

# 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

**A**urora Cancer Care team members have gone to great lengths to provide a safe and caring environment for our patients and staff in this difficult time of COVID. Whether it is increased use of Virtual Visits, social distancing, wearing personal protective equipment, or frequent cleaning of our offices and centers, I am extremely proud of the work I have seen. We will continue to do our best to provide a very safe environment to provide the best care possible.

But now I have a general question to anyone who needs to be out and about during this time. **How hard is it to wear a mask, wash your hands, and stay 6 feet away from others?** I am amazed as I watch the news from across the country and see the cases of COVID-19 increasing with record numbers of deaths, long term morbidity, and the harm caused to children and society in general, that people don't seem to get it. We look at news reports of overloaded hospitals, Intensive Care Units filled to capacity and crowded beaches and I truly wonder what members of society are thinking. I see billboards and commercials thanking healthcare workers, EMT's, Fire fighters and others for their tireless efforts in caring for patients who have contracted COVID—truly a wonderful display of appropriately focused gratitude. Then I walk out of my home and see large groups of people, often young adults congregating without masks, and conversing as if we were dealing with the world of a year ago.

Recently I walked through a large park. Many of the senior citizens I saw were wearing masks, but a large number were not. Of those wearing masks, at least half of them did not have both their nose and mouth covered with the mask.



A mask covering only your chin does no good. A bandana protecting only your neck does no good in preventing COVID. A mask covering your mouth but not your nose does not protect you or others from COVID.

As I count people on the street, it appears at least half of them are not wearing masks. At least three fourths of them are not social distancing, and I find myself asking why.

No one wants to see COVID continue and take an increasing toll and yet what are we, as individuals, doing about it?

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Did you Know?

# iPad Technology Increases and Improves Integrative Oncology Care

By Melissa Armstrong, MHA, Program Coordinator, Integrative Medicine

The COVID-19 pandemic has required healthcare to reimagine how we deliver safer and effective care. In the field of Integrative Oncology, research increasingly shows that lifestyle choices have dramatic influence on cancer-related outcomes. In a recent Kaiser Family Foundation (KFF) poll, nearly half (45%) of adults in the United States reported that their mental health has been negatively impacted due to worry and stress over the virus.<sup>1</sup> The Aurora Integrative Cancer Care program wants to ensure you have the best personalized care possible. From progressing your complete sense of well-being to managing your discomfort, our services help you:

- Minimize anxiety, depression and stress
- Manage chemotherapy and radiation side effects
- Control dry mouth, neuropathy, fatigue, hot flashes
- Reduce muscle tension and pain

On March 15th our in-person services paused for the safety of our patients and to allow for the development of a plan to safely reactivate Integrative Oncology care. COVID-19 forced us to transform our care delivery from a singular in-person model to an innovative secondary remote care model. With patient wellbeing in mind, we quickly piloted free virtual comfort visits. Patients could access virtual mindfulness-based, stress reduction care while at their infusion appointment.

However, while in a work remote environment, many of our team members did not have the necessary technology to care for patients through a virtual visit. Integrative Oncology needed a solution that not only would allow for a virtual connection to our shared patients while working remotely, but also promote social distancing once clinic visits resumed. We have an answer, to ensure a stable work environment and to maintain social distancing the integrative cancer care program will be leveraging iPad technology for patient care.

Our intention is a connected health model which is accessible to all patients. iPads will improve patient's experience in a number of ways. The first is mobile workforce that can now seamlessly operate remotely as well as in the clinic. The uniform and mobile technology will also allow our team members to cover multiple sites if the need arises. Finally, our patients will experience improved care because their provider does not have to return to a workstation to document. The clinician will remain at the patient's side, and safely away from other team members and patients alike, to uphold the "Safe Care Promise."

Since reactivating services in early July, we have begun iPad training and distribution. We are happy to be back and are ready to meet your needs. ■



Licensed massage therapist, Michael Billings, at the Mayfair Cancer Clinic documenting a progress note.

