BUILT TO BEAT CANCER

NORTHSIDE HOSPITAL CANCER INSTITUTE

Northside Hospital Cancer Institute: 404-531-4444 | northside.com/cancer-institute

Summer 2026 | Volume 13, Issue 3

IN THIS ISSUE:

U.S. News Best Hospitals 2026-2027

Northside Hospital Atlanta has been ranked No. 46 in the nation for cancer care and No. 2 in Georgia. This is the first time the hospital has earned a place among the nation's top 50 cancer programs.

Northside Hospital Immunotherapy Program: Expanding Access to Advanced Cellular Therapies

As immunotherapy continues to transform the cancer treatment landscape, rapid and convenient access to innovative cellular therapies has become increasingly important. Northside Hospital's Immunotherapy Program combines **advanced laboratory capabilities**, **streamlined care coordination**, and a **growing portfolio of clinical trials** to provide patients with timely access to leading immune effector cell (IEC) therapies.

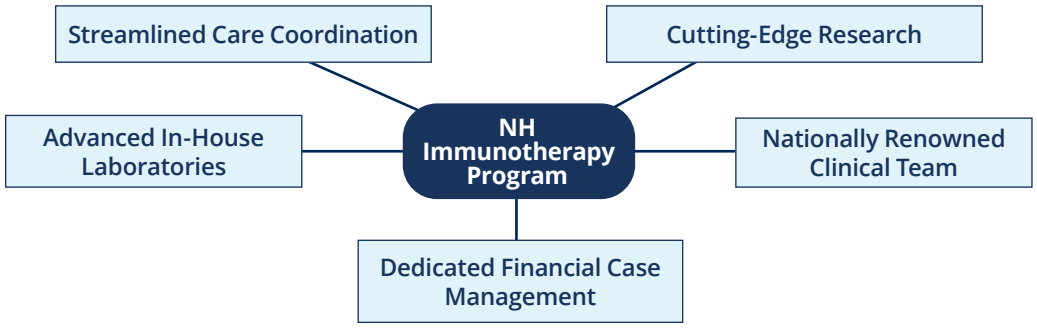
The program offers a broad range of FDA-approved and investigational immunotherapies, including CAR T-cell therapy for multiple myeloma, leukemia and lymphoma, tumor-infiltrating lymphocyte (TIL) therapy for advanced melanoma, and IEC therapies for hematologic malignancies, sarcoma and autoimmune diseases such as systemic lupus erythematosus (SLE).

Supporting these therapies is a comprehensive in-house laboratory infrastructure, including cellular therapy collection, cellular processing, molecular diagnostics and flow cytometry laboratories. These integrated resources help streamline patient evaluation and treatment while supporting clinical research.

Northside Hospital continues to expand its immunotherapy clinical trial portfolio and has a proven track record in rapidly opening new studies as novel therapies emerge. **Northside Hospital is the first and only site in Georgia to offer enrollment in the ongoing KITE CAR T-cell study (NH 1400) for large B cell lymphomas**, including mantle cell lymphoma. The Immunotherapy Program is also enrolling in the **Breakfree-SLE trial (NH C605), a phase 2 study evaluating CD19-targeted NEX-T CAR T cells (CC-97540)** in patients with active SLE, including lupus nephritis, who have had an inadequate response to standard immunosuppressive therapy. For patients enrolled in immunotherapy clinical trials, investigational therapies are provided through study sponsorship at no cost to the patient.

A hallmark of the program is its ability to move patients efficiently from referral to infusion. A dedicated partnership among the Northside Hospital Oncology Business Operations, Blood and Marrow Transplant Group of Georgia and Managed Care teams facilitate rapid insurance authorization and financial agreements with major commercial payers. This collaborative model enables Northside Hospital to quickly implement newly FDA-approved CAR T-cell, TIL and other IEC therapies, helping minimize treatment delays that can occur at many institutions.

Patients are further supported by dedicated oncology business office staff who assist with transportation, financial and insurance-related challenges, as well as by specialized registered nurse care coordinators and resource coordinators who manage evaluations, scheduling and treatment logistics. Working closely with each immunotherapy physician, these teams help ensure patients can access treatment as efficiently as possible while receiving coordinated, patient-centered care.



