CANCER CARE NEWS

BUILT TO BEAT CANCER

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Northside Hospital Cancer Institute: 404.531.4444
northside.com/cancer-institute

IN THIS ISSUE:

Leading Experts in Immunotherapy Present at the Northside Hospital Cancer Institute Symposium

On Saturday, March 16, 2024, the Northside Hospital Cancer Institute hosted a continuing education symposium entitled "Clinical Strategies for Immunotherapy in Daily Practice." This meeting, held at the Grand Hyatt Buckhead in Atlanta, attracted several attendees from the Southeast, including physicians, advanced practice providers, nurses, pharmacists and other health care providers and industry representatives.

Features of the symposium included didactic presentations and panel discussions of recent data on novel state-of-the-art diagnostics, biomarkers and therapeutic strategies in immuno-oncology; emerging evidence and research on immunotherapies in combination with other anti-cancer targeted therapies; management of novel immunotherapy complications and side effects; indications and outcomes of approved immunotherapies. Discussions and debates amongst faculty were lively, and attendees engaged by asking provocative questions. Symposium attendees had the invaluable opportunity to engage one-on-one with the local planning committee and world-renowned faculty (**Figure 1**). The highly interactive and engaging nature of the meeting provided attendees with a comprehensive multidisciplinary update of immunotherapy.

Figure 1.

PLANNING COMMITTEE

Melhem Solh, MD
The Blood & Marrow Transplant Group of Georgia

Nishan Fernando, MD
Georgia Cancer Specialists

Paul Gill, MD
Atlanta Cancer Care

Jorge Leguizamo, MD
Georgia Cancer Specialists

Amelia Zelnak, MD, MSc
Atlanta Cancer Care

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Minneapolis, MN

Paul Bunn, MD
University of Colorado Cancer Center
Aurora, CO

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Robert Ferris, MD, PhD
UPMC Hillman Cancer Center
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David Ilson, MD, PhD
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New York, NY

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Susan Slovin, MD, PhD
Memorial Sloan Kettering Cancer Center
New York, NY

Jeffrey Weber, MD, PhD
Perlmutter Cancer Center at NYU Langone
New York, NY

Clinical Trials and Research

Breast Cancer Clinical Trials

Sponsor	Protocol Number and Study Title	NCT Identifier
NRG Oncology (NCI)	**NRG-BR009 (OFSET)||** A Phase III Adjuvant Trial Evaluating the Addition of Adjuvant Chemotherapy to Ovarian Function Suppression Plus Endocrine Therapy in Premenopausal Patients with pN0-1, ER-Positive/HER2-Negative Breast Cancer and an Oncotype Recurrence Score Less Than or Equal to 25 (OFSET)	NCT05879926

Key Eligibility Criteria

- Must have resected ER-positive/HER2-negative breast cancer
- Oncotype DX recurrence scoring (RS) requirements:
  - pN0 with RS 21-25 or 16-20 and high clinical risk
  - pN1 with RS 0-25
- Must be premenopausal

Study Design

- Randomized 1:1 to the following:
  Arm 1: Ovarian function suppression + AI
  Arm 2: Adjuvant chemotherapy + ovarian function suppression + AI

(continued on page 2)

Clinical Trials and Research

Breast Cancer Clinical Trials *(continued from page 1)*

Sponsor	Protocol Number and Study Title	NCT Identifier
SWOG (NCI)	**S2010 (ASPEN)||** A Randomized Phase III Trial Comparing Active Symptom Monitoring Plus Patient Education Versus Patient Education Alone to Improve Persistence with Endocrine Therapy in Young Women with Stage I-III Breast Cancer (ASPEN) **Key Eligibility Criteria** • Must have been diagnosed with stage I-III HR+ breast cancer • Must have started initial treatment with standard of care oral endocrine therapy • Must have completed surgery for treatment of breast cancer prior to study • If chemotherapy was received, must have finished at least 14 days prior to study **Study Design** • Randomized 1:1 to the following: **Arm 1:** Patient education and active symptom monitoring with an internet-based patient tool **Arm 2:** Patient education alone	NCT05568472
Alliance (NCI)	**A012103 (OPTIMICE-PCR)||** OPTIMICE-PCR: De-Escalation of Therapy in Early-Stage TNBC Patients Who Achieve pCR After Neoadjuvant Chemotherapy With Checkpoint Inhibitor Therapy **Key Eligibility Criteria** • Must have been diagnosed with stage T1cN1-2 or T2-4N0-2 TNBC • Must have had a minimum of six cycles of neoadjuvant chemo and with pembrolizumab • Patients must have no residual invasive disease in the breast or lymph nodes after the completion of neoadjuvant therapy **Study Design** • Randomized 1:1 to the following: **Arm 1:** Pembrolizumab x 27 weeks **Arm 2:** Observation x 27 weeks	NCT05812807

