



Drs. Timothy and Shayna Showalter have developed a groundbreaking radiation therapy program, the first of its kind in the nation.

## Returning to Normal Life Faster

### UVA Pioneers Radiation Therapies For Breast, Prostate Cancer

Imagine being able to treat breast cancer in a single day.

What used to take weeks of radiation treatment can now be done in one day for some women with early-stage breast cancer at UVA Cancer Center, thanks to the efforts of Drs. Shayna and Tim Showalter and the latest technology for image-guided radiation therapy. UVA is among the first cancer centers in the U.S. to offer this new treatment—giving patients a chance to return to their normal lives faster.

“Tim and I started the breast intraoperative radiation program, the only one of its kind in the nation,” explains Shayna Showalter, MD, a surgeon who specializes in the surgical management of breast cancer. “It’s a unique

opportunity for patients because it allows them to have their surgery and radiation all in one day, versus having surgery and then the traditional six weeks of radiation.”

The new therapy uses CT-based, three-dimensional radiation planning to deliver a personalized treatment through high-dose-rate “brachytherapy.” During brachytherapy, radioactive sources are placed in or near a tumor. These sources deliver a high dose of radiation to tumors, but minimize the surrounding healthy tissues’ exposure.

CONTINUED ON BACK COVER

### SPOTLIGHT

**Shayna Showalter, MD** Surgical Oncologist  
**Timothy Showalter, MD** Radiation Oncologist



## DEAR FRIENDS

**Cancer** is a national fight with local implications. It is our job at UVA Cancer Center to leverage our expertise—and our national partnerships—to make an impact on our community.

In this issue of *Investing in Hope* you'll learn about exciting programs at UVA that address the needs of our patients and their families. Roger Anderson is marshalling our resources to improve access to care and even help prevent cancer before it occurs in at-risk populations. Erika Ramsdale, one of Virginia's only geriatric oncologists, is helping define what treatments work best for older patients, and training others on how best to care for an aging population. And our cover story, featuring Shayna and Tim Showalter, highlights two groundbreaking clinical trials to help cancer patients return to their normal lives faster after treatment.

Every day at UVA we explore how a local cancer center responds to a national challenge. With your continued support we are building better models of care that benefit us all.

All the best,  
Tom Loughran, Jr., MD  
Director, UVA Cancer Center

# Stopping Cancer in its Tracks

## UVA Reaches Out to At-Risk Populations

**W**hen it comes to cancer, it matters who you are. You may have a greater chance of dying from the disease depending on your income, education level, race, gender, or even if you live in a rural or urban area.

Roger Anderson, PhD, associate director for Population Sciences and co-leader for Cancer Control and Population Health at UVA Cancer Center, is working to change that.

“Virginia is a challenging state because of its diversity,” says Anderson. “Some people need better access to care; others have problems getting to appointments or paying for care. How can we help? A one-size-fits-all approach doesn't work.”

Cancer control research identifies at-risk populations and develops intervention strategies designed specifically for these groups. The goal is to reduce cancer risk, boost access to optimal treatment, and support cancer survivors in our communities.

“We want to give people the knowledge, skills, and access to care that works best for them.”

**Improving Outcomes for Patients**  
Anderson didn't start his career in population research, or even oncology. A cardiovascular researcher, Anderson was

interested in health disparities amongst cardiac patients. One day he was asked to collaborate on a project studying access to breast cancer care among the Medicaid population in North Carolina.

“I found this was really important work—and it all began with a phone call.”

At UVA, Anderson will look for ways to expand population sciences research in cancer by helping leverage our strengths, such as our telemedicine program—recently ranked first in the nation. He will look for opportunities to connect cancer researchers with community partners to provide access to screenings and care for cancer patients in their communities.

“If we can diagnose cancer earlier in at-risk populations, we can improve outcomes for patients and their families.”

At the same time, Anderson will work on several research projects. He's collaborating with UVA School of Nursing faculty member Jessica Malpass, PhD, RN, to study the effectiveness of HPV vaccine campaigns in reducing ovarian cancer incidence and deaths. He is also the lead investigator on an NIH grant to identify patterns of late-stage breast and colorectal cancers in Appalachia.

“The promise of better care starts with us,” Anderson believes. “At UVA Cancer Center, by combining our research dedication and excellent services, we can help prevent cancer in at-risk populations and support our patients and their families within their communities.”

“

*How can we help?  
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—ROGER ANDERSON, PHD

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should be well known, especially given the rapidly aging population in the U.S. Unfortunately that’s not always the case. “There is a dearth of data for older individuals,” says Ramsdale. “We just don’t know exactly how they will react to some cancer treatments.”

