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:

Benefits of the Oncology Nutrition Program at Northside Hospital Cancer Institute

The Oncology Nutrition Program, a nutrition support service at Northside Hospital, provides dietitian access to all patients within Northside Hospital Cancer Institute clinics. This program includes twenty oncology dietitians and an oncology nutrition coordinator. All dietitians are required to obtain board certification in oncology nutrition within two years of hire. The Oncology Nutrition Program also offers a unique High Risk/Survivorship Program for patients who may be at high risk for cancer and/or for patients who have completed treatment and need nutrition instruction for cancer recurrence prevention, weight management and assistance with long-term side effects. The dietitians in the Oncology Nutrition Program provide several services both during and after treatment:

- During treatment:
  - Provide guidance for mitigating nutrition impact symptoms (suboptimal appetite, nausea/vomiting, constipation, diarrhea, mouth sores, fatigue, dry mouth, altered smell/taste)
  - Manage enteral nutrition by coordinating with oncology and durable medical equipment companies
  - Create individualized plan during treatment to optimize nutrition/hydration status
  - Offer nutrition-related medication management
  - Provide phone-based and in-person appointments for patients, family members and caregivers
- After treatment (survivorship):
  - Encourage a plant-based diet (not necessarily vegan or vegetarian)
  - Educate on American Institute for Cancer Research (AICR) guidelines for cancer prevention
  - Manage long-term side effects of treatment
  - Provide weight management guidance

Patients referred to the Oncology Nutrition Program must meet the following criteria:

- High risk diagnosis (cancer site)
  - Head & neck, esophageal, gastrointestinal, lung and pancreas
- Weight
  - BMI <18.5, unintentional weight change of >5% for 1 month
- Nutrition impact symptoms >2 weeks
  - No appetite/eating poorly, dry mouth, difficulty swallowing, consuming ONLY liquids, taste changes, constipation, diarrhea and nausea/vomiting
- Other criteria
  - GI obstruction, concurrent chemotherapy and radiation therapy, TPN and/or tube feeding and patient identified by distress screening tool
- Survivorship patient

For more information, please email the Oncology Nutrition Coordinator, Blair Avendano at Blair.Avendano@northside.com or Outpatient.Nutrition@northside.com.

