

SAN ANTONIO
BUSINESS JOURNAL

SOUTH TEXAS ONCOLOGY ROUNDTABLE

A collaboration on cancer patient care, focused on improving not only the outcomes for patients, but also using proven protocols and processes to support families and caregivers.



 **Mays Cancer Center**
UT Health San Antonio MD Anderson
Cancer Center

On September 5, 2018, the UT Health San Antonio MD Anderson Cancer Center hosted a roundtable discussion with esteemed cancer leaders from UT Health San Antonio and MD Anderson Cancer Center to talk about the impact of cancer in San Antonio and how collaboration in patient care and research is essential to improving not only the outcomes for patients, but how creating a streamlined system of care using proven protocols and processes can best support families and caregivers. These thought leaders and clinicians walked through the rising incidence of the disease in San Antonio. They also laid out plans for how their work together will positively impact patients and their families while focusing on overall cost or “value” of health care spend for this disease that strikes aging and Hispanic populations disproportionately.



Panelists at the 2018 Oncology Roundtable held at the UT Health San Antonio MD Anderson Cancer Center
Photos by Brandie Jenkins



William Henrich, M.D. and Peter Pisters, M.D.



Ruben Mesa, MD, UT Health San Antonio MD Anderson Cancer Center Director

PANELISTS



William L. Henrich, M.D., MACP
President and Professor,
UT Health San Antonio

A specialist in kidney diseases, Dr. Henrich has served as the president of The University of Texas Health Science Center at San Antonio (now called UT Health San Antonio) since 2009. He received his undergraduate degree from Columbia University and his medical degree from Baylor College of Medicine, and later completed a residency in Internal Medicine at The University of Oregon Medical School and a fellowship in Nephrology at The University of Colorado School of Medicine. Dr. Henrich served as Professor of Medicine at The University of Texas Southwestern School of Medicine, as Professor and Chair of Medicine at the Medical College of Ohio, and as the Theodore Woodward Professor and Chairman of the Department of Medicine at The University of Maryland School of Medicine in Baltimore. He became the Dean of the School of Medicine and Vice President for Medical Affairs at The University of Texas Health Science Center at San Antonio in 2006. He is the author of over 300 articles and chapters, and the founding editor of the popular dialysis textbook *Principles and Practice of Dialysis* (now renamed *Henrich's Principles and Practice of Dialysis*). He has research interests in hemodynamic stability during dialysis and the intrarenal renin-angiotensin system.



Peter WT Pisters, M.D., MHCM
President, The University of Texas
MD Anderson Cancer Center

A renowned cancer surgeon, researcher, professor and hospital administrator, Dr. Pisters returned to MD Anderson in December 2017 after serving as president and chief executive officer of the University Health Network in Toronto – Canada's largest academic medical center. Dr. Pisters previously held faculty and leadership positions at MD Anderson for more than 20 years. He arrived at the institution in 1994 as an Assistant Professor of Surgery and later became Medical Director and Vice President for MD Anderson's regional care system. He also served as clinical consultant for the Center for Global Oncology (now MD Anderson Cancer Network®) and remains a board-certified surgeon. Dr. Pisters earned his medical degree at The Schulich School of Medicine and Dentistry at Western University in Ontario, Canada. He completed his master's degree in health care administration at Harvard University School of Public Health and did his postgraduate work at Memorial Sloan Kettering Cancer Center in New York. Dr. Pisters is a member of more than two dozen national organizations and currently serves or has served in leadership positions on numerous advisory boards, including several for the National Cancer Institute. His own research, focused on sarcomas, GI cancers and other malignancies, has resulted in nearly 400 peer-reviewed and additional articles, book chapters, teaching aids and other publications.