<sup>1</sup> Earney, A., Kirzinger, A., Hamel, L., & Brodie, M. (2020, April 20). KFF Health Tracking Poll – Early April 2020: The Impact Of Coronavirus On Life In America. Retrieved August 04, 2020, from <https://www.kff.org/coronavirus-covid-19/report/kff-health-tracking-poll-early-april-2020/>

# Research Institute Joins Long-Term Outcome Study of Patients with Both Cancer and COVID-19

Longitudinal study collects blood samples, health information and medical images with goal of guiding future treatment of patients with COVID-19 and cancer and supporting further research

By Nickolas Bullock, Scientific Writer and Editor, Advocate Aurora Health Research Institute

Advocate Aurora Research Institute has joined a National Cancer Institute (NCI)-sponsored natural history study learning how COVID-19 affects the outcomes of patients undergoing cancer treatment and how having cancer affects COVID-19.

Through the study, “NCI COVID-19 in cancer patients study (NCCAPS): A longitudinal natural history study,” researchers will collect blood samples, health information and medical images from participants who are being treated for cancer and have a positive COVID-19 test.

“The long-term outcomes of patients with both cancer and COVID-19 are unknown, so the results of this study could steer cancer treatment for patients who acquire the virus,” said hematologist and oncologist *Michael Thompson, MD, PhD*. Dr. Thompson serves as the Research Institute’s principal investigator for the study and co-principal investigator for Advocate Aurora Health’s National Cancer Institute Community Oncology Research Program (NCORP), which supports national cancer clinical trials at its 30 community cancer clinics throughout Illinois and Wisconsin.

The study will rely on NCI’s Experimental Therapeutics Clinical Trials Network and National Clinical Trials Network, as well as NCORP sites, to enroll participants.

“Study researchers aim to track cancer treatment changes made due to COVID-19; evaluate the relationship between COVID-19 and different cancer outcomes within specific cancer types; assess COVID-19 antibody development, cytokine abnormalities and genetic variations associated with severe COVID-19; and create a bank of clinical data, specimens and radiological images for future research studies,” Dr. Thompson said.

To accomplish this, researchers plan to collect:

- Data on pre-existing comorbidities, cancer type and treatment, demographics, the course and severity of participants’ COVID-19 infections, and short- and long-term outcomes;



- Imaging scans from participants’ most recent pre-COVID-19 cancer imaging studies, imaging studies done as clinically indicated for cancer and imaging studies done as clinical indicated for COVID-19; and
- Research specimens for the future study of related biomarkers.

“Although researchers are making relevant and potentially life-saving discoveries related to COVID-19 every day, there is still so much the medical community must learn, including how the virus interacts with other diseases, such as cancer,” said Amy Beres, PhD, director of oncology research for the Research Institute. “This study is an effort to begin collecting any information that may help scientists combat the effects of this virus as it continues to spread.”

Researchers will recruit patients who already have a previous or current cancer diagnosis and a documented positive COVID-19 test within 14 days prior to enrollment.

NCCAPS is designed to complement ongoing treatment and registry studies, including the **COVID-19 and Cancer Consortium (CCC19) study**. NCCAPS is unique in that it is collecting longitudinal data, biospecimens and images to better understand patient outcomes over time.

To learn more about Advocate Aurora’s research, visit [aurora.org/research](https://www.aurora.org/research). ■