Clinical Trials and Research

New and Ongoing Cancer Clinical Trials

Sponsor	Protocol Number and Study Title	NCT Identifier
SWOG (NCI)	**C-527; S2302 ||** PRAGMATICA – LUNG: A Prospective Randomized Study of Ramucirumab Plus Pembrolizumab versus Standard of Care for Participants Previously Treated with Immunotherapy for Stage IV or Recurrent NSCLC	NCT05633602
	Key Eligibility Criteria • Stage IV or recurrent NSCLC • Received platinum-based chemotherapy and experienced disease progression • Received at least one line of anti-PD-1/anti-PD-L1 therapy, and experienced disease progression	**Study Design** • Eligible patients are randomized 1:1 to the following: **Arm A**: Treatment of physician's choice **Arm B**: Ramucirumab + pembrolizumab
Alliance for Clinical Trials (NCI)	**C-437; A081801 ||** Integration of Immunotherapy into Adjuvant Therapy for Resected NSCLC: ALCHEMIST Chemo-IO	NCT04267848
	Key Eligibility Criteria • Resected NSCLC (Stage IIA, IIB, IIIA or IIIB) • Candidate for adjuvant platinum-doublet chemotherapy • Eligible for treatment with an immune checkpoint inhibitor • 30-77 days post-surgery • EGFR and ALK negative locally or centrally	**Study Design** • Eligible patients are randomized 1:1 to the following: **Arm 1**: Chemotherapy followed by pembrolizumab **Arm 2**: Chemotherapy and pembrolizumab followed by pembrolizumab alone
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)	NCT04462406
	Key Eligibility Criteria • Unresectable stage IIB-IV melanoma • Actively receiving anti-PD-1 based therapy, and 52 weeks from start of therapy • ECOG PS 0-2	**Study Design** • Patients will receive 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
TScan Therapeutics, Inc.	**NSH1374 ||** A Controlled Multi-Arm Umbrella Study Evaluating the Safety and Feasibility of T-Cell Receptor Engineered Donor T-Cells Targeting HA-1 (TSC-100) or HA-2 (TSC-101) in HLA-A*02:01 Positive Patients Undergoing Haploidentical Allogeneic Peripheral Blood Stem Cell Transplantation	NCT05473910
	Key Eligibility Criteria **Recipient:** • Allogeneic HCT for AML, MDS or ALL • Must express HLA-A*0201 for treatment • Participants in the control arm may express any HLA type **Donor:** • Able to undergo PBS collection and up to 2 rounds of leukapheresis (for TSC-100 or TSC-101 manufacturing for treatment arms only, and for stem cell collection for both treatment arms and the control arm) • Donors matched to TSC-100 participants should be HA-1-/- (negative) and/or negative for all HLA-A*02 alleles • Donors matched to TSC-101 participants should be negative for all HLA-A*02 alleles	**Study Design** Non-randomized, parallel, open-label assignment: • HA-1 positive patients: standard of care + TSC-100 • HA-1 negative and HA-2 positive patients: standard of care + TSC-101 • Standard of care alone
Oricell Therapeutics	**NSH1396 ||** Phase I/II Open-Label, Multicenter Study to Evaluate the Safety, Pharmacokinetics, Pharmacodynamics and Preliminary Efficacy of Anti-GPRC5D CAR-T Cell Product (OriCAR-017) in Patients with Relapsed/Refractory Multiple Myeloma	NCT06271252
	Key Eligibility Criteria • 18 to 75 years • ECOG PS 0-1 • One of the following criteria must be met: 1. If immunoglobulin (Ig)G type MM, then serum M protein >10 g/L; if IgA, IgD, IgE or IgM type MM, then serum M protein >5 g/L 2. Urine M protein level >200 mg/24 hour 3. (sFLC) >100 mg/L and K/λ FLC ratio is abnormal 4. Extramedullary lesions (>1 cm for diameter of the short axis) • For Phase I (dose-escalation) - patients who had received at least 3 prior lines of therapy including (but not limited to) anti-CD38 drugs, IMiDs, proteasome inhibitors, etc., and were refractory to the last line of therapy • For Phase I (dose-expansion) and Phase II: patients with previous exposure to BCMA directed therapies including BCMA bispecific antibody (e.g., teclistamab), BCMA-antibody directed conjugate (eg, belantamab mafodotin) and BCMA-CAR-T (eg, ciltacabtagene autoleucel)	**Study Design** Single group assignment to OriCAR-017 infusion

ALL = acute lymphoblastic leukemia; AML = acute myeloid leukemia; BCMA = B cell maturation antigen; CT= computed tomography; ECOG = Eastern Cooperative Oncology Group; FDG-PET = fludeoxyglucose-18 positron emission tomography; HCT = hematopoietic cell transplantation; HLA = human leukocyte antigen; IMiD = immunomodulatory drug; MDS = myelodysplastic syndromes; MM = multiple myeloma; NSCLC = non-small cell lung cancer; PBSC = peripheral blood stem cell; PD-1 = programmed cell death protein; PD-L = programmed cell death ligand 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

American Society of Clinical Oncology 2024 Presentations from Northside Hospital Cancer Institute