AI – aromatase inhibitor; ER – estrogen receptor; HER2 – human epidermal growth factor receptor 2; HR+ – hormone receptor positive; pCR – pathological complete response; TNBC – triple negative breast cancer

To learn more about Clinical Trials at Northside Hospital Cancer Institute, visit our Cancer Research and Clinical Trials page or call 404.303.3355.

IN THE NEWS: Update for Clinicians

Updates from the 2023 San Antonio Breast Cancer Symposium

Phase III Trial Demonstrates that Adjuvant Regional Nodal Irradiation Including the Chest Wall After Mastectomy or When Added to Whole Breast Irradiation After Lumpectomy Does Not Improve Survival Outcomes

Dr. Eleftherios Mamounas, from Orlando Health Cancer Institute, and colleagues presented primary results from the NRG Oncology/NSABP B-51/RTOG 1304 phase III trial evaluating whether adjuvant regional nodal irradiation including the chest wall after mastectomy (CWI+RNI) or when added to whole breast irradiation after lumpectomy (WBI+RNI) significantly improves invasive breast cancer recurrence-free interval (IBCRFI) in patients with clinically node-positive (cN+) early breast cancer who are found to be node-negative at surgery (ypN0) after neoadjuvant chemotherapy (NAC). Eligible patients had clinical cT1-3, N1, M0 invasive breast cancer, with biopsy-proven node-positive disease. Patients had received ≥8 weeks of neoadjuvant chemotherapy (with anti-HER2 therapy if HER2+ disease), had histologically negative axillary nodes after NAC, underwent mastectomy or lumpectomy, and had known ER/PR and HER2 status at presentation. The primary objective of the trial was to evaluate whether CWI+RNI after mastectomy or WBI+RNI after lumpectomy significantly improves IBCRFI in cN+ patients found to be ypN0 after NAC. IBCRFI was defined as time from randomization until invasive local, regional, or distant recurrence, or death from breast cancer. From September 2013 to December 2020, 1,641 patients were randomized, and 1,556 patients were analyzed for disease-related endpoints. The median age was 52 years (both arms), most patients were white (69%, both arms), most patients had ER+ and/or PR+/HER2+ breast cancer (no RNI arm, 31%; RNI arm, 33%).

Findings demonstrated that patients who did not receive RNI had 59 IBCRFI events versus 50 events in patients who received RNI (HR, 0.88; p=0.51). Additionally, patients who did not receive RNI had a five-year IBCRFI of 91.8% versus 92.7% for patients who received RNI. These results demonstrate that CWI+RNI after mastectomy, or WBI+RNI after lumpectomy, did not improve the five-year IBCRFI in patients who present with biopsy-proven axillary node involvement and convert their axillary nodes to ypN0 after NAC. These findings suggest that downstaging involved axillary nodes with NAC can optimize adjuvant radiotherapy use without adversely affecting oncologic outcomes. Long-term follow-up of these patients continues.

Reference: Mamounas E, et al. Presented at San Antonio Breast Cancer Symposium; December 5-9, 2023; San Antonio, TX. Abstract GS02-07

IN THE NEWS: Update for Clinicians

Updates from the 2023 San Antonio Breast Cancer Symposium *(continued)*

Expert Commentary

By Janine Pettiford, MD FACS

Breast cancer remains the most common cancer in women in the United States. Traditionally, patients with known nodal involvement at the time of breast cancer diagnosis who complete neoadjuvant chemotherapy, will undergo chest wall and regional nodal irradiation or whole breast irradiation and regional nodal irradiation following mastectomy or breast conservation. This decision is based upon known metastatic nodal involvement prior to undergoing neoadjuvant chemotherapy regardless of the pathological response following neoadjuvant chemotherapy. The phase III trial/B-51 showed no overall disease-free benefit in undergoing adjuvant regional irradiation in patients with positive nodal involvement prior to undergoing neoadjuvant chemotherapy who had a complete pathological response, ypN0. The phase III trial/B-51 demonstrated those breast cancer patients that converted from lymph node positive to lymph node negative following neoadjuvant chemotherapy did not show an increase in death or recurrence at 5 years if regional irradiation was omitted. This will reduce the rate of lymphedema in many patients. Additionally, patients undergoing immediate reconstruction following mastectomy may benefit as well by avoiding irradiation. Current research studies are still not inclusive of all races and clinicians may still want to consider evaluating adjuvant irradiation recommendations by individual patient case. Accurate marking of metastatic lymph node prior to neoadjuvant chemotherapy shows importance as well. Long-term follow-up of patients in the trial will serve as importance of trial efficacy after data is available at 10 years and greater.

