

# IT MATTERS.

## EDITION SPOTLIGHT

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SEE HOW YOU OR A LOVED  
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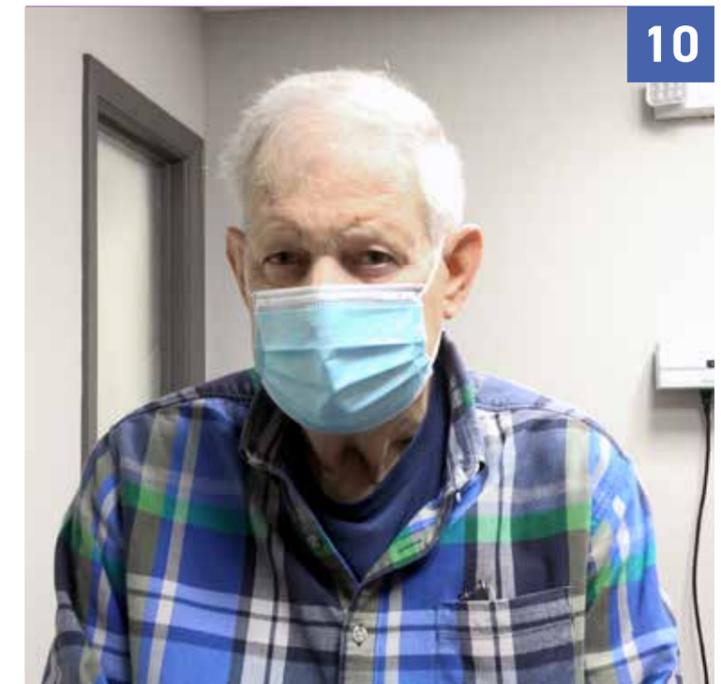
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# Message From Our Chairman and CEO

Dear All,

Astera Cancer Care exists only because of the dedication and passion of our team members. As we head into the third quarter of 2022 and the second edition of It Matters, I'm proud and amazed by how much we've grown as a company.

It Matters provides updates on recent program activities, initiatives, announcements, staff highlights, meetings, and publications. We've had an incredible year of innovation, and I am excited to share all of our clinical advances and strides. From treating our very first patient with Chimeric Antigen Receptor (CAR) Natural Killer (NK) cells as part of the Quilt-88 trial to offering clinical trial Lutetium-177-PSMA-617 (Lu-177) to target prostate cancer, Astera's participation in highly innovative trials shows our commitment to building a world-class Clinical Trial Program.

Our prior research accomplishments were recognized at the 2022 Annual American Society of Clinical Oncology Meeting and published in the prestigious Lancet Oncology journal. I look forward to many more amazing research accomplishments over the upcoming years, which will provide unparalleled access to the most innovative treatments close to home for our patients.

Astera is continuously looking for ways to expand our services to provide patients, families, and caregivers the care and support they need to beat cancer.

Warm regards,

**Edward J. Licitra, MD, PhD**  
Chairman and CEO



## We Are 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 enable 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.

# Using NK Cells to Fight Pancreatic Cancer

Astera Cancer Care announced that it has treated its first patient in the QUILT-88 trial using a combination therapy developed by ImmunityBio designed to bolster the body's immune system and administer natural killer cells engineered to find and kill cancer cells. This novel combination therapy is also being studied in patients with triple-negative breast cancer, Merkel cell carcinoma, and planned in glioblastoma.

The investigative therapy consists of Natural Killer (NK) cells, which form part of the innate immune system, along with a fusion protein called Anktiva, which is designed to strengthen the adaptive immune system. This novel therapeutic is given in combination with low-dose chemotherapy and radiation therapy, which primes the tumor microenvironment and suppresses the immune cells that block the action of the NK cells.

"Astera Cancer Care is very excited to be able to participate in this clinical trial for patients with pancreatic cancer," said Dr. Phillip Reid, principal investigator. "The field of Oncology has been revolutionized over the past several years as we have learned to harness the power of the immune system in the fight against cancer. We hope that CAR NK cell therapies like the one developed by ImmunityBio will become part of the immune therapy armamentarium and give patients an effective treatment option that is not associated with overly burdensome side effects."

The QUILT- 88 trial is open to patients with Stage IV Pancreatic Cancer. Treatment is administered in Astera's East Brunswick office. Astera is the only site on the East Coast that offers this CAR NK cell therapy trial and only the 4th site nationwide.

QUILT-88 trial is the third active cellular therapy trial Astera has participated in and the first CAR NK cell therapy. The other cell therapy trials included the use of CAR T cells (Chimeric Antigen Receptor T Cell) to treat blood cancers.

