

re:connect

THE GEORGE WASHINGTON UNIVERSITY CANCER CENTER
WINTER 2020





Welcome!

WALKING THROUGH WASHINGTON, D.C., IT'S easy to be drawn in by the kaleidoscope of unique sights and sounds that make up each neighborhood. From the quiet shores of the Potomac in the George Washington University's (GW) Foggy Bottom home to the bustle of Capitol Hill, the communities we serve are as diverse as the residents that call D.C., Maryland, and Virginia home. But the historic charm of our neighborhoods often masks the difficult truth - health disparities and economic inequality continue to disproportionately affect some communities, often manifesting in a higher cancer burden, less access to care, and worse health outcomes.

At the GW Cancer Center, we believe we have a responsibility to work toward health equity. Whether at the patient's bedside or crunching data in a lab, connection with the communities we serve forms the foundation of everything we do. That's why we chose "re:connect" as the theme of this issue - it's part of our mission to listen, understand, and address many of the problems that are unique to our region so that, ultimately, we see progress against cancer at a population level.

This year we welcomed Carla J. Berg, PhD, MBA, as our associate center director for population sciences and policy. Berg's strong background in multilevel determinants of health bolsters our efforts to address prevention and strengthens our connections with our colleagues in public health and policy.

In the city that has among the highest percentages of individuals who identify as lesbian, gay, bisexual, transgender, queer, or intersex (LGBTQI), the GW Cancer Center is ensuring residents are heard through the LGBTQI Research Community Advisory Board, which comprises more than a dozen representatives from the metro Washington, D.C., area and local organizations. Connection also comes by reaching out to our community to provide access to critical services and innovative trials. This year, the GW Mammovan, a self-contained mobile breast imaging clinic, celebrated nearly 25 years of addressing regional gaps in access to mammography services. At the GW Cancer Center, patients can also connect with the latest clinical trials, like new studies for patients with cutaneous squamous cell carcinoma.

Connection can also mean metrics and data. By measuring the impact of Medicaid policy changes on patient care, we can better communicate with policymakers and inform future structural efforts. We're collecting data on a biological level through our AIDS and Cancer Specimen Resource, which was recently awarded a prestigious five-year grant from the National Institutes of Health to connect and meet the needs of researchers nationwide studying HIV-associated cancers.

Connection also continues internally by building bridges between population scientists, clinicians, and basic/translational scientists; breaking down silos to create a community of excellence where all those with the intent to serve others and lessen the alarming cancer disparities in the greater Washington, D.C., area are welcome.

As we open a new decade of innovation and progress here at the GW Cancer Center, I am excited to see what the future holds. I hope you'll join me as we share responsibility for, and renew our commitment to, health equity in every corner of our enterprise and maximize our impact upon the community we serve.

EDUARDO M. SOTOMAYOR, MD

Dr. Cyrus Katzen Family Director of the
George Washington University (GW) Cancer Center

re:connect

- 2** In Brief
- 4** First Site for Cutaneous Squamous Cell Carcinoma Trial
- 5** Carla Berg, PhD, MBA, Joins GW Cancer
- 6** Inaugural Dr. Cyrus Katzen Family Director
- 8** Bio Banking
- 10** Mammovan in the Making
- 11** Annual Event Supports Commitment to Early Detection
- 12** Delving into Data
- 15** Cross-Disciplinary Cancer Research
- 16** How to Spell Quality Care Using LGBTQI
- 20** Mandi L. Pratt-Chapman, PhD, Receives \$4.125 Million
- 21** Providing Resources for Smoking Cessation
- 22** The Art of Giving
- 24** Support Groups
- 25** Innovative Cancer Treatment Made Care Easier to Swallow



GW CANCER CENTER LEADERSHIP

EDUARDO M. SOTOMAYOR, MD
Dr. Cyrus Katzen Family Director of
the George Washington University
Cancer Center

MICHAEL K. BENEDICT, PharmD
Associate Center Director for
Administration and Finance,
GW Cancer Center

CARLA BERG, PhD, MBA
Associate Center Director
for Population Sciences and
Policy, GW Cancer Center,
and Professor of Prevention
and Community Health

CATHERINE BOLLARD, MD
Associate Center Director for
Translational Research and
Innovation, GW Cancer Center,
and Professor of Pediatrics and
of Microbiology, Immunology,
and Tropical Medicine

ALISON HALL, PhD
Associate Center Director for
Education and Training, GW
Cancer Center, and Associate
Dean for Research Workforce
Development at the GW School
of Medicine and Health Sciences

MANDI L. PRATT-CHAPMAN, PhD
Associate Center Director for
Patient-Centered Initiatives
and Health Equity,
GW Cancer Center

THE GEORGE WASHINGTON UNIVERSITY CANCER CENTER

MISSION: To drive transformational research, personalized therapy,
family-centered care, and cancer policy in the Nation's Capital.

VISION: To create a cancer-free world through groundbreaking
research, innovative education and equitable care for all.

For more information about the

GW Cancer Center visit gwcancercenter.org

EDWARD SETO, PhD
Associate Center Director for
Basic Science, GW Cancer
Center, King Fahd Professor
of Cancer Biology, and
Professor of Biochemistry
and Molecular Medicine

MITCHELL SMITH, MD, PhD
Associate Center Director for
Clinical Investigations, GW
Cancer Center, Director of the
Division of Hematology and
Oncology, and Professor of
Medicine

ROBERT SIEGEL, MD '77
Associate Center Director
for Professional Outreach and
Networks, GW Cancer Center

GW CANCER CENTER
Science and Engineering Hall
800 22nd St, NW
Washington, D.C. 20052
202-994-0329

re: is published biannually by GW SMHS
Office of Communications and Marketing



Lighting a SPARC

THE GEORGE WASHINGTON UNIVERSITY (GW) Summer Program Advancing Research on Cancer (GW-SPARC) welcomed its second cohort of undergraduates from universities across the United States over summer break. The program is open to undergraduate students from groups underrepresented in the biomedical sciences and provides participants with a hands-on approach to cancer research. This year, GW-SPARC expanded to include any undergraduate students in GW Cancer Center laboratories.

Through the program, students have the opportunity to work in GW Cancer Center labs alongside mentors and gain experience conducting research. At the end of the summer, students presented at a poster session open to undergraduates in labs across GW, including in chemistry and engineering.

"The process of discovery, innovation, and the intellectual freedom that you get in [research] when you are passionate about science excites me," said Adriana Hernandez, a participant in the GW-SPARC program from the University of Puerto Rico at Ponce. "Having this experience has made me more interested in continuing in cancer research."

The GW-SPARC program is open to undergraduate students from groups underrepresented in the biomedical sciences.



HANDS-ON APPROACH

Through the GW-SPARC program, students have the opportunity to work in GW Cancer Center labs alongside mentors and gain experience conducting research.



GW Researcher Investigates Role of BRCA1 in DNA Repair

A RESEARCH TEAM LED BY Yanfen Hu, PhD, professor of anatomy and cell biology at the George Washington University (GW) School of Medicine and Health Sciences and a member of the GW Cancer Center, is studying the role of the tumor suppressor BRCA1 in the homologous recombination pathway, the body's mechanism for DNA double-strand repair.

"Our work seeks to validate a previously unrecognized role of BRCA1 in licensing the commitment step in homologous recombination [a type of 'high-quality' repair machinery that faithfully repairs DNA double-strand breaks,]" said Hu. "This chal-

lenges the current view of BRCA1 as merely a scaffolding protein."

Based on preliminary data, the team hypothesizes that BRCA1 modifications are part of a process that senses the damage, but manages to time the fix to that window of high-quality repair. Interestingly, both nuclease recruitment and inhibition are part of the timing control strategy. They also propose that the repair activity is particularly important for genetic integrity of luminal genes in luminal cells of breast tissue, where many BRCA1-associated tumors originate.

**NEW PROGRAM
DIRECTOR**

George Kim, MD, (left) recently joined the GW Cancer Center as director of its Gastrointestinal Cancers Program.



