CANCER CARE NEWS

BUILT TO BEAT CANCER | NORTHSIDE HOSPITAL CANCER INSTITUTE

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Northside Hospital Cancer Institute: 404-531-4444 | northside.com/cancer-institute

IN THIS ISSUE:

Northside Hospital Cancer Institute Hosts 13th Annual Oncology Nursing Symposium

On Saturday, September 13, 2025, the Northside Hospital Cancer Institute hosted the 13th annual Oncology Nursing Symposium at The Hotel at Avalon. This continuing education event attracted nurses and industry representatives from throughout the Southeast, offering valuable opportunities for professional development.

The symposium, which focused on emerging therapies and technologies, included didactic presentations and breakout sessions on the following topics: innovations impacting oncology nursing; tumor agnostic therapies; radiation therapy; sexual health; artificial intelligence; breast cancer risk assessment; bispecific antibodies; and self-care strategies.

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

Disease Site	Sponsor, Protocol Number and Study Title	NCT Identifier
Breast	**STEMLINE || STML-ELA-0422 || ELEGANT**; Elacestrant Versus Standard Endocrine Therapy (ET) in Women and Men with Node positive, Estrogen Receptor-positive, HER2-negative, Early Breast Cancer with High Risk of Recurrence - A Global, Multicenter, Randomized, Open-label Phase 3 Study	NCT06492616

Study Design

- This is a phase 3, global, multicenter, randomized, open-label, study in participants with **node-positive**, ER-positive/HER2-negative, **early breast cancer** who have received at least 2 years of adjuvant ET, including AI or tamoxifen with or without CDK4/6i and are currently receiving ET; and are considered at **high risk of recurrence** and are recurrence-free 2-6 years after curative surgical resection of the primary tumor.
- Eligible participants will be randomized in a 1:1 ratio to either switch to elacestrant monotherapy (experimental arm) or continue their current SoC endocrine monotherapy (control arm).

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

Disease Site	Sponsor, Protocol Number and Study Title	NCT Identifier
Genitourinary	**DAIICHI SANKYO INC. (ArQule) || DS1062-328 || TROPION-Urothelial03**; A Randomized, Open-Label, Phase 2/3 Study of Datopotamab Deruxtecan (Dato-DXd) plus Carboplatin or Cisplatin versus Gemcitabine plus Carboplatin or Cisplatin in Participants with Locally Advanced or Metastatic Urothelial Carcinoma (la/mUC) who Progressed During or After Enfortumab Vedotin (EV) plus Pembrolizumab Combination Treatment	NCT07129993
	Study Design This is a global, multicenter, randomized, open-label, phase 2/3 trial and comprises 2 parts: • **Phase 2** of the trial will enroll participants with la/mUC to evaluate the efficacy and safety of 4 mg/kg or 6 mg/kg of Dato-DXd plus platinum to determine the RP3D of Dato-DXd in combination with platinum for la/mUC; • **Phase 3** of the trial will enroll participants with la/mUC to evaluate the efficacy and safety of Dato-DXd plus platinum versus gemcitabine plus platinum	
Genitourinary Gynecologic	**DAIICHI SANKYO INC. (ArQule) || DS6000-126 || REJOICE-PanTumor01**: A Phase 2, Multicenter, Open-Label, Pan-Tumor Trial to Evaluate Efficacy and Safety of Raludotatug Deruxtecan (R-DXd) in Participants with Advanced/Metastatic Solid Tumors	NCT06660654
	Study Design This is a global, multicenter, open-label, phase 2 pan-tumor signal-seeking trial designed to assess the safety and efficacy of R-DXd monotherapy in participants with refractory locally advanced unresectable or metastatic solid tumors who have been previously treated with ≥1 prior line of systemic anticancer therapy. Participants will be enrolled into 5 cohorts focused on **gynecological cancers** (endometrial cancer, cervical cancer, and non-HGSOC) and **genitourinary cancers** (urothelial cancer and ccRCC) with various CDH6 expression levels. Enrollment will not be restricted based on target CDH6 expression status.	
Bone Metastasis	**SOCIETY OF INTERVENTIONAL ONCOLOGY || SIO-2025-01 || TRIBUTE**; A Multi-Center Observational Trial of Symptomatic, High-Risk Bone Metastases Treated with Percutaneous Ablation and Palliative Radiation Therapy	NCT06859801
	Study Design This is a prospective, single-arm, non-randomized, multi-center, observational, open-label study to evaluate effectiveness of percutaneous ablation combined with palliative RT as part of SOC in patients with previously untreated symptomatic, high-risk skeletal metastases.	