Clinical Trials and Research

New and Ongoing Cancer Clinical Trials

Disease Site	Sponsor, Protocol Number and Study Title	NCT Identifier
Genitourinary	**Alliance for Clinical Trials (NCI) || A032302 || ASPIRE:** Docetaxel Addition in Metastatic Castrate-Sensitive Prostate Cancer	NCT06931340
	Study Design A randomized, open-label, phase 3 study comparing **ADT plus apalutamide with ADT plus apalutamide plus docetaxel**. All patients will receive ADT and apalutamide (240 mg PO once daily) until disease progression or withdrawal. Patients will be randomized as follows: **Arm 1:** ADT + Apalutamide only **Arm 2:** ADT + Apalutamide + Docetaxel - Patients will receive 6 doses of docetaxel administered every 21 days with a backbone of ADT and apalutamide.	
Breast	**Olema Pharmaceuticals, Inc. || OP-1250-302 || OPERA-02:** A Phase 3 Randomized, Double-Blind, Active-Controlled Study of Palazestrant With Ribociclib Versus Letrozole With Ribociclib for the First-Line Treatment of ER+, HER2- Advanced Breast Cancer	NCT07085767
	Study Design An international, multi-center, randomized, double-blind, active-controlled phase 3 trial comparing efficacy and safety of (**Arm A: investigational arm**) palazestrant in combination with ribociclib + letrozole-matching placebo to (**Arm B: control arm**) letrozole in combination with ribociclib + palazestrant-matching placebo in participants with ER+, HER2− locally advanced or metastatic breast cancer who have not received any prior systemic therapy for advanced disease.	
Lung	**BioNTech SE || BNT327-03 || ROSETTA Lung-01:** A Phase 3, Multisite, Double-Blind Randomized Trial of BNT327 in Combination With Chemotherapy (Etoposide/Carboplatin) Compared to Atezolizumab in Combination With Chemotherapy (Etoposide/Carboplatin) in Participants With First-Line ES-SCLC	NCT06712355
	Study Design This is a phase 3, multisite, randomized, double-blind trial in participants with first-line ES-SCLC. There are two stages in this trial: **Stage 1** will have three arms, and **Stage 2** will start when the final dose is selected and will have two arms. **Stage 1:** **- Control Arm:** Participants will initially receive 4 cycles of combination therapy: • Atezolizumab • Carboplatin • Etoposide Followed by a maintenance period with atezolizumab **- Treatment Arm 1:** Participants will initially receive 4 cycles of combination therapy: • BNT327 IV 2000 mg • Carboplatin • Etoposide Followed by a maintenance period with BNT327 IV 2000 mg **- Treatment Arm 2:** Participants will initially receive 4 cycles of combination therapy: • BNT327 IV 1400 mg • Carboplatin • Etoposide Followed by a maintenance period with BNT327 1400 mg **Stage 2:** **- Control Arm:** Participants will initially receive 4 cycles of combination therapy: • Atezolizumab • Carboplatin • Etoposide Followed by a maintenance period with atezolizumab **- Treatment Arm:** Participants will initially receive 4 cycles of combination therapy: • BNT327 1500 mg • Carboplatin • Etoposide Followed by a maintenance period with BNT327 1500 mg	

ADT=androgen deprivation therapy; HER2−=human epidermal growth factor receptor 2 negative; ER+=estrogen receptor positive; ES-SCLC=extensive stage small cell lung cancer; IV=intravenous; PO=by mouth.

To learn more about Clinical Trials at Northside Hospital Cancer Institute, visit the Cancer Research and Clinical Trials page or call 404-303-3355.

IN THE NEWS: Update for Clinicians

Highlights from the American Society of Clinical Oncology 2026 Annual Meeting

Ivonescimab Plus Chemotherapy Significantly Improves Overall Survival in Advanced Squamous NSCLC: Interim Overall Survival Analysis of the Phase 3 HARMONi-6 Study

Dr. Shun Lu, from Shanghai Chest Hospital, presented overall survival (OS) results from HARMONi-6, a randomized, double-blind, phase 3 study of ivonescimab plus chemotherapy versus tislelizumab plus chemotherapy in previously untreated advanced squamous non-small cell lung cancer (NSCLC). Ivonescimab is the first PD-1/VEGF dual-target bispecific antibody worldwide, approved in China for two lung indications.