Michael E. Kupferman, M.D., MBA
Senior Vice President of Clinical and
Academic Network Development,
The University of Texas
MD Anderson Cancer Center

Dr. Kupferman leads the development, management and growth of clinical oncology and research programs across the Cancer Network, including domestic and international partnerships. He is a professor in the Department of Head and Neck Surgery at MD Anderson, and an internationally recognized expert in the surgical management of pediatric head and neck cancers and skull base tumors. Dr. Kupferman earned his medical degree at the University of Pennsylvania School of Medicine and completed residency in Otolaryngology - Head and Neck Surgery at the Hospital of the University of Pennsylvania. He completed a fellowship in advanced Head and Neck Surgical Oncology at MD Anderson, and received his MBA from the Kellogg School of Management at Northwestern University. He has published more than 125 peer-reviewed manuscripts and book chapters. His laboratory research in the mechanisms of metastasis has been funded by the NIH, ACS, AHNS, AAO-HNSF and numerous private foundations.



Ruben A. Mesa, M.D., FACP
Director, UT Health San Antonio
MD Anderson Cancer Center;
Mays Family Foundation
Distinguished Presidential Chair;
Professor of Medicine,
UT Health San Antonio

Dr. Mesa serves as the director of the UT Health San Antonio MD Anderson Cancer Center, one of only four National Cancer Institute-designated cancer centers in Texas. Dr. Mesa's practice builds on his role as an international expert on myeloproliferative neoplasms (MPNs), a group of bone marrow disorders that often lead to leukemia. He has been the principal investigator or co-principal investigator of more than 70 clinical trials and co-led the research team leading to the FDA's approval of ruxolitinib for polycythemia vera and myelofibrosis. Dr. Mesa earned his Bachelor of Science degrees in nuclear engineering and physiology, with minors in radiation biophysics and bioengineering, from the University of Illinois at Urbana-Champaign. He received his medical degree, completed his residency in internal medicine and fulfilled his fellowship in hematology/medical oncology from the Mayo Graduate School at the Mayo Clinic College of Medicine in Rochester, MN. He is a fellow of the American College of Physicians and is certified by the American Board of Internal Medicine in internal medicine and medical oncology. Dr. Mesa currently sits on the National Board of Directors of the Leukemia and Lymphoma Society.



Cynthia Sickora, D.N.P., RN
Howard & Betty Halff Endowed
Professorship in Nursing Excellence
for Patient Care;
Vice Dean, Practice and Engagement,
UT Health San Antonio School of
Nursing

Dr. Sickora serves as a clinical professor and the vice dean for practice and engagement for the School of Nursing at UT Health San Antonio. She holds the Howard & Betty Halff Endowed Professorship in Nursing Excellence for Patient Care. Dr. Sickora oversees the faculty practice for the UT Health San Antonio School of Nursing. Her responsibilities include oversight of nursing care at the UT Health San Antonio MD Anderson Cancer Center, as well as all clinical practice activities provided by the School of Nursing, which now includes a Mobile Health Unit. Her background and area of research interests include community engagement, patient-centered care and health delivery to vulnerable populations. Dr. Sickora is passionate about teaching future healthcare providers the importance of patient centricity and community engagement bringing new educational content to the robust curriculum of nursing students. She came to UT Health San Antonio in 2017 from Rutgers University in Newark, New Jersey having served as the associate dean for Community Practice. She was also the founding chief executive officer of the first nurse-managed federally qualified health center in the state of New Jersey.

Q & A



Community leaders listened as cancer experts talked about improving the value of cancer care in San Antonio

PANELIST: William Henrich, M.D., MACP

QUESTION: You have stated many times publicly based on your own personal experience, the importance of having accessible cancer care at home. Share your vision for the university and how it impacts patients related to local access to advanced cancer care and research?

ANSWER: UT Health San Antonio is nexus of teaching and education, health-related research and innovative clinical care matched only by a handful of other academic health centers in Texas, and in numerous areas of disease, matched only by few in the United States. Cancer is one of those diseases. We exist to serve this community and bring our collective expertise, extensive knowledge and advancements in health care to make lives better for all those we serve. Part of that mission is to deliver the most robust cancer care system to San Antonio and South Texas. By bringing together two NCI-designated cancer centers together, this partnership is most able to advance cancer care in a profound way.

