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:

Northside Hospital Cancer Institute Hosts 12th Annual Oncology Nursing Symposium

On Friday, September 13 and Saturday, September 14, 2024, the Northside Hospital Cancer Institute hosted the 12th annual Oncology Nursing Symposium at the Westin Buckhead in Atlanta. This continuing education event attracted nurses and industry representatives from throughout the Southeast, offering valuable opportunities for professional development.

The symposium, which focused on symptom management, included didactic presentations and breakout sessions on the following topics: evidence-based practice and its relationship with community cancer care; differences between chimeric antigen receptor T-cell and tumor infiltrating lymphocyte therapy and how to manage side effects; pharmacological and non-pharmacological approaches to pain management; evidence-based strategies to manage common symptoms and side effects associated with chemotherapy and radiation therapy treatments; treatment modalities that directly impact sexual health and opportunities to engage in sexual health conversations with patients; and self-care techniques and practices to manage stress, prevent burnout and promote resilience.

Discussions were lively, and attendees engaged by asking provocative questions. The highly interactive meeting provided attendees with a practical and comprehensive update of the timely topics in oncology nursing.

Clinical Trials and Research

New and Ongoing Cancer Clinical Trials

Sponsor	Protocol Number and Study Title	NCT Identifier
AstraZeneca	**C-573; D933GC00002 ||** EMERALD-Y90; Phase 2 Single-Arm Study of Durvalumab and Bevacizumab Following Transarterial Radioembolization (TARE) Using Yttrium-90 Glass Microspheres (TheraSphere) in Unresectable Hepatocellular Carcinoma Amenable to Locoregional Therapy	NCT06040099

Key Eligibility Criteria

- Locally advanced, untreated HCC with ≥1 measurable lesion and no extrahepatic spread (EHS)
- Child-Pugh score class A
- Eligible for TARE and not eligible for/have declined treatment with, resection and/or ablation or liver transplant (previous TACE or TARE permitted with a 6-month washout)
- Future liver remnant volume (FLRV) ≥ 30% of whole liver volume
- Major portal vein invasion (Vp3/Vp4) excluded
- ECOG PS 0-1

Study Design

Patients will be treated as follows:

- Technitium mapping and dosimetry to occur during screening
- 10-14 days after dosimetry, Y90 glass TARE to be administered
- Within 24 hours, SPECT-CT scan to be performed
- 14 day later, a single IV infusion of durvalumab 1500 mg will be administered
- 14 days after the first dose of durvalumab, participants will start infusion of the combination of durvalumab (1120 mg IV) + bevacizumab (15 mg/kg IV)

(continued on page 2)

Clinical Trials and Research

New and Ongoing Cancer Clinical Trials *(continued from page 1)*

Sponsor	Protocol Number and Study Title	NCT Identifier
AstraZeneca	**C-557; D926QC00001 ||** TROPION-Breast04- A Phase 3, Open-label, Randomized Study of Neoadjuvant Datopotamab Deruxtecan (Dato-DXd) Plus Durvalumab Followed by Adjuvant Durvalumab With or Without Chemotherapy Versus Neoadjuvant Pembrolizumab Plus Chemotherapy Followed by Adjuvant Pembrolizumab With or Without Chemotherapy for the Treatment of Adult Patients With Previously Untreated Triple-Negative or Hormone Receptor-low/HER2-negative Breast Cancer	NCT06112379

Key Eligibility Criteria

- Previously untreated stage II or III unilateral or bilateral primary invasive TNBC or hormone receptor-low/HER2-negative breast cancer with no evidence of distant disease and no prior surgery, radiotherapy or systemic therapy
- Participants cannot receive adjuvant CDK4/6 inhibitor therapy concurrently with treatment
- Adjuvant RT may be given concurrently with adjuvant durvalumab or pembrolizumab monotherapy, but not concurrently with adjuvant chemotherapy
- FFPE tumor sample from primary invasive disease at time of diagnosis
- ECOG PS 0-1

Study Design

- Eligible patients will be randomized 1:1 to receive the following:

  Arm 1: neoadjuvant Dato-DXd plus durvalumab followed by adjuvant durvalumab with or without chemotherapy

  Arm 2: neoadjuvant pembrolizumab plus chemotherapy followed by adjuvant pembrolizumab with or without chemotherapy

