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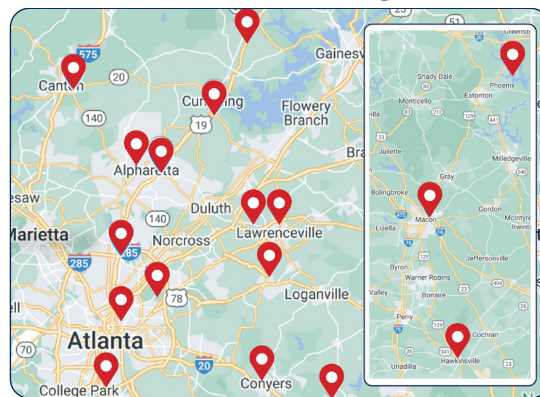
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**Radiation Oncology at Northside Hospital: A Comprehensive Overview**

Northside Hospital Cancer Institute continues to distinguish itself as a leader in radiation oncology through rapid expansion, advanced technology adoption and an extensive range of treatment modalities. Over the past decade, the Radiation Oncology Program has grown from six to 17 radiation oncology facilities. Today, the program includes a broad network of locations across the Atlanta region, including Alpharetta, Atlanta, Blairsville, Canton, Conyers, Covington, Cumming, Decatur, Greensboro, Hapeville, Hawkinsville, Lawrenceville, Macon and Snellville. This wide geographic presence enables patients to receive advanced radiation therapy closer to home, improving convenience and continuity of care.

**17 Convenient Radiation Oncology Locations Across the Atlanta Region**



The Radiation Oncology Program, supported by a team that has grown to 26 physicians, is fully integrated within a multidisciplinary cancer care model. Close collaboration among radiation oncologists, medical oncologists, surgeons and supportive care teams ensures that treatment plans are tailored to each patient and aligned with best practices.

Northside offers a full spectrum of radiation therapy techniques, allowing for highly individualized treatment planning. These technologies are distributed strategically across the network, with larger centers supporting a broader range of advanced capabilities. Available modalities include:

- Intensity-modulated radiation therapy
- Image-guided radiation therapy
- Surface-guided radiation therapy with deep inspiration breath hold
- Conventional external beam radiotherapy
- Stereotactic body radiotherapy
- High-dose-rate brachytherapy
- Stereotactic radiation therapy (framed and frameless)
- Total body irradiation
- Gamma knife radiosurgery
- MRI-guided online adaptive radiotherapy

In addition to the above treatment modalities, Northside was the first hospital in Georgia to implement MRI-guided linear accelerator (MRI-Linac) technology, enabling real-time tumor visualization and adaptive radiotherapy. Northside has the highest volume of Gamma Knife® procedures for brain tumors in Georgia, and its Gamma Knife Program is recognized among the top programs in the nation, reflecting a high level of expertise in stereotactic radiosurgery and a commitment to delivering precise, minimally invasive treatment for intracranial disease.

With continued expansion, a broad portfolio of advanced treatment modalities and commitment to patient care, Northside Hospital Cancer Institute is a leader in radiation oncology. Its combination of geographic reach, clinical expertise and advanced technology ensures that patients across Georgia receive high-quality cancer care.

