

CERTIFICATE OF NEED APPLICATION – 12-3-10

Establishment of Proton Therapy Services

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Appendix 54

Sibley Memorial Hospital 5255 Loughboro Road, N.W. Washington, D.C. 20016-2695 202-537-4000 T

VIA FEDERAL EXPRESS

October 4, 2012

Mr. Amha Selassie Director State Health Planning and Development Agency 825 North Capitol Street, NE 3rd floor Washington, DC 20002

Dear Amha:

Enclosed please find the FY2012 Uncompensated Care Report Form (form prescribed by SHPDA) for Sibley Memorial Hospital (which includes our skilled nursing facility, the Renaissance Unit), audited financial statements for the fiscal year ended June 30, 2012, and a copy of the notice required by Section 4405.1. This notice for Fiscal Year 2012 was published in The Washington Post on Friday, June 20, 2011.

JOHNS HOPKINS MEDICINE

Sibley Memorial Hospital respectfully requests that the director, per Section 4404.8, apply the fiscal year 2012 excess uncompensated care (amount exceeding the annual compliance level) (\$1,322,646) as a credit to our annual compliance level for any subsequent fiscal year.

In addition, our 2006, 2007, 2008, 2009, 2010, and 2011 filing requested that the excess amount of uncompensated care (amount exceeding the annual compliance level (\$6,623,491, 5,768,625, \$6,033,750, \$6,025,463, \$1,444,965, and 845,705 respectively) be applied as a credit to our annual compliance level for future years. Per previous discussion, you indicated that you would defer making this decision until you have reviewed the information more thoroughly. Your timely decision regarding our request to carry forward these amounts is appreciated.

If you have any questions, I may be reached at 202.537.4680. Thank you.

Sincerely,

Stephen C. McDonnell

Senior Vice President, Chief Operating Officer and Chief Financial Officer

Enclosure

Richard Davis, President cc:

Christine M. Stuppy, Vice Presidnet for Business Development and Strategic Planning

Chuck Crickenberger, Director of Revenue and Contracts

PAGE ONE OF TWO

Name of Facility: Sibley Memorial Hospital Uncompensated Care Report for FY 2012

	FISCAL YEAR
A. Operating Costs	2012
1. Salaries and Benefits Paid to Staff	\$126,089,983
2. Supplies Purchased for Operations	\$40,467,802
3. Purchased Services (Contracted Services)	\$29,315,490
4. Facilities (Cost for Operations, including Utilities and Maintenance)	\$3,688,510
5. Risk Management Expenses	(\$403,268)
6. Other Operating Expenses (List each "other" category and expense amount for each category)	(\$400,200)
Depreciation and Amortization	\$13,573,656
Interest	\$4,857,792
Provision for Bad Debts	\$7,503,363
B. Total Operating Costs (Total the operating costs items)	\$225,093,328
B. Total Operating Costs (Total the operating costs items)	\$220,093,320
C. Payments received from D.C. Alliance	\$0
D. Income Received from Operations	
1, Operations	\$20,439,965
2. Other Income	(\$4,115,171)
3. Total (Add Lines D1 + D2)	\$16,324,794
E. Total Charges	\$499,219,141
F. Overall Cost to Charge Ratio for Facility (Line B Divided by Line E)	45.09%
G. Payments Received from Medicare	\$53,195,600
H. Payments Received from Medicaid	
1, DC Medicaid	\$1,606,914
2, MD Medicaid	\$426,335
3. VA Medicaid	\$20,442
4. Other Jurisdiction Medicaid	\$54,181
5. DC SCHIP	\$0
6. MD SCHIP	\$0
7. VA SCHIP	\$0
8. Total (Add Llines H1 + H2 + H3+ H4 + H5 + H6 + H7)	\$2,107,872
Total Payments Received from Medicare and Medicaid (Add Line G + H8)	\$55,303,472
	7
. Total Operating Costs Minus Payments Received from Medicare and Medicaid (Line B minus L	
A M. G. C. L. M. (AN) (CT.) (N)	
K. Uncompensated Care Guideline (3% of Line J)	\$5,093,696

PAGE TWO OF TWO

L. Cost of Charity Care by Residence of Patient	
1. District of Columbia	\$774,117
2. Maryland	\$1,992,268
3. Virginia	\$139,799
4. Other	\$128,960
5. Total Charity Care (Add L1 through L4)	/\$3,033,144 \
M. Number of Unduplicated Individuals Who Received Charity Care By Residence	
1. District of Columbia	779
2. Maryland	969
3. Virginia	101
4. Other	25
5. Total Unduplicated Indivisuals Who Received Charity Care (Add M1 through M4)	1,874
J. 10ta Ontaphonica martistans into 2000 rea Charles (Auto 13) though M4)	7
N. Cost of Bad Debt by Residence of Patient	
1. District of Columbia	\$1,499,245
2. Maryland	\$1,164,295
3. Virginia	\$472,447
4. Other	\$247,211
5. Total Bad Debt (Add N1 through N4)	\$3,383,198
O. Number of Unduplicated Individuals Who Generated Bad Debt By Residence	
1. District of Columbia	4,517
2. Maryland	3,591
3. Virginia	1,060
4. Other	565
5. Total Unduplicated Indivisuals Who Generated Bad Debt (Add O1 through O4)	9,733
P. Total Costs of Uncompensated Care (Add L5 and N5)	\$6,416,342
	1
Q. Percent of Charity Care provided in:*	· · · · · · · · · · · · · · · · · · ·
1. Emergency Room	37.89%
2. In-Patient Setting	10.78%
3. Out-Patient Setting	51.33%
As a percentage of all charity care provided in the facility.	10
Hospital Uncompensated Care Over/(Under) Obligation	\$1,322,646

(D 6,727,003 8 45.099/ 3,033,205

McDonnell, Steve C.

From:

Crickenberger, Chuck

Sent:

Wednesday, October 03, 2012 10:46 AM

To:

McDonnell, Steve C.

Subject:

Charity Care worksheet for 2012

Attachments: Charity 2012.xls

Steve,

Completed charity care for 2012.

Chuck Crickenberger Director of Contracts & Reimbursement Sibley Memorial Hospital

Revenue & Contracts 5255 Loughboro Road, N.W. Washington, D.C. 20016

202.364.7609



www.sibley.org

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Sibley Memorial Hospital 5255 Loughboro Road, N.W. Washington, D.C. 20016-2695 202-537-4000 T



VIA FEDERAL EXPRESS

June 23, 2011

Mr. Amha Selassie

Director

State Health Planning and Development Agency
825 North Capitol Street, NE
3rd floor

Washington, DC 20002

Dear Amha:

For your review and per Section 4405.1 of Chapter 44, Provision of Uncompensated Care, enclosed please find a copy of Sibley Memorial Hospital's notice of availability of uncompensated care for Fiscal Year 2012. This notice was published in <u>The Washington Post</u> on June 20, 2011. We also provide this information as part of our annual submission of the SHPDA Uncompensated Care Reporting Form to you office.

If you have any questions, I may be reached at 202.537.4680. Thank you,

Sincerely,

Steve C. McDonnell

Slave McDonwall/1914.

Senior Vice President, Chief Operating Officer and Chief Financial Officer

Enclosure

cc;

Robert L. Sloan, President and Chief Executive Officer
Chuck Crickenberger, Director of Revenue and Contracts

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PAGE ONE OF TWO

Name of Facility: Sibley Memorial Hospital Uncompensated Care Report for FY 2012

	FISCAL YEAR 2012
A. Operating Costs	2012
1. Salaries and Benefits Paid to Staff	\$126,089,983
2. Supplies Purchased for Operations	\$40,467,802
3. Purchased Services (Contracted Services)	\$29,315,490
4. Facilities (Cost for Operations, including Utilities and Maintenance)	\$3,688,510
5. Risk Management Expenses	(\$403,268
6. Other Operating Expenses (List each "other" category and expense amount for each category)	4,00,200
Depreciation and Amortization	\$13,573,656
Interest	\$4,857,792
Provision for Bad Debts	\$7,503,363
B. Total Operating Costs (Total the operating costs items)	\$225,093,328
	7220,000,020
C. Payments received from D.C. Alliance	\$0
D. Income Received from Operations	44
1. Operations	\$20,439,965
2. Other Income	(\$4,115,171
3. Total (Add Lines D1 + D2)	\$16,324,794
	\$10,021,101
E. Total Charges	\$499,219,141
F. Overall Cost to Charge Ratio for Facility (Line B Divided by Line E)	45.09%
	10.00%
G. Payments Received from Medicare	\$53,195,600
H, Payments Received from Medicaid	· · · · · · · · · · · · · · · · · · ·
1. DC Medicaid	\$1,606,914
2. MD Medicaid	\$426,335
3. VA Medicaid	
4. Other Jurisdiction Medicaid	\$20,442
5. DC SCHIP	\$54,181
6. MD SCHIP	\$0
7. VA SCHIP	\$0
	\$0
8. Total (Add Llines H1 + H2 + H3 + H4 + H5 + H6 + H7)	\$2,107,872
I. Total Payments Received from Medicare and Medicaid (Add Line G + H8)	\$55,303,472
J. Total Operating Costs Minus Payments Received from Medicare and Medicaid (Line B minus Line	
f)	\$169,789,856
T Tree manufacture Carlotter (20) of the D	
K. Uncompensated Care Guideline (3% of Line I)	\$5,093,696

PAGE TWO OF TWO

L. Cost of Charity Care by Residence of Patient	
1. District of Columbia	\$774,117
2. Maryland	\$1,992,268
3. Virginia	\$139,799
4. Other	\$126,960
5, Total Charity Care (Add L1 through LA)	\$3,033,144
M. Number of Unduplicated Individuals Who Received Charity Care By Residence	
1. District of Columbia	779
2. Maryland	969
3. Virginia	101
4. Other	25
5. Total Unduplicated Indivisuals Who Received Charity Care (Add M1 through M4)	1,874
N. Cost of Bad Debt by Residence of Patient	
1. District of Columbia	\$1,499,245
2. Maryland	\$1,164,295
3. Virginia	\$472,447
4. Other	\$247,211
5. Total Bad Debt (Add N1 through N4)	\$3,383,198
O. Number of Unduplicated Individuals Who Generated Bad Debt By Residence	
1. District of Columbia	4,517
2. Maryland	3,591
3. Virginia	1,060
4. Other	565
5. Total Unduplicated Indivisuals Who Generated Bad Debt (Add O1 through O4)	9,733
P. Total Costs of Uncompensated Care (Add L5 and N5)	\$6,416,342
Q. Percent of Charity Care provided in:*	
1. Emergency Room	37.89%
2. In-Patient Setting	10.78%
3. Out-Patient Setting	51.339

* As a percentage of all	abouite agra	provided in	the facility
* As a percentage of all	l charity care	provided in	the facility.

The state of the s	أيتمسسفند ا
Hospital Uncompensated Care Over/(Under) Obligation	\$1,322,646
1103 pitti Oncomponentou Citto C 1011 (Citable) Obingarion	Ψ1,046,070

Sibley Memorial Hospital and Subsidiaries

Combined Financial Statements and Supplementary Combining Information June 30, 2012

Sibley Memorial Hospital and Subsidiaries Combined Financial Statements and Supplementary Combining Information Table of Contents

	Page(s)
Report of Independent Auditors	1
Combined Balance Sheet	2 - 3
Combined Statements of Operations and Changes in Net Assets	4
Combined Statement of Cash Flows	5
Notes to the Combined Financial Statements	6 - 26
Report of Independent Auditors on Supplementary Combining Information	27
Supplemental Combining Balance Sheet, June 30, 2012	28 - 29
Supplemental Combining Statements of Operations and Changes in Net Assets, For the year ended June 30, 2012	30



REPORT OF INDEPENDENT AUDITORS

To the Board of Trustees of Sibley Memorial Hospital and Subsidiaries:

In our opinion, the accompanying combined balance sheet and the related combined statements of operations and changes in net assets and cash flows present fairly, in all material respects, the financial position of Sibley Memorial Hospital and Subsidiaries (the "Organization") at June 30, 2012, and the changes in their net assets and their cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit of these statements in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

September 28, 2012

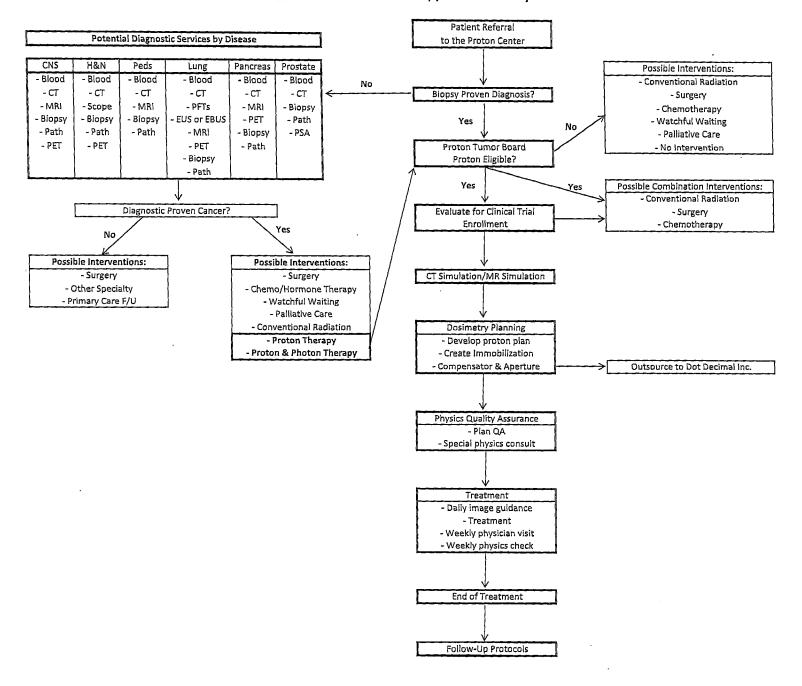
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Sibley Memorial Hospital and Subsidiaries Combined Balance Sheet as of June 30, 2012 (in thousands)

ASSETS		
Current assets:	c h	20.264
Cash and cash equivalents Short-term investments	\$	20,364
		7,617
Patient accounts receivable, net of \$33,162 estimated uncollectibles		29,168
Other receivables		8,250
Inventories		1,504
Prepaid expenses and other current assets		8,799
Interest receivable		1,287
Current portion of assets whose use is limited for long-term debt payments		2,482
Total current assets		79,471
Assets whose use is limited:		
By long-term agreement for debt service reserve funds		4,955
By donors or grantors for:		·
Pledges receivable		8,304
Other		27,199
By Board of Trustees .		436,037
Total assets whose use is limited		476,495
Investments		
Marketable securities		131,780
Joint ventures		3,187
Total investments		134,967
Property, plant, and equipment		
Cost basis		305,922
Less: Allowance for depreciation and amortization		(24,815)
Total property, plant, and equipment, net		281,107
torm brokerd t braint and adarbinant tree		2011101
Other assets		11,279
Total assets	\$	983,319

Appendix 58 A

Appendix A: The Proton Therapy Clinical Pathway



Appendix 68 A

HOSPITAL POLICY

No.:

03-25-21

Approved:

Administration

Effective:

08/07/2009

Distribution:

All Departments

Replaces:

Policy dated 02/26/2007

Reviewed:

4/92; 4/94; 8/06revised

Policy approved by Sibley Board of Trustees on 10/28/05.

SUBJECT: The Complaints and Grievance Process

PURPOSE: To provide a mechanism for investigating and responding to complaints and grievances submitted by patients, family, and their authorized representatives. The goal is to coordinate and appropriately manage the identification, investigation, response, and resolution of patient complaints and grievances. ** Data collected during this process will be ** used by the hospital's Quality Assessment and Performance Improvement Program, **

Patient Advocacy, and the Risk Management Program.

AREAS

AFFECTED: All Departments and members of the Medical Staff

RELATED

POLICIES:

02-25-05

Patient Rights and Responsibilities

POLICY:

Sibley Memorial Hospital expects all staff to provide assistance and to respond when patients, their families or representatives, and/or Management, Safety and Compliance will coordinate the process to ensure all complaints and grievances receive an appropriate and

timely response.

DEFINITIONS:

Complaint: A complaint is defined as occurring at the time of the incident and generally takes verbal form.

Grievance: A grievance is a written complaint or a verbal complaint ** (i) that has not been resolved by the staff who are then present at the time it is initially made; or (ii) requires additional review for further action. A grievance may concern the patient's care, abuse or neglect,

Policy #: 03-25-21

Page 1 of 6

issues related to the hospital's compliance with the Centers for Medicare and Medicaid Services (CMS) Hospital Conditions of Participation (COP), or a Medicare beneficiary billing complaint related to rights and limitations provided by 42 CFR §489.

**

<u>Staff present</u>: Any hospital staff present at the time of the complaint or who can quickly be at the patient's location (i.e. nursing, administration, patient care coordinators, patient advocates, etc.) to resolve the patient's complaint.

Patient Representative: A person who has authority under applicable law to make decisions related to health care on behalf of an adult or emancipated minor.

<u>Director of ** Volunteer Services and Guest Relations/Patient</u>
<u>Advocate:</u> The Sibley official who ** manages the reporting and tracking of grievances.

THE PROCESS:

1. Problems, questions or complaints should be handled by the staff present and in the simplest and most direct way that is appropriate to the situation. Depending on the nature of the complaint, ** the Manager or Director of that department will be notified and be accountable for initially responding to the complainant and attempting to provide an acceptable resolution. If the complaint is resolved by staff present, or by the manager or director, no further action is necessary. If the complaint is not resolved, the complaint becomes a grievance and must be handled according to this policy.

Grievances are included in the Patient Relations database in the electronic reporting system.

- 2. The Director or Nurse Manager of the Department/Unit involved will ** review the issues and ** document the review in the electronic event reporting system. The Director or Nurse Manager of the Department determines who will draft the letter to the complainant. Response is also documented.
- 3. Documentation of the investigation and responses ** are maintained ** in the electronic event reporting system.
- 4. Every attempt will be made to resolve the grievance within ** 21 days. The complainant should receive an initial response letter within ** 21 days even if the investigation is incomplete. The initial letter may be

Policy #: 03-25-21

- notification that the complaint has been received and an investigation is in progress.
- 5. Once the investigation is complete and a resolution to the grievance developed, the complainant should receive a letter of closure. Every attempt should be made to close a grievance within 30 days.
- 6. The Director of Risk Management/Safety **and** Compliance will be notified of any complaint, grievance, or investigative results with legal implications or those revealing significant patient safety issues.

ADDITIONAL INFORMATION ON GRIEVANCES:

**

- 7. All verbal or written complaints regarding abuse, neglect, patient harm, or hospital compliance with CMS requirements are considered grievances and must be forwarded to the Director of Risk Management/Safety *and* Compliance.
- 8. If a patient or ** patient's representative requests the complaint be handled as a ** grievance, or requests a formal response from the hospital, it ** will be treated as a grievance. The Patient Advocate will manage the process of responding to the grievance.
- 9. Billing issues are not usually considered a grievance except Medicare beneficiary billing complaints related to rights and limitations provided in 42 CFR §489.
- 10. If the patient or ** **patient's** representative telephones the hospital with a complaint regarding ** care, or with an allegation of abuse or neglect, or failure of the hospital to comply with one or more of the COP or other CMS requirements, it is a grievance.
- 11. Post-hospital verbal communications regarding patient care that would routinely have been handled by staff present if the communication had occurred during the stay/visit are not defined as a grievance.
- 12. Information obtained with patient satisfaction surveys is not a grievance unless an identified patient writes or attaches a written complaint and requests a resolution of that complaint. Then it is a grievance and must be handled according to this policy.

RESOLUTION:

13. A complaint or grievance is not considered resolved until the patient is satisfied with the actions taken on ** *his or her* behalf.

Policy #: 03-25-21 Page 3 of 6

a. If reasonable and appropriate actions have been taken on the patient's behalf in order to resolve the patient's grievance and the patient or the patient's representative remains unsatisfied with the hospital's actions, the grievance may be considered closed. Documentation of efforts and compliance with CMS requirements must be maintained.

14. ALL grievances will be responded to in writing.

- a. Written notice/response of the hospital's determination regarding the grievance must be communicated to the patient or their representative in a language and manner the patient or their representative understands. ** The Patient Advocate will coordinate written responses to grievances and seek appropriate assistance from other departments as necessary including, Rick Management, Quality, Patient Care Services or the Medical Staff among others.
- b. The written notice/response MUST contain:
 - i. The name of the hospital contact person **
 - The steps taken on behalf of the patient to investigate the grievance;
 - iii. The results of the grievance process; and
 - iv. The date of completion.
- c. The written notice/response should not contain statements that could be used in a legal action against the hospital. If questions arise, the draft should be forwarded to the ** Director of Risk Management/Safety and Compliance for review.
- 15. Complaints and Grievances may be responded to verbally or via telephone when appropriate or if more information is required to fully investigate. This does not replace a written notice/response. The written notice/response may refer to the verbal discussion but it must contain all the required elements outlined above in 15(b).
- 16. Grievances not resolved within ** 21 days require a written notice/ response to the patient or ** his/her representative stating what actions have been completed as of that time and the anticipated period for completion.
- 17. Upon resolution, another written notice/response will be sent with the updated information.

QUALITY COUNCIL OVERSIGHT:

18. The Executive Committee of the Hospital Governing Board is responsible for the effective operation of the grievance process. The

Policy #: 03-25-21 Page 4 of 6

Exective Committee may delegate the responsibility for review and resolution of grievances to management.

- a. The Quality Council will function as the Grievance Committee and exercise oversight over the Complaint and Grievance Process.
- b. The Quality Council may request an ad hoc committee that will be appropriately staffed with qualified members to review and resolve grievances the hospital receives as well as providing the written responses if necessary.
- 19. Data collected regarding patient grievances, as well as other complaints not defined as grievances, will be incorporated into the hospital's Quality Assessment and Performance Improvement Plan (QAPI).

PATIENT NOTIFICATION OF RIGHTS:

- 20. Patients and their representatives will be notified of their rights to file a complaint or grievance via Sibley's Patient Information Guide (The Guide).
- 21. If, due to a patient's illness, injury, mental state or due to an emergency situation, the patient's rights and/or grievance process cannot be communicated to the patient, those rights and the grievance process may be communicated to the patient's legal representative.
- 22. The Complaint and Grievance process will be explained in a language and manner easily understood by the recipient.
- 23. All patients will receive a copy of The Guide upon registration to a patient care area.
 - a. The Guide will explain that complaints and/or grievances may be filed verbally or in writing to hospital personnel or the patient may complain directly to the District of Columbia Department of Health.
 - b. The Guide will contain the hospital address and telephone number of the ** Patient Advocate, in addition to the District of Columbia Department of Health:

DC Department of Health Office of the General Counsel Grievance and Appeals Coordinator 825 North Capitol Street, NE Washington, DC 20002

Policy #: 03-25-21 Page 5 of 6

The DC Department of Health hotline for anonymous complaints is: ** 202-442-5888

OR

The patient may submit his or her complaint online at: http://app.doh.dc.gov/form/complaint_form.asp

OR The Joint Commission One Renaissance Boulevard Oakbrook Terrace, IL 60181 1.800.994.6610

CONFIDENTIALITY:

All information obtained through the Complaint and Grievance process will be maintained with the strictest confidentiality and security at all times. The accessibility of this information will be limited to those individuals authorized by the requirements of Peer Review Privilege and HIPAA.

KEY: Bold, italicized wording = new or changed wording ** = omitted word(s)

APPROVALS: Vice President for Patient Care Services & CNO President of the Medical Staff President and Chief Executive Officer

References: CMS Interpretive Guidelines, §482.13**

CMS Hospital Conditions of Participation, 42 CFR §489.

Policy #: 03-25-21 Page 6 of 6

Appendix 68 B

HOSPITAL POLICY



No.: 02-25-05 Approved: Administration

Effective: 02/02/2011 Distribution: All Departments

Replaces: Policy dated 01/10/2007 **Reviewed:** 11/90, 4/92, 8/99, 8/01; 2/04revised; 6/09

NOTE: Hospital Policy 02-25-05 has been changed in its entirety.

SUBJECT: PATIENT RIGHTS AND RESPONSIBILITIES

PURPOSE: To define the rights and responsibilities of all individuals seeking care at

Sibley Memorial Hospital.

RELATED

POLICIES: 02-18-02 Communication Services for Individuals with Special Needs

02-18-03 Communication Services for Individuals with Limited English

Proficiency

02-25-07 Ethics Advisory Committee (EAC): Functions and

Processes

02-25-10 Adverse Events

02-25-11 Patient Visitation Rights

02-31-05 Patients Leaving Against Medical Advice

02-31-09 Pain Assessment

03-13-03 Release of Medical Information

**

03-25-10 Consent for Photographs (Still or Video) and Audio

Recordings

03-25-21 The Complaints and Grievance Process

03-25-50 Confidentiality of Patient and Hospital Information

03-31-05 Consent

03-31-15 Advance Directives

04-98-02 Organizational Commitment to Privacy and Security

04-98-03 Notice of Privacy Practices for Protected Health Information

04-98-04 Right to Access

Sibley Memorial Hospital Code of Conduct

AFFECTED

AREAS: All Hospital and Medical Staff Departments

INTRODUCTION:

Basic patient rights and concern for personal dignity in human relationships are the foundation of medical care that is adhered to by all members of the hospital workforce and members of the medical staff. During sickness, concern for the whole patient becomes a vital factor in the quality of care rendered, and its outcome. It is a responsibility of Sibley management to educate the staff about patient rights and their role in supporting those rights, to inform all patients and/or families of their rights and to assure that these rights are preserved. The Department of Education and Training will incorporate patient rights in orientation and continuing education programs. The following basic rights and responsibilities are considered applicable to all patients unless otherwise indicated by special circumstances.

POLICY

ETHICAL PRINCIPLES AND PATIENT RIGHTS:

1. APPROPRIATE LEVEL OF SERVICE

Patients have the right to receive the most appropriate medical care available, regardless of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression, or the source of payment for their care.

2. CONSIDERATE AND COMPASSIONATE CARE

Patients have the right to considerate and compassionate care that is respectful of personal values, beliefs and religious preferences. Patients shall have access to pastoral counseling 24 hours a day.

3. A SAFE HOSPITAL ENVIRONMENT

Patients have the right to a safe environment, free from all abuse, neglect, harassment or mistreatment. Patients have the right to be free from restraints and seclusion in any form that is not medically required.

4. COMMUNICATION NEEDS

Patients have the right to communication that they can understand. The hospital will provide sign language and foreign language interpreters as needed at no cost, Information will be appropriate to age, understanding, and language. Patients with vision, speech, hearing, and/or other impairments, will receive additional aids to ensure that communication needs are met.

5. ACCESS TO COMMUNICATION/VISITATION

Patients have the right to unrestricted access to communication with any person of their choice. Patients have the right, subject to his or her consent, to receive the visitors whom he or she designates, whether a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and the right to withdraw such consent at any time. Any clinically indicated or reasonable restrictions will be fully explained.

6. PRIVACY/CONFIDENTIALITY OF INFORMATION

Patients have the right to personal security and privacy in the conduct of their medical care and the right to confidentiality of information pertaining to their care.

7. RIGHT TO KNOW THE CARE PROVIDERS

Patients have the right to be told the names of all of their care providers, and their role in the care of the patient.

8. ACCESS TO INFORMATION, PARTICIPATION IN CARE DECISIONS
Patients have the right to receive information from their attending
physician about their diagnosis, possible prognosis, treatments, and
possible outcomes, including unexpected outcomes. Patients have the
right to participate in decisions about their care, treatments, services
provided, and discharge plan.

9. INFORMED CONSENT / REFUSAL OF TREATMENT

Patients have the right to give or withhold informed consent for their proposed care, treatment, and services. Patients have the right to refuse treatment, to the extent permitted by law, and to be informed of the medical consequences of their refusal. Patients have the right to leave the hospital against their doctor's advice, to the extent permitted by law.

10. ADVANCE DIRECTIVES/PATIENT SELF DETERMINATION

Patients have the right to formulate Advance Directives and appoint a surrogate to make health care decisions on their behalf, to the extent permitted by law. The Admissions Office can assist in obtaining this document upon request.

11. ASSESSMENT AND MANAGEMENT OF PAIN

Patients have the right to have an appropriate and timely assessment of pain, with an appropriate plan of care in place to manage the pain.

12. PROTECTIVE SERVICES

Patients, including minors, have the right to protective services in cases where evidence of abuse or neglect exists.

13. ACCESS TO BILLING INFORMATION

Patients have the right to request and receive an itemized bill with explanation of the charges. Patients may inquire freely about financial assistance in paying their bill, and about filing insurance forms.

14. INFORMATION CONTAINED IN THE MEDICAL RECORD

Patients, and/or the patient's legally designated representative, have the right to access information contained in the medical record, within the limits of the law.

15. HEALTH CARE INJURIES OR ERRORS

Patients have the right to be informed about health care injuries or errors occurring during hospitalization. This may include an explanation of how it occurred, its short and long-term effects, and remedies available to the patient.

16. GRIEVANCES

Patients have the right to a prompt resolution of grievances, and shall be informed about the hospital grievance procedure.

17. ETHICAL ISSUES

Patients have the right to access the hospital's Ethics Advisory Committee for assistance in reaching decisions concerning health care issues, conflict resolution, and ethical issues, including the withholding of resuscitative services, forgoing or withdrawing life-sustaining treatment, and treatment at the end of life.

18. MEDICAL RESEARCH STUDIES

Patients have the right to agree or refuse to take part in medical research studies. Patients may withdraw from a study at any time without impacting their access to standard care. Any research will be conducted in accordance with policies and procedures approved by the hospital's Institutional Review Board.

19. CONSENT FOR RECORDINGS, PHOTOGRAPHS, FILMS, OTHER IMAGES

Patients have the right to give or refuse consent for recordings, photographs, films, or other images to be produced or used for internal or external purposes other than identification, diagnosis or treatment. Patients may withdraw consent up until a reasonable time before the item is used.

20. RECEIPT OF WRITTEN INFORMATION CONCERNING RIGHTS

Patients have the right to be informed in writing of their Rights and Responsibilities upon admission to the hospital.

PATIENT RESPONSIBILITIES:

- 1. Patients are expected to provide complete and accurate information, including their full name, address, telephone number, date of birth, Social Security number, insurance carrier, and employer, when it is required.
- 2. Patients are expected to provide complete and accurate information about their health and medical history, including present condition, past illnesses, hospitalizations, medications, allergies, and other matters pertaining to their health.
- 3. Patients are expected to treat all hospital staff, other patients, and visitors with courtesy and respect; abide by all hospital rules and safety regulations; and be respectful of the property and rights of other patients, visitors, and hospital personnel.
- 4. Patients are expected to provide appropriate hospital personnel with a copy of their living will, Durable Power of Attorney for Health Care, or other forms of Advance Directives, if they have one.
- 5. Patients are expected to participate in their pain management plan, and to assist physicians and nurses in assessing and managing their pain.
- 6. Patients are expected to follow their physician's plan of care, and are responsible for outcomes if they do not follow that plan of care. Patients are also expected to inform their care providers if they do not understand the course of treatment and what is expected of them.
- 7. Patients are expected to make every effort to keep appointments, to be on time, and to inform the care provider if they are unable to keep appointments.
- 8. Patients are expected to be prompt in payment of hospital bills, and to ask questions they may have concerning bills.

REFERENCES:

CMS Conditions of Participation for Hospitals, Part 482, Section 482.13: Condition of Participation: Patients' Rights, 2004

The Joint Commission E-dition Accreditation Requirements – Rights and responsibilities of the Individual (RI) – Elements of Performance, 2011

The Johns Hopkins Hospital Patient Bill of Rights and Responsibilities, 2010

Suburban Hospital Patient Rights and Responsibilities, 2010

KEY: Bold, italicized wording = new or changed wording ** = omitted word(s)

APPROVALS:

President of the Medical Staff

Date

President and Chief Executive Officer

Date

Appendix 68 C



Patient Information Guide



SIBLEY MEMORIAL HOSPITAL

JOHNS HOPKINS MEDICINE

Sibley Ambulatory Surgery Center

Now you can access the most advanced outpatient surgery procedures with the full back-up of Sibley Hospital in our new Medical Building.

Top quality technology, an expert surgical team and patient-centered convenience are all here.



Convenient new Centers right next door

Learn more at www.sibley.org



Sibley Outpatient Imaging Center

Our Medical Building's new Imaging Center brings you easy access to a board-certified Sibley radiologist, and today's best proven technology for MR, CT, ultrasound and X-Ray. Same-day appointments are available for many exams.



Welcome

Thank you for choosing Sibley Memorial Hospital for your healthcare needs. Our mission is to provide for the safety and comfort of those who are entrusted to our care; to relieve suffering and restore health as swiftly, safely and humanely as it can be done and at the most reasonable expense consistent with the best service we can give.

Sibley is now a member of Johns Hopkins Medicine. The integration with the Johns Hopkins Health System will allow Sibley to maintain and strengthen our service to the individual patient and our commitment to the community.

This guide has been prepared to provide you and your family members with valuable information about our services and resources and to answer many of your practical questions. If you have any questions or concerns, please do not hesitate to ask your caregiver or to call a patient advocate at 202-537-4267. Any suggestions you may have that could enhance our services will be gratefully received. Please take this guide with you when you leave.

On behalf of the board of trustees, the medical staff, executive management, volunteers and all hospital personnel, you have our best wishes for a pleasant and helpful hospital stay.

Sincerely,

Robert L. Sloan

President and Chief Executive Officer

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Sibley Memorial Hospital

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Sibley Memorial Hospital

Sibley Memorial Hospital is a nonprofit, 328-bed community hospital serving the Washington, D.C. area. Our campus is also home to the Sibley Cancer Center, Grand Oaks Assisted Living residence, the Sibley Renaissance building, which houses our Center for Rehabilitation Medicine, and the Sullivan Center for Breast Health, a skilled nursing unit and a residential Alzheimer's unit. The new Medical Building opened on the Sibley campus in 2011 and includes physicians' offices, an outpatient pharmacy, imaging center and surgery center with a convenient parking garage for patients and visitors.

Mission

The mission of Sibley Memorial Hospital is to provide quality health services and facilities for the community, to promote wellness, to relieve suffering and to restore health as swiftly, safely and humanely as it can be done, consistent with the best service we can give at the highest value for all concerned.

Accreditation

Sibley Memorial Hospital is fully accredited by the Joint Commission and is licensed by the District of Columbia Department of Health and Human Services.

Patient Privacy

The Hospital follows all Federal guidelines of the Health Insurance Portability and Accountability Act (HIPAA). At registration, you were given a written Notice of Privacy Practices. To maintain your privacy, our staff will give limited information over the phone to your callers unless you have requested that all information be withheld. Call our Privacy Office with questions at extension 4667.

Frequently Called Numbers

Main Hospital Number	202-537-4000
Patient Information	
	Extensions
Admissions (pre-registration)	5798
Case Coordination (discharge planning)	
Environmental Services (housekeeping)	4775
Financial Counseling	
Room Service (Meal Requests)	
Foundation Office	
Gift Shop	4120
Medical Library	
Medical Records	
Operator	
Pastoral Care/Chaplain	
Patient Accounts	
Patient Advocate	4267
Security Office	4674
Telephone/TV Support	
Volunteer Service	

Sibley Hospital Online

www.sibley.org

Accommodations

Your Room

Each unit has a mix of private and semi-private rooms. Private rooms are limited in number and are assigned on a first-come, first-filled basis. Arrangements may be made in some situations for a family member or friend to stay overnight in a private room. Overnight stay requests cannot be granted in semi-private rooms.

Calling for Assistance

An easy-to-use patient control system is attached to each bed that allows you to call for assistance. When you press the "nurse" button, a staff member will promptly respond to the call light.

Medications

Please have a list of all medications, including dosage information, administration times and allergies. Do not bring your medications to the Hospital. If you have brought your medications, please send them home or ask our staff to have them sent to the Security department. Do not self-medicate while hospitalized. For your safety, all medications you receive must be administered by our staff.

Enclosed for your convenience in the back of this guide is a "My Medication List." It is provided so you can record your current medications, medical history and important contact numbers.

Valuables

Please send all valuables home at the time of your admission, including jewelry, purses, wallets, money, credit cards and checkbooks. Should no one be available to take your valuables home, please call Security at extension 4674 to secure your valuables until your discharge.

Label with your name all "personal use" items (or their cases), such as cell phone, hearing aids, eyeglasses, dentures, electric razors, canes or walkers. Please inform the staff that you have brought these items with you and ask the staff to document them in your chart. Do not leave these items unattended at any time.

Sibley is not responsible for lost valuables or personal items.

Telephone

Each room has a direct-dial phone, except in the Intensive Care Unit, where phone service is provided on an individual basis.

To make phone calls:

Within the hospital: Dial the four-digit extension In D.C.: Dial "9" + area code + phone number

To MD or VA: Dial "9" + area code + phone number

Long-distance: Dial "9" + "1" + area code + phone number

Long-distance calls may be charged to a third party, a credit card or placed collect. You may receive calls between 7:00 a.m. and 9:30 p.m. Outgoing calls may be placed at any time. Phones are near the lobby on each floor. Cell phones are not permitted close to electronic equipment. Please ask before turning on your cell phone.

Telephone Inquiries

Families may call the unit nurses' station for an update on a patient's condition. Please select a single spokesperson to call for updates and advise your nurse who that spokesperson will be. To maintain patient confidentiality, the information we are able to give over the phone is very limited.

Nurses change shifts from 7:00 to 7:30 a.m., 3:00 to 3:30 p.m., and 11:00 to 11:30 p.m. Please call before or after these times.

Television

To activate the television, dial extension 3000 and follow the instructions. Your ID number is your room number plus 1 or 2. A=1 and B=2. Example: If you are in bed 510A, the four-digit ID number would be 5101, and for bed 510B the ID number would be 5102. To receive your Sibley Senior Association discount, show your membership card upon discharge at the cashier window.

Closed-Circuit Television

Health-education programs are available on closed-circuit television House Channel 14. Programming includes topics such as stress management, nutrition, diabetes, heart and kidney disease, anticoagulation therapy and fall prevention. Call Communications at extension 4070 to receive a programming schedule. Closed-caption is built into all of the TVs. To get closed-caption on your screen, press the black button on your TV.

Channel Line-up

	Local Channels	
	WJLA (ABC 7) WTTG (Fox 5)	3 14 8 1 1 1 1
	WRC (NBC 4)	10
	WETA (PBS)	11
	WUSA (CBS 9)	12
	In-House Channel (Free)	14
	Cable Channels	
	Baby Channel	17
	CNN	23
in in the second se	Headline News	25
	TNT	27
	Cartoon Network	29
	Weather Channel	31
gia spendi je	Discovery Channel	33
Par saga	Learning Channel	35
1.10 机等等于大型	Family Channel	37.
Park 1	American Classic	39
	ESPN	41
	Turner Classic Movies	45
All rose to the	Spanish Language Channels	
n i jaron eta	Univision	43
	Galavision	44

Bed Changing Schedule

Your bed linens will be completely changed on Mondays, Wednesdays and Fridays. On Tuesdays, Thursdays and weekends, there is a partial linen change. If the linens are soiled, a complete change will be made. Towels and gowns are distributed daily.

Smoking

To promote the health and safety of patients, staff and visitors, Sibley Memorial Hospital is a tobacco-free campus. Smoking is not permitted in any area of the Hospital or on the grounds. Medical treatment for nicotine addiction may be available through your physician.

Smoking cessation information:

D.C. Tobacco-Free Families

1-800-QUIT-NOW

American Lung Association

1-800-586-4872

Additional information is available upon request.

Personal Care

We encourage you to do as much of your personal care as you are able. The nursing staff will assist you with bathing, transferring from bed to chair, getting to the bathroom and ambulating as needed. Your family may also assist with your personal care. Please bring your toiletries and personal hygiene items when you are admitted. If you are interested in hiring a private healthcare aide, we can provide you with contacts.

Private Sitters

Some patients may be assessed as being at risk for falls and subsequent injury. These patients will be cared for by using safety devices (e.g. safety belt). In some cases, safety devices are neither appropriate nor desired by the patient or the family. If you wish to hire a sitter, contact the nurse manager and you will be provided with the necessary contacts.

Your Healthcare Team

About the Team

A nurse manager oversees the daily operations of each unit. Registered nurses, certified nursing assistants, clinical associates and unit secretaries staff the units 24 hours a day. A case coordinator is also available on each patient unit to help you with any necessary discharge planning.

All Sibley staff members must wear a photo I.D. badge at all times. Staff members wear different-colored uniforms to help you distinguish their roles.

- · On floors 4, 5, and 6, registered nurses wear white uniforms.
- On the third floor, Labor and Delivery registered nurses and ancillary staff wear mint-colored uniforms. Family Centered Care registered nurses wear light purple uniforms and ancillary staff wear aqua uniforms.
- Critical care nursing staffs on the Intensive Care Unit (ICU) and the Telemetry Unit wear bright blue uniforms.
- Clinical associates and certified nursing assistants wear burgundy or green uniforms and provide direct patient care under the supervision of your nurse.

Hourly Rounding is done by the nursing staff to ensure that your personal and pain needs are met and to secure your safety.

Your primary physician will manage your medical care and coordinate your treatment. Contact him/her directly with questions. In addition, your care may be coordinated by a specially-trained and board-certified physician called a Hospitalist. Sibley also has Intensivists, specially-trained physicians available around-the-clock in our Intensive Care Unit (ICU).

Depending on your specific needs and requests, you may also be seen by a registered dietician, a physical therapist, a respiratory therapist or a pharmacist.

Transporters/orderlies may assist you in getting from one area to another within the hospital.

Partner With Us In Your Safety

Your Safety, Our Priority

Sibley staff and the physicians who practice here use the National Patient Safety Goals as our framework.

Our Staff's Role in Patient Safety

- · Wear a Sibley ID badge and introduce themselves.
- · Wash hands before and after contact to prevent the spread of infection.
- Clearly and completely explain your condition and how you will be cared for.
- Check patient armbands before administering medication or performing a test or procedure.
- Conduct a pre-procedural "time out" to verify correct patient name, site/side and procedure.
- · Ask about allergies and reactions to medication, food or environment.
- · Place a special armband on you as an allergy alert.
- · Assess your risk for falling and take appropriate measures.
- Mark the site of surgery or procedure when it involves an area of the body with two sides (arms, legs, etc.).
- · Ask whether you are in pain and assist with managing pain.

Your Role in Patient Safety

- · Provide up-to-date, accurate information about your present health condition.
- Provide a list of current medications indicating when and why you take them. Include all medications—prescription, over-the-counter and herbal.
- Ask about any medication.
- · Prepare by writing down questions for your healthcare professionals.
- · Read all forms before signing. Ask for clarification if you need it.

- · Ask questions. Express concerns. Ask again if anything is not clear.
- It's OK to Ask your caregiver to wash their hands.

Bring an Advocate. Be an Advocate

- Ask a family member or friend to accompany you to ask questions and help remember or write answers.
- · Select a single person for updates. Please let us know who that is.
- · Stay as involved as possible in decisions about your treatment.

Preventing Infections

Hand Hygiene

Hand washing is the number one way to prevent the development or spread of infection. Washing hands with soap and water or using an alcohol gel or foam product are all effective ways of cleaning hands.

What Sibley does:

All healthcare providers at Sibley perform good hand washing using soap and water or alcohol based hand rubs. Sibley employees encourage each other to perform good hand washing.

What you can do:

Patients and visitors should wash their hands with soap and water or use the alcohol-based hand rubs located in the patient room and other areas throughout the hospital.



Hand washing is everyone's responsibility. If you do not see the healthcare providers clean their hands, it's ok to ask them to do so.

Surgical / Invasive Procedures / Insertion of Medical Devices

Before a procedure, your healthcare providers will explain what they are doing to help prevent infections. Some infection prevention actions taken include:

- · Washing hands using soap and water or alcohol-based hand rubs.
- · Wearing sterile gown, gloves, hat and/or mask.
- · Preparing skin using antiseptic cleanser.
- · Keeping everything sterile.
- · Placing clean dressing.
- · Changing the dressing at scheduled times or if it is loose or soiled.

Contact Precautions

Bacteria (germs) that are resistant to many antibiotics are called Multi-Drug Resistant Organisms (MDROs). These organisms can be found in the community and in healthcare facilities. Sometimes people may be carriers of these organisms and not have an actual infection.

To help prevent the spread of infection to others in the hospital, patients who have an infection or are carriers of a MDRO will have a sign on the door telling everyone who enters to use Contact Precautions. In addition:

- Visitors and staff who may touch the patient or items in the patient's room use special gowns and will wear gloves.
- Visitors and staff wash hands using soap and water or alcohol-based hand rubs.
- · Room and medical equipment will be cleaned with a germicide cleaner.

Contact the Infection Control and Prevention Department at extension 4265 with questions or concerns.

Pain Management

To fully participate in your care, you may be asked to rate your pain. Please use the scale below to indicate the severity of your pain so that we can help you get the best relief possible.



Food Services

Your Nutrition

Your diet is prescribed by your physician. Our clinical dietitians monitor your nutritional needs and are available to answer your questions. Contact the Dietitian office at extension 4641.

Inpatient Meal Service

Want a hamburger for breakfast? Pancakes for dinner? No problem! Sibley Nutrition Service is pleased to introduce At Your Request (AYR) Room Service Dining.

Foods listed on the AYR Room Service Menu are available during all hours of operation. Once your physician-prescribed diet order has been entered into the computer system, you can order a meal at any time between 6:30 a.m. and 6:30 p.m. The room service operator can assist you in making food selections for any special diet you may be placed on during your stay. Meals are delivered within 45 minutes of order time, or at a specified delivery time.

Having visitors? Want something more than regular hospital food? Guest meals and Gourmet Menus (separate menu from Room Service) are also available upon request, for an additional charge, through the Room Service Line.

For more information, refer to your AYR Room Service Menu or speak with a room service operator. To place your meal order, call the Room Service Line at extension 3663 (FOOD). If calling to place a meal order from outside the hospital, dial 202-537-4000 and ask for extension 3663.

Vending Machines

There is a vending area adjacent to the cafeteria, open 24 hours a day, with snacks, beverages and light meals.

Windows Café

Windows Café, our cafeteria, is located on the ground floor to the right as you exit the elevators.

Hours:

Full Breakfast

Monday – Friday: 6:30 - 10:00 a.m. Weekends and Holidays: 6:30 - 8:30 a.m.

Continental Breakfast

Weekends and Holidays: 8:30 – 10:00 a.m.

Lunch 11:30 a.m. – 2:00 p.m.

Lite Fare 2:00 - 3:30 p.m.Dinner 4:30 - 7:00 p.m.

Coffee Kiosk

A coffee kiosk is located adjacent to the Emergency Department entrance to the hospital. Hours of operation: 6:30 a.m. – 4:00 p.m., Monday through Friday. Closed on weekends and holidays.

Your Visitors

Your family and friends play an important role in the healing process and are welcome to visit you. Sibley does not restrict or deny visitation privileges on the basis of race, color, national origin, religion, sex, sexual orientation, gender identity or disability; we ensure that all visitors enjoy full and equal visitation privileges consistent with patient preferences.

Please limit your visitors to no more than two at a time so you do not disturb other patients. Children under the age of 12 years are advised not to be in patient care areas. There is a visiting lounge on every floor and patients my visit in that area with friends and family, including small children.

New fathers, partners or support person as designated by the patient, are welcome in the Family-Centered Care Unit at any time if the patient has a private room. In semi-private rooms, regular visiting hours of 1:00 – 8:30 p.m. must be observed. Children under the age of 18 are not allowed to stay overnight at any time. Children's visits are limited to the baby's siblings.

Visiting Hours

General: 11:00 a.m. – 8:30 p.m. The Renaissance: 11:00 a.m. – 8:30 p.m.

Family-Centered Care Unit: 1:00 – 8:30 p.m.
Intensive Care/Telemetry Units: 11:00 a.m. – 3:00 p.m.

5:00 - 8:30 p.m.

Behavioral Health Unit:

Monday – Friday; 3:30 – 4:30 p.m. & 7:30 – 8:30 p.m. Weekends: 2:30 – 4:30 p.m. & 7:30 – 8:30 p.m.

Patient Information Desk

Volunteers at the Information Desk will provide callers who ask for you by name with your room and phone number, unless you request at the time of admission that this information be withheld. Patient condition reports are not given. Out-of-town visitors may receive information on short-term accommodations at the Information Desk.

Parking & Transportation

Parking is available at the Hospital for reasonable rates. The D6 and M4 Metrobus and the Number 23 Ride-On bus serve Sibley. Schedules are available at the Information Desk. There is a courtesy phone in the lobby with direct lines to taxicab companies.

Wireless Internet

Wireless internet access is available. The service is free and is provided for the convenience of patients, visitors and guests.

Hospital Services & Amenities

Pastoral Care Services

Members of your clergy may visit you at any time during your hospitalization. A chaplain is available 24-hours-a-day. You may call extension 4084 to request a visit or receive religious literature. During the weekends or weeknights after 5:00 p.m., dial "0" to request a chaplain. Our chaplains can also help you contact a particular faith group.

Meditation Chapel

The Leonard Memorial Chapel, on the first floor, is open for meditation, reflection and prayer unless there is a scheduled service.

Religious Services

Religious services are held in Leonard Memorial Chapel and are available on House Channel 14 as noted below:

Roman Catholic: Saturday, 11:00 a.m. Ecumenical/Interfaith: Sunday, 11:00 a.m.

