Astera

IT MATTERS.

NEWSLETTER

EDITION SPOTLIGHT

CLINICAL TRIALS

LEARN MORE ABOUT THESE LIFE-SAVING TREATMENTS AND SEE HOW YOU OR A LOVED ONE MAY QUALIFY.

Rachel Carroll, APP

ISSUE: Q1-2022

AsteraCancerCare.org

Michelle Profaci, RN

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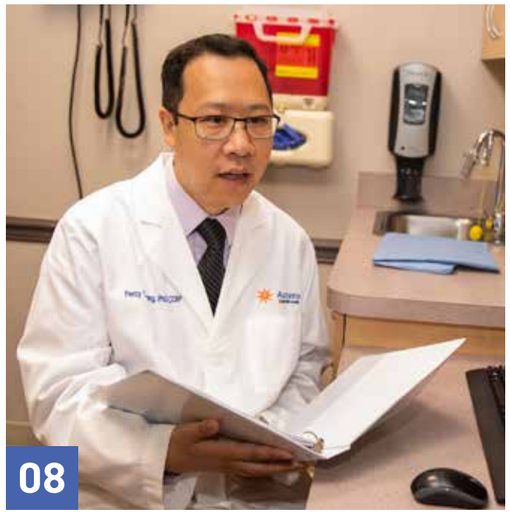

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Welcome to
IT MATTERS

We release the first issue of **It Matters**, Astera Cancer Care's quarterly magazine, with great excitement. We would like to keep you informed about the news and events at our practice.

Astera was born in April of 2021, formed by a multidisciplinary group: medical oncologists, radiation oncologists, surgeons, advanced care practitioners, nurses, navigators, medical assistants, social workers, front desk staff, financial counselors, and clinical research coordinators, all working together to achieve the best possible outcomes for our patients.

We share a passion for taking care of people and see ourselves as more than a health care company. We are a people company dedicated to offering a comforting and supportive environment in our community, close to our patients' homes, because people matter, and we are proud of ours and those we serve.

Our cancer centers deliver exceptional and compassionate patient care, driven by innovative clinical research, cutting-edge technologies, and advanced treatments. We are committed to providing world-class cancer care in community-based settings close to home.

In this very first issue of *It Matters*, you will learn more about Astera. We will introduce you to our team and discuss our various services, including radiation oncology, palliative care, and social work.

Welcome to **IT MATTERS.**

Sincerely,

Bruno Fang, MD
President

Astera
CANCER CARE

Who is
Astera Cancer Care?

Astera Cancer Care is a New Jersey based physician owned multi specialty community oncology practice delivering high quality, coordinated, and patient centered cancer care throughout New Jersey.

Founded on three pillars of care, Astera is driven by science, compassion, and collaboration. Astera stays on the cutting edge of advanced research, technology, and treatments, offering unwavering, comprehensive support for every individual. From advanced diagnostics and therapies to a robust clinical trials program to one of the nation's leading value-based care programs, Astera Cancer Care is driving the future of cancer care in New Jersey.

Astera's dedicated care teams are made up of compassionate and experienced: Medical Oncologists, Radiation Oncologists, Hematologists, Breast Surgeons, Pharmacists, Advanced Practice Providers, Certified Clinical Research Associates, Nurses, Infusion Specialists, Patient Navigators, Pharmacy Technicians, Medical Assistants, Financial Counselors, and Support Staff that enables us to deliver a seamless, comprehensive system of care for all types of cancer and blood disorders.

Astera provides patients with access to standard and advanced therapeutics, including chemotherapy, immunotherapy, biological, radiopharmaceutical, and cellular therapy. The practice is one of the few on the East Coast that offers patients a full array of radiation oncology treatments, including proton therapy, brachytherapy, and radiosurgery. In addition, Astera also has a broad clinical trial platform for cancer therapy with one of the nation's only community-based clinical trial programs in CAR-T cell therapies. The high-growth practice also offers comprehensive infusion services for biological therapies required for non-oncology conditions. These infusions are offered in comfortable, easily accessible community-based offices, which utilize all of the necessary pharmaceutical services to provide safe and reliable infusion services.

The practice is a leader in value-based oncology care and alternative payment model development. For example, Astera Cancer Care and Horizon Blue Cross Blue Shield of New Jersey recently began a breast cancer episode of care program for early-stage breast cancer that removes the silos that often frustrate oncologists and incentivizes comprehensive care throughout a patient's treatment and active recovery.

Astera, Horizon, and OneOncology are now developing episode-based programs for lung cancer, prostate cancer, colon, and rectal cancers, head and neck cancer, non-Hodgkin's lymphoma, and multiple myeloma. These pioneering programs are truly unique and highlight the power of collaboration to drive greater access, outcomes, and affordability in health care.

Edward Licitra, MD, PhD

A MESSAGE FROM THE CEO

Let me just start by saying I have never been so proud to be a part of this company. Over the last several months, I watched all of you work tirelessly through the challenges of our transition into Astera Cancer Care. I am amazed at the wonderful job you all do and the care you bring to our patients every day. At Astera, we're proud to continue to find new ways to safely care for our patients and are thankful for friends like you who help support our mission in so many ways.

As part of our expansion and growth, we're excited to launch It Matters, a quarterly newsletter designed to create a strong internal line of communication among our employees, referring providers, patients, and the communities we serve.

Patient-centered care is at the forefront of what we do. Our team of multidisciplinary experts work together to improve the patient experience and provide efficient access to care, minimizing the clinical, financial, and emotional barriers that patients face. We are proud to offer patients sophisticated care, using the latest treatment and research options largely at the level of academic institutions. We offer proton therapy, clinical trials, and one of the nation's only community-based clinical trial programs in CAR T-cell therapies.

Our portfolio of services strives to improve clinical outcomes and ultimately creates a system of care that is highly navigated and communicates well with patients to guide them through the entire process, improving the patient experience. At every touchpoint, we can coordinate and deliver care for our patients across their entire journey.

Cancer care can be expensive, especially for patients who have large deductibles or out-of-pocket costs. At Astera, we assist patients in figuring out how they can best afford the cost of their cancer care and are committed to developing programs that further enhance patient-centered care. Our partnership with Horizon highlights the opportunity to improve the patient experience. The episode of care model removes the silos that often frustrate the oncologist. With insurers and oncologists working together, patients get an advocate and navigator to usher them through their journey, step by step.