# Clinical Trials and Research

## New and Ongoing Cancer Clinical Trials

Disease Site	Sponsor, Protocol Number and Study Title	NCT Identifier
<b>Genitourinary</b>	<b>Daiichi Sankyo Inc.    DS1062-328    TROPION-Urothelial03:</b> A Randomized, Open-Label, Phase 2/3 Study of Datopotamab Deruxtecan (Dato-DXd) plus Carboplatin or Cisplatin versus Gemcitabine plus Carboplatin or Cisplatin in Participants with Locally Advanced or Metastatic Urothelial Carcinoma (la/mUC) who Progressed During or After Enfortumab Vedotin (EV) plus Pembrolizumab Combination Treatment	<a href="#">NCT07129993</a>
	<p><b>Study Design</b></p> <p>This is a global, multicenter, randomized, open-label, Phase 2/3 trial and comprises 2 parts:</p> <ul style="list-style-type: none"> <li>Phase 2 will enroll ~60 participants with la/mUC to evaluate the efficacy and safety of Dato-DXd 4 mg/kg or 6 mg/kg plus platinum to determine the RP3D of Dato-DXd in combination with platinum for la/mUC</li> <li>Phase 3 will enroll ~570 participants with la/mUC to evaluate the efficacy and safety of Dato-DXd plus platinum versus gemcitabine plus platinum.</li> </ul>	
<b>Head &amp; Neck</b>	<b>Merus N.V.    MCLA-158-CL02   </b> A Phase 3 Open-Label, Randomized, Controlled Study to Evaluate the Efficacy and Safety of Petosemtamab Compared with Investigator's Choice Monotherapy Treatment in Previously Treated Patients with Incurable, Metastatic/Recurrent HNSCC	<a href="#">NCT06496178</a>
	<p><b>Study Design</b></p> <p>This is a Phase 3 open-label, randomized, controlled, multicenter study to compare petosemtamab versus investigator's choice monotherapy in HNSCC participants with incurable metastatic/recurrent disease. Eligible participants will be stratified based on tumor p16 status (positive or negative) and ECOG PS (0 or 1) and randomized 1:1 to 1 of 2 possible treatment arms:</p> <ul style="list-style-type: none"> <li>Petosemtamab 1500 mg IV once Q2W</li> <li>1 of 3 investigator's choice monotherapies: cetuximab, methotrexate or docetaxel</li> </ul>	
<b>Multiple Myeloma</b>	<b>Janssen Research &amp; Development, LLC    79635322MMY2001   </b> A Phase 2, Open-Label Study of JNJ-79635322 in Participants with RRMM who Have Received at Least 3 Prior Lines of Therapy Including a PI, an IMiD, and an Anti-CD38 Antibody	<a href="#">NCT07266441</a>
	<p><b>Study Design</b></p> <p>This is a non-randomized Phase 2, multicenter, interventional, open-label study in participants with RRMM who have received at least 3 prior lines of therapy including a PI, an IMiD, and a CD38-targeting monoclonal antibody. Enrolled participants will receive therapy with JNJ-79635322 for a fixed duration of up to ~18 months if they have no sign of PD or intolerable toxicity.</p>	

Dato-DXd=datopotamab deruxtecan; ECOG PS=Eastern Cooperative Oncology Group performance status; EV=enfortumab vedotin; HNSCC=head and neck squamous cell carcinoma; IMiD=immunomodulatory drug; IV=intravenous; la/mUC=locally advanced or metastatic urothelial carcinoma; PI=proteasome inhibitor; PD=progressive disease; Q2W=every 2 weeks; RP3D=recommended phase 3 dose; RRMM=relapsed or refractory multiple myeloma

To learn more about Clinical Trials at Northside Hospital Cancer Institute, visit our [Cancer Research and Clinical Trials page](#) or call [404-303-3355](tel:404-303-3355).

## IN THE NEWS: Update for Clinicians

### Highlights from 2026 American Society of Clinical Oncology (ASCO) Genitourinary Symposium

#### Enfortumab Vedotin Plus Pembrolizumab Improves Event-Free Survival for Patients With Muscle Invasive Bladder Cancer in the KEYNOTE-B15 Study

At this year's ASCO GU Cancers Symposium, Dr. Matthew Galsky, from the Icahn School of Medicine at Mount Sinai and Tisch Cancer Institute presented results from the KEYNOTE-B15 study evaluating neoadjuvant and adjuvant (perioperative) enfortumab vedotin (EV) plus pembrolizumab (Pembro) for patients with muscle-invasive bladder cancer (MIBC) who are eligible for cisplatin. This trial was for patients with MIBC with clinical stage T2-T4aN0M0 or T1-T4aN1M0 and had urothelial histology ≥50% of tumor specimen. Patients had to be eligible for pelvic lymph node dissection and radical cystectomy and have an ECOG PS of 0-1, as well as not meet any GALSKEY criteria for cisplatin ineligibility. Patients were stratified by PD-L1 status (CPS ≥10 versus <10), clinical stage (T2N0 versus T3/T4aN0 versus T1-4aN1) and geographic region of the world (U.S. versus EU versus most of world). The primary endpoint was event-free survival (EFS) by blinded independent central review

(BICR). Key secondary endpoints included overall survival (OS) and pathological complete response (pCR) by central pathologist review.

