AURORA CANCER CARE
NEWS & VIEWS

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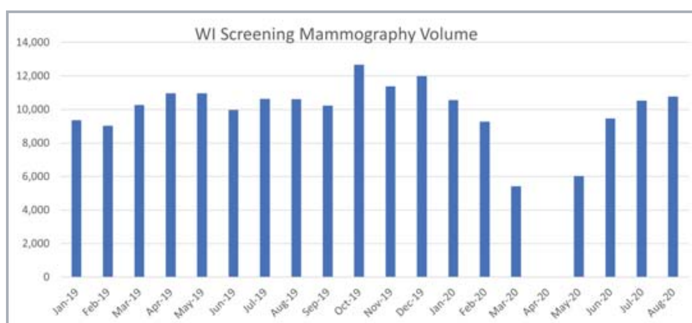
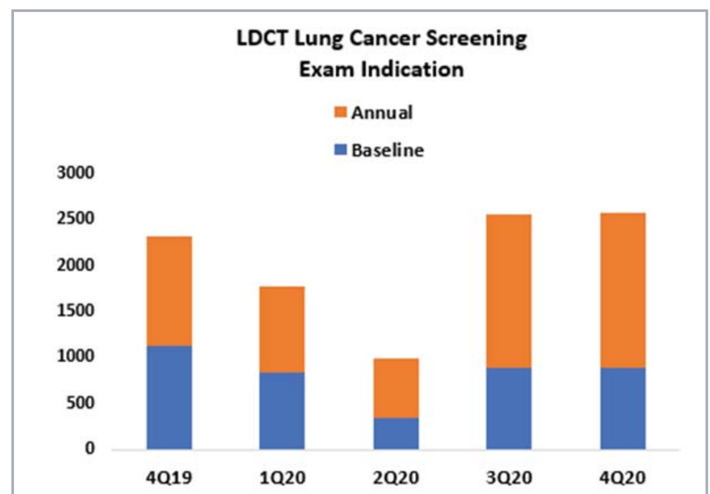
Message from the Vice President, Aurora Cancer Care

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

Spring is here. Hopefully the snow and cold are finally gone. Many of us are fully vaccinated for COVID and despite risks of another surge among the unvaccinated, there is a general feeling that it's getting safer to move on with life. Although it might not be on top of everyone's mind, I want to take this opportunity to remind our team members and patients of the importance of cancer screening. During COVID many of our standard screening activities were shut down out of necessity for safety. As cancer care providers we have great concern about the potential for stage shifting—diagnosis at a later stage of disease—and the potential consequences of reduced cure rates.

Aurora Cancer Care supports screening for many types of cancers. I would like to share a few examples of how COVID impacted AAH Screening programs and why it is critical for the patients we care for to resume regular screening and follow up. During the second quarter of 2020, almost all elective screening was cancelled due to COVID. This had a major impact on our numbers for the year. Examples of the fall in numbers screened are shown below for breast cancer and low dose lung cancer screening. The figures show a significant drop off during the second quarter of 2020.





Although our screening numbers significantly recovered during the 4th quarter of 2020 and into 2021, we are concerned that it impacted the number of newly diagnosed cancer patients when compared to prior years. Although tumor registry numbers can change as cases are fully vetted over the first two quarters of a given year, the number of newly diagnosed cancers is quite worrisome. our concern is whether these patients will be diagnosed at a later stage than if diagnosed in a more timely fashion through screening programs. The quarterly diagnosis rate of new cancers for the last two years is shown below demonstrating a significant drop during the 2nd quarter with a major recovery during quarter 4. Despite this, the total number of new cancers diagnosed at Aurora Cancer Care in 2020 was down 7% from 2019.

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Providing Cancer Care to the Underserved CME Review

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

Have you wondered how different health care looks and feels for marginalized community members and patients? With our recent continuing medical education program (CME), Aurora Cancer Care (ACC) was able to evaluate and answer this question through several lenses. To begin, we knew we needed to explore, represent, and share information regarding numerous topics and populations, therefore we connected with multiple stakeholders. This diverse stakeholder evaluation included partnering both internally with various Advocate Aurora Health (AAH) departments, and externally with community-based organizations.

