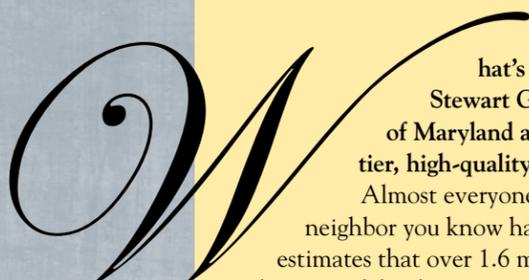




## DEAN'S MESSAGE: What's On My Mind



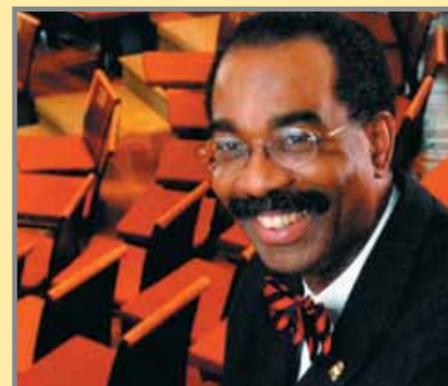
What's on my mind this month is the expansion of the University of Maryland Marlene and Stewart Greenebaum Cancer Center, and how this will allow us to save many more lives in the State of Maryland and our surrounding region, especially those who would not otherwise have access to top-tier, high-quality, patient-centered care.

Almost everyone alive today has been touched by cancer—perhaps a family member, friend, co-worker or neighbor you know has had and either overcome or succumbed to the disease. The American Cancer Society estimates that over 1.6 million new cases of cancer will be diagnosed this year, and over half a million people will die because of the disease or its complications. Prostate, lung and colon cancers are the top three diagnoses that adults will receive and are the three most common causes of death.

Despite these grim statistics, the five-year survival rate for patients diagnosed with any type of cancer between 2004–2010 is 68 percent, which is significantly greater than the 49 percent survival rate for cancers diagnosed between 1975–1977. Indeed, for certain cancers, including those of the prostate, the five-year survival rate is 99 percent due to modern therapeutics. **Cancer is no longer the terminal diagnosis that it was just two generations ago due to earlier detection and better treatments, both of which stem from groundbreaking basic, translational and clinical biomedical research dedicated to understanding cancer at the most fundamental levels.**

The University of Maryland Marlene and Stewart Greenebaum Cancer Center, led by director Kevin Cullen, MD, is at the forefront of the fight to end cancer. The treatment programs at the Greenebaum Cancer Center are as diverse as the talented faculty we have and the patients we treat every day, but the goals are unified: **to bring advances made in the laboratory about basic cancer biology into the clinic, and apply this knowledge to the development of innovative therapeutic and prevention strategies.**

Because our Center is located in an urban area, we also have a unique opportunity to treat minority populations, thereby helping to reduce health disparities in cancer treatment. It is with this spirit of providing care where it is most needed that we have created an even greater affiliation between the UM Greenebaum Cancer Center and the UM Baltimore Washington Medical Center Tate Cancer Center, the UM St. Joseph Medical Center's Cancer Institute and the UM Upper Chesapeake Health's Patricia D. and M. Scot Kaufman Cancer Center. This new UM Cancer Network is already treating **more than 7,000 cancer patients across Maryland—this is over one-third of all patients diagnosed in our state each year.** Going forward, we anticipate that the UM Cancer Network will connect even more patients to the experts, clinical studies, and newest technologies at the Greenebaum Cancer Center, making it one of the most robust cancer treatment programs in the region.



Although many patients willingly travel downtown to UMMC for treatment, many cannot. Providing greater access to the services and the pioneering treatment options offered by the Greenebaum Cancer Center will allow even greater access to the exceptional care for which the University of Maryland Medical System (UMMS) is renowned. Our faculty across numerous academic units have devoted their careers to uncovering the cellular mechanisms underlying malignancies. For example, **John Olson, Jr., MD, PhD**, who holds joint professorship appointments in the Departments of Surgery and Biochemistry & Molecular Biology, specializes in endocrine oncologic surgery and studies the molecular basis of parathyroid, thyroid and breast cancers. Additionally, UM Medicine will implement one of the most cutting-edge therapies to treat solid tumors, **proton therapy**, very soon.

