



Managing Melanoma and Skin Cancer at Northside Hospital Cancer Institute

As the summer sun shines brightly, and we are all enjoying the outdoors, it is important to be mindful of sun protection and the increased risk of skin cancer. The Northside Hospital Cancer Institute Melanoma & Skin Cancer Program brings together a team of highly specialized experts to provide outstanding care for individuals battling melanoma and skin cancer.

The program's multidisciplinary team consists of leading experts in various specialties, including surgical oncology, medical oncology, radiation oncology, dermatology, pathology, dermatopathology, radiology, reconstructive surgery and genetics. This diverse group of specialists work together to share their expertise and insights at every stage of the treatment process. By combining their knowledge and skills, they are able to develop comprehensive, personalized treatment plans that address each patient's unique needs.

In addition to clinical expertise, the Northside Hospital Cancer Institute Melanoma & Skin Cancer Program is proud to offer an extensive range of clinical research. As part of its commitment to advancing cancer care, this program provides patients with opportunities to participate in National Cancer Institute, pharmaceutical and industry-sponsored clinical trials. This access to groundbreaking research ensures that these patients receive the most innovative and promising treatments available today.

Dr. Nicole Kounalakis serves as the medical director of the Northside Hospital Cancer Institute Melanoma & Skin Cancer Program. Dr. Kounalakis brings a wealth of experience and knowledge to the team and is dedicated to providing exceptional care to every patient. If you would like to learn more about the program, please visit northside.com/services/cancer-institute/cancer-programs/melanoma-skin-cancer-program.



"In the past 10 years, there have been many treatment advances for melanoma and other skin cancers that have improved our patients' quality of life in addition to their survival. Despite this progress, prevention and early detection are still our most effective tools. Promote sun protection and skin surveillance for your patients at high risk for skin cancer even while they are being treated for another malignancy. With this education, they can safely enjoy the beautiful outdoors in Georgia!"

Nicole Kounalakis, MD

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IN THE NEWS: Update for Clinicians

American Society of Clinical Oncology (ASCO) 2023 Highlights



CAR-T Cell Therapy for Multiple Myeloma in Early Relapse

CARTITUDE-4 Shows Benefit of Ciltacabtagene Autoleucel (cilta-cel) in Lenalidomide-Refractory Multiple Myeloma After 1-3 Prior Lines of Therapy

By Melhem M. Solh, MD

CARTITUDE-4 is a phase III trial that evaluated ciltacabtagene autoleucel (cilta-cel), a dual-binding, B cell maturation antigen (BCMA)-targeting CAR-T cell therapy, versus standard of care (SOC) in 419 patients with lenalidomide-refractory multiple myeloma after first relapse. First results from CARTITUDE-4 were presented at the 2023 ASCO Annual Meeting.

The primary endpoint was met: cilta-cel reduced the risk of progression/death by 74% (HR 0.26, $P < 0.0001$). Cilta-cel also significantly improved overall response rate compared with SOC (85% versus 67%). In the cilta-cel arm, 97% of

patients experienced Grade 3/4 adverse events versus 94% in the SOC arm, including cytopenias (94% versus 86%) and infections (27% versus 25%). In the cilta-cel and SOC arms, respectively, 39 and 46 patients died (14 and 30 due to progressive disease, respectively).

Based on these findings, cilta-cel could serve as a potential treatment option for patients with lenalidomide-refractory multiple myeloma after 1-3 lines of therapy. Cilta-cel is also currently being investigated as frontline therapy in the CARTITUDE-5 and CARTITUDE-6 trials.

Reference: Dhakal B, et al. *J Clin Oncol*. 2023;41(suppl 17; abstr LBA106).

CAR-T Cell Therapy Improves Overall Survival in Second Line Treatment of Large B Cell Lymphoma

Axicabtagene ciloleucel (axi-cel) Demonstrates Improved Overall Survival in ZUMA-7

By Melhem M. Solh, MD

The phase III ZUMA-7 trial evaluated axi-cel versus standard of care (SOC) in patients with large B-cell lymphoma who were refractory to or had relapsed no more than 12 months after first-line chemoimmunotherapy. Axi-cel was superior to SOC as second-line therapy in 359 patients with early relapsed or refractory large B-cell lymphoma. Results from the primary overall survival (OS) analysis of ZUMA-7 were presented at the 2023 ASCO Annual Meeting.

At a median follow up of 47.2 months, axi-cel demonstrated a significant improvement in 4-year OS rates over SOC

(54.6% versus 46.05%, $p = 0.0168$). Moreover, OS benefit with axi-cel versus SOC was consistent in prespecified subgroups, including age ≥ 65 years, primary refractory, early relapse, high-grade B-cell lymphoma, and high second-line-adjusted International Prognostic Index score. The safety profile of axi-cel was consistent with prior studies.

Based on these improved overall survival results, Axi-cel could serve as a second-line therapy option for patients with early relapsed or refractory large B-cell lymphoma.

