

Steven Jay Katz, M.D., M.P.H.

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Research:

I study how treatment decisions are made during clinical encounters between patients newly diagnosed with cancer and their clinicians. My research pinpoints the factors that drive patient treatment decisions. I also study the factors that influence clinician recommendations and how clinicians navigate the decision-making and communication process. My research has a strong population and health systems perspective. I also develop and evaluate interventions to improve decision-making and accelerate the pace and impact of research dissemination. Great science requires inspiration, creativity, gumption, perspicacity, and perseverance. High impact medical science requires a team effort. The Cancer Surveillance and Outcomes Research Team (www.cansort.org) centered at the University of Michigan generates pace-setting research in communication, decision-making, and quality of care for patients with cancer. The goal of this research is to improve the patient experience and maximize health outcomes of treatment and care support into survivorship. The key to the fountain of youth is life-long learning. I thank my colleagues, staff, and the patients and clinicians who participate in our research for the opportunity to stay young.

Biography:

Steven Katz is Professor of Medicine and Health Management and Policy at the University of Michigan. He has received a number of project and program grants from NIH to lead research that addresses cancer treatment communication, decision-making, and quality of care. He directs the Health Behavior and Outcomes Program for the UM Comprehensive Cancer Center. Dr. Katz received a National Cancer Institute Established Investigator in Cancer Control, Behavioral and Population Sciences Research Award (2006-2012). He also serves on the JAMA Oncology Editorial Board. Dr. Katz received the Conn Research Award in the UM Department of Medicine and the Dean's Award for Excellence in Research at the UM Medical School. He received his MPH in the Robert Wood Johnson Clinical Scholars Program at the University of Washington. He received his MD from the University of California, San Francisco and completed residency in internal medicine at the University of California, Los Angeles. Dr. Katz leads the Cancer Surveillance and Outcomes Research Team (www.cansort.org) centered at the University of Michigan. CanSORT is an interdisciplinary research program focused on population and intervention studies of the quality of care and outcomes of cancer detection and treatment in diverse populations.

Education:

1977-1979	B.A., Biology/Environmental Sciences, University of California, Santa Barbara, California
1981-1985	M.D., Medicine, University of California, San Francisco, California
1989-1991	M.P.H., Health Services, University of Washington, Seattle, Washington

Postdoctoral Training:

1985-1988	Residency, Internal Medicine, University of California Medical Center, Internal Medicine, Los Angeles, California
1989-1991	Fellowship, Robert Wood Johnson Clinical Scholars Program, University of Washington, Seattle, Washington

Positions and Employment:

1991-1998	Assistant Professor, Departments of Internal Medicine and Health Management and Policy, University of Michigan, Ann Arbor, Michigan
1998-2006	Associate Professor, Departments of Internal Medicine and Health Management and Policy, University of Michigan, Ann Arbor, Michigan
2006-Present	Professor, Departments of Internal Medicine and Health Management and Policy, University of Michigan, Ann Arbor, Michigan
2009-Present	Director, Health Behavior and Outcomes Program, University of Michigan Comprehensive Cancer Center, Ann Arbor, MI

Honors and Professional Memberships:

1979	Graduate with Highest Honors, University of California, Santa Barbara, California
1989-1991	Robert Wood Johnson Clinical Scholar
1992	Outstanding Scientific Presentation, SGIM, 15th Annual National Meeting, Washington, D.C.
1994	Labelle Lectureship, McMaster University Health Sciences Center
1995-2000	Robert Wood Johnson Generalist Faculty Scholar
1997	Jerome W. Conn Award for Excellence in Research, University of Michigan Medical Center
1998-1999	Visiting Professor in Health Services Research, Spain Ministry of Education and Culture
2002-2007	NIH Study Section: Health Services Organization Delivery
2008-Present	NIH Study Sections, NCI Ad Hoc: SEP; NCI K; NCORP
2006-2012	National Cancer Institute Established Investigator in Cancer Prevention, Control, Behavioral and Population Sciences Research
2012	Clinical & Health Services Research Award; School of Medicine, University of Michigan