Being able to help people through one of the most challenging times in their life is among the many reasons I chose the oncology field. Astera is committed to assisting patients in leading productive and meaningful lives, enjoying their friends, families, and all that life has to offer because **IT MATTERS**.

Warm regards,

Edward Licitra, MD, PhD
Chief Executive Officer

Research and Clinical Trials

Astera started its research program in November 2019. In the beginning, their team had one dedicated staff member, Percy Yeung, with two clinical trials. However, under Dr. Bruno Fang's guidance and support from our providers and clinic staff, we are now offering over 25 clinical trials to our patients with four dedicated staff members.

Although interventional therapy is the ultimate way to help a patient's health, research helps in many different ways. Similar to Academic institutes, the Astera research department collaborates with biotech and pharmaceutical companies to improve drug development and offers a variety of studies to patients. The key difference from Academic Institutes, is Astera offers clinical trials in an outpatient setting with its compassionate care team every step of the way. Astera has over 25 clinical trials for different cancers, including bladder, breast, head & neck, lung, pancreatic, prostate, DLBCL, Follicular Lymphoma, and multiple myeloma. In addition, Astera offers a non-cancer trial for a new drug for Central Venous Access Device (CVAD) and some procured studies providing free diagnosis tests.

Meet Astera's Research Team:

• Percy Yeung, Ph.D., CCRP, Clinical Research Director

Dr. Yeung is working closely with Dr. Fang and other Investigators on meeting with pharmaceutical companies and helping them on initiating new trials. Dr. Yeung also manages the research team on delivering state-of-the-art study patient care.

• Carina Cedeno, Clinical Research Coordinator
• Stephanie Marks, Clinical Research Coordinator
• Stephanie Ortiz, Research Coordinator

Astera provides patients with access to clinical trials at every site. However, Astera conducts all study treatments in Astera's East Brunswick and Monroe offices. The East Brunswick office has research-dedicated equipment, including centrifuge and freezers, which help the research team process biological samples for research. The pharmacy hub is also located in the East Brunswick office. The pharmacists help oversee research medicine management.

The Monroe office is responsible for radiation and nuclear medicine treatment. The radiation oncologists deliver radiation treatment using our top-of-the-line machine and nuclear medicine treatment in our fully-equipped RAM-specific treatment room.

All of Astera's doctors play an important role as investigators in the clinical trials, and every office supports non-treatment activity. As a result, patients can participate in clinical trials while receiving care from their primary doctors.

Astera's leadership is passionate about bringing new and innovative therapy to community-based settings. Together with its radiation oncology department, they provide a nuclear medicine and wearable device therapy trial. PSMA-Lutate is available to prostate cancer patients.

CAR T therapy has been limited to hospital inpatient treatment for many years. Astera is proud to be participating in the first outpatient setting CAR T trial and provided CAR T-cell therapy as one of the first true outpatient clinics. Astera continues to look for other cutting-edge trials and will be the only institute around to offer Natural Killer (NK) cell therapy to Pancreatic cancer patients.

Percy Yeung, Ph.D., CCRP

Linda DeNunzio, RN

New Horizons

In keeping our commitment to providing comprehensive cancer care to patients in more communities throughout New Jersey, we have proudly announced the addition of three new locations to Astera Cancer Care: Bayonne, Jersey City, and Rutherford.

With the addition of Bayonne and Jersey City, **Dr. Damanjit Ghuman, Dr. Amit A. Patel, and Dr. Vadim Zarubin,** will expand patient access to high-quality, coordinated, and patient-centered care.

In Rutherford, **Dr. Giuseppe Condemi, Dr. Jin Lee, Anne Marie Shaftic, APN, and John Milici, Jr., PA,** will provide patients with the highest level of care.

Patients can make an appointment at any of our new locations by calling **732-390-7750**

James C. Salwitz, MD

Meet Our Breast Cancer Team

Susan A. McManus, MD FACS

Lisa A. Hopkins, MD

Sundus Abbasi, DO

Valerie Shander, FNP, AOCNP

Astera
BREAST CARE

At The Breast Center
Saint Peter's University Hospital

Helping Ensure Your Best Possible Outcome

Surgery is a vital and common treatment for breast cancer and benign tumors. A breast cancer diagnosis usually involves the presence of a tumor, benign or malignant, for which surgical removal is often the first step.

Our experienced, highly trained breast surgeons determine the right course of action based on a patient's diagnosis, staging, health, and unique needs. We use leading-edge technologies to target and remove the cancerous tissue, while minimizing risk and producing the best possible outcomes.

Our breast surgeons have over 40 years combined experience providing excellent treatment and ensuring the best possible outcomes for all types of breast surgery. Our board-certified breast surgeons, **Susan A. McManus, MD FACS, Lisa A. Hopkins, MD, and most recently, Sundus Abbasi, DO,** administer and complete surgery from using, numerous methods including: Prevention, Diagnosis, Staging, Curative, Palliative, Supportive, and Restorative.

Our team practices and performs these procedures at the Breast Center in New Brunswick. Staffed by our specialists, patients can expect reduced recovery times in our state-of-the-art centers.

Astera
CANCER CARE

BREAST CANCER

RISK FACTORS

- ALCOHOL
- GENDER
- OBESITY
- AGE

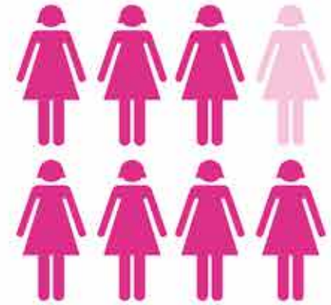
PREVENTION TIPS

- NO SMOKING
- BE PHYSICALLY ACTIVE
- EAT HEALTHY
- AVOID OR LIMIT ALCOHOL

THERE ARE MORE THAN **3.5 MILLION** BREAST CANCER **SURVIVORS** IN THE UNITED STATES.

THE NUMBERS

1 WOMAN IN **8** WILL BE **DIAGNOSED** WITH **BREAST CANCER** DURING HER **LIFETIME**



TREATMENT

- HORMONE THERAPY
- SURGERY
- CHEMOTHERAPY
- RADIATION THERAPY

FEMALE BREAST CANCER IS MOST COMMON IN MIDDLE-AGED & OLDER WOMEN

- 45-54
- 35-44
- 20-34
- 75-84
- 65-74
- 55-64

BREAST CANCER

PREVENTION AND EARLY DETECTION

When Should Screening Start?

