I’m a planner,” Lillie Shockney, M.A.S., says with a mischievous smile as she discusses her “retirement” from Johns Hopkins Medicine after an exemplary career of nearly 36 years as patient educator, advocate and, since 1997, the administrative director of the Johns Hopkins Breast Center. “My mother always says, ‘When Lillie has a plan you either help her or get out of the way.’”

A fighter who twice beat back her own bouts with breast cancer, Shockney planned her Nov. 1 retirement in ways that allow her to spend more time with family—especially her two grandchildren—while staying involved with many of the philanthropically supported patient-centered programs she helped develop and launch. “We’ve been moving at such a fast pace for the past 35 years that I never paused to look at what we’ve accomplished,” says Shockney. “We’ve always been looking ahead for the next big thing that can make patient care better.”

Shockney and her colleagues in the Department of Surgery and the development office have accomplished a lot together, including:

- The oncology nurse navigator service that helps patients skip over obstacles and receive the care they need and deserve
- The breast surgical oncology fellowship that is training the next generation of superspecialists
- The Managing Cancer at Work program (originally designed by Shockney and Terry Langbaum, M.A.S., former chief administrative officer of the Johns Hopkins Kimmel Cancer Center, to support Johns Hopkins faculty, staff and family members’ management of their work life during cancer treatment), which has been packaged and sold to more than a dozen major businesses and corporations including Nissan, Pitney Bowes and Novartis
- The cancer survivorship support and metastatic cancer retreat programs that help patients, partners and caregivers plan and manage for what is the most important battle of their lives
  “The patient is more than their pathology,” says Shockney, explaining that the goal of all these programs is to support patients along their paths to recovery or end of life. “All of our patients had a life before diagnosis. They need to continue to live their lives during treatment. And, if they are going to be successful, they need to plan for their life after treatment. We want that life to become even more rewarding than their life was before. And for those forced to succumb to this disease, we need to help them plan for it to ensure they and their families are prepared.”

In September, Shockney hosted the 20th semiannual Johns Hopkins weekend retreat for metastatic breast cancer patients and their spouses/partners. In recent years, she has shared the benefits of the event by helping institutions in more than 10 states plan their own retreats.

“I didn’t have money when we started,” Shockney says with a grin. “Everything we’ve done these past 22 years has been with money that we’ve raised with our philanthropic partners. Where there’s a will there’s a way. And when passion and purpose have the opportunity to join together, extraordinary things will always happen.”

Legacy Fund to Support Innovative Patient Advocacy Initiatives

As a capstone to Lillie Shockney’s amazing career as an advocate for patients with breast cancer, she wishes to create a legacy endowment fund to support patient advocacy initiatives. Her vision is to provide grants to faculty and staff in the Johns Hopkins Department of Surgery to implement innovative ways to improve cancer patient care and promote patient advocacy. The internal grants will support projects from multidisciplinary oncology teams that are focused on patient-centered care, survivorship work, advanced cancer patient care, and psychosocial support for patients and families.

To make a gift in support of the Lillie Dierker Shockney Endowed Legacy Fund, visit bit.ly/surgerygift.

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Expanding the Kidney Donor Pool with Hepatitis C-Positive Donors

Each year in the U.S., some 500 kidneys are deemed ineligible for donation and are discarded because they came from deceased donors who are hepatitis C-positive. Transplanting these organs into recipients who are virus free has been generally considered too high risk, and only a tiny fraction of patients awaiting kidney transplant are infected with the virus.

A recent study led by Johns Hopkins suggests that direct-acting antiviral prophylaxis before and after transplantation could significantly alter the landscape of organ transplantation from hepatitis C-infected donors to noninfected recipients. In a study of 10 virus-free patients who received hepatitis C-infected kidneys, none developed clinical signs of chronic hepatitis C infection in the three months following surgery, and all have continued to remain free of the infection.

