

The Cancer Calling

The staff newsletter of the Medical College of Wisconsin Cancer Center

August 18, 2017
Issue 1, Volume 1



Welcome



Hi, All:

Welcome back to The Cancer Calling - the MCW Cancer Center and Clinical Trials Office staff newsletter! I hope you've been enjoying your summer—I know I have. Summer is perfect for gardening, being outdoors, watching baseball and enjoying lake Michigan. It's also a crucial time for the Cancer Center to reach out and engage with the community. Over the past weeks, my team and I (Magdalisse Henderson, Kathleen Jensik, Lauren Matthews and Jermaine Murray) have been a part of many outreach and educational events, including:

- Mentoring the four students participating in our Summer Internship in Cancer Disparities
 - Finishing the cancer disparities focus groups for our project funded through a Racial Equity and Inclusion grant from the Greater Milwaukee Foundation.
 - Attending multiple community health fairs and other events to provide cancer education and outreach and build relationships.
- Events like these enable us to forge commu-

nity relationships to work together to address the existing cancer disparities in our catchment area. They are also integral to who we are as a cancer center. A primary responsibility of an NCI designation cancer center is to engage and support our southeastern Wisconsin community. I'd like to encourage you to attend an upcoming community event, or even several. There's a great opportunity this weekend at the Man Up Wellness 5K Walk. The MCW Cancer Center is the major sponsor and our cancer doctors are leading the walk teams!

There's always plenty going on inside and outside of the Cancer Center. If you need some ideas or suggestions of events to attend, check out the Cancer Center Calendar, which is packed with information about upcoming events and deadlines, or contact me and I'll help you get involved. Keep in mind that community engagement is an ongoing effort. Activities don't end when summer's over -- in fact this fall and winter we will be busier than ever. My team and I are preparing to launch two new NCI funded projects,

Every Day Counts and Avanzando Juntas (Moving Forward). Avanzando Juntas adapts the Moving Forward weight loss intervention developed in collaboration with African American breast cancer survivors for Latinas through a community engaged process. Every Day Counts is a novel program for metastatic breast cancer survivors, showing how incremental changes in diet and physical activity change quality of life and biological markers of disease progression for these women. We are so excited to get started on these important projects.

Finally, I want to thank all of you for your amazing commitment to our work in cancer inquiries, prevention and outcomes. You provide the expertise, tools and support required to make our work happen, and I couldn't do it without all of you.

Enjoy the rest of your summer,
Melinda Stolley, PhD

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CHIP Interns Engage Community at Ciclovia Milwaukee & Family Health Fair

By Jermaine Murray, Community Program Coordinator



Staff Profiles

Stephanie Dhein, MA, Research Program Coordinator, Cancer Center Research Programs

MCWCC: What is your educational background? (schools, degrees, other training/experience)

Dhein: I received my Bachelor's degree (BA) in Psychology from UW-Madison in 2014, and received My Master's degree (MA) in Counseling with an emphasis in Higher Education from Lakeland University in 2017.

MCWCC: Why work at MCWCC?

Dhein: I've always been really interested in working at an academic institution! When I first started at MCW, I wasn't really sure what to expect, but the longer I'm here the more I learn! The focus on patient care and cancer research were both very motivating factors for me to take on a job at MCW. My family has personally been affected by cancer, so seeing the process from bench to bedside here has given me a new appreciation for this field!

MCWCC: What do you do in your free time?

Dhein: Spend a lot of time on the lake back where I'm from! I enjoy boating, playing pickleball, cooking, and have been recently spending a lot of time remodeling the home we just purchased here!

MCWCC: What do you enjoy most about your job?

Dhein: I enjoy the variety! When I come into work every day, I'm always doing something different! I have the opportunity to work with other staff, and many faculty members here at MCW which has been a really great learning experience. I've been introduced to so many different things along the way, and I appreciate the opportunity to learn something every day in this position.

