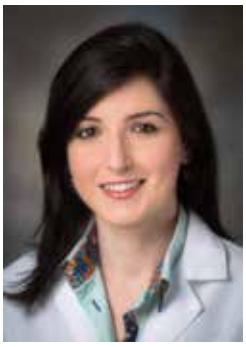
– By Claire Blondeau

Melanoma assistant prof garners young investigator award

Melanoma Medical Oncology Assistant Professor **Vashisht Gopal Yennu Nanda, PhD,** *(left)* received a 3-year, $225,000 Melanoma Research Alliance Young Investigator Award (YIA). The grant will fund his work as principal investigator of a project entitled "A novel mitochondrial inhibitor to overcome resistance to MAPK inhibition." Kudos also to his mentor, **Michael Davies, MD, PhD,** deputy chair of Melanoma Medical Oncology.

Fellows get valuable pre-ASCO presentation practice at Grand Rounds

Hematology/Oncology fellows were given the opportunity to practice their American Society of Clinical Oncology (ASCO) presentations, get faculty feedback, and anticipate what questions to expect at a special Grand Rounds held May 19, 2015. "Our fellowship group is a true force at ASCO, and this year will be no exception," said **Robert Wolff, MD,** program director of the Hematology/Oncology Fellowship Program and deputy division head for clinical and educational affairs. The 2015 ASCO annual meeting was held in Chicago from May 29 through June 2.



Under the mentorship of **Katy Rezvani, PhD, MD,** and **Elizabeth Shpall, MD,** both professors of Stem Cell Transplantation and Cellular Therapy, **May Daher MD,** *(left)* analyzed the association between killer-cell immunoglobulin-like receptor (KIR) genes and myelodysplastic syndrome (MDS), a spectrum of disorders that affects the myeloid lineage.

High-risk MDS, which is measured using the International Prognostic Scoring System (IPSS), can evolve into acute myeloid leukemia (AML). Daher's presentation involved a case-control study of 180 MDS patients (120 with low IPSS, 60 with high IPSS) and 117 healthy donors. Twenty-three KIR genes were analyzed in both cases and controls.

Results showed that patients with high-risk MDS had significantly lower numbers of activating KIR genes (those that activate natural killer or NK cells) compared to patients with low-risk MDS and healthy controls. Also, patients with low-risk MDS had fewer numbers of activating KIR genes when compared to controls. Each additional activating KIR gene exhibited a protective effect against developing high-risk MDS.

This study provides insights into the pathogenesis of MDS and has implications for developing immunotherapies using NK cells that could potentially control the disease and prevent progression to high-risk MDS and AML.

Richard Champlin, MD, chair of Stem Cell Transplantation and Cellular Therapy, suggested that a next step in this line of research could be to examine human leukocyte antigen (HLA) expression.

Marc Uemura, MD, MBA, *(left)* who is mentored by **Ahmed Kaseb, MD,** and **Manal Hassan, MD, PhD,** both associate professors of Gastrointestinal Medical Oncology, explored differences in clinical-pathologic features and patient outcomes in hepatocellular carcinoma (HCC) based on causation by the hepatitis B (HBV) or C (HCV) virus. The retrospective medical records review included 815 HCC patients at MD Anderson from 1992 to 2011.

HCV-HCC patients have historically better outcomes than those with HBV-HCC, and the viruses have different mechanisms of carcinogenesis. HBV is a DNA virus in which genomic integration results in hepatocyte transformation, and increased production of HBx proteins leads to genetic instability. HCV is an RNA virus, and many of its pathways lead to fibrosis and eventually cirrhosis.

Results showed that HBV-HCC patients tended to be younger (57.4 vs. 61.3 years), had larger, greater volume, and less differentiated tumors and more portal vein thrombosis, and received more systemic therapy. HCV-HCC patients had more underlying cirrhosis and incidence of smoking, alcohol use, and type 2 diabetes, and they also received more local therapy. Differences in overall survival were not statistically significant, but in systemic therapy with agents such as sorafenib, capecitabine, and bevacizumab plus erlotinib, HBV patients tended to do somewhat worse than those with HCV. The only treatment type in which there was a notable treatment-related time to progression (TTP) was sorafenib, with HCV patients at 7.6 months TTP versus 3.8 months for HBV.

Uemura concluded that HBV-HCC patients had significantly higher incidence of advanced clinical-pathologic features than HCV-HCC patients, with shorter overall survival and TTP regardless of therapy. The data suggest poorer natural history and survival outcome for HBV-HCC patients, and results suggest the need for HCC stratification based on hepatitis status in clinical trials as well as multi-institutional prospective studies for validation.

Wolff commented that further study could seek consistent themes with HCV and other anti-angiogenic therapies.

continued

Research and Education

Grand Rounds continued

Both Daher and Uemura delivered oral abstract sessions at ASCO. Several fellows had poster sessions, four of whom also presented at Grand Rounds:

- **Reva Basho, MD:** "Clinical outcomes based on multigene profiling in metastatic breast cancer patients"
- **Michael Lee, MD:** "Proteomic signatures of colorectal cancer to identify distinct and reproducible subgroups and to reflect prognosis into targetable weaknesses in NSCLC"
- **Zahi Mitri, MD:** "TBCRC-010: Phase I/II study of dasatinib in combination with zoledronic acid for the treatment of breast cancer bone metastasis"
- **Michael Wagner, MD:** "Validation of the Royal Marsden Hospital (RMH) prognostic score in 100 patients with advanced sarcoma enrolled in early phase clinical trials at a major cancer center"

Daher and Basho received ASCO Merit Awards of $1,000 each, and Mitri and Wagner received travel awards of $500 each. All four fellows received complimentary registration as well.

