

# Impact

SPECIAL EDITION

ROCHESTER  
REGIONAL HEALTH

Foundations

## THE FUTURE OF LIPSON CANCER INSTITUTE STEM CELL TRANSPLANT PROGRAM

A ROCHESTER REGIONAL HEALTH FOUNDATIONS IMPACT PUBLICATION | SUMMER 2021

## *a letter from our president and ceo*

I've had the pleasure of watching Lipson Cancer Institute grow and become an essential piece in our integrated health system. Through the years, our donors have invested in the best technology and helped us recruit leaders in the field of oncology who can navigate the ever-increasing complexities of cancer. And it has made such an incredible difference in the lives of our patients.

We're beginning to make an even bigger difference by adding our acute leukemia program and building the capabilities and infrastructure for our stem cell transplant and cellular therapy program. Our patients trust us to walk with them through a frightening diagnosis, and now, they can stay within our health system for all the care they need. Plus, having this type of advanced care so close to home is a tremendous benefit.

We've invited Anne S. Renteria, MD, to lead these new programs as medical director. She brings 20 years of experience – plus an incredible dedication to patient-centered care. We'll soon be offering bone marrow transplants with the patient's own stem cells, but Dr. Renteria is already looking ahead and preparing for when we can offer bone marrow transplants with stem cells collected from donors.

It's an exciting time because we're building on a long tradition of excellence. Thank you for the role you have played in supporting our health system in the past and for all you are doing to ensure we can offer high-quality care for generations to come.

With gratitude,



Eric Bieber, MD

*President and CEO  
Rochester Regional Health*



**“It’s an exciting time because we’re building on a long tradition of excellence.”**

**- Eric Bieber, MD**



# A Conversation with Anne S. Renteria, MD



We are honored to have Anne S. Renteria, MD lead our Acute Leukemia & Stem Cell Transplant and Cellular Therapy programs as medical director. We had a chance to sit down with Dr. Renteria and learn more about her vision for these programs.

## **Q: Oncology is a broad field. What attracted you to focus on stem cell transplants?**

**A:** Very early on I knew that I would specialize in malignant hematology (blood cancers) because it is a field of great need. Stem cell transplants offer the possibility of a cure for patients with blood cancer, so I was naturally drawn to that potential. Plus, we use a very tailored and personal approach for each patient. Deep and intense connections are made, not only with your patients but also with your team.

## **Q: How do stem cell transplants provide lifesaving treatment for blood cancer patients?**

**A:** Our immune system is responsible for an immune-surveillance that keeps cancer at bay. When a patient develops a blood cancer, the immune system has failed to fight off the cancer. Unfortunately, chemotherapy, as the sole treatment option, is unlikely to provide a cure because cancer cells are left behind along with an immune system that can't protect the patient. However, stem cell transplants – or hematopoietic cellular transplants (HCT) – offer a new, better-functioning immune system to the patient.

## **Q: You have a great deal of experience. What are two or three things that you've learned throughout your career that you hope to bring to this program at Rochester Regional Health?**

**A:** I've learned that the patient should always be at the center of our attention and that we should embrace diversity by focusing on the uniqueness of each patient. I also strive to practice kindness and honesty.

## **Q: What is your vision for this program in the next year? In the next five years?**

**A:** In the next year, my vision is that we will be actively performing autologous stem cell transplants, in which we take stem cells from the patient, freeze and store them. We then infuse the stem cells back into the patient after they have received high doses of chemotherapy. As a next step, we will be offering CAR-T Cell Therapy which is a treatment option that changes a patient's T-cells (a type of white blood cell) in the laboratory so they can recognize and attack cancer cells. Within five years, we plan to also be able to offer our patients allogeneic stem cell transplants, which use stem cells collected from healthy donors rather than a patient's own stem cells.

## **Q: Why is it important that we offer this program at Rochester General Hospital? Are there any unique benefits to offering it in the Sands-Constellation Center for Critical Care?**

**A:** RGH certainly draws patients from throughout the Rochester region, but is also incredibly dedicated to serving the people who live right in its own neighborhood. We are committed to providing care that's personalized and compassionate, and we're committed to understanding what our community needs – and our community needs this program. Thankfully, we have the Sands-Constellation Center for Critical Care, which offers 36 private rooms. Eighteen of those rooms are positive pressure rooms that keep contaminants from entering the room and protect patients with compromised immune systems from airborne infections. We also have our stem cell transplant unit next to the medical intensive care unit on the 6th floor. We work in close collaboration with the highly trained and skilled personnel of that unit, too.