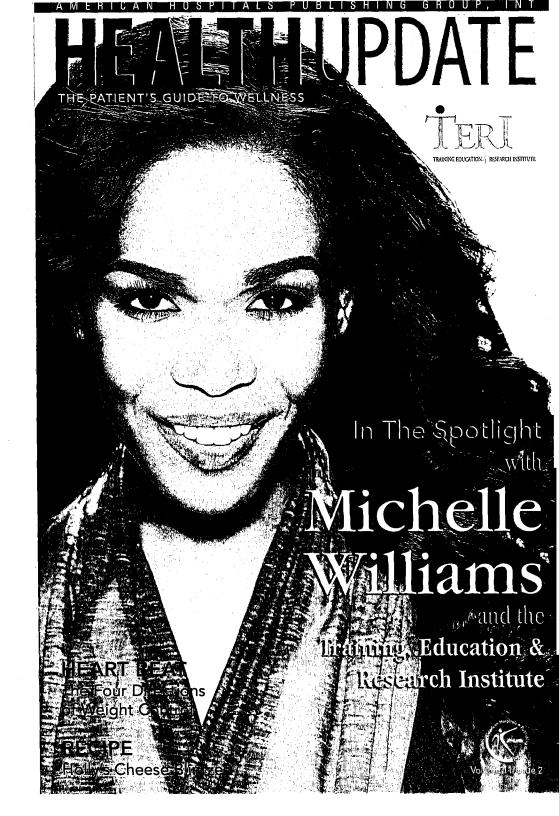
Gift Shop

The Gift Shop, located in the main lobby, carries a variety of items including magazines, cards, toiletries, candy and flowers.

Hours are:

Monday – Friday: 10:00 a.m. – 8:00 p.m.

Weekends and Holidays: 10:00 a.m. - 6:00 p.m.



In The Spotlight

Teleste Villueris Supports TERI, Inc.

We have a real treat for you in this edition of In the Spotlight. Grammy winning singer and actress Michelle Williams was kind enough to make some time in her busy schedule to talk to us about TERI or the Training, Education & Research Institute. You may remember her from Destiny's Child, but Michelle has been working solo for the past few years and has had great success as both a singer and actress. When the opportunity arose for her to become the spokesperson for TERI, an organization that deals with issues close to her heart, she jumped at the opportunity.

HealthUpdate: First off can you tell me what is TERI or the Training, Education & Research Institute?

organization. They basically assist people with developmental disabilities and their families. They give them resources on how to live with disabilities such as autism etc. that we don't have a cure for yet. What I appreciate about TERI is that since there is no cure yet for autism—you have so many organizations that exist to find a cure—this is an organization that helps people that are living with it.

HU: And do they work all across the country?

Well they definitely can work across the country, but they have some residences in the San Diego area, and I was privileged to visit one of the homes and the equestrian center. But there's a brand new equestrian and aquatic center that's being built as we speak.

HU: How did you become interested in this organization?

old, was diagnosed with autism, and I had a cousin who had a developmental disability. So they actually asked me to sing and participate in one of their

benefits, but I was so touched that I didn't want to just be a celebrity that shows up and sings at the event and doesn't pay attention to the organization ever again. So it was starting up and they were looking for someone that could help spread the word, and I was excited that they asked me – well, I kind of just forced myself on them <laughs>.

HU: So how can people get involved?

MVV: You can go to www.teriinc.org to find out more information on the organization. It will tell you about the aquatic center that's being built, how you can donate, and they can also give you information if you are affected or your family is somehow affected by the disease and you need help.



HEALTHUPDATE.com



HU: So they help people deal with the issues that come along with living with developmental disabilities?

Absolutely. I mean, can you imagine what a family must go through that has somebody that is developmentally disabled and the special services that they need? You'd think there would be a lot of information out there, but there's not, so they're there to help.

HU: Can I ask on a personal level how your godson's developmental disabilities have affected you and your friends and family?

school and I saw him the other night. My nickname is "Tee Tee", and he said, "Hi Tee Tee!". And you can understand at first his parents were pretty concerned because his speech wasn't developing, but he's been in school adapting to people. For him to come up and give you a hug is a big deal, because he wasn't doing that at first – at least not to me. Now every time I see him, he gives me a hug, and he's just so bright and happy, and I'm so glad that maybe with him being in school and around other students, and

getting that therapy he needs, he really is enjoying things.

HU: So does TERI work with all age groups?

hat I know of. It is a house for adults, but it is open to all age groups. And with that aquatic center and equestrian center that's being built and with the theatre and arts program that they're trying to develop, they're going to have to include all age groups and I know that they will.

HU: So on another note, what's going on with Michelle Williams?

Well I'm currently touring the country in a play called What My Husband Doesn't Know, and we'll be wrapping up in about two weeks in Dallas, and then I'm going to start recording an album. And I'm really excited about recording a song on that album from which all the proceeds will go to TERI.

HU: Is there anything else you'd like to add?

Well I'm just so glad to be the spokesperson for TERI and I really like talking about this organization and all the help it gives and all the lives it affects!



For more information on TERI go to www.teriinc.org

Osteoarthritis of the Knee: Understanding Treatment Options



Dr. Timothy C. Payne, M.D. specializes in sports medicine, arthroscopic surgery and back rehabilitation at M&M Orthopaedics in Downers Grove, Illinois. For more information please visit, www.mmortho.com or call (630)968-1881. For more information on VQ OrthoCare or the OActive Knee Brace and BioniCare System please visit, www.bionicare.com or call (800)444-1456.

Tealthy, functioning joints are a frequently taken for granted. Every year in the United States, runners train for marathons, overworked executives hit the gym, thousands brave the winter weather to hit the slopes, and families hop on their bikes for a ride around the neighborhood. However, if you are one of the millions of Americans living with osteoarthritis, simple and mundane tasks such as climbing stairs and walking can be a challenge.

Osteoarthritis is a disease of the joints. Inflammation, pain and loss of functionality occur when the cartilage protecting the joint breaks down and the two bones rub together.

The Centers for Disease Control reports that an estimated 46 million adults in the United States are told by a physician that they have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia. The most common form of arthritis is osteoarthritis, and in 2005, an estimated 27 million adults were diagnosed with the disease. Arthritis and other rheumatic conditions (AORC) cost the United States billions of dollars each year. In fact, in 2003, reports showed that AORC cost the U.S. \$127.8 billion dollars (\$80.8 billion in medical care expenditures and \$47.0 billion in lost earnings).

As a former college wrestler and football player, an avid golfer, and a physician with over 30 years of experience in orthopaedic

surgery and sports medicine, I've seen first-hand the adverse affects of living with osteoarthritis. Many patients are told by their physicians that their only options for treatment are exercise, non-steroidal anti-inflammatory drugs, hyaluronic acid injections or total knee replacement surgery.

What are the treatment options for osteoarthritis of the knee?

Exercise is the number one recommended treatment for osteoarthritis (OA) of the knee because it builds muscle mass which can help stabilize the knee. Further, with obesity contributing to the progression of OA due to the stress of added weight on the joints, exercise can also help with weight loss, thereby reducing pressure on the knee.

Another treatment option for OA of the knee is non-steroidal, anti-inflammatory drugs that reduce the inflammation of the joint. However, adverse side effects of pharmaceutical treatments include stomach irritation, possible stomach ulcers, elevated blood pressure, or aggravation of heart conditions. Viscosupplementation injections are given in a series of one to five shots over the course of several months (depending on the product used). These injections are effective in relieving the pain of osteoarthritic knees, but the results may vary from patient to patient.

Total knee replacement surgery (TKR) is the most invasive of all treatment options. In this surgical procedure, the end of the



"We provide leading-edge Emergency Medicine in a patient-satisfying environment."

Jennifer Abele, MD, FACEP
 Medical Director
 Sibley Emergency Department

Emergency Medicine at Sibley

Sibley's emergency care specialists are able to respond to any emergency that comes through our doors, such as strokes, flu, abdominal pain, kidney stones, gastroenteritis, strains, sprains and more. FastTrack enables patients with flu symptoms, minor cuts and other less severe problems to be seen and treated quickly.

Learn more at www.sibley.org/emergency or call us at 202-537-4080











Meeting Your Rehabilitation Needs

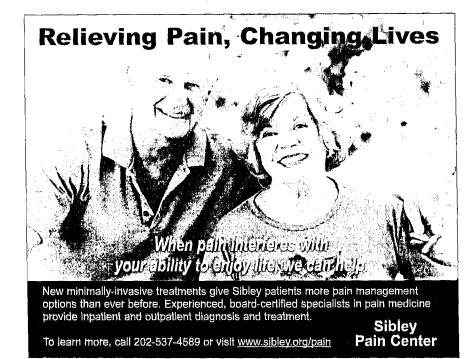
Our expert rehabilitation team is committed to helping you regain function, independence and a healthful life.

- Physical & occupational therapy
 Lymphedema therapy
- Aguatic therapy
- Speech therapy/Audiology
- Treatment of balance & gait disorders
- Certified LSVT/Parkinson's treatment



Located in the Renaissance building on the Hospital campus.

Call 202.364.7665



Sibley Center for Weight Loss Surgery



Why Sibley?

- > For your convenience, all the resources you need are in one place. Our program is designed to give you the care you need from start to finish.
- A dedicated clinical team of weight loss specialists is there for you.
- > Regular patient follow-up including nutritional monitoring and exercise training sessions before and after surgery are emphasized.
- > Attendance in our free monthly support groups is encouraged. Successful weight loss and health maintenance is a life-long challenge, and we are committed to supporting you every step of the way.

Learn more at www.sibley.org/weightloss or call us at 202-370-6565



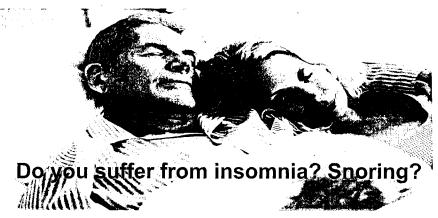


Promoting
a healthy,
independent
and active
lifestyle
for people
over 60.

Sibley Senior Association

Membership benefits and services include free blood pressure checks, exercise and nutrition classes, day trips, pharmacy consults, health screenings, support groups and lectures on current health topics.

Call us at 202-364-7602 or visit us at www.sibley.org/seniors



Find the answers you need to get the sleep you deserve. The Sibley Sleep Center is designed to evaluate people with sleep-related problems. See your physician. He or she can order a painless, non-invasive sleep study. The Center is Accredited by the American Academy of Sleep Medicine.

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Call 202-364-7676 or visit www.sibley.org/sleep

femur (thigh bone) and the top of the lower leg (tibia) are replaced with artificial components to create a synthetic joint. Since the surfaces that were previously rubbing on each other have now been replaced and realigned, this reduces the patient's pain, but full range of motion after this surgery may not be possible if there were significant anatomical changes preceding surgical intervention. Total knee replacement surgery carries risks for patients such a blood clots in the leg or lung, infection, heart attack, stroke, and loosening of the artificial knee. Additionally, depending on wear and tear, the joint may need to be replaced at a later date if loosening becomes painful. Rehabilitation time to restore knee function can take several weeks to months.

In May of 2009, I began prescribing VQ OrthoCare's OActiveTM knee brace and BioniCare® System, the first non-invasive, non-pharmaceutical, non-surgical treatment option for osteoarthritis of the knee. The treatment delivers a low-level pulsed electrical signal to the knee through two electrodes held in place on the inside of a joint unloading brace, developed specifically to treat osteoarthritis by mimicking the naturally occurring signal present in a healthy knee joint. The low-level pulsed electrical signal is not felt by the patient.

Because not every patient is a good candidate for surgery, drugs or injections due to age and other risk factors, the OActive knee brace and BioniCare System alleviates risks associated with surgery, pharmaceuticals, and injections, while helping to alleviate pain and allow patients return to their normal, active lifestyles. As a prescribed treatment for osteoarthritis of the knee, the OActive knee brace and BioniCare System patients are under the care of a physician at all times. On average, patients using the OActive knee brace and BioniCare System have reported

HEALTHUPDATE.com

experiencing positive results after 750 hours. Unlike a standard knee brace, the **BioniCare** device is

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A Partienit's Perspectives Tomi Silmulis

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integrated into the OActive "unloader" knee brace to reduce the impact of body weight on the knee and reduce the patient's pain. The OActive Knee Brace is worn undetected under clothing and allows for optimal movement of the entire leg.

Within the first year, I have seen a 70% improvement rate in pain, symptoms, and knee function with the OActive knee brace and BioniCare System.

Ultimately, taking care of ourselves at every stage along the way is the best treatment to preventing disease and illness as we grow older. This begins with exercise and nutrition, and continues by educating ourselves on the best treatment options. Always consult with your physician and ask questions about the risks and results you can expect from every treatment option.

Works Cited:

Centers for Disease Prevention and Control (CDC):

http://www.cdc.gov/arthritis/data_statistics/faqs/ cost_analysis.htm

BioniCare: http://www.bionicare.com

HEART BEAT

News, Tips, and Advice for a Healthier Life

The Four Directions of Weight Control

By Lee Kern, MSW, LCSW, Clinical Director for Structure House

The obesity epidemic in our society is associated with numerous chronic diseases, such as diabetes and hypertension that contribute to sky-rocketing health care costs. Health experts recognize that modest weight losses of 10% can result in significant health improvements. By focusing on four essential strategies, which I call the four directions, you can enjoy the health benefits of successful weight control.

Direction 1: LOOK UP

Karen's sleep apnea and knee pain restricted her activities and mobility, depleting her mood and self-esteem. Tired of being limited by health problems and determined to feel better, she decided that to live more effectively she had to synchronize behaviors and values. She began to use a food diary to plan her meals, and to swim laps three times a week. After losing 40 pounds, she was sleeping better and was off pain medication. LOOKING UP involves knowing your priorities and linking them to actions.

Direction 2: LOOK IN

After a break-up, Vicky began eating to console herself. Food was safe and comforting, it became her best friend. After gaining weight, she recognized that she was using food and weight to seal herself off from others who might hurt her again. Her weight loss began by taking an inventory of needs, admitting that using food for love and soothing was only making matters worse. She decided to re-connect with friends and improve assertiveness skills, launching a successful weight loss that helped her get back into life. LOOKING IN means uncovering feelings and needs and finding healthy ways to honor them.

Direction 3: LOOK BACK

Successful weight losers have the ability to do "damage control," to learn from slips and go forward. After a weekend of excessive snacking, Sharon realized all her free time had been spent in obligations — there was no fun and snacks became her reward. She concluded she had to re-design her weekends to include pleasure and meaning; she signed up for dancing lessons and joined a garden club. In *LOOKING BACK* we make relapses an opportunity to learn and grow.

Direction 4: LOOK AHEAD

Chris' 60-pound weight loss was anchored in thoughtful restaurant management: 1) Don't look at menus, 2) No bread on the table, 3) Plan the meal before arriving, 4) Order two appetizers if no entrée fits the plan, 5) Stick to roast chicken or seafood, 6) Eat early before getting too hungry, and 7) Order fruit and tea for dessert. By LOOKING AHEAD, we anticipate risk and design a plan that eliminates or manages the risk.

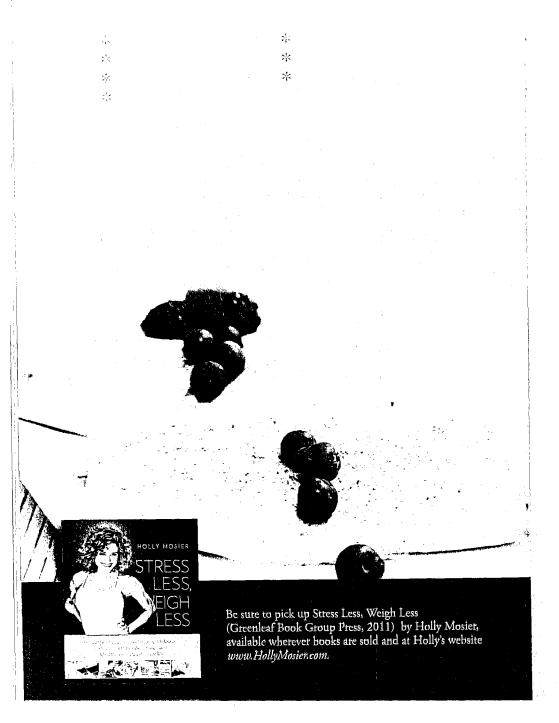
Conclusion: You can add strength and endurance to your weight control efforts by looking up, in, back and ahead.



Lee Kern is the clinical director for Structure House, a residential weight loss facility in Durham, N.C. offering a variety of programs, including diabetes management,

pre-/post-surgery support, binge eating treatment, and an online weight loss program. Since 1982, Kern has been treating overweight adults and leads the bariatric surgery program at Structure House. Kern serves as an adjunct instructor for the University of North Carolina at Chapel Hill School of Social Work. Structure House is a member of CRC Health Group. For information, visit www.structurehouse.com or call (800) 553-0052.

Holly's Cheese Blintzes



Shopping & Book Carts

The shopping cart is brought to patient rooms by Volunteers and includes many items available in the Gift Shop. Our volunteers also bring a selection of books and magazines to the units periodically.

Notary Public

For your convenience, Notaries Public are available. A fee of \$2.00 per seal will be charged. If you are in need of a Notary Public you may call and arrange for this service Monday – Friday, 8:00 a.m. to 4:00 p.m. at the following extensions: 4753, 4154, 4680, 4784 and 4088. Sibley employees are not permitted to serve as witnesses to any document that requires a notarization. You will need to arrange for your own witnesses. Please note that proper photo identification is required of all those who have need of notarization.

Newspapers

The Washington Post, USA Today, The Washington Times, The New York Times, The Wall Street Journal, and local newspapers are available from vending machines on the first floor.

Mail & Deliveries

Letters, packages and flowers are delivered to your room daily. Outgoing mail may be dropped in the mail slot on your floor or in the main lobby. After discharge, mail will be forwarded to your home address and flowers will be returned to florist shops.

ATM

ATM machines are located on the ground floor opposite the elevators and on the main floor to the right of the elevators.

Interpreters

Interpreters, including American Sign Language interpreters, may be obtained by notifying your nurse.

Services / Communication Devices for Special Needs Patients Hearing Impaired

- UbiDuo Face-to-Face Communicator (Type-to-Text Communication Device)
- · UltraTec (bedside TTY Machine)
- Pocket Talker- for the Hard of Hearing (One-piece listening device placed around the neck to amplify sounds)
- · Public TTY Machines
- TTYs, amplified telephone sets, disposable earphones, etc. are available. Please ask your caregiver to contact the Communications department. Sibley's TTY number is 202-244-2552. TTY machines are available on two pay phones in the main lobby; the Emergency Room pay phone, and the pay phones near the newspaper racks adjacent to the Chapel.

Visually Impaired

- Bell Ring Button Plus (Speaker phone with memory capability & Braille keypad)
- · Handi-Lens & Sight Saver (Magnifier Sheet)
- The Talking Phone (Amplified phone with "talk back" and Braille characteristics)

Speech Impaired

- · Sign Language Interpreter
- · Communication Boards

Discharge, Finance & Patient Satisfaction

What You Can Expect at Discharge

- You will receive a folder with a discharge checklist and pockets for educational materials and discharge instructions.
- · Ask questions to make sure everything is clear.
- You will receive a list of your current medications. Review them with our staff, so you know what each medication is and why you are taking it.
 Take the list to your next primary care appointment. Ask your physician or pharmacist about any interactions.

Preparation for Discharge Begins on Admission

Make certain that anyone assisting you understands the type of care you
will need, what to look for if your condition changes, when to call for
help and whom to contact.

- · Be sure that you know how to operate any equipment.
- · Ask about support groups for your condition.
- Confirm any follow-up appointments with your doctor or other members of your healthcare team.

Discharge is at 10:00 a.m. Please plan your transportation home in advance. Your physician will provide you with discharge instructions and prescriptions, if applicable. Your nurse will review them with you. Check your personal items before leaving. If you deposited valuables with Security, ask your nurse to notify a security officer.

Patients who miss the discharge time of 10:00 a.m. by two hours may be charged a late discharge fee.

Discharged patients check out at the Cashier's Office on the main floor, Monday through Saturday, 8:00 a.m. - 4:15 p.m. After-hours checkout is completed at the Admissions Office.

Charges at Discharge

You, a family member or friend should be prepared to pay for non-covered items such as television fees, private room differentials, guest or gourmet meals and any co-insurance or deductibles that your health plan indicates.

Hospital Bill

A summarized hospital bill will be mailed to you for hospital charges only. It will include charges for all services, supplies and equipment related to your treatment, exclusive of most physician services. We will submit claims to your insurance carrier(s), providing we have all the necessary information. You will be responsible for any amount not paid by your insurance carrier(s) within 45 days, except where specifically prohibited by law. If you have any questions about billing procedures, please call Patient Accounts at extension 4055.

Physician Bills

You will be billed separately by your physician and other specialists involved in your hospital care. For example, you may receive separate bills from your surgeon, the anesthesiologist, the radiologist, the emergency room physician or other specialists.

Financial Counselors

Financial counselors are available to answer questions about your hospitalization. Hours are Monday through Friday, 8:00 a.m. to 4:30 p.m. Call extension 4160 or 4161.

Financial Assistance

If you are uninsured or underinsured, Sibley's Community Assistance Program is available to help pay for all or part of your hospital services. Please call the financial counselors for an application or for additional information at extension 4160 or 4161.

Medical Records

Patients, legal guardians or parents of minor patients may receive copies of medical records for a nominal fee after submitting a written request. Records requiring signatures or documentation by a physician will not be released until the record has been completed. For information, call extension 4088, or you may fill out the required form at discharge.

Patient Satisfaction Survey

You may receive a Patient Satisfaction survey from the Press Ganey organization on behalf of Sibley Memorial Hospital, following Inpatient, Outpatient or Emergency Room care. This survey is used to help us track how we are doing compared with other hospitals in our area and throughout the country. Please take a few minutes to complete the survey and return it to Press Ganey.

We appreciate your help to continue to improve patient care at Sibley. If at any time during your stay you do not feel you are receiving very good care, please let us know so we can make things better.

Important Patient Information

Additional Assistance at Sibley & at Home

A wide selection of services is available at Sibley or in your home, covered by insurance or for an additional fee. Ask your case coordinator or call extension 4004. Services include:

- · Care coordination
- · Home care aides
- · Home health aides
- IV therapy
- Lactation services: 202-243-2321 option 2
- Licensed nurses
- Live-ins /sitters /companions
- · Maternal /child health nursing
- Medical social work
- Mental healthcare
- · Physical /occupational /speech therapies
- · Skilled nursing
- Social workers

Advance Directives

Hospitals are required by law to inform patients of advance directives documents that allow you to state your choices for healthcare or name someone to make those choices for you if you become unable to do so. You may make decisions about your future medical treatment by means of formal documents such as living wills and durable power of attorney for your healthcare. We do not discriminate or place conditions on the provision of care based on whether or not an advance directive has been executed.

Case Coordination

A Case coordinator, who is a registered nurse or social worker, will help you with practical post-hospital or post-facility arrangements and work closely with your physician(s) and other members of your healthcare team to ensure the continuation of your treatment plan following your discharge. In addition, they can help you find special equipment, supplies or services. A case coordinator can promote effective communication between you and your healthcare team and also communicate with your insurance company as needed. Ask your nurse if you would like to speak with someone from the Case Coordination department, or call extension 4004.

Care Review

As is required by the Centers for Medicare and Medicaid Services and insurers, the Case Coordination department conducts utilization reviews to evaluate the appropriateness and efficiency of healthcare resources delivered to our patients. Nurses and physicians consult with your physician and use industry standards and Medicare-approved healthcare guidelines to review your care and services.

Ethics Consultation

Communication between patients, physicians, family members, clergy and hospital staff concerning ethical issues is encouraged. We recognize that such communication can be difficult and additional assistance is sometimes needed. To request an Ethics Advisory Committee consultation, dial "0" and request that the ethics contact person be paged and your call will be returned.

Organ Donation

At the time of a patient's death, Sibley is required by law to offer the family the opportunity (if medical criteria are met) for organ/tissue donation. The Washington Regional Transplant Consortium (WRTC) functions as the "routine contact" for Sibley Memorial Hospital and assists in the evaluation of potential organ/tissue donations on a 24-hour-a-day basis. To facilitate early identification of medically suitable donors, WRTC is notified prior to cessation of mechanical ventilation on all patients who meet brain-death criteria or who are being considered for withdrawal of life support.

Palliative Care Services

The Palliative Care Service is medical and nursing care, led by a physician and certified nurse practitioner, combined with other forms of support to provide relief from suffering no matter if its cause is physical, psychological, social or spiritual. To request a consultation, please ask your physician, your nurse or contact the Palliative Care Service team at 202-370-6580 or palliativecare@sibley.org.

Patient Advocacy

The patient advocate serves as a resource to you and your family members and can help with questions or special needs that you may have during your stay in the hospital. The patient advocate may act as a liaison between you, your family and the healthcare staff, and investigate complaints and resolve concerns.

To contact our patient advocate, call extension 4267, Monday through Friday between 8:30 a.m. and 4:30 p.m. On weekends and after business hours, contact the operator (dial 0) and ask to be connected to the Patient Care Services Nursing Coordinator.

Volunteer and Guest Relations Service

Sibley is fortunate to have many volunteers from the community who work closely with our staff, patients and families to provide numerous services and considerate support and assistance.

To ensure that you and your visitors receive a warm, friendly welcome, the volunteers at the desk in the main lobby provide basic information and assistance with directions within the hospital. Our volunteer guest relations representatives are dedicated to helping you feel as comfortable as possible during your stay and serve as a connection between you and hospital departments and other services.

The Volunteer Office is located on the first floor near the main lobby. If you or someone you know is interested in volunteering, call 202-537-4485 or you can access information at www.sibley.org. Under Departments, select Volunteer Services.

Photography and Recording Policy

To ensure patient confidentiality, Hospital policy does not permit videotaping, still photography or audio recording except in a patient's room. These photos may include only the patient, family members and/or their designee.

Videotaping, audio-recording and/or photography by any modality, including cell phone cameras, of any care provided to patients are prohibited. This includes, but is not limited to, the birth process, birth procedures, newborn care and newborn exam. Videotaping, photography, or audio recording must be arranged with the nurse by the mother, father or significant other.

Giving and Support

The Sibley Memorial Hospital Foundation kicked off the Your Health, Your Sibley: Moments That Matter campaign in 2009, a multi-year effort in support of the ambitious project to construct a new Sibley hospital building. The goals of the campaign include: a new hospital building with modern facilities and all private patient rooms; an expanded emergency department; building strong endowments for education and technology; and continuing to enhance important programs and services for the benefit of Sibley's patients.

Every day at Sibley patients and their loved ones experience life-altering moments—moments of joy, hope and relief as well as difficulty, sadness and apprehension. Sibley has been here for every one of these moments and is committed to being here for you, your friends and your loved ones for years to come, which is why the theme of our campaign is *Your Health, Your Sibley: Moments That Matter.*

Help us maintain our high quality of patient care while planning for Sibley's future. To make a contribution in support of Sibley or for more information about the Sibley Memorial Hospital Foundation, please contact us at 202-537-4257 or email sibleyfoundation@sibley.org. More information is also online at www.sibleyfoundation.org.

Patient Rights & Responsibilities

Delivery of effective healthcare is collaboration between patients, physicians and other healthcare professionals. We want you to know what to expect of us and what we expect of you while at Sibley Memorial Hospital.

Your rights as a patient include the right to:

- Considerate and respectful care.
- Receive Hospital services without discrimination on the basis of any factor to which discrimination is prohibited by law.
- · Know the people involved in your care.
- · Be informed about and participate in decisions regarding your care.
- · Consent to or decline treatment.
- · Appropriate assessment and management of pain.
- · Security, personal privacy, and confidentiality of records.
- · Access information in your medical records.
- Contact the Hospital's Ethics Committee or other available resources for assistance in decisions regarding care.
- · Access to protective services.
- An advance directive, such as living will or a durable power of attorney for healthcare.
- Be transferred to another facility when medically appropriate and legally permissible, or when you have requested this and are mentally stable.
- Contact the nurse manager of your unit if you have any questions or concerns to be resolved, or you may call the Patient Representative Hotline at 202-537-4267, between 7:30 a.m. and 4:30 p.m. After 4:30 p.m. or on weekends and holidays, contact the Patient Care Services Coordinator through the page operator at 202-537-4111.
- Prompt resolution of grievances and information about the hospital's grievance procedure, including whom to contact to file a grievance. If you feel your concerns have not been adequately addressed, you have the right to contact the D.C. Department of Health, 825 North Capitol Street N.E., Washington, D.C. 20002 or call 202-442-5888; or the Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, IL 60181 or call 1-800-994-6610.

Your responsibilities as a patient include the responsibility to:

- · Act in partnership with your healthcare team.
- · Be considerate of other patients and Hospital personnel.
- Provide complete information about current and developing health conditions, past illnesses, hospitalizations, medications and other matters relating to your health.
- Inform your physician(s) or other caregivers if you anticipate any problems following prescribed treatment.
- · Supply the Hospital with a copy of your advance directive, if you have one.
- Pay Hospital bills promptly, proving information necessary for insurance processing and asking questions you may have concerning bills.
- Inform the Hospital as soon as possible if you feel your rights have been violated or safety is a concern, by contacting the Patient Advocate at 202-537-4267.

Privacy Compliance Hotline

Sibley Memorial Hospital has a Hotline for individuals to report actual or potential violations of any law and/or Hospital policy. The Hotline is available to Sibley's Chief Compliance Officer. All reports to the Hotline will be investigated in a prompt and reasonable fashion.

You may also call anonymously. The President/CEO of Sibley will be informed of your call. Hotline: 202-243-2260

Outpatient Services

Hospital-Based

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Bronchoscopy
Cancer Center
Cardiac Cathertization
Diabetes Education
Endoscopy
Imaging Services (x-ray, CT, MRI)
Infusion Therapy
Minor Surgery Center
Nutrition Consults
Outpatient Rehabilitation
Pain Center
Palliative Care
Physician Referral
Sibley Senior Association
Sleep Center
Sullivan Center for Breast Health
Weight Loss Surgery Center
Community-Based
Link to Life
Support Groups
Potomac Home Health

301-230-6999

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My Medication List

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Medication Name/ Date Started	Dose (mg, drops, etc.)	When Taken	Reason for Taking
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My Medication List (Continued)

Medication Name/ Date Started	Dose (mg, drops, etc.)	When Taken	Reason for Taking		
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Date las	st received the	following:			
Pneumonia Vaccine	Flu Va	accine			
Hepatitis Vaccine	Hepatitis Vaccine Tetanus				
Other:	Othe	Other:			
Allergies and	d reactions (pl	ease describe):			
	 				
		 			
					
					
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Universal Medication Form: You can help make your health care safer by keeping this list current. Complete this form and keep it in your wallet. Bring this form with you to any visit to a hospital, health care provider, pharmacist or doctor.



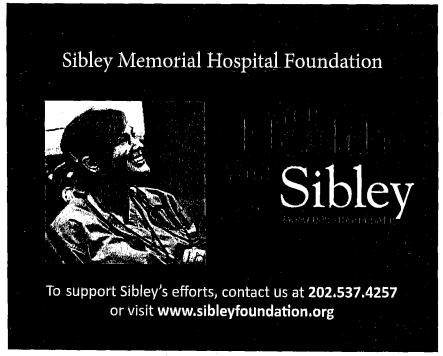


- No Prescription required for screening mammograms
- D.C.-Maryland leader in diagnosing and treating breast cancer
- Experienced team, sophisticated digital technology, pleasant setting

Learn More: sullivancenter.sibley.org Schedule Your Mammogram: 202-537-4545



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Relationships for Life

A continuum of care program



Grand Oaks partners with Sibley Memorial Hospital for acute services and with Renaissance Skilled Nursing Facility at Sibley for rehabilitation and sub-acute services. Both are located adjacent to Grand Oaks and allow us to provide for your continued individualized care to include:

- Delivery of personal belongings on day of admission
- Extra attention to personal care during your stay by our Care Managers
- Daily visits from Grand Oaks management team member
- Coordination of care and escort for your return to Grand Oaks

To those seeking the best in gracious retirement living, we invite you to tour our beautiful community.

Learn more about our Relationships for Life program and our NEW partnership with Johns Hopkins. Call 202-349-3400.





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5901 MacAnthur Boulevard, NW, Washington, DC 20016
202-349-3400 • www.grandoaksdc.com

5255 Loughboro Road, N.W. • Washington, D.C., 20016 • www.sibley.org

Appendix 69

HOSPITAL POLICY



No.: 03-31-01 Approved: Administration

Effective: 09/20/2011 Distribution: All Departments

Replaces: Policy dated 01/29/2010 Reviewed: 7/92; 3/94; 8/96; 6/99; 4/05revised;

4/07 revised

<u>August 2011: provisions of Hospital Policy 03-25-24 Evacuation of Critical Patients to MedStar</u> Center have been combined into 03-31-01

SUBJECT: Transfer/Referral of Patients to Other Health Care Facilities

PURPOSE: To establish a safe, effective, and efficient means of transferring and/or

referring patients to other health care facilities when Sibley Memorial Hospital does not offer or is no longer able to offer the care required by a

particular patient.

RELATED

POLICIES: 03-31-03 Passes (Leave) for Hospitalized Patients

03-31-16 Procedure for the Transport of Critically III Patients Via

Ambulance or Helicopter to Other Facilities

03-12-11 Emergency Medical Treatment and Labor Act ("EMTALA")

RELATED

FORMS: Request for Transfer/Consent for Transfer Certification for Transfer 02-256

External Transfer Summary 02-484 Ambulance Transfer Form 1560MN

Patient Transfer Form 02-109 Metropolitan Washington Area Inter-Agency

Referral Transfer Form

Authorization for Use of Taxicab to or from Medical Facility DHR 643 State of Maryland, Ambulance Transportation Authorization and Invoice,

DHMH 250

Emergency Department Record ** from PICIS EMR

Application for Emergency Hospitalization by Family Physician or Officer –

Agent of D.C. Department of Public Health DHR

Taxicab Voucher Slip, Safety and Security

Authorization for Release of Medical Record 1018

Request for Patient X-Ray 02-235

Discharge Notice 02-255

**

DEFINITIONS:

<u>Transfer</u>: The release of an inpatient from the care of this Hospital to another health care facility for continued care.

Referral: Recommendation by a staff physician of Sibley Hospital for an alternative health care facility to provide specific medical services not offered by or not presently available at Sibley Hospital or where continued stay in an acute care hospital is no longer medically necessary. Referral to services within Sibley Memorial Hospital will be based upon the assessed needs of the patients for services such as physical therapy, occupational therapy, etc. Referrals will be made by the attending physician.

<u>Inpatient</u>: An individual admitted to the Hospital to receive medical and other allied health care services as a patient in the Hospital.

<u>Outpatient</u>: An individual presented for evaluation and/or treatment of symptoms or injury to a doctor's office, a clinic, or a department within the Hospital.

<u>Admission</u>: The formal acceptance by the Hospital of a patient who is to receive medical or allied health care services as an inpatient in the Hospital.

<u>Out-on-Pass</u>: Temporary absence (less than one calendar day) from the Hospital by an inpatient on permission/order of the attending physician for diagnostic/therapeutic or personal reasons as documented by the physician.

<u>Discharge</u>: The formal, written release of an inpatient from the Hospital by the attending physician.

GENERAL COMMENT:

In order to maintain appropriate standards of care with flexibility for physicians and convenience for patients, it is the policy of Sibley Memorial Hospital that an inpatient may be transported to another facility for needed diagnostic/therapeutic procedures. Unless a patient is "discharged" by the attending physician or leaves "against medical advice", (AMA), all usual and customary charges will continue to accrue to the patient's account.

POLICY:

Patients assessed as requiring transfer/referral from Sibley Memorial Hospital to other health care facilities will be assisted in making the transition in a safe and efficient manner. Criteria for transfer/referral:

- 1. Level of care provided at Sibley Memorial Hospital is no longer medically necessary, e.g., extended care needed.
- 2. A change in the type of care required to a category <u>not provided</u> at Sibley, e.g., pediatric care.
- 3. Patients whose care require therapeutic services or diagnostic procedures not available at Sibley Memorial Hospital may be given a pass to go to another facility for such services or procedures.
- 4. The patient requests to transfer to the hospital of his/her choice.
- 5. The patient's insurance carrier requests that he/she be transferred.

In all cases, it is the responsibility of the transferring unit, in conjunction with Case Coordination, if applicable, to provide the receiving institution with a summary of the patient's stay, a copy of the relevant medical record documentation, and a current evaluation of the patient's stability and suitability for transfer. Criteria for the selection of an appropriate transportation modality will apply ** (*Policy 03-31-16*). Sibley Memorial Hospital will follow the District of Columbia regulations and the Emergency Medical Treatment and Active Labor Act (EMTALA) at all times.

INPATIENTS

The need for transfer/referral of an inpatient to another health care facility will be determined by the patient's attending physician, based on established criteria and Hospital policies for admission and continued treatment of patients and in consideration of the patient's physical ability to tolerate transport to another facility.

The attending physician will be responsible for making the necessary arrangements with the receiving facility, for securing the consent of the patient and/or other parties legally responsible for the patient, and for documenting the transfer/referral in the patient's record.

It is the responsibility of the physician transferring the patient to obtain acceptance by the physician at the receiving facility for care of the patient. The physician who is facilitating the transfer/referral of the patient is responsible for explaining the risks and benefits, as well as the alternatives to the transfer/referral.

Policy 03-31-01 Page 3 of 12

The transfer will be made upon specific written orders by the physician that will include the mode of transportation, equipment and type of attendants required. The attending physician will formally discharge the patient from the care of Sibley Memorial Hospital and complete any forms to accompany the patient as required by the receiving facility.

In the case of a referral for a diagnostic procedure, transportation needs will be determined by the attending physician on the Physician's Order

Sheet, 02-107 or on the patient's chart. Accompanying nursing or related care will also be determined and included as a part of the written order by the attending physician. If an ambulance is required, it will be noted and charges for such ambulance service will be handled by the ambulance company to the patient or designated responsible party. If the physician so authorizes and the patient or responsible party signs the Out of Hospital Pass and Release Form, 02-471 MR, releasing the hospital, transportation may be provided by the patient, his family, or friends. The Hospital vehicles will not be used to transport patients to other facilities. The Out of Hospital Pass and Release Form will specify the mode of transportation and destination.

Exception: This policy and the related procedure are not applicable to patients on the Psychiatric Service (7 West) who are given passes for community re-entry purposes.

The Admissions Department will be notified by the Nursing Unit personnel when a transfer occurs as in the procedure for discharge of any patient. The Case Coordinator will assist the patient's family in making transfer arrangements with the ambulance companies for transfer of patients. The patient's family, next-of-kin, or legally responsible party will be notified by the Nursing Unit personnel or a Case Coordinator as early as possible that transfer arrangements are needed and assist them in this process.

Any physician, nursing service, welfare agency, convalescent nursing home, or hospital involved in the transfer of a patient at Sibley Memorial Hospital may be provided with copies of the patient's medical record or a portion thereof, as required by the receiving institution or agency participating in the arrangement. Similarly, all x-rays will be copied to a CD as required by the receiving institution with the originals being retained in IDX in Sibley's Department of Imaging Services. Agreement to the transfer by the patient or the patient's legally responsible party shall constitute authorization for release of these records.

Assignment of responsibility for patient care during transfer will be designated and documented on the Physician Certification and Patient Consent for Transfer form.

The patient or the responsible party will be responsible for any transportation fees. Cases in which the Case Coordinator is involved will be handled on an individual basis. Hospital vehicles will not be used to transport patients to other facilities.

OUTPATIENTS

Individuals presenting themselves for treatment in the Hospital as outpatients and who require no further care will be medically released after evaluation and/or treatment. Patients will be responsible for making their own arrangements for transportation from the Hospital to their residences, except when ambulance service is needed; then it will be arranged with assistance of the Admitting Office and the Case Coordination Team.

Those patients assessed by the attending physician as requiring hospitalization will be considered for admission to Sibley Memorial Hospital according to <u>established</u> Hospital and admission policies. If it is found the care needed cannot be provided by this Hospital, for whatever reason, the patient will be referred to other appropriate health care facilities by the Emergency Service physician or the patient's attending physician.

The referring physician will make the arrangements with the receiving facility through their Admissions Department or responsible Emergency Service physician and will otherwise follow the policy and procedures outlined for <u>INPATIENTS</u>.

Exception: Patients transferred form the Emergency Department will be provided a

CD with all images (x-rays) taken. The original will be retained in the

Department of Imaging Services.

PROCEDURE:

INPATIENTS

Attending Physician:

- Assess need for transfer/referral of patient to another healthcare facility. (see Policy)
- 2. The hospital will transfer a patient who has not been stabilized only if at least one of the following requirements has been met:
 - a. The patient (or legally responsible person acting on the individual's behalf) after being informed of the hospital's obligations with respect to medical screening examinations and stabilizing treatment, and of risks of transfer, requests the transfer in writing; or

- b. A physician has signed the Physician Certification and Patient Consent for Transfer that, based on the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate treatment at another medical facility outweigh the increased risks to the individual and in the case of labor, to the unborn child from effecting the transfer
- 3. The Attending Physician will then call the designated transport company and advise the dispatcher that there is a patient requiring transport to a specific designated hospital. The physician shall request helicopter transport if indicated; otherwise ask the transport company to recommend mode of transport (helicopter vs. ambulance).
- 4. The designated transport company is to be advised by the Attending Physician of a brief, concise medical report including vital statistics on the patient to be transported.
- 5. Assess patient's physical condition to determine tolerance of transportation, and ability to arrange own transportation.
- 6. Discuss transfer/referral with patient, if appropriate, and with other family members or other parties legally responsible for the patient to ensure their understanding and agreement to the move. Risks, benefits, and alternatives are explained.
- 7. Ensure that arrangements are made with receiving physician and facility to accept transfer/referral of patient.
- 8. Document assessment of need for transfer in the patient's record.
- 9. Provide verbal or written orders for transfer, including

Policy 03-31-01 Page 6 of 12

- mode of transportation, level of care (BLS, ALS, Critical Care) and assignment of responsibility for patient care during transport.
- 10. Write order for discharge/pass of patient from Hospital.
- 11. Complete all other forms required by receiving facility to accompany patient.
- **12.** Request a CD with the patient's images (x-rays) be made to accompany patient, when appropriate.

Nursing Personnel:

- While all arrangements connected with the transfer are being made by the patient or the patient's legally responsible party, give any reasonable assistance requested, referring cases to Case Coordination as needed.
- The appropriate level of personnel is selected based on the patient's assessed needs. If the ambulance service is unable to provide the appropriate level of personnel, a Sibley Memorial Hospital staff member will accompany the patient during transport.
- 3. If patient's condition changes so that he/she cannot be safely moved, notify Admissions <u>immediately</u>. In addition, if the patient is assisted by Case Coordination, they, too, need to be notified.
- 4. If mode of transportation is designed as "by ambulance", notify Admissions to arrange for patient transport. If transportation is by helicopter, speak with dispatcher from point of origin and notify Safety and Security, the Nursing Coordinator, and the Administrator-on-Call of the Expected Time of Arrival (ETA). Notify the ED Charge with the ETA of the transport vehicle.
- Contact Safety and Security for return transportation for any Hospital personnel accompanying patient in the ambulance.
- 6. If the patient is being transported directly to a Medical or Surgical ICU bed, the patient must have

a room designated prior to transfer.

- 7. Complete Patient Transfer Form 02-109 for transfer to Long Term Care, and External Transfer Summary Form 02484 for transfer to another hospital.
- Pass and Release Form 02-272 MR in duplicate, original for chart and copy for ambulance, patient or other person providing transportation as ordered by attending physician. Note on the form the mode of transportation to be used by the patient, i.e., family car, taxi, etc., pursuant to the physician's written order entered on patient's record. Secure signature of patient or responsible party. Notify Admissions staff that ambulance arrangements are to be made.
- 9. Document time patient left unit, mode of transportation, and who accompanied the patient, if anyone, and destination. Note time of patient's return to unit, and any pertinent observations made upon patient's return.
- Notify Admissions Department immediately if transportation has to be delayed or cancelled for any reason.

Case Coordination:

- When appropriate, assess needs of patient referred for assistance with transfer to another facility following departmental procedures.
- 2. Participate in Patient Outcome Planning for patients to be transferred as necessary.
- Notify Admissions as to Medicaid cases with appropriate pre-certification or authorization identifying information applicable to the particular case. Charity transportation is usually approved by Administration.

Admissions:

 Receive request from Patient Care Unit personnel, patient's family or Case Coordination for needed ambulance transportation with indication that family, next-of-kin, or responsible party has been informed of such needed arrangements.

- 2. Complete Ambulance Transfer Form 1560 NM, with pertinent information as to insurance, etc.
- Contact ambulance company and make necessary arrangements for transport with appropriate level of personnel for transport as indicated by the Nursing Unit personnel. Notify Patient Care Unit personnel and patient's family that such arrangements are made, and communicate the Expected Time of Arrival (ETA) of the ambulance.
- Provide completed Ambulance Transfer Form 1560 NM to ambulance personnel when they arrive to pick up patient. (Original to ambulance personnel, copy to be retained as Admitting record, and copy to Cashier, if appropriate.)

AT TIME OF TRANSFER:

Charge Nurse:

- 1. Notify Admissions of the patient transfer.
- 2. If Sibley Memorial Hospital personnel are required to accompany patient during transport, verify return transportation. If the ambulance company is unable to return employee, notify Safety and Security to arrange for Hospital vehicle to pick up and return employee. If Safety and Security is unable to provide return transportation, see that accompanying personnel has taxi voucher for driver's signature and reimbursement.
- Notify the unit secretary of the need to copy necessary portions of the record required by the receiving facility or by any authorized party connected with the transfer. (See Policy and guidelines: "Documents to Accompany Patient being Transferred/Referred.")
- 4. Collate accompanying documents and collect all lab results and x-rays as ordered to accompany patient.
- When receiving facility sends their own vehicle and personnel to accompany patient to their facility, continue patient care and documentation until they accept transfer of responsibility.

Controller's Office:

 Receive copy of Ambulance Transfer Form 1560 NM through Cashier when noted and appropriate on an individual case basis.

Unit Secretary:

 Make requested copies of the patient's record or portions of the record to accompany the patient to the receiving facility.

Safety & Security:

- 1. When authorized and requested by the Administrator or Administrator-on-Call, and when Hospital is paying for transportation, arrange for a taxi to come for patient, in the event this mode of transportation is the only alternative.
- 2. Release taxi voucher to driver and log in taxi log book following departmental procedure.
- 3. Arrange for Hospital vehicle to pick up and return Hospital employee when such employee is needed to accompany patient to destination.
- 4. When Hospital vehicle is not available, arrange for taxi to pick up accompanying personnel using taxi voucher system for employee reimbursement.
- 5. Safety and Security staff will meet the flight crew at the landing site and escort the crew to the appropriate unit.
- 6. Once the ETA for the helicopter has been communicated, Safety and Security will block all traffic on Little Falls Road from the ambulance entrance to the Emergency Department to the West gate of Lot #1. Safety and Security will continue to direct traffic until the helicopter has departed.

Imaging Services:

- 1. Make a CD of all images (x-rays) to accompany patient to receiving facility.
- 2. Retain originals in the IDX System located in the Department of Imaging Services.

OUTPATIENTS

Emergency Service Physician or Patient's Attending Physician

- When admission to Sibley Memorial Hospital is not possible because services are outside the scope of services provided, refer the patient to another health care facility.
- 2. Make arrangements with the receiving facility through their admitting office or responsible emergency service physician.
- 3. Document need for Hospital admission and referral on patient's departmental record. Write order in patient's record for release and admission elsewhere including mode of transportation.
- 4. In a situation where timely transport cannot be obtained for an emergency patient through normal ambulance services, the District of Columbia Fire and Emergency Medical Services Inter-Facility Transport Protocol will be utilized as outlined below:
 - a. Call 911 or (202) 673-3302 and request to speak to the on-duty Chief Supervisor.
 - b. Explain situation of emergency transfer to EMS and request that they provide for transfer.
 - c. Document in the patient chart the type of equipment and medical personnel required for the transfer.
 - d. Write a transfer note, identifying the accepting facility, accepting physician, care expected to be required in route, and a statement that the patient is stable enough to be transported.
 - e. Ensure that f all pertinent chart information is sent with the patient.
 - f. Ensure the Hospital provides for the appropriate level of attendee (physician/nurse) to ride with patients requiring more care than the EMS service staff can provide.
 - g. The Physician Certification and Patient Consent for Transfer (02526MR) will be completed for all transfers. This form

Policy 03-31-01 Page 11 of 12

documents how responsibility is shifted between providers and setting and designates who has responsibility for the patient during transfer.

lmaging	
Services:	

- 1. Make a CD of all images (x-rays) taken to accompany patient.
- 2. Retain original images (x-rays) in IDX located in the Department of Imaging Services.

Charge Nurse:

- 1. Prepare patient for transfer.
- Make copies of required documents to accompany patient. (See Policy and Guidelines "Documents to Accompany Patients being Transferred/Referred.")
- 3. Collect lab results and CD of all images (x-rays) following physician's orders for referral.
- 4. Follow remainder of Procedure for INPATIENTS.

KEY: **Bold, italicized** wording = new or changed wording ** = omitted word(s)

APPROVALS	Š .
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Senior Vice President, Patient Care Services and CNO	Date
President of the Medical Staff	Date
President and Chief Executive Officer	Date

Appendix 70

Medical Oncology / Infusion Services

A medical oncologist is a doctor who specializes in diagnosing and treating cancer using chemotherapy, hormonal therapy, biological therapy and targeted therapy.

A medical oncologist often is the main health care provider for someone who has cancer. A medical oncologist also gives supportive care and may coordinate treatment given by other specialists.