Reference: Westin J, et al. *J Clin Oncol*. 2023;41(suppl 17; abstr LBA107).



Pembrolizumab as Perioperative Therapy Improves Outcomes in Patients With Early-Stage Non-Small Cell Lung Cancer

By Ioana Bonta, MD

Immune checkpoint inhibitors are standard of care for patients with advanced non-small cell lung cancer (NSCLC) and maintenance stage IIB-III A NSCLC. Recent data show immunotherapy also has benefit in the perioperative setting. Results of the phase III KEYNOTE-671 trial, presented at the 2023 ASCO Annual Meeting and concurrently published in the *New England Journal of Medicine*, support the addition of PD-1 inhibitor pembrolizumab to chemotherapy in the perioperative setting for patients with stage III NSCLC.^{1,2} Seven hundred ninety-seven patients with

early-stage NSCLC were randomized to receive neoadjuvant pembrolizumab or placebo each in combination with cisplatin-based chemotherapy, followed by surgery and adjuvant pembrolizumab or placebo.

Event-free survival (a dual primary endpoint with overall survival) was significantly prolonged in the pembrolizumab + chemotherapy group compared with the placebo + chemotherapy group (not reached versus 17 months). Also, it was very encouraging to see major pathological

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IN THE NEWS: Update for Clinicians

American Society of Clinical Oncology (ASCO) 2023 Highlights *(continued)*

Pembrolizumab as Perioperative Therapy Improves Outcomes in Patients With Early-Stage Non-Small Cell Lung Cancer *(continued from page 2)*

responses and pathological complete response rates were also significantly improved in the pembrolizumab + chemotherapy group. A major pathological response occurred in 30.2% of the participants in the pembrolizumab group and in 11.0% of those in the placebo group ($p=0.0001$), and a pathological complete response occurred in 18.1% and 4.0%, respectively ($p=0.0001$).

The safety profile of pembrolizumab was as expected. Though overall survival data are immature, these findings demonstrate clinically meaningful improvements in patient outcomes with perioperative pembrolizumab.

References:

1. Wakelee HA, et al. *J Clin Oncol*. 2023;41 (suppl 17; abstr LBA100).
2. Wakelee HA, et al. *N Engl J Med*. 2023. doi: 10.1056/NEJMoa2302983.

Pembrolizumab Plus Chemotherapy Fail to Show Efficacy Benefit in Tyrosine Kinase Inhibitor (TKI)-Resistant, EGFR-Mutated, Metastatic Nonsquamous Non-Small Cell Lung Cancer (NSCLC)

By Ioana Bonta, MD

Results of the final analysis of the phase III KEYNOTE-789 study were presented at the 2023 ASCO Annual Meeting. KEYNOTE-789 evaluated pemetrexed and platinum-based chemotherapy with or without pembrolizumab as subsequent therapy in 492 patients with TKI-resistant, EGFR-mutant, metastatic nonsquamous NSCLC.

At the December 2021 data cutoff for the second interim analysis, median progression-free survival (PFS) was 5.6 months for pembrolizumab + chemotherapy versus 5.5 months for placebo + chemotherapy. At the January 2023 data cutoff for the full analysis, median overall survival (OS) was 15.9 months for pembrolizumab + chemotherapy versus 14.7 months for placebo + chemotherapy. While the hazard ratio of 0.84 favored pembrolizumab + chemotherapy, it did not reach statistical significance. Grade 3 or higher

treatment-related adverse events were more common in the pembrolizumab arm (43.7% versus 38.6%).

The study also demonstrated a trend toward greater benefit with pembrolizumab in the subset of patients with PD-L1 tumor proportion score $\geq 1\%$, but this also did not meet statistical significance.

Based on these results, the addition of pembrolizumab to chemotherapy does not provide any added benefit in patients with TKI-resistant, EGFR-mutant metastatic nonsquamous NSCLC. However, the researchers hope to further study whether there is a greater benefit with chemoimmunotherapy in patients with higher PD-L1 expression.

Reference: Yang JCH, et al. *J Clin Oncol*. 2023; 41(suppl 17; abstr LBA9000).



More Frequent Surveillance is Needed to Manage Abemaciclib and Endocrine Therapy in Elderly Patients With Breast Cancer

By Amelia Zelnak, MD

Adjuvant abemaciclib combined with endocrine therapy (ET) demonstrated sustained benefit in invasive disease-free survival (IDFS) and a tolerable safety profile in patients with hormone receptor-positive (HR+), human epidermal growth factor negative (HER2-), high-risk early breast cancer. Patients randomized to receive ET with or without 2 years of abemaciclib had a 34% reduction in risk of recurrence that persisted and deepened after completing abemaciclib. The analysis of safety and efficacy by age group of the phase III monarchE trial was presented at the 2023 ASCO Annual Meeting to help guide the treatment of older patients with high-risk breast cancer receiving abemaciclib.