Selected Publications (from 171):

1. **Katz SJ**, Ward KC, Hamilton AS, Abrahamse P, Hawley ST, Kurian AW. Association of Germline Genetic Test Type and Results With Patient Cancer Worry After Diagnosis of Breast Cancer. *JCO Precision Oncol*. 2018 December 19. doi: 10.1200/PO.18.00225.
2. Morrow M, Jagsi R, McLeod MC, Shumway D, **Katz SJ**. Surgeon Attitudes Toward the Omission of Axillary Dissection in Early Breast Cancer. *JAMA Oncol*. 2018 July 21. doi: 10.1001/jamaoncol.2018.1908.
3. **Katz SJ**, Bondarenko I, Ward KC, Hamilton AS, Morrow M, Kurian AW, Hofer TP. Association of Attending Surgeon With Variation in the Receipt of Genetic Testing After Diagnosis of Breast Cancer. *JAMA Surg*. 2018 July 3. doi: 10.1001/jamasurg.2018.2001.
4. Jagsi R, Ward KC, Abrahamse PH, Wallner LP, Kurian AW, Hamilton AS, **Katz SJ**, Hawley ST. Unmet Need for Clinician Engagement Regarding Financial Toxicity After Diagnosis of Breast Cancer. *Cancer*. 15 September 2018;124(18):3668-3676.
5. **Katz SJ**, Jagsi R, Morrow M. Reducing Overtreatment of Cancer With Precision Medicine: Just What the Doctor Ordered. *JAMA*. 2018;319(11):1091-1092.
6. **Katz SJ**, Ward KC, Hamilton AS, McLeod MC, Wallner LP, Morrow M, Jagsi R, Hawley ST, Kurian AW. Gaps in Receipt of Clinically Indicated Genetic Counseling After Diagnosis of Breast Cancer. *J Clin Oncol*. 2018;36(12):1218-1224.
7. Hawley ST, Li Y, An LC, Resnicow K, Janz NK, Sabel MS, Ward KC, Fagerlin A, Morrow M, Jagsi R, Hofer TP, **Katz SJ**. Improving Breast Cancer Surgical Treatment Decision Making: The iCanDecide Randomized Clinical Trial. *J Clin Oncol*. 2018;36(7):659-666.

