

DISCOVERY

UNTIL EVERY CANCER IS CURED

WINTER 2021



Alone you are STRONG
TOGETHER we are
STRONGER

Home of Sidney Kimmel Medical College



On the Front Lines of Cancer and COVID



Karen E. Knudsen, MBA, PhD
Executive Vice President
Oncology Services
Enterprise Director
Sidney Kimmel Cancer Center

When COVID-19 began to spread throughout the world last year, nearly everything changed for all of us. Cancer, however, never stops, and the Sidney Kimmel Cancer Center quickly jumped into action to establish strict

safety protocols to protect patients and staff. I am so proud of the entire SKCC team, who worked around the clock to ensure that our patients continued to receive comprehensive cancer care.

It has been truly inspiring to see SKCC staff come together in this moment. Our clinical teams rapidly adapted operations to move non-treatment visits to telehealth, and to deploy rigorous safety standards. These critical measures were impactful for our cancer patient volume—we heard an outpouring of appreciation to SKCC for ensuring uninterrupted access to the very latest treatment options. These accomplishments are all the more remarkable given that SKCC continues to serve an influx of new patients over the course of the pandemic, now seeing more patients than ever before at our expert center.

Scientific research remained on track. Although many laboratories closed during the stay-at-home orders, our scientists found ways to remain engaged from home, and others re-focused their research toward coronavirus treatments and vaccines.

The pandemic is still with us and we remain diligent; however, as we emerge from many of the restrictions put in place to mitigate the spread of the virus, we are also focusing on the long-term effects of the pandemic. A large study led by SKCC researchers found patient encounters related to cancer dramatically declined nationwide, including mammograms, which declined by nearly 90%, and colorectal cancer screenings, which declined by nearly 85%. It is now critical that we encourage people to not put off their cancer screenings and routine appointments.

The pandemic has also highlighted racial disparities in health care, further reinforcing our commitment to addressing disparities and promoting health equity.

This issue of *Discovery* highlights our challenges and successes during this unprecedented moment in history. Even in times of uncertainty, we are undeterred in our mission to improve the lives of cancer patients and their families through compassion, innovation, and breakthrough discoveries. I am confident going forward that SKCC will overcome any obstacle in order to care for our patients. ■

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Telehealth Keeps Patients Connected from a Safer Distance

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A Novel Drug Target in Prostate Cancer Emerges as Potential Target for Coronavirus Treatment

At the beginning of last year – and just a few months before the novel coronavirus was reported in the United States – Felix Kim, PhD, was awarded an R01 research grant from the National Cancer Institute (NCI) for his project, “Multifunctional regulation of prostate cancer metabolism by Sigma1 modulators.”

Kim, an Associate Professor of Cancer Biology at the Sidney Kimmel Cancer Center (SKCC), aims to define how Sigma1 (also known as sigma-1 receptor) – a unique, pharmacologically controllable scaffolding protein that is aberrantly expressed in prostate cancer and required for tumor growth – regulates metabolic processes essential for prostate cancer proliferation and disease progression, and to discover and develop a novel class of therapeutic agents that target Sigma1 in order to treat advanced prostate cancer.

“By targeting Sigma1, we propose a new approach to restricting metabolic processes that drive the proliferation of lethal prostate cancer,” Kim said. “This approach simultaneously targets multiple growth pathways in prostate cancer and may circumvent resistance mechanisms that invariably emerge with the sequential use of current standard of care therapeutic agents.”

Kim has been studying Sigma1 in cancer biology and Sigma1 pharmacology for over 10 years; however, he had previously worked on human viruses for more than a decade. “My PhD thesis was focused on dissecting key determinants of viral entry into host cells and also on understanding

how new viruses emerge as a result of interspecies infections,” he explained.

In mid-March last year, Kim came across a preprint report from a group of researchers at the University of California, San Francisco, in which they identified 69 existing drugs and experimental compounds that could potentially be repurposed to treat COVID-19.

“This was based on a protein interaction screen wherein they identified a number of cellular proteins that physically bind to key SARS-CoV-2/COVID-19 viral proteins. They ser-

“Targeting Sigma1 might prevent the virus from co-opting the cellular machinery, thus blocking COVID-19 replication and dissemination.”

endipitously found Sigma1 among them, and this piqued my interest,” Kim said. “So, I took a closer look at whether I could make sense of how Sigma1 might be involved in SARS-CoV-2/COVID-19 infection.”

Coronaviruses replicate by co-opting the machinery inside the cells of the infected host. When the virus infects a host, it remains completely dependent on this cellular machinery in order to replicate and spread. Sigma1 is an important part of the cellular machinery, helping to regulate the production, processing, and quality control of essential proteins and lipids, particularly under conditions of stress, such as viral infection. This led Kim to hypothesize that targeting Sigma1 might prevent the virus from co-opting the cellu-



Felix Kim, PhD
Associate Professor, Department
of Cancer Biology
Associate Director of Training
& Education, SKCC

lar machinery, thus blocking COVID-19 replication and dissemination.

Kim, in collaboration with Holly Ramage, PhD, Assistant Professor of Microbiology and Immunology at Thomas Jefferson University, plans to establish whether Sigma1 is a valid therapeutic target for SARS-CoV-2 and related viruses and to evaluate whether a series of novel compounds originally proposed as anti-cancer therapeutic agents can be used to target Sigma1 in a range of viral infections. Additionally, Kim and Ramage are looking to identify established drugs that bind Sigma1 that can potentially be repurposed as antiviral therapies for COVID-19 infection. ■

Pandemic Underscores Feasibility of Home-based Cancer Care

For many cancer patients, treatment means frequent trips to the clinic. When the novel coronavirus emerged in the United States, Americans were told to begin practicing social distancing and to try to stay home when possible.

The Sidney Kimmel Cancer Center quickly took steps in order to minimize risks to patients and staff, including transitioning appointments to telehealth whenever possible. But what about patients who come in regularly for treatment? Many people were understandably concerned about visiting a hospital, and some even considered postponing appointments.

For some patients at SKCC, home care might be an option, such as infusions for supportive therapy, which are non-chemotherapeutic agents. Pharmacists, working with the Infusion Center, were able to move many of these patients to home infusions, according to Adam Binder, MD, Assistant Professor of Medical Oncology. Additionally, some patients are eligible for at-home chemotherapy with the assistance of home infusion nurses. For these patients, physicians need to confirm certain requirements including stable IV access, normal lab values, and minimal risk for infusion-related reactions.

Overall, Binder reports minimal concerns regarding home chemotherapy infusions. The home infusion service uses a different medical record system, so he found it can be challenging coordinating two different electronic records. Also, some

patients experienced challenges with IV access and pump malfunctions – but nothing insurmountable.

Binder and colleague Nathan Handley, MD, MBA, Assistant Professor of Medical Oncology, hope to see an expansion of home-based cancer care at SKCC and beyond, even after the emergency of COVID-19 abates.

“COVID is providing us with clear evidence that managing patients virtually is feasible, and in many cases may be better for patients,” Handley said. “We know that patients with cancer are at higher risk for infections and complications associated with interacting with healthcare settings

“COVID is serving as a catalyst for change in many areas of medicine, and cancer care is no exception. It is forcing us to rethink what it means to deliver high-quality care and what it means to be engaged with patients.”

even in the best of times, so thinking of ways to move more care into the home setting is something that is going to continue to be important.”

One barrier to home-based therapy is insurance coverage. “We know from a variety of studies that delivery of chemotherapy in the home setting is safe and can often be done at a lower cost than in the hospital or infusion center,” Handley said. However, Medicare and other insurers do not usually reimburse treatment given outside of the usual medical settings, although due to the



health emergency of the pandemic, this is changing. New waivers by the Centers for Medicare and Medicaid Services (CMS) are further enhancing the feasibility of home-based treatments by making the reimbursement more streamlined, he explained.

Binder hopes to improve infrastructure to create a more robust home chemotherapy program for the future. “I think this will require some restructuring of the current home infusion model or the creation of a separate home infusion model that will allow for the same safety checks at home that occur in the infusion center.”

“COVID is serving as a catalyst for change in many areas of medicine, and cancer care is no exception,” Handley said. “It is forcing us to rethink what it means to deliver high-quality care and what it means to be engaged with patients.” ■

Oncology Navigation Team Helps Guide Patients Through Uncertainty

When faced with a cancer diagnosis, some patients may be unsure about who to turn to for guidance and support. However, patients receiving care at the Sidney Kimmel Cancer Center – Jefferson Health (SKCC) in Center City Philadelphia have access to an Oncology Navigation Team that is available to assist them from the moment they are diagnosed.

The Oncology Navigation Program, which started in the summer of 2018, provides patients with a direct point of contact and an advocate with whom they establish trust throughout their cancer journey.

Studies have shown that navigation programs can improve outcomes and satisfaction among patients, as well as reduce costs. Navigators provide patients with personalized care and an added layer of support, serving as an extension of the care team.

SKCC employs a hybrid approach that includes both patient navigators and nurse navigators. Patient navigators are trained professionals who connect with new patients before their first visit with an oncologist. During an initial phone call, the patient navigator gathers background information on the patient's medical history. The navigator can also help identify psychosocial, economic, or other personal barriers the patient may face when starting or continuing treatment and can refer them to the nurse navigator or appropriate supportive care team member.

"Patient navigators make things happen. We build relationships with care teams across campus and out in the

community to accommodate referrals," said Lisa Dunbar, a patient navigator who works with people diagnosed with malignant brain tumors and cutaneous lymphoma. "Navigators play a huge role in ensuring patients receive continuity of care."

Nurse navigators, who are registered nurses, typically contact a patient after a cancer treatment plan is created and help to address clinical concerns. As a resource for care management, they can address issues such as treatment side effects and help patients avoid unnecessary visits to the emergency department and potential hospital admissions.

"I work with incredible professionals who dedicate pretty much 120% of themselves to the patient population," said nurse navigator Renee Zalinsky, RN, OCN, who works with patients who have metastatic uveal melanoma. "It takes teamwork."

Teamwork has been especially important to support patients during COVID-19. Navigators have played a critical role in strategies to reduce



*The SKCC Oncology Navigation Team. Back row, from left: Joanne Anderson, Will Sabb, Brian Ward, Christine Weiner, Tracie Williamson-Burrell, Kimberly Brennan, Jaki Mitchell, Renee Zalinsky
Front row, from left: Allison Bell-Dean, Aliya Rogers, Casey Fagan, Jackie Smith*

in-person appointments and transition care to telehealth, rescheduling 524 appointments from mid-March through May. They also helped fill a void for patients who have been feeling isolated during the pandemic, and many navigators have heard deep appreciation in their voices on the other end of the phone. "I miss your smile, which brightens any room, but I can still imagine it through the phone because I can hear it," patient navigator Tracie Williamson-Burrell heard.

The Oncology Navigation Team continues to make sure that every SKCC patient feels that their cancer care remains a top priority during the pandemic.

