Expansion of NHCI Services to Midtown

Northside Hospital Cancer Institute is pleased to expand major oncology services into the heart of midtown this fall. Northside Midtown Medical is a state-of-the-art facility located at 1110 West Peachtree Street, NE. NHCI-affiliated practices at our new midtown location include Northside Midtown Imaging, Georgia Colon and Rectal Surgical Associates, Atlanta Cardiac and Thoracic and Surgical Associates, Atlanta Gastroenterology Associates, and Georgia Urology. In addition, radiation oncology services including external beam radiation therapy, interstitial and intracavitary radiation, and treatment planning will now be offered at the midtown location. “We are excited to expand the reach of NHCI by offering unique, cutting-edge cancer care to the residents of the midtown community,” said Patti Owen, director of the Northside Hospital Cancer Institute.

IN THE NEWS: Updates for Clinicians

Patient-Reported Toxicity During Pelvic Intensity-Modulated Radiation Therapy: NRG Oncology–RTOG 1203

Postoperative radiation as part of multimodality therapy for cervical and endometrial cancers, though potentially curative, causes significant toxicity, most notably diarrhea. Cooperative group NRG Oncology recently reported results from a phase 3 clinical trial comparing patient-reported acute toxicity and health-related quality of life during treatment for cervical and endometrial cancers. Patients were randomized to standard four-field pelvic radiation or intensity modulated radiation therapy (IMRT). “Northside Hospital was the third highest contributor to RTOG-1203 nationally, having enrolled 12 patients while it was open at this site,” noted Margaret Ferreira, Research Program Director.

To assess toxicity, patients completed several questionnaires including the Expanded Prostate Cancer Index Composite (EPIC) scale. Although typically used in prostate cancer patients, this scale was chosen as it is designed to evaluate bowel and urinary function both during and after radiation to the pelvis. Primary and secondary endpoints were change in acute gastrointestinal (GI) toxicity and change in genitourinary toxicity, respectively, from baseline to 5 weeks. At the end of radiation therapy (5 weeks), IMRT resulted in significantly less functional impact on the bowel and urinary systems compared with standard radiation. Also, patients in the IMRT group reported significantly less constant, diarrhea versus those who received standard radiation. “IMRT has significantly expanded in the US, and demonstrating its value is especially important. This study demonstrates how IMRT reduces patient-reported bowel toxicity and impacts quality of life,” states co-author Dr. Guilherme Cantuaria. Long-term follow up is ongoing to see if the benefit of IMRT in patients with cervical and endometrial cancers persists over time.

Commentary by Nancy Wiggers, MD

Intensity modulated radiotherapy (IMRT) is used throughout the Northside Hospital Cancer Institute facilities for the treatment of malignant diseases. This technique uses multiple radiation beams of non-uniform intensity. The beams are modulated to the required intensity map, which delivers a conformal dose of radiation to the desired target (the tumor bed and lymph nodes in the case of endometrial and cervical carcinoma post-op). IMRT significantly spares adjacent normal tissue structures, specifically small bowel and bladder as opposed to treating with a 4-field technique that is essentially the cross-section of four fields and includes a significant amount of bowel and bladder in the pelvis. Findings of the NRG Oncology–RTOG 1203 study confirm what we see in our practice. When performing IMRT, we significantly decrease the rate of dysuria and diarrhea. Commonly IMRT is performed along with image guided radiation therapy (IGRT) to allow for accuracy of the placement of the radiation beams for daily set up.

IN THE NEWS: Updates for Clinicians

Talazoparib Outperforms Chemotherapy in BRCA+ Advanced Breast Cancer

The U.S. Food and Drug Administration (FDA) recently granted Priority Review to talazoparib (Pfizer Inc.), an investigational, once-daily, oral poly ADP ribose polymerase (PARP) inhibitor, for patients with germline BRCA-mutated metastatic breast cancer (MBC). A decision is expected by the FDA in December of this year.

The submission was based on positive data from the phase 3 EMBRACA trial, which randomized 431 patients to treatment with talazoparib or physician's choice of standard single-agent chemotherapy (capecitabine, eribulin, gemcitabine or vinorelbine).1,2 After a median follow up of 11.2 months, the median progression-free survival (PFS), the primary endpoint, was significantly longer for patients treated with talazoparib compared with those who received physician's choice therapy; the reduction in the risk of disease progression or death was 46%. Moreover, the overall response rate reported with talazoparib was more than double that seen with chemotherapy. No differences have been observed in overall survival.

