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# PROfiles

IN HEAD  
AND NECK  
SURGERY

*Letter for Physicians | Department of Head and Neck Surgery | The University of Texas MD Anderson Cancer Center*

## IMPROVING SURGICAL OUTCOMES

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THE UNIVERSITY OF TEXAS  
**MD Anderson**  
**Cancer Center**  
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*Department of Head and Neck Surgery* — **PROfiles**  
**Volume 10, Issue 2 | December 2016**

**On the cover:**

Randal Weber, M.D., discusses outcomes-improvement progress made over the past decade. Read more about delivering value-based care in head and neck oncologic surgery on page 6.



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**Mission**

The mission of the Head and Neck Surgery department is to deliver the highest possible clinical care for patients with head and neck cancer, to lead the world in head and neck oncologic research and cancer prevention, and to educate the future leaders in the field.



After 13 years as chair, I am stepping down to assume a newly created role of chief patient experience officer for The

University of Texas MD Anderson Cancer Center. This decision was not an easy one; however, this new role will allow me to focus on areas that have long been a passion of mine — value-based and patient-centered care.

As I assume my new role, I also will remain as chair until the institution recruits and appoints my successor.

### CAREER REFLECTIONS

In 2003, when I became chair, there were five head and neck surgeons, five oral oncologists and one Ph.D. in speech pathology in the department. My goal was to expand the department through new faculty recruitment and the development of sub-specialty services, tailored to the specific needs of head and neck cancer patients, to improve patient outcomes in an interdisciplinary fashion. Fortunately, I was building from a platform of strength, which made it easy to move the department forward — and, forward we moved.

Today, we have 14 head and neck surgeons, including three in our Houston-area locations, two neurotologists, seven oral oncologists and two Ph.D. speech pathologists — double the faculty. In 2003, the department had only three sections, the Section of Head and Neck Surgical Oncology, the Section of Oral Oncology and Maxillofacial Prosthodontics and the Section of Head and Neck Endocrine Surgery. Today, we have five, with the addition of the Section of Ophthalmology with three ophthalmologists, and the Section of Speech Pathology and Audiology, which was made a section under the leadership of Jan Lewin, Ph.D. Through a \$10 million gift, from Charles and Daneen Stiefel, we established the Oropharynx Program, an interdisciplinary effort supporting HPV-related head and neck

cancer research, which is part of the MD Anderson HPV-related Cancers Moon Shot. We've expanded our robotics surgery program, which offers patients minimally-invasive surgery with better health and cosmetic outcomes. And, we are the largest head and neck program in the U.S., with 8,483 new patient and consults this past Fiscal Year.

This position has truly been the pinnacle of my career.

### FACULTY CHANGES

Our department and its programs are still growing. We are pleased to welcome a second neurotologist, Marc-Elie Nader, M.D., to our faculty. Dr. Nader will join our Skull Base Tumor Program. On another note, we bade farewell to two faculty this past summer, researcher Mitchell J. Frederick, Ph.D., and Gary Clayman, D.M.D., M.D., who retired after 27 years of service.

You can read more about each faculty member and their contributions on our Faculty Profiles pages. Speaking of contributions, thank you to all of our speakers and attendees who participated in our recent conferences.

### FALL CONFERENCES

We were pleased to host the annual Current Concepts in Head and Neck Surgery conference, which we co-sponsor with Memorial Sloan-Kettering Cancer Center and The University of Toronto. As an added value for attendees, we scheduled our second, biennial Value-Based Care in Head and Neck Cancer conference to coincide with Current Concepts. Both were a success.

## CHAIR'S NOTE

While I'm stepping down as chair, I will continue to see patients and remain active in various otolaryngology organizations and surgical committees. I look forward to seeing how our specialty grows in this new era where value-based care delivery is finally taking root. I hope you join me in optimistic anticipation.

Finally, I thank all of the faculty in the department and our colleagues from medical oncology, radiation oncology, diagnostic imaging and pathology, who, through their dedication to patient care, research and education, have contributed so much to the growth and quality of the Head and Neck Surgery program at MD Anderson, where every day we are Making Cancer History®.

