‘The Right Team’

Experts coordinate treatment for cervical and breast cancer

Stephanie Maciejewski, of Grafton, has always been faithful about getting pelvic exams and Pap tests. When she learned she had advanced cervical cancer, the 42-year-old mother of three was shocked.

Stephanie’s obstetrician-gynecologist, Anne Lipinski, MD, diagnosed the cancer and referred her to the Froedtert & the Medical College of Wisconsin Cancer Network and William Bradley, MD, gynecologic oncologist and MCW faculty member. He called Stephanie to say he was reviewing her case and wanted to meet immediately.

“After that call, I felt 10 times better,” Stephanie said. “I knew Dr. Lipinski led me to the right team.”

A pelvic MRI and PET scan revealed Stephanie’s cancer had spread beyond her cervix to a nearby lymph node, making it stage IIIC1. After an appointment with Dr. Bradley, Stephanie and her husband met with Beth Erickson, MD, radiation oncologist and MCW faculty member. The two physicians discussed the case with the gynecologic cancer tumor board — a team of experts from each discipline. All agreed Stephanie would benefit from a combination of chemotherapy and radiation therapy given in the same five-week period.

“Stephanie’s plan involved a once-a-week infusion of a chemotherapy drug called cisplatin, which makes radiation therapy more effective at destroying cancer cells,” Dr. Erickson said.

Following external beam radiation to the pelvis, Stephanie had MRI-guided brachytherapy. An applicator containing radioactive material was placed close to the tumor, where it delivered a high dose of radiation during five outpatient procedures.

Expertise and Collaboration

Tests showed that Stephanie had the human papilloma virus (HPV), a common infection that causes most cervical cancers. Because she had a specific type, HPV 16, she was eligible for a clinical trial of a targeted therapy drug being studied to see if it enhances the effect of chemoradiation.

When Dr. Bradley first mentioned the clinical trial, Stephanie was unsure. However, after reading about the benefits of clinical trials and talking with her husband, she agreed to participate. Two weeks before she began chemoradiation, she received an infusion of the study drug. The trial also involved additional biopsies to track the drug’s effect on the cancer.

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Melanoma, a rare skin cancer, is dangerous because it is likely to spread if it is not found early and treated. However, there is hope. Amy Harker-Murray, MD, medical oncologist and Medical College of Wisconsin faculty member, discusses promising new treatments.

Q: What is melanoma?
Dr. Harker-Murray: Melanoma arises from pigmented skin cells called melanocytes. A pre-existing mole can turn into melanoma, or it can develop within the cells of otherwise normal-looking skin. It tends to be aggressive and can spread quickly to nearby lymph nodes or organs.

Q: Who is most at risk for melanoma?
Dr. Harker-Murray: People who have light-colored skin, hair and eyes are more likely to develop melanoma, but people with darker skin tones can also develop this disease. People who have sporadic but intense exposure to the sun are at higher risk than people who have chronic sun exposure. Other risk factors include the tendency to burn easily, suffering a blistering sunburn or having a higher-than-average number of moles. Finally, immunosuppressed people, such as those taking drugs to prevent organ rejection after transplant, must be especially vigilant about their skin because they are at higher risk for melanoma.

Q: Can people survive a melanoma diagnosis?
Dr. Harker-Murray: Yes, enthusiastically, yes. The earlier we find melanoma, the better the chance of survival. Melanoma-in-situ is confined to the top layer of the skin. We remove it, essentially, curing it because it has not invaded the body. Even melanoma that has penetrated 1-2 millimeters into the skin has less than a 5% chance of a life-threatening recurrence within five years. More than 80% of patients with melanoma that has only spread to a small number of lymph nodes will be alive in five years.

Q: How has melanoma treatment changed?
Dr. Harker-Murray: Treatment mainstays have been surgery, usually effective in curing early-stage disease, radiation therapy to prevent recurrence after surgery, and sometimes, chemotherapy. Ten years ago, we did not have effective medications, but that is no longer true.

Q: What effective treatments are available today?
Dr. Harker-Murray: We have targeted therapy combinations known as BRAF/MEK inhibitors — drugs that target a mutation in the cells of some metastatic melanomas. These therapies can prevent cancer from returning even when it has spread to other parts of the body. Another option is immune checkpoint inhibitors that prompt the immune system to recognize and destroy melanoma. We also use a genetically modified virus that we inject directly into lymph nodes or metastatic tissue.

Q: What is one of the newest treatments you can offer patients?
Dr. Harker-Murray: We participated in clinical trials for lifileucel, recently approved by the FDA for people with stage IV melanoma. Lifileucel, a type of immunotherapy, uses tumor-infiltrating lymphocytes, white blood cells from the patient’s own tumor, to target melanoma. The cells are strengthened and multiplied in a lab. We inject them into the patient’s bloodstream, where they find and eliminate cancer cells. So far, people are living several months to a year longer than they do without lifileucel. We are hopeful for longer-term disease control.

Q: What excites you about your specialty?
Dr. Harker-Murray: According to the National Cancer Institute, melanoma’s mortality rate has fallen by almost 30% in the last decade, largely because we are finding effective treatments — even for people who have advanced disease. The best part of my day is telling a patient they do not need to see me anymore. I love celebrating that milestone with them.