Though hematologic grade 3/4 adverse events, primarily anemia, were more prevalent in the talazoparib group, nonhematologic adverse events were similar between the two groups. It is noteworthy that talazoparib-treated patients reported significant improvement in overall quality of life as well as delays in the time to clinically meaningful deterioration according to the global health status quality of life and breast symptoms scales.

The U.S. Food and Drug Administration (FDA) recently granted Priority Review to talazoparib for patients with germline BRCA-mutated metastatic breast cancer (MBC). The results from the EMBRACA trial are similar to results from the OlympiAD trial, which compared the PARP inhibitor olaparib to standard single-agent chemotherapy (capecitabine, vinorelbine, or eribulin). The median progression-free survival was significantly longer in the olaparib group compared to standard chemotherapy. The results from OlympiAD led to the FDA approval of olaparib in January 2018. Olaparib and talazoparib showed similar efficacy, confirming the role of PARP inhibitors in the treatment of BRCA-mutated MBC.


Summary of Evidence-Based Complementary Therapies

Symptoms & Complementary Therapies

Radiation Skin Reaction
- Aloe vera and hyaluronic acid cream should not be recommended for improving acute radiation skin reaction. (Grade D)

Anxiety/Stress
- Meditation is recommended (Grade A)
- Music therapy is recommended (Grade B)
- Stress management is recommended during treatment, but longer group programs are likely better than self-administered home programs or shorter programs (Grade B)
- Yoga is recommended (Grade B)
- Acupuncture, massage, and relaxation can be considered. (Grade C)

Chemo-Induced Nausea and Vomiting
- Acupuncture can be considered as an addition to antiemetic drugs to control nausea and vomiting during chemotherapy (Grade B)
- Electroacupuncture can be considered as an addition to antiemetic drugs to control vomiting during chemotherapy (Grade B)
- Ginger and relaxation can be considered as additions to antiemetic drugs to control nausea and vomiting during chemotherapy. (Grade C)
- Glutamine should not be recommended for improving nausea and vomiting during chemotherapy (Grade D)

Lymphedema
- Low-level laser therapy, manual lymphatic drainage, and compression bandaging can be considered for improving lymphedema (Grade C)

Chemo-Induced Neuropathy
- Acetyl-L-carnitine is not recommended for the prevention of chemotherapy-induced peripheral neuropathy due to potential harm (Grade H)

Grades: A=Recommends the modality (there is high certainty that the net benefit is substantial—offer/provide this modality); B=Recommends the modality (there is high certainty that the net benefit is moderate, or there is moderate certainty that the net benefit is moderate to substantial—offer/provide this modality); C=Recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences (there is at least moderate certainty that the net benefit is small—offer/provide this modality for selected patients, depending on individual circumstances); D=Recommends against the service (there is moderate or high certainty that the modality has no net benefit—discourage the use of this modality); H=Recommends against the service (there is moderate or high certainty that the harms outweigh the benefits—discourage the use of this modality).

INTEGRATIVE THERAPIES DURING AND AFTER BREAST CANCER TREATMENTS

by Silpa Reddy, MD

The American Society of Clinical Oncology (ASCO) recently announced their endorsement of a Clinical Practice Guideline for Integrative Therapies for use in breast cancer patients during and after treatment. The guideline was developed by the Society for Integrative Oncology (SIO) in an effort to address the many strategies that cancer patients are using to help them cope with the symptoms and adverse events of treatment, including but not limited to anxiety, stress, fatigue, mood disturbances, and nausea/vomiting. Complementary therapies included meditation, yoga, acupuncture, and natural products commonly used by patients. The ASCO expert panel concluded that these therapies are “clear, thorough, and based on the most relevant society data.” The ASCO panel findings were reported in the Journal of Clinical Oncology.

Key recommendations endorsed by ASCO included music therapy, meditation, stress management and yoga for anxiety/stress reduction. Acupuncture and acupressure were recommended for reducing chemotherapy-induced nausea and vomiting. There was no strong evidence to support the use of ingested dietary supplements to manage breast cancer treatment-related adverse effects.