We proudly offer individualized care to our patients receiving the following infusion services:

- Chemotherapy
- Blood product transfusions
- Intravenous antibiotics
- Remicade infusion
- Central line catheter care
- Hydration therapy
- Injections



Johns Hopkins Sidney Kimmel Cancer Center and Sibley Infusion

Meet our medical oncologists



Johns Hopkins Sidney Kimmel Cancer Center Medical Oncology and Sibley Infusion

Sibley Medical Building 5215 Loughboro Road, N.W., Suite 330 Washington, D.C. 20016 202-660-6500

www.sibley.org



About the Center

The mission of the Sidney Kimmel Comprehensive Cancer Center is to go beyond the cutting edge in science and medicine to perform the most advanced research and translate the discoveries into the very best cancer therapies.

Johns Hopkins is annually top-ranked by *U.S. News & World Report* in cancer–number three for 2012-2013 (health.usnews.com)–and is one of 39 designated comprehensive cancer centers recognized by the National Cancer Institute. The Center was one of the first to earn comprehensive cancer center status and recognition as a "Center of Excellence."

Our Medical Oncologists



Katherine Thornton, M.D.

Dr. Thornton is an assistant professor of oncology at the Sidney Kimmel Cancer Comprehensive Center and founded the adult musculoskeletal department in Medical Oncology. She is returning to Hopkins after working for the U.S. Food and Drug Administration in the Office of Hematology and Oncology Products. Dr. Thornton is the medical director for the Kimmel Cancer Center in Washington, D.C. and for Sibley Infusion.

M.D.: Mount Sinai School of Medicine
Residency: Brown University School of Medicne
Fellowship: Johns Hopkins Sidney Kimmel Cancer
Center and The Ludwig Center for Cancer Genetics and
Therapeutics



Michael A. Carducci, M.D., FACP

Dr. Carducci is the AEGON Professor in Prostate Cancer Research at the Johns Hopkins University School of Medicine. He is co-leader of the Prostate Cancer/ Genitourinary Oncology Program and assists in the leadership of the Chemical Therapeutics Program. He is the regional research director for the Kimmel Cancer Center in the Washington, D.C. region.

M.D.: Wayne State University School of Medicine Residency: University of Colorado Health Sciences Center

Fellowship: Johns Hopkins Oncology Center at Johns Hopkins Hospital



Channing J. Paller, M.D.

Dr. Paller is assistant professor of Oncology at the Johns Hopkins University School of Medicine. Her focus is on clinical trials of developmental therapeutics in prostate and other solid tumors. She was selected for both a 2011-12 Young Investigator Award by the American Society of Clinical Oncology (ASCO) and for the 2011-12 ECOG Paul Carbone Award.

M.D.: Harvard Medical School Residency: Johns Hopkins Hospital

Fellowship: Johns Hopkins Sidney Kimmel Cancer

Center



Sibley's Cancer Rehabilitation Programs

Dealing with the effects of cancer and its treatment presents many challenges. Physical rehabilitation is an important part of the recovery process once treatment is over. Common issues, such as loss of strength, motion, overall fitness, pain and lymphedema concerns need to be addressed.

Sibley's approach is a comprehensive one, addressing any and all of the following, as determined by the patient's needs and physician's recommendations.

- Lymphedema prevention, education and management
- Strength, motion and function restoration
- Manual therapy for soft tissue mobility, joint mobility
- Posture education
- Return to exercise and lifestyle guidelines
- Sport-specific and activity-specific exercise programs

Based on a thorough evaluation and discussion with the patient about his/her goals and needs, treatments include some combination of

- Exercise for restoration of strength and motion
- Hands-on treatment to restore mobility of the tissues and joints affected by cancer treatment
- Posture and breathing guidelines
- Fitness programs
- Patient education

LYMPHEDEMA after cancer treatment is an accumulation of protein-rich fluid that may occur when the lymphatic system is compromised from surgery and/or radiation treatment. This unique type of swelling can present at any time after cancer treatment and, while it continues to be an area with many unanswered questions, there is a great deal that can be done to prevent and treat lymphedema. At Sibley, treatment of lymphedema includes some combination of manual lymphatic drainage, compression bandaging, exercise, and posture and breathing guidelines, and patient education.

Who Will Be Treating Me?

The physical and occupational therapists dedicated to this program are certified in lymphedema treatment. An interdisciplinary approach is used with ongoing communication between therapist, patient and physician. All sessions are conducted in private treatment rooms. The primary goals of therapy include: reduction of swelling, patient education, exercise and improved quality of life.

How Do I Get Referred?

Your physician can provide a prescription if treatment is indicated.

Contact Us

For more information or to schedule an appointment, call the Center for Rehabilitation Medicine at 202.364.7665.

Sibley Memorial Hospital Center for Rehabilitation Medicine

5255 Loughboro Road, N.W. Washington, D.C. 20016 202.364.7665 www.sibley.org



JOHNS HOPKINS MEDICINE

Sibley Medical Building Conference Center 5215 Loughboro Road, N.W. Washington, D.C. 20016 www.sibley.org

Nonprofit Organization U.S. Postage PAID Sibley Memorial Hospital

FREE Women's Forum:
Your Health, Your W
Saturday, October 15, 2011
8:30 a.m. - 12:45 p.m.
Sibley Medical Building Conference Ce
5215 Loughboro Road, N.W.
Washington, D.C.

Free Parking

Refreshments Served

Your Health, Your Way · Saturday, October 15, 2011

Join us for a morning of	SESSIONS	TIMES	CONFERENCE ROOM I	CONFERENCE ROOM 2	CONFERENCE ROOM 3	2 BO
informative and engaging health		:		,		:
topics. For each session, select	ROOM MODERATOR		MARY C. DUPONT, M.D.	JEFFREY Y. LIN, M.D.	FREDERICK P. SMITH, M.D.	
from one of four sessions when			,	•		
you register. Ask the Panel in	Refreshments	8:30 a.m 9:00 a.m.				
each room will include the						
speakers from that room.	Welcome	9:00 a.m 9:15 a.m.	Welcome	Welcome	Welcome	
To register, visit: www.sibley.org.						
The program is free.	Session I	9:15 a.m 9:50 a.m.	Women with Heart Disease: Different women, different treatments, different outcomes.	Menapause and HormoneTherapy: Beyond the media hype	Saving Second Base	Youι
8:30 a.m 12:45 p.m.			Nancy J. Davenport, M.D., Ph.D.	James A. Simon, M.D.,	Lillie Shockney, R.N.	Ama
Sibley Medical Building			+ Sara D. Collins, M.D., cardiologists	gynecologist		
Conference Center			·			
5215 Loughboro Road, N.W.			Too Tight or Too Loose:	Comprehensive Management of	Keeping Abreast of Breast Cancer	Maint
Washington, D.C.	Session II	10:00 a.m 10:35 a.m.	What can be done for constipation or fecal incontinence Susan D. Stein, M.D., colon &	Symptomatic Uterine Fibroids Jeffrey Y. Lin, M.D., Director, Center for Gynecologic	Colette M. Magnant, M.D., Director, Sullivan Center for	B₁ Matty M Marl
Free Parking			rectal surgeon	Oncology & Surgery	Breast Health; Kathy Huang, M.D., plastic surgeon	Man
Refreshments Served					,	
Visit our information table for					State-of-the-art Radiation Therapy Victoria J. Croog, M.D.,	
Sibley's new Rehabilitation and			Look as Young as You Feel	Human Papilloma Virus:	radiation oncologist;	Genetic
Wellness Center.	Session III	10:45 a.m 11:20 a.m.	James Bruno, DMD, M.D., plastic surgeon	How concerned should you be Laurie Lemieux, DNP	Screening for Breast Cancer: The answer	Du Shanno
Contain.			,		Rebecca A. Zuurbier, M.D., Director of Breast Imaging	51
			I. Golden Moments:Treating	Early Signs of Gynecological	Medical Oncologist Breast	_
	Session IV	11:30 a.m 12:15 p.m.	urinary incontinence II. Pelvic Organ Prolapse: Is mesh OK?	Cancer: What every woman	Panel moderated by	Agı The aftı
SIBLEY MEMORIAL	JESSIOII I Y	11:50 a.m 12:13 p.m.	Mary C. Dupont, M.D., Director, Center for Pelvic Floor Disorders	should know. Mildred R. Chernofsky, M.D., gynecologic oncologist	Frederick P. Smith, M.D. with Rebecca Kaltman, M.D., Bruce R. Kressel, M.D.	Mary C
HOSPITAL						
JOHNS HOPKINS MEDICINE	Ask the Panel	12:15 p.m 12:45 p.m.	Ask the Panel	Ask the Panel	Ask the Panel	

To register: www.sibley.org • Questions? Call 202-537-4700 or email pr@sibley.org



At Sibley, we hear your concerns:

Cancer seems to run in my family. Should I worry about a genetic predisposition?

I had cancer in one breast at a much younger age than is typical. Is there a possible problem at the genetic level?

Genetic testing can sometimes answer questions like these. Unfortunately the "answer" from genetic testing is not always a simple "yes" or "no."

Whatever the findings, there can be emotional, practical and sometimes financial repercussions. To help you understand the complete picture, we offer Genetic Counseling as an integrated service of the Sibley Cancer Center.



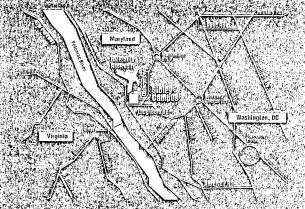
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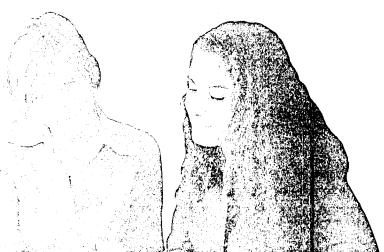
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Genetic Counseling Putting Cancer Risk In Perspective

The cornerstone of genetic counseling at Sibley is a personal consultation with Reem Saadeh, M.D., an experienced clinical geneticist whose mission at Sibley is providing education and support. Working in a soothing environment at an unhurried pace, Dr. Saadeh explains the science of genetic testing. She reviews family medical history with special attention to incidence of cancer. She answers questions and she listens. Her ultimate goal is providing the clear, accurate information and thorough understanding you need to make an informed decision about next steps including the option of genetic testing.

What's The Difference?

Genetic Counseling is an in-depth, personalized educational consultation process designed to answer questions, dispel myths, provide clear detailed clinical information about relevant genetic-cancer links and assess personal and family cancer risk. Genetic



counseling also addresses the benefits and limitations of testing. Many people learn all that they need from genetic counseling. Others rely on that information to make a decision about whether or how to proceed with Genetic Testing.

Genetic Testing is a laboratory analysis of a blood sample that can identify the presence of a known gene mutation positively correlated with an increased risk of a specific cancer. Testing has helped many patients and their physicians make important decisions about medical care; however testing is not the right choice for everyone.

What Can I Expect From The Consultation?

- A clear understanding of the relationship between genes and cancer
- A thorough explanation of the nature, uses and limitations of genetic testing, including the frequency and significance of findings that are uncertain
- An exploration of options, should genetic testing yield a positive result
- An explanation of the complex emotional reactions that can be experienced during and after the testing process
- Follow-up support with Dr. Saadeh, by phone or in person, as you process the information and consider next steps

After Counseling

We encourage you to take your time. consider next steps, Dr. Saadeh is ava phone or in person. If you and your persons to pursue testing, she will help way possible—from ordering the test follow-up consultation once you receive results.

Meet Dr. Saadeh



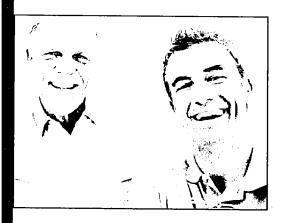
Reem Saadeh, M.I board-certified gen and a graduate of Georgetown Unive School of Medicin training at New Yo University and Joh

Hopkins. In addition to her extensive experience in genetics, Dr. Saadeh bri for clarity in communication to the p Cancer Genetics Counseling.

If you are concerned about a genetic risk for cancer, pleas

Cancer Genetics Counseling 202-370-6546 rseadeh@sibley.org www.sibley.org

Lung Health: Knowledge Is Power



Thursday, November 3, 2011

6:30 p.m. - 8:15 p.m.
Sibley Medical Building
Conference Room I
5215 Loughboro Road, N.W.
Washington, D.C.
Free parking in the garage with this program.

Featured Speakers:

- Frederick G. Barr, M.D., Medical Oncologist
- Jonathan Kiev, M.D., Thoracic Surgeon
- Richard D. Newman, M.D., Radiologist
- Gregory S. Sibley, M.D., Radiation Oncologist
- Frederick P. Smith, M.D., Medical Oncologist

Questions? Call 202-537-4700 To register: sibley.org

Sibley Memorial Hospital 5255 Loughboro Rd., N.W. Washington, D.C. 20016-2695 www.sibley.org



Ovarian Health: Knowledge Is Power



Thursday, September 13, 2012 6:30 p.m. - 8:00 p.m.

Sibley Medical Building
Conference Room 2
5215 Loughboro Road, N.W.
Washington, D.C. 20016
Free parking in the garage with this program.

Featured Speakers:

- Mildred R. Chernofsky, M.D., gynecologic oncologist
- Marilyn Jerome Foust, M.D., gynecologist
- Jeffrey Y. Lin, M.D., director of Sibley's Center for Gynecologic Oncology & Advanced Pelvic Surgery
- Frederick P. Smith, M.D., medical oncologist

Questions? Call 202-537-4700 To register: sibley.org/power

Sibley Memorial Hospital 5255 Loughboro Rd., N.W. Washington, D.C. 20016-2695 www.sibley.org



Lung Health: Knowledge Is Power 6:30 p.m. - 8:15 p.m.

Program Highlights:

6:30 – 6:45	Refreshments
6:45 – 6:50	Welcome and Introduction Frederick P. Smith, M.D.
6:50- 7:05	Methods of Detecting Lung Cancer Richard D. Newman, M.D.
7:05 – 7:20	Making the Diagnosis

7:05 – 7:20 **Making the Diagnosis** Jonathan Kiev, M.D.

7:20 – 7:35 **Medical Oncology: Significant Advances** Frederick G. Barr, M.D.

7:35 - 7:50 Modern Lung Radiotherapy:
A Whole New World
Gregory S. Sibley, M.D.

7:50 – 8:15 Ask the Panel:

Question and Answer Session

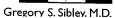






Frederick G. Barr, M.D. Jonathan Kiev, M.D. Richard D. Newman, M.D.







Frederick P Smith M D

5th Annual

Ovarian Health: Knowledge Is Power 6:30 p.m. – 8:00 p.m.

Program Highlights:

6:55 – 7:10	Ovarian Cancer: Symptoms,
6:45 – 6:55	Welcome and Introduction Frederick P. Smith, M.D.
6:30 – 6:45	Refreshments

Ovarian Cancer: Symptoms,
Diagnosis and BRCA Testing for
High Risk Individuals
Marilyn Jerome Foust, M.D.

7:10 – 7:25 What's New in Ovarian Cancer Treatment
Mildred R. Chernofsky, M.D.

7:25 – 7:40 The Role of Surgery in the Treatment of Ovarian Cancer Jeffrey Y. Lin, M.D.

7:40 – 8:00 Ask the Panel:

Question and Answer Session



Marilyn Jerome Foust, M.D.



Jeffrey Y. Lin, M.D.

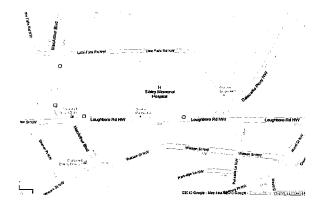


Mildred D Charmofele, MF



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Sibley Memorial Hospital is located in Northwest Washington DC. The Sibley Center For Rehabilitation Medicine is in The Renaissance building on the Sibley campus. To contact the center directly, call 202-364-7665.

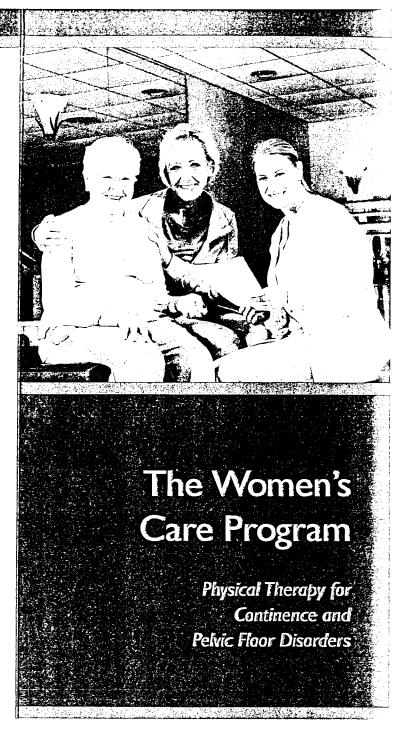


Driving And Public Transportation

For detailed directions visit www.sibley.org. Paid parking is available on the Sibley campus. Sibley is served by the D6 Metrobus from Farragut Square and Dupont Circle Metro Stations and the M4 Metrobus from Tenleytown Metro, weekdays only. Number 23 Ride-On bus connects from Friendship Heights Metro. For more information on Metro, visit www. WMATA.com or call 202-637-7000, or Ride-On at 240-777-7433.



5255 Loughboro Road, N.W. Washington, D.C. 20016 Telephone 202-537-4000 www.sibley.org





Women of all ages can suffer from pelvic floor disorders which may place significant limitations on everyday life and take a considerable emotional toll. Symptoms are varied but the most common is urinary incontinence.

Who Could Benefit from the Program?

Women who experience:

- Stress incontinence
- Urge incontinence
- Mixed incontinence
- Pre and Post Partum issues
- Pelvic floor laxity/weakness
- Pelvic organ prolapse
- Pelvic floor pain

Why Sibley?

An individualized program is designed to meet each woman's needs. Treatment will begin with a thorough evaluation including a women's health questionnaire and pelvic floor muscle testing. Muscle re-education may be achieved using biofeedback, electrical stimulations and therapeutic exercise. Other important elements of the program are:

- Communication between the physical therapist, the patient and her physician
- Fluid and dietary recommendations to decrease urinary tract irritability
- Education on lifestyle changes and muscle training exercises

Who Will Be Treating Me?

You will be treated by Physical Therapists who have the knowledge and skill to treat pelvic floor dysfunction and are sensitive to the special needs of their patients. Therapy sessions are conducted in privacy with the goal of restoring function and improving quality of life.

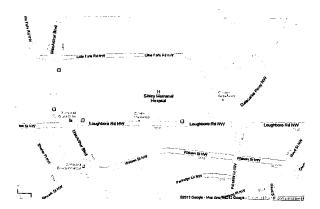
How Do I Get Referred?

Contact your physician. Your physician will determine if physical therapy is the right treatment for you and will write a prescription for "Pelvic Floor Dysfunction and Treatment."

Contact Us

For more information or to schedule an appointment, call the Outpatient Physical Therapy Department at 202-364-7665.

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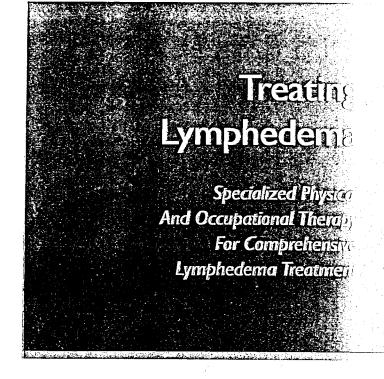


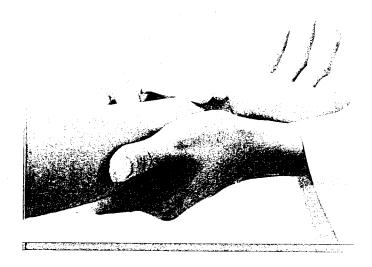
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Lymphedema can affect people of all ages for a variety of reasons. It presents as an accumulation of fluid (swelling) in a region of the body when the lymphatic system is compromised and unable to manage the flow of lymphatic fluid. While it continues to be an area with many unanswered questions, there is a great deal that can be done to treat lymphedema.

Causes Of Lymphedema

- Primary lymphedema is caused by a congenital malformation of the lymphatic system. It may be present at birth or develop later in life.
- Secondary lymphedema is more common and may result from surgery or radiation therapy in the treatment of cancer. Other causes include trauma or infection of the lymphatic system. Severe venous insufficiencies may also contribute to the onset of lymphedema.

How Is Lymphedema Treated?

At Sibley, an individualized treatment approach is developed based on the physician's prescription, a thorough evaluation, and discussion with the patient about his/her goals and needs. Treatment includes some combination of

- Manual Lymph Drainage: Gentle rhythmic massage to promote the flow of lymph fluid.
- Compression Bandaging: Application of layers of short-stretch bandages to help minimize swelling by providing resistance against the skin and muscles underneath.

- Exercise: Patients are instructed in specific flexibility, strengthening, posture, breathing and aerobic exercises designed to improve lymphatic flow and help control lymphedema.
- Patient Education: Many lifestyle modifications can impact lymphatic potential, and each patient's needs and questions will be addressed. Throughout the rehabilitation program, whether you need to be seen once or for ongoing treatments, we will be educating you so that you have the knowledge and skills to manage your particular needs independently.

Who Will Be Treating Me?

The physical and occupational therapists dedicated to this program are certified in lymphedema treatment. An interdisciplinary approach is used with ongoing communication between therapist, patient and physician. All sessions are conducted in private treatment rooms. The primary goals of therapy include: reduction of swelling, patient education, exercise and improved quality of life.

How Do I Get Referred?

Your physician can provide a prescription if lymphedema treatment is indicated.

Contact Us

For more information or to schedule an appointment, call the Sibley Center for Rehabilitation Medicine at 202-364-7665.

SUMMER 2012

ONHealth

SIBLEY MEMORIAL HOSPITAL, A MEMBER OF JOHNS HOPKINS MEDICINE

HOSPITALIST PHYSICIANS
BRING SIBLEY CARE TEAM
TOGETHER FOR YOU.
Center: Mary Therese O'Donnell, M.D., M.P.H.,

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- P 5 Constitution and Website Update

Sibley Welcomes New President



Richard (Chip) O. Davis, Ph.D.; has been named the new president of Sibley Memorial Hospital. Dr. Davis joins Sibley from his most recent position as vice president for Innovation and Patient Safety for Johns Hopkins Medicine and executive director. Ambulatory Operations for Johns Hopkins East Baltimore Ambulatory.

Figure Davis is a proven leader, bringing extensive experience in soperately and safety to the Sibley community, notes Edward J. Miller lis, chairman of the board of trustees for Sibley Memorial Hospitals

Divining his meanly 20, years of service at Johns Hopkins, Dr. Davis, established the Johns Hopkins Medicine. Genter for linevation, with the goal of making Johns Hopkins the safest hospital in the world and led a linearly successful drive to improve Quality. Gore Measures This emphasis and experitise perfectly reflect the mission of Sibley which makes patient salely and quality its Loppin lority.

"The holpored and thrilled to be part of the team that will continue the axistlence spley is known for," noted Dis Richard Davis; president Sibley Memorial Hospital.

Di. Dialistis well known for publishing and speaking nationally on quality, safety and health care leadership; Helholds a bachelor's degree in psychology (from the University of Michigan; a master's degree in education from Harvard University and a Rh.D. In health policy and management from the Johns Hopkins University Bloomberg School of Public Health.

Welcome to the Sibley family Dr. Davis!

"(Chip làgis am impressive bajeksi orinesii boith ealic amras onel experiences." B Ble is an excellent olasiae io leach Sibiley unio the next exteroj licalith cane "

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SIBLEY HOSPITALIST PHYSICIANS

Collaborating with your primary care doctor to provide immediate, around-the-clock attention.

Sibley Hospitalists are a team of internal medicine physicians who practice solely at the hospital. They are dedicated to ensuring that patients receive the best, safest, most efficient and personalized care during their hospital stay.

''Hospitalists are your personal doctors inside Sibley, coordinating an entire care team."

...;......

-Mary Therese O'Donnell, M.D., M.P.H., director, Sibley Hospitalist Group

.....

This highly-experienced group provides a 24/7 physician presence to address issues quickly, communicate directly

with primary care physicians at all critical decision points. directly manage patient care and coordinate specialists and services. In fact, hospitalists have proved so enject the New York Times reports they are the fastest growing specialty in medicine.

Ensuring personalized care, more frequent communication

Since hospitalists have extensive experience with Sibley systems, services and staff, they help enable a more seamless, responsive experience for you and your family. Their presence allows patients to be examined and admitted more rapidly. Tests are ordered, reviewed and acted upon without delay. Appropriate treatment and medication can begin sooner.

Continued on page 2

Collaboration. Communication. Coordination.

CARE REFERRING

CONSULTANTS

Problems can be detected earlier. Complex conditions are monitored more effectively. Hospitalists are available in person, day and night, to keep patients and families updated, answer questions and respond to emergencies.

Working closely with your own doctor

SIBLEY HOSPITALIST One of the most PHYSICIANS valuable roles hospitalists play is to facilitate communication and manage the flow of information. "Our relationship THERAPY with referring physicians is based on trust and collaboration. Their phone numbers are programmed in our NURSING cell phones," notes Mary Therese O'Donnell, M.D., M.P.H., director, Sibley Hospitalist Group. Since hospitalists are inside the hospital around the clock, they can often provide hours of one-on-one patient care before primary care doctors, specialists and surgeons are able to leave their offices and operating rooms.

Hospitalists also communicate closely with one another, providing full briefings when shifts change.

Improving your recovery and transition to home

DISCHARGE Sibley hospitalists meet with your discharge team in advance to prepare for life after you leave the hospital. Their goal is to enable a smooth transition by helping families access all necessary resources such as physical therapy and visiting nurses. Complete medical summaries are sent to the primary care doctor at discharge so care continues seamlessly.

Playing an important physician leadership role

Hospitalists are an integral part of life at Sibley; participating in medical staff committees and task forces, ensuring patient safety and quality measures are met and providing a crucial resource in developing new services.



NUTRITIONIST'S

To learn more, visit sibley.org/hospitalist

"My father and I felt completely comfortable and confident in their experience and expertise." —Mary Lynn Reed

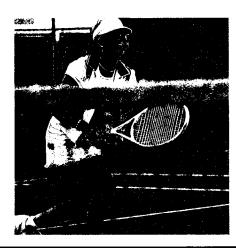


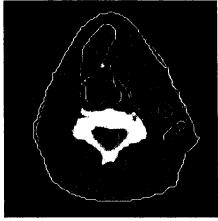
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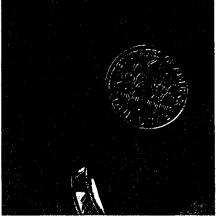




HOW INCISIONS this | small CAN HAVE BIG BENEFITS

Minimally invasive procedures maximize safety, comfort and faster recoveries at Sibley







For many Sibley surgical patients today, less is more. New procedures, made with only tiny incisions or no incisions at all, can accomplish what previously required major surgery—and in some cases allow treatment never before possible.

By minimizing trauma to the body, these procedures substantially reduce blood loss, pain, time spent in the hospital, risk of infection and scarring. As a result, patients can recover faster and return to work and activities sooner.

Minimally invasive techniques can also make surgery possible for older, overweight or very ill patients for whom major surgery poses too great a risk. Sibley has often been the area's first to invest in new technology, perform these advanced procedures and perfect techniques.

Sibley consistently has one of the lowest complication rates and best outcomes in the entire area for minimally invasive procedures across a wide range of specialties.

Continued on page 4

Spine

Sibley neurosurgeons perform minimally invasive laminectomies, lumbar fusions and cervical procedures to treat herniated discs, spinal stenosis, arthritis, trauma and cancer. Degenerative scoliosis which once required extensive surgery and a nine-month recovery can now be gerformed with no blood loss or ICU stay, and many months shorter recovery. Because the techniques are less traumatic, surgeons believe spines of these patients may remain inherently more stable.

Orthopedics

Sieley surgeons provide a variety of minimally invasive hand and wrist procedures. They not only perform, but alsosteach endoscopic carpal tunnel surgery, a procedure allowing more rapid return to work and sports with little or no pain medication. Arthroscopic shoulder surgery repairs form tendons, ligaments and cartilage using tiny incisions and a high-definition fiber-optic camera smaller than a pen. Minimally invasive tools also treat shoulder stiffness and certain fractures. Arthroscopic foot and ankle procedures, including Achilles tendon repair and reconstruction, allow patients to return to activities sooner with less pain. As a center of excellence in minimally invasive Anterior hip replacement, Sibley attracts surgeons from across the country to learn the advanced procedure.

"Sibley patients want to get back to their lives as fast as they can, with the least amount of risk. These techniques can make that possible."

-Joshua Ammerman, M.D., Sibley neurosurgeon

Gynecology, Oncology, Urology

Advanced robotic technology, requiring only a dimesized incision, brings advanced surgical options to Sibley patients. Surgeons control the robot's every move, using its four steel arms, and magnified 3-D vision that translate hand movements into precise "micro-movements" to perform surgery for certain gynecological cancers, uterine fibroid removal, prostate cancer, kidney removal and more.

Radiation Oncology

Sibley is the only center in the Washington area offering prone radiation to treat breast cancer, an approach that can often dramatically decrease exposure of the lungs and heart to radiation and reduce side effects. Sibley also has Washington's only Tomotherapy machine, allowing stereotactic radiotherapy to deliver fewer, but far more powerful, pinpointed doses—even targeting around extremely complex shapes. By imaging every day, therapy constantly adapts to reflect changes in tumor size and location, spares surrounding tissue and organs and results in exceptional tumor control rates commonly with few, or no side effects. Besides delivering stereotactic radiotherapy to cancers in the brain, spine and lung, it is ideal for treating cancer of the prostate, esophagus, head and neck.

General Surgery

Laparoscopic procedures require only tiny keyhole incisions for gall bladder, hernia, colon, spleen and small intestine surgeries. Sibley's advanced operating rooms and highdefinition monitors allow surgeons to view anatomic detail at the highest level and perform operations with absolute precision. Surgeons consistently work with the same specialized nursing team and equipment—delivering the depth of experience and teamwork essential for success in these highly complex procedures.

Interventional Radiology

Ultrasound, CT and fluoroscopy are used to guide minimally invasive procedures at Sibley to treat many conditions. Angioplasty opens clogged arteries by inserting and inflating a balloon-tipped catheter into the artery. If needed, a stent can be placed to hold the constricted area open. Vertebroplasty/Kyphoplasty treats compression fractures of the spine due to osteoporosis or metastasized cancer. Bone cement is injected into collapsed vertebra to form an "internal cast" that stabilizes and strengthens disintegrated bone, substantially reducing pain. Uterine artery embolization shrinks uterine fibroids by injecting tiny harmless particles into arteries to deprive fibroids of blood, reducing or eliminating symptoms. Varicose and spider veins are eliminated using a procedure which "closes" painful blood vessels and dramatically relieves symptoms.

Bariatric

Minimally invasive weight loss procedures, combined with significant lifestyle changes, can be powerful tools in losing weight and maintaining that loss long term. Laparoscopic Roux-en-Y gastric bypass limits the amount of food that can be eaten and absorbed by permanently rearranging the gastrointestinal tract. Patients can lose 50-80 percent of their excess weight within one year. LAP-BAND surgery limits the amount of food that can be eaten and reduces appetite by placing an adjustable prosthetic device around the stomach. Periodic band adjustments customize the level of restriction, allowing patients to lose 40-60 percent of their excess weight over three to four years. Laparoscopic

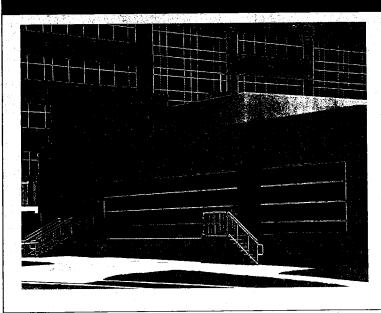
sleeve gastrectomy decreases stomach size, reduces appetite and limits the amount of food that can be eaten by removing most of the stomach's outer portion. Patients can lose 50 - 70 percent of their excess weight within one year.

Watch for information of straipson inglecture series about ការការាជ្យាបូរសេខនៅខែនេះជាពី<mark>ប្រមិនជំ</mark>ប be held at Sibley and Suburban ដែលបង្កែងនៃ



To learn more, visit sibley.org/small

Construction Update

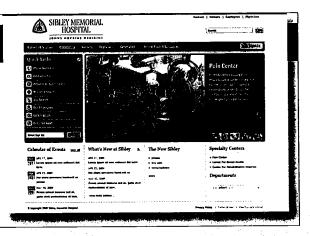


Progress continues on the growth of Sibley's campus. Construction of the new Radiation Oncology Center will be complete in July. At that point, two technologically advanced linear accelerators, bringing 3-D imaging guidance, will be installed and tested. The first patients will be seen in the new Center in October.

Construction of the New Sibley is expected to begin in the spring of 2013 and will take about three years. The New Sibley will have 200 spacious private rooms, including 18 labor and delivery rooms and 50 postpartum beds. There will also be a new Emergency Department with an integrated "fast track" area for quick turnaround on minor illness or injury. A major component of the New Sibley will be a comprehensive cancer center operated under the guidance of the Johns Hopkins Kimmel Cancer Center.

Sibley Website

The Sibley website is undergoing some big changes this summer! Visit us at Sibley.org to see our bright new design, register for classes and learn more about the services we provide. Soon, we will be offering the ability to pay patient bills through our website—no stamp needed! A mobile site is also under way, where you will be able to access unique content just for your smartphone. What else do you want to see on the new Sibley.org? Click on the Contact link in the upper right corner and send us your suggestions!



JOHNS HOPKINS

Sibley Memorial Hospital 5255 Loughboro Road, N.W. Washington, D.C. 20016 www.sibley.org

Telephone Numbers (202)

Admissions	537-4190
Emergency Departmen	nt 537-4080
Foundation	537-4257
General Information	537-4000
Patient Information	537-4195
Physician Referral	537-4638





"On Health" is produced by the Public Relations department of Sibley Memorial Hospital. E-mail pr@sibley.org with questions or comments.



The KBR Foundation helped fund the 2011 Frontline Nursing Leadership Academy graduates, pictured here.

When Jill Kalaris, Sibley operating room R.N., was selected to participate in the Frontline Nursing Leadership Academy, she began a year of specialized leadership training that included undertaking a project to improve safety and patient care. During this time, she was able to research, assess and launch an improved patient care procedure.

As one of 50 Sibley nurses chosen to participate in 2011, Kalaris says she devised a way to improve dispensing medications to patients undergoing total joint procedures.

SIBLEY MEMORIAL HOSPITAL FOUNDATION

The Frontline of Excellence

"After observing OR physicians mixing an intra-articular injection, I thought that patient safety and care could be improved by having the pharmacy prepare the mixture."

Due to the generosity of philanthropists like the KBR Foundation and private family foundations, Sibley launched the Frontline Nursing Leadership Academy in 2010. "It has already proven effective in identifying and developing the next generation of leaders to face the challenges of performance improvement, teamwork and accountability," says Arlene Snyder, president of Sibley Memorial Hospital Foundation.

Sibley Memorial Hospital Foundation is grateful to the KBR Foundation and other supporters for their generous philanthropic support.

To make a gift, contact Sibley Hospital Foundation president Ariene Snyder at 202-537-4257 or asnyder@sibley.org.



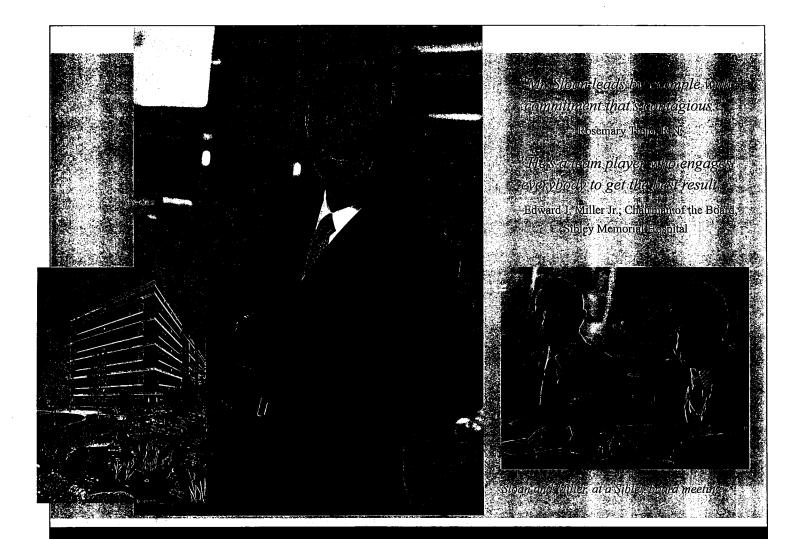
SPRING 2012

ONHealth

SIBLEY MEMORIAL HOSPITAL, A MEMBER OF JOHNS HOPKINS MEDICINE



 Robert L. Sloan, President and Chief Executive Officer



LEAVING A ONE-OF-A-KIND LEGACY

Sibley President and CEO, Robert L. Sloan, plans to retire after 27 years.

Patients and staff often remark on the friendly, personal attitude that can be instantly felt at Sibley. It's a feeling that perfectly reflects the personality of the man at the hospital's helm since 1985: A president/CBO who drives employees to work when it shows, visits patients on Thanksgiving and Christmas and is sending personal handwritten notes to hundreds of employees saying he's grateful to have worked with them. In describing Robert Sloan, certain words surface again and again: Ethical, Visionary, Honest, Genuine, Approachable, Humble. For Estela Prieto, director of Imaging, who worked at the hospital for 32 years, "The reason Sibley

is wonderful, not only for patients but for people who work here, is Mr. Sloan's philosophy. There's a sense of family, belonging and ownership that flows from the top."

Mr. Sloan's belief that patients should not have to leave their community to find topnotch care has frequently made Sibley first in the area to provide new technologies and treatments. "He's always supported physicians' requests to invest in cutting edge technologies," says Peter E. Petrucci, M.D., Sibley's V.P. for medical affairs, patient safety and quality. "He lives the mission of Sibley in terms of putting patient care

Continued on page 2



Big on Giving Back

Mr. Sloan has touched tens of thousands of lives by building partnerships between Sibley and charitable organizations to provide maternity care, lab work, diagnostic testing, surgeries, senior services and more for those without the ability to pay. He was the original board chairman of D.C.'s Community of Hope, founded to improve the health and quality of life of low-income, homeless and underserved adults and children in our city. Sister Carol Keehan notes, "He's gone out of his way to make Sibley a shining example of doing more than its fair share."



Bolloin: Mr. Sloan with his w Jan, on a kospital leadership trip to Israel

first and challenging folks to do better every day," notes Stephen McDonnell, Sibley COO and CFO. Sister Carol Keehan, president/CEO of the Catholic Health Association of the United States is struck by his "absolute insistence on double checks for patient safety and care. He doesn't just say let's try to be careful; he's built a safer system. Since his family means so much to him, he appreciates how much your family means to you and why it's so important that Sibley takes care of them well."

"Patient care and safety are his priorities. Making sure Sibley is here to serve this community for the next hundred years has always been his goal."

> -Joan Vincent, Sr. V.P., Patient Care Services and Chief Nursing Officer

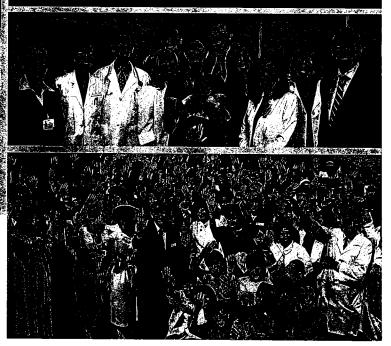
Mr. Sloan's strong work ethic and down-to-earth attitude were shaped by an Indiana boyhood filled with chores, blue-collar jobs, family and faith. It was while working his way through Olivet Nazarene College as an emergency room orderly that he first heard of "hospital administration." After four years of distinguished service as a captain in the U.S. Army, including the command of a communications intercept detachment on the Thai/Cambodian border during the Vietnam War, he earned a



Local hospital leaders name award in Sloan's honor.

Recognizing a lifetime of service to health care and to the District's hospitals, The District of Columbia Hospital Association has established the Robert L. Sloan Leadership Award to be presented annually to an individual demonstrating leadership

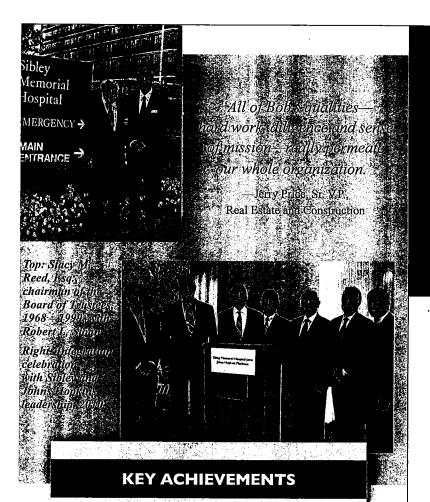
qualities inspired by Mr. Sloan. The organization's Board chairman cited the "significant change and dynamic growth under Bob's tenure, which have made Sibley an operational force in the District's health care community."



Top: Mr. Sloan with DCHA President, Robert A. Malson, Esq. Middle: Mr. Sloan with Everitt family and health care team, 2010 Bottom: Sibley celebrates 100 years, 1990

graduate degree from The George Washington University and began his career in hospital administration.

His character reflects his small-town roots. He's famous for shaking hands, giving hugs, remembering names and taking a sincere interest in how things are going at home. Nurse Rosemary Trejo remembers the day he did rounds and happened into a room where she was caring for a patient. "The patient in the other bed needed a bed pan. Mr. Sloan went and got one and helped the patient. Looking ahead, Ted Miller, chairman of the Board of Trustees, predicts, "All the great qualities and culture he brought to this hospital are things that no one will compromise on after he's gone. They will continue no matter who sits in his chair. He leaves a big legacy." Bob Sloan plans to retire on July 5, 2012, after more than 27 years as Sibley's president and CEO.



During his tenure, Mr. Sloan and members of his staff created, expanded and invested in:

- A new Emergency Department, Medical Building and two parking garages
- Grand Oaks Assisted Living Facility
- New Operating Rooms, Labor & Delivery unit, ICU and Surgery Center
- Breast Center, Radiation Oncology Center and Cardiac Catheterization Unit
- MRI, CT, robotic surgery technology
- Sibley Senior Association
- Outpatient Physical Therapy Department and aquatic program
- · Renaissance skilled nursing unit
- · Reminiscence dementia unit
- Potomac Home Healthcare
- A positive net operating margin in each of his 27 years
- Bringing Johns Hopkins Medicine into the District of Columbia

WHAT OUR FIRST YEAR WITH JOHNS HOPKINS MEDICINE means to you.

"After just one year as part of Johns Hopkins Medicine, it's already clear that we're blending the best of academic medicine and community medicine to improve patient end

-Robert L. Sloan, Sibley President and CE

The impact can be seen in the birds recommonly and physicians at Sibley. A new expanded Regulation Oncology Center, with next-generation technology, opens this summer. We will use the same type of linear accelerators that are currently used at The Johns Hopkins Hospital to target tumors with precise, highenergy X-rays, as well as sharing a system to record, verify and evaluate patient treatment plans. Joining forces will make innovative new research and clinical trials available. Internal medicine specialists who are part of Johns Hopkins Community Physicians now provide services in Sibley's Medical Building. Johns Hopkins Medicine International will open in our Medical Building to help Washington-area residents and family members navigate the Johns Hopkins Health System, with special attention to cultural, linguistic, religious and personal preferences.

Planning groups for surgical and oncology services are very active. The integration is off to a great start, and we are excited about the future.



To stay up-to-date with what's new at Sibley, visit www.sibley.org/news



Ist row: Jo Ann Neufer, pharmacy director; Allison Eustace, education & training specialist; Susan Belanger, director, education, training & resea Christine Inglisa, orthopedic nurse manager; Vivian Gibson, medical/surgical director—2nd row: Christa Bowen, clinical nutrition manager; Melanie Yumor, nutrition services director; Diamne McCarthy, rehabilitation services director; Deborah McDonough, quality improvement director; Marti Baile senior association director; Suzanne Lindlaw, resource management director; Elise Miller, administrator, Renaissance & director, case coordination; Caroline Collantes, ICU manager; Edie Fowlkes, R.N. Joan Vincent, senior V.P. patient care services and chief nursing officer; Susan Ohnmacht, associate CNO & critical care director

RAISING THE STANDARD OF CARE FOR SENIORS

New program improves time in the hospital and successful return homerfor older adults.

hospitalized older adults struggle to overcome These put the hospital environment itself. land of hearing patients can tunderstand nurses' instructions. Cataracts make it difficult to see drinking straws and pills: A strange environment and new medioations even make trips to the bathroom risky.

Improving care for seniors is a real and growing need. About 50 percent of America's hospitalized patients are age 65 or older, with numbers rising each year. Sibley's average patient age is 77.

In response, Sibley and Suburban Hospitals, both part of the Johns Hopkins Health System, participate in the NICHE program (Nurses Improving Care for Healthsystem Elders). "NICHE can make a dramatic difference in how we view older patients," notes Sibley's associate chief nursing

"Our goal is to restore older adults to the level of independence they had before getting sick. We care for them the way we would care for our own aging parents."

—Susan Ohnmacht, Associate Chief Nursing Officer & Director of Critical Care

officer, Susan Ohnmacht. "If someone is confused, it may not be due to aging, but rather to underlying causes such as infection, dehydration or poor nutrition." Dianne McCarthy, Sibley's director of rehabilitation, says the intensive training and improvements the program requires "show Sibley's commitment to using the most up-to-date tools and proven practices to raise the standard of care."

For seniors and their families, a hospital stay can be filled with questions and concerns. Here are some answers about how Sibley's new NICHE program is improving care, safety and outcomes for older adults.

Q. What practical changes are being made?

A. White straws are replaced with red-striped ones; telephones have large, illuminated buttons and numbers; menus use large type; contrasting paint colors differentiate walls, floors, bathrooms and hallways; picture boards help patients who can't communicate verbally and "pocket talkers" amplify sound for hearing-impaired older adults.

Q. Who's on the team?

A. Nurses, physical and occupational therapists, physicians, dieticians and pharmacists collaborate to create individualized treatment plans that support each patient's physical, emotional and psychological well-being. Therapists advise nurses on the safest way to get patients up and moving without risk of falling, while pharmacists recognize that older adults metabolize medications differently. Nutritionists consider food choices and presentation that will be more appealing.

Q. How does the rehabilitation team prepare seniors for a more successful return home?

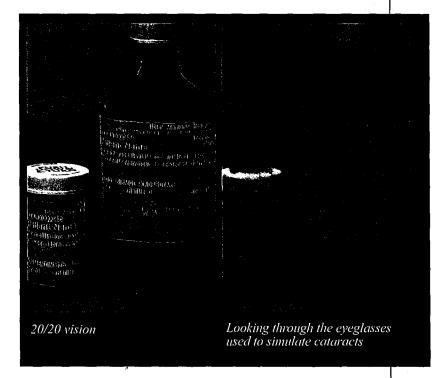
A. Sibley's certified geriatric physical therapists specialize in neurological changes that affect older adults balance and gait. Hospital gyms include a car, bathtub, stairs and

Carolyn Craig, PT, with patient

other equipment, so patients and family members can train and practice safely accomplishing daily activities. Therapists also advise families on which equipment to buy, safety changes to make at home as well as outpatient rehabilitation and home health care options that help promote independent living.

"Sibley has made a real commitment to providing the tools and training we need to improve safety, increase comfort and maintain dignity for our seniors."

-Dianne McCarthy, Director of Rehabilitation



Q. What special training does Sibley's staff receive?

A. Caregivers experience challenges first-hand through eyeglasses that simulate cataracts, loss of visual fields and depth perception. To feel the limitations of arthritis and decreased sensation, staff wear gloves and then try to pour pills from medicine containers. How does it feel to suddenly trust equipment or caregivers to help you make every move? Staff find out by using walkers and wheelchairs while wearing glasses that decrease visual acuity.



To learn more, visit www.sibley.org/niche

STROKE? TIMING IS EVERYTHING.

Stroke is a leading cause of death and serious long-term physical and mental disabilities.

New treatments can reduce damage if you get help right away.

What you do can make all the difference. Clip and keep the card to your right, and act immediately if anyone shows these signs.

Are you at risk?

Risk factors include high blood pressure, high cholesterol, heart disease, diabetes, smoking, heavy alcohol use, physical inactivity and obesity, irregular heartbeat and a family history of stroke.

But the symptoms went away after a few minutes...

If symptoms appear and then disappear quickly, it may be a mini-stroke (TIA). This can be an important warning sign.



To learn more, visit www.sibley.org/stroke

STROKE IS AN EMERGENCY Every minute counts

FACE
Facial droop, uneven smile

ARM
Arm numbness, arm weakness

SPEECH
Slurred speech, difficulty speaking or understanding

TIME

CALL x4555 to activate Stroke

Response Team

REMEMBER: Provide building and specific location for response.

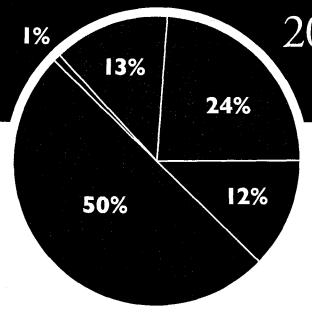


Johns Hopkins Community Physicians (JHCP) and the Sibley Physician Group (SPG) offer health care services with a personal touch. Our physicians welcome new patients, accept most insurance plans and provide flexible, including same-day, appointments. They are dedicated to working with referring physicians to coordinate your care.

The JHCP internists and family medicine physicians are located in the Sibley Medical Building; parking is in the adjacent garage. The SPG internists are close by the Sibley campus and also offer convenient parking.



For appointments, call JHCP at 202-243-4480 or SPG at 202-660-7800.



2010 COMMUNITY BENEFIT REPORT

- Community Health Education, Projects, Donations
- Health Professions Education
- Unreimbursed Medicaid Costs
- Subsidized Health
- Services

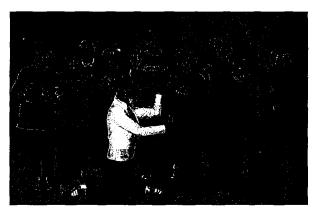
Source: 2010 percent Community Benefit dollars

Community Health and Wellness

Sibley continues to focus on the overall health of our community as well as the specific medical needs of underserved populations. Programs include seminars and prevention events, support groups and health and fitness activities. From new parenting seminars to exercise classes for seniors, we provide resources for the community.

