

AURORA CANCER CARE NEWS & VIEWS

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Message from the Vice President, Aurora Cancer Care



James Weese, MD, FACS
Vice President,
Aurora Cancer Care

During my many years of practice as a surgical oncologist with special interest in pancreas and hepatobiliary surgery, I was often asked what was the essence of surgical oncology. My response was simple: “A surgical oncologist is a surgeon who knows when not to operate on cancer.”

I am delighted that Aurora Cancer Care (ACC) has a program that truly embodies this concept—surgeons, medical oncologists, radiation

oncologists and interventional oncologists working as a team to combine all of the cancer modalities to provide patients the best evidence-based care that gives the greatest chance for cure while maintaining the best quality of life and function.

Aurora Cancer Care provides this for over 8,000 new cancer patients per year. With our recent merger with Advocate Health Care to form Advocate Aurora Health, we will jointly care for over 17,000 new cancer patients each year. With our close working relationship with Advocate’s Cancer service line leadership, we are looking to take the best practices from both organizations and establish them as standards across our much larger combined footprint. Advocate will be transitioning to the EPIC platform for their electronic medical record. This will enable our Illinois colleagues to take advantage of the VIA Oncology pathways which have been so successful at Aurora in decreasing variation in care, decreasing ER utilization for cancer patients, and reducing costs while providing the best of care. Advocate should have this capability by mid-2019 and their oncologists are anxious to have these important tools available for their patients.

ACC has been the recipient of a National Cancer Institute NCORP grant, which allows us to bring innovative clinical trials to our patients in their home communities. In the fifth year of our grant we are adding some of the Advocate sites to be able to expand our ability to reach an even larger group of cancer patients. By the addition of VIA and the NCORP grant, our clinical trials volumes have increased by nearly 400 percent in the last four years. We expect to see even greater growth with the addition of Advocate sites and will incorporate them fully when our renewal application is submitted later this year.

Education is critical when working at the front line of cancer care. Aurora’s 6th annual best of ASCO CME conference in August 2018 attracted nearly 200 cancer physicians and other team members—the largest audience of this very successful program. On October 13, we will present the first Advocate Aurora CME program, providing the current state of screening focused on a primary care audience. We will continue to increase these activities with our new partners in the future.

Continuing the current value of education, our first surgical oncology fellow, Dr. Geoffrey Bellini, started this month. Under the direction of Drs. Aaron Chevinsky and Wesley Papenfuss of surgical oncology, Dr. Bellini will not only go through a curriculum helping him to gain expertise in all aspects of cancer surgery, but also receive training in medical oncology, radiation oncology, interventional oncology, pathology, and a number of the important areas that support successful cancer treatment.

We appreciate your support in helping Aurora Cancer Care to grow. This wouldn’t be possible without the participation of our many patients who allow us to be part of their cancer journey. ■

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Did you know?

Integrative Therapies Bring Cancer Care to the Next Level

By Scott Feist, Aurora Integrative Medicine Manager

More than ever, patients at Aurora Cancer Care clinics are taking advantage of supportive care treatments such as massage therapy, acupuncture, aromatherapy and Reiki. Requests for these services continue to grow and Aurora is responding. Aurora Integrative Medicine offers holistic solutions on-site at 17 of the 19 Aurora Cancer Care clinics across eastern Wisconsin. Patients receive massage therapy, Reiki and aromatherapy during chemotherapy treatments, and acupuncture adjacent to other appointments. Integrative practitioners are part of the health care team and care coordination.

Patient Story

Patient feedback has been positive and rewarding for Aurora Integrative Medicine team members. Aurora patient Denise Gillmore recently wrote: "I wanted to let you know how important the massages I receive are to my healing and even survival. In part because [Kristine Besharat, LMT] dedicates herself to just that with each and every individual that receives her treatments."