CDK4/6=cyclin dependent kinase 4/6; ECOG PS=Eastern Cooperative Oncology Group performance status; FFPE=formalin-fixed, paraffin-embedded; HER2=human epidermal growth factor receptor 2; HCC=hepatocellular carcinoma; IV=intravenous; RT=radiation therapy; TACE=transarterial chemoembolization; TARE=transarterial radioembolization; 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

Highlight from the European Society of Medical Oncology 2024 Annual Meeting: DESTINY-Breast12 Demonstrates Substantial and Durable Overall and Intracranial Clinical Activity with Trastuzumab Deruxtecan in Patients with HER2+ Metastatic Breast Cancer with Stable and Active Brain Metastases

Dr. Nancy Lin and colleagues presented primary results from DESTINY-Breast12 (NCT04739761), a phase 3b/4, multicenter, single-arm, two cohort, open-label study evaluating trastuzumab deruxtecan (T-DXd) in patients with previously treated HER2+ metastatic breast cancer with stable or active brain metastases.[1] Key eligibility criteria were: age ≥18 years, pathologically documented HER2+ advanced or metastatic breast cancer with or without baseline brain metastases, received ≤2 prior lines of therapy in the metastatic setting (tucatinib naïve), disease progression on prior HER2-directed regimens, ECOG PS 0 or 1 and no known or suspected leptomeningeal metastases. Patients were assigned to two cohorts based on the presence of brain metastases at baseline.

For patients with brain metastases (N=263), the primary endpoint was progression-free survival (PFS). The 12-month PFS rate was 61.6%, with a median PFS of 17.3 months. The central nervous system (CNS)-specific 12-month PFS rate was 58.9%. Among patients with measurable disease, the objective response rate (ORR) was 51.7%, including 11 complete responses (4.2%) and 125 partial responses (47.5%). The confirmed CNS ORR was 71.7%. The 12-month overall survival (OS) rate was 90.3%. In the cohort without baseline brain metastases (N=241), the primary endpoint of ORR was 62.7%, including 23 patients experiencing a complete responses (9.5%) and 128 patients experiencing a partial response (53.1%). The 12-month OS rate in this cohort was 90.6%.

Grade ≥3 adverse events were reported in 51% of patients in the brain metastasis cohort and 49% in the no-brain-metastasis cohort, with 38% and 40.7%, respectively, deemed possibly related to treatment. The safety profile of T-DXd was consistent with previous studies, with no new safety signals identified. However, interstitial lung disease/pneumonitis continues to be an important safety concern.

Reference: 1. Lin N, et al. *Ann Oncol.* 2024;35(suppl_2):1-72.

Expert Commentary

By Navneet Dhillon, MD

About half of the patients with HER2 positive metastatic breast cancer develop brain metastases. Even though we have some tucatinib (TUKSYA) based regimens that may be effective in patients with brain metastases as seen in HER2CLIMB study, the overall survival remains a dismal 6-8 months. T-DXd has shown to be effective in patients with HER2 positive disease with brain metastases in some studies, and now with the DESTINY-Breast12 trial we have prospective confirmation of its activity. T-DXd will be a welcome addition to the armamentarium for patients who have HER2 positive breast cancer affecting the central nervous system addressing an unmet need.

IN THE NEWS: Update for Clinicians

Isatuximab Approved as First Anti-CD38 Therapy for Newly Diagnosed Multiple Myeloma in Patients Ineligible for Transplant

The FDA has approved Sarclisa® (isatuximab) in combination with bortezomib, lenalidomide and dexamethasone (VRd) as a first-line treatment for adults with newly diagnosed multiple myeloma (NDMM) who are ineligible for autologous stem cell transplant (ASCT). Isatuximab is the first anti-CD38 therapy combined with VRd to significantly reduce disease progression or death by 40% compared to VRd alone in this patient group. The approval is based on results of the phase 3 IMROZ study evaluating the investigational use of isatuximab in combination with VRd, which met its primary endpoint at a planned interim analysis for efficacy, demonstrating statistically significant improvement in progression-free survival compared with VRd alone in transplant-ineligible patients with newly diagnosed multiple myeloma.[1]

In addition to this FDA approval, isatuximab was added to the National Comprehensive Cancer Network (NCCN®) Multiple Myeloma clinical practice guidelines (v1.2025) as a category 1 preferred regimen (in combination with VRd) as primary therapy for non-transplant candidates and specifically for patients < 80 years old who are not frail. Other category 1 preferred regimens include daratumumab in combination with lenalidomide and dexamethasone and VRd alone.

