

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 hard to believe that it is already the end of 2019 and there continues to be significant activity in Aurora Cancer Care (ACC). Dr. Chevinsky, Director of Surgical Oncology, recently received news that the ACC Fellowship in Complex Surgical Oncology was accredited by the Accreditation Council for Graduate Medical Education (ACGME). This Aurora Fellowship makes us one

of only 28 programs across the country that have this Certification. A wonderful accomplishment that further expands ACC's role as an academic teaching and research center. We look forward to applying for a Hematology/Medical Oncology fellowship in the next year.

We are now in the 6th year of the ACC NCORP. Not only was our funding level for the 6 year renewal grant nearly two and a half times greater than our first grant, but it allowed us to expand our many clinical trials to 13 Advocate sites in Illinois including pediatric oncology.

The first two of our long-time medical oncologists will be completing their succession plans and retiring in 2019. Dr. Jean Peliska retired on December 1. Her practice in Germantown and Aurora Grafton Medical Center has been transitioned to Dr. Tim Goggins. Dr. Kurt Oesterling will be retiring on December 31. His practice at Aurora West Allis Medical Center and Mayfair has been transitioned to Dr. Dheeraj Reddy. We welcome both of these new physicians to the excellent team of Aurora Cancer Care medical oncologists and wish Drs. Peliska and Oesterling the very best in their retirement. You will hear about a number of additional members retiring in 2020. The very successful plan that allows the service line to hire new physicians and

arrange an active transition plan gives us the opportunity to offer patients a seamless change to excellent new oncologists.

ACC's integration with Advocate's Cancer Institutes continues to go well. Plans are underway to consolidate Aurora and Advocate Radiation Oncology onto a single cloud-based platform over the next few years. Similar planning continues to have organizational alignment for Cancer Registries and the Genetics programs. The Syapse platform for Precision Medicine will be available to both Aurora and Advocate for Precision Medicine. Aurora's Bone Marrow Transplant program is moving forward with the transition of leadership to Dr. Stephen Medlin who is working closely with Dr. Tulio Rodriguez—lead transplant physician at Advocate Lutheran General Hospital. Most exciting, Advocate's hospitals are starting to go live on EPIC this quarter which means they will be able to incorporate VIA Oncology Pathways into Advocate's cancer program in the coming months. Amy Bock and I look forward to continued collaboration with Karen Gordon and Dr. Jon Richards, Advocate's cancer leadership team.

Finally, it truly makes me proud to see the program our team has built functioning so well for patients. Amy Bock's mother shared her recent experience with the value of a multidisciplinary team when she was diagnosed with Pancreatic Cancer. With outstanding caregivers in Two Rivers and Milwaukee she was able to undergo chemotherapy close to home followed by extensive surgery at St. Luke's by our excellent surgical oncology team. I'm sure you will find Amy's report of her mother's experience on the following pages very touching and rewarding.

In sum, another successful year for Aurora Cancer Care. Thanks for your collaboration and support as our team moves the program forward. ■

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Did you know?

Aurora, UW collaboration uses data-driven approach to improve guidelines for bladder cancer

Researchers publish third article in prominent urology journal; latest one calls for age to be a factor when calculating recurrence risk

By: Nickolas Bullock, Scientific Writer and Editor, Advocate Aurora Health Research Institute

Through a collaboration between University of Wisconsin Carbone Cancer Center and Aurora Health Care, researchers have developed a data set of more than 1,200 patients to improve guidelines for a specific form of bladder cancer, the fourth most common cancer in men.

Led by **Kourosh Ravvaz, PhD**, senior researcher scientist for Aurora Research Institute, the team published its latest findings evaluating the newest guidelines for nonmuscle invasive bladder cancer (NMIBC) recurrence risk in *Journal of Urology*, the highest-ranked urology journal in North America. This was the third study on NMIBC by the team the journal has published.

"Using our extensive research data set, we found that the new guidelines from the American Urological Association/Society of Urologic Oncology provide a similar predictive performance to previous NMIBC risk models," Dr. Ravvaz said. "However, we discovered that age may significantly impact a patient's probability of experiencing cancer recurrence or progression and should possibly be factored into the guidelines."