Sibley is committed to preventive care and early detection of disease. The oncology department regularly presents free programs for the community, such as the Knowledge Is Power education series on breast and ovarian cancers conducted by oncology experts, and a skin cancer seminar with volunteer dermatologists.

The Sibley Senior Association hosts numerous events that provide opportunities for healthy living and support throughout the year. Programs such as groups for widowed persons, exercise classes and blood pressure screenings reached over 2,200 seniors in 2010. The Alzheimer's Symposium held in March was attended by over 200 people.



An exercise class sponsored by the Sibley Senior Association

Partners in Health

In addition to work in the community, Sibley partners with several national organizations that support people living with chronic conditions and their



Speaking at a Knowledge Is Power event, Marilyn Jerome, M.D.; Jeffrey Lin, M.D.; Frederick Smith, M.D.; and Mildred Chernofsky, M.D.

caregivers. Among them are The Prevention of Blindness Society, Arthritis Foundation, American Diabetes Association, The American Heart Association, Alzheimer's Association and American Cancer Society.

Compassionate Care

We are committed to providing medically necessary care to all patients in our community, regardless of ability to pay. Our Community Assistance Program is available to patients who are uninsured, underinsured or find it difficult to pay their bill.

Sibley provided more than \$2.8 million in charity care in 2010, working directly with patients and with its community partners. Some of the health organizations Sibley supports are Mary's Center for Maternal and Child Care, Community of Hope, Unity Healthcare, Columbia Road Clinic, Bread for the City, Mercy Health Clinic, IONA Senior Services and Catholic Charities. Finally, Sibley continues to be represented on the Archdiocese Healthcare Network's Advisory Council.



To learn more, visit www.sibley.org/community

COMMUNITY HEALTH EDUCATION CALENDAR 2012

Advance registration is required for all programs, classes and screenings. Scheduling is limited for most offerings. Call the phone number listed of go to sibley.org for complete listings and registration information.

Community Health Seminars

Breast Health: What Every Woman Needs to Know

Sponsored by Sibley Senior Association Monday, April 23, 11:00 a.m.

Presented by Jennie Tarica, R.N., M.S.N, Breast Center nurse navigator

Hearing Loss:

Risk of Delaying Treatment

Call 202-364-7602 for information.

Sponsored by Sibley Senior Association Thursday, May 3, 2:30 p.m. – 3:30 p.m. *Call 202-364-7602 for information.*

Sibley and Prevention of Blindness Society Celebrate the Right to Sight

Sponsored by Sibley Senior Association Sunday, May 20, 2:00 p.m. - 4:00 p.m. Call 202-364-7602 for information.

Nutrition and Weight Management

Diabetes Self-Management Class

Sponsored by Outpatient Diabetes Education Program

Wednesday, April 18, 9:00 a.m. – 3:30 p.m., Hayes Hall Conference Room 1

Wednesday, May 16, 9:00 a.m. – 3:30 p.m., Medical Building Conference Room 5

Cost varies with insurance. Call 202-537-4145 for information. The Diabetes Self-Management Education Program has been recognized by the American Diabetes Association (ADA) for high-quality, self-management education for adults with type 1 and type 2 diabetes. We will provide you with the most up-to-date information to assist you in the management of your diabetes.

Free Weight-Loss Surgery Information Seminars

Call 202-370-6565 for more information or register online at sibley.org for an upcoming seminar. Free seminars are offered on a regular basis. Meet weight-loss surgery specialists, find out how weight-loss surgery works and which options are available to you. Former patients often attend to share their experiences.

Exercise and Fitness

The following classes are sponsored by the Sibley Senior Association. Register online at sibley.org or call 202-364-7602 for information.

Feldenkrais Awareness Through Movement ®

Beginning and Intermediate Tai Chi Chung

Qigong

Body Awakening

Strength and Balance

Exercise for Seniors

For programs sponsored by the Sibley Center for Rehabilitative Services, call 202-537-4574 for schedule and fees.

Aquatic Exercise Programs in a Warm-Water Therapeutic Pool

Gym Exercise Programs

The Walking Club

Now Accepting New Members!

Tuesdays and Thursdays, 8:30 a.m. and 9:30 a.m., at Mazza Gallerie, Concourse Level, Wisconsin & Western Avenues, N.W. Ongoing and free. Walk in a temperature-controlled environment, make new friends and get free parking, too!

Free Health Screenings

A screening is a short assessment to let you know if further evaluation is recommended. It is not a substitute for a comprehensive evaluation. Appointments are required. Call 202-364-7602.

Hearing Screenings

An abbreviated hearing test to determine if you have a problem. Not for people who already have hearing aids.

Thursdays, April 12 and 26,

1:30 p.m. – 3:30 p.m.

Thursdays, May 10 and 24,

1:30 p.m. - 3:30 p.m.

Thursdays, June 14 and 28,

1:30 p.m. – 3:30∂p.m.

Fall Risk Assessment

A physical therapist will evaluate your gait and balance to assess your risk for falls. Friday, May 18, 1:00 p.m. - 3:00 p.m. Friday, June 22, 1:00 p.m. - 3:00 p.m.

Childbirth and Parenting Classes

For information on times, dates, locations and fees, go online to sibley.org or call 202-537-4076. Registration required for all classes.

Baby-Care Skills

Baby and Me

A free, informal sharing session for new parents and their babies.

Breast-Feeding: The Next Time Around

A refresher breast-feeding class. Comfort breathing and relaxation for labor and birth.

One-Night Refresher Course

A three-hour class for families who have experienced labor, birth and parenting and who meet other prerequisites.

Sibley voted "Best Place to Have a Baby" by Bethesda Magazine 2012

Sibley Memorial Hospital was voted "Best Place to Have a Baby" by Bethesda Magazine's "Best of Bethesda 2012." In 2011, 3,600 babies were delivered at Sibley.

Sibley's Labor and Delivery unit offers state-of-the-art delivery rooms, fully equipped operating rooms ready and able to accommodate multiple birth deliveries at any time and two triage rooms. Patients may labor, give birth and recover in one location, where everything is designed to help them feel at ease.

Sibley was also a top vote-getter in the "Best Emergency Room" category, caring for over 32,000 patients each year.



() Learn more at www.sibley.org/childbirth

Preparing for Cesarean Birth
Preparing to Breast-Feed

Preparing for Labor and Birth

One-Day Intensive Evening Series

Preparing for Natural Labor and Birth Series

Sibling Tour

For children ages 2-7. Two adults per family.

Virtual Maternity Tour

At sibley.org

Alzheimer's and Memory Loss

Alzheimer's Support Group

Sponsored by Sibley Senior Association Wednesday, May 2, 7:30 p.m. - 9:00 p.m. Wednesday, June 6, 7:30 p.m. - 9:00 p.m. *Call 202-364-7602 for information.*

Club Memory

Sponsored by Sibley Senior Association Wednesday, April 25, 2:00 p.m. - 3:30 p.m. Wednesday, May 9, 2:00 p.m. - 3:30 p.m. Wednesday, May 23, 2:00 p.m. - 3:30 p.m. Wednesday, June 13, 2:00 p.m. - 3:30 p.m. Wednesday, June 27, 2:00 p.m. - 3:30 p.m. Wednesday, July 11, 2:00 p.m. - 3:30 p.m. Wednesday, July 25, 2:00 p.m. - 3:30 p.m. Call 202-364-7602 for information.

Club Memory is an informal social organization for memory and cognitively impaired people and their caregivers. Our purpose is to provide hope for people living with early cognitive impairment. We welcome those in the early stages of cognitive impairment, to include mild cognitive impairment, various types of dementia such as Alzheimer's disease, vascular dementia, frontal temporal dementia and Parkinson's disease.

Sibley Senior Association Events

Holocaust Survivor: In Commemoration of Holocaust Remembrance

Sponsored by Sibley Senior Association Monday, May 7, 11:00 a.m. *Call 202-364-7602 for information.*

Senior Association Book Signings Sponsored by Sibley Senior Association Monday, May 14, 12:00 p.m. - 1:00 p.m. Call 202-364-7602 for information.

Ken Walsh, U.S. News & World Report White House correspondent,

on his book: Family of Freedom: Presidents and African Americans in the White House Monday, June 4, 11:00 a.m. – Noon Kenneth D. Ackerman, local attorney and author of Boss Tweed: The Corrupt Pol Who Conceived the Soul of Modern New York

Support Groups

Defibrillator Support Group

Sponsored by Sibley Senior Association
Support for people with an ICD (implantable cardioverter defibrillator)

Wednesday, April 25, 4:30 p.m. - 6:00 p.m. Call 202-364-7602 for information.

Lyme Disease Support Group

Sponsored by Sibley Senior Association
Support for people with Lyme disease and their family members

Sunday, May 6, 2:00 p.m. - 4:00 p.m. Sunday, June 3, 2:00 p.m. - 4:00 p.m. Call 202-364-7602 for information.

Parkinson's and Movement Disorders Support Group

Sponsored by Sibley Senior Association
Support for people with Parkinson's disease and
movement disorders, and their families and friends
Thursday, May 10, 3:00 p.m. - 4:15 p.m.
Call 202-364-7602 for information.

All About Arthritis: Arthritis Support

Sponsored by Sibley Senior AssociationSupport and sharing of information for people with arthritis

Wednesday, June 20, 11:00 a.m. - 12:30 p.m. Call 202-364-7602 for information.

Diabetes Support Group

Sponsored by Sibley Senior Association Support and sharing of information for people with diabetes

Thursday, June 21, 1:30 p.m. - 2:30 p.m. Call 202-364-7602 for information.

Cancer Support Groups

Short-Term Counseling

Call 202-243-2274 for an appointment.

Look Good...Feel Better

Call 202-537-4277 for dates and times.

Breast Cancer Support

Call 202-537-4277 for information, dates and times.

Young Women's Breast Cancer Support

Call 202-537-4277 for information.

Meets the second Wednesday of every month,
6:00 p.m. - 8:00 p.m.



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11th Annual Celebration of Hope & Progress

... A resounding success to benefit the Sibley Memorial Hospital Foundation



This year's Gala raised nearly \$1 million to benefit the Hospital's programs and services. The Mars Family Quality Care Award was presented to Sibley's registered nurses. The Sibley Foundation extends its heartfelt gratitude to Kate & Vince Burke, III, Gala Co-Chairs, Michael Harreld and William Magner, III, Corporate Co-Chairs, Rachel Sullivan, Honorary Chair, the Host and Physician Committees, our guests and generous corporate sponsors listed below.

Please call Arlene A. Snyder, CFRE, President, Sibley Memorial Hospital Foundation at 202-537-4257 to learn about giving opportunities and how you can support Sibley.

2011 CORPORATE **BENEFACTORS**







WILMOT SANZ ARCHITECTURE PLANNING 2011 CORPORATE **PATRONS**







2011 CORPORATE **SUPPORTERS**







BROWN ADVISORY



















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Appendix 71 A In SEPARATE binder

Appendix 71 B

CURRICULUM VITAE

Gregory Scott Sibley, M.D.

PROFESSIONAL INFORMATION

Office Address

Sibley Memorial Hospital

Radiation Oncology

5255 Loughboro Rd. NW Washington, D.C. 20016

Telephone

(202) 537-4787

Fax (202) 537-4964

EDUCATION

High School

Howell High School,

Sept 1978 - June 1982

High School Diploma Howell, Michigan

College

University of Michigan

Sept 1982 - May 1986

B.S. (Honors) in Cellular Molecular Biology

Ann Arbor, Michigan

Medical School

University of Michigan

Sept 1986 - May 1990

M.D.

Ann Arbor, Michigan

PROFESSIONAL TRAINING

Internship

Transitional (Surgery and Medicine)

St. Joseph Mercy Hospital, Ann Arbor, Michigan. July 1990-June 1991

Residency

University of Chicago, Department of Radiation and Cellular Oncology.

July 1, 1991- June 30, 1995.

AWARDS

American Society for Therapeutic Radiology and Oncology Research

Fellowship Award. July 1, 1994- June 30, 1995.

BOARD

American Board of Radiology (Radiation Oncology) 7/95; recert. 8/17/04

CERTIFICATION National Board of Medical Examiners Parts I, II, III

MEDICAL

Virginia 0101-052359

LICENSURE

D.C. MD31361

Maryland D0065128

APPOINTMENTS

Associate, Department of Radiation Oncology, Duke University Medical

Center, July 10, 1995-August 1, 1998.

Assistant Professor, Department of Radiation Oncology, Duke University

Medical Center, September 1, 1998 to February 26, 1999.

Curriculum Vitae- 2 Gregory S. Sibley, M.D.

Sibley Memorial Hospital, Department of Radiation Oncology, March 1, 1999 to present.

Chair of Sibley Memorial Hospital Cancer Committee 2000 to present.

Co-chair Sibley Memorial Hospital Internal Review Board 2002-2011.

MEMBERSHIPS

American Medical Association

American Society of Clinical Oncology

American Society for Therapeutic Radiology and Oncology

American College of Radiation Oncology Medical Society of the District of Columbia

PATENTS

Methods and Compositions for Viral Enhancement of Cell Killing. Serial No. 08/540,343 (pending). D. Hallahan, R. Weichselbaum, G. Sibley, B.Roizman, D. Kufe

PUBLICATIONS Refereed Journals

- 1. P. Sweeney, S. Vijayakumar, **G. Sibley**, M. Salehpour, L. Myrianthopoulos, S. Rubin, H. Sutton. A Comparison of CT-based Treatment Planning and Retrograde Urethrography in Determining the Prostatic Apex at Simulation. Medical Dosimetry 18:21-28, 1993.
- 2. A. Mundt, **G. Sibley**, S. Williams, S. Rubin, R. Heimann, H. Halpern, R. Weichselbaum. Patterns of Failure of Complete Responders Following High-Dose Chemotherapy and Autologous Bone Marrow Transplantation for Metastatic Breast Cancer: Implications for the Use of Adjuvant Radiation Therapy. Int. J. Radiat. Oncol. Biol. Phys. 30:151-60, 1994.
- 3. **G. Sibley**, A. Mundt, S. Goldman, J. Nachman, L. Johnson, R. Weichselbaum, D. Hallahan. The Patterns of Failure Following Total Body Irradiation and Bone Marrow Transplantation +/-Local Radiotherapy Boost for Advanced Neuroblastoma. Int. J. Radiat. Oncol. Biol. Phys. 32.1127-1135, 1995.
- 4. A. Mundt, A. Awan, **G. Sibley**, M. Simon, S. Rubin, B. Samuels, W. Wong, M. Beckett, S. Vijayakumar, R. Weichselbaum. *Conservative Surgery and Adjuvant Radiation Therapy in the Management of Adult Soft Tissue Sarcoma of the Extremities: Clinical and Radiobiological Results*. Int. J. Radiat. Oncol. Biol. Phys. 32:977-985, 1995.
- 5. A. Mundt, G. Sibley, S. Williams, D. Hallahan, J. Nautiyal, R. Weichselbaum. *Patterns of Failure Following High-Dose Chemotherapy and Autologous Bone Marrow Transplantation with Involved Field Radiotherapy for Relapsed/Refractory Hodgkin's Disease*. Int. J. Radiat. Oncol. Biol. Phys. 33:261-270, 1995.
 G. Sibley
- 6. **G. Sibley**, A. Mundt, C. Shapiro, R. Jacobs, G. Chen, R. Weichselvaum, S. Vijayakumar. *The Treatment of Stage III Non-Small Cell Lung Cancer Using High Dose Conformal Radiotherapy*. Int. J. Radiat. Oncol. Biol. Phys. 33(5):1001-1007, 1995.
- 7. J. Advani, G. Sibley, P. Song, D. Hallahan, Y. Kataoko, B. Roizman, R. Weichselbaum.

Curriculum Vitae- 3 Gregory S. Sibley, M.D.

Enhancement Of Replication Of Genetically Engineered Herpes Simplex Viruses By Ionizing Radiation: A New Paradigm For Destruction Of Therapeutically Intractable Tumors. Gene Therapy. 1997.

- 8. D. Brizel, G. Sibley, L. Prosnitz, R. Scher, M. Dewhirst. *Tumor Hypoxia Adversely Affects the Prognosis of Carcinoma of the Head and Neck.* Int. J. Radiat. Oncol. Biol. Phys. 38: 285-289, 1997.
- 9. **G. Sibley,** T. Jamieson, L. Marks, M. Anscher, L. Prosnitz. *Radiotherapy Alone for Medically Inoperable Stage I Non-Small Cell Lung Cancer: The Duke Experience*. Int. J. Radiat. Oncol. Biol. Phys. 40:149-154, 1998.
- 10. **G. Sibley**. Radiotherapy for Patients with Medically Inoperable Stage I Non-Small Cell Lung Cancer: Smaller Volumes and Higher Doses. Cancer 82(3):433-438, 1998.
- 11. M. Munley, L. Marks, C. Scarfone, **G. Sibley**, E. Patz, T. Turkington, R. Jaszczak, D. Gilland, M. Anscher, R. Coleman. *Multimodality Nuclear Medicine Imaging In Three-Dimensional Radiation Treatment Planning For Lung Cancer: Challenges And Prospects*. Lung Cancer 23:105-114, 1999.
- 12. P. Maguire, G. Sibley, S. Zhou, T. Jamieson, K. Light, P. Antoine, J. Herndon, M. Anscher, L. Marks. *Clinical And Dosimetric Predictors Of Radiation-Induced Esophageal Toxicity*. Int J Radiat Oncol Biol Phys 45:97-103, 1999.
- 13. M. Garipagoaglu, M. Munley, D. Hollis, J. Poulson, G. Bentel, **G. Sibley**, M. Anscher, M. Fan, R. Jaszczak, R. Coleman, L. Marks. *The Effect Of Patient-Specific Factors On Radiation-Induced Regional Lung Injury*. Int J Radiat Oncol Biol Phys 45:331-338, 1999.
- 14. M. Munley, J. Lo, G. Sibley, G. Bentel, M. Anscher, L. Marks. A Neural Network To Predict Symptomatic Lung Injury. Phys Med Biol. 44:2241-2249, 1999.
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- 16. L. Marks, G. Sibley. The Rationale And Use Of Three-Dimensional Radiation Treatment Planning For Lung Cancer. Chest 16(Suppl 6): 539S-545S, 1999.
- 17. L. Wang, X. Fu, R. Clough, **G. Sibley**, M. Fan, G. Bentel, L. Marks, M. Anscher. *Can Angiotensin-Converting Enzyme Inhibitors Protect against Symptomatic Radiation Pneumonitis?* Radiat. Research 153: 405-410, 2000.
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 Gregory S. Sibley, M.D.
 The Direction Of Radiation-Induced Changes In Pulmonary Function Tests. Cancer 88: 2135-2141, 2000.
- 20. L. Marks, G. Bentel, K. Light, S. Zhou, G. Sibley, M. Anscher. Routine 3D Treatment Planning: Opportunities, Challenges, And Hazards. Oncology 14: 1191-1201, 2000.
- 21. P. Maguire, L. Marks, **G. Sibley**, J. Herndon, R. Clough, K. Light, M. Hernando, P. Antoine, M. Anscher. 73.6 Gy And Beyond: Hyperfractionalted, Accelerated Radiotherapy For Non-Small Cell Lung Cancer. J Clin Oncol. 19: 705-711, 2001.
- 22. M. Socinski, L. Marks, J. Garst, G. Sibley, W. Blackstock, A. Turrisi, J. Herndon, S. Zhou, M. Anscher, J. Crawford, T. Shafman, J. Rosenman. *Carboplatin/Paclitaxel Or Carboplatin/Vinorelbine Followed By Accelerated Hyperfractionated Conformal Radiotherapy: A Preliminary Report Of A Phase I Dose Escalation Trial From The Carolina Conformal Therapy Consortium*. Oncologist 6 (Suppl. 1): 20-24, 2001.
- 23. M. Fan, L. Marks, D. Hollis, G. Bentel, M. Anscher, **G. Sibley**, R. Coleman, R. Jaszczak, M. Munley. Can We Predict Radiation-Induced Changes In Pulmonary Function Based On The Sum Of Predicted Regional Dysfunction? J Clin Oncol. 19: 543-50, 2001.
- 24. K. Miller, L. Marks, **G. Sibley**, R. Clough, J. Garst , J. Crawford, T. Shafman. *Routine use of approximately 60 Gy once-daily thoracic irradiation for patients with limited-stage small-cell lung cancer*. Int J Radiat Oncol Biol Phys. 56(2):355-9, 2003.
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Abstracts

- **G. Sibley**, A. Mundt, S. Vijayakumar, E. Lazaridis, R. Weichselbaum. *The Treatment of Stage III Non-small Cell Lung Cancer Using High Dose Conformal Radiotherapy*. Int. J. Radiat. Oncol. Biol. Phys. 27 (Suppl. 1): 273-4, 1993.
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- L. Chen, P. Sweeney, S. Vijayakumar, G. Sibley. Localization of the Prostatic Apex: A Comparison of Two Techniques. Int. J. Radiat. Oncol. Biol. Phys. 27 (Suppl. 1): 282-3, 1993.

- Curriculum Vitae- 5 Gregory S. Sibley, M.D.
- G. Sibley, A. Mundt, S. Goldman, J. Nachman, L. Johnson, R. Weichselbaum, D. Hallahan. The Patterns of Failure Following Total Body Irradiation and Bone Marrow Transplantation +/-Local Radiotherapy Boost for Advanced Neuroblastoma. Int. J. Radiat. Oncol. Biol. Phys. 30 (Suppl. 1): 171, 1994.
- A. Mundt, G. Sibley, S. Williams, D. Hallahan, R. Weichselbaum. Patterns of Failure following High Dose Chemotherapy and Autologous Bone Marrow Transplantation with Involved Field Radiotherapy for Relapsed/Refractory Hodgkin's Disease. Int. J. Radiat. Oncol. Biol. Phys. 30 (Suppl. 1): 169, 1994.
- G. Sibley, D. Hallahan, J. Hyland, L. Seung, H. Mauceri, J. Chou, B Roizman, R. Weichselbaum. Evaluation of a Gene Therapy System Using a Replication Competent, Non-Neurovirulent HSV-1 Viral Vector Used in Combination With Radiotherapy. Int. J. Radiat. Oncol. Biol. Phys. 32 (Suppl. 1): 173, 1995.
- L. Lubich, A. Mundt, **G. Sibley**, D. Hallahan, J. Nautiyal, R. Weichselbaum. *Early and Late Toxicity of Involved-Field Radiation Therapy in Conjunction with High-Dose Chemotherapy and Stem Cell Rescue*. Int. J. Radiat. Oncol. Biol. Phys. 32 (Suppl. 1):284, 1995.
- A. Mundt, **G. Sibley**, S. Williams, J. Nachman, D. Hallahan, S. Vijayakumar, L. Johnson, R. Weichselbaum. *Patterns of Failure of Patients Undergoing High Dose Chemotherapy and Stem Cell Rescue: Implications for Use of Adjuvant Involved Field Radiotherapy*. Proc. Am. Soc. Clin. Oncol. 14:925, 1995.
- D. Brizel, M. Dewhirst, G. Sibley, S. Scully, J. Harrelson, R. Scher, L. Prosnitz. Tumor Hypoxia Adversely Affects the Prognosis of Carcinoma of the Head and Neck and Soft Tissue Sarcoma. Int. J. Radiat. Oncol. Biol. Phys. 36(Suppl. 1): 201, 1996.
- P. Maguire, G. Sibley, S. Zhou, T. Jamieson, K. Light, L. Marks. Length of Circumferential Esophagus Within the High-Dose Radiotherapy Field Predicts for Late Esophageal Dysfunction. Int. J. Radiat. Oncol. Biol. Phys 42 (Suppl 1):200, 1998.
- T. Jamieson, G. Sibley, S. Zhou, P. Maguire, K. Light, P. Antoine, R. Clough, L. Marks, M. Anscher. Pretreatment Dosimetric Parameters Predict for the Risk of Proctitis in Prostate Cancer Patients Treated with 3-Dimensional Radiation Therapy. Int. J. Radiat. Oncol. Biol. Phys 42 (Suppl 1):218, 1998.
- S. Zhou, **G. Sibley**, P. Maguire, T. Jamieson, K. Light, G. Tracton, M. Anscher, L. Marks. *A New Method to Display the Three Dimensional Dose Distribution for Tubular Organs*. Int. J. Radiat. Oncol. Biol. Phys 42 (Suppl 1):376, 1998.
- L. Marks, M. Munley, G. Sibley, R. Clough, D. Hollis, G. Bentel, S. Zhou, J. Paulson, R. Jaczack, R. Coleman, M. Garipagaoglu. *Pre-Radiation Therapy SPECT Lung Perfusion Scans are Useful in Predicting Changes in Pulmonary Function Tests in Patients with Central Mediastinal Tumors*. Int. J. Radiat. Oncol. Biol. Phys 42 (Suppl 1):333, 1998.
- M. Garipagaoglu, J. Paulson, M. Munley, D. Hollis, **G. Sibley**, R. Clough, M. Anscher, R. Jaczack, R. Coleman, L. Marks. *Factors that Impact on the Sensitivity of Lung to Radiation-Induced Injury*. Int. J. Radiat. Oncol. Biol. Phys 42 (Suppl 1):166, 1998.

Curriculum Vitae-6 Gregory S. Sibley, M.D.

M. Munley, J. Lo, G. Sibley, G. Bentel, L. Marks. A Neural Network to Predict Symptomatic Lung Injury. Int. J. Radiat. Oncol. Biol. Phys 42 (Suppl 1):173, 1998.

J. Garst, **G. Sibley**, J. Herndon, S. Blackwell, L. Campagna, D. Shoemaker, J. Crawford. A Phase I Dose Escalation Study of Concurrent Vinorelbine with Definitive Radiation Therapy for Inoperable Stage III Non-Small Cell Lung Cancer. Proc ASCO, 1999.

PRESENTATIONS

3-D Radiotherapy in the Treatment of Lung Cancer. Lung Cancer - From Primary Care to Future Care. Durham, NC, September 20, 1996.

Management of Medically Inoperable Stage I Lung Cancer. Fourth Annual Cancer Conference, Advances in Thoracic Onocology. Palm Beach, FL, February 24-26, 1997.

New Approaches in Radiotherapy for the Treatment of Lung Cancer. Annual Meeting of the North Carolina Thoracic Society. Chapel Hill, NC, April 18, 1998.

Lung Cancer Treatment: The Carolina Consortium Approach. Third International Symposium: 3-D Radiation Treatment Planning and Conformal Therapy. Chapel Hill, NC, September 1-3, 1998.

Combined Modality Therapy, Radiation or Surgery? Critical Issues in Thoracic Oncology. First Annual Co-Sponsored Duke/UNC Oncology Symposium. Pinehurst, NC, November 13-14, 1998.

Radiotherapeutic Management of Choroidal Melanoma. Annual Spring Symposium, Washington National Eye Center. Washington, D.C., April 25-26, 2003.

Practical IMRT in the Private Practice Setting. IMRT of the Lung: Clinical and Technical Issues. MTMI, Clinical Implementation of IMRT. Atlantic City Convention Center, Atlantic City, NJ, April 8-9, 2005.

Practical IMRT in the Private Practice Setting. IMRT of the Lung: Clinical and Technical Issues. Clinical Implementation of IMRT. Orlando, FL, September 23-24, 2005.

IMRT of the Lung: Can We Use It Yet? Department of Radiation Oncology, Georgetown University, Washington, DC, October 13, 2005.

"Impact of Image-Guided Radiotherapy (IGRT) for Lung Cancer". Second Annual Lung Cancer: Knowledge is Power. Sibley Memorial Hospital, Ernst Auditorium, Washington, D.C. November 8, 2007.

Curriculum Vitae April 1, 2012 Signature Date of this version

DEMOGRAPHIC AND PERSONAL INFORMATION

Name

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Office Address:

Johns Hopkins Cancer Center

The Weinberg Building

401 N. Broadway, Suite 1100

Baltimore, MD 21231

Email address:

igage1@jhmi.edu

Place of birth:

Yonkers, NY

Professional Experience

2011-present	Medical Director of Cancer Services, National Capital Region Johns Hopkins Medicine, Baltimore, MD
2009-2011	American College of Surgeons, National Accreditation Program for Breast Centers
1999-2010	Chief of Service, Chairman, Radiation Oncology, Sibley Hospital, Washington, DC
1994-1999	Faculty/Staff physician Department of Oncology, Radiation Oncology division, Johns Hopkins Medical Institutions, Baltimore, MD
1979-84	Microbiologist, Mount Auburn Pathologists, Cambridge, MA
1977-79	Teaching Assistant, Cornell University, Ithaca, NY

Education and Training

1976

B.S., St Mary's College, Notre Dame, IN

1979	M.S., Microbiology, Cornell University, Ithaca, NY
1988	M.D., Boston University School of Medicine, Boston, MA
1988-89	Internship, Internal Medicine, Framingham Union Hospital, Framingham, MA
1989-93	Resident, Radiation Oncology, Tufts New England Medical Center, Boston, MA
1993-94	Fellow, Radiation Oncology/Breast Cancer, Joint Center for Radiation Therapy, Harvard Medical School, Boston, MA

Faculty Academic Appointments

1993-94	Instructor, Radiation Oncology, Harvard Medical School, Boston, MA
1994-96	Instructor, Oncology, Johns Hopkins School of Medicine, Baltimore, MD
1996-2005	Assistant Professor, Oncology, Johns Hopkins School of Medicine, Baltimore, MD
2011-present	Assistant Professor, Oncology, Johns Hopkins School of Medicine, Baltimore, MD

CLINICAL ACTIVITIES

\mathbf{C}	er	<u>tifi</u>	ca	tic	<u>on</u>
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1989 Diplomate, National Board of Medical Examiners

1993 American Board of Radiology, Radiation Oncology Board Certification

Licensure

1989-95, 2011 Massachusetts Medical License 1994-2004 Maryland Medical License (D46766)

2011- present

1998-current DC Medical License (MD31214)

Clinical Service

1994-1998 Radiation Oncology attending physician, Johns Hopkins Oncology
1999-2010 Director Radiation Oncology, Sibley Hospital, Washington, DCconsultation and treatment of several hundred new breast cancer patients a

year.

Clinical Program Building/Leadership

1995: Member of Hopkins team developing oncology programming at Hopkins Greenspring, a Johns Hopkins clinical satellite site north of Baltimore

1999: Sibley Hospital recruited to co-develop a new breast cancer program and to revitalize their radiation oncology services. As a treating physician and chair of the radiation oncology department, I had varied responsibilities including compliance matters, quality initiatives and general oversight.

2011: Johns Hopkins Medicine, Department of Oncology; Regional Medical Director for the National Capital Region

ORGANIZATIONAL ACTIVITIES

Administrative appointments

2005-6 Secretary-Treasurer of the Medical Staff, Sibley Hospital
 2006-10 Member Medical Executive Committee, Sibley Hospital
 2011- Director, Johns Hopkins National Capital Region: Oncology

Editorial Activities

2001 Manuscript commentary, Breast Diseases Quarterly

Advisory Committees, Review Groups/Study Sections

2005-2008 American Society for Therapeutic Radiation and Oncology Annual Meeting Abstract Reviewer, Breast Section

1997, 1998 Susan G Koman for the Cure Foundation, Grant Reviewer, Maryland

Professional Societies

1990-present American Society for Therapeutic Radiation and Oncology

1996-present American Society of Clinical Oncology

RECOGNITION

Recognition

April 1999, November 2002, July 2005, April 2008, March 2010 (named in every issue published while practicing in DC) Washington DC Top Doctors, Washingtonian Magazine

2007, 2011 Checkbook Magazine Top Medical Specialists

2008 Sibley Medical Staff Honoree

2009 Living in Pink Breast Cancer Organization, Washington DC

RESEARCH ACTIVITIES

Publications

- 1. Hemphill HE, **Gage I**, Zaller SA, Korman RZ. *Prophage-mediated production of a bacteriocin-like substance by SpB lysogens of <u>Bacillus subtilis</u>. Can J Microbiol 26:1328-1333, 1980.*
- 2. Koh HK, Gage I, Geller A Prout MN, Rogers GS, Lew RA. Two year evaluation of melanoma/skin cancer screening in Massachusetts. Cancer 65:375-379, 1990.
- 3. Koh HK, Geller A, Miller A Caruso A, Gage I, Lew A. Who is being screened for melanoma/skin cancer? Characteristics of persons screened in Massachusetts. J Am Acad Dermatol 24:271-277, 1991.
- 4. **Gage I**, Recht A, Gelman R, Nixon A, Silver B, Bornstein BA, Harris JR. *Long-term outcome following breast-conserving surgery and radiation therapy.* Int J Radiat Oncol Biol Phys 33:245-251, 1995.
- 5. Nixon AJ, Schnitt SJ, Gage I, Gelman R, Bornstein BA, Hetelekidis S, Recht A, Silver B, Harris JR, Connolly JL. Relationship of tumor grade to other pathologic features and to treatment outcome for patients with early-stage breast cancer treated with breast-conserving therapy. Cancer 78:1426-1431, 1996.
- 6. Wazer DE, Gage I, Homer MJ, Krosnick SH, Schmid C. Age-related differences in patients with nonpalpable breast carcinomas. Cancer 78:1432-1437, 1996.
- 7. Gage I, Schnitt SJ, Nixon AJ, Silver B, Recht A, Troyan SJ, Eberlein T, Love SM, Gelman R, Harris JR, Connolly JL. *Pathologic margin involvement and the risk of recurrence in patients treated with breast-conserving therapy*. Cancer 78:1921-1928, 1996.
- 8. Monson J, Chin L, Nixon A, Gage I, Silver B, Recht A, Harris JR. Is Machine Energy (4-8MV) Associated with Outcome for Stage I-II Breast Cancer Patients? Int J Radiat Oncol Biol Phys 37: 1095-1100, 1997.
- 9. Mock V, Dow KH, Meares C, Grimm PM, Dienemann JA, Haisfield-Wolfe ME, Quitasol W, Mitchell S, Chakravarthy A, **Gage I.** Effects of Exercise on Fatigue, Physical Functioning and Emotional Distress During Radiation Therapy for Breast Cancer. Oncology Nursing Forum 24:991-1000, 1997.
- 10. **Gage I**, Schnitt SJ, Recht A, Abner A, Come S, Shulman LN, Monson J, Silver B, Harris JR, Connolly JR. *Skin Recurrences after Breast-Conserving Therapy for Early Stage Breast Cancer*. J Clin Oncol 16:480-486, 1997.
- 11. Connolly JL, Boyages J, Nixon AJ, Peiro G, Gage I, Silver B, Recht, A, Harris JR, Schnitt SJ. *Predictors of Breast Recurrence after Conservative Surgery and Radiation Therapy for Invasive Breast Cancer*. Mod Pathol 11:134-139, 1998.

- 12. Mignano JE, Chakravarthy A, Dooley W, Piantadosi S, Zahurak M, Gage I. Significance of axillary lymph node extranodal soft tissue extension and indications for post mastectomy radiation. Cancer 86 (7):1258-62, 1999.
- 13. Katz A, Gage I, Evans S, Shaffer M, Fleury T, Smith FP, Flax R, Drogula C, Petrucci P, Magnant C. Sentinel lymph node positivity of patients with ductal carcinoma in situ or microinvasive breast cancer. Am J Surg 191(6): 761-6, 2006.
- 14. Katz A, Niermierko A, Gage I, Evans S, Shaffer M, Fleury T, Smith FP, Petrucci PE, Flax R, Drogula C, Magnant C. Can axillary dissection be avoided in patients with sentinel lymph node metastasis? J Surg Oncol 93(7):550-8, 2006.
- 15. Katz A, Niermierko A, Gage I, Evans S, Shaffer M, Smith FP, Taghian A, Magnant C. Factors associated with involvement of four or more axillary nodes for sentinel lymph node positive patients. Int J Radiat Oncol Biol Phys 65 (1):40-44, 2006.
- 16. Mignano JE, Gage I, Piantadosi S, Ye X, Henderson G, Dooley WC. Local recurrence after mastectomy in patients with T3pN0 breast carcinoma treated without postoperative radiation therapy. Am J Clin Oncol 30(5):466-72, 2007.

Thesis

Production of SpB Bacteriophage in Bacillus subtilis cells lysogenized with two defective prophages, Masters Thesis 1979, Cornell University, Ithaca, NY

Clinical Guidelines and Reports

(Standard of care) Cervical Cancer: NIH Consensus Development Conference April 1-3, 1996. NIH Consensus Statement 14: 1-38, 1996. Committee member charged with developing the treatment guidelines and consensus statement

Abstracts

- 1. **Gage I,** Nixon AJ, Silver B, Bornstein BA, Gelman R, Recht A, Harris JR. *Long-Term Outcome Following Breast-Conserving Therapy in Early Stage Disease*. Int J Radiat Oncol Biol Phys 30S:153, 1994.
- 2. **Gage I**, Recht A, Nixon A, Silver B, Bornstein, BA, Gelman R, Harris JR. *Time Course of Recurrence Following Breast-Conserving Therapy for Early Stage Disease*. EORTC Breast Cancer Working Conference, Amsterdam 1994.
- 3. Peiro G, Schnitt SJ, Gage I, Silver B, Harris JR, Connolly JL. Treatment Outcome Following Conservative Surgery and Radiation Therapy for Infiltrating Carcinoma with Mixed Ductal and Lobular Features: Comparison with Infiltrating Ductal and Lobular Carcinoma. Laboratory Investigation. January, 1995.

- 4. **Gage I**, Nixon AJ, Schnitt SJ, Recht A, Gelman R, Silver B, Connolly JL, Harris JR. *Pathologic Margin Involvement and the Risk of Recurrence in Patients Treated with Breast-Conserving Therapy*. Int. J Radiat Oncol Biol Phys 32:138, 1995.
- 5. Nixon AJ, Gage I, Connolly JL, Schnitt S, Silver S, Hetelekidis S, Recht A, Harris JR. Relationship of Tumor Grade to Other Pathologic Features and to Treatment Outcome for Patients with Early-Stage Breast Cancer Treated with Breast-Conserving Therapy. Int J Radiat Oncol Biol Phys 32:139, 1995.
- 6. **Gage I**, Schnitt SJ, Connolly JL, Nixon AJ,, Recht A, Gelman R, Silver B, Harris, JR. *Pathologic Margin Involvement after Lumpectomy and the Risk of Recurrence after Breast-Conserving Therapy*. Breast Cancer Research Treatment 37:41, 1996.
- 7. Mignano JE, **Gage I**, Piantadosi S, Chakravarthy A, Dooley W. *Local Recurrence* after Mastectomy in Patients with T3N0 Breast Carcinoma Treated without Postoperative Irradiation.
- 8. **Gage I**, Schnitt SJ, Recht A, Abner A, Monson J, Silver B, Connolly JL, Harris JR. Skin Recurrence after Breast-Conserving Therapy for Early Stage Breast Cancer. Breast Cancer Research and Treatment 41:221, 1996.
- 9. Herman M, Khadivi KO, Kleinberg L, Gage I, Abrams R. Effects of Respiration on Target and Critical Structure Positions during Treatment Assessed with Movie-Loop Electronic Portal Imaging. Int J Radiat Oncol Biol Phys, 1997.
- 10. Mignano JE, Chakravarthy A, Dooley W, Piantadosi S, Zahurak M, **Gage I**. Recurrence Patterns After Mastectomy in Patients with Node-Positive Breast Carcinoma and Extranodal Soft Tissue Extension Treated without Radiation. The 20th Annual San Antonio Breast Cancer Symposium December 3-5, 1997.
- 11. Chakravarthy A, Kim CR, Gage I. Is there a Role for Postoperative Radiation in Male Breast Cancer? Radiologic Society of North America, Chicago Illinois. November 30, 1997.
- 12. **Gage I**, Bond S, Davidson NE, Clarke BV, McIntyre K, Fetting J, Kennedy MJ. Minimal Acute Toxicity Associated with Locoregional Radiation Therapy Following Two High Dose Chemotherapy Regimens Supported with Autologous Marrow/Stem-Cell Transplantation in High Risk Breast Cancer Patients. ASCO Proc 17:463, 1998.
- 13. Kennedy MJ, Bond S, Davidson NE, Clarke BV, Clarke K, McIntyre I, Gage I, Fetting J. Dose-Dense Sequential Chemotherapy Followed by High-Dose Consolidation: A Phase I Study in Women with High-Risk Node-Positive Breast Cancer ASCO Proc 17:355, 1998.

14. Thurman S, Gage I, Sherman M, Tchou J, Dooley W, Baker R. Axillary Involvement in Tubular Carcinoma. San Antonio Breast Cancer Symposium December, 1999.

EDUCATIONAL ACTIVITIES

Educational Publications

Consensus Panel: Cervical Cancer. NIH Consensus Development Conference Statement. April 1-3 1996: 14: 1-38, 1996.

Gage I, Harris JR. Radiation Therapy and Breast Cancer. Current Opinion in Oncology. 9:527-531, 1997.

Gage I, Harris JR. Current Controversies in the Use of Breast-Conserving Therapy. Clinical Oncology Updates 1(2):1-11, 1998.

Gage I, Harris JR. *Radiation Therapy and Breast Cancer*. Current Opinion in Oncology 10:513-516, 1998.

Asrari F, Gage I Radiation Therapy in the Management of Breast Cancer. Current Opinion in Oncology 11 (6):463-7, 1999.

Teaching

Clinical instruction

1994-1998 Radiation Oncology, Department of Oncology, Attending Physician

2005 American Board of Radiology Board Examiner, Breast Section

CME instruction

- 1993 Invited speaker: Current Issues in Breast Cancer Management, The 15th Annual Cancer Symposium, IL
- 1996 Panelist: Southern Medical Association Breast Cancer Management
- 1995 Invited speaker: Long-term outcome following breast conserving therapy in early stage breast cancer, Neoplastic Disorders Symposium, Johns Hopkins Hospital
- 1997 Invited speaker: Frontiers in Breast Cancer: Research, Diagnosis and Therapy, Rockville, MD
- 1999 Invited speaker: Management of DCIS, Neoplastic Disorders Symposium, Johns Hopkins Hospital

- 1997 Panelist: American Society for Clinical Oncology, Breast Cancer panel, Denver, CO
- 1998 Invited speaker: National Renewals in Breast Cancer Treatment and Consensus, Ankara, Turkey
- 2001 Invited speaker: All Ireland Breast Cancer Symposium, Cavan, Ireland

Mentoring-post-doctoral

Mignano, J M.D./Ph.D 1995/6 Clinic Director, Assistant Professor, Tufts New England Medical Center, Boston, MA

Thurman, S. M.D. 1997/8 Medical Director Massachusetts General Hospital at Newton-Wellesley, MA

Appendix 71 C

Curriculum Vitae April 1, 2012 Signature Date of this version

DEMOGRAPHIC AND PERSONAL INFORMATION

Name

Irene Gage, M.D.

Office Address:

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Email address:

igage1@jhmi.edu

Place of birth:

Yonkers, NY

Professional Experience

2011-present	Medical Director of Cancer Services, National Capital Region Johns Hopkins Medicine, Baltimore, MD
2009-2011	American College of Surgeons, National Accreditation Program for Breast Centers
1999-2010	Chief of Service, Chairman, Radiation Oncology, Sibley Hospital, Washington, DC
1994-1999	Faculty/Staff physician Department of Oncology, Radiation Oncology division, Johns Hopkins Medical Institutions, Baltimore, MD
1979-84	Microbiologist, Mount Auburn Pathologists, Cambridge, MA
1977-79	Teaching Assistant, Cornell University, Ithaca, NY

Education and Training

1976

B.S., St Mary's College, Notre Dame, IN

1979	M.S., Microbiology, Cornell University, Ithaca, NY
1988	M.D., Boston University School of Medicine, Boston, MA
1988-89	Internship, Internal Medicine, Framingham Union Hospital, Framingham, MA
1989-93	Resident, Radiation Oncology, Tufts New England Medical Center, Boston, MA
1993-94	Fellow, Radiation Oncology/Breast Cancer, Joint Center for Radiation Therapy, Harvard Medical School, Boston, MA

Faculty Academic Appointments

1993-94	Instructor, Radiation Oncology, Harvard Medical School, Boston, MA
1994-96	Instructor, Oncology, Johns Hopkins School of Medicine, Baltimore, MD
1996-2005	Assistant Professor, Oncology, Johns Hopkins School of Medicine, Baltimore, MD
2011-present	Assistant Professor, Oncology, Johns Hopkins School of Medicine, Baltimore, MD

CLINICAL ACTIVITIES

Certification 1989 1993	Diplomate, National Board of Medical Examiners American Board of Radiology, Radiation Oncology Board Certification
Licensure	

<u>Licensure</u>	
1989-95, 2011	Massachusetts Medical License
1994-2004	Maryland Medical License (D46766)
2011- present	
1998-current	DC Medical License (MD31214)

Clinical Service

1994-1998 Radiation Oncology attending physician, Johns Hopkins Oncology

1999-2010 Director Radiation Oncology, Sibley Hospital, Washington, DC-

consultation and treatment of several hundred new breast cancer patients a

year.

Clinical Program Building/Leadership

1995: Member of Hopkins team developing oncology programming at Hopkins Greenspring, a Johns Hopkins clinical satellite site north of Baltimore

1999: Sibley Hospital recruited to co-develop a new breast cancer program and to revitalize their radiation oncology services. As a treating physician and chair of the radiation oncology department, I had varied responsibilities including compliance matters, quality initiatives and general oversight.

2011: Johns Hopkins Medicine, Department of Oncology; Regional Medical Director for the National Capital Region

ORGANIZATIONAL ACTIVITIES

Administrative appointments

2005-6 Secretary-Treasurer of the Medical Staff, Sibley Hospital
2006-10 Member Medical Executive Committee, Sibley Hospital
2011- Director, Johns Hopkins National Capital Region: Oncology

Editorial Activities

2001 Manuscript commentary, Breast Diseases Quarterly

Advisory Committees, Review Groups/Study Sections

2005-2008 American Society for Therapeutic Radiation and Oncology Annual Meeting Abstract Reviewer, Breast Section

1997, 1998 Susan G Koman for the Cure Foundation, Grant Reviewer, Maryland

Professional Societies

1990-present American Society for Therapeutic Radiation and Oncology

1996-present American Society of Clinical Oncology

RECOGNITION

Recognition

April 1999, November 2002, July 2005, April 2008, March 2010 (named in every issue published while practicing in DC) Washington DC Top Doctors, Washingtonian Magazine

2007, 2011 Checkbook Magazine Top Medical Specialists

2008 Sibley Medical Staff Honoree

2009 Living in Pink Breast Cancer Organization, Washington DC

RESEARCH ACTIVITIES

Publications

- 1. Hemphill HE, **Gage I**, Zaller SA, Korman RZ. *Prophage-mediated production of a bacteriocin-like substance by SpB lysogens of <u>Bacillus subtilis</u>. Can J Microbiol 26:1328-1333, 1980.*
- 2. Koh HK, Gage I, Geller A Prout MN, Rogers GS, Lew RA. Two year evaluation of melanoma/skin cancer screening in Massachusetts. Cancer 65:375-379, 1990.
- 3. Koh HK, Geller A, Miller A Caruso A, Gage I, Lew A. Who is being screened for melanoma/skin cancer? Characteristics of persons screened in Massachusetts. J Am Acad Dermatol 24:271-277, 1991.
- 4. Gage I, Recht A, Gelman R, Nixon A, Silver B, Bornstein BA, Harris JR. Long-term outcome following breast-conserving surgery and radiation therapy. Int J Radiat Oncol Biol Phys 33:245-251, 1995.
- 5. Nixon AJ, Schnitt SJ, Gage I, Gelman R, Bornstein BA, Hetelekidis S, Recht A, Silver B, Harris JR, Connolly JL. Relationship of tumor grade to other pathologic features and to treatment outcome for patients with early-stage breast cancer treated with breast-conserving therapy. Cancer 78:1426-1431, 1996.
- 6. Wazer DE, Gage I, Homer MJ, Krosnick SH, Schmid C. Age-related differences in patients with nonpalpable breast carcinomas. Cancer 78:1432-1437, 1996.
- 7. Gage I, Schnitt SJ, Nixon AJ, Silver B, Recht A, Troyan SJ, Eberlein T, Love SM, Gelman R, Harris JR, Connolly JL. Pathologic margin involvement and the risk of recurrence in patients treated with breast-conserving therapy. Cancer 78:1921-1928, 1996.
- 8. Monson J, Chin L, Nixon A, Gage I, Silver B, Recht A, Harris JR. Is Machine Energy (4-8MV) Associated with Outcome for Stage I-II Breast Cancer Patients? Int J Radiat Oncol Biol Phys 37: 1095-1100, 1997.
- 9. Mock V, Dow KH, Meares C, Grimm PM, Dienemann JA, Haisfield-Wolfe ME, Quitasol W, Mitchell S, Chakravarthy A, **Gage I.** Effects of Exercise on Fatigue, Physical Functioning and Emotional Distress During Radiation Therapy for Breast Cancer. Oncology Nursing Forum 24:991-1000, 1997.
- 10. **Gage I**, Schnitt SJ, Recht A, Abner A, Come S, Shulman LN, Monson J, Silver B, Harris JR, Connolly JR. *Skin Recurrences after Breast-Conserving Therapy for Early Stage Breast Cancer*. J Clin Oncol 16:480-486, 1997.
- 11. Connolly JL, Boyages J, Nixon AJ, Peiro G, **Gage I**, Silver B, Recht, A, Harris JR, Schnitt SJ. *Predictors of Breast Recurrence after Conservative Surgery and Radiation Therapy for Invasive Breast Cancer*. Mod Pathol 11:134-139, 1998.

