Happy Spring!
I am very pleased that Anne Lowther accepted the challenge of revitalizing the Department newsletter and I'd like to thank her and all of the contributors for their work on this Spring edition. There's lots of “catch-up” information in this issue, but I'd like to share some “breaking news” first.

Fudan University Shanghai Cancer Center (FUS), one of the largest cancer centers located in Shanghai, will become the first affiliate member of the Radiation Therapy Oncology Group (www.rtog.org), sponsored by the Department of Radiation Oncology, Kimmel Cancer Center. This historical accomplishment was achieved by a decade of close collaboration between physicians and scientists from Fudan University Shanghai Cancer Center and Thomas Jefferson University.

FUS is one of the top three Chinese universities, founded in 1905. Fudan consists of 28 schools and ten teaching hospitals. Fudan Cancer Hospital was established in 1931 as the sino-Belgium Radium Institute, and later became the only comprehensive cancer center in Shanghai, treating over 5,000 patients annually. It will operate the newly built Shanghai Proton and Heavy Ion Hospital opening in mid-2013.

For 40 years, the Radiation Therapy Oncology Group (RTOG) has been a recognized leader in working to increase survival and improve the quality of life for cancer patients. Based in Philadelphia, RTOG is a key clinical research component of the American College of Radiology (ACR) and serves as a multi-institutional, international clinical cooperative group funded primarily by the National Cancer Institute (NCI).

The RTOG was initially organized in 1968 under the direction of Dr. Simon Kramer at Thomas Jefferson University as a national clinical cooperative group for the purpose of conducting radiation therapy research and cooperative clinical investigations. Since its inception, the Group has activated 460 protocols, accrued a total of approximately 90,000 patients to cooperative group studies and published more than 800 papers reporting the results of its findings. RTOG provides an infrastructure for clinical investigators from the United States, Canada, and international sites to seek more effective treatments for cancer.

I would like to acknowledge Drs. Bo Lu and Ying Xiao for their assistance in helping to facilitate this relationship and Dr. Maria Werner-Wasik and the Protocol Office staff for their continued excellence in maintaining Jefferson as a full member institution in the RTOG.

The Protocol Office is a very busy place, and you may wonder what, exactly, it is that they do. Read on, we’re featuring them later in this newsletter.

If you have any suggestions for future issues of the Radiation Oncology Quarterly, please contact Anne, whose contact information is listed on page 17.
The New Department of Radiation Oncology Quality Committee

We are pleased to report the Department of Radiation Oncology Quality Committee has been officially launched. Under the direction of Dr. Mark Hurwitz, Vice-Chair for Quality, Safety, and Performance Excellence, the committee has a key role in advancing the overall quality program in the Department of Radiation Oncology as described in the committee mission statement:

The Department of Radiation Oncology Quality Committee has a primary role in defining, objectifying assessing, and overseeing advancement of departmental initiatives and goals. The Committee, with intradepartmental multidisciplinary representation and accountability to the department chair, will serve as the oversight body for the quality activities of the department which will be aligned with institutional and national goals. The Committee will address quality from a multidisciplinary perspective encompassing the quality aims of safety, timeliness, effectiveness, efficiency, equity, and patient centeredness. The Committee will serve as a model for others with its work product resulting in improved patient, staff, and student experience within our department, institution, and field.

Members of the committee include:

- Voichita Bar-Ad
- Dan Clancy
- Nick DeGregorio
- Laura Doyle
- Amy Harrison
- Mark Hurwitz
- Alisa Itri
- Anne Lowther
- Susan Munro
- Uli Rodeck
- Josh Siglin
- John Smyles
- Kathy Wilson

Please note participation in the quality program is not limited to the committee! All members of the department have a role to play in advancing quality. We will be seeking input from everyone in the months ahead. Feel free to reach out to Dr. Hurwitz or other committee members with quality-related ideas, questions, or concerns. In its first month the committee has been actively:

- Developing a comprehensive 'map' of quality activities in the department including their relation to individual patient care as well as institutional and national quality standards.
- Defining the current and future use of metrics to quantify quality and to measure the impact of new quality initiatives.
- Initiating pilot projects which will provide opportunity for the committee to test and optimize its approach to quality improvement while providing near term benefits.

In addition we are excited to announce the start of a new Quality Journal Club. Join us for discussion (and pizza too!) at noon on April 11th in the Simon Kramer Conference Room in the Department of Radiation Oncology.

Mark Hurwitz, MD

Inside the Radiation Oncology Protocol Group

A Protocol is a written description of, and scientific rationale for, a research activity involving human subjects. What does the staff in the Radiation Oncology Protocol Group (ROPG) do? In five words or less, they work very hard...but let's go into further detail.

Erin Dougherty, recently promoted to supervisor of the ROPG, noted, “We are a team to screen patients for clinical trials. They go into the clinic at the request of an attending physician and explain a trial to a patient and if the patient is interested, they have them sign a consent form, sometimes on the spot, more often, a few days later, after the patient has had time to think about this and discuss it with family. If a patient expresses an interest in participating in a clinical trial, and about 50% of those initially asked want to do so, our Protocol Office staff then check the patient’s lab results, medical history and if they meet the initial eligibility criteria as described in the Protocol (about 60-70% of those who are interested in participating), they are registered.

