

The Cancer Report

Spring 2022



Esophageal Cancer

Expert teamwork to treat rare cancer

Greg Baermann, of Germantown, overcame colon cancer over a decade ago. But because he has Lynch syndrome, he stayed vigilant. Lynch syndrome is a hereditary disorder that increases the risk of developing colorectal cancer, as well as others such as uterine, prostate and liver cancer.

In 2016, Greg met with **Abdel Alqwasm, MD**, medical oncologist and Medical College of Wisconsin faculty member, at the Cancer Center at Froedtert Menomonee Falls Hospital. The hospital is part of the Froedtert & MCW Cancer Network. Dr. Alqwasm is one of a small group of physicians who, along with a cancer genetics team, provide care recommendations for patients and family members with a heightened risk of developing cancer. He recommended a colonoscopy to follow up on Greg's colon health, as well as a screening test of the esophagus, also called an upper endoscopy.

"The endoscopy showed three ulcers in my esophagus," Greg said. "Two could be removed right away, but one, 'The Beast' as I call it, was bigger than anyone expected."

When Greg was told he had a new cancer, he remained positive. Due to careful monitoring, the tumor was diagnosed at an early stage. "I was never down and out," he said. "I knew I needed to take the next treatment step."

Specialist Team

Greg was soon connected with a team of esophageal cancer specialists who understand the nuances of the disease. Together, Greg's physicians devised a personalized treatment plan that included radiation therapy, chemotherapy and surgery.

Monica Shukla, MD, radiation oncologist and MCW faculty member, designed a five-week course of daily radiation therapy.

"In Greg's case, we used a technique called volumetric modulated arc therapy or VMAT," she said. "It allowed us to better treat his tumor, while also avoiding his nearby organs — liver, bowel, heart, spinal cord, lungs — as much as possible."

At the same time, Greg received weekly chemotherapy under the care of Dr. Alqwasm. "We start with chemotherapy and radiation therapy together to reduce the size of the tumor. This allows for more complete removal with surgery and also decreases the likelihood of the cancer returning," Dr. Alqwasm said.

After Greg's 11-hour surgery, he awoke to good news — his surgical team had removed all remaining tumor tissue. He was on his way to recovery.

Greg Baermann

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Team Treatment for Breast Cancer Patients

Specialty team's deep expertise offers most advanced options

With **Tracy Kelly, MD**, radiation oncologist and MCW faculty member

About 5,000 women in Wisconsin will be diagnosed with breast cancer this year. All of them will need highly specialized care, regardless of the stage or type of breast cancer. Yet, many women may not realize the weight their choice of treatment team will carry. **Tracy Kelly, MD**, explains the importance of choosing a team that focuses on breast cancer and how this choice can make a difference.

Q: Why is it important to receive breast cancer treatment from a breast cancer specialty team?

Dr. Kelly: Breast cancer is never just breast cancer; it is different for each woman. It can be early or late stage, have a genetic component or be rare like Paget's or inflammatory breast cancer. A team of doctors — who specialize in breast cancer, publish research and understand the disease's many nuances — can offer the most current treatment options for your unique cancer. Our team includes experts in radiation oncology, medical oncology, surgical oncology and plastic and reconstructive surgery. If the cancer is hereditary, a geneticist gets involved. Behind the scenes, but equally important, are pathologists, radiologists and oncology nurses. We all share information, coordinate treatment and recommend adjustments that could affect the order and timing of treatments and reduce side effects. This makes a difference in your quality of life, outcome and survival.

Q: How does your team personalize the most effective plan for each woman?

Dr. Kelly: Our team meets weekly in a breast cancer conference where we discuss each woman's cancer. Essentially, women receive more than a second opinion; multiple specialists assess each case. Together, we review imaging that shows the extent of the cancer, as well as a pathology report that tells us about the cancer's stage, any gene mutations and if the cancer cells' characteristics make them more or less responsive to specific drugs or other therapies. This session informs every woman's unique treatment plan. We also discuss clinical trials that could help our patients.

Q: What are some of the latest advances in breast cancer treatment, especially for advanced and rare breast cancers?

