INSIDE: BREAST CANCER • MULTIPLE MYELOMA TRIAL • SECOND OPINION

Froedtert & Medical College of Wisconsin

The Cancer Report

Summer 2026

‘I couldn’t imagine if I had waited’

Routine colonoscopy reveals tumor

Tiffany Dorantes, 45, of Pewaukee, went into her first colonoscopy in September 2025 assuming she would get the same all-clear results her siblings received. Although a 77-year-old close family member had been recently diagnosed with advanced colorectal cancer, Tiffany wasn’t overly worried about her own colon. She felt healthy, had just had a normal annual check-up and lab work, and had not noticed any unusual symptoms.

Therefore, the mother of two was stunned to get the unexpected news when she came out of sedation.

“I woke up to the doctor holding my hand and telling me, ‘We found something,’” Tiffany said. “He said, ‘We’re going to wait for the biopsy, but it could be cancer.’”

After the biopsy confirmed the diagnosis the next day, Tiffany scheduled a consultation with the Froedtert & the Medical College of Wisconsin Cancer Network.

In 2021, cancer screening guidelines lowered the recommendation for colonoscopies from age 50 to 45 to provide earlier detection.

“Unfortunately, we’re seeing colorectal cancer more and more among people under the age of 50,” said **Carrie Peterson, MD,** colorectal surgeon and MCW faculty member. “We don’t know why, but we think it’s probably an environmental factor.”

A few days after Tiffany’s colonoscopy, Dr. Peterson used a scope procedure to assess the best surgical approach and ordered blood work and a CT scan to determine whether Tiffany’s cancer had spread to other areas. Fortunately, the tumor, measuring 5 centimeters, or a little smaller than a golf ball, was still contained in the lower part of Tiffany’s colon.

Less than two weeks later, Dr. Peterson performed minimally invasive surgery to remove the affected portion of Tiffany’s colon. While some patients require a colostomy bag for bowel movements after surgery, Dr. Peterson was able to preserve Tiffany’s normal bowel function. Tiffany recovered with no complications.

“Tiffany’s treatment was relatively straightforward, but we see a lot of complicated cases,” Dr. Peterson said. “We have extensive experience and expertise dealing with challenging situations.”

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Tiffany Dorantes

ASK AN EXPERT

Know Your Risk

Breast cancer risk assessment leads to early intervention

With **Dawn Regner, MD,** breast imaging radiologist and Medical College of Wisconsin faculty member

Most women are at average risk of developing breast cancer. However, there are some women who are at higher-than-average risk. Many factors can influence a woman's risk, and knowing your risk can have an impact on the decisions you make about your health, including helping to prevent a late-stage diagnosis. If you are diagnosed with breast cancer, early detection gives you more treatment options and a better chance of a good outcome.

Q: What is a breast cancer risk assessment?

Dr. Regner: A breast cancer risk assessment is a percentage calculation of a woman's risk of developing breast cancer in her lifetime. The Froedtert & the Medical College of Wisconsin health network uses the Tyrer-Cuzick model to determine risk, which is a validated, nationally recognized risk calculation model. This model is known for its accuracy because it incorporates breast density information from the mammogram into the risk score. Generally, the denser the breast tissue a woman has, the higher her risk is of developing breast cancer. Other risk factors the model considers include family history, age, body mass index (BMI), hormonal and reproductive factors, prior breast biopsy results and genetic testing results.

Q: Why is breast cancer risk assessment important?

Dr. Regner: Most women have a 12% risk of developing breast cancer in their lifetime. Women who are high risk have a score of 20% or more. The goal of a breast cancer risk assessment is to identify the women who are at higher risk before they develop breast cancer, so we can intervene early to provide more personalized care. National guidelines recommend women over the age of 40 get a yearly mammogram, but screening for women at high risk typically involves alternating between a mammogram and an MRI every six months. Some women may also benefit from genetic testing or risk-reducing medications.