Over the last decade, the treatment of hepatitis C has undergone a major transformation, propelled by a generation of new drugs that are more potent and cause fewer side effects. Now, a disease that was previously difficult to treat—requiring weekly injections of drugs with significant toxicities for many patients—and quite challenging to cure, can be treated with drugs that carry few side effects and result in cures for the vast majority of patients.

This paradigm shift led Johns Hopkins physicians Niraj Desai and Christine Durand to explore whether the new hepatitis C drugs could also be used to improve the utilization of hepatitis C-positive kidneys for transplantation. “In this era of organ shortages, it’s difficult to watch good organs get discarded,” says Durand. “This was a great opportunity to take a neglected public health resource and put it to good use.”

Desai and Durand are deeply encouraged by the EXPANDER trial’s results. They seek to extend their initial findings through a larger, multicenter trial. If this early success continues, it could propel the availability of more organs for the nearly 100,000 people in the U.S. now waiting for a kidney transplant. In addition, this novel approach could be expanded to other organs, including the heart, liver and lungs.

“Right now, most of the usable organs from donors with hepatitis C are discarded,” says Desai. “Figuring out how to use these kidneys is a way to do more transplants and save more lives.”

NEW FACULTY AND APPOINTMENT

Bashar Safar has been appointed chief of colorectal surgery. He succeeds colorectal surgeon Jonathan Efron, who has been appointed the director of the Office of Johns Hopkins Physicians.

Safar’s clinical focus includes colon and rectal cancer, inflammatory bowel disease and benign anorectal disorders. He has a particular interest in surgical management of complex Crohn’s disease and ulcerative colitis. His research interests include surgical outcomes of inflammatory bowel disease and establishing quality improvement measures for the surgical treatment of inflammatory bowel disease.

Richard Burkhart joins Johns Hopkins as a hepatopancreatobiliary surgeon in the Division of Surgical Oncology and the Division of Hepatobiliary and Pancreatic Surgery. His primary areas of focus include complex minimally invasive surgery and research for cancers of the pancreas, liver and bile ducts.

His current research examines precision medicine initiatives in cancer care. He has a particular research interest in using personalized models of pancreas cancer, made from each patient’s tumor after surgical resection, to select the best chemotherapy in hopes of increasing survival and rates of cure.

Haniee Chung is a colorectal surgeon within the Department of Surgery and an assistant professor of surgery. Chung’s clinical focus includes colon and rectal cancer, inflammatory bowel disease and benign anorectal disorders. Her research interest focuses on global health and improving access to surgical care in underserved areas and has completed service trips with the Surgical Outreach for the Americas to Dominican Republic and El Salvador.

Alodia Gabre-Kidan joins Johns Hopkins as a colorectal surgeon and an assistant professor. Gabre-Kidan brings experience performing a variety of surgical procedures including minimally invasive options. Her areas of expertise include treatment of anal cancer, abscesses, colorectal cancer, fecal incontinence, hemorrhoids, Crohn’s disease, ulcerative colitis, diverticular disease and rectal prolapse.

Her research interests include readmission and mortality after colorectal surgery, outcomes of rectal cancer in octogenarians and nonagenarians, medical and surgical treatments of necrotizing enterocolitis in infants, pediatric perforated appendicitis and pediatric inpatient mortality rates by procedure and specialty.
Helping others has always been a way of life for Emily McCarthy. As a teenager, she was a member of the International Order of the Rainbow for Girls, a youth organization that teaches leadership through community service.

And since 1973, she has been one of 21,000 members of the Pennsylvania Grand Chapter of the Order of the Eastern Star, which strives for unselfish giving for the good of the world.

This year, McCarthy is the Worthy Grand Matron in the organization, which allowed her to designate where some of the money raised by the Matron in the organization, which allowed her to designate where some of the money raised by the Order of the Eastern Star was donated. She chose liver and pancreatic cancer research at Johns Hopkins Medicine.