Dr. Kelly: Most of our patients have early-stage breast cancer due to early detection with mammograms, but we have options for more complicated disease. Because of our own research and involvement in

national research, we can offer developing treatments before they are widely available. Examples include:

Medical therapies

- A clinical trial is adding immunotherapy to chemotherapy to see if the combination is more effective for women with a triple negative gene mutation.
- Tyrosine kinase inhibitors are used to stop abnormal cells from growing in women with metastatic breast cancer.
- Gene mutation tests help target gene mutations with the right drug. For instance, PARP inhibitors block DNA repair enzymes in cancer cells for metastatic breast cancer with the BRCA1 and BRCA2 gene mutation.

Radiation technologies

- Unity MR-linac and RadiXact® adjust radiation dose during treatment for pinpoint accuracy.
- Hypofractionated radiotherapy delivers larger doses of radiation in fewer sessions with reduced side effects.

Surgery

- Microsurgery reattaches nerves to retain sensation in the chest wall during DIEP flap surgery that builds a new breast from belly tissue. ■

Excellence in Cancer Patient Experience Recognized

The Froedtert & the Medical College of Wisconsin Cancer Network received the 2021 Guardian of Excellence Award from Press Ganey® in recognition of achieving and sustaining excellence in the cancer patient experience. The Cancer Network met Press Ganey's national criteria for the award for four consecutive years and is among the top 5% of Press Ganey clients in 2021 to receive the award.



The Power of Academic Medicine

Offering the largest cancer clinical trials treatment program in Wisconsin.

Research

Expanding Sarcoma Treatment

Sarcoma, a cancer that arises from bones and connective tissues, is rare, accounting for only 1% of cancers in the U.S. annually. More than 70 types of sarcomas exist, and few large clinical trials have been conducted to guide treatment decisions. These factors make diagnosing sarcoma challenging and treating it complex. Clinical trials underway within the Froedtert & the Medical College of Wisconsin Cancer Network aim to change the outlook.

“There hasn’t been as much research focused on sarcoma because of its rarity,” said **John Charlson, MD**, medical oncologist and MCW faculty member. “But exciting advances are happening, especially cellular therapy. One trial involves modifying T-cell receptors to harness the immune system and more effectively attack these cancers.”

T cells are extracted from a patient in a process similar to blood donation. New genetic material is inserted in cells in a lab to boost the cells’ ability to recognize and fight cancer in a

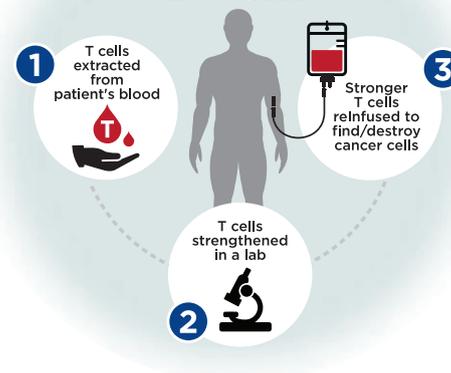
way that will only work for that person. The modified cells are reinfused into the patient after chemotherapy readies the body to accept the strengthened T cells as the dominant ones.

The study targets two kinds of sarcoma — synovial sarcoma, arising from muscle, and myxoid liposarcoma, which develops in fat cells. In Wisconsin, the T-cell trial is only available through the Cancer Network.

“We’re studying cellular therapy for people with relapsed sarcoma or newly diagnosed, advanced sarcoma that can’t be treated with surgery,” Dr. Charlson said. “For people with relapsed sarcoma, the goal is controlling the disease because curing it is unlikely. If we develop more tools to effectively control disease longer with fewer side effects, patients could benefit from better quality of life and extended survival.”

There are a number of other sarcoma clinical trials underway at the Cancer Network aimed at identifying improved treatment

Boosting T Cells



options for patients with this rare cancer.

“There are nuances to treating sarcoma every step of the way,” Dr. Charlson said. “Because of all the different types of sarcomas, having an experienced, sarcoma-focused team at your side is vital for your outcome — from an accurate diagnosis to effective treatment that may include clinical trials and follow-up care.” ■

Visit froedtert.com/clinicaltrials.