The trial enrolled 5637 patients, and 850 patients were ≥ 65 years old. The same magnitude of benefit in IDFS was observed in both age groups for ET + abemaciclib compared with ET alone. Serious adverse events, dose reductions and treatment discontinuations due to adverse events were more common in the older age group, but a manageable safety profile was demonstrated overall. Of note, the benefit of abemaciclib was maintained among patients who had dose modifications. These findings underscore the need for more frequent monitoring with early intervention in elderly patients with HR+, HER2- breast cancer who are receiving the combination of abemaciclib and ET.

Reference: Hamilton EP, et al. *J Clin Oncol*. 2023;41 (suppl 16; abstr 501).

IN THE NEWS: Update for Clinicians

American Society of Clinical Oncology (ASCO) 2023 Highlights *(continued)*

DUO-O Trial Shows Survival Benefit of Triplet Regimen in Women With Advanced Ovarian Cancer

Olaparib maintenance therapy improves outcomes in patients with BRCA-mutated advanced ovarian cancer as well as in combination with bevacizumab in patients with homologous recombination deficient disease (HRD+). It remains uncertain whether combining an immune checkpoint inhibitor with an antiangiogenic agent and a PARP inhibitor may enhance antitumor effect in patients with advanced ovarian cancer without a BRCA mutation. The phase III DUO-O trial, presented at the ASCO 2023 Annual Meeting, evaluated checkpoint inhibitor durvalumab (durva) with paclitaxel/carboplatin (PC) and bevacizumab (bev), followed by maintenance durva, bev, and PARP inhibitor olaparib (ola) in patients with non-BRCA mutated newly diagnosed advanced ovarian cancer.

In total, 1130 patients were randomized to three arms—Arm 1: PC + bev followed by maintenance bev;; Arm 2: PC + bev + durva followed by maintenance bev + durva;; Arm 3: PC + bev + durva followed by maintenance bev + durva + ola. A significant improvement in progression-free survival (PFS) was observed in Arm 3 in the HRD+ and intent-to-treat populations, and a consistent PFS effect was observed in the non-HRD+ subgroup. Additionally, safety in Arm 3 was generally consistent with the known profiles of each agent. Results of this trial suggest maintenance triplet therapy may achieve synergistic antitumor effects regardless of BRCA mutation status and represents an adequate first-line treatment option for patients with advanced ovarian cancer.

Reference: Harter P, et al. *J Clin Oncol.* 2023;41 (suppl 17; abstr LBA5506).



Expert Commentary

By Guilherme Cantuaria, MD

The preliminary analysis of this exciting study in newly diagnosed advanced ovarian cancer shows a significantly better PFS with the triplet maintenance therapy than with bevacizumab monotherapy. The effect was consistent in all clinical subgroups, including in patients who are HRD negative. DUO-O trial demonstrates for

the first time a clinical benefit among the HRD-negative patients who are historically challenging to treat. The benefit of adding durvalumab to the doublet olaparib/bevacizumab in the HRD-positive population is less clear since the PAOLA-1 trial found a survival benefit of maintenance olaparib/bevacizumab versus bevacizumab monotherapy in this population.

Adding Pembrolizumab to Chemotherapy Improves Outcomes in Patients With Advanced or Recurrent Endometrial Cancer

The phase III NRG-GY018 trial sought to determine whether adding PD-1 inhibitor pembrolizumab to standard chemotherapy would improve outcomes in patients with advanced or recurrent endometrial cancer.¹ Patients were analyzed in two independent cohorts based on molecular classification, including mismatch repair deficient (dMMR) and mismatch repair proficient (pMMR).

Eight hundred and sixteen patients were randomized to receive pembrolizumab or placebo along with first-line chemotherapy (paclitaxel + carboplatin). Twelve-month

progression-free survival (PFS) rates in the dMMR cohort (n=225) were significantly improved in the pembrolizumab versus placebo group (74% versus 38%). Similarly, median PFS in the pMMR cohort (n=591) was significantly improved in the pembrolizumab group versus the placebo group (13.1 months versus 8.7 months). Adverse events were as expected for pembrolizumab and combination chemotherapy. These data suggest that incorporating immunotherapy into the first-line treatment of patients with advanced or recurrent endometrial cancer leads to improved outcomes, regardless of MMR status.

Expert Commentary

By Guilherme Cantuaria, MD

Standard first-line chemotherapy for endometrial cancer has been paclitaxel plus carboplatin until these two ground-breaking, practice-changing trials were presented at the SGO and ASCO meetings, and published in the *New England Journal of Medicine*, earlier this year.¹ The new standard of care now includes an immune checkpoint inhibitor added to the chemotherapy backbone and continues with immunotherapy as maintenance. NRG-GY018, which used pembrolizumab, showed an impressive 70% reduction in the risk of disease progression or death in patients with MMR deficient tumors and 46% in the MMR proficient cohort. The RUBY study, which used dostarlimab

instead, showed very similar results in the dMMR cohort.² One interesting thing to note is that dostarlimab maintenance was given for up to three years and pembrolizumab for around two years, and yet the progression-free survival curves went flat at around one year in the dMMR. This suggests that one may not need to continue maintenance immunotherapy for longer than that first year in this subgroup.

