Individualized Approach
Rectal cancer specialists opt for novel treatment

Alexiss Uchytil

At 34 years old, Alexiss Uchytil, of Menomonee Falls, did not expect she would need a colonoscopy for years to come, and she was not prepared for a cancer diagnosis. But after several months of blood in her stool, nausea, weight loss and abdominal pain, Alexiss saw Syed Mehdi, MD, a gastroenterologist with the Froedtert & the Medical College of Wisconsin health network. A colonoscopy and EGD (a diagnostic exam) showed Alexiss had a large malignant tumor in her pelvis and that the cancer had spread to her lymph nodes. Alexiss was diagnosed with stage III rectal cancer in October 2018. She had to decide if she wanted to delay treatment to freeze her eggs. The radiation therapy she would need induces ovarian failure and sends the body into early menopause.

“We are having to address fertility more often,” said Monica Shukla, MD, radiation oncologist and MCW faculty member. “The average age for a rectal cancer diagnosis is 63. However, nationally, we are seeing a rise in colorectal cancer rates in younger people. For this reason, some national cancer organizations have recommended people at average risk begin screening colonoscopies at age 45 instead of 50.”

Alexiss chose to start her treatment as soon as possible and not freeze her eggs. “I am an aunt to two boys,” she said. “That is enough for me. I wanted the chance to live longer for them.”

Novel Treatment
It was difficult to make out the margins of Alexiss’ tumor on imaging to see if it involved the pelvic floor or sphincter — muscles that control the bowels. There was a chance she would need a permanent colostomy. To avoid this, her doctors opted for treatment called total neoadjuvant therapy, or TNT, which shrinks the tumor before surgery.

The standard treatment for locally advanced rectal cancer is chemotherapy and radiation therapy, followed by surgery and a second round of chemotherapy. TNT shifts the second round of chemotherapy to the beginning.

“With this treatment sequence, studies have shown the tumor shrinks more, there is a higher chance of sphincter-sparing surgery and patients tolerate the chemotherapy better,” said Carrie Peterson, MD, MS, colorectal surgeon and MCW faculty member.

Alexiss had chemotherapy and radiation therapy at Froedtert Menomonee Falls Hospital. Her surgery, in July 2019, took place at
Leukemia is a cancer of the bone marrow, typically characterized by rapid growth of abnormal white blood cells. It accounts for about 5% of all cancers, and its exact cause remains unknown. As explained by Ehab Atallah, MD, Medical College of Wisconsin researchers are discovering new treatments and better ways to care for people living with leukemia.

**Q: What are the most common forms of leukemia?**
**Dr. Atallah:** The main forms are chronic and acute leukemia. Chronic leukemia is a slow-growing form that patients often can live with — and they may not even need treatment. Acute leukemia is a rapid-growing form that requires urgent treatment. The main subtypes of leukemia are chronic myeloid leukemia (CML), chronic lymphocytic leukemia (CLL), acute myeloid leukemia (AML) and acute lymphoblastic leukemia (ALL).

**Q: Is leukemia hereditary?**
**Dr. Atallah:** It can be but inherited leukemia is rare. In terms of predisposing factors, we don’t always know what causes it. We know exposure to chemicals or to prior radiation treatment can play a role. We think leukemia is caused by a combination of hereditary and environmental factors.

**Q: What treatments are available?**
**Dr. Atallah:** For acute leukemia, such as ALL, the first option is chemotherapy, which affects the DNA of abnormal cells and kills them. Some patients may require a stem cell transplant. For CML, people take a daily pill that blocks abnormal signaling in the cell. These patients live about as long as the general population. For a select group of patients who have a sustained, deep remission, about 60% are considered cured and can stop taking the drug. For AML patients who can tolerate it, intensive chemotherapy, which requires a several-week hospital stay, is an option. Most patients will require a stem cell transplant to achieve a cure. And CLL, which had been treated with chemotherapy, is now treated with immunotherapy and/or targeted therapy. Immunotherapy strengthens a person’s own immune system to fight their cancer, and targeted therapy is designed to block specific molecules on a cancer cell and keep them from growing or spreading.

**Q: Is MCW research yielding new treatments?**
**Dr. Atallah:** For younger patients who can tolerate intensive chemotherapy, my colleague, Sameem Abedin, MD, is investigating the use of an antibody drug called lintuzumab Ac225 combined with intense chemotherapy. The initial results from a Phase I clinical trial led by MCW researchers are promising. We recently presented the results at the annual scientific meeting of the American Society of Hematology, and this immunotherapy treatment will undergo further study in a national clinical trial.

**Q: Should people with leukemia and other types of cancer consider participating in clinical trials?**
**Dr. Atallah:** Yes. Clinical trials are the only way we can improve outcomes for people with leukemia and other cancers, including rare diseases. The advanced treatments we use today were made possible by people participating in clinical trials.

**Q: What should patients know about your team?**
**Dr. Atallah:** Our specialty team includes doctors, nurses and advanced practice providers who specialize in the management of leukemia. As a premier research organization, we’re active in research for all types of leukemia and blood and marrow disorders.