George Kim, MD, New Multidisciplinary Gastrointestinal Cancers Program Lead

ACCOMPLISHED MEDICAL ONCOLOGIST GEORGE KIM, MD, recently joined the GW Cancer Center as director of its Gastrointestinal Cancers Program.

The program brings together medical, surgical and radiation oncologists, interventional radiologists, gastroenterologists, genetic counselors, nutritionists, and other supportive care professionals. The multidisciplinary model provides patients with access to multiple specialties working together as a team and improves outcomes for patients.

Kim, who specializes in colorectal, pancreatic, liver, and gastric esophageal cancers, most recently provided medical oncology services at 21st Century Oncology in Florida. He previously worked at the Mayo Clinic in Jacksonville, Florida, and the National Cancer Institute in Bethesda, Maryland.

Kim also has an extensive research background, including serving as the principal investigator for clinical trials studying the effectiveness of different treatments for gastrointestinal cancers.

GW Graduate Student Receives Grant from BUCK Cancer Foundation

KIMBERLY CABE, FNP-BC, A GRADUATE student majoring in integrative medicine at the George Washington University School of Medicine and Health Sciences, received the BUCK Cancer Foundation 2019 Pay A BUCK Forward educational grant for \$4,000.

A family nurse practitioner, Cabe has a dedication to patient-centered care that, combined with her continuing education through multiple graduate programs, made her stand out from other applicants.

The Pay A BUCK Forward educational grant program offers pay-back grants to students pursuing a degree in integrative medicine or a complementary cancer treatment. The grant provides funds to selected students with the expectation that once they graduate and are fully employed, they

will pay back the grant as a percentage of their salary.

PAYING IT FORWARD

Kimberly Cabe, FNP-BC, (left), received the BUCK Cancer Foundation 2019 Pay A BUCK Forward educational grant.



A clinical trial for patients with high-risk cutaneous squamous cell carcinoma lead by Vishal A. Patel, MD, is estimated to enroll more than 400 participants worldwide.



 GW Cancer Center First Site for Clinical Trial in Patients with Cutaneous Squamous Cell Carcinoma

UNDER THE LEADERSHIP OF VISHAL A. Patel, MD, director of the Cutaneous Oncology Program at the George Washington University (GW) Cancer Center, the center was selected as the first global site of a clinical trial for patients with high-risk cutaneous squamous cell carcinoma.

The study, sponsored by biotechnology company Regeneron in collaboration with multinational pharmaceutical firm Sanofi, will compare

GLOBAL SITE OF CARCINOMA CLINICAL TRIALS

The Cutaneous Oncology Program at the GW Cancer Center has been selected as the first global site of a clinical trial for patients with high-risk cutaneous squamous cell carcinoma.

disease-free survival of patients treated with adjuvant cemiplimab with disease-free survival of those treated with placebo after surgery and radiation therapy.

“This selection highlights the commitment of the GW Cancer Center to invest in the development of a premier multidisciplinary cutaneous oncology program in the District of Columbia,” said Patel, who leads the study. The randomized, placebo-controlled, double-blind Phase III trial is intended to investigate cemiplimab’s safety and effectiveness in preventing recurrence and metastasis in high-risk cutaneous squamous cell carcinoma. The study is estimated to enroll more than 400 participants worldwide.

Cemiplimab was approved by the U.S. Food and Drug Administration in September 2018 to treat patients with metastatic cutaneous squamous cell carcinoma or locally advanced cutaneous squamous cell carcinoma who are not candidates for curative surgery or curative radiation. The immunotherapy treatment was the first treatment approved and available in the United States for this type of advanced skin cancer.

“By conducting this trial, we hope to understand whether this approach can help the patient’s own immune system control the skin cancer and keep it from coming back,” said Mitchell Smith, MD, PhD, associate center director for clinical investigations at the GW Cancer Center. ■



 Carla Berg, PhD, MBA, Joins GW Cancer Center to lead Population Sciences and Policy

CARLA BERG, PHD, MBA, BRINGS years of expertise to the George Washington University (GW) Cancer Center in the role of associate center director for population sciences and policy and as a professor of prevention and community health at the Milken Institute School of Public Health at GW.

Berg is a clinical psychologist with research expertise in multilevel determinants of health, with an emphasis on high-risk populations such as young adults, racial minorities, and the LGBTQI population. She is a recognized expert on the implementation of tobacco control policies and health disparities, and has published nearly 200 peer-reviewed scientific reports and papers.

Berg most recently served as an associate professor in the Department of Behavioral Sciences and Health Education at the Rollins School of Public Health at Emory University and the associate director for population sciences at Emory University's Winship Cancer Institute.

Berg has contributed significantly to research focused on reducing the global toll of tobacco, the use of which is among the world's leading preventable causes of death, killing more than 7 million people worldwide every year.

"Cancer prevention through population-level approaches is a critical pillar of our work here at the GW Cancer Center," said Eduardo M. Sotomayor, MD, Dr. Cyrus

NEW ASSOCIATE DIRECTOR

Carla Berg, PhD, MBA, is the GW Cancer Center's new associate center director for population sciences and policy.

Katzen Family Director of the GW Cancer Center and professor of medicine at the GW School of Medicine and Health Sciences. "Dr. Berg's impressive experience and track record of community-engaged research make her a valuable addition to our team as we continue to invest in cancer prevention and strengthen our partnerships in public health."

Berg earned her PhD in clinical health psychology from the University of Kansas. She completed residency training at Massachusetts General Hospital/Harvard Medical School in behavioral medicine and completed postdoctoral training at the University of Minnesota. She received her MBA from the Goizueta Business School at Emory University.

"I look forward to working alongside my colleagues at GW to truly make a difference in cancer prevention and control, and in public health more broadly, globally, and in our immediate community," Berg said. ■

"Dr. Berg's impressive experience and track record of community-engaged research make her a valuable addition to our team."

EDUARDO M. SOTOMAYOR, MD



NEW DIRECTOR

Eduardo M. Sotomayor, MD, (left) is the inaugural Dr. Cyrus Katzen Family Director.



Eduardo M. Sotomayor, MD,
Installed as Inaugural Dr. Cyrus
Katzen Family Director

"I am truly honored and humbled to serve as the inaugural Dr. Cyrus Katzen Family Director of the George Washington University Cancer Center."

EDUARDO M. SOTOMAYOR, MD

WITH HIS FORMAL INSTALLATION AS the inaugural Dr. Cyrus Katzen Family Director of the George Washington University (GW) Cancer Center on Aug. 13, Eduardo M. Sotomayor, MD, joined an elite group of 29 endowed professors, chairs, and directors throughout the GW School of Medicine and Health Sciences (SMHS).

"I am truly honored and humbled to serve as the inaugural Dr. Cyrus Katzen Family Director of the George Washington University Cancer Center," Sotomayor said. The recognition, he added, "is an acknowledgment of the many people who influenced and guided me along an exciting journey that took a boy from a small town along the coast of Peru to America, the greatest country, which adopted me and allowed me to fulfill my personal and professional dreams."

Sotomayor, a research leader in the study of immunotherapy of B-cell malignancies, came to GW just four years ago to serve as the director of the GW Cancer Center. In those four years, Sotomayor has unified GW's cancer research and clinical care, advancing research innovation, personalizing cancer care, and supporting cancer policy development. His overarching goal for the GW Cancer Center is to earn designation as a National Cancer Institute (NCI) comprehensive cancer center.

"We know we got the right person for the job," said Jeffrey S. Akman, MD '81, RESD '85, former vice president for health affairs, Walter A. Bloedorn Professor of Administrative Medicine, and dean of SMHS. "We were looking for someone with big ideas who could build a cancer center." The search committee, he said, was particularly impressed with Sotomayor's "vision, passion, deep knowledge of NCI cancer centers, and desire to build something from the ground up."