Patients are interested and looking for additional therapies to address their breast cancer-related symptoms. Asking our patients if they are having any side effects from treatments is imperative to their symptom management. We now have evidence-based results on some commonly used or recommended supportive therapies to discuss with them. Keeping an open dialogue and being transparent regarding integrative therapies will ultimately provide better care for our patients.

IN THE NEWS: Updates for Clinicians

Direct-to-Consumer (DTC) Genetic Testing: What Providers Need to Know
By Jamie Paysour, MMSc, CGC

Direct-to-consumer (DTC) genetic testing companies have been offering at-home ancestry tests for several years. More recently, they have also begun testing customers for susceptibility to diseases, such as cardiovascular disease, Parkinson’s, and, most notably, cancer. With these additions, an increasing number of patients may be seeking guidance from their healthcare providers to make sense of these results and their implications.

When a patient mentions their DTC test results or asks your opinion about these tests, it is important to know that these tests are not as accurate or comprehensive as clinical hereditary cancer tests. A recent study conducted by a clinical genetic testing laboratory identified that 40% of gene ‘mutations’ reported by DTC companies or third-party interpretation services were actually false positives. The National Society of Genetic Counselors and the American College of Medical Genetics recommend that all individuals who test positive for a mutation through DTC testing receive confirmatory testing under the supervision of a genetic counselor or otherwise qualified healthcare provider. Even if a patient receives a negative DTC test result, this does not necessarily remove the patient’s potential risk for disease. For example, DTC companies are currently analyzing only three specific BRCA1 and BRCA2 gene mutations most commonly found in the Ashkenazi Jewish population. However, 1,000+ mutations have been identified in BRCA1 and BRCA2 to date and there are over 80 other hereditary cancer genes that are not being analyzed in DTC labs.

Any patient who has a personal or family history of cancer that is suggestive of a hereditary cause (despite their DTC results) should meet with a genetic counselor or similarly trained healthcare provider for a personalized risk assessment. This way, the most appropriate and accurate test is selected (if testing is indicated), and the patient will receive a thorough post-test risk assessment for themselves and their relatives. Not only does this process assure that the patient is receiving the appropriate surveillance, but this may also reduce the overall cost of unnecessary procedures for patients and the health-care system.

If your patients have had DTC testing or have a suspicious personal or family history of cancer, there are genetic counselors available for consultation at Northside Hospital’s Hereditary Cancer Program. Providers and patients may reach them by calling 404-851-6284 or e-mailing genetics@northside.com.


Elevating Patient Experience at NHCI

1st Annual Sarcoma Exchange!

NHCI sponsored the 1st Annual Sarcoma Exchange hosted by the Sarcoma Alliance July 20-22, 2018 in Atlanta. Patients and caregivers came from 29 states and represented 21 subtypes. “We were so encouraged by the outpouring of participation by the sarcoma patient, caregiver and survivor community. We had 147 attendees, but many more expressed that they wanted to attend,” said Alyssa O’Driscoll, executive director of the Sarcoma Alliance. “We’re planning to make this a regular part of our programming should funding continue.”

The Sarcoma Alliance, founded in 1999, is an international nonprofit organization dedicated to the education, guidance and support of people affected by sarcoma. Because education is a vital part of the organization, for many years the Sarcoma Alliance wanted to create a live event. However, it wasn’t until recently that the organization was able to secure enough funding to support such a gathering. NHCI was generous enough to contribute to the funding and elicit volunteers to make it happen. Through the years, sarcoma survivors and families have met each other at other smaller Alliance events and online. However, most people attending had never met each other in person. Moreover, this the first time that a large patient-education conference has been held.

Many attendees felt that the biggest take away from the conference was the ability to connect in person with other sarcoma patients and their caregivers that they have met through online support groups. Knowledge is incredibly valuable for sarcoma patients; and having the opportunity to exchange their experiences while enduring this diagnosis and the treatments that follow are invaluable. Because sarcomas are so rare, it is especially important for patients to feel that they are not alone in their journey.

A special shout out to Dr. Gina D’Amato, who made it all happen. Dr. D’Amato, a Sarcoma Alliance board member, treats sarcoma patients at Georgia Cancer Specialists affiliated with NHCI where she is an active member of the NHCI Sarcoma Program. She is grateful that sarcoma specialists from across the South volunteered to speak, along with her colleagues from Northside.

