Cancer know-how
Helping families, communities, and populations overcome a deadly disease

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Touched by cancer

Chances are you know someone affected by cancer. Here at Rollins, researchers are attacking the disease from all angles—from prevention and early detection to tracking quality of life and outcomes—with the goal of reducing the overall incidence of cancer. Through their own research and interdisciplinary studies with others, Rollins scientists are involved in more than 50 cancer research projects.

For more than 20 years, we have been home to the Atlanta Surveillance, Epidemiology, and End Results registry, funded by the National Cancer Institute (NCI), and the Georgia Comprehensive Cancer Registry, funded by the CDC. These registries inform state and the federal experts on cancer incidence and outcomes in metropolitan Atlanta and in Georgia. They also provide a base for other population-based outcomes research.

Our cancer efforts are strengthened through collaborations with the CDC, the American Cancer Society, the Georgia Research Alliance, and the Georgia Cancer Coalition (GCC). Among our faculty are several GCC Distinguished Cancer Scholars, who are part of a statewide scientific community committed to saving lives.

Several of our faculty members hold joint appointments in the Emory Winship Cancer Institute, which just became the first NCI-designated cancer center in Georgia. Winship’s Cancer Control and Population Sciences core is based in the RSPH and led by epidemiologist Robin Bostick.

All of us have experienced the tragedy and suffering caused by cancer. In public health, these instances are stark reminders of the importance of prevention—reducing tobacco use in China, encouraging early breast cancer detection among undeserved women in Atlanta, reducing obesity in rural Georgia, or understanding the unknown causes of many cancers. We dedicate this issue to people everywhere who are touched by cancer and who are working to stop this disease.

Sincerely,

James W. Curran, MD, MPH

Responding to public health crises

The Emory PERRC will inform local, state, and national efforts to determine how best to prepare for public health crises.

The Emory PERRC is broadening its efforts to enhance how communities respond to public health crises. Using $1.5 million in the first year of a five-year $9.3 million grant from the CDC, the school established the Emory Preparedness and Emergency Response Research Center (PERRC). Interdisciplinary in scope, the Emory PERRC involves project directors and researchers in epidemiology, health policy and management, emergency medicine, bioinformatics and biostatistics, ethics, law, business, and other disciplines. Through various research projects, experts will identify and hone the strategies, systems, and infrastructure needed to protect populations during emergencies. The center also is recruiting doctoral and postdoctoral students to become young investigators in the newly emerging field of public health systems research and preparedness.

“The Emory PERRC links academic expertise from across Emory with the needs of state and local health agencies, says Ruth Berkelman, the center’s director. “The federal government has made major investments in public health to increase our preparedness for public health crises, and we need to know what works and what doesn’t.”

Four multi-year projects are under way. James Buehler, research professor of epidemiology, is studying the design and use of incident command systems and emergency operations centers to prevent or control disease or injury. He also is working with state immunization managers and health care providers to improve strategies to address potential vaccine or medication shortages. Alexander Isakov, director of Emory’s Office of Critical Event Preparedness and Response and associate professor of emergency medicine, is examining how academic institutions can leverage their resources to partner with public health agencies in response to community crises.

David Howard, assistant professor of health policy and management, heads a project to improve disaster planning for nursing home, home health, and dialysis providers.

In addition, the center has awarded two pilot project grants to Patrick Sullivan, associate professor of epidemiology, and Art Chang, associate professor of emergency medicine. These one-year grants enable new investigators to improve public health response in the face of disasters.

Rollins is among seven public health schools awarded PERRC funding by the CDC. The Emory PERRC builds on existing RSPH preparedness efforts to improve emergency preparedness. In 2000, the CDC funded the Emory Center for Public Health Preparedness (CPHP), one of several such centers nationwide. Led by Kathleen Miner, the Emory CPHP strengthens terrorism and emergency preparedness through education of public health professionals in Georgia. Berkelman also directs the Center for Public Health Preparedness and Research. Established following the anthrax attacks in 2001 by the O. Wayne Rollins Foundation, the center conducts training and research in preparedness, response, and recovery from terrorism, infectious disease, and other threats.

To learn more about the Emory Preparedness and Emergency Response Research Center, visit www.sph.emory.edu/PHSR/Emory_PERRC.
Rollins-teers honored for community service

The 365 RSPH students who took part in Rollins-teer Day last August did more than serve the Atlanta community. They helped Emory achieve the 2008 Presidential Award for General Community Service—the highest federal recognition a college or university can receive for volunteerism, service learning, and civic engagement. Emory is one of only three colleges and universities to earn this annual distinction from the Corporation for National and Community Service. The award also earned Emory a place on the 2008 President’s Higher Education Community Service Honor Roll, recognizing U.S. colleges and universities for innovative and effective community-service and service-learning programs. In March, U.S. Congressman John Lewis cited Emory and the honor roll in the Congressional Record.

Kara Brown Robinson, assistant dean for student affairs/admissions, and Kristin Unzicker, Rollins-teer program coordinator and assistant director of international affairs/special programs, co-chaired the search for nursing dean Linda McCauley, as co-chair of a national search committee, Curran helped select Linda McCauley as the new dean of the Nell Hodgson Woodruff School of Nursing. McCauley is an environmental health researcher from the University of Pennsylvania. "Public health nurses are leaders in communities throughout the world in assessing health needs and providing care and preventive services," says Curran. "Through their commitment to excellent care and social justice, nurses are crucial to improving the health of populations.”

During 2008, Emory students completed nearly 150,000 hours of service with more than 200 community partners. As part of this effort, the Rollins-teers worked with 20 community partners and contributed 1,460 service hours to prepare meals for people living with HIV/AIDS, repair senior citizens’ homes, pack dozens of boxes of medical supplies to ship overseas to clinics, clean up streams, and more. Established in 2007, Rollins-teer Day proved so successful that it evolved into the Rollins-teer Service Learning Program so that RSPH students can provide community service throughout the academic year.

Such programs attract “students who seek an education beyond the traditional classroom setting,” says Emory President James Wagner. “We are committed to providing our students with a world-class education and the opportunity to improve the human condition in myriad ways.”

Partners in public health

Among the health professions, nursing always has been at the center of public health, says RSPH Dean James Curran. As co-chair of a national search committee, Curran helped select Linda McCauley as the new dean of the Nell Hodgson Woodruff School of Nursing. McCauley is an environmental health researcher from the University of Pennsylvania. “Public health nurses are leaders in communities throughout the world in assessing health needs and providing care and preventive services,” says Curran. "Through their commitment to excellent care and social justice, nurses are crucial to improving the health of populations.”

Nutrition expert Glen Maberly retires

The Kyrgyz Republic is the latest country to require millers to fortify their flour. When the new law is implemented in June, more than 5 million people there will receive iron, folic acid, and other B vitamins through staple foods made with fortified flour.

