

Cancer

The exemplary team of physicians, caregivers and researchers at Baylor St. Luke's Medical Center continues to push the boundaries of what is possible in patient care through meaningful medical advancements and notable clinical achievements. This document highlights just a few of the stories that reflect our commitment to advanced services, innovative technology and forward-thinking care. Together, these accomplishments demonstrate how we remain at the forefront of medicine—bringing leading-edge solutions, improved outcomes and exceptional care to the patients and communities we serve.

Baylor St. Luke's Medical Center researchers uncover demographic disparities in lymphoma clinical trials participation and patient outcomes.

While the incidence and survival associated with lymphoma have improved in recent years, outcome disparities related to sociodemographic factors such as age, sex, race, ethnicity, socioeconomic status, and other social determinants of health remain prevalent in the modern era.

A systematic review of the literature conducted by researchers at Baylor St. Luke's Medical Center identified 21 relevant studies evaluating the impact of social determinants of health on enrollment into clinical trials in the United States.

Clinical trials are crucial for further improving outcomes, yet not all sociodemographic groups are equally represented in contemporary lymphoma trials. Black and Hispanic individuals are underrepresented in lymphoma clinical trials, due largely to the

geographic distribution of clinical trial sites and exacerbated by globalization of cancer trials.

Women may also be less appropriately represented than men, although this association is less robust and consistent. Adolescents and young adults with lymphoma who are older, treated at adult cancer centers, or managed by adult hematologists/oncologists are all less likely to be part of trials. Older adults are also excluded from most lymphoma clinical trials.

Little data exist on how other social determinants of health such as education, employment, and household income contribute to differences in clinical trial enrollment. Baylor St. Luke's researchers will pursue further studies to explore the intersection of demographics, socioeconomic status, insurance status, and enrollment into lymphoma clinical trials.

Baylor St. Luke's Medical Center oncologists lead in robotic-assisted surgery for pancreatic cancer.

Pancreatic cancer is one of the deadliest cancers, and for which surgery remains the only potential cure. Surgical oncologists at Baylor St. Luke's Medical Center are advancing surgical techniques from traditional open surgery to a highly precise, robotic-assisted approach that's changing outcomes for patients.

Most often used to treat pancreatic cancer, particularly tumors located in the head of the pancreas, the Whipple procedure—or pancreaticoduodenectomy—can also be used to address cancers of the bile duct or duodenum and certain benign conditions like chronic pancreatitis or cystic neoplasms.

The procedure has long been one of the most complex and challenging operations in surgical oncology. But now, Baylor St. Luke's surgeons routinely perform Whipple procedures using the robotic platform—giving them enhanced vision, precision and control in a minimally invasive environment.

The robotic system provides 3D magnified views and wristed instruments that move with more dexterity than the human hand, allowing surgeons to work in tight spaces with enhanced precision.

The benefits of robotic-assisted surgery are significant. Smaller incisions mean less pain, a lower risk of infection and faster recovery times. Early studies have shown that robotic Whipple procedures offer outcomes equal to or better than open surgery – with fewer complications and shorter hospital stays.

Baylor St. Luke's' highly specialized oncology surgeons have extensive experience in both traditional open surgery and advanced robotic techniques. Ultimately, the choice of surgical approach depends on each patient's circumstances and tumor type. But for many, robotic-assisted Whipple surgery offers new hope in the face of a daunting diagnosis.



At Baylor St. Luke's, clinical home of the Dan L Duncan Comprehensive Cancer Center, we are continuously pushing the boundaries of oncology care. Our deep integration with Baylor College of Medicine provides patients with unparalleled access to innovative clinical trials, often leading to transformative outcomes. A prime example is Brent Jones, who achieved a remarkable milestone: freedom from pancreatic cancer. This was made possible through his participation in a novel immunotherapy clinical trial, underscoring the critical role of research-driven medicine. This success story is a testament to the collaborative spirit of our institutions and our unwavering commitment to pioneering new treatments.



Baylor St. Luke's Medical Center offers new procedure to reduce the risk of lymphedema in post-surgery breast cancer patients.

Lymphedema is a chronic and often debilitating condition that can significantly affect breast cancer patients who undergo surgery. Characterized by painful swelling, it occurs when lymphatic fluid builds up due to damaged or removed lymph nodes. Once lymphedema develops, it is notoriously hard to manage. Despite ongoing research into experimental treatments for the condition, the focus has shifted toward prevention.

A pioneering surgical procedure performed prophylactically (preventively) at Baylor St. Luke's Medical Center is now reducing the likelihood of patients developing lymphedema.

The procedure involves mapping out the lymphatic

channels and suturing them to nearby veins, which allows the lymphatic fluid to drain directly into the veins and prevent the accumulation of lymphatic fluid in the arm.

Patients requiring a full axillary dissection as part of their breast cancer treatment are eligible for this procedure. The procedure is typically done at the same time as an axillary dissection, which is the surgical removal of the majority of lymph nodes from the underarm area.

This prophylactic procedure adds only about 40 minutes to the surgical time but offers long-term benefits in reducing the risk of lymphedema and its associated complications, and improving patients' quality of life.

Researchers at Baylor St. Luke's Medical Center find blood stem cell mutation in older adults linked to increased risk of life-threatening blood clots.

Researchers at Baylor St. Luke's Medical Center have found a modestly increased risk of VTE in older adults who present with a blood stem cell mutation known as CHIP.

VTE is a serious medical condition involving a blood clot forming in a deep vein, usually in the leg, known as Deep Vein Thrombosis (DVT). A VTE can become life-threatening if the clot breaks off and travels to the lungs, causing a Pulmonary Embolism (PE).

In a cohort study of older adults, Baylor St. Luke's researchers were part of a team that identified the increased risk of VTE in individuals with clonal hematopoiesis of indeterminate potential (CHIP), a condition where mutated blood stem cells expand and increase the risk of certain blood cancers like

leukemia and cardiovascular diseases. CHIP is more common in older adults. Often, the condition remains benign and may never develop into cancer (hence the term, "indeterminate potential").

Prior to this study, its association with VTE was unclear. Now, researchers better understand that the increased risk of VTE in individuals with CHIP is mainly driven by a particular gene mutation acquired with age.

Future research will focus on exploring the mechanisms driving these associations and assess potential new therapeutic and preventive strategies.

[Read more about the study](#)

Baylor St. Luke's Medical Center researchers find standard measures for predicting future cardiovascular events underestimate risk in survivors of rare blood disorder.

Researchers at Baylor St. Luke's Medical Center have found that standard cardiovascular risk models inadequately predict the risk for major adverse cardiovascular events (MACEs) in survivors of iTTP.

Immune-mediated thrombotic thrombocytopenic purpura (iTTP) is a rare, life-threatening blood disorder that causes severe clotting in small blood vessels, leading to low platelets, hemolytic anemia, and organ damage. Left untreated, it can cause a stroke, heart attack, kidney failure, and death.

Advancements in treatments for iTTP like plasma exchange and immunosuppression have improved patient survival. However, long-term cardiovascular morbidity and mortality remain significant.

Baylor St. Luke's researchers were part of a team that in a retrospective study that analyzed 135 iTTP survivors. Presence of MACEs, including myocardial infarction, stroke, and cardiac revascularization, was the primary outcome and was assessed during clinical remission.

Established cardiovascular risk calculators, researchers found, may not adequately account for the elevated and unique cardiovascular risks in iTTP survivors. This study underscores the need for tailored tools that incorporate iTTP-specific factors to improve cardiovascular risk stratification and management.

[Read more about the study](#)