

Aurora Cancer Care Connection

Your caring connection for
support during cancer care

September 2014
Edition 7

Message from the Vice President, Aurora Cancer Care

Aurora Health Care Awarded \$3.8 Million Grant to Guide Cancer Patients to Clinical Trials

Aurora Health Care was selected for the National Cancer Institute's Community Oncology Research Program, or NCORP. Because of this distinguished award, Aurora will receive \$3.8 million in federal funding over five years to improve cancer research and expand patient access to clinical trials in Wisconsin.



The National Cancer Institute (NCI), a component of the National Institutes of Health (NIH), recently notified 34

organizations nationwide which they felt best equipped to improve cancer care locally while contributing to the larger national effort. The national program is geared toward connecting patients to clinical trials going on in their communities, allowing the patient to stay close to family and other support systems.

According to Aurora President and Chief Executive Officer Nick Turkal, "Patients benefit when health care providers from private, not-for-profit and government sectors work together to improve care ... The (award), coupled with our talented care team, promises to make a difference for cancer patients across the nation."



James Weese, MD, FACS
Vice President
Aurora Cancer Care

James Weese, MD, Vice President of Aurora Cancer Care, added, "It is important that we continue to give our patients the best care possible while advancing the fight against cancer. The NCORP program has a similar focus, while fighting to help take costs out of health care."

Principal investigators Thomas Saphner, MD, FACP, and Michael Thompson, MD, PhD, are spearheading the NCORP initiative, focusing on care delivery, prevention and patient recruitment.

"Currently, there is a gap between when treatments or techniques are known to be successful and when they are incorporated as a standard of care," Saphner said. "A primary goal of our work on this project will be to narrow this gap."

National accrual to adult cancer trials is less than five percent. According to Thompson, patient access to trials is a major hurdle, but Aurora's wide reach will allow increased access for approximately 60 percent of Wisconsin's population.

"We want the right therapy delivered to the right patient at the right location - close to home," Thompson said.

For information on clinical trials,
call Jan DeBartolo, RN, MSN, OCN, CCRP,
at 414-778-4347.

Janna's Story: What Cancer Gave Me

By Bridgette Frommell, Foundation Development Officer, Aurora St. Luke's Medical Center

At age 32, Janna Ripp had never taken any serious medications or even stayed overnight in a hospital, so you can imagine how her world came to a stop when she was told she had cancer.

"The air felt like it was sucked out of the room," Janna says. "I had questions and my brain was spinning with thoughts. I was in total disbelief."



Janna (*far right*) and her sisters prior to her cancer diagnosis.

Janna was diagnosed with acute lymphocytic leukemia (ALL), a blood cancer most commonly associated with young children and older adults.

Janna, of course, was neither. "One day I'm going to work like a normal person and the next I am told that without treatment, I had 3-6 months to live."

She was told right away that part of her treatment would include staying at least 30 days inpatient at Aurora St. Luke's Medical Center in Milwaukee. Janna heard the words, but couldn't accept it. So, in the six weeks following her diagnosis, Janna went in regularly for lab work and received platelet and blood transfusions, but waited to start chemotherapy. Instead, she tried an extreme diet, going completely raw and organic. She shared she had hoped to clean out the toxins in her body and rid herself of the cancer. But unfortunately, that wasn't enough, and Janna decided to move forward with chemotherapy.

Janna stayed at Aurora St. Luke's for 33 days, and had nine more rounds of chemotherapy after that. But thanks to the level of care she received, Janna is now able to call herself a cancer survivor. She just passed her one-year mark since her initial diagnosis.

Janna shared her story at this year's Lombardi Walk for Cancer in Oshkosh, and was thankful for the care she received.

"All of the nurses, doctors, CNAs, housekeepers, receptionists and social workers I met through Aurora... Everything you have done has played a part in getting me to this point," said Janna.

And instead of focusing on what cancer took away from her life, Janna remains focused on what it has given her – friendships that have been tested and strengthened, new bonds with other cancer patients that go deeper than anything she imagined, and most of all, knowing that she has the strength and willpower to live, no matter the odds.

