Message from the Vice President, Aurora Cancer Care

Aurora Cancer Care continues to do very well but one of the best parts of my position surrounds the excellent team members I get to work with. It’s also wonderful to see many of these individuals receive accolades from both internal and external organizations. I’d like to tell you about some of them.

Jamie Cairo, DNP, leads our multidisciplinary program and oversees our 37 Nurse Navigators. She has developed our distress management program to identify patients undergoing particularly difficult times during their cancer course and treatment and then works closely with other team members to make sure they receive helpful intervention as their problems arise. In addition, Jamie works one day a week as an advanced practice clinician in our Kenosha Office. This year she received Top Nurse recognition by the Kenosha News.

Brad Zimmerman, MBA, MSW, APSW, OSW-C, our lead of Oncology Social Service has been aiding our patients to receive help when faced with the balance of obtaining therapy their insurance may not cover versus being able to provide for their families. Brad and our social work team have been handling these very difficult problems for so many years they make it seem automatic. Not that we would ever forget the outstanding work that they do but it’s always great to see outside recognition. This year, Brad received the 2019 Field Agency of the Year award from the UW Milwaukee Helen Bader School of Social Welfare recognizing the wonderful job he and his team deliver for our cancer patients. This award specifically recognized the work with master’s level UW-Milwaukee social work students providing practical experiences for them in our cancer care clinics.

Jen Godden, PharmD, has been a critical part of Aurora Cancer care for many years. She was highly instrumental in preparing many of the Beacon templates when Aurora first adapted EPIC as our Electronic Health Record and later led the charge in adapting these templates when Aurora Cancer Care decided to adopt the VIA Oncology Pathways—the system that standardizes evidence-based pathways and prioritizes clinical trials being offered to our patients. For the last 2 years Jen has served as the Co-Director of Aurora’s Precision Medicine program. She has worked closely with Syapse to standardize our weekly Molecular Tumor Board. The template Jen developed to present our summary data has become a model that has been copied by many organizations who have started Precision Medicine programs. For all these activities Jen was recognized with the Marija Bjegovich-Weidman Excellence Award in Oncology.

Jennifer Balistreri, MS, has done a spectacular job with Aurora Cancer Care’s outreach program. Utilizing her seemingly limitless talents and contacts she has organized presentations at many ethnic festivals and events honoring our Hmong, Hispanic, and LGBTQ communities. She organized screening events for patients at risk for colorectal and head and neck cancers. She has organized activities touching over 30,000 individuals during the last year. She has been able to recruit many volunteers.
Decades ago, especially before screening mammography, patients with breast cancer tended to present at very advanced stages, and systemic therapies were relatively ineffective. This meant the patients would undergo aggressive surgery, where breast, pectoralis muscle, and all levels of axillary lymph nodes were removed. Not surprisingly, most of these patients developed lymphedema of the arm on that affected side. Since lymphedema was so common, it seemed a simple intervention might trigger it. This led to patients being advised to protect the arm on the affected side by avoiding IV placement, blood draws, or having blood pressure taken.

Thankfully, times have changed and most patients with breast cancer are spared such aggressive surgery. In fact, most have either no lymph nodes removed, or just a few lower level nodes removed (sentinel lymph nodes). Even those who have full axillary lymph node dissection today rarely develop lymphedema due to improved surgical techniques and physical therapy intervention.

Since lymphedema has become much less common after breast cancer surgery, many in the field began to question whether these previous patient restrictions were valid.

Recent studies by physical therapy experts in this field have now convincingly shown that these restrictions are not valid. The only factors that correlate with risk of lymphedema after breast cancer surgery are: the patient had lymph nodes removed; obesity; or development of infection of the soft tissues of that arm (cellulitis). Risk factors do not include IV placement or venipuncture, if performed with standard sterile technique, or taking blood pressure in that arm.

Presented with this new evidence, the Advocate Aurora Breast Cancer Quality Committee has come up with the following policy statement to advise patients after breast cancer surgery.

• Avoid getting an infection in the area of lymph node removal. Protect the skin in that area from cuts, scrapes, burns, or other injuries. Keep any cuts and scrapes clean.
• If you notice any unusual redness, swelling or warmth in the arm on the side of your cancer surgery, contact your provider.
• Having blood drawn from or IV placed in that arm by a health care provider is not a problem since sterile techniques are used.
• Maintain a healthy body weight. Being overweight strains the lymphatic system and increases the risk of getting lymphedema.
• Do not avoid using the arm of the side of your breast surgery. Rest and inactivity do not prevent lymphedema, in fact, active people have less risk of lymphedema.
• It is safe to have your blood pressure taken on the arm where you had your breast surgery.