Hayden Krause, BS, Clinical Research Coordinator

MCWCC: What is your educational background? (schools, degrees, other training/experience)

Krause: Bachelor's Degree from UW-La Crosse with a double major of Pre-Medicine/Biomedical Sciences with a double minor of chemistry/nutrition. Certified CNA

MCWCC: Why work at MCWCC?

Krause: I work in the Cancer Center with Clinical Trials patients for two reasons. One, I love a chance to make a difference in patient's treatment and lives in a more substantial way than a CNA. The second reason, I am obsessed with the science behind cancer. It allows me to continue to learn in a rapidly changing field.

MCWCC: What do you do in your free time?

Krause: In my free time, I love to go hiking with my girlfriend and our dog, Gus. It feels great to get away from the modern world for a bit and be outside. I also love to cook, it was actually my career of choice growing up before college.

MCWCC: What do you enjoy most about your job?

Krause: Working with patients and doctors. My career goal is to become a PA so the opportunity to interact with patients and have an active hand in their treatment is fulfilling.



Briefing from Betty

Clinical Trials Office Focused on Creating an Inclusive Research Culture

Are you familiar with the phrase “trust is earned, not given?” That simple phrase carries a lot of significance. Trust is essential to building relationships of all kinds. Our staff in the Clinical Trials Office, provide opportunities for participation in clinical research at a critical time in a patient’s life journey. Building trust must happen quickly in this circumstance.. However, that’s not an easy task, in part due to cultural differences. To tackle these differences, I’m asking all oncology clinical research staff to complete the EMPACT training series. Research supports that patients are more likely to follow suggestions for care when it comes from someone who looks like them. Given that our current workforce is not highly diverse, I believe the next best thing we can do to address cultural barriers to participation is to enhance our understanding and sensitivity to cultural differences. Through cultural sensitivity, we’ll be able to address barriers to participation honestly and thoughtfully, and thus earn the trust of all our patients, both now and in the future. By engaging the community, we’ll also build our relationship with the community at large. The EMPACT training series is a tool we can use to help us build these relationships.

EMPACT is a free training series developed for key areas of insight related to minority participation in clinical trials. It’s offered online, and our education staff is offering an opportunity to learn as a group with time for discussion. I have also encouraged all staff to attend the National Coalition Building Institute’s (NCBI) Social Inclusion and Equity workshop offered by MCW. We’re also focusing our 4th Annual Clinical Research Symposium in October on health disparities and clinical research.

Our team does amazing work, thanks in no small part to the dedicated staff. Right now, though, that work is limited because we do not have equal representation in clinical trials. It’s a disservice to the population at large, and extends beyond access to cutting edge therapies. The generalizability of studies can be limited if the population sample is restricted, which affects healthcare as a whole. If studies are limited, so is advancement. We’re committed to making an impact in the health of our community, and EMPACT training will only improve our efforts. If you have any questions about the EMPACT training, or have other ideas for creating an inclusive research culture at MCWCC, please reach out to me.

Betty Oleson

Research Spotlight

MCWCC: What are some of your current/upcoming projects?

Dr. Beyer: I am just beginning work on two new projects. The first, a recently funded R01, focuses on the relationship between institutional racism, racial residential segregation and breast cancer disparities. The second is a pilot study to develop an intervention to reduce adverse symptoms among breast cancer survivors, based on a body of work that indicates the benefits of time spent outdoors and exposure to natural/green environments on depression, deficits in cognitive function, and other symptoms.

MCWCC: What attracted you to your field?

Dr. Beyer: I enjoy both geography and public health because they are both disciplines that push, and struggle with, disciplinary boundaries. Some of the most important discoveries are made in the spaces in between disciplines.

MCWCC: What do you enjoy most about your job?

Dr. Beyer: I enjoy opportunities to be creative and collaborative in solving real problems, and working to move research findings into practical applications.

MCWCC: What's your dream car? Do you drive it, and if not, what do you drive?

Dr. Beyer: My dream car is one that has no environmental impact. I'm not sure that it will ever exist, but I drive something that is as close as I can get right now – an electric car.