You can still support local cancer care by making a gift to the Vince Lombardi Cancer Walk in Oshkosh, Walworth County or Milwaukee Walk/Run events. Visit aurora.org/cancerwalk for more information.



WVBO's Skip Willis with Janna at the Lombardi Walk for Cancer.

Breast Cancer Heterogeneity



Judy Tjoe, MD, FACS
Medical Director,
Surgical Breast Oncology at
Aurora Sinai Medical Center

Fifty years ago, it was thought that all breast cancer tumors were identical. However, vastly different outcomes resulted when women diagnosed with breast cancer were treated similarly, leading to the discovery that not all breast cancers are the same, but rather are “heterogeneous.”

Some breast cancers are adequately treated with medication that blocks the estrogen receptor or prevents estrogen synthesis alone, whereas others require the addition of chemotherapy to reduce the risk of recurrence. How can we identify which patients will benefit from chemotherapy?

Measuring the activity of a cell’s genetic makeup, or “genomic profiling,” has helped doctors predict which breast cancers will recur if chemotherapy is not added to a patient’s treatment plan.

Gene expression profiling examines a patient’s breast cancer at a molecular level and is used to predict the

likelihood of positive outcomes with chemotherapy in patients with invasive breast cancer.

Aurora Cancer Care researchers are studying a gene expression profiling method (MammaPrint®, Agendia Inc., Irvine, CA) to determine if it positively affects treatment decisions. Subjects eligible for this study must be women 18 years or older with stage I or II breast cancer and provide informed consent.

“One goal of oncology is to reduce overtreatment, limiting chemotherapy to only those individuals who are likely to benefit from it,” John Scott Maul, MD, said. “This study uses advanced genomic profiling to select patients likely to benefit from treatment while allowing others to avoid an unnecessary and potentially toxic therapy.”

Since the start of the study in May 2012, 357 eligible subjects have been enrolled. Of the 60 sites participating in the study, Aurora Health Care leads all organizations with the most subject accruals so far.

For information, call Jan DeBartolo, RN, MSN, OCN, CCRP, at 414-778-4347.

VIA Oncology

By Jacob Frick, MD- Hematology/Oncology, System Medical Oncology Leader

Aurora Cancer Care is excited to implement a new addition to our patient care process starting in October. We will be ‘going live’ with VIA Oncology, which is a program designed to provide decision support to our oncology physicians. This program is jointly maintained by the Aurora Cancer Care physicians in collaboration with oncologists at the Dana Farber Cancer Center (Harvard), the Indiana University Cancer Program, and the University of Pittsburgh Medical Center. VIA has already been used at these other cancer centers for several years, with excellent results. The program has helped with decreasing variation in treatment, increased quality and improved access to clinical trials. We hope to duplicate this success at Aurora, starting in October of this year. We are working hard to configure the program to embed it in our Epic electronic medical record. You will start to see your oncology physician using VIA during your office visits in late October. We will provide an update to the newsletter about VIA early next year.

Did you know?

Max Haid
Medical Oncologist, Sheboygan
Aurora Cancer Care
920-457-6800



Acupuncture can be effective for relief of many side effects and symptoms such as: heart burn, pain after surgery for removal of a tumor in the chest, nausea and vomiting from chemotherapy. Max Haid, MD, Medical Oncologist in Sheboygan, WI, is certified in medical acupuncture through the American Board of Medical Acupuncture.

Learn more from Dr. Haid about medical acupuncture in cancer care in our next newsletter.

Lung Cancer Screening: Frequently Asked Questions

By Steven Leh MD, Interventional Pulmonologist, Chair of the System Lung Cancer Quality Committee, Aurora Cancer Care; Marian Hansen and Sharon Gray, Care Management, Aurora Health Care

Lung cancer is the number one cancer killer in the United States. With over 155,000 deaths per year, lung cancer kills more people than breast, colon, and prostate cancer combined. If you're a smoker or a former smoker you may worry about your risk of getting lung cancer or dying from it. Lung cancer can be highly curable when found early but in the past the early stage of lung cancer has been hard to detect.