### Randal S. Weber, M.D.

Chair, Head and Neck Surgery  
John Brooks Williams and Elizabeth Williams Distinguished University Chair in Cancer Medicine  
MD Anderson Cancer Center



## FACULTY PROFILES



### *Welcome Marc-Elie Nader, M.D.*

Marc-Elie Nader, M.D., FRCSC, joined our faculty in December as an assistant professor. Dr. Nader obtained his medical degree from McGill University in Montreal, Canada. He completed both his masters in science and his residency in otolaryngology, at the University of Montreal in Canada. In 2014, he completed his fellowship training in otology, neurotology and skull base surgery at Baylor College of Medicine/The University of Texas MD Anderson Cancer Center. In 2014, Dr. Nader joined the University of Montreal's Department of

Otolaryngology - Head and Neck Surgery as an assistant professor.

Dr. Nader is an outstanding neurotologist with significant experience in skull base surgeries of the ear and temporal bone, including acoustic neuromas. Throughout his years of education and training, he received numerous awards and honors, including the University of Montreal's Best Podium Presentation at the Department of Surgery Research Day, among others. During medical school, he served as editor of the McGill Journal of Medicine.

At the University of Montreal, Dr. Nader was very active in administrative and leadership roles. He was a member of the Surgical Anticoagulation Committee and the Surgical Antibiotic Prophylaxis Committee, while also serving as co-director of continued medical education activities for the Division of Otolaryngology. He has published a number of peer-reviewed research articles, co-authored book chapters and conducted research and special presentations, focused on the prevention of ototoxicity, otologic and neurotologic disorders and hearing rehabilitation after temporal bone cancer treatment.

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### *Faculty transition: Mitchell J. Frederick, Ph.D., joins Baylor College of Medicine*



After nearly 20 years of service to The University of Texas MD Anderson Cancer Center, Dr. Mitchell (Mitch) Frederick, Ph.D., has left the Department of Head and Neck Surgery to join the Department of Otolaryngology-Head and Neck Surgery at Baylor College Medicine, as an associate professor on the tenure track.

In 1996, Dr. Frederick joined the MD Anderson Head and Neck Laboratory, as a post-doctoral fellow, and rose through the ranks to associate professor research faculty appointment. During his years at MD Anderson, he received numerous grants and awards, including the Thyroid Head and Neck Cancer Foundation New Investigator Award, among others.

For the last 15 years, Dr. Frederick's major focus has been to identify and understand the specific molecular changes that drive the malignant behavior of head and neck squamous cell carcinomas (HNSCC) — a disease that causes nearly 300,000 worldwide deaths each year. He has personally been involved in the discovery of novel genes differentially expressed in HNSCC, the elucidation of phosphoprotein pathways differentially activated in primary HNSCC and, more recently, in the identification of somatic mutations that commonly occur in these primary tumors, including alterations in the NOTCH1 gene. He has been a team leader for projects using genome-wide platforms. He was a co-lead author and a senior author on two high-impact publications communicating his results (Science 2011, Cancer Discovery 2013). In 2014, he was the senior author of a paper published in Clinical Cancer Research, describing the mutational landscape of aggressive cutaneous squamous cell carcinomas.

Dr. Frederick also received an institutional grant to study genomic mutations in skin squamous cell carcinoma from the MD Anderson Cancer Center Institute for Personalized Therapy, in recognition of his outstanding potential in cancer genomic research. Dr. Frederick was recently awarded an NIH R01 grant to study NOTCH1. In parallel to examining the function of NOTCH1 in HNSCC, he also co-led a multi-investigator NIH U01 grant.

Dr. Frederick has been a selfless teacher at MD Anderson, spending countless hours teaching graduate students, residents, fellows and faculty. His meticulous and focused approach to solving challenging problems made him an integral part of the research team.

We feel confident that Dr. Frederick's move to Baylor, our neighboring institution, will provide new opportunity for collaborations in research and education, and we are hopeful that these collaborations will lengthen and improve the quality of life of head and neck cancer patients.

# A FACULTY FAREWELL: **GARY CLAYMAN, D.M.D., M.D., RETIRES**

## *A tribute to a pioneer*

After 27 years of outstanding service to The University of Texas MD Anderson Cancer Center, Gary Clayman, D.M.D., M.D., FACS, retired from the institution on Aug. 31, 2016.

Dr. Clayman first arrived at MD Anderson in 1989 to begin his fellowship in Head and Neck Surgical Oncology. He aspired to be a surgeon-scientist when that career path was seldom pursued by head and neck surgeons and not well defined.

His accomplishments were vast during his almost three-decades-long term at MD Anderson. In 1991, he became an instructor in the Department of Head and Neck Surgery under the chairmanship of Helmuth Goepfert, M.D., his mentor. That same year, Dr. Clayman established the first IRB-approved prospective tissue bank at MD Anderson. His efforts to develop a biorepository served as a template for the development of other tissue resources.