- 12. Mignano JE, Chakravarthy A, Dooley W, Piantadosi S, Zahurak M, Gage I. Significance of axillary lymph node extranodal soft tissue extension and indications for post mastectomy radiation. Cancer 86 (7):1258-62, 1999.
- 13. Katz A, Gage I, Evans S, Shaffer M, Fleury T, Smith FP, Flax R, Drogula C, Petrucci P, Magnant C. Sentinel lymph node positivity of patients with ductal carcinoma in situ or microinvasive breast cancer. Am J Surg 191(6): 761-6, 2006.
- 14. Katz A, Niermierko A, Gage I, Evans S, Shaffer M, Fleury T, Smith FP, Petrucci PE, Flax R, Drogula C, Magnant C. Can axillary dissection be avoided in patients with sentinel lymph node metastasis? J Surg Oncol 93(7):550-8, 2006.
- 15. Katz A, Niermierko A, Gage I, Evans S, Shaffer M, Smith FP, Taghian A, Magnant C. Factors associated with involvement of four or more axillary nodes for sentinel lymph node positive patients. Int J Radiat Oncol Biol Phys 65 (1):40-44, 2006.
- 16. Mignano JE, Gage I, Piantadosi S, Ye X, Henderson G, Dooley WC. Local recurrence after mastectomy in patients with T3pN0 breast carcinoma treated without postoperative radiation therapy. Am J Clin Oncol 30(5):466-72, 2007.

Thesis

Production of SpB Bacteriophage in Bacillus subtilis cells lysogenized with two defective prophages, Masters Thesis 1979, Cornell University, Ithaca, NY

Clinical Guidelines and Reports

(Standard of care) Cervical Cancer: NIH Consensus Development Conference April 1-3, 1996. NIH Consensus Statement 14: 1-38, 1996. Committee member charged with developing the treatment guidelines and consensus statement

Abstracts

- 1. Gage I, Nixon AJ, Silver B, Bornstein BA, Gelman R, Recht A, Harris JR. Long-Term Outcome Following Breast-Conserving Therapy in Early Stage Disease. Int J Radiat Oncol Biol Phys 30S:153, 1994.
- 2. **Gage I**, Recht A, Nixon A, Silver B, Bornstein, BA, Gelman R, Harris JR. *Time Course of Recurrence Following Breast-Conserving Therapy for Early Stage Disease*. EORTC Breast Cancer Working Conference, Amsterdam 1994.
- 3. Peiro G, Schnitt SJ, Gage I, Silver B, Harris JR, Connolly JL. Treatment Outcome Following Conservative Surgery and Radiation Therapy for Infiltrating Carcinoma with Mixed Ductal and Lobular Features: Comparison with Infiltrating Ductal and Lobular Carcinoma. Laboratory Investigation. January, 1995.

- 4. Gage I, Nixon AJ, Schnitt SJ, Recht A, Gelman R, Silver B, Connolly JL, Harris JR. Pathologic Margin Involvement and the Risk of Recurrence in Patients Treated with Breast-Conserving Therapy. Int. J Radiat Oncol Biol Phys 32:138, 1995.
- 5. Nixon AJ, Gage I, Connolly JL, Schnitt S, Silver S, Hetelekidis S, Recht A, Harris JR. Relationship of Tumor Grade to Other Pathologic Features and to Treatment Outcome for Patients with Early-Stage Breast Cancer Treated with Breast-Conserving Therapy. Int J Radiat Oncol Biol Phys 32:139, 1995.
- 6. **Gage I**, Schnitt SJ, Connolly JL, Nixon AJ,, Recht A, Gelman R, Silver B, Harris, JR. Pathologic Margin Involvement after Lumpectomy and the Risk of Recurrence after Breast-Conserving Therapy. Breast Cancer Research Treatment 37:41, 1996.
- 7. Mignano JE, **Gage I**, Piantadosi S, Chakravarthy A, Dooley W. Local Recurrence after Mastectomy in Patients with T3N0 Breast Carcinoma Treated without Postoperative Irradiation.
- 8. **Gage I**, Schnitt SJ, Recht A, Abner A, Monson J, Silver B, Connolly JL, Harris JR. Skin Recurrence after Breast-Conserving Therapy for Early Stage Breast Cancer. Breast Cancer Research and Treatment 41:221, 1996.
- 9. Herman M, Khadivi KO, Kleinberg L, Gage I, Abrams R. Effects of Respiration on Target and Critical Structure Positions during Treatment Assessed with Movie-Loop Electronic Portal Imaging. Int J Radiat Oncol Biol Phys, 1997.
- 10. Mignano JE, Chakravarthy A, Dooley W, Piantadosi S, Zahurak M, Gage I. Recurrence Patterns After Mastectomy in Patients with Node-Positive Breast Carcinoma and Extranodal Soft Tissue Extension Treated without Radiation. The 20th Annual San Antonio Breast Cancer Symposium December 3-5, 1997.
- 11. Chakravarthy A, Kim CR, Gage I. Is there a Role for Postoperative Radiation in Male Breast Cancer? Radiologic Society of North America, Chicago Illinois. November 30, 1997.
- 12. **Gage I**, Bond S, Davidson NE, Clarke BV, McIntyre K, Fetting J, Kennedy MJ. Minimal Acute Toxicity Associated with Locoregional Radiation Therapy Following Two High Dose Chemotherapy Regimens Supported with Autologous Marrow/Stem-Cell Transplantation in High Risk Breast Cancer Patients. ASCO Proc 17:463, 1998.
- 13. Kennedy MJ, Bond S, Davidson NE, Clarke BV, Clarke K, McIntyre I, Gage I, Fetting J. Dose-Dense Sequential Chemotherapy Followed by High-Dose Consolidation: A Phase I Study in Women with High-Risk Node-Positive Breast Cancer ASCO Proc 17:355, 1998.

14. Thurman S, Gage I, Sherman M, Tchou J, Dooley W, Baker R. Axillary Involvement in Tubular Carcinoma. San Antonio Breast Cancer Symposium December, 1999.

EDUCATIONAL ACTIVITIES

Educational Publications

Consensus Panel: Cervical Cancer. NIH Consensus Development Conference Statement. April 1-3 1996: 14: 1-38, 1996.

Gage I, Harris JR. Radiation Therapy and Breast Cancer. Current Opinion in Oncology. 9:527-531, 1997.

Gage I, Harris JR. Current Controversies in the Use of Breast-Conserving Therapy. Clinical Oncology Updates 1(2):1-11, 1998.

Gage I, Harris JR. *Radiation Therapy and Breast Cancer*. Current Opinion in Oncology 10:513-516, 1998.

Asrari F, Gage I Radiation Therapy in the Management of Breast Cancer. Current Opinion in Oncology 11 (6):463-7, 1999.

Teaching

Clinical instruction

1994-1998 Radiation Oncology, Department of Oncology, Attending Physician

2005 American Board of Radiology Board Examiner, Breast Section

CME instruction

- 1993 Invited speaker: Current Issues in Breast Cancer Management, The 15th Annual Cancer Symposium, IL
- 1996 Panelist: Southern Medical Association Breast Cancer Management
- 1995 Invited speaker: Long-term outcome following breast conserving therapy in early stage breast cancer, Neoplastic Disorders Symposium, Johns Hopkins Hospital
- 1997 Invited speaker: Frontiers in Breast Cancer: Research, Diagnosis and Therapy, Rockville, MD
- 1999 Invited speaker: Management of DCIS, Neoplastic Disorders Symposium, Johns Hopkins Hospital

- 1997 Panelist: American Society for Clinical Oncology, Breast Cancer panel, Denver, CO
- 1998 Invited speaker: National Renewals in Breast Cancer Treatment and Consensus, Ankara, Turkey
- 2001 Invited speaker: All Ireland Breast Cancer Symposium, Cavan, Ireland

Mentoring-post-doctoral

Mignano, J M.D./Ph.D 1995/6 Clinic Director, Assistant Professor, Tufts New England Medical Center, Boston, MA

Thurman, S. M.D. 1997/8 Medical Director Massachusetts General Hospital at Newton-Wellesley, MA

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CURRICULUM VITAE

October 8, 2012

Name

Theodore L. DeWeese, M.D.

Current Appointments

University:

Professor, Radiation Oncology and Molecular Radiation Sciences

The Johns Hopkins University

School of Medicine

Professor, Oncology

The Johns Hopkins University

School of Medicine

Professor, Urology

The Johns Hopkins University

School of Medicine

Joint Appointment, Department of Environmental Health Sciences

The Johns Hopkins University Bloomberg School of Public Health

Core Faculty, Armstrong Institute for Patient Safety and Quality

The Johns Hopkins University

School of Medicine

Chair, Department of Radiation Oncology and Molecular

Radiation Sciences

The Johns Hopkins University

School of Medicine

Hospital:

Radiation Oncologist-in-Chief, The Johns Hopkins Hospital and

Health System

Addresses

Office:

Johns Hopkins Sidney Kimmel Comprehensive Cancer Center

The Weinberg Building

401 N. Broadway, Suite 1440 Baltimore, Maryland 21231

Tel:

(410) 614-3979

Fax:

(410) 502-7234

E-Mail:

deweete@jhmi.edu

Personal and Family

Place of Birth:

Denver, CO

Marital Status:

Married

Children:

2 children

Education and Training

1986	B.A., Magna cum Laude, Metropolitan State University of Denver, Denver, Colorado
1990	M.D. with Honors, University of Colorado School of Medicine, Denver, Colorado
1990-91	Internship, Internal Medicine, Franklin Square Hospital Center, Baltimore, Maryland
1991-93	Resident, Division of Radiation Oncology, The Johns Hopkins Hospital, Baltimore, Maryland
1993-94	Chief Resident, Division of Radiation Oncology, The Johns Hopkins Hospital, Baltimore, Maryland
1994-95	Post-Doctoral Research Fellow in Urologic Oncology, The Johns Hopkins Oncology Center and The James Buchanan Brady Urological Institute, Laboratory of William G. Nelson, M.D., Ph.D.

Professional Experience

1995-1997	Instructor, Oncology, The Johns Hopkins University, School of Medicine, Baltimore, MD
1995-1997	Instructor, Urology, The James Buchanan Brady, Urological Institute, Johns Hopkins University, School of Medicine, Baltimore, MD
1997-12/2001	Assistant Professor in Oncology, The Johns Hopkins University School of Medicine, Baltimore, MD
1997-12/2001	Assistant Professor in Urology, The James Buchanan Brady Urological Institute, The Johns Hopkins University School of Medicine, Baltimore, MD
2000-2007	Director, Radiation Biology Program, The Johns Hopkins University, School of Medicine, Baltimore, MD

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1/2002-6/2003	Associate Professor in Oncology, The Johns Hopkins University School of Medicine, Baltimore, MD
1/2002-6/2003	Associate Professor in Urology, The James Buchanan Brady Urological Institute, The Johns Hopkins University School of Medicine, Baltimore, MD
7/1/2003-present	Professor of Radiation Oncology and Molecular Radiation Sciences, The Johns Hopkins University School of Medicine, Baltimore, MD
7/1/2003-present	Professor of Oncology, The Johns Hopkins University School of Medicine, Baltimore, MD
7/1/2003-present	Professor of Urology, The James Buchanan Brady Urological Institute, The Johns Hopkins University School of Medicine, Baltimore, MD

Educational Activities

Teaching - Classroom 1996-present	nathophysiology Course for Second Year Medical Students, Lecturer
2000-present	Radiation Biology Course for Radiation Oncology Residents and School of Public Health Graduate Students, Director
2010-present	Genomic Instability in Human Disease course in the Cellular and

Genomic Instability in Human Disease course in the Cellular and Molecular Medicine Graduate Program at Johns Hopkins University

School of Medicine, Lecturer

Teaching - Clinical Instruction

Radiation Oncology, Attending Physician 1995 - present

Mentoring - post-doctoral

Name	<u>Dates</u>	<u>Degree</u>	Present Position
Hurwitz, M.	7/96-6/97	M.D.	Assistant Professor, Harvard University
Ramakrishna, N.	7/98-7/99	M.D., Ph.D.	Assistant Professor, Harvard University
Song, D.	5/99-6/01	M.D.	Associate Professor, Johns Hopkins
			University
Thurman, S.	11/99-6/01	M.D.	Instructor, Harvard University
Collis, S.	1/01-10/04	Ph.D.	Assistant Professor, University of Sheffield,
			U.K.
Khater, K.	7/01-6/05	M.D., Ph.D.	Assistant Professor, Radiation Oncology,
•			Medical College of Wisconsin
Thompson, T.	4/02-6/04	M.D.	Radiation Oncologist, Houston, Texas

Bajaj, Gopal	6/02-6/05	M.D.	Radiation Oncologist, Fairfax, VA
Wilds, Harvey	7/02-6/05	M.D.	Commander and Attending Radiation
			Oncologist, United States Navy,
			Portsmouth, VA
Lin, Steven	7/04-6/09	M.D., Ph.D.	Assistant Professor, MD Anderson Cancer
			Center
Hales, Russell	7/04-present	M.D.	Instructor, Johns Hopkins University
Hedayati, Mohamme	d1/08-present	Ph.D.	Post-doctoral Fellow, Johns Hopkins
•			University
Thomas, Owen	7/10-6/11	M.D., Ph.D.	Resident, Johns Hopkins University
Raval, Raju	7/12-present	M.D., D.Phil.	Resident, Johns Hopkins University
, 3	•		
Mentoring - pre-docto	<u>oral</u>		
Name	Dates	<u>Degree</u>	Present Position
Gontapolli, S.	6/99-9/99	_	Student, Johns Hopkins University.
Harman, C.	6/99-9/99	B.S.	Medical Student, Johns Hopkins University.
Kahn, T.	8/99-5/01	B.S.	Radiation Oncology Resident, Yale
, - ·			University.
Kirshner, J.	6/99-9/99		Student, Western Maryland College
THIS MILES, U.	6/00-9/00		Student, Western Maryland College
Krochak, K.	6/99-9/99		Graduate Student, Vanderbilt University.
Larrier, N.	8/97-6/00	M.D.	Assistant Professor, Duke University.
Laurie, T.	6/99- present	B.S.	Medical Student, Johns Hopkins University.
Stephens, J.	6/00-9/00	B.S.	Ph.D. Student, Johns Hopkins University.
Swartz, M.	6/00-6/08	B.S.	Physician, Rapid City, SD
Thomas, R.	6/98-10/98	M.D.	Urology Resident, Stanford University.
Zhang, G.	6/97-8/97	B.S.	Student, William and Mary College
Zhang, G.	6/99-6/00	2.2.	Student, Johns Hopkins University
Kaiser, A.	7/02-present	B.S.	Medical Student, Johns Hopkins University
Harris, T.	7/02-present	B.S.	Medical and Graduate Student, Johns
1141115, 1.	7702 present	D.	Hopkins University
Hristov, B.	7/03-present	B.S.	Radiation Oncology Resident, Johns
тшъюν, υ.	7703-present	D.0.	Hopkins University
Ntambi, J.	6/03-6/05	B.S.	Resident, Johns Hopkins University
Hales, R.	6/04-6/05	B.S.	Resident, Radiation Oncology, Johns
Hales, IX.	0/04-0/03	D.5.	Hopkins University
Herod, J.	6/04-present	B.S.	Medical Student, Johns Hopkins University
	6/09-present	B.S.	Medical/Graduate Student, Johns Hopkins
Kut, C.	0/09-present	D.G.	University
			Oniversity
Doctoral Thesis Comr	nittees:		
Chad Nelson	P.I. John Groo	nman Ph D	Department of Environmental Health
Char Incipuli	1 .1. 501III O100	L. 111.12.	Sciences, Bloomberg School of Public
			Health, Johns Hopkins University
Drian Camblatt	P.I. William G	Nelson	Department of Pharmacology, Johns
Brian Cornblatt	D manney .r. r	. 11013011,	Department of Fuarmacorogy, Joints

Robert Susil	M.D., Ph.D. P.I. Ergin Atalar, Ph.D.	Hopkins University, School of Medicine Department of Biomedical Engineering, Johns Hopkins University, School of Medicine
Timothy Harris	P.I. Drew Pardoll,M.D,PhD	Department of Oncology, Johns Hopkins University, School of Medicine
Michael Yu	P.I. Richard Ambinder, M.D.	Department of Oncology, Johns Hopkins University, School of Medicine
Kevin Soucy	P.I. Dan Berkowicz	Department of Anesthesiology & Critical Care Med, Johns Hopkins University, School of Medicine

Editorial Activities

International Journal of Radiation Oncology, Biology, and Physics, Senior Editor The Prostate, Editorial Board

Journal of Clinical Oncology, Editorial Board

Translational Oncology, Scientific Editor

International Journal of Radiation Oncology, Biology, Physics, Ad Hoc Reviewer

Cancer Research, Ad Hoc Reviewer

Clinical Cancer Research, Ad Hoc Reviewer

Molecular Cancer Research, Ad Hoc Reviewer

Journal of Urology, Ad Hoc Reviewer

Urology, Ad Hoc Reviewer

Journal of the American Medical Association, Ad Hoc Reviewer

Proceedings of the National Academy of Sciences, Ad Hoc Reviewer

British Journal of Urology, Ad Hoc Reviewer

Clinical Activities

Certification

1995	Maryland State Board of Medical Examiners (D47485)
1995	American Board of Radiology

Service Responsibilities

2003-	Director, Department of Radiation Oncology and Molecular Radiation Sciences,
	Attending Physician and Head of Genitourinary Radiation Oncology - See and
	evaluate up to 200 new prostate cancer patients per year and supervise resident
	physicians- in-training.

2004 Committee Member, Urology Chair Search Committee.

2005 2005-2011	Chair, Dermatology Chair Search Committee. Board of Governors, Clinical Practice Association
2010	Vice Chair, Johns Hopkins Medicine United Way Campaign
2011, 2012	Chair, Johns Hopkins Medicine United Way Campaign
2011-present	Advisory Board Agenda Committee, Johns Hopkins University, School of Medicine
2011-present	Vice Chair of the Medical Board, Johns Hopkins Hospital
2012	Committee Member, Orthopedic Chair Search Committee

Organizational Activities

Departmental Administrative Appointments

2003-	Chair, Department of Radiation Oncology and Molecular Radiation Sciences
2000-2007	Director, Radiation Biology Program, Johns Hopkins Oncology Center
2000-	Member, Education Committee, Johns Hopkins Oncology Center
2003-	Member, Sidney Kimmel Comprehensive Cancer Center, Johns Hopkins University Advisory Board

Professional Societies

1991-	Member, American Society for Therapeutic Radiology and Oncology
1991-	Member, American College of Radiology
1994-	Member, American Association for Cancer Research
	Examiner, Genitourinary Section of Oral Boards for American Board of Radiology
2002-2009	Member, Executive Committee, Cancer and Radiation Biology Committee, American Society for Therapeutic Radiology and Oncology
2004	Member, 2004 Education Committee, American Association for Cancer Research

2005-	American Society for Therapeutic Radiology and Oncology Annual Meeting Program Committee
2006	Member, AACR 2006 Annual meeting Experimental and Molecular Therapeutics (ET) Subcommittee-Preclinical Radiotherapeutics
2006-2008	Member, ASTRO Govt. Relations Committee of the Govt. Relations Council
2006	Member, ASTRO Govt. Relations Federal Resources Subcommittee of the Govt. Relations Council
2006	Chair, ASTRO Govt. Relations NIH Subcommittee of the Govt. Relations Council Radiation and Cancer Biology
. 2006	Member, ASTRO Abstract Selection and Program Assembly Committee
2006-2011	Contributor, ASTRO Radiation/Cancer Biology Practice Examination and Study Guide, American Society for Radiation Oncology
2007-2012	At-Large Member, SCAROP Executive Committee
2007	Member, International Congress of Radiation Research Program Planning Committee
2008-	Member, American Society of Clinical Oncology
2008	Associate Chair, Annual Meeting and Program Committee of the Education Council, American Society for Therapeutic Radiology and Oncology
2008-	Member, Research Evaluation Committee of the Research Council, American Society for Therapeutic Radiology and Oncology
2008	ASTRO Representative to the International Atomic Energy Agency – Member ICARO Meeting Planning Committee
2009-2011	Chair, Annual Meeting Scientific Program, American Society for Therapeutic Radiology and Oncology
2009-2011	Associate Chair, Scientific Program Subcommittee, Annual Meeting and Program Committee, Education Council, American Society for Therapeutic Radiology and Oncology
2009-	Member, NIH Subcommittee, Government Relations Council, American Society for Therapeutic Radiology and Oncology

2009-	Member, Task Force on Proton Beam Therapy, Research Council, American Society for Therapeutic Radiology and Oncology
2010	Member, Scientific Program Committee on Genitourinary Cancer, American Society of Clinical Oncology
2010	Member, Biology Resource Panel, Clinical Affairs and Quality Committee, American Society for Therapeutic Radiology and Oncology
2010-2011	Member, Steering Committee for the 3B Forum: Benchtop to Bedside and Back, American Society for Therapeutic Radiology and Oncology
2011	Member, ASTRO Intersociety Summit Meeting
2011	Immediate Past Chair, Annual Meeting Scientific Committee of the Annual Meeting Steering Committee, American Society for Therapeutic Radiology and Oncology
2011-	Member, Proton Response Panel of the ASTRO Board of Directors
2012	Ex Officio, Annual Meeting Scientific Committee of the Education Council, American Society for Therapeutic Radiology and Oncology
2012	Member, Biology Resource Panel of the Clinical Affairs and Quality Council, American Society for Therapeutic Radiology and Oncology
2012	Member, NIH Clinical Trials Committee of the Science Council, American Society for Therapeutic Radiology and Oncology

Recognition

Awards, Honors

1990	Dean's Letter of Academic Achievement
1993-94	Chief Resident, Radiation Oncology, The Johns Hopkins Hospital
1994	American Society for Therapeutic Radiology and Oncology Research Fellowship Award
1995	American Society for Therapeutic Radiology and Oncology Basic Science Travel Grant
1998	European Society for Therapeutic Radiology and Oncology Travel Award

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1999	Doris Duke Research Scientist Award
2002	Director's Teaching Award in Basic Science, The Johns Hopkins Oncology Center
2003	Director's Teaching Award in Clinical Science, The Johns Hopkins Oncology Center
2005	Castle Connolly Medical Ltd "America's Top Doctors for Cancer"
2006	Castle Connolly Medical Ltd "America's Top Doctors for Cancer"
2007	Castle Connolly Medical Ltd "America's Top Doctors for Cancer"
2007	Baltimore Magazine "Top Docs" for Radiation Oncology
2008	Teaching Award, Department of Urology, Johns Hopkins University School of Medicine
2008	Castle Connolly Medical Ltd "America's Top Doctors for Cancer"
2009	Castle Connolly Medical Ltd "America's Top Doctors for Cancer"
2009	Castle Connolly Medical Ltd "America's Top Doctors"
2010	Castle Connolly Medical Ltd "America's Top Doctors for Cancer"
2010	Castle Connolly Medical Ltd "America's Top Doctors"
2011	Castle Connolly Medical Ltd "America's Top Doctors"
2011	U.S. News & World Report "U.S. News Top Doctor"
2011	Castle Connolly Medical Ltd "America's Top Doctors for Cancer"
2012	Castle Connolly Medical Ltd "Washington-Baltimore's Top Doctors"
Invited Talks	
1995	Urologic Grand Rounds, Brady Urologic Institute, Department of Urology, The Johns Hopkins University School of Medicine "Radiobiology as Applied to the Clinic."
1996	Urologic Grand Rounds, Brady Urologic Institute, Department of Urology, The

	Johns Hopkins University School of Medicine "Conformal Radiation Therapy as a treatment for Prostate Cancer."
1996	Southern Medical Association Annual Scientific Assembly, Baltimore, MD. "New Radiotherapy Techniques for Locally Advanced Prostate Cancer."
1997	Late-Breaking Research Session, 88th Annual Meeting of the American Association for Cancer Research, San Diego, CA, "Tolerance of Oxidative DNA Damage Results from Disruption of <i>Msh2</i> Alleles: Implications for Carcinogenesis."
1997	National Academy of Sciences, Keynote Speaker, Impact of Biology on Risk Assessment Workshop, BEIR VII, Washington, DC, "Tolerance of Oxidative DNA Damage Results from Disruption of <i>Msh2</i> Alleles: Implications for Carcinogenesis."
1997	Medical Society of Delaware, Boardwalk Symposium on Prostate Cancer, Rehoboth Beach, DE, "Radiation and Androgen Deprivation Therapy in Prostate Cancer Management."
1997	Oncology Center Grand Rounds, The Johns Hopkins Oncology Center, "Alterations in DNA Mismatch Repair Function Alter Cellular Radiosensitivity."
1998	The George Washington University Medical Center, Symposium: Alternatives to Surgery for the Treatment of Localized Prostate Cancer, Washington, DC, "Conformal Radiation Therapy for Prostate Cancer."
1998	The Johns Hopkins Oncology Center 24th Annual Symposium: Diagnosis and Treatment of Neoplastic Disorders, Baltimore, MD, "Bladder Preservation Therapy for Muscle-Invasive Bladder Cancer."
1998	The Johns Hopkins University Spring Lecture Series: New Approaches to Cancer Therapy, Baltimore, MD, "Protracted Exposures to Ionizing Radiation: Implications for Cancer Treatment and Prevention."
1998	Urologic Grand Rounds, Brady Urologic Institute, Department of Urology, The Johns Hopkins University School of Medicine, "Bladder Preservation Therapy for Muscle-Invasive Bladder Cancer."
1998	The University of Amsterdam, Amsterdam, The Netherlands "Defects in DNA mismatch repair genes and cellular exposure to low dose rate radiation: A potential model linking chronic oxidative stress and carcinogenesis."
1998	Oncology Center Grand Rounds, The Johns Hopkins Oncology Center, "Cytolytic Gene Therapy for Locally-Recurrent Prostate Cancer Following Radiation."

1998	Radiology Grand Rounds, The Johns Hopkins Hospital, "Cytolytic Gene Therapy for Locally-Recurrent Prostate Cancer Following Radiation."
1998	AACR Special Conference in Cancer Research New Research Approaches in the Prevention And Cure of Prostate Cancer. Indian Wells, California, "Molecular Mechanisms of Diminished Defense against Ionizing Radiation in Prostate Cancer Carcinogenesis."
1999	Visiting Professor, University of Pennsylvania, Department of Radiation Oncology. "Disruption of DNA Mismatch Repair Genes Results in Alteration of Cellular Radiation Response."
1999	Visiting Professor, University of Maryland, Department of Radiation Oncology, "Alteration of Cellular Radiation Response as Result of Disruption in DNA Mismatch Repair, and "PSA Gene-Regulated Cytolytic Adenoviral Therapy for Locally-Recurrent Prostate Cancer following Radiation."
1999	The Johns Hopkins Oncology Center 25 th Annual Symposium: Diagnosis & Treatment of Neoplastic Disorders, Baltimore, MD, "Primary Therapy for Clinically-Localized Prostate Cancer with Radiation."
1999	Urologic Grand Rounds, Brady Urological Institute, Department of Urology, The Johns Hopkins University School of Medicine, "Oxidative DNA Damage: Carcinogenesis and Prevention".
1999	Visiting Professor Emory University, Department of Radiation Oncology, "Low Dose-Rate Radiation - Induced Oxidative DNA Damage: Role of DNA Mismatch Repair and GSTPI in Damage Modulation."
2000	Visiting Professor, Mayo Clinic, Molecular Medicine Program, "Gene Therapy for Prostate Cancer."
2000	Visiting Professor, Mayo Clinic, Department of Radiation Oncology, "Locally-Recurrent Prostate Cancer following Radiation Therapy - Novel Gene Therapy Approaches."
2000	Urologic Grand Rounds, Brady Urological Institute, Department of Urology, The Johns Hopkins University School of Medicine, "Adenoviral Gene Therapy for Prostate Cancer."
2000	The Maryland Urological Association Annual Meeting, Baltimore, MD, "Adenoviral Gene Therapy for Locally Recurrent Prostate Cancer Following Radiation."

2001	Visiting Professor, Georgetown University, Departments of Radiation Oncology and Urology, "Prostate Cancer Gene Therapy, An Overview."
2001	CaPCure Gene Therapy Summit Meeting, Baltimore, MD. "Replication-Competent PSA-Selective, Oncolytic Adenoviral Gene Therapy for Prostate Cancer: What Do We Know and Where Do We Go?"
2001	Visiting Professor, University of Michigan, Department of Radiation Oncology. "Overview of Prostate Cancer Gene Therapy."
2001	Visiting Professor, Duke University, Department of Radiation Oncology. "Prostate Cancer Gene Therapy: Immunotherapy and Adenoviral Approaches."
2001	Invited Speaker, 59 th Annual Meeting of the Mid-Atlantic Section of the American Urological Association, Inc.
2001	Invited Speaker, 16 th Annual Meeting of the Society for Biological Therapy. "Pre-clinical and clinical results of a PSA-selective replication competent adenovirus in the treatment of Prostate Cancer", Bethesda, MD.
2002	Visiting Professor, Columbia University, Department of Radiation Oncology, "Cytolytic Adenoviruses as a Novel Cancer Therapeutic for Prostate Cancer", New York, NY.
2002	Invited Speaker, Juan A. Del Regato Gold Medal Presentation and Lecture, Johns Hopkins School of Medicine, Department of Radiation Oncology, "Adenovirus-mediated Modulation of Prostate Cancer Radiation Response", Baltimore, MD.
2002	Invited Speaker, 47th Annual Tumulty Topics in Medicine Course, Johns Hopkins School of Medicine, "Radiation Therapy in the Treatment of Prostate Cancer", Baltimore, MD.
2002	Invited Speaker, 2002 AAPM Annual Meeting, "Adenoviral-based Gene Therapy for the Treatment of Prostate Cancer: Concepts and Considerations for the Medical Physicist", Montreal, Quebec, Canada.
2002	Invited Speaker, Radiation Biology Review Course, University of Maryland "New Modalities", Baltimore, MD.
2002	Invited Speaker, Prostate Cancer 2002: New Perspectives, International Center for Postgraduate Medical Education, "Gene Therapy", Baltimore, MD.
2003	Lecturer, Bloomberg School of Public Health, Johns Hopkins University, "Prostate Cancer Diagnosis and Treatment", Baltimore, MD.

2003	Invited Speaker, RSNA 2003 Meeting, "Enhanced Radiation and Chemotherapy-Mediated Killing of Human Cancer Cells by siRNA-Silencing of DNA Repair Factors", Chicago, IL.
2003	Invited Speaker, Annual Prostate Cancer Symposium, Washington Adventist Hospital, "Prostate Cancer Gene Therapy: Fundamentals and Clinical Applications for the Oncologist", Washington, D.C.
2003	Invited Speaker, International Workshop on Prostate Treatment, "Prostate Cancer Gene Therapy", Sydney, Australia.
2003	Presenter, ASTRO Annual Meeting, "siRNA-Silencing of DNA Repair Factors Results in Enhanced Radiation and Chemotherapy-Mediated Killing of Human Cancer Cells", Salt Lake City, Utah.
2004	Keynote Speaker, SPIE Meeting on Biomedical Optics, "Prospects for optical technology in radiation oncology and prostate cancer", San Jose, CA.
2004	Invited Speaker, Think Tank on Molecular Imaging and Prostate Cancer, "Overview: Radiation Oncology Perspective", Washington, DC.
2004	Invited Speaker, AACR Annual Meeting, "Enhancing Cellular Radiation Response Using Targeted Gene Therapy Techniques", Orlando, FL.
2004	Invited Speaker, ASCO Annual Meeting, Genitourinary Prostate Cancer, New Orleans, LA.
2004	Invited Speaker, 4 th International Congress on Genetics and Regeneration in Neuroscience, "Novel Biologic Modifiers of Cellular Radiation Response", Terni, Italy.
2004	Invited Speaker, Cancer Education Consortium – Pharmacology of Anticancer Agents, "Drug/Radiation Interactions", Leesburg, VA.
2004	Invited Speaker, Translational Research Conference, Johns Hopkins University, School of Medicine, "ATM as a Target for Cellular Radiation Sensitization: Molecular Rationale", Baltimore, MD.
2004	Visiting Professor, Baylor College of Medicine, "ATM as a Target for Cellular Radiation Sensitization: Molecular Rationale", Houston, TX.
2004	Invited Speaker, AACR Annual Meeting, "Targeted Molecular Approaches to Enhance Radiation-induced Prostate Cancer Cell Death", Bonita Springs, FL.
2004	Invited Speaker, SUO/NCI Meeting, "Gene Therapy and Radiation Therapy",

	Bethesda, MD.
	Bethesda, MD.
2004	Invited Speaker, Brain Tumor Research Seminar, Johns Hopkins University, Baltimore, MD.
2005	Visiting Professor, Massachusetts General Hospital/Harvard Medical School, "Gene Therapy and Radiation Oncology", Boston, MA.
2005	Guest Lecturer, Oncology Grand Rounds, Johns Hopkins University, "Cancer Gene Therapy and Radiation: An Integrated Approach", Baltimore, MD.
2005	Guest Lecturer, Neurosurgery Grand Rounds, Johns Hopkins University, "Enhancing Radiation-Induced Cancer Cell Death", Baltimore, MD.
2005	Visiting Professor, Department of Radiation Oncology, University of Maryland, "ATM as a Target for Cellular Radiation Sensitization: Molecular Rational", Baltimore, MD.
2005	Visiting Professor, Department of Radiation Oncology, East Carolina University, "ATM as a Target for Cellular Radiation Sensitization: Molecular Rational", Greenville, NC.
2005	Invited Speaker, Cancer Education Consortium/Genetech/Biogen IDEC, "Drug/Radiation Interactions", Leesburg, VA.
2006	Keynote Speaker, 64 th Oncology Day Meeting, Netherlands Cancer Institute, "Molecular Targeted Therapy", Amsterdam, The Netherlands.
2006	Invited Speaker, 2 nd Baltimore Area Repair Symposium: DNA Damage and Repair in Cancer, "DNA Damage/Repair and Cancer and Therapeutic Possibilities", Baltimore, MD.
2006	Visiting Professor, Biochemistry & Molecular Biology, "ATM and Cellular Radiation Response: A Molecular Rationale for Targeted Therapies", Johns Hopkins Bloomberg School of Public Health, Baltimore, MD.
2006	Invited Speaker, Johns Hopkins Medicine Latest Advances, "Minimally invasive therapies for prostate, ovarian and other cancers", Athens, Greece.
2006	Invited Speaker, Cancer Education Consortium, Clinical Pharmacology of Anticancer Agents, "Drug/Radiation Interactions", Leesburg, VA.
2006	Faculty and Invited Speaker, 2 nd Annual Oncology Congress, "New Radiation Technologies – Proton, IMRT, Brachytherapy", New York, NY.

2007	Faculty and Invited Speaker, 7 th Annual Oncology Update: Advances and Controversies, "New Advance or much Ado About Nothing?" Steamboat Springs, Colorado.
2007	Invited Speaker, ACRO 2007 – 17 th Annual Meeting, "ATM as a Target for Prostate Cancer Radiation Sensitization: Molecular Rationale", San Diego, CA.
2007	Invited Speaker, International Congress on Radiation Research Symposium, "The Relationship Between Checkpoint Signaling and DNA Repair", San Francisco, CA.
2007	Invited Speaker, 98 th Annual AACR Meeting, "Job Search 101", Los Angeles, CA.
2007	Invited Speaker, The Fourth AdMeTech Foundation Conference, "Novel Tools in Imaging Guided Treatment", Washington, DC.
2007	Invited Speaker, 14 th Annual Prostate Cancer Symposium, "ATM as a target for prostate cancer radiation sensitization: Molecular rationale", Bethesda, MD.
2007	Invited Speaker, VUmc CCA Oncology Symposium 2007, "Radiotherapy of prostate cancer", Amsterdam.
2007	Invited Speaker, ASTRO'S 49 th Annual Meeting, "The Rush to IMRT", Los Angeles, CA.
2008	Keynote Speaker, University of Pennsylvania, Department of Radiation Oncology Third Annual Research Retreat, "Altering Cellular Radiation Response: Do We Really Need Molecularly Targeted Agents?" Philadelphia, PA.
2008	Invited Discussant, ASTRO Annual Meeting, "A Randomized Trial Comparing Antiandrogens With or Without Radiotherapy in the Treatment of Locally Advanced Prostate Cancer: Survival and QOL Outcome. Chicago, IL.
2009	Visiting Professor, Cancer Institute of New Jersey, Robert Wood Johnson Medical School, "Altering Cellular Radiation Response: Do We Need Targeted Agents?" New Brunswick, NJ.
2009	Oncology Center Grand Rounds, Johns Hopkins University, "Proton Therapy to Targeted Molecular Therapy: Is Prostate Cancer the Right Disease?" Baltimore, MD.
2009	Invited Speaker, ASTRO's Annual Meeting, "Challenging Cases in the Management of Newly Diagnosed and Recurrent Prostate Cancer", Chicago, IL.

2009	Invited Speaker, ASTRO's Annual Meeting, "PSMA Aptamer-Targeted siRNAs Selectively Enhance Prostate Cancer Radiation Sensitivity", Chicago, IL.
2009	Invited Speaker, ASTRO's Annual Meeting, ARRO Best of ASTRO, 2009, Chicago, IL.
2010	Invited Keynote Speaker, Symposium on Prostate Cancer: Fighting the Blues, VUmc CCA, "Selective Enhancement of Prostate Cancer Radiation Sensitivity Via PSMA Aptamer targeted siRNAs", Amsterdam.
2010	Visiting Professor, Oncology Grand Rounds, UNC Lineberger Comprehensive Cancer Center, "Enhancing Prostate Cancer Radiation Sensitivity via Aptamer-Targeted siRNAs", Chapel Hill, NC.
2010	Visiting Professor, Cancer Center Grand Rounds, University of Michigan, "Enhancing Prostate Cancer Radiation Sensitivity via Aptamer-Targeted siRNAs", Ann Arbor, MI.
2010	Visiting Professor, Department of Radiation Oncology, University of Michigan, "An Early Pre-Clinical Evaluation of Androgen Deprivation and Radiation Sequencing in a Prostate Cancer Model", Ann Arbor, MI.
2010	Visiting Professor, Department of Radiation Oncology, UMDNJ-Robert Wood Johnson Medical School and the Cancer Institute of New Jersey, "An Early Pre-Clinical Evaluation of Androgen Deprivation and Radiation Sequencing in a Prostate Cancer Model", New Brunswick, NJ.
2010	Department of Medicine Medical Grand Rounds, Johns Hopkins University, "Management of Prostate Cancer: A Path Toward RNA-Based Radiation Sensitization", Baltimore, MD
2010	Invited Speaker ASTRO Annual Meeting - Oral Scientific Session —Targeted Therapies and Radiosensitizations — "Substantial Increases in Prostate Cancer Tumor Control Result From a Combination of PSMA Aptamer-targeted siRNAs and Radiation", San Diego, CA.
2010	Invited Speaker ASTRO Annual Meeting – ARRO Seminar – "Research During Residency and Post-Residency", San Diego, CA.
2010	Invited Speaker ASTRO Annual Meeting – "Best of ASTRO 2010", San Diego, CA.
2011	Visiting Professor, Memorial Sloan-Kettering Cancer Center, Department of Radiation Oncology, "Prostate-targeted Radiation Sensitization via AptamershRNA Chimeras", New York, NY.

2011	Invited Speaker, SCAROP Meeting "Post-Residency Fellowship Opportunities", Washington, DC.
2011	Invited Speaker, Radiation Oncology - 2011 Scientific Symposium, "Prostate-targeted radiosensitization via aptamer-shRNA chimeras" Johns Hopkins University, Baltimore, MD
2011	Invited Speaker, Advanced Course on Prostate Cancer Management, "Salvage Radiation of Biochemical Relapses, Johns Hopkins University, Baltimore, MD
2011	Visiting Professor, Harvard Medical School, Massachusetts General Hospital and Brigham and Women's Hospital, "Aptamer-Targeted shRNA's: A New Path Toward Prostate Cancer Radiation Sensitization", Boston, MA
2011	Invited Speaker, MD, PhD-Medical Scientist Training Program, Johns Hopkins University, "Changing the Therapeutic Ratio of Prostate Cancer Radiation: Targeting DNA Repair", Baltimore, MD
2011	Visiting Professor, William Mill Lecturer, Washington University School of Medicine, Department of Radiation Oncology, "Aptamer-Targeted shRNA's: A New Path Towards Prostate Cancer Radiation Sensitization". St. Louis, MO
2012	Invited Speaker, Sun, Sand and Seeds 2012, "From Hormonal Therapy to RNA and Back Again: The Future of Prostate Cancer Radiation Sensitization", Boca Raton, FL
2012	Invited Speaker, SCAROP Annual Meeting, "Diversity in Our Training Programs: What Do We Know and What is a Path Forward?" Washington, D.C.
2012	Visiting Professor, University of Pennsylvania, Department of Radiation Oncology, "Enhanced Prostate Cancer Radiation Response via Targeted RNA Chimeras", Philadelphia, PA.

Research Activities

Extramural Sponsorship Active- Laboratory

2007-2011 Prostate Cancer Foundation Principal Investigator: T.L. DeWeese Temperature Enhanced Metastatic Therapy (TEMT)

2008-2013 NIH T32 CA121937-01A2

Principal Investigator: T.L. DeWeese

Laboratory Training Program in Radiation Oncology

2008-2013 NIH/NCI Specialized Program of Research Excellence (S.P.O.R.E.)

Principal Investigator: Wm Nelson

Project 1- Co-Principal investigators: Theodore L. DeWeese

Shawn E. Lupold

"Tissue-Specific Radiation Sensitization of Prostate Cancer by Aptamer-Targeted siRNA Knock-Down of DNA Repair Pathways"

Project 3 - Co-Principal investigators: Charles Drake

Theodore L. DeWeese

"Blockade of the Immune Checkpoint Mediated by B7-H1 in Men with Prostate Cancer"

2008-2013 NIAID R33AI080541

Principal Investigator: (Biswal)

Novel Strategy to Mitigate and treat radiation Combined Infection Injury by Targeting

Nrf2 Pathway Co-Investigator

2008-2012 CA01301(Shoukas)

NSBRI

Radiation endothelial cell senescence, accelerated aging, atherosclerosis, mechanisms and countermeasures

Co-Investigator

2008-2009 (John Wong)

Elekta LTD.

Optimizing the Methods and Infrastructure for IGRT

Co-Investigator

2010-2014 R01 CA151395-01 (Song)

NIH/NCI

Intraoperative Dose Visualization using X-Ray and Ultrasound for Prostate

Brachytherapy

Co-Investigator

2009-2015

Henry Ford Health System (DeWeese)

A Randomized, Controlled Trial of replication-competent adenovirus-mediated suicide gene therapy in combination with IMRT versus IMRT alone for the treatment of newly-Co-Investigator

Pending

Department of Defense (DeWeese)

4/01/13 - 3/31/16

Transformative Impact Award

"A Multi-component Nanoparticle for Treatment of Metastatic Prostate Cancer"

Completed

PO1CA 58236 (DeWeese)

4/01/98 - 4/31/03

NIH/NCI

"Determinants of Radiosensitivity in Prostate Cancer Cells"

T99048C (DeWeese)

7/01/99 - 6/31/02

Doris Duke Charitable Foundation

Detection of biomarkers of oxidative damage in prostatic tissue DNA from patients with prostate cancer.

DAMD17-98-1-8475 (DeWeese)

1998 - 2002

Department of Defense

Oncolytic Gene Therapy for Prostate Cancer.

DAMD17-00-1-0084 (DeWeese)

2000 - 2003

Department of Defense

Biomarkers of oxidative injury and their modulation in prostatic tissue from patients with prostate cancer.

01-CN-85129-MAO (DeWeese)

7/1/99 - 6/30/03

NIH/NCI

A Randomized placebo-controlled trial of celecoxib in men pre-prostatectomy for clinically localized adenocarcinoma of the prostate: evaluation of drug-specific biomarker modulation.

Modulation of angrogenesis and oxidative DNA damage by celecoxib tumor

2R01CA70196-04A1(Nelson)

7/1/00 - 6/30/03

NIH/NCI

GSTPI promotor hypermethylation in human prostate cancer. Role of GSTPI inactivation in the pathogenesis of prostate cancer

SBIR Grant (C.J. Frederickson)

6/1/02 to 5/31/05

NCI

"Zinc-based Early Detection of Prostate Cancer"

DOD 531419/531421 (Simons, J.)

4/1/03-3/31/06

Prostate Cancer Consortium Grant

"Enhancing Adenoviral Gene Therapy Efficacy by Altering Therapeutic Potency"

2003-2008 NIH/NCI P50 – Pilot Project Grant

Principal Investigator: Zaver Bhujwalla

Non-invasive Monitoring of Therapeutic Effect of siRNA-Mediated Radiation

Sensitization in Human Prostate Cancer Xenografts

2003-2008 NIH/NCI

Specialized Programs of Research Excellence (S.P.O.R.E.) on Prostate Cancer

Principal Investigator: T.L. DeWeese, Project 4, "Cytolytic Adenoviral Gene Therapy for

Prostate Cancer"

2003-2008 NIH/NCI (5 P50 CA58236) Principal Investigator Wm Nelson

Project 3 – SPORE I Prostate Cancer PI: DeWeese

Oncolytic Adenoviral Gene Therapy for Prostate Cancer"

2006-2009 NIH, NCI

Principal Investigator: E.C. Burdette

C-Arm Flouroscopy in Prostate Brachytherapy

2008-2009 Patrick C. Walsh Prostate Cancer Award (Trock)

The Senescent Phenotype in Human Prostate Cancer: Pilot Characterization Study and

Association with Aging and Cellular Stress

Co-Investigator

2008-2009 CA096354-02A2 (Frederickson, Neurobiotex)

NIH/SBIR

Zinc-Based Early Detection of Prostate Cancer

Patents

Lupold, SE, Ni, X, Zhang, Y and DeWeese, TL. Radiation Sensitization Agents for Prostate Cancer. PCT/US2011/044997, Filed 09/30/11

Articles Published in Professional Journals

- 1. DeWeese, T.L. Hazuka, M.B., Hommel, D.J., Kinzie, J.J., Daniels, W.E. AIDS-related non-Hodgkin's Lymphoma: The Outcome and Efficacy of Radiation Therapy. Int J Radiat Oncol Biol Phys 20:803-808, 1991.
- 2. Carducci, M.A., DeWeese, T.L. Nelson, W.G., Simons, J.W., Sinibaldi, V., Eisenberger, M.A. Prostate Cancer Treatment Strategies Based on Tumor-Specific Biological Principles: Future Directions. Semin Oncol 23:56-62, 1996.
- 3. DeWeese, T.L., Walsh, J.C., Dillehay, L.E., Kessis, T.D., Hedrick, L., Cho, K.R., Nelson,

- W.G. Human Papillomavirus E6 and E7 Oncoproteins Alter Cell Cycle Progression But Not Radiosensitivity of Carcinoma Cells Treated with Low Dose-Rate Radiation. Int J Radiat Oncol Biol Phys 37:145-154 1997.
- 4. Cadeddu J.A., Partin, A.W., DeWeese, T.L, Walsh, P.C. Long-term Results of Radiation Therapy For Prostate Cancer Recurrence Following Radical Prostatectomy. J Urol 159:173-178, 1998.
- 5. DeWeese, T.L., Shipman, J.M., Dillehay, L.E., Nelson, W.G. Sensitivity of Human Prostatic Carcinoma Cell Lines to Low Dose Rate Radiation Exposure. J Urol 159:591-598, 1998.
- 6. Wurzler, K.K., DeWeese, T.L., Sebald, W., Reddi, A.H. Radiation-induced Impairment of Bone Healing can be Overcome by Recombinant Human Bone Morphogenetic Protein-2. J Craniofacial Surg 9:131-137, 1998.
- 7. Polascik, T., Pound, C.R., DeWeese, T.L., Walsh, P.C. Comparison of Radical Prostatectomy and ¹²⁵I Interstitial Radiotherapy for the Treatment of Clinically Localized Prostate Cancer: A 7-year Biochemical (PSA) Progression Analysis. Urology 51:884-889, 1998.
- 8. Healy, C.G., Simons, J.W., Carducci, M.A., DeWeese, T.L., Bartkowski, M., Tong, K.P., Bolton, W.E. Impaired Expression And Function Of Signal Transducing Zeta Chains In Peripheral T Cells And Natural Killer Cells In Patients With Prostate Cancer. Cytometry 32:109-119, 1998.
- 9. DeWeese, T.L., Shipman, J.M., Larrier, N.A., Buckley N.M., Kidd, L.R., Groopman, J.D., Cutler, R.G., Riele, H, Nelson W.G. Mouse Embryonic Stem Cells Carrying One or Two Defective *Msh*2 Alleles Respond Abnormally to Oxidative Stress Inflicted by Low Level Radiation. Proc Natl Acad Sci USA 95:11915-11920, 1998.
- 10. Carducci, M.A., DeWeese, T.L., Nelson, J.B. PSA and Other Markers of Therapeutic Response. Urol Clin North Am 26:291-302, 1999.
- 11. Welsh, J., Torre, T.G., DeWeese, T.L., O'Reilly, S. Radiation Myositis. Ann Oncol 10:1105-1108, 1999.
- 12. Hurwitz, M.D., DeWeese, T.L., Zinreich, E., Epstein, J.I., Partin, A.P. Nuclear Morphometry Predicts Disease-free Interval for Clinically Localized Adenocarcinoma of the Prostate Treated with Definitive Radiation Therapy. Int J Cancer 84:594-597, 1999.
- 13. DeWeese, T.L., Song, Dan Y. Current Evidence for the Role of Combined Androgen Suppression and Radiation in the Treatment of Adenocarcinoma of the Prostate. Urology 55:169-174, 2000.