A recent major study of heavy smokers, called the National Lung Screening Trail, compared screening for lung cancer using lung CT scans and chest x-rays. The study showed that using lung CT scan for screening lowered the risk of dying from lung cancer by 20%. This is the first study to show that lung cancer screening may save lives.

If you have additional questions after reading this material, please call 855-229-0924.

What is the goal of lung cancer screening?

The goal of lung cancer screening is to save lives. If no screening is done, lung cancer is usually not found until a person develops symptoms. By the time you have symptoms, the cancer is more advanced and much harder to treat.

Who should get an LDCT lung screening exam?

Smoking is still the biggest cause of lung cancer. People who have never smoked can get lung cancer but the risk is low compared to those that smoke. People who have smoked are at ten to 20 times the risk of people who have never smoked. Lung cancer screening is recommended for people who are at high risk for lung cancer.

Screening exams should be done for people who are at high risk but have no symptoms related to lung cancer. This group includes people aged 55 to 74 who have smoked at least one pack of cigarettes a day for 30 years. This includes people who still smoke or have quit within the last 15 years.

Why does it matter if I have symptoms?

Lung cancer screening is done in case there is something developing that a person is not aware of. Symptoms of lung problems can affect the results of the screening test. If you already have symptoms you should be evaluated and treated by your healthcare provider. These symptoms include fever, chest pain, a new or changing cough, shortness of breath that you have never felt before, coughing up blood, or unexplained weight loss.

I am at high risk but have been diagnosed with cancer in the past. Is LDCT lung screening appropriate for me?

It depends. In some cases, LDCT lung screening will not be appropriate, such as when your doctor is already following your cancer with CT scan studies. Your doctor will help determine if LDCT lung screening is right for you.

Do I need to have an LDCT lung screening exam every year?

Screening for lung cancer is not a one-time test, but a process that involves a periodic evaluation of your lungs over time to look for newly emerging cancer. The capability of CT scanners to detect tiny lung nodules and to compare the nodules for changes in size over time is critical to the screening process. If you are considered high-risk an LDCT lung screening exam is recommended every year until you are 74, for 15 years after you have quit smoking, or for major changes in your health status.

How is the exam performed?

LDCT lung screening is one of the easiest screening exams you can have. The exam takes less than 10 seconds. No medications are given, and no needles are used. You can eat before and after the exam. You do not even need to get changed as long as the clothing on your chest does not contain metal. You must be able to hold your breath for at least 6 seconds while the chest scan is being taken. If you are not feeling well or if you have lung symptoms on the day of the CT scan you should not have the test.

Are there any risks to LDCT lung screening?

LDCT lung screening is safe however there are some risks associated with the screening study. We want to make sure that we have done a good job explaining these to you, so please let us know if you have any questions. Your health care provider who ordered the screening may want to talk with you more about this:

- Radiation exposure: LDCT lung screening uses radiation to create images of your lung. Radiation can increase a person's risk of cancer. By using special techniques, the amount of radiation in LDCT lung screening is small—about the same amount a person would receive from a screening mammogram. Further, your doctor has determined that the benefits of the screening outweigh the risks of being exposed to the small amount of radiation from this exam.

Continued on pg. 5

- False negatives: No test, including LDCT lung screening, is perfect. It is possible that you may have a medical condition, including lung cancer, which is not found during your exam. This is called a false negative.

What can I expect from the results?

LDCT scanning is done to find small nodules in the lungs that may be cancer but are not yet causing symptoms. Lung nodules are small collections of abnormal tissue. Lung CT screening very often finds something in the lungs that could be cancer but in fact is not. Finding nodules that are not cancer is called a “false positive”. False positive tests may cause anxiety but only about 3% of the nodules found will be cancer. In order to make sure these findings are not cancer you may need to have more testing. Occasionally a person might need a procedure, such as a biopsy. If a small nodule is found to be cancer, the cancer can be cured more than 90% of the time. That is why we are screening you.

