AURORA CANCER CARE NEWS & VIEWS

Aurora Cancer Care • Volume 16, No. 1 • 2022

Message from the Vice President, Aurora Cancer Care

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

Fortunately, days are getting longer and the number of inpatients due to the Omicron variant continues to fall. This winter has been particularly hard for all our team members, and we continue to hope for more vaccinations against COVID among our state residents. We understand our team members' frustrations seeing patients so critically ill and dying from a disease that we can now prevent or, at a minimum, reduce the severe symptoms and side effects.

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One potentially bright light is the availability of a new drug which should help prevent COVID in patients who are at extremely high risk for severe symptoms or death from COVID. The drug, **EVUSHELD** (tixagevimab/cilgavimab), has recently been made available for high-risk patients. Earlier this year, a group was formed within the Cancer Service Line to evaluate patients with hematologic malignancies. These patients, including our bone marrow transplant patients, are known to have a diminished capacity to mount an immune response. In the case of COVID, if these patients contract the disease, their chance for survival is greatly diminished. The project looked at AAH patients with hematologic cancers (leukemias, lymphomas, myelomas, bone marrow transplants and others) who had two COVID vaccinations. We identified approximately 600 AAH patients who had hematologic malignancies and had two vaccinations with either the Pfizer or Moderna vaccines. Using a serum antibody test, only about half of the patients showed an immune response to COVID. All these patients received a third dose of the vaccine and about one-half of those who did not show an immune response before dose 3, developed an immune response afterward. Those patients who remained antibody negative after the 3rd vaccine dose were among the first patients to receive Evusheld as a result of their participation in the vaccine project. This is another great example of the outstanding work the service line has been able to accomplish with a collaborative workgroup to help our cancer patients in both Wisconsin and Illinois.

In addition, the Cancer Service Line is very proud of our commitment to quality performance for our patients. In Wisconsin, Aurora Cancer Care has one of the largest groups of medical oncologists who have been certified by QOPI (Quality Oncology Practice Initiatives), the quality program of ASCO (American Society of Clinical Oncology), the largest organization of oncologists in the world. All Wisconsin locations have been certified as one program since 2013. We are working with our colleagues in Illinois to standardize workflows, chemotherapy consents, and procedures as they work to achieve QOPI certification as a consolidated program. Additionally, we have been working toward a similar quality certification across all our radiation oncology sites. ASTRO (American Society for Radiation Oncology) has a similar program for accreditation for Excellence known as APEx. Many of our sites in Wisconsin have achieved this certification. Four of our sites, West Allis, Summit, Grafton, and Kenosha have just received four year reaccreditation from APEx—a wonderful accomplishment and testament to our continued commitment to provide ACC patients with the best quality care possible. Congratulations to our teams for the great work they continue to do every day and their continued commitment to quality. ■

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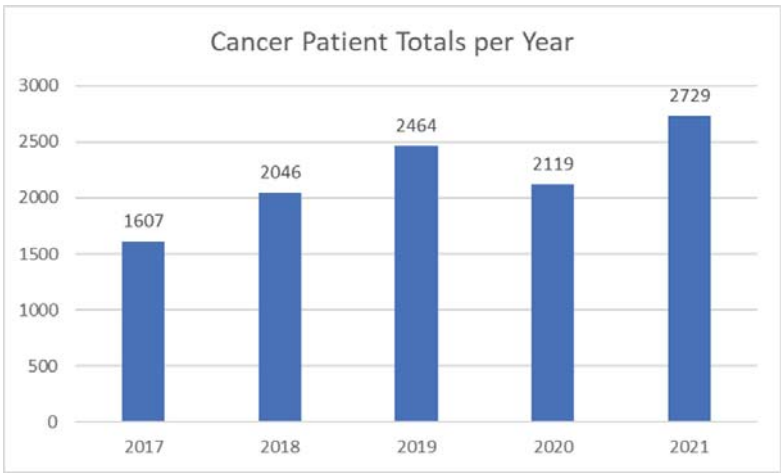
Updates in The Genomic Medicine Program

By Deborah Wham, MS, CGC, Manager, Genomic Medicine

The Genomic Medicine program has gone through many pandemic-related transitions in the last 2 years. In alignment with much of AAH, we converted our practice to virtual visits in 2020. Although some of the genetic counselors have returned to the clinic, virtual services have remained an important part of the program. While 2020 saw a decrease in cancer patients seen by genetic counselors due to COVID restrictions, the volume of patients we served increased again in 2021, following the trend of previous years (Figure 1).



