Kimmel in the Community
Working With and For the Citizens of Maryland
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Caring for All Marylanders
WHEN THE COVID-19 pandemic took aim at minority Americans, the poor and the uninsured, the possibility that some of its virulence might be attributed to preventable or treatable conditions, like obesity, high blood pressure, high body mass index and diabetes, provided an urgent rationale to address these risk factors. Racial and ethnic disparities in the outcomes of chronic diseases, like cancer, diabetes, cardiovascular disease and kidney failure, are driven by the same influences. A more vigorous public health approach could reduce disparities for both acute and chronic health threats.

Aggressive COVID-19 mitigation may unintentionally endanger vulnerable populations, leading to increased illness and death from delayed or deferred treatment for cancers, heart attacks and strokes.

Increased COVID-19 testing, along with contact tracing, will identify clusters of COVID-19 cases to best direct isolation and quarantine tactics. COVID-19 tests will likely become available at most health care and assisted living facilities, at drive-through convenience locations, and even at home. Smart thermometers that provide body temperature measurements at home and deliver aggregated data at the community level may also help with COVID-19 control. Nonetheless, special attention will be required to ensure that minority populations have ready access to tests and other technologies needed for COVID-19 monitoring.

Increased COVID-19 testing, along with contact tracing, will identify clusters of COVID-19 cases to best direct isolation and quarantine tactics. COVID-19 tests will likely become available at most health care and assisted living facilities, at drive-through convenience locations, and even at home. Smart thermometers that provide body temperature measurements at home and deliver aggregated data at the community level may also help with COVID-19 control. Nonetheless, special attention will be required to ensure that minority populations have ready access to tests and other technologies needed for COVID-19 monitoring. Smart technologies for measuring blood pressure, blood sugar, blood cholesterol and body mass index; and aiding in the treatment of the conditions that drive poor outcomes from COVID-19, cancer and other chronic diseases.

As part of the New Deal during the Great Depression, President Franklin D. Roosevelt created the Works Project Administration (WPA) with an executive order on May 6, 1935. Over the ensuing eight years, the WPA employed millions of Americans to improve the nation’s infrastructure, building schools, hospitals, bridges, roads and sewer systems. Eighty-five years later, the need may be for employing millions of Americans to improve the nation’s public health, conducting COVID-19 screening and testing; measuring blood pressure, blood sugar, blood cholesterol and body mass index; and aiding in the treatment of the conditions that drive poor outcomes from COVID-19, cancer and other chronic diseases.
That day, he said, he looked directly into the eyes of health disparities and the despair they bring to the lives of far too many in our country.

When the woman met with Dr. Brawley in an exam room, she gently opened the paper bag, revealing the precious content she had carefully wrapped in a moist towel. Cancer and infection had ravaged her breast, eating through the tissue until one morning, it literally fell from her body.

She had first noticed a lump when her son was in second grade. She didn’t want to use sick time to take time from work to see a doctor. She might need that time to care for her son if he got sick, she said. Ten years passed between the time she felt the lump and the consequential day that brought her to the emergency room.

Dr. Brawley was forever changed by that experience. He had many questions that, to this day, form his approach to medicine. How do race, income and ZIP code influence life and death? What roadblocks stop people from seeking and receiving care?

In this case, the woman was college educated and had a job, but fear of the diagnosis and prioritizing her son over her own well-being were some of the factors that stopped her from getting care. There were likely other reasons too. Dr. Brawley has dedicated his career to understanding and overcoming obstacles to cancer care, particularly among poor and underserved communities.

He recently surveyed 60,000 Maryland residents to better understand and identify concerns across Maryland communities, with age, race, ethnicity and income taken into consideration. Employment and crime were reported as the most significant concerns, followed closely by health. Among health concerns, addiction and mental health were the greatest concerns reported, followed by cancer, infectious disease, diabetes, and heart disease.

“These are surprising results considering the survey was done at a time when 60,000 people were dying from the coronavirus each month,” says Dr. Brawley. “It really emphasizes the value of bidirectional communication. We can’t make assumptions. We have to engage communities and listen to what they have to say.”

As chief medical and scientific officer of the American Cancer Society for more than a decade, Dr. Brawley is recognized as a leading authority on cancer screening and prevention, and William Nelson, M.D., Ph.D., wanted that expertise at the Kimmel Cancer Center.

Maryland has the highest per capita income in the nation, but the state has areas of poverty with disproportionately high cancer death rates.

“ZIP code may be more important than genetic code in predicting health outcomes,” says Dr. Brawley.

Seeking expertise to help close the racial, economic and social disparities in these areas, in 2019, Dr. Nelson recruited Dr. Brawley to Johns Hopkins to lead Community Outreach and Education.
“The field of community health education is an important field that has not gotten adequate attention. There has not been enough emphasis on risk reduction and cancer prevention.”

—Otis Brawley, M.D.
He was charged with a broad interdisciplinary effort at the Kimmel Cancer Center and Bloomberg School of Public Health to understand and combat cancer health disparities, and direct community outreach among Maryland's underserved communities.

Since joining the Kimmel Cancer Center, Dr. Brawley, a Bloomberg Distinguished Professor of Oncology and Epidemiology, has worked to quantify the human toll of cancer disparities. His research found that of the 800,000 people who die from cancer each year, 130,000 deaths are related to disparities in care.

“It is a problem in Maryland and a problem in all 50 states,” he says. Black people are most likely to suffer from health disparities, but the problems extend beyond race, he points out. About 80,000 of the annual disparities-attributed deaths are in white people. Dr. Brawley looks beyond the numbers to the humanity.

“Everyone brings a story, a life with them. We have to listen so we can understand and help,” he says.

Dr. Brawley works with Dina Lansey, M.S., M.B.A., who also leads efforts to increase minority participation in clinical trials. He also collaborates with Steven Kravet, M.D., M.B.A., who heads JHCP Community Physicians recruited and managed by Dr. Brawley and Ms. Lansey. She travels among the JHCP sites and other locations throughout the state to engage community health educators with information about healthy living and cancer risk reduction.

Outreach and Education

Another project launched this summer is a collaboration with Johns Hopkins Community Physicians (JHCP) to provide health, wellness and cancer prevention at all JHCP sites. The JHCP network of community practices serves more than 900,000 patients a year at 40 locations throughout Maryland and Washington, D.C., making it the largest primary care group in Maryland.

In collaboration with Steven Brawley, M.D., M.B.A., who heads JHCP Community Health Educators recruited and managed by Dr. Brawley and Ms. Lansey will travel among the JHCP sites and other locations throughout the state to engage community health educators with information about healthy living and cancer risk reduction.

