



# CancerUPDATE

 BAYLOR Charles A. Sammons Cancer Center at Dallas

## New Outpatient Facility Opening at Baylor Sammons Cancer Center

The new outpatient cancer center at Baylor Charles A. Sammons Cancer Center at Dallas will celebrate its grand opening on Saturday, March 26, 2011. At 467,000 square feet, the new 10-story center will be the largest facility of its kind in North Texas. Along with a new dedicated cancer hospital, scheduled for completion in 2013, this new facility will position Baylor Sammons Cancer Center as a nationally and internationally renowned cancer care destination.

Since opening in 1976, Baylor Sammons Cancer Center has become the cancer care market leader in North Texas, based on both the number of patients treated and on consumer choice, as reported by the National Research Corporation. This success is due to an experienced clinical and medical staff dedicated to delivering quality and compassionate cancer care. Baylor Sammons Cancer Center has the ninth largest blood and bone marrow transplant program in the U.S. and pioneered matched, unrelated donor bone marrow transplant. Multimillion-dollar, grant-funded research programs are making important advances in the development of dendritic cell vaccines and in the prevention and treatment of colon cancer. Clinicians at Baylor Sammons Cancer Center are currently taking part in more than 100 cancer

*(Continued on page 3)*

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### In This Issue

- 2 From the Director
- 6 Oncology Research at Baylor Dallas: Personalized and Precision Medicine
- 7 International Leader in Cancer Drug Development to Advise Baylor Sammons Cancer Center
- 9 Site Specific Tumor Conferences
- 10 Upcoming Meetings of Interest
- 11 Integrative Medicine: A New Dimension in Cancer Care
- 13 The Patient Navigation Program: Helping the Patient Through Cancer Care
- 14 Lectureships in Oncology at Baylor Dallas
- 15 Publications



# Cancer**UPDATE**

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*On the cover:*

*Above: The first floor lobby*

*Below: The west facade of the new cancer center and skybridge above Worth Street.*

## From the Director

### Cancer. We've Got Its Number.™

*The above tagline has many meanings, and many are appropriate for this issue of Cancer Update. The number 2011 signifies a landmark year for Baylor Charles A. Sammons Cancer Center at Dallas, with the opening of our new 467,000-square-foot outpatient cancer center, continuing construction of our 140-bed dedicated cancer hospital, and the celebration of our 35th anniversary.*

*All of these are significant numbers, but the number I want to focus on is the number 1. That number signifies the individual, the patient, who is at the center of all of our efforts. The focus of our facilities and our programs has been and will continue to be the patient. In this issue you will read about the amenities being incorporated into our new facility. Also highlighted are our patient navigation system, our program in integrative medicine, and several aspects of our precision medicine approach to treatment.*

*The patient navigation system helps patients through the complex and often confusing maze that confronts them as they deal with their diagnosis and treatment. In 2011 we will double the size of that program. Integrative medicine provides enhancement to standard therapies, focusing on the individual as a whole. Precision (or personalized) medicine applies the latest in targeted therapy directed at potential vulnerable points in a patient's tumor. We are honored that Dan Von Hoff, an internationally recognized leader in cancer drug development and precision medicine, will be helping us in our efforts. The Innovative Clinical Trials Center will open in the summer of 2011 as a focus for the precision medicine efforts.*

*To sum it up, when it comes to cancer, we take it personally.*



*Alan M. Miller, MD, PhD  
Chief of Oncology,  
Baylor Health Care  
System and Medical  
Director, Baylor  
Charles A. Sammons  
Cancer Center at Dallas*

(Continued from page 1)

clinical trials. More than 800 patients participated in our cancer clinical trials in 2009.

## Why a new outpatient cancer center?

With all the accomplishments over the past 35 years, Baylor Sammons Cancer Center has been hampered by a lack of space. In the last few years, the center reached a point where there was no room for new physicians, departmental expansions, or new oncology support programs. There was a need for additional inpatient beds and new clinical services and technology. It had become increasingly difficult to embark on new research initiatives.

There was also an effect on patients and their families. Different services and clinics were located at different sites, the décor and furnishings needed updating, and food services needed to be provided.

The new cancer center design is more efficient for patients, physicians and staff, as well as more convenient and attractive.

## Building a new outpatient center

The new outpatient center is built on land owned by Baylor University Medical Center at Dallas and leased to Duke Realty Corporation. The building was constructed as a joint venture between Duke Realty and Milwaukee-based Northwestern Mutual. The joint venture retains ownership of the building and leases 252,977 square feet to Baylor Dallas and 175,670 square feet to Texas Oncology. Earlier this year, the new facility project for Baylor Sammons Cancer Center was recognized as the award winner for *Best Real Estate Deals: Best Medical Project* by *Dallas Business Journal*.

The new outpatient cancer center is also on track to receive a LEED (Leadership in Energy and Environmental Design) gold certification, the second-highest accreditation issued for sustainable and environmentally friendly buildings. LEED is an internationally recognized green building certification system developed by the U.S. Green Building Council. LEED certification provides third-party verification that a building was designed and built using strategies aimed at improving performance in five important areas: energy savings, water efficiency, CO<sub>2</sub> emissions reduction, improved indoor environmental quality, and stewardship of resources and sensitivity to their impacts.

## The new outpatient center will include:

- 188,131 feet of clinic space
- 30 private infusion rooms and 72 infusion chairs
- 4 radiation oncology vaults using Varian linear accelerators
- A Siemens Aera 1.5T magnetic resonance imaging (MRI) system, located in a 3,348-square-foot facility on the 7th floor. Approved by the Food and Drug Administration in October 2010, the Aera 1.5T is the newest MRI technology available in the U.S. It uses the fourth generation of total imaging matrix (Tim) technology, providing up to 204 coil elements with up to 64 channels. For patient comfort, it uses a 70-cm open bore design that accommodates a large variety of body sizes, shapes, and conditions. The ultra-short 148-cm magnet offers more head-out exams to reduce patient anxiety.
- A conference center, located on the 10th floor. The conference center contains a selection of venues for different educational and administrative needs: a large auditorium (seating capacity 204), two large conference rooms (seating capacity 80 each or 60 each in banquet/conference arrangement; when the two rooms are joined, seating capacity is 167), one medium conference room (55 seats in classroom arrangement, 48 in banquet/conference arrangement), and 3 small conference rooms (12- to 14-person conference table in each, with 12- to 14-seat overflow capacity).