**Q: Is a cure for leukemia possible?**
**Dr. Atallah:** Yes. We already have CML patients who are functionally cured. Some remain in remission even without the lifelong medications that are often needed to keep CML at bay. And some patients with AML and ALL are cured. We’re making progress. I think we’ll be able to cure around 80% of leukemias within 10 to 15 years.

Treatment for leukemia and other blood and marrow cancers is now available at the Froedtert & MCW Cancer Center at Moorland Reserve Health Center in Waukesha County.

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.
Cancer With COVID-19: Risks, Treatments and Outcomes

COVID-19 is unsparing in its spread and infects cancer patients just as it does others. What are the implications for the course of the cancer and the virus? Froedtert & the Medical College of Wisconsin researchers are participating in a national study to find answers.

“This research follows 2,000 people with cancer who have also been diagnosed with COVID-19,” said Tina Yen, MD, MS, surgical oncologist, researcher, MCW faculty member and local principal investigator of the study. “They will be followed for two years. The study will gather medical information, lab results and medical images that are part of cancer and COVID-19 treatment, creating a large bank of information that can be used in future research.”

The Froedtert & MCW Cancer Network is conducting the study, funded by the National Cancer Institute (NCI), as a member of the National Clinical Trials Network. On the strength of its ability to recruit high numbers of trial participants and its scientific leadership in the design of clinical trials, MCW is an NCI Lead Academic Participating Site, an honor awarded to only 32 top U.S. academic cancer centers.

“The study goals are to determine how patients are doing from a COVID-19 standpoint, how their cancer treatment may be affected by COVID-19, and how the virus may affect cancer-related outcomes and quality of life over the short and long term,” Dr. Yen said.

Cancer patients are at higher risk for COVID-19 and more severe illness because they tend to be older, and cancer or its treatment can suppress the immune system.

“We must better understand the interaction between cancer and COVID-19 and the long-term outcomes,” Dr. Yen said. “For example, can we determine risk factors that cause more serious illness from COVID-19 in cancer patients? Can we identify markers that indicate which cancer patients need more aggressive treatment or preventive measures?”

To date, the Cancer Network has accrued the largest number of patients for this trial in the nation. People enrolled in the COVID and cancer study must be receiving care within the Froedtert & MCW health network, with at least part of their cancer treatment at the Clinical Cancer Center at Froedtert Hospital campus.

“Taking into account that these people are not only going through cancer treatment but also living with a diagnosis of COVID-19, it is truly remarkable that we’ve had so many agree to participate,” Dr. Yen said. “The information they provide will help us guide future care for people with cancer who acquire COVID-19.”

Visit froedtert.com/clinicaltrials.

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Froedtert Hospital. Dr. Peterson resected the tumor using a sphincter-sparing technique and performed a rectal reconstruction by connecting the colon to the anus after removing the entire rectum. Alexiss had a temporary ostomy while her new connection healed, and then had a small procedure to reverse it, resulting in normal bowel function. An ostomy is a surgical connection of the abdomen to the intestines that allows waste to pass into a pouch.

“At surgery, I was so relieved,” Alexiss said. “I wouldn’t trade my cancer team for the world. They’re the best of the best.”

Expert Collaborative Care

Froedtert Hospital is accredited by the American College of Surgeons and the National Accreditation Program for Rectal Cancer (NAPRC), which recognize programs with multidisciplinary experts in the latest rectal cancer treatments. It means our rectal cancer patients can rely on the highest standard of care that meets strict national standards set by the NAPRC.

While TNT is gaining ground as a treatment for locally advanced rectal cancer, it is only recommended on a case-by-case basis.

“The key here is the individualized approach,” said Abdel Alqwasmi, MD, medical oncologist with the Froedtert & MCW Cancer Network. “Each patient benefits from the collaboration of our team. Because Alexiss’ cancer was so advanced and she is so young, we were confident she could tolerate aggressive treatment to give her the best possible outcome and quality of life.”

Accredited by Commission on Cancer National Accreditation Program for Rectal Cancer
Your Health and COVID-19

It can be easy to lose focus on your health amid the demands of the COVID-19 environment. We’re all coping with challenges: changes at work, children learning from home, a job loss or loss of a loved one. You may already be dealing with chronic illness or a serious disease like cancer. Move toward your best possible health by following these guidelines.

1. Don’t delay cancer screenings or care.
Continue cancer screenings and seek care or a second opinion if you have a cancer diagnosis. If you are receiving cancer treatment, continue as usual. Talk to your cancer team about any concerns.

2. Let your doctor be your guide.
Continue check-ups and recommended health screenings. Address minor health issues before they become serious, including depression and anxiety. Get a flu shot and, when it is available to you, a COVID-19 vaccine. If you may have been exposed to COVID-19, get tested and quarantine until you know the result. If you are recovering from COVID-19 at home, stay in close contact with your doctor.

3. Practice good self-care.
Your best defense against COVID-19 is maintaining a strong immune system by embracing nutrition and exercising daily (outside when possible), as well as following masking and social distancing rules. Don’t forget social connections. Reach out often and safely by phone or another virtual method to avoid isolation. You can’t care for others if you don’t care for yourself.

Visit froedtert.com/coronavirus for testing and vaccine information and other COVID-19 resources.