The research team leveraged Aurora's vast patient population, working with the system's cancer registry and Research Analytics team, to guide their analysis of the de-identified patient information. By using a more complex statistical technique called "competing risk," the researchers made the discovery about age.

"We are grateful to have an experienced team within the research institute and an excellent collaborating team at University

of Wisconsin Carbone Cancer Center to accomplish studies like this." Dr. Ravvaz said. "Developing such large data sets requires bringing together experts in diverse fields, something really only possible at dynamic organizations like Aurora Health Care and the research institute. We believe this data set holds many more insights that may inform patients and clinicians down the road."

Previous studies have shown that bladder cancer has the highest lifetime treatment costs per patient of all cancers. NMIBC is the most common type of bladder cancer and frequently recurs, making it one of the most expensive malignancies to treat.

"It's exciting to see the benefits of data in health care," said **Kelly Piacsek, PhD**, vice president of research for the institute. "Studies such as this that leverage large data sets to inform clinical practice guidelines are a major step toward personalized medicine."

The study titled "***American Urological Association Non-muscle Invasive Bladder Cancer Risk Model Validation: Should Patient Age be added to the Risk Model***" was supported by Advocate Aurora Health Oncology Research Award. None of the authors have any conflicts of interest to disclose.

Authors were Dr. Ravvaz, Tracy Downs, MD, a urologic surgeon specializing in prostate and bladder cancer at University of Wisconsin Carbon Cancer Center, and John Weissert, staff research associate for Aurora.

To learn more about our research, visit aurora.org/research. ■

NCI recognizes Aurora NCORP, investigators

National Cancer Institute (NCI) recognized Aurora's National Cancer Institute Community Oncology Program, Aurora NCORP, and three Aurora Health Care investigators at the 2019 NCORP annual meeting held Aug. 22 and 23 in Bethesda, Maryland.

Aurora NCORP and hematologist and oncologist Shamsuddin Virani, MD, received platinum certificates of excellence for "exceptional achievement in patient enrollments" in NCI treatment and cancer control trials from August 2018 to April 2019. Hematologists and oncologists Zahid Dar, MD, and John Maul, MD, received silver certificates of excellence.

Cancer Care Close to My Heart

By Amy Bock, MBA, MSN, RN, OCN, Senior Director, Aurora Cancer Care

I answered the phone and heard my mom say, “It’s cancer.” My mom Paulette had vague symptoms of not feeling well for a few weeks with a sudden onset of jaundice. She said, “They see a mass in my Pancreas.” The CT scan confirmed the answer I already suspected, and everything changed after that call last September. Immediately the oncology nurse instinct in me kicked in and I started to help my mom navigate this new journey.

My first call was to Dr. Fred Sanchez who has special interest in gastrointestinal (GI) malignancies and is part of the GI Multidisciplinary Clinic. Once workup was completed, she was diagnosed with Stage 2 Pancreatic Cancer. My mom learned that her case was reviewed at the system multidisciplinary GI case conference, and the treatment recommendations were discussed by multiple physicians from throughout the Aurora Cancer Care system. From there my mom’s cancer journey quickly connected her to Drs. Wesley Papenfuss and Andy Yetter. Within 3 weeks her workup was complete, and the treatment recommendations of surgical resection with pre- and post-operation chemotherapy were determined.

Living in Manitowoc, my mom was able to receive chemotherapy close to her home at the Aurora Cancer Care Vince Lombardi Cancer Clinic in Two Rivers. The treatment took a toll on her and it was questionable if she could tolerate surgery. Although unable to complete the recommended pre-operative chemotherapy regimen, she had a significant positive response to the chemotherapy she did receive.

Within a few weeks her strength and nutritional status improved, and she came to Aurora St. Luke’s Medical Center in Milwaukee for surgical resection. A successful Whipple operation was followed by a lengthy hospitalization including some unexpected complications and an inpatient rehab stay.