Mary Schafer, Jane Yu and Tracey Zimmer are also critical members of the ROPG Staff who primarily handle data management. They ensure that all forms are completed for each patient and since the ROPG is moving to a paperless environment, they also scan the charts of all patients participating in clinical trials. The new electronic research chart system was created

(Continued on page 5)

Mark Hurwitz Joins Jefferson as Vice Chair for Quality, Safety and Performance Excellence in Radiation Oncology

Mark Hurwitz, MD, has been appointed Vice Chair for Quality, Safety, and Performance Excellence and Director of Thermal Oncology at Thomas Jefferson University and Hospital. Dr. Hurwitz is a widely recognized leader in the fields of thermal medicine and genitourinary oncology, and previously served as Director of Regional Program Development for the Department of Radiation Oncology at the Dana-Farber/Brigham and Women’s Cancer Center.

Dr. Hurwitz is the first to hold these newly-established positions, as part of Jefferson's goal to continue its strong focus on quality assurance and patient safety in radiation oncology and other disciplines and to expand upon promising treatment techniques.

I’m stepping into this new position to assist the Department of Radiation Oncology at Jefferson in reaching the next level in terms of developing a formalized, comprehensive quality assurance program that encompasses all aspects of quality, including research, education, patient care and safety.”

Stephen Graff


Stigma stymies prostate cancer screening, treatment in Ghana

Low screening rates and lack of treatment resulting in late-stage diagnoses, poor outcomes in prostate cancer patients in West African nation

Infectious diseases in Ghana tend to capture the most attention, but a quiet crisis may soon take over as the country’s most threatening epidemic: cancer. A new study published in January in the journal BMC Cancer, led by Kojo Yamoah, MD, PhD, a resident in the Department of Radiation Oncology at Thomas Jefferson University and Hospitals, takes aim at the issue by investigating prostate cancer diagnoses and treatment delivery in black men living in the West African region, in order to devise research strategies to help improve health outcomes. Overall, many men are diagnosed at a later stage, with more than half opting out of treatment, they found. The researchers point to stigma about cancer as a root of the problem.

“Cancer can be very hush-hush because of cultural and financial issues and social stigmas associated with the disease. We need to bring awareness and address the needs of the population and barriers to care.”

“Cancer is still perceived as a death sentence,” he added. “People are scared to go to their doctor to find out if they have it, let alone to follow through with treatment.”

Work to secure this grant has been recommended for funding and is pending.

Stephen Graff

For the full article: http://www.jefferson.edu/web_options/tags/news_fullstory.cfm?articleID=506

Kojo Yamoah, MD, PhD, resident physician

The Journal of Infectious Diseases

The New Department of Radiation Oncology Quality Committee

We are pleased to report the Department of Radiation Oncology Quality Committee has been officially launched. Under the direction of Dr. Mark Hurwitz, Vice-Chair for Quality, Safety, and Performance Excellence, the committee has a key role in advancing the overall quality program in the Department of Radiation Oncology as described in the committee mission statement:

The Department of Radiation Oncology Quality Committee has a primary role in defining, objectifying assessing, and overseeing advancement of departmental initiatives and goals. The Committee, with intradepartmental multidisciplinary representation and accountability to the department chair, will serve as the oversight body for the quality activities of the department which will be aligned with institutional and national goals. The Committee will address quality from a multidisciplinary perspective encompassing the quality aims of safety, timeliness, effectiveness, efficiency, equity, and patient centeredness. The Committee will serve as a model for others with its work product resulting in improved patient, staff, and student experience within our department, institution, and field.

Members of the committee include:

- Voichita Bar-Ad
- Dan Clancy
- Nick DeGregorio
- Laura Doyle
- Amy Harrison
- Mark Hurwitz
- Alisa Itri
- Anne Lowther
- Susan Munro
- Uli Rodeck
- Josh Siglin
- John Smyles
- Kathy Wilson

Please note participation in the quality program is not limited to the committee! All members of the department have a role to play in advancing quality. We will be seeking input from everyone in the months ahead. Feel free to reach out to Dr. Hurwitz or other committee members with quality-related ideas, questions, or concerns. In its first month the committee has been actively:

- Developing a comprehensive ‘map’ of quality activities in the department including their relation to individual patient care as well as institutional and national quality standards.
- Defining the current and future use of metrics to quantify quality and to measure the impact of new quality initiatives.
- Initiating pilot projects which will provide opportunity for the committee to test and optimize its approach to quality improvement while providing near term benefits.

In addition we are excited to announce the start of a new Quality Journal Club. Join us for discussion (and pizza too!) at noon on April 11th in the Simon Kramer Conference Room in the Department of Radiation Oncology.

Mark Hurwitz, MD

Inside the Radiation Oncology Protocol Group

A Protocol is a written description of, and scientific rationale for, a research activity involving human subjects. What does the staff in the Radiation Oncology Protocol Group (ROPG) do? In five words or less, they work very hard...but let’s go into further detail.

Erin Dougherty, recently promoted to supervisor of the ROPG, noted, “We are a team to screen patients for clinical trials. They go into the clinic at the request of an attending physician and explain a trial to a patient and if the patient is interested, they have them sign a consent form, sometimes on the spot, more often, a few days later, after the patient has had time to think about this and discuss it with family. If a patient expresses an interest in participating in a clinical trial, and about 50% of those initially asked want to do so, our Protocol Office staff then check the patient’s lab results, medical history and if they meet the initial eligibility criteria as described in the Protocol (about 60-70% of those who are interested in participating), they are registered.

Mary Schafer, Jane Yu and Tracey Zimmer are also critical members of the ROPG Staff who primarily handle data management. They ensure that all forms are completed for each patient and since the ROPG is moving to a paperless environment, they also scan the charts of all patients participating in clinical trials. The new electronic research chart system was created

(Continued on page 5)

Mark Hurwitz Joins Jefferson as Vice Chair for Quality, Safety and Performance Excellence in Radiation Oncology

Mark Hurwitz, MD, has been appointed Vice Chair for Quality, Safety, and Performance Excellence and Director of Thermal Oncology at Thomas Jefferson University and Hospital. Dr. Hurwitz is a widely recognized leader in the fields of thermal medicine and genitourinary oncology, and previously served as Director of Regional Program Development for the Department of Radiation Oncology at the Dana-Farber/Brigham and Women’s Cancer Center.