References:

1. Eskander RN, et al. *N Engl J Med.* 2023;388:2159-2170.
2. Mirza MR, et al. *N Engl J Med.* 2023;388:2145-2158.

IN THE NEWS: Update for Clinicians

Rise of Pancreatic Cancer in Young Women

A recent population time trend analysis conducted from 2001 to 2018 has confirmed the growing incidence of pancreatic cancer in young women in the United States. Based on age and sex-specific data from the National Program of Cancer Registries database, the analysis revealed a significant increase in age-adjusted incidence rates (aIRs) of pancreatic cancer among both women (average annual percentage change [AAPC] = 1.27%) and men (AAPC = 1.14%), without a notable difference between the genders.

The study further focused on analyzing different age groups and discovered a striking disparity in the rate of increase among younger adults. Specifically, women in this age range experienced a considerably higher surge in aIR (AAPC = 2.36%) compared to men (AAPC = 0.62%). These nonparallel

trends indicated a substantially higher rate of pancreatic cancer diagnoses in women. The analysis also identified several contributing factors to this disparity, including rising aIR in Black patients (AAPC = 2.23%), adenocarcinoma histology (AAPC = 0.89%), and tumors located in the head of the pancreas (AAPC = 1.64%). Interestingly, pancreatic cancer mortality rates remained unchanged in women while decreasing in men, highlighting a discrepancy in the impact of the disease on the respective genders.

These findings emphasize the urgency of further research to better understand the underlying factors contributing to the increased incidence of pancreatic cancer in young women and its implications for prevention and treatment strategies.

Reference: Abboud Y, et al. *Gastroenterology*. 2023;164:978-989.



Expert Commentary

By Malini D. Sur, MD

The rise of pancreatic cancer as well as other GI cancers in young patients is palpable in our clinical practice. Although the cause is likely multifactorial, young patients and their evaluating providers may potentially under-recognize symptoms as early signs of malignancy. Basic diagnostic tests, such as labs and ultrasound, can easily miss rare neoplasms. Nonspecific, refractory abdominal pain, weight loss, poor appetite or nausea should be thoroughly evaluated with contrast enhanced imaging. Family history can be informative to identify patients at particularly high risk but is usually negative.

It is critical that all patients with a new diagnosis of pancreatic cancer be evaluated in a comprehensive, multidisciplinary fashion by an experienced team including the surgeon, medical oncologist, radiation oncologist, radiologist, pathologist, dietitian and genetic counselor. At the Atlanta Liver and Pancreas Surgical Specialists, we are privileged to be able to help patients understand their surgical options as well as other treatments upon initial diagnosis, and to care for many of them before and after their major pancreatic cancer surgery.



Enhancing Accessibility to Hematopoietic Cell Transplantation: Breaking Barriers for Better Patient Outcomes

By Asad Bashey, MD, PhD

Hematopoietic cell transplantation (HCT) remains the most effective consolidation therapy for patients with acute leukemia as well as patients with myelodysplastic syndrome (MDS), with a non-favorable risk profile for disease relapse. However, prior studies have demonstrated that only a small proportion of patients who may benefit from HCT undergo the procedure. Barriers to HCT may be overcome by the recent use of expanded donor sources, newer and more effective therapeutic regimens to achieve complete remission, and initial therapy performed at an institution where HCT services, including donor search and preparation for the social and financial burden of HCT, are integrated into the treatment program. At the Blood and Bone Marrow Transplant program at Northside Hospital, leukemia treatment and HCT are performed by the same physicians within a highly integrated program; partially-HLA matched (HLA-haploidentical) related donors (HID) have routinely been utilized for several years to expand donor options. The physicians from this program assessed whether this approach could improve upon the historically

low proportion of patients who access HCT. The aim of this study was to determine the proportion of patients receiving initial treatment for non-favorable-risk leukemia and MDS within the program who successfully proceeded to planned HCT and the barriers cited for patients who failed to proceed to HCT despite this approach.

During the study period, 256 consecutive patients received initial therapy, and of those, 147 proceeded to HCT (57%), which was considerably higher than reported in multiple prior studies. Patients who proceeded to HCT within 6 months of initial treatment demonstrated significantly improved 3-year survival rates compared to patients who did not proceed to HCT within 6 months: 70% versus 52%. For the 109 patients who failed to proceed to HCT, older age and Black race were significantly associated with failure to proceed HCT. Subgroup analysis revealed that in older patients (≥ 60 years), comorbidities and poor performance status were more commonly reported as reasons for not proceeding to HCT, whereas lack of caregiver support

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IN THE NEWS: Update for Clinicians

Enhancing Accessibility to Hematopoietic Cell Transplantation: Breaking Barriers for Better Patient Outcomes

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was less common. For Black patients, lack of sufficient caregiver support and death during induction therapy were significantly more common as obstacles to HCT compared to White patients. With routine use of HID and closely integrated leukemia/MDS treatment and HCT services, a much higher proportion of patients proceed to HCT than

historically reported. However, there is a pressing need for targeted initiatives aimed at addressing caregiver shortages and facilitating faster access to leukemia care for minority patient groups.