“Dr. Brawley says, “In order to serve our communities, we have to understand our communities.”

Not One or the Other

Ms. Lansey appreciates that access to the best therapy is just one part of the disparities equation. Working with Dr. Brawley, she feels like they have the whole package to offer patients now.

“We are thinking about clinical care, research, and outreach and engagement. The health and wellness component is key to their long-term goals. It’s not enough to educate people about healthy diets if they don’t have easy access to fresh fruits and vegetables. These are also barriers that lead to disparities, she says.”

“It’s exciting to think about the new directions we are heading in with Dr. Brawley. Our Community Advisory Board members throughout the state, community health educators, state and local health departments, and other academic institutions are partnering with us as we forge new relationships and new projects,” says Ms. Lansey.

She points out that solutions cannot be developed by medical institutions, providers or researchers without giving community members a seat at the table.

“We really need to be a reflection of the community, and that means we have to include people in the community in the discussion,” she says. “Our community advisors advise us and lead with us. What we think will work may not, or what works in Baltimore City may not work on the Eastern Shore. They know their communities best.”

The advisory board includes pastors, an urban radio executive and a Morgan State professor, who is an expert on Black history in Maryland and helps provide perspective on historical causes of barriers and disparities.

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— Dina Lansey, M.S.N., R.N.

Appreciate:

Identified Higher colon cancer death rates among African American men along I-95 corridor from Prince Georges County to Baltimore.

Acknowledged:

Initiated collaboration with Maryland Department for Cancer Prevention and Control to address the problem.

Act:

Don’t Delay. Today. campaign initiated through collaboration. Provided education about screening, healthy diet, habits and exercise on our website and on Radio One. Connected residents to no-cost screening.

Appreciate:

Smoking is a major cancer-related issue across Maryland

Acknowledged:

Smoking rates across Maryland are 13%. Baltimore City and Eastern Shore have higher rates at 19%. Vaping and e-cigarette use is an emerging issue.

Act:

Created a six-hour course on the treatment of tobacco addiction. Some 174 healthcare professionals trained; and 24 tobacco use cessation clinics opening across the state

Appreciate:

Being overweight or obese is a risk factor for developing cancer but also increases the risk of recurrence among survivors and hinders cancer detection and treatment.

Acknowledged:

Approximately 35% of Marylanders are overweight, and an additional 30% are obese.

Act:

Remote weight lost programs for cancer survivors developed and deployed across Maryland, aimed at weight loss and maintaining normal body weight.

Appreciate:

Cancer screening rates are highly variable throughout Maryland.

Acknowledged:

Identified that cancer screening rates in Western are much lower than national rates.

Act:

Developed partnership with community practitioners and consult with them on prevention and outreach to improve screening.

Appreciate:

Between 2013 and 2019 HPV vaccination among teens improved from 50% to 69%, and we want to support that trend.

Acknowledged:

Survey of rural county and urban practitioners revealed HPV vaccine hesitancy and concerns impeding vaccination.

Act:

Education program for parents and grandparents to explain and promote HPV vaccination. Identifying and addressing gaps in vaccine access points.

What We Know

Appreciate, Acknowledge, Act.

THE SIDNEY KIMMEL COMPREHENSIVE CANCER CENTER at JOHNS HOPKINS
Panagis Galiatsatos, M.D., grew up in the Greektown area of Baltimore City. One of his fondest childhood memories was accompanying his father, a painter, to union meetings. “Cigarettes were handed out like candy,” Dr. Galiatsatos recalls. As he got older, he was saddened to see so many of these people, who had become like family to him, develop serious health problems and even die from diseases related to smoking. This childhood experience helped inspire his career path. As a lung doctor, these memories remain his reality, as smoking is a common cause of disease in the patients he sees. As a result, he has focused his career on understanding the biological and social causes of tobacco use and nicotine addiction, and helping people overcome this addiction to live healthier lives.

“Smoking robbed the men and women who built this city from enjoying their lives. That makes me angry,” he says. He’s clear, however, that his ire is aimed at cigarettes, not at the people who use them. “I’m anti-smoking but pro-smoker,” says Dr. Galiatsatos, who established and directs the Johns Hopkins Tobacco Treatment Clinic, a unique clinic that combines compassion, medicine and counseling to help patients quit smoking for good.

He came to Johns Hopkins in 2010 as an intern at the Johns Hopkins Bayview Medical Center campus, joined the faculty in 2018 and started the Tobacco Treatment Clinic the same year. He was humbled by the gravity of the nicotine addiction problem, and in some ways, working at Johns Hopkins feels like a mix of coming home and giving back. His father painted buildings at Johns Hopkins and built him his first desk from a pile of discarded wood he found on the job. He has a personal vendetta against cigarettes, which continue to plague the health of Marylanders, and his clinic is one way he gives back to his hometown communities.

“Nicotine may be the most addictive molecule known to man, and cigarettes are designed to be highly potent nicotine delivery systems,” he says. “When you see someone return to smoking after a lung transplant, which was needed because of smoking, or hear someone describe cigarettes as her best friend, you realize the full grip of this
“In our clinic, we treat tobacco dependence like any other medical condition that needs to be controlled. We provide support, an encouraging environment and a team to help ensure treatment and strategies are effective, without any fear or guilt placed on the patient.” — Panagis Galiatsatos, M.D.

addiction. That people can continue to smoke even as it causes them harm is an indication of the power of nicotine addiction, he says. 

He is committed to helping smokers, beginning with a no-shame, no-stigma approach, something many of his patients experience for the first time when they come to his clinic. He has seen patients play games in this office when their smoking habit is met with compassion and a plan to help. So many smokers are so afraid of being judged, blamed and looked down upon. Oftentimes, he is the first doctor they have met who understands and is sympathetic to their addiction.

Dr. Galiatsatos reserves his acrimony for the product. It feels the palpable enthusiasm for his work he does and his empathy for those suffering with nicotine addiction.

This sympathetic approach is all too rare when it comes to smoking. For too long, he has seen the harsh diagnosis for the product spills over to the patient, or smokers are simply advised to quit with very little, if any, support or guidance.

“What other type of disease do we tell patients to stop having it?” asks Dr. Galiatsatos. “We don’t tell someone to stop having diabetes. In our clinic, we treat tobacco dependence like any other medical condition that needs to be controlled. We provide support, an encouraging environment and a team to help ensure treatment and strategies are effective, without any fear or guilt placed on the patient.” — Panagis Galiatsatos, M.D.
ASPIRE to Inspire
Remote Program For Better Health Through Weight Loss

ASPIRE is a free program that is taking weight loss education and coaching into the community. Using technologies like smartphones, smartphone apps and email, the Kimmel Cancer Center and Bloomberg School of Public Health now offer a remote weight loss program for overweight and obese cancer survivors throughout Maryland.