Ramsdale will also offer consultations to older cancer patients in rural areas of Virginia who may not be willing or able to travel to UVA. She will train staff to conduct the assessments, and then communicate by phone with the physician to provide personalized recommendations for these patients.

Her work generates new prospective data aimed at understanding outcomes in older patients who may be suffering from heart disease, diabetes, or other health problems that may complicate the cancer diagnosis. She also assesses the impact of issues such as cognitive impairment, poor functional or nutritional status, and psychosocial challenges that can interfere with a patient’s ability to tolerate or manage cancer treatment.

“Our goal is to avoid under treating patients because we have ageist beliefs about who should or should not receive treatment,” Ramsdale says, “but also to avoid over-treating patients who may not tolerate the treatments.”

## Taking Age Out of the Equation

### Evaluating Patients’ Fitness for Cancer Treatment

**G**eriatric oncologist Erika Ramsdale, MD, was in the middle of a hematology/oncology fellowship when she realized she missed her elderly patients.

“I had a cohort in my residency clinic that was all older women,” Ramsdale says. “They were in their 70s and 80s, with complicated health situations, and when I went into oncology I recognized that I missed working with that population. I liked trying to put everything together for

these patients.”

Now Ramsdale brings these clinical interests together to launch the first Geriatric Oncology Clinic at UVA, utilizing her dual training to provide better care to older patients facing a cancer diagnosis. In this consultation service—the only one of its kind in the state—cancer specialists refer their older patients to Ramsdale, who conducts comprehensive geriatric assessments. Oncologists and surgeons then use the information she generates to guide their clinical decisions.

If cancer is a disease of aging, then the guidelines for treating those over age 65



### MOBILE MAMMOGRAPHY Winning Design

Thanks to proceeds from the Charlottesville Women’s Four Miler—Virginia’s largest all-women race—people in our community will soon see a newly redesigned mobile mammography unit traveling the roads of Virginia.

UVA’s new unit features 3D digital mammography, breast ultrasounds, two exam rooms, and access to radiologists dedicated to breast imaging. Proceeds from the race also help pay for mammograms for patients who cannot afford them or do not have health insurance.

This year’s record-breaking race raised \$375,000 for breast cancer care and research at UVA Cancer Center.

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# INVESTING IN HOPE

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CONTINUED FROM FRONT COVER

She notes that the treatment is for a very specific group of patients with early-stage breast cancer, but says that the great part about UVA is the array of treatment options available for patients with later stages of the disease.

“There is so much community support for UVA, and my goal is to increase that,” she says. “People in Charlottesville and across the state feel comfortable and proud coming to UVA for all types of care—from primary care and cancer screenings, all the way to complex surgical and radiation treatments.”

## National Goals, Local Impact

UVA Cancer Center’s newest husband-and-wife duo met at UVA School of Medicine and moved to Philadelphia after graduation in 2004 for their training. Ten years later they are back in Charlottesville with their three young children, a move that was always part of their plan, and both are thrilled the plan came to fruition.

“We’re both interested in providing excellent clinical care but also being involved in leading-edge clinical research,” Tim Showalter, MD, says. “The great thing about having a high-powered academic health institution with advanced technologies in a relatively small community is that you can actually be a national leader, but also help your community in a real, tangible way.”

A radiation oncologist, Tim Showalter is expanding the programs offered in UVA’s CT-on-rails guided brachytherapy suite, which gives doctors the ability to streamline treatment planning, surgery, and radiation without

“Here at UVA, we have people writing the national guidelines on cancers and their treatments, not just following them.”

making compromises on high-quality imaging.

“Just in the past year, we’ve started a high-dose rate brachytherapy program for prostate cancer, which is the only one in the area,” he says. In conjunction with the Department of Urology, Tim Showalter started this program for men with intermediate- and high-risk prostate cancer.

“My former medical school professor was our first patient, and it has been extremely gratifying to see how well he has done.”

Giving all Virginians access to the latest treatments without leaving the state is the goal of UVA Cancer Center. For the Showalters, UVA’s commitment to clinical trials is a testament to its advanced level of innovation and strength in clinical care and research.

“There is a much higher bar for quality that you have to pass for clinical trials that far exceeds basic quality measures for routine practice—and we’re able to meet that bar consistently,” Tim Showalter explains.

“Here at UVA, we have people writing the national guidelines on cancers and their treatments, not just following them.”

**Get Involved!**  
There are many ways you can support UVA Cancer Center. Visit [SupportUVAcancer.org](http://SupportUVAcancer.org) to learn about giving opportunities that speed lifesaving care and groundbreaking research.