In this trial, 532 patients with pathologically confirmed stage IIIB–IV squamous NSCLC, no EGFR mutations or ALK rearrangements, and ECOG performance status (PS) 0–1 were randomized to ivonescimab 20 mg/kg every three weeks plus chemotherapy (n=266) or tislelizumab 200 mg every three weeks plus chemotherapy (n=266). The primary endpoint was progression-free survival (PFS) by independent radiology review; OS was the key secondary endpoint and tested hierarchically. At the previous interim analysis, ivonescimab plus chemotherapy significantly improved PFS (11.1 versus 6.9 months; HR 0.60; p<0.0001), enabling this prespecified interim OS analysis (median follow-up, 21.36 months).

Ivonescimab plus chemotherapy significantly improved OS: median OS was 27.89 months versus 23.69 months with tislelizumab plus chemotherapy (stratified HR 0.66; 95% CI, 0.50–0.87; p=0.0017). The OS benefit was consistent across

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Highlights from the American Society of Clinical Oncology 2026 Annual Meeting

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subgroups, including age, sex, ECOG PS, disease stage, and PD-L1 expression level.

Treatment-related adverse events (TRAEs) occurred in 99.2% of patients in both arms. Grade ≥3 TRAEs were more frequent with ivonescimab (69.2% versus 58.9%), and possibly VEGF-related AEs (proteinuria, hemorrhage and hypertension), which were mostly grade 1-2, occurred more often with ivonescimab. Rates of TRAEs leading to discontinuation or death were similar between arms. The authors concluded that **these results support ivonescimab plus chemotherapy as a new first-line standard for advanced squamous NSCLC in China; a global phase 3 study (HARMONi-3) is underway.**

Reference: Zhiwei C, et al. *J Clin Oncol.* 2026; 44 (suppl 17): abstr LBA4.

Expert Commentary

By I-Wen Chang, MD

HARMONi-6 suggests that combined PD-1 and VEGF inhibition may improve survival beyond standard chemoimmunotherapy in advanced squamous NSCLC. However, ivonescimab remains investigational in the U.S., where pembrolizumab- and cemiplimab-based regimens remain established first-line options.

The findings cannot yet be directly extrapolated to U.S. practice because the trial was conducted in China, used tislelizumab as the comparator and enrolled a predominantly male population with a median age of 64 years, while excluding patients older than 75 years.

The multiregional HARMONi-3 trial, which directly compares ivonescimab with pembrolizumab-based chemoimmunotherapy, will be essential to determine whether the benefit is generalizable.

Bleeding risk also warrants attention. Grade 3 or higher treatment-related hemorrhage occurred in approximately 3% of patients receiving ivonescimab versus 1% with tislelizumab, emphasizing the need for careful selection of patients with hemoptysis, tumor cavitation, central disease or other hemorrhagic risk factors.

For now, HARMONi-6 is practice-informing rather than practice-changing. **U.S. adoption will require confirmation that ivonescimab improves upon pembrolizumab-based therapy in a broader and more representative population**.

Prosigna 50-Gene Assay Identifies Patients Who Can Safely Avoid Chemotherapy in High Clinical Risk, ER-Positive/HER2-Negative Early Breast Cancer: First Results of the Phase 3 OPTIMA Trial

Prof. Robert C. Stein presented first results from OPTIMA, a phase 3 randomized non-inferiority trial testing whether a 50-gene expression assay (Prosigna) can safely direct chemotherapy decisions in high clinical risk, ER-positive/HER2-negative early breast cancer. Unlike prior genomic assay trials limited to postmenopausal patients with up to three involved nodes, OPTIMA enrolled women and men aged 40 years or older with up to nine involved lymph nodes, testing whether nodal burden affects chemotherapy benefit in low-score tumors.

A total of 4,429 patients were randomized to a control arm (chemo-endocrine therapy) or a test-directed arm (chemo-endocrine therapy for risk of recurrence [ROR] score >60 or endocrine therapy alone, with ovarian function suppression [OFS] in premenopausal patients, for ROR ≤60). The per-protocol population included 2,059 control and 2,094 test-directed patients; 66–68% had ROR ≤60. Median follow-up was 4.0 years. The primary endpoint was invasive breast cancer-free survival (IBCFS).