With the opening of the new outpatient center, Baylor Sammons Cancer Center will be taking cancer care to the next level. The new center has been designed with patients as the central focus: providing quality care in a compassionate and nurturing environment; providing additional services and education to aid them in their cancer journey and return to everyday life; and finding new treatment approaches tailored to the individual patient.

## Facilities dedicated to patient care, education, and research

The new facility will house oncologists on the medical staff at Baylor Dallas, including oncologists affiliated with Texas Oncology and other oncologists and specialists. For these physicians and other health care staff, the new center will

**You're invited to the grand opening  
of the new Baylor Charles A. Sammons  
Cancer Center at Dallas**

**Saturday, March 26**

Special Preview for Cancer Survivors  
8:30 a.m. – 10 a.m.  
Please feel free to visit anytime  
during this event

**Public Grand Opening  
10 a.m. – Noon**

Complimentary valet parking is available. Self parking is also available in the garage below the cancer center. Another option is to take the DART Green Line to Baylor University Medical Center stop.

For more information,  
please call 1.800.4BAYLOR  
or visit [CancerWeveGotItsNumber.com](http://CancerWeveGotItsNumber.com).

provide advanced technology and facilities to provide quality care for their patients. They will also benefit from conveniently located office space, educational facilities, and expanded facilities to conduct research and clinical trials. The new Innovative Clinical Trials Center will consolidate all early stage clinical trials in one location, simplifying the process for patients and offering the efficiency of core facilities that can be used by multiple researchers.

## Amenities for patients

The new outpatient cancer center has been designed to meet the needs of the patient throughout the continuum of care. The center is conveniently located, with ample parking, including valet. A convenient sky bridge will connect the outpatient center, parking garage, and the new dedicated cancer hospital, which will open in 2013.

Patients coming for treatment to the outpatient center will find an attractive new facility with natural lighting, decorated in peaceful earth-tone colors, enhanced by more than 100 pieces of art. In addition to the quality medical care that patients have come to expect from the physicians on the medical staff at Baylor Dallas, they will find:

- A large chapel, designed with high ceilings, art glass columns, and an art glass cross in a stone wall.
- An outdoor healing garden, with water features and large-scale art glass installations.
- A teaching kitchen, affiliated with the Virginia R. Cvetko Patient Education Center. A chef and a dietitian will host classes to demonstrate how to prepare foods that cancer patients can enjoy while they are undergoing chemotherapy and radiation therapy. The program also teaches patients and caregivers how to prepare shakes and other nutritious drinks.
- A wellness center where rehabilitation therapists will work directly with the patients to help set goals for increasing strength, endurance, and overall function. Rehabilitation therapies have been shown to increase overall mobility, reduce therapy-induced fatigue, improve mood, and reduce mental stress and anxiety.
- An onsite restaurant. The restaurant encompasses almost 8,200 square feet, including a relaxing outdoor patio. The menu will feature fresh and healthy food from an expansive

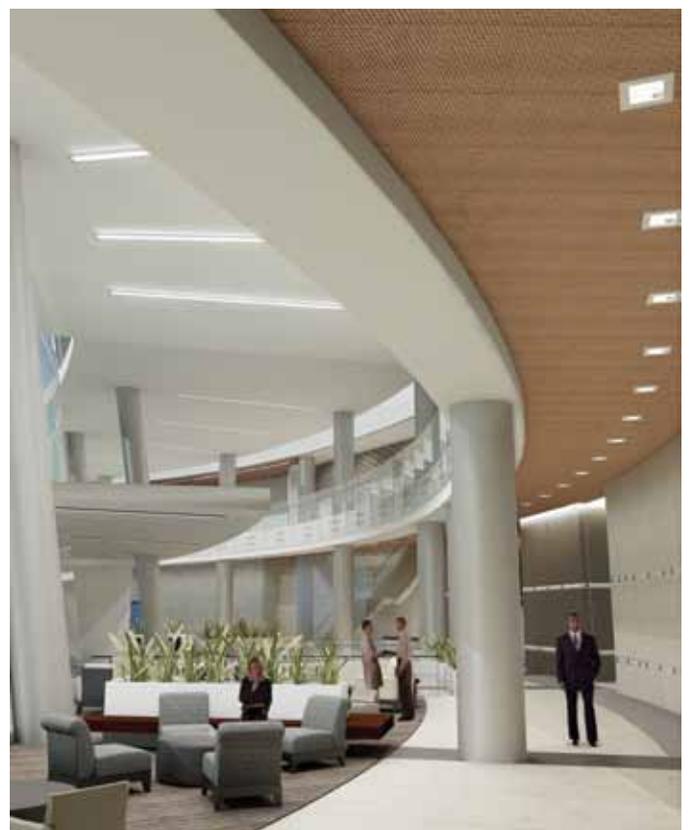


deli, salad station, pizza and pasta station, and a gourmet grill. The restaurant will be open from 7:30 am to 3:30 pm, Monday through Friday.

- An 800-square-foot coffee bar. We proudly serve Starbucks coffee. The coffee bar will be open from 6:30 am to 3:30 pm, Monday through Friday.
- Ernie's Appearance Center. This specialty boutique addresses the cosmetic needs of cancer patients by providing products and services that minimize the visible effects of cancer therapy. Professional and certified staff members work with patients in private, one-on-one sessions to select products such as breast prostheses and mastectomy bras.