Our main goals were to: Recognize the need for engaging diverse communities in preventive care measures; identify and gain insight into the issues surrounding health care of the diverse populations; and explain how to make more effective speakers and educators of the diverse patient populations. We were able to accomplish these objectives by including some topics such as: AAH's Approach to Inclusion of Minorities within Research, Big Tobacco's Connection to Marginalized Communities, Cancer Screening After Gender Affirming Surgeries, Conceptualizing Race-Based Trauma and How it Influences Screening and Care Coverage, Why Diversity Matters and many others important topics.

Our main goals were to: Recognize the need for engaging diverse communities in preventive care measures, identify and gain insight into the issues surrounding health care of the diverse populations, and explain how to make more effective speakers and educators of the diverse patient populations.

The CME was a great success. We were able to reach 159 participants and received valuable and positive feedback. ACC looks forward to continuing to serve the community at large through virtual learning and continuing education throughout 2021. ■

Art Therapy at Advocate Aurora Health Cancer Service

By Jill McNutt Ph.D., LPC, ATR-BC, ATRL, ATCS, Art Therapist, Cancer Services and Erin Hein MS, LPC, ATR-BC, Art Therapist, Cancer Services

Art therapy at Advocate Aurora Health (AAH) Cancer Services aims to, positively impact the experience of cancer patients, assist patients and family members in maintaining or attaining mental health stability, and improve quality of life throughout the cancer experience. According the American Art Therapy Association (AATA, 2017), "Art Therapy is an integrative mental health and human service profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship" (AATA). An art therapist has been trained and educated in the fields of art and psychology through master's level education and has completed post graduate work to obtain credentials. The art therapy encounter includes assessment, treatment planning and implementation, and closure and/or termination.

Art therapy began at Aurora St Luke's Medical Center in 2000, the program developed based upon the needs of patients, family members, and staff. We aim to provide the best access possible for patients and staff within existing cultures and traditions. Art therapists at AAH see patients in hospital rooms, infusion clinics, individual sessions, and through group programming.

A qualitative review exploring the patient experience through art therapy illuminated four categories where art therapy supported patients (McNutt, 2016).

Building Hope/Strength

Through the use of artistic tools and metaphor, art therapy encourages reflection on hopefulness and/or personal strengths. Images or words that exemplify feelings or strengths can be used to create artworks like hope stones or strength-cards. Making these artworks create mementos that can be used when the creator needs uplifting.

Mindfulness/Interactive Distraction

Often long treatments and/or hospital stays leave patients feeling anxious or depressed. Providing art therapy using materials such as mandalas or origami help establish a workable state of mind. This form of creativity allows focus on the task at hand, so that thoughts are no longer singularly focused on pain or duration of treatment.

Introspection/Self-Learning

Cancer diagnosis can be traumatic and the patient may feel lost and confused. A good grounding during this time is learning more about oneself and patterns of behaviors. Personal exploration through art therapy processes like collage-poetry or other exploratory art allows images speak to the soul and mind. Reflection with an art therapist encourages themes to emerge and allows new perspectives.

Transformation

The act of transforming something from one type of object into another can be a powerful experience. Art therapy at AAH uses a process where recycled glass medicine vials are offered as images of illness. The patient is asked to select colorful clays to transform that bottle into a symbol of hope/healing (Image 4), thereby renewing the image of illness into one of hope and healing.

Art Therapy has extended into staff self-care and/or burnout prevention. In order for caregivers to operate with excellence, compassion, and respect towards others, they occasionally need to take a step back and take care of themselves. Art therapy offers burnout prevention workshops using focused directives to revive passion for the job and provide a chance to shake off stress and tension.

Art therapy at Advocate Health in the Children's hospitals may look differently due to cultural and developmental needs, but the premise of art as a healing influence for patients and family members remains prevalent.

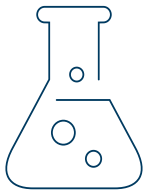
To request art therapy services contact: 414-385-2708 or **art.therapy@aah.org.** ■

Advocate Aurora Health joins study of personalized blood test for people with colorectal cancer

Two Advocate Aurora sites will evaluate the effectiveness of the SIGNATERA™ ctDNA test in detecting and monitoring residual disease in colorectal cancer patients

March 18, 2021

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



Two Advocate Aurora Health hospitals will evaluate the effectiveness of the SIGNATERA™ ctDNA test in detecting and monitoring residual disease in colorectal cancer patients, aiding in adjuvant treatment decisions and recurrence monitoring.

