CANCER CARE NEWS

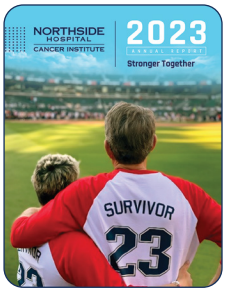
BUILT TO BEAT CANCER

Winter 2024 | Volume 11, Issue 1

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

IN THIS ISSUE:

2023 Annual Report Emphasizes Northside's Dedication to Excellence in Patient Care



In 2023, Northside Hospital Cancer Institute (NHCI) continued to grow as an integrated cancer network. With over 15 new oncology physicians and new locations for radiation and medical oncology, more patients received expert care at convenient facilities closer to where they live and work. A few highlights from 2023 include:

- **Development of several new hospital-wide programs:**
  - **High Risk Program** caters to patients with an elevated risk of cancer, offering specialized care to manage the risk of developing cancer through prevention and early detection. Services include comprehensive cancer screenings, genetic testing, lifestyle changes and options for follow-up care.
  - **Precision Oncology Program** expands resources for practitioners through the Genetic Oncology Advisory Board, which consists of a new multidisciplinary steering committee and molecular testing protocols.
  - **Second Opinion Program** assists patients with cancer and referring physicians in obtaining timely second opinion consultations with expert Northside providers.
- **Enhanced quality of care for patients with various cancer types through the following treatment advances:**
  - Two new technologies for advanced prostate cancer, Pluvicto® for metastatic disease and high-intensity focused ultrasound (HIFU) for localized disease.
  - Chimeric antigen receptor T-cell therapy (CAR T-Cell Therapy) program offering patients new opportunities for cutting-edge immunotherapy.
  - Radiation Oncology's MRI-guided linear accelerator (MRI-LINAC) images & treats cancer simultaneously, completing treatments in five fractions with greater control and precision.
- **Achieved accreditation and re-accreditation in several areas:**
  - Two NHCI facilities received three-year full re-accreditation from the National Accreditation Program for Breast Centers.
  - Seven radiation oncology centers were awarded three-year full re-accreditation from the American College of Radiology.
  - One facility completed a successful reaccreditation visit from the Foundation for Accreditation of Cellular Therapy.
  - An initial accreditation visit from National Accreditation Program for Rectal Cancer (NAPRC) was successful.
  - A National Cancer Institute Community Oncology Research Program Platinum Certificate of Excellence was awarded for high enrollment in combined treatment and cancer control, prevention and screening trials.

To read the full annual report, please visit: northside.com/NHCI-2023-Annual-Report.

Clinical Trials and Research

Ongoing Melanoma Clinical Trials

Sponsor	Protocol Number and Study Title	NCT Identifier
ECOG-ACRIN (NCI)	**C-517; EA6192||** A Phase II Study of Biomarker-Driven Early Discontinuation of Anti-PD-1 Therapy in Patients with Advanced Melanoma (PET-Stop)	NCT044624062

Key Eligibility Criteria
- Must have unresectable stage IIB-IV melanoma
- Must be actively receiving anti-PD-1 based therapy, and be 52 weeks from start of therapy
- ECOG PS 0-2

Study Design
- Patients will receive an FDG-PET one year into therapy and have treatment directed based on results

Arm A (PET-negative): Discontinue therapy at 52 weeks, monitor via CT every 12 weeks

Arm B (PET-positive): Continue therapy up to additional 48 weeks, monitor via CT every 12 weeks

(continued on page 2)

