The integration of Aurora and Advocate continues to progress rapidly. Twenty-four integration teams were established and I am a member of the team overseeing Service Line integration with a number of leaders from both legacy organizations. The teams were established to define areas where best practices from either organization can be utilized to help move the partnership forward. There are many projects where the cancer service line teams are collaborating. These include:

1. Incorporating the evidence-based VIA Oncology pathways into EPIC and Beacon when the new Electronic Medical Record goes live at Advocate;
2. Extension of Aurora’s Precision Medicine Program including the molecular tumor board to Advocate;
3. Working to consolidate best practices for outpatient infusion centers;
4. Evaluation for integration of Genetic Counseling programs;
5. Collaboration to create a CAR-T program and build upon the current Bone Marrow transplant programs;
6. Development of a standardized program for Oncology financial navigation; and,
7. Inclusion of Advocate on the renewal application for NCORP to extend the clinical trials program across the Illinois border.

All of these programs seem to be moving forward in a very collaborative manner. We see these activities as likely to provide a stronger combined program, and have the potential to decrease expenses, increase efficiency, and enhance the care provided to cancer patients within Advocate Aurora Health.

As we have begun this exciting integration work, other opportunities have developed including the evaluation of potential integration of tumor registries and a thorough review of our Radiation Oncology treatment management systems to put all locations on a single cloud-based platform. Although this process has the potential to be very labor intensive during the transition it will allow us to standardize best practices in Radiation Oncology across Illinois and Wisconsin. We see this as an opportunity to develop common policies and procedures, standardize physics and dosimetry, and allow safe record back-up and treatment planning across our entire footprint.

"We anticipate this process will lead to other projects for consolidation over the next few years, and ultimately result in one of the premier cancer programs in the United States."

In sum, this complex process is moving forward in a quick, yet efficient manner. We anticipate this process will lead to other projects for consolidation over the next few years, and ultimately result in one of the premier cancer programs in the United States.
This Holiday Season, It’s Personal—Your Support Makes a Difference

By Sarah Tomczyk, Donor Stewardship Coordinator, Aurora Health Care Foundation- Cancer Team

As 2018 comes to a close, we take the time to remember why we are passionate about providing world class cancer care. We know that everyone’s journey with cancer is personal. Through the support of people just like you, we have made great strides this year in the fight against cancer. With your support, we will continue to impact the lives of those battling cancer in our local community – for the brothers, mothers, daughters, and fathers, because we know it’s personal.

YOU can create more opportunities for Wisconsin cancer patients. Every gift is critical in this journey and will provide comfort and support to patients in your local community.

We all share a common thread. At Aurora Health Care, we believe everyone is a caregiver, and that the compassionate care we provide to those around us is the common thread connecting us all. When you give to the Aurora Health Care Foundation, 100% of your gift stays local and is dedicated fully to the cause you are passionate about.

During this season of giving, why not remember that special loved one in your life by making a donation in their honor? They’ll be sent a note from us (without the donation amount) that you chose to honor them in such an impactful way.

Don’t wait to make a difference, donate today! Visit give.aurora.org/cancer.

This year alone...

• You brought hope by funding innovative cancer research. This year, there were more than 175 Aurora clinical trials that patients can enroll in because of a robust research program.

• You made it possible for athletes to join Team Phoenix, ensuring more smiles of triumph as cancer survivors became triathlon champions and increase survival rates.

• You provided cancer patients peace of mind and helped minimize post chemotherapy fatigue through holistic treatments like aromatherapy and acupuncture.
Aurora Cancer Care Launches Surgical Oncology Fellowship Program

By Aaron Chevinsky, MD FACS, Medical Director of Surgical Oncology, Surgical Oncology Fellowship Program Director and Geoffrey Bellini, MD, Surgical Oncology Fellow

One of the greatest privileges one can attain as a physician is to pass along your accumulated knowledge to the next generation. With that in mind, Aurora Cancer Care has developed a 2-year fellowship training program in complex surgical oncology. With the help of James Weese, Vice President of Aurora Cancer Care, and Wesley Papenfuss, Associate Program Director, we began building the framework for our training program. This involved developing a clinical curriculum, choosing research projects and setting up rotations in surgical oncology, medical oncology, radiation oncology, surgical pathology as well as colorectal surgery, breast surgery, thoracic surgery, endocrine surgery, gynecologic oncology, head and neck surgery, dermatologic surgery and various other disciplines.

A faculty was recruited from the current Aurora staff, and, together with the Graduate Medical Education (GME) office, we set out to recruit a fellow to begin in 2018. There are currently 30 Society of Surgical Oncology approved fellowship programs in Complex Surgical Oncology in the United States, and only one currently in Wisconsin.