Researchers at Aurora St. Luke's Medical Center in Milwaukee and Aurora Medical Center in Summit, Wisconsin, will enroll people who have undergone surgery for stage II or III colorectal cancer. Researchers will take tumor tissue samples from consenting study participants, genetically sequence their tumors and create personalized tests to identify the presence or absence of tumor DNA in their blood, called circulating tumor DNA, or ctDNA. Study participants will also provide whole blood samples for SIGNATERA™ testing.

"Such testing may be able to determine the presence of a promising biomarker in the blood for assessing colorectal cancer recurrence and assisting with clinical decision making," said hematologist and oncologist Antony Ruggeri, MD, Advocate Aurora Research Institute principal investigator for the study. "The test has the potential to allow for more optimal use of chemotherapy by providing a better idea of a patient's risk of relapse and enabling early detection of colorectal cancer recurrence."

Colorectal cancer is the fourth most frequently diagnosed cancer and second leading cause of cancer death in the U.S.

Most patients with stage II colorectal cancer do not receive chemotherapy, even though 10% to 15% show residual disease following surgery. And about 30% of patients with stage III colorectal cancer who receive chemotherapy still have residual disease and experience cancer recurrence.

Further complicating a clinician's treatment decisions, more than 50% of patients with stage III colorectal cancer are cured by surgery alone, yet the majority go on to receive chemotherapy anyway.

"By identifying which patients show residual disease following surgery, clinicians could potentially avoid harmful chemotherapy for some patients while reducing the risk of cancer recurrence for others," said Amit Acharya, PhD, chief research officer and system vice president for Advocate Aurora and the Research Institute.

Participants in the study will receive SIGNATERA™ test results and may be recommended for chemotherapy or observation by their treating clinician. Researchers will follow participants for up to two years with periodic whole blood collection.

The study also includes a control arm consisting of patients with stage II or III colorectal cancer who had previously undergone treatment without first having submitted samples for SIGNATERA™ testing and who have at least two years of follow-up data. Participants in the control arm will be found via the electronic medical record, and all data will be deidentified.

Researchers plan to enroll 1,000 study participants and 300 historical control cases from up to 200 total sites.

The study, ***"BESPOKE study of ctDNA guided therapy in colorectal cancer,"*** is sponsored by Natera, Inc., manufacturer of SIGNATERA™.

To learn more about Advocate Aurora's research, visit **aurora.org/research.** ■

Surgical Oncology Update – Clinical Integration

By Aaron H. Chevinsky, MD FACS, Medical Director of Surgical Oncology, Aurora Health Care

The merger of Advocate with Aurora Health Care in 2018 has led to a continuing process of clinical integration. The medical groups of the two organizations combined into one on January 1, 2021, and, as part of that clinical integration, the surgical oncologists and breast surgeons have been working together to standardize their approach to the detection, diagnosis, and treatment of cancer across the system. The surgical oncology teams take a patient centered and holistic approach to patient care and come together at weekly conferences to discuss the proper management of tumors with their colleagues in medical oncology, radiation oncology, radiology, pathology, and other relevant disciplines. They also meet to discuss quality improvement projects, evaluate new techniques and equipment and work tirelessly to improve the health and well-being of our patients.

The surgical oncologists in Wisconsin and Illinois have collaborated to standardize the evaluation and treatment of patients with pancreatic cancers, neuroendocrine tumors, and liver metastases. Over the course of the past two years, the teams responsible for the management of hepatobiliary and pancreatic cancers have come together to develop a consensus management strategy employing international, national and local guidelines to put in place a uniform approach to the treatment of these complex cancer patients. Utilizing quality metrics collected through the STAAR (Surgical Team Approach to Advanced Recovery) project, we continue to monitor and modify our performance and recommendations to provide the highest quality care. We have implemented an ERAS (Early Recovery after Surgery), STAAR and POSH (Post-Operative Surgical Home) system with the goal of reducing patient length of stays, complications, and readmissions.

