

AURORA CANCER CARE NEWS & VIEWS

Aurora Cancer Care • Special Edition - GU Cancer • 2021

Message from the Vice President, Aurora Cancer Care



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

We have dedicated our second specialty edition of Cancer News and Views to honor over 2,200 Aurora patients, and a similar number of Advocate patients, who will be treated this year for cancers of the urinary tract. We also recognize the commitment of our team members whose unwavering focus is on providing excellent patient care.

GU cancers have been an area of great innovation in our system. Since the performance of the first robotic prostatectomy in Wisconsin in 2003, our dedicated urologists have worked tirelessly to perform over 4,000 more. Drs. Mark Waples and Peter Leonovicz have completed over 2,000 robotic partial nephrectomies. This innovative technique has replaced the removal of the entire kidney, allowing patients to retain maximal kidney function while still providing a curative option for their kidney cancer.

Dr. Jonathan Kiechle has developed a program specifically to care for our transgender patients - those who undergo extensive counseling and desire gender altering procedures. In addition, our excellent nurse navigators are crucial in guiding our patients through the complex aspects of multidisciplinary care. Patients continuously share with us the value of the helpful and caring advice provided to them by our nurse navigators. From facilitating



appointment scheduling to checking on progress to answering questions and offering advice, the commitment of our nurse navigators to our patients is unmatched.

With the integration of our cancer service line, our next newsletter will feature stories of interest to our entire Advocate Aurora Health patient and team member populations from both Wisconsin and Illinois. We are very appreciative of our patients who entrust their cancer care to us, and for the outstanding care provided by our cancer team members. Your safety and wellness are of utmost importance to us; thus, we encourage you to receive your COVID-19 vaccine. Stay safe and stay well. ■

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Did You Know

Prostate Cancer Disparities in Our Communities

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

As we know, various populations are at a greater risk for certain types of cancers. What some may not realize is that prostate cancer disproportionately affects underrepresented and marginalized communities who face barriers. These high-risk communities may experience disparities and lack of screening due to a variety of reasons including: lack of availability of medical care in their area, socioeconomic status, transportation access, nutritional support, lack of physical activity, high smoking and alcohol use, undocumented status, uninsured or underinsured status, concerns of cost of treatments and care, racial trauma, fear of stigmas with providers and staff, the physical examination part of the testing process, and a lack of education or support regarding why cancer screening is important.



Additionally, race and ethnicity play a large role in the risk factors for prostate cancer. These factors influence why certain populations experience poorer outcomes and higher prostate cancer rates. According to the American Cancer Society (ACS) Cancer Facts and Figures for 2019-2021, African American men have the highest cancer incidence rate in the United States, including higher rates of prostate cancer, and are almost three times as likely to die of the disease than non-Hispanic White men. Furthermore, ACS reports that it is estimated that one in seven African American men will be diagnosed with prostate cancer in his lifetime, compared to one in eight non-Hispanic White men. This demonstrates a clear need to support partnerships within the community that focus on racial health disparities and access to care, and the importance of championing programs to promote healthy lifestyles.

As for community screening, the United States Preventive Services Task Force issued a recommendation that prostate cancer screening for men aged 55-69 years needs to be a patient-to-provider individualized decision based on personal and family health history, in addition to the other factors stated above. Therefore, we do not provide the PSA screening testing within our community outreach.

You may be asking: how can we help reduce the incidence of prostate cancer? Within the community lens, we are furthering our education efforts regarding prostate cancer and the risk factors that align with the disease. This includes but is not limited to teaching and reinforcing healthy diets and nutrition, increasing access to healthy foods and physical activities, fostering health advocacy support, and partnering with community-based organizations to build support systems and trust. If we can better serve marginalized populations with education, support, and access to care, we may be able to counter the barriers and disparities that currently impact poorer overall health outcomes. ■