Clinical Trials and Research

Ongoing Melanoma Clinical Trials *(continued from page 1)*

Sponsor	Protocol Number and Study Title	NCT Identifier
IDEAYA Biosciences	**C-539; IDE196-002||** IDE196 (Darovasertib) in Combination with Crizotinib versus Investigator's Choice of Treatment as First-line Therapy in HLA-A2 Negative Metastatic Uveal Melanoma (DAR-UM-2) **Key Eligibility Criteria** • Must have confirmed uveal melanoma with metastatic disease • Confirmed to be HLA-A*02:01 negative • Cannot have had prior systemic therapy for metastatic disease **Study Design** • Eligible patients are randomized 2:1 to the following: **Arm 1:** IDE196 (darovasertib) + crizotinib **Arm 2:** Investigator's choice	NCT05987332
SWOG (NCI)	**C-496; S2015||** Melanoma Margins Trial (MelMarT-II): A Phase III, Multi-Centre, Multi-National Randomized Control Trial Investigating 1 cm v 2 cm Wide Excision Margins for AJCC Stage II Primary Cutaneous Melanoma **Key Eligibility Criteria** • Must have primary invasive cutaneous melanoma, with Breslow thickness >1 mm **Study Design** • Eligible patients are randomized 1:1 to the following: **Arm A:** 1 cm radial margin during excision + sentinel LN biopsy **Arm B:** 2 cm radial margin during excision + sentinel LN biopsy	NCT03860883

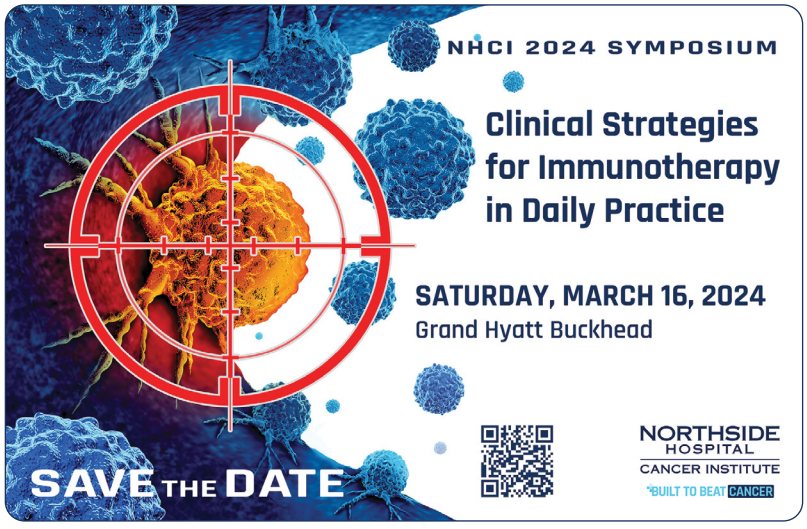
AJCC – American Joint Committee on Cancer; CT – computed tomography; ECOG PS – Eastern Cooperative Oncology Group performance status; FDG-PET – fluorodeoxyglucose-positron emission tomography; HLA – human leukocyte antigen; LN – lymph node; NCT – National Clinical Trial; PD-1 – programmed cell death protein 1; PET – positron emission tomography.

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

Northside Hospital Cancer Institute Annual Symposium: March 16, 2024

Mark your calendars for the upcoming Northside Hospital Cancer Institute Annual Symposium, scheduled for Saturday, March 16, 2024, from 7 a.m. to 2:25 p.m at the Grand Hyatt Buckhead. This meeting will highlight clinical strategies for immunotherapy in the management of solid tumors, melanoma, genitourinary and hematologic malignancies. Distinguished thought leaders in the field of immunotherapy, including Drs. Ana Garrido-Castro, Paul Bunn, David Ilson, Nikhil Khushalani, Susan Slovin, Veronika Bachanova and Jeffrey Weber, will share their insights and expertise as featured speakers. Breakfast and lunch will be provided. For more information or to register, please visit web.cvent.com/event/6ccde886-6eaf-4ec3-b54b-543349fe5778/summary.



IN THE NEWS: Update for Clinicians

American Society of Hematology 2023 Presentations from Northside Hospital Blood and Marrow Transplant, Immunotherapy and Leukemia Programs

The Northside Hospital Blood and Marrow Transplant (NH-BMT), Immunotherapy and Leukemia Programs had a strong presence at the 65th American Society of Hematology (ASH) Annual Meeting held December 9-12, 2023 in San Diego. The Program physicians authored or co-authored and collaborated on a total of twenty-three oral and poster presentations. Highlights of several presentations are shown below.