Fast forward to her most recent follow up visit with Dr. Yetter, her clinical report is good news. Tumor marker



Patient, Paulette Shallue, after a follow up visit with Drs. Federico Sanchez (left) and Wesley Papenfuss (right).

remains normal and CT Scan looks good. Just as important, she looks and feels good.

As an oncology nurse and cancer service line leader, I am amazed by our program and our team. The cancer care my mom received was patient centered, multidisciplinary, collaborative, comprehensive, coordinated, and close to home. Not only did I see the cancer program work in the manner it was intended, but we felt the compassion, care and concern provided by each member of the team.

“As an oncology nurse and cancer service line leader, I am amazed by our program and our team. The cancer care my mom received was patient centered, multidisciplinary, collaborative, comprehensive, coordinated, and close to home.”

There were many members of her care team who had critical roles along the way. Infusion nurse Edie did not just administer the chemotherapy but was a life saver providing emotional and spiritual support. Chair side massage therapy provided by Sarah made the chemotherapy appointments something to look forward to. And knowing that Dr. Papenfuss’ nurse Kari was just a phone call away made the management of the post-operative GI symptoms less frustrating.

The team approach was always apparent, from the patient service representatives providing a warm welcome, to the nurses who performed phone triage, to the medical assistants who cheerfully chatted while completing a detailed review of symptoms, to the pharmacist who taught about the chemo side effects; each had a pivotal role and enormous impact in her cancer treatment. We are appreciative and thankful for the care my mom received and continues to receive. This experience has made me especially proud to be a part of Aurora Cancer Care. ■

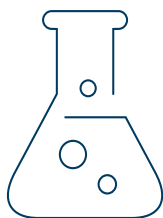


Paulette (center) with nurse Edie Headrick and Dr. Andrew Yetter.

Highlights of ASCO 2019

By Rubina Qamar, MD; Laura McGartland, MD; Anthony Ruggeri, MD; Sherjeel Sana, MD; and Michael Thompson, MD, PhD, FASCO; Aurora Cancer Care

The American Society of Clinical Oncology (ASCO) is the premier organization for medical oncology. This year, more than 40,000 oncology professionals from around the world attended ASCO's Annual Meeting to present and discuss breakthrough advancements in cancer treatment and patient care. While several of our Aurora Cancer Care providers attend the ASCO Annual Meeting each year, not everyone can make it in person, consequently we hold an annual conference locally to share the information.



This year, Advocate Aurora, in collaboration with Wisconsin Association of Hematology and Oncology (WAHO), held its 11th annual Highlights of ASCO conference. We invited national experts to Milwaukee to review the most important practice-changing updates with the local oncology community. Some of the information presented included research and updates in lung, genitourinary (GU), gastrointestinal (GI), and breast cancers, and lymphoma as well as updates in precision medicine.

Lung Cancer

Immunotherapy was widely highlighted in Dr. Lawrence Einhorn's, of Indiana University, discussion of thoracic oncology.

Atezolizumab immunotherapy before surgery shows exciting pathologic responses. Phase III data is needed to incorporate this into practice.

PACIFIC trial 3-year data shows ongoing survival advantage in immunotherapy maintenance after chemotherapy/radiation in unresectable Stage III non-small cell lung cancer. Trials of immunotherapy with chemotherapy and radiation are ongoing.

The KEYNOTE trials study pembrolizumab immunotherapy used as the first line single agent and used in chemotherapy combination. Both reported updated results and survival benefit continues.

Finally, targeted therapy is hopefully on the horizon for the common KRAS mutation and for osimertinib resistant lung cancer.

Genitourinary

Dr. Walter Stadler from the University of Chicago reviewed ASCO 2019 relating to GU cancers. He noted that the ENZAMET and TITAN trials showed patients lived longer if treated with androgen receptor targeting agents enzalutamide or apalutamide early in the disease process.

Looking to the future of prostate cancer, the TOPARP B

study, showed the promise of PARP inhibitors.

Perhaps the most interesting was long awaited breakthroughs in bladder cancer using drugs such as enfortumab and erdafatinib. We look forward to more progress in this area. Finally, our bladder cancer patients can expect better options.

