

Lombardi



fall 2013

Meet Our New
Leadership

Capital Breast
Care Center in
the Community

**GROUND BREAKING
METHOD** Holds Vast Scientific
and Clinical Potential



GEORGETOWN UNIVERSITY
Georgetown University Medical Center

MedStar Georgetown
University Hospital

NCI
CCC
A Comprehensive Cancer
Center Designated by the
National Cancer Institute

Richard Schlegel, M.D., Ph.D.
Chair, Pathology

Georgetown Lombardi Comprehensive Cancer Center, part of Georgetown University Medical Center and MedStar Georgetown University Hospital, is a full-service cancer center that includes a strong core of basic science and clinical research, a program of high-priority clinical trials, and a commitment to community service and outreach activities related to cancer prevention and control. Georgetown Lombardi is one of only 41 National Cancer Institute-designated comprehensive cancer centers in the nation, and the only one in the Washington, D.C., area.

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COMPREHENSIVE CANCER CENTER

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FROM THE DIRECTOR

Our vision: Local focus, global impact

This has been a banner year for Georgetown Lombardi as we move ever closer to fulfilling our vision of preventing and curing cancer with a local focus and a global impact.

In this issue, you'll read the stories that are changing the way we approach cancer research and care. At the heart of these stories are the people of Georgetown Lombardi — our researchers and clinicians, and especially the patients who entrust us with their care.

You'll meet our new leadership representing some of the finest scientific minds in cancer. Our new deputy director, Michael Atkins, MD, along with Giuseppe "Beppe" Giaccone, MD, PhD, Waddah Al-Refaie, MD, FACS, and Ming Tan, PhD, are already making momentous contributions to our cancer center. We are delighted to have them on board and look forward to more exciting work to come.

Speaking of exciting work, you won't want to miss the article about a groundbreaking discovery — from our very own labs — that has come to be known as the "Georgetown Method" by scientists around the globe. It is a new way of growing cells in the lab that could have revolutionary implications for the way we target treatments to individual patients.

The scientific excitement generated by this breakthrough is proof that research advances, when properly applied, can change people's lives for the better. This personalized therapy could have a global impact that reshapes the way we think about, treat and cure cancer.



Georgetown Lombardi also remains committed to its local focus with a variety of activities devoted to beating cancer in our own backyard. In this issue we highlight the work of our Capital Breast Care Center, which continues to flourish to better serve the women of this region.

I hope you enjoy this issue of *Lombardi Magazine*. Check out our website www.lombardi.georgetown.edu to keep up with our latest advances and to learn how you can partner with us in the cancer fight.

Louis M. Weiner, MD
Director, Georgetown Lombardi Comprehensive Cancer Center

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■ PATIENT CARE ■ RESEARCH ■ EDUCATION ■ COMMUNITY

Joining forces with Hackensack to enhance research, patient care and education

Georgetown Lombardi Comprehensive Cancer Center and John Theurer Cancer Center, part of Hackensack University Medical Center in Hackensack, N.J., signed an oncology affiliation agreement earlier this year to foster robust collaboration among clinicians and researchers from both institutions. The affiliation will allow greater patient access to innovative clinical trials, and is a significant step towards the future goal of developing a clinical, translational and basic science cancer research consortium.

While remaining independent institutions, Georgetown Lombardi and the John Theurer Cancer Center (JTCC) will jointly develop and enhance oncology research and teaching programs, which are designed to impact and inform science, education and patient care beyond the borders of each institution.

"The driving force behind this affiliation is a shared vision to create vigorous research collaborations — accelerating science in a manner otherwise not possible," says Howard J. Federoff, MD, PhD, executive vice president for health sciences at Georgetown University Medical Center and executive dean of Georgetown's School of Medicine.

JTCC is a nationally renowned, award-winning cancer center with a strong clinical program of excellence. It is ranked among the 50 best hospitals in the United States and is the highest-ranked cancer center in New Jersey in the 2012-13 *U.S. News & World Report* Best Hospitals ranking.



Photo courtesy of Hackensack University Medical Center

Georgetown Lombardi Director Louis M. Weiner, MD, was on hand at a July 2 ceremony to honor New Jersey Gov. Chris Christie with the 2013 Leadership Award, given by the John Theurer Cancer Center (JTCC) at Hackensack University Medical Center. Pictured from left: Weiner; Andre Goy, MD, chairman and director, and chief of lymphoma, JTCC; Andrew Pecora, MD, FACP, CPE, chief innovations officer at JTCC; Gov. Christie; and Robert C. Garrett, president and CEO of Hackensack University Health Network

As part of the affiliation, the two institutions are developing a multi-year plan to form an National Cancer Institute-recognized consortium center, in which investigators from separate but collaborating scientific institutions contribute actively to the development and actualization of a specific cancer research agenda.

"As part of this integrated affiliation, researchers from Georgetown Lombardi and Hackensack will have access to each institutions' equipment and resources, allowing for cost-effective maximization of state-of-the-art technologies," explains Louis M. Weiner, MD, director of Georgetown Lombardi.

This affiliation is an addition to an agreement signed earlier this year between

HackensackUMC-affiliated physicians from JTCC's Blood and Marrow Stem Cell Transplantation Program and MedStar Georgetown University Hospital (MGUH), Georgetown University Medical Center's clinical partner. This physicians' services agreement establishes a blood and marrow stem cell transplantation program at MGUH in Washington, D.C. The program integrates both research and medical education programs.

"Both agreements point to a deepening relationship between Georgetown and HackensackUMC that allows us to incorporate research exploration and clinical trials in the field of blood and marrow stem cell transplantation," Weiner says. ^{LM}

Adams-Campbell tapped for federal dietary guidelines advisory committee

U.S. Department of Health and Human Services Secretary Kathleen Sebelius and U.S. Department of Agriculture Secretary Thomas Vilsack have appointed Lucile Adams-Campbell, PhD, to the 2015 Dietary Guidelines Advisory Committee, which has begun meeting. The committee's recommendations will serve as a basis for the eighth edition of the Dietary Guidelines for Americans. Adams-Campbell is associate dean for community health and outreach for Georgetown University Medical Center and associate director for Minority Health and Health Disparities Research at Georgetown Lombardi Comprehensive Cancer Center.

Georgetown receives research award to study Latina breast cancer survivorship

Georgetown Lombardi received a research award from the Patient-Centered Outcomes Research Institute (PCORI) to study a quality-of-life intervention program targeting Latina breast cancer survivors and their caregivers. The study is part of a portfolio of patient-centered research aimed to provide patients with information to help them make better informed decisions about their care. Kristi Graves, PhD, an assistant professor of oncology at Georgetown Lombardi leads the project in collaboration with Nueva Vida, a D.C.-area nonprofit organization that provides support services for Latinas with cancer.

V. Craig Jordan selected for first class of AACR academy fellows

V. Craig Jordan, PhD, DSc, was selected for the American Association for Cancer Research's first class of the Fellows of the AACR Academy. He and the other Fellows were inducted at the AACR Annual Meeting 2013 in Washington on April 5. The AACR Academy recognizes distinguished scientists whose major scientific contributions have propelled significant innovation and progress against cancer. Jordan is a professor of pharmacology and oncology at Georgetown Lombardi. He is internationally recognized for his role in developing the breast cancer drug tamoxifen.

