From our Director & CEO

As the Official Cancer Center of the state of New Mexico, The University of New Mexico Comprehensive Cancer Center is deeply committed to serving all the people of our state who battle cancer. Our world-class team of physicians, nurses, pharmacists, patient navigators and supportive care specialists work closely with our outstanding research scientists to bring our patients the most advanced cancer diagnosis and treatment options available. And the people of New Mexico can have the support of their family and friends throughout their cancer journey.

As part of our mission to provide the unique, specialized and essential cancer care all New Mexicans deserve, we sought and earned Comprehensive designation from the National Cancer Institute. We are one of only 49 NCI Comprehensive-designated cancer centers in the country and the only NCI designated cancer center in New Mexico. Our 125 board-certified oncology physicians, 130 research scientists and more than 500-person staff are dedicated to providing our patients with the most advanced treatment and finest support from the moment they begin their care.

Because of our NCI designation, we have access to nationwide clinical trials that offer our patients the most advanced cancer treatments. We and other NCI centers develop these new therapies to give our patients the most cutting-edge cancer treatment available. In addition, we offer the Total Cancer Care® protocol to offer our patients a lifetime of the most advanced care. Through this large clinical trial, our patients have the opportunity to have their cancer tissues genetically sequenced, helping our cancer research efforts now and perhaps matching them to the most promising anticancer therapy available in the future.

We realize that cancer affects every aspect of life and that cancer patients and their loved ones have very specific needs. That’s why we developed a wide range of programs to address cancer treatment and to support our patients’ total well-being. Our Patient and Family Support Services include counseling, nutrition guidance, patient education, social work and an array of support groups. We add new programs regularly.

This annual report describes our cancer center and the accomplishments we’ve achieved over the past year. We also highlight the improvements we’ll focus on in the coming year.

Thank you for your interest in The University of New Mexico Comprehensive Cancer Center.

Cheryl L. Willman, MD
The Maurice and Marguerite Liberman Distinguished Chair in Cancer Research
Distinguished Professor of Pathology and Medicine, UNM School of Medicine
Director & CEO, University of New Mexico Comprehensive Cancer Center
Rich Multiethnic Diversity and Challenging Disparities

The 125 physicians and more than 500 staff of the UNM Cancer Center treated 11,928 patients in 92,551 ambulatory clinic visits.

They delivered

- 52,058 out-patient chemotherapy infusions
- 18,0347 out-patient radiation treatments, and
- more than 12,000 cancer surgeries at UNM Hospital.

The nearly 12,000 patients came to the UNMCCC from every county in the state:

- 56% of patients came from Bernalillo, Sandoval, and Valencia counties
- 52% were racial and ethnic minorities, primarily Hispanic and American Indian.

New Mexico Diversity

2,088,070 people (est.)

- 48.5% Hispanic/Latino
- 38.1% Non-Hispanic White
- 10.6% American Indian
- 2.5% African American
- 1.7% Asian

Challenging Disparities

19.8% Persons in Poverty
10.8% uninsured
45th in Per Capita Income
31 of 33 Counties medically underserved

Serving New Mexicans through Clinical Trials

<table>
<thead>
<tr>
<th></th>
<th>Cancer Incidence</th>
<th>Took Part in Clinical Trials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>50.91 %</td>
<td>71.6 %</td>
</tr>
<tr>
<td>Hispanic</td>
<td>29.2 %</td>
<td>49.2 %</td>
</tr>
<tr>
<td>American Indian</td>
<td>6.0 %</td>
<td>5.3 %</td>
</tr>
<tr>
<td>Black</td>
<td>1.4 %</td>
<td>1.0 %</td>
</tr>
</tbody>
</table>
UNM Cancer Center Patients by County

Clinical Programs

COUNTY 99 Patients served by county

Research Partners

Native American Pueblos

Tribal lands/nations

UNM Cancer Center Patients by County
Our Mission and Goals

Cancer Care
To provide and deliver the highest quality, state of the art, comprehensive cancer diagnosis and treatment for all New Mexicans.

At UNM Cancer Center, multidisciplinary teams of cancer physicians and surgeons work together with nurses, pharmacists, and staff to develop the most effective treatment plan for each of our patients.

Cancer Research
To conduct outstanding cancer research in our laboratories, clinics, and communities focused on discovering the causes and cures for cancer, particularly those cancers that disproportionately affect the people of New Mexico, and to translate our discoveries into more effective means to prevent, diagnose, and treat cancer.