The trial was conducted from May 2021 to December 2023, and 808 patients were randomized to EV/Pembro (n=405) or gemcitabine + cisplatin (Gem/Cis; n=403). The median age was 66 years in both arms, most patients (~72%) had a baseline tumor stage of T3/T4aN0 in both arms, and most patients (~60%) had a baseline creatinine clearance of ≥60 and <90 mL/min in both arms.

EFS by BICR was not reached in the EV/Pembro arm and was 48.5 months in the Gem/Cis arm (hazard ratio [HR] 0.53; 95% confidence interval [CI], 0.41-0.70; p<0.0001). OS was not reached in either arm but the HR was statistically significant in favor of EV/Pembro (HR 0.65; 95% CI 0.48-0.89;

*(continued on page 3)*

**Highlights from 2026 American Society of Clinical Oncology (ASCO) Genitourinary Symposium**

**Enfortumab Vedotin Plus Pembrolizumab Improves Event-Free Survival in Patients With Muscle Invasive Bladder Cancer in the KEYNOTE-B15 Study** *(continued from page 2)*

p=0.0029). Pathologic CR rate was 55.8% in the EV/Pembro arm and 32.5% in the Gem/Cis arm. The most common ( $\leq 30\%$ ) treatment emergent adverse events (TEAEs) were pruritis (46.2%), diarrhea (34.0%), alopecia (31.5%) and anemia (31.3%) in the EV/Pembro arm. In the Gem/Cis arm,

anemia (56.3%), neutropenia (55.1%) and nausea (46.7%) were the most common TEAEs. These findings support neoadjuvant and adjuvant EV/Pembro as a novel treatment option in this setting irrespective of cisplatin eligibility.

Reference: Galsky M, et al. *J Clin Oncol*. 2026;44 (suppl 7): LBA630.

**Expert Commentary**



By Crain Garrot, MD

For many decades, there has been a standard of care for MIBC urothelial cancer that included neoadjuvant chemotherapy followed by surgery. Recently there have been multiple clinical trials demonstrating the increasing benefit of neoadjuvant therapy with VESPER (MVAC better than Gem/Cis) and NIAGARA (Gem/Cis + Durvalumab better than Gem/Cis). EV/Pembro has been shown in the EV-302 trial to be markedly better than Gem/Cis for metastatic disease. In 2025, EV/Pembro was FDA approved for neoadjuvant therapy for cisplatin-ineligible patients due to the data from Keynote-905 showing a high pathologic CR rate of 57% and improved survival compared to surgery alone. Now with the publication the Keynote-B15/EV -304 study as detailed above there is a clear standard of care using EV/Pembro for perioperative therapy even for cisplatin eligible patients. The study above demonstrated a very high pathologic

CR rate (55.8%) and improvement in survival of over Gem/Cis. In common practice, we see significantly better quality of life for patients with less hematologic and gastrointestinal toxicity for EV/Pembro than would be seen for chemotherapy. One of the critiques of the study is the fact that it is a “sandwich therapy” meaning 4 cycles of EV/Pembro preoperatively and then 5 cycles of EV/Pembro post-operatively then maintenance pembrolizumab for an additional 8 cycles for a total of 10 months of treatment. In addition, the control arm of the study did not include adjuvant immunotherapy. Nonetheless the high pathologic CR rate and improved EFS and OS is convincing that this strategy has really moved the standard of care needle. It has also evened the playing field for patients who are “cisplatin-ineligible”: now we have one standard therapy for patients who are eligible for surgery without regard to renal function or other contraindications to cisplatin. This is an exciting advancement in the field of urothelial cancer, and we anticipate the FDA approval for perioperative EV/Pembro for all patients in the near future.

**Northside Launches New “Built to Beat Cancer” Campaign**

Northside Hospital Cancer Institute has introduced a new “Built to Beat Cancer” multi-channel campaign highlighting the scope of its oncology services and care delivery. The initiative draws attention to the institute’s multidisciplinary approach, including special services such as nurse navigators to help patients access clinical trials, high-risk genetic testing, minimally invasive surgery and personalized treatment planning.

Northside reports high patient volumes across several cancer types, including breast, lung, hematologic, prostate and colorectal, as well as established programs in lung cancer surgery and bone marrow transplantation.

