Cancer Support Community Atlanta: Improving the Patient Experience at Northside Hospital Cancer Institute

Since 2000, Cancer Support Community Atlanta (“CSC Atlanta”) has been the affiliated provider of psychosocial oncology services for Northside Hospital Cancer Institute’s patients and loved ones, offering high quality, evidence-based support programs for those facing cancer. A comprehensive variety of programs is offered each month, including support groups, educational programs, gentle exercise and stress reduction classes, nutrition seminars and cooking demonstrations, and engaging social activities. All services offered by CSC Atlanta are free of charge for anyone affected by cancer and, when applicable, programs are led by Northside Hospital professionals such as physicians, oncology dieticians, oncology social workers, and other NHCI team members.

“CSC Atlanta is an incredible resource for patients who have demonstrated a need for additional support during and after their cancer treatment,” said Guilherme Cantuaria, MD, PhD.

It has long been established that addressing the psychosocial needs of cancer patients improves quality of life and outcomes. As far back as 1997, the National Comprehensive Cancer Network (NCCN) issued guidelines for screening for and managing emotional distress in cancer patients. According to Dr. Cantuaria, “Affiliations with organizations like CSC Atlanta help us ‘treat the whole patient,’ which is essential in offering the highest level of care and improving outcomes.”

CSC Atlanta provides physicians with opportunities to participate in their “Frankly Speaking about Cancer” educational lecture series. For 2018, available topics included Immunotherapy, Advanced Breast Cancer, Treatment and Side Effects, What Do I Tell the Kids?, and Melanoma. “The unique format of the ‘Frankly Speaking’ series offers participants an opportunity to connect with others experiencing similar needs and concerns, as well as providing access to a health care professional outside of their doctor’s office in a comfortable, safe and relaxed environment,” said Dr. Cantuaria.

Educational programs include a monthly presentation by Katie Lang, Genetic Counselor from the NHCI Cancer Genetics Program exploring the latest in cancer genetics, newly discovered genes, the costs and coverage of genetic testing, and the importance of genetic counseling and testing. CSC Atlanta also partners with the NH Department of Nutrition Services to provide monthly nutrition seminars, led by oncology-certified dieticians, exploring various nutrition-related topics, with time allocated for a Q&A session. CSC Atlanta also hosts NHCI’s smoking cessation classes and has established a cross-referral relationship with the Northside Hospital Department of Behavioral Health.

In addition to on-site programs, CSC Atlanta also provides 21 off-site programs at all three Northside Hospital campuses and at numerous outpatient clinics across Georgia. In 2018, CSC offered more than 1,000 programs, impacting more than 5,000 attendees. For more information, contact CSC Atlanta Executive Director, Christy Andrews at christy@cscatlanota.org or 404-843-1880.
Changing Paradigms in the Management of Oligometastatic Cancer

By Bingchan "Isabella" Zhang, MD

Traditionally, the diagnosis of metastatic disease has rendered most patients incurable; however, there has been an increased acceptance of an oligometastatic disease state in which patients may still be curable, or at least experience significantly longer disease control compared to their other stage IV counterparts. Until recently, there has been limited data outside of single-institution studies in treating all sites of metastatic disease with surgery or stereotactic body radiation therapy (SBRT), with benefit demonstrated in progression free survival. At this year’s annual American Society of Radiation Oncology meeting, two randomized studies were presented with promising results and support for this approach.

Dr. Daniel Gomez presented data from a phase II study of patients with stage IV NSCLC with up to 3 metastatic sites. All patients received systemic therapy for at least 3 months, and those who did not progress were randomized to an experimental arm of additional local therapy to the tumor site (surgery or radiation) versus a control arm of continued systemic therapy. Patients receiving the additional experimental treatment experienced a benefit in both median survival (41.2 vs 17.0 months, p=0.017) and progression free survival (14.2 vs 4.4 months, p=0.014). The results of SABR-COMET, presented by Dr. David Palma, further support the addition of local therapy in the oligometastatic setting. In this study, patients with oligometastatic cancer, including lung, prostate, breast, and colon histologies and up to 5 sites of metastatic disease were randomized to palliative care vs palliative care with SBRT. Patients in the experimental arm had an improved 5 year overall survival (46% vs 24%) and median progression free survival (12 vs 6 months). There was also a trend towards an improvement in median survival (41 vs 28 months, p=0.09). Of note, there were higher rates of grade 2+ toxicities with SBRT (30 vs 9%), without a detriment to overall quality of life.