For Dr. Clayman, 1993 was a pivotal year of positive changes. He was promoted to assistant professor with a joint appointment in the Department of Tumor Biology, he received his first two extramural funding awards from the American College of Surgeons and the American Cancer Society's Career Development Award and he was appointed director of the department's Basic and Translational Research Program. By 1994, Dr. Clayman received his first National Cancer Institute (NCI) Independent Investigator Award for his research, "Developing Gene Therapy in Head and Neck Cancer." In 1995, he was appointed head of the Interdisciplinary Head and Neck Oncology Program at MD Anderson, a position he held until 2003. In that same year, Dr. Clayman was the principal investigator of the first National Institute of Dental and Craniofacial Research (NIDCR) Center of Excellence Award in Oral Cancer, the grant that preceded the NCI Head and Neck Cancer SPORE program. That same year, he also began his emphasis in establishing the Thyroid Cancer Program at MD Anderson, which became a center of excellence for patients in need of complex multidisciplinary management. He also received his second NCI R01-funded award in 1995.

In 1997, he led the first worldwide clinical trial in adenoviral p53 gene transfer in head and neck cancer. The clinical trial study established the foundation for therapeutic applications for gene therapy in head and neck cancer patients, and he received Food and Drug Administration (FDA) approval to perform gene transfer in head and neck cancer patients after authoring the FDA Investigational New Drug Application.

In 1998, Dr. Clayman was promoted to professor in the Department of Head and Neck Surgery and Tumor Biology. In 2001, Dr. Clayman and co-principal investigator, Waun Ki Hong, M.D. submitted the first NCI Head and Neck Cancer SPORE grant, which was awarded that same year. Clayman was also a principal investigator of one project and two cores within the SPORE.

In 2003, Dr. Clayman was awarded the MD Anderson Alando J. Ballantyne Distinguished Chair of Head and Neck Surgery. At that time, he was also appointed as the chief of the department's Head and Neck Endocrine Surgery Section. Also in that year, Dr. Clayman assumed the role of deputy head of the Division of Surgery in both Education and Basic and Translational Research areas.

Dr. Clayman has been an outstanding faculty member who has contributed substantively to MD Anderson's missions of clinical care, education and research. Unequivocally, he is one of the most skilled head and neck endocrine surgeons practicing today. Based on his numerous contributions to the institution, Dr. Clayman has been appointed the honorary title of professor emeritus at MD Anderson.

He and his family have moved to Tampa, Florida, where he has assumed the leadership role for a newly created center for thyroid cancer. We wish him much success and happiness in his new endeavor.



Dr. Gary Clayman



Dr. Clayman at work in the clinic.



Dr. Clayman receiving Cattleman for Cancer Research Hero Award.



Stephen Swisher, M.D., Head, Division of Surgery; Dr. Clayman; Randal Weber M.D., Chair, Head and Neck Surgery.



# IMPROVING SURGICAL OUTCOMES:

## A DECADE'S WORK IN REVIEW

Randal Weber, M.D.

Laying the foundation for value-based care delivery in head and neck surgery

By India Ogazi

With the advent of the Affordable Care Act, quality improvement has become a hot topic in health care boardrooms, as patient outcomes are now tied to reimbursements. However, for Randal Weber, M.D., chair of one of the nation's top head and neck oncologic surgical departments at The University of Texas MD Anderson Cancer Center, the issue isn't simply about dollars and cents — it's about a moral obligation to the patient.

“As a leading academic head and neck surgery department, we have an obligation to investigate and implement strategies to improve the quality of care we provide and to share that information with others,” says Weber.

Weber has made improving surgical outcomes a high priority for close to a decade now. The issue has long been a passion of the 30-plus year veteran of head and neck surgery.

However, the impetus for his endeavors over the last 10 years was a 2006 visit from Harvard Business School Professor Michael E. Porter. Porter, an economist and the author of “Redefining Health Care: Creating Value-Based Competition on Results,” spoke at MD Anderson about the value-based care delivery model.

Porter's model is comprised of seven principles, with quality improvement being the key driver of cost containment and value improvement — better health per dollar spent. Porter espoused that the responsibility for health care reform is on physicians.