PRESENTATION TYPE AND TITLE	SUMMARY OF FINDINGS
Oral Presentations	
Lisocabtagene maraleucel (liso-cel) versus standard of care (SOC) with salvage chemotherapy followed by autologous stem cell transplantation as second-line treatment in patients with R/R large B-cell lymphoma: 3-year follow-up from the randomized, phase 3 TRANSFORM study; authors include Dr. Scott R. Solomon ascopubs.org/doi/10.1200/JCO.2024.42.16_suppl.7013	Results from this three-year follow-up showed efficacy and safety consistent with the interim and primary analyses. Liso-cel resulted in sustained improvement in long-term disease control over SOC, with longer median EFS, PFS and DOR and higher CR rate.
Lisocabtagene maraleucel (liso-cel) in patients with R/R mantle cell lymphoma (MCL): Subgroup analyses by number of prior systemic lines of therapy and by response to prior Bruton tyrosine kinase inhibitor (BTKi) from the TRANSCEND NHL 001 MCL cohort (TRANSCEND-MCL); authors include Dr. Scott R. Solomon ascopubs.org/doi/10.1200/JCO.2024.42.16_suppl.7016	Efficacy and safety outcomes of liso-cel in these subgroups were generally comparable with those reported in the overall population. Longer median DOR, PFS and OS were observed in patients with R/R MCL who received less than five prior lines of therapy and those with disease not refractory to prior BTKi.
ECOG-ACRIN EAZ171: Prospective validation trial of germline variants and taxane type in association with taxane-induced peripheral neuropathy (TIPN) in Black women with early-stage breast cancer; authors include Dr. Jayanthi Srinivasiah ascopubs.org/doi/10.1200/JCO.24.00526	This trial did not meet its primary endpoint. Numerically higher rates of TIPN with high-risk genotype did not reach statistical significance for validation in this population. Every three-week docetaxel was associated with less grade ≥2 TIPN and less dose reductions, compared to weekly paclitaxel.
Poster Presentations*	
Enfortumab vedotin (EV) in non-squamous and squamous non–small cell lung cancer (NSCLC) cohorts of EV-202; authors include Dr. Ioana Bonta ascopubs.org/doi/10.1200/JCO.2024.42.16_suppl.8585	EV monotherapy demonstrated antitumor activity in patients with previously treated non-squamous NSCLC, with an ORR of 16.3% and a median OS of 13 months. EV monotherapy did not show clinically meaningful efficacy in patients with previously treated squamous NSCLC. Adverse events observed with EV monotherapy in both cohorts were consistent with the known safety profile of EV in other solid tumors.
Effect of pre-transplant functional status on length of hospital stay in patients undergoing allogeneic hematopoietic stem cell transplant in an outpatient transplant program Authors: Lizamarie Bachier-Rodriguez, Scott R. Solomon, Asad Bashey, Lawrence Morris, Henry Kent Holland, Melhem M. Solh, Xu Zhang, Joanna Collins, Adam Drumm, Lan Lei, Catrina Kure, and Briana Ford ascopubs.org/doi/10.1200/JCO.2024.42.16_suppl.6560	In this retrospective analysis, patients who underwent allow SCT and who had a PT/OT evaluation pre-transplant were assessed for hand and grip strength, Lower Extremity Function Scale (LEFS), and Functional Assessment of Chronic Illness Therapy – Fatigue Score (FACIT-F). In patients <65 years, a low LEFS was associated with a statistically significant longer hospital stay. In patients ≥65 years, those with a high FACIT score demonstrated a statistically significant longer hospital stay than those with a low FACIT score.
Trial in Progress Poster Presentations*	
A phase 1 trial of TSC-100 and TSC-101, engineered T cell therapies that target minor histocompatibility antigens to eliminate residual disease after hematopoietic cell transplantation; authors include Dr. Melhem M. Solh ascopubs.org/doi/10.1200/JCO.2024.42.16_suppl.6560	This ongoing multicenter, multiarm, umbrella study is evaluating the feasibility, safety and preliminary efficacy of TSC-100 and TSC-101. Primary endpoints include adverse event profiles and dose limiting toxicities. Secondary endpoints include relapse rates, disease-free survival and overall survival.
Phase 2 open-label, multicenter study evaluating CRG-022, a CD22-directed autologous CAR T-cell therapy, in patients with relapsed/refractory (R/R) large B-cell lymphoma (LBCL) after CD19-directed CAR T-cell therapy; authors include Dr. Lizamarie Bachier-Rodriguez ascopubs.org/doi/10.1200/JCO.2024.42.16_suppl.TPS7085	This ongoing study is evaluating the safety and efficacy of CRG-022 at 1x106 CAR+ T cells/kg in patients with R/R LBCL whose disease has progressed after CD19-directed CAR T-cell therapy. The primary endpoint is ORR according to Lugano response criteria by blinded independent review. Secondary endpoints include: ORR (investigator-assessed), CR, DCR, DOCR, PFS/OS, safety, PK/PD, PROs and manufacturing feasibility.
A first-in-human phase 1, multicenter, open-label study of CB-012, a next-generation CRISPR-edited allogeneic anti-CLL-1 CAR-T cell therapy for adults with relapsed/refractory acute myeloid leukemia (AMpLify); authors include Dr. Melhem M. Solh ascopubs.org/doi/10.1200/JCO.2024.42.16_suppl.TPS6586	This ongoing trial is evaluating patients with R/R AML. A 3+3 dose escalation design is being utilized with the primary objectives of determining the safety and tolerability of CB-012 and recommended Phase 2 dose.