(Figure 1)

2020 was the 5-year anniversary of the Hereditary Cancer Centers in Wisconsin (formerly the Hereditary Cancer Prevention and Management Centers), and we presented 5 years of patient outcomes at the National Society of Genetic Counselors Annual Education Conference in September of that year. The Hereditary Cancer Centers also added a new location. In addition to clinics in Green Bay, Milwaukee (Mayfair clinic), and Illinois Masonic hospital, Advocate Christ Medical Center in Illinois began seeing patients and their families who were identified to have a hereditary cancer syndrome.

Early in 2021, it became clear that we would need to make some adjustments to accommodate the increase in referrals. First, we expanded virtual genetics offerings into a virtual genetics department as part of Genomic Medicine. This department has a genetic counselor available to see patients from anywhere in Wisconsin five days per week. Next, the program got approval to purchase a new pedigree and hereditary cancer management software called CancerIQ. This program not only allows patients to enter family history information to build a pedigree, but it also stores detailed information on medical management plans and outcomes for patients of our Hereditary Cancer Centers. We implemented this software across all cancer genetics providers in Wisconsin and Illinois.

Our goals for 2022 include increased collaboration with Illinois genetics providers and continuing to increase patient access to genetic counselors. We have started 3 main projects toward accomplishing these goals. First, we are hiring 3 full time genetic counseling assistants. Published data shows that genetic counselors who have clinical and administrative support can increase their patient volumes by up to 40%. Second, we have formed a workgroup to evaluate and overhaul the Epic orderables for genetics. The aim is to create more specific choices for the ordering provider that more clearly guide the genetics schedulers. This will reduce the time needed to investigate and/or triage each referral prior to scheduling. Last, we are piloting a virtual group genetic counseling program for Oshkosh prenatal patients. We are planning to see 5 patients simultaneously via the virtual genetics department. If the pilot is successful, we plan to expand it to other prenatal patients in other PSAs.

We appreciate all of the support our oncology providers continue to give the Genomic Medicine program and we look forward to seeing your patients in 2022 and beyond! ■

QOPI

By Tewona Carter, Director IL Oncology Service Line

What is QOPI Certification?

The American Society of Clinical Oncology (ASCO) developed a Quality Oncology Practice Initiative (QOPI) Certification Program which creates a culture of excellence and demonstrates a commitment to delivering safe, high quality care to patients diagnosed with cancer, to payors, and to the medical community. The 22 QOPI Standards serve as the guiding principles to support best practices in cancer care.

In 2021, Advocate Aurora Health began the journey to align care across all cancer care practice sites in the Illinois region through integration and standardization of workflows built on the foundation of the QOPI Certification Standards.

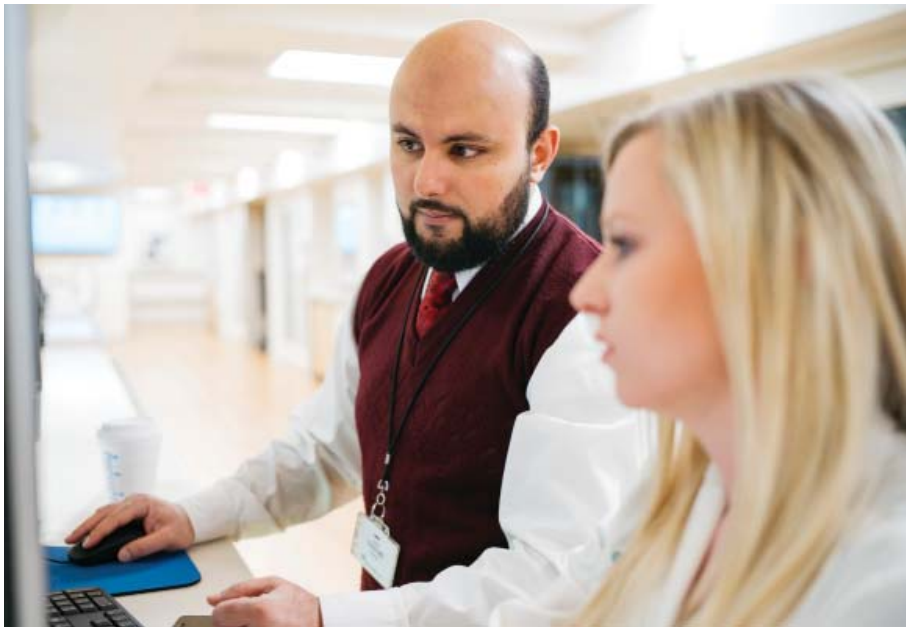
In 2021, Advocate Aurora Health began the journey to align care across all cancer care practice sites in the Illinois region through integration and standardization of workflows built on the foundation of the QOPI Certification Standards. The focus quickly evolved into standardization of best practice across Advocate Aurora Health which includes all 36 sites of care throughout Illinois (18) and Wisconsin (18).