Trastuzumab Deruxtecan Demonstrates Promising Overall Survival in Patients with HER2+ and HER2-low Advanced Breast Cancer and Pathologically Confirmed Leptomeningeal Carcinomatosis

At the 2023 San Antonio Breast Cancer Symposium, Dr. Marta Vaz Batista, from Hospital Professor Doutor Fernando Fonseca EPE in Portugal, presented results from cohort 5 of the phase II DEBBRAH study that evaluated trastuzumab deruxtecan in patients with HER2+ or HER2-low advanced breast cancer and brain metastases and/or leptomeningeal carcinomatosis (LMC). Patients in cohort 5 (n=7) had a diagnosis of HER2+ or HER2-low advanced breast cancer with pathologically confirmed LMC.

Of the seven patients, four had measurable systemic disease at baseline (intracranial, 14.3% and extracranial 42.9%); 42.9% had HER2+ disease and 57.1% had HER2-low disease; median prior lines of therapy for advanced disease was four; 42.9% received prior anti-HER2 therapy, 100% received prior chemotherapy and 42.9% received prior endocrine therapy.

The median overall survival (OS; primary objective of cohort 5) was 13.3 months; the 16-week OS rate was 86% (95% confidence interval [CI] 33-98), and the 24-week OS rate was 71% (95% CI 26-92). Median progression-free survival (PFS), according to the Response Assessment in Neuro-Oncology Brain Metastases (RANO-BM) and Response Evaluation Criteria in Solid Tumors version 1.1 (RECIST v1.1), was 8.9 months. The sixteen-week PFS rate was 86% (95% CI 33-98), and the 24-week PFS rate was 71% (95% CI 26-92). The most common Grade 3 treatment-emergent adverse events were thrombocytopenia, nausea, and increased gamma-glutamyl transferase (14.3% each). No cases of interstitial lung disease/pneumonitis nor treatment-related deaths were reported. These results demonstrate that despite the limited sample size, trastuzumab deruxtecan showed promising activity with no new safety concerns in HER2+ and HER2-low patients with previously untreated, pathologically confirmed LMC.

Reference: Vaz Batista M, et al. Presented at the 2023 San Antonio Breast Cancer Symposium; December 5-9, 2023; San Antonio, TX. Abstract PS11-05.

Expert Commentary

By Ming Chi, MD

The efficacy of trastuzumab deruxtecan (T-DXd) in patients with both HER2-positive and HER2-low advanced breast cancer (ABC) has been well established by DESTINY-BREAST trials, including the patients with stable, treated brain metastases. However, patients with active brain metastasis or leptomeningeal carcinomatosis (LMC) were excluded. Therefore, DEBBRAH trial cohort 5 was designed to evaluate the safety and efficacy of T-DXd in patients with HER2-positive or HER2-low ABC with untreated LMC.

LMC comprises approximately 10% of patients with ABC and portends a very poor prognosis with median overall survival of only two to four months even with treatment. The results of DEBBRAH study cohort 5, despite very limited sample size, showed substantial intracranial response with no additional safety concerns. At data cutoff, all seven patients have stable intracranial disease (though five of them have progressed systemically). Larger studies are certainly warranted to validate the treatment efficacy, but preliminary results presented are very encouraging for this particular patient population.

Elevating the Patient Experience


Access to Clinical Trials: How Northside Opens Doors to Research for Patients

By Margaret Ferreira, MS, RN, OCN, research program director (left) and Katie Moore, research operations manager (right)

Northside Hospital is committed to the health and wellness of our community. As such, we dedicate ourselves to being a center of excellence in providing high-quality health care. The mission statement of the organization centers on the wellness of our community and its dedication to clinical excellence and research innovation. The Northside Hospital Research Program embodies this mission by affording all patients access to participate in a clinical trial throughout the care continuum.