8. **Katz SJ**, Janz NK, Abrahamse P, Wallner LP, Hawley ST, An LC, Ward KC, Hamilton AS, Morrow M, Jagsi R. Patient Reactions to Surgeon Recommendations About Contralateral Prophylactic Mastectomy for Treatment of Breast Cancer. *JAMA Surg*. 2017;152(7):658-664.
9. Kurian AW, Bondarenko I, Jagsi R, Friese CR, McLeod MC, Hawley ST, Hamilton AS, Ward KC, Hofer TP, **Katz SJ**. Recent Trends in Chemotherapy Use and Oncologists' Treatment Recommendations for Early-Stage Breast Cancer. *J Natl Cancer Inst*. 2018;110(5):493-500.
10. **Katz SJ**, Hawley S, Hamilton A, Ward K, Morrow M, Jagsi R, Hofer T. Surgeon Influence on receipt of contralateral mastectomy: Does it Matter who you see for breast cancer surgery? *JAMA Surg*. 2018;153(1):29-36.
11. Morrow M, Abrahamse P, Hofer TP, Ward KC, Hamilton AS, Kurian AW, **Katz SJ**, Jagsi R. Trends in Reoperation After Initial Lumpectomy for Breast Cancer: Addressing Overtreatment in Surgical Management. *JAMA Oncol*. 2017;3(10):1352-1357.
12. Friese CR, Harrison JM, Janz NK, Jagsi R, Morrow M, Li Y, Hamilton AS, Ward KC, Kurian AK, **Katz SJ**, Hofer TP. Treatment-Associated Toxicities Reported by Patients with Early-Stage Invasive Breast Cancer. *Cancer*. 2017;123(11):1925-1934.
13. Kurian AW, Li Y, Hamilton AS, Ward KC, Hawley ST, Morrow M, McLeod MC, Jagsi R, **Katz SJ**. Gaps in Incorporating Germline Genetic Testing Into Treatment Decision-Making for Early-Stage Breast Cancer. *J Clin Oncol*. 2017;35(20):2232-2239.
14. **Katz SJ**, Wallner LP, Abrahamse PH, Janz NK, Martinez KA, Shumway DA, Hamilton AS, Ward KC, Resnicow KA, Hawley ST. Treatment experiences of Latinas after diagnosis of breast cancer. *Cancer*. 2017;123(16):3022-3030.
15. **Katz SJ**, Janz NK, Abrahamse P, Wallner LP, Hawley ST, An LC, Ward KC, Hamilton AS, Morrow M, Jagsi R. Patient Reactions to Surgeon Recommendations About Contralateral Prophylactic Mastectomy for Treatment of Breast Cancer. *JAMA Surg*. 2017;152(7):658-664.
16. Kurian AW, Friese CR, Bondarenko I, Jagsi R, Li Y, Hamilton AS, Ward KC, **Katz SJ**. Second Opinions From Medical Oncologists for Early-Stage Breast Cancer: Prevalence, Correlates, and Consequences. *JAMA Oncol*. 2017;3(3):391-397.
17. Kurian AW, Griffith KA, Hamilton AS, Ward KC, Morrow M, **Katz SJ**, Jagsi R. Genetic Testing and Counseling Among Patients With Newly Diagnosed Breast Cancer. *JAMA*. 2017;317(5):531-534.
18. Friese CR, Li Y, Bondarenko I, Hofer TP, Ward KC, Hamilton AS, Deapen D, Kurian AW, **Katz SJ**. Chemotherapy Decisions and Patient Experience With the Recurrence Score Assay for Early-Stage Breast Cancer. *Cancer*. 2017;123(1):43-51.
19. Wallner LP, Martinez KA, Li Y, Jagsi R, Janz NK, **Katz SJ**, Hawley ST. Use of Online Communication by Patients With Newly Diagnosed Breast Cancer During the Treatment Decision Process. *JAMA Oncol*. 2016;2(12):1654-1655.
20. Wallner LP, Abrahamse P, Uppal JK, Friese CR, Hamilton AS, Ward KC, **Katz SJ**, Hawley ST. Involvement of Primary Care Physicians in the Decision Making and Care of Patients With Breast Cancer. *J Clin Oncol*. 2016;34(33):3969-3975.
21. Morrow W, **Katz SJ**. Addressing Overtreatment in DCIS: What Should Physicians Do Now? *J Natl Cancer Inst*. 2015;107(12):djv290.
22. **Katz SJ**, Kurian AW, Morrow M. Treatment Decision Making and Genetic Testing for Breast Cancer: Mainstreaming Mutations. *JAMA*. 2015;314(10):997-8.
23. **Katz, SJ**. Cancer Care Delivery Research and the National Cancer Institute SEER Program Challenges and Opportunities. *JAMA Oncol*. 2015;1(5):677-8.
24. Jagsi R, Griffith KA, Kurian AW, Morrow M, Hamilton AS, Graff JJ, **Katz SJ**, Hawley ST. Concerns about cancer risk and experiences with genetic testing in a diverse population of patients with breast cancer. *J Clin Oncol*. 2015;33(14):1584-91.

