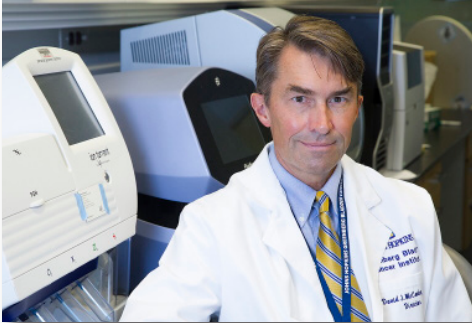


A Letter from the Director



Dear friends:

At the GBCI, we are a team. None of us are as smart as all of us. We are blessed that we get to work together as a group where we both challenge and inspire each other and do all we can to serve our patients with bladder and upper tract cancers. Teamwork is our core mantra.

In this newsletter, you'll meet some new members of our team who make us better.

Kristen Tyree, RN and Nurse Navigator, joined the GBCI family in July. A self-professed "people person" and program builder, Kristen, an oncology nurse, joined us this summer from Dallas, TX from UT Southwestern. She offers that professionally she has wanted to work as an oncology nurse since her senior year of high school, after the loss of a peer to an under-researched childhood cancer and that "... oncology is the best field to work in..". For Kristen, working at Hopkins is a "dream come true". For us, having Kristen and her remarkable "people skills" is our dream come true.

In this issue you will read about Kristen and the newly created "**Multi-Disciplinary Upper Tract Urothelial Cancer Clinic**" (which

we call the **UTUC MDC**) serving patients exclusively with Upper Tract Urothelial Cancer. Multi-Disciplinary means just that - more than one - and we are proud to share the GBCI's progress in moving to a team-based model of care for this lesser known unique urothelial cancer, which needs our full attention.

Speaking of teamwork, we also feature our remarkable colleague urologist **Dr. Marisa Meyer Clifton**, director of Women's Health at the Brady Urological Institute. In addition to her many leadership roles, Dr. Clifton is now teaming up with **Dr. Max Kates** in the Bladder Cancer Outpatient Clinic assisting with follow-up cystoscopies for bladder cancer patients to determine their best treatment options. In this situation, clearly two are better than one. Her interest in optimizing methods for surveillance provides us with new opportunities for research, including the development of urine "liquid biopsies" to track the presence of disease.

We also share the official appointment of our revered colleague and collaborator **Dr. Noah Hahn**, who now officially serves as Clinical Director of the GBCI. Dr. Hahn, an oncologist, specializes in bladder cancer. He is a nationally recognized leader in initiating and implementing innovative bladder cancer clinical trials. Here you will read an update on Dr. Hahn's multi-arm **ADAPT bladder trial**, considered a new class of innovative design for clinical trials. Dr. Hahn lives what he believes and practices a team approach to patient care working side-by-side with **Dr. Max Kates** in the Bladder Cancer Clinic fusing urology and oncology together in the same room, visiting patients together, as a team. Now that's a win for patients.

As you may have caught on, bladder cancer

benefits from a team approach, with leaders who are passionate about innovating and caring for patients to attain the best possible outcomes. We introduce here **Dr. Mohamad Allaf**, our trusted colleague, who has been officially named the new Director of the Brady Urological Institute, as of this summer 2022. No stranger to the Brady or to Hopkins, Dr. Allaf - a gifted surgeon and thoughtful scientist - has pledged his full institutional support behind our work and our mission at the Greenberg Bladder Cancer Institute.

Together, we hope to continue to make progress and good work happen.

None of what we do or who we are would be possible without the support of our patients, whom we are devoted to serving in the clinics and labs, through research and clinical trials, every day. It is not lost on us that bladder & upper tract cancer is hard, and we aim - as a team - to do all we can to make it easier.

We are honored to be of service to our patients and families.

With best wishes,

David J. McConkey, PhD

Director, Johns Hopkins Greenberg Bladder Cancer Institute



Mohamad Allaf, M.D.