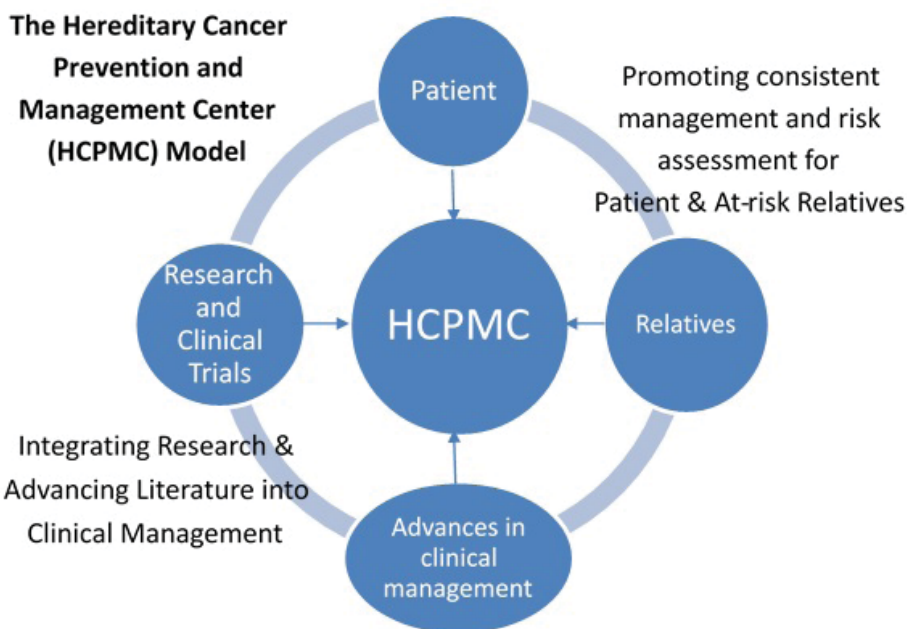
# Hereditary Cancer Prevention and Management Center Celebrates Five Years

By Kara Schoeffel, MS, CGC, Genetic Counselor, Genomic Medicine; Brenda Ramczyk, RN, OCN, Cancer Services Program Coordinator, Genomic Medicine; Amy Schoenebeck, MS, CGC, Genetic Counselor, Genomic Medicine; Deborah Wham, MS, CGC, Manager, Genomic Medicine; Michael Mullane, MD, Oncologist and Medical Director of the HCPMC

With improving genetic testing technology, decreasing costs, and better understanding of hereditary cancer syndromes, more people are undergoing genetic testing and being identified as having a hereditary predisposition to develop cancer. The Hereditary Cancer Prevention and Management Center (HCPMC) was established at Aurora St Luke's in May 2015 to provide comprehensive, multi-organ risk management for patients with complex hereditary cancer syndromes and their relatives. The clinic has expanded to offer appointments in Green Bay, as well as Advocate's Illinois Masonic and Christ Medical Center.

The Milwaukee and Green Bay clinics are staffed by Dr. Michael Mullane, a medical oncologist who has completed the City of Hope Intensive Course in Genomic Cancer Risk Assessment, as well as a cancer services program coordinator nurse and genetic counselors. The initial visit involves an in-depth discussion of genetic test results and develops a plan for cancer screening, risk reduction, and long-term care. Patients have been referred to the clinic for cancer risk management of variants in 44 different hereditary cancer genes and familial pancreas cancer screening. The most common genes or conditions seen are ATM, BRCA1, BRCA2, CHEK2, PALB2, and Lynch syndrome (MLH1, MSH2, MSH6, PMS2, EPCAM).

Since the HCPMC has started, 656 patients and their relatives have established care in the clinic. Patients are encouraged to bring relatives to their appointment to hear the information and consider genetic testing. Any relative who has tested positive for the familial mutation can choose to have their cancer risk(s) managed through the HCPMC as well.



A main goal of the HCPMC is to minimize the impact of cancer on a patient and their family. Preventing cancer or detecting early-stage cancer is important in achieving this goal. When cancer is detected early, prognosis is typically better, and less treatment is needed.

Some patients with high risks for hereditary cancer are offered risk-reducing surgery, such as removal of breast tissue, ovaries, uterus, thyroid, or colon. These risk-reducing surgeries nearly eliminate the risk of developing cancer in that organ.

For most patients, the main recommendation is increased screening for pre-cancers or early stage cancers. Fifteen HCPMC patients have been diagnosed with a cancer or tumor on a recommended screening test. Two cancers were found at stage 0, seven cancers were found at stage I, three cancers were found at stage II, and three patients had benign tumors requiring active monitoring or surgical removal. None of our HCPMC patients have received a diagnosis of an advanced stage (stage III or IV) cancer.

Other outcomes from the HCPMC include removing or clarifying a diagnosis in 8 patients and diagnosing the child of one patient with a more severe disorder. These additional outcomes help determine a more accurate cancer risk assessment and management plan for these patients, and further meet the goal of minimizing the impact of cancer for these patients.