Dr. Hurwitz is the first to hold these newly-established positions, as part of Jefferson’s goal to continue its strong focus on quality assurance and patient safety in radiation oncology and other disciplines and to expand upon promising treatment techniques.

“I’m delighted to be joining an institution that already has a very prominent profile in quality assurance, excellence and innovation,” said Dr. Hurwitz.

“I’m stepping into this new position to assist the Department of Radiation Oncology at Jefferson in reaching the next level in terms of developing a formalized, comprehensive quality assurance program that encompasses all aspects of quality, including research, education, patient care and safety.”

Stephen Graff


Stigma stymies prostate cancer screening, treatment in Ghana

Low screening rates and lack of treatment resulting in late-stage diagnoses, poor outcomes in prostate cancer patients in West African nation

Infectious diseases in Ghana tend to capture the most attention, but a quiet crisis may soon take over as the country’s most threatening epidemic: cancer. A new study published in January in the journal BMC Cancer, led by Kojo Yamoah, MD, PhD, a resident in the Department of Radiation Oncology at Thomas Jefferson University and Hospitals, takes aim at the issue by investigating prostate cancer diagnoses and treatment delivery in black men living in the West African region, in order to devise research strategies to help improve health outcomes. Overall, many men are diagnosed at a later stage, with more than half opting out of treatment, they found. The researchers point to stigma about cancer as a root of the problem.

“Cancer can be very hush-hush because of cultural and financial issues and social stigmas associated with the disease. We need to bring awareness and address the needs of the population and barriers to care.”

“Cancer is still perceived as a death sentence,” he added. “People are scared to go to their doctor to find out if they have it, let alone to follow through with treatment.”

Work to secure this grant has been recommended for funding and is pending.

Stephen Graff

For the full article: http://www.jefferson.edu/web_options/tags/news_fullstory.cfm?articleID=506

Kojo Yamoah, MD, PhD, resident physician

The Journal of Infectious Diseases
Residents News

Lots of things have happened since the last edition of the newsletter. We said goodbye to Dr. Nitin Obhrai and Xingli Shen at the annual “Hall and Farewell” celebration which was held on June 26, 2012. Nitin is now working at Einstein in New York and Xingli went home and is now working at the University of Kansas, the land of snow, snow and more snow! They’re both doing very well and have started to hit the books in preparation for their June, 2013 Oral Boards.

Drs. Colin Champ and Mark Mishra became our Chief Residents last April and have done a great job this year working with our new Residency Program Director, Dr. Voichita Bar-Ad. Colin and Mark passed the Radiobiology and Medical Physics portion of their Boards in July. They’ll be honored at the next “Hall and Farewell” in late June, before Colin leaves for his new position at the University of Pittsburgh and Mark heads a bit south to the University of Maryland. They’ll also be studying for the written portion of their boards, which they’ll take early this fall. We’re all studying for the written portion of the boards, which we’ll take early this fall. The data managers are in contact with external institutions, if necessary, to retrieve follow-up data, as most of the patients enrolled have long-term follow-up in our Department are followed for life. The data managers are also specially trained to handle biological specimens, shipping them regularly to cooperative group sponsors.

Faculty News

Dr. Voichita Bar-Ad assumed the role of Residency Program Director on July 1, a position that Dr. Maria Werner-Waak held for the last 10 years. Dr. Werner-Waak is now devoting most of her efforts to clinical research and has assumed the title of Director of Clinical Research in the Department. In the Kimmel Cancer Center, she was appointed the Co-Director, National Clinical Trials Network Operations. Dr. Wenjin Shi was appointed the Radiation Oncology Director for the Stereotactic Radiosurgery Program at JHN.

In October we welcomed Dr. Mark Hurwitz as our Vice Chair, Quality, Safety and Performance Excellence and Dr. Estelle Grafee as an Attending Physician who works at both our Riddle Hospital and Methodist Hospital locations.

We were asked by Dr. Petelli’s office to compile a list of our “accomplishments” as of January 31, 2013, and so this far, our faculty published 61 peer-reviewed journal articles, a book chapter, had 33 poster presentations and 10 oral presentations. Dr. Nicole Simone received a Junior Faculty Career Research Training Award at the 2012 Annual RTOG Meeting and Dr. Ying Xiao became a fellow of the American Association of Physicians in Medicine in July, 2012. Dr. Yan Yu was appointed Lead Physicist on the ASTRO Workgroup on Practice Accreditation Program in 2012.

Congratulations to Dr. Matthew Studenski who was promoted to the rank of Assistant Professor and to Dr. Ying Xiao who was promoted to the rank of full Professor.

Virginia Lockamy, PhD was appointed to the Membership Committee for the AAPM, January 1, 2013 for a 2 year term. Congratulations Virginia!

Dr. Maria Werner-Waak is a group leader for Pocono Medical Center (PMC) are collaborating with IBTF on research. Pictured with Dr. Werner-Waak at the Dale and Francis Hughes Cancer Center at PMC are (from left to right) Joshua Schoppe, MPH, Senior Outreach Coordinator, Jefferson Kimmel Cancer Center, Mary Ellen Lynch, Clinical Research Associate, PMC and Michael Greenberg, MD, Lead Site Investigator, PMC.

Alumni News

Dr. Evan Withrick, his wife Christine and their three sons welcomed their new baby girl, Ashley Elizabeth, to their family on January 18.