The new law is part of the legacy created by RSPH nutrition expert Glen Maberly, who retired this year as director of the Flour Fortification Initiative (FFI) in the RSPH. Founded by Maberly in 2004, the FFI is a public/private effort to make vitamin and mineral fortification of wheat flour a standard milling practice worldwide. The number of countries with flour fortification standards has since increased from 33 to 57.

An endocrinologist by training, Maberly joined the RSPH in 1990 to help create and co-direct the Program Against Micronutrient Malnutrition, helping reduce birth defects through increased use of iodine in salt. From 1992 to 1997, he served as founding chair of what is now the Hubert Department of Global Health. He also helped recruit international nutrition expert Reynaldo Martorell to the RSPH.

“I am the beneficiary of all that Glen has brought to the department and the school,” says Martorell. FFI member Bill Dietz credits Maberly with improving nutrition for millions of people in partnership with the flour milling industry. “We’ve been the beneficiaries of the RSPH’s good work and students,” says Dietz, director of physical activity and nutrition at the CDC.

Maberly has returned to his native Australia to establish the Center for Health Innovation and Partnership with the Sydney West Area Health Service. The new center will serve one-eighth of Australia’s population. “Life is transient and things change,” Maberly told his colleagues when he retired from the RSPH. “Now you have a satellite in Sydney.”

RSPH support for Campaign Emory tops $118 million

To date, the RSPH has raised more than $118 million—more than three fourths of its $150 million goal—for Campaign Emory. Gifts to the RSPH help build endowments for teaching and research, scholarships, programs, and facilities. As of April, the university had raised more than $918 million toward its $1.6 billion goal.

To learn more about Campaign Emory and the RSPH, visit www.campaign.emory.edu. To make a gift, contact Kathryn Graves, Associate Dean for Development and External Relations, at 404-727-3352 or kgraves@emory.edu.
Focus on Cancer: Facing a diagnosis

Joya Harris's family—daughter Joya, son Lawrence, and boyfriend Emanuel Dressie—saw her through treatment for breast cancer.

She continued to do the right things. Before undergoing treatment at Emory University Hospital Midtown, she sought a second opinion at Duke. Her treatment required breast surgery, chemotherapy, radiation therapy, plastic surgery, and a year of HER+ drug therapy. Worse yet, her job provided no health insurance.

“It was frightening,” recalls Harris, whose cancer is in remission. “I had always been proactive about my health. I paid for my wellness visits out of pocket because my contract work provided no benefits. Then I received my diagnosis and thought, ‘What am I going to do?’ ”

Because of her background in public health, Harris had access to resources and people from whom to seek advice. She learned about the Women’s Health Medicaid Program, a partnership between the Georgia Department of Human Resources and the Georgia Department of Community Health that assists patients who have breast or cervical cancer. Harris qualified for assistance based on her diagnosis and income level. “I’m very grateful. It was a painless process,” she says.

Harris thought she didn’t need to call anyone. Her mother, children, boyfriend, friends, and colleagues were more than supportive. But when she found herself awake one night, she picked up the phone and talked to a breast cancer survivor on the other end. “Talking with someone who has been where you are is priceless,” says Harris.

She also learned that the organization needed an executive director. Her contract in Fayette County had ended. Her previous experience working with the American Red Cross boosted her credentials. Thus Harris achieved two milestones last year. She completed her breast cancer treatment and landed a new job that helps her provide programs and services not only for survivors, but for anyone affected by breast cancer.

Harris was a health policy major in the RSPH, and her coursework taught her how to build partnerships and think strategically. “I learned to fill gaps,” she says. “If I can’t do it, then who can I partner with who can? Do I need to write a grant? How can I fill a need and provide a sustainable program?”

Her skills now sustain her in a role that requires her to raise funds, develop an affiliate advisory board, provide outreach program training, promote breast cancer awareness among underserved women, partner with health professionals to provide mammograms and clinical breast exams, and assist with logistics for the annual Walk to Empower on Mother’s Day and the Ride to Empower in October.

“There’s a greater purpose somewhere, and it found me,” says Harris. “I’m doing something meaningful for other women with breast cancer.”

To learn more about Breast Cancer Network of Strength, visit www.networkofstrength.org.
The pink ladies at Grady
Through gentle persuasion, patient navigators ensure that breast cancer patients stay in treatment • By Pam Auchmutey

The waiting room of the Avon Foundation Comprehensive Breast Center at Grady Memorial Hospital is crowded with a small sea of women. Whatever their state of health, they are where they need to be for screening or treatment for breast cancer. That’s no small feat, given the obstacles that many underserved women face. Too often, their health takes a backseat to worries about money, jobs, child care, transportation, and even homelessness. The pink ladies at Grady are there to help.

Named for the colorful smocks they wear, the pink ladies “are the glue that keeps patients in treatment,” says Winifred Wilkins Thompson, research assistant professor of behavioral sciences and health education at the RSPH. The women serve as patient navigators (PNs) to provide information, emotional support, and needed referrals for women with breast cancer.

Trained by Thompson and others, the PNs are an integral part of the Avon Foundation Community Education and Outreach Initiative. Together, the initiative’s partners—the Avon Foundation, the Georgia Cancer Coalition, the Emory Winship Cancer Institute, the Grady Health System, and the RSPH—strive to teach underserved minority women about breast health.

“These are women who otherwise may not know they have cancer or who learn of it late, when the prognosis is bad,” says behavioral sciences and health education associate professor Kimberly Jacob Arriola, who leads the initiative. “That’s why education by our community patient navigators (CPNs) is so important. Their message: The earlier you find out about your cancer, the better your prognosis.”

CPNs and PNs play different roles at Grady. Atlanta’s public hospital with a longtime connection to Emory. CPNs educate women about breast health through exhibits and presentations at churches, community centers, senior citizen centers, and health clinics in Fulton and DeKalb counties. All are required to have at least five women fill out a mammography or diagnostic screening interest form. The forms enable CPNs and RSPH researchers to follow up with the women to ensure that they are screened for cancer.

“Our goal is to get age-appropriate women to complete a mammogram, preferably at Grady,” says Arriola. Response to the forms has been positive. From August through December last year, 188 women filled them out. “Our CPNs are amazing,” says Arriola. “They are there to help women with barriers to getting mammograms. We explain that they can’t afford NOT to make breast screening a priority.”

GENTLE ENCOURAGEMENT
Every Wednesday, CPN Gloria Brown talks to women about breast health at the Asa G. Yancey Sr. MD Health Center. Brown also happens to be one of Grady’s pink ladies. Like all Grady PNs, she is a breast cancer survivor.

When a patient in the Avon breast center at Grady receives a cancer diagnosis, the PN is there for support when the physician breaks the news. “We’re living witnesses that there is life after breast cancer,” says Brown.

Once a patient is diagnosed with cancer, Brown stays in touch by phone, reminding her and meeting her at doctor appointments, helping her navigate through the Grady health system, and guiding her to resources for transportation and child care. All are vital steps to ensure that patients complete their cancer treatment.