**In this issue of *CancerUpdate*, we will showcase some of the programs at the new outpatient cancer center that exemplify our goal of excellence in patient care, research, and education, all focused on each individual patient.**

*Above: The new cancer center anchors the southeast corner (right side) of the Baylor Dallas campus.  
Below: First floor lobby*



# Oncology Research at Baylor Dallas: Personalized and Precision Medicine

At the new outpatient cancer center, researchers have additional space and facilities for new research programs, as well as a dedicated center consolidating all phase I/II clinical trials in one location.

The advanced care that is available for cancer patients at Baylor Charles A. Sammons Cancer Center at Dallas is fueled by an aggressive program in basic and translational research. This research is increasingly focused on personalized and precision medicine, using therapies targeted to specific patient characteristics and to specific pathways involved in the biology of individual cancers. This approach is exemplified in two ongoing research programs targeting colon cancer and breast cancer.

## Targeted therapy for the treatment of advanced renal cell carcinoma

Thomas Hutson, DO, Pharm D, director of the Genitourinary Oncology Program at Texas Oncology and a physician on the medical staff at Baylor University Medical Center at Dallas, is at the forefront of clinical research using targeted therapies for advanced renal cell carcinoma (RCC), a disease that has historically been considered treatment-resistant. With an improved understanding of the



Thomas Hutson,  
DO, Pharm D

biology of RCC, new treatments targeting specific pathways involved in angiogenesis and cell growth have been developed and tested. Currently, five such agents are approved by the US Food and Drug Administration for the first-line treatment of advanced RCC: sunitinib malate, sorafenib tosylate, temsirolimus, everolimus, and bevacizumab in combination with interferon. Sunitinib malate and sorafenib tosylate are multi-kinase inhibitors, temsirolimus and everolimus are inhibitors of the mammalian target of rapamycin (mTOR) protein, and bevacizumab is a monoclonal antibody that binds and neutralizes vascular endothelial growth factor (VEGF)-A.

Although these targeted therapies have significantly improved outcomes for patients with advanced RCC, patients differ in their responses to specific drugs. According to Dr. Hutson, “We’re seeing a lot of research investigating mechanisms so that physicians in the clinic can begin to select particular

agents for specific patients by identifying characteristics like histologic subtype or by evaluating different mechanisms of resistance.” Nomograms based on tumor- and patient-related factors, including hemoglobin level, performance status, calcium levels, and interval length between diagnosis and treatment have been incorporated into clinical trials using sorafenib, temsirolimus, and bevacizumab. Molecular markers are also being studied as predictive factors, and markers such as cytoplasmic Akt, nuclear pAkt, PTEN, p56, serum VEGF, and others may be useful in selecting the optimal treatment regimen for a specific patient.

Dr. Hutson is currently the principal investigator on 6 clinical trials at Baylor Sammons Cancer Center investigating therapy sequencing, therapy selection in patients who have developed resistance to other treatments, and investigation of new agents for the treatment of patients with advanced RCC. (Visit [BaylorHealth.com/CancerResearch](http://BaylorHealth.com/CancerResearch) for details of these studies.) Hutson comments: “The future holds great promise for the treatment of RCC. However, the ‘honeymoon period’ is over. We must now answer important questions that will allow us to use these new agents optimally.”

“The future holds great promise for the treatment of RCC.”

Thomas Hutson, DO, Pharm D

## Refining treatment options for triple-negative breast cancer

Breast cancer researchers at Baylor Dallas are leading a multi-institutional, open-label pilot study in which treatment for patients with metastatic or locally recurrent triple-negative (TN) breast cancer will be selected based on a detailed analysis of the genetic make-up of the tumor.

TN breast cancer, which constitutes 10% to 20% of invasive breast cancers, refers to tumors that are estrogen receptor-negative, progesterone receptor-negative, and HER2-negative. Because of these characteristics, TN tumors are not susceptible to selective estrogen response modifiers (e.g., tamoxifen), aromatase inhibitors, or the HER2-targeted agent trastuzumab. TN tumors may respond very well to standard chemotherapy regimens containing anthracyclines or taxanes, but there is a high risk of early recurrence associated with a poor prognosis. Recent studies indicate that women with TN tumors that are also positive for *BRCA1/2* mutations may respond well to poly(ADP-ribose) polymerase inhibitors to enhance the effects of chemotherapy-induced DNA damage, but this subgroup constitutes only about 10% of all patients with TN tumors. Finding new markers expressed in TN tumors will suggest more precise treatment options aimed at specific targets.

Joyce O'Shaughnessy, MD, Celebrating Women chair in Breast Cancer Research at Baylor Sammons Cancer Center, co-chair of Breast Cancer Research at Texas Oncology and US Oncology, and a physician on the medical staff at Baylor Dallas, is the principal investigator of the new study. "Most women with this type of breast cancer are cured after chemotherapy," says Dr. O'Shaughnessy, "but for about one-third, the cancer comes back and we want to know why."



Joyce O'Shaughnessy, MD

For the study, 14 women with metastatic or locally recurrent TN breast cancer will be identified. Fresh/frozen tissue will be collected during surgical biopsy or resection and will undergo molecular evaluation with next-generation sequencing to identify and prioritize potential mutated targets. Molecularly-selected therapeutic agents based on the genetic profile of each patient's tumor will be recommended by the study investigators and treating oncologist. The primary endpoint of



### **International Leader in Cancer Drug Development to Advise Baylor Charles A. Sammons Cancer Center**

*Daniel Von Hoff, MD, has agreed to work with Baylor Charles A. Sammons Cancer Center at Dallas as it develops its Innovative Clinical Trials Center. Dr. Von Hoff is physician-in-chief at the Translational Drug Development Institute in Phoenix, Arizona. He is also chief scientific officer of Scottsdale Healthcare and chief scientific officer for US Oncology. Dr. Von Hoff has a major interest in the development of new anticancer agents and has participated in clinical trials of more than 200 new agents. In April 2010, he received the David A. Karnofsky Memorial Award from the American Society of Clinical Oncology for his "outstanding achievements in cancer research and for his impact on the treatment of patients with cancer."*