Being overweight or obese is linked to the risk of developing cancer and cancer recurrence. “We know that losing weight can help prevent recurrence in cancer survivors,” says Jessica Yeh, Ph.D, who is principal investigator for the ASPIRE study, with support from the Maryland Cigarette Restitution Fund at Johns Hopkins. She adds that weight loss has many other benefits for better overall health, including heart health, which also impact many cancer survivors.

“This is very important because people with cancer are living longer and longer. We know a lot of cancer survivors don’t die from their cancer but from other illnesses like cardiovascular disease and diabetes,” she says.

Cancer survivors participating in ASPIRE have three program options: self-directed weight loss, app-directed weight loss or coach-directed weight loss. All three programs are provided remotely, which means survivors throughout the state, no matter where they live, can participate. Remote program delivery has been invaluable during the COVID-19 pandemic, allowing survivors to continue their weight loss journey without having to come in person to a clinic or meeting.

Participants in all three weight loss programs are emailed a set of 12 learning modules with weight loss education and strategies for building healthy lifestyle habits developed by Johns Hopkins experts specifically for cancer survivors. The first 100 eligible participants in each program also receive a scale. Self-directed participants can use the learning modules at their own pace and key in on what they find helpful. App-directed participants receive the learning modules and information on the using the free weight loss app Lose It! to track food eaten, exercise and weight loss progress. They also receive additional support via weekly email weight loss tips. Coach-directed participants receive weekly one-on-one telephone coaching from weight loss experts and are encouraged to use the learning modules and smartphone app to set individualized goals that support healthy weight loss. Weight loss data for all three programs is collected wirelessly every three months.

“We want to help as many people as possible, and people have different levels of readiness,” says Dr. Yeh. “We work with survivors at their comfort level. Some prefer not to work with technology and prefer the written materials. Others appreciate the technology and the help of coaches. We wanted to provide options to fit everyone.”

Juaria is a thyroid cancer survivor who enrolled in the ASPIRE study after receiving an email through her electronic medical records MyChart account. She completed her last coaching session in August and is down 26 pounds since joining the study last January.

She says she had been trying to lose weight for several years but could not get the scale to budge. “I almost gave up,” she says before learning about ASPIRE. She admits she was skeptical given her experience with other weight loss attempts. “It really works,” she says. “I was surprised by the results. The app keeps you on track and accountable, and when I had questions, my coach was just a telephone call away.”

She says tracking calories with the app helped her see places she could easily cut calories. She added exercise into her daily routine, and learned helpful tips from reading about other people's experiences in the educational materials provided.

Although she completed the study, Juaria plans to stick with the plan as she works toward her goal weight. “We are demonstrating that we can successfully do this remotely, and we want to help patients in every region of Maryland,” says Dr. Yeh. She and her team are reaching out to cancer survivors groups around the state and a growing number of participants from Maryland’s Eastern Shore, western Maryland and southern regions. Word is spreading, she says.

Learn more about the ASPIRE team and weight loss programs at aspireshopkins.org

Can being fit help fight off cancer?

Can being fit help fight off cancer? Kimmel Cancer Center and Bloomberg School of Public Health researcher Catherine Handy-Marshall, M.D., M.P.H., wanted to find out. The Maryland Cigarette Restitution Fund at Johns Hopkins-sponsored researcher conducted one of the first, large and most diverse looks at the impact of fitness on cancer. She found that the more fit adults are, the lower risk of developing a lung, colon or prostate cancer diagnosis. The physically fit also have a better chance of surviving a lung or colon cancer diagnosis than those with low fitness levels. She says her findings may also apply to prostate cancer and likely many other cancer types. Dr. Marshall is designing a clinical trial of an exercise intervention in men with prostate cancer and is conducting another clinical trial of a minimally invasive weight loss procedure to see if these patients diagnosed with prostate cancer benefit from losing excess pounds. The procedure was pioneered at Johns Hopkins, and this is the first time it has been studied in prostate cancer.
Prevent HPV, Prevent Cancer

We think of childhood vaccines as a way to prevent diseases like polio, measles, chicken pox and tetanus, but many do not realize that there is a childhood vaccine that prevents cancer.

HPV causes essentially all cervical cancers and a subset of other cancers, including head and neck cancers. Three-dose HPV vaccine, called Gardasil, available to boys and girls between the ages of 10 and 17 years old, prevents HPV infection and the cancers it causes later in life, explains epidemiologist Anne Rositch, Ph.D., who studies the causes of disease and ways to stop or prevent them in populations at risk. Dr. Rositch is studying vaccine availability and use in rural areas of Maryland where cervical cancer rates are high and HPV vaccination is low.

HPV infection is very common in the U.S., with over 20 million Americans infected. Vaccines are the best way to prevent the cancer-causing infection. Dr. Rositch explains. About 60% of U.S. children eligible for the vaccine have been vaccinated. Public health experts with local health departments and Maryland Cigarette Restitution Fund, a vaccine desert. It could also be that rural offices and pharmacies do not have the capacity or cannot afford to stock the three doses of the vaccine, she says. If access is a problem, pharmacists are key to helping increase availability because there are generally more of them.

“The first step is to better understand why vaccination for HPV is low and to find out if it goes beyond access,” she says.

Dr. Rositch has learned things from her research in low-resource countries that she can apply in rural Maryland. Vaccine campaigns that promote vaccination during a specific time frame allow pharmacists and doctor’s offices to plan better, eliminating the need and associated costs for stocking the vaccine all year long.

“There are many evidence-based solutions we can try to improve HPV vaccination rates once we understand the problem better,” she says. “You can educate people about the benefit of vaccination all day long, but if they don’t have access to a vaccine, it’s not going to be helpful.”

What she learns in Wicomico and Washington counties will be used throughout rural areas of the state to improve HPV vaccination rates. Another HPV vaccination study she is conducting looks at two urban areas of the state—Baltimore City and Baltimore County—to better understand parents’ reluctance to have their children receive the HPV vaccine.

Dr. Rositch will administer in-depth surveys and telephone interviews with willing parents who have not initiated HPV vaccination for their age-eligible children to hear their concerns and offer suggestions that might make them more comfortable with the purpose and safety of the vaccine.

She says the number one reason parents typically give for not choosing vaccination for a child is safety concerns, particularly side effects. With more than 10 years of data about the safety of the HPV vaccine, she may be able to reassure some parents by sharing this information.