– By Claire Blondeau

Genomic Medicine postdoc wins Outstanding Research Publication Award

Piergiorgio Pettazzoni, PhD, postdoctoral fellow of Genomic Medicine, received recognition for his contribution to scientific literature in cancer research. Pettazzoni *(center)*, shown with mentor Giulio Draetta, MD, PhD, *(left)* professor of Molecular and Cellular Oncology, and Oliver Bogler, PhD, senior vice president of academic affairs and director of the Odyssey Program, won this honor for his paper "Oncogene ablation-resistant pancreatic cancer cells depend on mitochondrial function" [*Nature* 2014;514:628–32]. The Outstanding Research Publication prizes recognize the achievements of postdoctoral fellows for work accomplished at MD Anderson. These annual awards are sponsored by the Odyssey Program, which is supported by the Ernst W. Bertner Memorial Fund and the Heath Memorial Fund.

ASCO and AACR announce award recipients

Congratulations to our hematology/oncology fellows who recently won awards from the American Society of Clinical Oncology (ASCO) and the American Association for Cancer Research (AACR). One of these winners, **Jennifer Goldstein, MD,** *(left)* won both the ASCO Young Investigator Award (YIA) and the AACR Basic Cancer Research Fellowship. Each recipient will receive a $50,000 grant. Great work, everyone!

ASCO YIA and AACR Basic Cancer Research Fellowship

Jennifer Goldstein, MD, third-year fellow; mentor **Andrew Futreal, PhD,** chair *ad interim* of Genomic Medicine: "Clonal evolution of glioblastoma"

ASCO Career Development Award (CDA)

Jason Westin, MD, (*left)* assistant professor of Lymphoma/Myeloma, who is mentored by **Eric Davis, MD,** associate professor of Lymphoma/Myeloma, and **Sattva Neelapu, MD**, associate professor of Lymphoma/Myeloma, was one of 11 awardees who received a $200,000 grant over three years for his research titled "Smart start: A Phase Ib/II study of rituximab, lenalidomide, ibrutinib, and EPOCH in patients with newly diagnosed diffuse large B cell lymphoma."

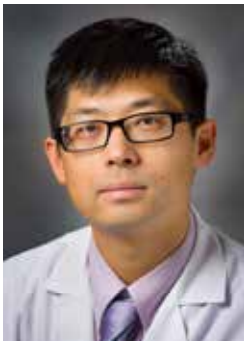
continued

Research and Education

Research and Education

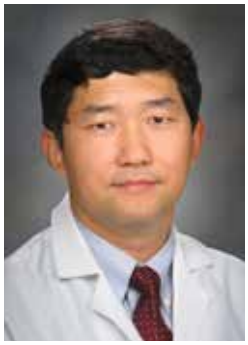
ASCO YIAs

Matthew Campbell, MD, third-year fellow; mentor **Pam Sharma, MD, PhD,** professor of Genitourinary Medical Oncology: "Enhancing therapeutic efficacy in metastatic renal cell carcinoma by combining immune checkpoint blockade with cryoablation"

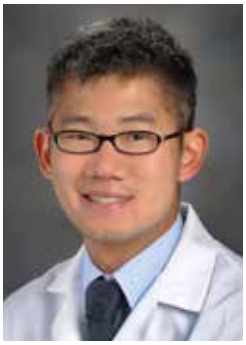


Michael Lee, MD, third-year fellow; mentor **Scott Kopetz, MD, PhD,** associate professor of Gastrointestinal Medical Oncology: "Combination CDK4/6 inhibitor and MEK inhibitor in KRAS mutant metastatic colorectal cancer"

Jennifer McQuade, MD, second-year fellow; mentor **Michael Davies, MD, PhD,** associate professor of Melanoma Medical Oncology: "The impact of energy balance and the insulin/IGF axis on resistance to targeted therapy in melanoma"



Jianjun Zhang, PhD, instructor of Genomic Medicine; mentor **Andrew Futreal, PhD**, *ad interim* chair of Genomic Medicine: "The impact of intra-tumor heterogeneity on disease-free survival after complete resection in patients with stage I lung adenocarcinomas"



AACR Millennium Fellowship in Multiple Myeloma Research

Hans Lee, MD, *(left)* instructor of Lymphoma/Myeloma; mentor **Robert Orlowski, MD, PhD,** *ad interim* chair of Lymphoma/Myeloma: "Validating novel targets against deletion 17p myeloma"

Two Leukemia fellows earn clinical endowments

Philip Thompson, MBBS, *(left)* received the $2,000 Shannon Timmins Fellowship in Leukemia Research; mentor **William Wierda, MD, PhD**

Binsah George, MBBS, *(left)* was awarded the $2,000 A. Lavoy Moore Endowment Fund for Lung Cancer Research; mentor **Hagop Kantarjian, MD**

DoCM mentees win big at Trainee Research Day

Division trainees won big in this year's annual institutional Trainee Research Day, which was held June 10. Sponsored by the MD Anderson Alumni and Faculty Association, this event gives graduate students and fellows an opportunity to showcase their research. Congratulations to both the trainees and mentors!