*Dr. Von Hoff will assist Baylor Sammons Cancer Center leaders in the development of the new center. The Innovative Clinical Trials Center will bring the latest in new therapies to patients with cancer, focusing on a "precision medicine" approach in which the treatments used are based on the unique makeup of the patient's tumor. Treatments will include anti-neoplastic and biologic agents. There will be a focus on immune-based therapies such as vaccines developed at Baylor Institute for Immunology Research and at collaborating institutions.*

*"We are honored to have a partner like Dan Von Hoff in our battle against cancer," said Alan M. Miller, MD, PhD, medical director of Baylor Sammons Cancer Center. "He will help us build on the existing clinical research strengths of our center and provide increased opportunity and hope to individuals with cancer in our region and beyond."*

**“We’re trying to match a therapy to a patient. This is exciting, promising work.”**

Joyce O’Shaughnessy, MD

the study is time-to-progression (TTP) for patients following the recommended therapy, with a 30% increase in TTP with the molecularly-targeted agent compared with the TTP on the immediate prior standard therapy considered as evidence of clinical benefit. Secondary objectives are best response to the molecularly-targeted therapy, overall survival, and genetic mutation evaluation.

This trial represents the first time that researchers are using genome mapping with the specific goal of identifying targeted therapies for specific patients. “We’re trying to match a therapy to a patient,” said Dr. O’Shaughnessy. “This is exciting, promising work.”

## The Innovative Clinical Trials Center

The centerpiece for clinical cancer research at Baylor Sammons Cancer Center will be the new Innovative Clinical Trials Center (ICTC). Clinical trials are the essential compo-

nent in bringing new treatments from the bench to the bedside, and also frequently offer the patient the best available therapy.



Carlos Becerra, MD

Currently, 13 phase I/II clinical trials are spread throughout Baylor Sammons Cancer Center. The goal of the ICTC will be to provide patients with easy access to new therapies by consolidating all phase I/II trials from Baylor researchers and their academic and clinical partners in one 5,000 to 6,000 square foot facility to be located in the new outpatient cancer center. Patient participation in a trial will be simplified by providing “one-stop shopping” for clinical examinations, infusions, imaging studies, sample collection for lab work, and follow-up.

The first design meeting with the architects was held in November; the plan is to begin construction in Spring 2011, with an opening in July 2011. Carlos Becerra, MD, a medical oncologist with Texas Oncology and a physician on the medical staff at Baylor Dallas, has been designated as the medical director of the ICTC.



*Patients and their physicians can now access information about open clinical trials in oncology at Baylor Sammons Cancer Center by following these steps:*

1. Go to [BaylorHealth.com/CancerResearch](http://BaylorHealth.com/CancerResearch).
2. Click on “Search for Cancer Clinical Trials.”
3. From the drop-down box under Step 2, click on a diagnosis.
4. A list of studies will appear under Step 2. Click on the study that is of interest to you to view details such as the inclusion/exclusion criteria.

*For additional details or questions about the studies, please contact the Office of Clinical Oncology Research Coordination at 214.818.8472 or via email at [cancer.trials@baylorhealth.edu](mailto:cancer.trials@baylorhealth.edu).*

# Site-Specific Tumor Conferences at Baylor Sammons Cancer Center

The care of cancer patients at Baylor Charles A. Sammons Cancer Center at Dallas will be streamlined and enriched by the additional space and improved facilities that will be available in the new outpatient cancer center. A key element that will remain at the heart of patient care and education is the site-specific tumor conference program.

When Baylor Sammons Cancer Center opened on May 1, 1976, many physicians felt that the traditional concept of a tumor board, in which a small group of physicians discussed patients with a variety of different types of cancer, was outmoded. Typically, a tumor board would bring together involved disciplines (e.g., radiologist, surgeon, medical oncologist) to exchange information. Patient cases would be presented, and recommendations about treatment plans (frequently binding) would be made.

Baylor Sammons Cancer Center took this concept to a higher level. New advances in multidisciplinary approaches created the need for separate committees for the major cancer sites. In turn, each site-specific committee was responsible for organizing and running a site conference. One site-specific conference on gynecologic oncology was already in place when the center opened; today there are 12 additional site-specific conferences for bone and soft tissue, breast, chest, endocrine, head and neck, liver, hematopoietic disease, neuro-oncology, skin, skull base, stem cell transplant, and urology.

Rather than focusing solely on recommendations for patient care (non-binding), the site-specific conferences also aim at educating the medical professionals in attendance. Continuing medical education credit is available for physicians who

For information about site-specific tumor conferences at Baylor Sammons Cancer Center, please call: 214.820.4073

Conference schedule:			
Bone and Soft Tissue	1st Tuesday	Hematology*	Rotating Wednesdays
Breast	Alternating Thursdays	Liver	2nd Tuesday
Chest	1st, 2nd and 4th Wednesday	Lymphoma*	Rotating Wednesdays
Endocrine	3rd Tuesday	Neuro-oncology	2nd and 4th Wednesday
Gastrointestinal	Alternating Thursdays	Skin	1st and 3rd Wednesday
Gynecology	Wednesdays	Skull Base	1st Wednesday
Head and Neck	2nd and 4th Tuesday	Stem Cell Transplant*	Rotating Wednesdays
Head and Neck Journal Club	5th Tuesdays	Urology	3rd Wednesday (quarterly)
Hematology/Oncology Journal Club*	Rotating Wednesdays		

\*Rotate during the month

“These conferences have become the nuts and bolts of Baylor Sammons Cancer Center, directly contributing to high quality patient care and learning at multiple levels. Their success is the direct results of participation by numerous physicians devoted to clinical excellence.”

Marvin J. Stone, MD

attend. Because several patient cases with the same diagnosis are presented at each conference, attendees are provided with an in-depth view from various specialists, accompanied by lively discussion. The site-specific conferences have proven to be extremely popular, with 238 conferences held in 2009 attended by 6,760 medical professionals, including staff physicians (about 40% of attendees), students, residents, social workers, and nurses.