Reference: Bashey A, et al. *Blood Adv.* 2023.
doi: 10.1182/bloodadvances.2023009765.



Final Results from the OsteoCool Tumor Ablation Post-Market (OPuS One) Study Demonstrates Pain and Quality of Life Improvements With Radiofrequency Ablation

By Jason Levy, MD

OPuS One was a prospective, multinational, single-arm study evaluating the safety and efficacy of radiofrequency ablation (RFA) for palliation of painful lytic bone metastases within twelve months of follow-up. This was the largest prospective ablation study evaluating ablation for bone metastases to date, and Northside led the study and publication.

Patients were evaluated for pain and quality of life prior to RFA and postoperatively. Worst pain, average pain, pain interference and quality of life significantly improved at all

visits starting three days post-RFA which is much faster than any other therapy reported. The results were independent of radiation use and sustained at twelve months. There were no fractures or neurologic events post procedure, which is quite impressive and rarely reported with other therapies. The updated results of this large study indicate that radiofrequency ablation treatment for bone metastases is safe and effective with rapid pain relief.

Reference: Levy J, et al. *Cardiovasc Intervent Radiol.* 2023;46:600-609.



Updated Breast Cancer Screening Recommendations

By Lynn Baxter, MD

In the past few months, two updated sets of breast cancer screening guidelines were published – one regarding screening for average risk women and one regarding screening for women at increased risk.^{1,2}

The average-risk screening update was published by the United States Preventative Services Task Force (USPSTF). This federal government-supported task force makes recommendations on many preventative health topics, including breast cancer screening. These breast cancer screening recommendations have previously been criticized by the breast cancer care community for suggesting that the benefit of saving lives from yearly mammograms is outweighed by the risk of having additional imaging or biopsy for a mammogram finding that does not turn out to be cancer. Lack of breast cancer experts on the recommendation panel also led to scrutiny from the breast cancer care community. The recent guidelines, which recommend mammograms every other year for women between the ages of 40 and 74, have been applauded as a step in the right direction from their previous guidelines, but are still not in step with the guidelines of the American College of Radiology (ACR) and the National Comprehensive Cancer Network (NCCN) – the scientific societies with recommendations created by panels of breast cancer experts that we use to guide our practice at Northside. These organizations recommend yearly mammograms for all women over the age of 40 – the screening schedule recognized as the one that will save the most lives. The ACR

and NCCN also note that some women who are at higher risk of breast cancer may need to start screening earlier and may need to have yearly MRI in addition to mammography.

The updated guidelines for screening women at increased risk come from the ACR. These guidelines emphasize the fact that some groups of women, especially African American and Ashkenazi Jewish women, are at increased risk of having breast cancer before routine screening would even start at age 40. Because of this, it is recommended that all women have a breast cancer risk analysis performed by age 25 so that those at increased risk can be identified and can start screening earlier. Women at increased risk are recommended to have yearly MRI beginning at age 25 and yearly mammograms plus MRI beginning at age 30.

As our knowledge of breast cancer continues to expand, we look forward to being able to further refine guidelines to individualize screening strategies for our patients. [Northside High Risk Cancer Program](#) is another available service for patients.

References:

1. US Preventive Services Task Force. Draft Recommendation: Breast Cancer Screening in Adults. Updated May 9, 2023. Accessed July 19, 2023. <https://uspreventiveservicestaskforce.org/uspstf/draft-recommendation/breast-cancer-screening-adults#fullrecommendationstart>.
2. American College of Radiology. New ACR Breast Cancer Screening Guidelines call for earlier and more-intensive screening for high-risk women. Updated May 3, 2023. Accessed July 19, 2023. <https://acr.org/Media-Center/ACR-News-Releases/2023/New-ACR-Breast-Cancer-Screening-Guidelines-call-for-earlier-screening-for-high-risk-women>.

IN THE NEWS: Update for Clinicians



New Approach to Cutaneous Squamous Cell Carcinoma: Neoadjuvant Cemiplimab

By Ioana Bonta, MD

One of the most common types of cancer is cutaneous squamous cell carcinoma (cSCC) with approximately one million people diagnosed in the United States every year. Most cSCC occur in areas of heavy sun exposure, including the face, neck and arms. For most patients, this skin cancer is easily treated by the dermatologist or primary care provider and does not require oncologist involvement. However, in rare situations this cancer can grow and spread aggressively, involving extensive parts of the skin and or the lymphatic nodes. The current standard of care for aggressive lesions is extensive surgical excision and/or radiation therapy, which can often be disfiguring and impair function.

A study published in the New England Journal of Medicine in October 2022 evaluated cemiplimab as neoadjuvant therapy in patients with resectable stage II, III, or IV cSCC.