“We want to better understand parents’ sticking points. What concerns are preventing them from having their children vaccinated?” she says.

She also hopes to find out if pediatricians, family medicine providers and nurse practitioners are treating the vaccine differently than other childhood vaccines. Are they offering it to parents as they would other vaccines against infectious diseases, such as meningitis and Tdap (tetanus, diphtheria and pertussis)? If they aren’t, it sends a signal to parents that the vaccine is outside the norm, she says, and could be influencing vaccination decisions.

What she learns from the rural counties and Baltimore-based outreach will help her develop strategies aimed at improving HPV vaccination rates throughout our state.

“The HPV vaccine has the potential to prevent 90% of cervical cancers and about half of other HPV-associated cancer. That’s enormous,” says Dr. Rositch. “This is relevant to cancer and to the health of the citizens of our state.”

The questionnaire will be part of the standard check-in paperwork all patients complete when coming to Johns Hopkins for an appointment. With funding from the American Cancer Society, Dr. Rositch and her will begin with oh by patients but hope to make the questionnaire standard of care throughout Johns Hopkins.

When patients answer yes to any question, Hopkins Community Connection, a student organization designed to address essential needs, will address the needs via connections with community resources and benefit programs.

“We really see the whole health picture—not just of the patient, but of the family,” says Kristin Togel, Hopkins Community Connection’s program manager. “Families could have questions about their insurance, where to get food or how to get the lights back on. And, no matter who they ask, they’ll be connected to a resource to solve the problem.”

The pilot study is a special project for Dr. Rositch, as she is collaborating with Dr. Beavis, who monitored the study as a student and who has since earned a faculty position. Their work together is a model of the Johns Hopkins mission for mentorship and career progression.

In her fellowship training with Dr. Rositch, Dr. Beavis studied disparities in cancer care and was the first student she began addressing what she learned.

“It’s how we link research to having a real-world impact,” says Dr. Rositch. “Dr. Beavis is now addressing as a faculty member what she learned in her training to become a clinician-scientist.”

Dr. Rositch and Beavis will monitor the impact of the help patients receive from their care. Their goal is to have this outreach fully integrated throughout Johns Hopkins.

“We know there are persistent racial disparities in patient care. For example, Black women are less likely to get follow-up care for cervical and other gynecologic cancers,” says Dr. Rositch. “We want to understand what gets in the way of patients completing care and intervene to remove those barriers.”

The Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins
RESEARCH

Why Do African Americans Develop Pancreatic Cancer?

Pancreatic cancer is rare. "If you stand in a room of 100 people, 99% of the time, none of them will get pancreatic cancer in their lifetime," says Ali- son Klein, Ph.D., director of the National Familial / Pancreas Tumor Registry at Johns Hopkins. That's the good news. Despite its rarity, however, pancreatic cancer is one of the leading cancer killers. An astounding 80% of pancreatic cancers are diagnosed after the cancer has already spread, leading to its high mortality rates. An astounding 80% of pancreatic cancer is one of the leading cancer killers. An astounding 80% of pancreatic cancers are diagnosed after the cancer has already spread, leading to its high mortality rates. 80% of pancreatic cancers are diagnosed after the cancer has already spread, leading to its high mortality rates. 80% of pancreatic cancers are diagnosed after the cancer has already spread, leading to its high mortality rates. 80% of pancreatic cancers are diagnosed after the cancer has already spread, leading to its high mortality rates.

Pancreatic cancer is widely recognized as a high death rate cancer, but some studies, Dr. Klein says, show that it’s even worse for African Americans, indicating they are 20% more likely to develop this cancer than other racial groups. There are very few studies aimed at understanding the reasons, she says.

"We know that disparities in diagnosis and care are more prevalent among African Americans, and at least in some studies, African Americans who received quality care did better," she says. Dr. Klein believes that disparities and potential for African Americans to develop pancreatic cancer when pancreatic cancer causes diabetes. She knows that at least 10% of African Americans and at least in some studies, African Americans who received quality care did better," she says. Dr. Klein believes that disparities in diagnosis and care are more prevalent among African Americans, and at least in some studies, African Americans who received quality care did better," she says.

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the participants from the late 1990s until 2012. They found a 24% increase in the relative risk of developing cancer among participants with severe periodontitis compared with those with mild to no periodontitis. The highest risk was observed in cases of lung cancer, followed by colorectal cancer. Among patients who had no teeth which can be a sign of severe periodontitis or past periodontal treatment—the increase in risk was 28%, Dr. Platz noted. The association is not strong enough to recommend screening for risk of particular cancers based on a periodontal disease diagnosis, says Dr. Platz, “but we see a modest to moderate risk increase in cancer that seems to be holding up across studies, so perhaps dentists should say to their patients that there are risks related to periodontal disease, and this is one of them.”

The ARIC data was especially useful to study because, unlike previous research linking gum disease and cancer risk, periodontitis cases were determined from dental examinations performed at an entry into the study of the ARIC study rather than participants' self-reports of the disease, says Dr. Platz. The dental exams provided detailed measurements of the depth of the pocket between the gum and tooth in several locations in the mouth. (In general, deeper measurements indicate more advanced periodontitis.)

Dr. Platz says the research team was also able to account for the impact of smoking among the patients, since people who smoke are more likely to get periodontal disease, and smoking raises the risk of lung and colon cancers. “When we looked at the people who had never smoked in this group, we still saw evidence that having more periodontal disease was part of an increased risk of lung cancer and colorectal cancer,” she says.

Glynnetta Lewis, Community Advisory Board Member

This is Glynnetta Lewis’ first year on the Johns Hopkins Kimmel Cancer Center Community Advisory Board, but she is not new to community outreach. As a senior marketing executive for Radio One, she does not take lightly, says Ms. Lewis. She has more than 28 years of radio experience, starting in her hometown of St. Louis, where she developed her interest and honed her skills in community outreach. It was there that she organized the first Survivor Soul Stroll to raise awareness about breast cancer and funds for research. When she came to Radio One five years ago, she introduced the Survivor Soul Stroll to the Baltimore/ Washington audience and recruited the Kimmel Cancer Center as a title sponsor.

“Today campaign to raise awareness about colon cancer prevention and screening, and to guide listeners to screening services and, if needed, treatment

In Baltimore is twice the size of St. Louis, so I knew there was a great need we could serve,” she says. “Hospitals is world-renowned, and people come here from all over, but the history between Hopkins and the African American community has resulted in some broken relationships. As a community board member, she says she would like to “bring down those walls and reestablish better relationships to make this wonderful health care accessible to all of our community.”