For more information on the SKCC Oncology Navigation Team or to connect directly with a navigator, call 215-955-8014. ■

BREAKTHROUGH

COVID-19 VACCINE

Building Upon Rabies Vaccine, Jefferson Researchers Develop Novel Coronavirus Vaccine

Any new coronavirus vaccine found to be safe and effective will still have the daunting challenge of being quickly produced to scale and safely delivered to the world's population. The more complex and untested the vaccine approach, the more difficult these tasks will be.

By building upon an existing safe and effective vaccine, which has well-established and active manufacturing hubs and can be stored on the shelf until it is reconstituted with water, Matthias Schnell, PhD, has a COVID-19 vaccine candidate that could cover a global need.

"Our vaccine candidate, CORAVAX, is made from part of the current coronavirus that is combined with another proven vaccine," said Schnell, Jefferson Vaccine Center Director and Associate Director for Shared Resources at SKCC. "The benefit is that the 'carrier' vaccine has already been rigorously tested and shown to be safe and effective. There are manufacturing plants around the world already running and with the technological know-how to produce large quantities of that vaccine. We can leverage that

efficiency and safety record."

CORAVAX is made from a portion of SARS-CoV-2, the virus that causes COVID-19 disease. Rather than use the entire virus, Schnell uses part of it – the spike protein, a component most likely to generate a protective immune response.

Many vaccines are prepared by using another vaccine as a "carrier." In CORAVAX, that carrier is a killed rabies vaccine that has the spike portion of the SARS-CoV-2 virus as an added component, essentially one vaccine piggybacked onto another. A vaccinated person would develop antibodies against both rabies and the coronavirus spike protein.

The benefit of using rabies as a "carrier" vaccine is speed. "There are already at least 20 manufacturing facilities around the world churning out some 100 million doses a year of the rabies vaccine. They have the means and know-how to produce this vaccine already. We're adding one small component," Schnell said. It's also relatively low-cost production, which is important for a vaccine that may need to be available to billions. In addition, some vaccines require freezer storage that limits their use in remote areas. By contrast, the rabies vaccine can be produced in a shelf-stable, dehydrated form that is easy to reconstitute.

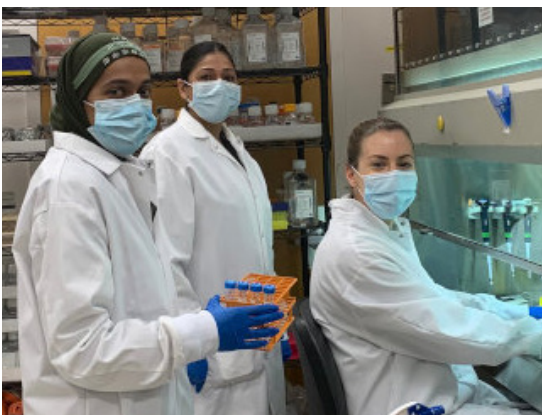


Matthias Schnell, PhD
Director, Jefferson Vaccine Center
Associate Director, SKCC Shared Resources
Chair, Department of Microbiology & Immunology

"We've already begun safety testing in animals. And we know that the rabies vaccine has an excellent safety profile," Schnell said. "That vaccine is safe in children, pregnant women, across diverse populations, and often generates life-long protection."

In another encouraging sign, Schnell's group previously demonstrated safety with a rabies vaccine for other coronaviruses that are highly similar to SARS-CoV-2. The group's vaccines for the coronaviruses that caused the 2003 SARS and the 2012 MERS epidemics were proven safe and effective in animal models of those diseases.

Jefferson signed a deal with Bharat Biotech to develop the vaccine, which showed a strong antibody response in mice. The next steps are to complete animal tests and move into phase I clinical trials for safety in people. ■



Clinical Research Organization Keeps Clinical Trials on Track Amidst COVID

As the COVID-19 pandemic reached the United States, academic health centers across the country began to adjust – and often suspend – certain research and clinical activities, including clinical trials.

However, clinical trials are essential to provide comprehensive care, and for many people, they can offer the best, or only, treatment option. SKCC decided that keeping trials open for patients remained a top priority and quickly worked to ensure therapeutic trials could safely continue.

“We have a large and broad portfolio of clinical trials and felt that it was still in the best interest of patients to have these options,” explained Sylvia Salazar O’Neill, MD, Executive Director of SKCC’s Clinical Research Organization (CRO). “Very early on, the core directive from SKCC leadership was patient and staff safety.”

To determine whether a clinical trial could be conducted safely, two questions were asked: Does the patient’s cancer put them more at risk than COVID, and can the trial be conducted while following social/physical distancing protocols?

The CRO defined essential trials as all phase I, I/II, and II trials, which were allowed to move forward. Additionally, 16 new trials opened between March and early June. Non-interventional and phase III trials comprised of a standard-of-care arm were placed on hold unless the protocol con-

tained a no in-person requirement.

The next step was to review protocols on a case-by-case basis as requested by the principal investigator. “This allowed us to keep the investigators engaged and reminded them that clinical trials remained an option for their patients,” O’Neill said.

To ensure patient and staff safety, clinical research coordinators facilitated care remotely. Guidance from regulatory bodies allowed for modification of some of the strict standards of clinical trial conduct, such as shipping the drugs to patients and permitting them to undergo physical exams at their local physicians’ offices.

“We have a large and broad portfolio of clinical trials and felt that it was still in the best interest of patients to have these options.”

At any time, communication is important. During an evolving crisis like a pandemic, it becomes absolutely essential, especially as much of the staff began working from home. “Since things were moving so quickly, we knew that daily communications had to be initiated as early as possible,” said O’Neill, who established morning meetings with the entire CRO staff as a forum to address questions and deliver information as quickly as possible.

The CRO is cautiously beginning to lift the suspension of interventional trials that were put on hold in a cautious step-by-step process. Looking ahead,



Sylvia Salazar O’Neill, MD
Executive Director
SKCC Clinical Research Organization

the main challenge remains a “balancing act,” O’Neill said, “between wanting to move forward with important research that was going on pre-COVID and ensuring patient and staff safety while living in a future that is unknown.”

The CRO’s deft response to an unprecedented challenge and ability to forge forward has been a silver lining along the way, O’Neill noted. “We have been able to push initiatives that were on the back burner through faster. Now, we have ways to remotely consent and monitor our studies. Our staff has flexible work from home schedules, and communication has actually increased by becoming familiar with the different electronic communication platforms.” ■

For more information on clinical trials, contact the Sidney Kimmel Cancer Center Clinical Research Organization at 215-955-1661.

Nationwide Trends Show Fewer Cancer Patients Seeking Care Since Start of Pandemic

Research from SKCC found significant decreases nationwide in the number of patients being seen for cancer-related care as the COVID-19 pandemic progressed during the few first months of 2020. The most significant decline was seen in encounters related to new cancer incidences, including screening, initial diagnosis, second opinion, and treatment initiation appointments.

Anecdotal reports and physician surveys have suggested dramatic declines; however, this study, published in *JCO Clinical Cancer Informatics*, is the largest to date to measure the effects of the pandemic on normal cancer care activities.

“While it is not surprising that the pandemic has had a significant impact on patients seeking care, it was important to test and quantify these trends using a large, institutionally agnostic dataset, as the results have important implications for future cancer patients and the potential burden on hospitals moving forward,” said senior author Christopher McNair, PhD, Director of Cancer Informatics at SKCC.

McNair and colleagues leveraged the TriNetX platform to create a COVID and Cancer Research Network (CCRN). The CCRN is comprised of data from 20 healthcare organizations representing over 28 million patients throughout the U.S. and includes aggregate data from electronic medical records such as diagnoses, procedures, and demographics. Using CCRN, the team compared the number of patients with cancer-related encounters in January through April of 2019 with those

in January through April of 2020.

The team identified a significant decline in patients with encounters associated with any neoplasm, including malignant, benign, and in situ diseases (-56.9%); new incidence neoplasms (-74%); malignant disease (-50%); and new incidence malignant disease (-65.2%). The researchers also looked at data from University Hospitals Plymouth NHS Trust in the U.K., which showed similar trends. However, the researchers cautioned that more data are needed to compare trends outside the U.S.

The researchers also looked at these encounters by cancer type. Patient encounters decreased across all types, although they observed a greater decrease related to melanoma (-51.8%),

“This report is a nationwide call to arms, underscoring the urgent need to resume cancer screening and early detection.”

breast (-47.7%), and prostate (-49.1%) than lung (-39.1%), colorectal (-39.9%), and hematological cancers (-39.1%).

Additionally, McNair and colleagues found that mammograms declined 89.2% and colorectal cancer screenings by 84.5% in April 2020 compared with April 2019. They plan to track screenings in the coming months as virus mitigation efforts are eased to help predict how many patients are continuing to delay screenings due to the pandemic.

“The most significant finding in our study was the considerable drop in cancer screenings. The fact that this trend was so drastic nationwide is telling of the widespread effect of the pandemic



Christopher McNair, PhD
 Director, Cancer Informatics
 Associate Director, Data Science
 Sidney Kimmel Cancer Center

and mitigation efforts – even in regions that had not seen a significant impact from the virus at the time,” McNair said.

The researchers will continue to look at trends, especially as states are more drastically affected. It will be important to understand these trends to determine if delays in screening are resulting in an increased number of patients presenting with later-stage disease, McNair said.

“These findings are truly striking, as modeling from the NCI has predicted thousands of expected increases in cancer death as a result of deferred breast and colorectal screening alone,” said SKCC Enterprise Director Karen E. Knudsen, MBA, PhD. “This report is a nationwide call to arms, underscoring the urgent need to resume cancer screening and early detection.” ■

Keeping Cancer Care Safe During COVID-19

The Sidney Kimmel Cancer Center understands that cancer never stops, even during a pandemic. Additionally, cancer patients and others with weakened immune systems face an increased risk for severe illness due to COVID-19. To ensure patient safety, SKCC, in alignment with the overall efforts of Jefferson Health, quickly made adjustments to the way cancer care is delivered in order to limit exposure across all care sites throughout Pennsylvania and New Jersey while still providing comprehensive cancer care.

Extra safety precautions designed to keep patients and staff safe and minimize the risk of COVID-19 included expanded appointment hours in the mornings and evenings to ensure optimal social distancing, waiting rooms were reconfigured to maintain social distancing, additional cleanings in all care areas were scheduled throughout the day, and masks were provided for all employees and patients. Telehealth appointments have expanded, allowing patients and caregivers to meet with their care teams without having to make an unnecessary visit to the clinic. A no-touch registration option via mobile phone was instituted to reduce unnecessary contact during on-site appointments.

These safety measures are also in place during cancer screening appointments, which have now resumed. To date, Jefferson has treated more COVID-19 patients in the Philadelphia area than any other health system and no Jefferson patients have been infected by those who were admitted with COVID-19. ■



Ashley Peck (left) and Stephanie Robinson, Department of Medical Oncology front desk staff



Clockwise, from top left: SKCC – Washington Township Medical Oncology team; Dr. Joanne Filicko-O'Hara & her patient Brian Burns; Jefferson – Northeast Radiation Oncology team; Asplundh Radiation Oncology team; Dr. Margaret Kasner; and the Center City Radiation Oncology team

Legacy of Hope Provides Groceries to Homebound Patients

The nonprofit Legacy of Hope provides resources to cancer patients and their families facing financial distress, including assistance with bills and essentials. The organization has worked closely with the Sidney Kimmel Cancer Center for years to provide support to cancer patients experiencing difficulties while undergoing treatment.