IN THIS ISSUE:

- UPPER TRACT UROTHELIAL CANCER MDC
- UPDATES FROM ADAPT AND BRIDGE TRIALS
- BIOMARKER IDENTIFICATION & DEVELOPMENT
- WOMEN'S BLADDER CANCER PROGRAM
- I AM OF IRELAND - A PATIENT'S STORY
- GRAND ROUNDS EDUCATIONAL SERIES

ADAPT Bladder Trial Update:

Noah Hahn, MD, clinical director of the Johns Hopkins Greenberg Bladder Cancer Institute,



Noah Hahn, M.D.
GBCI clinical director

is on a mission to provide more options for patients with Non-Muscle Invasive Bladder Cancer (NMIBC) by way of clinical trials. He asks..... “Can we give our patients immunotherapy

earlier, and will different combination therapies curb NMIBC (non-muscle invasive bladder cancer) from spreading?” Dr. Hahn is the leader of the “ADAPT-BLADDER” clinical trial (conducted through the Hoosier Cancer Research Network; (NCT03317158), which studies the safety and benefit of using more than one immunotherapy combination in NMIBC patients who are no longer responsive to BCG treatments within the bladder. This ADAPT multi-center trial, launched in 2017, indirectly benefitted from a pause in enrollment when the COVID-19 pandemic first hit in the Spring of 2020.

Dr. Hahn explains: “We had an accrual hold for over a year during the COVID pandemic, which has actually had a positive and welcome benefit. When we designed the study, we wanted to create a protocol and infrastructure that could “adapt” over time to bring in new treatment therapies when such arms were ready to be tested in NMIBC patients.

Originally, the two combinations studied were durvalumab + BCG and durvalumab + a short course of radiation therapy to the bladder (EBRT). We have now added a third treatment arm consisting of durvalumab + intravesical Gem/Doce which was not offered as part of the original trial design. We chose to include this new arm since we now know that intravesical Gem/Doce has demonstrated more favorable results than other standard of care options for BCG-unresponsive patients. We suspect that the addition of a durvalumab + Gem/Doce combination will increase the percentage of patients achieving durable complete responses. Additionally, our teammate, **Dr. Max Kates** in the Department of Urology here at Johns Hopkins, is concurrently leading two trials investigating this Gem/Doce combination in BCG-naïve NMIBC patients. We wanted to better understand which patients benefit from the durvalumab + intravesical Gem/Doce combination in the event that Gem/Doce becomes an alternative to BCG treatment in the future.”

“I’ve been very pleased with the trial since it activated. There have been some unpredictable challenges

introduced by the global BCG shortage and the global COVID pandemic which challenged us to get creative. The patients, their families, investigators, clinical and research support staff have been incredible throughout this study. Since our study is now a Phase 1 and



Max Kates, M.D.

Phase 2 trial, I do not anticipate that the results of our trial alone will change practice, but I do think that several of the findings from our trial are likely to have a significant impact on changing the way we think and approach clinical care and translational research for NMIBC patients. We observed a **73% 12-month complete response rate** with the **durvalumab + BCG combination** (confirmed in BCG-unresponsive patients). Our results and results from other recent studies challenge the accuracy of the term BCG-unresponsive. We would never suggest that BCG-unresponsive patients should continue treatment with BCG alone, but the findings suggest that BCG may still have an effect on the immune response in NMIBC patients that may be beneficial when BCG is combined with other immune therapies such as durvalumab. If this is true, this highlights the critical need to develop alternative BCG strains or alternatives to BCG to address the current BCG supply shortages, such as the use of Gem/Doce as an alternative.”

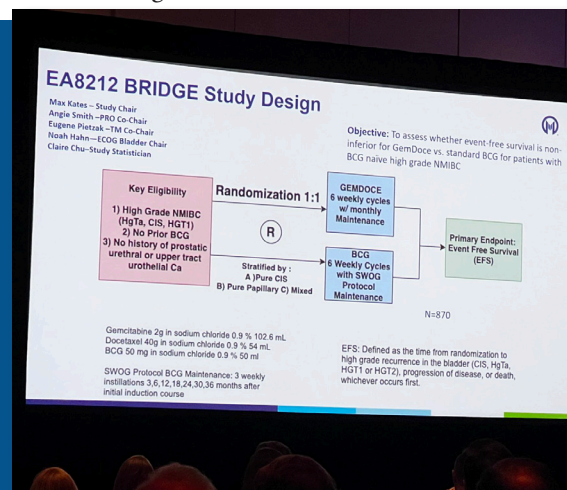
Dr. Hahn continues... “the translational work we are performing within the ADAPT-BLADDER trial will have its most lasting impact on the field. We were fortunate to be awarded an R01 grant by the National Cancer Institute to investigate multiple innovative genomic platforms on patient tissue, urine, and blood samples collected from patients in the trial to better understand which patients are most likely to benefit from these combination therapy approaches and to identify novel therapeutic targets in patients resistant to treatment. These translational investigations are ongoing and we hope to report our initial findings in the next 12 months.”