"Astera's participation in this highly innovative trial shows our commitment to building a world-class Cellular Therapy Program as a prominent offering of our comprehensive community oncology platform. Our expertise as one of the only community practices nationally to deliver CAR T cells has prepared our organization to be a leader in all cellular therapies. Astera is broadening the scope of our offerings and is working with payors and self-funded employers to provide greater access to these treatments while controlling the escalating costs of all cancer treatments. Astera's efforts will help to ensure that all patients living with cancer continue to have access to the most innovative therapies close to home," said Edward J. Licitra, MD, PhD, Chairman and CEO, Astera Cancer Care.



Phillip Reid, MD

# Lifelong Learning Improves Patient Care

As a physician-scientist and medical oncologist, Beiqing Pan, MD, PhD, has forged a unique path in oncology.

"It's rewarding to help others live their best possible quality of life while guiding them through their journey," Dr. Pan, medical oncologist-hematologist at Astera Cancer Care, said.

**"You don't see the direct effect in clinical research as you do in patient care."**

*Beiqing Pan, MD, PhD*

"Patients trust us with care when they are most vulnerable, and it is our duty to be there for them. Their strength and perseverance inspire us to continue delivering the latest and highest quality cancer treatment."

Dr. Pan trained as a hematologist at Sir Run Run Shaw Hospital (SRRSH) in Zhejiang, the first hospital in mainland China accredited by the Joint Commission International. SRRSH, affiliated with Zhejiang University School of Medicine, was established in 1994 through the generous donation of Sir Run Run Shaw, a well-known Hong Kong media mogul, and philanthropist.

Dr. Pan spent six years practicing medicine in China, then was asked to conduct research in Australia and embarked on a new journey. She earned a PhD from the University of Adelaide, and explored research related to hematological disease and explored the mechanism of how multiple myeloma causes lytic bone lesions at the molecular level and how zoledronic acid, a well-known medication in cancer treatment now, works in multiple myeloma by regulating RANK ligand expression on osteoblast cells.

When Dr. Pan moved to New York City as a postdoc; she completed three years of research at Mount Sinai School of Medicine. She studied human hematopoiesis from embryonic stem cells and hematopoietic defects in Fanconi anemia. Despite devoting much of her time to research, she still yearned to treat patients. "You don't see the direct effect in clinical research as you do in patient care," Dr. Pan said.

So Dr. Pan completed a residency at New York Downtown Hospital and a Hematology-Oncology Fellowship at Columbia University, then joined Astera Cancer Care in 2013.

When Dr. Pan isn't in the office, she can be found planting in her beautiful garden, where she grows annual and perennial plants and lots of vegetables. "It makes your home beautiful and puts you in a good mood," Dr. Pan said. Since the pandemic, she has made exercise a priority. Dr. Pan suggests that everyone incorporates three components of fitness into their regimen: cardio, weight training, and stretching. Dr. Pan is passionate about patient care and incorporates the everyday lessons she learns into her practice.

## A Patient Story

# Gary's Cancer Journey

On most days, Gary could be found on the golf course; after all, Florida is the golf capital of the world. However, in 2007, the now 75-year-old was living in Tampa when he went to a gastroenterologist for stomach pain and breathing difficulties. After a CT scan detected kidney cancer, Gary underwent kidney removal surgery. Three years later, he started finding blood in his urine, only discovering that prostate cancer had penetrated his bladder wall. He was diagnosed with metastatic castration-resistant prostate cancer (mCRPC).

Gary received treatment in Tampa for nearly four years. Finally, after fighting his cancer with several chemotherapies and radiation treatments, his oncologist told him he had exhausted all options and only had two years to live. So, Gary and his family decided to move back closer to their family and friends in Pennsylvania. A former volunteer firefighter, Gary rejoined his local fire department upon returning home. While simultaneously

receiving care at one of the university hospitals in Pennsylvania, Gary would keep busy driving the firetruck.

When Gary's doctor suggested enrolling in a clinical trial, he searched for a facility that offered one he needed. That's what led him to Astera Cancer Care. The Astera research team flew Gary and his daughter to Houston, Texas, for qualification testing for a clinical trial called Lutetium 177 (Lu-177), a medication that specifically targets prostate cancer. A week later, he received an acceptance call, and after six weeks of treatment, Gary's PSA had fully stabilized.

"Just like when you're fighting a fire, you will do whatever it takes to get the job done," said Gary. "Astera was the same. They did whatever it took to get the job done."

It's been over two years since Gary finished the clinical trial. Finally, in March 2022, the US Food and Drug

Administration approved Pluvicto™ (lutetium Lu 177 vipivotide tetraxetan), which was formerly referred to as 177Lu-PSMA-617.

The therapy treated adult patients with a certain type of advanced cancer called prostate-specific membrane antigen-positive metastatic castration-resistant prostate cancer (PSMA-positive mCRPC) that has spread to other body parts. The approval of Pluvicto is a step forward in the clinical advancement for people with progressing mCRPC, as it can significantly improve survival rates.