Presentation Type and Title	Summary of Findings
Collaborative Oral Presentation	
Lisocabtagene Maraleucel (liso-cel) in R/R CLL/SLL: 24-Month Median Follow-up of TRANSCEND CLL 004	With a median follow-up of ~2 years, liso-cel continued to demonstrate a durable clinical response (ORR of 44%), high uMRD rates (64% in blood and 60% in marrow), and a manageable safety profile.
Toxicity Profile of Brexucabtagene Autoleucel (brexu-cel; CD19-directed CAR T-cell therapy) in Adult Patients (pts) with Relapsed/Refractory (R/R) B-Cell Acute Lymphoblastic Leukemia (B-ALL): Results from a Multicenter Real-World Outcomes Study	Of the 152 patients who received brexu-cel in this real-world study, 82% developed CRS and 56% developed ICANS. The rate of death within day +28 was 6%, and the respective causes included CRS, ICANS, infection, disease relapse/progression, and HLH.
The Impact of Social Determinants of Health on Brexucabtagene Autoleucel Outcomes in Adults with Relapsed/Refractory B-Cell Acute Lymphoblastic Leukemia	In patients receiving brexu-cel, survival outcomes appear independent of social determinants of health. There was no difference in PFS (HR 0.95, 95% CI 0.48-1.88, p=0.88) or OS (HR 0.80; 95% CI 0.33,1.92; p=0.62) when comparing Hispanic and non-Hispanic White patients. Additionally, there was no difference in PFS or OS based on any social determinant of health, including insurance type, marital status, referral source, caregiver type and distance to transplant center.
Poster Presentations	
Intrathecal Chemotherapy as Treatment for Chimeric Antigen Receptor T-Cell (CAR T) Therapy Associated Neurotoxicity	Median time for ICANS to receiving intrathecal chemo was one day (range 1-25 days), with eight patients receiving intrathecal in the first 24 hours and two patients within 48 hours of developing ICANS. Eleven patients had resolution of their ICANS with median time to resolution of two days (range 1-24 days). Five patients had complete resolution within 24 hours of intrathecal chemotherapy. Five patients had no response to steroids, and all had resolution of their ICANS symptoms after intrathecal chemotherapy.
Impact of Allograft T-Cell (CD3) Dose on Outcomes When CD34 Cell Dose Is Capped: Analysis of 811 Consecutive Allogeneic PBSC Transplants from a Single Center	This large retrospective analysis of PBSC allografts using a CD34 cap (<5 x $10e^6$/kg) shows that this approach produced infused CD3 doses ranging between 1.2 and 83.3 x $10e^6$/kg. The median and upper limit of infused CD3 dose was lower than previously reported by studies with no CD34 cap. CD3 dose had a significant impact on the rate of moderate-to-severe chronic GVHD in MUD recipients.
Effect of HLA-DPB1 Mismatch on Incidence and Severity of Chronic Graft-Versus-Host Disease Following Haploidentical Transplantation	This retrospective analysis demonstrated that the presence of an HLA-DPB1 mismatch is associated with an increased incidence of moderate-to-severe chronic GVHD following PTCy-based HIDT. This effect must be balanced by the protective effect of a TCE nonpermissive HLA-DPB1 mismatch on relapse and survival when selecting the optimal haploidentical donor.

BOR – best overall response; CR – complete response; CRi – complete remission with incomplete count recovery; CRS – cytokine release syndrome; GVHD – graft-versus-host disease; HIDT – haploidentical donor transplantation; HLA – human leukocyte antigen; HLH – hemophagocytic lymphohistiocytosis; ICANS – immune effector cell-associated neurotoxicity; MUD – matched unrelated donor; ORR – objective response rate; OS – overall survival; PBSC – peripheral blood stem cell; PFS – progression-free survival; TCE – T-cell-epitope; uMRD – undetectable minimal residual disease.