With over 3000 new breast cancers a year seen across our system, our breast surgical oncologists have been working on several projects to improve the care and reduce the time from screening to diagnosis to treatment of breast cancer. Other quality improvement projects have involved reducing the positive margin rate after lumpectomy and standardizing the approach to tumors that have spread to the axilla. The breast surgical oncologists, along with the other physicians, nurse navigators and team members involved in the breast cancer program meet quarterly to review our processes, procedures, and quality metrics and to set the goals for the future.

Surgical oncology continues to be crucial part of the cancer treatment team, and, combined with our other specialists, form the basis of our multidisciplinary approach to cancer management. ■

Heated Intraperitoneal Chemotherapy (HIPEC) for Abdominal Malignancy

By Wesley A. Papenfuss MD FACS, Aurora Health Care

Heated Intraperitoneal Chemotherapy (HIPEC) is a complex, state-of-the art procedure for advanced abdominal malignancies. HIPEC has been shown to delay tumor recurrence and improve survival in many malignancies.

Advanced cancers of the abdomen including those of the ovary, appendix, colon, and other gastrointestinal malignancies are candidates for HIPEC. Other conditions treated include peritoneal mesothelioma, sarcomas, and pseudomyxoma peritonei.

After removing all of the cancer within the abdomen (a process commonly referred to as debulking), catheters are placed in the abdomen, the abdomen is temporarily closed, and chemotherapy heated to 40-42 degrees Celsius is circulated for approximately 90 minutes.

The heated fluid in combination with the high concentration of chemotherapy allows for direct treatment and destruction of any microscopic tumor cells that may have been left behind after debulking. Once the procedure is complete, the chemotherapy is drained, the catheters are removed, and the surgery is concluded.

At AdvocateAurora, patients are evaluated in a multidisciplinary tumor conference where surgical oncologists, medical oncologists, radiation oncologists, pathologists, and radiologists review, discuss, and recommend individualized treatment recommendations.

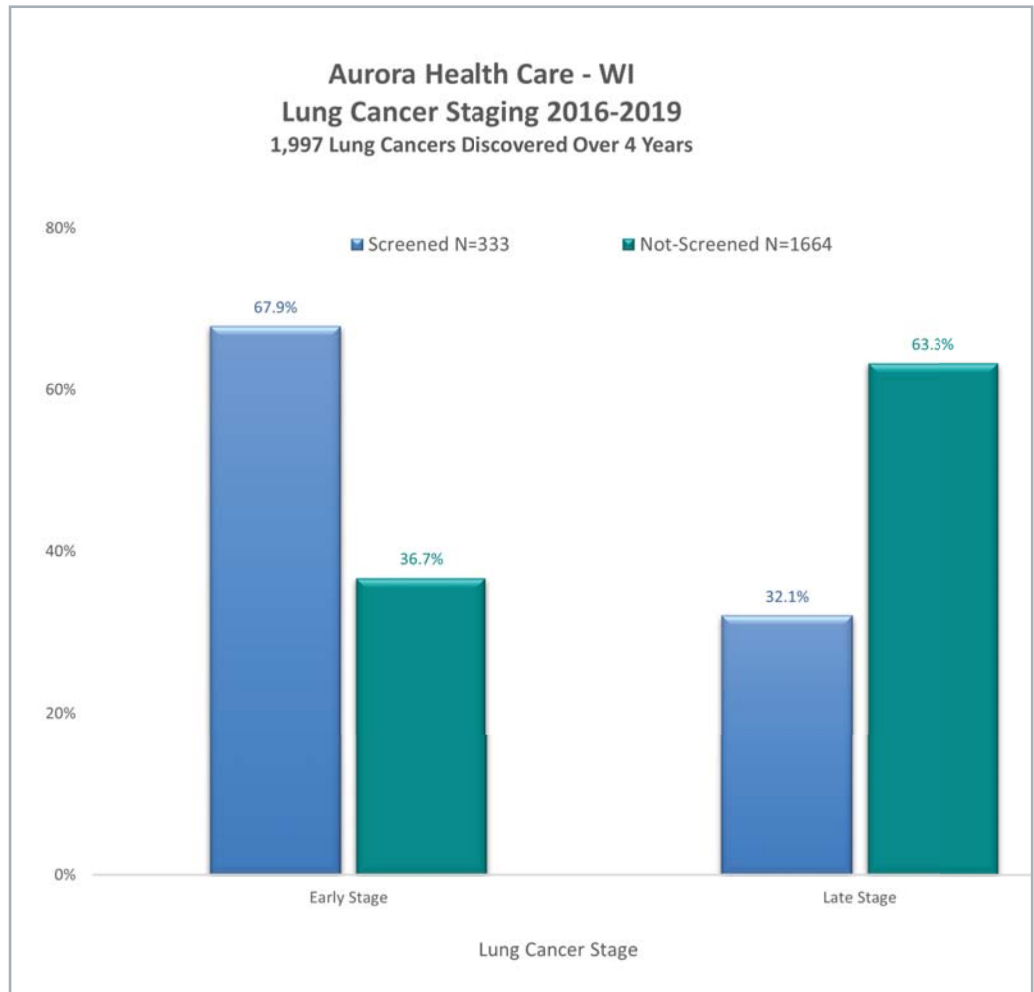
HIPEC is available at St. Lukes Medical Center in Milwaukee, WI and at Illinois Masonic Medical Center in Chicaog, IL.