Reference: 1. Facon T, et al. *N Engl J Med*. 2024. doi: 10.1056/NEJMoa2400712.

Expert Commentary

By Mary Ninan, MD

In the last decades, there have been significant improvements in the survival of patients with multiple myeloma associated with the introduction of novel agents and the more extensive use of high dose therapy with autologous hematopoietic stem cell transplantation and maintenance treatment. However, less than half of the newly diagnosed patients are transplant eligible due to age, frailty and comorbidities. The median age at diagnosis of multiple myeloma is 69 years, approximately 70% of the patients are older than 65 years and 40% are older than 75 years, and transplant is not an option in a majority of these patients. In patients with newly diagnosed myeloma, deep and sustained responses after first-line therapy are associated with improved progression-free and overall survival. In transplant-eligible patients, quadruple therapy incorporating daratumumab, an anti-38 antibody, into the VRd regimen has shown to improve progression-free survival (PFS) and MRD (minimal residual disease) negativity rates. VRd or daratumumab, lenalidomide and dexamethasone (Dara-Rd) are the most commonly used regimens in previously untreated transplant-ineligible patients. Both regimens have shown superior outcomes in this population compared to lenalidomide and dexamethasone (Rd). Results from the IMROZ trial[1] show that the quadruplet regimen with isatuximab led to a 40% lower risk of progression or death compared to VRd at a median follow-up of five years in transplant-ineligible patients with newly diagnosed multiple myeloma. The percentage of patients with MRD-negative status was also higher in the isatuximab-VRd group than in the VRd group (58.1% versus 43.6%). No new safety signals were identified in this study. In summary, these results support isatuximab and VRd as a potential new treatment option in the first-line setting for patients not intended for transplant.

Northside Physicians Present at Leukemia and Lymphoma Society Blood Cancer Conference

At the recent Leukemia and Lymphoma Society Blood Cancer Conference held on September 21, 2024, Northside's Dr. Lizamarie Bachier (left) and Dr. Melhem Solh (right) presented on high grade lymphoma and Hodgkin lymphoma and myelodysplastic syndromes, respectively.

Dr. Bachier's talk focused on advancements in treating high-grade B-cell non-Hodgkin lymphoma and Hodgkin lymphoma. She emphasized the impact of novel therapies, including antibody-drug conjugates, combination chemotherapy, targeted agents, bispecific T-cell engagers and CAR T-cell therapy. She also highlighted the critical role of immunotherapy, specifically PD-1/PD-L1 inhibitors, in both newly diagnosed and relapsed/refractory classical Hodgkin lymphoma (cHL). While there are no approved CAR T-cell therapies for T-cell lymphomas, promising agents, such as ruxolitinib and PI3K inhibitors, are being tested, addressing an unmet need for effective treatments with tolerable safety profiles. Dr. Bachier stressed that clinical trial participation is essential for advancing patient care and improving outcomes.

Dr. Solh's presentation covered the epidemiology and treatment of myelodysplastic syndromes (MDS), with a focus on emerging therapies for both low- and high-risk MDS. He highlighted that erythropoietic-stimulating agents (ESAs), luspatercept and imetelstat, have shown efficacy in treating lower-risk MDS with anemia. Notably, luspatercept demonstrated improved red blood cell (RBC) transfusion independence and increased hemoglobin levels in ESA-naive patients, as seen in the COMMANDS study.[1] Additionally, imetelstat was associated with RBC transfusion independence in approximately 40% of patients with transfusion-dependent anemia who had not responded to

(continued on page 4)

IN THE NEWS: Update for Clinicians

Northside Physicians Present at Leukemia and Lymphoma Society Blood Cancer Conference *(continued from page 3)*

ESAs. For patients with higher-risk MDS, hypomethylating agents like oral azacitidine may offer an alternative when other therapies fail, with the 200 mg dose showing better tolerance than the 300 mg dose, according to the ASTREON trial.[2]

These presentations underscored the rapid advancements in blood cancer therapies, offering hope for improved patient outcomes through novel treatments and clinical trial engagement.

References:
1. Della Porta MG, et al. *Lancet Haematol*. 2024;11(9):e646-e658.
2. Garcia-Manero G, et al. *J Clin Oncol*. 2024;42(suppl_16):abs 6509.

Updated Breast Cancer Screening Recommendations

By Lynn Baxter, MD

In the past few months, there have been several updates in guidance and regulations for breast cancer screening with mammography.

