World class cancer care. From the comfort of your own home.

In the wake of the COVID-19 outbreak, the UW Carbone Cancer Center has shifted to seeing many patients via telehealth, a move aimed at ensuring the safety of both patients and clinical staff. “Telehealth is an incredibly valuable service, and we’re improving upon it every day,” said Ruth O’Regan, MD, a breast oncologist and Deputy Director of UW Carbone.

A telehealth visit at UW Carbone involves a phone call or video chat with a cancer doctor, who are seeing both new and existing patients, and are available for second opinions. An in-person physical examination may be needed for new patients, but an oncologist will make that determination based on a patient’s specific case.

While a telehealth visit may feel unusual at first, it’s not all that different from an in-person appointment at one of UW Carbone’s clinics. Your oncologist will ask the same questions and you will receive the same level of care. A video visit also allows you to show your oncologist any changes to your body or visible side effects of treatment. Most importantly, your oncologist will still be there to support you on every step of your cancer journey.

Even after the threat of COVID-19 passes, patients can expect some of these changes to remain. “Telehealth will completely reshape the way we deliver care,” said Kim Brandt, RN, director of oncology services at UW Health. She notes that while in-person assessments and appointments will be available as in the past, expanded access to virtual visits provides patients with several benefits.

For example, patients from northern Wisconsin could be seen by a cancer specialist at UW Carbone without the need for several hours in the car. That also means bypassing the need to take time off of work, or the need to find care for a child, a parent, or pets. You could also maintain a relationship with a UW Carbone oncologist if you spent the winter in another state or move away.

Ready to try it out? Want to ask a few more questions before getting started? Visit uwhealth.org/telehealth for additional resources, FAQs and more.
Ask any oncologist, and they’ll tell you: the best way to beat cancer is to prevent it from happening in the first place.

A combination of positive lifestyle choices, along with proper medical screenings, can significantly reduce your cancer risk. But this year’s coronavirus pandemic has turned cancer prevention on its head.

“COVID-19 took something that was already difficult and made it extremely difficult,” said Noelle LoConte, MD, an oncologist and associate professor of medicine at the University of Wisconsin.

That’s due to a few factors. COVID-19 upended many normal routines, often making it difficult to stick to a healthy diet or exercise regimen – things that reduce our cancer risk. We may also be likely to slip back into behaviors that increase cancer risk, such as smoking or excessive drinking.

In addition, many appointments, screenings and procedures aimed at cancer prevention and early detection – things like mammograms or colonoscopies, or HPV vaccinations – had to be cancelled or postponed after the initial outbreak.

Despite all this, LoConte says cancer prevention is still attainable, and we shouldn’t lose sight of it. Trying out something new, whether it’s an exercise or healthy recipe, can be a great way to start. Some variety is key. She also recommends being proactive about rescheduling any appointments and screenings that may have been cancelled.

Most importantly, LoConte says if you’re having symptoms now, even if you don’t know what’s causing them, call your doctor and seek care if needed. Don’t try to tough it out or wait until the threat of COVID-19 has completely passed. “I’m really worried there are people at home with lots of symptoms that aren’t getting evaluated,” she said.

Some cancers may produce certain signs or symptoms that if caught early, can lead to an earlier diagnosis and better long-term health outcomes. “Symptoms that concern us as cancer doctors include things like unintentional weight loss, especially more than 10 percent of your body weight, new lumps or bumps, and new aches or pains, especially ones that are unexplained,” said Robert Hegeman, MD, a medical oncologist at UW Health. “In addition, fevers, shortness of breath, truly soaking night sweats, and blood in the urine or blood in the bowels are all things that particularly worry us.”

However, not all signs and symptoms will turn out to be cancer. The disease often manifests itself in different ways for different people. A good guideline then, Hegeman says, is to listen to your body. “If you’re having new symptoms or problems which seem unusual or unexplained to you, especially if they’re persistently getting worse, then you should talk to your doctor about next steps,” he said.