Esophageal Cancer

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Leaders in Innovation

Active in research, the esophageal cancer team offers access to the latest evidence-based therapies, including ability to enroll in national clinical trials. The Froedtert & MCW Cancer Network has the largest cancer clinical trials treatment program in Wisconsin.

The esophageal cancer team also develops innovations “in house.” For example, two of its surgeons pioneered a groundbreaking approach to esophageal cancer surgery.

“With a two-surgeon approach and minimally invasive tools, we cut the operative time in half, reduced blood loss by two-thirds and reduced the hospital stay,” said **David Johnstone, MD**, cardiothoracic surgeon and MCW faculty member. “It virtually eliminated the need for patients to go to the Intensive Care Unit after surgery.”

Research leadership also means that our esophageal cancer experts can offer emerging treatments such as immunotherapy.

“Immunotherapy drugs boost the immune system’s natural defenses against cancer cells,” Dr. Alqwasmi said. “There is strong evidence for using it to treat esophageal cancer. It has transformed the standard of care for this disease and many others.”

Positive Focus

Retired and cancer free, Greg loves spending time with Jeanie, his best friend and wife of 35 years. He also enjoys woodworking, fixing antique clocks and restoring a 1973 Pontiac Ventura.

Greg encourages anyone facing a cancer diagnosis to stay strong. “It’s tough, but my advice is to stay positive, stay focused and pray,” he said.

He also recommends his Cancer Network team. “I received excellent care,” he said. “Everybody was supportive and caring. They are a wonderful group of people.” ■

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Simple Screening Can Prevent Cervical Cancer

About 1 in 125 women will get cervical cancer, which can be caused by a sexually transmitted virus called HPV. Most adults have had HPV without symptoms; the immune system often overcomes it. When it doesn't, HPV can lead to cervical cancer. Smoking and prior HIV infection increase the risk. But this cancer is preventable.

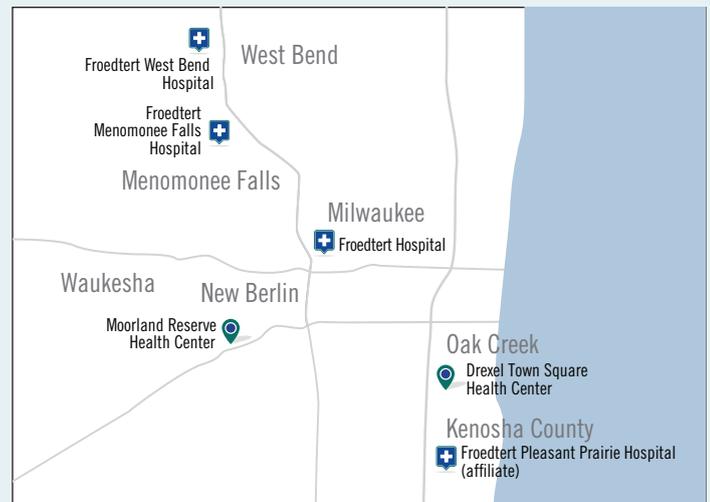
"We can prevent about 93% of cervical cancers with screening," said **Irene Bozich, MD**, obstetrician/gynecologist and MCW faculty member. "Starting at age 21, women should begin screening for cervical cancer, even if they have received the HPV vaccine. From ages 21-29, women need a pap alone every three years. From age 30 and on, women should get tested with an HPV-Pap combo every five years. There is also the option of using a special FDA-approved HPV test alone every five years starting at age 25. If a test has an abnormal result or other risk factors are present, testing may be needed more often."

The HPV test is similar to a PAP test. Your doctor views the cervix (opening to the uterus) to look for abnormal tissues and uses a tiny brush to remove cells for testing. If abnormal tissues are precancerous, they are removed in a different test — before they ever become cancer. ■



Ask your doctor about cervical cancer screening. For an appointment, call **800-272-3666**. Learn more at froedtert.com/cervical.

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.