BRIDGE Trial

Here is information on the Gemcitabine/Docetaxel trial mentioned, led by principal investigator **Dr. Max Kates**. (https://www.hopkinsmedicine.org/kimmel_cancer_center/clinical_trials/search_results/J2020)

Positive preliminary initial data from the initial Gem/Doce “starter” trial (J2020) has led to the formation of a much larger Phase 3 NIH approved randomized trial called the **BRIDGE trial** (EA8212),

which hopes to enroll 870 patients presenting with high grade NMIBC, and will be offered at several institutions, including Johns Hopkins. The more expansive Bridge trial will randomize patients to receive either BCG or the Gem/Doc combination. The BRIDGE trial is now open for enrollment. Please reach out to us at bladdercancer@jhmi.edu if you have any questions or are interested in learning more about the Hopkins based BRIDGE trial.





Kristen Tyree, MSN, OCN, AMB-BC, RN and GBCI team mate, serves as Nurse Navigator for the newly created “Upper Tract Urothelial

patients advocate and try to alleviate stress as much as possible...I feel like I have a wonderful role where I can help all parties get to the same goal which is “exceptional patient care”.

Patients may request a visit to UTUC MDC by reaching out directly to Kristen Tyree at ktyree@jhmi.edu or email: UTUC@jhmi.edu or 443-287-5154.

The Upper Tract MDC is currently enrolling patients in a novel Phase 3 trial (ECOG ACRIN 8192) (NCT0428767) for patients with High Grade Upper Track Urothelial Cancer. This phase III trial compares the effect of adding durvalumab to chemotherapy versus chemotherapy alone before surgery in treating patients with upper urinary tract cancer. Immunotherapy with monoclonal antibodies, such as durvalumab, may help the body’s immune system attack the cancer, and may interfere with the ability of tumor cells to grow and spread. Chemotherapy drugs, such as methotrexate, vinblastine, doxorubicin, cisplatin, and gemcitabine work in different ways to stop the growth of tumor cells, either by killing the cells, by stopping them from dividing, or by stopping them from spreading. Durvalumab in combination with chemotherapy before surgery may enhance the shrinking of the tumor compared to chemotherapy alone. Dr. Jean Hoffman-Censits is the principal investigator of this trial.

To learn more about on-going Johns Hopkins sponsored clinical trials visit the GBCI website: <https://www.hopkinsmedicine.org/greenberg-bladder-cancer-institute/utuc/>



Kristen’s beloved partner in crime, 3-year-old Chaos

Dr. Hahn and the Dogs: Comparative Oncology

“.....For many types of cancer in dogs or in humans, bladder cancer is diagnosed ‘late’ when it is already progressing and causing harm. The early stages of cancer, such as bladder cancer, may not produce any symptoms, and, therefore, the cancer goes unnoticed. And when symptoms do develop, they resemble those of a urinary tract infection, often prompting treatment with antibiotics for a while,”..... “when it

becomes apparent that something more is going on and we see the dogs in the oncology clinic, the cancer has often become pretty extensive within and beyond the bladder. And it has changed so much on a molecular level that drug resistance is common....” says **Dr. Deborah Knapp**, of the Purdue University School of Veterinary Medicine. What may surprise you is that Dr. Knapp, a veterinary oncologist, is talking about **bladder cancer in dogs**, and not humans. What may come as an additional surprise is that our own **Dr. Noah Hahn** also participated in this study of dogs with bladder cancer, a field called **comparative oncology**. Dr. Hahn was recently involved in a research study with Dr. Knapp and her team surveying the incidence of bladder cancer in dogs, specifically **Scottish terriers**, which, as a breed, due to genetic factors, appear to get bladder cancer at rates 20 times more than other canine breeds. The goal of the study was to monitor early detection of bladder cancer in the terriers, through urine and ultrasound sampling, to determine if and how the cancer advanced. The information gleaned not only will have a positive impact on caring for canines with a genetic propensity for bladder cancer, the study directly benefits humans with bladder cancer.