Denise went through years of cancer treatments. Her first round of chemotherapy was prescribed for three days a week for several months. In her letter, she went on to say, "I believe that the massages I've received are a big part of my success. I've spent a lot of time immobile and yet the feeling, coldness and numbness of my legs and feet is much improved and so much more. My spirit's much better when I get my massage! Thank you! I would hope that you not only continue the massage program but expand it."

Aurora Integrative Medicine Results

Denise is not the only patient who has benefitted from integrative medicine. Aurora Integrative Medicine has been collecting data to demonstrate our positive impact on patients. In the first quarter of 2018, 931 acupuncture treatments, 986 massage treatments and 303 Reiki treatments were delivered to patients at Aurora Cancer Care clinics.

Patients Report:		
Acupuncture		Massage Therapy
54% ↓	PAIN	42% ↓
63% ↓	STRESS	54% ↓

This patient-reported feedback helps to paint the picture that providing access to hands-on natural care, in combination with proven and innovative treatments in a multidisciplinary setting, gets better results. It is our aim to expand integrative services and provide even more personalized, whole-person care. **You can help to provide massage, acupuncture and aromatherapy to cancer patients by donating to the Aurora Foundation at give.aurora.org/cancer and selecting AF Aurora Cancer Care Integrative Therapies Fund. ■**



Team Phoenix Completes Record Setting Season

By Ilka Hoffins, Team Phoenix Program Director, Aurora Cancer Care

Huge congratulations to Team Phoenix 2018. For the first time in the eight-year history of Aurora's Team Phoenix program, all 51 cancer survivor athletes that started this year's 14-week triathlon training program became triathletes by completing a sprint distance triathlon on July 31—a very rewarding accomplishment for this year's athletes, medical staff, coaches and volunteers and in particular program founders and medical directors, **Judy A. Tjoe, MD, FACS**, and **Leslie J. Waltke, PT, DPT**, as well as Team Phoenix medical director, **Michael P. Mullane, MD**.

The 2018 Team Phoenix group represented a diverse population of athletes. Ranging in age from 31 to 69 with a variety of forms and stages of cancer (breast, ovarian, brain, gallbladder, colon and lymphoma), women came from all over the Milwaukee metro and Kenosha areas to train together. The athletes started the season with varying degrees of ability, from those that had never been in open water over their ankles and had limited experience on a bike to women who have completed marathons. All athletes were welcomed and trained side by side for the triathlon, which included a quarter-mile swim followed by a 15-mile bike ride and finished with a 5k run/walk.

The athletes' courageousness, determination and commitment, in combination with the contracted professional triathlon coaches and donated time from Aurora's medical directors and clinicians, along with 80 alumnae volunteers helped set the season up for success. Another factor that led to this year's success was the outstanding community support, including a generous donation (used for training and equipment such as heart rate monitors and watches) from the Vince Lombardi

Cancer Foundation, a bike-loan program provided by Wheel and Sprocket, complimentary swim suits provided by Lands' End, gym and pool access provided by Xperience Fitness, and individual donations through the Aurora Health Care Foundation.

In collaboration between the Aurora Research Institute and Marquette University, many of the 2018 Team Phoenix athletes participated in a research study exploring the physiological, psychological and motivational aspects of team triathlon training for cancer survivors. Historic research collaboration between Marquette University and Aurora's Team Phoenix athletes has led to opportunities to present at national conferences, and this summer one of these research papers won the "Midwest Nursing Research Society/Western Journal of Nursing Research Best Faculty Paper Award for 2018."

The 2018 Team Phoenix athletes and leadership team are excited about this year's accomplishments and looking forward to continuing their new lifelong friendships and fitness habits as they continue to redefine "survivorship." ■

As one athlete put it ...

“ A year ago (August 2017) I was 317 pounds, walked with a cane, had a knee brace and debilitating back pain. In January (2018) I was treated for breast cancer. Today (August 2018) I'm 198 pounds, swam a quarter mile, biked 15 miles, and walked 3 miles. TODAY I AM A TRIATHLETE. I am Strong, Proud, Alive and Redefined. I AM TEAM PHOENIX. ”

We are all enthusiastically looking ahead to recruit Team Phoenix 2019.