It's estimated that women who get regular breast cancer screenings increase their chance of survival by around 47 percent. Yet, breast cancer is still the second leading cause of cancer death among women in the United States. When to screen will depend on your age and family history. The average year to start a yearly mammogram is between 40 and 44 and will decrease as you age.

Factors That Increase Your Need For Screens

Average risk is defined as those who have no symptoms, no history of breast cancer (personally or in your family history), or those who have no history of mantle radiation. However, if you have any of the above, you may be at above-average risk for breast cancer. Some other reasons that can increase your risk include:

- **History of atypical hyperplasia**
- **History of lobular carcinoma in situ**
- **Genetic predisposition such as a BRCA mutation**

Depending on your risk factors, mammograms might begin earlier than 40 years of age, while others might require breast MRIS or ultrasound if dense breast tissue is present. For those who have a strong family history of this disease, genetic testing may help you have a better understanding of what your risk factors may be; high-risk patients may start mammograms as early as 25 years of age. However, no matter your genetic makeup, at-home checks should occur monthly about 3 to 5 days after your period – but are not limited to just women.

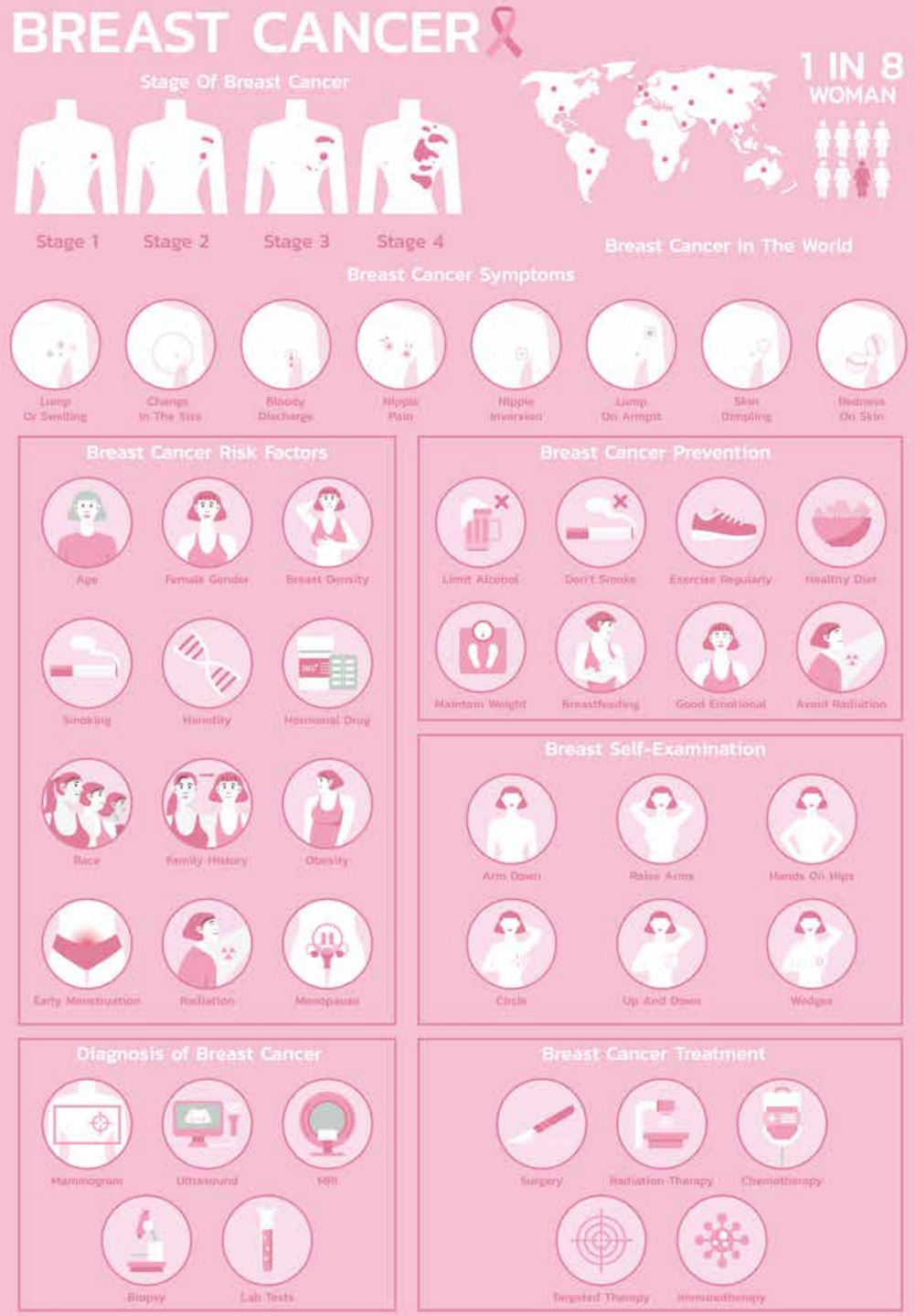
The Importance of At Home Checks for All

Before screenings even begin, it's important to do monthly at-home checks. Though this is often educated and pushed to females, men should often do them as well. Beyond feeling for lumps and or any changes, you'll also want to look for signs of fluid coming from the nipples, changes in the skin such as dimpling or pucker, redness, rash, or swelling.

Men should often check by placing their fingers flat against the breast to push firmly in a small, clockwise circle, starting at the outermost top edge and working towards the nipple and ideally looking for any lumps, bumps, or changes in the skin. Finally, check both nipples for discharge or change of appearance.

If anything feels off or different, contact your doctor for a more detailed examination.

Please refer to the next page infographic for breast cancer facts.



Providing Innovative Cancer Care

Expanding Episodes of Care

When someone is diagnosed with cancer, their whole life changes, they must discuss treatment options with their doctor, among the first things they must do. Even after this discussion, they may face uncertainty and confusion about the many decisions they will have to make. With cancer, there is never a “one-size-fits-all” approach.

That's why Astera provides a more holistic, personalized approach to creating a treatment plan that coordinates care across multiple providers or specialists, considering other factors such as nutrition and managing what happens to a patient along the cancer care journey.

This patient-centered approach is the model for Horizon BCBSNJ’s Episode of Care (EOC) program, which includes a new, first-of-its-kind prospective breast cancer episode. Horizon BCBSNJ recently began the breast cancer EOC program with Astera Cancer Care.