*To learn more about the Lipson Cancer Institute – or to make a gift in support of Dr. Renteria's work with stem cell transplants – go to: [rrhgive.org/oncology-impact](http://rrhgive.org/oncology-impact)*

*Learn more here* 



# Malignant Hematology / Stem Cell Transplant Team



**Anne Renteria, MD**

Hematologist & Medical Oncologist  
Medical Director, Stem Cell Transplant and Cellular Therapy Program



**Saad Jamshed, MD**

Hematologist & Medical Oncologist



**Maria Sbeghe, MD**

Hematologist & Medical Oncologist



**Cassidy Smith, PA-C**

Physician Assistant



**Martha Wright, PA-C**

Physician Assistant



**Morgan Fillet, RN, BSN**

Bone Marrow Transplant Clinical Program Manager



**Kelsey Hawkins-Rusch, MS, RN, BMTCN, AGCNS-BC**

Bone Marrow Transplant Coordinator



**Lauren Sheldon, RN, BSN, OCN**

Clinical Navigator



# Autologous Stem Cell Transplant Journey



## Pre-Transplant Evaluation and Testing

**4 – 6 weeks before transplant**

A pre-transplant evaluation provides complete information about a patient's overall health and helps determine if they are eligible for such transplant. This includes a complete physical, consultations with members of the Transplant Team, and a comprehensive series of diagnostic tests.

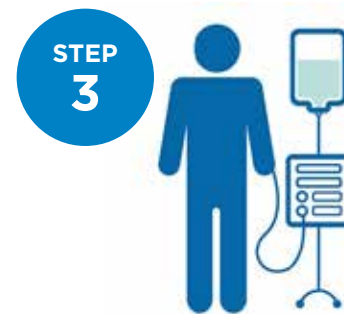


## Stem Cell Mobilization & Collection

**2 – 4 weeks prior to admission for the transplant**

Mobilization is a process in which certain drugs are used to cause the movement of stem cells from the bone marrow into the blood. This is done with daily injections of Granulocyte-CSF (G-CSF) for 4 – 5 days.

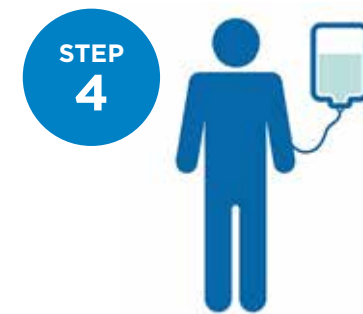
Once the stem cells are mobilized enough, they are collected from the patient using an apheresis machine. The collection process typically takes one to two days. Stem cells are then sent to a processing lab where they are frozen and stored until infusion day.



## Conditioning Therapy

**Approximately 2-10 days before transplant**

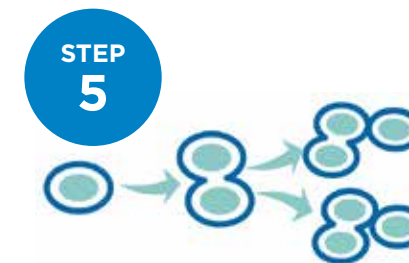
Patients are admitted to the sixth floor of the Sands Constellation Center for Critical Care to start their conditioning regimen. During this time, patients receive high doses of chemotherapy over the course of one or more days, depending on the type of cancer, in order to destroy cancer cells.



## Stem Cell Infusion

**Transplant Day**

The stem cell transplant procedure is similar to a simple blood transfusion and is done in the patient's hospital room. During the infusion, the previously collected stem cells are infused into the bloodstream through a central venous catheter. The actual procedure time will depend on the volume of stem cells that was collected and required for the repopulation of the bone marrow. During the infusion, the patient's blood pressure, temperature, pulse, and breathing are closely monitored.



## Engraftment

**Within 30 days after transplant**

The infused stem cells will move through the bloodstream into the bone marrow. When these cells begin to grow and make new blood cells, it's called engraftment. Engraftment usually happens within the first 15 to 20 days after the infusion but can sometimes take longer.

This phase marks the start of the recovery process and shows that the patient's returned stem cells are working properly and starting to rebuild their immune system. White blood cells are the first cells to engraft.

*Disclosure: Timing may vary depending on each individual's treatment plan.*



ROCHESTER REGIONAL HEALTH

THE  
**GALA**

A VIRTUAL  
EXPERIENCE

SAVE THE DATE

FRIDAY, NOVEMBER 12

BENEFITING LIPSON CANCER INSTITUTE

When the pandemic hit last year, we worked to provide a safe, socially distanced way for donors, employees, and friends in the community to enjoy the Rochester Regional Health Gala at home.

While we hoped to have the opportunity to celebrate in person this year, the rise of COVID-19 cases in our region has led to our decision to hold a virtual event once again.

**Just like last year, Rochester Regional Health Foundations will bring the Gala to you in the comfort of your home, thanks to our friends at 13WHAM-ABC.**

Our top priority is the health and safety of our patients, staff, and community - it's at the core of everything we do. While we will miss seeing you in person, we look forward to providing a fun and entertaining 2021 Virtual Gala to celebrate the incredible work of our Lipson Cancer Institute.

FOR TICKET AND SPONSORSHIP INFORMATION,  
**PLEASE VISIT [RRHGALA.ORG](https://www.rrhgala.org)**

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*Produced in house by our foundation and marketing teams.*