1st Place Oral Competition Winners: $1,000 each

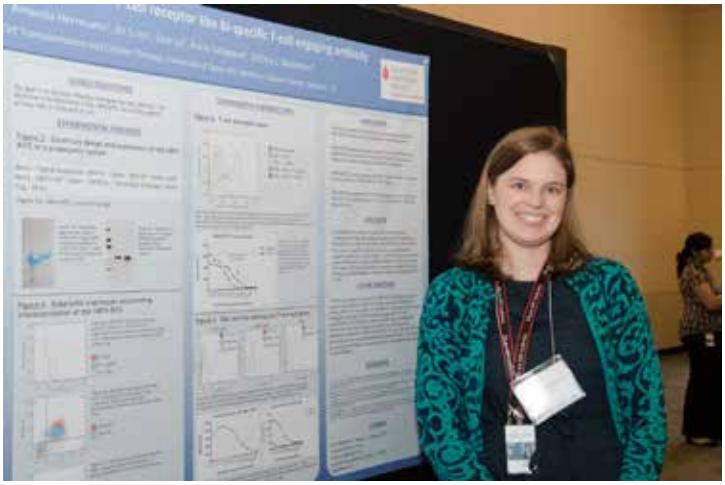
- MD Anderson Alumni & Faculty Association Award in Basic Science Research: **David Peng,** graduate research assistant; mentor **Don Gibbons, MD, PhD,** assistant professor of Thoracic/Head and Neck Medical Oncology: "MiR-200 modulation of the extracellular matrix in lung cancer invasion and metastases"
- MD Anderson Alumni & Faculty Association Award in Translational Research: **Rina Mbofung,** graduate research assistant; mentor **Patrick Hwu, MD,** division head and professor of Melanoma Medical Oncology: "HSP90 inhibition and immunotherapy for melanoma treatment"

1st Place Poster Competition Winners: $700 each

- AMGEN Award in Basic Science Research: **Burcu Aslan, PhD,** postdoctoral fellow; mentor **Gabriel Lopez, MD,** professor of Experimental Therapeutics: "The ZNF304-integrin axis protects against anoikis in cancer"
- Bayer HealthCare Pharmaceuticals Award in Translational Research: **Ondrej Havranek, PhD,** postdoctoral fellow; mentor **Richard Eric Davis, MD,** associate professor of Lymphoma/Myeloma: "The B cell receptor is required for optimal viability, growth, and chemotherapy resistance of diffuse large B cell lymphoma cell lines of the germinal center B cell subtype and signals in an antigen independent tonic manner"
- MD Anderson Alumni & Faculty Association Award in Translational Research: **Amanda Cernosek Herrmann,** graduate research assistant; mentor **Jeffrey Molldrem, MD,** professor of Stem Cell Transplantation and Cellular Therapy: "Functional activity of a novel T cell receptor like bi-specific antibody"

2nd Place Poster Competition Winners: $500

- Bayer HealthCare Pharmaceuticals Award in Translational Research: **Xuemei Xie, PhD,** postdoctoral Fellow; mentor **Naoto Ueno, MD, PhD,** professor of Breast Medical Oncology: "Inhibition of JNK/c-Jun/Notch1 signaling suppresses tumorigenesis of triple negative breast cancer by targeting cancer stem cells"
- MD Anderson Alumni & Faculty Association Award in Basic Science Research: **Maitri Yogen Shah,** Rosalie B. Hite graduate research assistant; mentor **George Calin, MD, PhD,** professor of Experimental Therapeutics: "CCAT2 long non-coding RNA induces de novo myelodysplastic syndrome in mice"



Graduate research assistant **Amanda Cernosek Herrmann's** poster featuring research on bi-specific T cell engaging antibodies took first place.

Accolades

Melanoma doctor receives 1st Making Cancer History Patient Care Award

Wen-Jen Hwu, MD, PhD, professor of Melanoma Medical Oncology, was the first ever recipient of MD Anderson's Making Cancer History Patient Care Award. It was presented in June to recognize faculty with at least 25 percent clinical activity who exemplify excellence in patient care. Hwu, pictured with Division Head **Patrick Hwu, MD,** (no relation) received eight nominations from colleagues who spoke of her dedication to improving the patient experience, mentoring, and furthering cancer research. "I am truly honored to be recognized, both because patient care is so important to me—it's the reason I became a doctor—and because I share the award with my amazing clinic team who truly deserves to be recognized," said Dr. Wen-Jen Hwu.

Nominations included frequent mentions of her participation in clinical trials. "She's the angel who watches over our protocol patients. She will see her patients on her off-clinic days if it's a protocol requirement, and if her patients are admitted, Hwu visits them daily as inpatients, even if she's not scheduled to be on inpatient service that week," said one nominator. Since 2009, Hwu has conducted three Phase I studies of two monoclonal antibodies, and is now conducting three Phase II studies that compare single agent and combination immunotherapeutic agents in advanced melanoma and other solid tumors.

The Making Cancer Patient Care Award will be presented two other times this year and is considered a complement to MD Anderson's Faculty Honors Convocation. Winners each will receive a $2,000 cash prize and a reception to celebrate with their colleagues.

Division faculty take five of 10 new Clinical Innovator Awards

The institutional Clinical Innovator Award is a highly competitive, peer-reviewed program for faculty with at least 70% of their effort dedicated to patient care. The program was initiated in September 2014, and the $50,000 awards to explore ideas to improve patient care were distributed in January 2015.