(Continued from page 2)

Guess how long I’ve worked for Jefferson Radiation Oncology?

5 YEARS
Laura Doyle, MS
Barbara Rice, MS
Leah Sbasson, PhD

10 YEARS
Jessie D’Noone, MD

BRAIN TRIALS

• IIT: Phase I study of ipilimumab combined with whole brain radiation therapy or radiotherapy for metastatic patients with brain metastases. PI: Shi

• IIT: Phase I/II study: Combination of Pembrolizumab and Stereotactic radiosurgery in treatment of brain tumors (Note: 12/28/12: second cohort closed; trial on hold until dose escalation is approved). PI: Dr. Shi

• RTOG: Phase II randomized study of Rituximab, Methotrexate, Procarbazine, Vincristine, and Cytarabine with and without low-dose whole brain radiotherapy for primary central nervous system lymphoma. PI: Dr. Glass

• RTOG: Randomized Phase I and II study of ABT-888 in combination with Temozolomide in recurrent (Temozolomide resistant) glioblastoma (Note: 01/14/13: Closed temporarily per RTOG). PI: Dr. Glass

Other patients are enrolled in Investigator Initiated Trials (IITs) which are in-house studies (meaning, they are conducted only at Jefferson). IITs are administratively more complicated and require the investigator to have Jefferson’s Clinical Cancer Research Review Committee (CCCRB) review and approve the scientific aspects of the study. IITs, as well as Coop- erative Group trials, must then be reviewed by Jefferson’s Institutional Review Board (IRB), a diverse group of researchers who look at scientific as well as clinical procedures, monitoring research involving human subjects. After those reviews, the IRB and the Investigator (PI) of the study holds a Site Visit, inviting all of the investigators, pharmacists, the Clinical Cancer Research Management Office (CRMO), and any addi- tional relevant study personnel to review and discuss the trial. The CRMO handles regulatory affairs and facilitates all reviews by the IRB after which the approved documents are forwarded to the ROPG staff for use. For many studies, the machines have to be credentialed by our physicists and then the ROPG can announce the opening of the trial to our attend- ing physicians.

Pharmaceutical Trials are also conducted. These protocols are written and sponsored by a pharma- ceutical firm and our staff handles all of the clinical and administrative tasks that are involved in these trials. The ROPG CRAs attend most of the Tumor Boards and all QA Con- ferences, as well as Research Strategy Meetings. They all attend the semi-annual RTOG Meeting held in Phila- delphia and some of them attend the meetings in other locations across the country.

The ROPG collaborates with many groups of employees in our Depart-

(Continued on page 6)
Background: Normal Accident Theory

Normal Accident Theory (NAT) originated from the analysis of the nuclear accident at Three Mile Island (Perrow 1981; 1984). It represents a modern departure from the traditional view of safety engineering premised on the notion that “safety is achieved by the effective intervention of human actions that occur in unfamiliar or uncomfortable environments (Reason 1998).”

Thus NAT’s central thesis can be stated as: an occasional failure in technological systems that are completely interactive and tightly coupled can, under certain circumstances, lead to system accidents. To make matters worse, the complex interactions can cascade very rapidly in tightly coupled systems, which have no slack for recovering from such failure. If any of the foregoing sounds somewhat familiar to any of us working in a radiation oncology department, it is probably because our field has quietly moved to a truly complex system as defined by Perrow.

From an organizational perspective, a significant challenge is to design effective methods to ameliorate complex interactions and tight coupling simultaneously.

Background: Swiss Cheese Model

Similar to NAT, the Swiss Cheese Model (SCM) describes accident defense mechanisms as slices of cheese that have holes signifying weaknesses in otherwise tightly coupled systems. A central theme in SCM is that there is an occasional failure in the treatment of anaplastic thyroid cancer. PI: Dr. Campling

Complex interactions are interactions that occur in unfamiliar or unexpected sequences, which are not immediately comprehensible (Perrow, 1994). Factors considered to cause complex interactions in a system include the need to decipher unfamiliar or unintended feedback loops and make inferences, and specialized knowledge of personnel that limits their awareness of interdependencies.

A system is considered to be tightly coupled when there is minimal time lag or slack between the processes being executed, the processing sequence is invariant, there is only one method available to accomplish a task, and safety devices are built-in with little scope of improvisation.

Thus NAT’s central thesis can be stated as: an occasional failure in technological systems that are completely interactive and tightly coupled can, under certain circumstances, lead to system accidents. To make matters worse, the complex interactions can cascade very rapidly in tightly coupled systems, which have no slack for recovering from such failure. If any of the foregoing sounds somewhat familiar to any of us working in a radiation oncology department, it is probably because our field has quietly moved to a truly complex system as defined by Perrow.

From an organizational perspective, a significant challenge is to design effective methods to ameliorate complex interactions and tight coupling simultaneously.

Background: Swiss Cheese Model

Similar to NAT, the Swiss Cheese Model (SCM) describes accident defense mechanisms as slices of cheese that have holes signifying weaknesses in otherwise tightly coupled systems. A central theme in SCM is that there is an occasional failure in the treatment of anaplastic thyroid cancer. PI: Dr. Campling

Complex interactions are interactions that occur in unfamiliar or unexpected sequences, which are not immediately comprehensible (Perrow, 1994). Factors considered to cause complex interactions in a system include the need to decipher unfamiliar or unintended feedback loops and make inferences, and specialized knowledge of personnel that limits their awareness of interdependencies.