Gary was one of 831 patients who were instrumental in approving this new targeted therapy, which drives radiation straight to the cancer itself, and the place where the cancer "lives," without damaging surrounding tissue.

Astera's President, Dr. Bruno Fang, led the VISION trial at Astera Cancer Care. Astera was among the top sites for enrolling subjects, which



TO WATCH GARY'S STORY  
SCAN THE CODE BELOW



meant men with prostate cancer in New Jersey had the opportunity to access this drug as part of research long before the therapy's FDA approval. Astera is a national leader in prostate cancer treatment and research, expanding access to clinical trials and the newest treatments.



FOR MORE INFO ON OUR  
CLINICAL TRIALS SCAN  
THE CODE ABOVE



# Treating the breast and sparing the heart

## With Proton Radiation

By Jae Y. Lee, MD, PhD

Breast cancer survival has steadily increased due to earlier detection, decreasing morbidity from surgery, more effective therapies, and advances in radiation delivery. Adjuvant radiation for breast cancer has consistently demonstrated significant local control and overall survival benefits over surgery alone. Consequently, the need to minimize the late effects of radiation becomes increasingly important. One of the most concerning late effects of conventional photon-based radiation on the breast is cardiac injury.

Elevated cardiac risk due to radiation for breast cancer is most concerning in patients with left-sided breast cancers, where the heart often lies immediately

adjacent to the radiated breast tissue. Patients are also increasingly undergoing comprehensive nodal radiation after the publication of the MA.20 and EORTC 22922 trials<sup>1,2</sup>, demonstrating the benefits of regional nodal radiation in patients with high-risk, early-stage breast cancer.

However, extensive nodal radiation generally increases the dose delivered to the heart. In addition, it often encompasses the internal mammary nodes, which can place the heart at risk even in patients with right-sided breast cancers. Finally, patients who elect to undergo immediate bilateral reconstructive surgery can often pose anatomic challenges adequately

covering all nodal areas of risk while minimizing heart and lung radiation dose.

Unlike conventional photon-based radiation, proton therapy harnesses a charged particle beam's unique physical properties that deposit relatively low doses as it traverses the body to reach the treatment target. Once a proton beam reaches the treatment target near its range, its maximal dose is deposited, and any residual exit dose is eliminated. This is advantageous when the organs at risk are near the treatment target, such as maximally sparing the heart when treating the breast tissue.

In a landmark study published in 2013 in the New

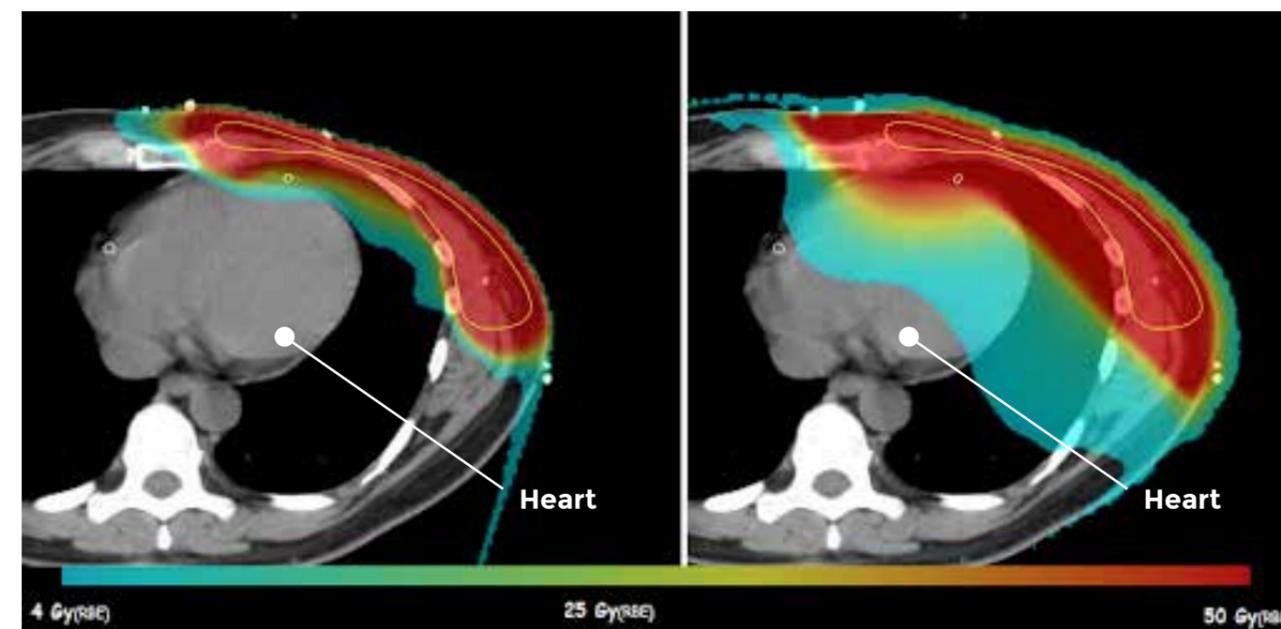


Figure 1. The Proton radiation plan (left panel) shows a much lower dose delivered to the heart and lungs than a comparable photon-based radiation plan (right panel).