The UM Greenebaum Cancer Center has had the rare distinction of being a **National Cancer Institute (NCI)-designated center** since 2008. There are only 68 such centers in the United States, out of more than 1,400 accredited cancer treatment centers, and in Maryland and the metropolitan Washington, DC area, we are fortunate to have three such centers: ours at the University of Maryland; the Georgetown Lombardi Comprehensive Cancer Center at Georgetown University; and the Sydney Kimmel Comprehensive Cancer Center at Johns Hopkins University. NCI-designated centers are set apart from their peers because these facilities incorporate robust research, physician training and public education into the care they provide to their patients. Because these cancer centers have a mission to provide discovery-based medicine, patients who receive treatment at an NCI-designated center have access to the most state-of-the-art therapies and therapeutics available.

This year, the Greenebaum Cancer Center will apply for **comprehensive cancer center status**, which is the **highest designation** given by the NCI. Our elevation to this new level would reflect the extraordinary overall growth of the Center, as well as our faculty's emphasis on population science and **core mission to reduce health disparities**. Indeed, the strong ties that UM Medicine and the UM Greenebaum Cancer Center have with citizens in the surrounding communities has helped us achieve a **30 percent participation rate of underrepresented minorities in clinical trials led by our faculty**. Reducing disparities in cancer treatment is a major goal of our programs, and I am proud of our faculty clinicians who have taken major steps to ensure equal health care for all the people our Center serves.

Especially at this time of the year, when we remember the life of Dr. Martin Luther King, Jr., and his dreams of equality, we also are reminded of our mission to bring high-quality, patient-centered and safe care to all the people we serve. I am pleased we will be expanding the UM Greenebaum Cancer Center over the next few years. The expansion of cancer treatment services through the State of Maryland, underscored by the breakthroughs in biomedical research made by School of Medicine faculty, puts us one step closer to providing everyone with the health care they need and deserve.

In the relentless pursuit of excellence, I am

Sincerely yours,

E. Albert Reece, MD, PhD, MBA  
Vice President for Medical Affairs, University of Maryland  
John Z. and Akiko K. Bowers Distinguished Professor and  
Dean, University of Maryland School of Medicine



### Point of Pride

Dr. Robert O. Hickman,  
class of 1957

**invented  
the  
Hickman  
catheter.**

A long, thin tube made of flexible silicone rubber, the Hickman cath has as many as three openings and can be used to deliver multiple drug regimens. It is now used in almost every cancer center in the world **to deliver drugs to bone marrow transplant patients.**



**This makes  
us proud!**

# UM Cancer Network

## Greenebaum Cancer Center is the Centerpiece

of Recently Created UM Cancer Network

**L**ast fall, the University of Maryland Marlene and Stewart Greenebaum Cancer Center (UMGCC) launched the University of Maryland (UM) Cancer Network, connecting three UM community cancer centers with the nationally-recognized academic cancer center—(1) UM Baltimore Washington Medical Center's Tate Cancer Center; (2) UM St. Joseph Medical Center's Cancer

Institute; and (3) UM Upper Chesapeake Health's Patricia D. and M. Scot Kaufman Cancer Center.

The UM Greenebaum Cancer Center, located at the University of Maryland Medical

Center in Baltimore City, is led by physicians from the University of Maryland School of Medicine (UMSOM) and is among a select group of cancer centers in the country to be designated by the National Cancer Institute (NCI) for scientific excellence. Through the network, cancer patients living in or near Anne Arundel, Baltimore and Harford counties can now seek treatment at their closest UM community hospital rather than in downtown Baltimore, while still having access to the specialists, leading-edge technology and clinical trials at the Greenebaum Cancer Center.

"The hospitals in the UM Cancer Network are committed to providing the highest quality patient care and service excellence to the communities they serve," said **Kevin J. Cullen, MD**, the Marlene and Stewart Greenebaum Distinguished Professor of Oncology at the School of Medicine and director of the UM Greenebaum Cancer Center. "By combining the excellent patient care of the community hospitals with the innovation and scientific expertise of the Greenebaum Cancer Center, the UM Cancer Network is providing top-notch comprehensive cancer care to thousands of Marylanders."

All UM Cancer Network centers take a multidisciplinary approach to treatment. Cases are often reviewed by a team of medical, surgical and radiation oncologists, and a comprehensive treatment plan is developed for each patient. Additionally, patients are paired with supportive service providers, such as nurse navigators, social workers, genetic counselors and nutrition specialists, who aid in treatment and well-being.