Georgetown Lombardi expert builds collaborations through new bioinformatics center

To nurture innovative research in the field, Georgetown University Medical Center has established the Innovation Center for Biomedical Informatics (ICBI), and a Georgetown Lombardi faculty member has been named director. The center's goal is to enable a more individualized approach to health care based on a patient's molecular makeup.

The ICBI will attract and educate the next generation of scientists and physicians for which bioinformatics will be an integral part of both biomedical research and clinical practice, according to Subha Madhavan, PhD, the center's inaugural director who got her start as director of clinical informatics at Georgetown Lombardi.

"The need for biomedical informatics in basic and clinical research is critical given the growing deluge of genomics data from individuals," explains Madhavan.

The predecessor to the ICBI, the clinical informatics group, was first established by Madhavan at Georgetown Lombardi in 2008.

Georgetown Lombardi Director Louis M. Weiner, MD, recruited Madhavan from the National Cancer Institute to establish the clinical informatics program and to build the Georgetown Database of Cancer (G-DOC®).

"Dr. Weiner supported the initial development of our flagship platform, the Georgetown Database of Cancer (G-DOC®), which enables researchers to analyze genomics data across numerous cancer studies and clinical trials," Madhavan says. "G-DOC® has led to several collaborations with academic researchers and physicians at Georgetown and our various partner organizations to study not only cancer, but other disease areas including Alzheimer's disease, muscular dystrophy, and even the analysis of genomes from babies born prematurely."

Bioinformatics research is pervasive and probably used now in almost every laboratory that does genomics research, according to Madhavan. But because it is such a new field, bioinformatics is rarely used in the clinic to help doctors make more informed decisions about patient care.

"Clinical adoption is the trend of where bioinformatics research is going — helping doctors to understand and use genomics data using a variety of data analysis approaches. A major goal of the ICBI is to educate and train the next generation of physicians who will be incorporating bioinformatics research into their practices," she says. ^{LM}



The program leadership team of the Innovation Center for Biomedical Informatics, a new Georgetown center of excellence. From left: Michael Harris, ICBI technical director; Yuriy Gusev, PhD, senior bioinformatics scientist; Subha Madhavan, PhD, director; Peter McGarvey, PhD, associate professor; Adil Alaoui, director, health information technology and operations

On Friday, October 11, 2013, the ICBI will host the 2nd Annual Biomedical Informatics Symposium at Georgetown University. This free, one-day event will include a variety of talks by academic, industry and government leaders who will highlight the applications of informatics science and tools that can help advance precision medicine.

MORE To learn more about the ICBI or the annual symposium, visit <http://icbi.georgetown.edu/>

Annual symposium to explore molecular profiling in cancer care

The potential of precision medicine based on an individual's molecular makeup is vast, but the road to bring this into common practice still has many obstacles.

To explore these issues, the Ruesch Center for the Cure of Gastrointestinal Cancers, part of Georgetown Lombardi Comprehensive Cancer Center, will hold its fourth annual symposium on Dec. 6-7, 2013.

On Friday, Dec. 6, the entire afternoon will be devoted to the topic of molecular profiling to improve gastrointestinal cancer treatment and patient outcomes.

John L. Marshall, MD, director of the Ruesch Center, explains: "This year's symposium has a focus on molecular profiling — this is cutting-edge therapy that holds the promise of truly personalized medicine."

The use of molecular profiling holds great potential to change the field of cancer medicine by offering clinicians the tools to diagnose cancers earlier and more precisely based on a patient's genetic makeup, and to customize treatment options. Yet issues of value and cost are still unresolved.

"The role of molecular profiling to improve cancer patient outcomes and the associated cost is still being evaluated; therefore, the symposium will bring together multi-disciplinary panels to debate these issues," explains Marshall.

Friday's sessions are geared towards an audience of clinicians, researchers, patients, caregivers, policymakers, advocacy groups and medical students.

For those with a particular interest in liver cancer, participants also have the option of attending "Special Sessions" on the current science of liver cancer and multidisciplinary care. These sessions will be held Friday morning prior to the start of the symposium.

On Saturday, Dec. 7, the focus is on themes of interest to patients and their caregivers. Marshall hopes that attendees "learn more about the rapidly evolving field of molecular diagnostics and profiling."

"We also hope the attendees of the patient symposium will learn more regarding techniques for coping with cancer and about various topics in regard to care and personal life for patients and caregivers alike." LM

MORE To learn more about the annual Ruesch Center symposium, visit rueschcenter.org/symposium2013.

WHAT TO EXPECT ■

FRIDAY, DEC. 6

"Special Sessions": From 8 am - 12 pm, Ruth He, MD, of the Ruesch Center, will lead a special forum on hepatocellular cancer for those researchers and clinicians with a specific interest in the topic. Continuing Medical Education credits will be available.

"Molecular Profiling in Cancer: Research or Practice?": From 1 - 5 pm, a variety of experts will discuss the use of molecular profiling of tumors to better diagnose gastrointestinal cancers and to identify individualized treatment options for patients. A multidisciplinary panel will debate the many medical, legal, economic and ethical issues.

SATURDAY, DEC. 7

From 10 am - 2:30 pm, the annual patient-oriented symposium will include disease-specific gastrointestinal breakout sessions, developed in partnership with patient advocacy organizations, followed by a second series of breakout sessions on a range of topics that patients and caregivers can apply in managing their disease and treatment.

A keynote address, continuing the molecular profiling theme from Friday, will focus on what patients need to understand about sharing their genetic information.

Tobacco control study grabs international headlines

A study led by Georgetown Lombardi researcher David Levy, PhD, found that tobacco control measures implemented in 41 countries between 2007 and 2010 will prevent some 7.4 million premature deaths by 2050. The study, reported in the *Bulletin of the World Health Organization*, was reported by media in dozens of countries. It is one of the first to look at the effect of measures since the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) was established in 2005. The authors did a modeling exercise and projected the number of premature deaths that would be averted by 2050 through the implementation of one or more of the WHO's proposed measures.

Team Georgetown joins 'Scope it Out' 5K in call for colon cancer screenings

The Ruesch Center for the Cure of Gastrointestinal Cancers at Georgetown Lombardi and MedStar Georgetown University Hospital jointly sponsored Team Georgetown to participate in the March 24 Scope it Out 5K. The eighth annual event raised nearly \$300,000 for colon cancer advocacy and research efforts, some of which supports gastrointestinal cancers research at the Ruesch Center.

Exposure to space radiation reduces ability of intestinal cells to destroy oncoprotein

Two studies funded by NASA and presented at the American Association for Cancer Research Annual Meeting help explain why space radiation may increase the risk of colorectal cancer in humans. The researchers found that cosmic radiation impairs the ability of cells in the intestines of mice to eliminate oncogenic proteins, thus substantially increasing development of colorectal tumors. The findings are important because they might provide a direction for researchers in designing strategies to protect space travelers against increased cancer risk, say the scientists, Shubhankar Suman, PhD, and Kamal Datta, MD. Both scientists are involved in a NASA Specialized Center of Research, directed by Albert Fornace Jr., MD.

Is there a genetic component to tanning bed addiction?

A tanning bed addiction study at Georgetown Lombardi Comprehensive Cancer Center is looking at behavioral and possible genetic aspects of the problem.

Darren Mays, PhD, MPH, assistant professor of oncology at Georgetown Lombardi, says some studies have suggested that as many as one in five women between the ages of 18 and 30 who have used an indoor tanning bed are actually addicted to tanning.