England Journal of Medicine, Darby et al. demonstrated that mean heart dose was directly associated with major coronary events such as myocardial infarction, coronary revascularization, or death from ischemic heart disease in patients who received radiation for breast cancer<sup>3</sup>.

The relative risk of major coronary events increased by 7.4% per Gy in the mean dose delivered to the whole heart, and the average mean heart dose seen in that study was 4.9 Gy. On the other hand, Proton therapy can typically achieve mean heart doses of <1 Gy (Figure 1). These promising comparisons have led to multi-institutional

randomized clinical trials such as the RADCOMP trial<sup>4</sup> (available at ProCure NJ), comparing proton versus photon breast and comprehensive nodal radiation with the primary outcome of examining 10-year major coronary event rates.

Modern-day radiation for breast cancer has evolved to decrease cardiac dose and the attendant risks of cardiac toxicity. Proton therapy and its unique physical and dosimetric properties represent the next step in that evolution. It will serve as a powerful modality for many patients to sustain breast cancer's historically high cure rates while

minimizing unnecessary radiation doses.

### References:

1. Whelan, Timothy J.; et al. Regional Nodal Irradiation in Early-Stage Breast Cancer. *The New England Journal of Medicine*. 2015;(373): 307-316.
2. Poortmans, Philip M.; et al. Internal Mammary and Medial Supraclavicular Irradiation in Breast Cancer. *The New England Journal of Medicine*. 2015;(373): 317-327.
3. Darby, Sarah C.; Ewertz, Marianne; McGale, Paul; et al. Risk of Ischemic Heart Disease in Women after Radiotherapy for Breast Cancer. *The New England Journal of Medicine*. 2013;(104): 987-998.
4. <http://www.radcomp.org>

# 5 Common Skin Cancer Myths & The Facts

The importance of proper skin protection is widely known yet not often followed. Though many remember to wear sunscreen, limit sun exposure, and know the frequent risk sunburns may cause, there are still some uncertainties and assumptions regarding skin cancer. However, knowing what puts you at risk and how you can protect yourself from an unnecessary disease is essential this summer.

## 1 Your Skin Tone Matters.

There is a big misconception that those who tan easily, have dark skin tones, or don't burn have no risk for skin cancer. When it comes to tanning, activated melanin that gives you a tan is your body's attempt at protecting your skin from further damage and increases your chances of developing sun-related ailments.

As far as skin tone goes, though lighter skin does increase your chance of skin cancer, darker skin tones are not immune to this disease. Darker-skinned men and women may still develop and suffer from all forms of UV damage and often don't spot skin cancer until the later, more dangerous stages.

## 2 Skin Cancer Isn't Dangerous.

Skin cancer is treatable when found early, and the most common ones, such as basal cell carcinoma and squamous cell carcinoma, are usually curable. Still, some skin cancers may lead to other issues like extensive tissue damage, disfigurement, and metastasizing to other areas of the body.

## 3 Sunscreen is Only For Summer.

Sunscreen should be part of your daily routine, and even though clouds or cold winter days might have you skipping your sunscreen, the rays are still strong enough to cause damage to your skin or eyes and increase your chance of skin cancer.

## 4 You Don't Have to Worry About Skin Cancer Until You're Older.

Though your risk for most cancers will be more significant as you age, skin cancer risks for young adults are rising and are among the most common forms of cancer for those aged 15 through 29. Skin checks should occur monthly, and sunscreen should be part of your daily routine.

## 5 All SPF's are The Same.

Though UVB rays cause most sunburns, UVA rays, which also reach the earth's surface and penetrate more deeply into the skin, contribute to skin cancer. To get the best and most proper protection, you'll want to choose an SPF sunscreen that has broad-spectrum coverage protecting against both UVA and UVB rays. Always remember to reapply every two hours.



## Prostate SBRT in 5 Fractions

Stereotactic Body Radiotherapy (SBRT) is an emerging treatment modality with excellent control rates for low and intermediate-risk prostate cancer. It is a precise, high-dose form of radiation therapy that allows physicians to treat cancer in just one to five treatments. Rather than multiple doses over many weeks required in conventional radiation, the treatment is well-tolerated, typically lasting about 20 minutes. It can be completed in less than two weeks, with two to three treatments each week.