Non-inferiority was demonstrated in both populations. In the full per-protocol population, five-year IBCFS was 91.8% (control) versus 90.3% (test-directed; adjusted HR 1.03; 90% CI, 0.85–1.25; noninferiority p=0.006). In the ROR ≤60 subpopulation, 5-year IBCFS was 94.8% versus 93.6% (adjusted HR 1.06; 90% CI, 0.80–1.40; noninferiority p=0.003), with observed differences of 1.5% and 1.2%, respectively, favoring chemotherapy. Subgroup analyses of the low-ROR population by menopausal status, grade, tumor size, nodal status and chemotherapy regimen showed hazard ratios consistently crossing one.

These results support Prosigna-guided omission of chemotherapy for patients with high clinical risk, ER-positive/HER2-negative early breast cancer, including premenopausal women aged 40 and older (with ovarian function suppression) and patients with four–nine involved nodes or stage IIIA disease, preventing at most two recurrences per 100 patients treated.

Reference: Stein R, et al. *J Clin Oncol.* 2026; 44 (suppl 16): abstr 500

Expert Commentary

By Gena Volas-Redd, MD

Three genomic assays guide chemotherapy decisions in node-positive, ER+/HER2− early breast cancer: Prosigna (PAM50), Oncotype DX, and MammaPrint. The OPTIMA trial offers the newest and most practice-changing evidence. Notably, 73% of the enrolled patients had 1–3 positive nodes and 19% had 4–9 nodes, broader than RxPONDER or MINDACT, both capped at 3 nodes. Sixty-eight percent of patients were low-risk by Prosigna and avoided chemotherapy. At 3.9 years median follow-up, the test-directed strategy met its primary endpoint for IBCFS.

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Highlights from the American Society of Clinical Oncology 2026 Annual Meeting

Expert Commentary *By Gena Volas-Redd, MD*
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OFS was mandated for premenopausal patients in the endocrine-only arm, and no significant heterogeneity in outcomes was observed by menopausal status. This addresses a key unresolved question from RxPONDER: premenopausal patients benefited from chemotherapy (HR 0.60) regardless of recurrence score, but because OFS was not mandated in the endocrine-only arm, it was unclear whether this benefit reflected chemotherapy's direct cytotoxic effect or its secondary effect of inducing ovarian suppression. MINDACT had the same limitation in that OFS was not mandated for premenopausal patients who skipped chemotherapy. Its exploratory analysis found a chemotherapy benefit only in women aged 50 years or younger, further suggesting an OFS-driven effect rather than a direct cytotoxic one.

Results of the OPTIMA trial offer two key advances: the strongest evidence yet that endocrine therapy plus OFS (without chemotherapy) is safe for premenopausal, low-risk patients, and extension of genomic-guided de-escalation to higher-risk nodal disease (up to 9 nodes).

Izalontamab Brengitecan Improves Progression-Free Survival and Overall Survival in Pre-Treated Triple-Negative Breast Cancer: Interim Analysis of the Phase 3 PANKU-Breast02 Study

Dr. Jiong Wu, from Fudan University Shanghai Cancer Center, presented interim results from PANKU-Breast02, a randomized, open-label, phase 3 study of izalontamab brengitecan (iza-bren), an EGFR × HER3 bispecific antibody-drug conjugate, versus physician's choice chemotherapy in patients with pre-treated, unresectable locally advanced or metastatic triple-negative breast cancer (TNBC).

In this trial conducted at 81 sites in China, 418 patients who received prior taxane-containing chemotherapy (1–2 prior lines) were randomized to iza-bren 2.5 mg/kg on days 1 and 8 every 3 weeks (n=207 treated) or investigator's choice of eribulin, capecitabine, gemcitabine or vinorelbine (n=205 treated), stratified by prior chemotherapy lines, prior anti-PD-(L)1 therapy and HER2 expression. Dual primary endpoints were progression-free survival (PFS) by blinded independent central review (BICR) and overall survival (OS).

Both primary endpoints were met at the pre-specified interim analysis. Median PFS by BICR was 8.5 months with iza-bren versus 3.1 months with chemotherapy (HR 0.29; 95% CI, 0.22–0.38; p<0.0001), demonstrating a 71% reduction in risk of progression or death, with consistent benefit across subgroups including HER2 IHC0 and HER2-low populations. Median OS was 15.9 months versus 12.5 months (HR 0.60; 95% CI, 0.42–0.85; p=0.0019), respectively, demonstrating a 40% reduction in the risk of death. Confirmed overall response rate (ORR) by BICR was 51.7% with iza-bren versus 20.5% with chemotherapy, and the median duration of response was 8.3 versus 4.0 months.