Like their patients, PNs face their share of obstacles. Religious, cultural, and family differences can affect how patients view their cancer diagnosis. “Some patients don’t tell their families they have cancer,” says Dorothy McMichael, a PN who works at Grady the same day as Brown. “We try to help patients overcome that.”

While receiving a breast cancer diagnosis can be frightening, learning the extent of treatment required—which may include surgery, chemotherapy, radiation, and hormonal therapy—can be overwhelming. Thompson observed that patients requiring multimodal therapy, i.e., three or more types of treatment, were most at need for patient navigation. Supported by a grant from the Susan G. Komen for the Cure Greater Atlanta Affiliate, Thompson expanded PN services to include home visits, support groups, and small patient incentives. For the past year, six of the 17 Grady PNs worked with multimodal patients to provide an extra layer of support to enhance treatment adherence rates at Grady.

Thompson is now evaluating data on the 34 patients aided by the Komen PNs. “We hope to find that patients were adherent to treatment and what made them adhere were the additional services offered,” she says.

Arriola is encouraged by the results of a qualitative analysis of Avon patient navigation conducted by Dara Ford, 08MPH, who interviewed patients to determine the program’s benefits. Ford’s results will be published in an upcoming issue of the Journal of Cancer Education.

“It’s a powerful study because so little is known about why patient navigation is effective,” says Arriola. “The Avon Foundation supports a number of PN programs for breast cancer patients nationwide. Programs are based on the work of Harold Freeman, a Harlem physician who developed the PN concept for cancer patients in the early 1990s. Several models are now in use. Arriola believes the PN program at Grady stands out. Ford’s data “suggests that having breast cancer survivors as proof of life after cancer and providing phone support whenever they need it—that can make a huge difference in our patients’ lives.”

“[The program’s] benefits were derived from the personal experience of other survivors and family members,” says Ford. “It’s something they can relate to.”
Focus on Cancer: Funding common ground

“CANCER STRIKES MORE THAN 35,000 GEORGIANS EACH YEAR; AND THROUGH INITIATIVES LIKE THE GEORGIA CANCER COALITION AND THE GEORGIA RESEARCH ALLIANCE, WE ARE WORKING HARD TO ELIMINATE THIS DISEASE.” — GOVERNOR SONNY PERDUE

Advancing cancer research in Georgia

Every success story begins with an idea.

Ten years ago, the late Hamilton Jordan, former White House chief of staff and a six-time cancer survivor, met up with Michael Johns, then head of Emory’s Woodruff Health Sciences Center, at a social gathering. Before parting, they talked about controlling cancer in Georgia. It was more than a casual conversation.

Jordan and Johns did their homework and convinced then Governor Roy Barnes to ramp up Georgia’s efforts in cancer research, prevention, early detection, and treatment. The result was the Georgia Cancer Coalition (GCC), incorporated in 2001 with a business plan that called for funding of $400 million in tobacco settlement funds over 10 years. The GCC quickly evolved into a national model for bringing cancer experts together at the state level. It also became a legacy for Jordan, who died of cancer in 2008. “Hamilton credited his survival in part to his ability to be involved in clinical trials and to have access to quality care providers,” says GCC president and CEO Bill Todd (who also serves on the RSPH Dean’s Council). “He wanted all citizens of Georgia to have those same opportunities.”

Today, the coalition unites physicians, hospitals, government agencies, public health services, community health and survivor groups, universities, industries, and nonprofits around essential cancer data, developing pools, speeding up reporting, and other primary risk factors in rural Southwest Georgia, understanding how hormone replacement therapy affects cancer, and more. Scientists like these drive cancer research across Georgia. Through the GCC Distinguished Cancer Clinicians and Scientists program, the coalition is building a sizable force to boost cancer research statewide. As of 2008, the GCC had recruited 118 scholars and received more than $200 million for research from federal and private sources.

To date, 50 of the GCC Distinguished Cancer Scholars are at Emory and include six in the RSPH: Robin Bostick, Pamela Minn, and Paul Terry in epidemiology; Karen Glanz in behavioral sciences and health education; Joseph Lipscomb in health policy and management; and Kyle Steenland in environmental and occupational health.

Their work advances research at Rollins and the Emory Winship Cancer Institute. Winship’s Cancer Control and Population Sciences core, led by Bostick, is based in the school. RSPH Dean James Curran is among the Emory leaders who advise Winship.

In April, Winship became the first National Cancer Institute (NCI) Cancer Center in Georgia and one of 65 nationwide. The NCI designation, earned with the help of health sciences researchers across Emory, will provide an additional $4.3 million over the next three years in federal research support. “Cancer strikes more than 35,000 Georgians each year, and through initiatives like the Georgia Cancer Coalition and the Georgia Research Alliance, we are working hard to eliminate this disease,” says Governor Sonny Perdue of Georgia. “Winship serves as a model in establishing collaborative research programs and in working statewide to address the pressing issues related to treatment, education, and access to care for cancer patients.”

The relationship with Winship is “a good one,” notes GCC Distinguished Cancer Scholar Joseph Lipscomb. “If you go to any NCI cancer center in the country, there are three basic components: bench science, clinical trials, and population sciences. We contribute directly because our studies are reaching out to Southwest Georgia and elsewhere in the state. It’s public health faculty who provide that expertise in outreach and health disparities. The RSPH creates the fabric for recruiting and retaining faculty and supporting research that benefits Rollins and Winship.”

The GCC Distinguished Cancer Scholars program, he adds, helps RSPH faculty grow knowledge long term. “It’s an investment that allows us to shape our own work and cancer research at Emory more effectively.” — Pam Auchmuty

As of 2008, the Georgia Cancer Coalition had recruited 118 scholars and received more than $200 million for research from federal and private sources. To date, 50 of the GCC Distinguished Cancer Scholars are at Emory and include six in the RSPH. Their work advances research at Rollins and the Emory Winship Cancer Institute. Winship’s Cancer Control and Population Sciences core is based in the RSPH.

The Georgia Cancer Coalition
At a Glance 2008

118 GCC Distinguished Cancer Clinicians and Scientists in Georgia
50 GCC clinicians and scientists at Emory
6 GCC scientists in the RSPH
The Southwest Georgia Cancer Coalition, which partners with the RSPH, is among the GCC’s six regional cancer coalitions.
Focus on Cancer: Biomarker research

POSTDOCTORAL FELLOWS JOY OWEN AND VERONIKA FEDIRKO EXAMINE TISSUE SAMPLES IN ROBIN BOSTICK’S LAB AT THE EMBRY WINSHIP CANCER INSTITUTE.