Here is a link to this fascinating study: <https://www.purdue.edu/newsroom/releases/2022/Q4/mans-best-friend-leads-the-way-to-early-cancer-detection.html> and paper: <https://www.frontiersin.org/articles/10.3389/fonc.2022.1011969/full>



MEET MARISA MEYER CLIFTON, MD

Benjamin Franklin once said that “if

you want something done, ask a busy person”. Mr. Franklin no doubt had Dr. Marisa Clifton in mind. A urologist by training and natural born leader, Dr. Clifton is the Director of Women’s Health at the Brady Urological Institute and is Director of the Brady Urological Institute’s

Residency Training Program. She has also been named Associate Chief Medical Officer of the Johns Hopkins Hospital. A self-described “systems person”, Dr. Clifton readily admits she likes to “improve things”. In the clinic, Dr. Clifton works closely with Dr. Max Kates making things better for bladder cancer patients on many fronts. She and Dr. Kates work together doing follow-up cystoscopies on patients presenting with superficial bladder cancer, as well overseeing their intravesical therapies and care plans, including recommending patients for clinical trials and working with Dr. Kates on joint research projects. She takes a “multi-d” approach to her work, where she adds value to

the patient experience with a laser-like focus on patient outcomes and quality of life concerns. In her own practice, Dr. Clifton is a gifted surgeon who specializes in all areas of female urology, including surgical and non-surgical treatment of Female Pelvic Medicine and Reconstructive Surgery. As a medical student at Johns Hopkins when first starting out, Dr. Clifton thought she would be a pediatrician, but “fell in love” with urology because” of its innovations, personalities and the chance to work with patients - both male and female - in a meaningful and intimate way, helping guide them to their goals...”. We are lucky to welcome this force of nature to our team.

I AM OF IRELAND: A PATIENT'S STORY

“Use your creativity to free your mind from dark thoughts”

“I can't say my cancer diagnosis was a catalyst for my creativity but the music was a distraction from the stress of the treatments that followed the diagnosis..... I believe my cancer experience did help fuel my creative drive....I was so happy to have survived to complete a project that meant so much to me” offers patient **Raymond Driver**, who shares his inspiring story of creativity while coping with bladder cancer. Mr. Driver is an extraordinary illustrator, writer, poet, songwriter and bladder cancer survivor who channeled his efforts into setting Yeats poems to music (despite having little musical training!) who created an award-winning album of Celtic music while navigating his bladder cancer journey.

Mr. Driver, treated at Johns Hopkins beginning in 2018, shares his inspiring experience as a gift to us all. He offers that today he is cancer free. He implores us to “... trust in your doctors and try to have a positive outlook..”. We can't wait to see what he does next!

*Beloved, gaze in thine own heart,
The holy tree is growing there;
From joy the holy branches start,
And all the trembling flowers they bear.*

- W. B. Yeats

The passage above is from the poem, *The Two Trees*, comprised of two stanzas by William Butler Yeats, the Irish poet and playwright. According to the Bible, there were two trees in the Garden of Eden, *The Tree of Knowledge of Good and Evil* and *The Tree of Life*. Yeats uses the two trees as symbols for the creative and mortal sides of the human psyche or inner self. The first stanza is analogous to the *Tree of Knowledge of Good and Evil* and symbolizes the growth and development of the creative spirit. Yeats is urging the reader to “gaze in thine own heart,” within the deeper self. The second stanza is analogous to the *Tree of Life* and symbolizes the individual's confrontation with dying and impending death. While I was undergoing treatment following bladder cancer surgery, I composed a musical setting for *The Two Trees*, the theme a fitting metaphor for my experience with bladder cancer.

When my oncologist at Johns Hopkins Hospital, Dr. Jean Hoffman-Censits, a bladder cancer specialist, asked me to write about my bladder cancer experience, I was a little reluctant. To put in writing the history of

my diagnosis, radical cystectomy and post-surgical treatments seemed a daunting task, but fortunately, I have supportive family members and friends ready and willing to offer their insights and suggestions.

Following retirement as a free-lance illustrator, a new chapter in my life unfolded. I began setting selected poems by W. B. Yeats to music, a turn in my life that surprised, not only me, but my friends and family too, including my wife, Barbara. After all, I had no formal musical training. Years later, in the middle of recording an album of these settings or art songs, I was diagnosed with bladder cancer. I never considered the prospect of being diagnosed with cancer until it happened, and I never thought that later in my life I would set poetry to music. The two circumstances, both surprises, collided over the past five years, but by focusing on my music I've been able to confront the challenges of bladder cancer.

When I was eight or nine years old, my father gave me an English Literature textbook. I came across a short poem by William Butler Yeats, *Down by the Salley Gardens*, and I was moved, even at that young age by the simple beauty of that poem. Fifty years later I bought a book of Yeats's early poetry and discovered once again the charm and lyrical simplicity of Yeats's verse.