Grade ≥3 treatment-emergent adverse events (TEAEs), which were more frequent with iza-bren (88.9% versus 62.9%), were primarily hematologic (anemia, decreased white blood cell/platelet/neutrophil counts) and effectively managed with supportive care; treatment discontinuation due to TEAEs was low (1.9% versus 0.5%). **These results support iza-bren as a new standard of care for pre-treated metastatic TNBC.**

Reference: Wu J, et al. *J Clin Oncol*. 2026;44 (suppl 17): abstr LBA1003

Expert Commentary

By Amelia Zelnak, MD

Metastatic triple-negative breast cancer (TNBC) remains difficult to treat due to aggressive biology and limited effective therapies, so new approaches are urgently needed. Izalontamab brengitecan (iza-bren), a first-in-class EGFR x HER3 bispecific antibody-drug conjugate (ADC) with a topoisomerase payload, was evaluated in PANKU-Breast02, a phase III trial in China comparing iza-bren to standard of care (SOC) chemotherapy in metastatic TNBC patients with 1-2 prior treatment lines. Presented at ASCO 2026, interim results from 406 randomized patients showed iza-bren improved median progression-free survival (PFS; 8.5 vs. 3.1 months) and overall response rate (ORR; 51.7% vs. 20.5%) versus SOC. Hematologic events were most common; interstitial lung disease was rare (1.4%).

PANKU-Breast02's design closely mirrors ASCENT, which compared sacituzumab govitecan (SG), an antibody drug conjugate targeting Trop-2, to SOC chemotherapy. Patients enrolled in ASCENT had received 1-2 prior lines of therapy. The updated final analysis showed median PFS of 4.8 vs. 1.7 months and ORR of 35% vs. 5%. Cross-trial comparisons are limited by differing populations, but improved outcomes with iza-bren are promising.

Iza-bren is now being tested as first-line therapy for metastatic TNBC in the global IZABRIGHT-Breast01 (NCT06926868) trial, open at Northside Hospital, comparing iza-bren to physician's choice chemotherapy (taxane, capecitabine, or gemcitabine/carboplatin). Since SG and datopotamab deruxtecan both gained first-line FDA approval for metastatic TNBC this year, IZABRIGHT-Breast01 may be amended to include Trop-2 ADCs in the control arm. Results are highly anticipated given PANKU-Breast02's findings.

References: Bardia A, et al. *J Clin Oncol.* 2024;42(15):1738-1744; Bardia A, et al. *N Engl J Med*. 2021;384(16):1529-1541.

Highlights from the American Society of Clinical Oncology 2026 Annual Meeting

Daraxonrasib Improves Overall Survival in Previously Treated Metastatic Pancreatic Adenocarcinoma: Primary and Final Analysis of the Phase 3 RASolute 302 Study

Dr. Brian M. Wolpin, from the Hale Family Center for Pancreatic Cancer Research at Dana-Farber Cancer Institute, presented primary and final analysis results from RASolute 302, a phase 3 study of daraxonrasib, an oral RAS(ON) multi-selective inhibitor, versus inviestgator's choice of chemotherapy in previously treated metastatic pancreatic adenocarcinoma (mPDAC). Standard chemotherapy offers limited benefit in this setting (median progression-free survival [PFS] is 3–4 months; median overall survival (OS) 6–7 months), and no RAS-targeted therapies are approved for PDAC despite more than 90% of tumors harboring an oncogenic RAS mutation.

Five hundred patients with mPDAC who received one prior fluoropyrimidine- or gemcitabine-based regimen were randomized 1:1 to daraxonrasib 300 mg orally once daily (n=248) or investigator's choice chemotherapy (n=252). Dual primary endpoints were OS and PFS by blinded independent central review (BICR) in the RAS G12-mutant population, with OS and PFS in the overall population as key secondary endpoints.