Research has demonstrated that receiving cancer care closer to home can improve outcomes. Traveling to receive care can be extremely stressful and expensive for the patient and their family/caregiver. By offering robust patient care here in San Antonio with the latest treatment protocols, access to advanced cancer research and more than 200 cancer clinical trials, as well as the world's most experienced, multidisciplinary care teams that includes our colleagues at MD Anderson who collaborate on the most complex cancers, the level of service here at home is unequalled.

The health needs of our community are increasing. We have looked at the projected need for cancer care in our region, and over the next 10 years we are expecting a significant growth in population. Unfortunately, with that growth will come many more cancer cases. This partnership combines the strengths of each of our institutions to improve cancer care and to be ready to serve the increasing needs of our region with better outcomes and an improved patient experience.

PANELIST: Peter WT Pisters, M.D., MHC

QUESTION: Having previously served The University of Texas MD Anderson Cancer Center (ranked number 1 for cancer care by *US News & World Report* in its *Best Hospitals* survey), for more than 20 years and returning to the organization as its president in December 2017, how do you see this partnership between MD Anderson and UT Health San Antonio complementing both organizations and the battle to eradicate cancer?

ANSWER: Most importantly, this partnership will benefit patients who seek innovative care close to home. By leveraging each organization's unique strengths and our collective experience, we can advance groundbreaking research, promote prevention strategies, improve clinical care and educate future cancer experts. That is the power of this partnership: working together to serve patients, learn from each other and achieve our shared mission to end cancer.

At MD Anderson, we are committed to team-based science, which is an approach that has proven critical to our patient outcomes and their overall experience. We believe strongly in sharing our approach with partners as well as new research and treatment concepts because that's the only way we will collectively advance our understanding of this complex disease and fulfill our promise to patients.

The UT Health San Antonio MD Anderson is focused on clinical trials, drug development, prevention efforts and patient care. Its team of experts also has a tremendous connection to the community and region. That track record of clinical expertise and community service combined with MD Anderson's 76 years of innovation, quality care and compassion is a strong force. The opportunity to learn from each other is great, but to see that knowledge translated into better clinical care practices, new research and treatment innovations for San Antonio and South Texas is the ultimate goal of our partnership.

Q & A

PANELIST: Michael E. Kupferman, M.D., MBA

QUESTION: The MD Anderson Cancer Network® is designed to advance MD Anderson's mission of eliminating cancer through collaboration. What are the key elements of the MD Anderson Cancer Network® that drive greater value or make it most effective – a national model, if you will – in elevating the quality of cancer care?

ANSWER: In February 2018, we launched the partnership between UT Health San Antonio and MD Anderson Cancer Network® to provide greater access to the most advanced cancer treatments for patients in San Antonio and the surrounding communities in South Texas. Our network teams collaborate with leading hospitals and health systems, including academic health centers like UT Health San Antonio, to integrate patient care, research and prevention to improve the quality of cancer care. Today, more than 100 million people have access to an MD Anderson location and the opportunity to benefit from our expertise, technologies, treatment protocols, education, research and multidisciplinary approach to care. One major advantage of the MD Anderson Cancer Network® is access to and alignment of multidisciplinary care models (or protocols) that reduce variability and lead to better treatment outcomes with a lower cost of care. Partner members, like UT Health San Antonio, are fully integrated clinically and operationally with MD Anderson for care and research. The goal is to replicate the MD Anderson multidisciplinary and sub-speciality model so patients can receive best-in-class care close to home.

Members of the MD Anderson Cancer Network® follow an extensive evaluation process to ensure they meet the highest standards for clinical quality, safety and patient care, which all correlate to value. Network members have access to MD Anderson's cancer treatment regimens, prevention approaches, education and training opportunities, select clinical trials and multidisciplinary consults.

More than 94,000 newly diagnosed patients are cared for by a network physician every year. Our collaborative efforts work in parallel to fight cancer through prevention, early diagnosis, effective therapies and scientific breakthroughs. MD Anderson's sole mission is to end cancer for patients and their families around the world.



Dr. Shafqat Shah, M.D. displays a special bond with her pediatric cancer patient.



