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

This is the first Cancer News and Views since the service line has officially integrated and I was appointed as the Physician Vice President for both Wisconsin and Illinois. Since April 2018 with the announcement of the Advocate Aurora merger, Cancer Service Line leaders Dr. Jon Richards, Karen Gordon, Amy Bock, and I have met weekly. As a team, we have seen many accomplishments.

The Beacon Governance council was expanded to include Illinois members under the leadership of Dr. Corey Shamah. This collaboration has created standard practices regarding clinical workflows, treatment, and documentation in Wisconsin and Illinois. A cancer research executive committee has been set up within the Advocate Aurora Research Institute. Drs. Sigrun Hallmeyer and Rubina Qamar have been appointed as research medical directors. Together, they help oversee the selection of clinical trials (both NCI and pharmaceutical company trials) to encourage the financial success of the Research Institute while providing access to creative trials for our patients. Our NCORP grant, which supports clinical trials in the community, is now in its 8th year. Accrual, under the guidance of Drs. Tom Saphner, Sigrun Hallmeyer, and Rubina Qamar, has grown dramatically—to the level that NCI increased our yearly funding by $170,000 for the current year and now includes clinical trial availability to AAH patients at 30 sites in Illinois and Wisconsin. The merger has also significantly increased clinical trial accrual for children under the leadership of Dr. Rebecca McFall.

Clinical Path by Elsevier (formerly known as VIA Oncology Pathways) is allowing successful management of cancer patients undergoing treatment across the system. Each of the 14 medical oncology disease specific committees has both an academic and community oncologist as chair. Nine of the committees have been led by an AAH medical oncologist—the most recent chair, Dr. Edward James from Lutheran General Hospital, leads the Colorectal Cancer Committee. The use of pathways has increased the number of patients being offered clinical trials and has gone a long way to standardize evidence-based care determined by efficacy, toxicity, and cost—in that order.

Anne Weers, Cancer Service Line Quality Director, has successfully led and grown the quality program of the Cancer Service Line. The eight disease specific committees have followed up to 24 metrics in the past. In addition, we are now following an additional eight metrics for Illinois and have expanded membership from both Illinois and Wisconsin. Under Anne's guidance and with Susan Doll's efforts to ensure survey readiness, QOPI certification was accomplished in Wisconsin as a system, and we are now working to expand individual hospital- and market-based oncologists QOPI certification in Illinois to gain approval for the whole system. A special thanks to Tewona Carter and Mary Beth Mardjetko for their partnership and collaboration.

The importance of a defined surgical oncology program has shown its value in Wisconsin. In Illinois, there is work underway to develop surgical oncology further to provide cross PSA collaborations and coverage. Similarly, the Organization of Surgical Oncology, a group which includes general surgeons and other surgical subspecialists who treat a large percentage of AAH cancer patients, has been expanded to include members from both states and will continue to grow.

Our multidisciplinary program for disease specific multidisciplinary conferences and clinics has been expanded under the leadership of Jamie Cairo, DNP. Working with our cancer nurse navigators and our cancer registrars, we have grown to over 30 weekly disease specific conferences across the system. In October 2021, we started our first conference extending enterprise wide for presentation and multidisciplinary discussion of patients with liver metastases. The surgical oncologists in Illinois and Wisconsin alternate hosting this conference.

This describes a small piece of the many successes we have seen since the AAH merger. I would like to thank my colleagues and the excellent leadership team in both states for the growth and success of the AAH Cancer Service Line. ■

INSIDE THIS ISSUE

Transformation of Transplant Housing

By Amy Bock, RN, MBA, BSN, OCN, Senior Director, Cancer Service Line and Jessica Kallio, BSN, RN, Director – Oncology Services, Aurora Cancer Care – Metro

Through the generous donations of the Advocate Aurora Greatest Needs Fund and the collaborative partnership with our Solid Organ Transplant and Design & Construction colleagues, the Transplant Housing resources for our Bone Marrow Transplant patients have been completely transformed!

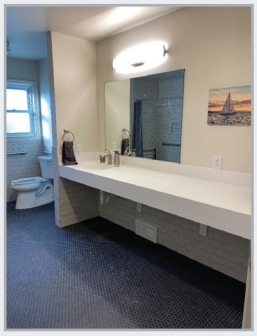
In 2021, a grant request of $500,000 was awarded to improve the esthetics of the 8 dedicated transplant off-campus housing units with updates in appliances, furniture, paint, and flooring. These units help to support solid organ & bone marrow transplant patients who may reside a significant distance from St. Luke's Medical Center, ASLMC, but require close monitoring for an extended period post-transplant. Transplant patients are required to be within one hour of ASLMC for the first 100 days post-transplant. Providing lodging to our post-transplant patients helps us to meet this requirement and allows for close surveillance, continued clinical evaluation, and coordinated care for this vulnerable patient population.

