

America's Top Doctors for Cancer recognizes 19 IUSCC physicians

Nineteen physicians with the Indiana University Melvin and Bren Simon Cancer Center have been recognized as the best in their field.

The 19 are among 26 in Indiana included in the fifth edition of *America's Top Doctors for Cancer*. The current guide identifies the nation's most outstanding physicians for the diagnosis and treatment of cancers in adults and children.

The physicians are:

- John Coleman III, MD (plastic surgery)
- James Croop, MD, PhD (pediatric hematology/oncology)
- Lawrence Einhorn, MD (medical oncology)
- Robert Fallon, MD (pediatric hematology-oncology)
- Sherif Farag, MBBS, PhD (hematology)
- Richard Foster, MD (urology)
- Robert Goulet Jr., MD (surgery)
- Paul Haut, MD, FAAP (pediatric hematology/oncology)
- Valerie Jackson, MD (diagnostic radiation)
- Keith Lillemoe, MD (surgery)
- Patrick Loehrer Sr., MD (medical oncology)
- Douglas Rex, MD (gastroenterology)
- Scott Shapiro, MD (neurological surgery)
- George Sledge Jr., MD (medical oncology)
- Frederick Stehman, MD (gynecologic oncology)
- Allan Thornton Jr., MD (radiation oncology) Thornton is with the Midwest Proton Radiotherapy Institute in Bloomington, which is affiliated with the IUSM Department of Radiation Oncology and the IU Simon Cancer Center.
- Thomas Ulbright, MD (pathology)
- Terry Vik, MD (pediatric hematology-oncology)
- Eric Wiebke, MD (surgery)

Published by Castle Connolly, the guide contains detailed profiles of more than 2,200 of America's leading cancer specialists across more than 40 medical specialties. The doctors are selected by a physician-led research team based on comprehensive national surveys of physicians and medical leaders.



Vera Bradley Foundation for Breast Cancer pledges \$10 million to IU Simon Cancer Center

Not only does Vera Bradley make popular handbags, but it also fights against breast cancer.

The Vera Bradley Foundation for Breast Cancer announced

Nov. 12 that it is committing \$10 million to breast cancer research at the Indiana University Melvin and Bren Simon Cancer Center.

"The decision of our foundation board was unanimous," Patricia R. Miller, co-founder of Vera Bradley, said of the gift.

"Generosity and commitment like that from the Vera Bradley Foundation are what will make the difference in this disease," D. Craig Brater, dean of the IU School of Medicine, said. "These gifts touch women every day, not just in Indiana, but all over the world."

"When we made our first pledge of \$1.2 million in 1998, we had no idea so much lifesaving research would come from our partnership with IU," Barbara Baekgaard, Miller's business partner, said. "We just knew we had to do something about a disease that took the life of a very good friend."

In addition to the 1998 gift, Vera Bradley Foundation gave the cancer center's breast cancer research program \$2 million in 2003 and \$6.8 million in 2006.

Those gifts represent the single-largest philanthropic resource for IU's program. The foundation's generosity is spurring the development of new treatments for women with advanced forms of this disease.

"Vera Bradley Foundation funding has allowed us to be a leader in understanding breast cancer and to be at the forefront of critical discoveries," George W. Sledge, MD, codirector of the IU Simon Cancer Center breast cancer program, said. "We now know that breast cancer is not a

single disease, but many unique diseases. We also know that we are unlikely to find one magic bullet that cures all cases. Instead, we are working to develop an arsenal of successful treatment options and then learn how to determine the best approach for each individual woman."

Dr. Sledge and co-director Linda Malkas, PhD, point to multiple advancements made possible in the last 10 years as a result of Vera Bradley Foundation funding.