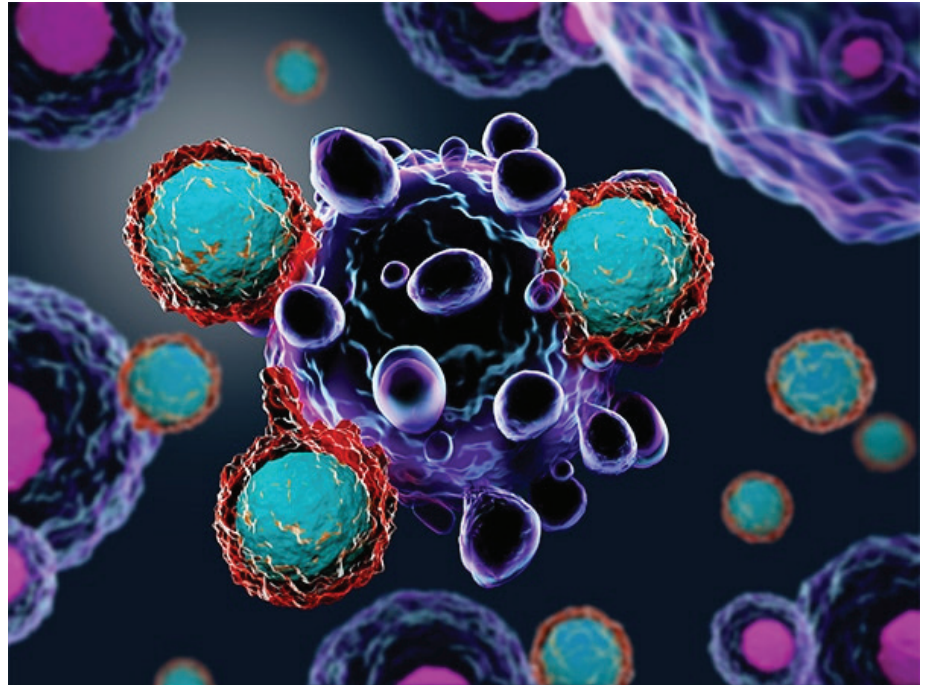
Advanced Treatment Options for Prostate Cancer

By Dr. Corey Shamah, M.D., Physician Informatics Director, Hematology Oncology, Aurora Cancer Care & Dr. Mark Waples, M.D., FACS, Director, Department of Urology

The last few years have given us many new and exciting treatment options for prostate cancer. Patients of all ages and degrees of disease are benefitting from Aurora Cancer Care's expertise in these new treatments. Advances in surgery, radiation, chemotherapy, immunotherapy, and targeted therapy are all available to our patients. Furthermore, with our multidisciplinary approach, we offer all-around top-notch care to our patients.

For patients who elect surgery, the vast majority of procedures are done using a robot-assisted laparoscopic approach. In robotic surgery, miniaturized instruments are placed through very small incisions, allowing the surgeon to remove the prostate and nearby tissues with great precision. At St. Luke's Medical Center, a 3-D system of visualization and exacting control of the instruments is used which results in shorter hospital stays and less bleeding, pain, and complications. For patients with more advanced tumors requiring more extensive surgery, we involve Dr. Ajay Sahajpal from transplant surgery and Dr. Wesley Papenfuss from surgical oncology to ensure the most comprehensive care. Our partnership with thoracic surgery, neurosurgery, and orthopedic oncology allows us to provide the highest level of care to our patients who benefit from resection of metastatic disease outside the abdomen. Additionally, our urology medical oncology team, led by Drs. Tony Ruggeri and Rubina Qamar, provide excellent care to patients with metastatic disease or locally advanced malignancy.

For those patients with prostate cancer that is still only in the prostate gland, radiation therapy with our radiation oncologist Dr. Jeffrey Kittel is another excellent option. Often given along with hormonal therapy, beams of radiation are focused on the prostate gland and surrounding tissue. Using specialized techniques, such as Intensity Modulated Radiation Therapy (IMRT), the radiation beams are shaped and aimed from different angles, maximizing therapy to the cancer, while minimizing radiation to the surrounding normal tissues. Patients can also pursue renal mass biopsy with or without simultaneous ablation with Dr. Sebouh Gueyikian in interventional radiology.



For many years, once the cancer had spread, there were no effective therapies beyond standard hormonal therapy. However, the advent of new oral anti-hormonal drugs, such as abiraterone, enzalutamide, and darolutamide, has enabled patients to delay the need for chemotherapy. While chemotherapy is often an excellent and effective choice, other options include immunotherapy, targeted therapy, and nuclear medicine therapy.

Immunotherapy includes medications that help to harness the patient's immune system to help fight their cancer. Recent innovations in prostate cancer include sipuleucel-T (Provenge) which is individually tailored to each patient's immune system. Some prostate cancers are candidates for immune checkpoint inhibitors, such as pembrolizumab (Keytruda), which block a protein on the cancer cells, making them more susceptible to attack by the patient's immune system.