Gastrointestinal

Dr. Tanios Bekaii-Saab, a national expert in GI malignancies from Mayo Clinic, addressed our ASCO review and highlighted key findings that will improve the treatment landscape for patients.

There was a discussion of the IDEA, BEACON, and TRIBE studies which look at tailoring therapy for different types of colon cancer, highlighting that colon cancer is actually several diseases with different characteristics. He gave a glimpse of future clinical trials that will use genomic profiling of blood, to assign patients to specific targeted therapy treatment arms. This will give our patients access to the latest breakthroughs in GI cancers.

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Breast Cancer

Breast cancer studies were reviewed by Dr. Ruth O'Regan from University of Wisconsin. Among them, Trans-aTTom Study demonstrated the Breast Cancer Index (BCI) can be used to identify patients with node positive breast cancer who will benefit from extended tamoxifen. An update of TAILORx trial showed that integration of recurrence score with clinical risk may help identify more young women who may be spared chemotherapy.

A summary of CDK 4/6 inhibitor trials showed improved survival in first line ER-positive metastatic breast cancer (MBC) setting. She also discussed interesting data on neratinib and margetuximab in trastuzumab-resistant Her2-positive MBC, PIK3/AKT/mTOR inhibition in ER-positive MBC and immunotherapy in triple negative MBC.

continued on page 5

Highlights of ASCO 2019, cont.

Lymphoma

Dr. Jason Westin from MD Anderson gave an excellent overview of key studies in lymphoma. He reviewed different practice changing studies in Chronic Lymphocytic Leukemia showing no added benefit of rituximab to Ibrutinib (ALLIANCE) and superiority of obintuzumab combination with venetoclax over chlorambucil (CLL-14). He also presented the updated data on continuous monotherapy (RESONATE-2).

He discussed the encouraging results of AUGMENT trial (revlimid + Rituxan) as an alternate first line option in indolent lymphomas.

Lastly, he presented the data of SMART START LRI (lenolidamide+ rituximab+Ibrutinib) upfront and CAR T Cells in relapsed refractory Diffuse large B cell lymphoma. All looks promising for the advancement of targeted oncology in future.

Precision Medicine

Dr. Michael Thompson from Advocate Aurora Health discussed precision medicine updates.

Clinical outcomes of multiple arms of the ASCO TAPUR (Targeted Agent and Profiling Utilization Registry) study

were discussed as well as evaluating physician “Use, attitudes, and perceptions of tumor genomic testing.”

The AMG510 KRAS G12C inhibitor study evaluated “drugging an undruggable target” with responses seen in lung cancer.

The POLO (Kindler et al. LBA4) study looked at PARP inhibitor therapy in germline BRCA1/2 mutated pancreas cancer with some improvement in surrogate markers (mPFS) but not in quality of life or survival. This will likely lead to future combination therapies in pancreas cancer.

Aurora Cancer Care is committed to providing patients with the highest-quality, personalized care for our patients. We do this by ensuring all our providers have access to the most up-to-date information possible. The ASCO review program would not be possible without our planning committee and support staff. Special thanks to Dr. Michael Mullane who has served as our meeting moderator for the last several years.

Next year’s 12th Annual Highlights of ASCO will be held in collaboration with Wisconsin Association of Hematology and Oncology on August 22, 2020 at the Hilton Hotel. ■

Aurora Cancer Care Surgical Oncology Fellowship Program – One of 28 Nationwide

By Aaron Chevinsky, MD, FACS, Medical Director of Surgical Oncology, Surgical Oncology Fellowship Program Director

This past September, the Aurora Cancer Care (ACC) oncology service line and the surgical oncology staff received the Accreditation Council for Graduate Medical Education (ACGME) accreditation for our Complex General Surgical Oncology Fellowship program. Dr. Aaron Chevinsky, Program Director, Dr. Wesley Papenfuss, Associate Program Director and Dr. James Weese, Vice President for the Oncology Service Line are proud to be

“Dr. Aaron Chevinsky, Program Director, Dr. Wesley Papenfuss, Associate Program Director and Dr. James Weese, Vice President for the Oncology Service Line are proud to be one of only 28 programs nationwide and further expand our role as an academic teaching and research center.”