Our first fellow, Dr. Geoffrey Bellini, a graduate of the Mount Sinai general surgery residency program at St. Luke’s/Roosevelt Hospital in NYC joined us in July of 2018, and he, his wife and new daughter have made a successful transition to the Milwaukee area. Dr. Bellini chose Aurora St. Luke’s because we offer a very unique experience, including robotic surgery training, and our surgical oncology fellowship program stresses the importance of understanding the biology of the disease and relies upon a robust multidisciplinary approach to patient care that is unique and supported with a dynamic research field.

We are currently seeking accreditation for our fellowship from the Accreditation Council for Graduate Medical Education and the Society of Surgical Oncology. I would like to thank everyone who helped get the fellowship started including the GME office and the fellowship faculty who have agreed to participate. Our goal is to recruit a second fellow to begin in 2019. The fellows’ responsibilities include clinical patient management, developing surgical skills in both open and minimally invasive/robotic surgery and performing research leading to presentations at national meetings and publications in peer reviewed journals.

I would like to thank everyone who helped get the fellowship started including the GME office and the fellowship faculty who have agreed to participate.

By Aaron Chevinsky, MD FACS, Medical Director of Surgical Oncology, Surgical Oncology Fellowship Program Director and Geoffrey Bellini, MD, Surgical Oncology Fellow
Eddie Adds Players to his Team

By Denise Anderson, RN, APNP, ACHPN

Eddie was a young man in his 20’s and full of life. He loved playing basketball and enjoyed watching his favorite teams play. Unfortunately, in August 2016 Eddie developed advanced stage Ewing’s sarcoma in his right arm and his young life was forever changed. Eddie struggled with severe pain and emotional changes that were brought on by his cancer. He was referred in October 2016 to palliative care to help with his symptoms and help him and his family deal with his prognosis.

“I am referring you to Palliative care.” For those who do not know what palliative care is, those soft-spoken words can sound very loud and frightening. Living life to the fullest, quality of life, life planning- that is the foundation of palliative care. We are all living until we take our very last breath. While most of us spend our lives healthy, we know that at some time in the future things can change for us or for our loved ones. Sometimes gradually and sometimes it is sudden and unexpected. But either way, it changes how we live our life.

During our visits with Eddie and his family, we focused on his quality of life. We adjusted pain medications and added other medications to help with nausea and energy. His pain and symptoms were well controlled. Part of the palliative team included our support therapist who was able to emotionally support Eddie and his family.

Palliative care typically goes along with disease-directed care. It can be for a short time or often for many years. Optimizing quality of life by anticipating and treating symptoms at any stage of an illness and focusing on that person’s “story” is what palliative care is about. Every person is unique and comes with their own concerns, values and symptoms, so the conversations and recommendations are always individualized to that person.

A typical palliative care visit might include:

• Management of symptoms such as: fatigue, pain, nausea, appetite, constipation, weakness, shortness of breath.
• Review medications and try to simplify when appropriate.
• What equipment or help is needed to remain independent in your home?
• What is the most important thing to you at this time?
• Do you have Advance Directives?
• Open conversations about preparing for end-of-life (which you also do when you are well)

Palliative care is for anytime an illness is causing physical or emotional challenges. Palliative care works together with your health care team to maximize quality of life.

Hospice care fits in when treatment directed therapies are no longer recommended and prognosis is anticipated to be less than six months. The palliative team can help with this transition and help prepare for end-of-life.

As Eddie’s illness progressed, it was clear this disease was no longer able to be controlled and we continued to support him as he planned for his final time. It was during one of our morning palliative rounds that we were discussing Eddie’s case. The team included clergy, MD, NP, pharmacist, support therapist, and the social worker. We decided that Eddie needed a “wish.” He loved basketball and with his permission we reached out for this young man to have an end-of-life wish. He attended a professional basketball game and had a few extra surprises on that special day. Sadly, Eddie died shortly after that game. Although we could not change Eddie’s prognosis, we did change how he was able to live his life and prepare for his final time. We spent 18 months as part of Eddie’s team helping him and his family. The smile on Eddie’s face during that final game will be remembered by all of us.
The Marija Bjegovich-Weidman Excellence Awards in Oncology 2018 Winners

The Marija Bjegovich-Weidman Excellence Awards in Oncology were created last year to recognize exceptional caregivers and their work with a financial award. Awards include an individual award along with three team awards to recognize the benefits of multidisciplinary collaboration.

The 2018 winners were presented their awards by Jeffrey Bahr, MD, Chief Aurora Medical Group Officer, James Weese, MD, FACS, Vice President of Aurora Cancer Care, and Bill Santulli, Chief Operating Officer, Advocate Aurora Health.

Performance Improvement Project Award
This team was recognized for developing an interactive patient care messaging platform to reduce pulmonary complications.

Jennifer Godden, PharmD

Individual Award of Excellence
Jen earned this award for her instrumental role in the development of the Aurora Health Care Oncology Precision Medicine conference and clinic.

