INSIDE: KIDNEY CANCER TREATMENT • BRIDGE THERAPY SLOWS CANCER GROWTH

Froedtert & Medical College of Wisconsin

The Cancer Report

Summer 2021

Gynecologic Cancer

Specialists Address Women's Needs From Every Direction

"It takes a village" is a familiar phrase. Nevertheless, it describes the level of care women with gynecologic cancer require — and the vast resources available to them within the Froedtert & the Medical College of Wisconsin Gynecologic Cancer Program.

"Gynecologic cancers require an especially sensitive approach," said **Beth Erickson, MD,** radiation oncologist and MCW faculty member, referring to the five types of gynecologic cancer — ovarian, uterine, cervical, vaginal and vulvar. "The procedures take time, handling the social factors that affect health take time, and these factors are often intertwined, complicated by diverse needs of various socio-economic groups."

To address the multiplicity of patient needs, the gynecologic cancer team includes surgical, medical and radiation oncologists, plus many other clinical experts all dedicated to gynecologic cancers. If desired, the Froedtert & MCW Reproductive Medicine Center helps women explore fertility options.

"They are our 'army' of wonderful experts who help us do what we do," Dr. Erickson said.

Internationally Recognized Expertise

While gynecologic cancer specialists provide today's latest treatments, they are also researching tomorrow's protocols.

"Immunotherapy is playing an emerging role," said **Denise Uyar, MD,** gynecologic oncologist and MCW faculty member.

"We are interested in combining immunotherapy with other treatments to enlist the body's own immune system in fighting these tumors."

Other advanced treatments for gynecologic cancer range from surgery to chemotherapy to radiation therapy, used individually or in combination. Surgery may be done using minimally invasive and robotic-assisted methods. Combination chemotherapy and radiation therapy (chemoradiation) is another treatment option and is an area where the team has internationally recognized expertise.

"For example, if cervical cancer has spread beyond small lesions and we can't remove it completely with surgery, we get better outcomes with a combination of cisplatin and radiation therapy," Dr. Uyar said. "Cisplatin increases the effectiveness of the radiation therapy to eliminate cancer cells."

This complex regimen is intensive and requires specialized expertise to manage.

After this first regimen of external beam radiation, patients receive a second round of radiation therapy called image-guided brachytherapy.

"Our team was one of the first to pioneer magnetic resonance image-guided brachytherapy and, as part of an international group, developed guidelines that are now viewed as the standard of care," Dr. Erickson said. "External beam radiation combined

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ASK AN EXPERT

Kidney Cancer Treatment Advances

Robotic surgery and highly specialized staff offer more options

With **Peter Langenstroer, MD, MS,** urologic oncologist and MCW faculty member and researcher

Each year, more than 35,000 people in the United States are diagnosed with kidney cancer. Often, a mass is discovered during a scan for something else — after a fall from a bicycle or during a visit to an emergency department with abdominal pain. Kidney cancer can be treated effectively if caught at an early stage. **Peter Langenstroer, MD, MS,** explains how experts with the Froedtert & MCW Prostate and Urologic Cancer Program use robotic surgery and other treatments to achieve positive outcomes for patients.

Q: How has robotic surgery advanced kidney cancer treatment?

Dr. Langenstroer: Years ago, when a person presented with a renal mass, the standard approach was a nephrectomy — removing the entire kidney. While effective in removing cancer, having one kidney may cause dysfunction leading to long-term dialysis. Over time, treatment evolved to preserving kidney function with partial nephrectomy. We remove the tumor while sparing the rest of the organ so the patient retains their kidney. Initially, open surgery was the only way to do this, but we now use minimally invasive robotic surgery. In Wisconsin, we are leaders in offering partial nephrectomies. This approach offers our patients better outcomes and better quality of life.

Q: In addition to saving the unaffected part of the kidney, what benefits does robotic surgery afford patients?

Dr. Langenstroer: Other advantages include a short hospital stay — patients typically go home the next day. They have less postoperative pain and return to normal activities faster.

Q: What are the options for patients who are not candidates for surgery?

Dr. Langenstroer: Some smaller tumors are monitored if surgery isn't an option or we may use ablation — destroying a tumor with heat or freezing. With advanced disease, surgery isn't always helpful or appropriate, especially when the cancer metastasizes. We can use targeted medical therapies, immunotherapies, radiation therapy and embolization (blocking a tumor's blood supply) for advanced kidney cancer. Therapy is tailored for a patient's unique needs.

Q: What are the outcomes for kidney cancer patients who undergo surgery?

Dr. Langenstroer: Most people are diagnosed with localized disease — it has not metastasized to the lymph nodes, lungs or other areas. Typically, they have excellent outcomes, including a 90% chance of being cancer-free long term.

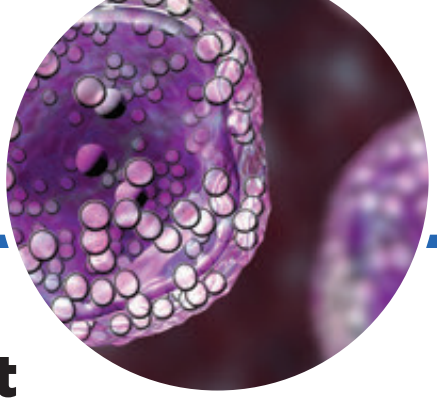
Q: What are the advantages of seeking treatment for kidney cancer at an academic health network?