The campaign also reflects an emphasis on coordinated care, with integrated clinical teams and patient navigation supporting treatment and follow-up across the continuum of care.

The initiative launched with TV, radio, print and digital ads, as well as organic social media and news stories. Billboards and other activations are continuing to come online. Please visit [northside.com/cancer-campaign-commercial](http://northside.com/cancer-campaign-commercial) to watch the 30-second TV commercial.

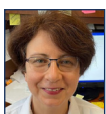
**BUILT TO BEAT CANCER** | **NORTHSIDE HOSPITAL**  
CANCER INSTITUTE

**#1** in Breast Cancer Treatments in Georgia

**95%** of Cancer Patients Recommend Northside

**TOP** Outcomes in Lung Cancer Surgery

**Elevating the Patient Experience**



**Northside Introduces Rapid RNA Fusion Testing To Enhance Acute Myeloid Leukemia Diagnosis and Treatment**

By Joseph Maakaron, MD and Anna Dobretsova, PhD

Accurate and timely diagnosis is critical in acute myeloid leukemia (AML), a biologically heterogeneous group of diseases driven by diverse molecular alterations. Increasingly, treatment selection and prognosis depend on identifying these underlying genetic drivers at diagnosis.

Northside Hospital’s Leukemia Program has implemented a comprehensive RNA fusion next-generation sequencing (NGS) panel to support rapid and precise molecular characterization. Built on the Oncomine™ Myeloid RNA *(continued on page 4)*

**Northside Introduces Rapid RNA Fusion Testing to Enhance Acute Myeloid Leukemia Diagnosis and Treatment**

*(continued from page 3)*

Assay GX v2 and performed on the Ion Torrent Genexus™ platform, this assay detects a broad range of clinically relevant RNA fusions from bone marrow or peripheral blood, with results available within days.

Gene fusions play a central role in defining leukemia subtypes, informing prognosis and guiding targeted therapy. Identification of actionable alterations, such as tyrosine kinase fusions or KMT2A rearrangements, can enable early initiation of matched therapies. Importantly, certain abnormalities (e.g., KMT2A-PTD or MECOM alterations) may not be reliably detected by conventional methods such as karyotyping or fluorescence in situ hybridization (FISH) but are captured with RNA-based sequencing.

Beyond AML, this panel supports diagnostic evaluation of chronic myeloid neoplasms, including chronic myelomonocytic leukemia (CMML), myelodysplastic syndromes/myeloproliferative neoplasms (MDS/MPN) overlap syndromes and hypereosinophilic syndromes, conditions often associated with diagnostic complexity and delays.

The integration of RNA fusion testing aligns with current recommendations from the National Comprehensive

Cancer Network, World Health Organization, European LeukemiaNet and International Consensus Classification, all of which emphasize comprehensive molecular profiling in leukemia care.

By offering in-house testing, Northside reduces turnaround time compared with external reference laboratories, enabling more timely, data-driven treatment decisions. This capability complements existing DNA- and RNA-based assays, supporting a more complete molecular profile for each patient.

As precision oncology continues to evolve, comprehensive molecular diagnostics are essential for optimizing therapy selection, identifying clinical trial opportunities and improving patient outcomes. The addition of rapid RNA fusion testing represents a meaningful advancement in delivering personalized leukemia care within the community setting.

To learn more about the leukemia program at Northside, please visit [northside.com/services/cancer-institute/types-of-cancer/leukemia](http://northside.com/services/cancer-institute/types-of-cancer/leukemia).



**Advancing Head and Neck Cancer Care: Transoral Robotic Surgery (TORS) Now Available at Northside Hospital**

*By Andrew Fuson, MD*

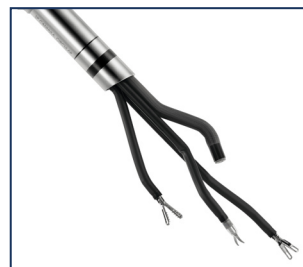
A significant advancement in head and neck cancer treatment is now available at Northside Hospital: Transoral Robotic Surgery (TORS). This technique offers a precise and effective approach for removing tumors from challenging areas of the mouth and throat, including the tonsils, base of the tongue and larynx. Cancers of the tonsils and base of tongue are the most common newly diagnosed cancers of the head and neck. While traditionally treated with radiation and chemotherapy, surgery has a significant role in the treatment of select patients.