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The accreditation will allow our two current fellows to become Board Certified in Complex Surgical Oncology. The fellowship provides training in general surgical oncology including hepatobiliary, pancreatic, soft tissue and sarcoma, melanoma, foregut, colorectal, breast, endocrine and thoracic surgery rotations. There are also rotations in medical oncology, radiation oncology and surgical pathology. Fellows are trained in open, laparoscopic and robotic surgery and will also have training in microwave and radiofrequency ablations, HIPEC and IRE (Nanoknife). Clinical, translational and laboratory research experience will be supported and elective opportunities in palliative care, urologic oncology, interventional radiology and interventional GI are also available. ■

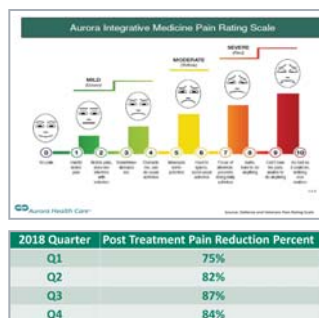
Integrative Cancer Care's Volunteer Reiki Program Quality Poster Presented at Society of Integrative Oncology International Conference

By Melissa Armstrong, MHA, Program Coordinator, Integrative Medicine

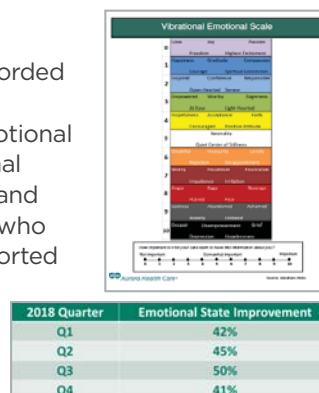
In response to substantial levels of unmet needs among cancer patients, the field of integrative oncology has grown rapidly in the past decade.¹ Aurora's Integrative Cancer Care Reiki Volunteer Program provides patients a non-pharmacological option to minimize treatment side effects and symptoms of pain and anxiety.

Integrative Cancer Care provides cost-free Reiki treatments as an intervention to complement conventional care. Reiki (pronounced "ray-key") is a Japanese word for universal life force energy.¹ Reiki is a simple yet powerful Eastern Medicine healing technique, where a trained practitioner helps to guide the flow of energy to enhance the body's power to heal. Reiki practitioners provide light touch or placement of hands near the receiver's body at significant energetic areas with positive healing intent, helping a person come back into balance.

This program demonstrates value of Reiki as an adjunct service for patients undergoing cancer treatment to improve patient experience and quality of life. Our Reiki program is provided in compliance with the Joint Commission Accreditation Standards and focuses on pain and emotional state/stress. Patient self-reported pain and emotional state outcomes were documented by volunteers before and after each treatment then reported to the Integrative Medicine Department. Pre and post pain scores were collected using a modified version of the Defense & Veterans Pain Rating Scale (DVPRS).²



Emotional state scores were recorded using an adapted version of the Abraham-Hicks Vibrational- Emotional Scale (VES) to quantify emotional and stress state changes to Pre and Post Reiki treatments.³ Patients who self-selected Reiki therapies reported a significant reduction in pain and improvement in emotional state scores.



Advocate Aurora Health's Melissa Armstrong, Integrative Medicine Program Coordinator, and Nancy Conway, Director of Integrative Medicine, during their poster presentation at the Society of Integrative Oncology International Conference in New York this past fall.

Reiki is in demand at Advocate Aurora Health. Our innovative Reiki Volunteer Program, established in 2015, uses an all-volunteer staff of Reiki practitioners and has been able to grow through our partnerships with Volunteer Services and Cancer Care. From 2017 to 2018 the Integrative Cancer Care Reiki Volunteer Program has grown by **29%**. Aurora's Volunteer Reiki Program is a drug free pain management offering, a low-cost care to provide and is feasible to deliver across multiple sites. In 2018, Aurora Integrative Medicine provided **1,114 free Reiki** treatments to patients receiving chemotherapy infusion across **8** different cancer clinics with an annual average of **10** volunteers.

