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Northside Hospital Cancer Institute Hosts Second Annual Patient and Caregiver Conference

On Saturday, August 13, 2023, the Northside Hospital Cancer Institute hosted the second annual Patient and Caregiver Conference at the Hotel at Avalon in Alpharetta. The conference brought together close to 200 patients, caregivers and community resource representatives, providing helpful tips for navigating the cancer journey. Sessions were divided into three groups based on the stage of the cancer journey: "Patients" (all stages), "Caregivers" and "Thrivers." During each session, attendees had the opportunity to ask questions and learn more about a variety of topics, including nutrition, genetics and genomics, clinical research and the importance of communication during and after cancer treatment. Several Northside Hospital Cancer Institute providers volunteered as speakers, panelists and moderators. Many more served as event volunteers and hosts for support service information tables. Additionally, 17 community resource organizations were in attendance to provide information, resources and support. We look forward to hosting our third annual Patient and Caregiver Conference in 2024.

"It was an excellent conference! Please extend my heartfelt appreciation to all who prepared so well to make it a success!"
Colin (attendee)

"Mary Lee and I thoroughly enjoyed the conference Saturday. We both thought it was done well and the speakers were right on."
John (attendee)

"It was a pleasure to be a part of the 2023 Patient and Caregiver Conference. It's heartening to know that everyone in attendance found value in the conference. Collaborating on such events is truly rewarding, and I'm grateful to have been a part of this initiative."
Neisha Russell (speaker)

"Thank you for organizing this conference, it went really smoothly and was very professional. I am hearing patients talking about it in the clinic today; I think it was very successful. Great work! Looking forward to the next conference."
Dr. Ioana Bonta (moderator)



Clinical Trials and Research

Ongoing Cancer Clinical Trials

Study No.	Protocol Number and Study Title	NCT Identifier
C-527	S2302 PRAGMATICA - LUNG: A Prospective Randomized Study of Ramucirumab Plus Pembrolizumab Versus Standard of Care for Participants Previously Treated with Immunotherapy for Stage IV or Recurrent Non-Small Cell Lung Cancer	NCT05633602
Key Eligibility Criteria <ul style="list-style-type: none"> • Stage IV or recurrent NSCLC • Received platinum-based chemotherapy and experienced disease progression • Received at least one line of anti-PD-1/anti-PD-L1 therapy and have experienced disease progression 		Study Design 1:1 randomization to the following: Arm A: Treatment of Physician's Choice Arm B: Ramucirumab + Pembrolizumab

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Clinical Trials and Research

Ongoing Cancer Clinical Trials *(continued from page 1)*

Study No.	Protocol Number and Study Title	NCT Identifier
C-528	NRG-GI008 Colon Adjuvant Chemotherapy Based on Evaluation of Residual Disease (CIRCULATE-US)	NCT05174169
	<p>Key Eligibility Criteria</p> <ul style="list-style-type: none"> • Stage IIIA or stage IIIB colon cancer • Previous en bloc complete gross resection of tumor • Cannot have had any prior therapy for colorectal cancer • Cannot have had history of prior invasive colon malignancy • ECOG PS 0-1 	<p>Study Design</p> <p>Central ctDNA testing and sorted into the following two cohorts:</p> <p>Cohort A (ctNDA negative) 1:1 randomization to the following:</p> <p>Arm 1: mFOLFOX6 (3-6 months) or CAPOX (3 months)</p> <p>Arm 2: Monitor with serial ctDNA testing</p> <p>Cohort B (ctNDA positive) 1:1 randomization to the following:</p> <p>Arm 3: mFOLFOX6 or CAPOX for 6 months</p> <p>Arm 4: mFOLFIRINOX for 6 months</p>
C-530	A012103 OPTIMICE-PCR: De-Escalation of Therapy in Early-Stage TNBC Patients Who Achieve pCR After Neoadjuvant Chemotherapy with Checkpoint Inhibitor Therapy	NCT05812807
	<p>Key Eligibility Criteria</p> <ul style="list-style-type: none"> • TNBC • Received neoadjuvant chemotherapy in combination with pembrolizumab at least 6 cycles • pCR, with no residual invasive disease in the breast or lymph nodes 	<p>Study Design</p> <p>Eligible patients are randomized 1:1 to the following:</p> <p>Arm A: Pembrolizumab</p> <p>Arm B: Observation</p>
C-520	S2010 A Randomized Phase III Trial Comparing Active Symptom Monitoring Plus Patient Education Versus Patient Education Alone to Improve Persistence with Endocrine Therapy in Young Women with Stage I-III Breast Cancer (ASPEN)	NCT05568472
	<p>Key Eligibility Criteria</p> <ul style="list-style-type: none"> • Stage I, II, or III HR+ breast cancer • Female, and pre- or peri-menopausal at the time of diagnosis • Must have started initial treatment with standard endocrine therapy 	<p>Study Design</p> <p>1:1 randomization to the following:</p> <p>Arm A: Active symptom management + patient education</p> <p>Arm B: Patient education alone</p>