IN THE NEWS: Update for Clinicians

Germline Testing in Patients With Breast Cancer: Guideline Update

In a joint effort, the American Society of Clinical Oncology (ASCO) and the Society of Surgical Oncology (SSO) developed recommendations for genetic testing based on a systematic review and formal consensus process. This ASCO-SSO clinical practice guideline provides clinicians and other health care practitioners, nurses and social workers, patients, genetic counselors and caregivers with formal consensus-based recommendations regarding the role of germline mutation testing in patients with breast cancer based on the best available evidence. Recommendations include the following:

- *BRCA*1/2 mutation testing should be offered to all newly diagnosed patients with breast cancer ≤65 years and select patients >65 years based on personal history, family history, ancestry, or eligibility for poly (ADP-ribose) polymerase (PARP) inhibitor therapy.
- All patients with recurrent breast cancer who are candidates for PARP inhibitor therapy should be offered *BRCA*1/2 testing, regardless of family history.
- *BRCA*1/2 testing should be offered to women who develop a second primary cancer in the ipsilateral or contralateral breast.
- For patients with prior history of breast cancer and without active disease, testing should be offered to patients diagnosed ≤65 years and selectively in patients diagnosed after 65 years, if it will inform personal and family risk.
- Testing for high-penetrance cancer susceptibility genes beyond *BRCA*1/2 should be offered to those with supportive family histories; testing for moderate-penetrance genes may be offered to inform personal and family cancer risk.
- Patients should be provided enough pretest information for informed consent; those with pathogenic variants should receive individualized post-test counseling. Variants of uncertain significance should not impact management, and patients with such variants should be followed for reclassification.
- Referral to providers experienced in clinical cancer genetics may help facilitate patient selection and interpretation of expanded testing and provide counseling of individuals without pathogenic germline variants but with significant family history.

Reference:
Bedrosian I, et al. *J Clin Oncol.* 2024:JCO2302225. doi: 10.1200/JCO.23.02225.

Expert Commentary

By Tim Hakim, MS, CGC

These updated ASCO-SSO guidelines reflect the growing body of evidence demonstrating the clinical utility of genetic testing for patients affected with breast cancer beyond their 40s. NCCN guidelines recommend testing all women with breast cancer ≤50 and others in select scenarios. Expanding who is tested will undoubtedly discover patients otherwise missed with hereditary cancer predispositions. This knowledge can inform risk stratification and medical management not only for patients, but for family members as well.

Currently, most health insurers have more restrictive policies for paying for *BRCA*1/2 testing (i.e., coverage is limited to patients with breast cancer ≤45, and a few other circumstances). Some breast cancer patients meeting the new ASCO-SSO guideline for genetic testing may not meet their insurers' guidelines for coverage. Depending on where they are tested, these patients could find genetic testing cost prohibitive. Fortunately, the genetic testing labs utilized by the NHCI Cancer Genetics Program have initiatives in place to reduce the cost of testing for our patients. Generally, our patients with breast cancer have little to no out-of-pocket cost for their genetic testing, even when not covered by their insurance. Our office can schedule most newly diagnosed breast cancer patients for genetic counseling and testing within 1-3 business days.

Testing for cancer predisposition is only half the equation for utilizing genetics to inform patient care. Notably, the ASCO-SSO guideline reinforces the importance of individualized post-test genetic counseling for patients with and without pathogenic variants. Licensed and board-certified NHCI genetic counselors comprehensively explain genetic results and medical management implications for patients with pathogenic variants. We also review the chances for the predisposition to be shared with other family members and help facilitate familial notification and testing. For breast cancer patients without a pathogenic variant identified, genetic testing is still hugely helpful in assessing future cancer risk for them and their family members. Knowing there is no detectable genetic predisposition allows us to determine which other family members (such as children and grandchildren) do not need genetic testing.