CR = complete response; DOR = duration of response; EFS = event free survival; ORR = overall response rate; OS = overall survival; OT = occupational therapy; PFS = progression-free survival; PT = physical therapy; R/R = relapsed/refractory; SCT = stem cell transplant; SOC = standard of care.

*More details can be found at ascopubs.org/journal/jco

IN THE NEWS: Update for Clinicians

AMTAGVI (Lifileucel) Now Available as Second Line Therapy

As of April 4, 2024, AMTAGVI (lifileucel) received NCCN's Category 2A designation in the NCCN Melanoma Guidelines (v2.2024), as a second line or subsequent, preferred therapy for metastatic or unresectable melanoma. Northside's Immunotherapy Program is the only approved tumor-infiltrating lymphocyte (TIL) treatment center in Georgia. To schedule a patient consultation, please call The Blood & Marrow Transplant Group of Georgia at 404.255.1930. If you have questions regarding treatment or eligibility, please contact Melissa Henson, manager, cellular therapy and leukemia program, at 404.851.8155 or email Melissa.Henson@northside.com.

Immune Checkpoint Inhibitors and Cardiotoxicity: Isolated Pericardial Effusion Without Associated Myocarditis in a Small-Cell Lung Cancer Patient Undergoing Atezolizumab Therapy – A Case Study from Northside Hospital

By Lalitha Medepalli, MD, FACC, FASE, RPVI

Immune checkpoint inhibitors (ICIs) are a promising immunotherapy approach to treat cancer. However, alongside their potential benefits, ICIs can trigger immune-related adverse events (irAEs), including cardiotoxicity.

Our case highlights a 67-year-old male with recently diagnosed metastatic small-cell lung cancer with metastasis to the thoracic spine. Two months into treatment with carboplatin, etoposide and atezolizumab, the patient developed pericardial tamponade. This event initially manifested as hypoxia during the third treatment cycle and led to hospitalization due to multifocal pneumonia. The patient was subsequently diagnosed with pericardial tamponade stemming from a significant pericardial effusion.

Pericardiocentesis successfully resolved the tamponade, with infectious causes ruled out. Notably, the absence of myocarditis, evidenced by negative cardiac markers and MRI findings, and the absence of malignant cells in pericardial fluid cytologic analysis, underscored an isolated immunologic etiology for the effusion. Following effective management, including oxygen support and prednisone tapering, chemotherapy was resumed after a one-week delay, without immunotherapy. This rare case emphasizes the importance of promptly leveraging multimodality imaging alongside timely cardiology intervention and pericardial fluid analysis in diagnosing and managing cardiac irAEs, thereby enhancing patient outcomes.

Reference: Jamison K, Medepalli LC, Ye S. Isolated Pericardial Effusion Without Associated Myocarditis in a Small-Cell Lung Cancer Patient Undergoing Atezolizumab Therapy. *Cureus*. 2024;16(5).

Reporting the False Negative Rate of Sentinel Lymph Node Biopsy for Melanoma: A Useful Quality Control Metric

By Nicole Kounalakis, MD

For melanoma patients, the sentinel lymph node biopsy (SLNB) determines pathological stage, subsequent treatment, surveillance and also provides loco-regional control. A false negative result occurs when disease develops in the regional lymph node basin that initially tested negative at SLNB. This false negative rate is an excellent measure for a cancer center's multidisciplinary care. We determined Northside Hospital's false negative rate (FNR) in melanoma patients undergoing a SLNB and recently presented the analysis at the annual NCCN conference.

This analysis utilized a hospital-based cancer registry to review patients with cutaneous melanoma who presented with clinical stage I/II, tumor depth >0.8 mm, and completed a SLNB from 2016 to 2020.