“A single gift in 1873 from our founding benefactor, Johns Hopkins, inspired a revolution in American medicine. The Johns Hopkins Legacy Society honors Mr. Hopkins and welcomes those who make their own legacy gifts to secure the financial future of Johns Hopkins Medicine. There are many ways to become a member: Include Johns Hopkins in your estate plan, designate us as beneficiary of a retirement plan or life insurance policy, or give in a way that also provides income to you. To learn more about these and other creative ways to give, visit rising.jhu.edu/giving, or contact the Johns Hopkins Office of Gift Planning at 410-516-7954/800-548-1268 or giftplanning@jhu.edu.”

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Phyllis Mindell, 81, still recalls the coats her father Sol Gross made out of remnants of Persian lamb in a rented New York loft. Despite his allergies, he'd patch the scraps together, in 10-inch strips, to create coats to sell at modest department stores.

“He was an unsuccessful furrier, it was the worst possible thing for an intellectual,” Mindell says from her home in Washington, D.C.

At the time, however, the world, and with it the Gross family, was being battered by the Great Depression.

“You did anything you could to make a living,” she says.

The family lived frugally, but there was one thing Sol and Esther Gross always had money for: charity. Before taking a trip in the late ‘60s, Mindell’s father brought an envelope to her house and placed it in a book. Were something to happen to him, she was to send it to the address marked on the envelope.

“When he returned, he took the envelope and mailed it away,” says Mindell, who’d been unaware her father had been helping support a less-fortunate family overseas.

This compassion left a mark on Mindell, a writer who ran a successful business teaching advanced communications.

Over the years, she’s given to various organizations and recently started the Mindell Family Fund to support the research, education and clinical work of three Johns Hopkins Medicine physicians.

Lisa Jacobs, a surgeon and one of Mindell’s physicians, explains, “All faculty members have gift funds. They give us flexibility to work on our research and make discretionary decisions related to it.”

After discovering a lump in her left breast, Mindell’s internist advised her to immediately visit a world-class breast health center with rapid diagnosis and treatment.

“You’re going to Baltimore,” he told her.

Within two days of arriving at The Johns Hopkins Hospital, Mindell was seen and evaluated by radiologist Nagi Khouri, received a breast biopsy establishing she had cancer, then worked with Jacobs and plastic surgeon Justin Sacks on a treatment plan.

Mindell opted for surgery, followed by surgery and radiation after a second occurrence. She has been cancer-free for three years under the watchful eye of Jacobs.

“Everything about my experience has been perfection: the organization, the timing, the short wait, the pleasant demeanor of everybody—and it’s for those things and for those people that my gratitude goes with a full heart,” says Mindell.

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The first nurse at Johns Hopkins to become a full professor in the school of medicine, Shockney will continue to teach part time as well as actively participate in grant activities and philanthropic support to maintain these many programs. “I’ve always been very miserly with how we spend these funds,” she says. “I’m very respectful of the trust people put in us to carry out our work.”

Today, she no longer suffers from abdominal pain and sees Weiss for semiannual checkups. She continues working as a nurse case manager and serving through the Order of the Eastern Star.

“Many members of our order have been touched by the medical diseases Dr. Weiss’ practice is based on,” says McCarthy. “That is why we were able to raise the donations. It is a wonderful facility and has always been on the cutting edge.”

Her gift allows Khouri, Jacobs and Sacks to use the funds as they see fit to further their research and education efforts, which include interventional breast procedures and tomosynthesis, methods to improve the awareness and care of melanoma patients, and ways to improve the body’s tolerance of donated tissue.

Today, Mindell travels, writes, volunteers and spends time with family and friends. She recently established three named charitable funds that can grow beyond her lifetime. They include the Mindell Family Fund in the Department of Surgery for Jacobs, the Mindell Family Fund in the Department of Plastic and Reconstructive Surgery for Sacks, and the Mindell Family Fund in the Russell H. Morgan Department of Radiology and Radiological Sciences for Khouri.

“It’s time to think of legacy to ensure that Johns Hopkins Medicine flourishes and continues its research, education and clinical service.”

To make a gift in support of the Johns Hopkins Department of Surgery, please visit bit.ly/surgerygift.