In the RAS G12 population, median OS was 13.2 months with daraxonrasib versus 6.6 months with chemotherapy (HR 0.40; 95% CI, 0.30-0.54; p=5.9x10-10), consistent with the overall population (13.2 versus 6.7 months; HR 0.40; HR 0.40; 95% CI, 0.30-0.53; p=4.6x10-11). PFS by BICR also favored daraxonrasib in the RAS G12 population (7.3 versus 3.5 months; HR 0.45; 95% CI, 0.34-0.59; p=3.2x10-9) and overall population (7.2 versus 3.6 months; HR 0.49; 95% CI, 0.38-0.64; p=5.2x10-8). Confirmed ORR was 33.2% versus 11.8% (RAS G12) and 31.6% versus 11.2% (overall) with daraxonrasib versus chemotherapy (both p<0.0001).

The most common treatment-related adverse events (TRAEs) with daraxonrasib were rash (85%), diarrhea (58%), stomatitis (53%), nausea (46%), and vomiting (37%), which were mostly low grade. Grade ≥3 TRAEs (43.6% versus 57.5%) and discontinuations due to TRAEs (1.2% versus 11.2%) were less frequent with daraxonrasib than chemotherapy. One treatment-related death (pneumonitis) occurred with daraxonrasib. Daraxonrasib also delayed time to deterioration in pain and quality of life versus chemotherapy. **These findings support daraxonrasib as a new standard of care for previously treated mPDAC, regardless of RAS mutation status.**

Reference: Wolpin BM, et al. *J Clin Oncol.* 2026;44(suppl 17): abstr LBA5.

Expert Commentary

By Karthi Subbannan, MD

Current second-line chemotherapy for metastatic pancreatic ductal adenocarcinoma (mPDAC) provides limited benefit, with median progression-free survival (PFS) of 3–4 months and overall survival (OS) of approximately 6 months. In a phase 3 trial published in the *New England Journal of Medicine*, approximately 500 patients with previously treated metastatic pancreatic cancer were randomized to daraxonrasib or standard second-line chemotherapy. Daraxonrasib doubled median OS (13.2 versus 6.7 months) and PFS (7.2 versus 3.6 months) while nearly tripling the objective response rate (32% versus 11%). Clinical benefit was observed regardless of tumor RAS mutation status. The most common treatment-related adverse events leading to dose reduction of daraxonrasib were rash and stomatitis, with fewer grade 3 treatment-related adverse events and discontinuations than chemotherapy.

These findings support daraxonrasib as a potential new standard of care for patients with previously treated mPDAC, with or without a RAS mutation, based on clinically meaningful improvements in response rate, PFS, and OS, along with a manageable safety profile.

Northside Hospital Cancer Institute, in collaboration with Revolution Medicines, Inc., is offering an Expanded Access Program (EAP) for patients with previously treated pancreatic adenocarcinoma. The aim of the EAP is to make daraxonrasib available to eligible patients who have no comparable or satisfactory FDA-approved treatment options. To discuss patient eligibility, please contact the Central Research Department at 404-303-3355 or clinical.trials@northside.com

Reference: O'Reilly EM, et al. *N Engl J Med.* 2026;395(4):325-337. doi: 10.1056/NEJMoa2605555.

Elevating the Patient Experience

Northside Hospital Immunotherapy Program Becomes Georgia's Only Center Offering Tecelra® for Advanced Synovial Sarcoma

Northside Hospital's Immunotherapy Program is the only center in Georgia currently offering Tecelra® (afamitresgene autoleucel), a melanoma-associated antigen A4 (MAGE-A4)-directed autologous T-cell therapy for eligible adults with unresectable or metastatic synovial sarcoma.

Tecelra is indicated for adults with unresectable or metastatic synovial sarcoma who:

- Have received prior chemotherapy
- Are HLA-A02:01P, -A02:02P, -A02:03P or -A02:06P positive
- Have tumors that express the MAGE-A4 antigen, as determined by an FDA-approved or FDA-cleared companion diagnostic test.

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Northside Hospital Immunotherapy Program Becomes Georgia's Only Center Offering Tecelra® for Advanced Synovial Sarcoma *(continued from page 5)*

For additional information, including prescribing information and patient eligibility criteria, visit the Tecelra Healthcare Professional website tecelra-hcp.com. To refer a patient for consultation or speak to a Blood and Marrow Transplant Group of Georgia physician, please call 404-255-1930.

Northside Hospital Recognized for Excellence in Lung Cancer Surgical Outcomes

Northside Hospital Cancer Institute has earned a **"Better than Expected" rating**, the highest possible quality designation, from the Society of Thoracic Surgeons for its outstanding patient care and lung cancer surgical outcomes. The rating places Northside among the top thoracic surgery programs in the United States and Canada, reflecting exceptional performance in key areas, including mortality, complications and overall patient outcomes following lung cancer surgeries.