If you know a cancer survivor who would like to take part in this life changing training and research program that combines medically overseen and professionally coached training sessions with the camaraderie of group exercise, please have them **contact program director, Ilka Hoffins, at teamphoenix@aurora.org**.



Low-Dose Lung Cancer Screening

By Anne Weers, RN, MS, Director Clinical Program Quality, Aurora Cancer Care

Lung cancer is the No. 1 killer in America for both men and women, taking more lives than colon, breast and prostate cancer combined. Every year, 200,000 Americans are diagnosed with lung cancer and 160,000 die from it. However, low-dose CT lung screening can reduce lung cancer-specific mortality by 20 percent.

The goal of lung cancer screening is to enable detection of lung cancer before it has spread. Treatment can then be provided, which may reduce the likelihood of dying from lung cancer as screening increases the five-year survival rate for stage 1 lung cancer to nearly 90 percent.

Low-dose CT (LDCT) lung cancer screening is being conducted at nine credentialed sites throughout the Aurora Health Care system. While some sites have had active programs longer, most have been in place since 2015. It was at this time when Medicare, ACA and most insurance companies covered the cost of screening for high-risk patients who meet the following eligibility criteria:

- Age 55 to 77 years old.
- Have a 30 “pack year” or greater history. (Pack years are calculated using the number of years smoked times the amount of packs of cigarettes smoked each day. For instance: 1pack/day for 30 years is 30 pack years; 2 packs/day for 15 years is 30 pack years.)
- Are current smokers or former smokers who have quit in the past 15 years.
- Have no current symptoms of lung cancer such as coughing up blood or sudden weight loss.

The screening is an easy, unobtrusive test that takes less than 10 seconds. No medications are given, and no needles are used. Patients can eat before and after the exam. They are not required to remove their clothes, unless their clothing contains metal on the chest. Patients must be able to hold their breath for at least six seconds while the chest scan is being taken.

We look to the patient’s primary care physician, who is the preventive care expert who routinely discusses the risks and benefits of a variety of screening choices with their patients, including the LDCT lung screen. A Best Practice Alert (BPA) for the LDCT lung screening was initiated in the patient electronic medical record in May of 2017. This has armed physicians with knowledge about the eligibility criteria and recommendations to support the shared decision-making process with high-risk individuals considering enrollment in a lung-screening program.

The following includes the LDCT lung screening cases completed and the cancer detection rate at the nine credentialed Aurora Medical Center sites for 2016 and 2017. The cancer detection rate of 1.5 percent is in alignment with the national average. Of those cases that detected lung cancer, 59 percent of them were identified as early stage lung cancer. Treatment for early stage lung cancer is curative intent—the goal being to cure the disease. To treat early stage lung cancer, surgery or radiation therapy may be all that is needed. ■

2016/2017 Aurora Health Care LDCT Lung Screening Volume

Aurora Site	2016	2017	2016/2017 Change	Cancer Detection Rate
St. Luke’s	417	1469	252.3%	1.8%
Green Bay	294	435	48%	1.8%
Manitowoc	130	274	110.8%	1.5%
Lakeland	140	287	105%	0%
Kenosha	302	692	129.1%	1.3%
Oshkosh	108	374	246.3%	0.5%
Summit	172	306	77.9%	2.3%
Grafton	252	603	139.3%	2%
Sheboygan	34*	254	647.1%	0.4%
Aurora Total	1849	4694	153.9%	1.5%**

** Corresponds to National Average

* start 10/2016



National Cancer Institute's (NCI) Community Oncology Research Program update

By Neha Glandt, Research Program Administrator, NCORP

Aurora Health Care is in its fifth year as a member of the National Cancer Institute (NCI) Community Oncology Research Program (NCORP). Aurora NCORP is one of 34 program sites in the nation bringing NCI-sponsored clinical trials directly to patients in the community.

