

# The Cancer Report

Summer 2020

## Keeping You Safe Cancer in the Time of COVID-19

When the COVID-19 virus began spreading, Dianne Smetana of Burlington, Wisconsin, was traveling to Froedtert & the Medical College of Wisconsin Froedtert Hospital regularly for immunotherapy to keep her small intestine cancer at bay. She never paused her care and reassures others who need cancer treatment.

“Don’t stay away from the care you need,” she said. “Within the Froedtert & MCW Cancer Network, they take incredible precautions and are so careful. I know I’m being well taken care of.”

“We assure our patients that our No. 1 priority is delivering the high level of care they expect, while protecting them from COVID-19 exposure,” said Tina Curtis, executive director of cancer services for the Froedtert & MCW Clinical Cancer Center at Froedtert Hospital campus.

“Keeping our patients safe is vital because cancer or its treatment changes how the immune system functions, making people more susceptible to infections — and to more severe illness if they become infected,” Curtis said. “People with cancer routinely follow risk-reducing precautions, such as avoiding large groups, social distancing, wearing masks and frequent handwashing.”

### A Safe Environment for Cancer Treatment

While the experience of getting treated for cancer has changed, the needs of cancer patients must continue to be met.

“Creating a safe environment for treatment goes far beyond hyper-sanitizing and symptom checking,” Curtis said. “With our extensive safety measures, patients have added layers of protection against COVID-19.”

Providers and staff wear masks as a standard. Staff at Froedtert & MCW cancer centers monitor arrivals at designated entrances where people are screened for COVID-19 symptoms. Staff also make sure masks are in place and facilitate hand cleansing before anyone enters the building. To further reduce possible virus exposure, visitors are limited to those essential for supporting patient needs, such as helping

those who can’t get around independently or who have trouble understanding their care.

To ensure distancing, separate clinics and infusion areas support patients who have COVID-19. Additional waiting rooms and treatment areas also emphasize distancing. When appropriate, patients are asked to wait for lab results in their vehicles or are fast-tracked into an exam room.

### Virtual Visits Reduce COVID-19 Risk and Offer Convenience

People with cancer need ongoing in-person tests like blood draws and imaging. But telephone or video visits are available to assess symptoms and progress and to discuss results and next steps.

“Virtual visits work for follow-up appointments, between-visit questions and patient education,” Curtis said. “They are also an option for support services, such as social worker visits, psychotherapy, nutrition consultations and genetic counseling. We even offer

virtual cancer second opinion appointments. We secure patients’ medical records for them and get team input beforehand so we can recommend treatment options.”

### Reducing Virus Risk Without Compromising Care

A critical change for physicians has been the need to lower patients’ risk of contracting the virus — without compromising care.





# Advances in Lung Cancer Treatment

Research and new treatments improve options

With **Jonathan Thompson, MD**, medical oncologist, MCW faculty member and researcher

**W**hile a diagnosis of lung cancer years ago didn't come with a wealth of treatment options, the outlook has brightened. **Jonathan Thompson, MD**, medical oncologist, explains that surgery, radiation therapy, medical therapies and clinical trials offer innovative options and hope. When standard treatment is no longer effective, people with certain types of lung cancer may turn to immunotherapies — groundbreaking treatments that train the immune system to eliminate cancer cells.

**Q: What are important and developing treatments for lung cancer?**

**Dr. Thompson:** Interventional pulmonology expertise, coupled with advanced diagnostics and treatment with state-of-the-art technology, is an advantage for accurate treatment planning. Minimally invasive robotic surgery is available for people who can have surgery. Different ways of combining radiation therapy with drug agents are being explored. We're seeing rapid development in targeted therapies, as well as with cellular therapies like immunotherapy, which uses a person's own immune system to fight their cancer. Genetic evaluation to direct targeted therapy is another key component guiding treatment decisions.

**Q: Tell us more about "targeted therapy" and how a person's genes make a difference in the way they're treated for lung cancer.**

**Dr. Thompson:** Tissue biopsies have been the gold standard for telling us if a person's lung cancer is linked to a gene mutation. Now, as much as possible, we do that evaluation with a liquid biopsy. These blood tests pinpoint unique factors in a person's lung cancer. If we find genetic mutations, we use targeted therapies — drugs that go after a person's specific mutation — rather than treating with a broader-based chemotherapy drug.

**Q: Are immunotherapies or targeted therapies better than chemotherapy?**

**Dr. Thompson:** Chemotherapy is still an effective treatment and may be combined with other treatment such as immunotherapy. However, for some patients, immunotherapy or targeted therapies can be used without chemotherapy and can control cancer for much longer than chemotherapy. We determine which people are most likely to benefit from these treatments by looking at the genetic and protein makeup of a person's cancer. Most of our clinical trials aim to improve outcomes with targeted therapy and immunotherapy.