A system is considered to be tightly coupled when there is minimal time lag or slack between the processes being executed, the processing sequence is invariant, there is only one method available to accomplish a task, and safety devices are built-in with little scope of improvisation.
First Skin Cancer Patient Treated in the Brachytherapy Suite

Certain types of skin cancer can be treated with radiation. Skin cancers often be difficult to treat due to locations on curved surfaces such as extremities or areas of the scalp or face. We are proud to offer a new treatment option to patients with skin cancer, brachytherapy. The Daily Dose @ Jefferson, a TJUH blog, features a story about the first patient treated with brachytherapy for skin cancer. The article describes the wonderful spirit and attitude of this native Philadelphian, and the care she received when her skin cancer came back after surgery on her shin. The slopes on the shin made brachytherapy a good option for delivering radiation to areas that are harder to target with beam radiation. (Below is an excerpt from the article and a link for the full text.)

Her journey started with Steven Greenbaum, MD, a clinical professor of Dermatology at Jefferson, and specialist in Mohs surgery. But because of the location of Veraz’s cancer, this surgery wasn’t a good option: The shin was unlikely to heal correctly. So she came to the Department of Radiation Oncology, under the care of P. Ranj Anns, MD, to be treated in the brachytherapy suite. Her treatments are now complete. Jefferson unlocked the region’s only image-guided brachytherapy suite earlier this year, where patients can have radiation imaging, planning and treatment in a single location without being moved.

For the full article: http://www.jeffersonhospital.org/the-daily-dose/2012/december/brachytherapy-suite-treats-first-skin-cancer-patient

Laura Doyle, MS

Shira Carroll

Ying Xiao, PhD Awarded Two Grants

The second grant, from NIH/NCI administered through ACR, is intended to support the transition effort of clinical trial quality assurance. Since its inception, RTOG has included a division of Radiation Therapy Quality Assurance (RTQA) with a broad range of responsibilities. Separating QA activities that have traditionally been integrated into the structure of the RTOG to form a new QA consortium (Imaging Radiation Oncology Core (IROC) group) that supports all cancer clinical trials activities presents unique challenges for the RTOG. This is particularly true as the RTOG moves forward in its alignment with National Surgical Adjuvant Breast and Bowel Project (NSABP) and Gynecologic Oncology Group (GOG) to form NRG. These two groups have not traditionally used the integrated QA approach developed by the RTOG. As the clinical trials and QA groups undergo a major change, it is critical to assure that the advantages of the RTOG QA model are not lost in the reorganization process. It is for this reason that the RTOG is receiving support for a physicist with considerable experience working with the QA model adopted by the RTOG.

Laura Doyle, MS

High Reliability Organizing...continued from page 7)

Childrens’ website.

Relevant Literature:

Yan Yu, PhD, MBA

NAME OUR NEWSLETTER!

We are looking for a catchy title for the Department of Radiation Oncology newsletter. Please submit your entry by May 15 to Anne.Lowther@jeffersonhospital.org. If we choose your title, you’ll win a prize!
TJUH Medical Physics Residency Program Expansion

The Medical Physics division of Radiation Oncology, which has a history of educating medical physicists over the past 20 years, is undergoing some exciting changes and is expanding its residency program to a “hub and spoke” model with the Helen F. Graham Cancer Center at Christiana Hospital in Delaware. In 2008, the residency received accreditation through the Commission on Accreditation for Medical Physics Education Programs (CAMPEP), becoming one of the first programs in the country to achieve this recognition and now is looking to become one of the first “hub and spoke” residency programs. This expansion is mutually beneficial to both parties and provides opportunities for the training of new medical physicists. This new course of the program has been spearheaded by the Residency Program Director, Amy Harrison, MS.

Two Associate Residency Directors have been named as well: Matthew Studenski, PhD at Jefferson and Firas Mourtada, PhD at Christiana. Dr. Studenski was a former resident at Jefferson who completed the program in 2011 and Dr. Mourtada comes from MD Anderson Cancer Center in Houston, Texas. The residency program currently has three residents; two full-time clinical residents, Stephen Gardner, MS, and Elaine Sayler, MS, and one research resident, Wenzhou Chen, PhD, who splits his time between research and clinical duties. Several residents have recently graduated from the residency program and have taken faculty and medical physics positions at various institutions around the country; Ivan Buzurovic, PhD at Harvard University, Yunfeng Cui, PhD at Duke University, Kaiguo Yan, PhD at Georgetown University, and Katherine Chapman, MS at Memorial Sloan Kettering.

This year, four more residents will be hired, one full-time clinical resident at Christiana and two full-time clinical residents at Jefferson. One research resident will also be hired to bring the total number of residents to six. The department is looking forward to educating these new residents along their path to becoming excellent medical physicists.

Matt Studenski, PhD

ANNUAL SUNTHARALINGAM LECTURE

QA in the Era of Advanced Treatment Technologies

The 16th Annual Suntharalingam Lecture will take place on Thursday, May 30th at 5:30pm at the Bluemile Life Sciences Building, Room 101. Geoffrey S. Ilbott, Ph.D., Professor and Chairman, Department of Radiation Physics, Division of Radiation Oncology at the University of Texas MD Anderson Cancer Center will present a lecture titled “QA in the Era of Advanced Treatment Technologies.”

Everyone is invited to attend.

Dosimetry Spotlight: Joyce Keil

Joyce Keil was interviewed by fellow dosimetrist and longtime friend, Virginia Nettleton, who shares her story. Virginia met Joyce at Cooper Hospital in 1978, and they worked together there until 2004. “We are like sisters and continue our relationship here at Jefferson.” Joyce graduated from Drexel University with a BS in business administration and started her career in banking, as a student loan officer at Girard Bank.