The installation ceremony featured a cavalcade of honored guests, including members of the Katzen and Sotomayor families, the Cyrus Katzen Foundation board, current and former GW presidents, and senior leadership representing the university's health enterprise. Robert C. Gallo, MD, a longtime mentor of Sotomayor who is best known for his role in the discovery of HIV and the development of the HIV blood test, was also on hand for the event.

"Today is a significant day for my entire family," said Jay Katzen, MD '72, BA '67. The two-time GW

alumnus and director of the Cyrus Katzen Foundation recalled his family's extensive ties to GW and the impact cancer has had on his family.

"We're here to continue to build upon the important legacy my father, Dr. Cy Katzen, has established here at GW and in the Washington, D.C., region in the area of cancer research and patient-related cancer care," said Katzen, who is a member of the SMHS Dean's Council, a member of the Katzen Cancer Research Center Board of Directors, and a former member of GW's Board of Trustees, serving from 2010 to 2018.

The Katzen family's support over the past two decades has been critical to cancer care at GW and in Washington, D.C. In 2008, Cyrus and Myrtle Katzen made a \$10 million gift to establish the Dr. Cyrus and Myrtle Katzen Cancer Research Center.

"Dad made this gift because he knew that funding research is the only way to find a cure," recalled Katzen. "He saw potential in GW, and he knew that under the right leadership GW could have a premier cancer center someday."

Since then, the Katzen Center has served as the medical home for thousands of people in their most vulnerable times as they go through treatment.

"Endowed gifts such as this are the cornerstone of philanthropy," said GW President Thomas LeBlanc. "The earnings they generate enrich and sustain our work across the university, reaching all corners of the campus, in perpetuity."

The gift of an endowed directorship will support the GW Cancer Center by enhancing basic science and translational research and funding new treatment protocols, academic needs for medical students and clinicians, honoraria for visiting scholars, pilot research grants for residents and fellows, and equipment needs.

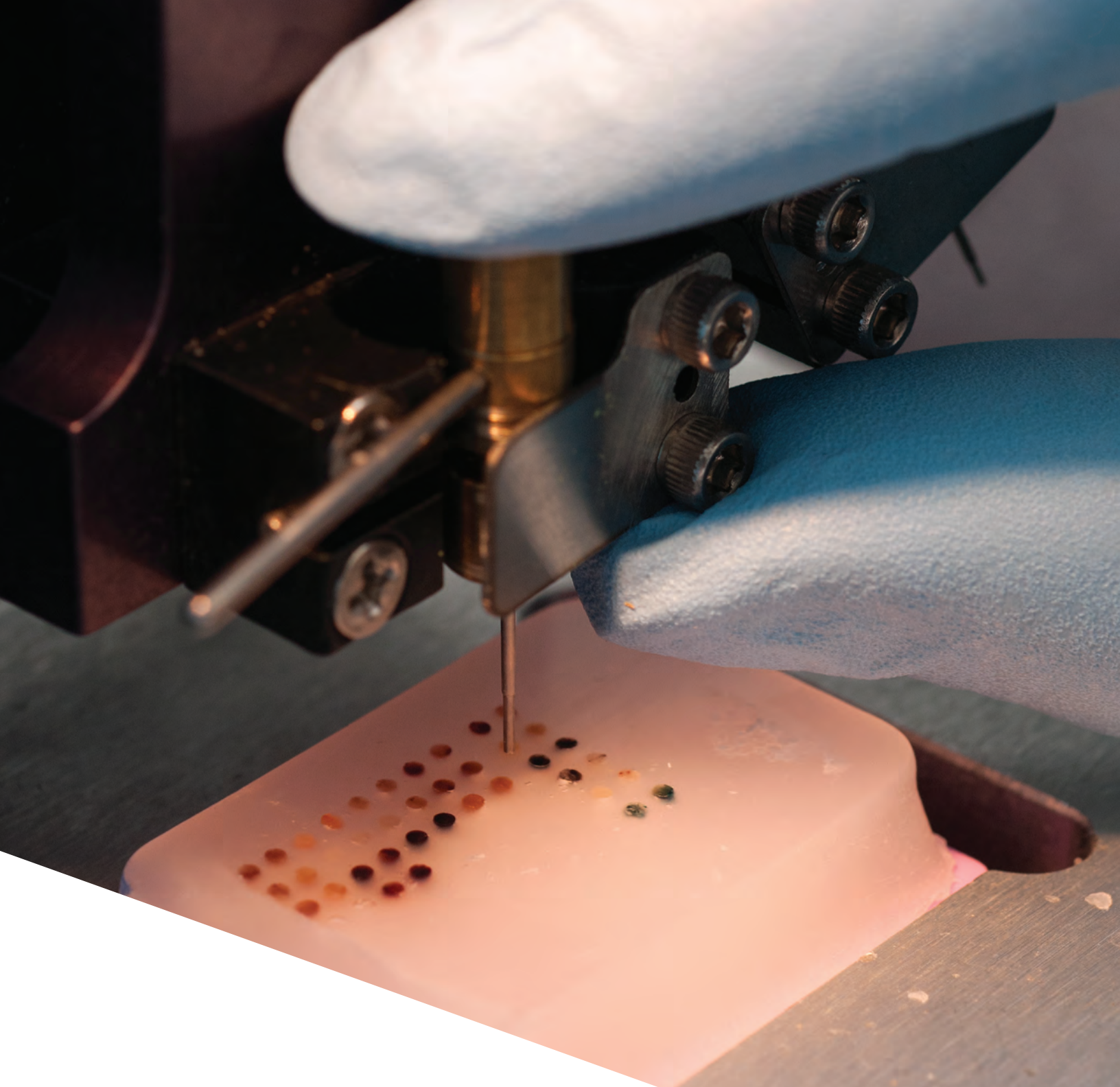
Cyrus Katzen's legacy, Sotomayor added, "is one of compassion for patients and their families during the life-altering aftermath of cancer diagnosis. He and his family lived through this journey, and they are empathetic partners who share our commitment to creating a cancer-free world.

"Each one of us in this room plays an important role in the fight against this terrible disease. I look forward to the journey ahead together as we continue to fulfill the proud legacy of the Katzen family." ■



Lemon Aid

A RECENT VISIT TO THE George Washington University (GW), and the school's 500,000 square-foot Science and Engineering Hall, left Sebastian (then 8) and Luca (then 6) Stafford impressed by the volume of research happening at the university. The brothers were particularly impressed by the high-resolution cancer microscopy images decorating the GW Cancer Center's 8th floor lobby. Inspired, the two set up a lemonade fundraiser to help support the GW Cancer Center.



BIO BANKING

MAJOR NIH GRANT SUSTAINS THE LARGEST
HIV MALIGNANCY SPECIMEN BANK

BIOREPOSITORY FOR DOMESTIC TRIALS

The AIDS and Cancer Specimen Resource, the largest collection of annotated HIV malignancy specimens globally available to researchers, has received renewed grant funding, with the George Washington University serving as the primary site for the next five years. Sylvia Silver, DA, will serve as the director of the AIDS Malignancy Clinical Trials Consortium Biorepositories.

BY **ASHLEY RIZZARDO**



HIV/AIDS CURRENTLY AFFECTS MORE THAN 35 million people worldwide. Infection with HIV is associated with a wide range of long-term health complications, including the development of cancer, which is a major cause of death among individuals living with HIV. The AIDS and Cancer Specimen Resource (ACSR), the largest collection of annotated HIV malignancy specimens globally available to researchers, has received renewed grant funding, with the George Washington University (GW) serving as the primary site for the next five years. The renewal includes a \$22 million grant from the National Institutes of Health.

The ACSR was established in 1994 through a cooperative agreement with the National Cancer Institute (NCI) and is overseen by principal investigators from the two legacy sites, GW and the University of California, San Francisco. The ACSR also includes consortia at Baylor Medical College; Mayo Clinic in Scottsdale, Arizona; and Stellenbosch University in Cape Town, South Africa.