TORS utilizes the Da Vinci Single Port™ system to provide enhanced visualization and dexterity in confined spaces, leading to several benefits for patients:

- **Reduced Morbidity:** Less invasive than traditional open surgery.
- **Faster Recovery:** Shorter hospital stays and quicker return to function.
- **Improved Functional Outcomes:** Better preservation of speech and swallowing than traditional open surgery.
- **Potential for De-escalation:** Can reduce the need for extensive radiation or chemotherapy

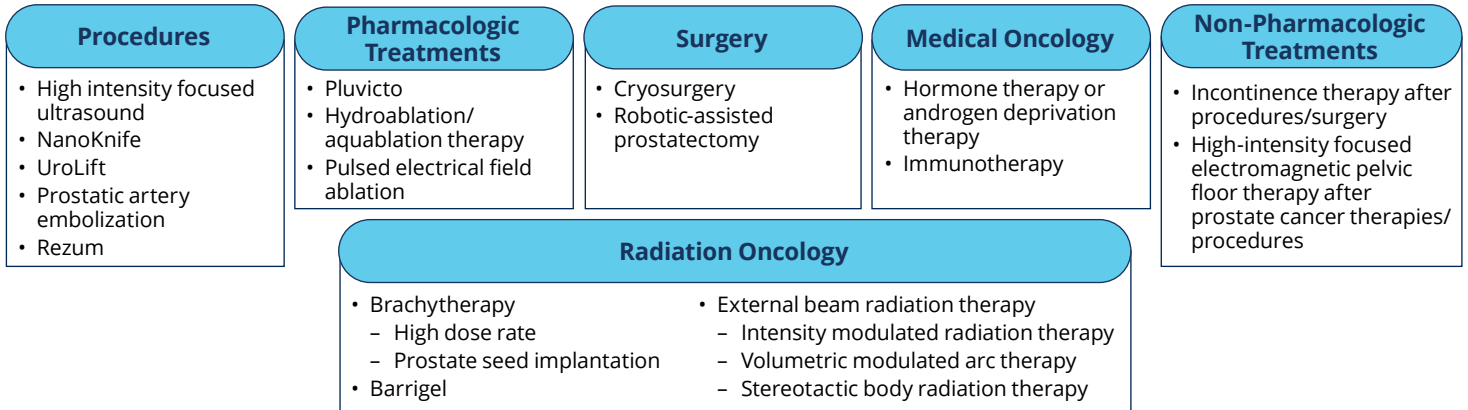
Historically, some head and neck cancers in these difficult-to-access regions were considered unresectable or required highly morbid traditional surgeries. TORS provides a crucial alternative, expanding surgical options for our patients.

For more information, please call [404-497-8700](tel:404-497-8700) or visit [atlantaheadandneck.com](http://atlantaheadandneck.com).



## Prostate Cancer Treatments and Procedures Available at Northside Hospital Cancer Institute

Northside provides a range of prostate cancer treatment options, including both pharmacologic and non-pharmacologic treatments, advanced radiation therapies and specialized procedures. Many treatments are also included in our array of promising clinical research trials.



## Endoscopic Mastectomy Now Available at Northside Hospital

By Melissa Morrison, DNP

Endoscopic mastectomy with implant-based reconstruction represents an emerging, minimally invasive evolution of traditional breast cancer surgery.<sup>1</sup> Often referred to as endoscopic nipple-sparing mastectomy (E-NSM), this technique combines oncologic resection with immediate reconstruction while prioritizing cosmetic and functional outcomes.

### Procedure Overview

In endoscopic mastectomy, surgeons use a small, strategically placed incision—often hidden in the axilla through which an endoscope and specialized instruments are inserted. Carbon dioxide gas is used to create working space, allowing precise visualization of breast tissue.

The breast glandular tissue is dissected while preserving the overlying skin envelope and the nipple-areolar complex. Following removal of the breast tissue, immediate implant reconstruction is performed by a trained plastic surgeon through the same small incision using insertion funnels or prepectoral implant placement techniques. Close collaboration with a plastic surgeon who can adapt reconstructive techniques to the nuances of endoscopic access is essential to achieving optimal outcomes in E-NSM.