Q: Who can get a breast cancer risk assessment?

Dr. Regner: An eligible woman who gets a mammogram through the Froedtert & MCW health network receives a breast cancer risk assessment. About 8% of women having mammograms in our health network are found to be at high risk, which was about 4,300 patients last year. The risk assessment is free, and it only adds a few minutes to each mammogram. We calculate the risk score each year with the most up-to-date and accurate data. A detailed explanation of an individual's risk and personalized care recommendations are provided in the mammogram results letter sent to patients.

Q: Why is the Froedtert & MCW Breast Cancer Risk Assessment Program unique?

Dr. Regner: Our program is unique because, in addition to providing a risk score, we provide comprehensive navigation for high-risk women by breast imaging nurses. This includes individualized care recommendations based on their personal risk factors. Our program prevents high-risk women who may not have otherwise known about their risk from falling through the cracks. Thanks to our program, in the span of one year, we doubled the number of women who are getting high-risk care in our health network. Our goal is to educate and empower women about their breast cancer risk so they can make the most informed decisions about their care. ■

Mammograms Support Early Detection

Learn more about the important role mammograms play in early detection of breast cancer or schedule a mammogram at ***froedtert.com/mammogram***.

Research

Multiple Myeloma

Trial explores immunotherapy option

Multiple myeloma (MM) is a chronic, incurable cancer affecting plasma cells within the bone marrow. Normally, plasma cells make antibodies that protect against infection. While MM is not thought to be inheritable, it is caused by genetic mutations developing during a person's lifetime. Mutations are different in each person, making MM a tricky cancer to treat. More than half of people who develop it are older than 65. It affects men more than women and Black and Latino populations at higher rates.

Froedtert & the Medical College of Wisconsin leukemia, lymphoma and myeloma specialists are highly experienced and skilled at treating MM. They are internationally known for MM treatment discoveries, some of them groundbreaking. They also work with global research teams to bring B-cell maturation antigen (BCMA)-targeted treatments into standard care when the first treatments do not work or stop working.

Emerging immunotherapies have proven effective in extending life for people with MM, leading to FDA approval of treatments such as BCMA-targeted chimeric antigen receptor (CAR) T-cell therapies. CAR T-cell therapy may work when MM comes back or doesn't respond to treatment. Yet, more work is needed, given MM's tendency to evolve within the tumor's ecosystem, also called the microenvironment.

Binod Dhakal, MD, medical oncologist, MCW researcher and faculty member, is leading a first-in-human phase I FDA-approved investigational new drug clinical trial studying a novel type of BCMA-armored therapy for MM.

"This trial targets a cytokine, a small protein in the tumor microenvironment called transforming growth factor beta (TGF-β)," Dr. Dhakal said. "Sometimes, TGF-β is called a change agent. It is dual-functioning — either stopping cancer onset or promoting tumor growth and metastasis at later cancer stages."

Eligible people receive the therapy as inpatients. Cells extracted from the patient's immune system/bloodstream are genetically modified at the Cellular Therapy Lab on the Froedtert Hospital campus and returned to their bloodstream to eliminate cancer. The lab reduces production time to less than 14 days compared to an outside lab's four to six weeks.

"This timeline is a distinct advantage for MM patients whose disease can progress quickly," said **Peiman Hematti, MD,** hematologist, director of the MCW Cancer Center Cellular Therapy Shared Resource (CTSR), MCW faculty member and researcher.

The MCW CTSR is among a select group of cell processing laboratories in the country that can manufacture cells for treatment on-site and thus provides resources for MCW researchers to launch new clinical trials.

This BCMA-armored CAR T-cell therapy trial is only available through the Froedtert & MCW Cancer Network. ■

Colorectal Cancer

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Tiffany's tumor was classified as stage II because it had gone through the colon wall, but a negative circulating tumor DNA (ctDNA) test showed she did not require follow-up chemotherapy. She continues to be monitored by **James Thomas, MD, PhD,** medical oncologist and MCW faculty member who specializes in gastrointestinal cancers.