Patients with a negative SLN were followed for two years to confirm a true negative result. The SLN negative cohort was evaluated for lymph node only recurrence (Cohort A). Cohort A patients were eliminated if they developed distant disease within six months of their lymph node recurrence. Patients that were found to have occult metastatic disease in their sentinel lymph nodes (SLN) were labeled as true positives (Cohort B). The false negative rate (FNR) was calculated as number of patients with a false negative result (A) divided by number of patients with a false negative result plus the number of patients with a true positive result (A + B).

Approximately 1160 patients underwent SLNB, and 212 were found to have metastatic disease in their SLNs and were labeled as true positives (Cohort B). Nine hundred and forty-nine patients had a negative SLNB, of which 226 had two years of cancer status follow up or an event prior to two years of follow up. Fifty-five patients developed a recurrence, 32 of which were local regional recurrences.

(continued on page 5)

IN THE NEWS: Update for Clinicians

Reporting the False Negative Rate of Sentinel Lymph Node Biopsy for Melanoma: A Useful Quality Control Metric

(continued from page 4)

$$\text{FNR: } 6\% \quad \frac{\text{patients w/ false negative result 13 (A)}}{\text{false negative result 13 (A) + true positive result 212 (B)}}$$

Thirteen of the 32 patients developed lymph node only disease. Overall, the FNR was 13/13 + 212 or 6%.

Extremities had the lowest FNR at 2%, followed by trunk at 7% and head and neck being the highest at 12%.

Radiologists, surgeons and pathologists must collaborate successfully to allow for an acceptably low FNR. Routine assessments of the FNR could improve the process for SLNB procedures. This quality metric allows for early identification of melanoma patients' high risk for a false negative SLNB and could guide surveillance for those patients.

Reference: McCain C, et al. J Natl Compr Canc Netw. 2024;22 (2.5):BPI24-015.


The Gist of GISTs

By Malini Sur, MD (left) and Eddie Abdalla, MD (right)

Gastrointestinal stromal tumors (GISTs) are tumors that originate in the muscle layer of the gastrointestinal tract. They usually grow slowly (even over years) due to their potential to spread to other parts of the body, and when they are advanced, GISTs are defined as a type of cancer. They arise from "pacemaker" cells within the muscle layers of the gastrointestinal tract. The stomach and small intestine are the two most common locations where GISTs arise; esophageal, colon and rectal GISTs are rare.

Most GISTs are small and found in the stomach, identified sometimes on endoscopy for other reasons or due to bleeding. If a complete workup (often including an endoscopic ultrasound and full body scans) shows no signs of spread, many gastric GISTs under two centimeters in size can be safely observed with serial endoscopy and imaging due to their expected slow growth and low risk behavior. This is an especially reasonable option in patients who are older and have medical conditions that make it more difficult to tolerate surgery well. Small intestinal GISTs are almost always resected due to the modestly higher risk associated with observation when in this location. For larger tumors, minimally invasive resection is the usual approach to remove the tumor and a small portion of healthy stomach or intestine around it. The robotic approach is often preferred because it enables efficient, precision surgery, with very short hospitalization and rapid recovery.

In rare cases, localized GISTs may require more complex surgery, such as major gastrectomy with gastrointestinal reconstruction or resection of additional organs, such as a portion of the neighboring pancreas, spleen or colon. These patients typically benefit from preoperative oral medications tailored to GIST tumor genetics, which can shrink the tumor and allow better oncologic outcomes as well as potentially less extensive surgery.

GIST tumor mutations can guide the choice of treatment. Tyrosine kinase inhibitors (TKIs), such as imatinib or sunitinib, are commonly administered, but other options are available depending on the specific genetic profile.

Patients are sometimes diagnosed with advanced or metastatic GIST, meaning the tumor has already invaded locally or spread to other parts of the body. While medical therapy is the mainstay of treatment, eventual surgery can be considered if there is response to the medical therapy, and all visible tumor can be safely removed, whether in the abdominal cavity (peritoneum), the liver or sometimes the lymph nodes. It is important that such patients are nutritionally optimized and physically fit to undergo a major operation. Rarely, patients with GIST have genetic conditions that must be diagnosed early to facilitate safe surgery, as they may have other tumor types that need to be detected and treated prior to general anesthesia.