If you feel you, one of your relatives, or one of your patients may benefit from this clinic, please call 877-647-2502 to learn more. ■

“A main goal of the HCPMC is to minimize the impact of cancer on a patient and their family. Preventing cancer or detecting early-stage cancer is important in achieving this goal.”

# Dignicap Scalp Cooling Now Available to Reduce Chemotherapy Induced Alopecia

By Connie Kocourek RN, BSN, OCN; Manager Oncology Services, Metro Central Region; and Laurie Kadunc, RN, BSN, OCN, Cancer Nurse Navigator, Gynecologic Oncology, Aurora West Allis Medical Center

Chemotherapy induced alopecia (hair loss) is a common side effect of many chemotherapy agents. For some patients, the risk of alopecia becomes a factor that determines if they want to accept and receive potentially life-saving chemotherapy. A patient's hair can be a major part of their identity, and many patients rate hair loss as one of the most devastating side effects of chemotherapy. Chemotherapy-induced alopecia is an unwelcome reminder of disease that can negatively affect self-image, confidence, overall sense of well-being and a patient's attitude toward treatment.

Mimi expressed her interest in cold-capping to minimize hair loss. She was going to be starting chemotherapy and did a lot of research on how to do it. She was all set to proceed with purchasing several gel caps, that she would place in a cooler with dry ice, with the plan to wear the caps throughout her chemotherapy infusions. This process is very labor intense and requires the assistance of a friend or family member to help transport the cooler as well as help switch-out the caps as they thaw.

Mimi asked about bringing a "hair assistant" to her chemotherapy appointment. Due to the COVID restrictions and the no visitor policy to protect our patients, she was told she would not be allowed to have someone with her in the Infusion Center - this would mean the cold-capping would be very difficult if not impossible for her to manage on her own. She was disappointed to hear this, but certainly understood and resigned herself to the fact that she would not be able to do the cold-capping and most certainly would be losing her hair within a few weeks of starting chemotherapy.

“Aurora Cancer Care is now able to offer an FDA cleared therapy called “cooling caps,” that provide scalp cooling to patients during their chemotherapy and can help to minimize overall hair loss, to interested patients who are receiving certain chemotherapy agents for specific solid tumor diagnoses.”

However, Aurora Cancer Care is now able to offer an FDA cleared therapy called “cooling caps,” that provide scalp cooling to patients during their chemotherapy and can help to minimize overall hair loss, to interested patients who are receiving certain chemotherapy agents for specific solid tumor diagnoses. We have partnered with



Patient, Mimi, donning the cooling cap at her chemotherapy appointment.

Dignitana and have a Dignicap scalp cooling machine available at our Mayfair South Aurora Cancer Care clinic.

Mimi was scheduled for chemotherapy at the Aurora Women's Pavilion where her gyn oncologist, Dr. Elizabeth Dickson was located. After discussion, Mimi's care team determined that Dr. Dickson could order and manage the chemotherapy to be administered at the Mayfair South clinic and she was the first patient to utilize the Dignicap scalp cooling system.

She was thrilled that things could be coordinated this way and we were thrilled that we could accommodate her desire to do the scalp cooling. She said everything went smoothly with her first treatment and she knows that she may still lose her hair, but the fact that she has something she can do to give her some control back in a situation where so many things are out of her control is huge!

Insurance does not usually cover scalp cooling. Patients can contact their insurance company to inquire if they have any benefits for this service. If there is no insurance coverage, there is a non-revenue generating cash charge for the service.

Patients should discuss with their provider or care team if they have an interest in this technology. Their provider can then offer additional insight and information regarding effectiveness for specific treatment plans and coordinate scheduling as needed. ■

# Acts of Kindness from our Communities

By Jennifer Jarvey Balistreri, MS, ACC Community Impact Coordinator Senior

The current pandemic environment has set a new stage for the unique ways we are able to connect with each other. As we have worked to support one another throughout the last year, the approaches have evolved and will continue to throughout the pandemic. Throughout our various facilitates, Advocate Aurora Health is taking extra steps to protect patients and our team members. In person or online, we're here for you.