As a means to memorize the Yeats poems, I concocted melodies to fit the words. I discovered that when I walked my black Lab, Chloe, tunes came to me which I would later refine and sing into a hand-held recorder. Unexpectedly, I was setting Yeats poetry to music. After roughly two years I had over a hundred poems set to music, but what was I to do with them? Were my settings good enough to be recorded and enjoyed by others?

The end product of my effort was my amateur singing voice. I needed a professional vocalist to give my settings a polished sound. On a whim I contacted the Peabody Institute in Baltimore hoping they might refer me to someone willing to record a few art songs, and indeed, they did. Laura Whittenberger, a Peabody graduate and successful soprano, recorded twenty-five art songs in the recording studios of the Peabody Institute. She had the voice of an angel!

On February 25, 2016, the President and founder of the W. B. Yeats Society of New York, Andrew McGowan, sponsored a recital of my Yeats settings featuring Laura at the American Irish Historical Society on Fifth Avenue in New York City. Accompanying Laura on piano was Peyson Moss (also a Peabody graduate). It was a great success. My dream of making music was

moving forward!

In the summer and fall of 2017 and spring of 2018, Laura's previous art songs were remastered with a few songs re-recorded, a few songs added and a few removed. The result was an album entitled, *Words that Sing in the Night* and was scheduled for release in June 2018.

No one wants to hear, “Let's take a look at that cancer.” The urologist said those words as he studied the results of my ultrasound. This was one day after I arrived home in Maryland following three nights at Jersey Shore University Medical Center passing blood clots through a urinary catheter. Barbara and I had been visiting family at Bradley Beach, New Jersey, when I noticed blood in my urine, which led to a trip to the Emergency Department.

It was the end of September 2017, when I was diagnosed with a non-muscle invasive form of bladder cancer. Two six-week courses of BCG treatments were ineffective, and in May 2018, the urologist recommended surgery. Barbara immediately contacted Johns Hopkins Hospital in Baltimore, relatively close to our home; she was able to make an appointment for me to see a surgeon, Dr. Michael H. Johnson.

The first thing I noticed as we talked with Dr. Johnson was his easy-going self-confidence and his attentive manner as I spoke of my experience up to that point. A radical cystectomy was scheduled. As I left the hospital, I told Barbara I felt a great sense of relief knowing I was in good hands. It was June 2018, just after the release of *Words that Sing in the Night*.

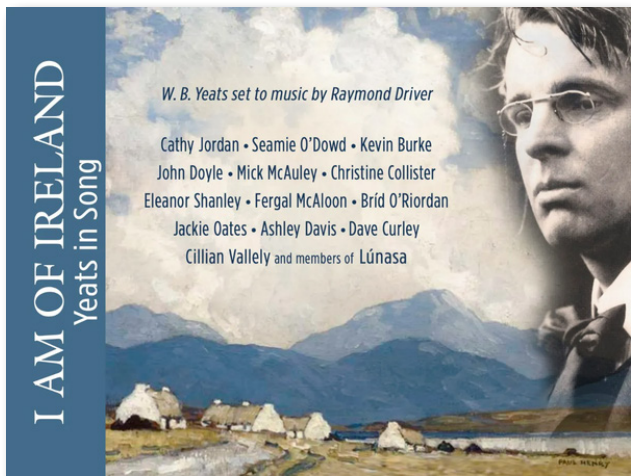
After a lengthy surgery, I awoke in the Recovery Room to see Barbara gazing down at me, her sunny smile a welcome sight. The surgery was a success! I was in no pain and to my great amazement, they had me up and walking a short distance that evening! Dr. Johnson visited me in my room and said the surgery had gone well. My recovery was remarkable according to my doctors and soon I was home with my family. My dog, Penny, a fifty-pound mixed Lab rescue, welcomed me home with a passionate “wiggle-butt”! It doesn't get any better than that! I could now resume with the promotion of my art songs album. Little did I know events in my life would take a turn, both with my post-surgical situation and my music.

I soon learned I would have to take a course of chemotherapy because a few enlarged lymph nodes were suspected to have cancer cells. After the third chemotherapy infusion, I had an adverse reaction. My white blood cells disappeared resulting in multiple mouth sores.