Consultation for Wisconsin: 414-649-3240 / Consultation for Illinois: 773-296-3390 ■

New USPSTF Lung Cancer Screening Recommendations

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

On March 9, 2021, the USPSTF (United States Preventive Service Task Force) approved the new recommendations for lung cancer screening for high risk patients. These recommendations will replace the previous 2013 recommendations for patients who should receive a low dose CT lung cancer screening scan. As a result of the new recommendations, nearly twice as many people will now qualify for the screening.



The previous and new recommendations are below (changes are bolded). For both recommendations, screening should be discontinued if patient has not smoked for 15 years or develops a health problem that substantially limits life expectancy and the benefit of curative lung cancer treatment.

2013 USPSTF Recommendations:

- Age 55-77
- Current or former cigarette smoker if former quit within last 15 years
- 30 pack year history or more (1 ppd x 30 yrs., 2 ppd x 15 yrs., etc.)

2020 USPSTF Recommendations:

- **Age 50-80**
- Current or former cigarette smoker if former quit within last 15 years
- **20 pack year history or more (1 ppd x 20 years, 2 ppd x 10 years, etc.)**

Government insurances may not fully adapt these changes until 2023, although many organizations are urging Medicare and Medicaid to adapt sooner. Under the Affordable Care Act, most private insurance plans will need to update their coverage for plan years after March 31, 2022.

The Aurora system LDCT program will NOT be adapting these new recommendations until we can assure payor coverage. We are still following the 2013 recommendations and will communicate to all providers when the new recommendations go into effect.

While we know the NLST and NELSON clinical trials showed the impact LDCT lung cancer screening has on lung cancer mortality globally, we are also seeing a shift in our lung cancer patients being diagnosed at an earlier vs. a later stage within our own health system.

While we know the NLST and NELSON clinical trials showed the impact LDCT lung cancer screening has on lung cancer mortality globally, we are also seeing a shift in our lung cancer patients being diagnosed at an earlier vs. a later stage within our own health system.

Above is a chart comparing all lung cancer cases diagnosed within Aurora from 2016 to 2019. Data was retrieved from the cancer registry and the lung screening registry. The difference in the early vs. late stage lung cancer for those having a screening and those not having a screening is significant. ■

Integrative Cancer Care, Feel the Difference

By Melissa Armstrong, MHA-Integrative Medicine Program Coordinator

Did you know Aurora Cancer Care has the largest and most affordable Integrative Cancer Care program in the state of Wisconsin? Aurora Integrative Cancer Care seeks to enhance the care of patients prevailing over cancer through individualized, evidence-informed integrative treatments. To achieve clinical excellence, we work collaboratively with cancer care teams with the goal of improving treatment outcomes and achieving optimal health and healing. Our compassionate care is non-pharmacological, safe and impactful towards improving wellbeing. Integrative therapies include acupuncture, massage, aromatherapy, reiki acupressure, and breathing techniques.

To support your cancer journey, Integrative Cancer Care ensures a personalized approach to free or low-cost integrative therapies established in 15 of the cancer clinics. We look forward to caring for you soon! ■

Acupuncture is a safe and supportive therapy to treat side effects of cancer care. Over 95% of our patients who try acupuncture return for follow-up acupuncture. Acupuncture, when used alongside cancer treatment, helps provide relief from cancer and treatment related symptoms.