Detecting colon cancer

Robin Bostick aims to develop a simple test to identify risk of disease long before it occurs • By Sylvia Wrobel

Sometimes an idea grabs your life and won’t let go. As a family medicine physician in South Carolina, Robin Bostick became interested in how, as humans evolved and moved from one part of the world to another, dietary changes might affect disease. He was particularly interested in the relationship between colorectal cancer and calcium, which impacts multiple points along the complex molecular pathways that turn normal cells into cancerous ones. Could higher levels of calcium (and vitamin D, then regarded as a helpful sidekick to calcium) actually lower risk for colon cancer, which kills more American men and women than any other cancer except lung?

The idea seemed quixotic at the time but became so consuming that the one-time evolution hobbyist left his medical practice, earned an MPH, and took up the research lance. Bostick, a Georgia Cancer Coalition Distinguished Cancer Scholar in the RSPH, is now one of the country’s leading researchers on identifying biomarkers for colorectal cancer risk and how these biomarkers may soon lead to a simple blood or urine test to detect risk. While such a test would not replace the more invasive colonoscopy, it could be used by physicians to screen many more patients at risk of disease. As head of a national study and co-investigator on several others, Bostick continues riding forth to determine how calcium and vitamin D might lower colorectal cancer risk before the disease develops.

A biomarker is any biologic measurement that correlates with disease risk. For example, cholesterol levels have become a standard biomarker for development of cardiovascular disease. Biomarkers also measure treatment impact. Increasingly, they point to treatments that can lower the likelihood of a disease developing or worsening. In fact, clinicians credit treatments and behavior modifications aimed at changing biomarkers such as cholesterol, blood pressure, blood sugar, and body size/shape with dramatically reducing death rates from heart disease.

No such biomarkers existed for colorectal cancer until Bostick discovered a number of differences in mucosal tissue of the colon among people who later developed the disease compared with those who remained cancer-free. These differences include early alterations in the genes involved in the normal structure and function of the colon; subtle aberrations in the normal growth, repair, and death cycles of cells; inflammation; and an increase in hormones that stimulate proliferation and differentiation of cells.

To be effective and widely used for screening, biomarker measures must be fast, inexpensive, simple to use, and easy on the patient, unlike the sigmoidoscopy and colonoscopy dreaded by patients. Bostick is getting help with the fast and inexpensive part from nanotechnology researchers at Emory and the Georgia Institute of Technology. This collaboration has allowed him to create software that automatically scans slides to quantify the presence and quantity of individual biomarkers in tissue, doing in 15 minutes what used to take a researcher most of the day. The tissue studies are expected to continue as an important way to discover new biomarkers.

The simple, more patient-friendly part of developing screening is evolving as Bostick discovers in blood and urine some of the same biomarkers found earlier in mucosal tissue. Cox-2, an enzyme involved in inflammation, has proved to be a strong biomarker of colon cancer risk when detected in tissue. It cannot be measured in blood. What can be measured in blood are other inflammation markers, such as IL-6 and TNF-alpha. Under Bostick’s direction, MPH student Myffy Hopkins and postdoctoral fellow Joy Owen are making sure these measures in blood correlate strongly with similar
measures in tissue. Their work is funded by the Wilson and Anne Franklin Foundation, created by Steve and Richard Franklin in honor of their father, Wilson, who died of colon cancer. The funding serves a dual purpose by helping Bostick move his biomarker research from tissue to blood and urine and train young researchers.

The leap from biomarkers found in tissue to similar ones in urine is related to oxidative stress, a measure of damage done to DNA by exposure to free radicals, by-products of oxygen use that damage cells. Tobacco use, for example can cause oxidative stress. Bostick’s research team already has determined that oxidative stress can be reduced in colon tissue by calcium and vitamin D in blood by antioxidant micronutrients.

LOWER RISK

In phase one of this research, Bostick found biomarkers to be a powerful predictor of risk for developing pre-cancerous colon polyps. Phase two of the research, conducted among Emory Clinic patient/volunteers with pre-cancerous colon polyps, demonstrated that treating patients with calcium and vitamin D reduces biomarkers in ways thought to reduce colon cancer risk. The big question in phase three, says Bostick, is whether—and how—changing biomarkers actually translates into improved clinical outcomes. Early evidence from several studies indicates that it does—and through mechanisms and by a source (vitamin D) that researchers are only beginning to understand.

With funding from the National Cancer Institute, Bostick has piggybacked these questions onto a multi-center study based at Dartmouth to determine whether calcium and vitamin D supplementation reduces polyp recurrence in 2,477 people who have regular colonoscopies. Bostick is the principal investigator of the South Carolina component, while RSPH colleague Michael Goodman, a pediatrician and expert in genetic and epidemiologic factors of cancer, leads the Georgia component. Their work strengthened minority enrollment in the study, allowing multi-center scientists to look at differences in race and ethnicity as well as those of age and gender. Results from this 12-year study will be available in about five years.

Vitamin D once was considered crucial to maintaining calcium levels in the body. Today, like calcium before it, the vitamin is undergoing a renaissance of interest that appears to confirm Bostick’s initial sense that evolution and migration patterns of ancestors affect risk.

Various lines of evidence suggest that more than half of Americans and Europeans maintain vitamin D blood levels below the optimum. The recommended daily allowance (about 200 units for adults, 400 for children) was set at the beginning of the 20th century to reduce the risk of rickets. But raising blood levels to optimal levels would require four or five times that amount.

Given these low levels and several studies that found a correlation between lack of sun exposure and colorectal cancer, should people stop using sunscreen and start popping more vitamins? Bostick warns no, recalling that large supplements of beta-carotene turned out to increase rather than lower cancer risk. “Studying biomarkers will allow us to proceed cautiously and look for what dosage of vitamin D would change the biomarkers related to colon cancer without causing negative changes in the pattern of other biomarkers.”

To examine this question, Bostick again used thousands of stored samples from earlier studies funded by the Emory Winship Cancer Institute, the Georgia Cancer Coalition, and the Franklin Foundation. Postdoctoral fellow Veronika Fedirko is correlating vitamin D levels in these blood samples with risk for colon polyps—and with variation of genes involved with vitamin D pathways.

Bostick believes these genetic variations make a big difference in vitamin D’s impact on colon cancer and other health problems. “Early ancestors who migrated from Africa to less sunny lands developed lighter skin because of selective evolutionary pressures to get more vitamin D,” says Bostick. “It makes sense that, especially during the Ice Age, evolution in already fair-skinned Northern Europeans would have selected for genes that more efficiently used what vitamin D they did get.”

That’s why Bostick is planning a clinical trial to compare the effect on biomarkers of 1,000, 2,000, and 4,000 IU/day of vitamin D. “It may turn out that not only do all of us need more vitamin D but that one dosage does not fit all,” he says. “Vitamin D needs will vary depending on our genetic makeup.”

WHY SCREENING MATTERS

Margaret Shaw and Elaine Scales are interested in the promise that Bostick’s research offers. They are part of a national five-year study to help determine if calcium taken alone or with vitamin D can lower risk of polyps like those discovered through their regular colonoscopies. Shaw’s father and Scales’ mother died of colon cancer.