Our quality outcomes and oncology innovation were presented on a quality poster titled **"Oncology Patients Benefit from Volunteer Reiki Program: A Quality Improvement Project and Data Review"**, at the Society of Integrative Oncology's 16th annual international conference in New York, October 18-22nd.

Aurora Integrative Medicine is a pioneer program leading development in connecting passionate community members to a meaningful volunteer experience. No other health care organization in the state of Wisconsin offers a Volunteer Reiki Program across multiple site locations. Our mission continues as we strive to assess how Reiki makes patients feel and if it improves their quality of life while undergoing cancer treatment.

Reiki volunteer services are available at 9 convenient locations throughout Wisconsin. Patients interested in Reiki services should ask their Cancer Care location for details.

For more assistance call Integrative Medicine at 414-219-5900 or visit the Integrative Cancer Care website: <https://www.aurorahealthcare.org/services/integrative-medicine/integrative-cancer-care#Reiki>. ■

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Welcome New Cancer Care Providers



Muhammad Moid, MD
Hematology and Medical Oncology

Muhammad Moid, MD, believes in taking care of the whole patient and not getting hung-up on cancer.

Dr. Moid cares for all kinds of cancer and blood disorders. His main interests are in head and neck cancer and gastrointestinal cancers, such as colorectal cancer. He was first exposed to oncology/hematology during a rotation in school and found that he enjoyed taking care of cancer patients

and found it gratifying — regardless of outcome — as long as you try to make a difference in someone's life.

Dr. Moid earned his medical degree at Aga Khan University in Karachi, Pakistan. He completed his residency in internal medicine, along with a fellowship in hematology/oncology, at the State University of New York (SUNY) in Stony Brook.

Outside of work, he enjoys reading (especially history), traveling and being active in church/community groups.



Nirav D. Patel, MD
Oncology

Nirav D. Patel, MD, strives to make well informed decisions based on patient values and the best evidence-based treatment plans. Dr. Patel likes to know his patients and help them decide on the treatment plan for the best outcome, empowering them with knowledge regarding their disease. He is a strong proponent of preventive oncology and likes to ensure that his

patients are up to date on age appropriate screening.

Within oncology, his areas of interest include solid tumors of the prostate, breast, colon and lung. Dr. Patel earned his medical degree, and completed a Master of Surgery in Ophthalmology, from the M.S. University of Baroda in Gujarat, India. Board certified in oncology and internal medicine, he completed his residency in internal medicine at St. Agnes Hospital in Baltimore, Md. In addition, he completed a medical oncology fellowship at East Tennessee State University in Johnson City.

In his free time, Dr. Patel enjoys reading, traveling and watching movies.



“Woody” Kun Xiao, MD, MPH, strives to provide the highest quality cancer care to patients, and tailors treatment to the individual needs of patients and their families.

Dr. Xiao sees all cancer cases and has a special interest in care for solid tumors, thoracic oncology, genitourinary oncology, and immunotherapy.

Dr. Xiao earned his medical degree from Southern Medical University, China. He also obtained a Master of Public Health degree from Columbia University in New York. Dr. Xiao completed his internal medicine residency at MetroWest Medical Center in Framingham, Massachusetts; and then went on to a subspecialty fellowship in Hematology and Oncology at the Medical University of South Carolina.

Outside of work, he enjoys traveling, cooking, and spending time with his family.



“Woody” Kun Xiao, MD, MPH
Hematology and Medical Oncology

Stephanie L. LaBomascus, MD, strives to achieve excellence in patient outcomes and experiences by practicing evidence-based medicine, establishing open communication and nurturing a friendly, caring environment for patients. She provides:

- Benign and malignant hematology consultations
- General oncology consultations
- Bone marrow biopsies
- Aspiration to remove fluid from the lungs or other organs

In addition, her areas of interest within hematology include:

- Anemia
- Chronic leukemias (chronic myeloid leukemia, chronic lymphocytic leukemia)
- Lymphoma

Dr. LaBomascus also has a special interest in treating breast and lung cancers, and she has experience in a wide variety of diagnoses. Dr. LaBomascus earned her medical degree from Drexel University College of Medicine in Philadelphia, Pa. She completed her residency in internal medicine, along with a fellowship in hematology/oncology, at Rush University Medical Center in Chicago, Ill.