Mays, who researches behavioral cancer prevention, is focusing on tanning bed addiction in an attempt to reduce the risk of melanoma in young women who participate in such activities.

Genetic possibilities

Mays is looking for possible genetic determinants of tanning addiction in a subset of participants, collecting DNA from participants and looking at genes associated with reward pathways seen in other forms of addiction such as alcohol and tobacco.

Advising Mays in this tanning addiction study are his mentors, Kenneth Tercyak, PhD, whose work also focuses on the biobehavioral aspects of cancer risk, and Michael B. Atkins, MD, deputy director of Georgetown Lombardi, who treats people with melanoma.

Mays hopes to enroll up to 400 women in the Washington, D.C., area, including those who have tanned at least once, with the goal of capturing a range of behaviors from periodic use to habitual tanning.

“Some genes involved in addiction are related to dopamine, serotonin and opioid neurotransmitters,” Mays says. “Certain genetic attributes may relate to how people react to these neurotransmitters, and this helps drive a habitual addictive behavior.”

Range of behaviors

The participants will be given an in-depth assessment to learn about motivations driving the behavior, such as attitudes about tanning and the positive benefits they believe they obtain, Mays says.

“Habitual tanners may feel tanning improves their mood, makes them feel and look better — some of the same drivers mentioned by tobacco users,” Mays notes.

“We will ask whether participants have trouble cutting down on tanning,” he adds, “[and] if they become annoyed if others tell them not to tan so much, if they feel guilty about tanning, if they have to tan more and more to feel the same pleasure they once had and ... how tanning affects their state of mind.”

“We are testing whether tanning addiction is real, and if it is, what can be done.”

— Darren Mays, PhD, MPH

‘Tanorexia’

Mays’ goal is to find out why so many young women use tanning beds obsessively, to predict risk of addiction for specific individuals and to identify ways to intervene and reduce the risk of melanoma in the female 18- to 30-year-old population.

What some are calling “tanorexia” is linked to low weight and body image distortion, which Mays believes could be a component of tanning addiction.

Research on tanning bed addiction is “in very early stages,” Mays says. “A lot of people theorize about what is going on, but I am coming at this with a clean slate in order to really understand the issue.”

Young investigator award

Mays joined Georgetown Lombardi in 2010, and is the recent recipient of a young investigator award by the Harry J. Lloyd Charitable Trust, which provides grants to research strategies that prevent and treat melanoma.

Lloyd, who founded a multinational company in the gift industry, created the trust before his death from melanoma in 1997.



MEET DARREN MAYS

TITLE:

Assistant Professor of Oncology, Georgetown Lombardi Comprehensive Cancer Center
Member, Cancer Prevention and Control Program

EDUCATION:

- PhD Behavioral Sciences (Emory University)
- MPH (Emory University)

RESEARCH FOCUS:

Behavioral cancer prevention among adolescents and young adults, including studies of tobacco use, behavioral risk factors for skin cancer (sun safety, indoor tanning), and other cancer risk behaviors

Predicting risk

Mays is hoping that his research will help identify young women at the highest risk for tanning bed addiction.

“We are testing whether tanning addiction is real, and if it is, what can be done,” Mays explains. “I can understand how it happens, and how it becomes habitual and pleasurable. For some people who gain rewards, the behavior becomes entrenched.

“I get that — and I want to help,” he says. ^{LM}

meet
our new

Leadership

Deputy Director Michael B. Atkins, MD

Georgetown Lombardi's deputy director, Michael B. Atkins, MD, has hit the ground running with his many roles in the Cancer Center. Besides working alongside Director Louis M. Weiner, MD, and other senior leadership to enhance the Center's strategic vision, he is overseeing the expansion of clinical and research activities in the areas of melanoma and kidney cancer throughout the MedStar Georgetown Cancer Network.

An internationally renowned authority in the areas of cancer immunotherapy, angiogenesis, kidney cancer and melanoma, Atkins came to Georgetown Lombardi in 2012 from Beth Israel Deaconess Medical Center and Harvard Medical School, where he was professor of medicine and deputy chief of the division of hematology/oncology and associate director for clinical research for the Beth Israel Deaconess Cancer Center.

Atkins was also director of the Cancer Clinical Trials Office, director of the cutaneous oncology program, and director of the biologic therapy program at Beth Israel Deaconess Medical Center. In addition, he was the leader of the kidney cancer program at the Dana-Farber/Harvard Cancer Center and professor of medicine at the Harvard Medical School.

At Georgetown, Atkins is working to improve treatments for an array of cancers, collaborating with investigators in areas of long-standing strength, including breast and gastrointestinal, while also bolstering ongoing efforts in kidney cancer and melanoma.

In particular, he sees a "tremendous opportunity to grow melanoma research and treatment using novel immune-based and tumor-directed therapies."

"Georgetown has a very strong scientific base of researchers who, through our growing relationship with the MedStar Health network, are now able to more readily link their advances to clinical investigation," Atkins says.

"As the only comprehensive cancer center in the nation's capital, Georgetown Lombardi has a magnificent opportunity to have a major impact on the region by expanding its clinical and translational



"Georgetown has a very strong scientific base of researchers who, through our growing relationship with the MedStar Health network, are now able to more readily link their advances to clinical investigation."

— Michael B. Atkins, MD

research programs, helping influence public policy, and by creating general excellence worthy of enhanced philanthropic support," he says.

Atkins completed his medical education at Tufts University School of Medicine, and postgraduate training at Tufts New England Medical Center. He has been on the editorial boards of several journals, including *Cancer*, *Journal of Translational Medicine*, *Kidney Cancer Journal* and *Journal of Clinical Oncology*, and is associate editor to *Journal of Immunotherapy*. He has

authored more than 300 peer-reviewed original research articles, book chapters, review articles and editorials and edited three books. Atkins also serves on the advisory boards of the Melanoma Research Foundation Breakthrough Consortium, the Kidney Cancer Association and PreECOG, as well as the NCI Genitourinary Cancer Steering Committee and Immunotherapy Task Force and the NIH Recombinant DNA Advisory Committee. He is also past president of the International Society for Immunotherapy of Cancer. ^{LM}

Giuseppe Giaccone, MD, PhD

Giuseppe “Beppe” Giaccone, MD, PhD, known internationally for his expertise in developing clinical trials in both the U.S. and Europe, has found what he calls a sweet spot at Georgetown Lombardi and its clinical affiliates within the MedStar Georgetown Cancer Network.

His task is to rev up drug discovery and clinical research by forging collaborations between physicians and investigators on the medical center campus and the MedStar network of hospitals. The goal is to offer more cancer patients being treated at selected MedStar hospitals the opportunity to participate in new clinical trials, either those conducted solely by Georgetown Lombardi researchers or as part of a multi-institutional study.

Giaccone’s broad-reaching mission requires four titles — associate director for clinical research at Georgetown Lombardi, co-leader of its Experimental Therapeutics Program, director of clinical research for the MedStar Georgetown Cancer Network, and is professor of oncology, pharmacology and medicine at Georgetown University Medical Center. His area of expertise lies in the study of new anticancer agents.

The District of Columbia and surrounding areas in Maryland are ripe for this kind of clinical research, he says.

“I see an institution where one is allowed to — in fact, encouraged — to make a big difference, and that is both fun and really interesting,” Giaccone says. “There is a lot of opportunity to succeed at Georgetown Lombardi and MedStar.”

