

# The Cancer Report

Winter 2019/2020

## Brighter Days Ahead

Clinical trial offers convenience and innovative treatment option

In September 2016, Marilyn Hoffmann visited the Froedtert & the Medical College of Wisconsin Breast Care Center at Froedtert Hospital campus for her yearly screening mammogram. When the scan found a suspicious area in her left breast, the routine changed. A biopsy indicated stage I breast cancer.

Marilynn was connected quickly with a multidisciplinary team of breast cancer specialists who suggested options. Since her cancer was found early, she was a good candidate for breast-conserving surgery (lumpectomy), coupled with radiation therapy. Research shows this approach is as effective as mastectomy in controlling cancer.

They also recommended a clinical trial with radiation therapy in five daily sessions instead of the standard 16. Fewer sessions can mean less life disruption and possibly fewer treatment-related expenses for patients.

“When my doctors explained the trial, I thought ‘why not?’” Marilyn said. “I really liked the possibility of reducing the time needed for that part of my treatment.”

### Clinical Trial Offers Advantages

Clinical trials allow researchers to explore and evaluate new treatment options that may be more effective than standard treatment. Froedtert & MCW cancer physicians are actively involved in major cooperative group trials funded by the National Cancer Institute and available at academic medical centers nationwide. They also design trials available only through the Froedtert & MCW Cancer Network. The clinical trial Marilyn joined was unique to the Cancer Network.

“For most women with early-stage breast cancer, the standard approach is lumpectomy followed weeks later with radiation therapy to the entire breast,” said Carmen Bergom, MD, PhD, radiation oncologist and MCW faculty member. “But in this trial, we deliver radiation therapy to just part of the breast — the highest-risk area — about a month before surgery.”

According to Adam Currey, MD, radiation oncologist and MCW faculty member, this approach may offer breast cancer patients several advantages.

“First, it is always easier to treat an intact tumor than an area where the tumor has been surgically removed,” he said. “Second, with presurgery radiation therapy, we can use MRI to define the area targeted for treatment and deliver the radiation therapy dose more accurately.”

The clinical trial could show that preoperative radiation therapy will control cancer as effectively as the standard approach. “It may also lead to fewer long-term side effects,” Dr. Currey said.

“The trial will help us determine which types of tumors respond better to radiation therapy,” Dr. Bergom said. “That would allow us to further personalize treatment for patients with different types of tumors.”

Marilynn Hoffmann



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[See back cover for mammogram information.](#)



# Expanding Cancer Treatment Frontiers

CAR T-cell therapy and new immunotherapies

With **Parameswaran Hari, MD**, hematologist/oncologist, MCW faculty member and researcher

**W**hen standard treatment is no longer effective, patients with certain types of lymphoma, leukemia and myeloma may turn to immunotherapies — groundbreaking treatments that train the immune system to eliminate cancer cells.

**Parameswaran Hari, MD**, explains chimeric antigen receptor (CAR) T-cell therapy and other cellular therapies on the horizon.

### Q: What is CAR T-cell therapy?

**Dr. Hari:** T cells from the immune system are extracted from the patient's blood. These cells are re-engineered in a lab to express chimeric antigen receptors — structures that recognize proteins on the surface of cancer cells. CAR T cells are then returned to the patient's body to find and destroy cancer cells.

### Q: Why is CAR T-cell therapy a significant advance?

**Dr. Hari:** It's the first cancer treatment made of cells and the first in a wave of developing cellular therapies. CAR T-cell therapy can provide long-lasting immunity against certain types of cancer, and remission rates are good. When successful, patients typically don't need follow-up therapies like maintenance chemotherapy.

### Q: What's next for CAR T and other cellular therapies?

**Dr. Hari:** Now, CAR T is an option when standard therapies are exhausted. We want to be able to offer it earlier in treatment — and we want to target other cancers with CAR T so more people can benefit. The FDA will likely approve it for myeloma soon.

Other cellular therapies being studied through the Cancer Network include:

- T-cell receptor therapy (TCR), which uses T cells to target specific proteins inside a cancer cell
- Natural killer cells (NK cells), donor lymphocytes that find and eliminate abnormal cells

- Autologous tumor-infiltrating lymphocytes (TILs), which are cultured in a lab with lymphokines and then infused into the patient to remove certain tumor cells

### Q: Can we treat solid tumors like breast, colon and lung tumors with CAR T-cell therapy?

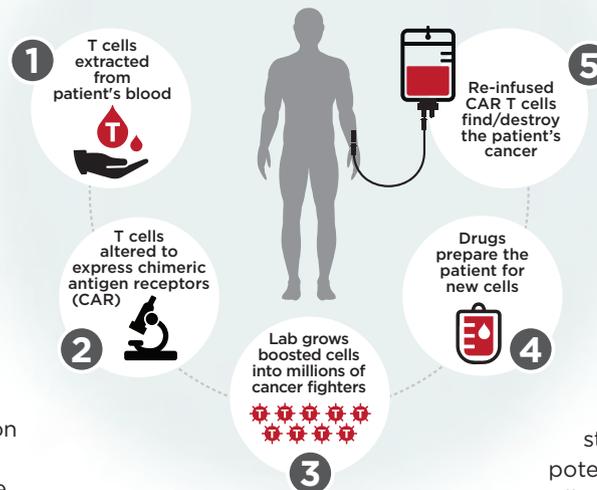
**Dr. Hari:** Right now, it's challenging because proteins on the surface of solid tumors are shared by normal tissue, which we don't want to disturb.