- IU is now the only site in the world testing the only
 potential new therapy to force breast cancer cells to
 grow old and die. The IU researcher who played a
 pivotal role in developing the drug trained under one
 of the scientists who shared the 2009 Nobel Prize in
 Medicine for pioneering this groundbreaking area of
 science.
- Patients at the IU Simon Cancer Center have been the first in the world to receive new life-extending therapies such as Avastin. As a direct result of IU research, the drug recently received FDA approval for the treatment of advanced breast cancer.
- Indiana University's breast cancer program has grown to 34 members, up from six in 1999. Vera Bradley funding was directly used to recruit 10 of these faculty members, including Dr. Malkas, who is the Vera Bradley Chair in Oncology.
- In 2008, the breast cancer research program was reviewed by the National Cancer Institute (NCI). The program received the NCI's highest ranking.
- Annual research grant funding for the 34-member team now exceeds \$10 million.

In recognition of the foundation's past gifts, IU recently established the Vera Bradley Foundation for Breast Cancer Research Laboratories, located in Joseph E. Walther Hall, the school of medicine's newest and largest research building.

"The women and volunteers who work so hard in Fort Wayne to raise this money inspire us. We love our partnership with the Vera Bradley Foundation for Breast Cancer. We are committed to them and to our patients who count on us," Dr. Malkas said. Share this e-mail:



IU Simon Cancer Center researcher: Involving family in medical rounds benefits both family and medical team

Involving family members of pediatric cancer and hematology patients in medical rounds benefits both the family and the medical team, according to a new Indiana University School of Medicine study.

Riley Hospital for Children, where the study was conducted, is now one of only a small number of hospitals nationwide routinely offering the parents of pediatric cancer and hematology patients the opportunity to join their child's medical team as active participants in the discussion and planning of their son's or daughter's care.

"Parents of children with cancer are often in an unsettling

environment and are under a lot of stress," Holly M. Knoderer, MD, MS, said. Dr. Knoderer conducted the study and published its results in the November 2009 issue of *Academic Medicine*.

"They frequently feel unable to communicate effectively with the many people who are taking care of their daughter or son. They may be reluctant to leave their child's bedside for fear of



missing the opportunity to talk with members of the medical team," Dr. Knoderer said. "The importance of the family's involvement in caring for children with cancer and blood disorders is as tremendous as the need to successfully educate our medical students and residents about the value of effective communication and family-centered care. Despite initial reluctance from fellows and nurses, having family members join in rounds was hugely successful and improved the standard of care."

Each weekday morning, patients' families are given the opportunity to sign up to attend sit-down team rounds when their child's case is discussed. Participation is voluntary and family members can both ask questions and offer input. Together, medical students, residents, fellows, family members, and the attending physician formulate the

treatment plan for that day.

"Doctors are the medical experts, but the parents are the expert on their child. Treating parents as valued team members not only increases family satisfaction but improves care." Dr. Knoderer said.

"An unexpected benefit of the new style of rounds was that parents were less distracted in team rounds than at the bedside," Dr. Knoderer wrote in *Academic Medicine*. "In the child's room, parents and physicians often balance a ringing phone, computers, television/video games, a demanding sibling or a patient request. We observed that parents sitting in rounds were more focused and often came with a list of specific questions or concerns. Because the family understood that they had limited time in team rounds, they were more focused. Additionally, parents were no longer afraid to leave their child's room in fear that they would miss an opportunity to talk with the attending physician."

The presence of family members in team rounds minimally prolonged team rounds. Overall, medical team work load was either unchanged or somewhat shortened during the study, as most families who attended team rounds needed far less time later at the bedside, and plans were less likely to change as a result of discussions made earlier in the day during team rounds.

One hundred percent of families who participated in the program indicated that family inclusion in rounds should be continued. Teenage patients were also invited. In fact, it was often the teenage patients who attended most regularly. "Families reported increased feelings of inclusion, respect, and having a better understanding of their child's care," Dr. Knoderer reported.

While medical students and resident physicians recognized the value of family inclusion for patient care and family satisfaction, some doubted the benefit to their own training. Yet, all acknowledged that parents should be allowed to participate in team rounds. Attending physicians indicated that parental inclusion in team rounds was an important teaching opportunity. It allowed attending physicians to better observe, evaluate, and give feedback on the trainees' communication skills.