Newer treatments include a class of medications called PARP inhibitors. For some patients, these oral drugs can be very effective in patients whose cancers are defective in the repair of DNA damage.

Two new radiopharmaceuticals are also now available. Radium-223 (Xofigo) is a radioactive isotope that acts like a form of calcium and accumulates in bones that are affected by cancer. This low-dose radiation can be delivered to the tumor specifically, resulting in less bone

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Cancer Care Navigation: The Co-Pilot Along the Cancer Journey

By James Kaplan, RN BSN OCN, Cancer Nurse Navigator, Aurora Cancer Care

When a patient hears the words “you have cancer” for the first time, it turns their world upside down. A magnitude of emotions and feelings are felt which may include fear, shock, anger, and disbelief. During the wave of emotions, many begin to ask questions about next steps and how those next steps are initiated. A cancer nurse navigator assists patients along the cancer journey - from diagnosis through survivorship.

Cancer Nurse Navigator

Cancer nurse navigators are caregivers trained to assist, support, and guide patients and families through the healthcare system - helping patients throughout all phases of the care continuum including diagnosis, treatment, and survivorship. From being present at appointments to serving as a support in answering questions and facilitating communication, cancer nurse navigators provide a personal touch to patient care. Furthermore, cancer nurse navigators provide education and promote shared decision-making.

A prostate cancer patient’s journey often begins with a test that measures the amount of prostate specific antigen (PSA) in the blood. If this level is elevated, the patient is referred to a urologist who, if indicated, will perform a prostate biopsy. After being made aware of the positive biopsy results from a physician, patients are often contacted by a cancer nurse navigator. As the prostate cancer nurse navigator, I contact the patient to discuss my role in their care - a “co-pilot” along the journey helping to coordinate next steps. Many patients are often seen in the Genitourinary Multidisciplinary Cancer Clinic to discuss treatment options.

Multidisciplinary Cancer Clinic

At the multidisciplinary clinic, physicians from multiple disciplines gather to discuss each patient’s case and help determine possible plans of care. Depending on the specific case, prostate cancer patients often have multiple options for treatment which may include active surveillance, surgery, or radiation. Patients meet with a urologist, a radiation oncologist, and sometimes a medical oncologist to discuss each option in detail and are presented with the risks and benefits of each treatment modality. Meeting with the entire care team in one visit is very beneficial for patients. Patients are able to obtain all necessary information to make a well-informed decision, and gain understanding of possible outcomes following treatment. A cancer nurse navigator’s presence at these appointments helps to assess barriers, promote communication, and serve as a patient advocate to ensure patients and their families are educated and understand how the treatment options can affect overall quality of life.

Survivorship

After completion of treatment, PSA monitoring and physician follow-up continues for many years. During the survivorship phase of care, many men recognize the need for emotional support. A cancer nurse navigator is there to discuss feelings and provide support including listening and making referrals to Aurora Family Support and other support groups. It is important to recognize that the journey continues beyond treatment, and the cancer nurse navigator is there to help, co-piloting along the way. ■



Beyond Prostate Cancer – SURVIVORSHIP

By Jamie Cairo DNP, AOCNP, Director of Clinical Program Development, Aurora Cancer Care

One out of eight men will be diagnosed with prostate cancer during his lifetime, making it the second most common cancer in American men¹. The good news is that due to improvements in early screening and advancements in treatment, the long-term survival for prostate cancer patients diagnosed with local or regional disease is good. Approximately 85 percent of earlier stage patients will be disease-free after five years², but many prostate cancer survivors experience long-term and late effects related to their diagnosis and its treatment.

At Aurora Cancer Care, survivorship is an important part of our holistic, multidisciplinary patient care. During a dedicated survivorship visit, patients receive an individualized survivorship care plan that includes a summary of cancer treatment and a plan for follow up care, including recommended cancer screening and other periodic testing and examinations. The care plan includes a plan for ongoing health and wellness, including diet and exercise recommendations. It can also be a time to address any potential insurance, employment, and financial consequences of cancer and its treatment.

The treatment of prostate cancer varies based on stage and other factors but may include surgery, radiation, and hormonal treatment, also referred to as androgen deprivation therapy. Depending on the type of treatment, prostate cancer survivors can experience difficulties with urination, sexual dysfunction, bowel problems, hot flashes, chronic fatigue, and other issues as well.