In this phase II, multicenter, nonrandomized study, patients received two to four cycles of cemiplimab as neoadjuvant therapy. The primary endpoint was pathologic complete response (pCR), defined as the absence of viable tumor cells in the surgical specimen. Key secondary endpoints included pathological major response (presence of viable tumor in <10% of the surgical specimen). A total of 79 patients were enrolled and received cemiplimab, and 51% experienced a pCR and pathological major response in 13%. An objective response on imaging was observed in 68%. Grade ≥ 3 adverse events occurred in 18% of patients. The most common adverse events of any grade were fatigue (30.4%), rash (13.9%), diarrhea (13.9%) and nausea (13.9%). Four patients died; one death, an exacerbation of cardiac failure, was considered related to treatment. There were no new safety signals for this anti-PD-1 immunotherapy.

"This is changing the way we are treating selected patients with squamous cell carcinoma of the skin. It is very uplifting to see new treatment options being available for all patients every day." Ioana Bonta, MD



Peptide Receptor Radionuclide Therapy for Prostate Cancer Now Available at Northside Hospital Cancer Institute

By L. Crain Garrot, MD

On March 23, 2022, the Food and Drug Administration approved PLUVICTO™ (lutetium Lu 177 vipivotide tetraxetan) for the treatment of patients with prostate-specific membrane antigen (PSMA)-positive metastatic castration-resistant prostate cancer (mCRPC) who have been treated with androgen receptor pathway inhibition and taxane-based chemotherapy.

The efficacy of PLUVICTO was evaluated in the VISION trial (NCT03511664) that compared PLUVICTO plus best standard of care (BSoC; n=551) with BSoC alone (n=280) in men with progressive, PSMA-positive mCRPC. PLUVICTO was administered every 6 weeks for up to a total of 6 doses. The trial demonstrated statistically significant improvements in the primary endpoints of overall survival (OS) and radiographic progression-free survival. PLUVICTO plus BSoC demonstrated a 38% reduction in risk of death versus BSoC alone. Median OS was 15.3 months in the PLUVICTO plus BSoC arm and 11.3 months in the BSoC arm, respectively. Additionally, among 319 evaluable patients in

the PLUVICTO plus BSoC arm, the ORR was 30%, of which 6% achieved complete response and 24% achieved partial response. The most common adverse reactions ($\geq 20\%$) occurring in patients receiving PLUVICTO were fatigue, dry mouth, nausea, anemia, decreased appetite, and constipation. The most common laboratory abnormalities that worsened from baseline in $\geq 30\%$ of patients receiving PLUVICTO were myelosuppression, decreased calcium, and decreased sodium.

Northside Hospital is one of the few cancer care centers in Georgia to offer treatment with PLUVICTO. PLUVICTO is administered via intravenous infusion. Patients are given an initial treatment with four doses every six weeks with an additional two doses given for patients who respond. During treatment, patients will remain under care of their cancer care provider. PLUVICTO infusions will occur at the Northside Nuclear Medicine Department.

Reference: Sartor O, et al. *N Eng J Med.* 2021;385:1091-1103.



Congratulations to the Northside Hospital Breast Care Teams for receiving three-year full re-accreditation from the National Accreditation Program for Breast Cancers (NAPBC)!



Northside has recently been accredited as an Integrated Network Cancer Program by the American College of Surgeons Commission on Cancer.

Elevating the Patient Experience

Northside Hospital Cancer Institute Patient Education Conference

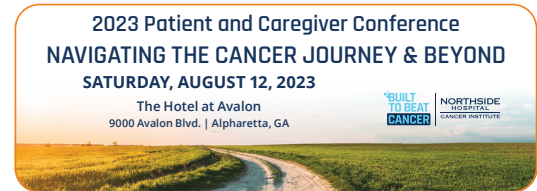
Northside Hospital Cancer Institute is hosting a Patient and Caregiver Conference on Saturday, August 12, 2023, from 9:00 a.m. to 3:00 p.m. at the Hotel at Avalon in Alpharetta. The conference, entitled "Navigating the Cancer Journey & Beyond," will feature three tracks that cover various topics: Patient (all stages) and Survivors, Caregivers and Thrivers.

Key presentations at this conference include:

- Communication
- Gut Health
- Genetics, Genomics & Research
- Psychology of Cancer
- Support for the Caregiver
- Integrative Medicine
- Thriver Stories

Presenters will include Northside-affiliated providers and external experts. The conference is free of charge, and lunch will be served. In addition to the educational presentations, attendees will have access to a community resource area and a meditation/restorative yoga room.

For additional details on the conference or to register, please visit web.cvent.com/event/05e7d928-22ea-42d4-9cf8-eb7e2762321c/summary.