There, she met her husband, Charles. They have been married for 36 years. Charles’ two children gave them four grandchildren. Joyce realized that banking was not in her future and graduated from Gwynedd College in 1977 for Radiation Therapy and went to work at Cooper Hospital for 26 years. Her accomplishments are noteworthy and she is an icon in the field of dosimetry. “Joyce has taught half the Delaware Valley, dosimetry.” While at Cooper’s School of Radiation Therapy, Joyce taught Medical Dosimetry didactically and clinically. She is the co-author of Applied Physics for Radiation Oncology by Stanton and Stinson, having written two chapters in dosimetry. During her time at Cooper, Joyce was diagnosed with breast cancer twice. She knows what it is like to be on both sides of the fence. She was resilient, struggling to maintain a normal lifestyle and work schedule. Only Charles and close friends knew the effects of chemo and Joyce always downplayed how horrible she felt. Joyce is a cancer survivor and a healthcare professional, she has been motivated all these years to always do what is best for the patient and has a passion for patient advocacy. Her Type “A” personality shines concerning treatment planning and quality assurance. Joyce had several mentors who have supported her throughout her career. They are Drs. Robert Lustig, Chris Koprowski, and Elida Rouby. Also, she feels Nora Walker is a phenomenal dosimetrist and mentored Joyce not only just at Jefferson, but also at Cooper. Now, Joyce is a mentor herself. On a personal note, Joyce loves to travel the globe, sailing, skiing (when the knees worked), and a guru on motion picture trivia. Her words of wisdom and life mottos are “If it doesn’t kill you, it will strengthen you.” And, “God will not give you more than you can handle.”

After all, she personally knows. Ginger Nettleton

Division of Molecular Radiation Biology Update

Over the last several months, the Division of Molecular Radiation Biology has embarked on several educational ventures. Last fall saw the inauguration of Journal Club, which featured presentations by residents, post doctoral fellows, and students, as well as guest speakers. Invited speakers have come from within Jefferson, as well as from other prestigious institutions such as Memorial Sloan-Kettering Cancer Center and BioSpheres. So far they have presented over 15 papers representing a variety of topics in cancer biology. In addition, a cancer immunotherapy working group was created to address the uniquely interesting topic of combining radiation therapy and immunotherapy in a variety of cancer subtypes. This group has merged with the immunotherapy interest group directed by Scott Waldman of the Department of Pharmacology and Experimental Therapeutics. In January the newly revamped Radiobiology course began. It will cover a variety of topics from basic cancer biology to radioterrorism. This class, aimed towards residents, features a variety of speakers both from within Jefferson and visiting experts. Finally, the joint team of Drs. Bo Lu and Dennis Leeper is preparing to submit an S10 Shared Instrumentation Grant to the NIH, with the goal of obtaining a SAARP CT Guided Cone Beam X-irradiator for small animals. This machine will irradiate orthotopic tumors, spontaneous tumors or normal tissue volumes down to 0.7 mm in diameter, while sparing surrounding normal tissues. Carey Myers, MS

Joyce Keil, Velena Vakkinenko, Hongyu Chen and Ginger Nettleton, part of the dosimetry team, left to right.
If you haven’t noticed by now, the titles of my articles have been quotes by some very special and influential people: David Calderella, Dr. Marshall Goldsmith, Jerry Garcia, and now please add Mr. Richard Gustke to that list. Please, allow me to explain!

If you don’t know this by now, then you don’t know me. I have been a season ticket holder of our beloved Philadelphia Eagles for over 20 years, and in those 20+ years I have met a lot of people. Some have become closer than family. When I was in RT school, I still attended home games, but I spent more time with the aforementioned crew. Stop what you are doing and let me be the first to tell you; Karen, Rich, Dan and Lex, “They were a wonderful surprise!” said Mrs. D!

From one end of this great country to the other, the tickets came pouring in and let me be the first to tell you; Karen, Rich, Dan and Lex, “They were a wonderful surprise!” said Mrs. D! Enter August 30, 2012, the first game of the 2012-13 NFL preseason. Picture this: a beautiful Thursday night in South Philadelphia at Lincoln Financial Field. It is the Philadelphia Eagles versus the New York Jets and the normal five who adorn section 223, row 22, seats 11 through 15 were not there; nope, they were at home this night. Instead of rooting the Eagles onto a 28-10 victory and capping off a perfect 4-0 preseason, Dan Quigley, Lex Smith, Karen & Rich Gustke, and I sat home and were just as loud as if we were in our seats this night. Our seats, however, belonged to “some patients who might be having a rough go of it.”

“You’ve got to admit that we have great jobs. We are helping people who really had a rough go of it. They did not ask to get sick, they did not ask for Eagles tickets, and my friends did not ask for anything when I approached them with an idea.

The Philadelphia Eagles brought us together, cancer brought us closer, but kindness, generosity and the human spirit left an indelible mark on more lives than I could have ever thought.

So thank you to my families: at home, work, and play. I appreciate you being in my life helping me to do what I love to do when I arise every day, but... Thank you just cannot cut it; words mean nothing here, nothing.

David Romanofski, BHS RT (R) (CT) (T), ARRT - Rich Gustke

Our newest initiative is starting a Prehabilitation/Rehabilitation Program based on the STAR program (survivorship training and rehabilitation). Dr. Dinome will be acting as co-chair for the committee. Our goal is to identify, develop and coordinate care needs before, during and after treatment. We have decided to include breast, head and neck and genitourinary patients to start. We are currently gathering information about the specific problems these patients have that could be addressed by physical therapy intervention and the documented evidence that physical therapy intervention helps. An example would be axillary web syndrome in the breast cancer patient and neck flexion contracture in the head and neck patient.