The site-specific tumor conferences have been held in various locations at Baylor Dallas (for more information, call the number shown in the table on page 9), but most are now held in the 10th-floor conference center in the new outpatient cancer center.

Marvin J. Stone, MD, the first director of Baylor Sammons Cancer Center, spearheaded the development of the site-specific tumor conference program. According to Dr. Stone, “These conferences have become the nuts and bolts of Baylor Sammons Cancer Center, directly contributing to high quality patient care and learning at multiple levels. Their success is the direct results of participation by numerous physicians devoted to clinical excellence.”

Cancer research studies on the Baylor Dallas campus are conducted through Baylor Research Institute, Mary Crowley Cancer Research Center, Texas Oncology, and US Oncology. Each reviews, approves, and conducts clinical trials independently.

## **Upcoming Meetings of Interest to Oncologists**

### **Society of Surgical Oncology: 64th Annual Cancer Symposium**

March 2—6, 2011

Henry B. Gonzalez Convention Center  
and Grand Hyatt San Antonio  
San Antonio, Texas

<http://www.surgonc.org/meetings--events/annual-cancer-symposium/for-attendees.aspx>

### **Annual Symposium of the American Society of Breast Disease**

March 24—26, 2011

Four Seasons Resort  
Dallas, Texas

<https://netforum.avectra.com/eweb/DynamicPage.aspx?Site=asbd&WebCode=AnnualSymposium>

### **Southwest Oncology Group Spring Meeting**

April 13—15, 2011

Hyatt Regency San Francisco  
San Francisco, California

<http://www.swog.org/Visitors/GpMeeting.asp>

### **American College of Radiology Annual Meeting**

May 14—18, 2011

Hilton Washington Hotel  
Washington, DC

<http://amclc.acr.org>

### **American Society of Clinical Oncology Annual Meeting**

June 3—7, 2011

McCormick Place  
Chicago, Illinois

<http://chicago2011.asco.org/>

# Integrative Medicine: A New Dimension in Cancer Care

The new Baylor Charles A. Sammons Cancer Center will offer patients improved access to quality cancer care, as well as supplying a rich environment for further research into cancer treatment, diagnosis, and prevention. It will also provide another important dimension of cancer care, focusing on each patient's concerns and needs from a holistic viewpoint. An expanded program in integrative medicine will address the nutritional, physical, emotional, and spiritual aspects of cancer treatment, tailoring recommendations to each patient's unique requirements.

Carolyn Matthews, MD, a gynecologic oncologist on the medical staff at Baylor University Medical Center at Dallas, is the medical director of the integrative medicine program. In preparation for her role in this new program, she completed a 2-year fellowship in integrative medicine offered by the Arizona Center for Integrative Medicine at the University of Arizona. She was board certified by the American Board of Integrative and Holistic Medicine in 2009. She has also completed the medical acupuncture course for physicians sponsored by the Helms Medical Institute. This is the oldest ongoing medical acupuncture training program in North America, and has trained 90% of the physicians providing acupuncture in the United States.



Carolyn  
Matthews, MD

A cancer survivor herself, Dr. Matthews appreciates first hand the benefits to be gained from an integrative approach. Focusing on lifestyle recommendations such as nutrition, sleep, exercise, and stress reduction will help patients feel better

mentally and physically, as well as enable them to better withstand the challenges and side effects of cancer therapies.

Integrative medicine has long been accepted as providing psychological benefits to patients, but studies published over the last decade have provided an academic rationale for the use of holistic approaches in the prevention and treatment of a broad range of chronic diseases, including heart disease, diabetes, and cancer. Dean Ornish, MD, a pioneer in this area, has documented that lifestyle changes can alter gene expression. In a June 2008 paper in the *Proceedings of the National Academy of Sciences*, he reported that improved nutrition, stress management, walking, and psychosocial support changed the expression of over 500 genes in men with early stage prostate cancer. Genes associated with prostate or breast cancer, oxidative stress, and inflammation were downregulated, while protective genes were upregulated. These same integrative medicine interventions increased telomerase activity by almost 30% in only 3 months (*The Lancet*, September 2008). Telomerase downregulation is associated with telomere shortening, an emerging prognostic marker for disease progression and premature mortality in many types of cancer.



“With integrative medicine, we’re trying to create an environment that can impact the full range of factors affecting a patient’s health.”

Carolyn Matthews, MD, medical director of the integrative medicine program at Baylor Sammons Cancer Center

The integrative medicine program will be closely aligned with the Virginia R. Cvetko Patient Education Center, which already offers several free patient education classes, including *Healing Through Journaling*, *Express Yourself*, and *Gentle Yoga for Cancer Survivors*.

Cooking classes will be offered in an on-site demonstration kitchen, and a program on meditation and mindfulness-based stress reduction will be available.

Dr. Matthews anticipates that each patient will leave with a personal plan integrating his or her cancer treatment plan with lifestyle recommendations, including diet, sleep, personalized exercise recommendations, and prescriptions for additional therapies such as acupuncture or massage. “With integrative medicine,” said Dr. Matthews, “we’re trying to create an environment that can impact the full range of factors affecting a patient’s health.”



# Cancer. We’ve got its number.™

Baylor Charles A. Sammons Cancer Center at Dallas offers hope in its new home. The new **10**-story, **467,000** square foot facility is the largest outpatient cancer center in North Texas. We have **100+** cancer clinical trials.

We offer more than **15** disease-specific support and educational groups and programs, making us one of the most comprehensive programs in the country—and we’ve built it for you.