Acupuncture can help with:

- Fatigue
- Stress
- Chemotherapy induced Peripheral Neuropathy
- Xerostomia (dry mouth)
- Chemotherapy induced and post-operative nausea and vomiting
- Hot flashes
- Cancer related pain management

Integrative Cancer Care Massage therapists are licensed massage therapists with additional competency-based training in understanding cancer, treatment related symptoms, patient health conditions, medical records and the necessary massage treatment modifications. Our experts in oncology massage ensure safe and compassionate clinical care. Free 15-minute chair massages are offered while receiving infusion. Affordable, individualized and private 30-minute and 60-minute table massage can be scheduled within the cancer center.

Massage can help with:

- Pain
- Stress
- Neuropathy
- Anxiety
- Depression
- Fatigue insomnia
- Nausea
- Well-being

Integrative Medicine virtual education now available register at:

aurora.org/events

To learn more:

National Cancer Institute
www.cancer.gov/about-cancer/treatment/cam/hp/acupuncture-pdq

National Center for Complementary and Integrative Health
www.nccih.nih.gov/health/acupuncture

Society for Integrative Oncology:
https://integrativeonc.org/

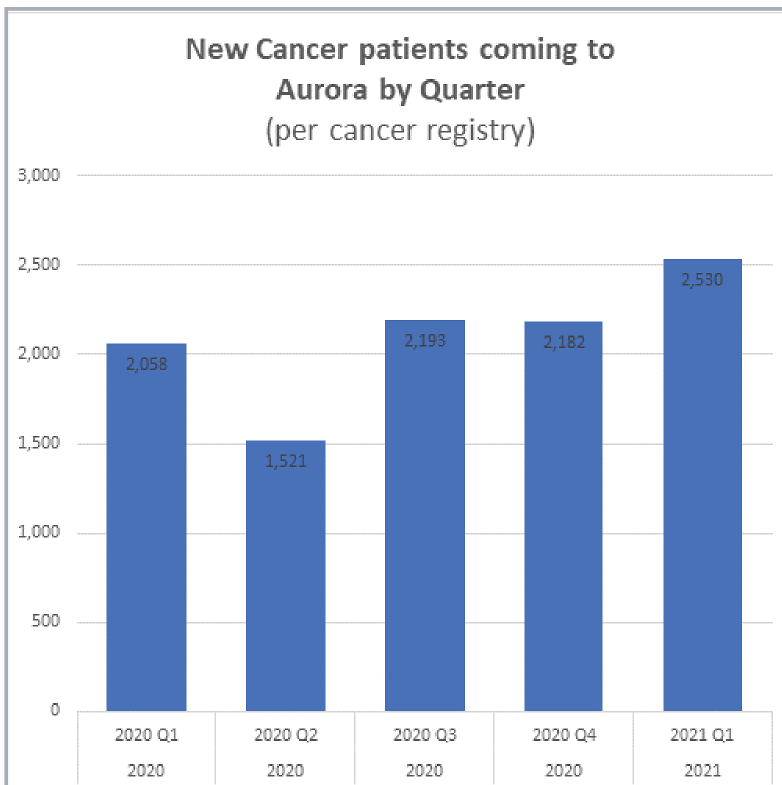
Message from the Vice President, cont.

The importance of this drop will become more important as these patients are analyzed more fully. Earlier diagnosis results in a higher cure rate for all cancers.

The value and importance of screening is well demonstrated in the figure shown on page 6 where we looked at patients who were screened in Aurora's LDCT program compared to unscreened patients from our tumor registry diagnosed between 2016 and 2019. Over 2/3 of those patients enrolled in our LDCT program were diagnosed with early stage lung cancer compared to just over 1/3 of patients who were not screened. The numbers were essentially reversed in those diagnosed with late stage disease.

As we look toward some return toward normalcy after COVID, we need to continue to stress the importance of screening for all types of cancers. The more patients diagnosed with early stage disease results in more patients cured of cancer. Please remember to consider recommending screening of your patients who meet current cancer screening guidelines.

Patients should also remember to ask their physicians and other providers if they meet current guidelines to undergo cancer screening. Although there are many excuses to avoid screening—it can be embarrassing, uncomfortable, inconvenient and annoying— detection of cancer at an earlier stage can save your life. ■



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