I AM OF IRELAND: A PATIENT'S STORY (continued)

I was advised to go immediately to the Johns Hopkins Oncology Emergency Center for an evaluation. It was my birthday, November 19, 2018! Due to my white blood cell count, further chemo infusions were canceled, but luckily, I didn't need more chemo treatments because my latest CT scan showed the signs of cancer had disappeared. With that news, forgive the pun, came the "icing on the cake" when a friendly and caring nurse treated me and Barbara to some delicious Smith Island cake left over from a birthday celebration for someone on the nursing staff. Even with the mouth sores, I managed to thoroughly enjoy the unexpected treat! And... they gave me extra slices of cake to take home!

Shortly afterwards, long-time friend, Paul Marsteller, a talented songwriter and music producer, approached me with the idea to create a traditional Celtic folk music version of my songs, a various artists album celebrating W. B. Yeats's Irish legacy. I was hesitant to create another album that would compete with *Words that Sing in the Night*, but Paul and I agreed the album would better reflect the authenticity and spirit of Yeats's poems if recorded with a traditional Celtic folk music style. The new album would be entitled, **I AM OF IRELAND – Yeats in Song**, expressing the theme of the album.



To achieve a traditional Celtic folk music style, we sought out artists in that genre, especially Irish artists. Paul's contacts in folk music circles proved to be very useful; one contact led to another and soon an impressive list of artists was cobbled together, some legendary, and all immensely talented. Gabriel Rhodes, a renowned musician and producer from Austin, Texas, (featured on the album) referred to Paul as "P.T.", as in P. T. Barnum, the relentless go-getter American showman who founded the Barnum & Bailey Circus. Paul enjoyed reaching out to singers and musicians from Ireland, England, Canada, and various places in

the U. S., a task I could never have done on my own. For me it was a dream come true that so many gifted performers were coming together to breathe an authentic Celtic spirit into my songs! Focusing on the steady progress of the album helped keep my mind off the cancer. This was all due to Paul's dedication. Without his help, this album would never have taken wing. To quote Yeats; "...my glory was I had such friends."

In the summer of 2019, a CT scan once again showed enlarged lymph nodes, possibly related to the cancer. Dr. Hoffman-Censits had a plan; like St. Patrick driving out the snakes from Ireland, she would drive out the cancer cells from my lymph nodes by prescribing pembrolizumab, a humanized antibody used in cancer immunotherapy. This type of immunotherapy makes the immune system stronger and helps the body find and attack cancer cells, and if I recall, had only been recently available for bladder cancer patients.

As with the chemo, a major side effect came with the new treatment, namely, liver toxicity. After three treatments of the immunotherapy, my bilirubin was elevated which caused my skin to itch and have a yellowish tone. They say the color yellow is fatiguing to the eye. Well, I truly was a sight for sore eyes. But, again, as with the chemo, the CT scan following the last pembro infusion showed that the enlarged lymph nodes issue had been 'resolved', as stated in the radiologist's report. Dr. Hoffman-Censits said she had never seen that before! That was three years ago and all of my scans since then have been clear.

For now the Tree of Knowledge is bearing fruit! Two and a half years in the making, I AM OF IRELAND – Yeats in Song was officially released on July 23, 2021. Judith Joiner, an experienced and enthusiastic publicist with a keen business sense and cheerful nature, has been the album's promoter. She found reviewers, arranged advertising, searched out radio hosts including Fiona Ritchie, host of *The Thistle & Shamrock* radio program on NPR which featured I AM OF IRELAND – Yeats in Song. She also manages the album's Facebook page. The efforts of Paul and Judith paid off; just after Christmas 2021, I received an unexpected surprise, an extraordinary holiday gift! I AM OF IRELAND – Yeats in Song received three 2022 American Celtic Listener Supported Radio Awards; Album of the Year, Vocal Album

of the Year, and Album Cover of the Year, the first time three awards had been awarded to one album. Of course, I can't take all the credit because the album is a various artists album. Most of the credit goes to the singers and musicians who took my diamonds-in-the-rough and turned them into gems.

I've been blessed as far as my experience with bladder cancer goes; the cancer was discovered early, my surgery was successful as were my post-surgical treatments. I have a very supportive family as well as thoughtful and caring friends, all of whom boost my spirits and lighten my load when depression or gloom rear their ugly heads. Barbara, in addition to being a devoted and loving wife, has been my nurse when I've needed home care and my best friend when I've needed encouragement, not to mention the countless ways she brightens my day-to-day life. She was quick to contact Johns Hopkins, arrange consultations, make appointments, and ask all the right questions. As a former nurse at Yale New Haven Hospital in Connecticut, it helped that she is knowledgeable and familiar with medical terminology and procedures. She helped save my life and inspired my music with her love.