“Through this grant, we are working to acquire, store, and equitably distribute tumor tissues and biological fluids from individuals with HIV-associated malignancies to meet the biospecimen needs of researchers studying HIV-associated malignancies,” said Sylvia Silver, DA, director of the GW Biorepository and professor of microbiology, immunology, and tropical medicine at the GW School of Medicine and Health Sciences.

As part of the award, Silver, one of the principal investigators on the project, will serve as the director of the AIDS Malignancy Clinical Trials

Consortium (AMC) Biorepositories. The AMC, which is funded by the NCI, engages more than 250 clinicians and conducts clinical trials in the United States, sub-Saharan Africa, and Latin America. Currently, the AMC biorepositories are located at GW for U.S. domestic trials and at Stellenbosch University for African trials.

During the grant cycle, Silver will assist NCI in the selection of a new ACSR site in Latin America to support AMC clinical trials in the region. In early 2014, Silver worked closely with her South African counterparts to provide quality management expertise and advice on best practices as Stellenbosch University prepared to launch the sub-Saharan African biorepository.

The GW Biorepository has served as a comprehensive, state-of-the-art resource for biospecimen processing, storage, and disbursement, designed to help today’s leading investigators facilitate their research. In 2019, the GW Biorepository earned designation as a core facility and accreditation by the College of American Pathologists.

The GW Biorepository is one of seven core facilities – along with the Biostatistics Center, Flow Cytometry Core Facility, GW Biomarker Discovery and Analysis Core Facility, McCormick Genomic and Proteomic Center, Nanofabrication and Imaging Center, and the Research Pathology Core Labs. These facilities offer a range of services, including cutting-edge technologies and high-end instrumentation coupled with research technical support for university investigators. ■

MAMMOVAN in the Making

IN 1995, THE PREVENT CANCER FOUNDATION, a Washington, D.C., nonprofit, conducted a needs assessment of the community and determined that the District had many gaps in access to mammography services.

The foundation chose the George Washington University (GW) to help close those gaps with its mobile mammography program. From that original partnership, as well as with new relationships including the Eagle Bank Foundation, GW's Mammovan has been providing mammography services throughout the metropolitan area for nearly 25 years. That support has increased access to mammography services for nearly 2,000 women annually.

GOAL

To make lifesaving early detection of breast cancer possible for all women throughout metropolitan Washington, regardless of their ability to pay

BY THE NUMBERS

Length: **39 feet**

Weight: **14 tons**

708 women screened in 2019, as of August

397 of those screened were uninsured Latinas

Almost **40,000 women** screened since Mammovan's inception

70 partnerships with local organizations

Mammovan can screen **25 patients** a day

MORE INFORMATION

To learn more about the GW Mammovan and to support its mission of curable, treatable breast cancer for all women, visit www.supportthemammovan.org.



ANNUAL EVENT SUPPORTS GW CANCER CENTER'S COMMITMENT TO EARLY DETECTION

INSIDE THE VAN

- > The GW Mammovan is a self-contained, customized mobile breast imaging clinic bringing digital technology with 3D mammograms conveniently to local women within minutes.
- > It is both handicapped- and wheelchair-accessible.
- > It has the most comprehensive mammography system available today – Genius 3D mammography technology with the Hologic Selenia Dimensions Mammography System.
- > The van is spacious, warm, and inviting, featuring three climate zones and individual changing rooms with private waiting areas for maximum comfort.



THE GEORGE WASHINGTON UNIVERSITY (GW) Cancer Center rolled out the pink carpet for the 8th Annual GW Blush Luncheon at the Ritz-Carlton in Washington, D.C., to benefit the GW Mammovan.

Robert Kelly, MD, former CEO of the GW Medical Faculty Associates, and Jeffrey S. Akman, MD '81, RESD '85, former vice president for health affairs, Walter A. Bloedorn Professor of Administrative Medicine, and dean of the GW School of Medicine and Health Sciences, welcomed the 200-plus attendees on hand for the event. Kelly lauded the role the Mammovan plays in the community, providing access to critical mammography services, encouraging early detection of breast cancer by screening women where they live and work, and scheduling follow-up services for those who receive suspicious findings.

"We celebrate the survivors in the room," Akman told the attendees. "It is our honor to have you here with us today. We are committed to supporting you as you continue on your journey to wellness.

"This occasion also allows us to shine a light on the innovative and novel research that is taking place in the labs and in the clinics. At GW, our researchers are directly responding to the needs of our community."

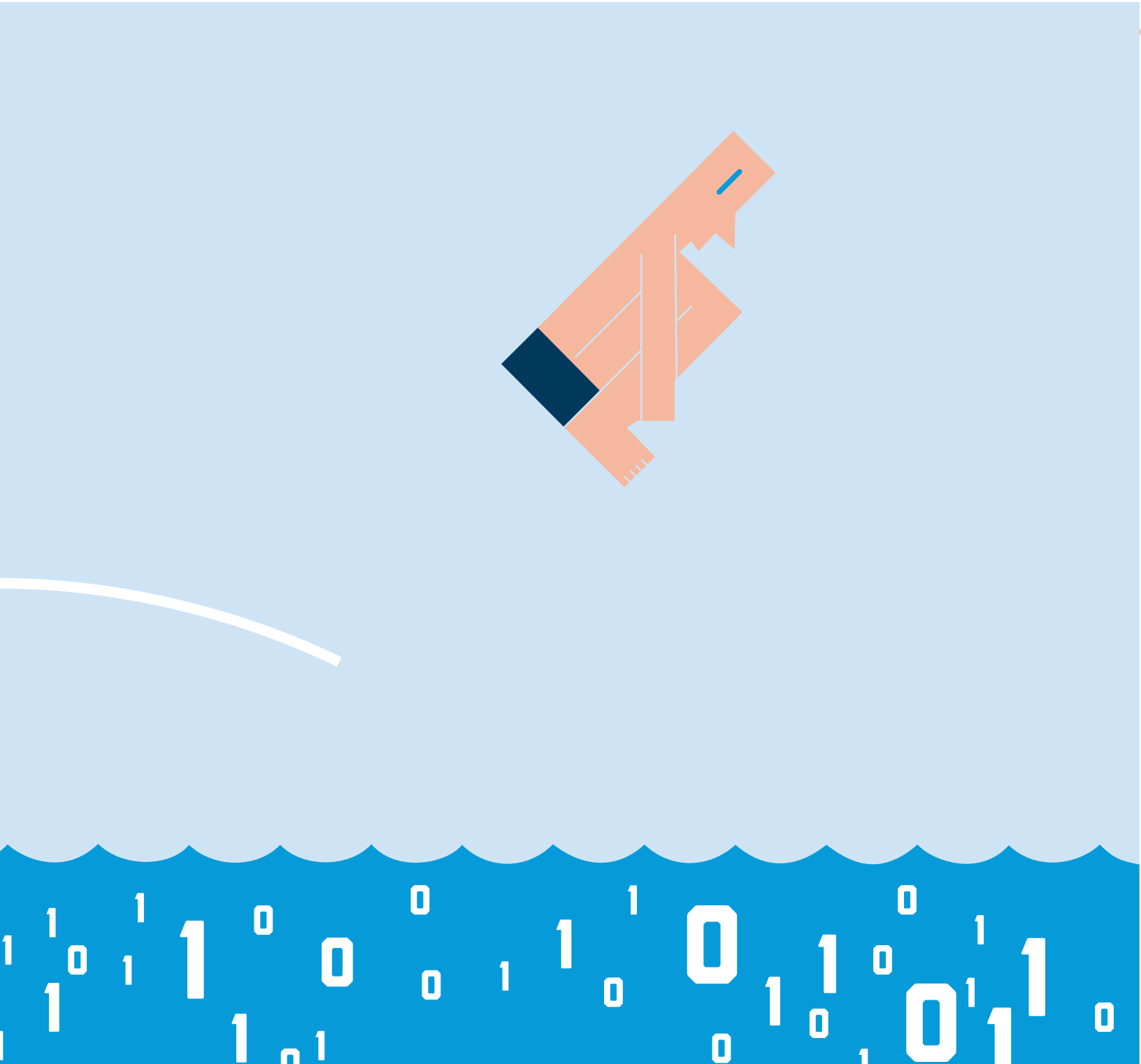
The annual luncheon highlighted survivor stories as well as an on-site text-to-donate campaign and a silent auction. NBC4 anchorwoman Eun Yang again presided over the event and offered a special tribute in honor of journalist Cokie Roberts, a longtime supporter of the Blush Luncheon, who died in September 2019 following her 17-year battle with breast cancer.