We have also received generous support from community-based organizations (CBO) we have worked with in the past. Although we are unable to be out in the community and connect face-to-face, many of our community partnerships are still running strong. Through different approaches, various CBOs, individuals, and team members have been able to support cancer causes which they feel are important directly, without having to be present in person.

Various ways our CBO partnerships have supported our patients and communities include but were not limited to donations of: masks, face shields, hand sanitizers, blankets, post mastectomy comfort pillows, treatment activity bags, online social support, education materials,



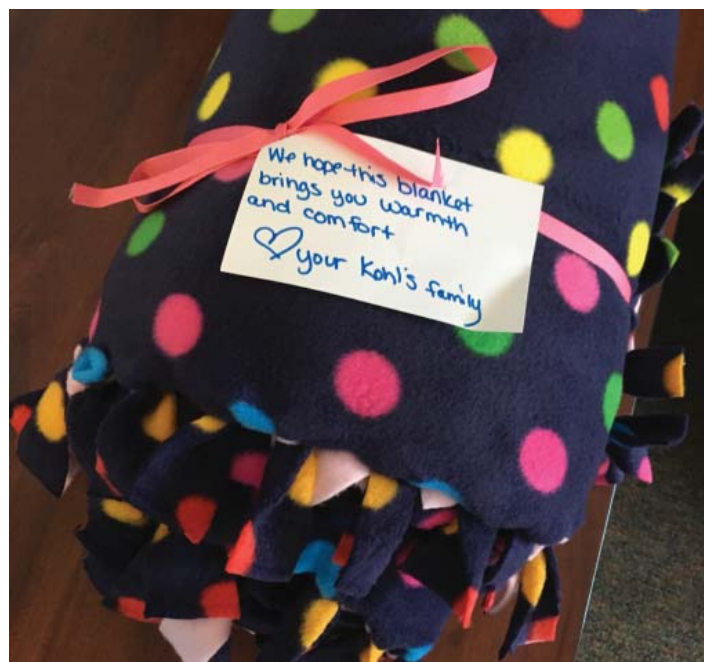
Advocate Aurora team members collecting boxes of donations from our community partners.

virtual events, resource tool kits and so much more. All these items were given to our patients through medical, surgical and radiation oncology, as well as the surrounding communities free of cost.

We would like to thank: After Breast Cancer Diagnosis (ABCD), American Cancer Society, Kenosha Cares, Kohl's Healthy Families, Wisconsin Cancer Collaborative, Wisconsin Ovarian Cancer Association (WOCA), anonymous community member donors and our own Aurora Cancer Care team members for their continued support of our patient populations. By sharing their acts of kindness, they have shown us unique ways to stay partnered and continue to strive to provide the best care for our patients and communities. We continue to be grateful for the additional support. ■



Wearing a face mask covering both your nose and mouth reduces the risk of contracting or spreading COVID; our community partners have provided some masks of inspiration for our patients.



Handmade blankets donated through Kohl's Healthy Families.

# A Brief Overview: “Can Magnetic Resonance Imaging Predict Pathologic Findings for Endometrioid Endometrial Cancer?”

“Women and Cancer” focus in the October Issue of the Journal of Patient-Centered Research and Reviews.

By Joe Grundle, Managing Editor, Journal of Patient-Centered Research and Reviews, Advocate Aurora Research Institute

In the treatment of endometrioid endometrial cancer (EEC), lymphadenectomy is recommended when patients are at elevated risk for lymphatic dissemination. However, some patients with EEC may be candidates for noninvasive treatment that preserves their future ability to bear children. While sentinel lymph node mapping has proved an effective technique to measure this risk, developing a similarly effective preoperative screening tool could help identify risk for patients in advance of surgical intervention.

Researchers at Advocate Aurora Health tested whether radiologists were able to accurately measure EEC tumor size and gauge patient risk using magnetic resonance imaging (MRI). Images were reviewed by three separate radiologists to determine tumor diameter, depth of invasion, and myometrial thickness.

Results of this [study](#) were published in the *Journal of Patient-Centered Research and Reviews* (JPCRR). In brief, the authors found that wide variability existed among the radiologists in their measurements of patient scans, ultimately limiting the utility of MRI to predict individual risk. Even so, each radiologist was able to predict superficial or deep myometrial invasion for 75% of patients, with high interrater agreement.