A native of Italy, Giaccone has had a distinguished career as an internationally recognized lung cancer physician-researcher. Previously, he was with the National Cancer Institute, as chief of the Center for Cancer Research’s Medical Oncology Branch. ^{LM}



Ming T. Tan, PhD

Ming T. Tan, PhD, a highly regarded, cancer-focused designer of clinical trials, says that in order to understand how far clinical research has come, it is important to understand where it once was. The new chair of Georgetown University Medical Center’s department of biostatistics, bioinformatics and biomathematics says the era of simplistic, error-prone clinical trials has changed due to major advances in human subject protections, statistical methods, and genomic information.



His own work has contributed to a recent metamorphosis of clinical trials, creating provisions for change in a study as it progresses and as real-time information on a participant is available.

At the University of Maryland, where Tan headed the division of biostatistics and bioinformatics until his move to Georgetown last fall, he was awarded a National Institutes of Health grant that led to a groundbreaking advance in clinical trial design. Tan developed statistical methods that allow researchers to calculate whether a treatment trend seen early in a study is a real effect that will be maintained over time as more patients are enrolled and treated. This advance is known as adaptive clinical trials.

“Using biomarkers and genomics information from patients, we can predict whether we will reach our goal sooner,” says Tan.

Adaptive clinical trials are now the standard that many investigators use, including those at Georgetown Lombardi.

“There is a lot of talent at Georgetown, and a lot of interesting science to be done,” Tan says. “Together we can develop new clinical trial designs that are truly based on personalized medicine.” ^{LM}

Waddah B. Al-Refaie, MD, FACS

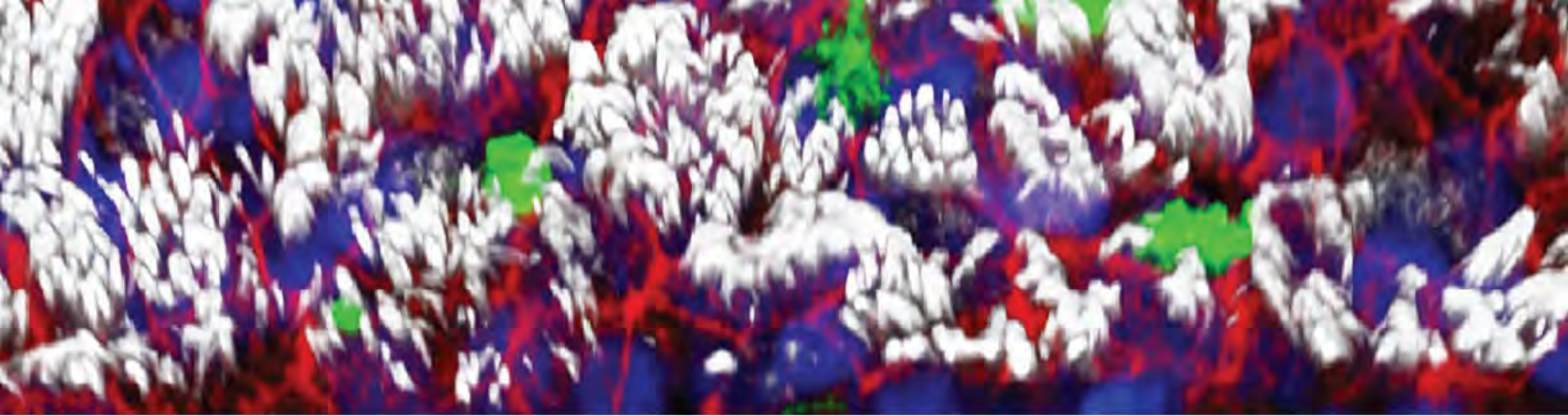
Waddah B. Al-Refaie, MD, FACS, has joined Georgetown Lombardi and MedStar Georgetown University Hospital as chief of surgical oncology and surgeon-in-chief. Al-Refaie is a board-certified general surgeon and fellowship-trained surgical oncologist. His main interests include surgical oncology, gastrointestinal cancers, soft tissue sarcoma, malignant melanoma and geriatric surgical oncology.

For Al-Refaie, coming to Georgetown presented obvious clinical advantages: “Georgetown has a prestigious medical school and is partnered with a hospital that is committed to its patients with cancer. And Georgetown Lombardi is the only stand-alone center of its kind in the Washington, D.C., metro area, so the opportunities are enormous.”

But there is that other singular quality to Georgetown that he says will help him with the research he very much wants to do: “The institution has a wonderful legacy of compassionate care and for research that furthers that mission.”

Prior to his arrival at Georgetown, Al-Refaie served at the University of Minnesota and Minneapolis VAMC as an associate professor of surgery and co-director of Minnesota Surgical Outcomes Research Center. A graduate of the Royal College of Surgeons in Ireland, he served as a general surgery intern in Kuwait, then completed his residency in General Surgery at the University of California at San Diego. He went on to complete a fellowship in surgical oncology at the University of Texas MD Anderson Cancer Center. ^{LM}





GROUNDBREAKING METHOD

Holds Vast Scientific
and Clinical Potential

By Renee Twombly and Lauren Wolkoff

It has become known as the “**Georgetown Method.**” A revolutionary new way of growing cells in the laboratory is drawing a great deal of attention — and is attracting scientists from across the country, even internationally, to Georgetown University Medical Center (GUMC) to collaborate and learn the technique.

Visiting researchers are meeting with GUMC scientists under the rubric of the new Center for Cellular Reprogramming, which was established at Georgetown in March 2013. The Center is a global research hub that has pioneered a successful new model for taking healthy or diseased cells from an individual and growing them indefinitely in the laboratory— something scientists have tried to do for decades. The Georgetown Method is clearly redefining personalized medicine and regenerative medicine.

Image provided courtesy of Scott Randell, PhD

We already have collaborators from around the world driving this technology forward,” says Richard Schlegel, MD, PhD, who directs the Center. “The next step is to integrate the work of all these groups of investigators so that we can move this field forward as quickly as possible,” adds Schlegel, who is chairman of the department of pathology at GUMC and a professor of oncology at Georgetown Lombardi Comprehensive Cancer Center.

The ‘Georgetown Method’

Of course, the topic foremost on everyone’s mind is the speedy development of the “*Georgetown Method*,” a term that has gained traction after an editorial published in the *American Journal of Pathology* in 2012 recognized the potential of this revolutionary discovery.

Known in the science world as conditionally reprogrammed cells (CRCs), the Georgetown Method was first discovered and described by Schlegel and Xuefeng Liu, MD, associate professor of pathology at GUMC.

“Already, this approach has shown great potential for personalizing cancer therapies,” says Christopher Albanese, PhD, a molecular oncologist at Georgetown Lombardi who was chosen as the Center’s deputy director. “However, it also shows promise for in-depth investigations into the basic

biology of cellular division ..., for tissue regeneration, and for the treatment of non-cancer-based diseases such as cystic fibrosis and diabetes.”

While the Schlegel and Albanese labs will act as the Center’s hub, its spokes already include more than 15 collaborators throughout Georgetown Lombardi and GUMC, and equally as many from around the country — including investigators from Yale University School of Medicine, MD Anderson Cancer Center, Massachusetts General Hospital and the National Institutes of Health, among others.

“This new technology could provide a transformational, dynamic platform for personalized cancer therapy.”