These newly renovated units promote a therapeutic environment, which allows for maximum recovery for our patients who are experiencing life's most stressful situations. Several updates were focused on infection prevention best practices including measures to improve air quality and enhanced cleaning to improve the safety of our patients. One of the homes was updated to provide full ADA accessibility. The impressive photos show the new accommodations. We are proud and honored to be able to provide caring support in a home away from home environment for patients and families who need to travel to Milwaukee for expert care. ■

House #1








continued on page 3

Transformation of Transplant Housing, cont.

House #2





House #3





House #4




House #5



AAH RADIATION ONCOLOGY TEAM Presents at American Society of Therapeutic Radiation Oncology (ASTRO) Meeting

By Deni Kraabel CMD, Manager Radiation Oncology Aurora Cancer Care Kenosha

ASTRO is the American Society of Therapeutic Radiation Oncology. ASTRO's mission is to advance the practice of radiation oncology by promoting excellence in patient care, providing opportunities for professional development, promoting research, disseminating research results, and representing radiation oncology in a rapidly evolving health care environment.

ASTRO is the premier radiation oncology society in the world with more than 10,000 member physicians, nurses, biologists, physicists, radiation therapists, dosimetrists, and health care professionals specializing in treating patients with radiation therapies. These medical professionals, found at hospitals, cancer centers and academic research facilities, make up the radiation therapy treatment teams that are critical in the fight against cancer. Together, these teams treat over one million cancer patients yearly.

ASTRO APEx - Accreditation Program for Excellence was developed by radiation oncology professionals to recognize facilities that deliver safe, high-quality care to their patients. Radiation oncology practices that earn accreditation through APEx demonstrate the systems, personnel, policies, and procedures needed to meet the stringent APEx Standards.

Radiation oncology practices have regular activities in place to assess the accuracy of treatment plans, machine QA, and review trends and analyze data; but who assesses the methods of these actions? Blind spots, even in the most robust physics program, may be possible. ASTRO APEx thoroughly assesses a practice's current quality management system to ensure these key tasks are completed and accurately documented, thereby assuring that patients receive the best care.

Dr. Laura Ulmer Radiation Oncologist at AdvocateAurora Health Care

"We believe ASTRO's APEx certification is a way to improve our Radiation Oncology practice" states Dr. Laura Ulmer, Radiation Oncologist at AdvocateAurora Health Care. ASTRO APEx provides the framework and standards for excellence in Radiation Oncology. AAH has chosen ASTRO APEx certification as a partner for Radiation Oncology teams to achieve the highest quality and safety for patients and staff.

At Advocate Aurora Health, all 11 Wisconsin Radiation Oncology Centers have achieved or are actively in the process of completing ASTRO APEx certifications. Sarah Seiler, Manager of Radiation Oncology at Aurora West Allis Medical Center, led a team of four AAH Radiation Oncology sites to achieve reaccreditation as a network, proving constancy and compliance. "The journey to ASTRO APEx accreditation allows each site to review and examine workflows, accuracy, and standardization to improve the quality of care we deliver to our patients."

AAH Radiation Therapists had the honor and opportunity to present at the annual ASTRO meeting (see picture). Nicole Ottaviani, Lead Radiation Therapist, mentored a group of AAH Radiation Therapy professionals to present and give hands-on demonstrations at the 63rd ASTRO meeting. Over 100 professionals from all over the country were educated on technical positioning accuracy.

The entire Radiation Oncology team is part of the process for delivering safe care and state-of-the-art technology for our patients. At AAH, our valued radiation oncologists, nurse practitioners, nurses, therapists, dosimetrists, and physicists make up an integral part of the Cancer Care Team. ■

AAH RTTs: Nicole Ottaviani, Julie Maday, Megan Brotherton

West Allis Radiation Team (L to R) showing St. Patrick's Day spirit: Sarah Seiler, Brianna Mallmann, Keith Larsen, Quincy Burr, Jacqui Marshall-Toth, Stephanie Fogl, Jacque Ropel, Michelle Klemm, Michelle Graves

Lung Nodule Management

By Carol Huibregtse, RN, MSN, OCN, Manager Clinical Cancer Service Line

NOT SURE HOW TO MANAGE THOSE LUNG NODULES?