- 14. Chan, DY, Koniaris, LG, Magee, C., Ferrell, M., Solomon, S., Lee, BR., Anderson, JH., Smith, DO., Czapski, J., DeWeese, T., Choti, A., Kavoussi, LR. Feasibility of Ablating Normal Renal Parenchyma By Interstitial Photon Radiation Energy In a Canine Model. J Endourol 14:111-116, 2000.
- 15. Koniaris, L.G., Chan, D.Y., Magee, C., Solomon, S.B., Anderson, J.H., Smith, D.O., DeWeese, T.L., Kavoussi, L.R., Choti, M.A. Focal Hepatic Ablation Using Interstitial Photon Radiation Energy in a Canine Model. J Am Coll Surg 191:164-174, 2000.
- 16. Thurman, S.A., DeWeese, T.L. Multimodality Therapy for the Treatment of Muscle-Invasive Bladder Cancer. Semin Urol Oncol 18:313-322, 2000.
- 17. Li, S., DeWeese, T.L., Lee, D.J., Kleinberg, L., Wharam, M. A Dose Texture Plot in a Moving Frame as a New Planning Tool for Single-Plane Implants in HDR Brachytherapy. Med Phys 28: 97-103, 2001.
- 18. Solomon, S.B., Koniaris, L.G., Chan, D.Y., Magee, C.A., DeWeese, T.L., Kavoussi, L.R., Choti, M.A. Temporal CT Changes after Hepatic and Renal Interstitial Radiotherapy in a Canine Model. JCAT 25: 74-80, 2001.
- 19. DeWeese, T.L., Hruszkewycz, A.M., Marnett, L.J. Oxidative Stress in Chemoprevention Trials. Urology 57: 137-140, 2001.
- 20. Nelson, W.G., DeMarzo, A.M., DeWeese, T.L. The Molecular Pathogenesis of Prostate Cancer: Implications for Prostate Cancer Prevention. Urology 57: 39-45, 2001.
- 21. NCI Radiation Research Program Meeting Report. Young Investigators Workshop Radiation Research Program, Radiation Oncology Sciences Program, National Cancer Institute, NIH, August 1-2, 2000. Int J. Radiation Oncology Biol Phys 49: 1505-16, 2001.
- 22. Nelson, W.G., DeMarzo, A.M., DeWeese, T.L. The Molecular Pathogenesis of Prostate Cancer: Focus on the Earliest Steps. Eur Urol 39 (Suppl 4): 8-11, 2001.
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- 24. Chen, Y., DeWeese, T., Dilley, J., Zhang, Y., Li, Y., Ramesh, N., Lee, J., Pennathur-Das, R., Radzyminski, J., Wypch, J., Brignetti, D., Scott, S., Stephens, J., Karpf, D., Henderson, D., and Yu, D-C. CV706, a Prostate Cancer-specific Adenovirus Variant, in Combination with Radiotherapy Produces Synergistic Antitumor Efficacy without Increasing Toxicity. Cancer Res 61: 5453-5460, 2001.
- 25. Song, D.Y., Lawrie, W.T., Abrams, R.A., Kafonek, D.R., Bayless, M.B., Welsh, J.S., Boitnott, J.K., DeWeese, T.L. Acute and Late Radiotherapy Toxicity in Patients with

- Inflammatory Bowel Disease. Int J Radiat Oncol Biol Phys, 51: 455-459, 2001.
- DeWeese, T.L., van der Poel, H., Li, S., Mikhak, B, Drew, R., Goemann, M., Hamper, U., DeJong, R., Detorie, N., Rodriguez, R., Haulk, T., DeMarzo, A.M., Piantadosi, S., Yu, D.C., Chen, Y., Henderson, D.R., Carducci, M.A., Nelson, W.G., and Simons, J.W. A Phase I trial of CV706, a replication-competent, PSA selective oncolytic adenovirus, for the treatment of locally-recurrent prostate cancer following radiation therapy. Cancer Res, 61:7464-72, 2001.
- 27. Lin, X., Tascilar, M., Lee, W.-H., Lee, Vles, W.J., Lee, B.H., Veeraswamy, R., Asgari, K., Freije, D., van Rees, B., Gage, W.R., Bova, G.S., Isaacs, W.B., Brooks, J.D., DeWeese, T.L., De Marzo, A.M., and Nelson, W.G. *GSTP1* CpG Island Hypermethylation Is Responsible for the Absence of GSTP1 Expression in Human Prostate Cancer Cells. Am J Pathol, 159:1815-26, 2001.
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- 32. Song. D.Y., Thompson, T.L., Ramakrishnan, V., Harrison, R., Bhavsar, N., Onaodowan, O., and DeWeese, T.L. Salvage Radiotherapy for Rising or Persistent PSA Following Radical Prostatectomy. Urology, 60 (2): 281-7, 2002.
- 33. Nelson, W.G., DeWeese, T.L., and DeMarzo, A.M. The diet, prostate inflammation, and the development of prostate cancer. Cancer Metastasis Rev, 21:3-16, 2002.
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- 36. Li, S., Simons, J., Detorie, N., O'Rourke, B. Hamper, U., and DeWeese, T.L. Dosimetric and Technical Considerations for Interstitial Adenoviral Therapy as applied to Prostate Cancer. Int J Radiat Oncol Biol Phys, 55: 204-214, 2003.
- 37. Collis, S.J., Ketner, G.W., Hicks, J.L., Nelson, W.G., DeMarzo, A.M., and DeWeese, T.L. Expression of DNA-PK binding protein E4-34K fails to confer radiation sensitivity to mammalian cells. Int J Radiat Biol, 79: 53-60, 2003.
- 38. Collis, S.J., Swartz, M.J., Nelson, W.G., and DeWeese, T.L. Enhanced Radiation and Chemotherapy-Mediated Cell Killing of Human Cancer Cells by Small Inhibitory RNA Silencing of DNA Repair Factors. Cancer Res, 63: 1550-1554, 2003.
- 39. Li, S., Frassica, D., DeWeese, T.L., Lee, D-J., Geng, J., and Nag, S. A real-time image-guided intraoperative high-dose-rate brachytherapy system. Brachytherapy, 2: 5-16, 2003.
- 40. DeWeese, T.L., and Nelson, W.G. Inadequate "caretaker" gene function and human cancer development. Methods Mol Biol 222: 249-268, 2003.
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Advisory Committees, Review Groups

2000-2005	NIH SBIR Study Section, Grant Reviewer
2004-2009	Radiation Effects Research Foundation, Scientific Councilor, appointed by The National Academy of Sciences
2005-2009	Member, Winship Cancer Center External Advisory Board
2006	Chair, Review Committee, Department of Radiation Oncology, Instituto Oncologico Nacional Republic of Panama at request of the Minister of Health for the Republic of Panama
2009-present	Member, Roswell Park Cancer Center External Advisory Board
2009-present	Member, Massey Cancer Center External Advisory Board, Virginia Commonwealth University.

Appendix 71 E

CURRICULUM VITAE FOR ACADEMIC PROMOTION THE JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE

10/17/12

Moody DeWitt Wharam, Jr., M.D., F.A.C.R.

DEMOGRAPHIC INFORMATION

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Education and Training

1959-63	B.A., Harvard University, Cambridge, Massachusetts
1963-65	Lt.(jg), United States Navy Reserve, Served aboard U.S.S. Blandy (DD 943)
1965-69	M.D., University of Virginia School of Medicine, Charlottesville, Virginia
1969-70	Intern, Medicine and Pediatrics, Georgetown University Medical Center, Washington, D.C.
1970-73	NIH Fellow in Radiation Therapy, Section of Radiation Oncology, University of California Medical Center, San Francisco, California

1972	Visiting Resident Trainee, Division of Radiation Therapy, University
	of Virginia School of Medicine, Charlottesville, Virginia

Professional Experience

1973-74	Clinical Instructor in Residence, Section of Radiation Oncology, University of California Medical Center, San Francisco, California
1974-75	Assistant Professor of Radiology, Division of Therapeutic Radiology, Duke University School of Medicine, Durham, North Carolina
1975-80	Assistant Professor of Oncology, The Johns Hopkins University School of Medicine
1975-80	Assistant Professor of Oncology and Radiological Sciences, The Johns Hopkins University School of Medicine
1980-93	Associate Professor of Oncology, The Johns Hopkins University School of Medicine
1980-93	Associate Professor of Oncology and Radiological Sciences, The Johns Hopkins University School of Medicine
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RESEARCH ACTIVITIES

Publications

- 1. **Wharam.** M.D., Phillips, T.L., Kane, L., and Utley, J.F. Response of a Murine Solid Tumor to In Vivo Combined Chemotherapy and Irradiation. Radiology <u>109</u>:451-455, 1973.
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- 155. Terezakis, S, **Wharam**, **M**. Radiotherapy for Rhabdomyosarcoma: Indications and Outcome. Clin Oncol. (In Press).

Book Chapters

- 1. Fu, K., Phillips, T.L., **Wharam**, M.D., and Kane, L.J. The Influence of Growth and Irradiation Conditions on the Radiation Response of the EMT6 Tumor. <u>In</u> Cell Survival After Low Doses of Radiation. (Alper. T. Alper, ed.). John Wiley & Sons, Bristol. pp. 251-258, 1975.
- Order, S.E., Klein, J.L., Ettinger, D., Wharam, M.D., Humphrey, F., Siegelman, S.S., Garrison, J.B., Jenkins, R.E., and Leichner, P. Quantitation of Isotopic Immunoglobulin Therapy to Tumor Associated Proteins, Ch. 26. (Saunders, J.P., Daniels, J.C., Serrou, B., Rosenfeld, C., and Denny, C.B., eds.). <u>In</u> Fundamental Mechanisms Human Cancer Immunology. Elsevier, North Holland. New York pp. 359-374, 1981.
- 3. Wharam, M.D. Radiation Therapy. <u>In Malignant Diseases of Infancy, Childhood, and Adolescence.</u> (Altman, A.J., Schwartz, A.D. eds.) W.B. Saunders, Philadelphia, 1983.
- Order, S.E., Klein, J.L., Leichner, P.K., Wharam, M.D., Chambers, J., Kopher, K., Ettinger, D.S., and Siegelman, S.S. Radiolabeled Antibodies in the Treatment of Primary Liver Malignancies. <u>In</u> Gastrointestinal Cancer (Levin B., Riddell, R., eds.). Elsevier North Holland, New York. pp. 222-232, 1984.
- 5. **Wharam**, M.D. and Maurer, H.M. Management of Orbital Rhabdomyosarcoma, <u>In</u> Head and Neck Oncology, Martinus Nijhoff Publishing, Boston. 1987.
- 6. Wharam, M.D. and Schachat, A.P. Choroidal Metastasis. In Retina. The C.V. Mosby Company, St. Louis, 1989.

- 7. Mandell, L.R. and **Wharam**, M.D. Radiotherapy <u>In</u> Clinical Pediatric Oncology, 4th Edition, The C.V. Mosby Company, 1991.
- 8. **Wharam**, M.D. Complications of I¹³¹ Therapy. <u>In</u> Complications in Head and Neck Surgery. (Eisele, D.W. ed.) B.C., Inc., Philadelphia. 1992.
- 9. **Wharam**, M.D. Radiation Therapy of Brain Tumors. <u>In</u> Current Treatment in Oncology. (Niederhuber, J.E., ed.) B.C. Decker Inc., Philadelphia. 1992
- 10. Wharam, M.D. Wilms' Tumor. <u>In</u> Pediatric Radiation Oncology. (Cassady, J.R., ed.) Springer-Verlag, New York, 1994.
- 11. Wharam, M.D. and Schachat, A.P. Choroidal Metastasis. <u>In</u> Retina (Second Edition). The C.V. Mosby Company, St. Louis, 1994.
- 12. Anuradha Chakravarthy and Moody D. **Wharam**. Breast Cancer: Radiation Therapy. <u>In</u> Current Surgical Therapy, The C.V. Mosby Company, St. Louis, 1995.
- 13. Andrassy, Richard J., **Wharam**, Jr., Moody D., and Raney, R. Beverly. Genitourinary Rhabdomyosarcoma In Children, Chapter 102. <u>In</u> Principles and Practice of Genitourinary Oncology. (Raghavan, Derek, Scher, Howard I., Leibel, Steven A., Lane, Paul H. (eds). Lippencott-Raven Publishers, Philadelphia. pp. 1039-1044, 1997.
- 14. **Wharam**, M.D. Bone and Soft Tissue Tumors. <u>In</u> Textbook of Radiation Oncology. (S. Leibel and T. Phillips ed.) W.B. Saunders Company, Philadelphia, 1998.
- 15. Wharam, M.D. and Schachat, P.P. Choroidal Metastasis. <u>In</u> Retina (Third Edition. The C.V. Mosby Company, St. Louis, 2001.
- 16. Wharam, M.D. Bone and Soft Tissue Tumors In Textbook of Radiation Oncology. (S. Leibel and T. Phiullips ed.) W.B. Saunders Company, Philadelphia, 2nd Edition, 2004
- 17. Wharam MD, Schachat AP. Choroidal Metastasis. <u>In</u> Retina (Fourth Edition) Elsevier, London. In press.

Extramural Sponsorship (current, pending, previous)

Funding Source	Role	Award Period	Annual Direct Cost
Natl Childhood Ca Fdr	ı. PI	3-1-04 - 2-14-05	\$12,752 (renewed annually)
NIH	Co-investigator	9/30/03-6/30/07	

EDUCATIONAL ACTIVITIES

Teaching

Mentoring-post-	ioctorai

<u>Name</u>	<u>Dates</u>	<u>Degree</u>	<u>Present Position</u>
Ori Shokek	7/02-present	M.D.	Resident, Radiation Oncology,

EDITORIAL ACTIVITIES

International Journal of Radiation Oncology Biology Physics, Assistant Editor (manuscript review)

Journal of Clinical Oncology (manuscript review)

Radiology (Associate Editor to 1994) (manuscript review)

Cancer (manuscript review)

Pediatric Blood and Cancer (manuscript review)

CLINICAL ACTIVITIES

Certification

<u>Medical</u> 1969	License to practice Medicine, State of Virginia
1970	License to practice Medicine, State of California
1974	License to practice Medicine, State of North Carolina
1075	Tierre to small Malleton Otate (CM) 1. 1
1975	License to practice Medicine, State of Maryland
1989	License to practice Medicine, State of Pennsylvania
<u>Board</u> 1974	Diplomate in Therapeutic Radiology, American Board of Radiology
2002	Fellow, American College of Radiology

Service Responsibilities

Attending Physician – Department of Radiation Oncology and Molecular Radiation Sciences ORGANIZATIONAL ACTIVITIES

<u>Departmental Administrative Appointments</u>

Major Academic Service

1977-78	Staff Conference Committee, Johns Hopkins Hospital
1979-80, 1989	Policy Committee, Oncology Center Clinical Information System
1981-82	Medical Services Committee, Oncology Center
1983-84	Radioactive Drug Research Committee, The Johns Hopkins University School of Hygiene and Public Health

1984	Johns Hopkins Oncology Center Clinical Research Committee
1985	Member, Advisory Committee for Johns Hopkins Oncology Center Newsletter
1987-88	Chairman, Advisory Committee to the Executive Board, Johns Hopkins Oncology Center
1990-93	Acting Director, Division of Radiation Oncology, The Johns Hopkins Oncology Center
1994-2000	Director, Division of Radiation Oncology, The Johns Hopkins Oncology Center
2003-	Johns Hopkins Institutional Review Board (Committee #5), The Johns Hopkins University School of Medicine
fessional Societies	

<u>Professional Societies</u>

1974-	American Society of Therapeutic Radiology and Oncology
1977-	American Society of Clinical Oncology
1980-	International Society of Pediatric Oncology
1988-	American College of Radiology
1996-	American Radium Society
1997-2002	Radiation Research Society

Conference Organizer, Session Chair

Advisory Committees, Review Groups

Johns Hopkins Institutional Review Board (Committee #5), The Johns Hopkins University School of Medicine

Consultantships

1976-77	Consultant in Oncology and member of the Medical Staff, Church Home Hospital, Baltimore, Maryland
1976	Ad hoc Member, Clinical Cancer Program Project Review

1978-79	Member, Pediatric Radiation Oncology Committee, Cancer and Acute Leukemia Group B
1979-80	Member, Solid Tumor Committee, Neuroblastoma Subcommittee, and Pediatric Hodgkin's Disease Subcommittee, Southwest, Oncology Group
1980-86	Member, Intergroup Hodgkin's Disease in Childhood Study Committee (Representative of The Pediatric Oncology Group for Radiation Oncology)
1980-85	Member, Neuroblastoma Committee, and Parliamentary Committee, The Pediatric Oncology Group
1981-91	Chairman, Radiation Oncology Discipline Committee of The Pediatric Oncology Group
1981	Member, Intergroup Rhabdomyosarcoma Study Committee (Representative of the Children's Oncology Group for Radiation Oncology)
1982-84, 1989, 1991,	Examiner in Radiation Oncology, American Board of Radiology
1984-90	Member, Constitution and Bylaws Committee, American Society for Therapeutic Radiology and Oncology
1984-	Faculty Advisor, Johns Hopkins Radiation Oncology Dosimetry Advisory Committee, Division of Allied Health Programs, Essex Community College, Baltimore, Maryland
1984-91	Member, Chairman of Radiation Therapy Committees of Clinical Cooperative Groups, American College of Radiology
1984-1991	Member, Medical Advisory Board, The Childrens Cancer Foundation, Inc.
1986	Member, 1986 Awards Committee, American Society for Therapeutic Radiology and Oncology
1985-	Ad hoc Member, Residency Review Committee, Accreditation Council for Graduate Medical Education
1985-86	Member, Program Committee for 1986 Annual Meeting, American Society for Therapeutic Radiology and Oncology

1988	Member, NIH Site Visit Committee to the Children's Cancer Study Group
1988-91	Member, Program Committee for the 1989, 1990, and 1991 annual meeting, American Society for Therapeutic Radiology and Oncology
1998-2005	Member, Annual Meeting & Program Committee, American Society or Therapeutic Radiology and Oncology
1998-2005	Vice-Chairman for Posters, Annual Meeting & Program Committee, American Society or Therapeutic Radiology and Oncology
1999-2004	Member, PDQ Pediatric Treatment Advisory Editorial Board
1999-2002	Member, Gould Lectureship Committee
2001-2004	Member, Government Relations Committee, ASTRO
2001	Member, ASCO Strategic Plan Committee for Pediatric Oncology
2003-2004	Physician Representative to the Examination Committee, The American Registry of Radiologic Technologists
2003-2004	Panel on Radiation Oncology-Brain Metastasis Work Group (Committee on Appropriateness Criteria)

RECOGNITION

Honors

1959	National Merit Scholarship, Semi-Finalist
1963	Harvard-American University Summer School Scholarship
1963	B.A. Degree cum laude Harvard University
1997	Knight Commander, Equestrian Order of the Holy Sepulchre of Jerusalem

Invited Talks, Panels

March 1977 "Pediatric Non-Hodgkin's Lymphoma: Role of Radiotherapy."

	Pediatric Trends course, The Johns Hopkins Hospital Department of Pediatrics
October 1978	"Systemic Irradiation for Selected Stage IV and Recurrent Pediatric Solid Tumors: Method, Toxicity, and Preliminary Results." Twentieth Annual Scientific Meeting of the American Society of Therapeutic Radiology, Los Angeles, California.
April 1979	"Large Field Radiation Therapy in Pediatric Solid Tumors." Children's Hospital of Philadelphia, Pennsylvania.
December 1979	"Principles of Successful Radiation Therapy." Providence Hospital Cancer Symposium, Baltimore, Maryland.
April 1980	"Carcinoma of The Thyroid." Surgical Education Conference, St. Joseph Hospital, Towson, Maryland.
September 1980	"Radiolabelled Antiferritin Antibody in Hodgkin's Disease and Neuroblastoma: Tumor Localization and Potential-Therapeutic Application." 12th Annual Meeting of The International Society of Pediatric Oncology, Budapest, Hungary.
October 1980	"Radioiodine Therapy for Thyroid Carcinoma, Hepatoma, and Neuroblastoma." Oncology Grand Rounds, Howard University Cancer Center, Washington, D.C.
January 1981	"Phase I-II Trial of Radiolabelled Antiferritin for Advanced Neuroblastoma." Radiation Oncology Conference, Memorial Sloan- Kettering Cancer Center, New York, New York
February 1981	"Radiation Therapy of the Thyroid." Conference on Thyroid Diseases, The Anne Arundel General Hospital, Annapolis, Maryland.
November 1981	"Childhood Hodgkin's Disease." Pediatric Grand Rounds, Sinai Hospital, Baltimore, Maryland.
February 1982	"Experimental Approaches to Advanced Neuroblastoma." "Special Management Problems in Rhabdomyosarcoma." Second Annual Current Approaches in Radiation Oncology, Biology, and Physics, University of California, San Francisco California.
March 1982	"Hodgkin's Disease: Special Problems in the Pediatric Age Group." Johns Hopkins Neoplastic Disorders Course, Baltimore, Maryland.
October 1982	"Autologous Bone Marrow Re-constitution Following Total Body Irradiation for Pediatric Solid Tumors." Magna-Field Irradiation Symposium, Orlando, Florida.

March 1983 "Results of the National Wilms' Tumor Study" and "Results of the Intergroup Rhabdomyosarcoma Study." The Fairfax Hospital Tumor Board, Fairfax, Virginia. The University of Southern California Comprehensive Cancer Center April 1983 Traveling Oncology Consultant Program: "The Value of CT Scanning in the Sub-Staging of Mediastinal Hodgkin's Disease." Kaiser Foundation Hospital, Tumor Board, Bellflower, California. "Adjuvant Therapy of Well-differentiated Thyroid Carcinoma." Los Robles Hospital, Tumor Board, Thousand Oaks, California, and San Antonio Community Hospital, Continuing Medical Education Conference, Uplands, California. Special Management Problems in Childhood Rhabdomyosarcoma." Children's Hospital, Tumor Board, Orange, California. "Hodgkin's Disease: Management of the Pediatric Patient." UCLA Department of Radiation Oncology, Radiation Oncology Seminar, Los Angeles, California; Loma Linda University Medical Center, Pediatric Grand Rounds, Loma Linda, California; and Children's Hospital of Los Angeles, Los Angeles, California. "Soft-Tissue Sarcoma of the Head and Neck in Childhood: Non-May 1983 Orbital and Non-Parameningeal Sites." Selected for The Plenary Session of the 19th Annual Meeting of The American Society of Clinical Oncology, San Diego, California. "Soft-Tissue Sarcoma of the Head and Neck in Childhood: Non-September 1983 Orbital and Non-Parameningeal Sites." Poster presentation, 15th Annual Meeting of the International Society of Pediatric Oncology, York, England. "Therapy for Glioma. Is Radiotherapy Justified?" November 1983 First Advanced Clinical Neuroscience Symposium. The Johns Hopkins Department of Neurological Surgery, Baltimore, Maryland. "Sarcoma of The Head and Neck in Childhood." (Panel Participant) October 1984 Twenty-sixth Annual Scientific Meeting of The American Society for Therapeutic Radiology and Oncology, Washington, D.C.

April 1985

February 1985

"Radiotherapy of Non-Hodgkin's Lymphoma." Diagnosis and Treatment of Neoplastic Disorders course. Baltimore, Maryland.

"Treatment of Head and Neck Rhabdomyosarcomas of Children."

Winter Meeting, Mid-Atlantic Society for Radiation Oncology,

Wintergreen, Virginia.

April 1985	"Management of Thyroid Carcinoma in 1985: Areas of Consensus and Controversy." Current Concepts in Thyroid Disease. The Johns Hopkins Division of Endocrinology and Metabolism, Baltimore, Maryland.
May 1985	"Localized Orbital Rhabdomyosarcoma: A Report of The Intergroup Rhabdomyosarcoma Study." Twenty-first Annual Meeting of The American Society of Clinical Oncology, Houston, Texas.
October 1985	"Non-Rhabdomyosarcoma Soft Tissue Sarcoma in Children: A Multi-institutional Retrospective Analysis." Seventeenth Annual Meeting of the International Society of Pediatric Oncology, Venice, Italy.
October 1985	"Localized Orbital Rhabdomyosarcoma: A Report of The Intergroup Rhabdomyosarcoma Study." Seventeenth Annual Meeting of The International Society of Pediatric Oncology, Venice, Italy.
April 1986	"Prostate Carcinoma: A Multivariate Analysis of Prognostic Factors." Oncology Grand Rounds, State University of New York, Stony Brook, New York.
September 1986	"Clinical Research Findings in Rhabdomyosarcoma." Johns Hopkins Oncology Center Research Conference, Baltimore, Maryland.
November 1986	"Management of the Large Mediastinal Mass in Hodgkin's Disease". Panel Participant, American Society of Therapeutic Radiology and Oncology, Los Angeles, California.
November 1986	"Treatment of Orbital Rhabdomyosarcoma." American Society of Therapeutic Radiology and Oncology, Los Angeles, California.
November 1986	"Radiotherapy of Orbital Rhabdomyosarcoma." American Academy of Ophthalmology, New Orleans, Louisiana.
January 1987	"Role of Radiation Treatment for Pituitary Adenomas." University of Maryland School of Medicine, Division of Endocrinology Grand Rounds, Baltimore, Maryland.
April 1987	"Pediatric Oro-facial and Laryngo-pharyngeal Rhabdomyosarcoma." American Society for Head and Neck Surgery Annual Meeting, Denver, Colorado.
September 1987	"Treatment of Pediatric Hepatoma." International Society of Pediatric Oncology, Jerusalem, Israel.

November 1987	"Radiotherapy for the Initially Unresectable Tumor." American Academy of Pediatrics, Surgical Section, New Orleans, Louisiana.
October 1988	Radiotherapy for Pediatric Brain Tumors: Standards of Care, Current Clinical Trials and New Directions." Refresher Course, American Society of Therapeutic Radiology and Oncology, New Orleans, Louisiana.
March 1989	"Update on Pediatric Rhabdomyosarcoma." Radiation Oncology Grand Rounds, Memorial Sloan Kettering Cancer Center, New York
April 1989	"Role of Radiotherapy for Brain Metastasis." Panel Participant, American Association of Neurological Surgeons, Washington, D.C.
April 1989	"Refresher Course on Pediatric Radiation Oncology." Medical University of South Carolina, Division of Radiation Oncology, Charleston, South Carolina.
August 1989	"Seminar on Neuroblastoma" and "New Surgical Findings in Rhabdomyosarcoma." Radiation Oncology Conference and Oncology Center Grand Rounds, University of Michigan, Ann Arbor, Michigan.
August 1989	"Radiotherapy of Pediatric Brain Tumors." Pediatric Neuroradiology and Neuroscience Topics, Baltimore, Maryland.
October 1989	"Radiotherapy for Pediatric Brain Turmors: Standards of Care, Current Clinical Trials and New Directions." Refresher Course, American Society of Therapeutic Radiology and Oncology, San Francisco, California.
October 1989	"Management of Childhood Craniopharyngioma." Panel Chairman, Thirty-first Annual Scientific Assembly of The American Society of Therapeutic Radiology and Oncology, San Francisco, California.
December 1989	"Review of Six Pediatric Solid Tumors." Refresher Course, Radiological Society of North American, Chicago, Illinois.
January 1990	"Radiosurgery: Indications, Technique, and Results." Johns Hopkins Oncology Center Multidisciplinary Cancer Conference, Baltimore, Maryland.
March 1990	"New Approaches to Local Control in Rhabdomyosarcoma." Tenth Annual Current Approaches to Radiation Oncology, Biology and Physics, University of California, San Francisco, California.
March 1990	"New Treatment Approaches for Neuroblastoma." Tenth Annual

	Current Approaches to Radiation Oncology, Biology and Physics, University of California, San Francisco, California.
March 1990	"Radiosurgery: Applications in Oncology." Diagnosis and Management of Neoplastic Disorders Course, Baltimore, Maryland.
May 1990	"Clinical and Biologic Aspects of Radiosurgery." The Johns Hopkins/Radionics Radiosurgery Course, Baltimore, Maryland.
May 1990	"Radiotherapy of CNS Tumors" New York Roentgen Society Spring Conference, New York, New York
August 1990	"Changes in Patterns of Care of Children with CNS Tumors in The United States." Fifteenth International Cancer Congress of The International Union Against Cancer (UICC), Hamburg, Germany
October 1990	"Radiotherapy for Pediatric Brain Tumors: Standards of Care, Current Clinical Trials and New Directions Refresher Course, American Society of Therapeutic Radiology and Oncology, Miami, Florida.
January 1991	"Stereotactic Radiosurgery: Biological Considerations in AVM and Brain Tumor Therapy." The Johns Hopkins/ Radionics Radiosurgery course, Baltimore, Maryland
May 1991	"Stereotactic Radiosurgery: Biological Considerations in AVM and Brain Tumor Therapy." The Johns Hopkins/Radionics Radiosurgery Course, Baltimore, Maryland
October 1991	"Stereotactic Radiosurgery: Biological Considerations in AVM and Brain Tumor Therapy." The Johns Hopkins/Radionics Radiosurgery Course, Baltimore, Maryland
November 1991	"Radiotherapy for Pediatric Brain Tumors: Standard of Care, Current Clinical Trials and New Directions Refresher Course, American Society of Therapeutic Radiology and Oncology Washington, D.C.
December 1991	Stereotactic Radiosurgery: Implications in Oncology. Visiting Professor, Massey Cancer Center and the Department of Radiation Oncology, Medical College of Virginia, Richmond, Virginia.
January 1992	Radiosurgery in Oncology. Grand Rounds, University of Maryland, Department of Radiation Oncology, Baltimore, Maryland.
April 1992	Linear Accelerator-Based Stereotactic Radiosurgery/ Radiotherapy: Indications in Oncology. Diagnosis and Treatment of Neoplastic Disorders Course, Johns Hopkins Oncology Center

April 1993	Recent Developments in Radiation Treatment of Pediatric Solid Tumors. Georgetown University Medical Center, Washington, D.C.
April 1993	Treatment Sequlae in Pediatric Oncology. Georgetown University Medical Center, Washington, D.C.
April 1993	Role of Radioactive Iodine in Treatment of Thyroid Cancer. Current Concepts in Thyroid Disease, Division of Endocrinology, Johns Hopkins Hospital
October 1993	Rhabdomyosarcoma in Children: Novel Roles for Surgery, Newer Radiotherapy Approaches, and Optimal Integration of Treatment Modalities. American Society for Therapeutic Radiology and Oncology, New Orleans, Louisiana.
October 1993	"Radiotherapy for Pediatric Brain Tumors: Standards of Care, Current Clinical Trials and New Directions Refresher Course. American Society for Therapeutic Radiology and Oncology, New Orleans, Louisiana
October 1994	"Radiation Therapy for Rhabdomyosarcoma" Section on Surgery. American Academy of Pediatrics, Dallas, Texas.
November 1994	"Progress in Childhood Rhabdomyosarcoma". Department of Radiation Oncology Fox Chase Cancer Center, Philadelphia, Pennsylvania.
March 1996	"Diagnostic Error in Neuro\Endocrine Pathology: Clinical Clues for the Radiation Oncologist." Philadelphia Roentgen Ray Society, Philadelphia, PA.
October, 1996	"Radiation Therapy for Rhabdomyosarcoma: Local failure risk for Clinical Group III Patients on IRS-II." 28th SIOP Meeting, Vienna
November, 1996	"Diagnostic Error in Neuro/Endocrine Pathology: Clinical clues for the Radiation Oncologist." Visiting Professor at Indiana University
March, 1997	"Diagnostic Error in Neuro/Endocrine Pathology: Clinical Clues for the Radiation Oncologist." Visiting Professor at the University of Maryland at Baltimore, Department of Radiation Oncology
April, 1997	"Radiotherapy for Intergroup Rhabdomyosarcoma Study (IRS) Clinical Group III Patients: Influence of primary site on local failure risk" and "Radiotherapy to the OrbitMethods and Timing of Treatment: dose, fractionation and volume Issues." 3rd International

Congress on Soft Tissue Sarcoma in Children and Adolescents, Stuttgart, Germany

	Annual Symposium on Cancer, March 1998 "Diagnostic Error in Neuro/Endocrine Pathology: Clinical Clues for the Radiation Oncologist" Massey Cancer Center, Richmond, Virginia
March 1999	"Central Nervous System Germinoma". Department of Neurosurgery Grand Rounds. Johns Hopkins Hospital
June 1999	"Radioiodine Therapy for Thyroid Cancer: To Dose or Not to Dose" Recombinant Thyrotropin Workshop, Johns Hopkins Hospital
April 2000	"Role of Radiotherapy in Upper Gastrointestinal Cancers" Second Annual Symposium on Cancer, Johns Hopkins Singapore
September 2000	"Potential Role of Radiotherapy in Future Ewing's Sarcoma Trials" Ewing's Sarcoma International Symposium, Warrenton, Virginia
October 2000	"The Intergroup Rhabdomyosarcoma Study Group of the Children's Oncology Group: Philosophy, results, future development. 32nd Congress of the International Society of Paediatric Oncology "SIOP 2000" Amsterdam, The Netherlands
April, 2001	"Optimal Uses of Radiotherapy for Thyroid Cancer" Annual Johns Hopkins' Thyroid Cancer Center Course
April 2001	"The Role of Radiotherapy in Rhabdomyosaracoma" Howard University Radiation Oncology Grand Rounds, Washington, D.C.
May 2001	"Radiotherapy for Pediatric Rhabdomyosarcoma", and "Diagnostic Error in Neuro/Endocrine Pathology: Clinical Clues for the Radiation Oncologist", Radiation Oncology Residents' Teaching Conference and Radiation Oncology Grand Rounds, Wayne State University School of Medicine, Detroit, Michigan
September 2001	"Radiotherapy in the Intergroup Rhabdomyosarcoma Study Protocols: Indications, Technique, Results". Muenster Symposium

on "Local Therapy for Bone and Soft-Tissue Sarcoma in Children and Young Adults" University of Muenster, Germany

April 2002

"Ewing's Sarcoma: Irradiation vs. Surgery for Localized Treatment and Control". Ewing's Sarcoma 2nd International Symposium, Dartmouth College, Hanover, N.H.

June 2003

"Radiotherapy alone or a Post-Chemotherapy Adjuvant for

		Intracranial Germinoma: A Prospective, Randomized Trial of the Children's Oncology Group". First International Congress of Pediatric Radiation Oncology, Lyon, France
	September 2003	"What is the Minimum Effective Radiation Dose for Microscopic Germinoma? Case Report of Prolonged Survival after 14.4 Gy". The 1 st International Symposium on CNS Germ Cell Tumors, Kyoto, Japan
	November 2003	"Local Failure Risk in Rhabdomyosarcoma". Semi-annual meeting of the Children's Oncology Group, Plenary session for Radiation Oncology. Dallas, Texas
	November 2003	"Report of the International Congress on CNS Germ Cell Tumors" CNS Germ Cell Committee Meeting, Dallas, Texas
	April 2011	"Pediatric Radiation Oncology: what happens when they grow up", 9 th Annual Simon Kramer Institute Symposium, New Philadelphia, PA
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Appendix 71 F

Stephanie A Terezakis, M.D.

DEMOGRAPHIC INFORMATION

Current Appointments

University: Assistant Professor, Radiation Oncology

The Johns Hopkins University School of Medicine

Department of Radiation Oncology and Molecular Radiation Sciences Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins

Hospital: Active Staff, Oncology

The Johns Hopkins Hospital

Personal Data

Office: The Johns Hopkins Oncology Center

The Harry and Jeanette Weinberg Building

Suite 1440

401 N. Broadway

Baltimore, Maryland 21231-2410

Tel. (443) 287-7889 FAX: 410-502-1419 Email: stereza1@jhmi.edu

Education and Training

1995-99 Undergraduate, Yale University

B.S., Molecular, Cellular, and Developmental Biology

2000-04 M.D., Johns Hopkins University School of Medicine

2008 Graduate, Harvard University School of Public Health

Certificate for Program in Clinical Effectiveness

Professional Experience

2004-05 Internship, St Vincent's Hospital, New York, NY

Transitional Year Program

2005-09 Residency, Memorial Sloan-Kettering Cancer Center, New York, NY

2009 Chief Resident, Department of Radiation Oncology, Memorial Sloan-

Kettering Cancer Center, New York, NY

2009-2010 Instructor, Department of Radiation Oncology and Molecular Radiation

Sciences, The Johns Hopkins University School of Medicine

Professional Experience (continued)

2010-present Assistant Professor, Department of Radiation Oncology and Molecular

Radiation Sciences, The Johns Hopkins University School of Medicine

2010-present Residency Program Director, Department of Radiation Oncology

and Molecular Radiation Sciences, The Johns Hopkins University

School of Medicine

RESEARCH ACTIVITIES

Publications

Peer-reviewed Scientific Articles

- 1. Fani-Salek MH, Totten V, **Terezakis SA**. Trauma scoring systems explained. *Emergency Medicine*. 1999; 11: 100-04.
- 2. Vaccaro JA, Parnell KM, **Terezakis SA**, Anderson KA. Mechanism of inhibition of human immunodeficiency virus type I reverse transcriptase by d4TTP: An equivalent incorporation efficiency relative to the natural substrate dTTP. *Antimicrobial Agents and Chemotherapy*. 2000; 44: 217-21.
- 3. **Terezakis SA**, Storm PB, Storm MF, Avellino A. Spontaneous intracranial hemorrhages in the pediatric population. *Neurosurgery Quarterly*. 2002; 12: 216-29.
- 4. Bajaj GK, Kleinberg L, **Terezakis SA**. Current concepts and controversies in the treatment of parenchymal brain metastases: Improved outcomes with aggressive management. *Cancer Investigation*. 2005; 23:363-76.
- 5. **Terezakis SA**, Lovelock DM, Bilsky MH, Hunt MA, Zatcky J, Yamada Y. Image-guided intensity-modulated photon radiotherapy using a multifractionated regimen to paraspinal chordomas and rare sarcomas. *International Journal of Radiation Oncology, Biology and Physics*. 2007; 69:1502-8.
- 6. **Terezakis SA**, Bohle GC 3rd, Lee NY. Fistula formation after postoperative radiation treatment for paranasal sinus cancer. *American Journal of Clinical Oncology*. 2008 Apr; 31(2):199-204.
- 7. Lee NY and **Terezakis SA**. Intensity-modulated radiation therapy for head and neck cancer. *Journal of Surgical Oncology*. 2008 Jun 15; 97(8):691-6.
- 8. **Terezakis SA**, Lee KS, Ghossein RA, Rivera M, Tuttle RM, Wolden SL, Zelefsky MJ, Wong RJ, Patel SG, Pfister DG, Shaha AR, Lee NY. Role of external beam radiation therapy in patients with advanced or recurrent non-anaplastic thyroid cancer: The Memorial Sloan-Kettering Cancer Center experience. *International Journal of Radiation Oncology, Biology and Physics*. 2009 Mar 1; 73(3): 795-801.
- 9. **Terezakis SA**, Tuttle RM, Shaha AR, Lee NY. The role of external beam radiation therapy for advanced non-anaplastic thyroid cancer. *Invited Commentary. International Journal of Radiation Oncology, Biology and Physics*. 2010 Jan; 76(1): 314.
- 10. Ford EC and **Terezakis SA**. How Safe is Safe?: Risk in Radiotherapy. *Int J Radiat Oncol Biol Phys.* 2010 Oct; 78(2): 321-2.

11. **Terezakis SA**, Hunt MA, Schmidtlein CR, Kowalski A, McCann P, Gonen M, Reiner A, Kirov AS, Gonzalez AM, Schoder H, Yahalom J. ¹⁸FDG-PET with CT Scan co-registration for radiation treatment planning of lymphoma patients. *Int J Radiat Oncol Biol Phys.* 2011 Nov 1;81(3):615-22.

- 12. Kapoor S, Batra S, Carson K, Shuck J, Kharkar S, Gandhi R, Jackson J, Wemmer J, **Terezakis SA**, Shokek O, Kleinberg L, Rigamonti D. Long-Term Outcomes of Vestibular Schwannomas Treated with Fractionated Stereotactic Radiotherapy: An Institutional Experience. *Int J Radiat Oncol Biol Phys.* 2011 Nov 1;81(3):647-53.
- 13. **Terezakis SA**, Pronovost P, Harris K, DeWeese, T, Ford, EC. (2011) Safety strategies in an academic radiation oncology department and recommendations for action. *Jt Comm J Qual Patient Saf.* 2011; 37(7), 291-9.
- 14. Zeng J, See AP, Aziz K, Thiyagarajan S, Salih T, Gajula RP, Armour M, Phallen J, Terezakis SA, Kleinberg L, Redmond K, Hales RK, Salvatori R, Quinones-Hinojosa A, Tran PT, Lim M. Nelfinavir induces radiation sensitization in pituitary adenoma cells. *Cancer Biol Ther*. 2011, Oct 1;12(7):657-63.
- 15. Alvarnas JC, Brown PA, Auon P, Ballen KK, Bellam N, Blum W, Boyer MW, Carraway HE, Coccia PF, Coutre SE, Cultrera J, Damon LE, Deangelo DJ, Douer D, Frangoul H, Frankfurt O, Goorha S, Millenson MM, O'Brien S, Petersdorf SH, Rao AV, **Terezakis S**, Uy G, Wetzler M, Zelenetz AD, Naganuma M, Gregory KM. Acute Lymphoblastic Leukemia. *J Natl Compr Canc Netw.* 2012 Jul 1;10(7):858-914.
- 16. Ford EC, **Terezakis S**, Souranis A, Harris K, Gay H, Mutic S. Quality Control Quantification (QCQ): A Tool to Measure the Value of Quality Control Checks in Radiation Oncology. *Int J Radiat Oncol Biol Phys.* 2012, Nov 1;84(3):e263-e269.[Epub 2012 Jun 9]
- 17. Agbahiwe HC, Wharam M, Batra S, Cohen K, **Terezakis SA**. Management of Pediatric Myxopapillary Ependymoma: The Role of Adjuvant Radiation. *Int J Radiat Oncol Biol Phys.* 2012 e 17; [Epub ahead of print]
- 18. **Terezakis SA** and Kasamon YL. Tailored strategies for radiation therapy in classical Hodgkin's lymphoma. *Crit Rev Oncol Hematol*. 2012, Mar 28. [Epub ahead of print].
- 19. Ford, E Smith K, Harris K, **Terezakis SA**. Prevention of a wrong-location misadministration through the use of an intra-departmental incident learning system. *Medical Physics*, In Press
- 20. **Terezakis, SA**, Harris KM, Ford E, Michalski J, DeWeese T, Santanam L, Mutic S, Gay H. An evaluation of departmental radiation oncology incident reports: Anticipating a national reporting system. *Int J Radiat Oncol Biol Phys.*, In Press.

Invited Articles

- 1. **Terezakis SA** and Lee NY. The role of radiation therapy in the treatment of medullary thyroid cancer. *J Natl Compr Canc Netw.* 2010 May; 8(5) 532-40.
- 2. **Terezakis SA**, Heron D, Lavigne R, Diehn M, and Loo B. What the diagnostic radiologist needs to know about radiation oncology. *Radiology*. 2011,Oct; 26(1): 30-44.

- 3. **Terezakis SA**, Heron D, Lavigne R, Diehn M, and Loo B. What the diagnostic radiologist needs to know about radiation oncology. *Radiology*. 2011,Oct; 26(1): 30-44.
- 4. **Terezakis SA** and Wharam MD. Radiotherapy for Rhabdomyosarcoma: Indications and Outcomes. *Clinical Oncology*. (R Coll Radiol). 2012; September 15. [Epub ahead of print]

Book Chapters

- 1. **Terezakis SA** and Yahalom J. PET-CT in radiotherapy treatment planning incorporating functional imaging techniques in *IGRT and Functional Imaging in Modern Lymphoma Management*, ed. Roger Macklis.
- 2. **Terezakis SA** and Yahalom J. PET-based Treatment Planning in a NHL Patient in *IGRT: A Clinical Perspective*, ed. AJ Mundt and John C. Roeske.
- 3. **Terezakis SA**, Hunt MA, Specht L, Yahalom J. Traditional and Modern Techniques for Radiation Treatment Planning in *Hodgkin Lymphoma*, ed. Joachim Yahalom.
- 4. **Terezakis SA**, Hudson MM, Constine LS. Hodgkin's Disease in *Pediatric Radiation Oncology*, ed. Edward Halperin.
- 5. **Terezakis SA** and Yahalom J. FDG-PET Treatment Planning for Lymphoma in Radiation Therapy Planning PET: PET Clinics of North America. Eds. Sushil Beriwal, Roger Macklis, Sandip Basu. 2011 April; 6(2): 165-76.
- 6. Agbahiwe H. and **Terezakis SA.** Hodgkin's and Non-Hodgkin's Lymphoma in Handbook for Target Volume Delineation. Eds. Nancy Lee and Jiade Lu. In press.
- 7. Metzger M, Inaba H, **Terezakis SA**, Constine LS. Non-Hodgkin's Lymphoma in Principles and Practice of Radiation Oncology. Eds. Carlos Perez, Luther Brady, Edward Halperin, Rupert Schmidt-Ullrich. Fifth Edition. In press.
- 8. **Terezakis SA** and Hoppe, BS. Advances in radiation treatment of Hodgkin's lymphoma. *Radiation Medicine Rounds*. In Press.

Extramural Sponsorship (current, pending, previous)

Current - Grant Awarded

1. PI: Stephanie Terezakis, MD

Project Title: Identifying and Preventing Computer-related Errors in Radiotherapy

Source: IMPAQ/Elekta, \$20,000

2. PI: Stephanie Terezakis, MD

Project Title: Image-guided Radiation Strategies for Pediatric Cancers

Source: Elekta Pediatric Research Group, \$100,000

Submitted - Grant Application - Decisions Pending

1. Co-PI: Stephanie Terezakis, MD

Project Title: Late effects of radiation on brain tissue integrity and cognitive function

Source: NIH R21

2. Project Period: Not yet defined: funding decision pending, percentile score 13

P.I.: David Loeb, MD PhD

Role: Co-investigator

Project Title: Combination External Beam Radiation Treatment and Sm-153EDTMP to Treat High-

risk Osteosarcoma Source: NIH R01

3. Co-PI: Stephanie Terezakis, MD

Project Title: Refining a systems engineering approach to the improvement of safety in

radiation oncology

Source: National Science Foundation (NSF)

National Clinical Trial Leadership

2012 Radiation Principal Investigator: Children's Oncology Group (COG) Protocol
AEWS1221: Randomized Phase II Trial Evaluating the Addition of the IGF-1R
Monoclonal Antibody AMG 479 to Multiagent Chemotherapy for Patients with Newly
Diagnosed Metastatic Ewing Sarcoma

2012 Radiation Principal Investigator: Children's Oncology Group (COG) Protocol
ARST1221: A Feasibility Study of Pazopanib in Combination with Ifosfamide and
Doxorubicin (ID) +/- Radiotherapy in Patients with Newly Diagnosed Intermediate- or
High-Risk Non-Rhabdomyosarcoma Soft Tissue Sarcoma (NRSTS)

2012 Radiation Principal Investigator: Children's Oncology Group (COG) Protocol
AALL1221: Comprehensive, Risk-Stratified Treatment of First Relapse of Childhood
ALL

EDUCATIONAL ACTIVITES

Teaching

2009- present Faculty Preceptor for Medical Students, Transition to the Wards – Johns Hopkins School

of Medicine

2010- present Residency Program Directorship

2011-2012 Invited Visiting Professor, National Institutes of Health/NCI

2012 Highest summary score on teaching evaluation by residents: 6 evaluations rated at

"outstanding"

EDITORIAL ACTIVITIES

Ikemia & Lymphoma (Invited reviewer)
Practical Radiation Oncology (Invited reviewer)
Pediatric Hematology and Oncology (Invited reviewer)
Radiology and Oncology Elsevier Publishing (Invited reviewer)
International Journal of Radiology Oncology, Biology and Physics (Invited reviewer)
Grant Reviewer, Liddy Shriver Sarcoma Foundation
Technology in Cancer Research and Treatment (Invited Reviewer)

CLINICAL ACTIVITIES

Certification

2005	State of New York Medical License
2009	State of Maryland Medical License
2010	Board Certification in Radiation Oncology

Service Responsibilities

Attending Physician, Pediatric Oncology- Department of Radiation Oncology and Molecular Radiation Sciences

Attending Physician, Adult and Pediatric Lymphomas-Department of Radiation Oncology and Molecular Radiation Sciences

ORGANIZATIONAL ACTIVITIES

Departmental/Cancer Center Administrative Appointments

2009	Member of CNS faculty search committee – Department of Radiation
	Oncology and Molecular Radiation Sciences
2010- present	Member of the Operations Committee - Department of Radiation
	Oncology and Molecular Radiation Sciences
2010-present	Residency Program Director - Department of Radiation Oncology and
•	Molecular Radiation Sciences
2010-present	Member of Cancer Center Educational Committee
2011	Faculty Advisor, ACT project - "Urgent and Emergent Radiation
	Treatments: A Streamlined Workflow"
2012-present	Member of the Safety Committee - Department of Radiation Oncology
-	and Molecular Radiation Sciences
2011-present	Appointed Member of the Family Advisory Council through the
-	Children's Center- Faculty liaison
2011-present	Chair of the Graduate Medical Committee (GME), Internal Review
•	Committee
	2010- present 2010-present 2010-present 2011 2012-present

Committees and Professional Activities

Children's Oncology Group (COG)-Appointed soft tissue sarcoma committee member

Children's Oncology Group (COG) - Appointed Hodgkin's lymphoma committee member

Radiological Society of North America (RSNA)-Appointed Oncologic Imaging and Therapies Task Force Member

American Society for Therapeutic Radiology and Oncology (ASTRO) – Annual Meeting Abstract Reviewer for Pediatrics

American Society for Therapeutic Radiology and Oncology (ASTRO) – Annual Meeting Abstract Reviewer for Lymphoma

ACR Appropriateness Committee Expert Panel on Lymphoma – Member and lead author on Expert Guidelines for Pediatric Hodgkin's Disease

Appointed Member of NCCN Guidelines Panel for ALL

Appointed Member of the Steering Committee for the International Lymphoma Radiation Oncology Group (ILROG)

Clinical Trial Reviewer for COG through Quality Assurance Review Center (QARC)

AACR/ASCO Methods in Clinical Cancer Research Workshop

Appointed National Committee Member of American Association of Physicists in Medicine (AAPM), Working Group on the Prevention of Errors

Appointed Member of the Steering Committee for Integrating the Healthcare Enterprise Radiation Oncology (IHE-RO) through ASTRO

Lead (P.I.) for the Elekta International Pediatrics Research Consortium

Professional Societies

American Society for Therapeutic Radiology and Oncology (ASTRO)

American Association of Women Radiologist (AAWR)

Radiological Society of North America (RSNA)

American Society of Clinical Oncology (ASCO)

American College of Radiology (ACR)

Children's Oncology Group (COG)

International Society of Pediatric Oncology (SIOP)

Conference Organizer, Session Chair

course chair

2010	Moderator, Pediatrics Scientific Session, American Society of Therapeutic Radiology and Oncology (ASTRO) Annual Meeting, San Diego, CA
2011	Radiological Society of North America (RSNA)-BOOST lymphoma course chair
2011	Moderator, Brain Tumors Session (Pediatrics), ALATRO Annual Meeting, Panama City, Panama
2011	Moderator, Lymphoma Scientific Session, American Society of Therapeutic Radiology and Oncology (ASTRO) Annual Meeting,
RECOGNITION	Miami, FL
<u>Honors</u>	
1999	Master's Cup awarded for Community Service-Yale University, New Haven CT
2001	Dean's Scholarship for Basic Science Research, Johns Hopkins University School of Medicine, Baltimore, MD
2003	Hellenic Times Scholarship Award
2006	Radiological Society of North America (RSNA) Oncologic Imaging and Therapies Task Force Member
2008	Mortimer J. Lacher Clinical Lymphoma Fellowship
2008	Scholarship awarded to attend the Program in Clinical Effectiveness, Harvard School of Public Health
2008	Chief Resident, Memorial Sloan-Kettering Cancer Center
2009	Eleanor Montague Distinguished Resident Award in Radiation Oncology given by the AAWR
2011	Weinberg Cancer Center Director's Teaching Award

Invited Talks, Panels

October 2005

Grand Rounds Presentation: Memorial Sloan-Kettering Cancer Center, Department of Radiation Oncology. Image-guided radiotherapy for liver metastases: A case presentation.