The new Baylor Charles A. Sammons Cancer Center at Dallas

Dedicated to Cancer Care, Research and Education

**Opening 3/26/2011**

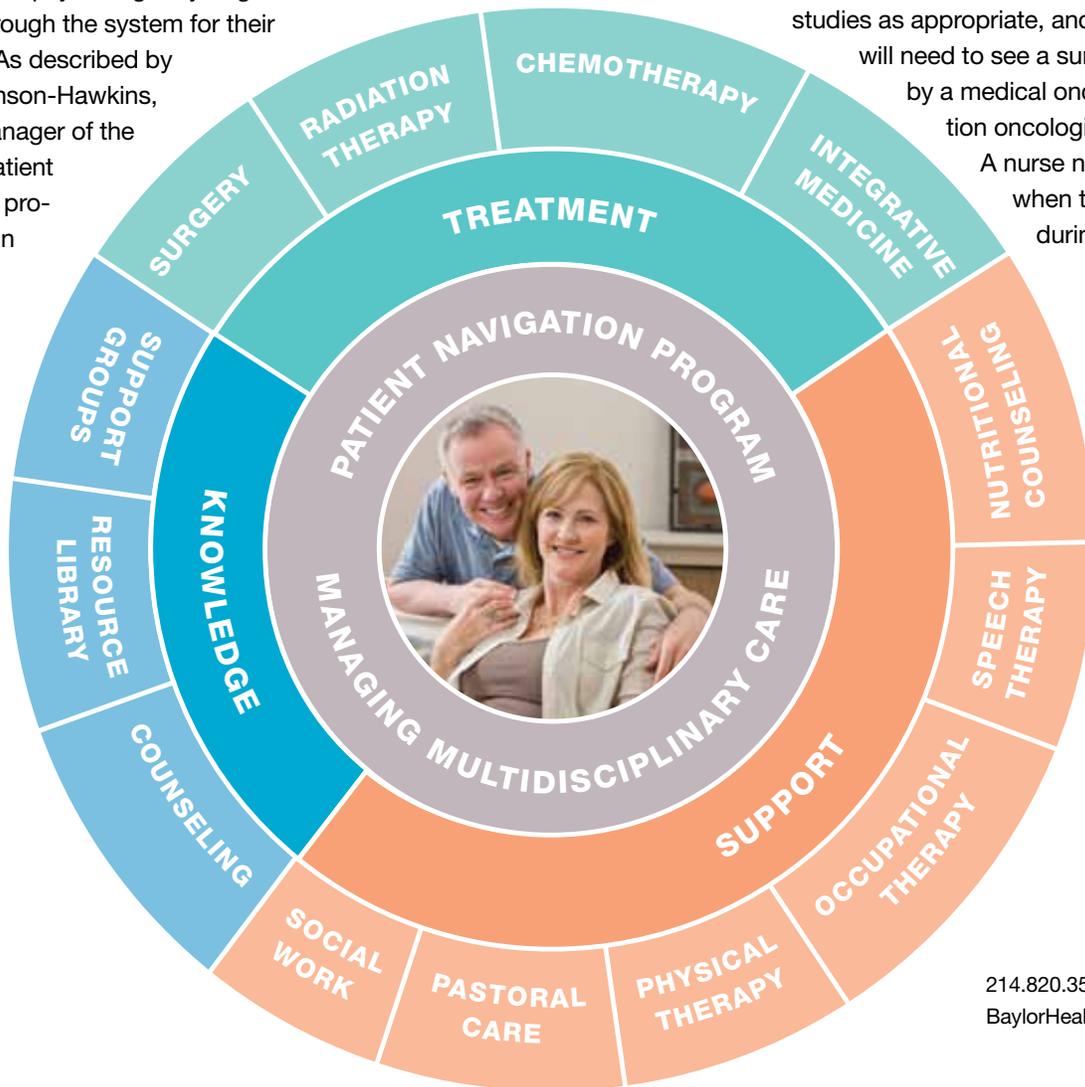
# The Patient Navigation Program: Helping the Patient Through Cancer Care, Every Step of the Way.

The type of multidisciplinary care that is offered at Baylor Charles A. Sammons Cancer Center can lead to significant improvements in outcome, but understanding and following complex treatment recommendations can be difficult for a cancer patient. Beginning with the initial diagnosis, many patients are overwhelmed by the number of decisions they have to make, and their recommended cancer care program can seem like an impenetrable maze.

Baylor Sammons Cancer Center's patient navigation program is designed to assist patients and families who may be emotionally and psychologically fragile in navigating through the system for their cancer care. As described by Cynthia Robinson-Hawkins, MBA, RN, manager of the program, a patient referral to the program comes in

from the patient, a friend or family member of the patient, or a physician. Scheduler/auditor navigators collect the necessary medical records and demographic information for the patient, before turning the case over to a trained nurse navigator, who reviews the records and confirms that all required information has been collected.

The nurse navigator then determines where the patient should be directed, explains the options to the patient, and assists with scheduling the necessary appointments. For example, a patient with a suspected breast cancer will need to receive a diagnostic mammogram, other imaging studies as appropriate, and a biopsy. She will need to see a surgeon, followed by a medical oncologist or radiation oncologist, if necessary. A nurse navigator knows when to assist patients during their treatment.



Baylor Sammons Cancer Center has three nurse navigators and two scheduler/auditor navigators. Three additional navigators are planned for 2011.

The nurse navigator maintains contact with the patient during treatments, appointments, and return visits, and contacts the patient as needed for follow-up after treatment. The navigator helps ensure that all the pieces of the cancer care puzzle are put together in a timely way. Patients contact the nurse navigator to get answers to their questions, for support, and to learn about resources available.

Do patient navigation systems benefit the patient? This is a relatively new and unexplored area, but the small number of studies to date have shown that these programs are associated with a decrease in the time between initial presentation and definitive treatment, increased treatment adherence, shorter duration of hospitalization, and fewer cancer-related

**“You gave us some semblance of sanity and dignity during an emotionally turbulent time.”**

**A patient with colon cancer who was assisted by the patient navigation program at Baylor Sammons Cancer Center**

problems, including body image and emotional quality of life issues. On a personal level, feedback from Baylor patients indicates that the patient navigation program makes the cancer journey much easier to navigate. A colon cancer patient seen at Baylor Sammons Cancer Center said, “You gave us some semblance of sanity and dignity during an emotionally turbulent time”; and a breast cancer patient commented, “I know you had a major role in opening the right doors. God bless you for your help.”