Weber acceded and addressed the need to improve surgical outcomes in head and neck surgery during his 2007 presidential address at the American Head and Neck Society (AHNS) annual conference. The address,



“Improving the Quality of Head and Neck Cancer Care,” which was published in JAMA Otolaryngology – Head and Neck Surgery, provided an in-depth outline of the deficiencies in head and neck cancer treatments, the repercussions of improper patient care and its financial impact, and the strategies for improvement.

The address became a modus operandi for head and neck cancer care quality improvement, which Weber and the department are still following today.

## DATA MINING: A ROADMAP TO IMPROVEMENT

At the time that Weber delivered his challenging call-to-action, he had already begun assessing his own department’s surgical outcomes and creating a method for measuring physician performance.

Pivotal changes require careful evaluation; careful evaluation begins with an analysis of the facts; and the facts lie in data. Therefore, Weber and Dianna Roberts, Ph.D., the department’s manager of clinical data management systems, took a deep dive into the department’s data. They examined the department’s surgical cases from 2004 to 2008, reviewing 2,618 surgeries.

Each case was classified as a high-acuity (complex) procedure or low-acuity procedure, and risk adjustments were made for comorbidity. Next, they set performance measurements, which included the patient’s length of stay, returns to the operating room within seven days of surgery, the occurrence of mortality, hospital readmission and transfusion, and wound infection within 30 days of surgery.

“Some of the findings weren’t surprising,” says Carol Lewis, M.D., associate professor and head and neck surgeon at MD Anderson. Lewis began working with Weber on the outcomes improvement initiative when she joined the department in 2010. “Patients with high-acuity procedures and high comorbidity had higher negative performance

indicators; however, the data also showed a trend of negative outcomes for certain surgeons.”

With the data in hand, Weber addressed the findings with each surgeon, explaining his or her individual results and how those results compared to other surgeons in the department. Three years later, Weber and Lewis completed a follow-up study to determine if the physician “intervention” made a positive difference in surgical outcomes — it did.

Research showed that the department had a decrease in negative outcomes.

“The cause of the improvements can be multifactorial,” says Weber. “Some of it could be due to the surgeons improving with experience, and some of it can be based on the “competition factor”. As Dr. Lewis has noted in her

research publications, the fact that someone is looking at your outcomes and comparing them to other physicians makes you want to improve — either consciously or subconsciously.”

Their findings were published in JAMA Otolaryngology – Head and Neck Surgery in 2010. “Quality and Performance Indicators in an Academic

Department of Head and Neck Surgery” was the first study of its kind in the field of head and neck surgery.



Carol Lewis, M.D., and Randal Weber, M.D., meet monthly to discuss multiple outcomes-improvement initiatives. The two have been working together toward value-based care delivery for 10 years.

“ We have an obligation to investigate and implement strategies to improve the quality of care we provide and to share that information with others. ”

- RANDAL WEBER, M.D.  
CHAIR OF HEAD AND NECK SURGERY

## ADAPTING A NATIONAL IMPROVEMENT PROGRAM TO HEAD AND NECK SURGERY

In 2011, MD Anderson joined the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP). It's the leading nationally validated, risk-adjusted, outcomes-based program to measure and improve the quality of surgical care. The program consists of data collection, analysis and reporting, as well as quality improvement tools and support. NSQIP has a proven track record for improving surgical outcomes in hospitals; however, the program isn't designed for specialty-specific quality assessment.

Therefore, in 2012, Lewis along with Head and Neck Surgery's Amy Hessel, M.D., Ehab Hanna, M.D., and Stephen Lai, M.D., Ph.D., began mining data to assess the feasibility of adapting the program's platform to the needs of a head and neck oncologic surgery department.

The initiative, which was conducted under the guidance of the MD Anderson ACS NSQIP team, was a collaboration between MD Anderson's Head and Neck Surgery and Plastic Surgery departments, due to the volume of high-acuity surgeries the groups perform together.

After rigorous data collection, Lewis concluded that a head and neck–reconstructive surgery ACS NSQIP was feasible at a high-volume institution. She presented her results in a 2016 JAMA Otolaryngology – Head and Neck Surgery article, “Development and Feasibility of a Specialty-Specific National Surgical Quality Improvement Program (NSQIP).”

Based on her feasibility research findings, Lewis has continued to collect data for the department's own adaptation of NSQIP. “We have 1,000 cases now, which is enough to start doing meaningful analysis of risk-adjusted outcomes. Now, we will be able to produce the first major head and neck surgery statistical analysis of high-acuity cases, utilizing the NSQIP method,” says Lewis.