The network also greatly expands clinical trial options for patients. Clinical trials are studies designed to test experimental and potentially better cancer treatments. While all UM Network centers conduct clinical trials

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While all UM Network centers conduct clinical trials in their facilities, the network provides patients access to more than 200 studies at the UM Greenebaum Cancer Center that are testing new treatments for a variety of cancers.

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Eloise "Candy" Draksler was one of those patients. Diagnosed with a central nervous system lymphoma, she sought treatment at the Greenebaum Cancer Center. "The multidisciplinary nature of our lymphoma treatment team allows us to draw on the expertise of medical oncologists, pathologists and radiation oncologists who specialize in the treatment of lymphomas. This expertise allows us to see more cases of primary CNS lymphoma than

most places," says **Navesh Sharma, DO, PhD**, Assistant Professor in the Departments of Radiation Oncology and Diagnostic Radiology & Nuclear Medicine at the School of Medicine, who is also medical director of Radiation Oncology at Upper Chesapeake's Kaufman Cancer Center.

**Young Kwok, MD**, Associate Professor, Department of Radiation Oncology and a specialist in brain lymphoma, suggested Draksler try a clinical trial. "Because of the rarity of this type of tumor, the trial is not available at many cancer centers," Dr. Kwok explains. "The University of Maryland Greenebaum Cancer Center is able to offer this trial because it is a large, NCI-designated Center."

More than a year later, Draksler is cancer-free and back at work as a children's entertainer. "I would tell anyone who has been asked to participate in a clinical trial to definitely consider it," she advised. "Don't dismiss it. You get to play a role in defeating cancer and helping others, and that's a great feeling."

The launch of the UM Cancer Network aligns and reinforces the UM Greenebaum Cancer Center's separate affiliations with each of the three community hospitals, allowing for maximum reach and impact on the health of Maryland cancer patients. To learn more about the University of Maryland Cancer Network and read more patient success stories, visit [www.umms.org/cancer](http://www.umms.org/cancer).

THE UNIVERSITY of Maryland School of Medicine has a rich history in the fight against breast cancer, including the groundbreaking work by **Angela Brodie, PhD**, in developing aromatase inhibitors, a new class of breast cancer drugs. Cancer breakthroughs require a great deal of time and research, however, and these years of trial and error in laboratories do not come cheap.

Since its inception in 1993, The Maryland Affiliate of Susan G. Komen has raised millions of dollars to fight breast cancer on the home front, funding everything from education, screening, treatment and research programs at local medical institutions, to advocacy and awareness campaigns, to financial support for many inner-city and rural cancer-screening initiatives.

“At the University of Maryland School of Medicine, our commitment to translating breakthroughs in the laboratory into therapies in the clinic aligns perfectly with the vision of the Susan G. Komen Foundation,” said E. Albert Reece, MD, PhD, MBA, Vice President for Medical Affairs, University of Maryland, and the John Z. and Akiko K. Bowers Distinguished Professor and Dean, School of Medicine. “Through our mission of discovery-based medicine, we have ensured that our cancer patients have access to the most aggressive, state-of-the-art treatments and preventions available today.”

#### ‘A Tremendous Effect’

The University of Maryland, Baltimore campus has received nearly \$4 million in grants from Komen Maryland since 1994 and another \$4 million from the national branch of Susan G. Komen. It’s a relationship that everyone, on both sides, agrees is indispensable.

“The 20-year relationship between the University of Maryland and Komen has supported our mission in educating the public and supporting programs and cutting-edge research that improve breast cancer outcomes. Komen’s support for addressing disparities in breast cancer screening and care have had a major

impact,” said **Claudia R. Baquet, MD, MPH**, recently retired Professor of Medicine, Associate Dean for Policy and Planning, and Director of the Center for Health Disparities at the School of Medicine.

The feeling, as they say, is mutual.

“To have a relationship with the University of Maryland, one that is truly reciprocal, is something I’m proud of,” says Robin Prothro, BSN, MPH, Founding Chief Executive Officer of the Susan G. Komen Maryland Affiliate. “We are a small nonprofit, and I’m proud that we have the sophistication to partner with one of the most highly esteemed medical institutions in the country. Our mission is to find an end to breast cancer, and we can’t do that without partnering with the scientific and medical community.”