At UNM Cancer Center, scientific teams are focused on discovering and overcoming the genetic, environmental, social, and behavioral factors that contribute to the distinct patterns of cancer incidence, mortality, and disparities in New Mexicans.

Community Outreach
To develop and expand partnerships with New Mexico's communities statewide and American Indian Nations to deliver community-based education, screening, and prevention programs.

Cancer Clinical Trials
To provide access for all New Mexicans to the newest and most effective cancer treatments and prevention agents in cancer clinical trials at the UNMCCC and statewide through the NM Cancer Care Alliance.

Education and Training
To educate, train, and mentor the next generation of cancer physicians, scientists, nurses, pharmacists, and healthcare professionals to assure that New Mexico and the nation have a highly qualified healthcare workforce.

Economic Development
To enhance economic development through scientific discoveries, inventions, and the formation of new ventures.
About the UNM Cancer Program

A Celebrated History
The New Mexico State Legislature founded The University of New Mexico Comprehensive Cancer Center in 1971 as New Mexico's first cancer program. The center was named the Official Cancer Center of New Mexico by the State Legislature in 2003. In 2005, we earned the prestigious National Cancer Institute Designation and joined the network of the nation’s premier cancer centers. Last year, we earned the even more elite NCI Comprehensive Designation, which only the top three percent of cancer centers attain. Partnerships with Sandia National Laboratories, Los Alamos National Laboratory, Lovelace Respiratory Research Institute and New Mexico State University have fueled New Mexico’s economic development and biotechnology growth.

A Supportive Community
Visionary leaders foresaw the need for greatly increased clinical space called for action. University of New Mexico leaders and UNM Regents, the Governor and the State Legislature worked tirelessly to secure funding for this facility. Increased state taxes on cigarettes took effect in 2003, providing $23.4 million for the new building. In August of that year, the State Legislature approved $30 million in tax-exempt bonds to finance the first phase of construction. With additional support from the UNM Board of Regents and UNM Hospital, the vision became a reality. Thanks to the voters in the 2008 general election, the UNM Cancer Center received another $17 million. On August 31, 2009, the first patients were seen in this $100 million, state-of-the-art, five-story, 206,000 square-foot UNM Cancer Treatment and Clinical Research Facility.

Dedicated Multidisciplinary Teams
The UNM Cancer Center is home to New Mexico’s largest and most experienced team of cancer experts, with board-certified oncology physicians who represent every cancer specialty. Each year, we diagnose and treat more than 10,000 patients from every county in New Mexico and across the region. UNM Cancer Center scientists, supported by about $60 million annually, conduct cutting-edge cancer research at the nearby Cancer Research Facility and collaborate with experts around world to bring the very latest advances in cancer prevention, diagnosis and treatment to New Mexico.

The order in which patients get their care matters. The sequence of treatment can help patients greatly to overcome cancer and get back to their lives. That’s why our providers work as a team to create a treatment plan just for each patient.

Our multidisciplinary teams pool the expertise of our providers and the many other healthcare professionals who work closely with them. The teams include: medical oncologists, radiation oncologists, surgical oncologists, oncology radiologists, oncology pathologists, oncology nurses and oncology pharmacists. Our teams also include other providers to round out patient care and to support each patient’s family. The teams work with: cancer genetic counselors, a nutritionist, oncology social workers, a chaplain and patient navigators.

Our teams create a treatment plan tailored to each patient — focusing on that person’s needs, honoring his or her wishes, providing the right treatment at the right time — that will give that person the best chance for overcoming cancer.

An Expansive Vision
The UNM Cancer Center serves as a hub for a Statewide Cancer Care Network. World-class care and research flow through this center to collaborative clinical programs in the state.
Clinical trials, which offer the most effective cancer treatments, reach everyone in the state through a National Cancer Institute Community Oncology Research Program grant and a partnership with the New Mexico Cancer Care Alliance. Outreach programs provide vital culturally sensitive cancer education to at-risk populations across our uniquely diverse, vast and beautiful the state.
The Cancer Committee

The Cancer Committee has authority and responsibility for all cancer care at UNM Hospitals. The following table shows the Committee's members and each person's role.