Lewis aimed to share this specialty-specific platform with other head and neck cancer care providers by taking the initiative national, but has faced some challenges. “Institutions would have to buy into the NSQIP program and hire someone to collect the data, which poses a financial challenge; also many institutions don't have the volume of cases that we have or the resources needed for implementation to appropriately monitor outcomes,” she says.

“But we can attack this issue [national outcomes improvement] from a variety of angles,” says Weber.

## USING MULTIPLE STRATEGIES FOR SUCCESS: A NATIONAL DATA REGISTRY

“Now, the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) is establishing a clinical

outcomes data registry, named Regent, that will capture head and neck surgical procedures,” Weber explains. Regent is a Center for Medicare and Medicaid Services (CMS) approved Qualified Clinical Data Registry. All otolaryngologists are encouraged to participate in the registry. The benefits to providers and patients will be multifactorial and

include documentation of quality improvement initiatives, performance measurements in clinical effectiveness, demonstration of high-value patient care and maintenance of the American Board of Otolaryngology's certification requirements.

Once fully operational, Regent will be capable of reporting directly to CMS and private payers. Participation in upcoming CMS reporting requirements, which include adherence to CMS guidelines and patient satisfaction and outcomes measures, among others, will be necessary to receive full reimbursements and to avoid penalties for non-compliance. Participation in Regent will help otolaryngologists to meet these reporting requirements and provide the tools for improvement. The registry



Carol Lewis, M.D., meets bi-weekly with MD Anderson's surgical case reviewers from the Office of Performance. They review cases from the Head and Neck Surgery NSQIP data collection, identifying post-op occurrences and trends, and opportunities for improvement.



also will enable physicians to compare their outcomes to pooled national data, which will lead to the establishment of benchmarks. Both Lewis and Weber are on the Regent advisory committee.

The two also are writing a paper on how to reduce patient returns to the operating room after surgery, utilizing their NSQIP data set.

“Our goal is to improve patient care, but also to make us better surgeons,” says Lewis. “If we can figure out how to take better care of our patients, it makes us better physicians.”

Lewis is also leading the department’s Enhanced Surgical Recovery Program. The program aims to recover patients back to their functional baselines, as quickly as possible post-surgery. It combines various principles aimed at reducing negative outcomes from surgery, including preoperative patient education, altered postoperative analgesic regimens, intra- and post-operative fluid limitation, blood transfusions and early patient mobilization.

For patients, improved patient care delivery means fewer infections, lower mortality, fewer readmissions to the hospital, fewer returns to the operating room and decreased costs.

## SHARING BEST PRACTICES

“I feel that as a global leader in head and neck surgical oncology, we have an obligation to set the standards of care and the outcomes that can be achieved,” says Weber. “Other programs can look at what we have achieved and meet or beat our standards. One of the big ways to achieve that is by publishing our data.”

Weber and Lewis’ publications have included reports on the department’s outcomes. Benchmarks and methodologies published in their 2010 paper have already been used by

cancer centers in Florida, Arizona and Brazil, for quality assessment.

In 2008, Professor Porter published a Harvard Case Study on MD Anderson’s Head and Neck Center, examining it as an example of a value-based delivery model, where quality improvement and outcomes are the key drivers. The case study was revised and republished in 2013.

“We want to find strategies to make a difference and to share our best practices with the world,” says Weber. “With the rise in head and neck cancers, like oropharynx cancer, it is important, now more than ever, to evaluate ways to provide the best possible outcomes for patients — it’s our duty.”

Weber is quick to emphasize that it’s a team effort. “Dr.

Lewis and I haven’t made these strides on our own,” he says. “We worked with several Head and Neck Surgery faculty on these initiatives, including Ehab Hanna, M.D., Stephen Lai, M.D., Ph.D., and Amy Hessel, M.D. It truly takes a team approach to improve outcomes, and together, it’s attainable.”



Carol Lewis, M.D., examining 77-year-old patient Wesley Doreck, seven days after his cutaneous squamous cell carcinoma surgery. An emotional Doreck said Lewis saved his life.

*MD Anderson’s Head and Neck Surgery department is ranked*

*among the top 10 in U.S. News & World Report’s “Best Hospitals” specialty ranking for ear, nose and throat. This is noteworthy as the specialty ranking includes all major general hospitals in the nation. In the same report, MD Anderson is ranked as the No. 1 cancer hospital.*

“If we can figure out how to take better care of our patients, it makes us better physicians.”