Learn more: froedtert.com/skin-cancer

More Than 93% of Our Patients Would Recommend Us
For the sixth consecutive year, the Froedtert & the Medical College of Wisconsin Cancer Network has been recognized among the top 5% of 41,000 health care organizations in Press Ganey’s national database. Our Cancer Network is consistently recognized for its high standards in patient experience.
Immunotherapy Clinical Trial
Targets Solid Tumors

Patients with inoperable cancer that has spread to nearby tissues or lymph nodes may be eligible for a clinical trial of a new immunotherapy drug.

“The trial is for patients with cancers including lung, prostate, pancreatic, bile duct and liver cancer, who have had standard treatments that did not work or the patients couldn’t tolerate them,” said Hui-Zi Chen, MD, PhD, medical oncologist, Medical College of Wisconsin faculty member and principal investigator of the trial. “We are not restricting the type of cancer as long as it is a solid tumor and not a cancer of the blood.”

Participants will receive the drug TAK-280-1501 (TAK-280), the second generation of bi-specific T-cell engagers (BiTEs). BiTEs work with the body’s T cells — white blood cells that are part of the immune system — to identify and attack cancer cells.

“TAK-280 is a synthetic molecule engineered to recognize two proteins, one of which is found on the surface of cancer cells,” Dr. Chen said. “The second protein is found on a specific type of T cell that can directly kill cancer cells. The TAK-280 molecule will bind to the protein on T cells and cancer cells, bring them close together and activate the T cells to destroy the cancer.”

The targeted approach focuses on cancer cells, which have a higher level of the proteins, sparing normal cells that have a lower level. Once TAK-280 is inside the body, an enzyme found in tumors activates it. This restricts the drug’s effect to the site of the cancer.

“TAK-280 is a phase I study with two goals — evaluating safety and finding the right dose to give patients,” Dr. Chen said. “Then, we’ll expand the trial to test effectiveness.”

Patients receiving TAK-280 infusions are monitored in the hospital for up to 24 hours.

“Sometimes, activating the immune system will cause problems that require treatment,” Dr. Chen said. “One of the side effects is cytokine release syndrome, which causes low blood pressure and fever. It is the result of the active immune system overwhelming the body.”

The trial is multinational. In Wisconsin, it is only available through the Froedtert & MCW Cancer Network.

“Patients have been receptive to participating,” Dr. Chen said. “When they come to an academic health network, they expect us to offer novel therapies and trials.”

Learn more by visiting: froedtert.com/clinicaltrials

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Unexpected Turn

The cervical cancer diagnosis was challenging, but as Stephanie was preparing for treatment, a routine mammogram showed suspicious areas in her right breast. A biopsy revealed she had ductal carcinoma in situ, a second and unrelated cancer. Dr. Bradley connected Stephanie with breast cancer specialists Caitlin Patten, MD, surgical oncologist and MCW faculty member, and Adam Currey, MD, radiation oncologist and MCW faculty member. They had reassuring news.

“Stephanie had stage 0 cancer, which is not super aggressive,” Dr. Patten said. “This is why we strongly encourage mammograms — to find cancer as early as possible when there are more treatment options and the best chance for a good outcome.”

Stephanie’s four cancer specialists agreed she should complete cervical cancer treatment before addressing the breast cancer. Stephanie had a lumpectomy to remove the breast cancer. After some recovery time, she completed radiation therapy on her breast. Her medical team is pleased with the outcome of the treatments for both cancers.

“Stephanie had an outstanding tumor response,” Dr. Bradley said. “She will be followed closely for at least five years with regular exams and imaging.”

A team approach, treatment coordination and access to a clinical trial made the Cancer Network the right choice for Stephanie. It offers the largest cancer clinical trials treatment program in Wisconsin.

“I’m glad to be able to help future patients,” she said. “And I’m grateful for the compassionate care I received from my team. They make you part of their family and go above and beyond for you.”

Learn more: froedtert.com/cancer
Proton Therapy Coming in 2025

The Froedtert & the Medical College of Wisconsin health network expects to be the first in eastern Wisconsin to offer proton therapy for cancer treatment. Proton therapy is not available in Wisconsin now, but in late summer 2025, adults and children will be able to receive this advanced radiation therapy without traveling far.

Instead of using standard X-ray (photon) beams, proton therapy uses proton particles to eliminate tumors. High-energy doses of radiation precisely target a tumor’s size, shape and depth. Proton therapy:

- Remains within the tumor, avoiding harm to nearby critical nerves, blood vessels and organs
- Reduces short- and long-term side effects
- Is an option even if patients have had previous radiation therapy

“We have spent decades researching and implementing more effective radiation techniques,” said Christopher Schultz, MD, radiation oncologist, MCW faculty member and chair of Radiation Oncology. “Controlling cancer is our ultimate goal, along with better quality of life. Proton therapy is the next step toward improving outcomes for patients who entrust their care to us.”

Learn more: froedtert.com/proton-therapy

Academic Cancer Care Near You

Explore Your Treatment Options

The Froedtert & the Medical College of Wisconsin Cancer Network makes it simple to initiate treatment or get a second opinion. Our new patient coordinators gather your medical records and coordinate all tests and appointments so you don’t have to. We make it easy to connect with the care you need.

For an appointment, call 414-805-0505.
Learn more at froedtert.com/cancer.