NCORP offers a range of clinical studies focusing on a variety of cancer types and specialties. “The purpose of the program is to allow a more diverse patient population to participate in studies in ‘real world’ health care settings close to home,” said Dr. Michael Thompson, co-principal investigator for Aurora NCORP. “This expanded access to clinical trials generates more broadly applicable evidence that can improve patient outcomes and reduce cancer disparities.”

Understanding and Predicting Breast Cancer Events After Treatment (UPBEAT)

As part of the program, Aurora Health Care is the fifth health care organization in the nation to enroll participants in a clinical trial recruiting breast cancer patients and healthy, cancer-free participants. The observational study will evaluate whether chemotherapy for breast cancer affects the heart and the ability to exercise, as well as fatigue.

Sponsored by Wake Forest University Health Sciences NCORP Research Base and the NCI, the research trial, “Understanding and Predicting Breast Cancer Events After Treatment” (UPBEAT) will enroll 840 participants with Stages I, II and III breast cancer and 160 healthy participants. All Aurora cancer clinics are enrolling patients. The actual testing will take place at the Aurora St. Luke’s Medical Center.

“This is a rare clinical trial in which family and friends of those diagnosed with the disease being studied can play a larger supportive role by also participating in research,” said Randall Lambrecht, PhD, senior vice president of Aurora Health Care and president of Aurora Research Institute.

Early detection and treatment of breast cancer has improved five-year survival rates for people with breast cancer to 90 percent. However, studies have shown that initial lifesaving chemotherapy may increase risk of exercise intolerance, fatigue and long-term heart problems, including heart failure.



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“We risk losing the incredible progress made in survival rates for women with breast cancer due to the emergence of these cardiovascular complications in cancer survivors,” said Thomas Saphner, MD, oncologist and principal investigator for this trial. “Studies like this will help us understand the causes of heart complications following cancer treatment, with the ultimate goal being the development of therapies to prevent future heart problems in cancer survivors.”

Researchers will compare the results of the healthy participants against those who received non-anthracycline chemotherapy and anthracycline chemotherapy. They will assess the relevance of pre-existing cardiovascular disease risk factors—such as age and race, a history of smoking, hypertension, diabetes or coronary artery disease, medications, and physical activity—as well as modifiable risk factors—such as body mass index, blood pressure, psychosocial factors and lifestyle behaviors—on the study outcomes.

The study is open to qualifying patients and requires two to three cardiac scans and a total of five visits to Aurora St. Luke’s Medical Center that include blood tests and questionnaires over a two-year period. Subjects participating in this study are compensated for their time. Individuals interested in participating in UPBEAT should contact Karen Cheek at (414) 778-4345 or karen.cheek@aurora.org.

“One in every four patients diagnosed with cancer in Wisconsin is seen at an Aurora Cancer Care facility,” said Dr. Saphner, co-principal investigator of Aurora NCORP. “We will take advantage of our sophisticated cardiac imaging capabilities to improve the cardiac outcomes of the cancer patients we serve.”

Patients interested in learning more about all NCORP trials should speak with their health care provider or visit aurora.org/ncorp. ■

Aurora Cancer Care Celebrates Pride

By Jennifer Jarvey Balistreri, MS and Chris Hogue, Aurora Cancer Care

June is designated as international lesbian, gay, bisexual, transgender and questioning or queer (LGBTQ+) Pride month. The purpose of the commemorative month is to recognize and honor the impact, struggles and perseverance that LGBTQ+ individuals have had within many aspects of history—locally, nationally and internationally. In Wisconsin, Milwaukee and Kenosha celebrate Pride month every year with a Pride celebration festival and parade annually.