In 2026, patients whose lung cancer can be removed surgically are benefiting from robotic assisted, minimally invasive approaches," said Dr. Michal (Misho) Hubka, medical director of Northside Thoracic Surgery. "Our team's deep expertise in robotic lung resections is reflected in our outcomes, which consistently surpass national benchmark."

Additionally, Northside Hospital Atlanta has been named among U.S. News & World Report's 2026-2027 Best Hospitals edition as a High Performing hospital for lung cancer surgeries. This is the highest distinction a hospital can earn as part of U.S. News' Best Hospitals Procedures & Conditions ratings.

Fewer than half of the 4,500 hospitals evaluated earned a 'High Performing' designation in the types of care evaluated by U.S. News.

Around Our Campuses

Save the Date: Northside Hospital Cancer Institute Patient and Care Partner Education Conference

Northside Hospital Cancer Institute is pleased to host the fifth annual **Patient and Care Partner Education Conference** on **Saturday, Sept. 12, 2026, from 9 a.m. to 2:30 p.m.** at The Hotel at Avalon in Alpharetta. Key topics at this conference will include:

- The Role Your Care Team Plays
- How Nutrition Provides Support
- How to Talk About Things You're Afraid to Say
- Writing Your Next Chapter
- Finding Strength, Meaning and Hope Through the Cancer Journey

Presenters will include Northside-affiliated providers and external experts. The conference is free of charge, and lunch will be served. Please refer patients and care partners to northside.com/patientandcarepartner to register.

Provider Features

Welcome New Providers

Sai Bandaru, MD, is a hematologist and oncologist who recently joined Georgia Cancer Specialists – Griffin and Georgia Cancer Specialists – Stockbridge. To learn more, please visit gacancer.com/ourteam/sai-s-bandaru-md.

Moon Fenton, MD, is a hematologist and oncologist who recently joined Atlanta Cancer Care – Cumming. To learn more, please visit atlantacancercare.com/physicians/moon-fenton/.

Joseph H. Miller, MD, is a neurosurgeon who recently joined Advanced Neurosurgery Associates – Lawrenceville. To learn more, please visit northside.com/joseph-miller.

Deepak Ravindranathan, MD, is a hematologist and oncologist who recently joined Northside Hospital Diagnostic Clinic – Gainesville. To learn more, please visit northside.com/deepak-ravindranathan.

Jeremy Wells, MD, is a hematologist and oncologist who recently joined Georgia Cancer Specialists – Athens and Georgia Cancer Specialists – Lake Oconee. To learn more, please visit gacancer.com/ourteam/jeremy-wells-md.

Provider Updates & Recognitions

As of June 1, 2026, **Scott Davidson, MD**, is now seeing patients at both Northside Melanoma & Sarcoma Specialists of Georgia - Gwinnett and Atlanta locations.

Bryan Miller, LCSW, OSW-C, director of psychosocial support services at Atlanta Cancer Care, has been named a Fellow of the Association of Oncology Social Work (AOSW). Congratulations, Bryan!

Brittani Edwards, patient service representative (PSR) at Georgia Cancer Specialists in Marietta, has been selected as the first BEE Award winner for the outpatient oncology locations. The BEE Award will be given monthly to a non-nursing staff member who personifies Northside's goal to provide excellence in the patient experience. Congratulations to Brittani on this well-deserved recognition!

Upcoming Education and Events

CONTINUING EDUCATION

GASCO's 2026 Annual Meeting & Best of ASCO®, including Administrators' Association & Business of Oncology Meeting and Cancer Patient Navigators of Georgia Tracks
Aug. 21-22, 2026, at The Hotel at Avalon in Alpharetta
gasco.us/meetings-topic.php?meetingid=1080

NHCI Oncology Nursing Symposium
Oncology Nursing: Shaping Tomorrow's Healthcare Landscape
Saturday, Aug. 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

Northside Hospital Cancer Institute Oncology Lecture Series
Occurs third Thursday of each month from 12-1 p.m.
The next one will be on Sept. 17, 2026. For questions or more information, please contact Northside Hospital Department of Medical Education: medical.education@northside.com or 404-236-8419.