Cindy Sickora, DNP, RN from the UT Health San Antonio School of Nursing speaking on patient- and family-centered care

PANELIST: Cynthia Sickora, D.N.P, RN

QUESTION: UT Health San Antonio MD Anderson Cancer Center uses the term "patient- and family-centered care." What does that term really mean, what is the benefit, and how do your nursing programs and supportive care programs bring that to the forefront for cancer patients specifically?

ANSWER: Our approach to patient-and family-centered care is to have the patient and family members as equal partners in their care journey. Multidisciplinary care teams work to help patients and families understand care options and to help plan treatments that best meet the needs for them uniquely. In patient-and family-centered care, patients and families define their "family" and determine how they will participate in care and decision-making processes together, which leads to better outcomes and higher satisfaction because we ask what is important to our patients. This also fosters deeper connections with the care team as we learn more about the person we are treating rather than focus on the disease we are fighting. This type of approach to care delivery also cultivates increased communication with the care team. We're able to collaborate more with our patients and families, which helps to identify challenges earlier and remedy them before escalations may occur which could lead to costly additional treatments.

Our approach to care delivery takes into consideration the changing nature of cancer care and the belief that fighting cancer is a "team sport." Our teams of scientists, physicians, nurses, advanced practice providers (nurse practitioners and physician assistants) and allied health professionals that include physical therapists, occupational therapists, social workers, nutritionists, etc. all work and train together in our mission to reduce the burden of cancer for San Antonio and South Texas. We are also growing robust supportive services for our patients and families, stewarded by teams focusing on advancing cancer prevention, screening, palliative care and symptom management and on to survivorship care. Another key focal area for the coming year will be to grow patient educational activities and materials in partnership with MD Anderson. Areas will range from high-quality education materials for our patients and families to in-person classes for cooking and nutrition in our newly constructed Family Center. On Jan. 12, 2019, we will host our very first "Living with Cancer San Antonio," event for 700+ cancer patients and family members to showcase our cancer program with both general educational sessions and disease specific breakout groups.

Q & A



The Breast Cancer Team at UT Health San Antonio MD Anderson Cancer Center (L to R): Zheng Shi, M.D., Deborah Mueller, M.D., Virginia Kaklamani, M.D., D.Sc., Kate Lathrop, M.D., Back row: Andrew Brenner, M.D., Ph.D., Richard Elledge, M.D., Richard Crownover, M.D., Ismail Jatoi, M.D.

PANELIST: Ruben A. Mesa, M.D.

QUESTION: As a physician, you have undoubtedly seen the impact of a cancer diagnosis on patients and their families. Not only must patients and families deal with the emotional aspects, but there is often a devastating burden of cancer on patients, caregivers and families related to managing the disease, care coordination and expenses. How does the partnership with MD Anderson Cancer Center bring value to cancer care for patients in San Antonio?

ANSWER: As a physician – one of the many partners in treating cancer – we see all aspects of the devastation cancer can bring, which fuels my relentless desire to end this disease. It is a privilege to work among many of the greatest minds in cancer research, treatment and prevention both at UT Health San Antonio and at MD Anderson. This partnership between our organizations provides a unique environment between two NCI-designated cancer centers that accelerates our ability to impact the burden of cancer and allow us to better deliver cancer care to patients in this community.

One of our major efforts will be to reduce the cost of care while continually improving the quality of treatment, also termed “value.” We continue to see payer scrutiny for all types of health care, including cancer care, and the shift to value. For us, our programs must seamlessly integrate research and technology, the brightest minds in cancer (our faculty and staff), and our full continuum of patient care services while eliminating inefficiencies and unnecessary services. Our efforts focus on less random variability and evidence-based treatment intensity such as new hypofractionated radiation therapy, a process by which therapy is given over a shorter period of time (fewer days or weeks) than standard radiation therapy.

As part of an academic health center, we are uniquely able to integrate cancer care with innovative clinical science, research and education. We are responsible for new drug development and research that allows for greater treatment options. In fact, this cancer center is responsible for more than 20 chemotherapy drugs used in treatment today worldwide.