The Northside Hospital Research Program is poised to address and mitigate well-documented barriers to participation in cancer clinical trials, one of the most prevalent being availability and access. With over 14 research locations geographically positioned throughout the Northside Hospital Cancer Institute catchment area, our unique structure brings research directly to the community it serves while addressing barriers like distance from home, transportation and the desire to be treated close to home.

Navigating the cancer care landscape can be challenging for all patients, regardless of research involvement, but can also present more challenges when materials are not in the language most familiar for the patient. Northside Hospital supports informed decision making and access through providing translated consents and study materials and offering widely available interpretation services. Empowering patients, engaging them and providing tools and resources related to their care, enables them to take care of themselves as they do in all other aspects of their lives.

Access to clinical trials is a multifaceted issue. We are not going to solve all the drop off points along the path from available trial to enrollment, as they do not all require the same intervention and resources or effort to keep someone from falling off the path. The decision, and drivers, to participate in a clinical trial are different for each patient. Identifying, and understanding the benefit patients may see in participating, providing a diverse research portfolio of treatment and non-treatment clinical trials, and providing education and support to our patients is paramount to what our highly specialized team does every day.

No matter what we do, we have to do it with the belief that our investment is less about whether the patient says yes or no, but rather more about the patient having a research option for their care, and that they get the offer; that they have the information about trials to make a decision and the supportive care resources available to make it possible for them to participate if they want to.

The Northside Hospital Research Program provides a variety of resources that can be rationalized to address support, access, financial toxicity, and other challenges. However, it all has to come from a place that is not intended "to encourage" or "to convince" or "to get more people to do it," but rather, to develop a program that provides access to participate in a variety of trial types and fosters a culture that sees the value in affording all patients a research option they may not otherwise have, had they not been patients of Northside Hospital and the Northside Hospital Cancer Institute.

For more information about the Northside Hospital Research Program or to contact the central research department, please call 404.303.3355 or email clinicaltrials@northside.com.

Immunotherapy Program is Now an Amtagvi (lifileucel) Designated and Approved Treatment Center

On February 16, 2024, the FDA granted Iovance Biotherapeutics accelerated approval for Amtagvi (lifileucel), a treatment for unresectable or metastatic melanoma previously treated with a PD-1 antibody, and if BRAF V600 positive, a BRAF inhibitor with or without a MEK inhibitor in adult patients. To date, Northside Hospital's Immunotherapy Program is the only center in Georgia to have been approved to treat patients with Amtagvi.

Data from the phase II C-144-01 trial (NCT02360579), which showed that in those who received the recommended dose (n=73), the objective response rate (ORR) was 31.5% (95% CI, 21.1%-43.4%); this included a complete response rate of 4.1% and a partial response rate of 27.4%.

Dr. Melhem Solh, medical director of Northside's Cellular Therapy program, states, "Tumor infiltrating lymphocyte (TIL) therapy is a very promising treatment for patients with melanoma who failed immunotherapy or targeted therapy. The pivotal trials that led to approval of Amtagvi showed that this therapy can lead to durable responses (median duration of response not reached after three years of follow-up) among patients who failed currently available immunotherapies. This is very exciting news

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Elevating the Patient Experience

Immunotherapy Program is Now an Amtagvi (lifileucel) Designated and Approved Treatment Center

(continued from page 4)

for patients with melanoma that adds a very effective treatment to fight their cancer. Northside Hospital Cancer Institute is a certified center to administer such treatment through a collaborative effort between medical oncology, radiation oncology, surgical subspecialties and cellular therapy teams."

Dr. Nicole Kounalakis, Northside Hospital Cancer Institute's Melanoma and Skin program medical director, adds, "In the past decade, immunotherapy and targeted agents have allowed patients with metastatic melanoma to achieve a significant improvement in overall survival. Unfortunately, close to 50% of these patients eventually become refractory to these therapies. Cellular therapy is a new option for these patients that was recently FDA approved. Tumor infiltrating lymphocyte (TIL) cellular therapy utilizes the body's own immune cells, specifically TILs, to attack cancer. It has demonstrated improved and durable response rates in advanced stage melanoma. We are excited to be the first cancer center to offer this novel therapy in Georgia."