With this aim in mind, the Kimmel Cancer Center joined forces with Ms. Lewis and Radio One on the Don’t Delay. Caring for you. Caring for your community. campaign, which runs throughout the month of September.
“We’ve done a good job with breast cancer awareness. The groundwork is established, so now we want to look at other cancer types, like colon cancer, impacting our community,” she says.

Ms. Lewis says she’s learning from the collaboration with the Kimmel Cancer Center, and that’s contributing to her ability to help the community.

“I’ve personally learned a lot since we started the Don’t Delay. Today campaign. I have close friends who have been diagnosed with stage 4 colon cancer. I wondered, did they get colonoscopies, and did they have any symptoms? This has become an even more personal mission for me,” she says. “We want to be ambassadors and make sure people understand the importance of getting a colonoscopy. We know there are people who don’t have the resources, and we are proud to work with Johns Hopkins to get information and help to the Black community.”

Her enthusiasm is unmistakable as she describes her desire to help the community. “As I get more involved, I become more inspired. It drives me,” says Ms. Lewis, who has personally experienced the pain of losing a loved one to cancer. “It’s crucial that we get these messages out.”

Future plans also include campaigns about preventing HPV infection, which is associated with most cervical cancers and a subset of head, neck and other cancers. She’d also like to help spread the word about clinical trials—research studies aimed at finding new and better cancer treatments. She wants to help people understand what they are, she says, so they know they are the way we get the medicines needed to treat and cure cancer and other diseases.

“Through the radio, we talk to more than 600,000 people each day,” says Ms. Lewis. “Working together, we have the potential to save a lot of lives.”

Theron Scott, Assistant Director of Community Education.
When it comes to connecting Johns Hopkins experts to the community, one can bet that Barbara Bates-Hopkins is at the center of it. A dynamo of activity, she makes connections that are improving the lives and health of the citizens of Baltimore. Ms. Bates-Hopkins, a relationship builder, and her growing group of volunteers and collaborators think of it and make it happen.

“We have to be out in the community to help the community,” she says. “I grew up in the community.” Many of her ideas for outreach are built upon her lifelong experiences.

“When I used to do community health education, we would go to community events and operate public market systems in Baltimore’s historic public markets,” Ms. Bates-Hopkins says. “This is how she has been connecting Johns Hopkins nurses and doctors, other professional staff and students to offer tips on cancer prevention, screening, detection, treatment and healthy living to the market. The program, which is supported by the Kimmel Cancer Center, Department of Epidemiology and Environmental Health and Engineering, Johns Hopkins Government Affairs, and the Johns Hopkins Institute for Clinical and Translational Research, has been recognized by the Maryland Department of Health and Mental Hygiene and the Maryland Cancer Collaborative, the group that implements the Maryland Cancer Control Plan. At each day at the Market, experts are on-site to engage with community members shopping or eating at the market to share information about cancer prevention and screening, the benefits of healthy eating, exercise and more.

They don’t just tell, they also show. Ms. Bates-Hopkins works with the vendors in the market to offer healthy cooking demonstrations, nurses are on-site taking blood pressures, and doctors and nurses explain cancer risk factors, ways to live a healthier lifestyle, cancer screening tests, how to get screened and clinical trials. Ms. Bates-Hopkins thinks of everything, recruiting bilingual volunteers to make sure no vendor or community member is excluded because of language barriers. Most importantly, she listens, to make sure she delivers the services the community needs.

“We have information we want to share with the community, but we also have to hear from the community,” she says. “We listen to them and bring the resources they request.”

Help finding jobs is one of the most frequent requests she gets. She connects people to Hopkins, local and diversity and inclusion initiatives aimed at increasing the number of city residents employed at Johns Hopkins institutions. Since so much of the job application process is done online now, Ms. Bates-Hopkins has volunteers ready to walk through the application process and help with resumes, which volunteers save to flash drives and provide to job seekers so they can go to their local library or computer cafe, plug in their flash drive, and apply for jobs.

Sometimes, someone approaches her with a situation—a need for a cancer procedure or help scheduling an appointment with a doctor. She listens and guides them through the process. Another time, a woman approached her about her upcoming breast cancer surgery. Ms. Bates-Hopkins held her hand as they talked. Just having someone who listened was uplifting for the woman, who left feeling better about the upcoming surgery.

“People used to whisper when they talked about cancer. We are working to change that. We want to be approachable and use friendly terminology so people feel comfortable asking questions about cancer and research,” she says. “Nothing can top people coming to Day at the Market and telling us what they learned from us at an earlier event saved their lives.”

The experts who come to each Day at the Market and the information provided may vary, but Ms. Bates-Hopkins is a consistent presence and at the heart of its success.

People leave Day at the Market feeling better and more relaxed, empowered with information they need to improve their health and well-being, and they come back because they know she will be able to guide them to whatever resources they may need that day.

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Closing the Gap in Prostate Cancer

Leadership Gift Launches Program to Improve Lives in Baltimore and Washington, D.C.

A new program at the Brady Urological Institute will combine research, education and community partnership to advance the understanding and outcomes of prostate cancer in Black men.

Set in motion by a $5 million commitment from the Fredrick D. and Karen G. Schaufeld Family Foundation, the Schaufeld Program for Prostate Cancer in Black Men aims to reduce the impact of the disease in African American men, particularly in the Baltimore and Washington areas.

“We fashioned and imagined a program that would be community facing and serving, scientifically based, and focused on promoting education, all integrated around the clinical work we do in Baltimore City and in the national capital region,” says Mohamed Allaf, M.D., director of the Schaufeld Program. “It’s a targeted approach to partner with the community to close a gap in outcomes in a disease that affects one in eight Americans.”

“Without partnering with philanthropists like Karen and Fred Schaufeld, the resources necessary to jump-start a program like this do not exist,” he adds. “We as a society, not just as academicians, really depend on and are thankful for the community of those who have done well, are looking to give back and are helping us impact change in a positive way in our community.”

Fred and Karen Schaufeld were introduced to Dr. Allaf and his team at Brady when Mr. Schaufeld underwent his own treatment for prostate cancer. As he started to understand more about the disease, Fred says he was struck by its particular outcomes in Black men.

“Johns Hopkins as an institution is such a blessing for men of all races with prostate cancer throughout the world. But let’s face it: Home base is here in Baltimore. This is an opportunity to increase this blessing to men who conveniently happen to be represented in this local community,” Fred says.

“When I was in college, my father died at a young age from prostate cancer, so we know how devastating this can be to a family,” he adds. “When we learned that statistically, Black families suffer dramatically worse effects from aggressive prostate cancer, it became obvious we could show our gratitude in a focused and effective way. While we are specifically targeting improving the lot of Black men, and particularly those in the Baltimore and Washington areas, we realize this work can also improve the lot of white men or men of any race in any geography, and we want that too. We’re trying to create a better situation for everybody.”