"Gaze no more in the bitter glass." This is the last line of *The Two Trees*. The "bitter glass" refers to the mirror the demons hold up, reflecting the outer person, making one aware of aging and mortality, as opposed to the inner creative spirit in an individual, the deeper self. Yeats is telling us not to listen to the demons in our life; we know death is inevitable, but we shouldn't dwell on aging and dying. He encourages us to "gaze in thine own heart" because that is where we find our deeper self, our creative spark. We should appreciate each day, expanding whatever creativity we possess. In other words, we should strive to live a full life. My enthusiasm for the Yeats project helped to bolster my spirits throughout the ordeals of my illness.

I am eternally grateful for the wonderful care I received at Johns Hopkins. A special acknowledgement to Dr. Jean Hoffman-Censits whose continuous attention to my well-being through all the trials and tribulations is enormously appreciated. And Dr. Johnson, my surgeon, whose talent and experience successfully allowed me to survive my bout of bladder cancer. Lastly, I'd like to acknowledge all the nursing and ancillary staff who demonstrated extraordinary caring and patience.

WOMEN'S BLADDER CANCER PROGRAM:

The GBCI aims for inclusivity of all patients, especially women, in their bladder cancer journey. Bladder Cancer disproportionately affects men by a ratio of 4 to 1, but bladder cancer does occur in women, where it seems to be more aggressive, presenting more often at a more advanced state, due to intrinsic differences in biology and to misdiagnoses. Our mission is to serve our



female patients with intention and precision. Our team of experts includes Dr. Armine Smith (Urology) and Dr. Jeannie Hoffman-Censits (Oncology) who together have established a Women's Bladder Cancer Program at Sibley Memorial Hospital in Washington, DC (a Johns Hopkins Medicine partner hospital) and at the Johns Hopkins Hospital in Baltimore. They are committed to serving all patients with bladder cancer, especially women, as they are a rare all-female medical team who provide care should women prefer to be seen by women.

Additionally, the GBCI also hosts a Women-Only Educational Series by Zoom throughout the year. Programs in 2023 will include conversations on Surgery & Organ Preservation for Women with Bladder Cancer, Stress and Cancer and what to do about it, Women's Health as a Crusade, and Pain & Cancer: What to do.

To register, visit <https://events.jhu.edu/form/WomenAndBladderCancer>. Registration is required; the programs are free and open to all (women).

Sibley Memorial Hospital, home of the GBCI's Women's Bladder Cancer Program, also hosts a monthly support group for women diagnosed with bladder or urothelial cancer. Patients meet others going through similar experiences, gaining support and friendship. The group is guided by Samantha Rockler, LCSW, and the meetings are held on the first Thursday of the month from 12-1pm. For more information or to join, contact srockle1@jhmi.edu or call 202-537-4105.

HELP SUPPORT THE JHGBCI!

Your support of the JHGBCI is invaluable and helps serve those with bladder cancer. We hope that you will consider, among many needs, helping the JHGBCI underwrite the cost of our tumor sequencing program (not otherwise reimbursed). The cost of sequencing is approximately \$400 per sample, and contributes greatly to our understanding of bladder cancer and to the discovery of new treatment protocols.

We appreciate your partnership and belief in our mission.

To make an online gift to the Johns Hopkins Greenberg Bladder Cancer Institute, please Google:

JHGBCI CHARITABLE GIVING

Or click the image below:



For gifts of CASH, please make your check payable to Johns Hopkins and send it to the following address:

**The Brady Urological Institute
Development Office
600 North Wolfe Street, CMSC 130
Baltimore, MD 21287**

Please reference the **Johns Hopkins Greenberg Bladder Cancer Institute** or the faculty member to be supported by your gift on the memo line of the check.



Clinical and Biological Implications of Tumor Heterogeneity SYMPOSIUM

Register Now for the Sixth Annual Bladder Cancer Translational Research Collaboration!

March 3-4, 2023 | AUA Headquarters

For Physicians, Clinicians and Researchers: The “**Clinical and Biological Implications of Tumor Heterogeneity**” symposium is co-sponsored by the Johns Hopkins University Greenberg Bladder Cancer Institute and the American Urological Association and will be held at AUA Headquarters in Linthicum Heights, Maryland, on March 3-4, 2023.