This advanced approach is beginning to gain traction in the United States. For example, Surgical Specialists of Atlanta surgeon Iqbal Garcha, MD, has completed 15 of these procedures since traveling to Italy in 2025 to receive specialized training in the technique, highlighting both its growing adoption and the importance of dedicated expertise.

### Advantages Over Open Mastectomy

Compared with conventional open mastectomy, endoscopic approaches offer several notable benefits:

- **Superior cosmetic outcomes:** Incision is small and often hidden, resulting in minimal visible scarring.

- **Enhanced visualization:** Magnified endoscopic views improve identification of anatomical structures, potentially reducing bleeding and unintended injury.
- **Reduced surgical trauma:** Smaller incision and less tissue disruption may lead to faster recovery, earlier drain removal and shorter hospital stays.
- **Lower wound complication risk:** Remote incision placement reduces tension on breast skin, decreasing risks such as wound breakdown or implant exposure.
- **Psychological and reconstructive benefits:** Immediate implant reconstruction preserves body image and avoids additional surgeries, improving patient satisfaction.

Early data suggest oncologic outcomes are comparable to conventional nipple-sparing mastectomy, though long-term studies are still ongoing.

### Ideal Patient Selection and Eligibility

Careful patient selection is critical for optimal outcomes. Ideal candidates typically include:

- Patients with early-stage breast cancer or those undergoing prophylactic mastectomy
- Tumors located away from the nipple-areolar complex, allowing safe preservation
- Individuals with small to moderate breast size and minimal downward displacement
- Patients seeking immediate implant reconstruction with adequate skin envelope
- Those without significant comorbidities that impair wound healing
- Patients with large or significantly pendulous breasts, tumors involving the skin or nipple, or a history of radiation therapy may be less suitable due to increased risks of complications.

*(continued on page 6)*

**Endoscopic Mastectomy Now Available at Northside Hospital** *(continued from page 5)*

Endoscopic mastectomy with implant reconstruction is an innovative technique that aligns oncologic safety with improved aesthetic outcomes and reduced invasiveness. As more surgeons gain specialized training—such as Dr. Garcha’s experience abroad—and work in tandem with

skilled plastic surgeons, this approach is poised to become an increasingly important option in modern breast surgical care for appropriately selected patients.

**Reference:**

1. Lin Y, et al. *Front Oncol.* 2025;15:1711540. Erratum in: *Front Oncol.* 2026;16:1771995.

**Around Our Campuses**

**Leading Experts in Gastrointestinal Oncology Present at the Northside Hospital Cancer Institute Annual Symposium**

On Saturday, February 21, 2026, Northside Hospital Cancer Institute hosted its annual continuing education symposium entitled “Precision & Progress: The Future of Gastrointestinal (GI) Cancer Therapy.” This meeting, held at The Whitley Hotel in Buckhead, attracted attendees throughout the Atlanta region, including physicians, advanced practice providers, nurses, pharmacists and other health care providers as well as several industry representatives.

The 2026 symposium included didactic presentations and interactive Q&A sessions of recent data on early detection

and screening in GI cancers; molecular profiling in rectal cancer; molecular subtypes of gastric cancer; colorectal and anal cancer treatment updates; novel immunotherapeutic combinations, cellular therapies and emerging targets. Symposium attendees had the opportunity to engage one-on-one with acclaimed faculty from across the country and local program chairs. Plans are already in motion for the 2027 Annual Symposium, and we are excited to share the details soon.