	January 2006	Grand Rounds Presentation: Memorial Sloan-Kettering Cancer Center, Department of Radiation Oncology. Image-guided radiotherapy to paraspinal tumors using 2D-OBI.
	May 2007	Grand Rounds Presentation: Memorial Sloan-Kettering Cancer Center, Department of Radiation Oncology, ¹⁸ FDG-PET with CT Scan co- registration for radiation treatment planning of lymphoma patients.
	January 2008	Grand Rounds Presentation: Memorial Sloan-Kettering Cancer Center, Department of Radiation Oncology. The use of image-guided radiotherapy in the treatment of metastatic colorectal cancer.
	April 2008	Oral Presentation 4/25/2008: New York Thyroid Club, New York, NY. Terezakis SA, Lee KS, Ghossein RA, Rivera M, Tuttle RM, Wolden SL, Zelefsky MJ, Wong RJ, Patel SG, Pfister DG, Shaha AR, Lee NY. Role of external beam radiation therapy in patients with advanced or recurrent non-anaplastic thyroid cancer: The Memorial Sloan-Kettering Cancer Center experience. Given by Dr. Ashok Shaha in absentia.
# ·	September 2008	Johns Hopkins Hospital, Department of Radiation Oncology and Molecular Radiation Sciences, ¹⁸ FDG-PET with CT Scan co-registration for radiation treatment of lymphoma patients.
	October 2008	Brigham and Women's Hospital, Dana Farber Cancer Center, Department of Radiation Oncology, ¹⁸ FDG-PET with CT Scan co-registration for radiation treatment planning of lymphoma patients.
	October 2008	University of Chicago, Department of Radiation Oncology, ¹⁸ FDG-PET with CT Scan co-registration for radiation treatment planning of lymphoma patients.
	November 2008	Refresher course invited speaker: RSNA 95 th Scientific Assembly and Annual Meeting, Chicago IL. "What the radiologist needs to know about radiation oncology: Basic Concepts in Radiation Therapy".
	February 2009	Groote Schuur Hospital, Department of Oncology, Cape Town, South Africa, ¹⁸ FDG-PET with CT Scan co-registration for radiation treatment planning.
	October 2009	First Hellenic Oncologic Imaging Congress, Athens, Greece ¹⁸ FDG-PET and CT Scan co-registration for radiation treatment planning.
ı		Refresher course invited speaker: RSNA 96 th Scientific Assembly and Annual Meeting, Chicago IL. "What the radiologist needs to know about radiation oncology: Basic Concepts in Radiation Therapy".

April 2010	Oncology Grand Rounds Presentation: Stereotactic Body Radiotherapy for Oligometastases, Johns Hopkins Hospital
June 2010	Oral Presentation: JHM 1 st Annual Patient Safety Summit: Prospective safety analysis in a large academic radiation oncology department
October 2010	Invited Speaker, 8 th International Symposium on Hodgkin Lymphoma, Cologne, Germany. Imaging for Highly Conformal Radiotherapy for Hodgkin Lymphoma.
October 2010	Invited Panelist, ARRO Career Seminar at ASTRO's 53 rd Annual Meeting, San Diego, CA. "Advice during Residency and Transition Toward Becoming an Attending"
November 2010	Refresher course invited speaker: RSNA 97 th Scientific Assembly and Annual Meeting, Chicago IL. "What the radiologist needs to know about radiation oncology: Basic Concepts in Radiation Therapy"
November 2010	Invited speaker: RSNA 97 th Scientific Assembly and Annual Meeting, Chicago IL. "BOOST: Anatomy and Contouring for Lymphoma"
February 2011	Invited Speaker: ACRO Annual Meeting, San Diego CA. "Treatment Planning and Contouring for Sarcomas in the Era of IMRT and IGRT"
March 2011	COG Annual Spring Meeting 2011, Radiation Oncology Group Meeting, Los Angeles CA. "Stereotactic Body Radiotherapy (SBRT) for Children with Metastatic Sarcoma"
March 2011	COG Annual Spring Meeting 2011, Ewing's Sarcoma Committee Meeting, Los Angeles CA. "Stereotactic Body Radiotherapy (SBRT) for Children with Metastatic Sarcoma"
April 2011	Invited Speaker: AAPM Working Group Meeting/Workshop, Washington DC, "Attitudes to Error Reporting: A Multi-Institutional Study"
May 2011	Oral Scientific Presentation, Cancer Imaging and Radiation Therapy 1 st Annual Meeting, Atlanta GA "A Prospective Study of 18FDG-PET with CT scan co-registration for radiation treatment planning for lymphoma"
May 2011	Oral Scientific Presentation, American Radium Society, Annual Meeting, Palm Beach, Florida. "Radiation Treatment Planning using 18FDG-PET with CT scan co-registration for lymphoma: A dosimetric comparison"
May 2011	Invited Speaker: Workshop on Safety held at American Radium Society Annual Meeting, Palm Beach, Florida "Systematic Safety Improvement Tools for Radiation Oncology: Lessons learned".

May 2011	Invited Speaker: 1 st Annual Meeting of the International Lymphoma Radiation Oncology Group (ILROG), Copenhagen, Denmark. "GI Tract Lymphoma: Target Volume Delineation"
May 2011	Invited Speaker: NCCN panel meeting for ALL guidelines development, Philadelphia PA, "CNS-directed Therapy: NCCN Panel Discussion on ALL"
June 2011	Invited Speaker: ALATRO Annual Meeting, Panama City, Panama. "Improving the Therapeutic Ratio: Advances in the Management of Pediatric Cancers".
July 2011	Invited Speaker: Washington University School of Medicine, Department of Radiation Oncology, St. Louis MO "Systematic Safety Improvement Tools for Radiation Oncology: Lessons Learned".
October 2011	Invited Speaker, ASTRO Annual Meeting, Miami FL, Elekta Users Meeting, "FMEA and Process Safety Evaluation"
October 2011	Oral Scientific Presentation, ASTRO Annual Meeting, Miami FL. "Corpus Callosum and Hippocampal Function in Children with Posterior Fossa Tumors after Craniospinal Radiation: A Prospective Study."
October 2011	Oral Scientific Presentation, SIOP Annual Meeting, Auckland New Zealand "Corpus Callosum and Hippocampal Function in Children with Posterior Fossa Tumors after Craniospinal Radiation: A Prospective Study."
October 2011	Oral Scientific Presentation, SIOP Annual Meeting, Auckland New Zealand "Management of Pediatric Myxopapillary Ependymoma (MPE): The Role of Adjuvant Radiation
October 2011	Invited Speaker: ASTRO Annual Meeting, Miami FL. E-Contouring Session for Lymphomas
October 2011	Invited Speaker: ASTRO Annual Meeting Miami FL, Lymphoma Scientific Session Discussant: Advancing Techniques and Reducing Fields in Lymphoma
November 2011	Visiting Professor, National Institutes of Health/NCI Radiation Oncology Department, Invited Talk: "Improving the therapeutic ratio: Advances in the Radiation Management of Pediatric Cancers"
November 2011	Pediatric Oncology Fellows Lecture Series, Johns Hopkins Children's Center "Advances in Pediatric Radiation Oncology"
November 2011	Surgical Oncology Fellows Lecture Series, Johns Hopkins Hospital, "Advances in Pediatric Radiation Oncology"
February 2012	Invited Speaker by the IAEA for the Boldrini Workshop on Pediatric Malignancies in Campinas Brazil, "The Present and Future of Radiation for Ewing's Sarcoma"

March 2012	Invited Speaker for the Human Factors and Ergonomics Society Congress "Improving Patient Safety in Radiation Oncology: Simple Tools for a Complex Discipline"
March 2012	Invited Speaker: Future of Radiation Medicine Conference, Baltimore MD "Systematic Safety Improvement Tools for Radiation Oncology: Lessons Learned"
March 2012	Invited Panelist: Future of Radiation Medicine Conference: "Safety in Radiation Oncology"
April 2012	Invited Speaker for the Human Factors Engineering Course held at JHSPH "Systems in Radiation Oncology"
May 2012	Invited Talk: Annual Conference for the International Lymphoma Radiation Oncology Group (ILROG), "Should PET Determine our Target Volume?"
May 2012	Invited Talk: Annual Conference for the International Lymphoma Radiation Oncology Group (ILROG), "GI-Tract Lymphoma: Target Volume Delineation
May 2012	Poster Discussion Presentation: European Society for Therapeutic Radiology and Oncology (ESTRO), Barcelona, Spain Presenter: Zach Guss, MS III, Management of Pediatric Intramedullary Spinal Cord Astrocytoma: A Tertiary Care Center's Experience
May 2012	Oral Scientific Presentation: American Radium Society, Las Vegas, NV, Presenter: Zach Guss, MS III, Management of Pediatric Intramedullary Spinal Cord Astrocytoma: A Tertiary Care Center's Experience

Appendix 71 E

The Johns Hopkins University School of Medicine

[signature]	September 6, 2012
[typed name] John Wai-Chiu Wong, Ph.D.	[date of this version]

DEMOGRAPHIC INFORMATION

Current Appointments

Director, Division of Medical Physics
Department of Radiation Oncology and
Molecular Radiation Sciences
Johns Hopkins University School of Medicine
Baltimore, Maryland
October 2004 - Present

Professor
Department of Radiation Oncology and
Molecular Radiation Sciences
Johns Hopkins University School of Medicine
Baltimore, Maryland
October 2004 - Present

Personal Data

Office Address: Johns Hopkins Hospital

Department of Radiation Oncology

and Molecular Radiation Sciences

Weinberg L1387 401 N. Broadway

Baltimore, Maryland 21231

Office Telephone:

(410) 502-1458 (410) 502-7234

Office Fax: E-mail Address:

Jwong35@jhmi.edu

Education and Training (in chronological order)

Degrees/Year	Institution	Discipline
Undergraduate B.A. Sc., 1974	University of Toronto Toronto, Canada	Engineering Science
Doctoral/Graduate M. Sc., 1977	University of Toronto Toronto, Canada	Medical Biophysics
Ph.D., 1982	University of Toronto Toronto, Canada	Medical Biophysics

Professional Experience (in chronological order)

Dates	Positions	Institutions
June 1982- June 1991	Assistant Professor of Radiation Physics in Radiology	Mallinckrodt Institute of Radiology, Washington University, St. Louis
Sept. 1982- May 1992	Clinical Physicist, Department of Radiation Oncology	Mallinckrodt Institute of Radiology, St. Louis, Missouri
Aug. 1985- June 1991	Adjunct Assistant Professor	Biomedical Engineering Program, Department of Electrical Engineering, Washington University, St. Louis
Sept. 1987- June 1991	Adjunct Assistant Professor	Institute for Biomedical Computing, Washington University School of Medicine, St. Louis
June 1991- May 1992	Associate Professor of Radiation Physics in Radiology (tenured)	Mallinckrodt Institute of Radiology, Washington University, St. Louis
	Adjunct Associate Professor	Institute for Biomedical Computing, School of Medicine and in the Biomedical Engineering Program, Department of Electrical Engineering, Washington University, St. Louis
June 1992- Present	Director, Clinical Physics Department of Radiation Oncology	William Beaumont Hospital, Royal Oak, Michigan

Aug. 1995- 2001	Adjunct Clinical Associate Professor of Medical Biophysics	Oakland University, Department of Physics, Rochester Hills, Michigan
Oct. 2000- Oct. 2004	Director, All Technical Services	William Beaumont Hospital, Department of Radiation Oncology, Royal Oak, Michigan
Aug. 2001- Oct. 2004	Adjunct Professor of Medical Biophysics	Oakland University, Department of Physics, Rochester Hills, Michigan
Apr 2004 - Aug 2004	Corporate Medical Director	Research Institute, William Beaumont Hospital, Royal Oak, Michigan

PUBLICATIONS

Peer-reviewed Original Research Articles

- 1. **Wong, J.W.**, Keens, T.G., Wannamaker, E.M., Crozier, D.N., Levison, H. and Aspin, N.: The Effects of Gravity on Tracheal Mucous Transport Rates in Normal Subjects and in Patients with Cystic Fibrosis. *Pediatrics*. 1977; 60: 146.
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- 110. Ford E, Purger D, Tryggestad E, McNutt T, Christodouleas J, Rigamonti D, Shokek O, Won S, Zhou J, Lim M, **Wong J**, Kleinberg L. A virtual frame system for stereotactic radiosurgery planning. *Int J Radiat Oncol Biol Phys.* 2008 Nov 15;72(4):1244-9.
- 111. Jacques R, Taylor R, **Wong J**, McNutt T. Towards Real-Time Radiation Therapy: GPU Accelerated Superposition/Convolution. *High-Performance Medical Image Computing and Computer Aided Intervention (HP-MICCAI)*, New York, 2008, In electronic proceedings at http://www.cse.buffalo.edu/hpmiccai/.
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- 114. Purger D, McNutt T, Achanta P, Quinones-Hinojosa A, Wong J, Ford E. A histology-based atlas of the C57BL/6J mouse brain deformably registered to *in vivo* MRI for localized radiation and surgical targeting. *Phys Med Biol.* 2009; 54(24):7315-27.
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- 126. Naser MT, Patterson MS, **Wong J**. Self-calibrated algorithms for diffuse optical tomography and bioluminescence tomography using relative transmission images. Biomedical Optis Express, 2012, *in press*.
- 127. Zhong Y, Stephans K, Qi P, Yu N, **Wong J**, Xia P. Assessing feasibility of real-time ultrasound monitoring in stereotactic body radiotherapy of liver tumors. Technology of Cancer Research and Treatment. 2012, accepted for publication.

Book Chapters and Monographs

- 1. Aspin, N., Wong, J.W., Yeates, D.B., and Levison, H.: Mucociliary Clearance in Cystic Fibrosis. In Modern Problems in Pediatrics, ed. G.G. Forstner, S. Karger AG, Switzerland, 19, 199, 1977.
- 2. Henkelman, R.M. and Wong, J.W.: The Physics of the Inhomogeneity Problem and the Present Status of Clinical Dosimetry. In Computed Tomography in Radiotherapy, Raven Press, USA, 199, 1983.

- 3. Marks, J.E., and **Wong, J.**: The Risk of Cerebral Radionecrosis in Relation to Dose, Time and Fractionation: A Follow-up Study. In Progress in Experimental Tumor Research, Vol. 29, 210-218, ed. F. Homburger, S. Karger, Basel, Switzerland, 1985.
- 4. Marks, J.E., Baglan, R.J. and **Wong, J.**: Radiation Damage to Brain and Cranial Soft-Tissues: Outcome and Incidence Before and After Reduction in Dose. 2nd International Symposium on Biology of Brain Tumor, ed. D.G. Thomas, Martin U.S. Nijhoss Publisher, The Netherlands, pp. 325-334, 1986.
- 5. Purdy, J.A., Wong, J.W., Harms, W.B. and Emami, B.A.: State-of-the Art High Energy Photon Treatment Planning. In Frontiers of Radiation Therapy ad Oncology, Vol. XXI, pp 4-24, Treatment Planning in the Radiation Therapy of Cancer, ed. J.M.Vaeth, Karger, Basel, 1987.
- 6. Purdy, J.A., Wong, J.W. and Harms, W.B.: Treatment Planning Computers (Present and Future). In Monograph 15 of American Association of Physicists in Medicine, p. 495-511, eds. J.G. Kereiakes, H.R. Elson and C.G.Born, American Institute of Physics, New York, 1987.
- 7. Pilepich, M., Wasserman, T. and **Wong, J.W.**: Radiation Oncology, in Computed Body Tomography With MRI Correlation, 2nd edition, p. 1101-1110, eds. Lee, J.K.T., Sagel, S.S. and Stanley, R.J., Raven Press, New York, 1988.
- 8. Wong, J.W. and Purdy, J.A.: Photon Beam Dose Calculation Algorithms. In Advances in Radiation Oncology Physics, Medical Physics Monograph No. 19 of American Association of Physics in Medicine, ed. Purdy, J.A., American Institute of Physics, New York, 1992.
- 9. Wong, J.W., Munro, P. and Fenster, A.: On-line Radiotherapy Treatment Verification Systems. In Advances in Radiation Oncology Physics, Medical Physics Monograph No. 19 of American Association of Physics in Medicine, ed. Purdy, J.A., American Institute of Physics, New York, 1992.
- 10. **Wong, J.W.** and Yan, D. On-line Imaging in Radiation Therapy: Current Status in Current Radiation Oncology, eds. J.S. Tobias and P.R.T. Thomas, Edward Arnold, Kent, England, 1994. (pp 24 35).
- 11. Jaffray DA, Yan D, Siewerdsen JH, and **Wong JW**, "Strategies to reduce geometric uncertainty in conformal radiotherapy," in 3D Conformal Therapy in the Next Millenium (1999).
- 12. Wong, JW: Methods to manage respiratory motion in radiation therapy. In Intensity-Modulated Radiation Therapy: The State of the ART, Medical Physics Monograph No. 29, of American Association of Physics in Medicine, ed. Palta JR and Mackie TR, American Institute of Physics, MD, 2003.

- 13. **Wong J**, Hugo G, Mageras G, Yorke E. Respiratory Motion Management in Intensity Modulated Radiation Therapy: A Clinical Perspective, ed. Arno J. Mundt and John C. Roeske, BC Decker, Ontario, Canada 2005.
- 14. John Wong, Di Yan, David Lockman, Don Brabbins, Frank Vicini and Alvaro Martinez. External Beam Adaptive Radiation Therapy (ART) on a Conventional Medical Accelerator in Handbook of IMRT, Eds. T. Bortfeld and W. Schlegel, Spinger, 2005.
- 15. Meyer JL, Verhey L, Xia P, Wong J: New technologies in the radiotherapy clinic. Front Radiat Ther Oncol; 40: 1-17, 2007.
- 16. Yin F, Wong J, Balter J, Benedict S, Bissonnette JP, Craig T, Dong L, Jaffray D, Kim S, Ma C, Munro P, Solberg T, Wu QJ, The role of in-room kV x-ray imaging for patient setup and target localization. *AAPM Monograph Report 104*, Task Group 104 of the Therapy Imaging Committee, American Institute of Physics, MD, 2010.

Inventions, Patents, Copyrights

Method and Apparatus for Controlling a Radiation Treatment Field, US Patent # 5,438,991. John Wong and Cedric Yu

Method and Apparatus for Delivering Radiation Therapy during Suspended Ventilation. US Patent application #09/424,431, John Wong, David Jaffray, Michael Sharpe and John Musselwhite.

X-ray Transparent Hospital Bed Compatible with Open Geometry Portable CT Scanners. US Patent # 6,675,415. John Wong

Cone Beam Computerized Tomography with a Flat Panel Imager, US Patent #6,842,502. David Jaffray, Jeffrey Siewerdsen and John Wong

A method and device for mechanical and dosimetric quality assurance measurements in radiation therapy. Johns Hopkins University Provisional Patent #C11823. John Wong, Michael Patterson, Iulian Iordahita.

Extramural Sponsorship

Current Grants

Title:

An integrated x-ray/optical tomography system for preclinical

radiation research

Dates

July 1, 2011 – June 30, 2014

Sponsor

NCI – CIP, PAR10-169

Total Direct Cost:

\$1,108,000

PI:

John Wong

Title:

Integrated 3D X-Ray/ultrasound guided radiation therapy of soft

tissue targets

Dates

Oct 1, 2011 - Sept 30, 2014

Sponsor

NCI - CIP, PAR10-169

Total Direct Cost:

\$995,000

PI:

John Wong

Title:

Informatics Infrastructure for data sharing and decision support

Dates:

2012 – 2015 (in administrative process)

Sponsor:

Elekta Oncology Systems/Impac

Total Direct Cost:

\$900,000

PI:

John Wong

Title:

Small Animal Radiation Research Platform (SARRP) for Pre-

clinical Research

Dates:

November 2011 – April 2013

Sponsor:

Xstrahl/Gulmay Medical Ltd \$215,000

Total Direct Cost: PI:

John Wong

_ _.

Title:

A method and device for mechanical and dosimetric quality

assurance measurements in radiation therapy

Dates:

September 2012 – March 2013

Sponsor:

Maryland Technology Development Corporation

Total Direct Cost:

\$45,000

PI:

John Wong

Previous

Title:

Development of a new approach to photon dose calculation in

radiotherapy

Dates:

1984

Sponsor:

National Institute of Health (USA), Institutional Biomedical

Research Support Grant

Total Direct Cost:

\$7,500

PI:

John Wong

Title:

Evaluation of High Energy Photon External Beam Treatment

Planning

Dates:

1984-1987

Sponsor:

National Institute of Health (USA), National Cancer Institute

ID#:

NCI-CM-47696

Total Direct Cost:

to a superior control of the control

\$300,000

PI:

J.A. Purdy

Title:

Accurate Dose Calculations for Radiotherapy

Dates:

1985-1988

Sponsor:

National Institute of Health (USA), National Cancer Institute

ID#:

R01CA41574

Total Direct Cost: PI:

\$190,000 John Wong

Title:

Evaluation of High Energy Electron External Beam Treatment

Planning

Dates:

1986-1989

Sponsor:

National Institute of Health (USA), National Cancer Institute

ID#:

NCI-CM-47715

Total Direct Cost:

\$300,000

PI:

J.A. Purdy

Title:

An Areal Dosimeter for Quantitative Treatment Verification in

Radiotherapy

Dates:

1986

Sponsor:

American Cancer Institute (USA)

ID#:

IN-36-Z-4

Total Direct Cost:

\$7,500

PI:

John Wong

Title:

Plastic Scintillator as an Areal Dosimeter in Radiotherapy

Dates:

1987-1989

Sponsor:

National Cancer Institute (USA)

ID#:

R01CA42993

Total Direct Cost:

\$180,000

PI:

John Wong

Title:

Feasibility Studies of a Treatment Verification and Quality

Assurance Imaging Device

.Dates:

1987-1991

Sponsor:

AW (Alfai-Washington University) Company and Fiber Imaging,

Inc.

Total Direct Cost:

\$464,000

PI:

John Wong

Title:

Development of a Practical 3D Radiotherapy Treatment Planning

System

Dates:

1988-1991

Sponsor:

Computerized Medical Systems, Inc.

Total Direct Cost:

\$220,000

PI:

J.A. Purdy

Title:

Radiotherapy Treatment Planning Tools

Dates:

1989-1994

Sponsor:

National Institute of Health (USA), National Cancer Institute

ID#:

NCI-CM-97564-23

Total Direct Cost:

\$995,000

PI:

J.A. Purdy

Title:

Clinical Evaluation of a Fiber-Optic Imaging System

Dates:

1990

Sponsor:

Fiber Imaging, Inc.

Total Direct Cost:

\$23,000

PI:

John Wong

Title:

Development of a prototype real time 2D plastic scintillator

Dosimetry system

Dates:

1994

Sponsor:

Junian International

Total Direct Cost:

\$25,500

PI:

John Wong

Title:

Development of software tools to enhance 3D treatment planning

Dates:

1995-1997

Sponsor:

ADAC Labs

Total Direct Cost:

\$76,500

PI:

John Wong

Title:

Dual beam imaging for treatment verification

Dates:

1995-1998

Sponsor:

National Cancer Institute (USA)

ID#:

R01CA66074

Total Direct Cost:

\$387,000

PI:

John Wong

Title:

Brachytherapy dosimetry using plastic scintillators

Dates:

1996

Sponsor:

National Cancer Institute (USA)

ID#:

R01CA57222

Total Direct Cost:

\$35,000

PI:

J. Wong (subcontract to J. Williamson, PI)

Title:

Radiation therapy with active breathing control

Dates:

1998-2003

Sponsor:

National Cancer Institute (USA)

ID#:

R01CA76182

Total Direct Cost: PI:

\$522,000

John Wong

Title:

An on-line tomographic guidance system for dose escalation in

Radiotherapy for adenocarcinoma of the prostate

Dates:

1998-2004

Sponsor:

Department of Defense Prostate Cancer Research Program

ID#:

DAMD-17-98-1-8497

Total Direct Cost:

\$485,000

PI:

D.A. Jaffray

Title:

Tumor Perfusion Imaging using Accelerator Generated 0-15 in situ

Dates:

2000

Sponsor:

Research Institute, William Beaumont Hospital

ID#:

RC-08-792

Total Direct Cost:

\$78,310

PI:

John Wong

Title:

Methods of Intensity Modulated Radiation Therapy for Breast

Cancer

Dates:

2000

Sponsor:

Breast Foundation, William Beaumont Hospital

ID#:
Total Direct Cost:

RC-08-018

\$93,000

PI:

John Wong

Title:

Analysis of Tumor Border Neovascularization and Tumor Cell

Migration after Narrow Beam Irradiation

Dates:

2001

Sponsor:

Research Institute, William Beaumont Hospital

ID#:

RI-01-14 \$79,886

Total Direct Cost: PI:

E.P. Armour

Title:

A New 3D Gel-dosimetry System for Clinical Verification of

Highly Conformal Radiation Therapy Techniques

Dates:

2001

Sponsor:

Research Institute, William Beaumont Hospital

ID#:

RI-01-18 \$78,071

Total Direct Cost: PI:

M. Oldham

Title:

High Precision Image Guided Radiotherapy of the Prostate

Dates:

2001-2005 (terminated early when PI left institution)

Sponsor:

National Cancer Institute/National Institute of Aging(USA)

ID#:

R21/R33, 1R21-CA88322

Total Direct Cost:

\$1,600,000

PI:

D.A. Jaffray

Title:

Flat Panel Cone-Beam CT for Image Guided Radiotherapy

Dates:

2001-2005 (terminated early when PI left institution)

Sponsor:

National Cancer Institute (USA)

ID#:

R01CA89081

Total Direct Cost:

\$800,000

PI:

D.A. Jaffray

Title:

Implementation and Verification of Conformal Radiation Therapy.

IMRT, and Image Guidance

Dates:

1992-2004; extension pending (terminated early when PI left)

Sponsor:

Elekta Oncology Systems (previously Philips Medical Systems)

Total Direct Cost:

\$1,950,000; extension \$200,000 per year for additional 3 years

PI:

John Wong

Title:

Development of software planning tools for 4D Image Guided

Adaptive Radiation Therapy

Dates:

2001-2004; extension pending (terminated early when PI left)

Sponsor:

ADAC Labs

Total Direct Cost:

\$300,000

PI:

John Wong

Title:

An Image Guided Small Animal Radiation Research Platform

Dates:

2004-2008

Sponsor:

National Cancer Institute (USA)

ID#:

R01CA108449-01

Total Direct Cost:

\$1,530,000

PI:

John Wong

Title:

Calibration and Commissioning of a Small Animal Radiation

Research Platform (SARRP) for Pre-clinical Research

Dates:

May 1, 2009 – Nov 30, 2009

Sponsor:

Gulmay Medical Ltd

Total Direct Cost:

\$53,518

PI:

John Wong

Educational Activities

Teaching

1982-1992

Taught Radiation Physics

Mallinckrodt Institute of Radiology, Washington University, St. Louis

1995-present Taught Special Topics in Medical Physics

Oakland University, Rochester Hills, Michigan

1990

Faculty, AAPM Summer School, "Advances in Radiation Oncology

Physics", University of Kansas, Lawrence, Kansas

1992-1994

Faculty of the Radiological Society of North America (RSNA) Refresher

Course: "On-line Portal Imaging"

2002

Faculty, Refresher Course on "Image Guided Treatment Strategies"

ASTRO, New Orleans

2003

Faculty, AAPM Summer School, "Intensity Modulated Radiation

Therapy", Colorado Spring, Colorado.

2004

Faculty, RSNA Physics Symposium: "Intensity Modulated Radiation

Therapy --- State of the Art", Chicago, November 29, 2004

2005-present Radiation Physics for Clinical Residents, Course Director

Radiation Oncology and Molecular Radiation Sciences, Johns Hopkins

University School of Medicine

2011-present Program Director, CAMPEP accredited Residency Program in Medical

Physics at Johns Hopkins University

Mentoring

Graduate Students

Eric D. Slessinger M.Sc., 1982 - 1985, Thesis Title: An Investigation of a Technique

to Quantitative Treatment Verification, St. Louis University, St.

Louis, Missouri

Cedric Yu Ph.D., 1983 - 1988, Thesis Title: Inhomogeneity Effects on Dose

Deposition for Photon and Electron Beams, Washington

University, St. Louis, Missouri.

Sam S. Hancock Ph.D., 1986 - 1988, Thesis Title: Production and Dispersion of

Secondary Charged Particles in Small Heterogeneities of Different Atomic Number for 6 MV and 18 MV X-rays, Medical College of

Ohio, Toledo, Ohio

William S. Ge M.Sc., 1987 - 1988, Thesis Title: A Two Dimensional

Scintillation Dosimetry System, Washington University, St. Louis,

Missouri

Yan Zhang M.Sc. 1996 - 1997, Thesis Topic: Veiling glare in fluoroscopic

portal imaging system, Oakland University, Rochester Hills,

Michigan

Doug Drake M.Sc, 1995 - 2000, Thesis Topic: Characterization of mirror-based

and a:Si-based imaging systems for MV and kV imaging. Oakland

University, Rochester Hills, Michigan (J Wong as member of

thesis committee)

Brett Miller M.Sc, 1997 - 2000, Thesis Topic: Clinical Implementation of

Intensity Modulated Radiation Therapy, Oakland University,

Rochester Hills, Michigan (J Wong as member of thesis

committee)

Laura Pisani Ph.D., 1995 - 2002, Thesis Topic: Dual Beam imaging for

treatment verification, Oakland University, Rochester Hills,

Michigan

Owen Gray M.Sc., 2006 – present, John Hopkins University, Whiting School

of Engineering, Department of Computer Science, Baltimore,

Maryland.

Robert Jacques

Ph.D., 2006 - present, John Hopkins University, Whiting School

of Engineering, Department of Biomedical Engineering,

Baltimore, Maryland.

Carmen Kut

Undergraduate research student, 2007 – 2008. John Hopkins University, Whiting School of Engineering, Department of

Biomedical Engineering, Baltimore, Maryland.

Resident and Fellow Research Program

Mary Lee Graham, M.D.

Jan. - July 1989, Methods to analyze daily portal images for treatment verification, Mallinckrodt Institute of Radiology

(Principal Mentor).

Karen Halverson, M.D.

Feb. - Aug. 1990, Evaluation of treatment verification in

radiotherapy using an on-line imaging system,

Mallinckrodt Institute of Radiology (Principal Mentor).

Jeff Michalski, M.D.

Mar. - July 1991, Incorporation of on-line image

verification data for treatment planning dose re-calculation, Mallinckrodt Institute of Radiology (Principal Mentor).

Arthur Frazier, M.D.

July 1, 1993 - June 30, 1994, Dosimetry of the multileaf

collimator in the presence of daily treatment setup

variation, William Beaumont Hospital (Principal Mentor).

Mario Lacerna, M.D.

July 1, 1995 - June 30, 1996, Intensity Modulation for

breast treatment, William Beaumont Hospital (Associate

Mentor).

Ellen Ziaja, MD

July 1, 1996 - June 30, 1997, Adaptive Radiation Therapy,

William Beaumont Hospital (Associate Mentor).

Vijay Kini, M.D.

July 1, 1997 - June 30, 1998, Planning evaluation of

treatment with active breathing control, William Beaumont

Hospital (Principal Mentor).

Robert Frazier, M.D.

July 1, 1999 – April 30, 2000, Planning and delivery of

whole breast radiotherapy with active breathing control,

William Beaumont Hospital (Principal Mentor).

Kathy Baglan, MD

July 1, 2000 - April 30, 2001, IMRT of whole breast and

quadrant only radiation therapy, William Beaumont

Hospital (Associate Mentor).

	•
Vicent Remouchamps, MD	Mar 1, 2001 – Feb 20, 2003. The integration of active breathing control with intensity modulated radiation therapy for partial, whole and locoregional treatment of breast cancer (Principal Mentor).
Quinten Black, MD	Sep 1, 2001 – June 1, 2002. The use of PET-FDG imaging to improve target definition for lung cancer, William Beaumont Hospital (Associate Mentor).
Dan Weed, MD	Sep 1, 2002 – June 1, 2003. On-line image guidance strategies for accelerated partial breast irradiation, William Beaumont Hospital (Principal Mentor).
Erik Tryggestad, Ph.D.	Dec 7, 2004 – June 2006. Three-dimensional treatment planning for small animal irradiation. Johns Hopkins University, School of Medicine (Principal Mentor).
Jundong Huang, Ph.D.	Dec 16, 2004 – Oct 15, 2006. Kilovoltage broad beam dosimetry for small animal irradiation. Johns Hopkins University, School of Medicine (Principal Mentor).
Howard Deng, Ph.D.	May 16, 2005 – 2007. Dosimetry of high resolution focused x-rays. Johns Hopkins University, School of Medicine (Principal Mentor).
Christopher Kennedy, Ph.D.	February 10, 2006 – 2008. Cone beam CT for image guided small animal irradiation. Johns Hopkins University, School of Medicine (Principal Mentor).
Zejian Liu, Ph.D.	September 15, 2006 – 200. Characterization of murine lung toxicity from focal high resolution irradiation using molecular imaging methods. (Principal Mentor)
Carmen Kut	Undergraduate research student, 2007 – 2008. Improving the utilities of in-room video camera systems for real-time patient monitoring (co-Principal Mentor)
Yidong Yang, PhD.	July 2010 – June 2013. Medical Physis Resident Research. Integrated x-ray cone beam CT and bioluminescence tomography for pre-clinical research (Prinipal Mentor).
Anna Micherdzinska, PhD.	July 2011 – Jan 2014. Medical Physis Resident.
Robert Hobbs, PhD.	July 2011 – April 2014. Medical Physis Resident.

- Constituent , contact contact a security

Clinical Activities

2002	Board Certification - American Board of Medical Physicists
2000-2004	Directed all technical services for Department of Radiation Oncology, William Beaumont Hospital
1992-2004	Directed Clinical Physics, Department of Radiation Oncology, William Beaumont Hospital
1982-1992	Clinical Physicist in Department of Radiation Oncology, Mallinckrodt Institute of Radiology

Organizational Activities		
1984-present	Member, American Association of Physicists in Medicine	
1994-1999	Chairman of the AAPM Task Group 58 to recommend on the clinical use of electronic portal imaging devices.	
1994-present	Ad hoc member for study sections of the NCI (US) – R01, SBIR, PPO, MRC(Canadian) and NCI (Canadian) and Dutch Cancer Society.	
1998-present	Associate Member, American Society of Therapeutic Radiation Oncology	
1997-2001	Member of the Radiation Study Section, National Cancer Institute, National Institute of Health.	
2002	Member on the NCI/NIBIB panel on "The role of biological imaging in radiation oncology", Washington, DC, December, 2002.	
2003	Co-chairman, AAPM Task Group 104 on "The use of in-room kilovoltage x-ray sources for treatment verification"	
2003	Member on the NCI panel on "Accelerated Partial Breast Irradiation", Washington, DC, January, 2003.	
2003	Member of the Scientific Committee for the "First International Symposium on Extra-cranial Radiosurgery", Henry Ford Hospital (sponsor), Dearborn	
2004	Invitee, ASTRO Health Policy and Economics Committee	
2004-2008	Member, ASTRO Research Evaluation Committee	
2005-present	Member, ASTRO Radiation and Cancer Biology Committee	

- 2008-2009 Member, Board of Chancellors, American College of Medical Physicist
- 2010-2013 Member at Large, Board of Director, American Society of Therapeutic Radiation Oncology

RECOGNITION

Awards, Honors

- George Eddelstyn Medal, Royal College of Radiology, UK.. George Eddelstyn Lecture: "IMRT: Challenges and Opportunties", York, UK.
- 2002 5th Nagalingam Suntharalingam Lecturer, Thomas Jefferson University, Philadelphia.
- 2003 1st James A. Purdy Lecturer, Washington University, St. Louis.
- 2003 Lawrence Lanzl Award Lecture, AAPM Midwest Chapter, Loyola University, Chicago, November.
- 2004 Awarded Fellow of AAPM
- 2010 Collins Lecturer, Radiation Oncology, Massachusetts General Hospital

Invited Talks, Panels

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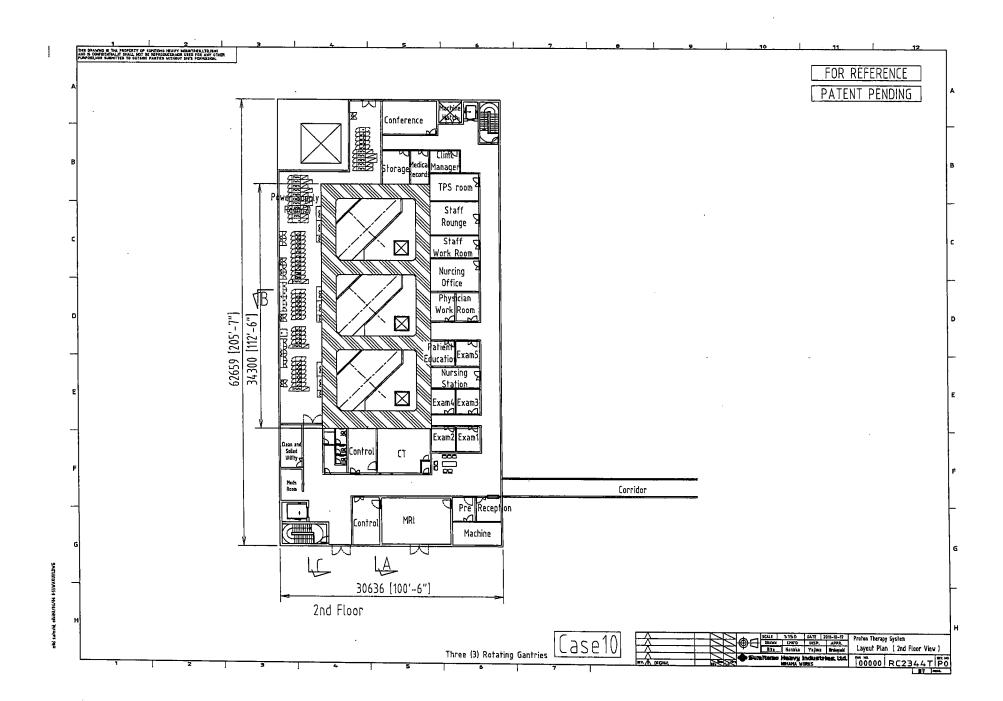
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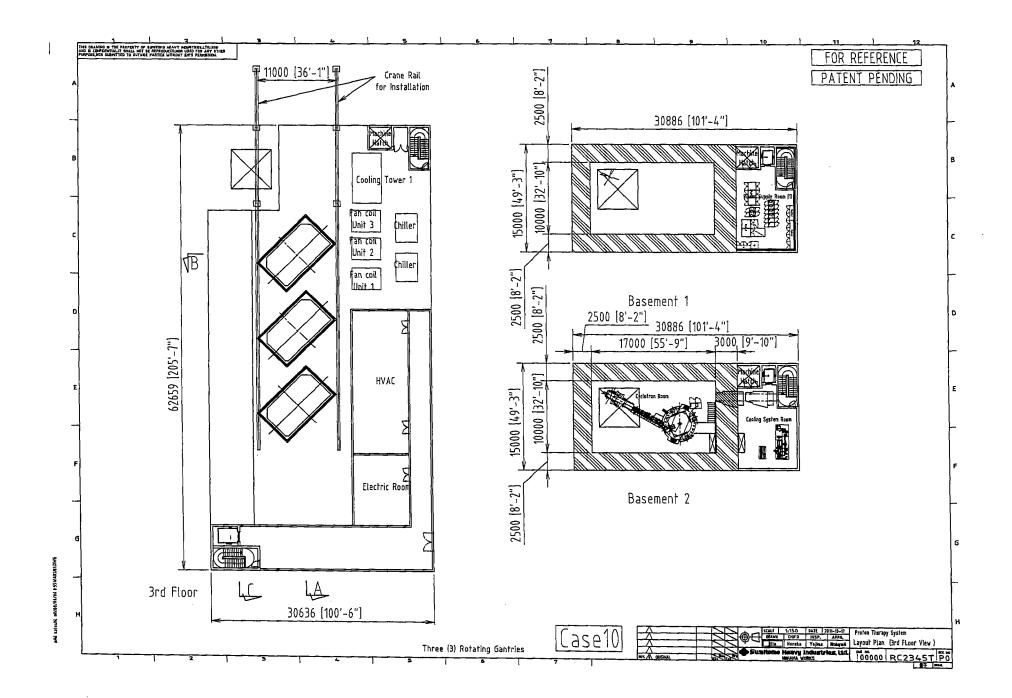
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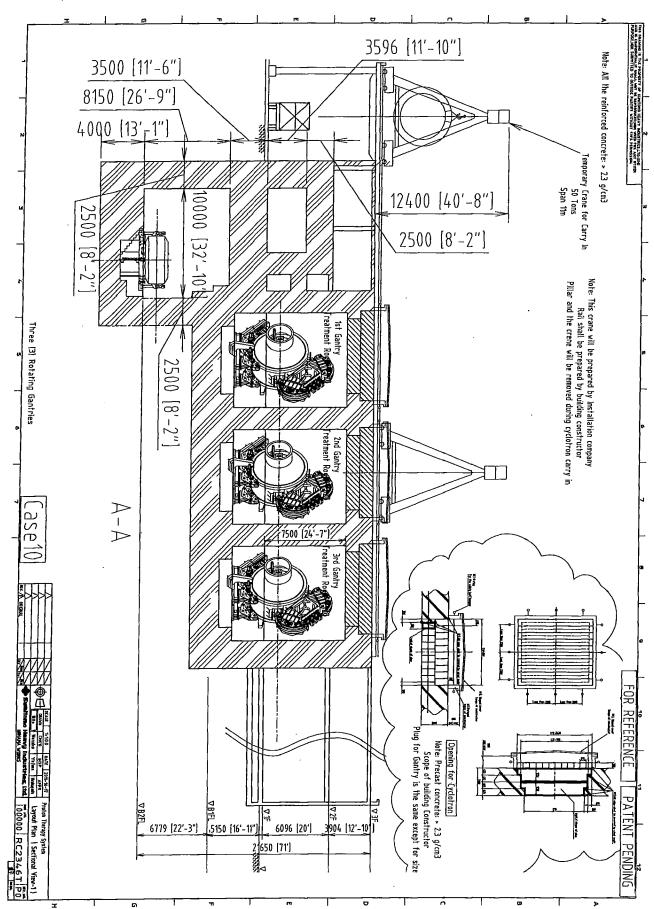
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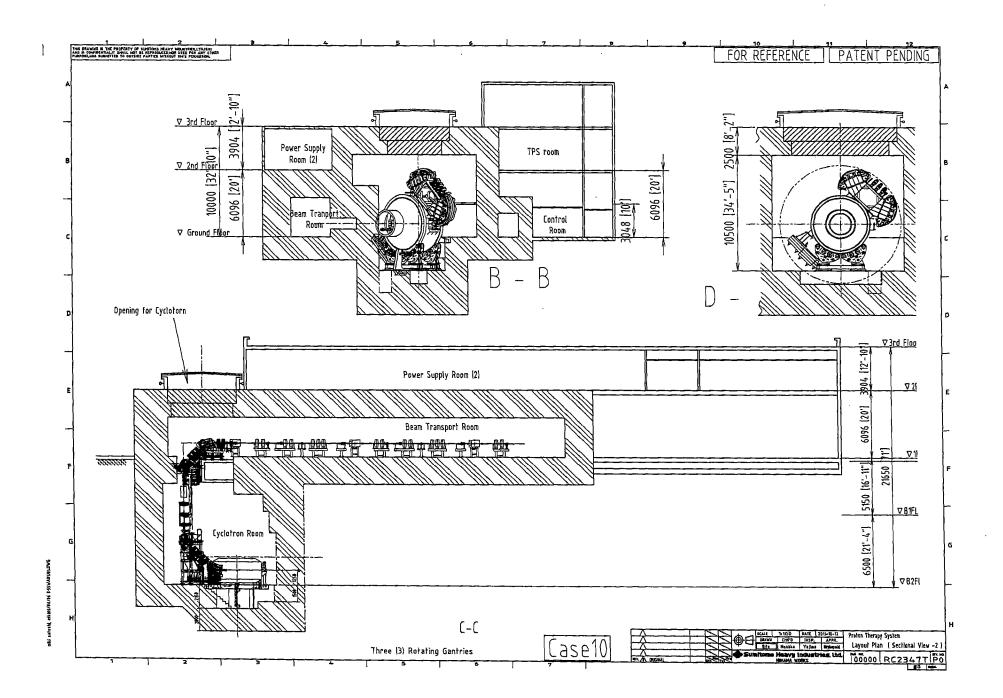
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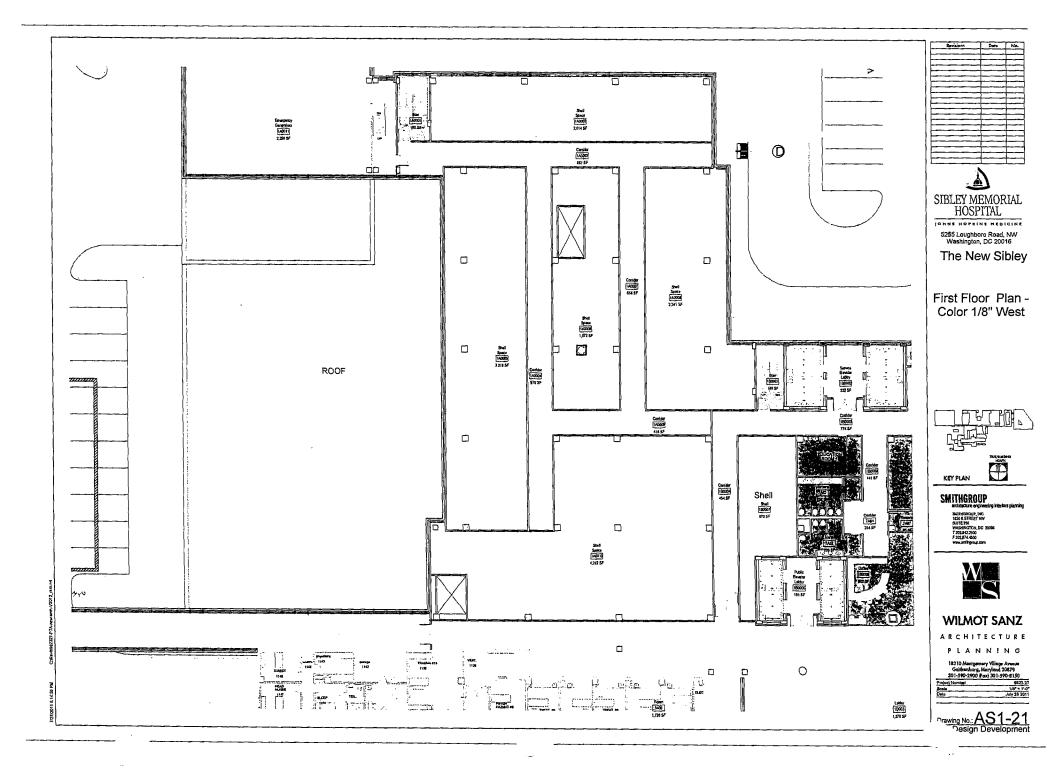
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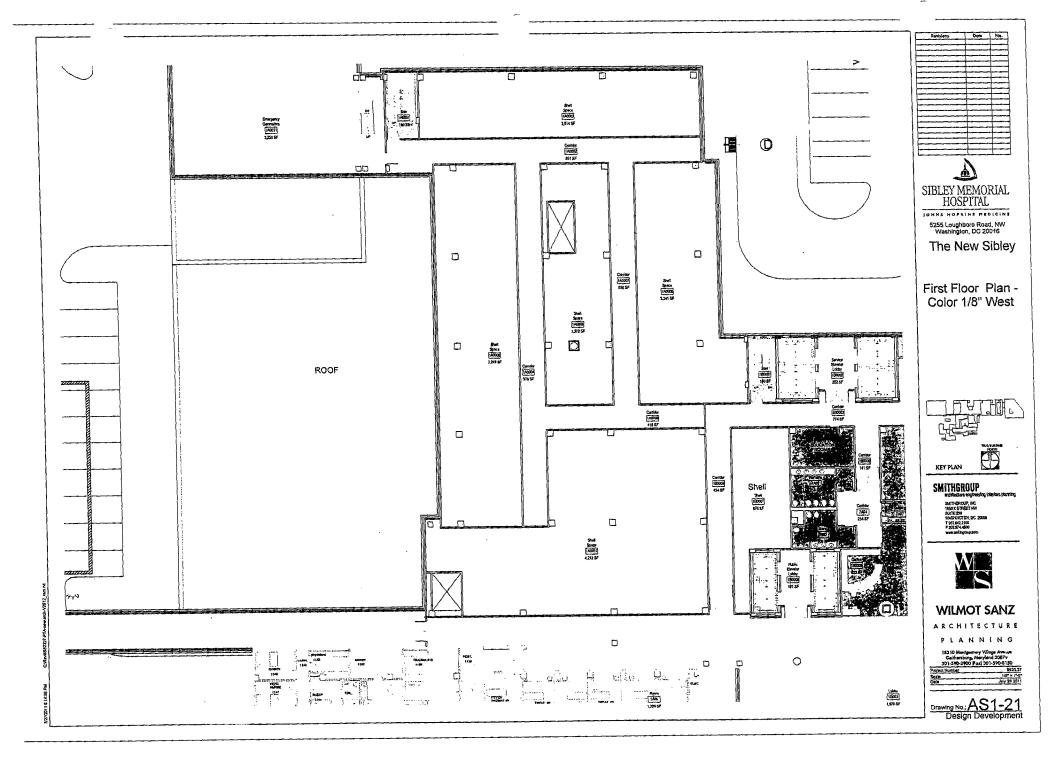












Appendix 73

Government of the District of Columbia ADVISORY NEIGHBORHOOD COMMISSION 3-D

P.O. Box 40486 Palisades Station Washington, D.C. 20016

September 18, 2012

Amha W. Selassie Chief, Certificate of Need Division State Health Planning and Development Agency District of Columbia Department of Health 825 North Capitol Street Washington, DC 20002

Re: CON 12-3-10

Dear Mr. Selassie:

The purpose of this letter is to acknowledge that Sibley Memorial Hospital presented to ANC 3D its plan for Proton Therapy on their campus.