In September 2024, updated FDA regulations from the Mammography Quality Standard Act went into effect. These regulations provide standards to ensure the quality and consistency of screening mammography throughout the country. The regulations now require specific categorization of breast density in mammography reports. Specific language is now required in the results letters sent to patients informing them that if their breasts are categorized as "dense," they may benefit from supplemental screening to find cancers that might be hidden on mammography.

Also, this year, the United States Preventative Services Task Force (USPSTF), an organization loosely affiliated with the federal government that makes recommendations on a variety of preventative health topics, finalized its updated recommendations for screening mammography. The recent guidelines change the recommendations for mammography from every other year for women ages 50 to 74 to every other year for women ages 40 to 74. While this change has been applauded as a step in the right direction, it is still not in line with the recommendations of the major scientific organizations with breast cancer expertise, such as the American College of Radiology (ACR) and the National Comprehensive Cancer Network (NCCN) and is widely criticized for causing confusion among women that may lead them to avoid potentially life-saving screening.

The ACR and NCCN – the organizations that we use to guide our practice at Northside Hospital Cancer Institute – recommend yearly mammograms for all women beginning at age 40. This is the screening schedule widely recognized as the one that will save the most lives. These organizations also advocate for an evaluation of each woman's individualized risk and note that some women who are at higher risk of breast cancer may need to start screening earlier and may need to have a yearly MRI in addition to mammography.

This fall, we will begin offering no cost breast cancer risk assessment for all of our screening mammography patients. This individualized assessment utilizes information from family history of breast and other cancers, personal medical and reproductive history, and breast density to determine overall lifetime risk. It can help to identify women who may not know that they are at increased risk of breast cancer and allow them to optimize their prevention and screening strategies.

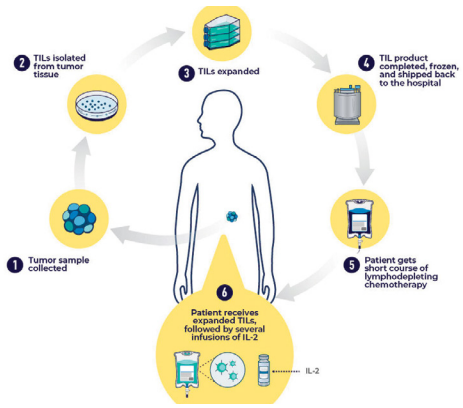
At Northside, we are dedicated to providing state of the art breast cancer screening, offering high definition tomosynthesis (3D) mammography for all of our patients and supplemental screening with MRI (including FAST MRI) for patients with dense tissue or increased breast cancer risk. In addition to advanced imaging screening, NHCI offers many other resources to women at increased breast cancer risk, including the High Risk Clinic, genetic counseling and personalized screening guidance – all part of our Comprehensive Breast Care program. To learn more about Northside breast screening services, please visit northside.com/services/imaging/services/womens-imaging.

Elevating the Patient Experience

Northside Is First Hospital in Georgia to Offer Tumor-Infiltrating Lymphocyte (TIL) Therapy

In a significant advancement for melanoma treatment, Northside Hospital Cancer Institute (NHCI) has become the first hospital in Georgia—and one of only 27 nationwide—authorized to deliver lifileucel (AMTAGVI™), a T-cell therapy developed by Iovance Biotherapeutics. This innovative therapy, approved by the FDA on February 16, 2024, is the first and only treatment for cancer that uses tumor infiltrating lymphocytes (TILs) to treat solid tumors. This therapy offers new hope for patients with unresectable or metastatic melanoma who have exhausted traditional therapies, including anti-PD-1 agents and other targeted treatments.

TIL Testing Protocol and Tissue Procurement[1]



Surgeons participating in TIL procurement undergo specialized training from Iovance Biotherapeutics. The training emphasizes factors such as tumor site, size and handling techniques to optimize the likelihood of extracting tumor tissue suitable for TIL expansion. This is essential to ensure the harvested tumor tissue will yield an adequate number of TILs for successful therapy per FDA requirements.

Before TIL procurement from a patient's own tumor, patients must undergo a thorough series of tests to assess their eligibility for the procedure. These pre-procurement tests include recent PET/CT or CT scans, surgical consultation and clearance, laboratory workups, infectious disease markers and EKG and chest X-ray (if applicable).