<p><b>Program Chairs:</b>                  Eddie Abdalla, MD  <i>Atlanta Liver &amp; Pancreas Surgical Specialists</i>                  Mohammed Al Fayyadh, MD  <i>Georgia Colon &amp; Rectal Surgical Associates</i>                  Ming Chi, MD  <i>Atlanta Cancer Care</i>                  Rodrigo Maegawa, MD  <i>Northside Hospital Cancer Institute</i>                  Tariq Mahmood, MD  <i>Atlanta Cancer Care</i>                  Ajay Patel, MD  <i>Northside Radiation Oncology Consultants</i>                  Marc Sonenshine, MD  <i>Atlanta Gastroenterology</i>                  Karthi Subbannan, MD  <i>Georgia Cancer Specialists</i></p>	<p><b>Faculty:</b>                  Kristen Ciombor, MD  <i>Vanderbilt University; Nashville, TN</i>                  Cathy Eng, MD  <i>Vanderbilt University; Nashville, TN</i>                  Ajay Goel, PhD  <i>City of Hope; Duarte, CA</i>                  Sunnie Kim, MD  <i>University of Colorado Anschutz Medical Campus; Aurora, CO</i>                  Michael Morse, MD  <i>Duke University; Durham, NC</i>                  Christine Parseghian, MD  <i>MD Anderson Cancer Center; Houston, TX</i></p>	<p>Kiran Turaga, MD  <i>Yale School of Medicine; New Haven, CT</i>                  Margaret von Mehren, MD  <i>Fox Chase Cancer Center; Philadelphia, PA</i>                  David Wang, MD  <i>University of Michigan; Ann Arbor, MI</i>                  Kenneth Wang, MD  <i>Mayo Clinic; Rochester, MN</i>                  Lei Zheng, MD, PhD  <i>University of Texas - San Antonio; San Antonio, TX</i></p>
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**Clinic Updates**

Georgia Gynecologic Oncology has opened two new clinics as of January 1st:

- [Georgia Gynecologic Oncology – Braselton](#) located at 1255 Friendship Road, Suite 120, Braselton, Georgia, 30517
- [Georgia Gynecologic Oncology – Duluth](#) located at 3855 Pleasant Hill Road, Suite 330, Duluth, Georgia, 30096

University Gynecologic Oncology opened an [Alpharetta](#) location on January 21, 2026. This clinic is located at 3400 Old Milton Parkway, Suite A390, Alpharetta, Georgia, 30005

## Provider Features



**Guilherme Cantuaria, MD** practicing at [University Gynecologic Oncology](#), was recently honored with the 2026 Virginia “Ginger” Ackerman Above and Beyond Award from Georgia Ovarian Cance Alliance at this year’s gala.

*“Supporting this mission and being part of a community dedicated to awareness, advocacy and support for those affected by ovarian cancer is deeply meaningful to me.” – Guilherme Cantuaria, MD*



**Michal (Misho) Hubka, MD** is a thoracic surgeon who recently joined [Northside Thoracic Surgery – Sandy Springs](#). To learn more, visit [northside.com/michal-hubka](http://northside.com/michal-hubka).



**Julian Johnson, MD** is a radiation oncologist who recently joined [Northside Hospital Cancer Institute Radiation Oncology – Philip Blvd – Lawrenceville](#). To learn more, please visit [northside.com/julian-johnson](http://northside.com/julian-johnson).

## Upcoming Education and Events

### CONTINUING EDUCATION

#### Northside Hospital Cancer Institute Oncology Lecture Series

Occurs third Thursday of each month from 12-1 p.m.  
The next one will be on May 21, 2026. For questions or more information, please contact Northside Hospital Department of Medical Education: [medical.education@northside.com](mailto:medical.education@northside.com) or [404-236-8419](tel:404-236-8419).



#### Atlanta Myeloma & Lymphoma Symposium 2026

Saturday, July 18, 2026 @ Loews Atlanta Hotel  
[pgoncology.com/atlanta-myeloma-lymphoma-symposium-2026/](http://pgoncology.com/atlanta-myeloma-lymphoma-symposium-2026/)



#### NHCI Oncology Nursing Symposium

**Oncology Nursing: Shaping Tomorrow’s Healthcare Landscape**  
Saturday, August 29, 2026 from 7 a.m.-2:30 p.m. @ The Hotel at Avalon in Alpharetta  
[web.cvent.com/event/f614dd6d-491d-4528-95aa-bbb0b59c0bf2/register](http://web.cvent.com/event/f614dd6d-491d-4528-95aa-bbb0b59c0bf2/register)



### CANCER SCREENING & PREVENTION

#### Prostate & Skin Cancer Screenings

May 14, 2026 @ Northside Hospital Cancer Institute Radiation Oncology – Forsyth from 5:30-8 p.m.  
June 25, 2026 @ Georgia Cancer Specialists – Smyrna from 5:30-8 p.m.  
July 23, 2026 @ Northside Hospital Cancer Institute Radiation Oncology – Preston Ridge from 5:30-8 p.m.  
[northside.com/community-wellness/health-screenings](http://northside.com/community-wellness/health-screenings)