A new model for cancer care

Astera Cancer Care provides coordinated cancer treatment to patients with an integrated approach, This integrated model lets providers work collaboratively with Horizon BCBSNJ to create a community-based cancer care delivery platform and reform how care gets paid. The model enables seamless, highly-navigable care for patients with cancer, who require treatments from multiple specialists or require decisions about the best treatment for them.

"We have the ability to deliver care for patients with cancer across the entire continuum of care," said Dr. Licitra. "If someone were to be diagnosed with breast cancer, we'd have the surgeon who can do the biopsy, the surgeon who can do the surgery, the medical oncologist who can give the chemo or the endocrine therapy, and the radiation oncologist who can give the radiation."

How the model works

An episode of care is a provider payment model that looks at a condition or disease from the initial diagnosis through intermediate care and any necessary surgical and post-surgical, care. An "episode" will typically include the following:

- Preoperative services (such as lab work or radiology)
- The surgery itself (how the episode is triggered)
- Post-surgical care (including services like physical therapy or home care)

A single price is paid for an entire episode, whether that episode lasts six months, nine months, or 12 months. Astera Cancer Care practitioners provide medical oncology care, radiation oncology, surgical oncology, and other necessary treatment.

Creating a single price for delivering what some people would call a "bundled amount of care" encourages providers to focus on the quality of care, and motivates them to use technology and innovation to control costs.

Episodes of care - transforming quality care

Episodes of care models have demonstrated the benefits of collaborating with providers across multiple settings and help to ensure patients have the best outcomes possible. They also help shift traditional fee-for-service (pay per service) to a focus on quality, value-based care, helping to drive down costs and increase positive outcomes while improving the patient experience.

Palliative Care

Helping you manage your cancer journey: Palliative & Supportive Care at Astera Cancer Care By Tina Basenese, RN, MA, APN-C, ACHPN, Director of Palliative Medicine

Tina Basenese, RN, MA, APN-C, ACHPN, is the Director of Director of Palliative Medicine & supportive care at Astera Cancer Care. Driven to palliative care while working in the Intensive Care Unit in the mid-late '90s, Tina was deeply saddened when she would see people suffering, physically or emotionally, because treating the seriousness of their illness was the priority.

She saw the lack of real individualized care and noticed how healthcare team members were not interested in knowing who these people were or what was of value to them before they ended up in the ICU. There was no discussion about personal wishes, and "family meetings" were only to update families about what the doctors would do next and get consent forms signed. Tina saw so much suffering until blessedly, the palliative care movement turned to offer palliative care to hospitalized patients to relieve suffering, facilitate communication and support the healthcare team manage the hospital's most seriously ill patients and their loved ones.

The word "palliative" derives from Latin for "to cloak." The more contemporary definition of palliating is "to make it less severe or unpleasant without removing the cause." Therefore, it is best to offer palliative care to lessen the symptoms and suffering of all patients with a severe illness in collaboration with other specialists dedicated to curing or controlling the disease, also known as supportive care.
Tina is dedicated to helping make the patient's experience better and easier. That is what palliative care is all about– making a difficult situation, a little bit better, and is what makes palliative care unique to other medical specialties.

Outside of work, Tina is the mom of two very busy ice hockey players. She spends most of her time ride-sharing and attending hockey games all over New Jersey and Pennsylvania. She also likes to volunteer at her town's women's club and local animal shelter.
At Astera, Palliative and Supportive Care focus on improving physical and emotional pain and treatment symptoms.
In addition, we enhance communication with the care team and help ensure everyone is on the same page so that the care patients receive responses to their experience living with cancer. It can also provide a platform to explore patients' care goals and make critical decisions regarding future health care.

Tina Basenese, RN, MA, APN-C, ACHPN

Astera is evolving its palliative care service and developing the opportunity for patients to receive aspects of palliative care integrated into all of their office visits. We also offer direct specialty-level palliative care visits for patients that need more intensive support.

Should you have any questions about Palliative and Supportive Care at Astera, please call **732-853-1314** or email **palliative@asterahealthcare.org**

Astera Cancer Care
PRINCETON RADIATION ONCOLOGY

What is radiation therapy, and how is it used?
This therapy uses high-energy X-rays or other particles to destroy cancer cells. This intense energy damages the DNA of tumor cells, which die, and the surrounding normal tissues heal themselves.

The most common uses of radiation include:
- **Before surgery:** To shrink a tumor and make it easier to remove.
- **After surgery:** To help destroy any remaining cancer cells.
- Instead of surgery, when a surgical procedure is ineffective at removing a tumor, radiation therapy efficiently destroys it.
- The type of radiation you receive will depend on the cancer you are battling. Your care team will also consider other factors, including your age, general health, and treatment goals.

What to expect when having radiation therapy
Your treatment will be guided by a radiation oncologist: A doctor specializing in administering radiation therapy to treat cancer. Your radiation therapy schedule may consist of a specific number of treatments given over a set timeframe. Your first radiation therapy session will be a practice run without the use of radiation. Your team will perform imaging scans to pinpoint the tumor location. These may include:

- A computed tomography (CT) scan
- Magnetic resonance imaging (MRI)
- An X-ray

Astera Cancer Care
PRINCETON RADIATION ONCOLOGY (continued)

Essentially, external radiation therapy is administered like a CT scan. You'll lie on a table as a machine circles around you. External radiation therapy only targets the tumor but will affect some healthy tissue surrounding the tumor. Each session is quick (lasting about 15 minutes) and, for most people, painless. You will likely have treatment sessions five times per week, continuing for three-to-nine weeks.

Anticipating radiation therapy side effects

Side effects are, unfortunately, a part of radiation therapy for many people. Depending on the type of radiation you undergo, fatigue, nausea, skin redness, and diarrhea are common. But being ready can help you work closely with your care team to prepare for and successfully manage side effects.

Our compassionate, precise radiation therapy is here to help you win the fight.

If you are facing cancer, let the capable and caring physicians at Astera Cancer Care fight it with you, with world-class radiation oncology in Central Jersey. Through our new partnership with Astera Radiation Oncology, you'll have a team of specially trained, experienced radiation oncologists ready to personalize your radiation therapy to achieve your best possible outcome.

Together, Astera Cancer Care and Astera Radiation Oncology will surround you and your family with the support, resources, individualized attention, and highest standard of care. Just know this: Your fight is our fight, and we'll be by your side during every phase of the battle.

Hiral Patel Fontanilla, MD, is a board-certified radiation oncologist.