5-FU – 5-fluorouracil; CAPOX – capecitabine and oxaliplatin; ECOG – Eastern Cooperative Oncology Group; HR+ – hormone receptor positive; mFOLFIRINOX – 5-FU, oxaliplatin, and irinotecan; mFOLFOX6 – 5-fluorouracil, leucovorin, and oxaliplatin; NSCLC – non-small cell lung cancer; pCR – pathological complete response; PS – performance status; TNBC – triple negative breast cancer.

To learn more about Clinical Trials at Northside Hospital Cancer Institute, visit our [Cancer Research and Clinical Trials page](#) or call **404.303.3355**.

IN THE NEWS: Update for Clinicians

Intensity-Modulated Radiation Therapy Reduces Patient-Reported Chronic Toxicity Compared With Conventional Pelvic Radiation Therapy: Updated Results of a Phase III Trial

RTOG 1203 was the first large, multicenter randomized trial comparing patient-reported outcomes for pelvic intensity-modulated radiation therapy (IMRT) and conventional radiation therapy (CRT) in 279 patients with cervical or endometrial cancer eligible for postoperative pelvic radiation therapy. Initial reports demonstrated that IMRT significantly reduced acute gastrointestinal and urinary toxicity. Three-year follow-up results of chronic toxicity and treatment efficacy were recently published.

Updated data showed that IMRT was associated with less frequent chronic diarrhea and reduced need for

antidiarrheal medication compared to CRT. Moreover, chronic urinary toxicity continued to worsen over time in the CRT arm, while the IMRT arm showed continual improvement. There were no differences between treatment groups in overall survival, disease-free survival, or locoregional failure. Updated results of this trial support the use of IMRT in women with cervical or endometrial cancer receiving postoperative pelvic radiation therapy. IMRT may be considered the standard of care for this patient population due to its mitigation of toxicities with no differences in disease outcomes over a longitudinal period.

Reference: Yeung AR, et al. *J Clin Oncol.* 2022;40:3115-3119.

IN THE NEWS: Update for Clinicians

Quality-Adjusted Survival in Women With Gynecologic Malignancies Receiving Intensity-Modulated Radiotherapy After Surgery: A Patient Reported Outcome Study of NRG Oncology's RTOG 1203

NRG Oncology-RTOG 1203 is the first phase III trial to compare patient-reported outcomes for two types of postoperative radiotherapy in gynecologic malignancies. Specifically, this phase III trial, compared four-field pelvic radiotherapy (3D-CRT) to intensity-modulated radiotherapy (IMRT) in 236 patients with cervical or endometrial adenocarcinoma after hysterectomy. This paper reported results for the secondary endpoint of quality-adjusted survival. Tools to measure outcomes included the EQ-5D questionnaire, an instrument used to measure generic health status. The visual analog scale (VAS) was also used, which has dimensions measuring mobility, self-care, usual activities, pain/discomfort, and anxiety and depression. These scores were obtained at baseline, five weeks after the start of radiotherapy (RT), four to six weeks post-RT,

and one- and three-years post-RT. Quality-adjusted survival was calculated based on these scores and was restricted to patients who completed the EQ-5D at baseline and at least one follow-up assessment.

Patients treated with postoperative IMRT had less decline in VAS score at five weeks post-radiation (-5.04 versus -7.48) and showed a higher quality-adjusted survival (1374 versus 1333 days) compared to patients receiving 3D-CRT. Of note, the study was not powered to show statistical significance of these secondary endpoints. The numerical improvements in quality-adjusted survival and VAS scores up to three years after treatment support the use of IMRT for reducing toxicity and potentially improving the cost-effectiveness of radiation treatment for gynecologic malignancies.

Reference: Konski A, et al. *Gynecol Oncol*. 2023;175:176-181.