Prostate cancer survivors frequently experience depression and anxiety. They may have low testosterone levels which can affect the mood of some men, making them feel depressed or irritable³. It is important to screen prostate cancer survivors for depression and anxiety at regular intervals after treatment. Antidepressant medication can help, but testosterone replacement therapy in men with low testosterone may also improve

depression. Exercise therapy and supportive counseling or group support can also help patients to cope with their symptoms.

Obesity is associated with worse health outcomes for patients with prostate cancer including increased mortality and cancer recurrence⁴. Research suggests that physical activity may decrease the risk of prostate cancer recurrence and improve survival. It may also shorten one's recovery time and prevent some of the side effects of treatment. It is recommended that survivors aim for at least 150 minutes per week of physical activity, including weight-bearing exercises. A cancer rehabilitation specialist can help develop an individualized fitness plan that can help survivors to achieve their goals.

A plant-based diet that is high in fruits, vegetables, whole grains, poultry, and fish and low in refined grains, red and processed meats, high-fat dairy products and saturated fats is recommended. Survivors should avoid or limit alcohol consumption, too. A dietician can assist in designing a healthy eating plan.

Bone health is also a concern for prostate cancer survivors who are taking androgen deprivation therapy because they are at increased risk for developing osteoporosis. These cancer survivors should have bone density imaging and follow up and should take in 600 IU of vitamin D and 1200 mg/d of calcium.

Survivorship care can help patients to learn to live the healthiest life possible. It can also improve care coordination between one's cancer care team and their primary care providers. Addressing the unique needs of prostate cancer survivors is an important step as they transition to life after cancer treatment. ■



¹ Cancer.org. 2021. *Key Statistics for Prostate Cancer | Prostate Cancer Facts*. [online] Available at: <<https://www.cancer.org/cancer/prostate-cancer/about/key-statistics.html>> [Accessed 6 July 2021].

² Cancer Facts & Figures 2019. American Cancer Society. <https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2019.html>. Accessed July 6, 2021.

³ Nead KT, Sinha S, Yang DD, Nguyen PL. Association of androgen deprivation therapy and depression in the treatment of prostate cancer: A systematic review and meta-analysis. *Urologic Oncology: Seminars and Original Investigations*. 2017;35(11). doi:10.1016/j.urolonc.2017.07.016

⁴ Vidal AC, Oyekunle T, Howard LE, De Hoedt AM, Kane CJ, Terris MK, Cooperberg MR, Amling CL, Klaassen Z, Freedland SJ, Aronson WJ. Obesity, race, and long-term prostate cancer outcomes. *Cancer*. 2020 Aug 15;126(16):3733-3741. doi: 10.1002/cncr.32906. Epub 2020 Jun 4. PMID: 32497282.

The Aurora NCORP Offers Clinical Trials for Genitourinary Cancers

By Neha Glandt, NCORP Administrator, Advocate Aurora Research Institute

Advocate Aurora Health is in its eighth year as part of the National Cancer Institute (NCI) Community Oncology Research Program, or NCORP. Participation in NCORP is thanks to a grant from NCI, which has provided nearly \$10 million to support oncology clinical research at Advocate Aurora since the program began in August 2014. Thomas Saphner, MD, FACP, and Michael Thompson, MD, PhD, FASCO, are the Aurora NCORP co-principal investigators. Three years ago, the Aurora NCORP expanded to cancer care sites in Illinois. Sigrun Hallmeyer, MD, serves as the NCORP principal investigator for Illinois.

NCORP brings cancer clinical trials to patients throughout Wisconsin and Illinois. Conducting clinical trials in communities where patients live means that a diverse population can participate in clinical trials. This expanded access to clinical trials, in turn, generates more broadly applicable evidence that contributes to improved patient outcomes and a reduction in cancer disparities.

“We offer several trials that specifically target genitourinary cancers,” said Karen Cheek, the oncology clinical trials manager in Wisconsin.

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Aurora NCORP’s five genitourinary cancer clinical trials evaluate the effectiveness of different treatment options in patients with bladder, urothelial, prostate, and rare genitourinary cancers. The studies are offered at Aurora Cancer Care clinical sites across Wisconsin. To date, 19 patients have enrolled in these trials. Aurora NCORP is

working toward opening these studies and more to cancer care sites in Illinois.

“We are fortunate to have a strong clinical research team, from physicians who discuss trials with their patients, to clinical research coordinators who ensure patients interested in taking part in research are connected with trials appropriate for them,” Cheek said.

