

# 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

It's 2021 and most of us felt it couldn't get here fast enough. Despite the cold weather and unexpected record snowfall it's good to have survived 2020. Despite recent challenges, many new, good things are happening.

Aurora Cancer Care has welcomed three new Medical Oncologists since the last newsletter. These include Dr. Abdel Hosein and Dr. Nicholas

Gustafson in Sheboygan; and Dr. Amir Bista in Green Bay.

We've seen the retirement of three treasured colleagues, Dr. Margery Howard and Dr. Santhosh Kumar of Medical Oncology; Dr. Wendy Mikkelson is retiring after 34 years as our lead breast surgeon. All of these valued colleagues will be greatly missed. We wish them the best in retirement.

Despite the slowdowns caused by COVID, our lung cancer screening volume in the last two quarters exceeded all prior records and the amount of early lung cancers and other diseases that were diagnosed have saved many valuable lives.

We still hear the sorrow of friends, patients, and family lost from COVID, but the active program of vaccination brings renewed hope every day. There is now a spreading belief that life will return to the new "normal" in the not very distant future—hopefully during this calendar year.

Virtual visits which were a discussion point in the past have become the new reality. AAH has performed over 900,000 virtual visits in 2020, the first year they were

rolled out. We are all working to find a permanent place for virtual visits in the workflow of treating patients with cancer.

The medical groups of Aurora Health Care and Advocate Health Care became a single group on January 1, 2021 as the Advocate Aurora Health Medical Group. This was a very exciting amalgamation which makes us part of one of the largest medical groups in the country. Although we are sure there will be growing pains we look forward to the integration of the service lines. Aurora Cancer Care leadership (Dr. James Weese and Amy Bock) has been working closely and collaboratively with the Advocate Cancer Institute leadership (Karen Gordon and Dr. Jon Richards) for nearly three years and have already completed seven integration projects. We look forward to closer collaboration in the future as we will eventually integrate the two service lines.

Finally, we are very excited to welcome Dr. Amit Acharya, the new System Vice President and leader of the combined research institute on February 1st. Dr. Acharya, a Dentist with a Ph.D. in Biomedical Informatics, comes to AAH after over 12 years at the Marshfield Clinic, most recently as the Executive Director of the Marshfield Clinic Research Institute. During his tenure, he grew it into the largest private medical research institute in Wisconsin, with more than 30 scientists, 150 clinicians, and 230 research staff focused on clinical research, cancer research, epidemiology and population health, precision medicine and genetics, oral and systemic health, and agricultural safety and health. Between 2017 and 2019 he was able to grow external funding from \$16M to over \$31M. He oversaw growth to a \$38M operation in 2019. Dr. Acharya is very personable and creative and we look forward to great progress for future growth and national recognition of the combined research institute. ■

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## Hereditary Cancer Education and ACC Community Outreach

*By Jennifer Jarvey Balistreri, MS, ACC Community Impact Coordinator Senior, Aurora Cancer Care*

**W**hen you think of community outreach and education, physical screening is likely the first approach that comes to mind. HPV screening and vaccine awareness, mammograms, colonoscopies and low dose lung CTs are a great focus of our community outreach work, yet another important component of cancer care that we cover is hereditary cancer risk factor awareness. Our ACC Genetic Counselors are already known to provide patients with a genetic risk analysis, assess appropriate genetic testing and final interpretation of genetic test results. Through community outreach, we hope to further the overall importance of genetic testing and educate the community to better understand their familial cancer history and potential hereditary risk factors for cancer.

One way we are providing this education to the community is through building advocates within patients' social support networks, such as community health workers. The various community health workers throughout Wisconsin and Illinois help navigate patients throughout the health system, in addition to sharing education and resources that become available to them. Through the connection of community health worker advocacy and community-based organization partnerships, in February 2021 we were able to support the American Cancer Society Virtual Cancer Prevention Conference for Community Health Workers with hereditary cancer education. Through this virtual event, Deborah Wham, MS, CGC was able to provide community health workers with her expertise on hereditary cancer and the basics of what the community at large needs to know about genetic testing. By participating in this event, we anticipate further support from community health workers and advocates to continue to provide resources and encourage community members to speak to their providers about hereditary risk factors and genetic counseling services.