Both women are participating in two related studies. For one, they undergo a series of rectal biopsies, providing tissue to help develop biomarkers and future screening mechanisms. For the other, researchers have access to their mammography results to determine if different calcium/vitamin D levels affect breast tissue density, a factor in early breast cancer detection.

“We know how important such studies are,” says Scales. “If we don’t do it, who will?”

Taking the dread out of colonoscopy

BIOMARKER SCREENING of blood and/or urine would not replace traditional colon cancer screening, but it may identify who needs more invasive procedures and when and who might wait longer between tests. If adults actually followed American Cancer Society guidelines for regular colonoscopies, gastroenterologists could not meet the demand.

RSPH researchers know about the current challenges of getting people to have colorectal screenings. Less than half of all adults adhere to health guidelines that recommend periodic colon cancer screening for those over 50, despite the fact that early detection and intervention can significantly reduce the odds of dying. Karen Glanz, a Georgia Cancer Coalition Distinguished Cancer Scholar at the RSPH, leads a CDC-funded study aimed at increasing screening. Glanz and her team are studying screening practices, attitudes, beliefs, and fears about colorectal cancer and screenings of more than 1,100 patients in 32 primary care practices in Georgia and Florida.

For half of the group, physicians receive additional information and resources for patients to encourage screening. Patients not in compliance with screening guidelines receive a “decision aid” (a DVD plus brochure) that explains usual occult blood testing, barium enemas, sigmoidoscopy, and colonoscopy screening. Researchers now are analyzing four years’ worth of data to see if the intervention achieved its goal: empowering non-compliers to understand and get screened to improve their health.
Focus on Cancer: Prevention

Champions of Cancer Prevention

Two nationally known researchers channel their expertise to improve cancer outcomes in Georgia • By Pam Auchmutey

Joseph Lipscomb is the only RSPH professor featured on the front of a cereal box. Formerly a branch chief with the National Cancer Institute (NCI), Lipscomb was one of a select group of NCI staff who championed research initiatives to improve cancer outcomes. Their faces appear on the front of a mock Wheaties box labeled “Breakfast of Champions.” The framed box front hangs in Lipscomb’s RSPH office, a daily reminder of his efforts to improve cancer quality of care and outcomes.

While Lipscomb continues to work in the national arena, he also seeks to improve cancer outcomes in Georgia. As a health policy expert and Georgia Cancer Coalition Distinguished Cancer Scholar in the RSPH, he is helping ensure that patients receive quality cancer care, improving quality of care, and testing methods to collect and share cancer data more quickly. Among his studies is a breast and colorectal cancer dropout study funded by the CDC through the Emory Prevention Research Center (EPRC) and supported by the Southwest Georgia (SWG) Cancer Coalition.

Early analyses have focused on 1,152 breast and colorectal cancer patients diagnosed between 2001 and 2003 in rural Southwest Georgia. Many of the area’s 700,000 residents, black and white, are poor with little or no health insurance. They often live miles away from cancer treatment centers spread across the region.

Thus far, it appears that patients completed treatment at rates comparable to those reported in national studies (about 85% for breast cancer and 67% for colorectal cancer). For patients who dropped out of treatment, about 75% did so because of side effects or other clinical factors. More than 20% of those who stopped cited lack of transportation or social support or other economic barriers as reasons.

In a study of breast and colorectal cancer dropout rates in Southwest Georgia, Joseph Lipscomb found that some black patients were more likely to complete cancer treatment than white patients.

Our Southwest Georgia study is the first to examine the determinants of cancer care in a large rural population.

—JOSEPH LIPSCOMB, PROFESSOR, HEALTH POLICY AND MANAGEMENT

An Unexpected Result

When Lipscomb’s team first analyzed the data, one finding was unexpected: There was no significant difference between whites and blacks likely to begin or complete recommended care for breast or colorectal cancer. In some cases, it appears that blacks were more likely to complete care. Lipscomb’s team is analyzing the data further to see if the finding holds up.

“Our findings represent a significant departure from what has been seen in other studies examining racial/ethnic differences in receipt of cancer care,” says Lipscomb. “Virtually all of these studies have focused on urban populations or a mix of urban, suburban, and rural areas. Our Southwest Georgia study is one of the first to examine the clinical and socioeconomic determinants of cancer care in a large rural population.”

Researchers and policy-makers who have seen the results were not entirely surprised, Lipscomb adds. “Some have cited anecdotal evidence of strong social networks in black communities, and perhaps more so in rural communities, that could help sustain cancer patients through their treatment.”

Lipscomb is co-leading another study to identify factors that influence whether breast and prostate cancer patients receive guideline-recommended care throughout treatment. The CDC-funded study encompasses seven states. In Georgia, Lipscomb and a team of Emory investigators are examining data for about 2,000 breast cancer and 2,000 prostate cancer cases statewide.

“We are especially interested in identifying what factors explain the substantial variation in who gets quality cancer care,” says Lipscomb. “How much of the variation in care patterns is attributable to patient factors such as clinical severity or socioeconomic status? Understanding these factors is a first step in designing policies to reduce variations in cancer care in Georgia and the nation.”

While with NCI, Lipscomb led the creation of the Outcomes Research Branch, charged with finding better ways to measure the impact of cancer and cancer care on health-related quality of life. His second mandate was to build consensus on standards for measuring and improving quality of cancer care nationwide.
One result was the Cancer Care Quality Measures Project, supported by the nonprofit National Quality Forum (NQF). By 2007, Lipscomb and other project leaders developed a set of measures for breast and colorectal cancer now used nationally. The American College of Surgeons’ Commission on Cancer (CoC), the accrediting body for 1,400 health care organizations, adopted the NQF measures for a pilot project to transform how cancer care data are collected, analyzed, and reported back to providers. Lipscomb is working with the CoC to conduct the first phase of a Rapid Quality Reporting System (RQRS) pilot at seven hospitals in Georgia. The project seeks to make data on breast and colorectal cancer available to providers in close to real time, speeding up an 18- to 24-month process. If successful, the CoC would likely expand RQRS to include a range of cancers for possible use across the nation.

Men in Black

A few years ago, two men wearing black suits visited Kyle Steenland’s office in the RSPH. One of them represented DuPont de Nemours & Co. Steenland has long been interested in studying cancer, formerly as an epidemiologist with the National Institute of Occupational Safety and Health and currently as a Georgia Cancer Coalition Distinguished Cancer Scholar in the RSPH. When the CDC called for proposals to study quality of life among patients with prostate cancer, Steenland secured funding to study men in Southwest Georgia through the EPRC and the SWGA Cancer Coalition. It was new scientific territory.

“There’s no standard treatment for prostate cancer,” he says. “Men generally don’t die of prostate cancer. But they can live with it for a long time and have serious side effects.”