— Louis M. Weiner, MD, director of Georgetown Lombardi

Georgetown investigators are using CRCs to pursue biology-based studies in prostate cancer, breast cancer, thymoma, head and neck cancers, and they will be used to support clinical trials within the MedStar Georgetown Cancer Network.

External collaborators — including laboratories as far as Korea and the United Kingdom, among other international sites — are investigating the utility of CRCs for treating a variety of diseases, and the National Cancer Institute is using CRCs in studies of head, neck and genitourinary

cancers. Georgetown has a patent pending on the method, but scientific investigators can use it freely. Georgetown is currently exploring various strategies, including formation of a spin-off company, to facilitate scale-up and validation of the technology for various commercial applications.

“This new technology could provide a transformational, dynamic platform for personalized cancer therapy,” says Louis M. Weiner, MD, director of Georgetown Lombardi. “Others share our view,” he adds, referring to Doug Melton, PhD, co-director of the Harvard Stem Cell Institute.

In a 2012 news story about Schlegel’s cell reprogramming approach, Melton told the *Associated Press*, “What could be more personalized than taking this person’s cell, growing it in culture, finding a drug to treat them and then treat them?” Melton added that the Georgetown Method “gives an answer quickly enough that it could save lives.”

A new category of stem cells

Researchers have long sought ways to study the mechanisms of healthy and diseased cell growth in cancer and other diseases. A stem cell is the early stage of a cell’s life before it develops its specialized function, such as a muscle cell, a red blood cell or a brain cell. Before the Georgetown Method, these cells were only obtainable from embryos (embryonic stem cells), or by genetically altering a cell to a stem-like state (induced pluripotent stem cells).

CRCs represent a new category of stem cells. While the potential implications of this new technique go far beyond cancer, the foundational studies were in cancer cells.

Before Schlegel’s breakthrough in December 2011, no one had been able to keep both normal cells and cancer cells alive in the laboratory. Immortalized tumor cell lines did and still do exist, but they have changed so much over the decades that researchers say they do not resemble natural cancer cells any more.

“The advantage is that we can grow these cells out under what we call



Christopher Albanese, PhD, deputy director of Georgetown’s new Center for Cellular Reprogramming, says the Georgetown Method offers a “fundamental change in the way drug treatments are selected for individual patients.”



“Through our further development of the CRC approach, we would like eventually to be able to correct some very debilitating diseases.”

— Richard Schlegel, MD, PhD

reprogramming conditions so they will grow very rapidly and very efficiently,” he says.

Schlegel and Liu discovered that adding two different substances (known as a Rho kinase inhibitor and fibroblast feeder cells) to cancer cells or to normal cells pushes them to morph into stem-like cells that stay alive indefinitely. When the two substances are withdrawn from the cells, they revert back to the type of cell they once were.

Unlike embryonic stem cells, CRCs do not form tumors as they grow, nor do they undergo genetic mutations that might make them difficult to study in the long-term. And unlike induced pluripotent stem cells, CRCs retain the characteristics of their native tissue; for example, cells taken from a breast cancer patient and grown as CRCs retain the breast tissue characteristics.

Hence the potential for cancer therapy testing and for regenerative medicine.

“Through our further development of the CRC approach, we would like eventually to be able to correct some very debilitating diseases. In diabetic patients, for example, if we can rapidly propagate the pancreatic islet

cells that produce insulin and then place them back into the patient, we wouldn’t have to worry about rejection from putting alien cells into a patient,” Schlegel says.

Demonstration of personalized cancer medicine

The advance is seen in the field as an exciting demonstration of personalized cancer medicine. In fact, a case study authored by Schlegel and his team, published in the *New England Journal of Medicine* in 2012, showed how CRCs derived from normal and tumor cells of a 24-year-old man with a rare type of lung tumor allowed physicians to pinpoint an effective therapy. The man’s tumor cells were used to screen potential treatments and in this way, the scientists were able to see which therapies were active against the tumor cells and less harmful to the normal cells.

“Our first clinical application utilizing this technique represents a powerful example of individualized medicine,” Schlegel said at the time. But he cautioned, “It will take an army of researchers and solid science to figure out if this technique will

Post-doctoral fellow Nancy Palechor-Ceron, PhD, and Schlegel look at cells under a microscope.

be the advance we need to usher in a new era of personalized medicine.”

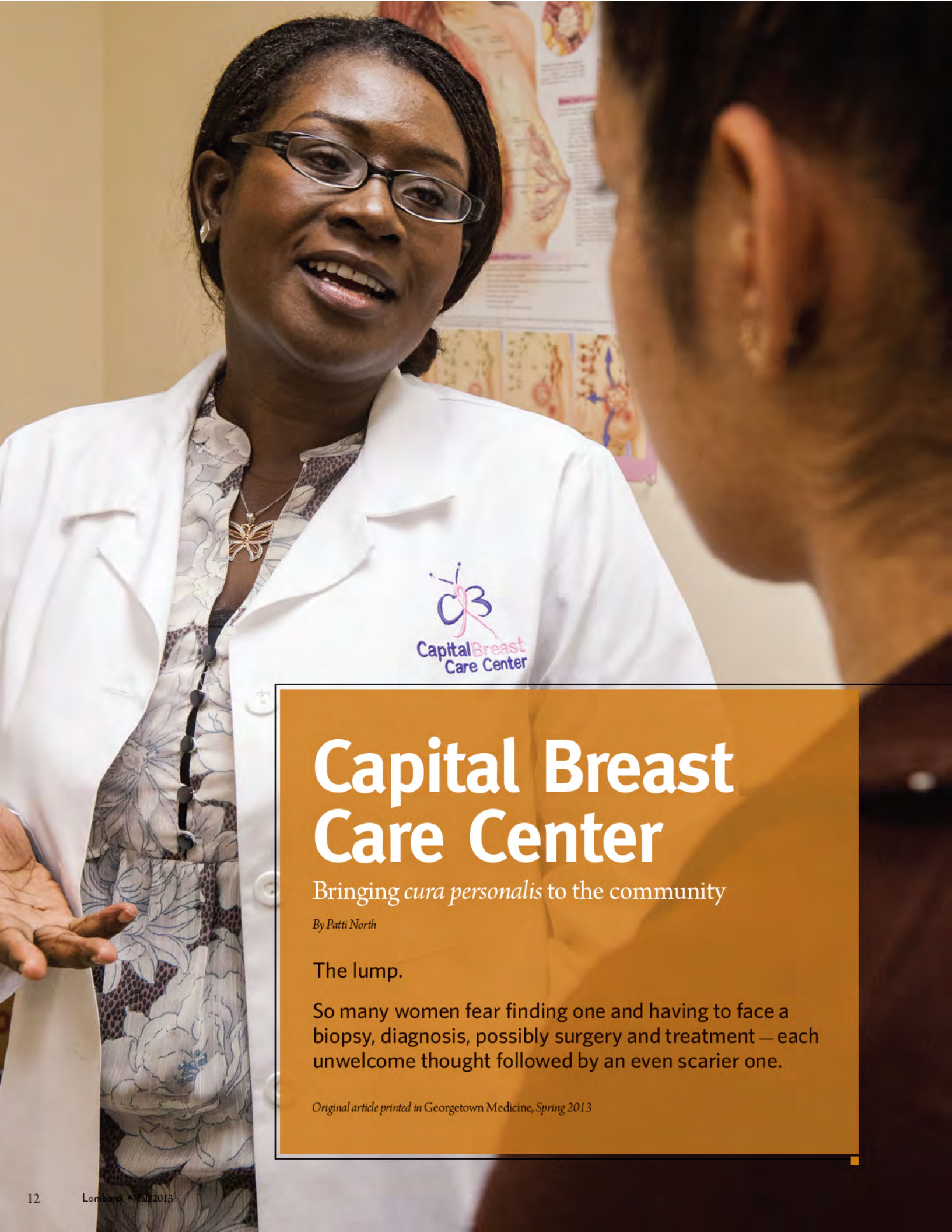
That army is now mobilizing — and is knocking at Georgetown’s doors.