Expert Commentary

By Sarah Singh, MD

Historically, pelvic radiotherapy was delivered using conventional three-field or four-field techniques which led to significant bowel and genitourinary side effects, both short-term and long-term. Intensity-modulated radiotherapy (IMRT) is a radiation technique that utilizes daily image guidance and complex beam arrangements to deliver a highly conformal dose to the target volume while reducing the dose to nearby organs at risk. We now have multiple prospective and randomized-controlled trials demonstrating that IMRT significantly reduces both physician-reported and patient-reported toxicity compared to conventional techniques in the treatment of gynecologic malignancies without compromising oncologic outcome. As such, IMRT should be considered the standard of care technique for gynecologic cancers. The above papers highlight the toxicity benefit of IMRT in the postoperative setting and similar results have been reported with use of concurrent

chemotherapy. In addition to reducing bowel and GU toxicity, lower rates of hematologic toxicity have been reported as well, with rates of late grade 2 adverse events not exceeding 5%¹ and rates of acute grade 2+ adverse events comparable to chemotherapy alone².

As IMRT becomes standard of care across multiple cancer sites, more research is examining how to reduce the dose to organs at risk that were not possible to spare with conventional techniques. For example, efforts have been made in recent years to improve female sexual function³, bone marrow function⁴ and continence⁵ with IMRT. More prospective studies are needed to identify dose constraints for these organ substructures to further reduce toxicity and improve quality of life after pelvic radiation.

1. Wortman BG, et al. *Int J Radiat Oncol Biol Phys*. 2022;112(2):390-399.
2. Matei D, et al. *N Engl J Med*. 2019;380(24):2317-2326.
3. Marshall DC, et al. *Br J Radiol*. 2021;94(1124):20201139.
4. Williamson CW, et al. *Int J Radiat Oncol Biol Phys*. 2022;112(1):169-178.
5. Dapper H, et al. *Radiat Oncol*. 2018 Dec 3;13(1):237.

Elevating the Patient Experience



Barriers to Clinical Research for Cancer

By Porscha Johnson, PharmD, CPGx

Clinical trial participation is vital for the expansion of scientific knowledge; however, trials fail to inclusively represent the entire cancer treatment population as white males make up almost 75% of those who participate. Biologically, we are not made equally – whether it be men versus women or between different races. Other barriers to cancer research include cultural barriers, lack of health literacy, low patient engagement, and more importantly a lack of understanding between patients, caregivers and providers on how genetic differences can significantly impact health and cancer treatment.

To address the underrepresentation of minority groups in clinical studies, establishing partnerships that prioritize inclusivity, such as with historically black colleges and universities (HBCUs), could help highlight the importance of minorities participating in clinical trials. Additionally, implementing a patient advisory board or focus group can help researchers and clinicians identify what challenges or concerns potential participants have that prevent them from enrolling in a study. Specific barriers to research participation include transportation issues that can be addressed with

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Barriers to Clinical Research for Cancer *(continued from page 3)*

rideshare services, or language barriers that can be addressed with translated consent forms and clinical trial packets. Interactive platforms like websites or smartphone apps can allow for greater patient engagement and data insights to allow for better study feasibility or improved clinical outcomes.

Cancer pharmacogenomics can help providers and patients understand how genetic differences predict response to medications. By integrating universal biomarker testing into selecting treatments, more preventative and targeted

therapeutic approaches for cancer can be utilized. While comprehensive insurance may be a major hurdle to patients receiving personalized medicine, the use of grant funding or assistance for these testing mechanisms will unlock more informed treatment decisions. Overall, eliminating disparities in cancer by diversifying clinical trial participation should be an overarching goal for healthcare practices for patients to have the most optimal outcomes. To reach the Northside Hospital Central Research Department, call [404.303.3355](tel:404.303.3355) or email clinicaltrials@northside.com.

Around Our Campuses and Communities

Overview of the Oncology Navigation Program at Northside Hospital Cancer Institute

The Oncology Patient Navigation Program provides patients with support and guidance as they navigate their cancer treatment journey; connects patients with resources and services; and addresses barriers to care. Program team members include oncology nurse navigators (ONN) and oncology patient navigators, also known as cancer care liaisons (CCL). Navigators must possess extensive oncology knowledge and experience. This expertise is crucial for providing the education and support necessary for patients to complete their prescribed treatment plans, which often include multiple treatment modalities. The ONN and CCL work to address needs and follow patients through continued contact at key points along the cancer care continuum. Navigators work with patients at all five Northside Hospital campuses and work with new patients visiting Northside from across the southeast. The Navigation team is an “invisible force” working behind the scenes with patients, assisting them with connecting, understanding

and maintaining access to cancer care across the growing Northside landscape. The impact of the Navigation team is clearly reflected in the feedback provided by patients who have been guided by them.