Health care is often an area the LGBTQ+ community feels less embraced due to various anxieties about acceptance. This perception can then trigger lower participation in preventive screening, follow-up and routine care within this population. According to the National Cancer Institute (NCI), in addition to national guidelines of prevention and screening, cancer surveillance also includes the assessment of environmental and behavioral cancer risk factors, screening practices, and the quality of care across the cancer care continuum. The LGBTQ+ community is a

approximately 30 blood pressure screens, 20 oral cancer screens and just over a dozen clinical breast exam screens. Aurora's clinical team in Kenosha provided 14 oral cancer screenings at Kenosha's PrideFest. There was one abnormal oral cavity exam and one abnormal axillary lymph node found within the breast cancer screenings. All participants were provided with forms containing exam results and encouraged to follow up with medical providers as needed. They were also given information on access to various primary care options in the area if they did not have an established provider to follow up with directly.

Prior to Milwaukee PrideFest, Aurora Cancer Care, along with other local LGBTQ+ and allied organizations, presented a joint letter to the Milwaukee Pride board asking them to decline sponsorship dollars from big tobacco this year. This is a reflection of the overall goal of creating a healthier LGBTQ+ community. The outcome was successful, as Milwaukee PrideFest will no longer be taking sponsorship dollars from tobacco companies.



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unique subpopulation to these additional variables and has a clear need for further outreach due to the lack of cancer screening and perceived lack of support and acceptance.

Aurora Cancer Care, teamed up with Diversity & Inclusion and Talent Acquisition, was able offer a local connection to LGBTQ+ health care access through participating in both the Milwaukee and Kenosha Pride wellness celebrations this year. At each event, our team members and providers were able to expand cancer screening and education to LGBTQ+ community in various ways.

Our participation at Milwaukee Pride included providing free breast and oral cancer screenings. This was the first time within the health and wellness area that cancer screening was provided. Additionally, we conducted blood pressure screening as a continued wellness benefit. In Milwaukee, our clinical team members performed

Kenosha Aurora team members also educated participants on the effects of smoking with the lung display. This display shows a healthy lung and a simulated pack a day 20-year smoker's lung, which provided folks with a visual understanding of how smoking can damage lung tissue and shows the difference in lung expansion during respirations. This demonstration contributed to the importance of Aurora Health Care's low-dose CT lung cancer screening program.

There was an overall continued positive response to Aurora Cancer Care's presence at both Pride celebrations from participants and fellow employees. We were able to engage in many conversations about cancer prevention, screening, survivorship and overall wellness. We continue to support the LGBTQ+ community throughout the year and annually at Pride events.■

Welcome New Cancer Care Providers



Dheeraj Reddy, MD
*Hematology and
Oncology*

Dheeraj Reddy, MD, is a firm believer in patient empowerment and informed decision making. He strives to build trust with his patients through honesty, compassion and clear communication.

Dr. Reddy provides both inpatient and outpatient consultations with comprehensive care plans for patients with various oncologic and benign/malignant hematologic conditions. He accepts and manages all consult diagnoses but has a special interest in thoracic and GI oncology.

Dr. Reddy earned his medical degree at the University of Guyana Faculty of Health Sciences. He completed his residency in Internal Medicine at Southern Illinois University and his fellowship in Medical Oncology at East Tennessee State University. He is board certified by the American Board of Internal Medicine.

In his free time, Dr. Reddy enjoys traveling internationally, hiking, photography, reading and playing tennis.

To learn more or to refer a patient, contact Aurora Cancer Care- Mayfair South, 1055 N. Mayfair Rd. Wauwatosa at 414-476-8450 or Aurora Cancer Care- West Allis at 414-329-5950.



Brent Witten, MD
*Orthopedic Surgery/
Musculoskeletal
Oncology*

Brent Witten, MD, has a practice philosophy that the needs of his patients come first.