Dr. Hiral Patel Fontanilla is a board-certified radiation oncologist at Astera Cancer Care. She is committed to ensuring patients get the best treatment possible and have the resources they need for the best outcomes. For example, during the onset of the COVID-19 pandemic, Dr. Fontanilla helped organize community resources and priority pickup services so patients did not need to leave their homes.

Hiral Patel Fontanilla, MD

Dr. Fontanilla graduated with honors from Rutgers University before obtaining her medical degree from the University of Medicine and Dentistry of New Jersey, where she was nominated to the Alpha Omega Alpha Honor Society. She completed her residency in radiation oncology at MD Anderson Cancer Center in Houston.

Dr. Fontanilla has received numerous honors, including the AMA Foundation Physicians of Tomorrow Scholarship and Stanley S. Bergen, Jr., MD Medal of Excellence. In addition, Dr. Fontanilla was selected as a research scholar at the Howard Hughes Medical Institute at the National Institutes of Health, where she completed a one-year research fellowship.

Dr. Fontanilla is a mother of three and resides in Bucks County, Pennsylvania.

Hiral Patel Fontanilla, MD

Stereotactic Body Radiation Therapy (SBRT) for

Lung Cancer

The role of radiation in curing early-stage lung cancers has expanded significantly over the last decade. Technological and radiological advances in radiation oncology have forged the development of stereotactic body radiation therapy (SBRT), also known as stereotactic ablative radiation therapy (SABR).

SBRT delivers exceptionally high doses of radiation therapy to a malignant mass in one to five treatments. Thus, it represents the opposite of how inoperable lung cancers were formerly treated with lower doses of radiation delivered daily over five to seven weeks. Now, however, it has been shown that administering higher doses of radiation per treatment with SBRT significantly improves the local control of many cancers (80 to 95 percent of SBRT patients showed halted cancer growth, compared with 40 to 70 percent of those receiving lower radiation doses over a longer period of time).

The success of SBRT rests in its precision. Cancer cells are accurately targeted, while the dose of radiation that contacts healthy tissues is minimal. This can be achieved because of a rapid radiation dose falloff gradient near the targeted tumor. A radiation oncologist meticulously delineates the target from the surrounding tissues to effectively and safely deliver radiation treatment. They can target cancer more precisely due to a 4-dimensional video combined with a CT scan that tracks the tumor's motion as the patient breathes.

At Astera, a radiation technology called TomoTherapy® HI-ART® (highly integrated adaptive radiotherapy) allows oncologists to identify the cancerous mass in real-time before the treatment while the patient is in the treatment room. This level of precision further improves the accuracy of SBRT and decreases the potential risks of side effects.

SBRT has become a standard curative treatment option for medically inoperable non-small cell lung cancer (NSCLC) patients. For patients ineligible for lobectomy, SBRT has been shown to decrease the risk for local and regional recurrence compared to wedge resection. The treatment is also being investigated through large randomized trials in medically operable patients who do not desire surgery. Additionally, numerous studies presently examine the efficacy and tolerance of SBRT in surgical and non-surgical patients.

Stereotactic Body Radiation Therapy (SBRT) for **Lung Cancer** (continued)

SBRT Facts

- SBRT involves non-invasive, external radiation in photons (or X-rays) delivered precisely to cancer.
- It does not require anesthesia or surgical incisions.
- SBRT is delivered on an outpatient basis in one to five treatments, with each visit lasting between 30 to 60 minutes.
- Treatment is coordinated through a multidisciplinary approach that includes radiation oncologists, pulmonologists, thoracic surgeons, cardiologists, and primary care physicians.
- SBRT is usually well tolerated. The most common side effects are fatigue, increased shortness of breath, cough, rib discomfort, and radiation dermatitis. Most of these side effects are reversible with time. Rarely do patients have worsening shortness of breath.
- The risk that SBRT could cause worsening pulmonary function usually depends on the size and location of the lesion and the patient's baseline pulmonary status.

Factors Used to Determine Whether SBRT or a Surgical Alternative is Best for a Patient

- Type of cancer
- Size and location of the lesion
- Cancer stage
- The patient's overall health
- The patient's pulmonary status

Most lung cancers are non-small cell lung cancer (NSCLC) or small cell lung cancer (SCLC). To best diagnose and stage (determine the extent of the disease), our patients will undergo biopsy through CT guided biopsy by an interventional radiologist, bronchoscopy, navigational bronchoscopy, and/or endobronchial ultrasound (EBUS). Once the diagnosis is confirmed, patients will undergo radiological testing with CT imaging, PET/CT imaging, and possibly MR imaging. These imaging tests have been shown to improve outcomes by more accurately staging patients.

NSCLC and SCLC are often treated with systemic therapy, radiation, surgery, or a combination of these treatments based on the stage and pathology. EBUS performed by a pulmonologist or mediastinal sampling by a thoracic surgeon helps determine if patients have involved mediastinal nodes, which is considered stage III if there are no sites of distant disease. Patients with stage III NSCLC will be offered chemotherapy and radiation, and/or surgery based on a multitude of factors. These patients will be presented at a multidisciplinary conference to determine the best treatment regimen.

Patients requiring radiation for stage III NSCLC or SCLC will be treated with image-guided intensity-modulated radiation therapy (IGRT). This technology improves the accuracy of radiation therapy while lowering the dose to the patient's lung, heart, and esophagus. This has been shown to decrease side effects during treatment and long term.

The Benefits of Radiation Therapy for **Skin Cancer**

Basal & Squamous Cell Carcinomas Cured With Excellent Cosmetic Results

Radiation therapy is a highly-effective, non-surgical treatment option for both basal cell and squamous cell carcinomas. It offers a 95% local control rate, the same as surgical resection or Mohs microsurgery. Various radiation therapy technologies help to precisely deliver a superficial form of radiation that penetrates only a short distance below the skin surface to eradicate cancer with excellent cosmetic and functional results. The most commonly used modalities are External Beam Radiation Therapy (superficial x-rays, electron beam therapy) and Brachytherapy (temporary radioactive source placed on/near the skin).

Who is a candidate for Radiation Therapy?