To begin, we established a single leadership team across Illinois and Wisconsin who were tasked with leading the strategic direction for the integration work. The team was comprised of experienced Cancer Program Leaders, Operational and Nursing leaders, Physicians/Clinicians, and Interdisciplinary team members representing a variety of supporting services (Pharmacy, Health Informatics Technology, Clinical Informatics, Nursing Education, Risk Management, Health Information Management, Compliance, Risk Management, AAH Forms Control, Quality and Regulatory Management) and patient care service areas across the Advocate Aurora Health System. This group was tasked with aligning all Illinois oncology practices (who currently hold individual QOPI certifications) under one certification for all of Illinois, which aligns with our service line model. Wisconsin achieved QOPI certification in 2013 under one system model and has successfully recertified every three years since then. Wisconsin's knowledge and strategies for a successful system model certification provided a solid foundation for Illinois as they approached the work.

Keeping strategic alignment as a focus, our approach for this work was defined in 5 phases:

- Phase 1 – ***Share vision and gain consensus*** – Bring the teams and leaders together to discuss goals, define expectations, outline current state, and establish next steps.
- Phase 2 – ***Build the future*** – 14 teams were assembled to evaluate current workflows, identify, and build best practice. The work focused on standardized documentation, workflows, patient experience, policies & procedures, orientation & competencies, patient education, and practice guidelines.
- Phase 3 – ***Training and implementation*** - After consensus was gained, the work teams developed training materials and rolled out education to all sites of care. This included weekly huddles to answer questions and remove barriers to implementation.
- Phase 4 – ***Sustainment and alignment*** – Implement processes (audits and tracers) to measure performance, ensure ongoing survey readiness, confirm compliance with the QOPI standards and identify opportunities for improvement.
- Phase 5 – ***Survey Readiness*** – Apply for certification and prepare for 2023 on-site survey

As we move into 2022, the work will continue to align with a focus on safety, quality, standardization, and integration across ALL cancer sites of care. ■



Plastic Surgery Growth

By Andrew Dodd, MD, Director, Department of Plastic Surgery

The Plastic Surgery Department has grown considerably over the last few years. A legitimate department was created within the Surgical Specialties Service Line in 2019. Prior to this, plastic surgery was fragmented. Drs. Jolene Andryk, Andreas Doermann, Nyama Sillah, Andrew Navarrete, and Andrew Dodd were performing high-quality, broad-spectrum plastic surgery, but a department driven goal-oriented approach to patient care across our entire geography was absent.