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zoneddy, Dayao, MD</td>
<td>Cancer Committee Chair</td>
</tr>
<tr>
<td>Sandi Peacock, RN</td>
<td>Clinic Operations Manager</td>
</tr>
<tr>
<td>Janet Abernathy, RN</td>
<td>Quality Improvement Coordinator</td>
</tr>
<tr>
<td>Steven Eberhardt, MD</td>
<td>Diagnostic Radiologist</td>
</tr>
<tr>
<td>Nancy Joste, MD</td>
<td>Pathologist</td>
</tr>
<tr>
<td>Bridget Fahy, MD</td>
<td>Surgeon (includes general surgeon and surgical specialist(s) involved in cancer care)</td>
</tr>
<tr>
<td>George Atweh, MD</td>
<td>Division Chief, Medical Oncology</td>
</tr>
<tr>
<td>Thomas Schroeder, MD</td>
<td>Radiation Oncologist</td>
</tr>
<tr>
<td>Bridget Fahy, MD</td>
<td>Cancer Liaison Physician</td>
</tr>
<tr>
<td>Richard Lauer, MD</td>
<td>Cancer Program Administrator</td>
</tr>
<tr>
<td>Sandi Peacock, RN</td>
<td>Oncology Nurse</td>
</tr>
<tr>
<td>Jill Schulke, LCSW</td>
<td>Social worker or case manager</td>
</tr>
<tr>
<td>Auvergne Taylor Holly</td>
<td>Certified Tumor Registrar</td>
</tr>
<tr>
<td>Gale Craft</td>
<td>Certified Tumor Registrar</td>
</tr>
<tr>
<td>Esme Finlay, MD</td>
<td>Palliative care professional (if services are provided on-site)</td>
</tr>
<tr>
<td>Shawnia Ryan, MS, LCGC</td>
<td>Genetics professional</td>
</tr>
<tr>
<td>Amy Tarnower, MD</td>
<td>Cancer Registry Quality Coordinator</td>
</tr>
<tr>
<td>Jill Schulke, LCSW</td>
<td>Community Outreach Coordinator</td>
</tr>
<tr>
<td>Ebany Martinez-Finley</td>
<td>Clinical Research Representative</td>
</tr>
<tr>
<td>Anjanette Cureton, PsyD</td>
<td>Psychosocial Services Coordinator</td>
</tr>
<tr>
<td>Carolyn Muller, MD</td>
<td>Specialty physician</td>
</tr>
<tr>
<td>Ernestine Trujillo, RD</td>
<td>Registered Dietitian Nutritionist or nutrition services representative</td>
</tr>
<tr>
<td>Nick Crozier, PhamD, BCPS</td>
<td>Pharmacist</td>
</tr>
<tr>
<td>Skip Chase-Murphy</td>
<td>Pastoral care representative</td>
</tr>
<tr>
<td>Anjanette Cureton, PsyD</td>
<td>A psychiatric or mental health professional trained in the psychosocial aspects of oncology</td>
</tr>
<tr>
<td>Eileen Bilynsky</td>
<td>American Cancer Society representative</td>
</tr>
<tr>
<td>Carmen Olguin</td>
<td>American Cancer Society representative</td>
</tr>
<tr>
<td>Tanya Robins</td>
<td>Pediatric Hospice</td>
</tr>
<tr>
<td>John Kuttesch, MD</td>
<td>Chief, Pediatric Hematology Oncology</td>
</tr>
<tr>
<td>Jennifer Pacheco, RN, OCN</td>
<td>Inpatient Unit Director, 3E &amp; 5 E</td>
</tr>
</tbody>
</table>
# Accountability and Quality Improvement

## Breast Metrics

<table>
<thead>
<tr>
<th>Metric</th>
<th>UNM CCC</th>
<th>Required Performance</th>
<th>Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>(NQF #219)</em> Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer. <em>(Accountability)</em></td>
<td></td>
<td>90%</td>
<td>No action plan needed</td>
</tr>
<tr>
<td><em>(NQF #0220)</em> Tamoxifen or third generation aromatase inhibitor is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0, or stage IB - III hormone receptor positive breast cancer. <em>(Accountability)</em></td>
<td></td>
<td>90%</td>
<td>No action plan needed</td>
</tr>
<tr>
<td>Radiation therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with ≥ 4 positive regional lymph nodes. <em>(Accountability)</em></td>
<td></td>
<td>80%</td>
<td>No action plan needed</td>
</tr>
<tr>
<td>Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer. <em>(Quality Improvement)</em></td>
<td></td>
<td>80%</td>
<td>No action plan needed</td>
</tr>
</tbody>
</table>