Prostate cancer is about twices as common in Black men as other populations and 2.5 times more lethal. Access to care plays a major role in the health disparity, Allaf notes. “They’ll take the time to focus on preventive care; they’ll take the time to get a diagnosis,” he explains. “But in the United States as a whole, Black men who are stage 2 have an increased risk of dying from prostate cancer when compared with white men who are stage 2.”

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Potential biological differences may also play a role in the disparity, says Tamara Lotan, M.D., the program’s co-director. Her lab studies molecular biomarkers—genetic changes that happen in the prostate tumor. “We’re trying to better understand and the contribution of both of those components. From a biological perspective, prostate cancer arising in men of Black descent has been really understudied,” she adds, saying that Johns Hopkins has a significant number of archived prostate cancer specimens. “Having resources to carefully study these cases is a significant advancement on the research side of this program.”

The Schaufeld Program will also partner with departments across Johns Hopkins to bolster the next generation of physicians and scientists. Postbaccalaureate students will work in labs to gain research experience, with the goal of better understanding prostate cancer in Black men. “They’ll also be exposed to important questions around increasing the diversity of the types of patients studied, Dr. Lotan says.

“The educational component of this program will tap into an amazing resource of more diverse scientists and scientific training,” she adds.

For Dr. Allaf, the opportunity to partner with members of the Baltimore and Washington communities is the program’s most exciting facet. That partnership won’t just facilitate greater access to prostate cancer prevention and treatment; it will also enable patients to have a better understanding of their diagnosis and make more informed decisions about their care.

Communication around treatment options can be challenging, particularly for patients without ready access to a primary care provider. The program’s community partnership will give providers the opportunity to determine how to best deliver complex information.

“Our goal is that—regardless of race, socioeconomic status or geography of where they live—all men have the information they need so they feel empowered to make an informed decision about their own care.”

— Dina Lansky, M.S.N., R.N.

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“The Schaufeld Program, which launched in July, has the long-term goal of inspiring co-investors and attaining extramural funding from government and other sources to ensure all men have equal access to prostate cancer care.

“This program is an important step in understanding why prostate cancer is so common in Black men. The work will also take steps to improve health equity for this disease,” says Paul B. Rothman, M.D., dean of the medical faculty and CEO of Johns Hopkins Medicine: “As we have seen during the pandemic, not everyone in this country has had equal access to high-quality health care. We are working to remedy that, and this program is part of our effort.”

For more information on the Schaufeld Program, visit hopkinsmedicine.org/urology/schaufeldprogram.
A newly recruited nurse navigator and patient navigator, funded through the Kovlers’ gift and based at Sibley Memorial Hospital, further support patients and families from these underserved communities by being by their side during their care at the Kimmel Cancer Center at Sibley Memorial Hospital.

The Kovlers were inspired to get involved to ensure that everyone has equal access to excellent health care. As active members of the Sibley Memorial Hospital Foundation Board of Trustees and Kimmel Cancer Center National Advisory Board, the Kovlers joined with Cancer Center leadership to make outreach to underserved communities a priority.

“We and other family members have been treated at Hopkins and Sibley throughout our lifetimes. Our grandchild- dren were born at Sibley. We are so grateful for the excellent care our family members have received and feel it’s only fair that everyone should have access to that kind of treatment,” says Dr. Judy Kovler, who is also chair of the Sibley Memorial Hospital Foundation Board of Trustees.

“The why can’t everyone have this kind of care?” she asks.

As they learned more about cancer disparities, increased incidence and poorer survival plaguing minority communities, the Kovlers, who have lived in Washington, D.C., for more than 50 years, wanted to help.

They were impressed that William Nelson, M.D., Ph.D., director of the Kimmel Cancer Center, had not just recognized the need in communities but also worked to put in place experts who could address these needs. Among those Dr. Nelson recruited to develop a plan to reduce cancer disparities among low-income, minority communities was Otto Brawley, M.D., former chief medical and scientific officer of the American Cancer Society and a leading authority on cancer screening and prevention. Dr. Brawley joined the Kimmel Cancer Cen- ter in 2019 as a Johns Hopkins University Bloomberg Distinguished Professor.

Additionally, Ashwani Rajput, M.D., a recognized surgical oncologist and translational investigator, was recruited to lead the Kimmel Cancer Center in the national capital region. His leadership has grown engagement, including establishing collaborative programs throughout Washington, D.C., designed to improve access for patients and families living in Wards 5, 7 and 8.

“This concept for change is only the beginning. ‘You need the right people,’” says Mr. Kovler. “Dr. Brawley is the world’s most distinguished figure in medicine, particularly in understanding the needs of minority communities. We were also impressed with Dr. Nelson’s leadership in bringing the Kimmel Cancer Center into D.C. and Dr. Rajput’s ideas for elevating care throughout the city. It was the perfect team at the per- fect time—a great combination of good ideas and talented people.”

Educated about the need, impressed by the team and confident in the solutions proposed, the Kovlers were committed to providing the support that would lay the groundwork for building healthier communities.

“The Kovlers have a history of stepping up to combat challenging problems at difficult times. Within days of the 9/11 attacks and impending threat of anthrax attacks, they made gifts to bacteriologist researchers at the Johns Hopkins Bloomberg School of Public Health and other local hospitals in and around Washington, D.C. Similarly, when the COVID-19 pandemic hit, they again made donations to support local communities and hospitals in need. “The Kovlers have a history of stepping up to combat challenging problems at difficult times. Within days of the 9/11 attacks and impending threat of anthrax attacks, they made gifts to bacteriologist researchers at the Johns Hopkins Bloomberg School of Public Health and other local hospitals in and around Washington, D.C. Similarly, when the COVID-19 pandemic hit, they again made donations to support local communities and hospitals in need.”

The new program works to address cancer and treat- ment-related side effects close to these patients’ homes.

A unique collaboration with Unity Health Care to bring cancer screenings, evaluation and navigation to under- served communities in Washington, D.C., is getting much-needed support from Johns Hopkins’ supported philanthropists to Johns Hopkins.

For Public Health

Training Fueled by Passion

Isaac Kinde, M.D., Ph.D., says he knew by fifth grade that he wanted to work in medical research. His path was greatly inspired by his father, a veteri- narian, and his mother, a math teacher, and oddly enough, by a bout with diarrhea. “My dad took a stool sample from me and took it to his lab. He was able to determine that I did not have a run-of-the-mill in- fection—I had salmonella,” re- calls Dr. Kinde. “It was pretty cool that my dad was able to figure something out about my health status by taking a sample from me.”

