NHCI 2020 Symposium Focuses on New Frontiers in Lung and Thoracic Cancers and Improving Patient Care with a Multidisciplinary Approach

As a national leader in lung cancer screening and the diagnosis and treatment of lung and thoracic cancers, Northside Hospital Cancer Institute (NHCI) is pleased to announce the focus of the 2020 symposium is lung and thoracic cancers. NHCI was the first hospital to have earned a disease-specific care certification for lung cancer—the Joint Commission Gold Seal of Approval® for health care quality.

The 2020 NHCI Symposium, co-chaired by Drs. Shady Eldaif and Venkatesh Lakshminarayanan will be held on Saturday, February 29th at The Whitley Hotel in Atlanta. The continuing medical education event will feature four plenary sessions with a variety of topics, including innovative technologies in thoracic cancers, multidisciplinary delivery of state-of-the-art treatments for thoracic cancers, and new horizons in lung cancer screening & treatment.

“NHCI continues to pave the way in cutting-edge diagnostic and treatment advances for lung and thoracic cancers. We are excited to host this event to not only showcase the quality work we are doing but also to share knowledge, so that others may be equipped to better screen, treat and improve outcomes in patients with lung and thoracic cancers,” said Dr. Eldaif, co-chair of the symposium.

The keynote plenary session will feature an address by Dr. Robert Winn, Associate Vice Chancellor for Community-Based Practice and Cancer Center Director at the University of Illinois at Chicago, entitled “Bench to Community: Delivery of Cutting-Edge Treatments.”

For more information on the symposium or to register for the event please visit https://www.northside.com/nhci2020symposium.

IN THE NEWS: Updates for Clinicians

Immunotherapy for Breast Cancer

By: Kristina Bowen, MD

Immunotherapy treatment stimulates a patient’s immune response to cancer. One of the most common types of immunotherapy treatments utilized in a variety of cancers is checkpoint inhibitors. Checkpoint inhibitors stop certain proteins (such as programmed death-ligand-1 or PD-L1) from holding back the immune system, thus allowing the patient’s immune system to attack his or her own cancer.

Until recently, evidence that immunotherapy could work in breast cancer was lacking. However, promising advancements have been made in treating some patients with triple negative breast cancer (TNBC) with checkpoint inhibitors. Modest response rates have been demonstrated when single-agent checkpoint inhibitors were administered to women with breast cancer: 25% in the front-line setting and (continued on page 2)
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Immunotherapy for breast Cancer (continued from page 1)

dropping to 5% in later lines of therapy, indicating that line of therapy for use of checkpoint inhibitors in breast cancer is an important consideration. Notably, response rates with single-agent checkpoint inhibitors in the first-line setting are comparable to those observed with chemotherapy.

Response rates are higher when checkpoint inhibitors are used in combination with chemotherapy. In 2019, the FDA approved atezolizumab (Tecentriq®, Genentech) in combination with nab-paclitaxel (Abraxane®, Celgene Corporation) to treat locally advanced or metastatic TNBC that expresses the PD-L1 protein. This approval was based on data from the IMpassion130 trial, which demonstrated a significant improvement in progression-free survival with the nab-paclitaxel and atezolizumab combination, compared to nab-paclitaxel plus placebo. These data represent a much-needed development in the treatment of metastatic TNBC, which has previously lacked known targets that could be therapeutically exploited.

Checkpoint inhibitors are also being studied in earlier stages of breast cancer as demonstrated by studies presented at the European Society for Medical Oncology (ESMO) 2019 conference. The KEYNOTE-173 trial showed that a presurgical combination of pembrolizumab (Keytruda®, Merck) and chemotherapy induced high rates of pathologic complete response (defined as the absence of residual invasive disease in the breast and in the axillary lymph nodes at the completion of the presurgical treatment) in patients with early-stage TNBC. The phase III KEYNOTE 522 trial evaluated presurgical chemotherapy in combination with either pembrolizumab or placebo, followed by pembrolizumab or placebo after surgery in patients with early-stage TNBC. The addition of pembrolizumab to chemotherapy significantly improved pathologic complete response rate (64.8% with the combination compared to 51%; with chemotherapy alone). These and other trials reveal that patients who obtain a pathologic complete response are more likely to remain cancer-free, compared to patients with less responsive tumors.