Eligibility for Amtagvi (lifileucel):

- 18 years of age or older with unresectable or metastatic melanoma
- Must have progressed on at least one previous systemic therapy, including a PD-L1 antibody, and if they had BRAF V600E mutation–positive disease, a BRAF or BRAF/MEK inhibitor
- At least one resectable lesion

To learn more about the Northside Hospital Immunotherapy Program, visit the Immunotherapy webpage (northside.com/services/cancer-institute/cancer-treatment-options/immunotherapy).

Reference: Chesney J, et al. *J Immunother Cancer.* 2022 ;10(12):e005755.

New Hematologic Malignancy Program at Northside Hospital Cancer Institute

The Hematologic (Heme) Malignancy Program is a new 2024 initiative under the Northside Hospital Cancer Institute. Supported by a blood cancer coordinator, this new program aims to extend outreach into the community to provide support to the medical oncology team within NHCI as well as education for newly diagnosed malignant heme patients. Starting with the multiple myeloma community, the goal of the program is to streamline diagnostic workup, provide patient support and education, and help facilitate referrals within the Northside Hospital Cancer Institute. This program plans to include additional tumor sites under the malignant heme umbrella by the end of 2024.

Christy Donovan, DNP, RN will serve as the Blood Cancer Coordinator. Christy began her employment with the Northside Hospital Blood & Marrow Transplant Program (BMT) in 2020 as a Clinical Transplant Coordinator. Christy's expertise is providing patient focused education, communication to community-based hematology oncologists, and resources to support the expansion of the Hematologic Malignancy Program at the Northside Hospital Cancer Institute.

Services offered by the Heme Malignancy Program:

- Dedicated blood cancer coordinator
- Support to both patients and NHCI medical oncology team
- Provide education and resources to newly diagnosed patients and as needed throughout care continuum
- Standardize programmatic diagnostic order sets
- Facilitate Malignant Heme Multidisciplinary Conference (MDC) to create a platform for case discussion (held every 2nd and 4th Thursday of the month)
- Development of malignant heme steering committee

Northside Offers Online Mammography Appointments

Northside Radiology Services now offers online scheduling for Screening Mammograms and Bone Density Screenings. Scheduling is quick and easy: patients can simply click on the links below and book appointments at one of our 30+ imaging centers that offer these services.

- Screening Mammogram – Visit northside.com/mammogram
- Bone Density – Visit northside.com/dexa-screening

Patients must have a current order from their physician.

Around Our Campuses

Campus Updates

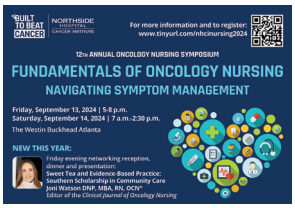
- Suburban Hematology-Oncology Associates (SHOA) Buford will open on May 14, 2024. Dr. Haris Hatic will be the onsite provider.

Education and Events

CONTINUING EDUCATION

Northside Hospital Cancer Institute Oncology Lecture Series
Second Thursdays of each month from 12-1 p.m.
Please contact Northside Hospital Department of Medical Education at medical.education@northside.com for more details.

Northside Hospital Cancer Institute Annual Oncology Nursing Symposium: Fundamentals of Oncology Nursing- Navigating Symptom Management
Friday, September 13, 2024 from 5-8 p.m. and
Saturday, September 14, 2024 from 7 a.m.-2:30 p.m.
web.cvent.com/event/6c22b687-7687-48f1-957d-25b9e40a4ab3/summary



CANCER SCREENING & PREVENTION

Skin Cancer Screening
May 7, 2024 @ Northside Hospital Cancer Support Center – Gwinnett from 6-8 p.m.
northside.com/community-wellness/classes-events/details/5dda07cd-ab74-4290-a969-697742b1b036

May 21, 2024 @ Northside Hospital Cancer Institute Radiation Oncology – Forsyth from 6-8 p.m.
northside.com/community-wellness/classes-events/details/5dda07cd-ab74-4290-a969-697742b1b036

Prostate Cancer Screening
June 20, 2024 @ Northside Hospital Cancer Institute Radiation Oncology – Cherokee from 5:30-8 p.m.
northside.com/community-wellness/classes-events/details/272ee29f-8f39-4530-a123-9195dacc7bab

Mobile Mammography Van – ScreenAtlanta
June 27, 2024 @ Atlanta Cancer Care – Conyers
To schedule an appointment or for additional information, call 404.531.4444.
northside.com/docs/default-source/cancer-institute/2024_conyers_screen_atlanta_flyer_eng.pdf