In short, GISTs are best managed in the context of a high-volume multidisciplinary team including fellowship-trained surgical oncologists and experienced medical oncologists, advanced gastroenterologists, pathologists, radiologists and genetic counselors. At Northside Hospital Cancer Institute, the Atlanta Liver and Pancreas Surgical Specialists offer a high-volume, comprehensive program for patients with GISTs with excellent outcomes. A weekly multidisciplinary conference allows detailed review and discussion of cases to help select the optimal treatment plan for each patient. Our minimally invasive robotic surgery program for GIST and other upper gastrointestinal, hepatobiliary and pancreatic tumors is also among the busiest in the Southeast. From the clinic visit to the operating room to the bedside in the hospital, we are proud that care for patients with rare tumors, such as GISTs, is very common for our team.

Elevating the Patient Experience

Northside Hospital Gwinnett Launches New Third Space Gastrointestinal Endoscopy

Northside Hospital Gwinnett has expanded its Interventional Gastrointestinal (GI) Endoscopy Program with a series of new, minimally invasive procedures that are available for the first time in Gwinnett county and surrounding communities.

Third-space endoscopy provides an organ-preserving treatment option for patients who otherwise may require surgical resection to address precancerous lesions or early cancers of the esophagus, stomach, small intestine or colon. Additionally, these procedures offer innovative solutions for debilitating GI conditions like gastroparesis, achalasia and Zenker's diverticulum, which often result in chronic and severe dysphagia, nausea and vomiting.

Also known as submucosal endoscopy, procedures are performed via endoscopy or colonoscopy within the "third space" of the GI tract – the area between the inner lining and muscle layers of the GI tract – without any external incisions. An endoscope is guided through the digestive tract to the target area, where precise incisions are made using an endoscopic knife. This approach grants access to regions previously challenging to reach without more invasive methods.

Third-space procedures are minimally invasive and typically involve less discomfort and recovery time than traditional surgeries, making them a preferred choice for many patients who can return home within hours after the procedure.

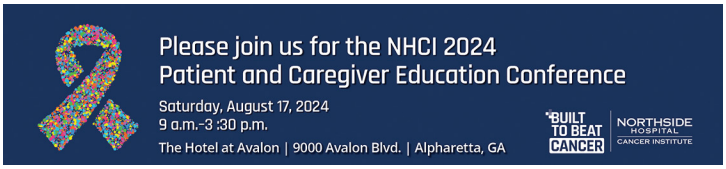
In April, Northside Gwinnett successfully performed its inaugural third-space procedures, including esophageal and Zenker's per-oral endoscopic myotomy (POEM) for severe swallowing difficulties due to achalasia and Zenker's diverticula, as well as endoscopic submucosal dissection (ESD) for complete removal of pre-cancerous lesions in the stomach and colon. To learn more about GI diagnosis and treatment, please visit northside.com/services/gastrointestinal-services. To make a referral or to find a provider, please call 678.312.3874.

Northside Hospital Cancer Institute Patient and Caregiver Education Conference

Northside Hospital Cancer Institute is pleased to host a Patient and Caregiver Education Conference on Saturday, August 17, 2024 from 9 a.m. to 3:30 p.m. at The Hotel at Avalon in Alpharetta. Key presentations at this conference will include:

- LEAP! (Learn, Educate, Advocate, Persevere)
- The ABCs of Precision Oncology
- Symptom Management – Mind, Body and Soul
- Alphabet Soup of Nutrition
- Self-Advocacy and Education
- How to Advocate for Your Loved One

Presenters will include Northside-affiliated providers and external experts. The conference is free of charge, and lunch will be served. Please refer patients and caregivers to northside.com/patientandcaregiver to register.



Northside Hospital Cancer Institute Is Now a Myelodysplastic Syndrome Center of Excellence and Accredited by the National Accreditation Program for Rectal Cancer (NAPRC)

The Myelodysplastic Syndromes Foundation, Inc. has designated Northside Hospital as a Center of Excellence in the diagnosis and treatment of myelodysplastic syndromes.

Northside Hospital Atlanta earned National Accreditation Program for Rectal Cancer (NAPRC) from the American College of Surgeons for three years. Northside Atlanta is one of only three facilities accredited by the American College of Surgeons for rectal cancer care in the state of Georgia and one of 99 across the United States.