Johns Hopkins Greenberg Bladder Cancer Institute
600 N. Wolfe Street | Park 2 | Baltimore, MD 21287

Request an appointment: (410) 955-6100 | Pathology Second Opinion Service: (443) 287-8256
<https://www.hopkinsmedicine.org/greenberg-bladder-cancer-institute/>



JOHNS HOPKINS
MEDICINE

Greenberg Bladder Cancer Institute

2023 Virtual Grand Rounds

for the Bladder Cancer Community

SCAN TO REGISTER:



Hear important updates from Greenberg Bladder Cancer Institute leaders, hosted by Dr. David McConkey, Director of the Greenberg Bladder Cancer Institute



Our program consists of a one-hour Zoom webinar (20-25 minutes with slides / 40 minute conversational Q&A). An opportunity to "chat" with experts and when possible, hear a patient's own story.

Register for any of our sessions at events.jhu.edu/form/GBCIGrandRounds2023 or scan the code above.

About Our Program

Our Sessions:

All from 4:00–5:00 PM

- 
1/17/2023 | Is it OK to Get a 2nd Opinion and is it OK to Change My Care Team?
Nirmish Singla, MD, MSc, Associate Professor of Urology
Kristen Tyree, MSN, RN, Nurse Navigator, Upper Tract Urothelial Cancer program
- 
2/28/2023 | New Tools in the Toolbox Explained: A Conversation About New Drugs & Therapies
Jean Hoffman-Censits, MD, Associate Professor of Oncology
David McConkey, PhD, Director, Greenberg Bladder Cancer Institute
 Institute Co-Founder & Advocate **Stephanie Cooper Greenberg**
- 
3/28/2023 | Chemobrain (Yes, It's Real): Untangling Cognitive Dysfunction in Cancer Therapy
Tracy Vannorsdall, PhD, Associate Professor of Psychiatry and Behavioral Sciences
- 
4/18/2023 | Moving on After Treatments (for NMIBC & MIBC): Scans, Surveillance, and What to Expect After Treatments Stop
Max Kates, MD, Associate Professor of Urology
 With Bladder Cancer Patient Advocate
- 
5/2/2023 | Precision Medicine: Liquid Biopsies and Other Progress in Bladder Cancer Research
David McConkey, PhD, Director, Greenberg Bladder Cancer Institute and moderator
- 
5/9/2023 | Office Hours with Dr. Noah Hahn: Open Forum for Questions and Conversations About Bladder Cancer
Noah Hahn, MD, Clinical Director of the Greenberg Bladder Cancer Institute

Questions?

Email us at bladdercancer@jhmi.edu or visit our website at www.hopkinsmedicine.org/greenberg-bladder-cancer-institute/





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MEDICINE

Greenberg Bladder Cancer Institute

WOMEN AND BLADDER CANCER EDUCATIONAL SERIES 2023

Greenberg Bladder Cancer Institute at Sibley Memorial Hospital

About OUR PROGRAM

Join as our multidisciplinary team presents topics to enhance your knowledge and provide support. Specialists in bladder cancer will discuss all facets of care and implications for female patients. Our oncology social worker and other specialists will provide information to support quality of life. A patient will share their perspective and time for asking questions will facilitate participant engagement. GBCI Women's Bladder Cancer Program Co-leaders **Dr. Armine Smith** and **Dr. Jean Hoffman-Censits** will join in several of the sessions, schedules permitting.

This program is for women only to create a safe environment for open discussion.

Scan to register for any of our sessions:



QUESTIONS?



February 6, 2023
4:00 - 5:30 PM

Keeping Women Whole: Organ Preservation for Women with Bladder Cancer

Armine K. Smith, MD
Director, Urologic Oncology,
Kimmel Cancer Center at Sibley
Memorial Hospital
Assistant Professor of Urology



May 22, 2023
4:00 - 5:30 PM

Let's Talk about Stress and Depression with Cancer

Karen Swartz, MD
Professor of Psychiatry and
Behavioral Sciences



Sept. 18, 2023
4:00 - 5:30 PM

Women's Health as a Crusade: Hearing the Female Voice and Pushing the Boundaries of Healthcare

Marisa Clifton, MD
Director, Women's Health
Brady Urological Institute
Associate Professor (PAR) of
Urology



December 4, 2023
4:00 - 5:30 PM

Your Pain is Real and Your Quality of Life Matters: Mitigating the Effects of Cancer and Treatment

Thomas J. Smith, MD
Harry J. Duffey Family Professor of
Palliative Medicine
Professor of Oncology

Jessica Engle, DO
Assistant Professor
Physical Medicine and Rehabilitation

✉ Email us at
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or visit our website at
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