MCWCC: What are some of your current/upcoming projects?

Dr. LaViolette: Currently I have two major ongoing projects, which involve "Rad-Path" or the process of aligning pathological samples and radiographic imaging. We have an NCI R01 to study brain cancer, and we are translating this technology into prostate cancer imaging. Ultimately, we look to improve cancer imaging by applying machine learning and classification algorithms to these datasets in order to non-invasively predict the underlying pathological features of tumors prior to biopsy or surgery.

MCWCC: What attracted you to your field?

Dr. LaViolette: The freedom of pursuing creative new ideas and leading a research lab attracted me to the field.

MCWCC: What do you enjoy most about your job?

Dr. LaViolette: The best part of my job is the process of discovery. This begins with brainstorming with members of my lab, and is followed by software and technological development necessary to test our new ideas. Often, our ideal results are elusive, and we need to revise our methodology. This process often takes us down paths we never imagined at the beginning of the project, and often these new paths are more interesting than the initial idea. This exercise of iterative discovery is what I most enjoy about a career in science.

MCWCC: What's your dream car? Do you drive it, and if not, what do you drive?

Dr. LaViolette: My ideal car would drop me off at the lab, go park itself, and pick me up whenever summoned through an app on my phone. Beyond that, heat for the winter and A/C for the summer would be sufficient for other features. At this point, no such car exists, so I drive an old Jeep.

Dr. Bergom: Our lab is working on a few very exciting projects right now. One project is related to the Mary Kay Foundation Grant we received to examine genetic factors that predispose women to radiation-induced side effects. We know that some patients are more sensitive to heart damage from left-sided breast cancer treatments, such as chemotherapy, systemic therapy, and radiation, but we currently do not know enough about which patients are at highest risk of these side effects to use that data to personalize treatments. We have an animal model where genetic changes cause large differences in radiation-induced heart disease. We are using genetic techniques to identify the factor(s) responsible for the increased side effects and use that knowledge to identify potential therapeutic interventions to protect the heart when radiation is needed, or to personalize treatment for those who are more sensitive to cardiac side effects.

MCWCC: What attracted you to your field?

Dr. Bergom: Like so many of us, I have been affected by cancer. A very close uncle died of cancer at the age 41 when I was a child. That experience, along with a fascination with DNA and genetics during college, led me to obtain MD and PhD degrees. For my PhD research, I studied whether the presence of a certain protein made cancer cells more resistant to treatments such as radiation and chemotherapy. After my PhD experiences, I knew that I wanted to become a physician scientist specializing in cancer. My background in physics and engineering, along with a friend in the field, led me to the speciality of radiation oncology.

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Marilyn's Musings

If you're anything like me, it's easy to get caught up in the daily grind and lose sight of long-term goals, both personally and professionally. After all, life happens! However, only paying attention to the short-term will prove detrimental in the future. That's why MCW's EMERGE goal-setting process is so important. It keeps us on task, and reminds us that our short-term projects are important to our long-term plans. EMERGE is our way of creating and facilitating dialogue among leaders, faculty and staff. It emphasizes the personal and professional development of the institution and the individual through different goal levels: institutional, departmental and individual. There are also specific measurements for each goal (metrics). The threshold metric is the minimum; it's the typical level. The target metric requires a bit more effort and is expected to be achieved most of the time. Finally, the stretch metric is the "reach;" it seems slightly out of reach, but not so far that it's impossible to achieve.

Employee goals align with departmental goals, which in turn align with institutional goals. Therefore, each goal made, regardless of the level, enables the success of the institution as a whole.

Dean Kerschner has set four goals for the Cancer Center:

- 1) Clinical Trial Accrual
- 2) Clinical Trial Study Activation Timeline
- 3) Ensure qualifying funding for CCSG submission
- 4) Support/develop community engagement activities with MCWCC research programs

The focus of the first goal, clinical trial accrual, is to continue positive interventional accrual targets align with NCI designation. Our target is to reach 12%, although 15% would be ideal.