If you do have to come in for care at one of our cancer clinics, know that your safety is our top priority. Here are some of the changes our clinics have made in recent months:

• Spacing out of in-person appointments
• Increased cleaning of patient care areas
• Changes to waiting rooms to ensure physical distancing
• Restrictions on the number of visitors allowed
• Screening questions and temperature checks of patients, staff and healthcare providers
• Mandatory usage of facemasks
Go with the flow:
Fundraising effort leads to new flow cytometer machine to advance UW pediatric cancer research

The UW Carbone Cancer Center and American Family Children’s Hospital now have a new tool in their arsenal to help children dealing with cancer.

In February, the Lions Clubs International Foundation, along with local Lions Club members and Midwest Athletes Against Childhood Cancer, Inc. (MACC Fund), donated $200,000 to help purchase an Attune NxT Flow Cytometer for the UW’s pediatric cancer “Dream Team” of doctors and researchers.

“The Flow Cytometer is a very important and critical instrument in cancer research that will help us find new cures for kids with cancer,” said Mario Otto, MD, PhD, an associate professor of pediatrics at UW-Madison.

A flow cytometer uses lasers to analyze fluorescently-labeled cells that are suspended in a liquid stream. Cancer researchers can feed tumor samples from mice that have been treated with various immunotherapies into the machine, and see detailed images of a single cell on a screen. The goal is to understand how different types of immunotherapies influence tumors and how best to create an anti-tumor response.

UW is an international leader in immunotherapy research, and having a dedicated flow cytometer opens up many new possibilities.

“Research is the key, but takes time, tenacity and resources,” Otto said. “We thank the Lions and the MACC Fund for this generous, incredible gift.”

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For Hannah Dreischmeier, going to the UW Carbone Cancer Center was once the scariest thing she had to do. Now, she comes here every day with a smile on her face.

At age 16, Dreischmeier was diagnosed with a rare form of bone cancer. She was quickly put on an intense chemotherapy regimen at the American Family Children’s Hospital, followed by daily radiation appointments at UW Carbone. With frequent visits, she got to know the clinical staff quite well, especially the nurses, who not only kept her updated about her prognosis, but also took an interest in her life. “For ten months, I saw them more than I saw some of my family, so they became a really special part of my life,” Dreischmeier said.

It was those nurses and their commitment to compassionate care that first got Dreischmeier thinking about a career in nursing. “I wanted to be that person for somebody else going through a really hard time,” she said. With college just around the corner, she put together a plan: get to remission, then get into UW-Madison, apply for nursing school, land a job working with cancer patients, and hopefully have it be here.

The rest is history. In 2019, a cancer-free Dreischmeier officially became an oncology nurse at UW Carbone. “I absolutely love it” she said. “It is so special for me to come to work and know I’m working alongside the same people that worked so hard to keep me alive six years ago.”

Her past experience as a patient gives her a unique perspective on nursing and helps her in her work, especially when it comes to talking with cancer patients and their families. “When I say ‘I know how you feel,’ I genuinely do, because I was there,” she said. “That’s helped me a lot, and has given me such a sense a true empathy and an understanding.”
In response to a nationwide epidemic of drug overdose deaths, medical centers are turning their attention to improved opioid safety measures and prescribing practices. The UW Carbone Cancer Center is no exception, and has been taking steps to protect cancer patients, and those with access to their opioids, from an accidental overdose.

“Cancer can cause a variety of different types of pain, from acute or short-term pain to chronic or long-term pain, and so patients can be on very high doses of opioids to control their pain,” said Megan Klatt, PharmD, a pharmacist at UW Health. “We manage their pain medications, and when patients get to these high doses, we’re particularly vigilant about the safety of those medications.”

Leading national cancer care organizations now recommend that cancer patients on high amounts of opioids for pain management should receive a co-prescription for Naloxone, which can quickly reverse the effects of an accidental opioid overdose by blocking the opioids from binding to receptors in the body.

“This medication saves lives,” said Klatt, who has been working with medical oncologists to implement a similar policy at UW Carbone, alongside new educational materials about Naloxone and accidental opioid overdoses. All UW Carbone patients who are prescribed high doses of opioids should now receive a co-prescription for Narcan, the nasal spray form of the drug. It should only be used in emergency situations, and after 911 has been called. Common signs and symptoms of an overdose include nonresponsiveness to voice or physical stimuli, slow or irregular breathing, blue lips or fingernails, very small pupils, and low blood pressure or weak pulse.