Checkpoint inhibitors are currently being evaluated in other subtypes of breast cancer, to determine if they have a role in treating patients with estrogen receptor positive or HER2 positive tumors.

References:

Elevating the Patient Experience at NHCI

Differentiating Treatment Options of Gamma Knife, Stereotactic Radiosurgery, and Stereotactic Body Radiotherapy

By: Edmund Simon, MD

The field of radiation oncology has come a long way with the development and application of stereotactic radiosurgery (SRS) that is used to treat a variety of conditions, both malignant and benign. SRS is a general descriptive term that implies a goal that is analogous to actual surgery, but is non-invasive, essentially accomplishing an ablation of a tumor while sparing the surrounding normal tissue as much as possible, while keeping the patient’s coordinates as fixed as possible, for accuracy within just a few millimeters or less. Treatment is typically delivered over a course of 1-5 sessions.

This approach has expanded greatly since its inception nearly four decades ago when Gamma Knife® (GK) SRS was developed by Swedish neurosurgeon Dr. Lars Leskell. At that time, brain tumors were the only disease site where this technology was being used. However, advances at the turn of the 21st century have resulted in the successful treatment of disease sites outside the skull such as curable early-stage lung cancers. In addition to the many current breakthroughs in oncology with immunotherapy and targeted therapies, we are now seeing actual benefits treating isolated disease with SRS in stage IV patients, whether it is multiple brain tumors, metastatic lymph nodes, or isolated bone metastasis.

There can be some confusion with terminology when discussing SRS. The most commonly used term: SBRT (stereotactic body radiotherapy) which is synonymous with SABR (stereotactic ablative radiotherapy). Depending on the equipment used, it can also be called LINAC-based SRS (linear accelerator-based stereotactic radiosurgery) with a Trilogy/TrueBeam, or CyberKnife®. CyberKnife is a specific brand of equipment that is a linear accelerator on a robotic arm. However, the term GK is much different. Even though it is also a brand, it is a very specialized piece of equipment that treats only brain tumors with superior accuracy using 201 Cobalt-60 radioactive sources.

GK has certainly been the gold standard for treating brain tumors for many years. When compared to LINAC-based (continued on page 3)
Elevating the Patient Experience at NHCI

Differentiating Treatment Options (continued from page 2)

SRS or CyberKnife, not only is GK accuracy superior at 0.3 mm vs. 1 mm, but it also delivers 2-4 times less radiation outside of the target area, further sparing normal tissue. The technology is continuing to improve with LINAC-based brain SRS and may be appropriate for some patients that do not have access to a GK facility.

When targeting tumors outside of the brain, LINAC-based SBRT/SABR can deliver a very quick precise complex treatment. Planning often utilizes special body fixation devices as well as tumor tracking information with a 4-D CT scan to better predict target motion. The highly complex plan and delivery system allows for patients to experience a treatment that is often relatively easy to tolerate.

GK, SRS, and SBRT/SABR can be effective treatment options for the properly selected patient. It is important to know that this technology continues to rapidly evolve, and that we will most likely see further progress in advancements and utilization.

Study Results Support the Need to Reevaluate Pain Management Regimen for Patients Undergoing Breast Surgery

The National Institute on Drug Abuse estimates that over 130 Americans die each day due to an opioid overdose.1 As a result of this epidemic, physicians of all specialties are tasked with ensuring that they manage pain for their patients in an effective and appropriate manner. A recent study presented at this year’s Annual Meeting of the American Society of Breast Surgeons evaluated the management of pain for postoperative patients in a more responsible manner.

Stephanie Valente, DO, FACS, of Cleveland Clinic and one of the study authors, notes that physician education based on patient feedback is crucial in combating the opioid crisis. “Patients are concerned with opioid medications and want to take the minimum amount needed, which is lower than physicians assume,” said Valente. She also understands that the next step is determining why and how patients differ in the way they handle pain as well as the exploration of alternative pain treatments, such as nerve blocks and anti-nausea medications.