### Q: Describe the Cancer Network's commitment to immunotherapy research and focus for the future.

**Dr. Hari:** Renowned for our research in blood and marrow transplant and immunotherapy, we are exploring a CAR T-cell approach that targets two antigens on a cancer cell. This research has paved the way for a national clinical trial.

We are also one of few centers in the world with an on-site cell-processing lab, making the cells available faster to patients than if we sent them to an outside lab. We are studying ways to make CAR T-cell therapy more potent and safer and to understand its side effects, as well as which patients benefit most and why. We are researching new targets so patients we can't treat today with CAR T cells can benefit in the future. We are also developing new forms of cellular therapies. ■

## CAR T-Cell Immunotherapy Supercharges the Immune System



### The Power of Academic Medicine

The MCW Cancer Center (research arm of the Froedtert & MCW Cancer Network) was one of just 32 top U.S. academic centers awarded a National Cancer Institute National Clinical Trials Network grant to fund clinical trials, bringing more cancer treatment options to Wisconsin.

# Research



## Men Moving Forward

Can lifestyle after prostate cancer treatment make a difference?

**P**rostate cancer is the most common cancer among American men (next to skin cancer), and it is a special concern for African-Americans. For reasons that aren't completely understood, African-American men are at higher risk than others for prostate cancer and are more likely to be diagnosed younger with more challenging disease. Connecting African-American men with health care and cancer screening to help change these disparities is critical. Lifestyle after cancer treatment is another important factor because lifestyle affects treatment side effects, the chance of cancer coming back and other health conditions a man may develop.

Melinda Stolley, PhD, associate director for Population Health at the Medical College of Wisconsin, is among leaders at the MCW Cancer Center (the research arm of the Froedtert & MCW Cancer Network) who are trying to reduce differences in how African-American men survive cancer — called disparities. Their study, Men Moving Forward, is helping men who have had prostate cancer adopt healthier lifestyles.

“Compared to other men who had prostate cancer, African-American men report worse

quality of life,” Dr. Stolley said. “They're interested in lifestyle programs but few resources are available. With lifestyle changes, we think they will improve their quality of life and chances of living longer.”

Among factors men can control are health behaviors and body composition — the amount of fat in the body vs. muscle and bone. Poor diet and not being active lead to having more fat than muscle. That leads to changes in hormones, inflammation in the body and insulin resistance — all connected with cancer and other diseases like diabetes. Studies that help change lifestyles report good results for prostate cancer survivors, but in the past, African-American men have had limited involvement. Men Moving Forward supports African-American prostate cancer survivors in embracing activity and nutrition that improve body composition and quality of life.

The goal is to reduce risk for chronic diseases and prostate cancer coming back.

The 16-week program will enroll Milwaukee-area men in phases over the next several years. It is open to African-Americans who finished prostate cancer treatment at least six months before joining the study or men who have slow-growing prostate cancer and are being checked regularly by their doctor. Men have interviews and tests to measure strength and body composition before and after the program to see how well the study worked.

“We think the results will show these men can live better and longer by committing to lifestyle changes,” Dr. Stolley said. “By encouraging these changes and improving access to health care and cancer screening, we're determined to reduce cancer disparities among African-Americans in Milwaukee.” ■



### Compassionate Support

*When our cancer patients have urgent medical issues like high fever, nausea or pain that can't wait for a clinic appointment, our 24-Hour Cancer Clinic offers supportive care by oncology providers.*

## Brighter Days continued from Page 1

### Generous Spirit

Marilynn received the shortened course of radiation therapy at the Clinical Cancer Center at Froedtert Hospital campus in October 2016. Weeks later, she had breast-conserving surgery with Tina Yen, MD, MS, surgical oncologist and MCW faculty member. Dr. Yen removed the tumor and pathology tests showed only minimal cancer cells left in the tumor and no cancer cells in the tissue around the tumor, indicating successful treatment.

Marilynn now sees Sailaja Kamaraju, MD, medical oncologist and MCW faculty member, who manages her health and the medications she takes to keep the cancer from returning. Regular monitoring shows no return of disease.

“Because the treatment was so noninvasive and went so well, sometimes I even forget I had cancer,” Marilynn said.

Dr. Currey expressed admiration for Marilynn's great attitude and generous spirit. “Winning the fight against cancer will not come from a miracle drug that we find one day,” he said. “It will come from the incremental improvements we make because people like Marilynn are willing to take part in clinical trials.” ■

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## Need a Mammogram?

Try easy online appointment scheduling

**T**he Froedtert & the Medical College of Wisconsin health network is making it easier than ever for women to book a mammogram using online appointment scheduling.

Finding breast cancer early with a mammogram is important because it saves lives and prevents women from dying of breast cancer. A mammogram can find breast cancer before it is big enough to feel during a self-exam.

All of our breast screening locations offer 3-D mammograms. And because it matters who interprets your mammogram, radiologists at Froedtert & MCW hospitals, health centers and Center for Diagnostic Imaging focus solely on breast imaging. Because of their specialized training, our radiologists are experienced in finding even the most subtle signs of breast cancer on your mammogram.

Talk with your doctor about having this important screening every year starting at age 40. ■



Book your mammogram online at [froedtert.com/mammogram](http://froedtert.com/mammogram) or call **414-777-1900**. Some locations have Saturday or evening appointments.

## Academic Cancer Care Near You



### Explore Your Treatment Options

The Froedtert & MCW 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 as easy as possible to connect.

Call **414-805-0505** or **866-680-0505** to request an appointment. Visit [froedtert.com/cancer](http://froedtert.com/cancer) to learn more.