In December 2019, Legacy of Hope teamed up with Brown’s Chef’s Market, the parent company of local ShopRites and the Fresh Grocer, and the Philadelphia Police Department to put together groceries for patients in need and deliver them right to their homes.

When the pandemic reached the Philadelphia area, Legacy of Hope acted quickly to scale up efforts. The team works with the oncology social workers at SKCC who identify patients and families in need and who are facing hunger, and a nutritionist customizes orders based on each patient’s needs.



The groceries are managed by Brown’s Chef’s Market and picked up by Philadelphia Police officers, who then deliver each set of groceries to patients across the region several times each week, allowing patients the ability to safely shelter in place without having to worry about whether they will have enough food at home.

“It’s inspiring to see how passionate Legacy of Hope’s partners have been in addressing this critical need head on and watch grocery stores, cancer centers, and a police department mobilize to create an entirely new support system for cancer patients that previously would have been considered impossible,” said Michael Rowe, Legacy of Hope Founder and President. ■



Legacy of Hope volunteers and the SKCC supportive care team pick up groceries (above), which PPD officers deliver to patients at home (left)

Message Offers Support to Workers and Patients

Soon after the novel coronavirus reached the Philadelphia region, Jamie Wiegand, a nurse at Jefferson, decided she wanted to do something that could help brighten someone’s day.

Wiegand called her cousin, Katie Scherwitzky, with an idea for the skywalk over South 10th Street that connects the Gibbon Building at Thomas Jefferson University Hospital with the parking garage across the street. Wiegand noted that many patients go past the walkway, and the two quickly got to work brainstorming ideas, then Scherwitzky printed everything for Wiegand to hang.

“Hopefully it brought a little sunshine to the staff and patients,” Scherwitzky said.

Scherwitzky’s photograph of the walkway is featured on the cover of this issue of *Discovery*. ■



Katie Scherwitzky poses under the skywalk on South 10th Street

NEW DEVELOPMENTS

AWARDS AND HONORS

ANDREW APLIN, PHD

*Appointed member, Mechanisms of Cancer Therapeutics Study Section, National Institutes of Health, Center for Scientific Review
Melanoma Research Foundation Humanitarian Award*

USMAN BAQAI

Melanoma Research Foundation Medical Student Award to study BAP1 dependent kinome in uveal melanoma

CLAUDIA CAPPARELLI, PHD

Melanoma Research Foundation Career Development Award to investigate the role of the protein SOX10 in BRAF melanoma

Legacy of Hope Merit Award to identify alterations that allow cancer cells to metastasize and survive treatment

SIGNE CASKA

Melanoma Research Foundation Medical Student Award to study the role of SOX10 in metastatic melanoma drug resistance

ANDREW CHAPMAN, DO

American Society of Clinical Oncology B.J. Kennedy Award for Scientific Excellence in Geriatric Oncology

ANNA HAN, PHD

AACR-Ocular Melanoma Foundation Fellowship to define unique metabolic features of uveal melanoma that can be targetable and identify metabolic functions of BAP1 mutations in uveal melanoma

AMY HARRISON, PHD

Elected member, Residency Education Programs Review Committee, Commission on Accreditation of Medical Physics Education Programs

FELIX KIM, PHD

Appointed chair, Translational Clinical Pharmacology Division, American Society for Pharmacology and Experimental Therapeutics

KAREN E KNUDSEN, MBA, PHD

*National Liberty Museum Healthcare Hero Award
American Society of Clinical Oncology Advocacy Champion*

EDITH P MITCHELL, MD

Elected Fellow, Royal Academy of Physicians of London

Appointed member, President's Cancer Panel

PHL Life Sciences Ultimate Solutions Award

Geisinger Commonwealth School of Medicine Wellbeing Award

GINAH NIGHTINGALE, PHARM D

Appointed member, Association of Community Cancer Centers' Board of Trustees

ISIDORE RIGOUTSOS, PHD

Elected Fellow, American Association for the Advancement of Science

ANURADHA SHASTRI, PHD

Radiation Research Society Scholars-in-Training Travel Award for research on altering the gut microbiome with caloric restriction in prostate cancer

ALISON SHUPP

AACR-Woman in Cancer Research Scholar-in-Training Award for research on osteoblasts' role in breast cancer that has metastasized to the bone

ADAM SNOOK, PHD

American Society for Pharmacology and Experimental Therapeutics Early Career Award

JOUNI UITTO, MD, PHD

Knight of the White Rose, First Order, Republic of Finland

SCOTT WALDMAN, MD, PHD

Elected Fellow, American Society for Pharmacology and Experimental Therapeutics

CHARLES YEO, MD

Global Philadelphia Corporate Leadership Award

NEW DEVELOPMENTS

GRANTS

ANDREW APLIN, PHD

BRUNO CALABRETTA, MD, PHD

NATIONAL INSTITUTES OF HEALTH

T21 grant to establish a training program in cancer biology to support multidisciplinary training to pre-doctoral candidates and postdoctoral researchers

KAREN BUSSARD, PHD

U.S. DEPARTMENT OF DEFENSE

Breast Cancer Research Program award to study the role of osteoblasts in the bone-tumor niche during bone metastatic breast cancer

MEGHAN BUTRYN, PHD

NATIONAL INSTITUTES OF HEALTH

R21 grant to evaluate how text messages may change food purchasing habits and improve dietary intake.

CHRISTINE EISCHEN, PHD

ST. BALDRICK'S FOUNDATION

Jack's Pack - We Still Have His Back Research Grant to study an innovative way to destroy Burkitt lymphoma cells that contain specific gene mutations that make them resistant to therapy

VEDA N GIRI, MD

PROSTATE CANCER FOUNDATION

Valor Challenge Award to develop tools to educate physicians, patients, and the public on prostate cancer genetics and identify patients who should undergo counseling and testing

VEDA N GIRI, MD

AMY LEADER, PHD, MPH

U.S. DEPARTMENT OF DEFENSE

Idea Award to study peer-based intervention for genetic evaluation for prostate cancer among African American men

ETHAN HALPERN, MD

FLEMMING FORSBERG, MD, PHD

NATIONAL INSTITUTES OF HEALTH

MPI R01 grant to develop a cost-effective 3D multiparametric ultrasound imaging for selectively guiding biopsies to detect prostate cancer

FELIX KIM, PHD

NATIONAL INSTITUTES OF HEALTH

R01 grant to develop a novel class of therapeutic agents that target *Sigma1* in advanced prostate cancer

ALEXANDER MAZIN, PHD

NATIONAL INSTITUTES OF HEALTH

MPI R01 grant to identify patients with acute myeloid leukemia displaying specific preferences for repairing spontaneous and drug-induced DNA damage based on gene expression analysis

ANJALI MISHRA, PHD

ASH JUNIOR FACULTY SCHOLAR AWARD

Basic/Translational Research Grant to study oncogenic pathways operation in blood cancers of T- and NK-cell origin

MANISH NEUPANE, DVM, PHD

KALEIDOSCOPE OF HOPE OVARIAN CANCER FOUNDATION

Young Investigator Grant to study novel personalized MECP2-directed epigenetic therapy in high-grade serous ovarian cancers

RAFFAELLA PIPPA, PHD

PROSTATE CANCER FOUNDATION

Young Investigator Award in Honor of H. Ward Hamlin Jr. to investigate *MITF* as a therapeutic target in prostate cancer

MAURICIO REGINATO, PHD

NATIONAL INSTITUTES OF HEALTH

NCI - ALLIANCE OF GLYCOBIOLOGISTS FOR CANCER RESEARCH

RU01 grant to elucidate mechanisms of how of *O-GlcNAc*ome regulates tumor-initiation pathways in breast cancer

VERONICA RODRIGUEZ-BRAVO, PHD

NATIONAL INSTITUTES OF HEALTH

R01 grant to identify novel actionable nuclear pore-regulated mechanisms in lethal prostate cancer

YURI SYKULEV, MD, PHD

NATIONAL INSTITUTES OF HEALTH

U01 grant to study novel strategies to improve NK cell-based immunotherapies to treat cancer, viruses, and autoimmune diseases

MATHEW THAKUR, MD

EDOUARD TRABULSI, MD

NATIONAL INSTITUTES OF HEALTH

MPI R01 grant to develop a noninvasive urinary assay for prostate cancer detection and management

ANNE M. VAN HARTEN, PHD

OVARIAN CANCER RESEARCH ALLIANCE

Ann and Sol Schreiber Mentored Investigator Award to examine innovative treatment approaches for high-grade serous ovarian cancer

YAN YU, PHD

LYDIA LIAO, MD, PHD

NATO

Multi-year Science for Peace and Security Programme grant to develop a wearable panel to assess radioactive contamination

NEW DEVELOPMENTS

DISCOVERIES OF NOTE

Schilder RJ, et al. Sequential Ipilimumab After Chemotherapy in Curative-Intent Treatment of Patients With Node-Positive Cervical Cancer. *JAMA Oncology*. 2019 Nov 27; 6(1):92-9

Cai W, et al. PBRM1 acts as a p53 lysine-acetylation reader to suppress renal tumor growth. *Nature Communications*. 2019 Dec 20; 10(1):5800

Porcu P, et al. Brentuximab vedotin in the treatment of CD30+ PRCL. *Blood*. 2019 Dec 26; 134(26):2339-2345

Dalva MB, et al. Positive surface charge of GluN1 N-terminus mediates the direct interaction with EphB2 and NMDAR mobility. *Nature Communications*. 2020 Jan 29; 11(1):570

Lu-Yao G, et al. Mortality and Hospitalization Risk Following Oral Androgen Signaling Inhibitors Among Men with Advanced Prostate Cancer by Pre-existing Cardiovascular Comorbidities. *European Urology*. 2020 Feb; 77(2):158-166

Calabretta B, et al. Selective inhibition of Ph-positive ALL cell growth through kinase-dependent and independent effects by CDK6-specific PROTACs. *Blood*. 2020 Feb 07 [Epub ahead of print]

Eischen CM, et al. Pan-cancer analysis reveals cooperativity of both strands of microRNA that regulate tumorigenesis and patient survival. *Nature Communications*. 2020 Feb 20; 11(1):968

Mandigo AC, et al. Double Trouble: Concomitant RB1 and BRCA2 depletion evokes aggressive phenotypes. *Clinical Cancer Research*. 2020 Feb 04 [Epub ahead of print]

Erkes D, et al. Mutant BRAF and MEK inhibitors regulate the tumor immune microenvironment via pyroptosis. *Cancer Discovery*. 2020 Feb; 10(134):1999-2000

Wen KY. Not Just Another App: Realizing the Potential of Mobile Healthcare Applications to Promote Adherence to Oral Cancer Therapy Medications. *Journal of the National Comprehensive Cancer Network*. 2020 Feb; 18(2):219-22