Sunil Patel, MD, assistant professor, General Oncology

Donna Zhukovsky, MD, professor, Palliative Care, Rehabilitation and Integrative Medicine

Stefan Ciurea, MD, associate professor, Stem Cell Transplantation and Cellular Therapy

Elisabet Manasanch, MD, assistant professor, Lymphoma/Myeloma

Kanwal Raghav, MBBS, MD, assistant professor, Gastrointestinal Medical Oncology

Leukemia professor appointed to endowed position

Guillermo Garcia-Manero, MD, professor of Leukemia, was appointed to the Dr. Kenneth B. McCredie Chair in Clinical Leukemia Research effective Feb. 1, 2015.

Everybody's role is important continued from page 1

Exemplary employee enjoys working with fantastic department and brilliant faculty

The 12th Annual Division of Cancer Medicine Employee Recognition and Awards Program, held May 20 in the Hickey Auditorium, celebrated the dedication and hard work that more than 2,800 employees bring each day to MD Anderson's mission to eliminate cancer. "Whether you work in an office, in the clinic, or in a laboratory, we need all hands to help our patients fight the fight of their lives. They're counting on us to deliver good treatments now and to develop options for the future," said **Richard Champlin, MD,** associate division head and chair of Stem Cell Transplantation and Cellular Therapy. He served as master of ceremonies in the absence of **Patrick Hwu, MD,** who, prior to taking on the role of division head in March, had accepted an invitation to speak at an international immunology conference and could not attend our program. "I applaud you for being standouts among a division known for its extraordinary talent. You're being recognized for your strong commitment to our team and our mission, and I know that each of the nominees represents a hard-working team with a common goal in mind," said Hwu in a videotaped message. "We're fortunate to have all of you as part of our division."

Ethan Dmitrovsky, MD, delivered thanks on behalf of executive leadership.

Ethan Dmitrovsky, MD, provost and executive vice president, also commended award nominees and recipients for doing so much for cancer patients. "In a real sense, each one of us is a winner because we get to wake up every day and have a purposeful life. What could be more fulfilling than to care for cancer sufferers?" he asked rhetorically as he shared how proud he is to be part of the division—with his home department in Thoracic/Head and Neck Medical Oncology (THNMO). Dmitrovsky said that he believes everyone in the audience has been touched by cancer in some way, either through patients, by personal diagnosis, or by having a close friend or family member struggle with the disease. "Cancer is a human problem and a scourge that we all have to do our level best to combat. I'm here to represent the entire executive leadership team at MD Anderson and to say 'thank you' for your good work and your good service," he said. Joining him at the program were Thomas Buchholz, MD, executive vice president and physician-in-chief, and Bob Brigham, MHA, senior vice president, hospital and clinics. President Ron DePinho, MD, joined employees at the reception following the program to meet award nominees and recipients!

'What could be more fulfilling than to care for cancer sufferers?' asks EVP.

Emily Roarty, PhD, *(center)* is proud to work with Department Administrator **Sheryl Vick, MPH,** and Department Chair **John Heymach, MD, PhD.**

Emily Roarty, PhD, scientific manager in THNMO, was named Exemplary Employee of the Year. Multiple nominators from the DoCM, the Division of Surgery, and the Moon Shots initiative agreed that she has contributed significantly to the progress of MD Anderson's Lung Cancer Moon Shot.

Roarty first joined the department in 2011 as a clinical research scientist and was promoted twice in two years—to administrative director in 2012 and to her current position in 2013. Before her appointment in THNMO, she worked as a postdoctoral cell biologist in the lab of Isaiah Fidler, DVM, PhD, professor of Cancer Biology and a leader in the field of metastasis research. Nominators say this background provides a dimension to Roarty's work managing both the Lung Cancer and HPV-related Moon Shots that has been integral to the success of many initiatives with which she has been involved, including winning applications for six R01s, a CPRIT grant, and a Lung Cancer SPORE.

She was praised for expert grantsmanship and scientific writing and editing, and for establishing relationships with oncology research foundation leaders that have helped some of the department's junior investigative stars secure funding. "She attends meetings and seminars in ongoing research programs, regardless of the source of funding, and through these efforts she often perceives connections in disparate programs. She then facilitates collaborations and offers valuable

continued

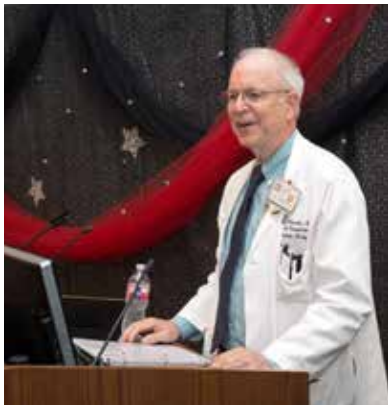
Everybody's role is important continued

Robert Wolff, MD, *(right)* deputy division head for clinical and educational affairs, presented several of the awards.

(below) Division employees were treated to a smorgasbord following the ceremony.

judgments to faculty leaders on new directions," a nominator wrote, adding that Roarty's science background also gives her the ability to recognize signs that research is not productive and provide input early on to achieve course correction.