The ***new*** SERVICE TO LUNG NODULE order was created to help streamline the care for patients with lung nodules. Lung nodules can be managed by a primary care provider and/or a specialist such as a pulmonologist. Some nodules disappear, some stay stable for years. What is important is following these nodules to ensure stability – no significant changes from scan to scan.

NEW CRITERIA – *Updated February 2022 (MORE patients eligible for screening!)*

In March 2021, the United States Preventive Services Task Force (USPSTF) released new recommendations regarding the eligibility for lung cancer screening CT scans. In February of 2022, the Centers of Medicare & Medicaid Services (CMS) expanded their coverage as well. Commercial insurances and Medicare/Medicaid expanded the age criteria to age 50-77 (USPSTF recommends until age 80). The smoking history/pack-year history was expanded by both bodies to be decreased to 20 pack-year history (compared to prior 30 pack-year history). If a former smoker, recommendation stayed the same – must have quit in the last 15 years or less. The EPIC BPA for this criterion was updated in the beginning of April to reflect the CMS criteria.

LUNG NODULES PREVALENCE IN LUNG SCREENING CT SCANS

Lung nodules are common and can be caused by scars, a healed infection, or an irritant in the air (like smoking), in addition to cancer. Some patients may feel anxiety hearing the word 'nodule' and may automatically think 'lung cancer'.