Porcu P, et al. Improved outcomes for extranodal natural killer T-cell lymphoma. *Lancet Haematology*. 2020 Feb 24 [Epub ahead of print]

Grenda TR, et al. Transitioning a Surgery Practice to Telehealth During COVID-19. *Annals of Surgery*. 2020 March 16 [Epub ahead of print]

Domingo-Domenech J, et al. Cellular rewiring in lethal prostate cancer: the architect of drug resistance. *Nature Reviews Urology*. 2020 March 16 [Epub ahead of print]

Fong LY, et al. Abrogation of esophageal carcinoma development in miR-31 knockout rats. *Proceedings of the National Academy of*

Sciences. 2020 March 02 [Epub ahead of print]

Lombardo J, et al., Care of Transgender Persons. *New England Journal of Medicine*. 2020 Apr 09; 382(15):1481

Trabulsi EJ, et al. Optimum Imaging Strategies for Advanced Prostate Cancer. *Journal of Clinical Oncology*. 2020 Apr; 16(4):170-176

Kelly WK, et al. Clinical Outcomes in Men of Diverse Ethnic Backgrounds with Metastatic Castration Resistant Prostate Cancer. *Annals of Oncology*. 2020 Apr 11 [Epub ahead of print]

Languino LR, et al. The avB6 integrin in cancer cell-derived small extracellular vesicles enhances angiogenesis. *Journal of Extracellular Vesicles*. 2020; 9(1):1763594

Benovic JL, et al. Arresting Developments in Biased Signaling. *Trends in Pharmacological Sciences*. 2020 Apr 30 [Epub ahead of print]

Spiller KL, et al. Macrophages of diverse phenotypes drive vascularization of engineered tissues. *Scientific Advances*. 2020 May; 6(18):eaay6391

Giri VN, et al. Implementation of Germline Testing for Prostate Cancer: Philadelphia Prostate Cancer Consensus Conference 2019. *Journal of Clinical Oncology*. 2020 Jun 09 [Epub ahead of print]

Dey S, et al. Peptide vaccination directed against IDO1-expressing immune cells elicits CD8 and CD4 T-cell-mediated antitumor immunity and enhanced anti-PD1 responses. *Journal for Immunotherapy of Cancer*. 2020 July;8(2).

Flemming JP, et al. miRNA- and cytokine-associated extracellular vesicles mediate squamous cell carcinomas. *Journal of Extracellular Vesicles*. 2020 July 13;9(10):1790159.

Flickinger JC, et al. Chimeric Ad5.F35 vector evades anti-adenovirus serotype 5 neutralization opposing GUCY2C-targeted antitumor immunity. *Journal for Immunotherapy of Cancer*. 2020 Aug;8(2).

Magee, et al. On the expanding roles of tRNA fragments in modulating cell behavior. *Nucleic Acids Research*. 2020 Sep 05 [Epub ahead of print].

Handley NR, et al. The Home is the New Cancer Center. *Journal of the National Comprehensive Cancer Network*. 2020 Oct 01;18(10):1297-1299.

Alnahhas I, et al. Management of gliomas in patients with Lynch Syndrome. *Neuro-Oncology*. 2020 Oct 16 [Epub ahead of print].

Rasouli J, et al. A distinct GM-CSF T helper cell subset requires T-bet to adopt a T1 phenotype and promote neuroinflammation. *Science Immunology*. 2020 Oct 23;5(52).

ASCO Recognizes Outstanding Contributions of Dr. Andrew Chapman in Geriatric Oncology

Andrew Chapman, DO, was honored with the 2020 B.J. Kennedy Award for Scientific Excellence in Geriatric Oncology from the American Society of Clinical Oncology (ASCO) for his leadership and achievement in the field.

Chapman is co-director of the Jefferson Senior Adult Oncology Center, Chief of Cancer Services at the Sidney Kimmel Cancer Center – Jefferson Health (SKCC), and Enterprise SVP of Medical Oncology.

The distinguished award was established in 2007 in honor of the late B.J. Kennedy, MD, who is considered the father of medical oncology and a pioneer in the field of geriatric oncology. It recognizes members who have made outstanding contributions to the research, diagnosis, and treatment of cancer in the elderly, and in bringing an understanding of geriatric oncology to fellow and junior faculty.

"I am humbled to receive this prestigious award on behalf of the incredible geriatric oncology team at Jefferson," Chapman said.

Chapman helped establish the multidisciplinary Senior Adult Oncology Center at SKCC more than 10 years ago. One of the first of its kind in the U.S., the center continues to set the standard model for interprofessional care delivery for older adults with cancer.

The Senior Adult Oncology Center provides a unique opportunity for these patients to undergo a geriatric assessment that evaluates their medical, functional, and psychological

status. In a single appointment either in-person or through telehealth, members of the medical oncology, navigation, social work, geriatrics, and pharmacy teams provide personalized comprehensive care recommendations that will help patients and caregivers make an informed decision to meet their treatment goals.

The center also provides researchers the opportunity to evaluate the impact of a comprehensive geriatric assessment regarding treatment recommendations, as well as the impact of the multidisciplinary evaluation model on treatment decision development in a shared decision making

"Dr. Chapman is a dedicated physician and researcher who understands the unique needs of senior adults with cancer. Under his leadership, the Senior Adult Oncology Center at SKCC remains at the forefront providing specialized care to this growing population of cancer patients."

environment with the healthcare team alongside the patients and caregivers. Additionally, the center offers clinical trials to older adults, a population that is often excluded in clinical research.

Chapman is currently planning to launch a tool throughout the Jefferson Health enterprise that will educate the oncology nurse force and help them to evaluate patients and refer them to the center for a comprehensive assessment.



Andrew Chapman, DO
Enterprise SVP of Medical Oncology
Chief of Cancer Services, SKCC
Co-director, Senior Adult Oncology Center

"On behalf of the Sidney Kimmel Cancer Center, I'd like to congratulate Dr. Chapman on receiving this incredible recognition from ASCO," said Karen E. Knudsen, MBA, PhD, Enterprise Director of SKCC and EVP of Oncology Services at Jefferson Health.

"Dr. Chapman is a dedicated physician and researcher who understands the unique needs of senior adults with cancer. Under his leadership, the Senior Adult Oncology Center at SKCC remains at the forefront providing specialized care to this growing population of cancer patients. He is committed to providing the best care possible to all of his patients and this is a truly well deserved honor." ■

Telehealth Keeps Patients Connected

A Telehealth Task Force supports health equity

In early March, the threat of a novel coronavirus reached the United States and the Sidney Kimmel Cancer Center – Jefferson Health (SKCC) and hospitals nationwide began taking actions to mitigate the threat of a looming pandemic. Such steps included rearranging clinics to follow social distancing guidelines, amping up already-robust cleaning routines, providing adequate masks and hand sanitizer for staff and patients, and shifting appropriate staff to a work-from-home environment.

Transitioning many outpatient appointments to virtual ones was also a key aspect of increased safety measures. Providing remote care can help reduce the risk of exposure for vulnerable cancer patients by keeping them out of the clinic and lessen the number of people in the clinics throughout the day.

Telehealth was a Jefferson enterprise initiative championed by President and CEO Stephen Klasko, MD, MBA, and led by Judd Hollander, MD, Associate Dean for Strategic Health Initiatives at the Sidney Kimmel Medical College. All hospital departments were encouraged to introduce telehealth and SKCC leadership was enthusiastic about incorporating the platform into clinical cancer care.

It was first implemented in 2017, which allowed SKCC to shift patients over to virtual care rather quickly while assuring continuity of care.

Between Jan. 1 and March 15, 2020, a total of 456 telehealth visits were completed across SKCC, while 7,952 telehealth appointments were completed from March 16 to June 7.

SKCC has continued to see new and current patients since the start of the coronavirus outbreak and has maintained the highest quality of care while decreasing risk for patients and

and available for medical, radiation, and surgical oncologists, as well as supportive staff. The appointments were most often for pre-visit consultations, follow-up visits, and visits with the oncology social work team. Early patient feedback has been positive.

“By uncoupling the office visit and the infusion appointment, patients and caregivers expressed appreciation for

streamlining the treatment process in efforts to create maximum safety and efficiency,” Chapman said. “This has led to increased patient, caregiver, and healthcare provider satisfaction during what has been an otherwise very stressful time for cancer patients.”

Ana María López, MD, MPH, Professor and Vice Chair of Medical Oncology at SKCC and Chief of Cancer Services for SKCC – New Jersey, has also found that patients are

responding favorably to the experience.

“Patients often comment about how seamless the experience is, how nice it is to be able to include family members in the visit, and how secure they feel in this time of COVID to meet with their doctor in a safe way.”

Right at the start however, SKCC recognized that many patients face barriers to engaging with their health providers virtually.



From left: Onyi Okorji, DO, Jefferson Health – Northeast faculty resident; Jill Lefkowitz, MSW, oncology social worker; Elizabeth Thornton, MSN, CRNP, medical oncology nurse practitioner; and Andres Ferber, MD, Director of Hematology Outreach at SKCC at Torresdale, consult with a patient via telehealth

staff through telehealth, explained Andrew Chapman, DO, Enterprise Chief of Cancer Services at SKCC.

Outpatient appointments are shifted to telehealth when medically appropriate, depending on the needs of the patient. Those who require in-office services such as chemotherapy infusions, radiation therapy, and other essential purposes are still seen in the clinic. The virtual visits are facilitated through a HIPAA-compliant tool

nnected From a Safer Distance

and helps patients overcome barriers to access

They may lack routine internet access or report low digital literacy.

In response, SKCC established the Telehealth Task Force to support health equity in telehealth care and help patients overcome any issues proactively. If a patient identifies any type of barrier to telehealth – such as lacking a MyChart account, an active email address, or a working device – the Task Force steps in to assist. They can provide patients access to a device or set them up with data minutes. Additionally, the Task Force can help patients download the Jeff-Connect app and walk them through the process, help them set up an email address, or connect them with a translator if they do not speak English.

Patients have been highly receptive to the intervention, expressing gratitude for the outreach, attention, and patience guiding them through the process, according to Task Force member Lauren Waldman. “Patients who self-identify as having low digital literacy are particularly grateful, as in pre-COVID times they might have had the support of neighbors, family, or other community members to assist with new technology,” Waldman said.

For example, Waldman assisted an older woman who lives on her own. Prior to COVID, she watched her granddaughter and frequently saw her daughter, who would usually assist her with technology. Since the pandemic, they have been unable to visit. She also recalled an older man who often found help in the lobby of his apart-

ment building from the front desk or other residents until social distancing precautions left the lobby empty.