Our baseline will be referrals sent to physical therapy for any of our indicators in 2012. The second part of this program will encompass formation of the brochures, physician education and measurement of increasing referrals for these sites.

Off Campus Highlights and News

For additional information regarding this program, please contact Jessie Dinome, MD @ jessie.dinome@jeffersonhospital.org

Breast Cancer Awareness

Riddle held a Breast Cancer Awareness celebration in October. Patient education was distributed as well as goodies for all patients.

UNITE FOR HER

Riddle Hospital and Jefferson Radiation Oncology are working for UNITE FOR HER to provide our breast cancer patients with a day of wellness. This is scheduled for Sunday, May 5th, 2013. Dr. Jessie Dinome and Marianne Raush, RN, are on the committee to organize and oversee the event as well as help select patients. Patients will receive massages, yoga, acupuncture, and nutritional guidance. The wellness day has been well received at other hospitals and we are excited about the opportunity for our patients.

-Jessie Dinome MD

Construction Begins!

In January, renovations at Riddle began. The staff have survived the jackhammering of an 18 inch concrete floor in the simulator room. Also, they said goodbye to their fluorosimulator. In the present, the GE CT simulator with the ability to perform respiratory gating. The first phase is due to be completed by July 2013 followed by installation and commission of the True Beam linear accelerator. More updates to follow.

-Jessie Dinome, MD

For additional information regarding this program, please contact Jessie Dinome, MD @ jessie.dinome@jeffersonhospital.org
Department Debuts

THOMAS JEFFERSON UNIVERSITY AND HOSPITALS

THOHLAIS HANKS joined the Department as a secretary in March. Taisha has been at Jefferson since 2000 where she worked first in Otolaryngology and most recently at Jefferson University Physicians in the Central Medical Records area.

KAREN BEN ABIDALLAH, RN, BSN became part of our Nursing Division in January. Karen is a former Jefferson employee who worked in Radiation Oncology at Lower Bucks Hospital and Bodine as well as in Medical Oncology.

ELIZABETH BENEDETTI, RN, BSN, OCN joined our group in October. Elizabeth has been at Jefferson since 2007 and worked most recently as a Staff RN in the Oncology/Medical Surgical area of the Hospital.

SHIRA CARROLL joined our Medical Physics Division in December as our new Administrative Assistant. Shira comes to us from the American Association of Cancer Research where she was an Electronic Publishing Assistant.

ALAN CHAN, RT (T) joined our Therapy Division in March as a Radiation Therapist. Alan previously worked at the Jeepnerd Mercy College where he received an Associate Degree in Radiation Therapy.

KARIN BODINE as well as in Medical Oncology.

PAMELA SABBI joined our new Administration Division in February. Dr. Bodine joins us from Tianjin Medical University where she was a Resident in the Department of Radiotherapy.

LIFENG YANG, MD joined our Radiobiology Division in November. She is a 2010 graduate of Gweneed Mercy College where she received her B.S. in Radiation Therapy.

PAUL LOWTHIER MSRS RT (R) (CT) joined our department in November as the new Clinical Manager of Radiation Therapy. Anne comes to us from Drexel University where she was a Clinical Professor. Anne also worked for Thomas Jefferson University Hospital for a number of years as a Lead CT/X-ray Technologist.

DANIEL CLANCY, RN joined our JHN Division as our new Clinical Manager. Daniel joins us from Cooper University Hospital where he was a Clinical Practice Manager (Gamma Knife) in the Department of Neurosurgery/Cooper Neurological Institute. Daniel is a previous Jefferson employee who worked in our OR area.

DIANA OLIVER-WINN is our new certified Medical Assistant, and began working in December. Diana transferred to our Department from the Department of Surgery where she worked since 2010.

SELENA RIVERA joined our Administration Division in the Medical Records area in November. She is our new Patient Records Clerk IV. Selena worked most recently with the Department of Cancer Biology.

The Henner family welcomed their new baby boy, Patrick Neal Henner, on St. Patrick’s day. Sleight!

The Henner family welcomed their new baby girl on October 18. Victoria weighed in at 6 lbs. 8 oz. Both baby and mom are doing well.

Tracey Nardi and Dave Zimmer were married on October 26 at St. Catherine of Siena Church in Horsham. Their reception was at the Aldie Mansion in Doylestown.

2015 in Vineland New Jersey. Pictured left to right are Maria Werner-Wasik, MD, Tracey and David Zimmer, Michael J. Ramirez, MD

Happy Birthday to You...

Wenyen Shi, MD
April 2
Virginia Lockamy, PhD
May 2
Adam Dicker, MD, PhD
June 8

Cheng Peng and his wife welcomed a new baby girl on October 18. Victoria weighed in at 6 lbs. 8 oz. Both baby and mom are doing well.

Nicole Barrett
April 4
Dennis Leeper, PhD
May 3
Nick Zaorsky, MD
June 9

Leigh Sharkey
April 4
Yi Liu
May 4
Eileen Comber
June 9

Diana Olver-Winn
April 2
Diana transferred to our Department from the Department of Surgery where she worked since 2010.

SELENA RIVERA joined our Administration Division in the Medical Records area in November. She is our new Patient Records Clerk IV. Selena worked most recently with the Department of Cancer Biology.

The Henner family welcomed their new baby boy, Patrick Neal Henner, on St. Patrick’s day. Sleight!

2015 in Vineland New Jersey. Pictured left to right are Maria Werner-Wasik, MD, Tracey and David Zimmer, Michael J. Ramirez, MD

THEM JEFFERSON UNIVERSITY AND HOSPITALS

Page 14

THEM JEFFERSON UNIVERSITY AND HOSPITALS

Page 15
**Monica’s Morsels**

**Nutrition Tidbits from your KCC Dietitian!**

Spring is here, which means summer is right around the corner! This means no more hiding behind baggy winter layers. Spring is the perfect time to start something new, to make healthy lifestyle changes that you’ve been putting off!