Interdisciplinary Team Collaboration Award
This collaborative team worked together on a pre-service redesign to enhance timeliness of care of non-small cell lung cancer patients.

Jodi Doering, Mary Luettgen, Susan Berget, Katherine Leistico

Patient Safety Initiative Team Award
This team developed two EPIC initiatives, including a Beacon workflow and lesson plan for investigational oral medications, and a template for oncology research coordinator SmartChart documentation.

Christina Schreiter, Karen Globke, Mary Jo Luser, Jennifer Lester

Jeanette Myren, Jennifer Swanson, Susan Doll, Kelly Krostag, Stacy Spitler
National Cancer Institute’s (NCI) Community Oncology Research Program update

By Nick Bullock, Scientific Writer and Editor, Aurora Research Institute and Neha Glandt, NCORP Research Program Administrator, Aurora Research Institute

National Cancer Institute grant exceeds projections

For the fifth year in a row, the National Cancer Institute (NCI) has increased its annual grant award to the Aurora Research Institute for the Aurora NCORP (NCI Community Oncology Research Program). Thomas Saphner, MD, FACP, and Michael Thompson, MD, PhD, FASCO, are the Aurora NCORP co-principal investigators.

In 2014, the NCI designated Aurora Health Care as one of 34 NCORP sites with a grant award of $3.8 million over five years. The increased funding brings the total grant award to more than $4.6 million, approximately $825,000 beyond the amount projected at the start of the grant. This is the fifth and final year of the current NCORP grant cycle, which ends in July 2019.

NCORP brings clinical cancer trials to people in their own communities. Conducting clinical trials in communities throughout Wisconsin means that diverse patient populations can participate in clinical trials in “real world” health care settings. This expanded access to clinical trials, in turn, generates more broadly applicable evidence that contributes to improved patient outcomes and a reduction in cancer disparities.

“Aurora NCORP looks forward to continuing to serve Wisconsin by bringing potentially life-changing cancer research directly to our participants’ communities,” said Dr. Saphner.

Record-breaking fourth year

The Aurora NCORP also exceeded its accrual goal, which is set by the NCI. The program enrolled 339 research participants in the fourth grant year, compared to 249 in the third grant year.

“We were able to connect more patients to a variety of clinical trials, including those studying precision medicine, health care disparities and cancer care delivery,” Dr. Thompson said.

Since the start of the fourth grant year, Aurora NCORP has opened 19 new NCI clinical trials and currently has more than 50 trials open to accrual. This includes trials focused on brain, breast, lung and prostate cancers, as well as leukemia, lymphoma and melanoma. These clinical trials are available at nearly all 17 Aurora Health Care cancer clinics.

National recognition

The Aurora NCORP, along with three Aurora oncologists, was recognized at the annual NCORP Principal Investigators and Administrators meeting hosted by the NCI in September 2018. Awards were based on patient enrollment from August 1, 2017, to June 30, 2018.

The Aurora NCORP won a Platinum Award for more than 115 accruals. Fifteen of the 34 NCORP community sites achieved this distinction. Shamsuddin Virani, MD, was recognized as a top accruing investigator. He was the second highest accruing doctor to treatment trials in the NCORP system. Rubina Qamar, MD, and Gilberto Rodrigues, MD, were recognized with Silver Awards.

Also during year four of the grant, the Aurora NCORP was recognized by The Alliance for Clinical Trials in Oncology as a top 50 enrolling site for the third year in a row. Alliance is one of six cooperative groups responsible for developing and conducting NCORP clinical trials.

If you or someone you know is interested in participating in an oncology clinical trial, speak with your cancer care provider, call us at (414) 302-2304 or send an e-mail to ncorp@aurora.org. To learn more about the Aurora NCORP, visit aurora.org/ncorp.

The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.
Welcome New Cancer Care Providers

**Sherjeel Sana, MD**, recognizes that every patient is unique. He believes in delivering comprehensive, high quality cancer care that is flexible and tailored to each patient’s needs.

Dr. Sana provides care and treatment including Stem Cell Transplantation for patients with various oncologic disorders with special interest in leukemia, lymphomas, MPNs, bladder, kidney, testicular and prostate cancers.

Dr. Sana earned his medical degree at Allama Iqbal Medical College Lahore in Pakistan. He completed his residency in Internal Medicine at the University of Illinois/St. Joseph Hospital of Chicago and fellowships in both Blood and Marrow Transplantation at Stanford University Medical Center and Hematology & Medical Oncology at the University of Utah / Huntsman Cancer Hospital. He is board certified in Hematology, Medical Oncology and Internal Medicine by the American Board of Internal Medicine.

In his free time, Dr. Sana loves enjoying free time with his wife and three kids. He is an avid long-distance runner and likes the outdoors.