Northside Hospital Cancer Institute Precision Oncology Program Updates

By Natalie Townsend

The NHCI Precision Oncology Program has recently worked to decrease delays in patient care by expediting molecular testing through our reflex testing protocols. These changes include a reflex testing protocol for comprehensive next-generation sequencing on glial malignancies which was initiated in April 2023. Upon pathologic diagnosis, the tissue is automatically sent out for testing to expedite both diagnosis and treatment planning. We intend to launch a second protocol for our patients with

non-small cell lung cancer later this summer that will include both single assay and comprehensive molecular testing based on a patient's clinical and/or pathologic stage.

Northside is committed to the enhancement of our precision oncology resources here at Northside Hospital. If you would like more information about our working groups or the Genomics Oncology Advisory Board, please email cancergenomics@northside.com

Northside Hospital and Atlanta Cancer Care Present Patient Safety Research at the Oncology Nursing Society Congress

Ashley Elder presented a poster entitled "National Patient Safety Goals: Delivery Matters," at the 2023 Oncology Nursing Society Congress in San Antonio in April. National patient safety goals are a primary focus for Joint Commission, and Atlanta Cancer Care continues to evolve and improve

on the delivery of these questions. This collaborative effort has led to increased quality of care for our patients. Way to go, Ashley and team for your great work on this initiative!

Around Our Campuses and Community

Robotic-Assisted Bronchoscopy Now Available at Northside Hospital Gwinnett

Northside Hospital Gwinnett is the latest Northside facility to offer robotic-assisted bronchoscopy for patients who have suspicious lung nodules requiring tissue biopsy. This new robotic technology is available through Northside Gwinnett's Lung Nodule Clinic, which opened in January 2022. For information about the Lung Nodule Clinic at Northside Hospital Gwinnett, please call 678.312.3316.



Around Our Campuses and Community

New Radiation Oncology Facility in South Fulton

Northside Hospital Cancer Institute Radiation Oncology – South Atlanta opened on June 12, 2023. With this latest addition, Northside Hospital now has twelve radiation oncology facilities. The South Atlanta office is located at 791 Oak Street, Atlanta, Georgia 30354. For more information, please visit northside.com/locations/northside-hospital-cancer-institute-radiation-oncology-south-atlanta or call 404.419.1830.



Northside Hospital offers a digital library of CME opportunities including various topics addressing cancer and cancer prevention. Please visit vimeo.com/northsidecme to view available CME recordings and receive CME credit for viewing and completing the online post-test.

The Georgia NCI Community Oncology Research Program (NCORP), led by Northside Hospital, joined the University of Rochester Research Base in the Spring of 2023. This membership will provide our patients expanded access to innovative cancer control, prevention and cancer care delivery research close to home.

The ViewRay MRIdian® MRI-guided radiation therapy system is now available at Northside Hospital Cancer Institute Radiation Oncology – Atlanta located at 1000 Johnson Ferry Road NE, Atlanta, GA 30342.

Provider Features



Dr. Chunzhi Xia is a board-certified medical oncologist and hematologist practicing at [Georgia Cancer Specialists – Cumming](https://gacancer.com/ourteam/chunzhi-xia-md-phd) as of August 1st. To learn more, visit gacancer.com/ourteam/chunzhi-xia-md-phd



Dr. Sarah Singh is a board-certified radiation oncologist practicing at [Northside Hospital Cancer Institute Radiation Oncology – Atlanta](https://nroc-ga.com/providers/sarah-singh) as of August 1st. To learn more, visit nroc-ga.com/providers/sarah-singh

Continuing Education and Community Events

CONTINUING EDUCATION

Oncology Education Oncology Lecture Series

- Occurs second Thursdays of each month from 12-1 p.m.
- For questions or more information, please contact Northside Hospital Department of Medical Education: medical.education@northside.com or 404.236.8419.



GASCO 2023 Annual Meeting & Best of ASCO®

- August 25-26, 2023 @ The Hotel at Avalon in Alpharetta
- gasco.us/meetings-registration.php?meetingid=1067



Northside Hospital Cancer Institute Brain Tumor Symposium

- September 23, 2023 from 8 a.m.-2 p.m. @ Grand Hyatt Atlanta in Buckhead
- web.cvent.com/event/1c40b9bc-7caa-4d2a-9842-4e6e4d25ecc1/regProcessStep1



Continuing Education and Community Events

NHCI Oncology Nursing Symposium –

Navigating the Map to Evidence-Based Oncology Nursing Practice

- October 14, 2023 from 7 a.m.-2:30 p.m. @ Grand Hyatt Atlanta in Buckhead
- tinyurl.com/nhcinursingsymposium2023



CANCER SCREENING & PREVENTION

Mobile Mammography Van – ScreenAtlanta

- August 14, 2023 @ Atlanta Cancer Care – Conyers
- To schedule an appointment or for additional information, call 404.531.4444

Skin Cancer Screenings

- October 24, 2023 @ Northside Hospital Cancer Institute Radiation Oncology – Atlanta from 6-8pm
northside.com/community-wellness/classes-events/details/7b40ebe0-ce13-4f77-8b6c-663bb7d19218