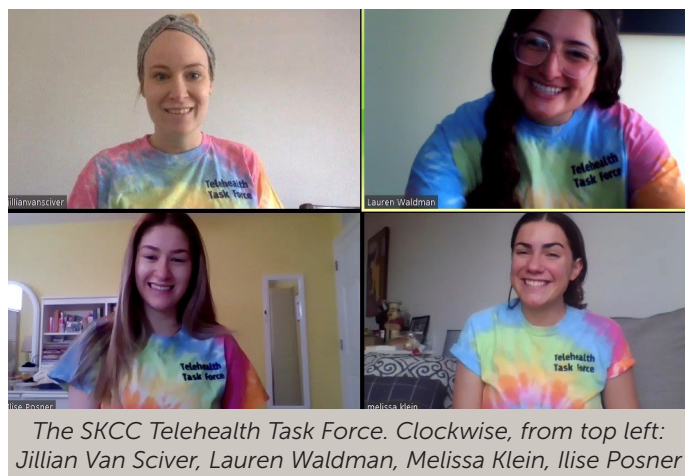
Many are predicting that the shift toward telehealth will remain in place even when the emergency of the pandemic is over. Going forward, it is important to have an accurate understanding of telehealth’s impact on cancer care – and SKCC researchers have already begun. The National Cancer Institute (NCI) recently awarded

“By uncoupling the office visit and the infusion appointment, patients and caregivers expressed appreciation for streamlining the treatment process to create maximum safety and efficiency.”

SKCC a grant to evaluate the impact of telehealth during the pandemic on health outcomes, patient and clinician well-being, and health equity.

The researchers plan to track and compare patient outcomes and satisfaction pre-telehealth expansion prior to the pandemic, during the pandemic telehealth expansion, and post-pandemic telehealth expansion, López explained.

The researchers plan to assess the Telehealth Task Force’s ability to pro-



The SKCC Telehealth Task Force. Clockwise, from top left: Jillian Van Sciver, Lauren Waldman, Melissa Klein, Ilise Posner

mote health equity, and they will also examine telehealth’s ability to alleviate anxiety during these stressful times – not only among patients and caregivers, but also among the clinical teams.

SKCC will also be in regular discussions with the two other institutes studying cancer patient management through telehealth during COVID-19 – the Stephenson Cancer Center at the University of Oklahoma in Oklahoma City, and Dartmouth-Hitchcock Norris Cotton Cancer Center in Lebanon, N.H. The three NCI-designated cancer centers each serve different patient populations, thus providing an opportunity to analyze diverse patient populations in different geographic settings.

The synergy and partnership with the other cancer centers gives the projects the potential to impact telehealth cancer care nationwide, according to López, who will be leading the effort.

To schedule a telehealth or in-person appointment at the Sidney Kimmel Cancer Center, call 1-800-JEFF-NOW. ■

Post-pandemic Opportunities for Telemedicine

In response to the COVID-19 pandemic, cancer centers rapidly shifted to telemedicine, offering immediate benefits such as reducing exposure to the virus in the clinical setting and overcoming transportation barriers for patients and caregivers.

Additionally, telemedicine expanded the definition of patient-centered care from “the right treatment, for the right patient, at the right time,” to include “in the right place,” wrote Karen E. Knudsen, MBA, PhD, Enterprise Director of SKCC; Cheryl L. Willman, MD, Director and CEO of the University of New Mexico Comprehensive Cancer Center in Albuquerque; and Robert A. Winn, MD, Director of the VCU Massey Cancer Center in Richmond, Va., in a recent manuscript published in *Clinical Cancer Research* that outlined the current state of telemedicine at AACI member centers and offered recommendations for enhancing post-pandemic cancer care through telemedicine.

Telehealth visits through phone or video, home-based care, and remote patient monitoring were effective ways to deliver care throughout a pandemic, but will also remain part of the cancer care continuum post-pandemic.

However, it is essential to understand the impact of telehealth on access to cancer care, quality of care delivery, health equity, outcomes, and reimbursement, and there is a long way to go to achieve equitable implementation, according to Knudsen, Willman, and Winn, who identified immediate needs that must be addressed.

One issue that is critical to address

is that of digital literacy, as patients with lower health literacy are less likely to participate in shared decision-making in their medical care. Pre-pandemic data revealed disparities in digital health literacy across numerous demographics, including socioeconomic status, race, ethnicity, and age. Challenges are further exacerbated in older adults who have lower digital health literacy compared with younger patients, are less likely to have an email address, own a smartphone, or use an online portal to communicate with their oncology care team.

“Telemedicine expanded the definition of patient-centered care from ‘the right treatment, for the right patient, at the right time,’ to include ‘in the right place.’”

Studies have also shown significant variances in access across diverse and at-risk populations. Many patients with smartphones lack the ability to download the necessary apps required for a telehealth video visit. Overall though, patients demonstrate a strong desire for telehealth services, particularly those for whom a lack of transportation is a barrier to care.

Many cancer centers in rural settings report challenges related to broadband availability. A recent study found patients living in the Northeast, West, or Midwest in the United States had about a 34% increased likelihood of having a telehealth visit compared with people living in the South. Additionally, individuals living in urban areas were 54.3% more likely to have a telehealth encounter than those in rural areas. According to the Federal



Communications Commission (FCC), 97% of Americans living in an urban area have access to high-speed internet, compared with only 64% of people in rural areas and 60% of those living on tribal lands having similar access. Emergency funding to increase broadband access was part of the FCC’s COVID-19 Telehealth Program that was appropriated as part of the Coronavirus Aid, Relief, and Economic Security Act; however, long-term solutions will be key post-pandemic, Knudsen and colleagues wrote.

Sustained telehealth utilization also requires reimbursement parity with in-person visits and coverage for both in-state and out-of-state visits. While the Centers for Medicare and Medicaid Services and select commercial payors modified reimbursement policies in response to the pandemic, it is unclear whether policies will remain or whether other commercial payors will follow suit.

Telehealth undoubtedly represents an innovative change to cancer care that will transform patient access to treatment, Knudsen and colleagues concluded. As such, it is critical that the cancer community works to mitigate cancer health disparities and to optimize telemedicine services to meet the specialized needs of a diverse population. ■

SURVIVOR STORY

ARNALDO SANTOS

Nothing to Fear: Cancer Surgery During COVID-19

With thyroid cancer surgery scheduled for April 10, Arnaldo Santos, 51, was enjoying time at home in Hopewell Township, N.J., with his family when he received a call from his surgeon, David Cognetti, MD. With the COVID-19 pandemic worsening, the decision had been made to postpone his surgery to May.

"He was being cautious; he wanted to make sure that his patients didn't get the coronavirus," Santos said. "That was smart."

While Cognetti assured Santos that his overall prognosis was excellent, with minimal significant risk for disease progression, Santos's anxiety, understandably, became somewhat heightened. "The bottom line is, you can tell somebody they're going to do great, but when they hear the word 'cancer,' that's going to wear on their mind," said Cognetti, who is Chair of the Department of Otolaryngology.

Many of Cognetti's patients whose surgeries were rescheduled received a call from him from time to time, just to keep in touch and offer reassurance. "I've never had that experience," Santos said, "where a doctor will call me at, say, 9 o'clock at night just to find out how I was doing."

From the minute he walked into the reception area for his rescheduled surgery on May 8, Santos felt very safe – despite the uncertainty swirling around the pandemic. "I could smell the alcohol and just how clean everything was. That was very important to me," he said, adding that hospital staff was practicing strict social distancing measures. "In the

waiting area, when someone was called back, a member of the staff was there right away to sanitize the chair. It made me feel very comfortable and secure."

"Surgery, at baseline, is one of the safest places for patients in medicine because of how rigid things are in terms of protecting against the transmission of infectious disease," Cognetti said. Because of the pandemic, additional precautions include pre-op COVID testing for all patients and the escalation of personal protective equipment (PPE) to include N95 masks, combined with face shields,

"Surgery, at baseline, is one of the safest places for patients in medicine because of how rigid things are in terms of protecting against the transmission of infectious disease."

for staff. "Protecting our staff is important, not only for the sake of our staff but also because it protects the next patient."

Patients should know that surgeries, despite the ongoing pandemic, are extremely safe, Cognetti explained. "It's important that the message of safe surgery be out there because what's happened now, which could potentially hurt patients, is that much of the news has made people scared to come into the hospital or to come in and get surgery. In many cases, that could end up hurting the patient instead of helping them."

While recovering at home, Santos has returned to his duties as business manager at Parish of the Holy Cross in Bridgeton, N.J. An ordained deacon in the Catholic Church, his faith has played an important role throughout his



Arnaldo Santos and his wife, Maribel

diagnosis and recovery. The successful surgery is allowing Santos to return to his family and to his calling to help others. A retired police detective, he's witnessed more turmoil than many, starting at age 9 when he fled with his mother and brother from an abusive father in Puerto Rico. He grew up in government-assisted housing in Bridgeton, and at 19, began a career in law enforcement.

As a detective, he was recognized by the U.S. District Court for the District of New Jersey as an expert witness on East Coast street gangs. His experiences on the front lines of gang warfare are captured in his 2016 book, "Street Gangs and God – The Battle in the Streets," which he describes as part memoir and part spiritual encouragement for parents and young people struggling to find purpose in their lives.

As a deacon, he continues to guide parents and their children to do good things. As a patient, he encourages anyone who has been told they will require surgery to go through with it.

"Do not fear and do not be afraid." ■

Laboratories Find New Ways to Stay Engaged From Home

As the COVID-19 pandemic began to hit the Philadelphia area, scientists and their respective laboratories at the Sidney Kimmel Cancer Center were forced to get creative when it came to important cancer research. With in-person lab work no longer a reality, scientists and their lab members began making the most of the virtual space; new collaborations, projects, and meetings began to take shape at home.

During quarantine, the lab of SKCC member Sara Meyer, PhD, kept busy by writing manuscripts of their research projects. Because of the work from home time, Meyer's entire lab also became very savvy when it came to using Slack, the popular online business communication platform.

"I think Slack will be a permanent addition to how our lab communicates on a regular basis moving forward," said Meyer, Assistant Professor in the Department of Cancer Biology at Thomas Jefferson University. "I have had more online meetings than ever with research collaborators and my clinical partners in such a short period of time, which has been very fruitful in generating new ideas for grant applications, as well as ideas for strengthening the current projects in the lab."

Some researchers even found themselves bringing on new lab members during the work from home period. McKenna Glasheen started working as a research technician in the lab of Andrew Aplin, PhD, SKCC Associate Director for Basic Research, one day before the work from home

order was announced.

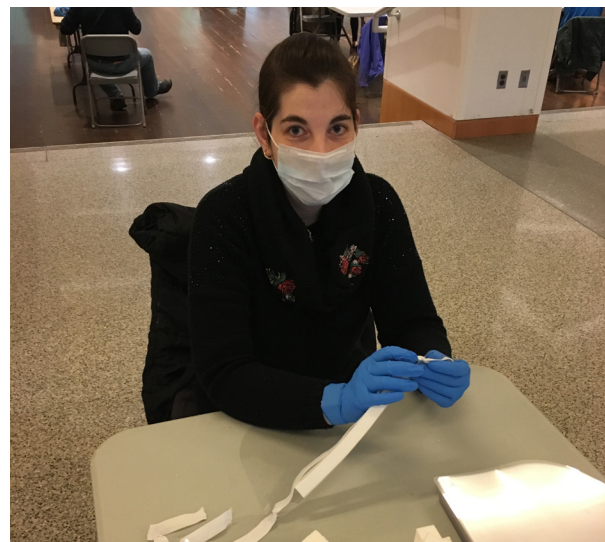
"The lab was very well organized and had a plan in place to allow us to seamlessly transition to the new work from home environment," Glasheen said. She added that while working remotely, the Aplin lab held several meetings each week to discuss everyone's well being and provide updates on ongoing projects. The team also engaged in virtual social gatherings to stay connected despite the physical distance.