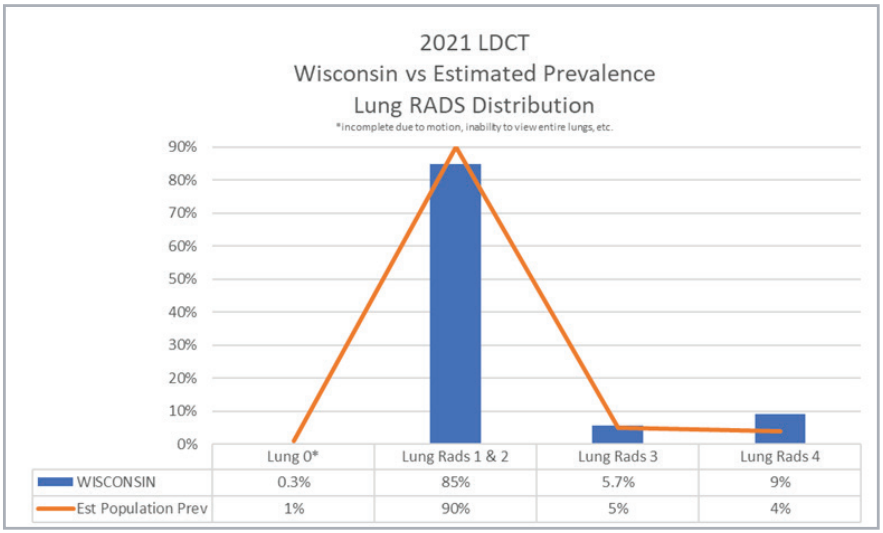
Lung-RADS® Version 1.1

Assessment Categories Release date: 2019

Category Descriptor	Lung-RADS Score	Findings	Management	Risk of Malignancy	Est. Population Prevalence
Incomplete	**0**	Prior chest CT examination(s) being located for comparison Part or all of lungs cannot be evaluated	Additional lung cancer screening CT images and/or comparison to prior chest CT examinations is needed	n/a	1%
Negative No nodules and definitely benign nodules	**1**	No lung nodules Nodule(s) with specific calcifications: complete, central, popcorn, concentric rings and fat containing nodules	Continue annual screening with LDCT in 12 months	< 1%	90%
Benign Appearance or Behavior Nodules with a very low likelihood of becoming a clinically active cancer due to size or lack of growth	**2**	**Perifissural nodule(s)** *(See Footnote 11)* < 10 mm (524 mm^3) **Solid nodule(s):** < 6 mm (< 113 mm^3) new < 4 mm (< 34 mm^3) **Part solid nodule(s):** < 6 mm total diameter (< 113 mm^3) on baseline screening **Non solid nodule(s) (GGN):** <30 mm (<14137 mm^3) **OR** ≥ 30 mm (≥ 14137 mm^3) and unchanged or slowly growing **Category 3 or 4 nodules unchanged for ≥ 3 months**			
Probably Benign Probably benign finding(s) - short term follow up suggested; includes nodules with a low likelihood of becoming a clinically active cancer	**3**	**Solid nodule(s):** ≥ 6 to < 8 mm (≥ 113 to < 268 mm^3) at baseline **OR** new 4 mm to < 6 mm (34 to < 113 mm^3) **Part solid nodule(s)** ≥ 6 mm total diameter (≥ 113 mm^3) with solid component < 6 mm (< 113 mm^3) **OR** new < 6 mm total diameter (< 113 mm^3) **Non solid nodule(s)** (GGN) ≥ 30 mm (≥ 14137 mm^3) on baseline CT or new	6 month LDCT	1-2%	5%
Suspicious Findings for which additional diagnostic testing is recommended	**4A**	**Solid nodule(s):** ≥ 8 to < 15 mm (≥ 268 to < 1767 mm^3) at baseline **OR** growing < 8 mm (< 268 mm^3) **OR** new 6 to < 8 mm (113 to < 268 mm^3) **Part solid nodule(s):** ≥ 6 mm (≥ 113 mm^3) with solid component ≥ 6 mm to < 8 mm (≥ 113 to < 268 mm^3) **OR** with a new or growing < 4 mm (< 34 mm^3) solid component **Endobronchial nodule**	3 month LDCT; PET/CT may be used when there is a ≥ 8 mm (≥ 268 mm^3) solid component	5-15%	2%
Very Suspicious Findings for which additional diagnostic testing and/or tissue sampling is recommended	**4B**	**Solid nodule(s)** ≥ 15 mm (≥ 1767 mm^3) **OR** new or growing, and ≥ 8 mm (≥ 268 mm^3) **Part solid nodule(s) with:** a solid component ≥ 8 mm (≥ 268 mm^3) **OR** a new or growing ≥ 4 mm (≥ 34 mm^3) solid component	Chest CT with or without contrast, PET/CT and/or tissue sampling depending on the *probability of malignancy and comorbidities. PET/CT may be used when there is a ≥ 8 mm (≥ 268 mm^3) solid component. *For new large nodules that develop on an annual repeat screening CT, a 1 month LDCT may be recommended to address potentially infectious or inflammatory conditions*	> 15%	2%
	4X	Category 3 or 4 nodules with additional features or imaging findings that increases the suspicion of malignancy			
Other Clinically Significant or Potentially Clinically Significant Findings (non lung cancer)	**S**	**Modifier - may add on to category 0-4 coding**	As appropriate to the specific finding	n/a	10%

(Image 1)

Radiologists reading lung cancer screening CT scans follow strict criteria when identifying lung nodules (see image 1). Lung-RADS is a quality assurance tool developed by the American College of Radiology as a method to standardize the reporting and management recommendations for low dose CT lung cancer screening scans. As you can see on the grid, the estimated population prevalence shows approximately 90% of patients who have a CT screening scan have NO nodules or benign nodules (Lung RADS score = 1 & 2). A Lung RADS score of 3 signifies probable benign nodules, but a recommended follow-up scan is done in six months to verify. Lung-RADS 4 categories are nodules that are suspicious and need follow-up. Follow-up includes a three-month follow-up scan or additional diagnostic testing such as a PET scan and/or a biopsy.



(graph 1)

Because of the prevalence of lung nodules, it is important to understand that benign lung nodules may be identified on the scan. For Wisconsin lung screening scans specifically, the graph demonstrates the Lung-RADS distribution from scans performed in 2021 (see graph 1). 85% of the lung screening scans showed no nodules or benign nodules – slightly below the 90% estimated population prevalence on the Lung RADS criteria grid. ■

Expansion of Services at the Suite 980 Location Improves Patient Satisfaction and Ease of Blood Product Coordination

By Connie Kocourek, RN, BSN, OCN, Manager Oncology Services

Aurora Cancer Care Suite 980 at ASLMC recently started administering blood products to patients. Historically, patients in need of transfusion support would receive any necessary blood products at the location within ASLMC, the Vince Lombardi Cancer Clinic. With the development, expansion, and growth of the transplant and heme-malignancy program, transfusion appointment availability for the Suite 980 patients became limited. We pivoted to coordination at the Ambulatory Treatment Center (ATC) at ASLMC, which has also seen growth in recent times with an increase in outpatient infusion needs across the ASLMC campus. Because of appointment availability, patients were often unable to be scheduled for a same-day transfusion, and it was not uncommon to have to seek transfusion spots at alternate locations. Many patients would travel to West Allis or South Shore to have transfusions completed.