CANCER SCREENING & PREVENTION

Prostate & Skin Cancer Screenings
Aug. 20, 2026, from 5:30-8 p.m. @ Atlanta Cancer Care in Conyers
Sept. 24, 2026, from 5:30-8 p.m. @ NHCI Radiation Oncology Atlanta
northside.com/community-wellness/health-screenings

Built To Quit – Smoking and Tobacco Cessation Course
Next six-week session start date: Sept. 15, 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

National Lung Cancer Screening Day
Nov. 14, 2026, at Northside imaging locations in Holly Springs, Atlanta, Cumming, and Lawrenceville.
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 to schedule an appointment.
northside.com/docs/default-source/cancer-institute/screening/lung_cancer_screening_flyer_2022-english-only.pdf

COMMUNITY EVENTS

NHCI-SPONSORED CANCER WALKS/EVENTS

Team Maggie's Dream 5K/10K @ the River @ RCCG King's Court Chapel in Roswell
Sept. 12, 2026, from 7:30 a.m.-10 a.m.
teammaggiesdream.org/events

Southeastern Brain Tumor Foundation Race for Research
Sept. 16, 2026, at 7:45 a.m. @ Atlantic Station in Atlanta
runsignup.com/Race/GA/Atlanta/SBTFRaceForResearch

Georgia Ovarian Cancer Alliance Teal Trot 5K Walk & Run
Sept. 19, 2026, at 9:30 a.m. @ Chastain Park in Atlanta
raceroster.com/events/2026/118450/2026-goca-teal-trot-5k-walkrun

Georgia 2-Day Walk for Breast Cancer
Oct. 3, 2026, at 7 a.m. – Oct. 4, 2026, at noon, starts @ Atlanta Marriott Marquis
gaabc.org/get-involved/

Blood Cancer United Light the Night
Oct. 3, 2026, from 5:30-9 p.m. @ Piedmont Park in Atlanta
lightthenight.org/events/atlanta-0

ZERO Prostate Cancer Run/Walk Atlanta
Oct. 17, 2026, at 7:30 a.m. @ Piedmont Park Promenade in Atlanta
support.zerocancer.org/site/TR?fr_id=3700&pg=entry&s_src=city+homepage

2026 Komen Greater Atlanta Race for the Cure
Oct. 17, 2026, at 8:30 a.m. @ Lenox Square in Atlanta
secure.info-komen.org/site/TR/RacefortheCure/RaceforTheCure?pg=entry&fr_id=11240

Colorectal Cancer Alliance's 2026 Atlanta Walk to End Colon Cancer
Oct. 17, 2026, at 10:30 a.m. @ Shirley Franklin Park in Atlanta
impact.ccalliance.org/event/2026-atlanta-walk-to-end-colon-cancer/e769451

Blood Cancer United Southern Blood Cancer Conference
Oct. 24, 2026, in Atlanta
lls.org/article/blood-cancer-conferences

NORTHSIDE FOUNDATION EVENTS

Tennis & Pickleball Against Breast Cancer benefiting Northside Hospital's Breast Care Program at various locations
Oct. 2, 2026, @ Atlanta Athletic Club
Oct. 9, 2026, @ Forsyth Conference Center
Oct. 16, 2026, @ Cherokee Conference Center
Oct.23, 2026, @ Atlanta Athletic Club
give.northside.com/events/tabc/

Northside Hospital Paint Gwinnett Pink 5K Walk/Run for Breast Cancer
Oct. 17, 2026, at 8 a.m. @ Gas South District in Duluth
support.paintgwinnettpink.com/site/TR/Events/General?pg=entry&fr_id=1130

Northside Hospital Sarcoma Strong Run/Walk 5K
Nov, 7, 2026, at 8 a.m. @ Chastain Park in Atlanta
give.northside.com/sarcoma-strong-5k/

NORTHSIDE-HOSTED SURVIVOR EVENTS

NHCI 2026 Patient & Care Partner Conference
Sept. 12, 2026, at The Hotel at Avalon in Alpharetta
northside.com/patientandcarepartner

Metastatic Breast Cancer (MBC) Retreat
Sept. 18-20, 2026
This is a weekend retreat facilitated by a clinical oncology social worker and oncology nurse. Registration is offered at no cost to MBC patients and their care partner. Please contact kymberly.duncan@northside.com with any questions.

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