Additional testing is required pre-infusion to ensure the patient is ready for therapy, including labs, echocardiogram, and EKG, stress test (if applicable), pulmonary function tests and MRI of the brain.

Following consultation with a cellular therapy physician, patients are referred to a surgeon for tumor procurement. Surgical consultations are typically scheduled within one to two weeks, depending on the patient's clinical status. On the day of tumor procurement, both the hospital's hematopoietic stem cell lab and coordinators play vital roles in ensuring a seamless process.

Dr. Eddie Abdalla, a key surgical oncologist involved in the TIL program, shares his experience with this groundbreaking therapy: "TIL is a treatment on the spectrum of groundbreaking therapies delivered at NHCI. We are national/international leaders in these therapies. I have managed patients for procurement and treatment at NHCI from around the country, even from major cancer centers that have not achieved the fast-moving, safe, integrated cancer care programs available at NHCI." To make an AMTAGVI TIL referral or to speak with a physician, please call 404.255.1930.

Reference: 1. National Cancer Institute. First Cancer TIL Therapy Gets FDA Approval for Advanced Melanoma. Updated March 5, 2024. Accessed October 24, 22024. https://www.cancer.gov/news-events/cancer-currents-blog/2024 fda-amtagvi-til-therapy-melanoma

MRI-Guided Radiotherapy System, Another First in Georgia for Northside

ViewRay's MRIdian® MRI-guided radiation therapy is the first in Georgia and is located at Northside Hospital Cancer Institute Radiation Oncology – Atlanta. Northside began treating patients with this new technology in May of 2023. The MRIdian radiation therapy system is being used globally to treat prostate, pancreatic, liver and lung cancers and oligometastatic disease. The unique system combines MRI and radiation therapy to allow oncology teams to visualize and track tumors and surrounding critical structures in real-time throughout treatment planning and radiation delivery. MRI guidance can monitor soft tissue movement and automatically pause delivery of the radiation beam if the tumor moves outside the treatment area. The radiation treatment resumes once the tumor is in the correct position, helping to deliver higher radiation doses to treatment targets while simultaneously minimizing radiation exposure to surrounding tissues, resulting in fewer side effects. Because the system enables continuous visualization of the treatment area, a treatment plan can be adapted while the patient is actively undergoing radiation therapy, increasing the precision and personalization of the MRI-guided treatment for patients. For information on the MRIdian system, please call 404.300.2750.

Elevating the Patient Experience

Third Annual Patient and Caregiver Education Conference Hosted by NHCI

On Saturday, August 17, 2024, the Northside Hospital Cancer Institute hosted the third annual Patient and Caregiver Education Conference at the Hotel at Avalon in Alpharetta. The conference brought together close to 200 patients, caregivers and community resource representatives, providing helpful tips for navigating the cancer journey. Sessions were divided into two groups: Patients (all stages)/ Survivors and Caregivers. During each session, attendees had the opportunity to ask questions and learn more about a variety of topics, including nutrition, precision oncology, symptom management and self-advocacy. We look forward to hosting our fourth annual Patient and Caregiver Conference in 2025.



Northside Hospital Introduces First-in-Class Artificial Intelligence-Powered Colonoscopy

Northside Hospital now uses artificial intelligence (AI) technology during colonoscopies to aid physicians in detecting potentially precancerous polyps, helping to prevent colorectal cancer.

Medtronic's GI Genius™ intelligent endoscopy module is the first FDA-cleared, computer-aided polyp detection system. Northside is the first hospital in Atlanta to fully adopt the advanced technology across its health system. The first procedures using the technology were performed on August 14, 2024.

GI Genius uses advanced visualization and AI software to highlight polyps in real time, acting as a second set of eyes for the endoscopist. Studies of the technology have shown improved rates of detecting polyps that might be missed during a standard colonoscopy.

The new AI-assisted colonoscopy is available at all five Northside Hospital campuses and six outpatient endoscopy centers. To learn more about GI endoscopy services at Northside Hospital, please visit northside.com/services/gastrointestinal-services/endoscopy-centers.