## Colon Metrics

<table>
<thead>
<tr>
<th>Metric</th>
<th>UNM CCC</th>
<th>Required Performance</th>
<th>Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjuvant chemotherapy is recommended, or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC stage III (lymph node positive) colon cancer <em>(Accountability)</em></td>
<td></td>
<td>Not Applicable</td>
<td>No action plan needed</td>
</tr>
<tr>
<td><em>(NQF #0225)</em> At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer. <em>(Quality Improvement)</em></td>
<td></td>
<td>85%</td>
<td>No action plan needed</td>
</tr>
</tbody>
</table>
### Gastric Metric

<table>
<thead>
<tr>
<th>Metric</th>
<th>UNM CCC</th>
<th>Required Performance</th>
<th>Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer.</td>
<td></td>
<td>25% 100%</td>
<td>80% All pathologist have been educated on standards; and now use multiple pass dissect-AID to enhance visualization of lymph nodes 100% in 2014.</td>
</tr>
</tbody>
</table>

(Quality Improvement)

### Lung Metrics

<table>
<thead>
<tr>
<th>Metric</th>
<th>UNM CCC</th>
<th>Required Performance</th>
<th>Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systemic chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or it is recommended for surgically resected cases with pathologic, lymph node-positive (pN1) and (pN2) NSCLC.</td>
<td></td>
<td>100% 100%</td>
<td>85% No action plan needed</td>
</tr>
</tbody>
</table>

(Quality Improvement)

| Surgery is not the first course of treatment for cN2, M0 lung cases    |         | 100% 100%            | 85% No action plan needed                                                   |

(Quality Improvement)

### Rectum Metrics

<table>
<thead>
<tr>
<th>Metric</th>
<th>UNM CCC</th>
<th>Required Performance</th>
<th>Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or Postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0, or Stage III; or treatment is recommended; for patients under the age of 80 receiving resection for rectal cancer.</td>
<td></td>
<td>92.3% 100%</td>
<td>85% No action plan needed</td>
</tr>
</tbody>
</table>

(Quality Improvement)
Experiences with multiplex testing for inherited breast cancer at an NCI-Designated Comprehensive Cancer Center

Background
Genetic testing is an important tool in determining cancer risk for affected individuals and at-risk family members. Next generation sequencing has made multiplex testing more commonplace in clinics in the United States. In this study, we examine the impact of this technology at our institution, an NCI-Designated Comprehensive Cancer Center. We are reporting the percentage of pathogenic mutations and variants of unknown significance (VUS) detected prior to and after the initiation of multiplex testing.

Methods
- Data were collected for patients tested from January 1, 2014 through May 31, 2016 in our hereditary cancer assessment program.
- All patients met National Comprehensive Cancer Network (NCCN) guidelines for testing [1].
- We compared the findings of BRCA1/2 only testing versus multiplex testing by next generation sequencing.
- Data collected included the type of testing performed, and results were recorded as negative, pathogenic or variant of uncertain significance (VUS).
Results
A total of 507 patients were tested from January 2014 to July 2016. BRCA1/2 only testing was performed for 224 patients while 283 patients had multiplex testing, which included BRCA1/2 analysis (including patients who had previously tested negative for BRCA1/2).

![Graph 1: Distribution of pathogenic mutations detected with multiplex testing (N=26)](image)

Conclusions
The frequency of non-BRCA pathogenic mutations (4.6%) and VUSs (20%) at our institution are similar to those reported in the literature [2], validating that practitioners well versed in hereditary cancer risk assessment are likely to choose phenotype-targeted testing.
All of the detected pathogenic non-BRCA genes were actionable per current guidelines [1]. Our study supports the growing literature that multiplex panel testing aids in further defining cancer risks that may have otherwise been missed by BRCA1/2 only testing [3].

As expected, VUSs are more frequent in non BRCA1/2 genes. The percentage of BRCA mutations detected in panel testing is lower than in patients with BRCA1/2 only testing; however, many of these patients had previously tested negative for BRCA mutations.

Additional research regarding multiplex testing will aid in providing detailed pre- and post-test genetic counseling regarding the benefits and limitations of multiplex testing.