The 2019 Community Service award was presented to breast cancer survivor Marie Sylla-Dixon, vice president of T-Mobile, for her longstanding support for the Mammovan. D.C. City Councilmember Vincent Gray presented proclamations from the Mayor's Office and the City Council in honor of the occasion.

Nicole Quiroga, CEO of the Greater Washington Hispanic Chamber of Commerce, served as the featured speaker at the luncheon in conversation with Washington Business Journal Vice President James MacGregor. Quiroga drew attention to the plight of Hispanic women, who typically are diagnosed in the later stages of the disease often due to a lack of access. She urged women to take advantage of all of the resources at their disposal, such as the Mammovan, that screen regardless of insurance status.

The event – which featured major sponsors including McKesson Corporation, GW Hospital, GW Medical Faculty Associates, and T-Mobile, as well as continued support from the Safeway Foundation and nearly 30 additional sponsors and in-kind supporters – raised more than \$200,000 for 2019. All of the proceeds go directly to support the operational expenses of the Mammovan.





DELVING INTO DATA

GW CANCER CENTER RESEARCHER EXPLORES THE IMPACT OF HEALTH POLICY ON PATIENT CARE

BY **CAROLINE TRENT-GURBUZ**

H

umans, by nature, are complex; they're sometimes puzzles to be studied and solved. On paper, they can be divided and classified, neatly sifted into categories based on codes and diagnoses and demographics; this makes them more decipherable, but no less fascinating. For Lorens Helmchen, PhD, a scholar who speaks enthusiastically of his research, that deep dive into data and the resulting percentages and probabilities provide insight into three parties in health care: patient, provider, and insurer.

Helmchen's study, "The Impact of Greater Reimbursement for Chemotherapy Drugs on Cancer Care Among DC Medicaid Enrollees," focuses primarily on the effect of a 2016 Medicaid policy that increased the reimbursement of physician-administered chemotherapy drugs to 100% from 80% of the Medicare fee schedule. The initial funding for the study came from the Cyrus and Myrtle Katzen Cancer Research Center's Catchment Area Pilot Awards, which are intended to promote research that improve cancer health outcomes for individuals in the Washington, D.C., area.

"What we wanted to do was understand how did care change in the aftermath of this policy change," explains Helmchen, associate professor of health policy and management at the Milken Institute School of Public Health at the George Washington University (GW) and a member of the GW Cancer Center.

The preliminary takeaways of this study on the reimbursement change are intriguing: providers may increase the frequency of diagnostic testing and aggressive treatment, patients may see more health care providers, and financial incentives from insurers can be powerful motivators.

Helmchen cautions that he cannot attribute these changes unambiguously to the policy change because the study was descriptive; he looked solely at medical claims of patients who were covered by Medicaid and thus were all exposed to the policy change. The claims contained patient demographic information – age, gender, race, and place of residence – as well as diagnostic and procedural codes. He studied approximately 2,100 Medicaid enrollees whose medical claims recorded a diagnosis of prostate cancer and



After a 2016 Medicaid policy increased the reimbursement of physician-administered chemotherapy drugs, prostate cancer patients in the Medicaid program were about a third more likely to receive treatment than before.

approximately 2,600 Medicaid enrollees whose medical claims included a breast cancer diagnosis between 2013 and 2017. “We [then] used the claims to characterize what happened after the policy had gone into effect,” he says. “So, what did we find?”

One of the “most salient findings,” he says, was on the treatment arc for prostate cancer patients diagnosed within the aforementioned five-year range. “We detected an increase in the probability that they would receive a CT scan or an MRI scan or a bone scan of about 7.5 percentage points, so that’s fairly significant.”

He also focused on whether these patients received any of three types of treatments: chemotherapy, radiation, or surgery. “After the policy had been implemented in 2016, prostate cancer patients in the Medicaid program were about a third more likely to receive treatment than before,” he says.

There was, however, one unexpected finding. Helmchen expected patients to receive chemotherapy more often than before the policy change because its reimbursement had increased. Early results indicate otherwise; there was no statistically significant increase in the use of chemotherapy, or radiation and surgery. (Breast cancer patients, as a whole, did not see a statistically significant change in treatment patterns at all.)

He notes that the lack of such a change in treatment patterns “gives a lot of credit to the providers. Financial inducements failed to bring about a detectable change in the treatment patterns [for breast and prostate cancer patients], other than raising the probability of CT and MRI scans for prostate cancer patients and raising the overall treatment for prostate cancer patients.”

So, what does that mean? The policy change could have appealed to providers to continue treating prostate and breast cancers with the same number of chemotherapy agents, rather than expanding the treatment plan to include potentially more chemotherapy or the additional invasive options of surgery plus radiation.

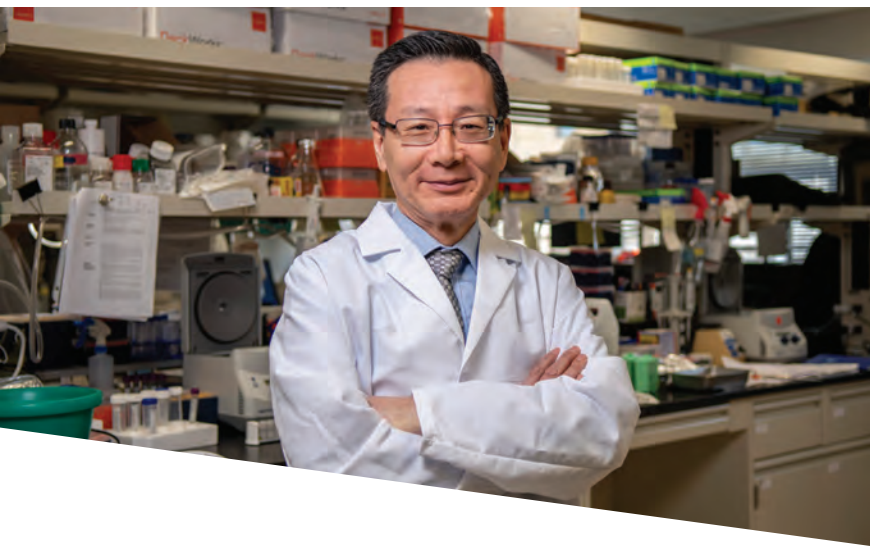
“If [treating patients with chemotherapy agents] is financially attractive for providers, then providers have an incentive to encourage greater rates of diagnosis, so that would be consistent with our finding that the probability of receiving a CT or MRI scan increased,” Helmchen explains. “And ... you’re bound to find more cancers if you increase the diagnostic effort.”

“If you make it more attractive to provide chemotherapy treatment, you make it more attractive for additional providers to see patients, so perhaps it’s not too surprising that patients would see more providers because they have more choice now,” Helmchen concludes. ■

“Perhaps it’s not too surprising that patients would see more providers because they have more choice now.”

LORENS HELMCHEN, PhD





■ ■ ■ Cross-Disciplinary Cancer Research

WHEN RONG LI, PHD, ARRIVED at the George Washington University (GW) School of Medicine and Health Sciences (SMHS) in 2018 from the University of Texas Health Science Center at San Antonio, he was enthusiastic at the prospect of becoming a member of the GW Cancer Center.

"There are several things that excited me about GW and the GW Cancer Center," says Li, the Ross Professor of Basic Science Research and chair of the Department of Biochemistry and Molecular Medicine at SMHS. "There are a lot of exciting new initiatives here ... In my experience here so far, I see a lot of potential for cross-disciplinary actions."