“CRCs really could offer a fundamental change in the way drug treatments are selected for each individual patient,” says Albanese.

Of course, much work needs to be done before the Georgetown Method can be approved for marketing by the U.S. Food and Drug Administration, he adds. “But with so many researchers excited about the potential of CRCs, validation should come soon. And, with the remarkable range of applications for CRCs, the sky is the limit.”^{LM}

Georgetown University has filed a patent application for the technology described here on which Schlegel and Liu are inventors; the patent currently is under exclusive option to a startup company, in which the University and Schlegel own equity, for commercial development. In addition, Georgetown and the University of Miami jointly have filed a patent application on related technology on which Schlegel and Albanese are among the inventors.

The research described is funded partly by support from Georgetown University’s Department of Pathology. Other support is provided by the National Institutes of Health (R01 OD011168), a Department of Defense Congressionally Directed Medical Research Program award (Prostate Cancer Research Program) and the National Cancer Institute (P30-CA051008 and CA129003).



Capital Breast Care Center

Bringing *cura personalis* to the community

By Patti North

The lump.

So many women fear finding one and having to face a biopsy, diagnosis, possibly surgery and treatment — each unwelcome thought followed by an even scarier one.

Original article printed in Georgetown Medicine, Spring 2013

For most women, these fears will be unfounded. Less than 10 percent of all breast cancer screenings result in an abnormal finding and only a very small fraction — two to four of every 1,000 women — actually have the disease when they are screened, according to the American Cancer Society.

For those who are not so lucky, a breast cancer diagnosis will be followed by an often dizzying array of choices, decisions and appointments that a patient makes in close consultation with her health care team. While this is not a prospect that anyone wants to face, for most it is a manageable one.

But for a person who is un- or underinsured with a low income, the challenge is substantially more daunting. She may ask herself: “How much will my care cost, and how will I pay for it? Will I be able to take time off from work for appointments? How will I take care of my family while I am being treated?” For undocumented immigrants, the threats of exposure, arrest and deportation compound and complicate these concerns.

And ironically, even though early detection is widely known to increase a woman’s chances for survival, the very prospect of a diagnosis will lead some women to put off their yearly mammogram or avoid it altogether. After an abnormal screening, some women will abandon the health care system — temporarily avoiding the toll and expense of surgery or treatment — perhaps until it is too late.

The worst part

Two years ago, Flavia Campos was launching a business that was not yet sufficiently established to enable her to insure herself — especially given high premiums for individual insurance plans. She had been introduced to Georgetown’s Capital Breast Care Center, also referred to as CBCC, via a friend’s referral and had already taken her mother and older sister there for mammograms but had never been screened herself.

“I was relatively young, of normal weight, ate healthy, exercised and had no breast cancer in my family. I did not think I was a candidate,” Campos recalls. A routine mammogram detected an abnormality and a biopsy later confirmed she



CBCC Executive Director Wanda Lucas, herself a breast cancer survivor, has ambitious plans for the center.

90% of women with breast cancer make it to the 5-year survival mark, up from 63 percent in the 1960s.
82% of women make it to the 10-year survival mark.

had stage I breast cancer. “I was in shock,” she says. “The worst part of it was that I knew I could not afford the treatment.”

Scenarios such as the one Campos faced are far too common. With these fears and setbacks in mind, CBCC stepped into the breach as one of the only community-based, licensed and accredited mammography facilities providing comprehensive, culturally appropriate breast cancer screening, referrals and health education to women in the Washington, D.C., area regardless of their ability to pay. Campos worked with CBCC “patient navigators” to find treatment and the insurance that would pay for it. After a lumpectomy and radiation, Campos is cancer free. “I feel really blessed,” she says. “I don’t know what I would have done without them.”

The stakes are high in the nation’s capital — no city has a higher death rate from breast cancer than Washington. A combination of variables is likely responsible for this fact, including less access to health care in low-income neighborhoods, less knowledge about nutrition and exercise, high-risk behaviors such as tobacco use and genetic risks that come with family history. African-Americans, which make

up the majority of the city’s population, tend to have a lower incidence of breast cancer than Caucasian women overall, but are more likely to get the disease at a younger age when screening is not commonly covered by insurance. They also tend to develop more aggressive tumors that result in higher mortality and morbidity. In fact, the rate at which African-American women die from the disease annually is more than twice the rate for Asian and Hispanic women, according to the National Cancer Institute.

Conquering the coverage conundrum

CBCC was founded by Georgetown Lombardi Comprehensive Cancer Center in 2004 and now falls under the Office of Minority Health and Health Disparities Research, spearheaded by Lucile Adams-Campbell, PhD, an internationally recognized expert on health disparities and reducing cancer risk in underserved communities.

A longtime resident of D.C., Adams-Campbell is an epidemiologist who specializes in community health research, interventions and outreach. The mission



From left: Zhilphia Turner, Wanda Lucas, Bridget Oppong, MD

More than **2.9** million: the number of female breast cancer survivors in the United States. By 2022, that number is expected to reach **3.78** million.

of this initiative, in part, is to combat cancer health disparities in the District through research, training, communication and education. In so doing, Adams-Campbell confronts another barrier that low-income women seeking care may face: fragmentation. While a patient may be covered by Medicaid, that insurance plan may be accepted by only a few providers or the treatment plan may require seeing several providers.

“Some insurance plans will cover the screening, but not a biopsy; others will cover the screening and the biopsy but not chemotherapy; still others will cover chemotherapy but not radiation or surgery. If your coverage will cover detection but not treatment, you’re basically uninsured,” Adams-Campbell says.

CBCC Medical Director Shawna Willey, MD, grapples with this phenomenon all too frequently. “We don’t want to under-treat people, but for every patient, we have to look at the cost of care and what the benefit will be. If a patient’s long-term survival will likely increase 2 percent with chemotherapy, but that might bankrupt the family, two percent may not be enough. It may be more cost-effective for a patient to have a mastectomy than a lumpectomy and radiation. You don’t

make recommendations based only on economics, but that must be considered. There are limits on coverage,” she explains.

Fortunately, due to the continued generosity of the Avon Foundation for Women and others, CBCC has been able to find treatment options for 100 percent of its patients. It does so with the help of the aforementioned “patient navigators” who help steer patients through the maze of insurance plan limits, providers and funders and a blizzard of paperwork that accompanies virtually every case. Often the physician must take on the role of advocate.

“As a clinician said, I can call the insurance company and say, ‘This is something I feel I should do,’” says Bridget Oppong, MD, assistant medical director of CBCC, assistant professor of surgery and attending physician in the Division of Breast Surgery at MedStar Georgetown University Hospital. “I have yet to have a carrier refuse, but you have to go that extra mile.”