References


Neutropenic Bundle
Kristina Gonzales BSN, RN, OCN
Catherine Hancock RN
Lorna Montoya BSN, RN, OCN
Jennifer Pacheco MSN, RN, OCN
Jennifer Roybal BSN, RN
Krista Zerfas BSN, RN

Introduction

Problem
Neutropenia is a significant reduction in neutrophils, an essential first line of defense against infections.

Neutropenia oncology population
- Increased risk of infection and the inability to fight it.
- Increased risk of death — average 8%; higher with certain cancers (leukemia)
- Increased cost to the hospital — $1 billion a year
- Increased patient cost — $1600 — due to increased length of stay/cost of level of care

Background
- In 2016, the units had a confirmed 14 CLABSI
- Precautions were not consistently being done and were not documented. By implementing environmental precautions, the goal was to decrease the rate of CLABSI

PICO
Does environmental precautions decrease central line infections in neutropenic oncology patients?

Timeline of Process

- November 2016 Development of Neutropenic Bundle
- December 2016 Teaching rollout
- January 2017 Implemented
- March 2017 Audits completed, re-education
- April 2017 Weekly audit reports generated with the help of pulse
- September 2017 Shift-audit by Nurse Leader to ensure compliance
Methods

- Education of staff regarding environmental precautions and documentation
- Educate and engage all staff and patients concerning hygiene and infection prevention
- Staff education via PowerPoint presentation followed by:
  - 1:1 education with the teach back method including sign off of understanding.
- Unit super users were trained and used as resources for the nursing
- Patient education was done routinely and educational printed material were given

Neutropenic Bundle Checklist

- Ladybug sign present on door

These items should be changed daily

- Oxygen delivery system dated & current
- Saline bottle @ bedside, dated & current
- Denture container dated & current
- Linen change done - charted
- Oral care done - charted
- Shower/bath done - charted
- AM High touch areas cleaned & charted
- PM High touch areas cleaned & charted

These items should be changed weekly

- VS/monitoring equipment dated & current
- Water pitcher dated & current
- Urinal/hat dated & current
- SCD sleeves dated & current
- Visualize ID band, does it need to be changed out?
Results

![CLABSI (n) Chart](chart.png)

18-month trend for CLABSI rate on the unit

Conclusions

- Implementation of the neutropenia bundle has demonstrated a 30% decrease in the confirmed maintenance related CLABSI
- Barriers involved staff education, patient reluctance and consistency in practice
- Re-education of staff
- Patient involvement in care
- Handouts developed
- Audits of neutropenic bundle aided in the limitations of barriers

References


Acknowledgements

Thank you to Kathy Lopez-Bushnell, UNMH Research Team, and all staff on 3E/5E for all their help in making this project a reality.
Public Outreach Results

2017 Press Coverage
We held the first annual Lobo Cancer Challenge (LCC), our signature bicycle ride fundraising event, on September 23, 2017. Our in-kind media sponsors for the event tracked their advertising on our behalf. Below, we report our news coverage; our news coverage that focused on the Lobo Cancer Challenge; and the in-kind media advertising for the Lobo Cancer Challenge.

2017 Summary

<table>
<thead>
<tr>
<th>Story Type</th>
<th>Count</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>News Stories</td>
<td>333</td>
<td></td>
</tr>
<tr>
<td>LCC News Stories</td>
<td>107</td>
<td></td>
</tr>
<tr>
<td><strong>All News Stories</strong></td>
<td>440</td>
<td>1.21/day</td>
</tr>
<tr>
<td>LCC In-Kind Advertising</td>
<td>429</td>
<td></td>
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<tr>
<td><strong>All Outreach</strong></td>
<td>869</td>
<td>2.38/day</td>
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News Stories