Current evidence based literature indicates that blood draws, injections, IV therapy, and blood pressure measurements on the same arm of an axillary lymph node removal do not cause an increased risk of developing lymphedema if there is no lymphedema as a result of surgery.

"Current evidence based literature indicates that blood draws, injections, IV therapy, and blood pressure measurements on the same arm of an axillary lymph node removal do not cause an increased risk of developing lymphedema if there is no lymphedema as a result of surgery."
Off-Label Medications: Cancer Treatment Options That Are Often Covered

By Jen Godden PharmD, BCOP, Co-Director, Oncology Precision Medicine Program; Stacy Spitler, Supervisor, Patient Pre-Service; and Brad Zimmerman, MSW, APSW, OSW –C, Oncology Social Work

The U.S. Food and Drug Administration (FDA) approves medications to treat specific medical conditions. Off-label prescribing is when a provider selects a medication to treat a patient with a different condition than the one the drug was approved for by the FDA. This practice is legal and particularly common in the treatment of cancer.

Why are medications used off-label?

Once the FDA approves a drug, researchers often conduct studies to find new uses for the medication. Providers will prescribe a medication for a new condition once evidence is published to support the new use. It’s often too costly for pharmaceutical companies to put the medications through the formal, lengthy, and expensive process required by the FDA to officially approve the drug for new uses.

What are the potential issues?

The biggest issue is getting access to the medication for a patient. Many insurance companies will not pay for a medication used in an “off-label” fashion. Our physicians, pharmacists, pre-service insurance experts, and social work teams at Aurora Cancer Care partner together to successfully obtain access to off-label medications for our patients.

The Role of the Pre-Service Specialist

Oncology Pre-Service Specialists are experts in understanding insurance requirements and coverage for treatments ordered by our oncology providers. The process starts by determining patient benefits for cancer related treatments.

The pre-service team identifies what guidelines the plan uses when determining medical necessity and if prior authorization is required. They submit required clinical information and supporting documentation to the insurance company for payment authorization. Pre-Service will work with the requesting provider to determine if the patient meets the guidelines set by the insurance plan.

If the off-label medication is denied by insurance, the pre-service team will contact the plan to determine the reason for denial, work with your provider and the insurance company physicians, and explore appeal options. We will work to exhaust all insurance coverage options for a patient.

If there is no insurance coverage for the prescribed medications, the pre-service team will work with the social worker, patient, provider, and Aurora Financial Advocate teams to find any medication assistance programs available, and complete any insurance denial or coverage information needed for the assistance.

The Role of the Oncology Social Worker

One of the many roles of Aurora’s oncology social workers is to provide support for the pre-service and pharmacy teams when a cancer patient’s health insurance plan does not cover the cost of a medication. These medications can be unaffordable for patients without the help of insurance benefits.

Our oncology social workers work directly with the medical team and patient to identify a way for the patient to access the recommended medication. We can make a unique connection between doctor, patient and the pharmaceutical company to identify whether a medication assistance program is available, determine if a patient qualifies for the program, and assist the patient with the program’s enrollment process.

The collaborative effort of the many people involved with this process demonstrates the lengths taken to ensure patients receive the treatment that is right for them.

With the help from many members of the Aurora medical team, including oncology pre-service, pharmacy, physicians and nurses, financial advocates, and oncology social workers, we are well-equipped to support patients by obtaining insurance coverage, or finding medication assistance programs that help them access an off-label medication. The collaborative effort of the many people involved with this process demonstrates the lengths taken to ensure patients receive the treatment that is right for them.
Advocate Health Care Oncology Sites Integrate with Aurora NCORP

By Lorene Schweig, Medical Writer and Editor, Advocate Aurora Health Research Institute

Thirteen Advocate Health Care oncology clinics are joining Aurora Health Care’s National Cancer Institute (NCI) Community Oncology Research Program (NCORP).

Once expansion is complete, Aurora NCORP, supported by Advocate Aurora Health Research Institute, will offer greater patient access to cancer trials at more than 30 Illinois and Wisconsin community locations.