Prostate Cancer Screenings

- August 14, 2023 @ Atlanta Cancer Care – Conyers from 5:30-8pm
northside.com/community-wellness/classes-events/details/39b17f2b-d6e3-4904-866e-cdb82c63dd9b
- August 24, 2023 @ Northside Hospital Cancer Institute Radiation Oncology – Preston Ridge in Alpharetta from 5:30-8pm
northside.com/community-wellness/classes-events/details/b45f81ea-2379-4e53-8187-b04bd6526c6e
- September 7, 2023 @ Northside Hospital Cancer Support Center – Gwinnett in Lawrenceville from 5:30-8pm
northside.com/community-wellness/classes-events/details/49f56a1b-f01e-43fd-919a-5947b77f5fe2
- September 28, 2023 @ Northside Hospital Cancer Institute Radiation Oncology – Atlanta from 5:30-8pm
northside.com/community-wellness/classes-events/details/e92bf807-a7e3-4bae-b9b9-e8375ce5d32b

Built To Quit – Smoking and Tobacco Cessation Course

- Next six-week session start date: September 12, 2023
- Weekly classes include the American Lung Association Freedom from Smoking® curriculum.
- northside.com/community-wellness/built-to-quit



COMMUNITY EVENTS

NORTHSIDE HOSPITAL CANCER INSTITUTE SPONSORED CANCER WALKS/EVENTS

Team Maggie 5K/10K

- September 16, 2023 from 7:30 a.m.-10 a.m. @ the River at RCCG King's Court Chapel in Roswell
- runsignup.com/Race/Info/GA/Roswell/teammaggie5k10k



Georgia Ovarian Cancer Alliance Teal Trot 5K Walk & Run

- September 16, 2023 @ 9:30 a.m. @ Chastain Park in Atlanta
- gaovariancancer.org/programs/georgia-ovarian-cancer-alliance-teal-trot-5k-walk-run/
- Registration cost: Free for first 35 registrants with code "NSIDE".



Southeastern Brain Tumor Foundation Race For Research

- September 23, 2023 @ 7:15 a.m. @ Atlantic Station in Atlanta
- secure3.convio.net/sbtf/site/TR/Race/RaceWrapper?fr_id=1360&pg=entry



Leukemia & Lymphoma Society Light the Night

- October 7, 2023 at 5:30 p.m. @ Piedmont Park in Atlanta
- lightthenight.org/events/atlanta



Georgia 2-Day Walk for Breast Cancer

- October 7, 2023 @ 7 a.m. - October 8, 2023 @ noon, starts @ Atlanta Marriott Marquis
- itsthejourney.org



American Cancer Society Making Strides Against Breast Cancer of Atlanta

- October 14, 2023 from 9 a.m. to noon @ Mercedes-Benz Stadium in Atlanta
- secure.acsevents.org/site/STR?pg=entry&fr_id=105731



Continuing Education and Community Events

COMMUNITY EVENTS

2023 Atlanta Walk to End Colon Cancer

- October 21, 2023 @ 9:30 a.m. @ John C. Howell Park in Atlanta
- impact.ccalliance.org/event/2023-atlanta-walk-to-end-colon-cancer/e455909



Komen Georgia MORE THAN PINK Walk

- October 21, 2023 @ 8:30 a.m. @ Lenox Square in Atlanta
- secure.info-komen.org/site/TR;jsessionid=00000000.app30121b?fr_id=9880&pg=entry&NONCE_TOKEN=BBBEB8C8C606C2D99A7D318A05E93A4BF



LUNG FORCE Walk – Atlanta

- October 28, 2023 @ 9 a.m. @ Atlantic Station Green Space in Atlanta
- action.lung.org/site/TR/LUNGFORCE/ALASE_Southeast?pg=entry&fr_id=24651



Miles for Melanoma – Atlanta

- October 29, 2023 @ Brook Run Park in Atlanta
- melanoma.org/how-to-help/volunteer/events/miles-for-melanoma/



NORTHSIDE EVENTS

Tennis & Pickleball Against Breast Cancer

benefiting Northside Hospital's Breast Care Program at various locations

- October 6, 2023 in North Fulton/Gwinnett Cherokee
- October 13, 2023 in Forsyth
- October 20, 2023 in Cherokee
- October 27, 2023 in North Fulton
- give.northside.com/events/tabc/



Paint Gwinnett Pink 5K Walk/Run for Breast Cancer

- October 14, 2023 @ 9 a.m. @ Coolray Field in Lawrenceville
- support.paintgwinnettpink.com/site/TR?fr_id=1120&pg=entry



Wine Women & Shoes benefiting the Northside Hospital Cancer Institute

- November 18, 2023 @ 1 p.m. @ The Hotel at Avalon in Alpharetta
- winewomenandshoes.com/event/atlanta/



Click [here](#) to sign up to receive the Survivorship Newsletter in your inbox.

Click [here](#) to sign up to receive Cancer Care News in your inbox.

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CANCER INSTITUTE

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