<table>
<thead>
<tr>
<th>Month</th>
<th>Online</th>
<th>TV</th>
<th>Radio</th>
<th>Print</th>
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<td>January</td>
<td>10</td>
<td>2</td>
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<td>14</td>
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<tr>
<td>February</td>
<td>37</td>
<td>16</td>
<td>8</td>
<td>10</td>
<td>71</td>
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<tr>
<td>March</td>
<td>29</td>
<td>3</td>
<td>3</td>
<td>3</td>
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<tr>
<td>April</td>
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<td>June</td>
<td>15</td>
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<td>3</td>
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<tr>
<td>July</td>
<td>26</td>
<td>4</td>
<td>3</td>
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<tr>
<td>August</td>
<td>24</td>
<td>5</td>
<td>10</td>
<td>2</td>
<td>41</td>
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<tr>
<td>September</td>
<td>10</td>
<td>1</td>
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<td></td>
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<td>October</td>
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<td>November</td>
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<td>December</td>
<td>8</td>
<td>1</td>
<td>2</td>
<td></td>
<td>11</td>
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<tr>
<td><strong>Total News</strong></td>
<td>236</td>
<td>41</td>
<td>28</td>
<td>28</td>
<td>333</td>
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Lobo Cancer Challenge Media Coverage

<table>
<thead>
<tr>
<th>Month</th>
<th>Online</th>
<th>TV</th>
<th>Radio</th>
<th>Print</th>
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<tbody>
<tr>
<td>July</td>
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<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>August</td>
<td>1</td>
<td>9</td>
<td></td>
<td></td>
<td>10</td>
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<tr>
<td>September</td>
<td>11</td>
<td>71</td>
<td>11</td>
<td>2</td>
<td>95</td>
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<tr>
<td><strong>Total LCC</strong></td>
<td>14</td>
<td>71</td>
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<td>2</td>
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</table>

Lobo Cancer Challenge In-Kind Advertising

<table>
<thead>
<tr>
<th>Month</th>
<th>Online</th>
<th>TV</th>
<th>Radio</th>
<th>Print</th>
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<tr>
<td>August</td>
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<tr>
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<td>43</td>
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<td>225</td>
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<td><strong>Total In-Kind</strong></td>
<td>70</td>
<td>220</td>
<td>136</td>
<td>3</td>
<td>429</td>
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2017 Press Coverage Analysis
We released fewer stories this year compared to last year: 25 stories in 2017 and 28 stories in 2016 — BUT — our total coverage far surpassed 2016.

Including Lobo Cancer Challenge news and in-kind advertising, our total coverage was 869 mentions.

The Lobo Cancer Challenge dominated our media coverage this year. The coverage concentrated in September, with a slight run-up in July and heavier coverage in August.

September was, by far, our busiest month due to the Lobo Cancer Challenge coverage.

Our Lobo Cancer Challenge media sponsors delivered most of the 95 news stories in September.

Lobo Cancer Challenge in-kind advertising resulted in almost as many mentions as news stories: 429 in-kind advertising mentions vs. 436 news stories.

Every one of our news releases had more than 1,000 hits on Newswise. This hit count is higher than the average and suggests that reporters around the country follow our stories.

On average, our research stories and our institution stories garner the most hits on Newswise: 1,800 hits for research stories and 2,283 hits for institution stories.
New Clinical Trial Combines Two Methods to Defeat Ovarian Cancer
(Press release distributed January 9, 2017)

New clinical trial offers combination therapy to directly kill cancer cells and teach the immune system to keep them from coming back

Fewer than half of women diagnosed with ovarian cancer live for five years or more. Sarah Adams, MD, hopes her new clinical trial will change this outcome. Adams recently opened a clinical trial at The University of New Mexico Comprehensive Cancer Center to test a new approach to defeat ovarian cancer. The clinical trial treats women whose ovarian cancer results from mutated BRCA genes. It uses one drug that kills the ovarian cancer cells and another that boosts the immune system in response to the dying cancer cells.

Ovarian cancer has unclear symptoms and no screening tests that catch it in its early stages. Often, ovarian cancer spreads to other organs before a woman even knows she has it. Surgery and chemotherapy can help women at the beginning of their treatment, and this gave Adams the idea for her new approach.

As a gynecologic oncologist, Adams performs surgery and prescribes chemotherapy for women with cancers of the female reproductive organs. Adams also conducts research. Her research suggested that women with BRCA-related ovarian cancer responded better to some chemotherapy drugs. Others’ research showed that other chemotherapy drugs not only kill cancer cells but also make the immune system more sensitive to them. Adams’ new treatment combines these approaches into what she thinks may be a powerful way to win against ovarian cancer.

BRCA is a set of genes we all carry. Each gene contains the instructions to produce a protein. BRCA proteins help DNA to repair itself when both of its strands break and completely split the molecule in two. If the BRCA genes are mutated, or changed, the resulting proteins do not work properly and the cell cannot repair its DNA. It dies unless it can resort to other repair methods.