Our genes affect our tendency to gain weight, but this tendency is increased when food is plentiful and we use equipment and vehicles to save time and energy. It is still possible to manage your weight through balancing the calories you eat with your physical activity.

If you need to lose weight, it is better to do so gradually by making long-term changes in your eating behavior and physical activity, rather than going on a “diet,” which implies something temporary. If you are overweight, a loss of even 5-15% of your body weight may improve your health and quality of life. A loss of 1/2-2 lbs/week is usually safe.

**TIPS FOR HEALTHIER EATING**

- Choose a healthful assortment of foods that includes a variety of colorful vegetables, fruits, whole grains, non-fat dairy products, fish, lean meats, poultry (skinless), nuts, seeds, and beans/legumes.
- Choose foods that are low in fat, sodium, and added sugars most of the time. Use liquid vegetable oils (such as olive and canola), fat-free sprays, or light tub margarines. Women should aim to limit added sugars to 100 calories/day (6 tspns), and men to 150 calories/day (9 tspns). Just one 12-oz can of regular soda has 8 tspns sugar, 130 calories, no nutritional value.
- Avoid butter and stick margarines, and limit commercially produced baked products made with partially hydrogenated trans fat or saturated fat.
- Eat sensible portions: Palm-sized for meats/protein (1/4 of your plate); fist-sized for starchy veggies (1/4 of your plate); ½ a plate or more of non-starchy vegetables is a good way to start.
- Try to be more active throughout the day. It is recommended that all adults get at least 30 minutes of moderate physical activity daily to maintain weight, or more than 30 minutes to lose weight.

**TIPS FOR INCREASING PHYSICAL ACTIVITY**

- Find a physical activity that you truly enjoy and can do year-round (cycling, tennis, swimming, walking, running, kick-boxing, latin dancing, martial arts, etc.).
- Start simply, and work up. If you’ve never been a runner, start with short distances, and just keep moving.
- Make physical activity a regular part of your lifestyle. Schedule a consistent time that is least likely to interfere with your work or family life.
- Increase the fun factor. Have a buddy join you, or work out as a family.

Over time, even a small decrease in calories eaten plus a small increase in physical activity can keep you from gaining weight, or help you lose weight.

---

**Healthy Recipe Idea**: 

**Very Vegetable Minestrone with Barley and Beans**

**Ingredients:**

- 1 Tbsp. Olive oil
- 1 small onion, finely chopped
- ¼ cup finely sliced green onions (scallions), including green stems
- ½ cup finely sliced celery
- ½ cup finely chopped carrots
- 2 tsp. chopped fresh sage (1 tsp. dried may be substituted)
- 1 tsp. chopped fresh thyme (1/2 tsp. dried may be substituted)
- 2 tsp. chopped fresh parsley (1 tsp. dried may be substituted)
- 3 cloves garlic, minced
- 1 cup finely chopped Savoy cabbage
- Salt and freshly ground pepper to taste
- 1 (14-oz) can cannellini beans, drained and rinsed
- 3 cups reduced-sodium, fat-free chicken broth
- 1 medium potato, cut into 12-inch cubes
- ¾ cup uncooked pearl barley
- 1 cup frozen, cut green beans
- 1 Tbsp. freshly grated Parmesan cheese (optional)

**Instructions:**

In large pot, heat oil over medium heat. Add onions, celery, carrots, sage, thyme, parsley, and garlic. Sauté 5-6 minutes. Add cabbage, salt, pepper, and cannellini beans and stir. Add broth, bring to a boil, and stir in potato and barley. Reduce heat and simmer, covered, 20-22 minutes (or until potato pieces are tender when pierced with a fork), gently stirring occasionally. Stir in green beans, and continue to simmer for 5 minutes. Garnish with Parmesan cheese and serve.

Makes approximately four 1 cup servings. Per serving: 260 calories, 4 gm total fat (1 gm saturated fat), 46 gm carbohydrate, 12 gm protein, 13 gm dietary fiber, 450 mg sodium.

---

**Biggest Loser Comes to Radiation Oncology**

On February 1, 2013 we began Season Three of the Radiation Oncology biggest loser. What’s unique about Season Three? Not only do we have an outside of the department contestant but in the spirit of the current season of the real biggest loser we have a child participant. Weight is a sensitive topic that many of us struggle with on a daily basis and through these biggest loser competitions we have been able to grow closer as individuals as we support one another’s efforts.

**Past Winners**

**Season 1**

1st Place: John Hopkins
2nd Place: Linda Ferguson
3rd Place: Nicole Barrett

**Season 2**

1st Place: Sean Boyle
2nd Place: Jiwen Yu
3rd Place: Gina Jarrell

Who will be the season 3 winners? 

Jamie Williamson
Newsletter Contributors

Adam Dicker, MD, PhD  Ginger Nettleton
Shira Carroll  David Romanowski
Monica Crawford  BHS RT (R) (CT) (T), ARRT
Laura Doyle, MS  Matt Studenski, PhD
Theresa Malatesta  Jamie Williamson
Carey Myers, MS  Ying Xiao, PhD
Joanna Naso  Yan Yu, PhD, MBA

Newsletter Committee

Shira Carroll  Theresa Malatesta
Nicholas DeGregorio  Joanna Naso
Anne Lowther, MSRS RT (R) (CT)

The Radiation Oncology Newsletter Committee offers their sincere appreciation to Jennifer North for her time and professional expertise in the design and publication of the newsletter.