While both studies included only a small number of patients (74 and 99, respectively), the results are promising for both slowing the progression of oligometastatic disease and improving patient survival in a select group of patients. In the case of NSCLC, the NCCN has already included recommendations for definitive local therapy to all sites of oligometastatic (generally 3-5) disease in patients without progression or with only oligoprogression on systemic therapy, as long as treatment can be delivered safely. There are multiple ongoing trials evaluating the benefit of adding focal ablative therapy to systemic treatment (including NRG BR001 for oligometastases from various primary sites, NRG LU002 for oligometastases from NSCLC, and SABR-COMET-10 for up to 10 metastatic sites). While we eagerly await these results, patients with a limited number of metastases and a good performance status should be considered for focal ablative therapy as they continue their systemic treatment.

Expansion of FDA Approval of Gardasil 9 Vaccine

By Michelle A. Glasgow, MD, FACOG

On October 5, 2018, the U.S. Food and Drug Administration (FDA) approved expanding use of the Gardasil 9 vaccine from those individuals between the ages of 9 and 26 to adults up to the age of 45. This vaccine protects against nine strains of HPV (6, 11, 31, 33, 45, 52, and 58), which are associated with the majority of cases of cervical cancer, vulvar cancer, anal cancer, penile cancer and throat cancer. When Gardasil was initially approved in 2006, it covered only 4 strains of HPV but in 2014, this coverage was extended to 5 additional strains when Gardasil 9 was approved. Within 8 years of its introduction, a 71% decrease in the prevalence of the 4 HPV types in cervical-vaginal samples among 14- to 19-year-olds (11.5%–3.3%) and 61% decrease among 20- to 24-year-olds (18.5%–7.2%) was found demonstrating its effectiveness.

The FDA’s approval for use of the Gardasil 9 vaccine in adults up to the age of 45 is based on long-term follow-up of a study of the Gardasil vaccine among over 3000 women between the ages of ages of 27 and 45. These women were followed for an average of 3.5 years, and the vaccine was found to be 88% effective in preventing the combined endpoint of persistent infection, genital warts, precancerous lesions of the vulva, vagina, and cervix, and cervical cancer. Effectiveness of the vaccine in men of the same age range has been deduced from this data as well as data from other studies, which demonstrate the efficacy of the vaccine in younger men.

With the previous approvals of the Gardasil vaccine, only individuals between the ages of 9 and 26 were eligible for the vaccine, with the goal of administering the vaccine before the onset of sexual activity and exposure to the HPV infection. The FDA’s expansion of the vaccine to adults up to the age of 45 is significant as it provides a new opportunity to prevent HPV-related cancers and conditions in this population. While this population of adults may already be sexually active and could have previous exposure to some form of HPV, the vaccine may still be beneficial as it is unlikely that an individual has been exposed to all nine types of HPV covered by the vaccine. This new approval will surely lead to a further decrease in the burden of HPV-related disease.
IN THE NEWS: Updates for Clinicians

NHCI Blood & Marrow Transplant and Leukemia Programs Share Latest Research in Four Oral Presentations at the 60th Annual Meeting of the American Society of Hematology

Dr. Melhem Solh (left) and Dr. Scott Solomon (right) each delivered two oral presentations at the 60th American Society of Hematology (ASH) Annual Meeting that was held December 1-4, 2018 in San Diego, CA. Highlights of the NHCI Blood and Marrow Transplant Program and Leukemia Program research are summarized in the table below.

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<tr>
<th>Presentation Title</th>
<th>Summary of Findings</th>
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| The choice of induction regimen affects post-remission survival of acute myelogenous leukemia (AML) patients with intermediate or poor risk disease ¹   | • Study assessed outcomes of 306 consecutive AML patients with non-favorable NCCN risk who received initial treatment at NHCI with either 3+7 (n=88) or fludarabine, high-dose cytarabine and G-CSF combination regimen (FLAG) with or without idarubicin (n=218).  
• Achieving a complete remission (CR) after FLAG ± idarubicin had better post remission survival than the conventional 3+7 regimen. |
| Safety and efficacy of ADCT-402 (loncastuximab tesirine) a novel antibody drug conjugate in relapsed/refractory follicular lymphoma (FL) and mantle cell lymphoma (MCL); Interim results from the phase I first in human study. ² | • 15 patients with relapsed or refractory FL or MCL were enrolled in this phase 1 study to assess ADCT-402 (loncastuximab tesirine; Lonca-T), an antibody drug conjugate comprising a humanized monoclonal antibody directed against human CD19.  
• Lonca-T has demonstrated encouraging single-agent antitumor activity and manageable toxicity. |
| Class II epitope level mismatch can predict chronic graft-versus-host disease (GVHD) and survival following haploidentical transplant using post-transplant cyclophosphamide (PTCy) ³ | • Retrospective analysis to determine impact of HLA disparity on GVHD and transplant outcome in 208 consecutive donor-recipient pairs receiving haploidentical hematopoietic cell transplantation (haplo-HCT) with PTCy for hematologic malignancy.  
• Class II HLA epitope level matching provides important prognostic information in the setting of haplo-HCT and PTCy, which is not reflected by conventional allele-level matching. Class II epitope mismatches (mm) were associated with a significant effect on chronic GVHD (increased) and survival following haplo-HCT with PTCy. |
| T-replete haploidentical cell transplantation using post-transplant cyclophosphamide for acute myeloid leukemia, acute lymphoblastic leukemia, and myelodysplastic syndrome: Effect of transplant conditioning regimen intensity of outcomes ⁴ | • This study compared outcomes of commonly used myeloablative (MAC) to reduced intensity (RIC) conditioning regimens in 1325 T-cell replete HLA-haploidentical transplants.  
• A MAC regimen offered higher disease-free survival rate for patients 18-54 years old that could tolerate MAC regimens. For patients who are unable to tolerate MAC regimens, regardless of their age, total body irradiation 200 cGy with cyclophosphamide and fludarabine/Cy/Flu is preferred to minimize non-relapse mortality risks. |