Research lab members also supported their clinical colleagues during this time. They donated unused protective equipment to hospital staff on the front lines such as N95 respirator masks, surgical masks, hand sanitizer, face shields, goggles, and protective gowns.

Doctoral students Mai Nguyen and Sheera Rosenbaum from the Aplin lab, as well as Brittiny Dhital from the lab of Veronica Rodriguez-Bravo, PhD, Assistant Professor of Cancer Biology, went one step further.

The group joined forces with Jefferson's student body to help make face shields. Through their efforts, the entire group of students made 10,000 face shields for the emergency department staff at Thomas Jefferson University Hospital.

"Upon learning that there had been a shortage of face shields across U.S. hospitals, I decided to participate in



Doctoral student Brittiny Dhital makes face shields for emergency department staff at Thomas Jefferson University Hospital

this volunteer event to make masks from simple materials. I am aware that the disruptions COVID-19 had on my life were negligible compared to many others," Nguyen said. "Through this small effort on my part and fellow student volunteers, I hope that we were able to somewhat alleviate the burdens placed on front-line professionals."

In June, scientists and their teams began the process of returning to the laboratories while taking the necessary precautions to ensure a safe transition back to campus.

For Glasheen, it's a brand new experience filled with endless possibilities. "I am excited to be able to finally interact with my co-workers in a more personable way, rather than Slack messages or Zoom calls." ■

An Oncologist Reflects on Caring for Patients and Self During COVID-19

By the time Alan Phillips met Ana María López, MD, MPH, Chief of Cancer Services for SKCC Jefferson Health – New Jersey, he had already battled colon cancer years ago. Then a CT scan showed a dark mass in his chest and lungs. The cancer came back, and had spread. This time, Alan needed chemotherapy.

“Colorectal cancer is a challenging cancer,” López said. “Not to say that any cancer is easy. But Mr. Phillips was really in a situation where he had a chance of cure. I didn’t want him to lose that window.”

When Phillips was first diagnosed, he opted out of chemotherapy, feeling reservations about the chemicals involved. However, because the disease had recurred outside the colon, aggressive treatment would offer the possibility of long-term control. He was at a crossroads again, needing to make a decision during a pandemic.

“I think people are rightfully concerned about what is entering their body and [it is] really important for us to be able to explain how chemo works, weighing the pluses and minuses, so that people can really understand and weigh for themselves those risks and benefits,” López said. “Mr. Phillips ultimately did that and decided the benefits were going to outweigh the risks in this situation.”

López understands why people have concerns and need information and reassurance about coming into clinical settings right now. “None of us have faced a full-on pandemic like this. And though I’ve had experiences with AIDS

in the ‘80s, this seems of a much larger scale and vulnerability.”

These reservations have contributed to some patients delaying care. This is cause for concern, as a delay could affect long-term health outcomes. An NCI model is predicting over 10,000 extra breast and colorectal cancer deaths over the next 10 years.

“I think in all those situations, it’s important to sit down, to talk, and to outline what does this mean for you as best as we can from the evidence of what we have,” López said. “It’s important just to have the opportunity to talk it through. I think that’s what people need. They need to express their concerns and have them heard. It’s a great process that the patient is at the center.”

“Three deep, cleansing breaths are incredibly soothing. It’s a very small intervention but it can make a big difference.”

López describes Jefferson as a leader in being on top of the latest knowledge and research on the best practices to keep both patients and staff safe and sharing that information so the health-care teams are equipped to make the best recommendations with patients.

López begins many of her appointments with patients by breathing with them. She said that three deep, cleansing breaths are incredibly soothing. “It’s a very small intervention but it can make a big difference.” This small intervention is one she also brings to



Ana María López, MD, MPH
Chief, Cancer Services
SKCC Jefferson Health – New Jersey

her team. “As health professionals, we need to have staying power,” she said. “To really be there for our patients and be there for each other and our families. That’s why it’s so important that we nurture ourselves because we’re in this for the long haul.”

To take care of herself, López follows the advice her mother always told her: eat well, sleep well, and find joy, in addition to meditation and staying physically active. This helps her arrive ready for her team and her patients.

“I don’t think as a child I would have known the word for it, but I always wanted to be a healer,” López said. “I wanted to take care of the patient and their family, where there would be an opportunity to take care of body, mind and spirit. To be there when people are facing what I think really is the most difficult thing we face as humans—facing our mortality—is an incredible privilege to care for patients when this is what they’re going through.” ■

SURVIVOR STORY

AMY SCHIMANSKI

Diagnosed with Cancer During COVID-19, Jefferson Nurse Takes One Day at a Time

In late February 2020, just as the first COVID-19 casualties were being reported in the U.S., Amy Schimanski had her first mammogram. For Schimanski, a nurse in Jefferson's Intensive Care Nursery, being proactive about her health was ingrained in her. She felt it was prudent to begin routine screenings as recommended, but there was nothing that caused her concern.

The mammogram, however, showed something abnormal. Schimanski scheduled follow-up scans and, a week after her biopsy on March 11, her worst fears were confirmed.

As if the diagnosis wasn't enough, there was the pandemic. Schimanski was terrified she wouldn't be able to receive the treatment she needed. She also worried about being exposed to the virus at appointments, and whether treatment might make her more susceptible.

Schimanski was surrounded by friends and colleagues when she got her results; some had been through similar diagnoses. They warned it could take time to start treatment and with the coronavirus, it could take even longer. She called SKCC's Breast Care Center and to her surprise, quickly got an appointment with breast surgeon Melissa Lazar, MD, and began a whirlwind of tests. Less than three weeks after diagnosis, Schimanski underwent a double mastectomy on April 6.

"I joke that I got a fast-pass. I haven't had time to process what I've been through. I'm healing and resting now, and able to reflect on it a little. What I do know for sure is that I have never been more proud to be a part of Jefferson."

Schimanski said the care she received made an otherwise traumatizing experience go smoothly. "Every single person I came across has eased my fears or made me laugh or smile. My MRI technician, Rebecca, was so respectful and gentle. The nurse navigator, Elizabeth Benedetti, was so helpful in making sure I was getting everything scheduled and knew where I needed to go. Alexis and Alyssa from nuclear medicine helped me through one of the most painful procedures I've ever had. Before my surgery, the man wheeling me in helped distract me as I was beginning to get upset. My pre-op nurses, Cara and Sue, were amazing, as was Glenda in post-op. Every step of

"I keep telling my friends, don't put that screening or appointment or medication refill off. You just never know."

the way, Dr. Lazar, and Dr. Steven Copit in plastic surgery, made sure that my husband and I knew what to expect. As I recover at home, my coworkers and manager, Sue Lagner, have continued to be so supportive and encouraging."

Going from caregiver to patient has underscored how important compassion is and given Schimanski a deeper appreciation of the work healthcare providers do every day. "I miss my colleagues and I worry about their safety as we go through this pandemic. But there was never a moment when I went in for my appointments that I ever felt unsafe. Everyone is taking all the necessary precautions."

Schimanski hopes her experi-



Amy Schimanski with her husband, Chris, and sons Jason (left) and Christopher

ence will encourage people who are scared to see the doctor right now to not ignore or delay their health.

While thankful she caught the cancer early and that her treatment has gone so smoothly, Schimanski admits it is unprecedented to be going through this during a pandemic and there are good days and bad days.

"It does sometimes feel like I'm in someone else's nightmare. There have been a lot of tears. I am so grateful that my husband and kids are at home. My mother-in-law has moved in with us; she's been a great help. I don't know what I would do if I was alone. My heart goes out to patients who are on their own or don't have family close by."

It has been hard for Schimanski to get used to social isolation and slowing down. Social distancing has meant that she hasn't been able to see many of her family members since her diagnosis, making it harder to get physical support and care. For now, she is in a holding pattern until she recovers from surgery. "I'm just trying to take it a day at a time, and enjoy my family." ■

Cancer Support and Welcome Center Transitions to Virtual Programming During Pandemic

In light of COVID-19, the Sidney Kimmel Cancer Center's Cancer Support and Welcome Center began taking the appropriate steps to protect the safety of patients, caregivers, staff, and the larger Philadelphia area community last year starting in mid-March. From that point on, all in-person Welcome Center groups and classes were postponed until further notice.

The Welcome Center took these precautions particularly seriously, as people with cancer often have suppressed immune systems, putting them at significant risk of infection and complications. However, the team stayed committed to supporting those in need. In consultation with Jefferson experts, the Welcome Center began hosting a variety of educational and wellness programs that anyone could virtually attend through private, HIPAA-compliant videoconferencing.

"We were able to utilize an easy step on Zoom to allow patients and caregivers the ability to register in advance so that we were able to guarantee safety for those given access to enter our programs," said SKCC social worker and Welcome Center staff member Miriam Pomerantz, MSW, LSW.

At the end of March, the Welcome Center hosted its first two virtual programs with a total of 46 participants. By April, there were 34 virtual programs available that had more than 360 participants. Some of the available programs included yoga for stress relief, tips on how to deal with cancer during the pandemic, and various support groups. "One of the reasons that our

programming was up and running so quickly was due to the positive response of the social work and supportive services team in being so willing to offer virtual support to patients on a variety of topics," said Angela Harnish, Resource Coordinator for the Welcome Center.

"Our patients and caregivers alike have been extremely grateful for the different variety of programs being offered and have stated that they can really rely on their care team during this uncertain time," said Lisa Capparella, MSS, LCSW, OSW-C, Manager

"Patients & caregivers alike have been extremely grateful for the different variety of programs being offered and have stated that they can really rely on their care team during this uncertain time."

of the Welcome Center. The Center has also given patients and their loved ones opportunities to provide feedback on what programs work best, as well as additional programming they would like to see in the future.

Although almost half of the April participants were patients and caregivers, 57% were actually healthcare providers. In the past, there was minimal programming to support staff, but the demand quickly became evident during this time. In response, the Welcome Center added faculty-centric programs that focused on topics such



This year's annual Cancer Survivor Day turned into a virtual celebration

as how to deal with grief and loss due to COVID-19, as well as ways to have mindful moments amid stressful times.

Another virtual event available to patients, caregivers, and staff was the Cancer Survivor Day: Celebration of Life event held on June 12. Typically held in person at Jefferson, the annual event, which honors past and current cancer survivors, was moved to Zoom to protect the health and safety of all attendees. More than 130 individuals from around the country attended the two-hour celebration, which included guest speaker and cancer survivor Jonny Imerman, as well as a Q&A session with a panel of SKCC experts.