Faculty included Drs. Robert Benjamin and Shreyas Kumar Patel (MD Anderson Cancer Center, Houston), Dr. Jonathan Trent (Sylvester Cancer Center, Miami), Dr. Richard Riedel (Duke Cancer Institute, Durham), Dr. Scott Davidson (NHCI), and Dr. Hamilton Williams (NHCI). Breakout sessions covered patients in treatment, survivors and caregivers. Sarcoma Alliance board member Marites Tullius, a nurse practitioner, spoke on palliative care. Other NHCI faculty and topics included registered dietitian Rebecca Perez, nutrition; social worker Myra Bazell, stress management; RN Debbie Bickes, patient navigation; and occupational therapist Melora Rennie, exercise and fatigue.

Osteosarcoma survivor Woody Roseland, whose presentation, “$#!% Cancer Patients Say,” brought knowing laughs and entertainment. In the evening, hypnotist Ricky Kalmon evoked a great deal of silliness from his targets. In addition to NHCI, sponsors included Lilly, Eisai, Ignyta, Novartis, Immune Design and Epizyme. Presentations from the conference are posted here: https://sarcomaalliance.org/event/sarcoma-exchange-2018/.
Elevating Patient Experience at NHCI

Improving Lung Cancer Outcomes through Screening and Early Detection

By Howard Silverboard, MD, Medical Director of Thoracic Oncology

Lung cancer remains the number one cause of cancer-related death, accounting for more annual cases than colon, breast, or ovarian cancers combined. Further, most cases present at an advanced stage when available treatments are less effective and expected mortality is markedly higher. Therefore, it is imperative that lung cancer is detected early. The National Lung Cancer Screening Trial (NLST) showed that a low-dose computed tomography (LDCT) screen followed by two annual screens, compared to standard lung x-ray screening, reduced the lung cancer mortality by 20% in individuals at high risk for developing lung cancer. Based on these findings, Medicare and most commercial insurance now provide full coverage for lung cancer screening.

Selection of Individuals for Lung Screening

Current guidelines emphasize annual lung screening based on age (55-77 years) and tobacco usage (30+ pack years, stopped smoking less than 15 years ago). Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative surgery. It is estimated that effective lung cancer screening (LCS) may prevent more than 12,000 premature deaths due to lung cancer per year in the United States alone. However, screening for lung cancer is a markedly underutilized resource both nationally and at Northside Hospital.

Barriers to Lung Cancer Screening and Northside Hospital Cancer Institute Resources

Across the United States, it is estimated that under 50% of practicing primary care providers order LCS, and fewer than 3% of eligible patients undergo LCS. Major barriers to the implementation of screening include educating health care providers and the time needed to discuss and perform shared decision making associated with testing. Patients must be referred to an approved imaging facility that submits data to a CMS-approved registry and employs qualified radiologists to interpret the LCS. Further, there must be a reliable mechanism for following up on the screening results and communicating the results to patients. Finally, the discussion regarding lung cancer risk must include a discussion about smoking cessation in active smokers which requires more time and resources.

Lung cancer screening is a potentially lifesaving intervention when implemented with evidence-based protocols and reliable infrastructure. NHCI has the resources to support and coordinate all the services mandated by CMS to maintain a successful lung cancer screening program. Our program consists of a clinical team of pulmonologists, thoracic surgeons, medical oncologists, radiologists, smoking cessation specialists, and nurse navigators. The team assesses the patient’s eligibility, participates in shared decision making, performs and interprets the imaging, communicates with patients, and arranges for smoking cessation resources and all other follow-up care, including imaging.