Currently, 10 Illinois adult and pediatric sites (map) have been added by Aurora NCORP:
1. Advocate Children’s Hospital-Oak Lawn
2. Advocate Children’s Hospital-Park Ridge
3. Advocate Good Shepherd Hospital, Barrington
4. Advocate Lutheran General Hospital, Park Ridge
5. Advocate Sherman Hospital, Elgin
6. Advocate Condell Medical Center, Libertyville
7. Advocate Medical Group, Libertyville
8. Advocate Medical Group, Crystal Lake
9. Advocate Medical Group Oncology, Naperville
10. Advocate Medical Group, Darien

Although new to NCORP, Advocate has participated in hundreds of adult NCI clinical trials since 1984, with more than 30 site principal investigators located at multiple hospitals and sites of care. Sigrun Hallmeyer, MD, and Jon Richards, MD, serve as principal investigators for Illinois NCORP sites for adult oncology clinical trials.

Advocate Children’s Hospital also has a longstanding pediatric oncology research program and has been involved with Children’s Oncology Group and its predecessor organizations for well over 30 years. Between the Oak Lawn and Park Ridge Advocate Children’s Hospital campuses, there are more than 50 unique active pediatric oncology clinical trials. Rebecca McFall, MD, serves as principal investigator for Illinois NCORP sites for pediatric oncology clinical trials.

Aurora NCORP’s expansion across Illinois and Wisconsin ensures that patients living in Advocate Aurora Health communities will continue to have opportunities to access the latest investigational oncology treatments available. Aligned with NCI’s mission, the expansion also makes certain that oncology research is conducted in “real world” communities, which contributes to findings that are generalizable and effective in improving health outcomes and reducing disparities for patients across the country.

Led by principal investigators Thomas Saphner, MD, and Michael Thompson, MD, PhD, Aurora NCORP received from NCI $4,601,617, more than a half million dollars beyond the projected grant award, since 2014. The five-year grant ends later this year (National Institutes of Health award number SUGCA190140).

Aurora NCORP is up for a six-year grant renewal that would support clinical trials across Advocate Aurora starting Aug. 1.

The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.
When a person is diagnosed with cancer, it can bring to mind a range of different thoughts, feelings, questions and concerns. Aurora Cancer Care’s social workers are available to help people with cancer and their loved ones by supporting them, hoping to understand their thoughts and feelings, and answering questions during their cancer care experience. As oncology social workers, we work alongside the medical treatment team to encourage understanding of the healthcare system and provide education about community resources and support programs for people in need.

For people living with cancer, oncology social workers provide assistance and education throughout their cancer care experience upon initial diagnosis, during treatment, and into survivorship.

Some examples of the support an oncology social worker provides include:

- Help with transportation to cancer treatment
- Information for patient and family support programs
- Assistance locating counseling services
- Information for community resources to help with daily living activities
- Help to understand employment rights and work benefits
- Find financial assistance for medication expenses
- Provide education and information about health insurance options
- Provide advance care planning and advance directives

Aurora’s oncology social workers are also very involved in the community. We recognize the importance to support and align with organizations to ensure the best possible outcomes at the local, regional, and national levels for people with cancer.

Recently, the Aurora oncology social work team formed a partnership with the Helen Bader School of Social Welfare at the University of Wisconsin-Milwaukee. We offer an opportunity for Master’s level social work students to learn and develop their social work skills under the supervision and training from members of our social work team. This has been an exciting opportunity for us and an example of our commitment to supporting community organizations. We are honored to be chosen as the 2019 Helen Bader School of Social Welfare Field Agency of the Year.

Understanding everyone’s cancer experience is unique, oncology social workers are here to support you each step of the way. By providing education and guidance during this time, we can help people with cancer regain control over as much of their lives as possible. Using a team approach, our social workers support people living with cancer and their loved ones, so their focus can be on getting well.
Oral Cancer Screenings: Connecting Neighbors to Cancer Prevention

By Jennifer Jarvey Balistreri, MS, Community Impact Coordinator Senior, Aurora Cancer Care; Trish Golden, Community Benefits Coordinator Senior, Aurora Medical Center Summit

April is nationally known as Oral Cancer Awareness month. According to the Oral Cancer foundation, oral and oropharyngeal cancers should be screened for annually starting around the age of 18. Although many community members are aware of oral cancers, they are unaware of how to gain screening services or what behavioral risks attribute to many head and neck cancers.

This April, with the help of community outreach advocates, trained staff and providers, Aurora Sinai Medical Center and Aurora Medical Center Summit were able to provide free oral cancer screenings to their surrounding communities. This approach included connecting our neighbors to oral health education, HPV risks and vaccination information, and risk factors such as tobacco and heavy alcohol use.

The results not only showed great interest from the surrounding communities, but also a clear need for further awareness and screening to be conducted.