Around Our Campuses & Community

Northside Hospital Cancer Institute Opens Additional Lung Nodule Clinic at Forsyth

The Lung Nodule Clinic (LNC) at Forsyth specializes in expediting the workup of patients with suspicious lung nodules found incidentally or through Northside's Lung Cancer Screening Program. Diagnostic and treatment recommendations for each patient's lung findings are determined by a multidisciplinary team of physicians. The Lung Nodule Clinic nurse navigator works with patients to coordinate their care and serves as the primary point of contact for patients. Examples of services provided by the nurse navigator include assistance with scheduling procedures, tests, and/or consults; answering any questions physicians, patients or family members may have; providing customized patient education; and

(continued on page 7)

Around Our Campuses & Community

Northside Hospital Cancer Institute Opens Additional Lung Nodule Clinic at Forsyth *(continued from page 6)*

coordinating referrals to supportive care services as needed. Patients are typically referred by their physician for nodules seen on imaging that measure 8 mm or greater. If a patient had a chest CT performed and is looking for a second opinion, self-referrals are also accepted. To learn more, to refer a patient or to schedule an appointment at the Lung Nodule Clinic at Northside Forsyth, please contact the information line at 770.292.3120 or LNC.Forsyth@northside.com. To learn about other LNC locations, visit the Northside Hospital Cancer Institute Lung Nodule Clinic page: northside.com/lung-nodule-clinic.

Location
North Point Pulmonary Associates – Cumming
1505 Northside Boulevard, Suite 3500, Cumming, GA 30041

Lung Nodule Clinic Nurse Navigator
Lindsey Driver
404.845.5803 Email: LNC.Forsyth@northside.com

Lung Nodule Clinic Doctors
Eduardo Egea, MD Simha Jagadeesh, MD
Arif Mahmood, MD Sunil Vallurupalli, MD

Interventional Pulmonology Nurse Navigator
Alyssa Harms
404.303.3435

Provider Features

Yi Dong, MD, PhD is board-certified in internal medicine and a medical oncologist practicing at Georgia Cancer Specialists – Jasper and Georgia Cancer Specialists – Canton. To learn more, visit northside.com/yi-dong.

Lee Gerson, MD is a board-certified physician in thoracic and general surgery practicing at Northside Thoracic Surgery – Sandy Springs. To learn more, visit northside.com/lee-perry-gerson.

Angel Brown, MD is a board-certified phyisician in pulmonology practicing at Cherokee Lung and Sleep Specialists. To learn more, visit northside.com/angel-brown.

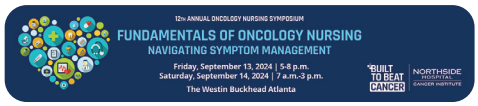
Marion E. Schertzer, MD, board-certified surgeon and co-chair of the NHCI Gastrointestinal Cancer Steering Committee, will retire on July 31, 2024, after more than 25 years of practice in medicine. Dr. Schertzer joined Georgia Colon & Rectal Surgical Associates in August 1993 after completing a fellowship in colon and rectal surgery at the University of Texas in Houston. She served as past Chairperson of the Medical Advisory Committee with the Crohn's & Colitis Foundation Georgia Chapter and was a fellow at the American College of Surgeons and the American Society of Colon and Rectal Surgeons. She was an active member of the Medical Association of Georgia, Atlanta Women's Medical Alliance, American Society of Colon and Rectal Surgeons and the Piedmont Medical Society. Please join us in thanking Dr. Schertzer for her years of service at Northside Hospital and congratulating her on her retirement.

Education and Events

CONTINUING EDUCATION

Northside Hospital Cancer Institute Oncology Lecture Series
Second Thursdays of each month from 12-1 p.m.
For questions or more information, please contact Northside Hospital Department of Medical Education at medical.education@northside.com or 404.236.8419.