Prior to joining GW, Li – a molecular biologist focused on the fundamental aspects of cancer biology, particularly how cells duplicate and how they acquire mutations – served as a co-leader for the Cancer Development and Progression Program at the Mays Cancer Center, a National Cancer Institute-designated cancer therapy and research center.

Li also leads ongoing research into the tumor suppressor gene BRCA1, a gene connected to risk for certain cancers, including breast and ovarian

BUILDING A CROSS-DISCIPLINARY NETWORK

Rong Li, PhD, joined the George Washington University (GW) School of Medicine and Health Sciences in 2018. He recently began a project on tumor immunology in his GW Cancer Center lab, which has provided him with the opportunity to connect with clinician-scientists and researchers in other basic science departments.

cancers. His team is particularly interested in the tissue specificity and why women who carry BRCA1 mutations have a particularly high risk for developing breast and ovarian cancer.

While at the Mays Cancer Center, Li saw the opportunity to interact with clinician-scientists and began connecting with breast oncologists and surgical oncologists to build

a cross-disciplinary breast cancer research team.

Li hoped to compare the breast tissue of BRCA1-mutation-carrying women with tissue from non-carriers to possibly identify an early signature indicating what is unique about breast tissue and what really happens at the early stage of breast cancer development in women who carry the mutation. To do that, Li and his cross-disciplinary team of oncologists and plastic surgeons built a collection of patient samples. From there, the team worked with genomic analysts to find signatures that occur only in BRCA1 mutation carriers.

"In my career, I've found that discoveries in science often lead you to unexpected territory," says Li, who recently began a project on tumor immunology in his GW Cancer Center lab. It's an area he says he still finds fairly daunting. However, in such areas he finds the opportunity to connect

"In my career, I've found that discoveries in science often lead you to unexpected territory."

RONG LI, PhD

with clinician-scientists and researchers in other basic science departments, such as bioengineering and microbiology, immunology, and tropical medicine, to brainstorm the direction of research.

"Our research benefits tremendously from this kind of cross-disciplinary network," Li says. ■



How to Spell Quality Care Using



WORKING WITH A DIVERSE COMMUNITY IS HELPING THE GW CANCER CENTER DEVELOP RESEARCH INNOVATIONS AND CLINICAL CARE FOR ALL

BY **KATHERINE DVORAK**



At the George Washington University (GW) Cancer Center, listening to the needs of the community is a vital responsibility. That's why in the city that has among the highest percentages of individuals who identify as lesbian, gay, bisexual, transgender, queer, or intersex (LGBTQI), the GW Cancer Center is ensuring its residents are always heard.

"It's important that the people you are trying to serve are guiding your priorities. Otherwise you're not doing your job; you're not meeting their needs," says Mandi L. Pratt-Chapman, PhD, associate center director for patient-centered initiatives and health equity at the GW Cancer Center.

One of the ways the center is filling seats at the table is through the LGBTQI Research Community Advisory Board, or CAB, which comprises more than a dozen representatives from the metro Washington, D.C., community and local organizations.

Rachelle Tepel, PhD, community member and former chair of the board, says its mission is "to connect health care researchers, specifically in the cancer fields, to the LGBTQI community in the D.C. metro area." The board helps forge important connections between researchers and the community.

In July 2018, the GW Cancer Center, in partnership with health care workers, community members, researchers, and D.C. organizations, set the stage for the CAB's work. The center hosted a one-day workshop to facilitate conversations on the health needs of the LGBTQI community. From the event emerged top research priorities, such as finding solutions for social isolation among transgender women and LGBTQI elders, and increasing provision of culturally responsive care for patients, among others.

Tepel, a member of the LGBTQI community and a cancer survivor, notes that in addition to identifying research priorities, education of providers on how to be more inclusive is important to the CAB and to her personally.

LISTENING TO THE COMMUNITY

Washington, D.C., has among the highest percentage of individuals who identify as lesbian, gay, bisexual, transgender, queer, or intersex. The staff at the George Washington University Cancer Center ensures the city's residents are always heard.

“It’s important that the people you are trying to serve are guiding your priorities. Otherwise you’re not doing your job; you’re not meeting their needs.”

MANDI L. PRATT-CHAPMAN, PhD



“Because of my experience with health care providers in the past, it’s important to me to try to get the health care providers to be more aware of the needs of the community,” she says.

A year later, the CAB participated in a networking event during which researchers at GW and other universities in the area presented the projects they were working on to community members. “Sometimes it feels like we’re asking community members what they need over and over again, but not showing them evidence of what we’re doing to try to answer some of those needs. We wanted to shift that,” says Pratt-Chapman.

Embracing Lived Experiences

Eduardo M. Sotomayor, MD, Dr. Cyrus Katzen Family Director of the GW Cancer Center and professor of medicine at the GW School of Medicine and Health Sciences (SMHS), adds that a city that ranks high in overall cancer mortality must provide equitable care for all. “We want everyone who walks in the door to feel empowered, [be] engaged, and have ownership over their care,” Sotomayor says.

Relationship and trust building in the LGBTQI community is paramount, and something on which the GW Cancer Center is focused.

“There are huge differences among the L, the G, the B, the T, the Q, and the I,” Pratt-Chapman says. Even within the community, she adds, it’s a constant process of learning, building trust, and making sure CAB members are focusing on the right things. “We need to think about how sex

and gender identity and transgender lived experiences affect health and how interventions work.”

Pratt-Chapman says that technical assistance and training provided by her team emphasize that each person has a unique lived experience. She envisions the creation of sexual and gender minority training for cancer centers across the United States, with the GW Cancer Center at the forefront of the movement.

SEXUAL AND GENDER MINORITY TRAINING

Mandi L. Pratt-Chapman, PhD, envisions the creation of sexual and gender minority training for cancer centers across the United States, with the GW Cancer Center at the forefront of the movement.

Open Trials

Clinical trials are key to research, and making trials open to members of the LGBTQI community and ensuring they feel comfortable participating is top of mind in the GW Cancer Center Clinical Trials Office.

“We want to make all patients feel comfortable, feel free to talk with us about any concerns, and be open to receive them and give them equal opportunity in clinical trials,” says Monica Rengifo-Pardo, MD, a clinical research coordinator at the GW Cancer Center.

Richard Lush, PhD, director of the Clinical Trials Office, adds that there’s no specific outreach to the LGBTQI community for trials right now, but adds that he wants to make sure that the patients enrolled in trials are diverse.

Currently in the works is the development of a software system to manage the clinical trials process, Lush explains. “We want to ensure that we are capturing data about the LGBTQI community and how good we are at enrolling them in clinical trials. We want to see those data,” he says.

Building Bridges

The GW Cancer Center is not an island, and it relies on support from SMHS, Milken Institute School of Public Health at GW (Milken Institute SPH), the GW Medical Faculty Associates, and GW Hospital to further its community outreach goals.

“The solutions to most health issues are in the space where our different disciplines meet,” says Carlos Rodriguez-Diaz, PhD, MPH, associate professor in the Department of Prevention and Community Health at Milken Institute SPH. “We have to work from the simplest point, the cell, all the way to the policies that create disparities.”

Rodriguez-Diaz is a community health scientist by both training and passion, he says. “I serve as an adviser to the community. I’m a scientist, I conduct research, but I am not the kind of scientist who tells the community what they need and what research we have to do,” says Rodriguez-Diaz. “I like to work with the community in [such] a way that we come up together with the kind of research we need.”

For the past five years, Rodriguez-Diaz, who calls Puerto Rico home, has focused primarily on sexual minorities – gay, lesbian, bisexual, transgender, and queer populations, as well as on Latin communities. Although his work is not always cancer-specific, he’s connected with Pratt-Chapman during the time he’s been at GW to learn more about the LGBTQI community in D.C. Since his arrival, Rodriguez-Diaz has become a regular at CAB meetings, and he is working with other colleagues at Milken Institute SPH and DC Health on an HIV behavioral study with transgender women.

Rodriguez-Diaz adds that comprehensive understanding of the population rather than the disease itself “is key to solving the health disparities we see.”