**Q: Are clinical trials a "last-ditch" effort when other lung cancer treatments don't work?**

**Dr. Thompson:** That is a misconception. Clinical trials can help lung cancer patients at any time in treatment. Trials offer options that may work better when added to standard treatment or after a recurrence. We have the largest portfolio of lung cancer clinical trials in eastern Wisconsin — some unique to our Cancer Network. We review each patient's situation to match them with a clinical trial if it will benefit them.

**Q: What are some examples of your team's ongoing research?**

**Dr. Thompson:** In an early-phase national trial, we're giving bemcentinib, a protein inhibitor, with pembrolizumab, an immunotherapy drug, to people with advanced lung cancer to test the safety and effectiveness of the combination. Initial results have been good. One of our patients has had the longest positive response in the U.S. on that trial.

In another national trial, we're testing surgery to remove the lung tumor, followed by a cellular therapy called tumor-infiltrating lymphocytes (TIL). After surgery, we gather cancer-fighting T cells from the tumor, amplify their power in the lab and infuse the cells back into the patient. This is followed by the immunotherapy drug pembrolizumab. We're also testing TIL as a single therapy.

Because our experts focus on lung and other cancers in the chest, research new treatments and publish results of clinical trials, we stay current on every advance affecting lung cancer patients. Through clinical trials, patients have access to new options that may not be widely available. ■

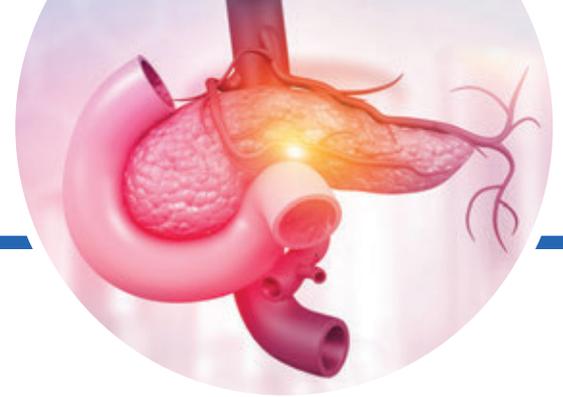
Learn more about lung cancer clinical trials at [froedtert.com/clinicaltrials](https://froedtert.com/clinicaltrials).



### Your Safety is Our Priority

*If you have a cancer diagnosis, don't delay care due to COVID-19 concerns. We offer video visits and in-person appointments in an environment designed to protect you. Call 414-805-0505 to talk with someone who can help you start treatment safely.*

# Research



## Pancreatic Cancer Research Explores Treatment Options

**P**ancreatic cancer is rare, accounting for about 3% or one in 64 cancer diagnoses. It is challenging to treat because symptoms are typically absent until the tumor becomes large or invades other organs at an advanced stage. Only a small number of pancreatic cancers are found early, often due to testing or imaging for a different condition. The Froedtert & the Medical College of Wisconsin Cancer Network offers multiple treatment options, as well as innovative clinical trials that may add precious years to the lives of people with pancreatic cancer.

Surgery to remove all or part of the pancreas and, sometimes, nearby organs offers the best disease control for people who are eligible for surgery. Patients whose tumors can be operated on have chemotherapy and radiation therapy before surgery. This innovative approach, championed by MCW pancreatic cancer

specialists, is called neoadjuvant therapy. It is the standard at Froedtert & MCW Froedtert Hospital. The combined treatments shrink the tumors, resulting in a more successful surgery.

However, MCW pancreatic cancer researchers want to raise the bar by understanding if patients benefit from receiving one type of radiation therapy versus another. William Hall, MD, radiation oncologist, and Susan Tsai, MD, surgical oncologist, designed a clinical trial exploring two different methods of delivering presurgery radiation therapy. They collaborated with Douglas B. Evans, MD, surgical oncologist and chairman of the MCW Department of Surgery, as well as Beth Erickson, MD, radiation oncologist, and Kathleen Christians, MD, surgical oncologist.

“We are confident that giving our patients radiation therapy before they have surgery helps them do better. However, nationally, the

question of which radiation therapy approach works best remains unanswered,” Dr. Hall said.

In the study, people are randomly assigned to two groups. One group has stereotactic body radiation therapy, which targets the pancreatic tumor with a high dose of focused radiation in a total of five treatments. The second group has conventional radiation therapy (28 daily sessions) with chemotherapy at the same time. Both then have surgery and the outcomes are compared.