Throughout the year we also hope to continue to share information about hereditary cancers within various community education platforms. By providing the community with hereditary cancer education, in addition to overall cancer screening education, we will continue to aid in increasing health equity and overall access to cancer care resources. ■



# Aurora Cancer Care Grafton Toasts to the Good in 2020

By Cassandra Katzer, BSN, RN, OCN, Supervisor, Oncology Services Grafton

**A**s we all know, 2020 brought many different challenges and Lisa Gutzman, RN, had an idea to end the year on a positive note and bring the team together to celebrate all the challenges we all overcame together.

Lisa set out to purchase materials and coordinate a New Year's toast on December 31st at noon. She included the entire building which consists of Medical-Oncology, Radiation-Oncology, Imaging Services, Pharmacy, and Lab. She made sure that the sparkling cider bottles were individual serving size so that each team member had their own.

The week of New Year's Eve, she made her announcement at our safety huddle and invited everyone to the lobby at noon to share a toast! Lisa went out of her way to purchase supplies, create a poem, write an uplifting toast, and invited the entire building to lift spirits. Lisa and another team member, Jill, even found a way to include team members who were not present.

As we consider the challenges of 2020, we wanted to focus on the opportunities it brought to all of us as health care team members. These opportunities included implementing virtual visits and communicating with our newly remote working team members to improve patient care and safety.

More opportunities to become creative in our many different workflows while implementing new workflows for our safe care promise. We pulled together as a team to implement safety protocols for team members and patients more quickly than we ever had before. Our team members demonstrated how we stand by our Advocate Aurora Purpose and Values as the pandemic swept the globe, always putting patient safety and quality first.

“ We were able to help people live well by showing our excellence, compassion and respect for all patients and each other. ”

We were able to help people live well by showing our excellence, compassion and respect for all patients and each other. Although at times, staying positive was difficult, we were always able to come together and support each other in teamwork and best patient care along with personal family illnesses, loss of loved ones, quarantine, along with celebrating birthdays, engagements, weddings, and welcoming new life to the world!

We brought out so many warm emotions with the Aurora Cancer Care Grafton team and the event and toast were talked about for weeks. This brought multiple departments, work areas, providers, and team members together.

As we raised our glasses, Lisa toasted: “Thank you all for being here and joining in on our toast! 2020 was rough, it was a hard and trying year. It didn't start out that way though and we shouldn't let it end that way! I wanted to bring us all together to toast to 2021 and to remember the good in 2020. I couldn't imagine another group of people to go through the hardships of 2020 with, we're like one big family and I love it! We all shared the many good times and laughs with each other and with our patients! So, I ask everyone here today to remember the good that happened in 2020 and cheers to a great 2021!” ■

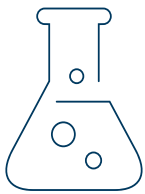


Aurora Cancer Care New Year's toast.

# Research Institute Joins Study of Presurgical Care Model for Elderly Cancer Patients

Clinical trial evaluates OPTI-Surg toolkit's ability to improve surgical outcomes

By Nick Bullock, Scientific Writer and Editor, Advocate Aurora Research Institute



**A**dvocate Aurora Health recently joined a clinical trial evaluating the role of a presurgical screening and care model, or toolkit, in improving surgical care and outcomes in older patients with cancer.

The study, “Use of a pre-surgical toolkit in improving surgical care and outcomes in older participants with cancer,” will gauge how well the OPTI-Surg presurgical toolkit improves patient function eight weeks following a surgical operation. Advocate Aurora Research Institute opened the study at Aurora St. Luke’s Medical Center in Milwaukee.

“As the number of older adults who undergo surgery continues to rise, clinicians are becoming more focused on how age-related frailty can put patients at increased risk of complications from surgery,” said surgical oncologist Aaron Chevinsky, MD, site principal investigator for the study. “But by screening for and attempting to address the vulnerabilities associated with frailty, we can potentially enhance recovery from surgery, reduce length of stay and decrease hospital costs.”