"Parents of children with cancer become quite savvy. They reserve their toughest questions for the attending physician. When the attending makes rounds alone, the medical team can't witness these sensitive discussions. Allowing the medical trainees to witness difficult conversations about diagnosis, treatment, and prognosis gives trainees a basis from which they develop their own practice style. Each interaction between parent and attending physician allows trainees to determine how the trainee can most effectively communicate with their patients. We hope that our trainees can use these interactions to model their own style of interaction with patients and families. We aim to provide the foundation on which each trainee can build effective communication skills," Dr. Knoderer said.

-- Cindy Fox Aisen



News briefs

Department of Radiology name change

The IU Department of Radiology has changed its name to the IU Department of Radiology and Imaging Sciences.

Dr. Swanson named associate vice chancellor for public health

G. Marie Swanson, PhD, MPH, has been named associate vice chancellor for public health, announced IUPUI Chancellor

Charles R. Bantz, pending approval by the IU Board of Trustees. Swanson is also chair of the Department of Public Health in the IU School of Medicine and associate director for population sciences and a senior leader at the IU Simon Cancer Center.

Swanson is preparing to lead efforts to form a School of Public Health at IUPUI. Last May, IU President Michael



Swanson

A. McRobbie announced a plan to form two schools of public health, one at IUPUI and the other at Bloomington.

In his announcement, McRobbie said the school at IUPUI will grow from the Department of Public Health in the School of Medicine and is expected to focus on urban health issues, while the new school at IU Bloomington is expected to be based on the School of Health, Physical Education and Recreation, and will focus more on rural health issues, general wellness and other areas that build on existing strengths.

In announcing Swanson's new title, Bantz said, "As the founding dean of the Mel and Enid Zuckerman College of Public Health at the University of Arizona, Professor Swanson is the ideal person to lead the development of the new School of Public Health at IUPUI."

Uday Sukhatme, executive vice chancellor and dean of the faculties at IUPUI, noted that Swanson, who is a leading figure in the field of epidemiology, is "extremely knowledgeable and well qualified for obtaining appropriate accreditation from national agencies for forming a School of Public Health. She also is a past president of the American

College of Epidemiology and has had continuous NIH funding for more than 35 years in the areas of cancer and chronic disease epidemiology and health disparities. She currently serves on a national Scientific Advisory Board for a 20-year Department of Defense cohort study of health promotion and disease prevention among military personnel."

Cancer center members in the news

- Kenneth Cornetta, MD, was quoted in a recent <u>New</u> <u>York Times</u> story about gene therapy.
- <u>Time</u> magazine quoted **George Sledge**, MD, in a story about the new mammography guidelines.
- Reuben Kapur, PhD, has been named program leader for hematologic malignancies and stem cell biology in the Herman B Wells Center for Pediatric Research. Dr. Kapur received his undergraduate degree at Washington State University and his PhD in microbiology and immunology at the University of Arizona. He completed his post-doctoral fellowship in the laboratory of Dr. David Williams in the Wells Center as a Howard Hughes Scholar. He joined the pediatric faculty in the Section of Neonatal-Perinatal Medicine as an assistant professor in 2001.
- In a recent Phase 2 study conducted by Sherif
 Farag, MBBS, PhD, Torisel (temsirolimus) showed

little ability to reduce blood and urine levels of abnormal monoclonal protein (known as "M" protein) in relapsed multiple myeloma patients. The results were published in the November issue of the journal Leukemia Research. "The clinical trial did show some activity, but I think the activity



Farag

is not as strong as the other modern agents like Revlimid (lenalidomide) and Velcade (bortezomib)," Dr. Farag told *The Myeloma Beacon*. "However, it did provide some understanding of how much activity [Torisel] has in its dosage, side effects, and toxicity and its potential for being used in combination with other drugs."

New members

Jose Azar, MD
Department of Medicine, Hematology/Oncology Division
Associate member, HMI

Khalid Mohammad, MD, PhD

Department of Internal Medicine/Endocrinology

Member, Tumor Biology and Microenvironment