## Lectureships in Oncology at Baylor Dallas

### **Marvin J. Stone Lectureship**

*This lectureship was instituted in 2009 in honor of Marvin J. Stone, MD, MACP. Dr. Stone served as chief of oncology at Baylor University Medical Center at Dallas and director of Baylor Sammons Cancer Center from 1976 to 2008. He currently heads the hematology/oncology rotation of the internal medicine clerkship for third-year medical students and the medical oncology fellowship program at Baylor Dallas. This year’s recipient of the Marvin J. Stone Lectureship is James Armitage, MD, professor of internal medicine in the division of hematology and oncology at the University of Nebraska Medical Center in Omaha. The lecture will be held on March 29, 2011, at 8:00 a.m. in Beasley Auditorium on the Baylor Dallas campus. (For more information, call 214.820.3445.)*

### **Harold Cheek Lectureship**

*This lectureship in breast medicine and health was founded by J. Harold Cheek, MD, one of the first surgeons in the country to focus exclusively on breast surgery, and the first to do so in Dallas. The recipient of the Harold Cheek Lectureship for 2011 is Jay R. Harris, MD, chair of the department of radiation oncology at the Dana-Farber Cancer Institute and professor of radiation oncology at Harvard Medical School.*

*The lecture will take place at 8:00 a.m. on April 6, 2011 in Davis Auditorium on the 17th floor of Roberts Hospital on the Baylor Dallas campus. (For more information, call 214.820.2468)*

### **J.B. Howell Lectureship in Melanoma**

*The J.B. Howell Lectureship in Melanoma was named for J.B. Howell, MD, the first dermatologist to open an office in Dallas after World War II. Dr. Howell maintained his practice for 53 years until his retirement. He took a leading role nationally in skin cancer and melanoma prevention, campaigning tirelessly to promote public awareness and to increase early detection and removal of melanomas. (For more information, call 214.820.2468.)*

### **Charlotte Johnson Barrett Lectureship**

*This lectureship was established in 1982 and takes place each spring to address psychosocial issues and concerns of cancer survivors and their families. Charlotte Barrett was a Baylor cancer patient who helped establish the first patient support group at Baylor Sammons Cancer Center. This year’s Barrett Lectureship will be held in June, with a speaker to be announced. (For more information, call 214.820.6738.)*