“Initially, I did not fully understand my diagnosis, but (my nurse navigator) helped me with that. She listened to me discuss my life-altering options with empathy and healthcare knowledge. There was no one in my life that could do that. This person, who before last week did not know me, made me feel like I was so very important.”

“I cannot say enough good things about this program. I will continue to use it. I certainly have my next steps of cancer care ahead of me. This situation is so daunting, but I do feel better knowing I have a nurse navigator on my team. Many thanks to anyone that has contributed to the existence of this program.”

WHEN to Refer Patients to Oncology Navigation

- ✓ Decreased understanding of information
- ✓ Lack of or unstable support system
- ✓ Nonadherence or history of nonadherence to prescribed treatment plan
- ✓ Multiple co-morbidities or disability
- ✓ Practical barriers to care
- ✓ Complex care regimen
- ✓ High acuity disease
- ✓ Multiple missed appointments
- ✓ Delayed decision-making

HOW to Refer Patients to Oncology Navigation

- ✓ Email: navigator@northside.com
- ✓ Navigation line: [404.300.2800](tel:404.300.2800)

Provide patient name, date of birth, phone number, diagnosis, language (if other than English), and brief summary of reason for referral

Northside Hospital Cancer Institute Clinic Updates

- The Georgia Cancer Specialists Cumming location relocated on August 21, 2023. The new address is 1505 Northside Boulevard Suite 3100, Cumming, GA 30041. Additional practices and services located in the same building include:



- A Wellness Place – Forsyth
- Atlanta Colon & Rectal Surgery – Cumming
- Georgia Colon & Rectal Surgical Associates – Cumming
- Georgia Gynecologic Oncology – Cumming
- NHCI Atlanta Cancer Care – Cumming
- Northside Melanoma and Sarcoma Specialists of Georgia – Forsyth

- The Northeast Georgia Diagnostic Clinic will now be referred to as the Northside Hospital Cancer Institute Diagnostic Clinic.



Around Our Campuses and Communities

Northside Hospital Earns National Pancreas Foundation Center Designation

Northside Hospital Cancer Institute has been nationally recognized as an approved National Pancreas Foundation (NPF) Center of Excellence. NPF Centers are awarded after a rigorous audit review ensuring that the institution prioritizes multidisciplinary treatment for pancreatic cancer. This approach emphasizes holistic patient care, aiming for optimal outcomes and an enhanced quality of life. An approved NPF Center must meet the criteria that were developed by a task force consisting of invited subject matter experts and patient advocates. These criteria include having the required expert physician specialties such as gastroenterologists, pancreatic surgeons, and interventional radiologists, along with more patient-focused programs, such as a pain management service, psychosocial support and more.

"Achieving this Center of Excellence designation is the result of our team's extensive work and commitment to providing safe, effective care to patients diagnosed with pancreatic diseases, from screening to early detection to cancer treatment to survivorship. Our patients can be confident they are receiving caring, attentive, world-class multidisciplinary care to help them navigate the best way forward in their cancer journey."

– Dr. Eddie Abdalla, Hepatobiliary Surgeon and Medical Director of Northside Hospital Cancer Institute Liver & Pancreas Program.



Provider Features



Dr. Adam Pyrzak is board-certified in obstetrics/gynecology and gynecologic oncology and practices at [Atlanta Gynecology Oncology – Atlanta](#) and [Atlanta Gynecology – Alpharetta](#). Dr. Pyrzak has expertise in state-of-the-art therapies, including laparoscopic surgery, robotic surgery, laser surgery, HIPEC, tumor debulking surgery, chemotherapy, radiation, and immunotherapy. Visit the practice website (atlantagynonc.com/providers/adam-pyrzak-md) to learn more about him.



Dr. Star Ye is a board-certified physician in internal medicine and practices at [Georgia Cancer Specialists – Canton](#). Dr. Ye has a special interest in solid tumor oncology. Visit the practice website (gacancer.com/ourteam/star-ye-md) to learn more about her.



Dr. Arvind Aggarwal is a board-certified physician in hematology and medical oncology and practices at [Georgia Cancer Specialists – Macon](#) and [Georgia Cancer Specialists – Milledgeville](#). He has over 25 years of experience in hematology and oncology with clinical interests in targeted therapies for cancer treatment and clinical trials. Visit the practice website (gacancer.com/ourteam/arvind-aggarwal-md) to learn more about him.