<table>
<thead>
<tr>
<th>Location</th>
<th>Number of People Screened</th>
<th>Number of Abnormal Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aurora Sinai Medical Center</td>
<td>54</td>
<td>13</td>
</tr>
<tr>
<td>Aurora Medical Center Summit</td>
<td>36</td>
<td>3</td>
</tr>
</tbody>
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Oral, Head and Neck Screenings were well received by the neighboring communities of Aurora Summit and Aurora Sinai at large. Aurora Summit has been able to provide this screening annually, with continued interest from community members and their families. This was the first year Aurora Sinai held this outreach opportunity and now plan to continue this effort annually.

Our various Aurora ENT and oncology physicians have also shared they enjoy giving back to the community through screening, education and community presentations. Each team member and provider involved in screening and community outreach understand the importance of helping make healthy happen throughout our communities.
Welcome New Cancer Care Providers

Jodi L. Brehm, MD, believes it is her job to reduce anxiety by being an advocate for her patients, making the plan of care clear and understandable, and ultimately helping guide patients through their treatment in a way that respects their choices and makes them comfortable.

In addition to treating benign surgical breast disorders, her main focus is treating breast cancer and making sure all types of surgical interventions are considered, from breast conservation to simple mastectomy to oncoplastic procedures including nipple sparing mastectomy. She is also interested in identifying those individuals that are at elevated risk for breast cancer and developing a screening and risk reduction plan for those patients.

Her areas of interest include oncoplastic surgical options as well as nipple sparing mastectomy for both cancer prevention and treatment. She enjoys matching the right patient with the right surgery for the current diagnosis and for long term quality of life.

Dr. Brehm earned her medical degree from the University of North Dakota School of Medicine and Health Sciences, Grand Forks, North Dakota. Her residency in general surgery was completed at Rush University, Chicago, Illinois. She is certified by the American Board of Surgery.

Outside of work, she enjoys horseback riding (jumping when possible), reading, refinishing old furniture, exercising, golfing poorly, and perfecting the perfect chocolate chip cookie—all preferably with her husband and three girls.
Message from the Vice President, cont.

from the ranks of ACC caregivers as well as from other Aurora Team members to make these activities so successful.

Michael Thompson, MD, PhD, FASCO, continues to bring the Aurora Cancer Care name to national and international prominence. Dr. Thompson was given the FASCO, Fellow of the American Society of Clinical Oncology (ASCO), award. He was also elected to the board of directors of ASCO, the largest international organization of scientists and physicians treating and studying cancer. Dr. Thompson, along with Thomas Saphner, MD, FACP, an Aurora Cancer Care medical oncologist from Manitowoc (Two Rivers), are the principal investigators of the Aurora NCORP—a grant from the National Cancer Institute allowing us to bring innovative clinical trials to patients of Aurora. The renewal grant, which was recently positively reviewed, will allow us to extend these studies to Advocate patients in Illinois. Utilizing VIA Oncology our clinical trials volume has increased four-fold since its inception in 2014. Their hard work has helped Drs. Virani, Mullane and Qamar receive recognition nationally for the number of patients they have entered in NCI sponsored trials and resulted in Dr. Virani recently becoming Aurora’s Principal Investigator for the Alliance for Clinical Trials in Oncology and serving on the Alliance Board.

There are many honors associated with being the leader of Aurora Cancer Care but one of the most valuable is the number of caring, dedicated, and committed caregivers who we interact with daily. Although these individuals are but a few of the stars we are privileged to work with, they represent the many excellent team members who make up Aurora Cancer Care.

Call for Nominations: Marija Bjegovich-Weidman Awards for Excellence in Oncology

Nominations for the 2019 Marija Bjegovich-Weidman Awards for Excellence in Oncology will be accepted soon. There is one team award to recognize interdepartmental teams who collaborate to improve the quality of cancer care for our patients, and one individual award that goes to a person whose leadership and dedication has an instrumental impact on our patients. Nomination applications will be distributed June 3, 2019 and will be due by July 1, 2019. Award winners will be recognized at the All Oncology Meeting on Monday, September 23, 2019. If you are interested in recognizing a work group or individual leader, please reach out to jennifer.knauer@aurora.org for a nomination form.

The Call Us First! campaign provides patients a first line of care to prevent the need for Emergency Room Visits or Inpatient Admissions. Since its launch in January 2019, our patients have reduced their need for Emergency visits or Inpatient Admissions by 10%! This translates to a more effective way of managing side effects of chemotherapy and a more efficient and positive experience for our patients during treatment.

Did you know?

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Grafton

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Did you know?

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