Fast forward about 15 years, and the first research project that he did as a graduate student working in the Kimmel Cancer Center was working on a way to detect colon cancer from stool. “It was full circle,” he says.

He describes his training advisors and mentors—Bert Vogelstein, M.D.; Ken Kinzler, Ph.D.; Nickolas Papadopoulos, Ph.D.; Luis Diaz, M.D.; and Shibin Zhou, M.D., Ph.D.—as world-renowned experts in cancer genetics and thera-peutics. Dr. Kinde helped them invent a biomarker technology called Safer Sequencing System, or SaferSeqS, which reduces the error rate of DNA sequencing. In 2012, he was honored among Forbes’ 30 Under 30 in science and health care.

“Being able to work with the best people in the field and to hear them talk about how we go about saving lives from cancer deaths—my path was clear,” says Dr. Kinde. “I was excited to work on applying this technology because I could visualize quite easily what the impact would be. I just wanted to get started,” he says.

Today, he is co-founder and head of research and innovation at Thrive, an Exact Sciences Company (his former precursor), a biotech startup launched in May 2019. Dr. Kinde is working to bring to market the technology he helped invent. Thrive plans to commercialize a liquid biopsy test initially developed by Kimmel Cancer Center researchers called CancerSEEK, which uses SaferSeqS to help detect cancers earlier through a routine blood draw. Dr. Kinde is driven by how to get reliable results in physi- cians’ hands quickly. This drive is fueled by his passion for public health and a nearly lifelong interest in science and technology.
At an early age, Jelani Zarif, Ph.D., had an interest in science. He participated in his annual school science fair and wondered how and why many things around us worked. His interest in cancer and cancer research was sparked in high school, when he began working as a certified nursing assistant at a nursing and rehabilitation center in Chicago. “Some patients recovered from therapies without relapse of disease, and some, unfortunately, did not,” he recalls. “These experiences inspired me to want to understand cancer and how we can treat cancer better.”

He is now a CURE K22-funded and Maryland Cigarette Restitution Fund at Johns Hopkins-supported researcher working within the Cancer Immunology Program to identify ways to circumvent cancer immune evasion and to activate anti-tumor immune responses in advanced cancers. “The goal of our research is to identify novel immuno-therapeutic targets and approaches for treating advanced prostate cancer, specifically bone metastatic prostate cancer, for improving patient survival,” he says.

As a CURE (Continuing Umbrella of Research Experiences) scholar, Dr. Zarif is among an elite group of scientists who are from the populations that are traditionally underrepresented in science careers—and are working to produce research that can successfully reduce that burden. He was also a member of the steering committee that contributed to the American Association for Cancer Research’s inaugural Cancer Disparities Progress Report, described as a collective effort of a number of the world’s foremost thought leaders in cancer health disparities research and a guide for how research questions can help address and close these gaps. Kimmel Cancer Center Director William Nelson, M.D., Ph.D., was also a steering committee member. “Many cancer disparity gaps have persisted for decades,” says Dr. Zarif. “We hope this report will serve as a guide for how research questions can help address and close these gaps.”

We want to give these resources to all of our JHCP offices. Any patient interested would have an opportunity to speak to one of our community health educators for guidance on healthy habits that reduce cancer risk.”

—Otis Brawley, M.D.
A Community Working Together for Good

Controlling Colon Cancer: African Americans die disproportionately from colon cancer. Maryland Cigarette Restitution Fund at Johns Hopkins researcher Norma Kanarek, M.P.H., Ph.D., identified a higher death rate among African American men living along the I-95 corridor from Prince George’s County to Baltimore. Collaborating with Kimmel Cancer Center community outreach and engagement director Otis Brawley, M.D., Bloomberg Distinguished Professor; the Maryland Department of Health Center for Cancer Prevention and Control; and Radio One, the DontDelay.Today campaign for colon cancer prevention and early detection among African Americans was initiated. The initiative, promoted by Radio One, directly addressed a problem identified among African Americans. The Johns Hopkins Kimmel Cancer Center, is a national leader in cancer treatment, research, and community outreach, providing convenient access to care for patients across the region and beyond.

Diversity in Radiation Oncology: CurtLand Deville, M.D., Proton Therapy Center medical director and clinical director of radiation oncology at the Johns Hopkins Kimmel Cancer Center at Sibley Memorial Hospital, is working to increase racial diversity among radiation oncologists, serving as a mentor and speaking at universities and before student organizations. He also studies how racism and social injustice manifest into health inequities. He is excited about partnering with other doctors in the national capital region, led discussions and an interactive exchange on urgent issues of race in medicine.

A New Professorship

We are grateful to Amy and Michael Barry for their commitment to naming Kenneth Kinzler, Ph.D., as the inaugural Barry Family Professor of Oncology during a virtual installation in June. As co-director of the Ludwig Center at the Johns Hopkins Kimmel Cancer Center, Dr. Kinzler is focused on deciphering the genetic underpinnings of human cancer and has identified several key genes that appear to drive tumor formation, including APC, the gene that initiates virtually all colorectal tumors. He developed approaches that helped launch the field of liquid biopsies and early cancer detection, including broad-based, multicancer blood tests that may soon be available in doctors’ offices around the country as a noninvasive way of detecting cancer very early in a curable stage. Dr. Kinzler has authored more than 400 peer-reviewed articles on the molecular analyses of cancer, holds more than 125 patents, and serves as a member of the National Academy of Sciences, the National Academy of Medicine, the American Academy of Arts and Sciences, and the National Academy of Inventors.

Understanding Cancer

Ashani Weeraratna, Ph.D., was recognized by the National Cancer Institute (NCI) as part of its commemoration of the National Cancer Act 50th anniversary. She was recognized for research that is “accelerating our understanding of cancer into the future.” Dr. Weeraratna found that there are age-related differences in how people respond to certain cancer treatments. In profiling her, NCI characterized this research as “a groundbreaking finding now reshaping clinical practice.” As a skin cancer researcher, Dr. Weeraratna has led public health initiatives to install sunblock dispensers in public places and to teach children about the dangers of sun exposure. A Sri Lankan who grew up in Lesotho in southern Africa before emigrating to the United States, Dr. Weeraratna is a fierce advocate for the contributions of immigrant scientists. She has spoken passionately about her experiences with racism and harassment in this country, and about her belief in the American dream. Dr. Weeraratna, the E.V. McCollum Professor and Chair of Biochemistry and Molecular Biology at the Bloomberg School of Public Health, a Bloomberg Distinguished Professor of cancer biology, professor of oncology, and co-director of the Cancer Invasion and Metastasis Program at the Kimmel Cancer Center, is a champion of and mentor for junior faculty members, women and people of color in science.