Around Our Campuses

NCI Community Oncology Research Program Fall Meetings

As a leader for Georgia National Cancer Institute Community Oncology Research Program (GA NCORP), Northside Hospital Cancer Institute was actively involved in hosting, attending and presenting at NCORP meetings this fall. On September 6, 2024, NHCI sponsored the 11th Annual GA NCORP Investigators' and Administrators meeting at The Hotel at Avalon in Alpharetta. The event featured a keynote address by Nick Housley, PhD, PT, DPT, a neuroscientist from the Georgia Institute of Technology, who presented on "Research in Cancer Treatment-Induced Neurological Disorders (CIND)." Additional highlights included presentations on GA NCORP's key accomplishments for the year, updates from affiliate sites, a panel discussion and recognition of top accruing sites. Guilherme Cantuaria, MD, PhD, Principal Investigator for GA NCORP and a gynecologic oncologist at NHCI, provided a program update, while Dr. Nelson Royall presented "Histotripsy for Non-Invasive Therapy of Malignancies," and Dr. Richard Dunne discussed the "URCC-22063 Longitudinal Observational Trial to Uncover Subtypes of Cancer Cachexia."

Dr. Guilherme Cantuaria also participated on the "Research Base & Community PI Panel" at the 2024 National Cancer Institute Community Oncology Research Program Annual Meeting in Bethesda, Maryland on September 19, 2024. NHCI staff members Michelle Young, Tina Berry, Patti Owen, Katie Moore, Anila Lokhandwala, Olivia Keys and Tori Brown were also in attendance.

At the 2024 University of Rochester Cancer Center (URCC) NCORP Research Base Annual Meeting in Niagara Falls in September 2024, GA NCORP received an award for its recruitment of minority patients to research trials.

(continued on page 7)

Around Our Campuses

NCI Community Oncology Research Program Fall Meetings *(continued from page 6)*

GA NCORP joined the URCC Research Base in the Spring of 2023. URCC's research focuses on innovative interventions for the toxicities and side effects caused by cancer and its treatments; with the GA NCORP's membership, this provides NHCI patients with opportunities to participate in these clinical trials close to home.

Location Updates

Georgia Cancer Specialists – Milledgeville has a new address as of August 18, 2024: 111 Fieldstone Drive, Suite 116, Milledgeville, GA 31061. To learn more visit, gacancer.com/milledgeville.

Northside/Conyers Imaging moved on July 15, 2024. The new address is 1510 Klondike Road, Suite 103, Conyers, GA 30094. To learn more, visit northside.com/locations/northsideconyers-imaging.

Northside Hospital Gwinnett recently opened the Advanced Center for Pulmonary and Gastrointestinal Services. The suite features innovative technologies that improve outcomes and safety, including the new Omega Medical Imaging LLC E-view AI system and Cios Spin. For more information, visit northside.com/locations/northside-hospital-advanced-center-for-pulmonary-and-gastrointestinal-services.

Provider Features

Song-Chu "Arthur" Ko, MD is a radiation oncologist practicing at Northside Hospital Cancer Institute Radiation Oncology – Macon. To learn more, visit nroc-ga.com/providers/song-chu-ko.

Julie McGill, MD is a general surgeon practicing at Surgical Specialists of Atlanta – Alpharetta. To learn more, visit northside.com/julie-mcgill.

David Meyer, MD is a general and colorectal surgeon practicing at Georgia Colon and Rectal Surgical Associations – Cherokee and Cumming locations. To learn more, visit northside.com/david-meyer.

Education and Events

CONTINUING EDUCATION

Northside Hospital Cancer Institute Oncology Lecture Series
December 12, 2024 from Noon-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 Symposium – Personalizing Cancer Treatment in the Era of Genomics and Precision Oncology
March 29, 2025 @ The Westin Buckhead in Atlanta
northside.com/nhcisymposium2025

CANCER SCREENING & PREVENTION

Built To Quit – Smoking and Tobacco Cessation Course
Next six-week session start date: January 7, 2025
Weekly classes include the American Lung Association Freedom from Smoking curriculum.
For more information, please call 404.780.7653 or email smokingcessation@northside.com.

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

Prostate Cancer Screening
February 20, 2025 from 5:30-8 p.m @ Northside Hospital Cancer Institute Radiation Oncology – Forsyth
Please call 404.531.4444 for more information.

Skin Cancer Screening
March 11, 2025 from 6-8 p.m @ Northside Hospital Cancer Institute Radiation Oncology – Cherokee
Please call 404.531.4444 for more information.

COMMUNITY EVENTS

NORTHSIDE EVENTS

Great American Smokeout
November 21, 2024
Education tables and blood pressure stations available at each Northside Hospital campus from 11.am.-1.p.m.

SIGN UP–CANCER CARE NEWS

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