Elevating the Patient Experience

Hyperthermic Intraperitoneal Chemotherapy in Ovarian Cancer: Is It Ready for Primetime?

By Adam Pyrzak, MD, MS, FACOG

Ovarian cancer is the most lethal gynecologic malignancy, with only 13% of patients alive 10 years after diagnosis. While 70-90% of patients will achieve remission after surgery and first-line therapy, 60-80% of patients will recur, which is generally considered incurable. Therefore, there is a huge emphasis on improving primary therapy for these patients to prevent recurrences. One particular treatment strategy that has been growing in popularity is hyperthermic intraperitoneal chemotherapy (HIPEC). HIPEC entails infusing the peritoneal cavity with heated chemotherapy during cytoreductive surgery. In theory, the hyperthermic administration increases the concentration and depth of penetration of the chemotherapy, which in turn should lead to improved oncologic outcomes. However, this treatment strategy has yet to be universally adopted by the gynecologic oncology community.

Recently, *The Lancet* published the overall survival data from OVHIPEC-1, a multicenter, phase III trial from the Netherlands that randomized women with stage III ovarian cancer undergoing neoadjuvant chemotherapy to cytoreductive surgery with HIPEC versus cytoreductive surgery alone.[1] An improvement in both progression-free survival (PFS) and overall survival (OS) was found in the cytoreductive surgery with HIPEC group. In the surgery alone arm, the median PFS was 10.7 months compared to 14.3 months in the surgery with HIPEC arm (HR:0.63; 95% CI 0.48–0.83). For OS, the surgery alone arm had a median OS of 33.3 months compared to 44.9 months in the surgery with HIPEC arm (HR: 0.70; 95% CI 0.53–0.92).

While the nearly 12-month improvement in OS is a major breakthrough in the treatment of ovarian cancer, the modest 4-month improvement in PFS has led many to question whether the improvement in OS is being driven by improvements in therapy for recurrent disease rather than the HIPEC. Additionally, the study did not include individuals with stage IV disease, which accounts for 30% of newly diagnosed ovarian cancer patients, and it was limited to patients receiving neoadjuvant chemotherapy. While these weaknesses have prevented many from adopting HIPEC, the final analysis demonstrates there is a role for HIPEC in the primary treatment of ovarian cancer. Further studies are needed to determine if this practice should be universally adopted for all patients.

Reference: 1. Aronson SL, et al. *Lancet Oncol.* 2023;24(10):1109-1118.

New Northside Program Simplifies Second Opinions for Cancer Diagnoses

Northside Hospital Cancer Institute recently launched a Second Opinion Program to help patients receive an expedited evaluation of their cancer care and treatment options. This program connects patients to an elite team of experts in medical and radiation oncology and surgery, including those with specialized training in the treatment of rare and complex cancers. The program also has a robust research department and offers clinical trials for many cancer types. A dedicated nurse care coordinator helps expedite appointments, including scheduling consultations for patients based on their diagnosis, clinical needs and geographic location. To learn more about the Second Opinion Program, please visit northside.com/services/cancer-institute/cancer-second-opinion-program.

Around Our Campuses and Communities

PLUVICTO® Available at Additional Northside Campuses

Northside Hospital Cancer Institute now offers a breakthrough treatment for men with advanced prostate cancer at at Northside's campuses in Atlanta, Cherokee, Forsyth and Gwinnett. PLUVICTO is an FDA-approved radioactive therapy drug used to treat men with prostate-specific membrane antigen–positive metastatic castration-resistant prostate cancer (PSMA-positive mCRPC). Administered intravenously, PLUVICTO locates cancer in the body and delivers a microscopic amount of radiation directly to the cancer cells, killing or damaging them with minimal harm to surrounding healthy tissue. The full treatment is given as six separate infusions, six weeks apart. Northside Hospital Cancer Institute is one of the few cancer centers in Georgia to offer treatment with PLUVICTO. To qualify for PLUVICTO, patients must have received prior treatment with androgen receptor pathway inhibition and at least one taxane-based chemotherapy treatment. To learn more or schedule a patient for treatment, please call 404-851-8941.