Surface Guided Radiation Therapy (SGRT) for Left Breast Radiation Therapy

By Nancy Wiggers, MD

At NHCI, we have the ability to perform surface guided radiation therapy or SGRT. The AlignRT® system is used for tracking a patient’s position during radiation therapy. This technology enables the therapist to track external body position and movement during treatment. When treated in combination with deep inspiration breath-hold, it can also reduce radiation exposure to the heart when a left-sided breast cancer is being treated. When treating cancer with radiation therapy, our goal is to deliver radiation to the breast area while protecting surrounding healthy tissue. Taking a deep breath moves the heart down and away from the breast to reduce radiation exposure during treatment. The patient will lie on their back during treatment planning and be asked to take a deep breath for 15-25 seconds. This is called deep inspiration breath-hold or DIBH. During treatment, the patient will hold their breath in the same way, and the therapist is able to see the external contour of the patient. When the patient is aligned, the radiation beam will return on. Using 3 cameras to monitor thousands of points on the skin, the SGRT system can detect any motion and treat with submillimeter accuracy. If the patient moves out of position, the radiation beam will turn off, allowing the therapist to reposition. This technology allows for accuracy of set up during treatment as well as decrease dose to the coronary arteries in a patient whose heart is positioned close to their chest wall.
Elevating Patient Experience at NHCI

**GA NCORP Provides Access to Clinical Trials to Cancer Patients Across Georgia**

The Georgia NCI Community Oncology Research Program (GA NCORP) has made tremendous strides since its inception in 2014. GA NCORP brings cancer clinical research studies to individuals in their own communities through its statewide network, with the goal of improving patient outcomes and reducing cancer disparities. Guilherme Cantuaria, MD, PhD serves as the GA NCORP contact Principal Investigator and Chair of the Executive Committee. Dr. Cantuaria notes that “GA NCORP provides access to clinical trials for a geographically and socioeconomically diverse patient population in varied community delivery settings.”

In 2016, the GA NCORP network provided care to approximately 17,000 newly diagnosed cancer patients across Georgia and neighboring states. Since August 2014, almost 2,000 patients were enrolled in 94 NCI-sponsored trials, comprising 24% racial and ethnic minorities and 16% rural patients. Of these accruals, 38% were to cancer control and prevention (CCP) trials, 28% treatment, 27% precision medicine studies, and 7% cancer care delivery research (CCDR). GA NCORP opened and accrued an impressive 180 women to the large, innovative Tomosynthesis Mammographic Imaging Screening Trial (TMIST).

In 2017, Dr. Cantuaria presented initial outcomes from the Hereditary Cancer Program Ovarian Patient Referral Project, a system-wide project launched by NHCI in 2013 with the aim of referring all patients with an ovarian cancer diagnosis to genetic counseling, per NCCN guidelines. Dr. Cantuaria explained that this pilot project “has demonstrated that ovarian patient referrals to genetic counseling can be sustained in a community setting through a multidisciplinary approach and regular outcome monitoring.”

He added that “Physician engagement and accountability are the keys to success.” Building on this success, GA NCORP intends to expand this project to the network to improve genetic counseling referral rates for patients in rural settings.

Moving forward, GA NCORP leadership has developed innovative plans to support minority accruals as well as increase access to cancer prevention trials via focused engagement with primary care physicians. Jayanthi Srinivasiah, MD will lead the new Disparities Integration Team to increase ethnic/racial diversity within clinical trials, and a two-component mentoring plan has been created for leadership development within the GA NCORP that includes mentoring for primary care physicians and GA NCORP investigators.

**GA NCORP Key Accomplishments Years 1-4**

- Accrued 1198 patients to NCI-approved treatment, cancer control & prevention, and cancer care delivery research trials
- Ranked in the top 15 accruing sites for 11 NCI & GA NCORP high-priority trials
- Ranked in the top 25% of NCORPs in achievement of goals
- Ranked nationally by NCI as top accruers to innovative precision medicine trials
- Received the Platinum Certificate of Excellence Award for exceptional achievement in patient enrollments in NCI treatment and cancer control trials

**Clinical Trials and Research**

**DREAMM2 for Multiple Myeloma (NSH 1205)**

NHCI is participating in DREAMM2, a phase 2 trial evaluating the safety and efficacy of the investigational antibody drug conjugate (ADC) GSK2857916 in patients with relapsed or refractory multiple myeloma (RRMM). GSK2857916 is a humanized (IgG1) ADC that binds to B-cell maturation agent (BCMA), a target widely expressed on malignant plasma cells in multiple myeloma.

This randomized, multicenter study is assessing two doses of GSK2857916 (2.5 mg/kg and 3.4 mg/kg) each administered intravenously every 3 weeks in RRMM patients who have failed at least 3 prior lines of therapy. The target enrollment is 155 participants at approximately 60 centers globally. The primary endpoint of the trial is clinical efficacy of each of the two doses of GSK2857916.