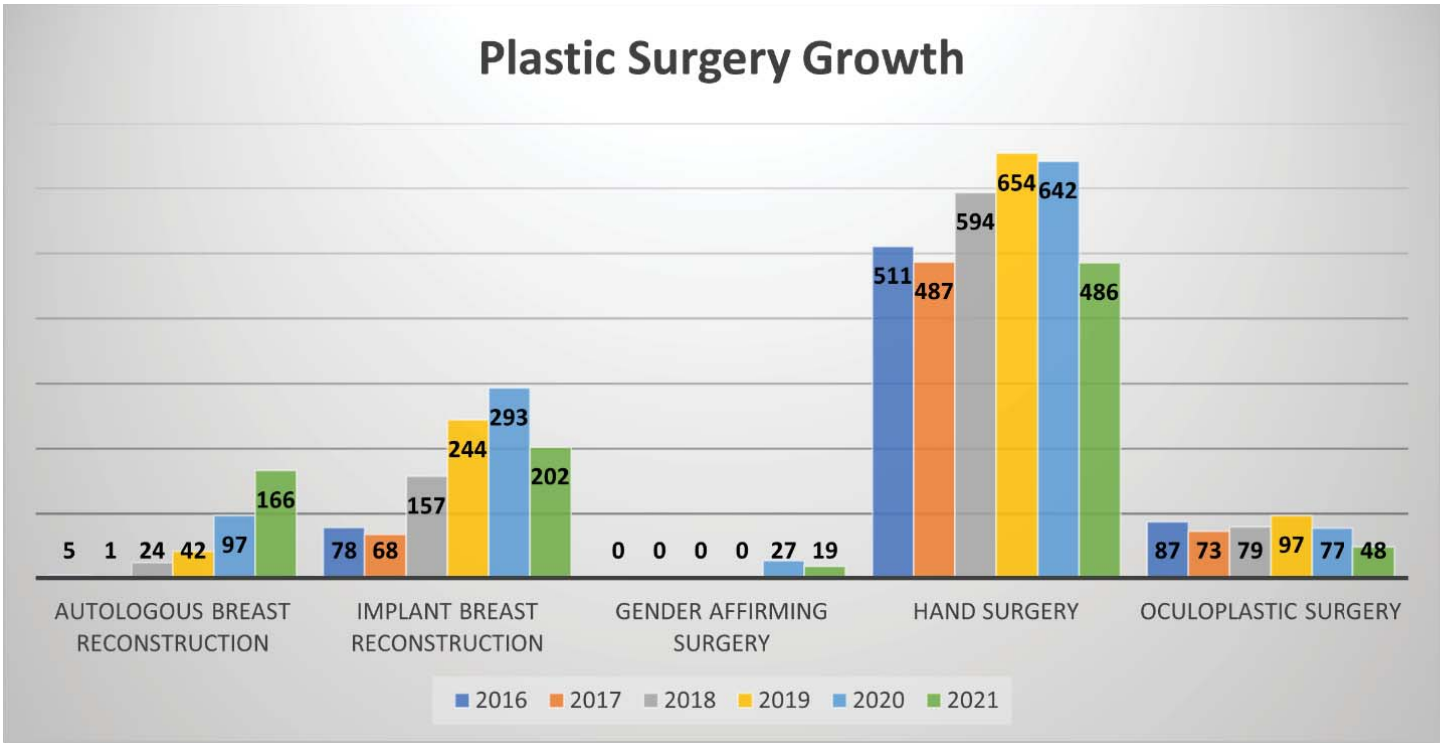
Defining plastic surgery is difficult. In patient-centered terms, it is best described as making someone whole again, improving function or image leading to improved physical and emotional satisfaction. In the context of a multi-specialty healthcare organization, it can be defined by how well we serve our colleagues as partners in team-oriented patient care. These two avenues most often intersect when caring for cancer patients.

Reconstructive needs of cancer patients were a focal point during our recruitment drive three years ago. Five surgeons have been added with a sixth surgeon starting later this year. Each surgeon in the department provides reconstructive surgery. Growth has occurred across the spectrum of plastic surgery, although we track five domains to better gauge our readiness to provide complex reconstruction for the diverse needs of AAH patients.

Evolution of our program is most evident in breast reconstruction. The full complement of breast reconstruction is available ranging from oncoplastic breast rearrangement at the time of lumpectomy, to implant reconstruction and natural tissue reconstruction. Our extension into natural tissue reconstruction is fortuitous given recent patient concerns surrounding BIA-ALCL, breast implant illness, and FDA recommended life-long imaging surveillance for silent silicone rupture.

Natural tissue reconstruction has focused on perforator flaps which are muscle sparing and therefore function preserving. The abdomen (DIEP flap) is most used although thigh flaps have also been used for breast reconstruction. Natural tissue has also been used to improve the cosmetic appearance of implant reconstruction referred to as hybrid reconstruction. Enhanced recovery protocols have been put in place at the facilities performing natural tissue reconstruction allowing patients to recover on a general Med/Surg unit instead of an ICU. Less than 5% of patients require opioid pain medications and most are discharged 2-3 days after surgery.