Over the next few months, the Welcome Center plans to review policies and procedures to re-open to in-person visits while ensuring that the safety of patients and staff remains a top priority. In the meantime, the Center will continue providing virtual programs geared toward both patients and healthcare professionals.

For questions or program suggestions, contact the Welcome Center at CancerSupportCenter@jefferson.edu or 215-955-1800. ■

Survey Reveals Impact of COVID-19 on Cancer Patients

As the novel coronavirus began to overtake hospitals, other areas of healthcare were forced to rapidly shift how they deliver treatment and support to patients. SKCC cares for thousands of patients with different cancers and stages and has continued to admit new patients during this crisis. While the clinicians and staff heard anecdotes about the positive and negative effects of the pandemic from their patients, it was difficult to understand the full impact of the pandemic on cancer care without casting a wider reach to patients and survivors.

Three weeks into the pandemic, the SKCC's Neu Center for Supportive Medicine and Cancer Survivorship launched the "COVID and Cancer Survey" to better understand how the pandemic has impacted patients, survivors, and caregivers. The 20 question survey touched on a range of topics including cancer treatment, experiences with telemedicine, mental and physical health, availability of resources, and sources of health information, explained Amy Leader, PhD, MPH, Associate Director for Community Integration at SKCC.

"Patient-centered research in any form is extremely helpful to understand where gaps in care and service are occurring," said Brooke Worster, MD, Medical Director of the Neu Center. "Especially with so many changes coming at us due to COVID, the best way to understand how we can improve is to get that data from the source – the patients."

"In just under three weeks, we had around 1,000 patients, survivors, or

caregivers affiliated with the SKCC complete the survey," said Rebecca Cammy, MSW, LCSW, Supervisor of Oncology Support Services. "This is a bigger response than we expected, and it's a great source of important data."

Many patients currently in treatment reported some disruption in their care, most commonly with preventative scans or appointments. The survey indicated a significant increase in the number of patients making telehealth appointments,

"The preliminary results are already helping to inform patient programming, intervention, and support in direct response to what patients and caregivers say they need."

as SKCC transitioned to telehealth for pre-visit consultations to discuss care plans and follow-up visits. One patient reported a good experience so far, saying, "I love the fact that I was already set up with the technology to interact with my care team through MyChart. I find it easy to use and very helpful."

A majority of the respondents said they were "somewhat worried" or "very worried" about getting the virus. This heightened level of concern about infection may be warranted among patients and survivors, who are often older and more susceptible to the virus. About one-quarter of respondents also reported feeling more tense than in the previous month. Telehealth visits with social work teams have been ramped up to address this anxiety.



With social distancing in effect, some patients reported challenges obtaining groceries, as well as interacting with caregivers and support systems. "It has been very hard not having my wife with me for my doctor visit, infusion session, and Neulasta injections," one patient responded. "My wife does appreciate the staff using cell phones to allow her to participate in the doctor visits."

Going forward, the team plans to collect more responses from the survey and to analyze the data by different demographics, such as active patients versus survivors, age groups, and gender.

"The preliminary results are already helping to inform patient programming, intervention, and support in direct response to what patients and caregivers say they need," said Gregory Garber, MSW, LCSW, Director of SKCC's Cancer Support and Welcome Center.

"We know that how we care for patients will forever be changed due to COVID," Worster said. "This survey will show us what is most important to our patients and how they manage stressors – it is pilot data for future interventional studies examining innovative care delivery for cancer patients during this time of crisis." ■

NEW LEADERSHIP

ASSOCIATION OF AMERICAN CANCER INSTITUTES

Dr. Karen Knudsen Begins Term as AACI President

Karen E. Knudsen, MBA, PhD, Enterprise Director of the Sidney Kimmel Cancer Center – Jefferson Health (SKCC) and Executive Vice President of Oncology Services for Jefferson Health, has assumed a two-year term as President of the Association of American Cancer Institutes (AACI).

The AACI is comprised of 102 of the leading academic and freestanding cancer research centers in North America with the goal of accelerating progress against cancer by enhancing the cancer centers' impact. Knudsen began her term in October 2020.

Knudsen unveiled her presidential initiative, which will focus on better understanding and mitigating cancer disparities. Through a two-part approach, the initiative aims to convert understanding of cancer disparities across the AACI centers into meaningful, measurable actions to improve the lives of cancer patients.

In the first phase of the initiative, AACI will engage each cancer center to identify priority disparities and uncover geographic areas that have not yet been studied to increase awareness and understanding. As part of the first phase, AACI will launch podcasts featuring cancer center leaders and key stakeholders such as community leaders and elected officials to uncover best practices and identify gaps and opportunities for improvement.

The second phase of the initiative will focus on converting knowledge into action. Knudsen and AACI leadership intend to present key findings during the 2021 annual

meeting and initiate actions intending to reduce disparities, such as developing advocacy plans and partnerships with stakeholders.

"I am honored to serve as AACI President, and look forward to working with all of the cancer centers toward accelerating the pace of discovery and alleviating the suffering of those affected by cancer," Knudsen said. "We have seen remarkable progress against cancer over the past 50 years, yet these breakthroughs have not benefited everyone equally. I am proud to introduce an initiative that will help to eliminate these disparities and ensure everyone we serve can benefit from these advances."

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Knudsen, who was named director in 2015, oversees cancer services and research at all SKCC-Jefferson Health sites. She has been a member of the AACI's Board of Directors since 2016 and chaired AACI's Annual Meeting Program Committee in 2017. She is also a member of the American Association for Cancer Research's Board of Directors and the NCI's Board of Scientific Advisors, and serves as an editor for several leading oncology journals.

"Dr. Knudsen has been a change



Karen E. Knudsen, MBA, PhD
Executive Vice President
Oncology Services
Enterprise Director, SKCC

agent in converting cancer discoveries into clinical benefit and in aligning the Sidney Kimmel Cancer Center to improve the health of large, diverse populations," said Stephen K. Klasko, MD, MBA, President of Thomas Jefferson University and CEO of Jefferson Health. "She matches the brilliance of laboratory science with expertise in increasing access to comprehensive care through her CancerCare 360 strategy. Her dedication is illustrative of the urgency we feel at Jefferson to help those who are too often left out because of their income or resources. We are proud that Dr. Knudsen will be bringing her acumen in leading a large, nationally ranked cancer center and her commitment to health equity to her role as the President of the Association of American Cancer Institutes." ■

NEW LEADERSHIP

BREAST CANCER

SKCC Welcomes Dr. Kristin Brill as Enterprise Director of Breast Oncology



Kristin L. Brill, MD
Enterprise Director, Breast Oncology
Sidney Kimmel Cancer Center

Breast surgeon Kristin L. Brill, MD, has joined the Sidney Kimmel Cancer Center – Jefferson Health (SKCC) as Enterprise Director of Breast Oncology.

Brill brings expertise in a comprehensive range of services for patients with malignant and benign disease, including breast-conserving surgery, nipple-sparing mastectomy, preventive mastectomy, reconstruction, accelerated partial breast radiation device placement, and clinical trials for breast cancer.

Particular areas of focus for Brill include young women with breast cancer and those at high risk.

“I am thrilled to join the SKCC –

Jefferson Health team as the Breast Program enterprise leader,” Brill said.

“SKCC has a long tradition of excellence in cancer care, research, and innovation, providing unparalleled cancer treatment in our region and beyond. Our goal is to provide the same high-quality services across multiple Jefferson locations, with the mission of improving lives and cancer outcomes.”

“Dr. Brill is an exceptional breast oncologist who is dedicated to increasing access to the most advanced surgical breast care and will lead Jefferson in developing the next set of technological breakthroughs for breast cancer patients.”

Brill joins SKCC from Cooper University Health Care, where she was head of the Division of Breast Surgery and Director of the Janet Knowles Breast Cancer Center at MD Anderson Cancer Center at Cooper and Assistant Professor of Surgery at Cooper Medical School of Rowan University in Camden, N.J.

She also directed the Breast Surgical Oncology Fellowship at Cooper Medical School and was an adjunct assistant professor in the Department of Surgery at The University of Texas MD Anderson Cancer Center.

“We are enthusiastic to have Dr. Brill join the leadership team of the Sidney Kimmel Cancer Center at Jefferson

Health. She is an exceptional breast oncologist who is dedicated to increasing access to the most advanced surgical breast care and will lead Jefferson in developing the next set of technological breakthroughs for breast cancer patients,” said Karen E. Knudsen, MBA, PhD, Executive Vice President of Oncology Services at Jefferson Health and Enterprise Director of SKCC.

“Dr. Brill’s recruitment is a key component of the SKCC mission to improve the lives of cancer patients and their families through innovation, compassion, and discovery.”

Brill is a Fellow of the American College of Surgeons and is routinely named a “Top Doc” by *Philadelphia Magazine* and *New Jersey Monthly*.

She is a member of the American Society of Clinical Oncology, American Society of Breast Surgeons, Society of Surgical Oncology, and the Breastcancer.org advisory board.

After receiving her bachelor’s degree from Gettysburg College in Gettysburg, Pa., Brill received her medical degree from Hahnemann University School of Medicine in Philadelphia.

She completed her surgical residency at New York Methodist Hospital in Brooklyn and a breast surgical oncology fellowship at Columbia Presbyterian Medical Center in New York. ■

NEW LEADERSHIP

BMT & CELL-BASED THERAPY

Dr. Usama Gergis Joins SKCC to Lead BMT and Cell-based Therapy Program

The Sidney Kimmel Cancer Center – Jefferson Health (SKCC) welcomes Usama Gergis, MD, MBA, as Director of the Bone Marrow Transplant and Immune Cellular Therapy Program and Professor in the Department of Medical Oncology, Division of Hematologic Malignancies.

Gergis joins SKCC from Weill Cornell Medical College in New York, where he spent the last 12 years of his career.

His areas of expertise include high-risk myeloid malignancies, Graft versus Host Disease (GVHD), and hematopoietic stem cell transplantation for patients who lack matched donors (alternative donor transplantation).

While at Weill Cornell, Gergis helped to expand the use of umbilical cord transplant through a variety of novel approaches and helped to establish a robust immune cellular therapy program. Additionally, Gergis established and led one of the largest international oncology medicine programs in the nation.

“I am very privileged to join the SKCC BMT team, who pioneered a unique and innovative transplant approach minimizing complications while retaining a powerful anti-tumor effect. Our published survival rates are ranked amongst the best in the nation. I hit the ground running and I have been working diligently with my colleagues and the Jefferson leadership on a major redesign process that should reshape BMT and immune cellular

therapy in Philadelphia,” Gergis said.

“We are exceptionally pleased to have recruited Dr. Gergis to lead our Bone Marrow Transplant and Cell-based Therapy Program. This is the dawn of a new era of cancer therapy, with an increasingly accelerated pace of new cell-based interventions that provide superior outcomes,” said Karen E. Knudsen, MBA, PhD, Executive Vice President of Oncology Services at Jefferson Health and Enterprise Director of SKCC.