“Given the variation found among radiologic measurements, it is difficult to recommend preoperative MRI for all patients as a tool for measuring endometrioid endometrial cancer status,” said Elizabeth Dickson Michelson, MD, gynecological oncologist at Aurora West Allis Medical Center and lead investigator of the study. “Radiologists were better at broadly distinguishing mild from deep cancerous invasion, indicating this tool may be useful in patients who are opposed to surgical therapy.”

With incidence of EEC on the rise, the continued search for more fertility-sparing and nonsurgical treatment options for these patients is warranted.

You can find the full article on the JPCRR website <https://institutionalrepository.aah.org/jpcrr/vol7/iss2/7/>.

The JPCRR October issue theme will be “Women and Cancer.” While the contents primarily focus on breast cancer research, and will coincide with Breast Cancer Awareness Month, the issue will also feature works on endometrial cancer, hysterectomy, and exercise during labor. For this issue and more articles, go to <https://institutionalrepository.aah.org/jpcrr/>. ■

## Matching Unrelated Donors for Life-Saving Bone Marrow Transplants

Aurora St. Luke’s recently achieved an important milestone that will provide a full array of care options to patients seeking bone marrow transplants from Wisconsin and across the country.

In May, the Hematologic Malignancy and Stem Cell Transplant Program received approval from the National Marrow Donor Program (NMDP) to perform stem cell transplants for patients from unrelated donors.

Until recently, the program had performed autologous transplants only, meaning the cells came from the same individual. In January 2020, the program added the ability to perform matched related allogeneic transplants, meaning the donors were matched family members. Now, Aurora St. Luke’s will have the capability

to provide unrelated donor grafts through the NMDP for patients requiring allogeneic transplant who don’t have a “sibling match.”

The NMDP is the world’s largest and most diverse registry of potential marrow donors and donated umbilical cord blood units. Partnering with international and cooperative registries, NMDP can access more than 30 million potential donors and nearly 500,000 cord blood units worldwide.

“This is an amazing boost for the program. This approval allows us to give transplant patients more options and extends care to those in need of a donation and a second chance at life,” said Dr. Stephen Medlin, Medical Director, Hematologic Malignancy & Stem Cell Transplant Program. ■

## Message from the Vice President, cont.

Frequent hand washing can help prevent anyone from contracting or spreading COVID!

Social distancing of at least 6 feet reduces the risk of contracting or spreading COVID!

Wearing a face mask covering both your nose and mouth reduces the risk of contracting or spreading COVID!

I haven't yet met anyone who isn't anxious to get past this terrible time, and yet how many individuals are not following these simple guidelines to reduce the risk of contracting or spreading COVID!

“ I haven't yet met anyone who isn't anxious to get past this terrible time, and yet how many individuals are not following these simple guidelines to reduce the risk of contracting or spreading COVID! ”

My usual Vice President's section is dedicated to a discussion of new members of the cancer team, new activities within Aurora Cancer Care, recent discoveries in cancer diagnosis and treatment, and the excitement over accomplishments of the cancer team. Sometimes, it's collaboration with our Illinois colleagues. I decided for this edition it was best to try to induce a bit of introspection and societal responsibility.

So please, if not for you, for your loved ones, WEAR A MASK, SOCIAL DISTANCE, AND WASH YOUR HANDS. Doing so will help us get through the tragedy of COVID faster so we can all get on with our lives and figure out the post-COVID normal. **STAY SAFE AND STAY WELL! ■**

Did you know?



Team Phoenix deferred its 10th season of cancer survivorship triathlon training to keep athletes safe during COVID-19. In lieu of in-person training, the program has more than 100 athletes signed up for an alternative virtual training program created to help survivors stay healthy, active, and connected this summer. For more information about Team Phoenix: [ilka.hoffins@aah.org](mailto:ilka.hoffins@aah.org).

 **Aurora Cancer Care**<sup>®</sup>

We are  **Advocate Aurora Health**

[aurora.org/cancercare](http://aurora.org/cancercare)  @Aurora\_Cancer on Twitter

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