At the heart of the partnership is a



Rhonda Silva from Komen Maryland and Dr. Shana Ntiri

shared belief in the importance of three key factors: education, knowledge, and action.

“Support from Komen Maryland touches our breast cancer patients at every point along the cancer continuum,” said Kevin J. Cullen, MD Professor of Medicine at the University of Maryland School of Medicine

and Director of the University of Maryland Marlene and Stewart Greenebaum Cancer Center. “From research dollars that have facilitated treatment breakthroughs, to nursing education, community outreach, screening and testing, and patient navigation, Komen Maryland’s support is touching the lives of Baltimore’s breast cancer patients, and we are truly grateful.”

Komen Maryland’s collaborative community

outreach efforts began in 2009 with a \$100,000 grant to support “Make a Difference: Changing Baltimore’s West Side Story Project,” an initiative of the Baltimore City Cancer Program (BCCP). Founded in 2001 as an initiative of the Marlene and Stewart Greenebaum Cancer Center at the University of Maryland Medical Center, BCCP offers free breast and cervical health education, screening and diagnostic testing, case management, patient navigation, treatment and survivorship support to uninsured women between the ages of 40 and 64 in Baltimore City. Over the past decade and a half, the program has screened more than 30,000 city residents, providing more than 18,700 free clinical breast exams and mammograms, as well as thousands of other cancer screenings.

#### Serving the Underserved

Komen Maryland expanded its support of BCCP in 2014, awarding a \$100,000 grant to offer breast cancer screening and educational services to eligible Hispanic women in Baltimore City and the surrounding area. The new project, called “Latinos United for Cancer Health and Awareness,” or LUCHA, is a partnership between the BCCP and Nueva Vida, a cancer advocacy organization covering the Baltimore-Washington metropolitan region.

“This grant enables us to reach this underserved group of women who may face language difficulties or other barriers to receiving care,” said **Shana O. Ntiri, MD, MPH**, Assistant Professor, Department of Family & Community Medicine, and current BCCP Medical Director. “We are delighted to be partnering with Nueva Vida in this endeavor and very grateful for this support from Komen Maryland.”

BCCP also received Komen Maryland’s Pink Ribbon Community Organization Award for 2014 in recognition of the group’s ongoing role in the fight against breast cancer. “Part of Komen’s mission is to help the un- and under-insured women and families who fall outside the traditional parameters,” says Prothro. “Supporting BCCP is a tangible example of how the Komen funding can make a difference in the community, allowing people to gain access to services and support that wouldn’t otherwise exist.”

# Fighting Breast Cancer on the HOME FRONT

Celebrating More Than 20 Years of Collaboration Between  
Susan G. Komen’s Maryland Affiliate and the University of Maryland

## The Komen Distinguished Lecture

As part of The Komen Maryland Affiliate Nursing Partnership: Advancing Education and Practice, the University of Maryland School of Nursing created the Komen Distinguished Lecture. The inaugural featured speaker was **Angela Brodie, PhD**, Professor of Pharmacology, University of Maryland School of Medicine, and co-director of the Program in Hormonally Responsive Cancers at the University of Maryland Marlene and Stewart Greenebaum Cancer Center. Dr. Brodie spoke about her challenging 20-year experience of bringing a highly effective breast cancer treatment, the aromatase inhibitors, to patients.

Pictured above are Dr. James Trovato, Associate Professor, University of Maryland School of Pharmacy; Robin Prothro, Chief Executive Officer, Komen Maryland; Dr. Brodie; and Sandra W. McLeskey, RN, PhD, Professor, University of Maryland School of Nursing



# Innovative App Automates Resident Evaluations for ERAS

I was hired by the University of Maryland School of Medicine in April of 2011. My manager, Kevin Brown, asked me to make things run more efficiently. I had never worked within a medical school, but one thing everyone seemed to be talking about was the upcoming MSPE season. It sounded like a huge, daunting project.

The Medical Student Performance Evaluation (MSPE) is a very detailed transcript of a medical student's career. It is sent to residency programs as part of the residency application, and every medical school must create one for every fourth-year student applying to residency. From the way my co-workers were talking, I knew this document was very important: It could change the trajectory of a medical student's life. But its creation was tedious and time-consuming.