Breaking News >>

Two Kimmel Cancer Center researchers – Ashi Weeraratna, Ph.D. and Nilo Azad, M.D. – were among the seven scientists appointed to the National Cancer Advisory Board by President Joe Biden.

More on the Web

Cancer Disparities with Dr. Otis Brawley: Subscribe to the blog: cancer-matters.blogs.hopkinsmedicine.org

Your Health, Our Priority: The Johns Hopkins Kimmel Cancer Center is in the community. We have an obligation to serve and educate the community, and to ensure that new discoveries and knowledge are disseminated at the community level. Visit our website: hopkinsmedicine.org/community_outreach_engagement.

Follow us on social media: facebook.com/KimmelCDE
Our COVID-19 Response

Unquestionably, 2020 and 2021 have been framed by the COVID-19 pandemic and the human and financial toll it has taken in Maryland and around the country and the world. Amid these challenges, there were triumphs.

Cancer doctors and researchers were among the Johns Hopkins experts who led efforts to understand and contain this novel virus. Around the country and here at home, cancer experts sprang into action, rapidly launching projects that advanced testing and proposed lifesaving therapies.

During this time, our doctors and nurses cared for many patients transferred from other hospitals and clinics throughout the state who could not care for COVID-19-positive patients. We worked collaboratively with Maryland elected officials and our colleagues at the University of Maryland to construct a field hospital to address the additional need. Other cancer care providers across the nation and the world turned their attention to new challenges and adapted by other cancer care providers as well.

Our experts are caring for many patients transferred from other hospitals and clinics that do not have the infection control capabilities to care for COVID-19-positive patients.

Our providers implemented innovative measures to ensure the safety of our patients, their families and care teams. Even during these challenging times, we continued to provide care for patients receiving active therapy and those already enrolled in clinical trials. When possible, trials were modified to decrease the total number of visits to the Cancer Center, and care was delivered remotely and safely via telemedicine appointments.

Working together, our providers created guidelines for treatment to prevent cancer patients from contracting COVID-19 and to help those infected with the virus safely continue cancer therapy. These guidelines were shared and adapted by other cancer care providers across the nation and the world.

Our leadership and experts also turned their attention to new challenges resulting from the pandemic. As is often the case, the most vulnerable—the poor and disenfranchised—suffer the most. Recognizing that some have missed cancer screenings and delayed addressing symptoms, our community outreach and engagement team is collaborating with our partners in the community, state and local health departments, and other national thought leaders in cancer health disparities research, working together to save lives through screening and early detection.

Progress Through Pandemic

Protecting Patients While Continuing Care: The Kimmel Cancer Center opened a Curbside Shot Clinic—a drive-up treatment delivery system—for outpatients and a special Urgent Care Bio Clinic for cancer patients infected with COVID-19.

Testing Kits: A trained team made tens of thousands COVID-19 testing kits in a Kimmel Cancer Center lab uniquely outfitted to meet special quality control standards required for manufacturing pharmaceutical products. Research laboratories throughout the Cancer Center donated supplies needed to complete the kits.

Radiation Oncology: Biocontainment simulation and treatment rooms were established for adult and pediatric patients at all five of our Kimmel Cancer Center radiation oncology sites. Those rooms were set up with special air flow and filtering to care for patients with infectious diseases, keeping them safe and cared for while preventing the spread of infection to other patients.

Our experts are caring for many patients transferred from other hospitals and clinics that do not have the infection control capabilities to care for an earlier stage to prevent the acceleration of their COVID-19 disease.

Preventing Lethal Outcomes: Experts worked to identify which COVID-19 patients would need medical interventions to save their lives versus those likely to recover naturally. Although most people recover from COVID-19, some patients take a dramatic downhill course that is often lethal. A new analysis of white blood cells is being developed to identify individuals who need intervention at an earlier stage to prevent the acceleration of their COVID-19 disease.

COVID-19 Therapy Explored

Researchers found that the drug prazosin, an alpha blocker most commonly used to treat high blood pressure and prostate enlargement, could prevent an inflammatory process called cytokine storm syndrome, which is often associated with an overproduction of immune cells that causes lung inflammation and serious respiratory problems. The cytokine storm syndrome disproportionately affects older adults with underlying health conditions and is associated with severity and death in COVID-19.

Giant and Hyundai Aid COVID-19 Response

Giant Food and Hyundai are longtime supporters of pediatric cancer research and treatment at the Kimmel Cancer Center. Their donations helped Johns Hopkins advance the tools of telemedicine.

"It has provided us with the tools necessary to continue delivering personalized care in an environment conducive to ensuring that our young patients stayed safe from the threat of SARS-CoV-2, despite awaiting vaccine approval, while also experiencing immune system vulnerability stemming from their treatment plans," he says.

Dr. Small credits their support of patient care in helping Johns Hopkins to advance the tools of telemedicine.

"Across the scope and severity of the pandemic, our ability to protect our patients has required reimaging the way in which we conduct clinical care," says Donald Small, M.D., Ph.D., director of pediatric oncology and the Kyle Haydock Professor of Oncology. "The support of Giant Food, Hyundai and others has made it possible to devise innovative ways to safely care for patients."

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Roger was diagnosed with an aggressive form of prostate cancer at a community hospital in Elkton. With no oncologist on staff, three months passed, and he still did not have a treatment plan. At the suggestion of family and friends, Roger came to Johns Hopkins where the entire team of prostate cancer experts collaborated on his case, and he had a treatment plan after a single visit. “I don’t know what we would have done without Johns Hopkins,” says Roger.

Daniel’s lymphoma was detected during a routine physical. His doctor sent him to Johns Hopkins. “I was really scared, but I met people from all over the state and the country who were being treated there and saw that Hopkins was doing great things for cancer,” he says. Before and after treatment, he had received care at Johns Hopkins, and his lymphoma has been in remission.

Jan’s doctor told her she had a rare type of leukemia and that Johns Hopkins was the only place with doctors who could treat it. Seven years later, she remains cancer free. “I felt so lucky to live in Maryland.”

John’s colon cancer returned and spread. “My doctor said there was nothing they could do for me, and told me to go to Johns Hopkins. I did, and now one of my tumors has shrunk by 50% and the other is barely visible,” says John.

Kimmel Cancer Center:
Caring For All Marylanders
The Kimmel Cancer Center treats patients from every county in Maryland.

Patient numbers are from 2018. Patient testimonials are for care provided 2001-present.

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