Prostate SBRT is a potential treatment option for patients with low-risk prostate cancer with a Gleason score of 6 and PSA of 10/mg/mL, or for select patients with an intermediate-risk Gleason score of 7, an affliction confined to the prostate, or for men with a PSA (Prostate-Specific Antigen) reading of less than 10 ng/mL.

The process involves inserting a hydrogel, a device that separates the prostate and the rectum to prevent radiation exposure, and a fiducial marker that marks the treatment area. Astera patients benefit from this treatment because it is completed in an outpatient setting, eliminating the need for patients to travel to large hospitals.

While all Astera Radiation Oncology sites can perform SBRT procedures, most patients have SBRT completed at the Monroe office, which features the latest cancer-fighting technology and local, top-rated physicians.

The role of SBRT for high-risk diseases, however, is less studied. For example, the standard treatment (RT) for high-risk prostate cancer entails 8-9 weeks of daily RT with long-term androgen deprivation therapy (ADT). Compared to this, SBRT is completed in 5 sessions and offers convenience, low toxicity, and equivalent biochemical disease control rates as standard RT in the low- and intermediate-risk setting.

Five-treatment SBRT appears to be a safe and effective treatment for high-risk prostate carcinoma, with a median 84-month follow-up. The addition of pelvic radiation or ADT does not confer any bDFS benefit with this modality. Our data suggest that SBRT alone may be the optimal approach. SBRT may be a promising treatment alternative to discuss, particularly for patients unable to undergo ADT or unwilling to receive standard 8-9 week RT. Prospective studies are required to corroborate our results.



True Beam - Linear Accelerator at our Monroe location



Jennifer Matkowsky, MA

## Renaissance Faires & Patient Care: Best of Both Worlds

Can you imagine sitting at the court of King Arthur or fighting alongside Robin Hood and his merry men? How about fighting The Three Musketeers or playing croquet with Queen Elizabeth? Jennifer Matkowsky, a Medical Assistant at Astera Cancer Care, has done all of this. Since 2008, Jennifer has performed at the Wrightstown Village Renaissance Faire in Bucks County, Pennsylvania. "I enjoy bringing the stories I grew up with to life for a new generation," she said.

Jennifer is a proud member of Period Productions, LLC. In her first performance, she played an absent-minded pirate in the New Jersey Renaissance Kingdom. Jennifer has had the privilege of working both onstage and backstage for the show. "I have acted, been a fighter, sung with the wenches, assistant stage-managed, and gathered props and costumes," she explained. "I was always running around the faire grounds going to my next show, moving set pieces, or gathering actors." Period Productions worked alongside the Village Library of Wrightstown to produce one of its largest annual undertakings, a Renaissance Festival. Between a variety of remembered sensations: the multi-layered costumes, the feeling of a sword in her hand, interacting with the audience, and the echoing of the crowd, it's not difficult to see why Jennifer is enamored with the historical era.

"We would spend every Saturday all summer long rehearsing for the Faire. We try to practice in as much of our costumes and armor as possible," she said. "This is because when you choreograph a fight, especially as a lady, you will move differently in a skirt versus pants. Safety is also important to us. The weapons are not sharp, but you can still get hurt if you are not concentrating." Her first major fight was against a knight with a broom. Besides her sword, she has also used a loaf of bread and a serving tray.

The Renaissance Faire has brought literature to life with over 70 costumed performers, five entertainment stages, period-themed games, an armored joust, and a 16' tall trebuchet that launches several times every day to thousands of people each year in September. "It's a great feeling to hear the crowd get into the storyline," she said. "The great thing about live theater is that the actors and audience can get lost into the storyline together."

Jennifer is continuously learning from other people. "I've had some great sword fighting and acting coaches, and everyone is always happy to give advice and help each other out," she said. "When you first start, you are almost like an apprentice in the medieval time. You learn from the masters or more experienced performers, and when they step down, the apprentices take over and train the next generation of fighters."

# Renaissance Faires & Patient Care: Best of Both Worlds

(continued)

When Jennifer isn't providing Medieval, Renaissance, and pirate-themed entertainment, she's helping her patients in the East Brunswick office. "I try to get their mind off what they're going through," she said. "I'll do anything to make them smile. I have found that if you open yourself up to your patients, you can get back so much in return. So many of these patients have become my friends."

Jennifer joined the Astera family 16 years ago, working as a receptionist while finishing her Medical Assistant program. "Several years ago, I was given the opportunity to work on the clinical side in the lab," she said. "I loved learning how the lab runs on a daily basis." She was also able to get to know the patients on a more personal level.