A prostate cancer diagnosis is often stressful for husbands and wives. Men may experience side effects related to urinary, bowel, and sexual function. Some men become depressed as their spouses try to cope. We really don’t know a lot about what happens after men get prostate cancer, particularly those living in rural areas,” says Steenland. “We’re dealing with an unknown. Why do men choose different treatments, and do they choose them differently in Southwest Georgia? Do different treatments correlate to variations in quality of life? And what factors besides treatment influence how well people do? Spirituality, having a support person, socioeconomic status—all are factors that affect quality of life in an area that’s poor and predominately African American.”

Steenland studied 300 men from ages 45 to 75 who were diagnosed with prostate cancer between 2005 and 2008. Local residents where the study subjects lived were trained to collect data by following patients and their wives/support persons, primarily in the patients’ homes. Interviewers also talked with patients’ physicians. Patients were interviewed after their diagnosis and then six and 12 months later. The study also drew data from patient medical records and the Georgia Comprehensive Cancer Registry.

Compared with prostate cancer patients in Atlanta, men in Southwest Georgia were twice as likely to choose external radiation, 1.5 times as likely to receive brachytherapy (implanted radiotherapeutic seeds known as brachytherapy) plus external radiation, and half as likely to choose surgery or prosthesis. Reasons for these differences are unclear, Steenland points out. Urologists who tend to recommend external radiation over seeds and surgery, patients who prefer external radiation treatment, or some combination of both may account for these differences.

Steenland also learned that 15% to 20% of patients reported having difficulty understanding their doctors. Patients who were older or who had early-stage cancer chose watchful waiting over aggressive treatment. Data collected for the quality-of-life study ended late last fall, and Steenland’s team will analyze data for the next several months. “Most quality-of-life studies for cancer go on for at least five years because symptoms and side effects change over time,” he says. “I’d like to contact these men again after we know more from our first study.”

Company, and the other represented the plaintiffs in a class action lawsuit against the company’s Washington Works plant on the Ohio River. Both men asked Steenland to serve on an independent science panel to determine possible health effects from the release of C8, a chemical used to manufacture Teflon, into drinking water sources for communities in Ohio and West Virginia. The lawsuit resulted when animal studies conducted early this decade linked C8 to various places. Existing blood levels may have resulted from past exposure to commercial products such as Gore-tex and Scotchguard. It’s a puzzling question.

In addition to studying prostate cancer in Southwest Georgia, Kyle Steenland serves on a science panel to determine possible health effects caused by C8, a chemical used to manufacture Teflon. Cancer is a possible concern.

A prostate cancer diagnosis is often stressful for husbands and wives. Men may experience side effects related to urinary, bowel, and sexual function. Some men become depressed as their spouses try to cope. We really don’t know a lot about what happens after men get prostate cancer, particularly those living in rural areas,” says Steenland. “We’re dealing with an unknown. Why do men choose different treatments, and do they choose them differently in Southwest Georgia? Do different treatments correlate to variations in quality of life? And what factors besides treatment influence how well people do? Spirituality, having a support person, socioeconomic status—all are factors that affect quality of life in an area that’s poor and predominately African American.”

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“Men generally don’t die of prostate cancer. But they can live with it for a long time and have serious side effects.”

— Kyle Steenland, professor, environmental and occupational health

“No one really knows why virtually everyone in the United States has 4 nanograms per milliliter of C8 in their blood,” says Steenland, professor of environmental and occupational health. “It may be found in low levels in drinking water in various places. Existing blood levels may have resulted from past exposure to commercial products such as Gore-tex and Scotchguard. It’s a puzzling question.”

Encouraging residents in Southwest Georgia to make healthier food choices will help reduce their risk of cancer.

“The healthy behaviors we had been focusing on were increased physical activity, healthy eating, and avoidance of tobacco use,” says Michelle Kegler of the research that she and Karen Glanz, a Georgia Cancer Coalition Distinguished Cancer Scholar, lead as EPRC deputy director and director, respectively. “Because we found a very high prevalence of overweight and obesity among families, we’re focusing on that area specifically.”

Established in 2004, the EPRC studies and develops programs to prevent cancer and reduce health disparities. The center is one of 33 CDC-funded Prevention Research Centers nationwide aimed at controlling and preventing disease in partnership with communities. Georgia has two such centers—the Emory University and another mini-grant and provides training and technical support to community agencies, employers, and churches in Southwest Georgia to encourage healthy behaviors. It also provides special interest grants for which RSPH faculty can apply to advance research in cancer and other diseases.

This spring, the EPRC learned that it will receive another major grant from the CDC to continue its efforts for five more years. Together, the EPRC and the SWGA Cancer Coalition will combat obesity through the Healthy Home, Healthy Families initiative. Coaches from the community will sit down with 100 families in two counties to assess eating habits and physical activity in their homes. Results will be compared with those from 50 families in another county who don’t receive health coaching at home.

“We’re going to see if we can change the home environment to make it healthier and whether changing the home environment leads to improved behavior,” says Kegler. — Pam Auchmuty

FIVE YEARS AGO, the Emory Prevention Research Center (EPRC) and the Southwest Georgia (SWGA) Cancer Coalition made a pledge to encourage rural Georgians to adopt healthy behaviors at home, work, and church to reduce their risk of cancer. Now the partners will ask families to sign a pledge to stock their homes with healthier foods and get off the couch to burn excess calories.

“Do different treatments correlate to variations in quality of life? And what factors besides treatment influence how well people do?”

— Kyle Steenland, professor, environmental and occupational health

“Men generally don’t die of prostate cancer. But they can live with it for a long time and have serious side effects.”

— Kyle Steenland, professor, environmental and occupational health
When patients in Atlanta are diagnosed with cancer, John Young and Kevin Ward don’t treat them or even study them individually. Instead, they follow their progress through the Atlanta Surveillance, Epidemiology, & End Results (SEER) registry to identify cancer incidence, mortality, survival, and treatment patterns. Atlanta SEER, which is part of the Georgia Center for Cancer Statistics (GCCS) in the Department of Epidemiology, has tracked all cancer cases in five metropolitan counties since 1975.

The registry is part of the wider SEER program, established in 1973 by the National Cancer Institute (NCI) as a primary source of U.S. cancer statistics. Leading public health organizations, including NCI, CDC, and the American Cancer Society, use SEER data to analyze trends in cancer incidence and mortality, develop cancer control programs, measure the impact of prevention programs, and guide health policy decisions.

“SEER provides essential information for tracking the nation’s progress against cancer,” says Young, who co-founded the national SEER program while at NCI. Recently retired as director of Atlanta SEER and the GCCS, Young continues to serve as professor of epidemiology.

Cancer experts know well that Atlanta SEER plays a critical role in the overall collection of population-based surveillance data because of the demographics of its registry. “The Atlanta program has been instrumental in helping us assess the cancer burden on the African American population,” says Brenda Edwards, associate director of surveillance programs for NCI. “It has also been one of the few data sources from the South. It’s been an important population to complete the national picture.”