Education and knowledge also must extend to students. Pratt-Chapman says she’s working with other important LGBTQI leaders at SMHS, including Amy Caggiula, MD, assistant professor of emergency medicine, and Charles Samenow, MD, MPH, associate professor of psychiatry and behavioral sciences, on ideas for mandatory and elective sessions to help medical students think about implicit bias and modeling affirming behaviors.

“Understanding the needs of marginalized communities and meeting them where they are: these are things all health professionals, including medical students, need to think about and be taught,” she says.

Online Enlightenment

The GW Cancer Center offers evidence-based training and educational opportunities for health care professionals, patients, researchers, policymakers, and advocates, as well as others interested in cancer-related topics. The center’s online academy offers eight self-paced, no-cost courses on relevant topics for health care professionals, comprehensive cancer control programs, and others.

Among the online offerings is Addressing the Need for LGBTQI-Affirming Cancer Care: A Focus on Sexual and Gender Minority Prostate Cancer Survivors. The course helps social workers and other health care professionals support sexual and gender minority cancer patients.

For more information about this and other GW Cancer Center training opportunities, visit gwccacademy.org.



Pratt-Chapman Receives \$4.125 Million to Continue Technical Assistance to Cancer Control Programs

THE GEORGE WASHINGTON UNIVERSITY (GW) Cancer Center is continuing its work with the Centers for Disease Control and Prevention (CDC) by providing technical assistance for National Comprehensive Cancer Control Program (NCCCP) grantees through a cooperative agreement in excess of \$4 million awarded to Mandi L. Pratt-Chapman, PhD, associate center director for patient-centered initiatives and health equity at the GW Cancer Center.

The new five-year award is a competitive renewal of the successful \$2.1 million award from 2013 to 2018. The cooperative agreement expands technical assistance efforts by leveraging the existing infrastructure, capacity, and relationships of the talent at the GW Cancer Center's Institute for Patient-Centered Initiatives and Health Equity to provide support to the grantees.

NCCCP grantees create stakeholder-driven plans aimed at reducing the burden of cancer through evidence-based cancer control interventions adapted to local settings, this includes efforts to advance access to screening, treatment, and cancer survivorship care and to reduce health inequities.

"CDC's renewal of our work demonstrates the high value placed on our tailored, multilevel strategies to advance cancer control and reduce health inequities across the nation," says Pratt-Chapman. "We look forward to another strong half decade with this exciting and rewarding project."

"CDC's renewal of our work demonstrates the high value placed on our tailored, multilevel strategies to advance cancer control and reduce health inequities across the nation."

MANDI L. PRATT-CHAPMAN, PhD



Providing Resources for Smoking Cessation

SMOKING IS THE LEADING PREVENTABLE cause of death in the United States. Despite reports from the Centers for Disease Control and Prevention of a 20% decline in smoking between 2005 and 2016, smoking rates among public housing residents remain more than twice as high as the national average. Cancer-related diseases, says Lorien Abrams, ScD, follow that same pattern. Abrams, a professor of prevention and community health at Milken Institute School of Public Health (Milken Institute SPH) at the George Washington University (GW), created a pilot program for Washington, D.C., public housing residents who were interested in quitting smoking. She explains, “addressing the disparities is really important for reducing cancer.”

In August 2018, the U.S. Department of Housing and Urban Development (HUD) issued a national ban on smoking in all public housing facilities. When HUD passed the rule, many facilities were left without the resources to help their residents make the adjustment.

The reasons for the ban on smoking are three-fold, says Debra Bernat, PhD, associate professor of epidemiology and biostatistics at the Milken Institute SPH.

The first goal is to improve the health of residents, the second is to reduce fires, and the third is to reduce maintenance costs. Bernat is currently leading a study, funded by a grant from the National Institutes of Health, to understand how the rule affects smoking behavior and second-

hand smoke exposure among public housing residents. She has also partnered with Abrams – who is the founding director of the GW mHealth Collaborative and a member of the GW Cancer Center – for the pilot, which is funded by the Milken Institute SPH Research Innovation Award.

“Many of the residents in public housing have been smoking cigarettes for decades,” Bernat explains. “Despite this, many are interested in quitting.”

In 2008, Abrams developed Text2Quit, a text messaging smoking cessation program, which is now offered through the American Cancer Society/Optum Quit For Life program. The team plans to test a version of the program adapted to the context of D.C. public housing, which sends text messages motivating people to quit smoking – an intervention tactic that has become increasingly common in behavioral change efforts such as smoking cessation. In addition to Text2Quit, residents will have access to Text4Coach, a text messaging program that links smokers to proactive quitline counseling.



HELPING HOUSING RESIDENTS QUIT

Lorien Abrams, ScD, created a pilot program for Washington, D.C., public housing residents who were interested in quitting smoking.



**COMPLEMENTING
PATIENT CARE**

Christine Teal, MD, director of the GW Breast Care Center and the chief of breast surgery, looks for new ways to complement patient care. Photo by Susan Gendron.

The Art of Giving

**AT THE GW BREAST CARE CENTER,
FUNDRAISERS AND DONATIONS UPLIFT PATIENT CARE**

BY **KATHERINE DVORAK**



diagnosis of breast cancer is a scary moment in any person's life, and going through treatment can be difficult on both the mind and the body, but at the George Washington University (GW) Cancer

Center, the journey can be made a little easier thanks to support from current and former patients and community members.

Through a patient and community member-supported patient assistance fund, the GW Breast Care Center is able to offer financial assistance and a monthly complementary care clinic for patients. The fund was started in 2007 by GW patient LuAnn Dean.

Some of the money that goes into the fund is collected during a fundraiser often held in the fall. The fundraiser has looked different over the years; such as silent auctions or golf tournaments.

"The fundraiser and patient assistance fund have really enabled us to help our patients both financially and through a holistic care program," says Christine Teal, MD, director of the GW Breast Care Center and the chief of breast surgery.

Financial support can include helping patients pay their rent or providing them with transportation options, she says.

Then there's the complementary clinic, which Teal says the patients love. It's offered once a month and is supported by providers from the GW Center for Integrative Medicine. During the clinics, patients have the opportunity to sample a variety of complementary medicine options. They can meet with a naturopath, who can discuss with them natural approaches to cancer treatment, as well as provide advice on what supplements may help ease pain and offer nutritional counseling. Patients may also receive acupuncture therapy to help relieve nausea from chemotherapy; the

WITH PATIENT AND COMMUNITY SUPPORT

Christine Teal, MD, says a patient and community member-supported patient assistance fund makes the GW Breast Care Center unique in what it can provide for patients. The fund was started in 2007 by GW patient LuAnn Dean.



centuries-old medicine uses hair-thin needles to stimulate points along the nervous system.

Another specialty available during the clinic is reiki, a healing technique in which a therapist channels energy into the patient through touch to activate the natural healing processes of the patient's body and restore well-being.

"These offerings allow us to make the GW Breast Care Center a little more unique in what we can provide for patients," says Teal. "And it's a special bonus because insurance won't cover these complementary therapies."

In addition, the center uses the fund to have a physical therapist visit the clinic two afternoons a month. "Some of our patients, such as those who have had bilateral mastectomies with reconstruction, need stretching or more work, and through this they can be seen more than once a month when they are also seeing their surgeon," Teal says.

The fund isn't supported just by the annual fundraiser, but also by current and former patients who want to give back. Teal says letters are sent out to patients who have experienced the complementary clinic to see if they would be willing to support it. "We often have a very nice response," Teal notes.

Teal also has held fundraising campaigns herself, including one two years ago in honor of her mother, who had breast surgery done at GW. "When the patients and community see how near and dear it is to me to provide these programs, they see the importance of it," she says.

She adds that seeing current patients and former patients give back, including those who have been giving for many years, is heartening. "It doesn't have to be a big donation. Just that they are willing to give is meaningful," she says.