When will I get the results?

You will receive the results of your exam within 72 hours. If you do not hear from us within that time frame please be sure to call us at 855-229-0924.

Will my doctor also receive the results?

Yes. Your healthcare provider who ordered your exam AND your primary care physician will receive a copy of your results.

How much does the screening cost?

Currently, LDCT lung screening is offered by select Aurora Health Care sites at a cost of \$99. Any additional testing you may need, based on the results from the screening, will be billed to your insurance. Most insurance companies will cover the cost of these additional tests subject to your plan’s co-pay and deductible levels.

Do I have any obligations to Aurora Health Care or any of Aurora hospitals if I have the screening?

The screening does not obligate you to return to Aurora Health Care or any of its hospitals for any further screenings, for further evaluation of any findings, or for any other services that Aurora provides.

Where can I find help to quit smoking?

The best way to prevent lung cancer is to stop smoking. For help on quitting smoking, please call the Wisconsin Quit Line at 800-QUIT-NOW or 800-784-8669 or visit wiquit.org. If you have already quit smoking, congratulations and keep it up! Remember to also follow up with your primary care physician for an annual physical.

I think I qualify for LDCT lung screening. What should I do next?

Call 855-229-0924 to see if you qualify and to schedule your exam. Please note that we will need an order for LDCT lung screening from your healthcare provider before your exam.

Clinical Teaching at Aurora Cancer Care Pharmacy

By Peter Stuessy, PharmD, BCPS- Clinical Pharmacist, Senior, Aurora Cancer Care

The pharmacy department at Aurora Cancer Care is involved with pharmacy education on many levels. Pharmacy students and residents are part of the team and are involved in a number of ways at Aurora clinics.

Students from Concordia University School of Pharmacy in Mequon, Creighton University in Omaha, Nebraska, and the University of Wisconsin School of Pharmacy in Madison all learn at the clinics. Some students are in their first three years of pharmacy school and do week long rotations, but most are in their final (fourth) year of school. They join the pharmacy department for 6-8 week blocks where they learn about being an oncology clinic pharmacist. Tasks include checking chemotherapy preparation, talking to patients about take home prescriptions, answering drug information questions from caregivers and patients, and working on projects for the pharmacy department.

Post graduate year one (PGY-1) pharmacy residents can also participate in rotations at Aurora Cancer Care. Residents are licensed pharmacists who have committed to a one-year training program. Residents at the South clinic and at the Green Bay clinic have six-week rotations where they check chemotherapy preparation, consult patients on medications, and call back patients who are starting chemotherapy to see how they are doing. They also help precept our pharmacy students, research and present topics for discussion, and answer drug questions. The goal is for them to learn everything a pharmacist does at the clinic so that they can then work as the pharmacist by the end of the six weeks.

Post graduate year two (PGY-2) specialty pharmacy oncology residents are pharmacists who have completed their PGY-1 residency and are doing a second resident year specializing in cancer care. They work at or with the Aurora Cancer Care clinics many times through their year, but do rotations at the South and West Allis clinics. These residents do everything the staff pharmacist does, providing consultation and teaching to patients on chemotherapy and prescriptions, help precept students and PGY-1 residents, answer drug information questions, and lead discussions on cancer pharmacy topics.

Student and resident teaching is an important part of the pharmacy department at Aurora Cancer Care. The pharmacists act as preceptors who grade their work and teach them, but time with our patients and other caregivers teach them a lot too. Thanks to all the caregivers and patients of Aurora Cancer Care for their support of these learners!

Affording the Cost of Your Cancer Treatment

By Stacy Spitler, Financial Clearance Supervisor,
Aurora Cancer Care

Aurora Cancer Care realizes the importance of managing and understanding the cost associated with your cancer treatment. Our oncology pre-service and financial advocates are focused on ensuring that as a patient you receive the resources and coverage available to you and have direct access to experienced caregivers to help you manage your financial responsibility.