The OPTI-Surg toolkit involves screening elderly cancer patients for various types of vulnerabilities – such as those in cognition, nutrition, functional independence and social support – and then providing targeted resources, including printed reading materials, and possibly referrals to other care providers, such as social workers and dietitians.

Previous studies have shown that while interventions addressing frailties in a single domain can have mixed results, multimodal interventions that identify and address more than one type of frailty demonstrate greater potential for improved outcomes.

Study sites will randomize participants into one of three study arms: participants receive OPTI-Surg intervention with an implementation coach, participants receive OPTI-Surg intervention without an implementation coach and participants receive usual care.

“Surveys show oncologists are open to preoperative measures to improve care and outcomes for older patients, but real or perceived obstacles, such as a lack of time or specific direction, have slowed adoption of such measures,” said Nina Garlie, PhD, interim vice president for the Research Institute. “A presurgical toolkit that can be tailored to different clinical settings could be one way to help meet this need.”

The study is sponsored by Alliance for Clinical Trials in Oncology, a cooperative research group that designs and conducts clinical trials under the sponsorship of the National Cancer Institute.

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





# COVID-19 Vaccines and Cancer: What you Need to Know

**A** cancer diagnosis comes with a tidal wave of information about the diagnosis itself, treatment options, surgery, labs, imaging, medications, side effects, precautions, etcetera. 2020 introduced a new bombardment of information as we learned more about the outbreak of COVID-19 and the impacts of the spread of the disease and the precautions that help prevent the spread. Now we have the COVID-19 vaccines and questions of their safety and effectiveness in cancer patients. There are so many questions to be answered, here is some basic information.

## Safety of COVID-19 Vaccines in Cancer Patients

We strongly encourage everyone to get the vaccine when it becomes available to them. The vaccine does not involve the injection of a living virus, so you will not be at risk of getting sick with COVID-19 infection from the vaccine itself.

Cancer patients and people with compromised immune systems were not included in the clinical trial studies of the vaccines. Vaccines rely on the immune system to create the protection against the infection, it is possible that people with a weakened immune system will not have as good of a response against the COVID-19 vaccine. However, in the clinical trials, people who received the vaccine and then developed a COVID-19 infection had much milder symptoms.

It is unknown if the COVID-19 vaccine can cause harmful side effects on cancer. However, experience with many other vaccines indicates this is quite unlikely. There are significant risks to cancer patients who contract a COVID-19 infection. Therefore, there is likely more benefit from the vaccine than any risk to making the cancer worse.

## Keep Masking and Social Distancing

It is possible that the vaccine will be less protective in cancer patients or patients with weakened immune systems than in other people. It is important to maintain current safety practices of social distancing, frequent hand washing and hand sanitizing, and wearing a mask to continue to protect yourself and others from getting sick with COVID-19.

Given the limited supply of vaccine availability at this time it is recommended that people continue wearing masks both for their own protection and to protect others who may be at risk for spread, even from someone who has



had a vaccine. Currently, health officials are anticipating over 70% of the U.S. population would need to be vaccinated for us to have widespread immunity. Therefore, maintaining current safety practices (back up, wash up, mask up) will continue to help stop the spread.

## COVID-19 Vaccine Availability

Advocate Aurora Health is following CDC's guidance on vaccine allocation. As vaccine availability increases, vaccination recommendations from CDC will expand to include more groups. The goal is for everyone to be able to easily get a COVID-19 vaccination as soon as large quantities of vaccine are available. As vaccine supply increases but still remains limited, The Advisory Committee on Vaccine Practices (ACIP) will expand the groups recommended for vaccination. Advocate Aurora Health will continue to follow this recommendation and does not currently know the timing for when it will be available to all patients. (see <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations.html>)