Cells with mutated BRCA genes resort to using a DNA-repair protein called PARP. Adams’ therapy uses a type of drug called a PARP inhibitor, which keeps the PARP protein from its repair work. “If you knock out BRCA,” says Adams, “the cell can still live. If you knock out PARP, the cell can still live. But if you knock out both, the cell dies.”

The PARP inhibitor does not affect non-cancerous cells because they have working BRCA proteins to repair DNA. “It’s specific to cancer cells so it’s nicely targeted and there’s minimal toxicity,” says Adams. The therapy is also easy to dispense. “It’s a pill that people take orally,” she says.

Adams’ therapy combines the PARP inhibitor with a specific antibody. An antibody is a protein that attaches to a target cell. The antibody in Adams’ therapy helps one type of immune cell, called a T-cell, to find and devour ovarian tumor cells. Untreated ovarian tumors often produce chemical signals that keep T-cells away. But, the PARP inhibitor combined with the antibody alert the entire immune system to the ovarian cancer cells.

Once the immune system can find the ovarian cancer cells, it can rid the body of them if the PARP inhibitor doesn’t kill them first. And because the immune system can remember how to respond to ovarian cancer cells, it can continue to rid the body of them if the cancer tries to come back. Adams hopes that this effect will give women long-lasting protection.
The clinical trial is currently open to women with BRCA1 or BRCA2 mutations. Either parent can pass these BRCA mutations to their children. People with BRCA mutations have a higher risk of getting breast and ovarian cancers and may have relatives who had these cancers at young ages.

In pre-clinical studies, this combination therapy got rid of tumors and helped mice to live longer. The clinical trial now makes the therapy available to women with BRCA gene mutations whose ovarian cancer has returned. “I’m very excited about the results we’ve seen so far,” says Adams, “and hopeful that this regimen can achieve long-term benefit for women with ovarian cancer.” Adams’s ultimate goal is to expand the therapy to help all women with ovarian cancer.

About Sarah Adams, MD
Sarah Adams, MD, is an Associate Professor in the Division of Gynecologic Oncology at the UNM Comprehensive Cancer Center. She is the Victor and Ruby Hansen Surface Endowed Professor in Ovarian Cancer Research. Trained at Harvard, the University of Chicago, and the University of Pennsylvania, Dr. Adams has a strong interest in translational research. Her work is focused on tumor immunology and the identification of new treatment targets for ovarian cancer. Dr. Adams was named a Liz Tilberis Scholar by the Ovarian Cancer Research Fund, and her research is also supported by the American Cancer Society. Dr. Adams has also been recognized for her teaching, and was awarded the Briscoe Award for Excellence in Teaching in 2012 and a National Faculty Teaching Award in 2010.

About the Clinical Trial
“A Phase 1-2 Study of the Combination of Olaparib and Tremelimumab in BRCA1 and BRCA2 Mutation Carriers with Recurrent Ovarian Cancer” is currently open for enrollment at the University of New Mexico Comprehensive Cancer Center. It is sponsored by the New Mexico Cancer Care Alliance and AstraZeneca. Eligible patients will be treated with the PARP-inhibitor as a pill they take at home every day and with monthly infusions of the immune checkpoint antibody. For more information, visit cancer.unm.edu/Combo-therapy-ovarian-CT or call 505-272-4946 and ask to speak to Sheri Westgate, RN, from the Gynecologic Oncology team.

Sarah Adams, MD, wishes to thank the Ovarian Cancer Research Fund and the Oxnard Foundation for their support of this work.
Stem Cell Transplant Program Celebrates First Year

(Press release distributed August 15, 2017)

UNM Cancer Center Stem Cell Transplant program began treating New Mexicans with blood disorders more than one year ago

The University of New Mexico Comprehensive Cancer Center began helping New Mexicans with blood disorders a little more than one year ago. Since then, more than 30 New Mexicans have received treatment. Program Director Matthew Fero, MD, FACP, started the program after moving to New Mexico from the Fred Hutchinson Cancer Center in Seattle, Wash.