Roarty expressed her pride in "working in a fantastic department with great administrative leadership and brilliant faculty," and thanked everyone who supported her nomination, including **John Heymach, MD, PhD,** THNMO department chair. "He hired me four years ago and allowed me to grow in this position in a way that I think neither one of us expected," she said. Roarty also thanked her family for their support. "My mom and husband are here today. Thanks to them for being so supportive of all the late hours it takes to get the grants in," she said.



Richard Champlin, MD, associate division head, served as master of ceremonies.

Each year, the division presents the Exemplary Employee with a framed certificate, badge pin, and a $5,000 check. The winner's portrait, along with nameplates of all citation winners, hangs in the division office for one year. Roarty says she'll use some of her extra money to go on a great vacation this summer!

– By Maxsane Mitchell

Pheresis/Stem Cell group wins poster award at national conference

Congratulations to **Greg Mercado, RN, ASCP-H, BSMT, AMT,** *(pictured)* Pheresis Center outpatient clinical nurse; **Chitra Hosing, MD, MBBS,** Pheresis Center medical director and professor of Stem Cell Transplantation and Cellular Therapy; and **Bethany Overman, BSN, RN, CPN,** Stem Cell Transplantation and Cellular Therapy research nurse, whose visual display won the Best Donor Poster Award at the American Society for Apheresis (ASFA) 2015 Annual Meeting held in San Antonio in May. Their presentation, "Plerixafor injection for stem cell mobilization in allogeneic donors," detailed the promising outcomes for donors requiring hematopoietic stem cell collection for allogeneic transplantation, a study that Mercado, Hosing, and Overman conducted in February 2014. Their poster was judged the best of the 94 posters submitted. Way to go!

Citation winners thank coworkers, families

'I'm so blessed to do what I love to do'

Administration

Nominators appreciated **Jennie Feliu, RN,** research nurse supervisor in Leukemia, for her thorough knowledge of departmental and institutional research policies, attention to detail that helps studies run smoothly, and for volunteering to do many things, including planning departmental education meetings and participating in OneConnect project initiatives. They described her as a fearless, yet respectful communicator who speaks up on behalf of patients and staff, and interacts well with a huge team that consists of 10 research nurses, two study coordinators, study monitors, Leukemia physicians, and faculty from other departments. She thanked the physicians she works with, as well as her department administrator, **Mary Silverstein, BA,** and nurse managers for their support. "To my fellow nurses: What you do is hard and challenging work, and sometimes you forget to take care of yourselves. I hope I'm able to take care of you in a way that supports you so you can take care of the patients who rely on us so much," said Feliu.

Administrative Support

Nominators expressed appreciation for **Candy Liedtke,** senior administrative assistant in Gastrointestinal Medical Oncology, for making the management of big responsibilities look easy. For a time last year during a substantial turnover, she filled in the gap by supporting nine doctors and their physician assistants, while also serving as the coordinator for fellows rotating through the department. Liedtke was also applauded for her role in an international mission that successfully brought tissue samples to MD Anderson all the way from Lebanon and Jordan by working with an institutional regulatory employee and organizing over a dozen international teleconference calls. "I want to say thank you to the people who nominated me for this award by writing such wonderful letters. I really do appreciate it," said Liedtke.

Advanced Clinical Practice

Colleagues who nominated **Michelle Rohlfs, RN, MSN, AOCNP, FNP, OCN,** advanced practice registered nurse in Melanoma Medical Oncology, praised her for delivering outstanding care to extremely ill patients, such as those requiring high-dose intrathecal interleukin-2 (IL-2) for metastases, especially to the brain and spinal cord. She was appreciated for not only identifying and managing toxicities, but also for anticipating and preventing them when possible. A patient wrote that she'll always remember Rohlfs for convincing a gastroenterologist to add her to his already booked-solid schedule so that she could receive a stent to open a bile duct that a tumor was obstructing. Rohlfs said the nomination blew her away. "I'm thankful to my supervisor and colleagues. In our work, we face a tough disease, but we've made a lot of strides in the last few years. I also want to thank my family for supporting me and understanding that this is a tough job—that's why they don't yell at me too much when I stay late at work sometimes!"

Clinical Nursing Practice

Colleagues recognized **Tonya Edwards, RN, MS, BSN, CCRP,** outpatient clinical nurse in the Supportive Care Center, for creating the High Alert Team (HAT) as a Performance Improvement Project to respond to the problem of opioid abuse among patients who were occasionally creating disturbances in the center and causing anxiety among employees. Her research into drug misuse revealed that some patients were also attempting to acquire medication through emergency room visits across Harris County. HAT includes a doctor, nurse, social worker, pharmacist, patient advocate, and other allied health specialists, who intervene to provide education and resources to patients. She thanked her department administrator, **Natalie Schuren, RN, MSN, NE,** for supporting her idea to pursue change in the department. "We presented findings to the doctors and nurses and as a result changed the culture in our clinic. It was a safety issue response that was adapted by all. Thanks for supporting me," Edwards said. "When you have all the right people on your team, it doesn't matter the direction you're going, because you can never go wrong."

continued

Accolades

Citation winners thank coworkers, families continued

Clinical Research

Kimberly Pittman, senior research data coordinator in Genitourinary Medical Oncology, manages clinical research data from multiple sources, but nominators appreciate that she'll always jump in to do more whenever she sees a need. This includes the time she volunteered to work with a radiologist to help him record accurate tumor measurements for trial participants, thus sparing research nurses this one responsibility so they would have time to see more patients in the clinic. Additionally, Pittman was appreciated for developing Adopt-a-Family projects, bringing magazines to patient waiting areas, and playing volleyball for an MD Anderson team. "I'm new to research. I've only been doing this for three years, but I'm learning a lot, and I'm looking forward to many more years with GU," she said