A RICH DATA ENVIRONMENT
The data collected by SEER allows health care experts and policy-makers to spot broad trends. “For example, we’ve seen a large decrease in the incidence of lung cancer, presumably because of anti-smoking campaigns,” says Young. “We’ve also spotted some declines in colon cancer, which might be attributable to the five-a-day eating healthy campaign. Conversely, we’ve seen a rise in breast and prostate cancers, perhaps because the population is aging.”

Trends identified by SEER, in turn, inform the work of cancer researchers. “Surveillance systems such as ours primarily focus on collecting the data. The real value comes from how researchers use the data,” says Ward, who now directs the Atlanta SEER and GCCS and serves as research associate professor in epidemiology. And like Young, Ward also holds a joint appointment in the Emory Winship Cancer Institute.

The registry’s close local ties ensure that its data is put to fullest use. “Certainly, researchers at Rollins take advantage of Atlanta SEER data for their research,” says Edwards. “But Atlanta SEER is unique in that it is situated in an academic research-oriented environment, since Atlanta is also home to the CDC, the American Cancer Society, and the Emory Winship Cancer Institute. The data gathered by Atlanta SEER is in a rich environment for research.”

For example, researchers may use SEER data to determine if treatment protocols are being met. “If you have stage III colon cancer, you should be followed up with a course of chemotherapy, according to the latest treatment recommendations,” says Young. “Researchers may use our data to identify patients with stage III colon cancer and then find out how many, in fact, received chemotherapy. They could then look into why those who did not get chemo did not.”

In fact, the population-based nature of SEER data makes it ideal to target disparities in cancer diagnosis, treatment, and survival rates. “We collect detailed information on both patient demographics and the stage of the disease at the time of diagnosis. As such, we can readily identify population subgroups who are being diagnosed at later stages,” says Ward. “Those are the areas where you want to target your resources since later-stage disease represents more advanced disease and poorer prognosis.”

TAPPING INTO MEDICARE
SEER also collaborates with Medicare, linking its registry data with Medicare’s enrollment file to identify chemotherapy receipt and patient survival rates. “For example, researchers may use SEER data to assess the effectiveness of a new treatment,” says Ward. “By linking the SEER registry data with Medicare’s enrollment file, they can assess how many, in fact, received chemotherapy and how many patients survived.”

THE ATLANTA PROGRAM HAS BEEN INSTRUMENTAL IN HELPING US ASSESS THE CANCER BURDEN ON THE AFRICAN AMERICAN POPULATION . . . IT’S BEEN AN IMPORTANT POPULATION TO COMPLETE THE NATIONAL PICTURE.”—BRENDA EDWARDS, NATIONAL CANCER INSTITUTE
Reducing tobacco use in China

A new partnership targets the nation’s 400 million smokers • by Robin Tricoles

When it comes to smoking, the United States of yesteryear looks remarkably similar to China today. A mere 40 years ago, smoking not only was a ubiquitous, socially acceptable behavior here, it was encouraged—even glamorized. At work and at play, cigarettes held sway over millions of Americans. The same is true in China today.

Using lessons learned in this country, the Emory Global Health Institute and the Tobacco Technical Assistance Consortium (TTAC) are collaborating with Chinese public health leaders to reduce smoking. Funded by a five-year $14 million grant from the Bill & Melinda Gates Foundation, the Emory Global Health Institute–China Tobacco Partnership (GHI–CTP) builds on TTAC’s success in helping U.S. states and communities develop strategies and training to protect the public from smoking.

TTAC was formed in 2001 with support from the American Cancer Society, the Robert Wood Johnson Foundation, and the American Legacy Foundation to aid tobacco control organizations in effectively using the funds that states received...
Jeffrey Koplan first partnersIP between mately led to the new asked to work globally, whichulti-

the Tobacco Control Network, a tobacco programs.

use by establishing comprehensive three. Last year, revenue totaled with seed money and a staff of

munities where they live, work, and “You’re involving people in the com-

the District of Columbia, and U.S.

niac nurse and graduate of the RSPH.

norm,” says Redmon, a former car-

one in which no tobacco use is the

preventing smoking. “Communities

the CTP will help cities develop pro-

The reason TTAC’s services are

TTAC started

the consortium’s reach. “By provid-

service opportunities for stu-

we’ve helped Rollins build a national reputation in tobacco pre-

vention and control through TTAC projects all over the United States,” says Kathleen Miner, associate dean of applied public health and TTAC principal investigator. “And now with the new funding from the Gates Foundation, Rollins has the poten-

tial of developing a global name in tobacco prevention and control.”

The reason TTAC’s services are so needed is sobering: Tobacco use remains a leading cause of death, domestically and globally. And its use is growing.

CHINA’S SMOKE...
A community health educator in Atlanta and a community health advocate in Mozambique are this year’s RSPH alumni award winners.

Daniel Blumenthal, MD, 86MPH, chair of community health and preventive medicine at Morehouse School of Medicine and an adjunct faculty member in epidemiology at the RSPH, received the Distinguished Achievement Award for preparing students to serve on the front lines of public health.

Under his guidance, Morehouse established one of the nation’s first federally funded Area Health Education Centers, a pipeline program for health professionals working in underserved communities. He also created an education program that includes a rural clerkship and a community health course that is taught in the community.

His department offers an “Honors in Community Service” track, the only one of its kind at a U.S. medical school.

Prior to Morehouse, Blumenthal served with the CDC, WHO, Fulton County, and Grady Memorial Hospital. When he joined the school in 1984, his department had no more than five faculty members and no research funding.

“Now I am a community member from an email sent by his daughter. “Now I am living.”

Rebecca Vander Meulen, 03MPH, had two options after graduating from the RSPH: serving as a presidential management intern in Washington, D.C., or as an HIV/AIDS volunteer in Mozambique. She chose the latter, and her work for the past six years was recognized with the Matthew Lee Girvin Award. The award recognizes young professionals who have improved the lives and health of others in memory of Girvin, a 1994 graduate who died during a U.N. surveying mission in 2001.

When Vander Meulen first arrived in the remote province of Lichinga in Mozambique, communities and congregations there viewed HIV/AIDS as a curse rather than a disease.

Attitudes definitely have changed. As founding coordinator of Equipa de Vida (Life Team), Vander Meulen mobilized more than 300 congregations in the Diocese of Niassa to develop HIV/AIDS prevention initiatives. Last fall, some 5,000 people attended Diocesan Family Day in Messuma, where the Vida team hosted HIV teaching sessions and tested 1,300 people for HIV. The bishop of the diocese and his wife were among those tested.

Through other initiatives, Vida staff make home visits to ensure that HIV/AIDS patients begin and adhere to treatment, sponsor recreation and school programs for children orphaned by AIDS, and provide seeds and farming tools to plant gardens that nourish HIV/AIDS patients and orphans.