- CAROL LEWIS, M.D.  
ASSOCIATE PROFESSOR OF HEAD AND NECK SURGERY

## FELLOWS PROFILES

## WELCOME NEW FELLOWS

This July the Department of Head and Neck Surgery welcomed eight new fellows to its various fellowship programs. The Advanced Head and Neck Surgical Oncology (AHNS) Fellowship Program offers three different track options, which prepare fellows to be academic surgeons who will provide leadership in the clinical practice and science of head and neck surgical oncology.

Moran Amit, M.D., Ph.D., and Marietta Tan, M.D., are participating in the one-year clinical track in the AHNS Fellowship. Ashley Mays, M.D., is participating in the AHNS and Reconstruction Fellowship — a joint program between the Departments of Head and Neck Surgery and Plastic Surgery, while Samantha Tam, M.D., is participating in the three-year research and clinical track in the AHNS Fellowship.

Joy Wang, D.D.S., M.S.D., Ahmad Qazali, B.D.S., M.S., Jacqueline Medina, D.D.S., and Xuan Yue, D.D.S., are participating in the Oral Oncology and Maxillofacial Prosthetics Fellowship. The one-year program provides fellows with advanced training in oncologic dental medicine and maxillofacial prosthetics.

**Learn More  
at**

**[mdanderson.org/departments/headandneck](http://mdanderson.org/departments/headandneck)**



Moran Amit, M.D., Ph.D.



Marietta Tan, M.D.



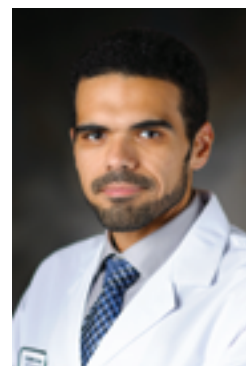
Ashley Mays, M.D.



Samantha Tam, M.D.



Joy Wang, D.D.S.



Ahmad Qazali, B.D.S.



Jacqueline Medina, D.D.S.



Xuan Yue, D.D.S.

# EXTENDING CARE BEYOND THE TEXAS MEDICAL CENTER

## *Houston-area patients receiving care in their community*

By India Ogazi

"In spite of being within 20 miles of a world-class cancer center, some Houston-area patients don't like to travel to the MD Anderson main campus in the Texas Medical Center (TMC) for care," explains Kristen Pytynia, M.D., associate professor and head and neck surgeon at The University of Texas MD Anderson Cancer Center. As a convenience, Houston-area patients who prefer not to travel to the main campus location in the TMC can receive head and neck cancer care at MD Anderson's Bay Area, Katy, Memorial City or Sugar Land locations.

The purpose of the Houston-area locations (HALs) is to provide high quality, multidisciplinary cancer care in a community setting. "We are taking multidisciplinary care to the patient instead of the traditional model of the patient coming to us," says Randal Weber, M.D., chair of the Head and Neck Surgery department. At MD Anderson, 98 percent of head and neck cancer patients see a surgeon first, who then directs the patient to the appropriate specialists. "Therefore, it is vital that we have surgeons in the HALs to serve as the entry point for their care," Weber says.

"I am able to see patients who would not come to MD Anderson, otherwise," says Shirley Su, M.D., assistant professor and MD Anderson head and neck surgeon at the Bay Area location.

Patients can be seen at the community locations for pre- and post-operative care and some locations perform minor surgeries, such as skin cancer excisions. Major surgeries have to be performed at the TMC campus; however, surgery and hospital recovery is typically just a few days. Therefore, the majority of the patients' care can be provided at the community locations.

"Also, patients really enjoy not having to deal with the traffic," says Ed Diaz, M.D., professor and head and neck surgeon at the Sugar Land location. His patient and Sugar Land resident, Seth Hulse, agrees. "I like the Sugar Land location because of the convenience," he says. "I don't have to take time-off from work for my appointments." A trip to the TMC, in Houston traffic, would require Hulse to lose a few hours away from work.

Hulse is a high school German teacher at a neighboring school, and he doesn't have many vacation days. He was referred to Diaz for a suspicious freckle his dermatologist noticed on his neck.

"I was able to get in to see Dr. Diaz very quickly," says Hulse. The "freckle" turned out to be melanoma; but thankfully, it was caught early and only required surgery.

"I was able to have all of my [pre- and post-operative] visits in Sugar Land, and it was so convenient," he says. "The location is close to where I live, so my family was able to attend the appointments with me, which is important when you have a cancer scare." Family support is crucial for cancer patients.