"Our team is committed to providing all patients with high-quality, evidence-based prostate cancer treatment options and to making access to cancer care as convenient as possible. PLUVICTO may be life-extending for patients with metastatic prostate cancer." – Dr. L. Crain Garrot

Around Our Campuses and Communities

Blood and Marrow Transplant and Leukemia Program: 2023 Survival Outcomes

Northside Hospital Bone Marrow Transplant (BMT) Program is the only BMT program in the United States to achieve survival outcomes that are statistically superior to those predicted by the risk profile of its transplanted patients for the last 15 consecutive years. In the 2023 report, the BMT Program at Northside Hospital was the only center in Georgia to achieve outcomes that were statistically superior to those predicted for it by the Center for International Blood and Marrow Transplant Research. Furthermore, Northside BMT is one of only 12 centers (less than 10% of all centers) to over-perform for the current annual reporting cycle. This unmatched achievement has been reached by the incredible dedication of each member of this program. Congratulations, Northside BMT on this impressive achievement.

2023 Foundation Fundraising Highlights and Accomplishments

Tennis and Pickleball Against Breast Cancer, one of the Northside Hospital Foundation's annual events, helped raise over $340,000 for breast cancer prevention and screening. This was the highest fundraising amount for this event in Northside history. This four-day event involved 132 teams/captains at ten facilities with over 1,200 players. The event funded more than 2,700 screening mammograms for underinsured women in our community. Mark your calendars for Tennis and Pickleball against Breast Cancer events in October 2024 in North Fulton/Gwinnett (October 4th), Forsyth (October 11th), Cherokee (October 18th), and North Fulton (October 25th).




Paint Gwinnett Pink marked its eighth anniversary with remarkable accomplishments, proudly achieving a fundraising milestone of $1.8 million. These funds have been instrumental in advancing breast tomosynthesis imaging technology at Northside Hospital. This technology produces a three-dimensional image of the breast that aids in early detection and diagnosis of breast cancer. Proceeds have also been used to upgrade mammography machines at Northside imaging centers in Duluth, Hamilton Mill and Lawrenceville. With more than 2,000 participants, this event has become Gwinnett's largest 5K race supporting breast cancer. Mark your calendar for October 19, 2024 for Paint Gwinnett Pink.


For more information about Tennis and Pickleball Against Breast Cancer, please visit give.northside.com/events/tabc/, and for more information about Paint Gwinnett Pink, please visit support.paintgwinnettpink.com/.

Georgia Cancer Specialists Canton Clinic Relocation

Georgia Cancer Specialists' Canton clinic has moved to 1521 Hickory Flat Highway, Suite 100, Canton, GA 30115. Physicians began seeing patients at the new location on Monday, January 8, 2024. The phone number for this clinic will remain the same, 770.479.1870. For more information, visit gacancer.com/canton.

In October 2023, Northside Hospital Cancer Institute opened the Snellville Breast Care Center, located at 2306 Wisteria Drive SW, Snellville, GA 30078. This expansion brings the total to 30 centers, all equipped to provide state-of-the-art 3D mammography services.

As of October 2023, Northside Hospital Forsyth became the fourth Northside location to offer robotic bronchoscopy.

Provider Features

Ribhu Tushar Jha, MD, MS, FAANS is a board-certified neurosurgeon practicing at Southeastern Neurosurgical Specialists. Dr. Jha provides minimally invasive and endoscopic surgical approaches to treat conditions of the brain and spine. Dr. Jha's clinical interests include skull base and pituitary tumors, primary and metastatic brain tumors, degenerative spine conditions, spine tumors, trigeminal neuralgia and hemifacial spasm, Chiari malformations, cranial and spine trauma, vascular malformations and cerebral aneurysms.