While Tiffany's whirlwind September was a stressful time, the team at the Cancer Network made it easier.

"All my doctors were amazing," Tiffany said. "They listened, cared and did everything to help me through this."

"Colonoscopies are a powerful tool for detecting and removing polyps before they turn cancerous," Dr. Peterson said. "It can even treat cancer. In some patients with very small cancers, a polypectomy, removing it entirely endoscopically, is sufficient treatment for their tumor."

People with a family history of colorectal cancer or a history of inflammatory bowel disease may want to consider screening before age 45. Signs for concern include rectal bleeding, a change in bowel habits and unexplained anemia.

Tiffany's experience has motivated her to speak out about the need for early cancer screening, and she has lobbied legislators to lower the age guidelines even more.

"I feel grateful I didn't procrastinate," she said. "I couldn't imagine if I had waited and pushed it off a year because I wasn't having any problems. Every part of me is thankful I was able to get this done and that it was caught early." ■

Learn more: *froedtert.com/colorectal-cancer*

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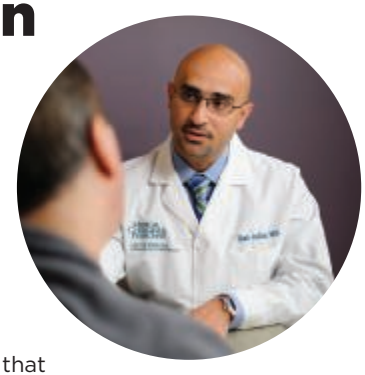
The Value of a Cancer Second Opinion



A second opinion can offer more perspectives. We make it simple to connect with our specialists and explore options, so you can be confident in your treatment choice.

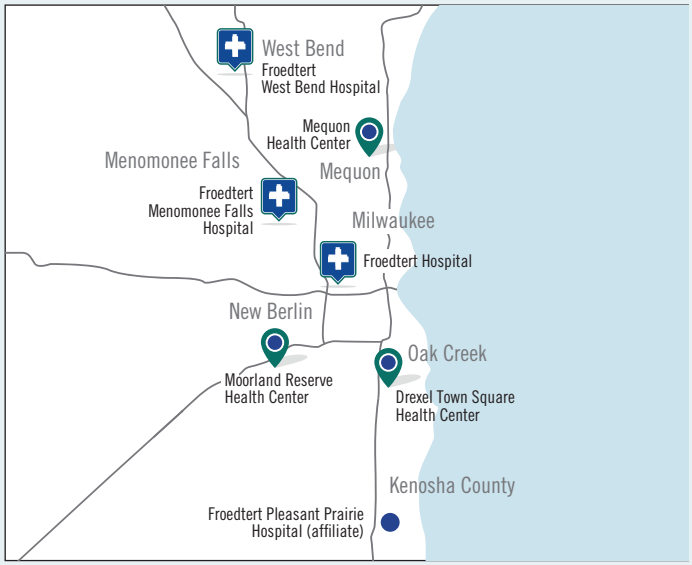
To ease the path, we will:

- Gather your medical records so you won't have to
- Coordinate appointments with multiple doctors in a time frame that works for you — in one visit when possible
- Only order tests if absolutely necessary
- Confirm your diagnosis and treatment options
- Offer virtual visit options as appropriate

Our renowned cancer experts find ways to make treatment more personalized and effective with options that are not available everywhere. They are specialists and researchers in specific types of cancer, from the common to the rare. They help develop advances like immunotherapies and other treatments based on your unique genetic signature. This allows our doctors to target your cancer with unmatched precision. We offer more options for you, including the largest cancer clinical trials treatment program in eastern Wisconsin. ■

For a second opinion appointment, call 414-805-0505.
Learn more: *froedtert.com/cancer-options*.

Academic Cancer Care Near You



With locations across southeast Wisconsin, we make it simple to start 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.

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