Recent Projects:

R01CA225697 Kurian, Katz (PIs) 03/01/18 – 02/28/22

Genetic Testing, Treatment Use, and Mortality After Diagnosis of Breast and Ovarian Cancer: The Georgia-California GeneLINK Initiative

Project Summary: Genetic testing is essential to identify and manage hereditary breast and ovarian cancer syndrome (HBOC), enabling precision prevention and screening and potentially reducing morbidity, mortality, and cost. Testing cancer patients is thus the gateway to population-wide improvements in HBOC care. Yet genetic testing is difficult to integrate into the complex care of a newly diagnosed cancer patient. A major concern is that the increasing volume, complexity and ambiguity of results may worsen gaps in testing use, treatment quality, and health outcomes. To advance precision prevention of HBOC, there is great need to understand deployment of genetic testing and results management. Concerns include potential disparities in test use and results among sociodemographic and clinical subgroups and the impact of results on cancer treatment and mortality. To address these concerns we will examine potential gaps in genetic testing use, test results and treatment (including surgery, radiation and chemotherapy) among newly diagnosed breast and ovarian cancer patients, according to pre-test HBOC risk and sociodemographics. We will study approximately 150,000 breast cancer patients and 12,000 ovarian cancer patients who were diagnosed in 2013-2016 and reported to the statewide Georgia and California SEER registries, and then accrued into a Georgia-California SEER Genetic Testing Linkage Initiative (GeneLINK). We will examine whether more intensive regimens (e.g., anthracyclines or platinum) are more prevalent in mutation carriers than other chemotherapy recipients, controlling for tumor factors. Among ovarian cancer patients with BRCA1/2 mutations who are indicated for targeted therapy with a PARP inhibitor, those with sociodemographic vulnerability factors less often receive it. Among breast and ovarian cancer patients who received chemotherapy, mortality will be lower in pathogenic mutation carriers than in non-mutation carriers. Role: PI

P01CA163233-01 Katz (PI) 09/01/12 – 08/31/18

The Challenge of Individualizing Treatments for Patients with Breast Cancer

The overall goal of this program is to improve population health by helping clinicians and patients address the challenges of individualizing treatment of breast cancer for patients with favorable prognosis. We will conduct two population-based observational studies of 5000 patients newly diagnosed with breast cancer (including their attending clinicians) who were reported to the SEER registries of the state of Georgia and Los Angeles County. A third project will perform a randomized controlled trial of a practice based online management deliberation portal for patients newly diagnosed with breast cancer in the Detroit and Atlanta metropolitan SEER catchment area. Through a shared resource core, we will deploy and evaluate a tailored online dissemination portal aimed at all surgeons and medical oncologists who treated the patient samples in the two observational studies. Role: PI

RSG-14-035-01-CPPB Hawley (PI) 07/01/14 – 06/30/17

Population based study of breast cancer decision support networks

The purpose of the study is to examine how informal decision supporters contribute to the process and outcome of decision making for decisions about surgery, radiation, and chemotherapy treatment, and how these roles may vary by race and ethnicity. Cancer” (Katz- PI). Role: Co-Investigator

1 R01 CA139014 Katz, Griggs (PIs) 08/01/09 – 01/31/15

Racial/Ethnic and SES Disparities in Quality of Breast Cancer Systemic Therapy

The major goals of this application are to evaluate the disparities in the quality of treatment for patients with breast cancer in the Los Angeles and Detroit metropolitan areas. Role: PI

R01 CA131041 Hawley (PI) 06/09/08 – 07/31/14

Evaluating a preference-tailored Intervention to Increase CRC Screening in Primary Care Settings

The major goals of this application are to test the effectiveness of a web-based decision tool that can be accessed from home or from a medical clinic that includes a preference clarification exercise for increasing adherence with CRC screening in two racially/ethnically and geographically diverse primary care settings. Role: Co-Investigator

1 K99 NR010750

Friese (PI)

07/01/10 – 06/30/13

Fostering Independence in Nursing and Outcomes Research

This mentored scientist award will support the transition of the candidate to an independent researcher. The research is focused on studying the quality of care patients with cancer receive, and the relationship between quality care and nursing practice environments. Role: Mentor

1 K05 CA111340

Katz (PI)

09/21/06 – 08/31/12

Quality of Cancer Care Evaluation and Interventions

The goal of this proposal is to establish a research program in health services research in cancer prevention and control, and to deploy a mentoring plan that will improve the quality of this research at the University of Michigan. Role: PI