Because of the pandemic, the library has chosen not to continue the Renaissance Faire. "It was heartbreaking to hear the news because I imagined my daughter running around the field with me when she was older," Jennifer said. "We still practice as a group a couple of times during the year, so we do not get rusty. Period Productions have done educational talks for schools, libraries, and even dinner theater, so now we just have to wait until things calm down and people start gathering again."

During Jennifer's first faire season, a friend told her that she would have her family, friends, work-family, and then gain a faire family. "My faire family, as well as my work family, have been there for me in good times and in bad," she said. "I am so lucky to have a hobby and a job that I love." So now she has the best of both worlds.

# Meet the Social Work Team!

## Relationship Between Health & Mental Health

We all know the impact of physical health on emotional well-being. Did you know that your mood can also affect your health? For example, sleep patterns. If you experience any difficulty with sleep onset or staying asleep, you may find yourself becoming more anxious at night (perhaps anticipating lack of sleep, ruminating about the day past, feeling regret or disappointment in life decisions or experiences, etc.); the anxiety then propels further sleeplessness. Insomnia can subsequently cause high blood pressure, heart disease, poor physical health, diabetes, obesity, weakened immune system and lower sex drive.

## Here are some helpful tips you can prioritize at home to reset your mind and improve mood:

- Exercise regularly
- Eat a proper diet
- Avoid alcohol and drugs
- Eliminate smoking
- Get adequate sleep
- Try relaxation techniques
- Remove additional or unnecessary stressors
- Seek help from others



**Neshama Marcus, LMSW**  
Director of Social Work



**Concetta Nono, LCSW**  
Clinical Social Worker

## Mental Health Services @ Astera Cancer Care

For some patients, making small changes like these is easy. Others require professional support. Astera Cancer Care has expanded our services to provide individual and family psychotherapy to help improve mood, reduce anxiety, increase self-care, and address any barriers that impede you from feeling your best.

### How It Works:

- **Insurance:** Worried about insurance coverage? Check with your insurance carrier if psychotherapy is included in your plan. Psychotherapy visits will be billed the same as your provider visits - you will be responsible for the copay; your insurance covers the service if psychotherapy is included in your insurance plan.
- **Duration:** You will meet with your designated clinician for 10 weeks (minimum). At that time, you and your Clinical Social Worker will review psychotherapy treatment goals and progress to date.
- **Time Slot:** Individual psychotherapy sessions are 1/2 hour. Family sessions are 1 hour.
- **Consistency:** Psychotherapy is most helpful when you meet consistently. Your designated Clinical Social Worker will work with you to schedule a weekly time slot that works for you to ensure consistency. If you find that the mutually-agreed upon schedule is not working, let your Clinical Social Worker know! We are here for you.
- **Locations:** As with all medical appointments, telehealth option is available during the COVID-19 pandemic. Your Clinical Social Worker will also have dedicated days and times at each location for your convenience. If you prefer, we can aim to wrap your psychotherapy sessions around your existing office visits.

If you would like more information on our psychotherapy services, please contact Neshama Marcus, Director of Social Work, at **732-853-1038** or **social.work@asterahealthcare.org**.

Patient

# Support Groups & Educational Programs

## Wellness Programs

### Meditation & Light Stretching:

Tuesday, October 11th | 6:00pm-6:30pm

## Compass Programs

### Navigating Cancer:

A How-To Guide for Partners & Spouses

Monday, August 29th | 10:00am-11:00am

### Cancer & Sexuality:

Understand how cancer has affected your sexual functioning and what you can do about it.

Monday, October 17th | 10:00am-11:00am

### Understanding Options: Palliative Medicine & Hospice

A How-To Guide for Partners & Spouses

Monday, December 12th | 10:00am-11:00am

## Cancer Care Support Groups

### Cancer Support Group for Family Members & Caregivers

Thursdays: August 4th-October 6th | 2:30pm-4:00pm

### Young Adult (Cancer) Support Group

Wednesdays: September 7th-November 9th | 6:00pm-7:30pm

### Gastrointestinal (GI) Cancers Support Group

Mondays: September 12th-November 21st | 5:00pm-6:30pm  
(No session September 26)

