INVESTING IN HOPE

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Family Fund to Support Surgical Quality and Safety.

This endowment will support research, education, and management practices in the Department of Surgery that will drive quality and safety improvement in surgical care, a topic that he has focused on for years. Jones also made an additional gift to provide expendable funds until the endowment begins to generate income.

The impetus, Jones says, is continuous improvement.

“As surgeons, we monitor our outcomes constantly to see where we can improve. We want to know how many patients had surgery, among a variety of other metrics. Of patients who are re-admitted to us after surgery, among a variety of other metrics. We want to find out what we need to do, and how we can get these teams working together to create a work of art.”

Despite his absence from the operating room, Jones shows no signs of slowing down. Since retiring he’s earned a Master’s Degree and now studies what mining Big Data can tell the medical community about improving approaches to surgery.

Jones likened the experience of caring for the former basketball coach to a team sport.

“The coach, who was the leader of teams, got the benefit of what a good team can do,” says Jones. “And that’s exactly what we’re trying to do. We want to find out what we need to do, and how we can get these teams working efficiently to solve people’s problems.”

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Doctor-Patient Relationship Ignites Major Gift for Surgical Quality

Nineteen years ago, longtime UVA Women’s Basketball coach Debbie Ryan was diagnosed with pancreatic cancer—a disease with a survival rate that today still remains in the single digits. Before her diagnosis, Debbie was at her best when she was surrounded by her players and assistant coaches, talking strategy and drawing up plays to be executed on the court. But when the huddle surrounding her became the doctors and nurses attempting to save her life in the face of seemingly insurmountable odds—that’s something no practice can prepare you for.

“It was scary. At that time the situation was basically that if you have pancreatic cancer, no matter what happens you aren’t likely to live another six months,” Ryan says. “But here I am nineteen years later.”

One of the people who Ryan credits with saving her life is her surgeon, Dr. Rayford Scott Jones, who was formerly UVAs chief of surgery. Throughout her operation and recovery, Ryan was struck by her surgeon’s commitment to herself and her family, noting that Jones kept her family updated throughout the 10-hour procedure and attended all of her public speaking engagements in the following years.

“He supported me unconditionally throughout my illness and beyond, and he’s been a real great friend to me since,” says Ryan, who now works in development at UVA, where she helps patients like herself by raising money for cancer, diabetes, and orthopedic research.

Jones has since retired from practicing medicine, but his dedication to helping the surgical community continues. So much so that he recently worked with Ryan to establish the Rayford Scott Jones Family Fund to Support Surgical Quality and Safety.
FROM THE DIRECTOR

Clinical trials are a crucial part of the work that we do for two reasons. First, they are a key element of the drug development process—the how of moving discoveries from the lab to the clinic. Second, they provide something very important to patients who have exhausted other treatment options, and that is hope.

Under the leadership of Dr. Robert Dreicer, UVA has increased our clinical trial programs by 112% in the last four years. Dr. Dreicer has recruited top physician-scientists, research coordinators, and clinical fellows to UVA, and he has created a research infrastructure that accelerates the translation of UVA discoveries for patients.

In recognition of our progress to date, the Cancer Center has been asked to lead the Virginia Cancer Clinical Trials Network, giving us the opportunity to build fruitful partnerships and share what we learn with other cancer centers across the state.

We should all be proud of this recognition. It is a reflection of the hard work and dedication that we see our teams demonstrate daily and I very much look forward to working with you as the Cancer Center continues to grow.

Thank you,
Tom Loughran

MY TWO CENTS: HOW AN AREA BUSINESS IS ROUNUING UP TO FIGHT CANCER

If a penny saved is a penny earned then the Change 4 Children Campaign that’s underway at 15 Panera locations across Virginia is the gift that keeps on giving.

Launched in 2015, the initiative offers customers the option to round up their purchases to a sum of their choosing. The additional dollars or cents are donated to fuel important work at UVA Children’s Hospital.

Change 4 Children is a family operation. Blue Ridge Bread, Inc., a franchise of Panera Bread that owns and operates numerous locations throughout the region, is owned by Rick and Rosemary Postle, along with their daughter, Kelly Jackson, and son-in-law, Adam Jackson. Kelly serves as the vice president of marketing and sales, and Adam as the president.

Rick currently serves on the UVA Children’s Hospital Committee, and Rosemary on the Cancer Center Advisory Board. The families became familiar with UVA after Kelly and Adam’s daughter, Lena, experienced severe food allergies at a young age.

To date the program has totaled nearly $600,000 for the Children’s Hospital. Most recently, Change 4 Children made a gift of nearly $200,000 to establish a pediatric hematology and oncology fellowship. This critical fellowship will support a researcher to help further the groundbreaking work of Dr. Daniel “Trey” Lee.