# Recent Publications from Baylor Sammons Cancer Center

1. Annunziata CM, O'Shaughnessy J. Poly (adp-ribose) polymerase as a novel therapeutic target in cancer. *Clin Cancer Res* 2010;16(18):4517–4526.
2. Antoniou AC, Wang X, Frederickson ZS, McGuffog L, Tarrell R, Sinilnikova OM, Healey S, Morrison J, Kartsonaki C, Lesnick T, Ghoussaini M, Barrowdale D; EMBRACE, Peock S, Cook M, Oliver C, Frost D, Eccles D, Evans DG, Eeles R, Izatt L, Chu C, Douglas F, Paterson J, Stoppa-Lyonnet D, Houdayer C, Mazoyer S, Giraud S, Lasset C, Remenieras A, Caron O, Hardouin A, Berthet P; GEMO Study Collaborators, Hogervorst FB, Rookus MA, Jager A, van den Ouweland A, Hoogerbrugge N, van der Luijt RB, Meijers-Heijboer H, Gómez García EB; HEBON, Devilee P, Vreeswijk MP, Lubinski J, Jakubowska A, Gronwald J, Huzarski T, Byrski T, Górski B, Cybulski C, Spurdle AB, Holland H; kConFab, Goldgar DE, John EM, Hopper JL, Southey M, Buys SS, Daly MB, Terry MB, Schmutzler RK, Wappenschmidt B, Engel C, Meindl A, Preisler-Adams S, Arnold N, Niederacher D, Sutter C, Domchek SM, Nathanson KL, Rebbeck T, Blum JL, Piedmonte M, Rodriguez GC, Wakeley K, Boggess JF, Basil J, Blank SV, Friedman E, Kaufman B, Laitman Y, Milgrom R, Andrulis IL, Glendon G, Ozcelik H, Kirchoff T, Vijai J, Gaudet MM, Altshuler D, Guiducci C; SWE-BRCA, Loman N, Harbst K, Rantala J, Ehrencrona H, Gerdes AM, Thomassen M, Sunde L, Peterlongo P, Manoukian S, Bonanni B, Viel A, Radice P, Caldes T, de la Hoya M, Singer CF, Fink-Retter A, Greene MH, Mai PL, Loud JT, Guidugli L, Lindor NM, Hansen TV, Nielsen FC, Blanco I, Lazaro C, Garber J, Ramus SJ, Gayther SA, Phelan C, Narod S, Szabo CI; MOD SQUAD, Benitez J, Osorio A, Nevanlinna H, Heikkinen T, Caligo MA, Beattie MS, Hamann U, Godwin AK, Montagna M, Cassella C, Neuhausen SL, Karlan BY, Tung N, Toland AE, Weitzel J, Olopade O, Simard J, Soucy P, Rubinstein WS, Arason A, Rennett G, Martin NG, Montgomery GW, Chang-Claude J, Flesch-Janys D, Brauch H; GENICA, Severi G, Baglietto L, Cox A, Cross SS, Miron P, Gerty SM, Tapper W, Yannoukakos D, Fountzilas G, Fasching PA, Beckmann MW, Dos Santos Silva I, Peto J, Lambrechts D, Paridaens R, Rüdiger T, Försti A, Winqvist R, Pylkäs K, Diasio RB, Lee AM, Eckel-Passow J, Vachon C, Blows F, Driver K, Dunning A, Pharoah PP, Offit K, Pankratz VS, Hakonarson H, Chenevix-Trench G, Easton DF, Couch FJ. A locus on 19p13 modifies risk of breast cancer in *BRCA1* mutation carriers and is associated with hormone receptor-negative breast cancer in the general population. *Nat Genet* 2010;42(10):885–892.
3. Berry SR, Bell CM, Ubel PA, Evans WK, Nadler E, Strevel EL, Neumann PJ. Continental divide? The attitudes of US and Canadian oncologists on the costs, cost-effectiveness, and health policies associated with new cancer drugs. *J Clin Oncol* 2010;28(27):4149–4153.
4. Blum JL, Kohles J, McKenna E, Scotto N, Hu S, Odum D, Kaye JA, Glück S. Association of age and overall survival in capecitabine-treated patients with metastatic breast cancer in clinical trials. *Breast Cancer Res Treat* 2010 Nov 3 [Epub ahead of print].
5. Cowey CL, Sonpavde G, Hutson TE. New advancements and developments in treatment of renal cell carcinoma: focus on pazopanib. *Onco Targets Ther* 2010;3:147–155.
6. Domchek SM, Friebel TM, Garber JE, Isaacs C, Matloff E, Eeles R, Evans DG, Rubinstein W, Singer CF, Rubin S, Lynch HT, Daly MB, Weitzel J, Ganz PA, Pichert G, Olopade OI, Tomlinson G, Tung N, Blum JL, Couch F, Rebbeck TR. Occult ovarian cancers identified at risk-reducing salpingo-oophorectomy in a prospective cohort of *BRCA1/2* mutation carriers. *Breast Cancer Res Treat* 2010;124(1):195–203.
7. Domchek SM, Friebel TM, Singer CF, Evans DG, Lynch HT, Isaacs C, Garber JE, Neuhausen SL, Matloff E, Eeles R, Pichert G, Van t'Veer L, Tung N, Weitzel JN, Couch FJ, Rubinstein WS, Ganz PA, Daly MB, Olopade OI, Tomlinson G, Schildkraut J, Blum JL, Rebbeck TR. Association of risk-reducing surgery in *BRCA1* or *BRCA2* mutation carriers with cancer risk and mortality. *JAMA* 2010;304(9):967–975.
8. Fini L, Piazzini G, Ceccarelli C, Daoud Y, Belluzzi A, Munarini A, Graziani G, Fogliano V, Selgrad M, Garcia M, Gasbarrini A, Genta RM, Boland CR, Ricciardiello L. Highly purified eicosapentaenoic acid as free fatty acids strongly suppresses polyps in *ApcMin/+* mice. *Clin Cancer Res* 2010 Oct 28 [Epub ahead of print].
9. Garcia JA, Hutson TE, Elson P, Cowey CL, Gilligan T, Nemecek C, Dreicer R, Bukowski RM, Rini BI. Sorafenib in patients with metastatic renal cell carcinoma refractory to either sunitinib or bevacizumab. *Cancer* 2010 Aug 30 [Epub ahead of print].
10. Garcia JA, Hutson TE, Shepard D, Elson P, Dreicer R. Gemcitabine and docetaxel in metastatic, castrate-resistant prostate cancer: results from a phase 2 trial. *Cancer* 2010 Oct 4 [Epub ahead of print].
11. Giraldez MD, Balaguer F, Bujanda L, Cuatrecasas M, Munoz J, Alonso-Espinaco V, Larzabal M, Petit A, Gonzalo V, Ocana T, Moreira L, Enriquez-Navascues JM, Boland CR, Goel A, Castells A, Castellvi-Bel S. MSH6 and MUTYH deficiency is a frequent event in early-onset colorectal cancer. *Clin Cancer Res* 2010 Oct 5 [Epub ahead of print].
12. Goel A, Aggarwal BB. Curcumin, the golden spice from Indian saffron, is a chemosensitizer and radiosensitizer for tumors and chemoprotector and radioprotector for normal organs. *Nutr Cancer* 2010;62(7):919–30.
13. Liu SH, Patel S, Gingras MC, Nemunaitis J, Zhou G, Chen C, Li M, Fisher W, Gibbs R, Brunicardi FC. PDX-1: demonstration of oncogenic properties in pancreatic cancer. *Cancer* 2010 Sep 30 [Epub ahead of print].
14. Lynch HT, Jascur T, Lanspa S, Boland CR. Making sense of missense in Lynch syndrome: the clinical perspective. *Cancer Prev Res (Phila)* 2010 Oct 26 [Epub ahead of print].
15. Ma Y, Aitelli C, Dobson RW, Konduri K. Ectopic adrenocorticotrophic hormone syndrome: a diagnostic challenge and review of the literature. *Proc (Bayl Univ Med Cent)* 2010;23(4):426–428.
16. Nghiemphu PL, Wen PY, Lamborn KR, Drappatz J, Robins HI, Fink K, Malkin MG, Lieberman FS, Deangelis LM, Torres-Trejo A, Chang SM, Abrey L, Fine HA, Demopoulos A, Lassman AB, Kesari S, Mehta MP, Prados MD, Cloughesy TF; for the North American Brain Tumor Consortium. A phase I trial of tipifarnib with radiation therapy, with and without temozolomide, for patients with newly diagnosed glioblastoma. *Int J Radiat Oncol Biol Phys* 2010 Oct 7 [Epub ahead of print].
17. Robert N, Krekow L, Stokoe C, Clawson A, Iglesias J, O'Shaughnessy J. Adjuvant dose-dense doxorubicin plus cyclophosphamide followed by dose-dense nab-paclitaxel is safe in women with early-stage breast cancer: a pilot study. *Breast Cancer Res Treat* 2010 Oct 14 [Epub ahead of print].
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19. Stone MJ. Heating up cold agglutinins. *Blood* 2010;116(17):3119–3120.
20. Zama IN, Hutson TE, Elson P, Cleary JM, Choueiri TK, Heng DY, Ramaiya N, Michaelson MD, Garcia JA, Knox JJ, Escudier B, Rini BI. Sunitinib rechallenge in metastatic renal cell carcinoma patients. *Cancer* 2010 Nov 2 [Epub ahead of print].



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