Narcan can be found at many pharmacy locations in Wisconsin and is covered by most insurance companies. If you’re a cancer patient and cannot afford the medication, contact your cancer doctor or pharmacist to discuss options.
How ‘unrelated’ bone marrow and stem cell donors at UW are helping cancer patients around the world

Ben Sanderfoot has already saved one life. Now, he’s looking to make it two.

Last year, the 29-year-old teacher from Oshkosh made the trip to Madison to have stem cells collected from his blood. It’s the second time he’s “matched” with a patient in need of a transplant. In 2016, he made a similar trip to UW Hospital to have his bone marrow collected in an operating room. This time around, his stem cells were collected though a procedure called leukapheresis – no operation or anesthesia needed.

“You get some achy bones for a couple of days, but it’s completely worth it,” he said.

Sanderfoot is what’s known as an unrelated donor – someone without a direct genetic tie to someone in need, but whose genes are still a good match. Recently, the UW bone marrow transplant (BMT) team has seen a lot of people just like him being sent here for collection.

“We have been receiving an unusual number of requests for collecting these unrelated donors,” said Peiman Hematti, MD, a professor of medicine in the UW School of Medicine and Public Health.

For context, the BMT program did five bone marrow harvests of unrelated donors in 2018, and nine stem cell collections. In 2019, the team did 35 bone marrow collections and 16 stem cell collections.

It could easily have been more.

“We’ve had to turn down several requests, because we just don’t have the capacity to do them all,” said BMT coordinator Lauren Racki. “There’s a huge need in the country for this very vital service.”

Bone marrow and stem cell transplants can help patients facing certain types of cancer and immune disorders. Individuals can sign up to become a potential donor through the National Marrow Donor Program (NMDP). If they are later found to be a good match with a patient in need, the
NMDP will put in a request with a collection center to bring the donor in and do the procedure. As the volume of unrelated donors increased at UW, so did the range of states where they were coming from. “There was a time that most of these unrelated donors were coming from Wisconsin,” Hematti said. “But recently, we have been receiving requests from all over the country.”

The BMT team started putting pushpins in a map to keep track of what states donors were coming from. It might seem unusual that donors are being flown in to Madison from states like California and Texas, especially when there are other, closer medical facilities that could potentially do the same procedure. Hematti believes part of it can be explained by high demand and limited availability of BMT physicians experienced in doing this procedure. “These days, there are fewer of these centers in the country, like us, doing bone marrow harvests,” he said.

It may also be due, however, to UW’s reputation as a collection center that provides an excellent experience for the donors who come here. Through the match program, bone marrow and stem cells harvested here is sent to centers all over the country and the world for patients in need. The recipient’s name is withheld from the donor, but after one year, if the donor and recipient both consent to it, the NMDP will share their contact information with each other.

When it came to potentially meeting the recipient of his bone marrow after his 2016 donation, Sanderfoot didn’t hesitate. Neither did his recipient, who now has a clean bill of health after the transplant. They met in Boston, at the hospital where the recipient of Sanderfoot’s marrow had her transplant, followed by a tour of the city, including a visit to the aquarium and a Red Sox game at Fenway Park. “It was an awesome experience,” he said.

Sanderfoot hopes to be able to one day meet the recipient of his stem cells. He’s also encouraging others to follow in his footsteps to join the bone marrow registry. “Think big picture about what you’re getting a chance to do,” he said. “It’s absolutely worth it.” Meanwhile, Hematti hopes to continue being able to meet a need that shows no signs of slowing down. “From anesthesiologists to operating room staff and post-operation recovery personnel, plus many more, it takes a village to be able to do this,” he said. “We’re happy that we can provide this service for the bone marrow transplant community worldwide and wish we could do more of them.”
Strikin’ down colon cancer

More than 1,175 bowlers raised more than $125,000 at the annual Bowlin’ for Colons event held at various bowling centers in early March.