Lee is a celebrated pediatric oncologist and researcher who has been developing a new gene therapy to battle treatment-resistant pediatric leukemias. More commonly known as immunotherapy, Lee’s pioneering approach teaches the patient’s own immune system to be a more effective cancer killer.

“Thanks to Blue Ridge Bread’s generosity and caring,” Lee says, “this new fellowship will help us continue to create important pathways to new discoveries and breakthroughs that have the potential to benefit children everywhere who are facing a cancer diagnosis.”

Previous contributions from the initiative include a newly renovated family waiting room on the 7th floor of the Children’s Hospital.

“We are so grateful to our customers for their dedication to furthering pediatric cancer research,” Kelly says. “This platform for making a gift is a wonderful example of being intentionally inclusive because it allows the entire community to participate in targeted philanthropy, no matter the amount.”

“We absolutely plan to continue this effort, and we’re very excited to see what the future holds,” Kelly says.

UNDERGRADS GO THE DISTANCE

One step at a time and a foot in front of the other are common phrases you might say to a friend or loved one who is experiencing hardship. Over the last year, however, three different undergraduate student groups have applied that advice to a different context—running to raise money for cancer research and care at UVA.

“The UVA chapter of Zeta Tau Alpha sorority has contributed more than $100,000 to support education and awareness for breast cancer—a diagnosis that 1 in 8 women will receive in their lifetime,” says Emily Spangler, director of the Zeta Tau Alpha Run for Life. 5K, a fundraiser now in its 25th year.

“Our race is in honor of a ZTA mother and former adviser, Paxson McDonald, who lost her life to cancer,” adds Spangler. “Each sister is proud to positively contribute to such an important cause. This year we had over 750 runners, encompassing both the UVA and Charlottesville communities.”

Similarly, the students who comprise the Engineering Student Council use the annual Pi Miler—a 3.14-mile-long race held on or near March 14—to support the Patients & Friends Research Fund at UVA.

Kristin Schmidt and Jen Marchabedra, who co-direct the Council’s Service and Community Outreach efforts, say the event is a way to build community and move science forward.

“Sometimes a researcher can’t pursue a very promising idea because there’s a lack of funding,” Schmidt says. “So we direct the donations that we receive to making sure cancer researchers have a greater chance than they would otherwise to make the discovery that just may save a person’s life.”

UVA Women’s Rowing also took part in the action, with 2018 marking the 20th year that Coach Kevin Sauer’s team has participated in the Charlottesville Women’s Four Miler—an annual race that raises money to support UVA’s Breast Care Program.

This year alone Women’s Rowing raised more than $12,000, with a total of more than $150,000 raised over 20 years.

“Many of our student-athletes and coaches have been affected by breast cancer in their families, so their commitment to this cause is important and personal,” says Sauer.

Q&A with DR. LI LI,
Chair, Department of Family Medicine

What is population health, and why is it important?

Population health refers to the health outcomes of a group of people. Blood pressure levels, rates of diabetes, and life expectancy rates within a community are just some of the metrics that we look at.

The importance of population health lies in its broad perspective, and in what we learn from asking questions of groups at scale. As opposed to approaching medicine at the individual level, population health considers all of the factors that might be contributing to the trends we notice within the group. This method invites stakeholders from all sectors to innovate solutions in order to improve health outcomes. These solutions include the obvious, like providing high-quality care to individual patients, but also include promoting healthy lifestyle choices and disease prevention programs at the community level.

An additional, and very important, goal of population health, is to reduce, and ultimately eliminate, health inequity and disparities within and across populations.

How is the Cancer Center helping improve population health throughout Virginia?

UVA Cancer Center plays a critical role in improving population health throughout the entire Commonwealth of Virginia. Our investigators conduct cutting-edge basic, clinical, and population research about cancer risk, and we then implement and disseminate solutions that are evidence-based best practices.

We do this in three ways. First, based upon the evidence we discover in research, we share information about ways to decrease your risk of developing cancer. We call this primary prevention. We also push out into communities to detect, diagnose, and treat cancer at early stages. We call this secondary prevention, and our work around lung cancer in Southwest Virginia is an example of this.

The third pillar, called tertiary prevention, focuses on improving cancer health outcomes and our patients’ quality of life after being diagnosed with cancer.

What is one thing that most people don’t know about you?

Even though population health examines trends in patient health outcomes on the macro level, individual family physicians, and their dedication to the care of individual patients, are really at the forefront of this work. As a practicing family physician myself, it has been deeply rewarding for me to find a career niche working at the intersection of human biology at the molecular and community levels.