## For More Specific Information

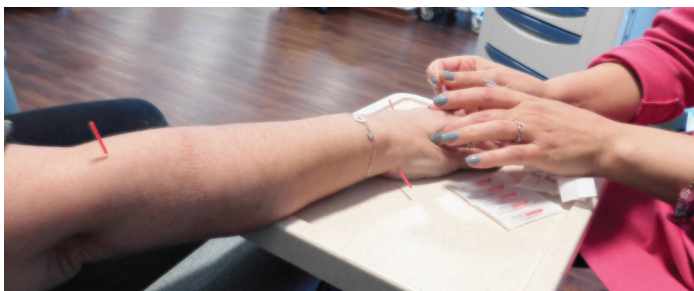
Patients undergoing surgery, receiving medications that increase the immune system, or receiving or have received a bone marrow transplant may have other factors to consider for timing when to receive the COVID-19 vaccine. Take some time to discuss the best timeline for receiving a vaccine with your cancer care providers to help ensure the most effective vaccination and reduced risks of side effects. ■

# Aurora Integrative Cancer Care: Better Together

By Melissa Armstrong, MHA, Program Coordinator, Integrative Medicine

**2020** was a year of unprecedented change, nevertheless, here at Aurora Cancer Care one constant has remained, our commitment to our patients and exceptional cancer care. Unlike any other cancer care program in Wisconsin, Aurora Cancer Care prioritizes proactive nonpharmacological symptom management that is safe, effective and at free or low cost to our patients to increase their quality of life.

Aurora's Integrative Cancer Care program provides same-day symptom management within 15 of the Infusion Clinics. Integrative Cancer care is a free or low-cost, high-quality clinical care that is available to any patient under the care of an Aurora Cancer Care provider.



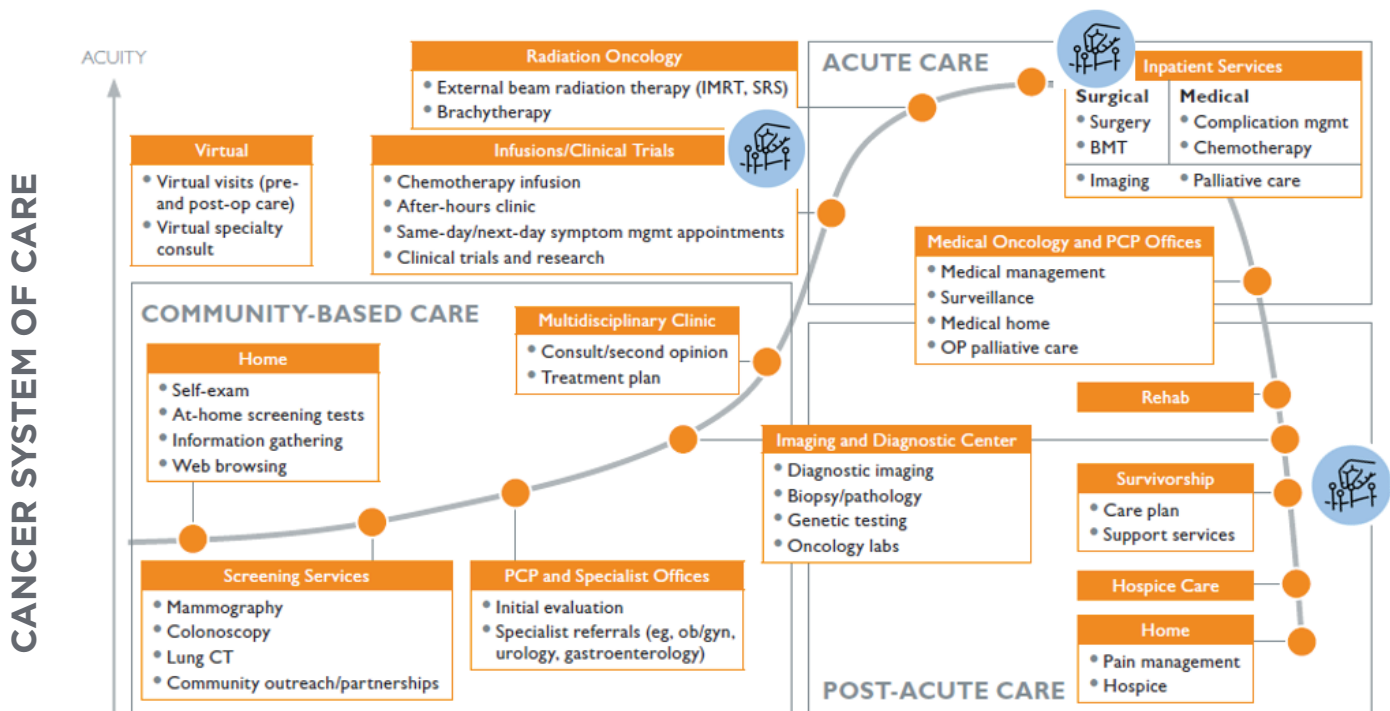
As one of our patients expressed, "I started acupuncture therapy after my first chemotherapy treatment because I was looking for an integrative approach to manage side effects, specifically neuropathy in my fingers. I noticed improvement with the first treatment and continued acupuncture therapy 1-2 times during each chemotherapy cycle. During my treatments, acupuncture helped me with