A significant emphasis of our partnership with MD Anderson is to deliver the “MD Anderson model” of cancer care. Central to this model are evidence and guideline-based care. There are also multi-disciplinary clinics we have opened and plan to open, which are team-based with careful treatment planning for each new cancer case taking advantage of all the disciplines involved in cancer care including surgical, radiation and medical oncologists, radiologists

and pathologists. The treatment care plans follow MD Anderson’s protocols and patient care guidelines. This next year we will focus on closer alignment on disease group activities, molecular diagnostics, early phase clinical trials and post-therapy care.

There are many more action steps we are taking to drive value and expand services to include continuing the steady adoption of precision medicine (molecular diagnostics, genetic profiling) and we are improving care delivery and adding new lines of therapy through patient-specific approaches to screening, diagnostics and treatment. As Dr. Viles mentioned, we are creating a patient-focused program through navigation, ancillary support services, survivorship clinics and integrated palliative care.

UT Health San Antonio MD Anderson Cancer Center continues to make strategic recruitment and technology investments that support growth, improve expertise and differentiated service offerings. We deliver tumor-specific multidisciplinary care by using opportunities such as tumor boards and multidisciplinary clinics that ensure collaboration with community providers and university providers to broaden the services for our community. We must continue to lead in cancer treatment education. Our sole mission is to end cancer for patients and their families in San Antonio. In South Texas. And around the world.



Dr. Anand Karnad’s patients speak highly of his compassionate bedside manner

Studying the unequal impact of cancer, chronic diseases and obesity on Latinos in South Texas



*Amelie G. Ramirez, Dr. P.H.
Director and Professor,
Institute for Health
Promotion Research
UT Health San Antonio*

To provide the best cancer care for South Texans, where more than two-thirds of residents identify as Latinos, the UT Health San Antonio MD Anderson Cancer Center collaborates with UT Health San Antonio's Institute for Health Promotion Research whose work investigates the causes of and solutions to the unequal impact of cancer, chronic diseases and obesity on Latinos in South Texas and beyond.

This work is led by Amelie Ramirez, Dr.P.H., a Laredo native who also serves as UT Health San Antonio MD Anderson's associate director of cancer prevention. She was one of the first researchers in the U.S. to focus on Latino health disparities, which are health outcomes related to such factors as race and ethnicity, socioeconomic status or lower quality of health care. She launched the first comprehensive Latino health assessment in the 1990s, which evaluated the differences among Latino groups regarding their knowledge, attitudes and behaviors about health, including cancer.

In addition to a continued focus on South Texas, Dr. Ramirez's efforts have resulted in several federally funded projects including *Redes En Accion*, a national Latino cancer research network; *Exito! Latino Cancer Research Training*, which offers a summer institute and internships to prepare Latinos to enter master's and doctoral degree education, and careers in cancer research; and *Salud America!*, a national network to inspire healthy changes in the community, such as city and school partnerships to offer schoolgrounds for family exercise in the evenings.

While Latinos of Mexican origin make up the majority of the Latino population in South Texas, Puerto Ricans are the largest Latino group in New York City, Cubans are more prevalent in Miami, and Central and South Americans are the majority Latino group in San Francisco, Dr. Ramirez said.

"Through our research, we've been able to identify differences based on ethnic origin, customs, heritage, regional activities and foods," Dr. Ramirez said. For example, this research has revealed that:

- South Texas women have a higher rate of cervical cancer than women in the rest of Texas
- South Texas Latinas have a higher rate of breast cancer than Latinas in other parts of Texas
- Liver cancer incidence is higher in South Texas than in other parts of Texas and in the nation, and
- Stomach cancer among Latinos is higher in South Texas compared to non-Latino whites.

"These differences become important as we move toward personalized medicine," explained Ruben Mesa, M.D., FACP, director of UT Health San Antonio MD Anderson. "Factors such as race, culture and regional practices can impact biological differences, including prevalence and genetic predisposition to certain types of cancer. Now when we see patients, we take the evidence-based information we know about certain groups and combine it with an individual patient's family history, age and gender, and new assessments such as their individual mutation profile and pharmacogenomic information, to come up with a plan to treat their cancer and prevent it from coming back."

"South Texas women have a higher rate of cervical cancer than women in the rest of Texas. South Texas Latinas have a higher rate of breast cancer than Latinas in other parts of Texas."