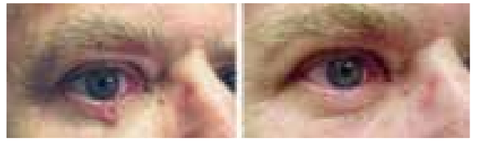
Patients with…

- basal or squamous cell skin cancer that has not previously been treated with radiation to the same area as the new cancer
- healing difficulties, such as diabetics and the elderly
- bleeding problems, including those who need to remain on blood-thinning medications
- multiple skin cancers or larger skin cancers in one or more regions on the body, like the scalp, face, extremities, trunk, or torso
- skin cancer that, if surgically removed, may require additional surgery, such as a skin graft or flap, to cover the surgical defect
- skin cancers in cosmetically and functionally challenging areas like the eyelids, nose, ears, lips, or hands

Other skin cancers that radiation can also treat include melanoma (reserved for patients who are too ill or refuse surgery), Merkel cell carcinoma, and sweat gland tumors.

Typical results after a 2-7 week course of radiation treatment:

Eyelid Basal Cell Carcinoma
Surgery would have led to a cosmetic/functional defect in the lower eyelid.



Invasive Face/Ear Squamous Cell Carcinoma
Surgical removal would have likely required a skin graft or flap to cover the surgical defect.

At Astera Cancer Care, our board-certified radiation oncologists work closely with medical physicists and dosimetrists to plan and deliver state-of-the-art treatments personalized for each patient's individual needs.

Please call our Radiation Oncologists at: **609.655.5755**

Social Work

Social work helps patients and their families cope with cancer and its many challenges by providing concrete or supportive services.

Please feel free to refer patients and their family members to Social Work for:

- Assistance Navigating Government Benefits & Entitlements
- Caregiver Support
- Crisis Intervention
- Fertility & Family Planning (Harvesting/Storing)
- Fitness, Nutrition & Wellness Referrals
- Food Pantries, Home Delivered Meals & Soup Kitchens
- Health Insurance Enrollment
- Mental Health Counseling (individual and family)
- Non-Medical Home Care
- Stress Management
- Support Groups (Patient, Family Caregiver, Bereavement, Survivorship)
- Technology Support
- Transportation Coordination

For more information, please contact **Neshama Marcus, LMSW, Director of Social Work,** at **732-853-1038** or **neshama.marcus@asterahealthcare.org**.

Neshama Marcus, LMSW

Neshama Marcus, LMSW, is the Director of Social Work at Astera Cancer Care. She enjoys working with vulnerable and at-risk populations to provide mental and emotional health support, coordinate concrete services, and links to community-based resources in order to enhance the quality of life of patients.

Before joining Astera Cancer Care, Neshama served as Chief Program Director of Community Based Programs at JCC of Staten Island.

Neshama received her Bachelor's Degree from Rutgers University and her Master's Degree in Social Work from Rutgers University School of Social Work, with a Non-Profit and Public Management concentration. She also has her post-graduate Certificate in Gerontology from Rutgers University and a post-graduate Certificate in Grief Counseling. Neshama resides in New Jersey with her husband, Dan, and their two children, Lauren and Jonathan. In her free time, Neshama enjoys playing basketball and volunteering in her community.

Julie Persaud

We are proud to now offer **Patients DigniCap!**

What is Scalp Cooling?

Hair loss is a prevalent and worrisome side effect of chemotherapy. Scalp cooling is a clinically proven way to minimize chemotherapy-induced alopecia and help patients retain hair during treatment. By lowering a patient's temperature, less blood flows to the scalp. Consequently, less chemotherapy is able to reach the hair cells. The cells that do not receive a full dose of chemotherapy are more likely to survive treatment.

How does it work?

There are two reactions that occur when the scalp is cooled. As the blood flow is reduced, vasoconstriction occurs. This limits the amount of chemotherapy agents that can reach the hair follicles. The second reaction that occurs is reduced metabolism. The low scalp temperature decelerates cellular activity. These reactions working in tandem limit the amount of chemotherapy that can access the hair follicles.

DigniCap Scalp Cooling System

The DigniCap is run by a computerized cooling unit. This unit is managed via a touch screen display. A coolant continuously circulates through the channels in the caps. What sets DigniCap apart from other cooling systems, are the patented sensors that continuously regulate the scalp temperature throughout the treatment.

The software is designed to detect temperature deviations and makes adjustments based on sensor feedback. The gentle cool-down from room temperature to the target temperature provides a comfortable experience for the patient. In addition to continuous, direct contact for cooling, there are four different cap sizes for a perfect fit. The cap is easily removable for bathroom breaks and has a built in sensor that prevents it from going under 32 degrees Fahrenheit.

Research

Many academic journals have published that the DigniCap Scalp Cooling System is a risk-free and successful way to prevent hair loss in chemotherapy patients with solid tumors. Out of a study testing 226 chemotherapy patients with solid tumors, 65% did not lose a significant amount of hair.

The DigniCap intercepted hair loss in 66% of breast cancer patients. On the other hand, all the patients in the control group experienced a considerable amount of hair loss. The treatment was received well and no scalp metastases were noted.

Many patients wish to know if there is a high correlation between DigniCap users and metastases in the scalp. Metastasis is when cancer spreads from the primary location to a secondary location on the body. A 2017 study published that breast cancer patients using the DigniCap were not less or more likely to develop metastases compared to the chemotherapy patients who were not using scalp cooling methods.

The Power of Philanthropy in Cancer Care

Michael J. Nissenblatt, MD

Renowned medical oncologist Michael J. Nissenblatt, MD, is one of Astera Cancer Care's founders. He is a passionate, inspired, and compassionate individual whose commitment to helping others extends well beyond the exam room.

Residency-trained at Johns Hopkins and a Clinical Professor of Medicine at Robert Wood Johnson Medical School at Rutgers University, Dr. Nissenblatt has been practicing for 30-plus years. In that time, he has been named a Top Doctor by *New York Magazine, New Jersey Magazine, and Jersey's Best Magazine* multiple times. In addition, he has won numerous awards from the American Cancer Society, RWJ/Barnabas University Hospital, and other organizations.

Dr. Nissenblatt treats diverse cancer types but has a particular interest in breast cancer. He has treated many notable individuals, including a former Real Housewives of New Jersey star.

At Astera Cancer Care, Dr. Nissenblatt's contributions as a leader in medical oncology and as a dedicated, passionate, philanthropy-minded person are always front and center. Specifically, Dr. Nissenblatt has participated in, energized, and even founded several organizations that exist to help patients in need, and cancer patients in particular.