To learn more or to refer a patient, contact Aurora St. Luke’s Medical Center at 414-384-5111.

**Adam Kadlec, MD**, believes his practice is driven by shared decision making and individualized care programs. Dr. Kadlec provides treatment for a wide range of urological conditions including kidney stones, enlarged prostate, urinary dysfunction, urological cancer and erectile dysfunction. He performs endoscopic, laparoscopic and robotic surgeries and percutaneous kidney surgery. Dr. Kadlec is interested in system-level healthcare innovation, improvement and leadership and has published multiple nationally recognized articles and essays on the topics.

Dr. Kadlec earned his medical degree at the University of Wisconsin Medical School in Madison. He completed his residency in Urology and his fellowship in Endourology and Minimally Invasive Surgery both at Loyola University Medical Center in Chicago, Illinois. He is board certified by the American Board of Urology.

Outside of work Dr. Kadlec enjoys spending time with his wife, their young children and his extended family. He enjoys reading, writing, cooking and enjoying nature.

To learn more or to refer a patient, call Aurora Health Center in West Allis at 414-649-1280 or in Milwaukee at 414-649-1280.

**Jonathan Kiechle, MD**, believes in working closely with his patients to develop treatment strategies that align with their goals and desired outcomes. Through education and shared decision-making, he strives to help patients improve their urologic quality of life.

Dr. Kiechle provides urethral stricture treatment with endoscopic management. He has a specific interest in male reconstructive urology and prosthetic surgery and is interested in prostate cancer and bladder cancer survivorship including the management of erectile dysfunction and stress urinary incontinence in cancer survivors. Dr. Kiechle serves as a reviewer for Urology and the Journal of Urology and has published multiple articles in peer-reviewed urology journals.

Dr. Kiechle earned his medical degree at Georgetown University School of Medicine in Washington, DC. He completed both his residency in Urology and fellowship in Male Reconstructive Surgery and Prosthetic Surgery at University Hospitals Case Western Reserve University in Cleveland, Ohio.

In his free time, Dr. Kiechle enjoys running, swimming, reading history books, cooking and spending time with his family.

To learn more or to refer a patient, call Aurora Health Center in Franklin at 414-423-5250 or Aurora Health Care Specialty Clinic in West Allis at 414-328-8150.

**Brooke Schlappe, MD**, sees the diagnosis of cancer and subsequent treatment as a journey for patients, families and caregivers. As a gynecologic oncologist, Dr. Schlappe has experience in treating patients with uterine, ovarian, cervical, vulvar and vaginal cancers. She has extensive experience in minimally invasive surgery, including procedures using the robotic platform. She is interested in research, including innovation in both surgical procedures and therapeutic interventions.

Dr. Schlappe earned her medical degree at Saint Louis University School of Medicine in Missouri. She completed her residency in Obstetrics and Gynecology at the University of Vermont in Burlington and her fellowship in Gynecologic Oncology at Memorial Sloan Kettering Cancer Center in New York, New York.

In her free time, Dr. Schlappe enjoys running, cycling, gardening, cooking, reading and spending time with friends and family.

To learn more or refer a patient, contact Aurora Gynecologic Oncology at 414-385-2330.
Michael Thompson, MD, PhD, FASCO Named Advocacy Champion by the American Society of Clinical Oncology

The American Society of Clinical Oncology (ASCO) named Michael Thompson, MD, PhD as an Advocacy Champion during the 2018 Advocacy Summit on Capitol Hill in September. Advocacy Champions are ASCO volunteers who have been exceptionally active in ASCO’s advocacy activities throughout the year. Advocates meet with federal lawmakers and agencies, send personalized letters to members of Congress through ASCO’s ACT Network, engage with state lawmakers on policy priorities at the state-level, and hold site visits during Congressional recesses.

Throughout the past year, Dr. Thompson has been involved with advocacy with ASCO. As part of the ASCO Leadership Development Program, he previously worked with ASCO staff in person “on the hill” meeting with legislative staff and representatives.

Dr. Thompson is the Medical Director of the Aurora Health Care Early Phase Cancer Research Program; Medical Co-Director, Oncology Precision Medicine Program; and Co-PI of the Aurora NCI Community Oncology Research Program (NCORP).

For the latest news, analyses, and advocacy efforts on cancer-related policies, please visit asco.org/asco-in-action.

Did you know?

Aurora Health Care has one of the only hereditary cancer clinics in the country. It is focused on the diagnosis and long-term management of individuals with gene mutations that signify increased risk for multi-organ cancers.

Since its inception in 2015, the Hereditary Cancer Prevention and Management Center multidisciplinary team has created gene-specific screening and management plans for those at the highest risks for cancer.

In November, Advocate Illinois Masonic Medical center opened their HCPMC. This exciting collaboration adds more providers to case discussions and care planning to provide each patient with the best care.