CTO Update

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The Clinical Trials Office has achieved much since our last update. Since January, the disease teams have accrued 233 adult patients and 34 pediatric patients onto treatment trials (284 and 40, respectively, onto all interventional trials). Thanks to the hard work of our regulatory and budget staff, we have opened 60 interventional trials this year to date. Additionally, our CTO staff continued giving to patients and the community outside of work, participating in Purple Stride, Operation Chemo Comfort, the Milwaukee High School of the Arts fair, and much more.

High-accruing interventional trials were led by Dr. Mehdi Hamadani's supportive care IIT with 17 accruals since January. The study is testing the use of ixazomib as prophylaxis for chronic GVHD, and the primary Clinical Research Coordinator on the trial is Ashish Anshu, PhD.

The Early Phase team accrued 13 subjects to an industry trial (PI: Dr. Hamadani; primary coordinator is Karen Crone, RN, OCN, Research Nurse). It's a phase I treatment trial testing safety and tolerability of ADCT-402, an antibody drug conjugate, in patients with relapsed or refractory B-cell lineage non-Hodgkin Lymphoma.

The third-highest accruer with 12 subjects since January was Dr. Katie Bylow's supportive care IIT studying the ability of a dietary supplement (HMB) to counteract loss of muscle mass and strength in older prostate cancer patients receiving androgen deprivation therapy. Raquel Neilson, CNA, CCRP, is the primary Clinical Research Coordinator.

We have opened ten interventional IITs at MCW since January. Dr. Ehab Atallah will be keeping the Hematology and Early Phase teams very busy with his three newest IITs, all of which opened in June. Hayden Krause, BS, is the primary Clinical Research Coordinator for Dr. Atallah's phase I study evaluating the potential use of black raspberries as a chemopreventive agent in patients with MDS. They have already accrued six subjects.

The Breast team has accrued six patients onto Dr. Carmen Bergom's Stay on Track protocol, which opened in March. This is a community engagement pilot study managed by Kathleen Jensik, MSW, Community Programs Manager, but coordinated through the clinics. The study is evaluating the feasibility of a twelve-week exercise program aimed at mitigating side effects and inflammation in patients undergoing radiation therapy.

In addition to the new studies opening, a number of older IITs closed after successfully meeting their accrual goals. For example, the GI team completed accrual to the pancreatic molecular profiling study (PIs: Drs. Kathleen Christians and Susan Tsai; primary Clinical Research Coordinator: Haley Heaviland, BA, CCRP) with 130 subjects! They are working on opening the next iteration of this project now. Also, the BMT team needed only 6 months to complete accrual (24 subjects) to Dr. Hari's phase II study assessing propylene glycol-free Melphalan HCl for myeloablative conditioning in multiple myeloma patients (primary Clinical Research Coordinator: Bob Thompson, BS, CCRP).


In other news, Maria Pigsley, RN, CCRP was promoted to Research Manager of the Breast team effective August 1. The breast program's impact and research activity is anticipated to continue to grow, thus meriting the creation of a dedicated Research Manager position for this disease group. Maria's promotion is well deserved; she has worked as an MCW clinical coordinator and research nurse since 2001 and has been the team lead for the past few years. Congratulations, Maria!