Communication, Education, and Information Services

Nominators in the Hematology/Oncology Fellowship Program wrote of their appreciation that **Mathew Sebastian, MS, ITIL,** systems analyst III in Cancer Medicine—Information Services, is always "overly prepared, never says no, and answers their calls at any time of the day or night." He also plans his summer vacation around the July start date of each training class to make sure each new trainee has the computer access they need to begin the program. As the fellows mature in their curriculum, they are given several mock tests to help prepare them for specialty licensing exams. The computer used must meet strict criteria, including no Internet access, which requires a significant amount of effort on Sebastian's part. His other successes include managing the information technology needs of certain laboratories and leading the division's encryption and data recovery efforts.

Divisional Support

Kristofer Griffith, CIP, human research regulations manager in the Office of Protocol Research, was nominated by the departments of Leukemia, Genitourinary Medical Oncology, and Breast Medical Oncology. He was praised for working on institutional initiatives to streamline consent negotiations on high-priority clinical trials among various departments and sponsors, for working to reduce the number of consent forms patients must sign to participate in trials, and for helping to create a consent authoring tool that aims to reduce the time it takes to update patient consent forms after trials begin following the discovery of adverse events.

Financial Services

Elsa Perezous, grant program manager in Genitourinary Medical Oncology, was appreciated for leading her team of three coordinators to help her faculty and postdoctoral researchers submit 60 grants totaling $14 million in about five months! Her work contributed to the successful submission and funding of a CPRIT grant and Prostate Cancer SPORE, and she is now assisting with the submission of a Kidney Cancer SPORE. Nominators wrote that "Having Elsa on our team makes it easy to focus on the science of our proposal, knowing that she'll take care of other aspects of the submission. We've grown dependent on her." They've also grown, according to them, dependent on her to speak her mind regarding adherence to guidelines in order to maintain the department's good reputation.

continued

Citation winners thank coworkers, families continued

Laboratory Research

Nominators described **Monique Nilsson, PhD,** senior research scientist in Thoracic/Head and Neck Medical Oncology, as a highly productive scientist, generous collaborator, and skilled laboratory manager. Her accomplishments include gaining favorable reviews in her first submission for an R01 grant and a CPRIT Individual Investigator Award to examine her hypothesis that stress hormones might be responsible for promoting treatment resistance in front-line therapy for non-small cell lung cancer. Nilsson is revising both grants for resubmission. Nominators also appreciated her for making suggestions that improved lab operations on both scientific and organizational fronts in the past year, and for creating fun team-building activities in the lab. "Thanks for the nomination. I work with a fantastic team of great minds. This is all I've ever wanted to do—to be a scientist. I love my job," she said.

Patient Services

Susan Neel, RN, nurse transplantation coordinator in the Stem Cell Transplantation Center, is appreciated for her organizational skills and impeccable follow-through, wrote nominators. For example, she works for three busy physicians, but recently made the time to enhance patient education materials to include more thorough language, timelines, and visual aids. Neel trains newer coordinators and is held in high regard by faculty. Nominators appreciate her for being prepared to discuss her own patients' cases during tracking meetings, and also for being capable of giving details about the medical, financial, and donor availability readiness of other coordinators' patients when needed. "Thanks to my clinical administrative director **(Denene Prophet-Williams, RN, MBA, MA)** and all the wonderful people I work with on the transplant team. I'm so blessed to do what I love to do—working with cancer patients. I love to come to work each day to help patients on their journey," she said.

Research Nursing Practice

Evguenia "Eve" Gachimova, RN, research nurse in Leukemia, was recognized for taking action quickly after the FDA stopped a trial for CML patients after significant adverse events were reported. Within one week, she wrote a telephone script, got it approved by the Institutional Review Board (IRB), and called each patient to explain the situation and tell them about their new therapeutic options. Gachimova documented everything so well that when the FDA audited the study, the agency found no problems. Colleagues also appreciate her for coming in on her personal time to hold in-service sessions with staff on all shifts to discuss questions about compliance of study-specific requirements. "We're a huge team of family that includes the department and the clinic. We're open and accept each other's opinions," said Gachimova. "I'm grateful for this job and this opportunity to help patients. Hopefully we'll find the cure."

An award 10 years in the making

For only the second time in Cancer Medicine history, an employee was recognized with a Distinguished Service Award for 10 years of exceptional leadership and service to the division. **Candace Baer, MHA, FACHE,** director of administration, could not attend the awards program, but in the days that followed was presented with a pink marble plaque and honorarium as a tribute for providing continuous leadership in many areas, among them: budgetary modeling that accurately predicts the division's gross revenue and expenses each year; serving as a resource for department administrators and clinical administrative directors concerning business analytics; representing the division's needs on issues related to major applications like Resource One, where she's working to help make sure these applications meet the needs of Cancer Medicine and the entire institution; and providing mentorship to center business managers throughout the division.

– By Maxsane Mitchell

Administration

Division welcomes two new clinical administrative directors

Ambulatory Treatment Center (ATC) clinical administrative director **Brenda Brown, RN, MSN, OCN, NE-BC,** *(left)* certainly has her work cut out for her. With a daily census regularly topping 400 patients, she is constantly monitoring staff and service levels to ensure that patient care adheres to MD Anderson's high standards. "We're trying to manage our resources – namely staff and beds – in order to decrease our wait time," Brown said. "We have flexed our staff in terms of time and location in an effort to decrease patient wait time."