References:

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Commentary
By: Kimberly Lairet, MD

Misuse of opioid medications leads to significant morbidity and even mortality for many Americans every year. While treating pain in the postoperative period is important, in breast surgery, as in several other surgical subspecialties, we have found that pain can be managed in other ways not requiring narcotics. When narcotics are needed, rarely are they required in the quantities physicians had been prescribing in the past.

Dr. Valente’s study describes that 40% of patients having breast surgery did not use any of the prescription-strength medication given to them, and the remaining patients used far less than actually prescribed. Physicians should take note and adjust their prescribing habits accordingly.

Other methods can be used successfully to decrease or eliminate pain in the perioperative period for breast surgery patients. The use of liberal local anesthetic in the OR during surgical biopsy or lumpectomy is very effective in reducing pain. Scheduled use of non-steroidal anti-inflammatory medications is another effective measure. In my own practice, partnering with my anesthesia colleagues and obtaining nerve blocks for mastectomy patients immediately prior to surgery has been extremely effective, and in many cases, eliminated the need for any narcotics postoperatively. Setting expectations regarding pain management and control for patients, before the operation is also important, discussing their goals and establishing a mutually agreeable plan.

Raising awareness regarding perioperative pain management, in not only physicians but also patients, can dramatically help reduce the number of narcotics required for successful pain control after breast surgery.
Elevating the Patient Experience at NHCI

Northside Hospital Awarded NCORP Renewal Grant

Northside Hospital has been awarded the National Cancer Institute Community Oncology Research Program (NCORP) renewal grant for nearly $11 million in projected cancer research funding over the next 6 years (8/1/19-7/31/25). Georgia NCORP is one of only 32 Community Sites selected to receive cancer research funding from the NCI for the next 6 years, and it is one of only 10 NCORP networks to receive “High Performance” status from the NCI. GA NCORP’s support, guidance, and clinical expertise were critical during the previous grant term and will continue to be key to a successful program.

With this grant renewal, new initiatives and grant aims plan to further expand cancer research to a broader population and include underserved populations in cancer research as follows:

- **Aim 1**: To increase the percentage of eligible patients at risk for or diagnosed with cancer who have access to and enroll in a cancer clinical trial within their community.
- **Aim 2**: To enroll participants from underrepresented populations across all study types and settings to reduce cancer disparities.
- **Aim 3**: To create a balanced trial portfolio between treatment trials and cancer control and prevention trials.
- **Aim 4**: To increase accrual and expand network-wide participation in cancer care delivery research (CCDR).

The NCORP network has placed a special focus on cancer disparities and has demonstrated a commitment to integrating health disparities research questions across all studies in the network. GA NCORP has therefore created the Disparities Integration Program, which will be led by Dr. Jayanthi Srinivasiah (Georgia Cancer Specialists). GA NCORP is already a leader on accrual of minorities to clinical trials, and several members have presented at national meetings, including the Susan G. Komen African American Health Equities Summit and the ASCO Annual Meeting. NHCI is excited to continue to pave the way for GA NCORP’s initiatives and looks forward to continuing the work to support this exciting and important statewide initiative. For more information about Northside Hospital’s Research Program, please contact our central research department at 404-303-3355 or clinicaltrials@northside.com.

Around Our Campuses and Community

NHCI and Northside Hospital Foundation hosted its inaugural Metastatic Breast Cancer (MBC) Patient Retreat August 9-11th at the Elohee Center in Sautee Nacoochee, GA. The 3-day retreat, made possible by a grant from Northside Hospital Foundation, provided an opportunity for patients with MBC and their spouses, partners, or primary caregivers to relax and partake in holistic therapies.

The retreat focused on healing and renewal, with an emphasis on nature, nutrition, and mindfulness. Attendees participated in art therapy sessions, discussion groups, yoga classes, and even a bonfire with s’mores. Oncology-trained massage therapists were available to provide massages to those who were interested. The owners of the Elohee Retreat Center have a special connection to oncology patients. Years ago, their daughter (Eve) was treated for an aggressive lymphoma and sought healing and solace in the mountains of North Georgia; so, they understand firsthand the healing impact the Blue Ridge Mountains can have on the spirit of those impacted by cancer. Since then, it has been their dream to host a retreat for patients with cancer and their families. “It was really nice to be able to provide an opportunity for relaxation and renewal along with holistic therapies to our patients with metastatic breast cancer and their caregivers. We received a lot of helpful feedback and hope to be able to make this an annual opportunity,” said Kymberly Duncan, survivorship coordinator at NHCI and facilitator at the retreat.