Elevating the Patient Experience at NHCI

Scalp Cooling for Hair Preservation in Patients Receiving Chemotherapy: Expanding Availability at NHCI

By Cheryl Jones, MD

Chemotherapy-induced alopecia is a transient and usually (although, not always) reversible consequence of cancer chemotherapy that can be psychologically devastating to patients. For some, the emotional distress can lead to a delay in or refusal of beneficial therapies. Fortunately, there is a technology called scalp cooling that helps to minimize and prevent alopecia caused by certain chemotherapeutic drugs in men and women with specified cancers. The goal of scalp cooling is to minimize hair loss to less than 50% and eliminate the need for a wig or hairpiece.

The mechanism of action for scalp cooling is to reduce the blood flow to hair follicles by causing vasoconstriction and thus limiting toxic chemotherapy exposure. Scalp cooling is most effective when administered before, during and after chemotherapy. Side effects of the procedure are generally mild and can include coldness, headache, dizziness, nausea, sinus pain, pruritus and paresthesia and rarely skin ulceration. The concern for scalp metastases with scalp cooling is unknown and felt to be rare; studies are ongoing. In breast cancer, the incidence of scalp metastases (without scalp cooling) is extremely rare (1 in 4000).

While beneficial to some, scalp cooling is not recommended for every patient receiving chemotherapy. Scalp cooling is contraindicated in patients with certain cancers, including primary and metastatic CNS malignancies, as well as, any patient with a history of or planned skull irradiation or skin cancers (melanoma, merkel cell and squamous cell cancers) that have a high risk of in-transit metastases. Patients with hematologic malignancies and patients scheduled for bone marrow ablative chemotherapy should also avoid this procedure due to risk of circulating tumor cells. Patients with small cell or squamous cell lung cancer and head and neck cancers are also ineligible. Due to the mechanism of scalp cooling, patients with cold sensitivity, cold agglutinin disease, cryoglobulinemia, cryofibrinogen, cold urticaria, and post-traumatic cold dystrophy should also avoid this procedure.

NHCI has been utilizing the FDA-approved Paxman scalp cooling system in men and women with appropriate indications for several months with much success. Results of the pilot project and patient satisfaction in the procedure has led to the decision to expand beyond the initial locations at Atlanta Cancer Care (NHCI Tower) and Georgia Cancer Specialists (Macon office) to 7 additional locations throughout Georgia within the next 3 months. Not only has patient interest in the procedure been steadily increasing among men and women, but the process of patient coordination for the procedure has also been smooth. While scalp cooling does not increase provider administrative paperwork, it does increase the amount of infusion time needed and should be coordinated with existing chemotherapy infusion suites.

Overall, patients have been extremely pleased with their outcomes from scalp cooling and avoiding the need to wear a wig during therapy. Additionally, many patients have expressed a positive post-treatment experience because they no longer have to wait months for alopecia to resolve.

Around Our Campuses and Community

Endobronchial Ultrasound (EBUS) Bronchoscopy Will Soon Be Available at all NHCI Campuses

EBUS is a minimally-invasive, highly effective outpatient procedure used to diagnose lung cancer, infections, and other diseases causing enlarged lymph nodes or masses in the chest. It also provides real-time imaging of the surface of the airways, blood vessels, lungs and lymph nodes. EBUS procedures are currently being performed at NH-Atlanta and NH-Forsyth and by the end of February, at NH-Cherokee.