These caregivers work closely with your physician, pharmacy, and their teams to ensure that you receive the highest benefits available through your insurance. Additionally, they are available to help you understand what you are responsible for after insurance.

If you are concerned about affording the cost of your cancer treatment, including but not limited to chemotherapy, radiation, and specialty pharmacy, these caregivers can assist in evaluating and identifying resources you may be eligible for. Working with our oncology social services department, the team may be able to help you find financial assistance to cover your out of pocket responsibility.

This team is also available to assist if you do not have insurance or are losing your insurance. We can help you identify new insurance options and determine how Aurora Health Care and other organizations might be able to help you afford your insurance and treatment during this difficult time.



If you would like to speak to one of our financial advocates, you can contact your physician's office directly or the departments at the numbers below:

Medical and Radiation Oncology Service:
414-778-4300

Tab in the phone options and select:

Option 1: for Financial Counseling and
Prior Authorization

Option 2: for Benefit Determination

Option 3: for Patient Services

Specialty Pharmacy Services:
414-778-4306

Welcome New Aurora Cancer Care Team Member



"My practice philosophy is grounded on being an ally and advocate for my patients. I see my role in navigating the patient through the often difficult journey after the diagnosis of cancer is made."

Sana Jeffreys MD, BDS, FACP, has recently joined Aurora Cancer Care in medical oncology and

hematology, with a special interest in the treatment of patients with breast cancer. Dr. Jeffreys earned her medical degree from St. George's University School of Medicine, Grenada, West Indies. She served her

residency in a combined program of internal medicine and pediatrics at the Medical College of Wisconsin, where she also completed a fellowship in oncology and hematology. Dr. Jeffreys is board certified in internal medicine, medical oncology and hematology. Within this rapidly changing field, she partners with her patients and other specialties to bring the latest in treatment modalities, giving them options to choose what is best for their situation. Born and raised in London, England, she enjoys reading, cooking, traveling and spending time with family.

Dr. Jeffreys practices with her partners Drs. Michael Mullane, Malik Bandealy and Syed Haider at the following locations:

Aurora Cancer Care Racine
1151 Warwick Way
Racine, WI 53406
262-886-7360

Aurora Cancer Care Kenosha
6811 118th Avenue
Kenosha, WI 53142
262-857-5750

EMMI Solutions and Aurora Cancer Care: Using technology to meet the patient where they are

By Erik Hollander, MBA, Community Outreach Coordinator, Aurora Cancer Care

You have cancer. Three words we hope that nobody ever hears, but the reality, according to the American Cancer Society's Wisconsin Facts and Figures 2014, is that every day in Wisconsin 87 people will hear those three words, "You have cancer."

During a time that is filled with so many questions, emotions and thoughts, Aurora Cancer Care has partnered with Expectation Management and Medical Information (EMMI®) Solutions to provide cancer patients with a new way of receiving information related to their cancer treatment.

Aurora Cancer Care has recorded over 50 specific intravenous (IV)-related cancer drug videos that will provide basic information about the drugs and also potential side effects, outcomes and follow-up. All of this will be made accessible at the tip of your finger through various electronic devices (i.e. iPhone, iPad, tablet, cell phone, desktop computer, laptop computer, etc.). Patients needing chemotherapy will first watch a general teaching video about chemotherapy using EMMI. The EMMI format also allows us to send the link to your MyAurora or home email. Access to EMMI will be launched across all of our 22 sites beginning late 2014 and will be completed mid-2015. The drug-specific videos will be available to patients by the end of this year.

These videos will run between 20-45 minutes and provide the opportunity to write down questions while working to alleviate the stress and distress by answering many frequently asked questions. When done viewing any of these videos, a nurse from your care team will contact you to ensure your comfort and understanding of any of the information you have reviewed prior to treatment.