Some of the changes she's put in place include making sure the ATC has a designated person to call at each patient care center if a second signature is needed to complete chemotherapy orders, and offering free continental breakfast and parking to patients who show up for their morning appointments on time, which helps keep things on track for the remainder of the day.

Brown acknowledges that patient scheduling is a bit more complicated at MD Anderson than at other places she has worked. "Given the volume and complexity of the patients, they are not just coming in for a single treatment, they're here for multiple appointments, and a delay in one area can snowball," she said. "Oftentimes, treatments take longer than expected, especially if the patient needs additional teaching or an interpreter. Plus, when you have a patient population traveling from distant locations, trying to accommodate them in one day is an important patient satisfier." Even though Saturday and Sunday appointments are available, patients prefer to come Monday through Friday. "The size of the ATC is amazing and coordination with other departments can be a challenge." Brown equates it to running errands: "How long does it take you to run errands in a small town with two stoplights, versus how much time it takes in Houston?"

Another change implemented is utilizing the current TETRIS system to schedule patients based on the amount of chair/bed time they will need. "We are collecting data on room utilization and multiple patient throughput processes. This is assisting our efforts to decrease patient delays and wait time. We will use TETRIS to assist with room and patient assignments in the near future," she said. "We plan to use TETRIS in combination with OneConnect, so we wanted to build as much functionality as we could prior to go-live."

Brown, who took on her new role May 1, 2015, had been a patient care (PC) nurse manager since April 2013 and had shared *ad interim* CAD duties with PC nurse manager **Joy Yates, RN, MSN, OCN,** since December 2014. Brown can regularly be found at the ATC well after hours, which is when she catches up on emails and responds to administrative requests. Her dedication to outstanding patient care is a shining example to those with whom she works.

Prior to MD Anderson, Brown held director-level roles for Oncology Consultants, a Houston-area community-based physician practice group, and Victoria (Texas) Regional Medical Center, and served as faculty for universities in North Carolina and Oklahoma. She began her nursing career in the bone marrow transplant unit at Baylor University Medical Center in Dallas. Brown earned her bachelor of science in nursing at Baylor University and her master of science in nursing administration at Corpus Christi State University.

Clint Koerkenmeier, RN, MHS, *(right)* the new clinical administrative director for the Leukemia Center and Bone Marrow Aspiration (BMA) Clinic, got here just in time. He was an Epic "super user" who participated in rollouts of the electronic health record system in two St. Louis-area hospital networks. Koerkenmeier will be a valuable asset for the division as we approach MD Anderson's Epic implementation date of March 4, 2016.

Koerkenmeier, who came on board May 26, 2015, said one of the strengths of Epic is the ability to obtain consistent reports. "Prior to switching to Epic, we used multiple systems, which provided multiple numbers," he said. "When everyone is pulling the reports from the same system, we get the same numbers." The system also alleviated pains in patient scheduling and tracking. "It made scheduling easier, especially for multiple services because appointments are set up on the same encounter," he said. And for an administrator who monitors patient flow from behind a desk, "Epic essentially takes the flag or light system and helps you to track patient visits with colored dots on the computer screen."

In addition to conducting initial Epic planning and training in advance of implementation, as the director of oncology services for OSF Saint Anthony's Health System's Center of Wound Healing and Diabetes, Koerkenmeier oversaw all patient care operations, budget

continued
Administration

Division welcomes two new clinical administrative directors continued

and finances, and human resources, as well as initial planning for their new cancer center slated for completion in 2018. Additionally, he prepared the center for accreditation with The Joint Commission and the American College of Surgeons, from which it received commendation in all areas and the outstanding achievement award. He also began a research partnership with Southern Illinois University and developed a survivorship program. Koerkenmeier led physicians and leadership to adopt the Arrow OnControl Bone Marrow Biopsy System, which we also use here at the BMA clinic, and helped to open an outpatient satellite site.

Prior to St. Anthony's, at St. Louis University School of Medicine's SLUCare physician practice, Koerkenmeier quickly rose from nursing supervisor to director of cancer center operations and otolaryngology head and neck surgery – in addition to being an Epic super user. While supervising seven clinics and over 60 staff members, he led efforts that improved Press Ganey patient satisfaction scores from the 40th to the 90th percentile. Koerkenmeier's team put together a campaign called "Striving for 99." "We made sure patients knew that was our goal with laminated signs on the doors. This is our goal, and we're not settling for less," he said. "We made sure that patients knew the importance of our satisfaction scores." Patients were given time-stamped cards to record when they arrived and when they were roomed, and the arrival and departure times of the nurse, fellow, and physician. This program ran during the Epic rollout. "During implementation, wait times are going to go up. Just letting the patients know we do care and we're working on it" helped boost SLUCare's scores. Another effort to boost Press-Ganey scores was to help physicians with scripting. Prior results revealed that patients didn't feel they were leaving with a thorough understanding of their treatment plans. Instead of ending a visit with the open-ended: "Do you have any questions?" physicians started asking more specifically: "Do you understand your treatment plan?" This gave physicians an additional avenue to ensure that patients were fully educated about their condition and treatment.