For more information, call 404-531-4444 (www.northside.com/builttobeatcancer)

At NHCI, lung cancer is one of the most frequently treated types of cancer. In U.S. News and World Report’s 2018-19 Best Hospital rankings, Northside Hospital Atlanta ranked “High Performing” in lung cancer surgery. Northside also has earned The Joint Commission’s Gold Seal of Approval® for Lung Cancer Disease Specific Care (DSC) certification and is designated as a Lung Cancer Screening Center by the American College of Radiology.
Provider Spotlight

Northside Hospital Nurse Carol DelCampo Among Georgia Nurse of the Year Award Recipients

The March of Dimes sponsors an annual Nurse of the Year Award, letting people nominate nurses in 18 award categories, including oncology. We congratulate Carol DelCampo who was among the 18 recipients of the Nurse of the Year Award. Carol serves as Survivorship Coordinator at Atlanta Cancer Care, where she is known for her constant guidance, empathy, and compassion.

NHCI Community Welcomes New Physicians

Dr. Moyosore Suleiman is a board-certified physician in medical oncology, hematology and internal medicine now practicing at Georgia Cancer Specialists’ Griffin office. He specializes in the diagnosis and treatment of lung, breast and urological cancers, as well as benign and malignant hematologic.

Dr. Mary Ninan is a board-certified physician in medical oncology, hematology, and internal medicine now practicing at Georgia Cancer Specialists’ Alpharetta and Johns Creek offices. She specializes in the diagnosis and treatment of lymphoma, myeloma, and breast cancer.

Dr. Tariq Mahmood is a board-certified physician in internal medicine, hematology and oncology now practicing at Atlanta Cancer Care’s Alpharetta and Perimeter/Tower offices. He specializes in the diagnosis and treatment of gastrointestinal, genitourinary, lung, and head and neck cancers as well as myeloma.

Dr. Madhu Belur is a board-certified physician in internal medicine practicing at Northside Hospital Atlanta as a hospitalist. He specializes in oncology, handling chemo complications, oncologic diagnosis and coordination of care with the patient’s primary oncologist. He holds multidisciplinary team rounds on the oncology floor and coordinates the patient’s care.

Upcoming Continuing Education, Community Events & Cancer Screenings

CONTINUING EDUCATION

Atlanta Precision Oncology Symposium
InterContinental Buckhead Atlanta
February 9, 2019 from 8AM-4PM
https://atlprecisiononcology.com/

Don’t miss out on this opportunity to directly engage with world-renowned precision medicine experts and learn about the latest advances in personalized oncology treatments and practical integration into the clinic. This pioneering educational program will present the complexities of oncology precision medicine in an organized, simplified, friendly fashion. Check out our faculty and agenda on the website and make plans to attend.

Northside Hospital Cancer Institute Nursing Symposium:
An Overview of Progressive and Integrative Cancer Therapy
Loews Atlanta Hotel, Atlanta
February 16, 2019 from 8AM-3:30PM
http://www.nhcinursingsymposium.com/

PROGRAM
- Updates in Breast Cancer – What the HER?
  Tajuana Bradley, MS, FNP-BC
- Tyrosine Kinase Inhibitors and Drug Interactions
  Adam Hill, PharmD
- Exploring the Holistic Use of Music in Cancer Care
  Janice Horne, BS, MSEd
- Checkpoint Inhibitors and Immune-Related Adverse Events
  Andrea Penn, AGPCNP-BC
- Sexual Health & Intimacy: Resources for Working with Oncology Patients
  Carey Bayer, EdD, MEd, BSN, RN, CSE
- A Good Life, A Good Death
  Beau Rappe, PhD, M.Div, MSW, MA
COMMUNITY EVENTS

United in Pink Bunko for Breast Cancer
February 8, 2019 from 5:30-10pm
Edgar H. Wilson Convention Center, Macon, GA
https://unitedinpink.org/events/15th-annual-bunko-for-breast-cancer/

Prostate Cancer Screening
February 21, 2019 @ Northside Hospital Forsyth from 5:30-8 PM
https://www.northside.com/evc/Page.asp?PageID=EVC000111&date=2017-02-16T17:30:00&skinID=screenings

Skin Cancer Screening
March 14, 2019 @ Northside Hospital Forsyth from 6-8 PM
https://www.northside.com/evc/Page.asp?PageID=EVC000143&DateID=10556&Date=2018-03-22T18:00:00

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Lustgarten Pancreatic Cancer Research Walk
March 30, 2019 at 8:30AM
Ponce City Market, Atlanta, GA
https://events.lustgarten.org/event/2019-atlanta-pancreatic-cancer-research-walk/e207079

CANCER PREVENTION & SCREENINGS

BUILT TO QUIT Smoking and Tobacco Cessation Class, Session 1
January 8-February 12, 2019 is available at various locations near Northside Hospital campuses & by video conference for remote participants

Resources to help you stop smoking and using tobacco

Lustgarten Pancreatic Cancer Research Walk
March 30, 2019 at 8:30AM
Ponce City Market, Atlanta, GA
https://events.lustgarten.org/event/2019-atlanta-pancreatic-cancer-research-walk/e207079