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.
@ The Westin Buckhead in Atlanta
web.cvent.com/event/6c22b687-7687-48f1-957d-25b9e40a4ab3/summary



GASCO 2024 Annual Meeting & Best of ASCO®
September 6-7, 2024 at The Hotel at Avalon in Alpharetta
gasco.us/meetings-topic.php?meetingid=1068

GASCO

Education and Events

CANCER SCREENING & PREVENTION

Mobile Mammography Van – ScreenAtlanta
August 22, 2024 @ Georgia Cancer Specialists – 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

Skin Cancer Screening
October 22, 2024 @ Northside Hospital Cancer Institute Radiation Oncology – Atlanta from 6-8 p.m.
northside.com/community-wellness/classes-events?ceSearchTag=Skin%20Cancer%20Screenings&ceSearchKeywords=

Prostate Cancer Screening
August 15, 2024 @ Atlanta Cancer Care- Conyers from 5:30-8 p.m.
August 29, 2024 @ Northside Hospital Cancer Institute Radiation Oncology- Preston Ridge in Alpharetta from 5:30-8 p.m.
September 12, 2024 @ Northside Hospital Cancer Support Center- Gwinnett in Lawrenceville from 5:30-8 p.m.
September 26, 2024 @ Northside Hospital Cancer Institute Radiation Oncology- Atlanta from 5:30-8 p.m.
northside.com/community-wellness/classes-events?ceSearchTag=Prostate%20Cancer%20Screenings&ceSearchKeywords=

Built To Quit – Smoking and Tobacco Cessation Course
Next six-week session start dates: August 13, 2024 & September 10, 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

Team Maggie 5K/10K
September 14, 2024 from 7:30 a.m.-10 a.m.
@ the River at RCCG King's Court Chapel in Roswell
runsignup.com/Race/GA/ROSWELL/teammaggie5k10k

Georgia Ovarian Cancer Alliance Teal Trot 5K Walk & Run
September 21, 2024 @ 9:30 a.m. @ Chastain Park in Atlanta
raceroster.com/
events/2024/89121/2024-goca-teal-trot-5k-walkrun

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

Southeastern Brain Tumor Foundation Race For Research
September 21, 2024 @ 7:15 a.m. @ Atlantic Station in Atlanta
secure3.convio.net/sbtf/site/TR/Race/TR/Race/TR/
MuddyDuckDash/RaceWrapper?fr_id=1400&pg=entry

Georgia 2-Day Walk for Breast Cancer
September 28 @ 7 a.m. and September 29, 2024 @ noon,
starts @ Atlanta Marriott Marquis
gaabc.org/get-involved/

Leukemia & Lymphoma Society Light the Night
October 5, 2024 at 5:30 p.m. @ Piedmont Park in Atlanta
lightthenight.org/events/atlanta

2024 Atlanta Walk to End Colon Cancer
October 19, 2024 @ 9:30 a.m. @ Westside Reservoir Park in Atlanta
impact.ccalliance.org/
event/2024-atlanta-walk-to-end-colon-cancer/e551524

Komen Georgia MORE THAN PINK Walk
October 26, 2024 @ 8:30 a.m. @ Lenox Square in Atlanta
secure.info-komen.org/site/TR;jsessionid=00000000.
app30035b?fr_id=10535&pg=entry&NONCE_TOKEN=
CBA856FA808EC1CD3684E27008E450AB

NORTHSIDE EVENTS

Northside Hospital Sarcoma Stroll
July 24, 2024 @ 6:30 p.m. @ Blackburn Park in Brookhaven
give.northside.com/sarcomastroll/

Sarcoma Strong Run/Walk 5K
August 24, 2024 @ 8 a.m. @ Piedmont Park in Atlanta
sarcomastrong.com/run/

Tennis and Pickleball Against Breast Cancer benefiting Northside Hospital's Breast Care Program at various locations
October 4, 2024 in North Fulton/Gwinnett
October 11, 2024 in Forsyth
October 18, 2024 in Cherokee
October 25, 2024 in North Fulton
give.northside.com/events/tabc/

Paint Gwinnett Pink 5K Walk/Run for Breast Cancer
October 19, 2024 @ 8 a.m. @ Coolray Field in Lawrenceville
support.paintgwinnettpink.com/site/TR/Events/
General?pg=entry&fr_id=1130

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NORTHSIDE HOSPITAL
CANCER INSTITUTE
1000 Johnson Ferry Road NE
Dept. 796
Atlanta, GA 30342