### Lung Cancer Support Group

Tuesdays: September 13th-November 15th | 1:00pm-2:30pm

### Non-Malignant Hematology Support Group

Thursdays: September 15th-November 17th | 10:30am-12:00pm

### Bereavement Support Group

Mondays: October 24th-December 12th | 1:30pm-3:00pm

# We Provide Precertification and Financial Counseling Services at Astera Cancer Care

## Why it's important:

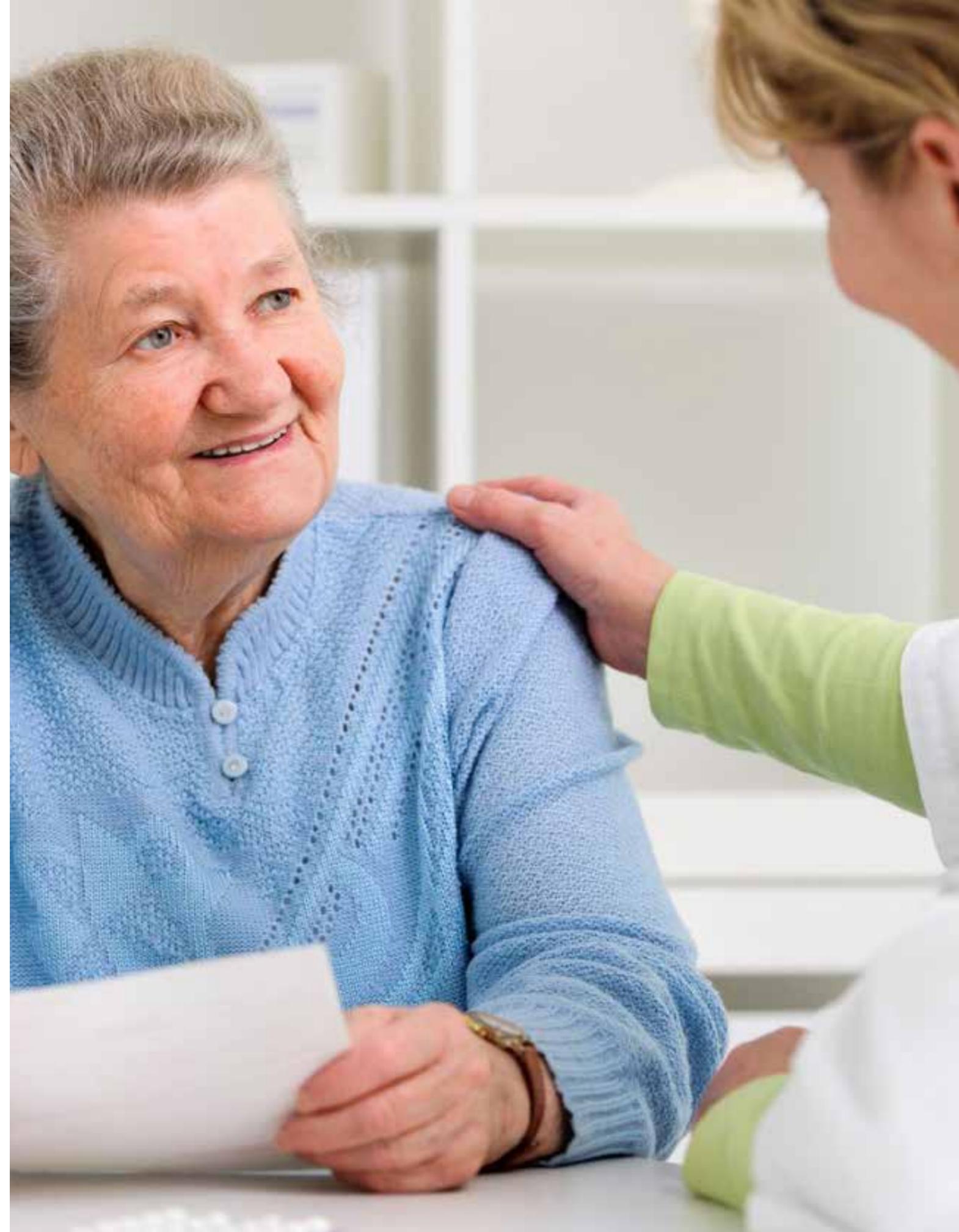
We provide Financial Counseling services in advance for patients having procedures or therapy, helping patients navigate a difficult time by providing guidance and financial support.

## How Astera helps provide these services:

Astera's Pre-Certification and Financial Counseling team reviews patients set up for surgeries and/or treatments on an ongoing basis. During that review, we confirm insurance eligibility, including possible out-of-pocket expenses, obtain precertification, if required, and contact the patient with the outcome. If needed, we may help obtain additional financial assistance.

The Astera team conducts eligibility verification and precertification. This process can take time, and some carriers take longer than others. The team will do whatever possible to expedite processing, but the insurance companies mainly control this. In addition, the team will contact patients directly to discuss the patient's responsibility for the surgery or course of treatment.

Part of this discussion will be to arrange the patient's ability to meet financial obligations. If a patient cannot meet the financial obligations, the Financial Counselors will present options for patients with financial difficulties. These can include drug copay assistance programs and various foundations which can help with patient cost shares. These funding programs will require applications to be completed by the patient, and they will need a patient's financial documentation. These applications can take some time, so patients must complete their portions of this process to avoid holding up treatment. However, once processed and approved, these alternate funding sources can be a great source of support for patients who may have otherwise decided against treatment due to the cost burden.