> **Several nurses, in partnership with operational leaders, began asking the question - could Suite 980 administer blood products to our patients when needed? The answer was YES!**

Obviously, this was a dis-satisfier on a few levels. The coordination of transfusions off site was time consuming and sometimes difficult for team members to complete. Patients had to navigate to a site that was unfamiliar, oftentimes while not feeling well, sometimes coupled with transportation issues.

Several nurses, in partnership with operational leaders, began asking the question - could Suite 980 administer blood products to our patients when needed? The answer was YES!

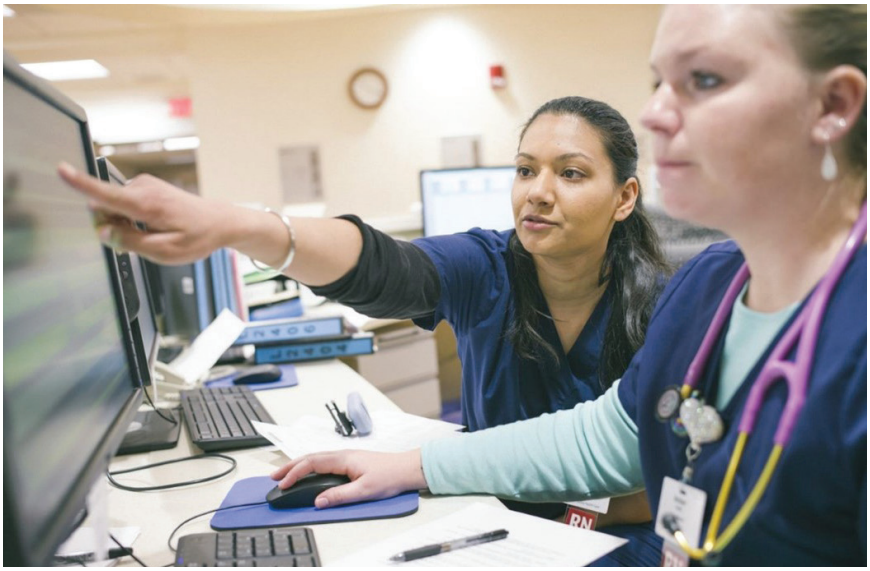
Site nurses developed a plan, also utilizing the AAH ExCEL platform - a voluntary, accomplishment-based program for nurses to help enhance and develop their professional growth. Coordination and discussion with the site Blood Bank and Compliance department occurred. Our education team ensured that all impacted RNs completed education, proving competency for blood product administration. Site providers were updated.

After a trial run with blood bank using some “practice” blood components, we were given the green light! This initiative will not only provide increased team member satisfaction due to ease of coordination, but also patient satisfaction due to administration (often same day) within a site where they already have familiarity. This also will increase access of IV infusions for other ASLMC patients within ATC.

On February 10th, Kenneth McCullum (pictured), was the proud recipient of the first transfusion in Suite 980. In addition to the thumbs up that you can see in the picture, the patient praised his nursing care that day, gave nurses Karli Giebel and Kelly Berg (also pictured) “high fives” when the blood was hung, and relayed appreciation for the ability to receive his necessary transfusion during his visit that day! ■

ClinicalPath Updates in IL

By Jon Richards, MD, PhD, Medical Director, Cancer Service Line Illinois, Oncology/Hematology



October 25, 2021, ClinicalPath (formerly known as Via Oncology) went live for the oncologists in Illinois. This tool is already familiar to our Wisconsin colleagues, and we anticipate that this tool will facilitate the selection of the best therapies for our patients. Additionally, as clinical research opportunities are incorporated into these pathways, oncologists will be alerted to the availability of new research protocols available to their patients.

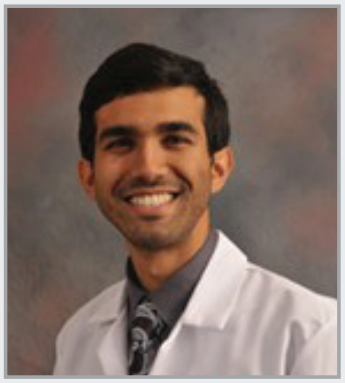
Of course, the introduction of a new software tool into the clinical process will require time for adjustments. Approximately one year ago, Illinois oncologists transitioned from legacy Advocate electronic medical record (EMR) systems onto the Epic/Beacon system. This transition required adaptation of legacy Advocate practices to streamline workflow compatibility with Epic and Beacon. Accompanying this change was a conversion of outpatient practice models to hospital outpatient departments in order to comply with federal program requirements.