Dr. Shailesh Satpute is a board-certified physician in hematology and medical oncology and practices at [Georgia Cancer Specialists – Center Pointe](#) and [Georgia Cancer Specialists – Alpharetta](#). He has more than ten years of experience in the diagnosis, treatment and management of cancer. While he provides care to patients with all forms of cancer, Dr. Satpute holds special expertise in thoracic and genitourinary oncology, and he has considerable research and clinical experience in these sub-specialties. Visit the practice website (gacancer.com/ourteam/shailesh-r-satpute-md) to learn more about him.



Dr. Abhinav Reddy is a radiation oncologist practicing at [Northside Hospital Cancer Institute Radiation Oncology – Cherokee](#). Dr. Reddy's clinical interests include lung, prostate, colorectal and breast cancers. He currently services as a co-principal investigator of a clinical trial evaluating intraoperative radiation therapy for localized pancreatic cancer. Visit the practice website (nroc-ga.com/providers/abhinav-reddy) to learn more about him.



Dr. Laurel Barnes is a fellowship-trained breast surgeon practicing at [Northside Breast Surgery – Atlanta, Alpharetta](#) and [Northside Breast Surgery – Atlanta](#). Dr. Barnes specializes in breast surgical oncology, benign breast diseases and the management of patients at high risk for breast cancer. Dr. Barnes' clinical interests include mastectomy, axillary lymph node procedures, ultrasound-guided procedures and biopsies, and port-a-cath placement. Visit the practice website (northsidebreast.com/providers/laurel-barnes) to learn more about her.

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Provider Features

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Dr. Jessica Lam is a board-eligible colorectal surgeon who practices at [Georgia Colon and Rectal Surgical Associates – Gwinnett](#) and [Georgia Colon and Rectal Surgical Associates – Sandy Springs](#). Dr. Lam’s clinical interests include colorectal cancer, diverticulitis, anorectal disease, and pelvic floor dysfunction. Visit the practice website (gcrsa.com/providers/jessica-lam) to learn more about her.



Dr. Peige Zhou is a board-certified general surgeon and colorectal surgeon who practices at [Georgia Colon and Rectal Surgical Associates – Alpharetta](#), [Georgia Colon and Rectal Surgical Associates – Cumming](#) and [Georgia Colon and Rectal Surgical Associates – Sandy Springs](#). Dr. Zhou’s expertise spans robotic and laparoscopic surgery and covers the treatment of cancer, inflammatory bowel disease, complex anal fistulas and other conditions. Visit the practice website (northside.com/providers/find-a-provider/provider-profile/peige-zhou-md/5519) to learn more about her.

Education and Events

CONTINUING EDUCATION

Northside Hospital Cancer Institute Oncology Lecture Series

Second Thursdays of each month from 12-1 p.m. Next date is December 14, 2023. Please contact Northside Hospital Department of Medical Education at medical.education@northside.com for more details.



Northside Hospital Cancer Institute Symposium – Immunotherapy

March 16, 2024 @ Grand Hyatt Atlanta in Buckhead
Save the Date. More info to come.

CANCER SCREENING & PREVENTION

National Lung Cancer Screening Day

November 11, 2023 at Northside imaging locations in Cherokee, Cobb, Dekalb, Forsyth, Gwinnett, Henry and North Fulton counties.

Northside is partnering with the American Cancer Society National Lung Cancer Roundtable, American College of Radiology, Radiology Health Equity Coalition and U.S. Department of Veterans Affairs to raise awareness about lung cancer screening and offer low-dose CT (LDCT) lung screening on a Saturday. A physician order is required. Call [404.531.4626](tel:404.531.4626) to schedule an appointment.

northside.com/docs/default-source/cancer-institute/screening/lung_cancer_screening_flyer_2022-english-only.pdf%29



Built To Quit – Smoking and Tobacco Cessation Course

Next six-week session start date: November 14, 2023
Weekly classes include the American Lung Association Freedom from Smoking curriculum. northside.com/community-wellness/built-to-quit



COMMUNITY EVENTS

Great American Smokeout

November 16, 2023
Activities occurring at each Northside Hospital campus. More information to come.



Education and Events

COMMUNITY EVENTS

NORTHSIDE EVENTS

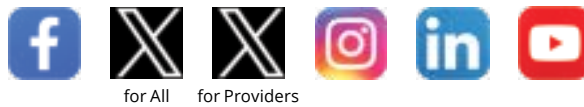
Wine Women & Shoes benefiting the Northside Hospital Cancer Institute
November 18, 2023 @ 1 p.m. @ The Hotel Avalon in Alpharetta
<https://www.winewomenandshoes.com/event/atlanta/>



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

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

Follow Northside Hospital:



**NORTHSIDE
HOSPITAL**

CANCER INSTITUTE

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