AMERICAN CANCER SOCIETY'S ANNUAL NIGHT OF WINE AND ROSES GALA

In the 1980s, Dr. Nissenblatt and his wife, Marlene, attended this ACS fundraising event, raising a respectable $75,000 for cancer care each year from about 175 attendees. Then, in the early 90s, Dr. Nissenblatt began working on the Ad Journal event, which soon raised three or four times as much money for the charity.

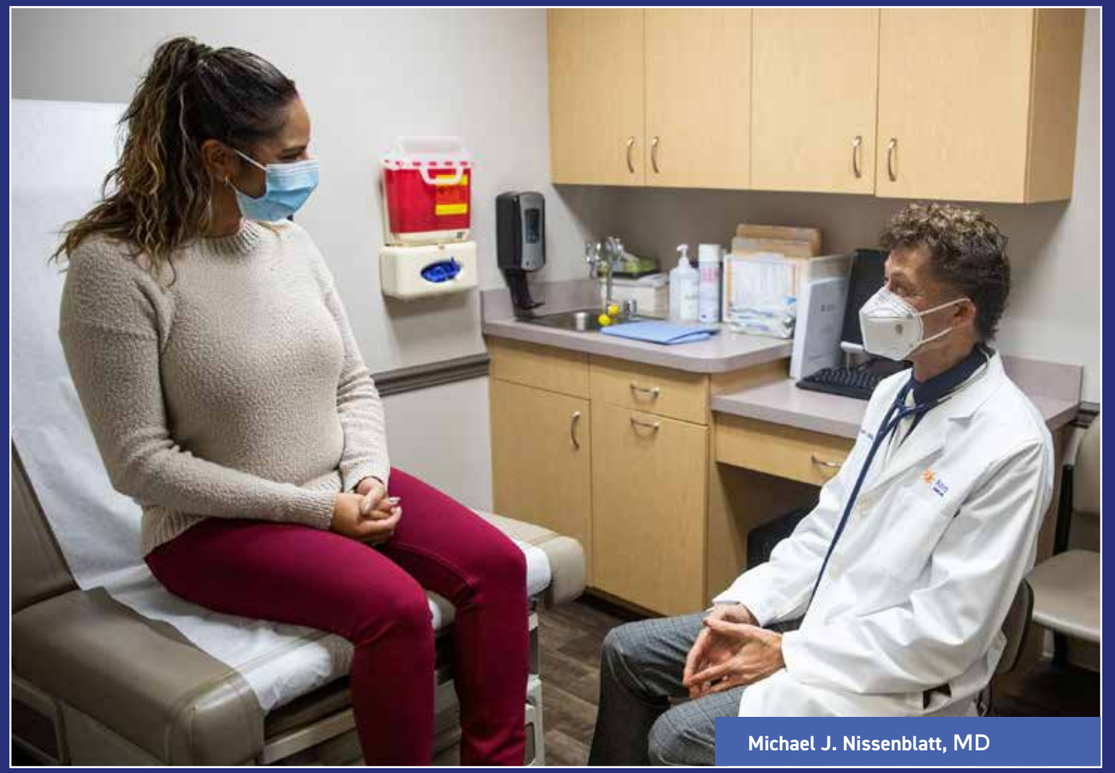
By 1997, Dr. and Mrs. Nissenblatt were the event's co-chairpersons and remain so today. As a result, the annual gala has become a must-go event, attracting 600 attendees and earning more than $500,000 for each of the last three years. It is the largest ACS event in New Jersey and one of the largest on the east coast.

THE CHALLAH FUND

In the late 1980s, Dr. Nissenblatt attended a funeral and noticed a charity box for a small fund founded by the decedent, the germ of inspiration. Later, he had a cancer patient who wasn't doing well. He decided to give this person a loaf of Challah, the "bread of hope," to help inspire her to get better. It worked.

Soon Dr. Nissenblatt was personally giving 18 to 20 loaves each Friday for the Sabbath, but not just to people of the Jewish faith. Patients who received the gift began offering to help, and one suggested incorporating the Challah Fund, Inc. to become self-sustaining. Since then, people of all religious and ethnic backgrounds have looked forward to receiving challah each Friday. People understand bread as one simple necessity of life, and so they recognize that gift as a subtle message that there is hope for survival.

Challah Fund volunteers deliver 130 Challah loaves each week to patients in the Astera Cancer Care office and local hospitals. The fund's ten volunteers represent four faiths. The exchange of a few encouraging words, along with the gift of an essential nutrient of life given by strangers and funded anonymously, inspires optimism and harmony. Founded and directed by Dr. Nissenblatt, the Challah Fund has distributed more than 200,000 loaves of the Bread of Hope.



Michael J. Nissenblatt, MD

The Power of Philanthropy in Cancer Care

Michael J. Nissenblatt, MD

THE MICHAEL J. NISSENBLATT PARTNERS IN HEALING FOUNDATION

Some ten years ago, Dr. Nissenblatt received a request from a patient's husband to have his wife, who had only a few days left to live, transferred to RWJ University Hospital so that her family could be by her side. Two weeks later, Dr. Nissenblatt received a check for $10,000 from the husband as startup money for a foundation to help patients with financial hardship pay for transportation costs and other unexpected and uncovered medical expenses.

In 2009, Dr. Nissenblatt and Mr. and Mrs. Richard Anslow created this foundation, which funds transportation costs, costly medication copays, equipment purchases, needed home-mobility upgrades, and more for many patients.

THE NISSENBLATT FUND FOR CANCER PATIENT SERVICES AT RWJ UNIVERSITY HOSPITAL

This charity, founded by Dr. Nissenblatt, exists to help support Robert Wood Johnson University Hospital in its mission to provide exceptional cancer services, including comprehensive care and care navigation services to patients and their families. The goal is to support patient navigation, patient support, psychosocial services, and patient survivorship.

THE DR. MICHAEL & MARLENE NISSENBLATT SCHOLARSHIP

Sponsored by Dr. and Mrs. Nissenblatt and the East Brunswick Regional Chamber of Commerce's Charitable Foundation, from 2005 to 2015, this program offered $2,000 scholarships each year to three or four postgraduate students pursuing careers in healthcare. The focus was "to bring compassionate medicine to the bedside." The scholarship awarded more than 15 students who embraced and brought the human spirit and human touch to healthcare.

FRED'S TEAM

Dr. Nissenblatt is an avid runner who has competed in and completed the New York City Marathon 19 times. Dr. Nissenblatt joined this team of 900 NYC marathoners to help raise money to fight childhood leukemia. He has generated and contributed more than $350,000 in donations.