In 2011, the MSPE was due to be uploaded to the Electronic Residency Application Service (ERAS) on November 1. The entire office—three staff members, three assistant deans, and one associate dean—dropped everything to create these documents. This meant putting virtually all student services on hold until MSPE season concluded.

My task was to ensure all the evaluations were added to the MSPE. The MSPEs were saved on a network drive as Word documents; there were about 165 in total. Each dean was responsible for a group of students and their MSPEs. Every day, I would log in to an evaluation website and pull a report of the evaluations that came in that day. I would manually copy and paste the information into the Word documents on our network drive. Just to give you a picture of the magnitude of the task, each student has seven clerkships in their third year and about six courses in their fourth year. By the end of the MSPE season, I had manually copied and pasted over two thousand evaluations.

With six people working on the documents, there were many errors—even the fonts weren't consistent. Once those issues were corrected, I had to go through and make all the edits. I told myself I would never do it that way again. We needed to automate. We needed "an app for that."

My bachelor's degree was in business administration with a focus in entrepreneurship, and I was working on my MBA. I was very familiar with IT products, but I wasn't an expert in programming. Before creating something from scratch, I called other medical schools to see if they had a better practice. Each one said that they were doing the same thing and they wished there were a better way.

Committed to creating something original, I laid out the design for the application. After evaluating the process, I knew how the work should flow and who needed to touch specific parts of the document. I showed our department's new programmer, Priyanka Koneru, what I had planned. We worked for the next year to create the application. Every day, we were challenged, but I loved every minute of building this application.

In 2012, ERAS announced that the deadline for the MSPE would be moved up one month, to October 1. By July of 2012, we were ready to launch the application here at the School of

Medicine. We named our application Automated Student Affairs Processes, or ASAP. Before the deadline, the deans were asking me every day if something was wrong, because they weren't stressed. That year, we were able to submit the MSPEs three days early, and I didn't have to copy and paste a single evaluation!

Because there seemed to be no other automated solutions for this process, our department decided to test the larger market after using it successfully for two years. In 2013, we attended the AAMC annual meeting in Philadelphia to find a beta test site—another medical school that would implement the application.

Personally, I was skeptical that we would get a response, but all of my worrying stopped when several medical schools expressed interest in becoming beta test sites. Gladys Ayala, MD, Vice Chancellor at New York Medical College (NYMC), and I spoke at our booth about this cumbersome process. After showing her ASAP and how it changed my life and the lives of our deans, I could feel her excitement. We knew that NYMC would be a perfect beta test school.

We signed a one-year license with NYMC and worked to implement ASAP there. After the MSPE season, we received the following testimonial from Dr. Ayala: "One of the greatest challenges is the coordination of many different offices in order to get these evaluations (aka dean's letters) completed with accurate student information in a timely fashion and meet the target deadline for the release to program directors. Utilizing ASAP, the information was easily uploaded by various departments and can be stored in a central program."

Tanya Wilson, NYMC's administrator responsible for the evaluations, wrote: "You and your team effectively communicated with our Student Affairs team on the implementation of ASAP and ensured that our needs were being met with the highest level of professionalism and quality of care. The creation and completion of the NYMC's Class of 2015 Dean's letters through the new ASAP system would not have been possible without the constant follow-through and dedication from all of you."

After the success with NYMC, we signed up to exhibit at the 2014 AAMC annual meeting in Chicago. I can't thank the AAMC enough for giving us the opportunity to feature our product. Without the booth in Philadelphia, we wouldn't have been able to elevate ASAP to its current levels.

*\*This story first appeared on the academic medicine blog Wing of Zock (wingofzock.org) on January 15. It is reprinted here with permission.*



Sara Menso, Kevin Brown and Priyanka Koneru

**"One of the greatest challenges is the coordination of many different offices in order to get these evaluations (aka dean's letters) completed with accurate student information in a timely fashion and meet the target deadline for the release to program directors. Utilizing ASAP, the information was easily uploaded by various departments and can be stored in a central program."**

~Gladys Ayala, MD, Vice Chancellor at New York Medical College (NYMC)

SAVE THE DATE  
**SATURDAY, FEBRUARY 21, 2015**  
**6:30 pm**  
 Marriott Inner Harbor at Camden Yards

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