While he was a research coordinator overseeing pediatric pulmonary studies for Washington University School of Medicine, Koerkenmeier completed certification with the Society of Clinical Research Associates (SoCRA). He also worked as a heart, liver, and kidney transplant coordinator and staff nurse for Cardinal Glennon Children's Medical Center, and as a nursing tech, graduate nurse, and registered nurse at Saint Louis University Hospital while he was in school. Koerkenmeier earned his bachelor of science in nursing from McKendree University in Lebanon, Ill., and his master of healthcare services degree from Washington University in St. Louis, Mo. Koerkenmeier is a fellow of the Association of Cancer Executives.

– By Claire Blondeau

• • •

The division is proud to have two employees move on to larger roles within MD Anderson:

DA now executive director of MDAPN

Andrea Armstrong, MBA, has been selected as the executive director of operations for the MD Anderson Physicians Network (MDAPN). Effective May 1, 2015, she leads daily clinical operations of the network's 14 members. She served as the medicine department administrator (DA) of Gastrointestinal Medical Oncology since 2008, and concurrently was the DA for General Oncology starting in mid-2009. Armstrong has been active with the ICD-10 Champion Network and the Key Knowledge Retention Program, which helps guide employees into roles as DAs or clinical administrative directors (CADs).

CTRC nurse manager promoted to skin center CAD

Congratulations to **Vivian Dorsey, RN, MBA, OCN**, who began her new job as the clinical administrative director in the Melanoma and Skin Center and the Mohs/Dermasurgery Center on May 1, 2015. She began her career at MD Anderson as a clinical nurse in the Ambulatory Treatment Center (ATC) in 1997, and was promoted to assistant nurse manager in the Clinical and Translational Research Center (CTRC) and then CTRC nurse manager. Dorsey also served as *ad interim* nurse manager for the newly established Clinical Center for Targeted Therapy (CCTT), where she was instrumental in initial systems setup and recruitment efforts.

DoCMessages

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

SCOPE celebrates 10 years of raising awareness about colorectal cancers

People from all walks of life supported the 10th annual SCOPE Race for Colorectal Cancer, held March 28, 2015. Among them were Houston Texans coach Bill O'Brien, who joined organizers **Cathy Eng, MD,** professor of Gastrointestinal Medical Oncology *(right)* and Kimberly Tripp, RN, MBA, director of Acute Care Services Administration. A tally of registrants in the Sprint for Colorectal Oncology Prevention and Education 5K showed over 2,000 people signed up to walk or run to support research and public awareness campaigns about prevention, symptoms, and screening. Eng said the disease is one of the top causes of cancer deaths, and it is one of the most preventable. Several lifestyle-related factors have been linked to colorectal cancer, such as a diet high in red meats, processed meats, and low in vegetables, fruit, and whole grains. Physical inactivity, obesity and smoking also increase a person's chance of developing polyps or cancer. Non-lifestyle risk factors include age, personal history of polyps or colorectal cancer, or personal history of inflammatory bowel disease. After expenses, the race raised $51,327!

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

Head, Division of Cancer Medicine	Patrick Hwu, MD
Associate Division Head	Richard Champlin, MD
Deputy Division Head for Clinical and Educational Affairs	Robert Wolff, MD
Deputy Division Head for Research	Elizabeth Grimm, PhD
Deputy Division Head for Global Oncology	Merrill Kies, MD
Executive Director and Division Administrator	Wendy Austin, RN, MS, AOCN, NEA-BC, FACHE
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@CancerMedMDA

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.

Upcoming Grand Rounds

DoCM Grand Rounds are held from 8 to 9 a.m. Tuesday in the Hickey Auditorium. Following are some of our upcoming speakers and events. Watch your email and follow @CancerMedMDA on Twitter for schedule announcements.

• • •

July 21
Marina Konopleva, MD, PhD, associate professor, Leukemia
"Biology and targeting of leukemia microenvironment"

July 28
Robert Orlowski, MD, PhD, chair *ad interim,* Lymphoma/Myeloma

August 4
Roy Herbst, MD, PhD, CMO, Yale Comprehensive Cancer Center
2015 Waun Ki Hong Visiting Professor in Cancer Medicine
"Personalized therapy for advanced NSCLC: From BATTLE to immunotherapy"

August 11
Paul Mansfield, MD, VP, Acute Care Services,
John Frenzel, MD, CMIO,
Craig Owen, executive director, EHR
"Epic: The implementation of OneConnect"

August 18
Scott Woodman, MD, PhD, assistant professor, Melanoma Medical Oncology,
Jennifer Wargo, MD, assistant professor, Surgical Oncology,
Michael Davies, MD, PhD, deputy chair, Melanoma Medical Oncology
Melanoma Moon Shot Update

August 25
Eduardo Bruera, MD, chair,
Suresh Reddy, MD, professor, Palliative, Rehabilitation & Integrative Medicine
"Supportive Care Processes and Outcomes"

September 22
Giulio Draetta, MD, professor, Molecular & Cellular Oncology

September 29
Tyler Jacks, PhD, director, Koch Institute for Integrative Cancer Research at MIT
2015 John Mendelsohn Visting Professor in Cancer Medicine

FY'15 Team Anderson Goal Update

As of early July, 77% of the division's eligible employees had completed the Team Anderson goal of Fundamentals of Quality Improvement course series. Great work! We need 342 more people to complete the learning plan by July 31 to reach the 95% threshold to qualify for the payout.