We are truly excited for the opportunity to bring this type of education to patients by providing the way for us to meet them in a place of comfort to view this sensitive information. It is our hope and commitment to ensure a stronger standard of care, increase efficiency in clinics, increase effectiveness for all learners, and provide a way to hear, listen and understand the information in a timely manner to help your care team provide you with the best possible care.

Aurora Cancer Care is already in the midst of recording similar videos specifically related to the ever-increasing use of oral chemotherapy medications. We plan to annually add video content for new drugs and modify any recommendations related to those videos we have already recorded. We are very excited to bring this aspect of patient care to your fingertips so we may work as a team to provide you with the best possible care to achieve the best possible outcomes!

Abstracts Accepted by the ASCO

By Anne Weers, RN, MS- System Program Quality Manager-Cancer Services System Clinical Program Office

The Aurora Cancer Program is proud to announce the acceptance of five abstracts by the American Society of Clinical Oncology (ASCO). ASCO is a national professional organization representing physicians of all oncology subspecialties who care for people with cancer. The abstracts include brief summaries of active research or an in-depth analysis of relevant projects within the Aurora Cancer Care Program. The abstracts will be presented at the 2014 ASCO Quality Care Symposium to be held in Boston, MA in October. The ASCO Planning Committee reviewed over 330 abstract submissions for the Symposium. We are pleased to recognize the following Providers who continue to cultivate Aurora's commitment to providing all patients with the highest quality of cancer care through their research efforts:

- Barry-Weers A, Huibregtse C, Ihde S, Bjegovich Weidman M, Weese J. Getting quality data back to frontline providers.

- Santhosh-Kumar C, Theodoroff M, Gray D, Huibregtse C. Barriers to clinical trial accrual in a community cancer clinic.
- Rathod H, Yoder SA. Interventions to optimize the use of colony-stimulating factors.
- Poggi L, Godden J, Yoder S. A standardized approach for managing chemotherapy-induced rash.
- Feldt A, Godden J. Implementation of pharmacy services in 22 oncology clinics.

In addition, all of the abstracts will be published in the Journal of Clinical Oncology. The Journal of Clinical Oncology is a peer-reviewed medical journal published 3 times a month by the American Society of Clinical Oncology. It covers research on all aspects of clinical oncology. The highly respected Journal now accounts for nearly 1 in 10 of all oncology journal citations and includes 10 international editions.

Lombardi Walk/Run for Cancer a huge success

By Cindy Schadow, RN, BSN, OCN, South Infusion Oncology Nurse, Aurora Cancer Care

On Sat., June 14, the Aurora Cancer Care Crusaders Team had another great turnout at the Lombardi Walk/Run for Cancer at the Milwaukee County Zoo. We recruited 118 caregivers, patients and family members and raised more than \$7,200. For our second annual team, we had great weather, got high-fives from Packers great Santana Dotson and the chance to see Aurora the bear! I was honored to be our team captain again and partnered with Dr. Rubina Qamar as physician champion to form a team that took their fight against cancer from the clinic to the community.

I was so proud of our team's efforts last year that I joined the Lombardi Walk/Run Committee. As a committee member, I have the opportunity to help the foundation make the walk/run an event where everyone can tackle cancer while having a good time. Thank you to everyone who participated and donated. Your donations ensure that we can continue to support our patients and their families through our cancer care services. We hope to see you at next year's Lombardi Walk/Run for Cancer on June 13, 2015!



Cancer Care Connection

Please share your interest with us so we can better determine features for future issues. We welcome your feedback and suggestions! Contact: deb.smith@aurora.org

James Weese, MD, FACS
Vice President
Aurora Cancer Care

Marija Bjegovich-Weidman, RN, MSN
Director
Aurora Cancer Care

Jacob Frick, MD
Hematology/Oncology
System Medical Oncology Leader
Aurora Cancer Care

Deb Smith, BS, Editor
deb.smith@aurora.org

Aurora Cancer Care
3000 W. Montana Street
Milwaukee, WI 53215
414-647-3094 or
414-219-4531
aurora.org/cancer

Follow:
@Aurora_Cancer
on Twitter