#### Built To Quit – Smoking and Tobacco Cessation Course

Next six-week session start dates: May 12, 2026 & July 14, 2026  
Weekly classes are led by a trained smoking and tobacco cessation facilitator.  
Classes are available during afternoon and evening hours and remotely.  
[northside.com/community-wellness/built-to-quit](http://northside.com/community-wellness/built-to-quit)



**COMMUNITY EVENTS**

**NHCI-SPONSORED CANCER WALK/EVENT/TEAMS**

**Georgia Alliance for Breast Cancer's 2026 Georgia 5K Run for Breast Cancer**

May 9, 2026 at 8:00 a.m. @ The Shoppes @ River Crossing in Macon  
[runsignup.com/Race/GA/Macon/Georgia5KRunWalkforBreastCancer](https://runsignup.com/Race/GA/Macon/Georgia5KRunWalkforBreastCancer)



**Feathers 5K Run & Walk Supporting the Atlanta Cancer Care Foundation**

June 6, 2026 @ 8 a.m. @ Oglethorpe University in Brookhaven  
[atlantacancercarefoundation.org/2026-feathers-5k/](https://atlantacancercarefoundation.org/2026-feathers-5k/)



**Harts of Teal: Enduring Hope Color Run for Ovarian & Gyn Cancer Awareness**

June 6, 2026 @ 8:30 a.m. @ ONE Church in Fayetteville  
[runsignup.com/Race/GA/Fayetteville/HartsOfTeal](https://runsignup.com/Race/GA/Fayetteville/HartsOfTeal)



**Cancer Support Community's Chastain Chase 5K**

Sunday, June 7, 2026 @ 8 a.m. @ Chastain Park in Atlanta  
[runsignup.com/Race/GA/Atlanta/ChastainChase](https://runsignup.com/Race/GA/Atlanta/ChastainChase)



**AMERICAN CANCER SOCIETY RELAY FOR LIFE EVENTS**

**American Cancer Society's Relay for Life of Greater Athens Area**

May 1, 2026 from 6-10 p.m. @ Oconee County Middle School in Watkinsville  
[secure.acsevents.org/site/STR?pg=entry&fr\\_id=106718](https://secure.acsevents.org/site/STR?pg=entry&fr_id=106718)



**American Cancer Society's Relay for Life of Hall County**

May 1, 2026 from 6-10 p.m. @ University of North Georgia Gainesville Campus in Oakwood  
[secure.acsevents.org/site/STR?pg=entry&fr\\_id=109357](https://secure.acsevents.org/site/STR?pg=entry&fr_id=109357)

**American Cancer Society's Relay for Life of Southern Crescent (Henry, Fayette & Clayton Counties)**

May 1, 2026 from 6-11 p.m. @ Salem Baptist Church Park in McDonough  
[secure.acsevents.org/site/TR?team\\_id=2781497&fr\\_id=109382&pg=team](https://secure.acsevents.org/site/TR?team_id=2781497&fr_id=109382&pg=team)

**American Cancer Society's Relay for Life of Houston County**

May 2, 2026 @ TBD @ Jessie E. Tanner Junior Park in Warner Robins  
[secure.acsevents.org/site/STR?pg=entry&fr\\_id=107407](https://secure.acsevents.org/site/STR?pg=entry&fr_id=107407)

**American Cancer Society's Relay for Life of Cobb County**

May 16, 2026 from 5-9 p.m. @ East Cobb Park  
[secure.acsevents.org/site/STR?pg=entry&fr\\_id=107098](https://secure.acsevents.org/site/STR?pg=entry&fr_id=107098)

**NORTHSIDE FOUNDATION EVENTS**

**Annual Charity Golf Classic**

May 18, 2026 @ Atlanta Athletic Club in Johns Creek  
 Benefiting the Northside Hospital Blood & Marrow Transplant Program  
 Check for updated information at [give.northside.com/events/charity-golf-classic/](https://give.northside.com/events/charity-golf-classic/)



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