In addition to its mammograms, clinical examinations and navigation services provided by a bilingual staff, CBCC offers referrals for emotional support, primary care and untreated health conditions, as well as transportation to and from appointments for those who need it.

Making a powerful statement

CBCC serves approximately 2,000 patients each year, but that number is growing, in part due to the center’s education and outreach programs. Center staff and volunteers go to community centers, churches and events to raise awareness about breast health. Zhilphia Turner, a community health worker who specializes in outreach to the community, has been known to approach bus stops to ask women, “Have you had your mammogram this year?”

“They’re scared,” Turner says. “They’ve heard rumors that it hurts and I’ll say ‘It does hurt, but a little hurt can save your life. And if we find something, CBCC will stick with you all the way.’ They need to know they’re not alone.”

The anxiety that accompanies a diagnosis is not an abstraction to CBCC Executive Director Wanda Lucas, who is also a survivor. “I know what it is to hear, ‘You have breast cancer.’ I understand what it’s like to wonder if you are going to be here next year.”

Overcoming the patient’s apprehension is often a daunting task. “I tell every newly diagnosed patient that our intention is for them to come out the other side and be exactly the same person they are now, except with this experience behind them,” Willey adds. “Yes, you have to go through treatment, but that does not mean you won’t go on to live a long and healthy life. That’s a powerful statement for them.”

Lucas, who was appointed to her post in November of 2012, has ambitious plans for



Lucile Adams-Campbell, PhD

CBCC. She intends CBCC to be a national model for both screening and education. Working with Adams-Campbell and the health disparities team, CBCC could also be a gold mine of data, providing valuable information on breast cancer risk and prevention for African-Americans and Latina women, who are woefully understudied.

While working as an advocate after her diagnosis in 2006, Lucas noticed so many of the patients she encountered lived in her neighborhood. And, there are several D.C. wards — an area similar to a county or diocese — that are cancer “hotspots,” suggesting an as-yet unknown environmental risk factor. “We don’t even live in an industrialized area, with smokestacks billowing out, but we have residual effects from environmental damage,” explains Adams-Campbell.

Changing a bleak statistic

Identifying the cause and preventing breast cancer is, at present, beyond the capability

of medical practitioners. However, early detection, risk awareness and reduction is an agenda every woman can own. “Getting sick was just not in my plans,” says Campos. “Thanks to CBCC I am much more attentive to my health now.” Adams-Campbell hopes more women will follow in the footsteps of Campos after a diagnosis. “Don’t let the fear paralyze you, but mobilize you,” Adams-Campbell advises.

And if the staff of CBCC and Georgetown’s Lombardi’s Office of Minority Health and Health Disparities Research have their way, D.C. will be knocked off its unwelcome perch as America’s deadliest place to face breast cancer. “When I found out that my hometown has the highest breast cancer mortality rate in the nation, I said, ‘I just can’t accept that,’” Lucas says. “I won’t accept it.”^{LM}



The CBCC operates a District-wide patient transportation program for breast cancer screening. This 12-passenger service van picks up women from partnering agencies, churches, shelters and service agencies.

WAYS YOU CAN SUPPORT THE CBCC

In-house educational program \$500,000

This program would allow the CBCC to provide consistent, relevant educational programming for its patients, spouses and caregivers sitting in the waiting room and/or prior to receiving screening services. This would include the creation of specific educational videos and the purchase of television/audio equipment. Education topics would include overall cancer screening, development of healthy lifestyle behaviors, research/clinical trials education and survivorship issues.

Accommodations for persons with physical disabilities/limitations \$500,000

This would ensure the ability of CBCC to accommodate persons requiring additional assistance due to physical limitations for transportation (van with wheelchair lift), and screening services (adjustable clinical exam tables).

High school education program \$400,000

This program would target female high school students who would receive education on age-appropriate breast health issues. In addition, they would be trained to serve as navigators where they would work with family members, neighbors, and others who may not follow screening guidelines. As lay navigators, they could advise others on the services of CBCC.

Ward 6 community outreach \$750,000

This program would target D.C.’s low-income Ward 6 population, including those who work and reside in the area. There is a large untapped population of women who work in this ward or who reside in public housing properties who could benefit from the services of CBCC. Trained community health workers would use consistent and repeatable programming to increase screening. This program would encourage patients to bring family members and neighbors as a way to build a community.

Mobile mammography \$1.5 million

Mobile mammography technology offers the same high-quality imaging as found in most facilities. By providing these services to medically underserved women in their communities, the CBCC would be able to reach its goal of enhancing access to state-of-the-art breast cancer screening technology and, ultimately, to reduce the burden of breast cancer in our community.

The Planned Sophie Classic Mobile is the ideal product to launch mammography screening within Walmart stores in Southeast Washington. It can move from neighborhood to neighborhood and offer screening opportunities that may not be readily accessible. The portability of the unit lends itself well to community outreach opportunities.

MORE

To learn more about CBCC, visit capitalbreastcare.org, or join the conversation on Facebook (search for “Capital Breast Care Center”) or Twitter (@CBCCinDC).

TAKE THE WHEEL IN THE FIGHT AGAINST CANCER!



Purchase a raffle ticket to win an all new 2014 Lexus IS 350 F Sport, courtesy of your Washington Area Lexus Dealers. Tickets are \$100 and only 1,000 tickets are printed. The winner will be announced at the Lombardi Gala on Nov. 2.

Lombardi Gala: Another Memorable Evening on Nov. 2

The 27th Annual Lombardi Gala is almost upon us! Don't miss this elegant evening of dining, dancing and an incredible silent auction on Nov. 2 — all to benefit lifesaving research and care at Georgetown Lombardi Comprehensive Cancer Center.

Returning to the event this year are honorary event co-chair, DeMaurice Smith of the NFL Players Association, event co-chair Brian Katz of American Real Estate Partners, event co-chair Jill Kirkpatrick, and event co-chair Paul Schweitzer of Serten Advisors.

Ellen Terry of the Ritz-Carlton Hotels is being honored as the recipient of the 2013 Margaret Hodges Leadership Award for her years of exemplary service to Lombardi and the Lombardi Gala. The NFL Players Association Georgetown Lombardi Award will be awarded to Larry Fitzgerald of the Arizona Cardinals.



MORE Visit <http://lombardi.georgetown.edu/gala> for more information on how to register for the gala or to purchase raffle tickets.



Attendees of the "Friends of Lombardi" inaugural happy hour enjoy getting to know one another and learning about the Cancer Center's cutting-edge research and treatment advances.

MORE "Like" Friends of Lombardi on Facebook to stay informed about upcoming events.

'Friends of Lombardi' Young Professionals Group Gathers Steam

Friends of Lombardi is a group of D.C.-area young professionals who support philanthropic efforts to advance research and treatment conducted at Georgetown Lombardi Comprehensive Cancer Center. The group held its inaugural happy hour on April 17, and has held two successful events since.



Mark Decker, Jr. (right), a lead volunteer on the planning committee of "Friends of Lombardi," addresses the crowd gathered at the NFL Players Association in D.C. while Georgetown Lombardi Director Louis M. Weiner, MD (left), and DeMaurice Smith, executive director of the NFLPA (center), listen.

CBCC Hosts Inaugural 'Summer Celebration'

Capital Breast Care Center (CBCC) hosted its inaugural Summer Celebration reception at Arena Stage in Southwest D.C. on June 18 in honor of breast cancer activist Zora Brown. CBCC's most loyal community partners and donors attended the program, which featured a stellar list of speakers and live music.