Jerry Price, Senior Vice President; Greg Sibley, MD; and Christine Stuppy, Vice President briefed the ANC and answered questions from Commissioners and members of the community at our July 11, 2012 meeting. It was a positive and interactive exchange.

Dr. Sibley gave a clinical overview of the technology, explaining the types of cancers treated by proton therapy. He described how the beam is able to spare more healthy tissue because of the sharp focus of the energy at the tumor margin. We heard that proton therapy has become more accessible over the last several years and is becoming the standard of care for specific tumor types.

Jerry Price offered a description of the facility, where it would be located on Sibley's campus and the number of visits on a given day. He also outlined the timeframe for the project. He answered questions on shielding and potential safety concerns of the community. Please let me know if you have any questions for ANC-3D.

Sincerely,

Stu Ross

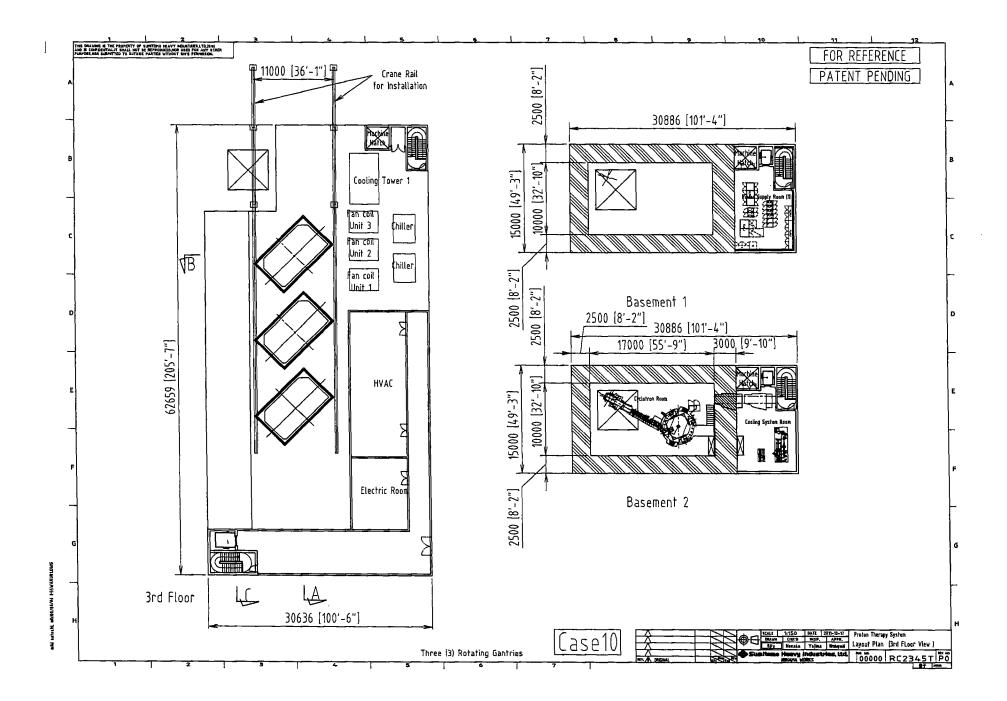
Chair, ANC3D

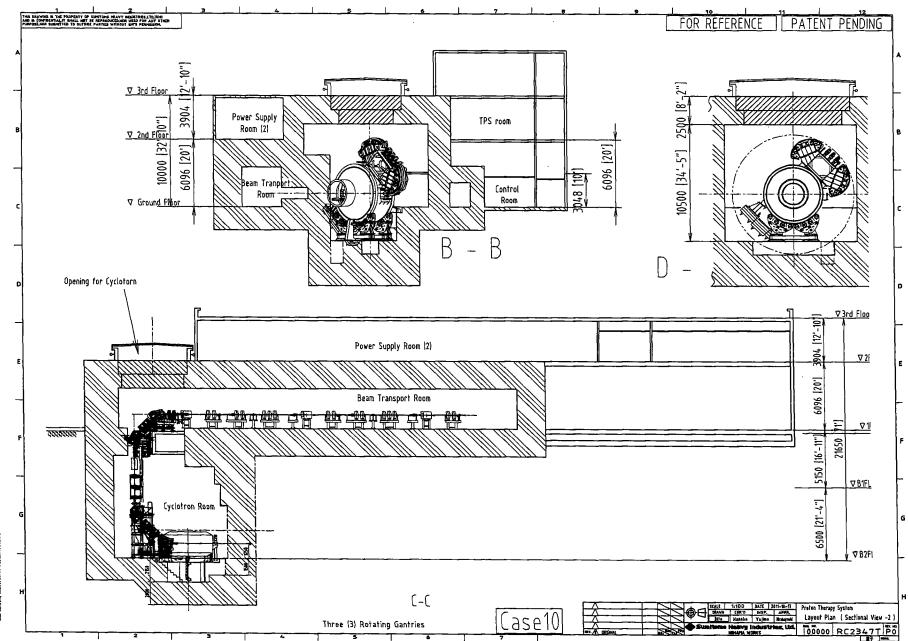
cc: Jerry Price, SVP Real Estate and Construction, Sibley Memorial Hospital

Appendix 71 F

Appendix 71 G

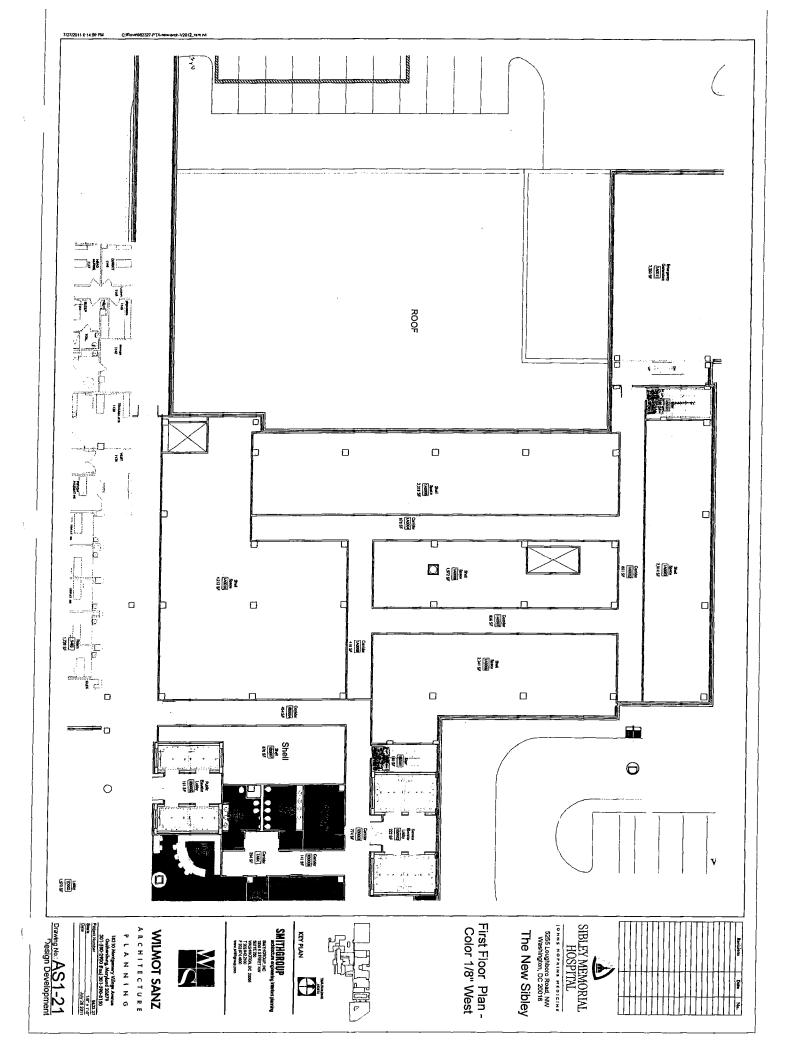
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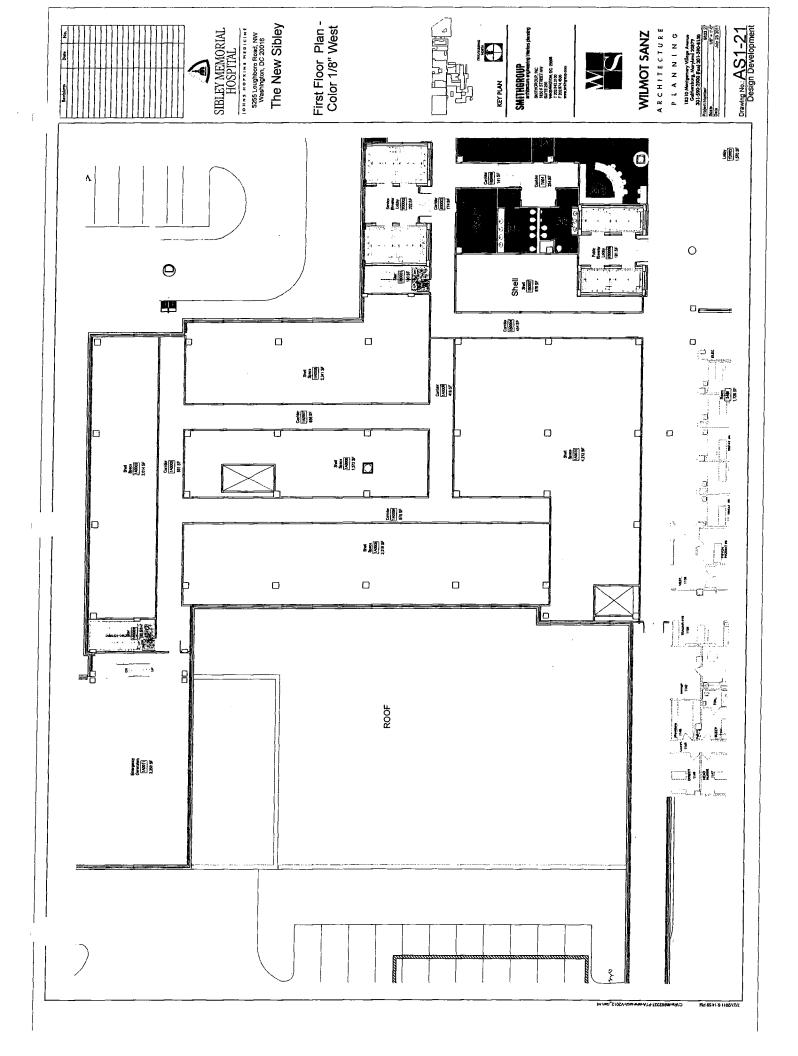




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Appendix 73

Government of the District of Columbia ADVISORY NEIGHBORHOOD COMMISSION 3-D

P.O. Box 40486 Palisades Station Washington, D.C. 20016

September 18, 2012

Amha W. Selassie
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State Health Planning and Development Agency
District of Columbia Department of Health
825 North Capitol Street
Washington, DC 20002

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Sincerely,

Stu Ross

Chair, ANC3D

cc: Jerry Price, SVP Real Estate and Construction, Sibley Memorial Hospital

Appendix 74 A-B

25 Monument Road Suite 194 York, PA 17403 717.741.8100 Tel 717.741.8110 Fax www.wellspan.org



Mr. Amha W. Selassie Chief, Certificate of Need Division State Health Planning and Development Agency District of Columbia Department of Health 899 North Capitol Street, NE Washington, DC 20002

August 21, 2012

Dear Mr. Selassie,

WellSpan Health is excited about the opportunity to expand our Affiliation Agreement with Johns Hopkins and to provide our patients and clinicians with enhanced clinical services and translational research through the development of an Academic Proton Therapy Center by Johns Hopkins Medicine, on the campus of Sibley Memorial Hospital in Washington, DC. I am writing to express my support for this project.

WellSpan is committed to the provision of patient centered, oncologic care using a multidisciplinary approach that includes surgical oncology, medical oncology and radiation oncology collaborations in clinical care and clinical trials research. Within the WellSpan Health System, we manage over 2,400 new cancer cases annually at our York Hospital, Gettysburg Hospital, and Cherry Tree Cancer Center campuses. Our providers diagnose and treat adult cancer patients across the spectrum of solid tumor disease sites with our highest volume of cancer cases being Breast, Lung, Prostate, and Gastrointestinal cancers.

WellSpan and Johns Hopkins have an established Affiliation Agreement in Oncology. This Affiliation Agreement provides collaborations in clinical care, research and education. Our clinical care collaborations include jointly developed care management systems, such as the Johns Hopkins Hospital second opinion program for the diagnosis, treatment planning, and pathology services for York Hospital's cancer patients. Johns Hopkins Hospital is also established as a referral and transfer site of patients in need of tertiary/quaternary oncology care. Through our Affiliation, York Hospital is able to accrue and manage patients on Johns Hopkins initiated clinical trials, and our programs collaborate in continuing medical education for clinical providers and in community education through various outreach programs. With an established collaboration already in place, we are enthusiastic about broadening our Affiliation Agreement to include a partnership in Proton Therapy at Sibley Memorial Hospital. This will provide a significant opportunity for our patients, our clinicians, and our community to participate in enhanced cancer services and clinical research.

The development of a Proton Therapy Center in the Baltimore-Washington Metropolitan Region would be highly beneficial to our patients and an Academic Proton Center such as the one proposed by Johns Hopkins at Sibley would be ideal. The development of a proton center by Johns Hopkins would provide the following benefits to our cancer population:

- The JHM Proton Center will provide a more convenient alternative for daily proton therapy services and will help our patients maintain their normal home and family support structure.
- Johns Hopkins has been a long standing leader in the provision of world class care to the oncology community while developing innovative cancer research and providing contemporary

- cancer education to future leaders in oncology. This project will make participation in innovative research protocols more accessible for our patients.
- The JHM Proton Center offers the opportunity for WellSpan and Johns Hopkins to expand their collaboration to include the clinical care and the study of proton therapy for oncology patients.

WellSpan Health supports the development of the Johns Hopkins Academic Proton Therapy Center at Sibley because it will improve access for our patients to this powerful technology, it will allow our clinicians to work with Hopkins to develop new personalized cancer therapies for our patients, and it provides the opportunity to build upon our long standing Affiliation and collaborate with our new partner, Sibley Memorial Hospital.

Sincerely,

Ronald E. Hempling MD FACOG FACS Vice President Oncology Service Line

Wellspan Health

Appendix 74 C

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding ("MOU") is made effective this __ day of _____, 2012 by and among The Lucy Webb Hayes National Training School For Deaconesses And Missionaries (d/b/a Sibley Memorial Hospital) ("SMH" or "Sibley"), All Children's Hospital, Inc. ("ACH"), and The Johns Hopkins University School of Medicine ("JHU"). ACH, SMH, and JHU are referred to herein individually as a "Party" and collectively as the "Parties".

WHEREAS, ACH has a mission to advance pediatric clinical care, education, research and advocacy;

WHEREAS, SMH and JHU have a shared mission to advance clinical care, education and research in the area of radiation oncology and related services;

WHEREAS, the Parties propose to advance their missions through the development of a collaborative program among JHU, SMH and ACH to provide world class, academic radiation oncology care at Sibley to the pediatric cancer population in the West Central Florida region (the "Collaborative Program");

WHEREAS, the Collaborative Program will be strategically aligned with the JHU and SMH pediatric radiation oncology program and the ACH pediatric oncology program;

WHEREAS, the Collaborative Program will be strategically implemented by Sibley, ACH and JHU and will strategically focus on the advancement of clinical care, research and education in pediatric radiation therapy and proton therapy; and

WHEREAS, the Parties intend to agree upon transactions to accomplish the Collaborative Program (referred to as herein as the "Proposed Transactions").

NOW THEREFORE, in consideration of the mutual promises, covenants and agreements hereinafter contained, the Parties hereto agree as follows:

I. <u>The Proposed Partnership.</u>

In order to effectuate the Collaborative Program, the Parties wish to commence negotiating definitive terms and written agreements (the "Collaborative Program Definitive Agreements"). Section II of this MOU sets forth the Parties' understanding of the key terms of the Collaborative Program, and constitutes the basis of an understanding in principle to move forward with negotiations and preparation of Collaborative Program Definitive Agreements. The Collaborative Program would be structured to comply with all applicable legal and regulatory requirements, including but not limited to IRS requirements applicable to tax-exempt organizations, the Federal Stark Law and regulations, and the Federal Anti-Kickback Statute. The provisions in this Section II are not binding on either Party unless incorporated into the terms of a Collaborative Program Definitive Agreement which is executed on behalf of Parties.

Based on the information currently known to the Parties, it is proposed that the Collaborative Program Definitive Agreements include the following key terms:

1. Collaborative Program:

- a. The Parties will collaborate to establish a pediatric radiation oncology program at SMH to serve as a tertiary referral site for pediatric radiation therapy patients and proton therapy patients;
- b. The Parties anticipate that the Collaborative Program will be the vehicle for collaboration on pediatric radiation therapy and proton therapy research; and
- c. The Parties anticipate that the Collaborative Program will also provide educational activities such as continuing medical and other professional education, training and community education programs.
- d. The Parties will collaborate to establish a patient centered access program that facilitates the logistical programming for patients and their family members to obtain radiation therapy and proton therapy services at Sibley. This includes remote evaluation of patient records, JHU and ACH faculty coordination of patient care, patient transportation and accommodations, patient navigation at Sibley, and the coordinated discharge of patient care back to ACH.

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2. JHU and SMH Obligations:

- a. Employing the Pediatric Radiation Oncologist as a faculty position to be located at Sibley. The Pediatric Radiation Oncologist's responsibility will include the following:
 - 1. Remote evaluation and expert opinion service for the triage of pediatric cancer patients who require tertiary radiation therapy.

- 2. Consultation and follow-up E&M services at Sibley.
- 3. Planning, delivery, and management of Radiation Therapy at Sibley.
- 4. Remote participation in Tumor Boards at ACH.
- 5. Clinical research in collaboration with JHU and ACH Faculty.
- 6. Training of Radiation and Pediatric Oncology residents at Sibley.
- 7. Management of Adult Radiation Oncology services as defined by the JHU Chairman of Radiation Oncology.
- 8. Timely access of clinical documentation and treatment reports to referring ACH Faculty and Primary Care Physicians.
- b. Developing the appropriate support staffing and services planning, which will be employed by SMH
- c. Ensuring that the Johns Hopkins Medicine quality standards are achieved for the Collaborative Program.
- d. Providing operational leadership of the Collaborative Program under the JHU Chairman of Radiation Oncology. Local management of the Collaborative Program may be assisgned by the JHU Chairman of Radiation Oncology to the SMH Chair of Radiation Oncology.
- e. Management of physician and clinical staff supporting the Collaborative Program.
- f. Management of the operational workflow, including referrals, consultation, treatment, and follow-up.
- g. Financial management including billing, collections, expenses, and capital
 - 1. Technical facility charges and collections will be managed through Sibley; and
 - 2. Professional fee charges and collection will be managed through the JHU Clinical Practice Association.
- h. Clinical quality.
- i. Billing Compliance.

j. Managing operational budgeting and financial planning and reporting.

3. ACH Obligations:

Although ACH does not intend to invest in or own any part of the Radiation Oncology programming located at SMH, ACH agrees that it will be:

- a. Providing remote access to the JHU pediatric radiation oncologist for the evaluation of pediatric cancer patients who require tertiary radiation therapy and proton therapy services.
- b. Providing remote access to ACH Tumor Boards.
- c. Providing a Medical Staff appointment for the JHU pediatric radiation oncologists, subject to ACH's appointment criteria and the policies and procedures of ACH and its medical staff.
- d. Providing full privileges at ACH for the pediatric radiation oncologist, subject to the policies and procedures of ACH and its medical staff.
- e. Providing access to ACH physicians for the coordination of care while the patient is being managed at Sibley.
- f. Providing timely access to patient records and clinical documentation that are required for the treatment planning and management of pediatric radiation therapy and proton therapy patients.
- g. Providing collaborative development of a patient centered transfer of care upon discharge from radiation therapy services at Sibley.
- h. Collaborating on the clinical research in which the Pediatric Radiation Oncologist will be involved.

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- a. The Parties will draft and negotiate in good faith the Collaborative Program Definitive Agreements as soon as reasonably practicable following execution of this MOU, with a completion date goal of <u>June 30</u>, 2013.
- b. The Parties will, concurrent with the preparation of Collaborative Program Definitive Agreements, conduct legal, financial and general business due diligence.

- c. Subject to final agreement on terms, the Parties will execute the Collaborative Program Definitive Agreements as soon as final board approvals are received, anticipated to be on or before <u>June 30, 2013</u>.
- d. Closing of the Proposed Transactions to be within 60-90 days following execution of the respective definitive agreements and attainment of all regulatory approvals.

III. Due Diligence and Contingencies.

The Parties shall cooperate in the exchange of information reasonably necessary to the evaluation and negotiation of the Proposed Transactions. The closing of each of the Proposed Transactions is specifically conditioned upon:

- a. Satisfactory completion of legal due diligence.
- b. Receipt of all government approvals, including but not limited to a Certificate of Need.
- c. Appropriate Board review and approvals by each Party.

V. Costs.

Unless otherwise agreed by the Parties, each Party will be responsible for and bear all of its own legal, accounting and other costs and expenses incurred at any time in connection with the negotiation and execution of this MOU, the Collaborative Program Definitive Agreements and the Project Definitive Agreements.

VI. Legal Effect.

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VII. Entire Agreement.

The MOU constitutes the entire agreement between the Parties and supersedes all prior oral or written agreements, understandings, representations and warranties, and courses of conduct and dealing between the Parties on the subject matter hereof. Except as otherwise provided herein, the Binding Provisions may be amended or modified only by a writing executed by each of the Parties.

VIII. Governing Law.

The Binding Provisions will be governed by and construed under the laws of the District of Columbia without regard to conflicts of laws principles.

IX. Timing And Termination.

This MOU shall remain in effect until June 30, 2013 (the "Termination Date") or such later date mutually agreed to between the Parties; provided, however, that the termination of this MOU will not affect the liability of a Party for breach of any of the Binding Provisions prior to the termination. Upon the Termination Date, the Parties will have no further obligations hereunder, except as stated in the Binding Provisions, which will survive any such termination.

Please sign the MOU in the space provided below to confirm the mutual agreements set forth in the MOU. The MOU will be effective as of the date first above written.

Very truly yours,
Sibley Memorial Hospital
By:
Print Name
rint Name
Title
The Johns Hopkins University School of Medicine
By: Collection
PALL Rothman
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Title
All Children's Hospital, Inc.
Ву:
~
Print Name
Title

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding ("MOU") is made effective this 10 day of October, 2012 by and among The Lucy Webb Hayes National Training School For Deaconesses And Missionaries (d/b/a Sibley Memorial Hospital) ("SMH" or "Sibley"), All Children's Hospital, Inc. ("ACH"), and The Johns Hopkins University School of Medicine ("JHU"). ACH, SMH, and JHU are referred to herein individually as a "Party" and collectively as the "Parties".

WHEREAS, ACH has a mission to advance pediatric clinical care, education, research and advocacy;

WHEREAS, SMH and JHU have a shared mission to advance clinical care, education and research in the area of radiation oncology and related services;

WHEREAS, the Parties propose to advance their missions through the development of a collaborative program among JHU, SMH and ACH to provide world class, academic radiation oncology care at Sibley to the pediatric cancer population in the West Central Florida region (the "Collaborative Program");

WHEREAS, the Collaborative Program will be strategically aligned with the JHU and SMH pediatric radiation oncology program and the ACH pediatric oncology program;

WHEREAS, the Collaborative Program will be strategically implemented by Sibley, ACH and JHU and will strategically focus on the advancement of clinical care, research and education in pediatric radiation therapy and proton therapy; and

WHEREAS, the Parties intend to agree upon transactions to accomplish the Collaborative Program (referred to as herein as the "Proposed Transactions").

NOW THEREFORE, in consideration of the mutual promises, covenants and agreements hereinafter contained, the Parties hereto agree as follows:

I. The Proposed Partnership.

In order to effectuate the Collaborative Program, the Parties wish to commence negotiating definitive terms and written agreements (the "Collaborative Program Definitive Agreements"). Section II of this MOU sets forth the Parties' understanding of the key terms of the Collaborative Program, and constitutes the basis of an understanding in principle to move forward with negotiations and preparation of Collaborative Program Definitive Agreements. The Collaborative Program would be structured to comply with all applicable legal and regulatory requirements, including but not limited to IRS requirements applicable to tax-exempt organizations, the Federal Stark Law and regulations, and the Federal Anti-Kickback Statute. The provisions in this Section II are not binding on either Party unless incorporated into the terms of a Collaborative Program Definitive Agreement which is executed on behalf of Parties.

Based on the information currently known to the Parties, it is proposed that the Collaborative Program Definitive Agreements include the following key terms:

1. Collaborative Program:

- a. The Parties will collaborate to establish a pediatric radiation oncology program at SMH to serve as a tertiary referral site for pediatric radiation therapy patients and proton therapy patients;
- b. The Parties anticipate that the Collaborative Program will be the vehicle for collaboration on pediatric radiation therapy and proton therapy research; and
- c. The Parties anticipate that the Collaborative Program will also provide educational activities such as continuing medical and other professional education, training and community education programs.
- d. The Parties will collaborate to establish a patient centered access program that facilitates the logistical programming for patients and their family members to obtain radiation therapy and proton therapy services at Sibley. This includes remote evaluation of patient records, JHU and ACH faculty coordination of patient care, patient transportation and accommodations, patient navigation at Sibley, and the coordinated discharge of patient care back to ACH.

2. JHU and SMH Obligations:

- a. Employing the Pediatric Radiation Oncologist as a faculty position to be located at Sibley. The Pediatric Radiation Oncologist's responsibility will include the following:
 - 1. Remote evaluation and expert opinion service for the triage of pediatric cancer patients who require tertiary radiation therapy.

- 2. Consultation and follow-up E&M services at Sibley.
- 3. Planning, delivery, and management of Radiation Therapy at Sibley.
- 4. Remote participation in Tumor Boards at ACH.
- 5. Clinical research in collaboration with JHU and ACH Faculty.
- 6. Training of Radiation and Pediatric Oncology residents at Sibley.
- 7. Management of Adult Radiation Oncology services as defined by the JHU Chairman of Radiation Oncology.
- 8. Timely access of clinical documentation and treatment reports to referring ACH Faculty and Primary Care Physicians.
- b. Developing the appropriate support staffing and services planning, which will be employed by SMH
- c. Ensuring that the Johns Hopkins Medicine quality standards are achieved for the Collaborative Program.
- d. Providing operational leadership of the Collaborative Program under the JHU Chairman of Radiation Oncology. Local management of the Collaborative Program may be assisgned by the JHU Chairman of Radiation Oncology to the SMH Chair of Radiation Oncology.
- e. Management of physician and clinical staff supporting the Collaborative Program.
- f. Management of the operational workflow, including referrals, consultation, treatment, and follow-up.
- g. Financial management including billing, collections, expenses, and capital
 - 1. Technical facility charges and collections will be managed through Sibley; and
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- h. Clinical quality.
- i. Billing Compliance.

j. Managing operational budgeting and financial planning and reporting.

3. ACH Obligations:

Although ACH does not intend to invest in or own any part of the Radiation Oncology programming located at SMH, ACH agrees that it will be:

- a. Providing remote access to the JHU pediatric radiation oncologist for the evaluation of pediatric cancer patients who require tertiary radiation therapy and proton therapy services.
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Very truly yours, Sibley Memorial Hospital	
By:	
Print Name	
Title	
The Johns Hopkins University School of Medicine	
Ву:	
Print Name	
Title	
All Children's Hospital, Inc.	ښار
By: XIII CUL	_<
Jonathan M. Ellen, MD	
Print Name	
President Title	·

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* * * * *

Please sign the MOU in the space provided below to confirm the mutual agreements set forth in the MOU. The MOU will be effective as of the date first above written.

Very truly yours,
Sibley Memorial Hospital
By: All
RICHARD O. DAVIS, Ph.D
Print Name
Title
The Johns Hopkins University School of Medicine
Ву:
Print Name
Title
All Children's Hospital, Inc.
Ву:
Print Name
Title

AGREEMENT

RECITALS

- 1. The Parties desire to engage in discussions and exchange information regarding a proton therapy venture (the "Transaction").
- 2. The Parties are entering into this Agreement in order to establish certain terms and conditions that will be applicable to their evaluation of the Transaction.

NOW THEREFORE, in consideration of the premises, the Parties agree as follows:

- 1. For purposes of this Agreement, the following definitions shall apply:
- "Confidential Information" shall mean any data or information related to the Transaction that is specifically designated as "CONFIDENTIAL," that is of value to a Party and that is not generally known to competitors of such Party. To the extent consistent with the foregoing, Confidential Information includes, without limitation, lists of any information about a Party's executives and employees, strategic business plans, marketing techniques, price lists, pricing policies, business methods, contracts and contractual relations with customers and suppliers, computer software programs (including object code and source code), data base technologies, systems, structures and architectures, business acquisition plans and new personnel acquisition plans. Confidential Information also includes any information described in this paragraph a. which a Party obtains from someone else and treats as proprietary or designates as Confidential Information, whether or not owned or developed by such Party. "Confidential Information" shall not include any Information that: (i) is or becomes publicly known other than as a result of a breach by Recipient Party or its Representatives (as defined herein) of this Agreement; (ii) has been or shall be otherwise independently acquired by or developed by Recipient Party without violating the terms of this Agreement; or (iii) is known by Recipient Party or its Representatives prior to its disclosure to Recipient Party by Disclosing Party.
- b. "Disclosing Party" shall mean the party disclosing Confidential Information to the other party.
- c. "Recipient Party" shall mean the party receiving Confidential Information from the other party.

2. Each Recipient Party agrees that:

- a. It will hold all Confidential Information of Disclosing Party in trust and in strictest confidence, and protect it in accordance with a standard of care which shall be no less than the care it uses to protect its own information of like importance but in no event with less than reasonable care.
- b. It will not use any Confidential Information of Disclosing Party for any purpose other than evaluating or undertaking the contemplated Transaction between the Parties.
- c. It will not use, copy, or disclose, or permit any unauthorized person access to, any Confidential Information belonging to Disclosing Party or any third party; except that Recipient Party may disclose Confidential Information of Disclosing Party to its employees and attorneys, appraisers, accountants and other consultants involved in consideration of the Transaction (collectively, the "Representatives"), provided, such Representatives (i) have a need to know, and (ii) the same are informed, directed and obligated by Recipient Party to treat such Confidential Information in accordance with the obligations of this Agreement. Recipient Party shall be liable for any breach of an obligation hereunder by any of its Representatives. This paragraph shall survive any termination of this Agreement.
- If the Transaction is not consummated, upon the request of Disclosing Party, Recipient Party will either (i) deliver to Disclosing Party all memoranda, notes, records, tapes, documentation, disks, manuals, files and all copies or reproductions thereof (in any form or format, including without limitation, copies resident in long or short-term computer storage devices), concerning or containing Confidential Information that are in Recipient Party's possession, whether made or compiled by Recipient Party or furnished to Recipient Party by Disclosing Party, or (II) with the written permission of Disclosing Party, effect the destruction of all of the same and certify such destruction in writing to Disclosing Party. Notwithstanding the foregoing, each Party may retain one (1) copy of any Confidential Information received to be used for the sole purpose of establishing what Confidential Information was in fact received in the event of any dispute or controversy under this Agreement. Such copy shall remain subject to the terms and conditions set forth in this Agreement for so long as it is retained. The Recipient Party's obligation set forth in this Section 2d. does not apply to any Confidential Information: (i) stored electronically pursuant to existing routine data backup exercise on servers or back-up sources so long as it is deleted from local hard drives and no attempt is made to recover it from such servers or back-up sources; (ii) which is required to be retained for the purposes of complying with regulation or law; or (iii) which is retained by the Recipient Party's compliance or legal department for internal compliance purposes only, and which, in each case, will continue to be treated as Confidential and in accordance with the terms of this Agreement, even after the explry of the other terms of this Agreement.
- e. All Confidential Information of Disclosing Party is the exclusive property of Disclosing Party. No license to use the Confidential Information of either Party is

implied or expressed by entering into this Agreement or disclosing such items to Recipient Party.

- f. In the event Recipient Party receives a court order or other governmental or administrative decree of appropriate and sufficient jurisdiction requiring disclosure of Disclosing Party's Confidential Information, Recipient Party shall give Disclosing Party reasonable written notice prior to such disclosure in order to permit Disclosing Party, at its expense, to seek a protective order. Recipient Party shall also cooperate with Disclosing Party in seeking a protective order, and release only so much of Disclosing Party's Confidential Information as is required by such order.
- 3. Each Party represents and warrants that the disclosure to the other Party of any Confidential Information does not violate the rights of any third party.
- 4. Each Party is entering into this Agreement solely for the purpose of establishing certain conditions for discussion and exchange of information in order to better evaluate the proposed Transaction. This Agreement in no manner constitutes any commitment by either Party to proceed with such Transaction. WITH RESPECT TO EACH OF THE PARTIES, A LEGALLY BINDING OBLIGATION TO PROCEED WITH THE TRANSACTION SHALL ARISE ONLY WHEN A CONTRACT OBLIGATING THE HOPKINS PARTIES TO PROCEED HAS BEEN REDUCED TO WRITING AND SIGNED BY AN AUTHORIZED CORPORATE OFFICER OF SUCH PARTY.
- 5. This Agreement shall continue in effect for a period of one (1) year (except for those provisions of this Agreement that are expressly stated to survive its termination).
- 6. Neither Party will make any disclosures about the existence or contents of this Agreement or the proposed Transaction or cause to be publicized in any manner whatsoever by way of interviews, responses to questions or inquiries, press releases or otherwise, any aspect or proposed aspect of the Transaction without prior written notice to and written approval of the other Party.

7. Each Party agrees that:

- a. In the event that a Party breaches any obligation or representation under this Agreement, such Party shall indemnify and hold harmless the other Parties from any loss, liability, damage or expense (including reasonable legal fees and expenses) which such other Parties may incur as a result of such breach.
- b. In the event of a breach or threatened breach of any obligation by a Party, such Party shall not contest the assertion by any of the other Parties that a remedy at law would be inadequate and, therefore, an injunction restraining such breach or other similar equitable remedy shall be available to such other Party (without limiting any other remedy then available to such Party).
- c. If any provision of this Agreement shall not be valid for any reason, such provision shall be entirely severable from, and shall have no effect upon, the remainder

of this Agreement. Any such invalid provision shall be subject to partial enforcement to the extent necessary to protect the interests of the Parties.

- d. This Agreement and the rights and liabilities of the Parties to this Agreement will be determined in accordance with the laws of the District of Columbia, without regard to its conflict of laws provisions. The Parties agree that jurisdiction and venue in any suit, action or proceeding brought by a Party pertaining to this Agreement shall exclusively lie in: (a) the United States District Court for the District of Columbia so long as such Court will accept jurisdiction, and (b) if such Court declines to accept jurisdiction, then in the District of Columbia Superior Court. Each Party Irrevocably submits to the exclusive jurisdiction of such courts and agrees not to bring any suit, action or proceeding in any other court.
- e. The covenants and agreements contained in this Agreement shall inure to the benefit of, and may be enforced by, the successors and assigns of each Party.
- f. This Agreement, or any provision hereof, shall not be waived, changed or terminated except by a writing signed by an authorized officer of all of the Parties. This Agreement may be executed in one or more counterparts, each of which will constitute an original, but all of which together constitute a single document. Any signature duly affixed to this Agreement and delivered by facsimile transmission shall be deemed to have the same legal effect as the actual signature of the person signing this Agreement. Any Party receiving delivery of a facsimile copy of the signed Agreement may rely on such as having actually been signed.
- Neither Party, its affiliates and subsidiaries shall solicit for employment or employ any employee of the other Party during the term of this Agreement and for a period of six months thereafter, without the applicable Party's prior written consent; provided, however, that the prohibition set forth in this paragraph shall not apply to (a) the solicitation or employment of either Party's employees by the other Party, its affiliates and subsidiaries that occurs wholly separate from and independently of the Transaction and without the instruction, direction, suggestion or other participation in any manner of any individual who received or had access to Confidential Information, had access to the personnel of the other Party in connection with the Transaction or otherwise participated in the Company's evaluation of the Transaction; (b) the solicitation or hiring of either Party's employees who seek employment by the other Party, their affillates or subsidiaries in response to general notices of, or general solicitations for, employees that are not targeted at employees of the other Party or their affiliates and subsidiaries; or (c) the solicitation or hiring of either Party's employees at any time after such Party's employee has commenced employment with a third party entity other than Company or Hopkins or any affiliate or subsidiary of Company or Hopkins or has otherwise been terminated by either Party.

Remainder of page intentionally left blank

Signature Page follows

IN WITNESS WHEREOF, the Partles have executed this Agreement as of the date first above written.

WITNESS:	THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION	
<u>; </u>	By: Name: Ronald R. Peterson Title: President	
	THE JOHNS HOPKINS UNIVERSITY	
· · · · · · · · · · · · · · · · · · ·	By: Name: Daniel G. Ennis Title: Senior Vice President Finance / Administration	
Dugun Ooun	LUCY WEBB HAYES NATIONAL TRAINING SCHOOL FOR DEACONESSES AND MISSIONARIES By: Name: Richard Davis, Ph.D. Title: President	
	By: Name: Wayne A. I. Frederick, M.D. Title: Provost and Chief Academic Officer Director, Howard University Cancer Center	

Signature Page follows

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the date first above written.

WITNESS:	
	THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION
2254	By:
	THE JOHNS HOPKINS UNIVERSITY
	By: Name: Daniel G. Ennis Title: Senior Vice President Finance / Administration
	LUCY WEBB HAYES NATIONAL TRAINING SCHOOL FOR DEACONESSES AND MISSIONARIES
	By:
	By: Name: Wayne A. I. Frederick, M.D. Title: Provost and Chief Academic Officer Director, Howard University Cancer Center

Signature Page follows

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the date first above written.

WITNESS:	THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION
	By:
	By: Daniel G. Ennis Title: Senior Vice President Finance / Administration
	LUCY WEBB HAYES NATIONAL TRAINING SCHOOL FOR DEACONESSES AND MISSIONARIES By: Name: Richard Davis, Ph.D. Title: President
	By: Name: Wayne A. I. Frederick, M.D. Title: Provost and Chief Academic Officer Director, Howard University Cancer Center

Appendix 74 D

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding ("MOU") is made effective this 16th day of October, 2012 by and among Sibley Memorial Hospital ("SMH or Sibley"), Howard University ("Howard"), and The Johns Hopkins University School of Medicine ("JHU") and The Johns Hopkins Health Systems Corporation ("JHHS"), collectively SMH, JHU and JHHS are referred to as ("Johns Hopkins Medicine"). Howard, SMH, JHU and JHHS are referred to as herein individually as ("Party") and collectively as ("Parties").

WHEREAS, Howard has a mission to advance clinical care, education and research in the area of proton therapy, radiation oncology and related services as well as to advocate for the elimination of health disparities.

WHEREAS, Johns Hopkins Medicine has a mission to advance clinical care, education and research in the area of proton therapy, radiation oncology and related services.

WHEREAS, the Parties propose to advance their missions through the development of a collaborative program among JHU, SMH and Howard to advance education, research and clinical care in proton therapy, and radiation oncology care at Sibley to the cancer population in the Washington, DC region (the "Collaborative Program").

WHEREAS, the Collaborative Program will be strategically aligned with Johns Hopkins Medicine radiation oncology program and the Howard radiation oncology program.

WHEREAS, the Collaborative Program will be strategically implemented by Sibley, Howard and JHU and will strategically focus on the advancement of clinical care, research and education in proton therapy and radiation oncology.

WHEREAS, the John Hopkins Medicine will develop, as an essential part of the Collaborative Program, a proton therapy center at Sibley where SMH, JHHS, JHU and Howard, will collaborate to develop world-class education, research and clinical care programs (the "Project") and the transactions to accomplish the Collaborative Program is referred to as the ("Proposed Transaction").

NOW THEREFORE, in consideration of the mutual promises and covenants and agreements hereinafter contained, the Parties hereto agree as follows:

I. THE PREPARED PROJECT

In order to effectuate the Collaborative Program, the Parties intend to negotiate and to execute definitive agreements (the "Collaborative Program Definitive Agreement") based upon the terms described in Attachment A attached hereto and incorporated herein. The Collaborative Program will be structured to comply with all applicable legal and regulatory requirements, including but not limited to IRS requirements applicable to tax exempt organizations, applicable Stark Law and regulations and Anti-Kickback Law.

II. CONFIDENTIALITY

The Parties have executed a separate binding Non-Disclosure Agreement ("Agreement") dated September 28, 2012. This MOU shall be considered Non-Disclosure Information subject to the Agreement.

III. NEGOTIATIONS AND TIMING

The Parties agree that time is of the essence and that they desire to discuss and evaluate the Proposed Transaction as soon as reasonably practicable, and in any event in accordance with the timeframes set forth in this Section III. Specifically:

- a. The Parties will draft and negotiate in good faith and only with each other the Collaborative Program Definitive Agreement as soon as reasonably practicable following execution of this MOU, with a completion date goal of June 30, 2013.
- b. The Parties will, concurrent with the preparation of Collaborative Program Definitive Agreement conduct legal, financial and general business due diligence,
- c. Subject to final agreement on terms, the Parties will execute the Collaborative Program Definitive Agreement as soon as final board approvals are received, anticipated to be on or before June 30, 2013.
- d. Closing of the Proposed Transaction to be within 60-90 days following execution of the respective definitive agreements and attainment of all regulatory approvals.

IV. DUE DILIGENCE

The Parties shall cooperate in the exchange of information reasonably necessary to the evaluation and negotiation of the Proposed Transaction. The closing of the Proposed Transaction is specifically conditioned upon:

- a. Satisfactory completion of legal due diligence.
- Receipt of all government approvals, including but not limited to a Certificate of Need.

V. COSTS

Unless otherwise agreed by the Parties, each Party will be responsible for and bear all of its own legal, accounting and other costs and expenses incurred at any time in connection with the negotiation and execution of this MOU and the Collaborative Program Definitive Agreement.

VI. <u>LEGAL EFFECT</u>

Sections I and II of this MOU constitute the basis of an understanding in principle to move forward with due diligence, definitive negotiations and the preparation of Collaborative Program Definitive Agreement; provided, however, that none of the Parties have any legal obligation to the others as a result of this MOU other than those obligations specified and imposed in Sections II, III, IV, V, VI, VII, VIII, IX and X ("Binding Provisions"). Moreover, except as expressly provided in the Binding Provisions (or as expressly provided in any binding written agreement that the Parties may enter into in the future), no past or future action, course of conduct, or failure to act relating to the Proposed Transactions, or relating to the negotiation of the terms of the Proposed Transaction or any definitive agreement, will give rise to or serve as a basis for any obligation or other liability on the part of the Parties.

VII. ENTIRE AGREEMENT

The MOU constitutes the entire agreement between the Parties, and supersedes all prior oral or written agreements, understandings, representations and warranties, and courses of conduct and dealing between the Parties on the subject matter hereof. Except as otherwise provided herein, the Binding Provisions may be amended or modified only by a writing executed by each of the Parties.

VIII. GOVERNING LAW

The Binding Provisions will be governed by and construed under the laws of the District of Columbia without regard to conflicts of laws principles.

IX. TIMING AND TERMINATION

This MOU shall remain in effect until June 30, 2013 (the "Termination Date") or such later date mutually agreed to between the Parties; provided, however, that the termination of this MOU will not affect the liability of a Party for breach of any of the Binding Provisions prior to the termination. Upon the Termination Date, the Parties will have no further obligations hereunder, except as stated in the Binding Provisions, which will survive any such termination.

X. <u>COUNTERPARTS</u>

This MOU may be executed in one or more counterparts, each of which will be deemed to be an original copy of this MOU and all of which, when taken together, will be deemed to constitute one and the same MOU.

Please sign the MOU in the space provided below to confirm the mutual agreements set forth in the MOU. The MOU will be effective as of the date first above written.

Very truly yours,	
Sibley Memorial Hospital	
Ву:	•
Print Name	
Title	
The Johns Hopkins University School of Medicine By:	
Print Name	
l'itle	
The Johns Hopkins Health System Corporation	
Ву:	
Print Name	
Print Name	
Print Name Fitle Howard University	10
Print Name Fitte	1/
Print Name Fitle Howard University By: Wayne A. I. Frederick, M.D., MBA, F	.A.c.s.
Print Name Fitle Howard University By:	A.c.s.

ATTACHMENT A

Key Terms of the Proton Therapy Partnership Among Sibley Memorial Hospital, Johns Hopkins Medicine And Howard University

1. Clinical Care

- a. Partner in the provision of access to proton therapy at Sibley Memorial Hospital ("Sibley") for Howard University Hospital's ("HUH") patients.
- b. Co-develop a program to provide proton therapy consultation and follow-up services locally in the HUH community.
- c. Co-develop a logistical access program
 - i. Facilitate the transportation for HUH patients to Sibley; and
 - ii. Facilitate HUH patients' transition to Sibley for their proton therapy cancer care, including an education/orientation to the workflow of their care.
- d. Partner, among Sibley, Johns Hopkins Medicine ("JHM") and HUH as mutually agreed by the parties on other services including tertiary radiation therapy services, such as pediatric radiation therapy, stereotactic body radiation, stereotactic radio surgery, etc.

2. Clinical Trials

- a. Partner in the co-development and participation in proton therapy specific clinical trials or concurrent therapy clinical trials that include proton therapy.
- b. Work together to develop a community based program to educate the HUH patient community on the benefits of ethical clinical trials in oncology and how clinical trials can provide access to the newest, contemporary therapies.

3. Education

- a. Partner on the development of a program to train and educate Howard University ("HU") residents and fellows on proton therapy
- b. Co-develop a collaborative Medical Physics program that exposes HU undergraduate and graduate physics students to Medical Physics and encourage and support physics research on the proton technology.

4. Internationalization

a. Explore opportunities to support collaborative International programs that are centered on radiation therapy and proton therapy.

Very truly yours,
Sibley Memorial Hospital
Ву:
Print Name
Title
The Johns Hopkins University School of Medicine By:
Print Name
Title
The Johns Hopkins Health System Corporation
By: Mrb
Ronald R. Peterson Print Name
President
Title
Howard University
Ву:
Print Name
Title

Very truly yours,
Sibley Memorial Hospital
Ву:
Print Name
Title
The Johns Hopkins University School of Medicine By:
Print Name
Title
The Johns Hopkins Health System Corporation By:
Ronald R. Peterson
Print Name President
Title
Howard University
Ву:
Print Name
Title