The retreat is the first of its kind in Georgia and is part of a larger NHCI programmatic goal of meeting the unique needs of patients with stage IV cancer and their caregivers. The Breast Cancer Program Steering Committee made it a goal to focus on MBC program development to better understand and address the unique needs of these patients. This MBC program development continued into 2018 spearheaded by (continued on page 5)
NHCI has partnered with Network of Hope to offer support bags to patients with breast cancer throughout the NH system. Items included are support services materials, a pillow, a stuffed lion named Courage, and a stress ball/hand exercise ball. The support bags are currently offered by oncology nurses to patients who have received a mastectomy or lumpectomy. The rollout process began with the Women's Center and will expand to the Cherokee and Forsyth locations soon.

In addition to the activities above, NHCI offers a bi-monthly Lunch and Learn for patients with MBC. These sessions cover a variety of topics and often include experts on alternative therapies, such as acupuncture. For more information about these sessions or support services, please contact Kymberly Duncan at Kymberly.duncan@northside.com.

**Provider Features**

**NHCI Community Welcomes New Physician**

Dr. Nicole Kounalakis is board-certified in surgery now practicing at Northside Melanoma & Sarcoma Specialists of Georgia where she will also serve as the Medical Director for the Melanoma and Sarcoma Programs. Dr. Kounalakis has over 10 years of experience caring for melanoma and sarcoma patients and completed her fellowship in Surgical Oncology at City of Hope National Medical Center.

**Upcoming Continuing Education & Community Events**

**CONTINUING EDUCATION**

Update on Prostate Cancer Treatment and Staging  
@ Northside Hospital Atlanta, 980 Building Auditorium  
Presenters: Dr. Craín Garrot, Dr. Hamilton Williams, & Dr. William Lavely  
November 18, 2019, from 7-8 AM  
https://www.cvent.com/c/activity/b0f9e53a-6014-4d77-a9a9-3228a1f2fb7d

2020 Atlanta Precision Oncology Symposium  
@ Hotel at Avalon, Alpharetta  
Saturday, February 8, 2020  
http://atlprecisiononcology.com

Northside Hospital Cancer Institute Nursing Symposium: Clinical Excellence Beyond the Bedside  
@ InterContinental Buckhead Atlanta  
Saturday, February 15, 2020, from 7 AM-3 PM  
Save the date. More information coming soon.

Northside Hospital Cancer Institute 2020 Symposium: New Frontiers in Lung and Thoracic Cancers: Improving Patient Care with a Multidisciplinary Approach  
@ The Whitley, Atlanta Buckhead  
Saturday, February 29, 2020, from 7 AM-5 PM  
https://www.northside.com/NHCI2020symposium
Upcoming Continuing Education & Community Events

CANCER SCREENING & PREVENTION

Built To Quit Smoking and Tobacco Cessation Class
Session 6: November 12-December 17, 2019
Classes are available at various locations on or near Northside Hospital campuses and by video conference for remote participants

COMMUNITY EVENTS

American Lung Association LUNG FORCE 5K Run/Walk @ Historic Fourth Ward Park in Atlanta
Saturday, November 2, 2019 @ 9 AM
http://action.lung.org/goto/SoLungFarewell

Pancreatic Cancer Action Network’s PurpleStride Atlanta 5K Run/Walk @ Chastain Park in Atlanta
Saturday, November 9, 2019 @ 8AM
http://support.pancan.org/site/TR/PurpleStride/PurpleStride?fr_id=1817&pg=entry

Lung Cancer Research Foundation’s Athens Free to Breathe Run/Walk @ Sandy Creek Park in Athens
Saturday, November 16, 2019 @ 8:30AM
http://participate.lcrf.org/site/TR?fr_id=3937&pg=entry

The Great American Smokeout - Smoking Cessation Education & Raffles @ each NH campus
Thursday, November 21, 2019