SUPPORT GROUPS

The George Washington University Cancer Center, with support provided by the Dr. Cyrus and Myrtle Katzen Cancer Research Center, supports a wide variety of holistic and wellness services for cancer patients and their families. These groups are free of charge and open to the community.

THE GW MEDICAL FACULTY ASSOCIATES (MFA)
2150 Pennsylvania Ave., NW
Washington, D.C. 20037

ALL CANCERS

Open to all cancer patients currently in treatment. Registration required. Second and fourth Wednesday of each month, 12:30–1:30 p.m.
GW Cancer Center Boardroom
MFA, first floor, 1-402
Facilitator: Oncology Social Worker
202-677-6229

CAREGIVER SUPPORT GROUP

Open to caregivers of those diagnosed with cancer to share common concerns, give and receive advice, and learn coping skills. Registration required. Third Tuesday of each month
12:30–1:30 p.m.
GW Cancer Center Boardroom
MFA, first floor, 1-402
Facilitator: Oncology Social Worker
202-741-2582

GENTLE YOGA

This group introduces patients and caregivers to the physical and emotional benefits of yoga. Tuesdays, 4–5 p.m.
GW Marvin Center,
fifth floor activities room
800 21st St., NW
Facilitator: Yael Flusberg
dgarcia@mfa.gwu.edu
202-741-2582

HEAD AND NECK CANCER GROUP

For head and neck cancer patients and survivors, and their caregivers. Registration required. First Tuesday of each month
12:30–1:30 p.m.
GW Cancer Center Boardroom
MFA, first floor, 1-402
Facilitator: Oncology Social Worker
202-741-2582

METASTATIC BREAST CANCER SUPPORT GROUP

This group is open to metastatic breast cancer patients. Registration required. Fourth Tuesday of each month
Noon–1 p.m.
GW Cancer Center Boardroom
MFA, first floor, 1-402
Facilitator: Oncology Social Worker
202-741-2582

MULTIPLE MYELOMA GROUP

This group is open to multiple myeloma patients and survivors, and their caregivers. Registration required. Third Tuesday of each month
5:30–6:30 p.m.
GW Cancer Center Boardroom
MFA, first floor, 1-402
Facilitator: Oncology Social Worker
202-741-2582

NUTRITION CLUB

This group is open to patients and survivors, and their caregivers. Registration required. First Monday of each month
Noon–1 p.m.
GW Cancer Center Boardroom
MFA, first floor, 1-402
Facilitator: Jennifer Leon
jleon@mfa.gwu.edu
202-741-6489

PROSTATE CANCER GROUP

The prostate cancer education group is open to patients and survivors, and their caregivers. Registration required. Second Tuesday of each month
6–7 p.m.
GW Cancer Center Boardroom
MFA, first floor, 1-402
Facilitator: Oncology Social Worker
202-741-2582

SURVIVORSHIP SERIES

An educational series featuring a different speaker each month. Second Thursday of each month
11:45 a.m.–12:45 p.m.
GW Cancer Center Boardroom
MFA, first floor, 1-402
Facilitator: Oncology Social Worker
202-741-2582

YOUNG ADULT GROUP

Young adults (19–39 years of age) who are currently in treatment or are cancer survivors. Third Sunday of each month
5–6:30 p.m.
Smith Center for Healing and the Arts
1632 U St., NW
Facilitator: Jennifer Bires, LICSW, OSW
202-483-8600

Parking is validated for all groups at the GW Cancer Center. For more information about upcoming support groups and events, visit cancercenter.gwu.edu/for-patients/patientcaregiver-support.

External Advisory Board

Edward J. Benz Jr., MD

President and CEO Emeritus, Dana-Farber Cancer Institute

William Dalton, MD, PhD

founder and CEO, M2Gen, former director, Moffitt Cancer Center

Timothy J. Eberlein, MD, FACS

director and Bixby Professor and Spencer T. and Ann W. Olin Distinguished Professor, Alvin J. Siteman Cancer Center; and chair, Department of Surgery, Washington University School of Medicine

Bernard F. Fuemmeler, PhD, MPH

Gordon D. Ginder, MD, Chair in Cancer Research; associate director of cancer prevention and control; and professor, Virginia Commonwealth University

Stanton Gerson, MD

director, Case Comprehensive Cancer Center; director, National Center for Regenerative Medicine; and professor of medicine and of environmental health sciences, Case Western Reserve University

Helen Heslop, MD, PhD

Dan L. Duncan Chair; director, Center for Cell and Gene Therapy; associate director for clinical research, and professor of pediatrics and of medicine, Dan L. Duncan Comprehensive Cancer Center, Baylor College of Medicine

Victor Santana, MD

vice president for clinical trials administration; associate director of clinical research, Comprehensive Cancer Center; and Charles B. Pratt Chair in Solid Tumor Research, St Jude Children's Research Hospital

Marcy Waldinger, MHSA

former chief administrative officer, University of Michigan Cancer Center

Innovative Cancer Treatment Made Care Easier to Swallow



JOEL HINZMAN IS A BUSY dad, husband, and lobbyist who never expected to be diagnosed with tonsil cancer at age 46. The first sign of a problem was swelling on the left side of his neck that got worse and more painful, despite taking antibiotics. In seeking cancer treatment, one option that is part of a clinical study at the George Washington University (GW) Cancer Center stood out, based on Hinzman's research. "It looked like it had great long-term outcomes and the best chance for minimum side effects over the long term," he says. Maintaining his quality of life was important to him, and he wanted to enjoy eating and his sense of taste when his treatment was done.

TO TREAT HEAD AND NECK CANCERS, GW HOSPITAL OFFERS THE MEDROBOTICS FLEX® ROBOTIC SYSTEM.

This innovative technology is designed to navigate the body's twists and turns and can provide a compelling resource for treating other conditions as well. Minimally invasive robotic surgery can reduce pain and trauma to the body, leading to a shorter hospital stay and a quicker recovery.

Game-changing care

The type of cancer Hinzman had was associated with the human papillomavirus (HPV). Traditionally, treatment in these cases has involved chemotherapy and radiation, says Director of Head and Neck Oncologic and Microvascular Reconstructive Surgery Arjun Joshi, MD, FACS, FRCS(C). However, patients in the clinical study, explains Joshi, who also serves as professor of surgery at

GW School of Medicine and Health Sciences (SMHS), and as a member of the GW Cancer Center, receive chemotherapy and then robotic surgery avoiding radiation and its potential lifelong side effects, such as dry mouth, changes in taste, dental disease, and others.

Within 48 hours of his first dose of chemotherapy, Hinzman noticed that the tumor on his neck was significantly smaller. By the end of the third treatment, the cancer was hard to find. He then underwent surgery to remove what tumor remained at the tonsil and in the lymph nodes in his neck. Pathology showed that the tumor at both sites had disappeared. He remains cancer-free more than two years after surgery. Also, he has no problems with taste or swallowing, and is grateful to have his normal oral functioning intact. "I had great care at GW Hospital and as an outpatient," he says of his treatment led by Joshi and medical oncologist Robert Siegel, MD, associate center director for professional outreach and networks at the GW Cancer Center.

Hinzman adds, "I appreciated the fact that I was at a teaching hospital, with great residents coming in and checking on me regularly."

BEST LONG-TERM OUTCOME

Diagnosed with tonsil cancer at age 46, Joel Hinzman took part in a clinical study at the George Washington University Cancer Center because that treatment offered the best outcome over the long term.



DID YOU KNOW it is estimated that about 3,400 new cases of HPV-associated oropharyngeal cancers are diagnosed in women and about 14,800 are diagnosed in men each year in the United States.

THE GEORGE WASHINGTON UNIVERSITY

School of Medicine and Health Sciences
2600 Virginia Ave., NW
Suite 329
Washington, D.C. 20037

NON PROFIT RG
U.S. POSTAGE
PAID
Merrifield, VA
PERMIT NO. 2657

School of Medicine
& Health Sciences

THE GEORGE WASHINGTON UNIVERSITY



THE GEORGE WASHINGTON
UNIVERSITY **HOSPITAL**