Built To Quit – Smoking and Tobacco Cessation Course
Next six-week session start dates: April 30, 2024 & July 9, 2024
Weekly classes include the American Lung Association Freedom from Smoking curriculum.
northside.com/community-wellness/built-to-quit

BUILT TO QUIT
Resources to help you stop smoking and using tobacco

COMMUNITY EVENTS

LUNGevity HOPE Summit 2024: Bringing community, support, and hope to people affected by lung cancer
May 3-5, 2024 @ Courtland Grand Hotel in Atlanta
fundraise.lungevity.org/index.cfm?fuseaction=donorDrive.event&eventID=1071

LUNGEVITY
Transforming Lung Cancer

Georgia 5K Run for Breast Cancer
May 11, 2024 @ 8 a.m. @ The Shoppes at River Crossing in Macon
runsignup.com/Race/GA/Macon/Georgia5KRunWalkforBreastCancer

GEORGIA 5K RUN FOR BREAST CANCER

National Brain Tumor Society's Georgia Brain Tumor Walk & Race
May, 11, 2024 @ 8:30 a.m. @ The Battery in Atlanta
braintumor.org/event/georgia-brain-tumor-walk-race/

National Brain Tumor Society

Cancer Support Community's Chastain Chase 5K
Sunday, June 2, 2024 @ 7 a.m @ Chastain Park in Atlanta
runsignup.com/Race/GA/Atlanta/ChastainChase

CHASTAIN 4.21.24 CHASE 5K

Atlanta Cancer Care Foundation Inc.'s Feathers 5K
June 8, 2024 @ 8 a.m. @ Oglethorpe University in Brookhaven
atlantacancercarefoundation.org/5k/

Feathers 5K
A CANCER FUND RUN

Harts of Teal Ovarian & Reproductive Cancers 5K & 1M Color Run
June 8, 2024 @ 9:30 a.m. @ ONE Church in Fayetteville
hartsofteal.org/events/harts-of-teal-color-run-2024/

OVARIAN CANCER AWARENESS
Harts of Teal
COLOR RUN
5K & 1M

American Cancer Society Relay for Life Events

American Cancer Society's Relay for Life of Forsyth County
May 3, 2024 from 6-10 p.m. @ Cumming City Center
secure.acsevents.org/site/STR?pg=entry&fr_id=106849

American Cancer Society's Relay for Life of Houston County
May 4, 2024 @ 4 p.m. @ Jessie E. Tanner Junior Park in Warner Robins
secure.acsevents.org/site/STR?pg=entry&fr_id=107407

American Cancer Society's Relay for Life of Cobb County
May 11, 2024 @ 6 pm.@ Marietta Square
secure.acsevents.org/site/STR?pg=entry&fr_id=107098

American Cancer Society's Relay for Life of North Fulton
May 18, 2024 from 10 a.m.-2 p.m. @ Sanctuary Park in Alpharetta
secure.acsevents.org/site/STR?pg=entry&fr_id=107290

American Cancer Society's Relay for Life of Atlanta
September 21, 2024 @ 11 a.m. @ Hope Lodge Atlanta in Decatur
secure.acsevents.org/site/STR?pg=entry&fr_id=107021

NORTHSIDE FOUNDATION EVENTS

31st Annual Charity Golf Classic
May 20, 2024 @ Atlanta Athletic Club in Johns Creek
Benefiting the Blood & Marrow Transplant Program
Check for updated information at give.northside.com/events/charity-golf-classic/

NHCI Sarcoma Stroll
July 24, 2024 @ 6:30 p.m. @ Blackburn Park in Brookhaven
More info to come @ give.northside.com/sarcomastroll/

NORTHSIDE-HOSTED SURVIVOR EVENTS

2024 Patient and Caregiver Education Conference
August 17, 2024 @ The Hotel at Avalon in Alpharetta
More information to come.

Metastatic Breast Cancer (MBC) Retreat
September 13-15, 2024 @the Elohee Retreat Center
in Sautee Nacoochee, Georgia
Applications will be accepted from May 20 to July 19, 2024.
For more information, please email Kymberly Duncan at
kymberly.duncan@northside.com.

Survivor Retreat
November 8-10, 2024 @ the Elohee Retreat Center
in Sautee Nacoochee, Georgia
Applications will be accepted from August 6 to September 12, 2024.
For more information, please email kymberly.duncan@northside.com.

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Click here to sign up to receive the Survivorship Newsletter in your inbox.

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