Phase 1 data have shown GSK2857916 to have ocular toxicities, including dry eyes, keratitis, blurred vision, watery eyes, and eye pain. Therefore, patients in the DREAMM2 trial are prohibited from wearing contact lenses while on study, and eye exams are required to be performed at baseline, and prior to each dose during the first four cycles of treatment.

**TRANSFORM for NHL (NSH 1207)**

Many patients with diffuse large B-cell lymphoma (DLBCL) achieve long-term remission after first-line therapy; however, there is a high unmet medical need for patients with refractory disease undergoing salvage therapy. NHCI is participating in a global, phase 3, randomized trial that is comparing standard of care (SOC) therapy with JCAR017, a chimeric antigen receptor (CAR) T-cell therapy, in patients with aggressive B-cell lymphomas who are refractory to first-line chemoimmunotherapy or have relapsed within 12 months of first-line therapy and are eligible for a hematopoietic stem cell transplant (HSCT). During screening all patients will undergo an unstimulated leukapheresis to enable JCAR017 product generation.

Patients will be randomized either to SOC salvage therapy for 3 cycles followed by high-dose chemotherapy and an autologous HSCT or lymphodepleting chemotherapy followed by JCAR017 infusion. A SOC salvage regimen will be allowed during JCAR017 manufacturing. Patients in the SOC chemotherapy arm may be eligible to crossover to JCAR017 upon disease progression. The primary endpoint of the trial is event-free survival (EFS).
Rehabilitation Services
By Adam Drumm

Oncology rehabilitation services at NHCI are integrative, multidisciplinary and support patient quality of life and independence. NHCI offers a comprehensive continuum of care from before treatment begins (“Prehab”) through after treatment ends and during surveillance. Licensed oncology-trained clinicians offer physical and occupational therapy, speech-language pathology, and audiology services. Clinicians with advanced degrees and certifications in specific areas, such as wound care, women's and men's pelvic health, lymphedema management, and dysphagia treatment for head and neck cancer are available to provide specialized care.

The Northside Hospital Oncology Rehabilitation Cancer Steering Committee is a multidisciplinary group that supports the provision of evidence-based best practice care. The committee met over the summer and updated their four key focus areas of pathways, logistics, continuing education, and community support.

- Clinical Pathways developed for:
  - GYN/GU
  - Breast Care
  - Head & Neck
  - BMT

- Developed Oncology Database to track outcomes focused on pain, fatigue, mobility, activities of daily living, communication, and swallowing.

- Oncology Rehabilitation course provided to Northside and Sovereign Rehab clinicians in May 2018

NHCI offers oncology rehabilitation services at several Northside locations (Atlanta, Medical Tower – Atlanta, Alpharetta, Cherokee, and Forsyth) as well as 15 additional locations across the metropolitan and surrounding Atlanta region through Northside’s affiliate organization, Sovereign Rehabilitation. New locations coming this fall are Townlake Overlook and Midtown Medical Center. Additionally, aquatic rehabilitation services are available in Dunwoody, Cumming, Cherokee, and Lawrenceville. To refer a patient for rehabilitative services or for more information call 404-236-8030.
Physician Spotlight

Dr. Ahmed Ali  Dr. Lisa Klepczyk  Dr. Isabella Zhang

Northside Radiation Oncology Consultants (NROC) is pleased to announce the addition of Drs. Lisa Klepczyk, Isabella Zhang and Ahmed Ali. Dr. Klepczyk, board-certified in radiation oncology, has joined the NROC Cherokee office in Canton, GA. She received her undergraduate degree at the University of Central Florida and completed her medical training at the University of South Florida. She completed her internship and residency at the University of Alabama at Birmingham, where she trained in the latest evidence-based radiation technologies. With special interests in breast, gynecologic and prostate cancers, Dr. Klepczyk is looking forward to working with her patients to provide a customized radiation plan to achieve the best results possible and keeping the line of communication open with them.