Education and Events

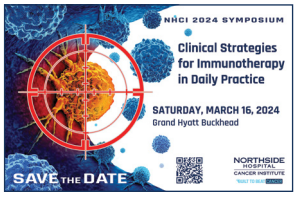
CONTINUING EDUCATION

Northside Hospital Cancer Institute Oncology Lecture Series
Second Thursdays of each month from 12-1 p.m. Winter dates are February 8 and March 14, 2024.
Please contact Northside Hospital Department of Medical Education at medical.education@northside.com for more details.

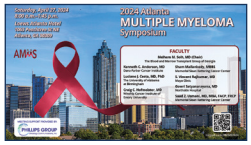
Best of SABCS – South
Saturday, February 10, 2024 from 8:30 a.m.-1:30 p.m. @ Emory University
gasco.us/meetings-topic.php?meetingid=1098

For the Benefit of All – Investigators Seminar
Wednesday-Thursday, February 21-22, 2024 from 7 a.m.-5 p.m.
@ Georgia International Convention Center in Atlanta
secure.lglforms.com/form_engine/s/YbAYFNMW5T4hLmA4237XwA

Northside Hospital Gwinnett & Duluth's Primary Care Summit
Updates for the Primary Care Physicians and Advanced Practice Providers
Saturday, March 2, 2024 from 8 a.m.-3 p.m.
Gas South Arena, 6400 Sugarloaf Pkwy., Duluth, GA 30097
Register at: web.cvent.com/event/19a501be-3ca0-49df-a81d-b8ecf6d78415/summary
For more information, contact Medical Education at 404-236-8419 or medical.education@northside.com



Northside Hospital Cancer Institute Symposium - Immunotherapy
Saturday, March 16, 2024 from 7 a.m-2:25 p.m.
@ Grand Hyatt Atlanta in Buckhead
web.cvent.com/event/6ccde886-6eaf-4ec3-b54b-543349fe5778/summary



Atlanta Multiple Myeloma Symposium
Saturday, April 27, 2024 from 8 a.m.-1:45 p.m.
@ Loews Atlanta Hotel
tinyurl.com/AMMS2024

CANCER SCREENING & PREVENTION

Prostate Cancer Screenings
February 15, 2024 @ Northside Hospital Cancer Institute Radiation Oncology – Forsyth from 5:30-8 p.m.
northside.com/community-wellness/health-screenings

Mobile Mammography Van - Screen Atlanta
February 22, 2024 @ Atlanta Cancer Care – Conyers
To schedule an appointment or for additional information, call 404.531.4444.

Built To Quit – Smoking and Tobacco Cessation Course
Next six-week session start date: March 5, 2024
Weekly classes include the American Lung Association Freedom from Smoking curriculum and are available in-person or virtually.
northside.com/community-wellness/built-to-quit

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

Skin Cancer Screenings
March 12, 2024 @ Northside Hospital Cancer Institute Radiation Oncology- Midtown from 6-8 p.m.
April 16, 2024 @ Northside Hospital Cancer Institute Radiation Oncology- Cherokee from 6-8 p.m.
northside.com/community-wellness/health-screenings

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COMMUNITY EVENTS

National Dress in Blue Day for Colon Cancer Awareness
Friday, March 1, 2024

Lustgarten Foundation's Pancreatic Cancer Walk for Research
Save the Date: Sunday, March 17, 2024
hope.lustgarten.org/event/atlanta

Race to Cure Sarcoma Atlanta 2024
Saturday, April 6, 2024 @ 8 a.m. @ Suwanee Town Center
p2p.onecause.com/atlanta

PanCAN PurpleStride Walk
April 27, 2024 @ 8:30 a.m. @ Historic Fourth Ward Park in Atlanta
secure.pancan.org/site/TR/PurpleStride/PurpleStride?pg=entry&fr_id=2783

NORTHSIDE EVENTS

Northside Hospital Foundation Cancer Survivor Celebration
Save the Date: April 9, 2024 at Truist Park in Atlanta
More information will be available soon at give.northside.com/cancer-survivor.

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