As oncologists continue to incorporate ClinicalPath into their workflows, we anticipate a steady increase in capture and compliance rates, demonstrating the importance of providing high-quality care to all our patients. ■

New Hematology/Oncology Fellowship Program

By Magdalena Flejsierowicz, MD, Hematology/Oncology, Fellowship Program Director

Daniel Mundt, MD
Hematology Oncology Fellow



Ankoor "Neil" Biswas, MD
Hematology Oncology Fellow

I am proud to announce that the hematology/oncology fellowship program at Advocate Aurora Health will begin on July 1st, 2022. The fellowship training period extends over a period of three years. We train two fellows per each academic year. The educational goals of the Division of Hematology/Oncology and Department of Medicine at Advocate Aurora Health embrace mastering the comprehensive clinical and technical skills of a consultant/specialist in hematology/oncology by combination of bedside and didactic teaching of clinical hematology/oncology, and closely supervised training. Due emphasis is given to the needs of society, a commitment to scholarship and high standards of clinical research, and closely working with all colleagues in the health professions. The reason to conduct a Fellowship Program is to improve overall patient care. The presence of trainees, through their questioning of faculty, their intellectual curiosity, the freshness of their theoretical information and knowledge, increases the necessity for faculty to continue to keep abreast with current medical standards. We commit to our patients to train a more socially responsible physician. The physician will be well versed in areas of clinical medicine, ethics, teaching, community service and the economic impact of medical care. Welcome to Drs. Neil Biswas and Daniel Mundt, AAH's first hematology oncology fellows in Wisconsin. ■

AAH Accreditations

By Lisa Robinson, RHIA, CTR, Director – Clinical Data Registries

Those who work in health care and people in our communities often hear about accredited hospitals or programs, but what exactly does "accreditation" mean?

According to the American College of Surgeons, accreditation means EXCELLENCE. Internally, at Advocate Aurora Health, it means that we voluntarily strive to meet the stringent quality standards put forth by national agencies to demonstrate that we excel in providing the very best care to our patients by offering a full-range of services, ensuring our providers are certified and receive on-going training in order to provide expert and safe care, offer options to participate in clinical trials, and provide data and education to ensure that we exceed the highest quality benchmarks for care and outcomes compared to other facilities across the nation.

Advocate Aurora Health team members are dedicated to ensuring all quality components for accreditation are met. They commit time and resources to work together as interdisciplinary teams to discuss patient care issues, review data, and provide recommendations on how to improve and offer the highest level of preventative and cancer care services for our oncology patients and their loved ones. Our administrators, physicians, nurses, social workers, nutritionists, rehab therapists, researchers, registrars, radiation technicians, pharmacists, and survivorship teams all play a significant role in ensuring the highest level of care and service to our patients and communities.

Advocate Aurora Health's Oncology accreditations are listed below.

- **Commission on Cancer (CoC)** Accreditation through the American College of Surgeons is in place for all our acute care hospitals and their associated clinics. Note, the CoC is in its 100th year of Advancing Cancer Care through accreditation.
- **National Accreditation Program for Breast Centers (NAPBC)** is in place at all of our comprehensive breast centers.
- **National Accreditation Program for Rectal Cancer (NAPRC)** is in place at Advocate Illinois Masonic Medical Center and Advocate Lutheran General Hospital.
- **Quality Oncology Performance Improvement (QOPI)** certification through American Society of Clinical Oncology for all our Medical Oncology clinics.
- **American Society of Radiation Oncology (ASTRO) Apex accreditation** is in place for many of our Radiation Oncology Treatment Centers.
- **Foundation for the Accreditation of Cellular Therapy** is in place for our hematology and transplant program.
- **Society of Thoracic Surgeon's (STS)** membership monitors our surgical outcome of thoracic cancer cases. Aurora St. Luke's Medical Center and Aurora Medical Center - Grafton are each nationally recognized for their 3-star STS performance.
- **GO2 Foundation for Lung Cancer** is in place for all 24 Aurora locations.
- Aurora St. Luke's Medical Center is designated as a **Center of Excellence** by the **National Pancreas Foundation and Sarcoma Alliance**

Aurora Cancer Care®

We are AdvocateAuroraHealth

aurora.org/cancercare @Aurora_Cancer on Twitter

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