The UNM Comprehensive Cancer Center program is the state’s only bone marrow transplant program. It includes a nurse manager, nurse coordinator, a social worker, a pharmacist, infusion nurses, and an inpatient team. “Bone marrow transplantation needs a multidisciplinary team because of the complexity in coordinating care,” says Fero. The team’s Nurse Manager, Maria Limanovich, says the team follows each person from the beginning of bone marrow transplant treatment through completion. According to Fero, the program is growing and is in the process of hiring two more doctors and an advanced practice provider.

The UNM Bone Marrow Transplant program offers treatment choices for people with lymphoma and myeloma and will expand to help people with other blood disorders. Almost 1,000 New Mexicans receive a blood cancer diagnosis each year, according to American Cancer Society estimates.

Fero and his team currently perform autologous transplants. “Autologous bone marrow transplantation is the process of taking bone marrow stem cells out of a patient and then infusing them back in after the patient receives high dose therapy,” says Fero. “This allows us to use treatments that would otherwise harm the bone marrow.”

Bone marrow, the soft reddish material that fills the inside of our bones, produces millions of new blood cells each second. These millions of cells come from a tiny number of bone marrow stem cells. These stem cells are special because they can mature into all of the different types of cells in the blood. These are the cells doctors collect for a transplant.

“Because bone marrow is a liquid organ,” Fero says, “it can pass through an IV [intravenous] line.” Doctors rarely need to take stem cells directly out of the bone, Fero explains. They use drugs to coax bone marrow stem cells into the bloodstream. From there, the blood travels through an IV line into an apheresis machine that sorts the stem cells out and returns the rest of the blood. The experience is like donating blood at a blood bank.

Once stem cells are safely stored out of the bloodstream, doctors use high-dose chemotherapy to eradicate the remaining cancer. When chemotherapy is out of their system, the patients’ stem cells are reinfused. The reinfusion process is similar to a blood transfusion. Once reinfused, stem cells find their way back to bone marrow where they begin to grow and make new blood cells.

Autologous bone marrow transplants are standard treatments for lymphoma and myeloma. This treatment works very well against aggressive lymphomas. “In this case the goal is to cure the disease,” says Fero. Autologous bone marrow transplants extend the lives of people with myeloma and gives them a better quality of life, too. Fero says, “We’re offering another option for their treatment.”
About Matthew Fero, MD, FACP
Matthew Fero, MD, FACP, is a Professor in the Department of Internal Medicine, Division of Hematology/Oncology, at the UNM School of Medicine. He serves as Director of the Bone Marrow Stem Cell Program at the UNM Comprehensive Cancer Center. Dr. Fero received his medical degree from the University of California, Irvine, and completed his residency in Internal Medicine at the Mayo Graduate School of Medicine. He completed a medical fellowship in Medical Oncology at University of Washington and a research fellowship at Fred Hutchinson Cancer Research Center. He is a member of the American Society of Hematology and the American Society for Blood and Marrow Transplantation, and is a Fellow of the American College of Physicians. His research focuses on the molecular bases of cancer and translating new technologies into improved cancer diagnostics and novel therapies.

The Bone Marrow Transplant team includes a nurse manager, nurse coordinator, pharmacist, social worker, scheduler, infusion nurses and an inpatient team
The Art of the Scarf: Free Workshop Helps Cancer Patients and Survivors
(Media alert distributed May 9, 2017)

Class in tying, wrapping and twisting scarves helps women with hair loss due to cancer treatment

The free Art of the Scarf workshop teaches women how to tie, wrap or twist scarves for headwear.

Women going through chemotherapy as part of their cancer treatment often lose their hair. Usually, the hair grows back after treatment ends. Sometimes, though, the hair doesn’t grow back fully.

The workshop offers women going through treatment and women coping with long-term hair loss an alternative to wearing wigs. The class covers scarf selection — choosing the right size, shape and color — and several methods to wrap, twist or tie it into a protective yet stylish head covering.

The workshop is open to all patients, survivors with long-term hair loss, and caregivers. It is offered free of charge but reservations are required due to limited space. To make a reservation, please call 925-1114.

The workshop is offered every second Thursday of the month at The University of New Mexico Comprehensive Cancer Center from 1:00 P.M. to 2:30 P.M. The first workshop is May 11, 2017.

Eileen Bilynsky is a patient navigator with the American Cancer Society. For more than five years, she has helped many people manage the impact of their cancer. In her work, Eileen has helped women find creative ways to manage the effects of hair loss with a variety of head-covering options.

Eileen Bilynsky shows some styles covered in the workshop