The Plastic Surgery Department maintains lofty goals of providing access to as many AAH patients and colleagues as possible across the entire spectrum of reconstructive surgery. Specific to cancer services such as breast, skin, and sarcoma reconstruction, we believe all AAH patients can receive their total surgical care at an AAH facility. We continue to strive to make AAH the destination for complex reconstruction in WI. ■



Breast Implant Maintenance

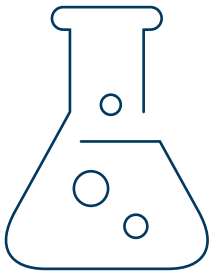
By Dahlia Rice, MD, Board Certified Plastic Surgeon, Department of Plastic Surgery

Breast implants are medical devices implanted under the breast tissue or chest muscle to increase breast size (augmentation) or replace breast tissue which has been removed due to cancer, trauma, or failure of proper development due to a severe breast abnormality. Breast implants were invented in 1962 and have since undergone five generations of improvement over the years. Breast augmentation continues to be one of the top five cosmetic surgeries performed in the United States by plastic surgeons. Breast implants are also the most common method chosen for breast reconstructive purposes in the United States. The safety of breast implants has been studied more extensively than any other medical device. There are two types of breast implants in the United States: saline-filled and silicone gel-filled. Both types have a silicone outer shell and vary in thickness, texture, and shape.

Recently, the FDA has released updated screening recommendations for breast implants. The screening is primarily to assess for rupture of the shell of a silicone gel-filled breast implant. The data suggests that silicone breast implant ruptures begin at 6-7 years, and by 13 years, 11.8% have ruptured. Rupture of the implant is "silent" for silicone gel-filled implants with no obvious clinical signs leading to the recommendation for screening imaging. For asymptomatic patients, the recommendation is periodic imaging – ultrasound or magnetic resonance imaging (MRI) – performed at 5-6 years post-operatively. Following initial imaging, repeat imaging is recommended every 2-3 years thereafter. This recommendation is for both cosmetic and reconstructive placement of silicone gel-filled breast implants. These recommendations do not replace other screening imaging such as mammography for breast cancer, if indicated. There are additional images called implant displacement (ID) views that are included in screening mammography which allow more breast tissue to be viewed. A mammogram does not detect if the breast implant shell is intact; MRI and ultrasound more accurately assess the integrity of the implant device. Please be sure to discuss any questions regarding the screening guidelines or any other concerns with a board-certified plastic surgeon. ■

New Research Authorization and Protocol Review Process

By Nina Garlie, PhD, Vice President, Clinical Trials Research



Advocate Aurora Research Institute has implemented a standardized Research Authorization and Protocol Review (RAPR) process for all research conducted at Advocate Aurora Health. The RAPR process was designed not only to create consistent processes across Illinois and Wisconsin, but also to ensure that selection and authorization is awarded to sponsored and investigator-initiated studies of the highest quality and impact. Research proposals for studies involving Research Institute resources will undergo review by a Protocol Review Committee (PRC) utilizing a uniform set of selection criteria to objectively evaluate organizational alignment, scientific quality, and patient impact.

Each PRC includes Research Institute and service line leaders, clinicians with applicable clinical research expertise, research coordinators, support staff and ad hoc members, as needed. The first PRC was formed for the review of cancer research protocols, including clinical trials supported by the Research Institute's newly established Center of Excellence in Cancer Research. It is co-chaired by Katie Wozniak, Sigrun Hallmeyer, MD, and Rubina Qamar, MD, with support from Karen Cheek, Lori McElrone, the Research Institute's regulatory team, Investigational Drug Services, and other cross-functional partners. In its first few months, the PRC authorized 8 new cancer clinical trials to move forward for IRB approval and study initiation.

Questions may be sent to Katie Wozniak, Director of Cancer and Neuroscience Clinical Trials Research at the Research Institute. ■

Welcome New Fellows

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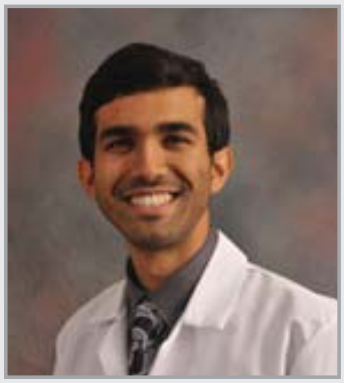
Hematology
Oncology Fellow