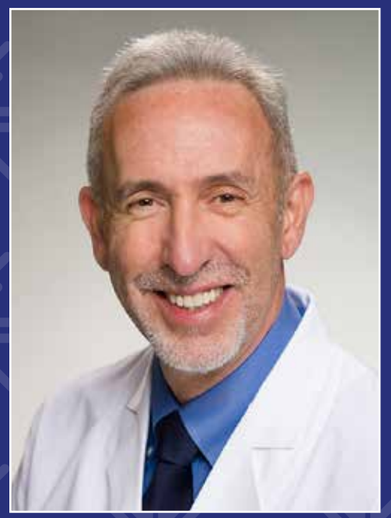
TO SUPPORT DR. NISSENBLATT'S CHARITABLE EFFORTS:

Contact Michael Nissenblatt, MD via email: **Michael.Nissenblatt@asterahealthcare.org**

Make an online contribution to Fred's Team:
FredsTeam.com>enter "Nissenblatt" into the "participant" box

Make contributions to other charities:
Astera Cancer Care (c/o Michael Nissenblatt, MD)
J2 Brier Hill Court
East Brunswick, NJ 08816

From Broadway to **Astera Cancer Care**



Dr. Edward Soffen's role as one of New Jersey's star radiation oncologists was not the starring role to which he originally aspired. From an early age, Dr. Soffen was attracted to the bright lights of Broadway. He was very active in theater productions while in college and was recruited in his senior year by a talent scout to come to New York for a series of auditions for parts on the big stages that line the Great White Way. After three years of being passed over for Tony Award nominations, Dr. Soffen decided that his talents could be better showcased in a different venue. He applied to and was accepted to the Temple University School of Medicine. The Medical School provided him not only with the opportunity to display his medical knowledge to appreciative patients but also gave him the chance to direct and star in the Broadway-type show that the school produces each year.

Over the next thirty years, Dr. Soffen has devoted most of his energy to the care of cancer patients, but on occasion, he still feels the call of the stage. He has appeared in local theatrical productions, and he even earned a spot as an extra in an episode of Sex in the City. He is renowned for marrying his love for performing with his medical talents when called upon to deliver a scientific lecture. He has been known to spice up these lectures with a song or an impersonation of a famous character, and his audiences love it.

While he no longer associates with famous actors on a daily basis, he has had the opportunity to provide medical care to a few movie stars among the thousands of patients that he has cared for during his career. He treats all kinds of cancers, including cancers of the breast and lung, but his particular interest is the treatment of prostate cancer. He has traveled around the world giving lectures and proctoring other doctors in the latest techniques for prostate cancer treatment. He is one of the very few radiation oncologists in the country who is skilled in the use of every radiation option for prostate cancer, including advanced treatment techniques such as Stereotactic Body Radiation Therapy (SBRT), Image-guided radiation therapy (IGRT), proton beam therapy, radioactive seed implants, and high-dose-rate prostate brachytherapy.

He was one of the co-investigators who pioneered the use of SpaceOAR gel to reduce injury to the rectum from radiation. He is one of the principal investigators in two National Cooperative Group studies comparing conventional radiation with proton beam radiation for prostate cancer (the PARTIQoL and COMPPARE studies). He co-authored a revolutionary paper on the use of prostate seed implants as a highly successful salvage treatment for men whose cancers recurred after conventional external beam radiation and were told by other doctors that there were no curative options available to treat such a problem.

Dr. Soffen's Astera Health Care group is one of the few groups in the United States involved in a trial of a new biodegradable balloon to protect the rectum during prostate cancer radiation treatments. The balloon is filled with saline, inserted into the patient, and biodegrades after six months. This trial has closed to the accrual of patients, and the results will soon be submitted to the Food and Drug Administration for their approval.

Dr. Soffen enjoys finding solutions to problems that bother and bewilder other people, not only in his efforts to discover new treatment options but even in his efforts to overcome the obstacles that the Covid pandemic has placed in the path of virtually everyone. When he couldn't travel to see his newborn grandson, this dedicated family man searched for an RV that would not only let him travel to Green Bay, Wisconsin in safety but would also allow him to continue to care for his patients via telemedicine.

Dr. Soffen has always felt that medicine is both a "science and an art" and he has felt privileged to try to bring the two together in his years of practice as a radiation oncologist.

"Change of a Dress" *Sex and the City* **- (Season 4, Episode 15)**

Locations

Bayonne
631 Broadway - Suite 2F, Bayonne, NJ 07002

Bridgewater
1200 Route 22, Bridgewater, NJ 08807

Darby
Mercy Fitzgerald Hospital Department of Radiation Oncology
1500 Lansdowne Avenue - Medical Science Building, Lower Level - Darby, PA 19023

East Brunswick
Brier Hill Court - Building J2, East Brunswick, NJ 08816

Edison
34-36 Progress Street - Suite B-2, Edison, NJ 08820

Flemington
Hunterdon Regional Cancer Center Department of Radiation Oncology
2100 Wescott Drive, Flemington, NJ 08822

Freehold
CentraState Medical Center Department of Radiation Oncology
901 West Main Street, Freehold, NJ 07728

Jersey City
377 Jersey Avenue - Suite 160, Jersey City, NJ 07302

Langhorne
St. Mary Regional Cancer Center Department of Radiation Oncology
1201 Langhorne-Newtown Road, Langhorne, PA 19047

Monroe Township
9 Centre Drive - Suite 100, Monroe Township, NJ 08831

New Brunswick – The Breast Center
Saint Peter's University Hospital CARES Building
240 Easton Avenue - 3rd Floor, New Brunswick, NJ 08901

Plainsboro
Penn Medicine Princeton Medical Center Department of Radiation Oncology
One Plainsboro Road, Plainsboro, NJ 08536

Robbinsville
1 Union Street - Suite 205, Robbinsville, NJ 08691

Rutherford
201 RT 17 North - FL 11, Rutherford, NJ 07070

Somerset
75 Veronica Avenue - Suite 201, Somerset, NJ 08873

Somerset
ProCure Proton Therapy Center
103 Cedar Grove Lane, Somerset, NJ 08873

Ellen A. Ronnen, MD

OUR PATIENTS & THEIR FAMILIES MATTER

Our patients and their families tell the story of overcoming cancer like no other. They help us connect, inspire, and empower. If you know a patient or have a family member who would like to make an impact and share their experience with us, please have them contact **dorothy.ballweg@asterahealthcare.org.**

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