In February, the IHPR and UT Health San Antonio MD Anderson founded and co-hosted an international conference, "Advancing the Science of Cancer in Latinos." The goal of the biannual conference is to foster worldwide collaboration on prevention, basic science, clinical research and policies involving cancer in Latinos, the largest minority group in the U.S.

"The research being conducted by Dr. Ramirez's group and many other researchers at UT Health San Antonio and around the world are helping us zero in on better cancer prevention, treatment and survivorship, especially among Latinos, one the largest ethnic groups in our region," Dr. Mesa said.



*Ruben Mesa, M.D., FACP
Director, UT Health
San Antonio MD Anderson
Cancer Center
Mays Family Foundation
Distinguished Presidential
Chair, Professor of Medicine,
UT Health San Antonio*



Bladder cancer recurrence significantly reduced in UT Health San Antonio MD Anderson Cancer Center clinical trial

Bladder cancer patients who received the chemotherapy drug gemcitabine had significantly lower recurrence of their cancer, a clinical trial has revealed. The multi-institution trial involved researchers from UT Health San Antonio. Study results were published May 8, 2018, in the *Journal of the American Medical Association*. Robert Svatek, M.D., a UT Health San Antonio genitourinary oncologist, was the university's study leader.

Participating in the trial were 406 patients with newly diagnosed bladder cancer or low-grade bladder cancer that had not invaded the muscle wall. Those who received gemcitabine-saline treatment directly into the bladder within three hours following surgery had an estimated recurrence rate of 36 percent within four years. There was a 48 percent recurrence rate in the same time frame for those receiving a saline-only treatment. "This is a huge difference in recurrence rate and demonstrated that gemcitabine is a safe and well-tolerated drug. We expect this study to change the standard of care." Dr. Svatek said, adding that the results support the recommendations of the American Urological Association and European Association of Urology.

There were no significant side effects for patients in the study and gemcitabine, which is already approved by the Food and Drug Administration to treat several types of cancer, is less expensive than many other therapies frequently used in the U.S.

"Dr. Svatek was not only involved with conducting this study, but he and his site (UT Health San Antonio), along with our site (University of Rochester), were the two leading recruiting sites for patients," said Edward M. Messing, M.D., the national leader of the study.

According to the American Cancer Society, nearly 80,000 men and women are expected to be diagnosed with bladder cancer in 2017. Urothelial cancer — cancer that affects the different parts of the urinary system — is the most expensive type of cancer to treat because it requires frequent invasive follow-up over a patient's lifetime, Dr. Svatek said. He noted there were no significant side effects for patients in the study, and gemcitabine is less expensive than many other therapies used in the U.S.

"One of the biggest issues with low-grade bladder cancer is that it frequently returns. I know some patients who have to undergo four surgeries a year, and if we can cut down on these recurrences, we will save a lot of people a lot of pain, money and time lost to recovery," said Dr. Messing.

"We expect this study to change the standard of care."

Robert Svatek, M.D.,
UT Health San Antonio

The study was conducted through SWOG, a National Cancer Institute-supported cancer clinical trials group. There were many supporting faculty from UT Health San Antonio and numerous other additional researchers involved in the study. For a complete list, see the story in UT Health San Antonio's online newsroom at news.uthscsa.edu.

The University of Texas Health Science Center at San Antonio, now called UT Health San Antonio®, is one of the country's leading health sciences universities. With missions of teaching, bioscience research, and patient care, its schools of medicine, nursing, dentistry, health professions and graduate biomedical sciences have produced more than 33,000 alumni who are leading change, advancing their fields and renewing hope for patients and their families throughout South Texas and the world.





Facing a cancer diagnosis is hard enough without having to travel to get treatment. As the only NCI-Designated Cancer Center in South Texas, our mission is to improve cancer treatment for every patient every day. That's why we're partnering with MD Anderson Cancer Center. So you can get the care you need where you need it—right here at home.

A suitcase shouldn't be part of her cancer treatment.

We're how. You're why.

UTHealthSA.org/cancer