Hulse did have to undergo surgery on the TMC main campus because he also had lymph nodes removed, but he only had to stay for one night.

Research shows geographic expansion of high-quality care is a key to improving health care in the U.S., as it provides patients with easy access to the crucial services they need. Researcher, Harvard Business School professor and the co-author of "Redefining Health Care: Creating Value-Based Competition on Results," Michael Porter, Ph.D., cites it as one of the integral principles for delivering value to patients and improving their outcomes.

These locations can be life-saving.

Pytynia agrees, "Some patients allow the hassle of traveling to dictate where they get their care, and because of that, they may compromise the quality of care they receive. Having centers in the communities where our patients live, allows them to access world-class care right in their neighborhood so they don't have to compromise."

Non-surgical treatments, including radiation therapy, chemotherapy, pain management and rehabilitation therapy, are also provided at all locations, except Memorial City. Patients can also access on-site lab services, nutritionists and social workers at these suburban centers.

"I enjoy the sense of community," adds Pytynia, who sees patients at her community locations three times a week. "Patients will refer their friends and neighbors to the local center, and they enjoy knowing that their loved one is receiving good care. I also enjoy working with local referring physicians who know they can call me and have their patient seen in their community, in a timely manner — it's great."



Ed Diaz, M.D.  
Sugar Land



Kristen Pytynia, M.D.  
Katy and Memorial City



Shirley Su, M.D.  
Bay Area



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# ACCOLADES

**Mark S. Chambers, D.M.D.**, has been appointed to NRG Oncology's Head and Neck Cancer Committee. He has also been appointed as an honorary professor at Jinling Hospital, Nanjing in China.



**Elizabeth "Lizzie" Yarotsky** received the 2016 MD Anderson Alice Judkins Award for her excellence in clinical practice, leadership and participation in professional development projects. Yarotsky is a physician assistant.



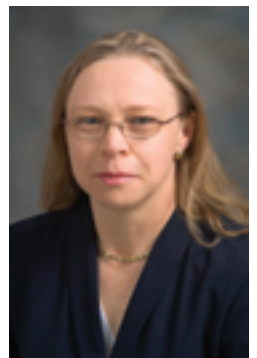
**Ehab Y. Hanna, M.D.**, was honored with the American Head and Neck Society (AHNS) Distinguished Service Award for his numerous contributions to the field of head and neck surgery, during the ninth annual AHNS International Conference. Dr. Hanna was also named vice president of AHNS.



**Amy C. Hessel, M.D.**, has been promoted to professor. She has received numerous awards and honors throughout her career and is program director of MD Anderson's Advanced Head and Neck Surgery Fellowship Program.



**Theresa Hofstede, D.D.S.**, was elected to serve on the Board of Directors of the American Academy of Maxillofacial Prosthetics. Dr. Hofstede is program director of the Oral Oncology and Maxillofacial Prosthetics Fellowship in Head and Neck Surgery at MD Anderson.



**Stephen Lai, M.D., Ph.D.**, was awarded a \$50,000 Thyroid Cancer SPORC Developmental Program Award for his application, "Leveraging Metabolic Interrogation to Drive Selection of Targeted Agents for Thyroid Carcinoma."







**Carol M. Lewis, M.D.**, has been promoted to associate professor. In addition to her busy clinical practice and research, she acts in a leadership capacity in the department's National Surgical Quality Improvement Program and its Enhanced Surgical Recovery Program.

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**Patti Montgomery** has been elected as the vice president of the International Anaplastology Association. Montgomery is an anaplastologist in the MD Anderson Head and Neck Center Dental Clinic.

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**Jeff Myers, M.D., Ph.D.**, was named president of the American Head and Neck Society (AHNS) during the ninth annual AHNS International Conference. Dr. Myers served as president-elect of AHNS during the 2015-2016 term. In addition, Dr. Myers has been appointed the Alando J. Ballantyne Distinguished Chair of Head and Neck Surgery.

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**Shirley Y. Su, M.D.**, was awarded a MD Anderson Cancer Survivorship Research Seed Money Grant for her application titled, "MD Anderson symptom inventory, skull base module: developing a disease specific instrument to evaluate quality of life in patients with skull base tumors."

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**Cynthia Tung, M.D.**, recently passed the American Board of Ophthalmology (ABO) board certification oral exam. She is now a board certified ophthalmologist.