“If we can show that one type of radiation therapy works better than another, we’ll be one step closer to more effective treatment for our pancreatic cancer patients,” Dr. Hall said. “They’re facing a tough disease and they deserve that advantage.” ■

**To learn more, talk to your doctor or visit [froedtert.com/clinicaltrials](https://www.froedtert.com/clinicaltrials).**

## Keeping You Safe

*continued from Page 1*

“Cancer specialists routinely evaluate unique aspects of each person’s cancer and plan treatment accordingly,” said J. Douglas Rizzo, MD, director of clinical cancer services for the Cancer Network. “That process is an advantage for planning cancer treatment within the constraints of a pandemic.”

To make the right decision about starting, continuing or deferring treatment, physicians weigh factors like a patient’s overall health and other health conditions, if the cancer is early or advanced and how aggressive it is. Radiation therapy and chemotherapy proceed as usual for most patients. Elective surgeries that can wait without impacting a patient’s outcome are postponed to protect patient and provider health and to conserve essential resources like personal protective equipment, blood supplies and ICU and recovery beds.

Slow-growing disease like some prostate cancers may not require surgery right away, whereas cancer that can progress quickly, such as brain cancer, may demand immediate surgery. “We also have special considerations for patients with blood diseases like multiple myeloma,” Dr. Rizzo said. “After bone marrow transplant, they are immunocompromised. To protect them, we may occasionally defer a transplant if their disease can be controlled with medications.”

### **Always Committed to Caring for You**

“We’ll all live with COVID-19 for some time, and we’ll continue making very careful decisions about cancer treatment,” Dr. Rizzo said.

The Cancer Network is taking gradual steps toward returning to routine care activities. “We want our patients to know that, while we adopted different practices to keep them safe during the pandemic, there is no change in our commitment,” Dr. Rizzo said. “We are always here for our patients. We will always treat their cancer while minimizing the impact of COVID-19 on their health.” ■

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## Same-Day Cancer Clinic in West Bend

Specialized care for urgent cancer treatment complications

**W**hen treatment-related complications such as nausea, dehydration or pain control arise, the Same-Day Cancer Clinic, located at Froedtert West Bend Hospital campus, offers specialized care for patients of the Froedtert & the Medical College of Wisconsin Cancer Network.

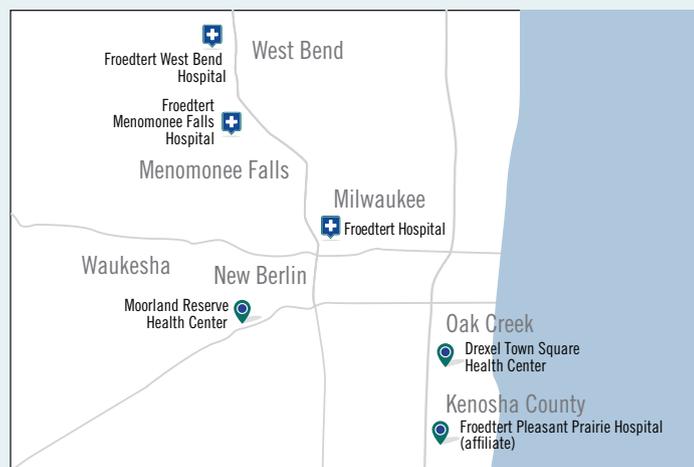


"We realize our cancer patients face issues that can't always wait for a clinic appointment," said John Koenig, executive director of the Cancer Network. "To meet that urgent need, we offer a specialized clinic within our cancer center in West Bend. Like our 24-Hour Cancer Clinic at the Froedtert Hospital campus, experienced oncology providers give patients high-level supportive care and treatment backed by on-site imaging and lab services. Patients can be released home, transitioned to the hospital or treated in the Emergency Department at the hospital if needed."

The Same-Day Cancer Clinic is not a walk-in service; an appointment is needed. When patients call, they are immediately triaged to the most appropriate care. The clinic is open Monday-Friday, 8 a.m.-4:30 p.m. ■

Call **262-836-7200** for a Same-Day Cancer Clinic appointment. After clinic hours, an on-call physician will recommend the appropriate care.

## Academic Cancer Care Near You



### Explore Your Treatment Options

The Froedtert & the Medical College of Wisconsin Cancer Network makes it simple and safe to initiate treatment or get a second opinion with a video visit or in-person options. Our new patient coordinators gather your medical records and coordinate all tests and appointments so you don't have to. We make it as easy as possible to connect for the care you need now.

Call **414-805-0505** to request a virtual or in-person visit.  
Learn more at [froedtert.com/cancer](http://froedtert.com/cancer).