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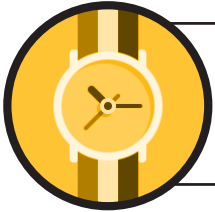
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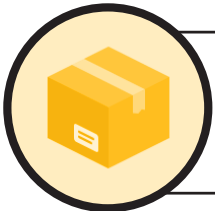
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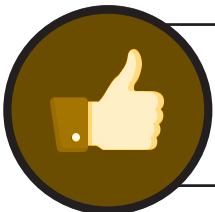
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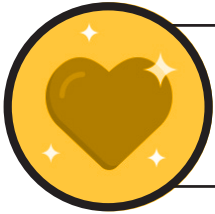
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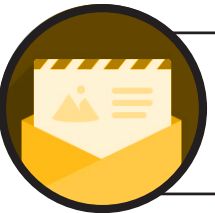
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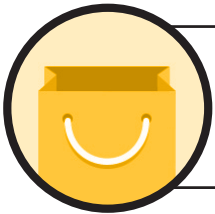
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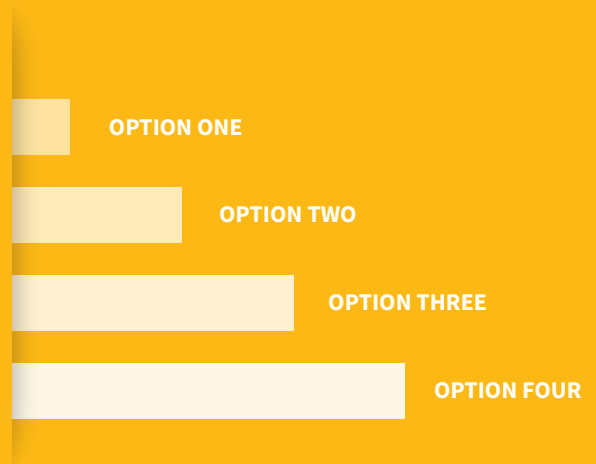


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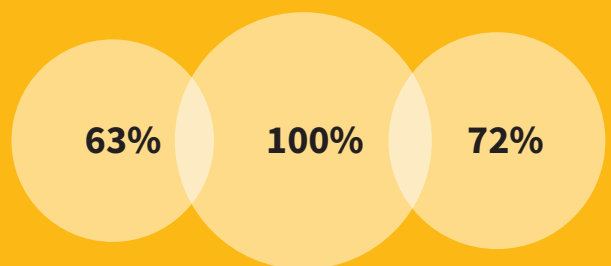
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GRAPHIC ONE



GRAPHIC TWO



OPTION 1

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OPTION 2

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OPTION 3

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- **AB IUUST, UT EXERA APISITI SIT, OFFICIUM REHENIM**
- **PELENDIS ETUS, CUS DOLLAUTEM ID EVENEM**
- **CORATEM QUOS SIMI, CONSENIS CONSE PLIBERION**
- **QUAM RERCHICIIS SINIS MAIO. ITAT UT DE,**
- **DUNT, QUIBUS AB INUM AUT ESSI DOLUPTA VENDITA**
- **VERNATUR, ENDITIUSAE. SEQUI DENDAMUS, OPTAS**
- **DOLUPTI SCIMUS, OMNI IUM HIL ERIATATIS UT ET**
- **UT ALIBEAQUIDIS ADIATUR? QUI NUM QUAM VOLUPTA**
- **COREM NIHIC TET QUIDEND IGENIMI, UT VOLENET**
- **DERIATEM FUGIA CONSERE IN REPROVI DELENDAM**
- **SEQUAM QUO QUE QUO QUE DITEM CONSE DIPIS CON**



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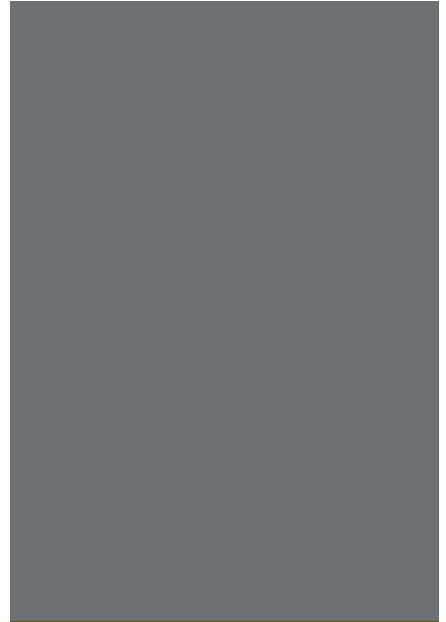
Our Team



NAME HERE
Embassador



NAME HERE
Junior Creative



NAME HERE
Project Manager

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