neuropathy in my fingers and toes, hot flashes, headaches, and feeling light-headed. I appreciated a way to address the symptoms from chemotherapy side effects without having to take another medication to increase my quality of life. I would encourage anyone going through chemotherapy to consider acupuncture therapy. I appreciated the opportunity to receive the service at a reduced cost thanks to the philanthropic fund. I will be donating to help provide services for future patients."

## Strategies for Success

At Aurora Cancer Care, we are working together as a multidisciplinary team to facilitate a patient-centered team approach to improve patient outcomes. Our patient data driven Integrative Cancer Care program yields statistically significant symptom reduction for pain, neuropathy, stress, and nausea. Our fluid program optimizes patient wellbeing across community-based, acute and post-acute settings. Patients may utilize our services at time of diagnosis, during treatment and into survivorship. As shown in graph below, Integrative Cancer Care can provide comprehensive care in all areas of the patient care continuum.

In the upcoming months to further our patient engagement and as a continuation of the care continuum, all newly diagnosed patients will receive an Integrative Cancer Care patient education video (EMMI). This video will ensure all new patients are aware of the symptom reducing services available, as they begin their care plans. Early symptom management can help to bolster the body and mind for the path ahead, no matter the treatment. Here at Aurora Cancer Care, we are truly better together. ■



\* Integrative Cancer Care Therapies touches our patients across the care continuum, we provide a quality service that reduces pain, neuropathy, stress and nausea. Image modified with permission from: Sg2 intelligence: Cancer Service Line Outlook 2020. (2020, July 23).

# Welcome New Co-Director of the Oncology Precision Medicine Program

By Angela Sinner, MBA, Project Coordinator, Aurora Cancer Care

Since March 2017, Aurora Cancer Care's Oncology Precision Medicine Program has been providing patient care from one of the state's first programs dedicated to genetic changes in tumors. Our precision medicine team uses insights from the latest research to work toward a shared goal: providing patients with the right treatment at the right time.



Precision medicine, or personalized medicine, takes tailored cancer care a step further by looking at a tumor's specific characteristics, or molecular footprint. Doctors have known for a while that some genetic mutations and other changes cause cancer. Occasionally, changes get passed down from parents and are present at birth, but most develop as we grow and age.

Even among the same type of cancer, the genetic changes driving growth vary, making treatment less of a one-size-fits-all approach. At the same time, a genetic change may appear across cancer types, giving doctors a wider range of evidence to consider. While standard treatments continue to work for many cancers, these findings point toward targeted therapy options.

Joining our precision medicine team is Mary Walters, PharmD, BCOP, a clinical pharmacist and the new Co-Director of the Oncology Precision Medicine Program. Mary has always had a keen interest in pharmacology, medicinal chemistry, genetics, and translational sciences.