In her leisure time, she enjoys fishing, hiking and being outdoors. Her hobbies include collecting and re-purposing antiques. ■



Stephanie L. LaBomascus, MD
Oncology and Hematology

Top Five Reasons You Should Participate in ACC Community Outreach

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

Did you know that Aurora Cancer Care Community Outreach has participated in over 100 community engagements throughout the state this year? Have you considered participating in community outreach, yet are not sure of the benefits? Below you will find the top five reasons to share your time and skill sets within the community outreach setting.



Connect with Your Community: Providers and team members can create a positive representation

in communities throughout our system and get a better understanding of the needs of various populations and neighborhoods. A better social understanding of our communities helps us better understand how to connect with them in the clinical setting.



Team Building: ACC screening and education outreach activities or Aurora Weeks of Caring events allow entire teams

to volunteer together. Volunteering is an opportunity for your team to build relationships with each other and the community.



Contribute to a Cause and/or Organization That You Care About: Did you know that we have over a dozen community partners

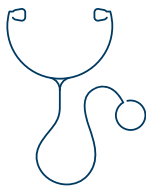
we work with on a regular basis? Are

you passionate about a certain cause or organization? Check with your local community outreach team to see how you can get involved and support your local organizations through ACC outreach.



Career and Life Satisfaction: Positive representation in the community can improve your career and life

satisfaction. Set professional goals to be active in community engagements and meet these goals throughout the year with ACC outreach. Increasing your presence and sharing your skills in the community can expand your network and connect you with communities in meaningful ways. Conversations and aiding in access to resources produces community betterment and life satisfaction for all.



It's Good for your Health: Volunteering impacts your health in many ways. It can improve your psychological well-being and lower blood pressure. Sharing your time and effort in the community

reduces stress and creates a sense of purpose.

Interested in ACC community outreach in your region? Please email jennifer.balistreri@aurora.org to connect with your local community outreach team. ■

Did you know?

The Journal of Patient-Centered Research and Reviews (JPCRR) is now included in PubMed. Check out the cancer care article published in the JPCRR earlier this year:

Thompson MA, Godden JJ, Wham D, Ruggeri A, Mullane MP, Wilson A, Virani S, Weissman SM, Ramczyk B, Vanderwall P, Weese JL. Coordinating an oncology precision medicine clinic within an integrated health system: lessons learned in year one. *J Patient Cent Res Rev.* 2019;6:36-45.



AURORA CANCER CARE CONTRIBUTORS/ SYSTEM LEADERS

James Weese, MD, FACS
Vice President
Aurora Cancer Care

Amy Bock, MBA, MSN, RN, OCN
Senior Director,
Aurora Cancer Care

Federico Sanchez, MD
Medical Director,
Medical Oncology, South Division
Aurora Cancer Care

Dhimant Patel, MD
Medical Director,
Medical Oncology, North Division
Aurora Cancer Care

Nickolas Bullock
Scientific Writer and Editor,
Advocate Aurora Health
Research Institute

Rubina Qamar, MD
Medical Oncologist,
Aurora Cancer Care

Laura McGartland, MD
Medical Oncologist,
Aurora Cancer Care

Anthony Ruggeri, MD
Medical Oncologist,
Aurora Cancer Care

Sherjeel Sana, MD
Medical Oncologist,
Aurora Cancer Care

Michael Thompson, MD, PhD, FASCO
Co-Director Oncology
Precision Medicine Program,
Aurora Cancer Care

Aaron Chevinsky, MD, FACS
Medical Director of Surgical
Oncology, Surgical Oncology
Fellowship Program Director

Melissa Armstrong, MHA
Program Coordinator,
Integrative Medicine

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

Angela Sinner, MBA
Managing Editor,
News and Views
Aurora Cancer Care
angela.sinner@aurora.org

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aurora.org/cancercare  @Aurora_Cancer on Twitter