“Dr. Gergis is a visionary leader who will bring new therapeutic options to cancer patients in the Philadelphia region. His recruitment is the latest development in the mission of the Sidney Kimmel Cancer Center to bring the most advanced cancer care to treat patients that we serve, and to develop novel strategies for cancer cures,” Knudsen said.

“This is the dawn of a new era of cancer therapy, with an increasingly accelerated pace of new cell-based interventions that provide superior outcomes. Dr. Gergis is a visionary leader who will bring new therapeutic options to cancer patients in the Philadelphia region.”

Gergis received his medical degree from Cairo University School of Medicine in Egypt. After completing an internal medicine residency and a hematology/oncology fellowship at the Brooklyn Hospital of Weill Cor-



Usama Gergis, MD, MBA
Director, Bone Marrow Transplant & Immune Cellular Therapy Program

nell, he completed a bone marrow transplant fellowship at the Moffitt Cancer Center in Tampa. In 2017, he obtained a master of business administration from the Johnson School of Management of Cornell University.

Gergis has authored and co-authored more than 75 peer-reviewed original articles and book chapters and has given many presentations at major academic centers and international conferences.

He is a member of many prestigious academic societies and an active reviewer of a score of leading peer-reviewed journals. ■

Mindful Arts Program Helps Patients Find Calm During Treatment

When diagnosed with cancer, patients can feel a range of emotions—from sadness, to shock, to stress. SKCC’s population science program aims to heal the whole person so that they thrive, not just survive, and patients benefit from activities that aim to reduce anxiety and keep them centered. The Asplundh Cancer Pavilion at Abington – Jefferson Health launched a Mindful Arts Program to provide supportive care to patients undergoing cancer treatment.

The program, directed by Michelle Balcer, MT-BC, offers patients stress-reducing activities such as music therapy, art therapy, and guided mindfulness exercises. For over 15 years, Balcer has played a pivotal role in developing several expressive arts programs for Abington’s hospice as well as Safe Harbor, Abington’s program for grieving children, teens, and their families.

“Going through cancer treatment is very tolling on both the body and the mind,” Balcer explained. “Mindfulness activities are connected to improved psychological stability, changes in brain

patterns, focused state of attention, improved intuition, and trust in one’s body, as well as an increased sense of control.”

Patients have found the relaxation activities to be beneficial for their well being. “When you are here for so long, it’s so easy to get in a cycle of negative thoughts. What a nice way to break that cycle,” a patient commented.

In addition to visiting individual patients at the hospital, Balcer created an art station in the lobby of the Asplundh Cancer Pavilion to encourage family members, volunteers, and staff to take a mindful moment out of their busy day.

“Going through cancer treatment is very tolling on both the body and the mind.”

However, Balcer’s in-person visits came to a halt once the COVID-19 pandemic hit in mid-March. Even though she is now unable to work with patients one-on-one, she has found creative ways to keep them engaged in mindfulness activities from a safe distance.

She has created a take-home packet for patients that includes something unique on every page—a helpful article, information on a relevant smartphone app—that discusses the connection between mindfulness and cancer treatment. She has also included artwork that people can color at their leisure. The packets are available throughout Asplundh and are free for anyone to use. More than 200 packets have been utilized thus far.

In addition to the packets, Balcer is now leading a virtual choir for both patients and staff as a way to stay positive and connected during the pandemic. She is also hoping to start Zoom sessions on mindfulness for patients, caregivers, and staff soon.

Even though COVID-19 has changed the way she interacts with cancer patients, Balcer is happy to still support people during a difficult time. “I am honored to be here as a support person—someone that can guide them as they express their deepest thoughts and feelings.” ■



Healing Gardens at the Sidney Kimmel Cancer Center - Asplundh Cancer Pavilion offer relaxation in a natural setting

ADVANCED CARE HUB

NEWS FROM SKCC AT WASHINGTON TWP

SKCC Brings Clinical Trials into the South Jersey Community

In the year since the new Medical Oncology and Oncology Infusion Center opened at the Sidney Kimmel Cancer Center – Washington Township, cancer care in South Jersey has been transformed. Through a team-based approach to care and innovation, patients are able to undergo cancer treatment closer to home.

“By extending the option to participate in a clinical trial in New Jersey, SKCC brings the most comprehensive care directly to the community.”

Washington Township is the first New Jersey location for SKCC, whose main site in Center City Philadelphia is hailed as Outstanding by the National Cancer Institute (NCI) and is ranked among the top 30 cancer centers in the nation.

As an NCI-designated cancer center, SKCC has myriad clinical trials underway, offering patients early access to leading-edge treatment options.

Now, patients in New Jersey can participate in a cancer clinical trial without having to travel to Center City. More than 200 patients are currently participating in a clinical trial at SKCC Jefferson Health – Washington Township.

Clinical trials bring new treatments to patients, thus improving outcomes, explained Ana María López, MD, MPH, Vice Chair of Medical Oncology and Chief of Cancer Services for SKCC Jefferson Health – New Jersey.

By extending the option to participate in a clinical trial in New Jersey, SKCC brings the most comprehensive care directly to the community.

Clinical trials may focus on treatment, prevention, screening, or supportive care for nearly every cancer type and stage. They are classified in phases; phase I determines dosing and safety, phase II focuses on efficacy, and phase III compares the standard of care with the investigational treatment.

There are many cancer clinical

trials currently open in New Jersey, and availability will continue to expand on an ongoing basis.

To learn more, talk to your health care team, who can identify any clinical trials you might be eligible for and help you make an informed decision about whether a clinical trial is right for you.

To make an appointment at SKCC – Washington Township, call 856-557-7900. ■



Sidney Kimmel Cancer Center - Washington Township

PHILANTHROPIC SUPPORT EVENTS

Casino Night Supports SKCC Patient Transportation

The Barbara A. Colameco Cancer Transportation Fund hosted its annual Casino Night in November to raise funds to cover transportation expenses for cancer patients. The fund enables SKCC to eliminate transportation as a barrier to cancer care. Barbara's family said that she "believed that as a community, we can help people with cancer get the treatment they need by simply getting them there. Barbara was blessed to be able to be a part of creating the fund and to see its impact." Each day, an average of 44 rides were made possible by what started out as just an idea. More than 11,000 rides have been provided to over 5,892 SKCC patients in Center City and South Jersey, and that number is projected to significantly increase in the coming year. ■

SKCC Patient Finds Way to Give Back



Ian and Janet Doherty

After a breast cancer diagnosis in 2014, Janet Doherty and her husband, Ian, launched Preserving the Love, a fund to support oncofertility research at SKCC to improve fertility outcomes for cancer patients. Since 2016, Preserving the Love has raised about \$300,000.

In September 2019, Janet experienced an astonishing string of events: she received a diagnosis that her breast cancer had recurred, she gave birth, and she underwent spine surgery and a double hip replacement. After overcoming long odds, Janet went home from a three-week hospitalization with a daughter and good health, thanks to superlative care from Drs. Frederick Fellin, Geno Merli, Christopher Kepler, Scot Brown, and a bevy of talented nurses.

Philanthropy and giving back has always been a passion for Janet. "I had in the back of my mind that I wanted to do something for them," she said.

When COVID-19 struck, Janet and Ian knew what that something would be. Emergency surgeries were still going on and babies were still being delivered, so they decided to express their gratitude to the nursing staff that took care of Janet in September by providing 150 meals from Cavanaugh's on Rittenhouse for nurses on the Spine and Antepartum units of Thomas Jefferson University Hospital. ■



Left to right: Gregory Garber, Stephen T. Smith, Louis Colameco, Tina Colameco, Jessica Colameco, Emma Laverty, Maddie Benner, Rachel Vetesi

To learn more about the many ways a gift today can have a significant impact on cancer breakthroughs, please contact the Office of Institutional Advancement at 215-955-0890.

SKCC's Philadelphia Prostate Cancer Biome Project Launches

Philadelphia Prostate Cancer Biome Project

Early in 2019, SKCC Prostate Cancer Program leaders shared a vision of creating a comprehensive research program that would result in better prevention, diagnosis, and treatment strategies for prostate cancer patients. Clinicians and researchers at SKCC have focused on studying the “biome”—the ecosystem that influences prostate cancer cell growth. Thanks to a generous benefactor and his spouse, the Philadelphia Prostate Cancer Biome Project was established through a \$5 million philanthropic gift to support pilot funds for high-risk, high-reward research that otherwise may not be funded through traditional sources. Seven competitive submissions were selected for funding in fall 2019 and the next application for funding will open soon.

The project will continue to unify faculty from various disciplines, specialties, and institutions throughout the Philadelphia region in a joint effort to study the complexities of the biome that allows prostate cancer to thrive. ■

Grateful Family's Gift Establishes SKCC T-Cell Lymphoma/Leukemia Initiative

After being successfully treated for a rare T-cell lymphoma, Milton (Milt) Hendricks received an unrelated diagnosis of liver cancer, and passed away in the fall of 2017 in Cincinnati. Milt was treated for his lymphoma by Pierluigi Porcu, MD, Director of the Division of Hematologic Malignancies and Hematopoietic Stem Cell Transplantation at SKCC. Porcu became close with Milt and his wife, Karen, throughout his treatments and end-of-life care.

Karen, grateful to Porcu for his care of Milt, expressed interest in supporting Porcu's research into T-cell lymphoma. Describing it as part of her closure over her loss of Milt, Karen committed to supporting Porcu's research with a \$500,000 gift. This donation will establish the T-Cell Lymphoma/Leukemia (TCLL) Initiative, allowing Porcu to build a database and a biorepository of TCLL cases, educate physicians and patients alike on TCLL, and establish SKCC as a leader in this rare and hard-to-treat cancer.

“Support by Karen in memory of Milt is truly humbling,” Porcu said. “Karen and her family are going to make a tremendous impact and help future T-cell lymphoma/leukemia patients have a better chance to beat this disease from the start. In light of her lifelong experience as a leader in the corporate world, Karen's own perspective on how a large project like the Philadelphia TCLL Initiative is designed, put together, and executed is a huge bonus, and her advice and insight in the planning phase have been particularly meaningful to me. I could not be more grateful for their donation.” ■



Karen and Milt Hendricks

UPCOMING EVENTS

MARCH

- 12** Colon Cancer Screening Awareness
12-1 p.m.
- 23** Colorectal Cancer Symposium
4-6 p.m.
- 25** Cancer Genetic Testing Information Session
12-1 p.m.

APRIL

- 8** Jefferson Day of Giving
- 13** ABC's of Clinical Trials
12-1 p.m.
- 21** Annual Head & Neck Cancer Symposium
4-6 p.m.
- 22** Abington Health Foundation Gala
7:30 p.m.

FOR MORE INFORMATION VISIT
SIDNEYKIMMELCANCERCENTER.ORG

SKCC Cancer Support and Welcome Center

Virtual Programming



To view our updated calendar of virtual support groups and educational and wellness programs, visit the SKCC website or follow us on social media

Contact the Cancer Support and Welcome Center at CancerSupportCenter@jefferson.edu or 215-955-1800