Mary trained at the Level 1 Trauma Center, North Memorial Medical Center, in Robbinsdale, Minnesota where she

developed a ketamine pain management protocol and an interest in oncology. She then specialized in oncology at Advocate Aurora optimizing pharmacy transitions of care for patients with cancer. During her training, she was among the first residency classes to participate in the Oncology Precision Medicine rotation and was impressed by the level of collaboration and unique role of the pharmacist on the team. For the past 3 years, she has served as a clinical pharmacist in the Milwaukee metro area cancer clinics.

She joins the expertise of the specialists we bring together in medical oncology, pharmacy, pathology, research and genetic counseling. Together, they continue to:

- Keep up with the latest developments in a rapidly evolving, highly specialized field;
- Spend the time to thoroughly investigate your case;
- Determine which genetic changes are driving tumor growth and may provide treatment targets; and
- Refer you to genetic counseling and testing at Aurora if you inherited a genetic mutation with a high cancer risk.

Mary obtained her Bachelor of Arts in Chemistry with a Biochemistry concentration at Saint Catherine University in Saint Paul, Minnesota and her Doctor of Pharmacy degree from the University of Minnesota - Twin Cities.

She is looking forward to working with the Oncology Precision Medicine Program team to continue expanding the Oncology Precision Medicine Program, optimizing workflow automation, and promoting precision medicine education. ■



Welcome Mary Walters, PharmD, BCOP, the new Co-Director of the Oncology Precision Medicine Program.

“Joining our precision medicine team is Mary Walters, PharmD, BCOP, a clinical pharmacist and the new Co-Director of the Oncology Precision Medicine Program. Mary has always had a keen interest in pharmacology, medicinal chemistry, genetics, and translational sciences. She is looking forward to working with the Oncology Precision Medicine Program team to continue expanding the Oncology Precision Medicine Program, optimizing workflow automation, and promoting precision medicine education.”



# Welcome New Providers



**Amir Bista, MD**  
*Hematology & Oncology*

**Practice Location:**  
Vince Lombardi Cancer  
Clinic-Green Bay  
2845 Greenbrier Rd.,  
Ste. 250  
Green Bay, WI 54311-6519  
Office: 920-288-4180



**Nicholas J. Gustafson, DO**  
*Hematology & Oncology*

**Practice Location:**  
Vince Lombardi Cancer  
Clinic-Sheboygan  
1222 N. 23rd St.  
Sheboygan, WI 53081-3171  
Office: 920-457-6800



**Abdel N. Hosein, MD**  
*Hematology & Oncology*

**Practice Location:**  
Vince Lombardi Cancer  
Clinic-Sheboygan  
1222 N. 23rd St.  
Sheboygan, WI 53081-3171  
Office: 920-457-6800

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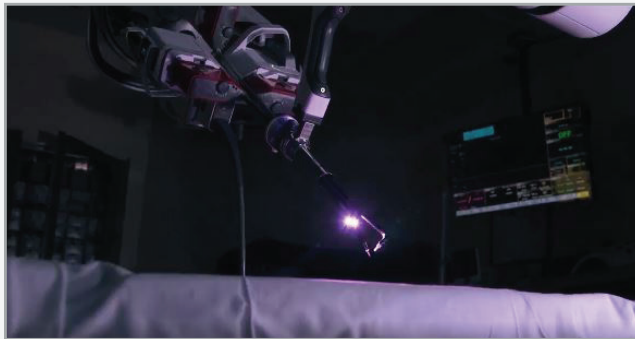
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## Did you know?



A new transoral robotic surgery system offers the most technologically advanced treatment option for throat cancer patients. At the first and only site in the state of Wisconsin to have the DaVinci SP robotic system, Dr. Steven Sperry uses his special expertise to remove throat cancer without the lifelong side effects that most throat cancer treatments cause. With this minimally invasive method, patients are as likely to be cancer-free moving forward as traditional approaches of chemotherapy and radiation—without the long recovery times.



“We hope this new surgical technology will continue to allow us to provide even better treatment options for patients with throat cancer,” says Dr. Steven Sperry.



We are  Advocate Aurora Health

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