Dr. Langenstroer: At academic health networks, people are often treated by a team focusing on a specific disease. Our kidney cancer team offers access to new clinical trials that can enhance treatment options. We offer advanced options in surgery, radiation therapy and medical therapies that can make a difference. ■

The Power of **Academic Medicine**

The Froedtert & the Medical College of Wisconsin Cancer Network has six locations for safe, convenient care — anchored by the unparalleled resources, including clinical trials, of eastern Wisconsin's only academic medical center.

Research



New Drug May Slow Cancer Growth as Patients Await Advanced Treatment

When people have certain types of B-cell leukemia or lymphoma that no longer respond to standard treatments, options are limited. Other patients need additional therapies called "bridging" before they can receive advanced cell-based treatments like chimeric antigen receptor (CAR T-cell) immunotherapy. Bridge therapy keeps tumors from growing as patients prepare for more treatment.

BTK inhibitors are in a class of drugs that has been used for bridging and for control of relapsed disease, but cancer can become resistant to the drug due to cell mutations or other factors. That leaves patients without effective interim treatment. BTK, short for Bruton tyrosine kinase, is a cell protein that can get stuck in the "on" position, allowing the uncontrolled cell growth typical of cancer.

Nirav Shah, MD, hematologist/oncologist, Medical College of Wisconsin faculty member and researcher, specializes in lymphoma, leukemia and stem cell transplant. He has been an innovator in advanced therapies for B-cell malignancies and was the local investigator leading an international clinical trial to tackle the problem of treatment resistance. The clinical trial tested pirtobrutinib, a unique BTK inhibitor drug, with patients who had chronic lymphocytic leukemia, small lymphocytic lymphoma or mantle cell lymphoma.

Results were encouraging; researchers found that pirtobrutinib was safe and effective. Most study participants who went into remission remained well without further disease progression. Trial results published in *The Lancet* in March 2021 suggest pirtobrutinib, while it needs additional study, could address a growing, unmet need for new therapies.

"For many patients, we look for a drug like pirtobrutinib to act as a bridge to get them to other treatments, such as CAR T-cell therapy or a stem cell transplant," Dr. Shah said. "To our surprise, for some patients, pirtobrutinib achieved longer-term benefits and remission in this early-phase trial.

"As we continue to collaborate with top cancer centers and leading researchers, I am hopeful we'll be able to accelerate the availability of alternative cancer therapies for patients in need."

The Froedtert & MCW Clinical Cancer Center at Froedtert Hospital campus was the only site in the Midwest and one of only 30 centers in the world offering the pirtobrutinib trial sponsored by Loxo Oncology. ■

Visit *froedtert.com/clinicaltrials*.

Gynecologic Cancer

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with image-guided brachytherapy is curative in the majority of women we treat."

Brachytherapy allows delivery of an optimal dose of radiation to the tumor while the organs near the cervix — bladder, rectosigmoid colon, small bowel — are avoided as much as possible. Exacting planning precedes each treatment. Dr. Erickson uses MRI scans following applicator placement to identify the tumor's location in relation to other organs and guide the positioning of the applicators and the dose distribution around the tumor.

"We fine-tune the radiation therapy plan to each woman's individual anatomy each time we do it, giving what's left of the tumor after external radiation therapy a high dose while avoiding exposing important organs to the same dose," Dr. Erickson said.

"With all that we offer, our goal is to restore women to health so they can be cured and live their best possible life. That's the rainbow we're always pursuing." ■

Froedtert & Medical College of Wisconsin

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The Cancer Report

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Have You Missed a Cancer Screening?

If you postponed a cancer screening during the past year, you are not alone. Due to the pandemic and other good reasons, 41% of U.S. adults delayed urgent, emergency and routine medical care. And more than 9 million* cancer screenings were missed.

Even if you don't have symptoms, it is important to get screened. We know screenings find cancer early when there are more treatment options and the best chance of survival and living well. Early treatment saves lives. Delays in screenings like mammograms, colonoscopies, Pap and HPV tests and other cancer screenings mean people may need treatment for more advanced cancers by the time they are diagnosed. ■

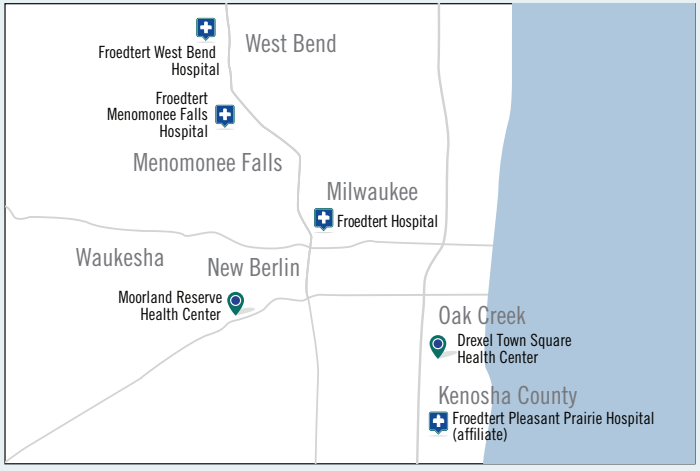
Don't wait.

Talk with a doctor you trust to learn which cancer screening you need now. Then, call 414-805-3666 to schedule your screening.

For more information: *froedtert.com/cancer-screening*

**Source: JAMA Oncology, April 29, 2021*

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 virtual or in-person visit. 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 with the care you need now.

Call 414-805-0505 to request a virtual or in-person visit. Learn more at *froedtert.com/cancer*.