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**Randal S. Weber, M.D.**, has been appointed as MD Anderson's first chief patient experience officer. Dr. Weber will collaborate with other leaders to expand the current culture of clinical excellence into the world of patient- and family-centered care by transforming the concepts of service excellence, patient experience and patient relations into actionable behaviors.

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**Mark Zafereo, M.D.**, has been promoted to associate professor and he has also been appointed as the new section chief for the Section of Head and Neck Endocrine Surgery in the Head and Neck Surgery department at MD Anderson.

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## Faculty and Areas of Interest

Randal S. Weber, M.D.  
*Chair*  
*Skin cancer, salivary gland tumors, thyroid, parathyroid*

Richard Allen, M.D., Ph.D.  
*Oculoplastic surgery*

Ruth Aponte-Wesson, D.D.S.  
*Oral and facial rehabilitation*

Richard C. Cardoso, D.D.S., M.S.  
*Oral morbidities of cancer therapy*

Carlos Caulin, Ph.D.  
*Molecular mechanisms of and genetic alterations in head and neck cancer*

Eduardo M. Diaz, M.D.  
*Larynx, salivary gland, thyroid, skin cancer and melanoma*

Mark S. Chambers, D.M.D., M.S.  
*Xerostomia, mucositis, osteoradionecrosis*

Paul W. Gidley, M.D.  
*Ear, temporal bone, lateral and posterior skull base*

Ann M. Gillenwater, M.D.  
*Oral cavity, thyroid, salivary gland, skin cancer*

Dan Gombos, M.D.  
*Ocular oncology*

Neil Gross, M.D.  
*Robotic surgery (TORS), oropharynx cancer, skin cancer*

Ehab Y. Hanna, M.D.  
*Skull base, orbit, thyroid, salivary glands*

Amy C. Hessel, M.D.  
*Oral cavity, larynx, pharynx, salivary gland, thyroid*

Theresa M. Hofstede, D.D.S.  
*Maxillofacial prosthodontics, implant rehabilitation, radiation-induced xerostomia*

Katherine A. Hutcheson, Ph.D.  
*Swallowing, late effects, survivorship, laryngeal voice restoration*

Michael E. Kupferman, M.D.  
*Skull base, thyroid, skin cancer, salivary glands*

Stephen Y. Lai, M.D., Ph.D.  
*Salivary gland, larynx, thyroid/parathyroid, oral cavity*

Jan S. Lewin, Ph.D.  
*Voice and swallowing rehabilitation/restoration*

Carol M. Lewis, M.D., M.P.H.  
*Skin cancer and melanoma, cancer of the oral cavity, pharynx and larynx, thyroid*

Guojun Li, M.D., Ph.D., M.Sc.  
*Molecular and clinical epidemiology*

Jack W. Martin, D.D.S., M.S.  
*Oral rehabilitation/restoration, oral premalignant lesions*

Jeffery N. Myers, M.D., Ph.D.  
*Oral cavity, melanoma*

Marc-Elie Nader, M.D.  
*Ear, temporal bone, lateral and posterior skull base*

Abdullah A. Osman, Ph.D.  
*Molecular mechanisms of drug resistance and tumor metastasis in oral cancer*

Adegbeniga O. Otun, B.D.S.  
*Maxillofacial prosthodontics, implant rehabilitation*

Curtis Pickering, Ph.D.  
*Integrated translational and functional genomics of head and neck cancer*

Kristen B. Pytynia, M.D., M.P.H.  
*Thyroid, epidemiology*

Erich M. Sturgis, M.D., M.P.H.  
*Thyroid cancer, sarcomas, translational programmatic interest in HPV-related cancers*

Shirley Y. Su, M.D.  
*Skull base, skin cancer, thyroid, salivary gland*

Cynthia Tung, M.D.  
*Cornea/anterior segment and external ocular diseases*

Alexander Won, D.D.S.  
*Maxillofacial prosthodontics, implant rehabilitation*

Mark Zafereo, M.D.  
*Salivary gland tumors, melanoma, thyroid and parathyroid*

Ge Zhou, Ph.D., M.S.  
*Mechanisms of oncogenesis of head and neck cancer, P53 mutation gain-of-function*

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### GIVING

The head and neck surgery team continuously strives to improve treatment and outcomes for our patients. If you are interested in supporting our research efforts through a donation, then contact the MD Anderson Development Office at 713-792-3450 or 800-525-5841. Please specify that you would like to direct your donation to head and neck surgery.

You may also visit MD Anderson's Development Office website at [www.mdanderson.org/gifts](http://www.mdanderson.org/gifts)

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