The Summer Celebration reinforced the collective purpose of the center while honoring those who paved the way. CBCC is a community-based program of Georgetown Lombardi Comprehensive Cancer Center, part of Georgetown University Medical Center.

Brown had a family history of breast cancer; she was of the fourth generation of women in her family to have the disease and she battled it twice. In March 2013, she died from complications related to ovarian cancer. She was instrumental in establishing CBCC, which opened its doors in 2004 to offer free quality breast care services to women in the D.C. community.

MORE Read more about CBCC's work in the community on page 12.



CBCC will host its Sixth Annual Gift of Life Breakfast on Thursday, Oct. 31, 2013. For more information, visit capitalbreastcare.org, call 202-784-2700 or e-mail cbcc@georgetown.edu.



Georgetown Lombardi Director Louis M. Weiner, MD, describes the driving vision behind Capital Breast Care Center, while the event's mistress of ceremonies, JC Hayward, looks on.



Zora Brown's nieces, Monica Brisset and Melanie Nix, with Lucile Adams-Campbell, PhD.



Members of the Georgetown Lombardi Breast Cancer Patient Advocacy Committee (GLBCPAC) attended CBCC's Summer Celebration Event. The group was formed in 2010 by breast cancer survivors and other supporters who seek to foster dialogue between researchers and advocates. From left: Susan Winarsky, Margery London, CBCC Executive Director Wanda Lucas, Georgetown Lombardi Assistant Professor Ayesha Shajahan-Haq, PhD, and Sherri Stahl.

EVENT SNAPSHOT



Women & Wine: Supporters of Georgetown Lombardi broke records for both attendance and money raised to support breast cancer research.

Women & Wine Event Breaks All Records

More than 400 of Washington, D.C.'s leading businesswomen and breast cancer advocates gathered on March 11, 2013 at the Four Seasons Hotel in Georgetown for the annual Women & Wine event. Now in its eighth year, the event benefits Georgetown Lombardi Comprehensive Cancer Center's Nina Hyde Center for Breast Cancer Research.

This year, the event topped its records both for attendance and for money raised. The event was sold-out through word of mouth before invitations were even printed and brought in an estimated \$225,000.

Women & Wine's co-chairs were Janet Davis of Brandywine Realty Trust and Barbara Schaefer McDuffie of Baker Tilly.

The evening began with a briefing by Claudine Isaacs, MD, co-director of the Nina Hyde Center, and Georgetown Lombardi member Shawna Willey, MD, director of the MedStar Regional Breast Cancer Surgery Program, and vice-chair of the department of surgery at MedStar Georgetown University Hospital. Isaacs and Willey discussed the latest cancer research breakthroughs that affect women, specifically breast cancer.

Next year's Women & Wine will be held on April 1, 2014.

Georgetown Lombardi Team Raises \$145,000 for Avon Walk

A team of volunteers and patients representing Georgetown Lombardi Comprehensive Cancer Center laced up again this year for the two-day, 39.3-mile Avon Walk for Breast Cancer, May 4-5 in Washington.

The Georgetown Lombardi/Capital Breast Care Center team raised more than \$145,000 for the walk. At the closing ceremony, Avon presented a \$250,000 check to support Capital Breast Care Center (CBCC) — one of several grants Avon awarded to local organizations.



Topping 70 volunteers, patients, staff and faculty, Georgetown Lombardi's team is among the largest each year at the 39.3-mile Avon Walk for Breast Cancer in D.C.

Led by team captain Jeanne Mandelblatt, MD, MPH, associate director for population sciences at Georgetown Lombardi, the Georgetown team is among the largest each year in the annual walk and has grown exponentially over the years. Having started five years ago with just a handful of walkers, this year the team consisted of 70 men and women who trained together regularly for months.

The team also received a big boost this year from MedStar Health, Georgetown Lombardi's clinical partner, which pledged \$10,000 to sponsor the team.

MORE To learn more about the team for 2014, e-mail Jeanne Mandelblatt at cdrofla@aol.com.

Men's Event Raises \$150,000 for Cancer Research

June 24 marked the 14th annual Men's Event, a charitable dinner and live auction that brings men together in support of research for the cancers that most affect them.

This year, about 175 local businessmen and supporters of Georgetown Lombardi Comprehensive Cancer Center gathered at the Capital Grille in Chevy Chase, Md., to discuss the latest developments in prostate and lung cancer. Attendees raised about \$150,000 for state-of-the-art treatments and new research projects at Georgetown Lombardi. The event was sponsored by K&L Gates.

Unlike in previous years, which have focused exclusively on prostate cancer, this year's provided a broader context for men's cancers in order to raise awareness around other types such as lung cancer.



Co-chairs of the Men's Event, shown here with their 'thank you' gifts, are instrumental in the success of the evening.

Hyundai Grant Helps Distressed Families During Child's Cancer Treatment

Hyundai Hope On Wheels presented MedStar Georgetown University Hospital/Georgetown Lombardi Comprehensive Cancer Center with a \$75,000 Hyundai Clinical Award grant to help identify families in distress as their children receive treatment

for cancer. This grants aims to develop a clinical psychosocial distress screening initiative for the early recognition of psychosocial stressors that could interfere or impede medical treatment.

During the presentation, Jamie Banks, whose son was diagnosed with a brain tumor at age 13, expressed how cancer is not just about treating the illness, but about being supportive for the whole family. The grant seeks to provide an opportunity for an improved quality of life for the patient and their families.

Hyundai Hope on Wheels has donated over \$750,000 to MGUH and Georgetown Lombardi in order to help improve the lives of families and children battling cancer.



Herman Forrer

A Hope on Wheels tradition: To commemorate their battles with cancer, children participate in a handprint ceremony where they place their paint-covered hands on a white Hyundai Tucson.



Julie Feurtado, RN, BSN, OCN, was honored this year with the 2013 Stacy Boylan Award, named for the late Georgetown Lombardi research nurse who embodied compassion and dedication.

Annual Boylan Award Honors Georgetown Lombardi Nurse

Julie Feurtado, RN, BSN, OCN, was honored as the 2013 Stacy Boylan Award recipient at the annual MedStar Georgetown University Hospital Nursing Awards Luncheon, held in the spring. The Stacy Boylan Award provides the recipient with a \$1,500 grant to be used for educational expenses. Last year's recipient, Julie Castle, RN, BSN, and Bill Boylan, the husband of the late Stacy Boylan, presented an engraved commemorative clock to Feurtado. Feurtado's name will join those of the 12 previous recipients on a plaque honoring their commitment to patients.

Stacy Boylan was a research nurse at Georgetown Lombardi Comprehensive Cancer Center whose compassion and dedication to the nursing profession endeared her to colleagues and patients alike. As a tribute to her memory, the Boylan family established an endowed fund to help foster adult oncology nursing. Each year, an annual education award is bestowed upon a nurse who exemplifies Stacy's values.

Georgetown | Lombardi

COMPREHENSIVE CANCER CENTER



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community CALENDAR

OCTOBER 31
CBCC Gift of Life Breakfast

NOVEMBER 2
Lombardi Gala

DECEMBER 6-7
Ruesch Center
Annual Symposium

APRIL 1, 2014
Ninth Annual
Women & Wine Event

For more information about Georgetown Lombardi news and events, log on to
http://lombardi.georgetown.edu/community/upcoming_events.html