Because Vander Meulen was in Mozambique during the alumni award presentation at Emory, her parents, Doris and David Vander Meulen, accepted the honor on her behalf. David described his daughter’s commitment to helping communities control their destinies. “I was dying,” he said, quoting a community member from an email sent by his daughter. “Now I am living.”

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Upcoming Events
RSPH Alumni Reunion
Friday, September 25, and Saturday, September 26
Time/location: TBA
Information: alumni@sph.emory.edu

Destination Public Health: Locally, Nationally, Globally
Saturday, September 26
8:00 a.m.–5:00 p.m.
Location: TBA
Information: sshe101@sph.emory.edu

Staying Connected
Volunteer for the RSPH!
Become a member of the RSPH Alumni Board, participate in community service projects, become a student mentor or join the alumni reunion committee! To volunteer your time and talents, visit our Alumni Volunteer Link at www.alumni.emory.edu/LMD-index.php or email us at alumni@sph.emory.edu.

For information on Alumni Association activities in collaboration with RSPH career services, check out the career services website at www.sph.emory.edu/CAREER/.
1990s
BORN: To CHRISTOPHER SCOTT HOLLIDAY, 92MPH, and his wife, British Arnold-Holliday, a son, Christopher Mansfield-Scott Holliday (“Scottie”), on June 23, 2008. He joins a sister, Sheridan Bichette. The family lives at Lake Spivey south of Atlanta.
Holliday also received his PhD in psychology from Georgia State University in August 2008. He trained at Emory University in Atlanta, spent a year in the United Kingdom, and in 2007 enrolled in an MPH program in public health.

2000s
TAREK HELMY KHALIL, 01MPH, recently started his medical practice in Halifax, Nova Scotia. He lives there with his wife, Nancy and his daughter, Rebecca.
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Since the physician shortage is extreme on this remote reservation, he felt called to use his medical and public health training to help. The recession has made the situation even worse. Unemployment rates are over 80%, and alcoholism is a major problem. Detox and dealing with delirium tremens keep health care staff busy. Even so, Deutch says the work is rewarding because the patients are proud and appreciative and the medical community has a “can-do” attitude. “I hope to make this an annual or biannual event,” says Deutsch, who practices medicine the rest of the year in Lawrenceville, GA.

BORN: To BRADLEY D. MIDKIFF, 95MPH, and his wife, Michelle, a daughter, Marley Lorelei Midkiff, on Aug. 12, 2008. She joins big sister Megan Leigh. Midkiff is a radiologist at Beth Israel Deaconess Hospital. The family lives in East Providence, RI.

SAMUEL DEUTSCH, 03MPH, worked for two weeks last winter at the Indian Health Service in Rosebud, South Dakota. He helped care for members of the Sicanu Band of the Rosebud Sioux Tribe at the health service hospital. Deutsch became interested in Native Americans and the Sioux Nation in particular from reading historical novels.

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BORN: To LAURENCE J. KESSLER, 03MPH, and his wife, Lindsay Burnett Kessler, OGC, a son, Samuel George, on June 17, 2008. Laurence is a senior consultant at Ernst & Young in the Life Science & Healthcare group, specializing in managed care, finance, and strategy for payers and providers. Lindsay is a supervisor in the interactive advertising department of Turner Broadcasting. The family lives in Smyrna, GA.

ANN RONDI HERMAN, 89MPH, of Ann Arbor, MI, on Oct. 10, 2008, of cancer at age 51. She worked as an infection control practitioner at University of Michigan Hospitals since 1995. Survivors include her husband, Bill, and their children Ben and Carly.

JUDITH EAKIN SCHMITT, 89MSN/MPH, of Atlanta, on Aug. 31, 2008, after a brief battle with pancreatic cancer. She was 69. Schmitt was born in Canton, OH. After graduating from Emory, she worked as a nurse practitioner until retiring in 2006. Survivors include her sons, David and Mark.

ROSEMARY C. BAKES-MARTIN, O1MPH, of Colorado Springs, CO, on July 15, 2008. Survivors include her children, Laurie, Matt, and Rob.
The RSPH recently lost two well-known adjunct faculty members. Carmen Rodriguez and Jeanne Calle were respected epidemiologists at the American Cancer Society (ACS) and longtime friends. Rodriguez, 52, died of adrenal cancer on Nov. 14, 2008, at her home in Marietta, Georgia. Calle, 57, died as a result of a homicide on Feb. 19, 2009, at her home in Atlanta.

As their colleagues and students attest, both women enjoyed the intellectual challenges of researching the causes of cancer. A physician from Spain, Rodriguez published more than 100 scientific articles, with a special interest in studying ovarian and prostate cancers. Her work on the effects of hormone replacement therapy and cancer earned the attention of the media, with whom she had a natural rapport.

Rodriguez served as a Spanish-speaking spokesperson for the ACS and often took part in interviews with Spanish-language TV networks, newspapers, and magazines. Her skills and interests meshed with those of her husband, Dirk Schroeder, co-founder of DrTango Inc. The web-based company provides multicultural health care management, marketing, and communications, primarily for Hispanic markets.

The couple moved to Atlanta in 1993 when nutrition expert Reynaldo Martorell recruited Schroeder to teach international health at the RSPH. Rodriguez joined ACS for what she often referred to as her “dream job.” They soon formed a close friendship with Richard Letz, professor and chair of behavioral sciences and health education, and his wife, Jeanne Calle.

Born and reared in Akron, Ohio, Calle served as an epidemiologist in cancer risk assessment at the Oak Ridge National Laboratory and with the CDC, where she studied the effects of Agent Orange on Vietnam veterans. Her 20-year career with ACS included many accomplishments, including two landmark studies on the relation of obesity to cancer, advancing understanding of the risk factors for breast and ovarian cancers, and research on hormone replacement therapy and female cancers.

Calle and Rodriguez collaborated on their research, including the Cancer Prevention Study II, led by Calle and one of the largest cancer studies in the world. In 2003, Calle, Rodriguez, and colleagues co-wrote an article in the New England Journal of Medicine that identified several forms of cancer not previously linked to body weight. The study results caught the attention of the media, including 60 Minutes newscaster Leslie Stahl, who interviewed Calle about the relationship between obesity and cancer.

At Calle’s memorial service, ACS chief medical officer Otis Brawley described her as “this small woman with the big voice” who stood by her principles to practice good science and who loved to help others. Calle cared for her husband, Rick, who died of cancer in 2004, and provided critical emotional support to Rodriguez, who was diagnosed with breast cancer in 2005.

Two weeks before Calle died, she retired as vice president of epidemiology at the ACS National Home Office in Atlanta. She is survived by her fiancé, Charles Beaudrot, and several family members. In addition to her husband, Dirk, Rodriguez is survived by their sons, Alesh and Chavi.
A simple idea

Biomarker research by epidemiologist Robin Bostick soon may lead to a simple blood or urine test for colorectal cancer. Physicians could easily use the test to screen more patients for risk of disease. To learn more, see page 14.