# Locations

## Medical Oncology

### Bayonne

631 Broadway - Suite 2F, Bayonne, NJ 07002

### Bridgewater

1200 US Highway 22 East - 3rd Floor, Bridgewater, NJ 08807

### East Brunswick

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

### Edison

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

### Jersey City

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

### Monroe Township

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

### Robbinsville

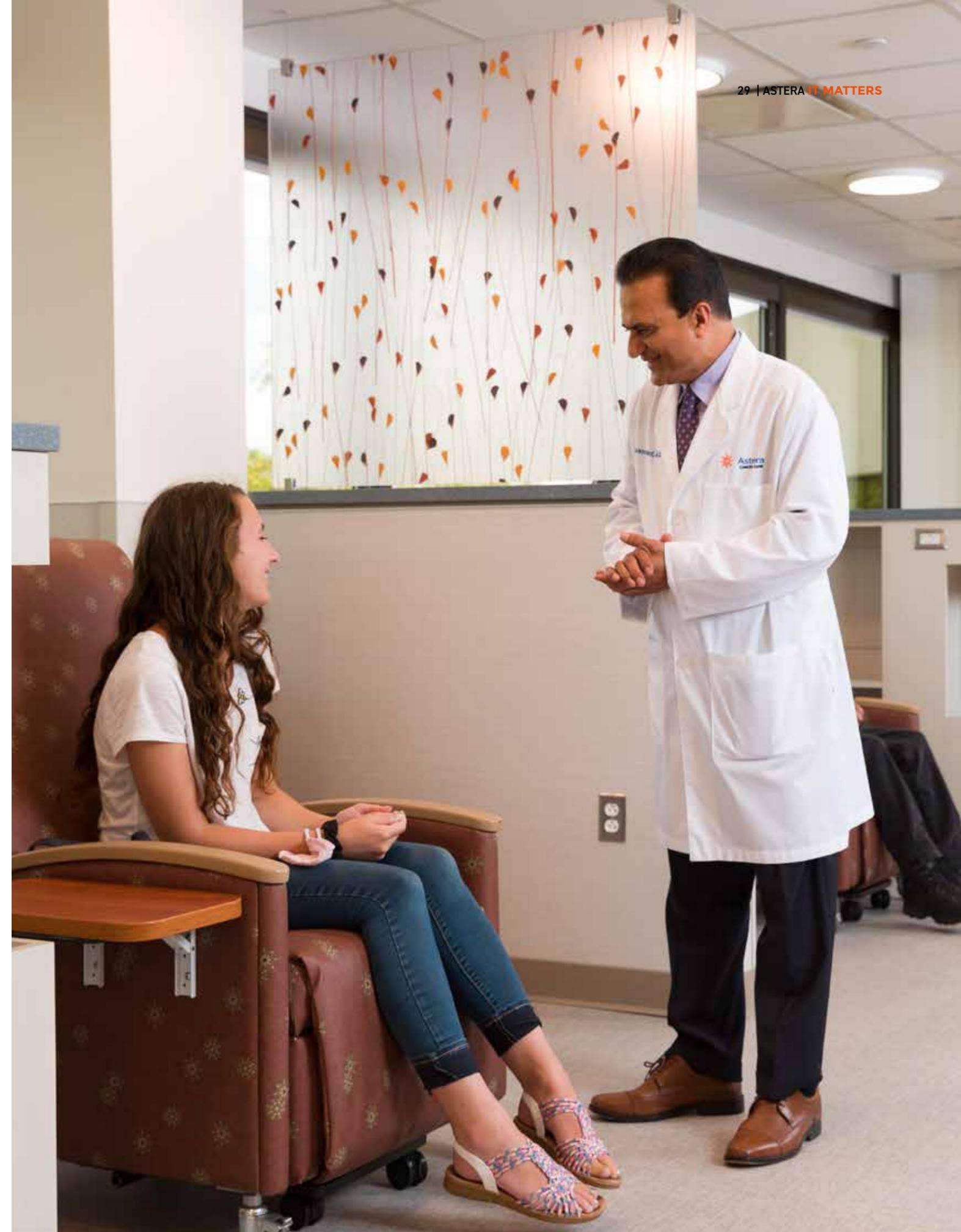
1 Union Street - Suite 205, Robbinsville, NJ 08691

### Rutherford

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

### Somerset

75 Veronica Avenue - Suite 201, Somerset, NJ 08873



# Locations

## Radiation Oncology

### Darby

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

### 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

### Langhorne

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

### Monroe Township

9 Centre Drive - Suite 115, Monroe Township, NJ 08831

### Plainsboro

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

### Somerset

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

# Locations

## Breast Surgery

### 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





Brian Canavan, DO

# 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](mailto:dorothy.ballweg@asterahealthcare.org).