Dr. Isabella Zhang, who has joined the Cumming office, earned her bachelor’s degree from Pennsylvania State University, and her medical degree from Jefferson Medical College in Philadelphia. She completed her residency at Northwell Health in Lake Success, NY. There Dr. Zhang focused on stereotactic radiosurgery/ stereotactic body radiotherapy, neurocognitive preservation, and improving the quality of life for radiotherapy patients. Dr. Zhang’s clinical interests include Gamma Knife®, stereotactic radiosurgery/ stereotactic body radiotherapy, breast cancer, lung cancer, central nervous system tumors, and head and neck cancer.

Dr. Ahmed Ali, board-certified in radiation oncology, has joined the Atlanta and Alpharetta NROC offices. He received his undergraduate degree at Emory University and attended medical school at the University of Pennsylvania. There, he completed his internship in internal medicine and residency training in radiation oncology. His clinical interests include prostate, lung, and head and neck cancers. Dr. Ali has received additional training in treating prostate cancer with brachytherapy and image-guided radiation therapy (IGRT) through his fellowship with the American Brachytherapy Society Seattle Prostate Institute, as well as experience providing curative treatment for lung cancer through stereotactic body radiotherapy (SBRT) during his SBRT fellowship at Swedish Medical Center in Seattle.

NROC’s affiliation with Northside Hospital Cancer Institute is critical to successful treatments and outcomes, as more new cases of cancer are diagnosed and treated at Northside each year than at any other hospital in Georgia. To learn more information, visit nroc-ga.com. To request an appointment at the Cherokee (Canton) location, please call 770-721-9000. For the Atlanta location, call 404-851-8850. For the Alpharetta location, call 770-751-0521 and for the Cumming location, call 770-292-7000.

Upcoming Continuing Education, Community Events & Cancer Screenings

CONTINUING EDUCATION

Adopting a Minimally Invasive and Robotic Thoracic Program: Are We Moving in the Right Direction to Fight Cancer?
Nan Thai Fine Dining in Atlanta
November 8, 2018, 6–8PM
Presenter: Shady Eldaif, MD
https://www.cvent.com/c/express/9ac1f2b3-5210-4f0c-b2f7-75d63862a001

GASCO 2018 San Antonio Breast Cancer Symposium Review
The Hotel at Avalon in Alpharetta
January 12, 2019

CANCER SCREENING & PREVENTION

Community Prostate Screenings
New Mercies Christian Church
November 4, 2018 from 10AM-1PM
Peruvian Consulate
December 1, 2018 from 10AM-1PM

Smoking Cessation Class
November 6–December 11, 2018 available at various locations at or near Northside Hospital campuses & video conference for remote participants

COMMUNITY EVENTS

Colon Cancer Alliance
Undy Run/Walk @ Historic Fourth Ward Park in Atlanta
October 27, 2018
https://www.ccalliance.org/events/2018-atlanta-undy-runwalk

Miles for Melanoma @ Atlantic Station
October 27, 2018
http://join.melanoma.org/site/TR?fr_id=1460&pg=entry
Upcoming Continuing Education, Community Events & Cancer Screenings

**COMMUNITY EVENTS (continued)**

- **Paint Gwinnett Pink 5K Run/Walk @ Coolray Field**
  October 27, 2018 @ 8AM
  [https://www.paintgwinnettpink.org/](https://www.paintgwinnettpink.org/)

- **Skin Cancer, Take a Hike!™ benefiting American Academy of Dermatology @ Tanyard Creek Park in Atlanta**
  November 3, 2018 from 8:30 AM-noon

- **American Lung Association LUNG FORCE 5K Run/Walk @ John Howell Memorial Park in Atlanta**
  November 3, 2018, 8:00 AM

- **Free to Breathe Athens Run/Walk @ Sandy Creek Park**
  November 3, 2018 from 9:30AM-11AM

- **The Great American Smokeout- Smoking Cessation Education & Raffles @ each NH campus**
  November 15, 2018

- **Pancreatic Cancer Action Network PurpleStride 5K Run/Walk @ Historic Fourth Ward Park**
  November 17, 2018 at 7:30AM (registration 6:30 AM)
  REGISTER: [http://support.pancan.org/site/TR?fr_id=1523&pg=entry](http://support.pancan.org/site/TR?fr_id=1523&pg=entry)
  Use code “FLAGSHIP” for free registration!

For more information or to answer any questions, call NHCI at 404-531-4444