Dr. Witten provides diagnosis and treatment of benign, malignant and metastatic tumors of bone and soft tissue for adults and pediatric patients. He is trained in limb preservation surgery, performs bone and soft tissue tumor removal and stabilization for impending pathologic fractures. Additionally, Dr. Witten treats hip and knee arthritis and performs joint replacement surgery.

Dr. Witten earned his medical degree from Wake Forest University School of Medicine in Winston-Salem, North Carolina. He completed his residency in orthopedic surgery at West Virginia University in Morgantown, West Virginia, and his fellowship in musculoskeletal oncology at the Mayo Clinic in Rochester, Minnesota.

Dr. Witten is married with two boys. Outside of work he enjoys spending time with family and being outdoors camping and backpacking.

To learn more or to refer a patient, contact Aurora Orthopedics- Aurora Medical Center Grafton at 262-387-8300 or Aurora Orthopedics- St. Luke's Medical Center at 414-649-7900.



Meredith Witten, MD
*Breast Surgical
Oncology*

Meredith Witten, MD, believes in a team approach to patient care. From the start, Dr. Witten wants her patients to feel comfortable asking questions and to know that she is there for them every step of the way. Breast cancer treatment involves a multidisciplinary team and necessitates good communication among treating physicians and the patient.

As a breast oncology surgeon, Dr. Witten performs lumpectomy, partial mastectomy, skin-sparing mastectomy, nipple sparing mastectomy, total mastectomy, oncoplastic breast reconstruction and port placement. Research is an essential part of ensuring that treatments move forward, so Dr. Witten believes it is important to know current trials and different patient options to provide the best care.

Dr. Witten earned her medical degree at Wake Forest University School of Medicine in Winston-Salem, North Carolina. She completed her residency in General Surgery at Allegheny General Hospital in Pittsburgh, Pennsylvania, and her fellowship in Breast Surgical Oncology at the University of Alabama at Birmingham. She is board certified by the American Board of Surgery.

In her free time, Dr. Witten enjoys baking, cooking, exercise classes (cycling and Zumba), traveling and spending time with her family.

To learn more or to refer a patient, contact the Aurora Comprehensive Breast Care Centers at Aurora St. Luke's Medical Center at 414-385-2301 or Aurora Sinai Medical Center at 414-219-6809.

This October marks the 10th anniversary of Pink Possible!

By Sarah Tomczyk, Donor Stewardship Coordinator,
Aurora Health Care Foundation–Cancer Team



Nationally, one out of eight women will hear the words, “You have breast cancer,” in her lifetime. Last year, roughly one-third of the women in Wisconsin who were newly diagnosed with breast cancer chose Aurora Cancer Care for their care.

This year, we celebrate the 10th anniversary of the Pink Possible fundraising campaign, which has helped raise breast cancer awareness in our communities and enhance care for Aurora Cancer Care patients and their families.

Dawn Panfil, a breast cancer survivor, started the Pink Possible movement by offering pink hair extensions at her salon. In 2017, thanks to the campaign started by Dawn, \$64,000 was raised across our system, and the effort continues to gain momentum.

But this campaign is not just about raising funds and enhancing care—it’s also about celebrating survivorship. This year, to mark a decade of this effort, survivors are invited to attend the Party for a Purpose— a survivorship celebration through the decades.

Panfil, who will receive special recognition at Party for a Purpose, said, “It’s wonderful to be able to reach out to women who are on the same road. There is life beyond cancer.”

The funding received for Pink Possible enhances educational programs, events, prevention, resources and survivorship resources at Aurora Health Care.



One month. One cause. Many ways to help.

Party for a Purpose is one of the many ways you can support Pink Possible this month.

To learn more about all of the great Pink Possible events in the community, go to give.aurora.org/pinkpossible. ■



The merger of Advocate Aurora Health created the 10th largest not-for-profit hospital system in the country with a revenue of \$11.6 billion last year. We also employ more than 70,000 people, including 3,000 physicians, and operate more than 500 sites of care, including 27 hospitals.

AdvocateAuroraHealth



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