Ankoor "Neil" Biswas, MD
Hematology
Oncology Fellow

Rebecca Kirschner, MD
Surgical
Oncology Fellow

Healing Patients Beyond Medical Treatment Alone

By Theresa Sandahl, RN, BSN, OCN, Cancer Nurse Navigator and Jennifer Jarvey Balistreri, MS, Community Impact Coordinator, Senior

The continued pandemic has had many impacts on various elements of social support, face-to-face interaction, cancer care, and overall wellness. Through understanding and evaluating various barriers to care, Aurora Cancer Care community outreach and social work recognized that cancer treatment also influenced social support and perception of self within balancing public versus private selves. We acknowledged a large barrier many patients have continued to manage -- their appearance and self-esteem during cancer treatments. In response to this, ACC partnered with Walgreens and the Feel More Like You Program. This service features beauty consultants and, at times, pharmacists who are specially trained to help people take charge of visible side effects from cancer treatment.

Typically, these professional consultation services are available at select Walgreens stores at no cost with no appointment necessary. Due to the limitations caused by the pandemic, only select Walgreens stores have on-site beauty consultants. As a result, ACC and Walgreens in WI partnered to tailor the program to the needs of our many patient service areas. This program pilot was shared with our cancer nurse navigators (CNN) and social workers through Walgreens and ACC community outreach. The CNNs have taken the lead in collaborating to provide patients with access to the program. Overall, patients have received this program with great interest and engagement.

One example of the program's success is through Aurora Cancer Care Marinette, part of Aurora Medical Center Bay Area. Our ACC Marinette location was able to provide three group sessions of the Walgreens Feel More Like You program in 2021. This was a hybrid approach, offering support to patients with an in-person option joined with a synchronous online option. The hour-long meetings provided a focus on topics such as hair care, skincare, and make-up application. Patients also shared their personal preferences, favorite products, and ideas of how to cope with various physical changes. The staff from Walgreens and ACC were able to ensure equal engagement and enrichment with the patient participants by asking and answering questions, sharing the best approaches, and encouraging time for interactions with patients' peers. In other words, virtual patients could view and take part in what was happening on-site in real-time fashion. This approach fostered camaraderie and peer-level communication climates.

Moving forward, ACC and Walgreens will continue to capture patient and team member feedback, gauge topics of interest, create a formal best practice process, as well as develop system-wide outcomes. A special thank you to the ACC team members and Walgreens for continued social support to our patient populations. ■

Wisconsin State Senate Testimony Regarding Koreen's Law

By Mark Hamm, RPh, Director of Pharmacy – Oncology

On Thursday January 20th, Lora Dow, Oncology Manager, Arlene Iglar, VP Pharmacy Operations, and Mark Hamm, Pharmacy Director, testified before the Wisconsin State Senate in support of Senate Bill 753 (Koreen's Law). If this bill is passed, it would prohibit the practice of insurer-mandated white bagging and prevent patients from being left with no choice but to pay for care from their own provider completely out-of-pocket.

White bagging is a policy established by insurance plans that requires patients who receive certain high-cost drugs to obtain the medication from a third-party specialty pharmacy rather than allowing the AAH clinic pharmacy to purchase the medications. AAH is an in-network provider, yet the insurance plan still requires the patient to obtain select high-cost medications differently than lower cost medications. Throughout the state there are repeated stories about medications not being available for patients on the day of their appointment leading to treatment delays. These delays have been noted to last anywhere from days to more than one month, in extreme cases. Additionally, white bagging often shifts the medication charge from the medical benefit to the prescription benefit. This shift requires the patient to pay the entire co-pay prior to shipment of the medication. For some patients, these co-pays can be thousands of dollars which may also lead to a treatment delay.

The Wisconsin Hospital Association has made this issue a top priority because there are many examples of white bagging adding considerable work for health-systems and adversely affecting patients. Currently, most of our patients receiving white bagged medications are non-oncology infusion patients. There is growing concern that payer changes will force AAH cancer patients to white bag their medications leading to possible treatment care delays, increased up front costs, and other issues associated with white bagging.

The link below provides additional information about white bagging and access to contact your State Lawmaker. Please consider contacting your State Lawmaker to support Koreen's Law. *https://www.wha.org/Patients-First-Wisconsin/Action*. ■

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