“We are fortunate to have a strong clinical research team, from physicians who discuss trials with their patients, to clinical research coordinators who ensure patients interested in taking part in research are connected with trials appropriate for them.”

Twenty-five coordinators work closely with medical oncologists, oncology specialists, and surgeons to identify potential patients and, once a patient is enrolled, make sure the trial is conducted as designed. Coordinators are responsible for ensuring patients are educated about the trial by conducting an extensive informed-consent process. All coordinators and investigators must participate in research training and obtain certifications prior to performing any research work. Pharmaceutical trials are offered in addition to federally sponsored research.

More than 280 patients were enrolled in NCORP trials during the seventh grant year, which ran from Aug. 1, 2020, to July 31, 2021. To learn more about the Aurora NCORP, visit aurora.org/ncorp. ■



NATIONAL CANCER INSTITUTE
Community Oncology
Research Program (NCORP)

The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

Teaming Up to Help People Live Well

By Adam Martin, Development Director, Aurora Health Care Foundation

People are at the heart of everything we do, and when you make a gift to the Advocate Aurora Health (AAH) Foundations, it is a gift from the heart. Our world has changed and giving is more important than ever, with a range of campaign funds to support your coworkers, our patients and our communities. Whether supporting specific AAH services like oncology, pandemic relief, or research innovations, your generosity connects people to all aspects of their health and wellness.

Giving to Advocate Aurora Health funds helps us increase patient access, support innovation, and improve health outcomes. When it comes to helping people live well, there is no better team in healthcare than our Advocate Aurora team.

Give to Causes Important to You

There are many Advocate Aurora Health Foundation funds to choose from that allow your support to directly help the areas most important to you, including giving directly to funds that support our oncology work. One such example is the Judy Kerns Pence Cancer Fund, highlighted below:



Judy Kerns Pence passed away from colon cancer in 2003 at the age of 42. Her parents, Pat and Joan Kerns, started a fund to honor their daughter's memory.

You Just Helped Provide Hundreds of Free Cancer Screenings During a Pandemic

Aurora Walker's Point Community Clinic is the largest free clinic in Wisconsin and exists to serve people who don't have other health care options. Through your support of the Judy Kerns Pence Cancer Fund, colorectal cancer screenings are provided to patients of Aurora Walker's Point at no cost.

Despite the circumstances caused by the pandemic, Aurora Walker's Point completed 83% of colorectal cancer screenings that were due. During the spring of 2020, community health workers developed an innovative, no-contact system to help provide screenings by arranging drop-off and pick-up of fecal occult blood test kits at patients' homes.

"Patient after patient expressed gratitude for this offering," said Chris Casselman, Manager of Clinic Operations for Aurora Walker's Point. "Completing screenings at such a high rate during a pandemic is a huge accomplishment and a testimony to the good the Judy Kerns Pence Cancer Fund does for our community. We are very, very grateful for this fund and the generous support of its donors."

If you are interested in giving or learning more about the AAH Foundation funds available, please contact Jennifer.Benanti@aah.org or Adam.Martin@aah.org.

If you are an Advocate Aurora Team Member and would like to support, gifts can be made throughout the year, including during the Team Member Giving Campaign coming this fall! ■

Advanced Treatment Options for Prostate Cancer cont.

pain and increased survival. The newest medication is Lutetium-177-PSMA-617. This drug targets radiation to a protein that is highly expressed in prostate cancer, resulting in many patients who have excellent results.

In addition to advanced treatment options, our multidisciplinary cancer care approach includes nurse navigators, like Kristen Fell and James Kaplan, who help patients make their way through this difficult time in life. Furthermore, we offer genetic counseling, and our robust clinical trials program allows us to participate in the research of new methods for the future. While prostate cancer remains a formidable foe, there are many new therapies that give our patients new hope and the best treatment options available. ■



Did you know?



James Kaplan transitioned to the prostate cancer nurse navigator position in April 2021. He brings with him a wealth of oncology experience that he has gained from various positions within Aurora since he started in 1999. While at West Allis, he worked in inpatient oncology, the outpatient infusion room, and as a clinic team nurse. Most recently, James had been a supervisor of oncology services for ACC Good Hope and Aurora Sinai VLCC locations since 2015. His excitement for the prostate cancer nurse navigator role combined with his experience will be a wonderful benefit to our prostate cancer patients at both the St. Luke's and West Allis sites.

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