AI=aromatase inhibitor; ccRCC=clear cell renal cell carcinoma; CDK4/6i=cyclin-dependent kinase 4/6 inhibitor; ER=estrogen receptor; ET=endocrine therapy; HER2=human epidermal growth factor receptor; HGSOC=high-grade serous ovarian cancer; la/mUC=locally advanced or metastatic urothelial carcinoma; RP3D=recommended phase 3 dose; RT=radiation therapy; SOC=standard of care.

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

Two Leading Hematology Meetings Merge to Form the Atlanta Myeloma & Lymphoma Symposium

We are pleased to announce that the Atlanta Multiple Myeloma Symposium and the Southeastern Lymphoma Symposium have been consolidated into a single, comprehensive meeting: the Atlanta Myeloma & Lymphoma Symposium. Mark your calendars for July 18, 2026. Additional information regarding registration, agenda, and faculty will be shared in the coming months.

Northside Hospital Physicians Give Presentations at the Blood Cancer United Blood Cancer Southern Conference

On Saturday, October 25, 2025, the Blood Cancer United (formerly Leukemia & Lymphoma Society) hosted the Blood Cancer Southern Conference at the Loews Atlanta Hotel. The conference featured expert-led sessions focused on advances in the diagnosis, management, and treatment of hematologic malignancies.

Physicians from the Northside Hospital Blood and Marrow Transplant and Leukemia Programs, as well as Georgia Cancer Specialists, were featured among the presenters. Dr. Joseph Maakaron shared insights on adult acute leukemias, while Dr. Mary Ninan discussed advancements in low-grade lymphoma. Dr. Hong De Sa presented on CAR-T cell therapy, covering its mechanisms, potential toxicities, and future directions.

The conference provided an engaging platform for health care professionals to share knowledge and innovative approaches in hematologic cancer care with attendees.

Updates in Rectal Cancer Treatment: A Paradigm Shift Towards Individualized Care

Recent advancements are reshaping the landscape of rectal cancer management, moving towards more individualized and less invasive strategies. A notable shift involves the increased adoption of total neoadjuvant therapy (TNT), which integrates chemotherapy into the pre-operative phase for eligible patients.

TNT is an approach designed to address micrometastases earlier, potentially improving treatment adherence, reducing the duration of ostomy use, and enhancing complete response rates and disease-free survival. Furthermore, trials like OPRA highlight the potential for impressive organ preservation rates with various TNT regimens, offering a significant quality-of-life benefit for patients. The PROSPECT trial which omitted pre op radiation in appropriate patients also demonstrated comparable outcomes between standard treatment and an alternative neoadjuvant approach, emphasizing the importance of selecting the most appropriate sequence for each patient. Additionally, for patients with mismatch repair deficient (MMR-d) rectal cancer, immunotherapy is emerging as a promising treatment, with early data suggesting it may even suffice as a standalone therapy in this subgroup.

These developments highlight the critical need for multidisciplinary discussion and individualized treatment planning to balance efficacy with patient quality of life, including considerations for organ preservation and minimizing radiation exposure.

"Considering the diverse and evolving treatment options, multidisciplinary discussion for appropriate patients is essential to ensure optimal, individualized care."

– Karthi Subbannan, MD

When You Hear Hoofbeats, Think Zebras Too: An Overview of Pancreatic Neuroendocrine Tumors

By Malini D. Sur, MD, FACS

In medical school, students are taught, "When you hear hoofbeats, think horses, not zebras." This well-known adage, attributed to Dr. Theodore Woodward, reminds physicians to consider common diagnoses first. However, at high-volume cancer centers, rare diseases are a routine part of practice. Pancreatic neuroendocrine tumors (PNETs), often symbolized by the zebra, account for only about three percent of pancreatic malignancies, yet they remain an important entity to recognize during Pancreatic Cancer Awareness Month this November.

Unlike pancreatic adenocarcinoma, which arises from ductal cells, PNETs develop from neuroendocrine cells within the islets of Langerhans. These cells can secrete hormones such as insulin, glucagon and somatostatin. The majority of PNETs are nonfunctional and do not cause hormonal symptoms, often discovered incidentally during imaging for unrelated conditions. Others cause symptoms from local mass effect, such as abdominal or back pain, jaundice or unexplained weight loss. Functional PNETs produce excess hormones and present with distinct endocrine syndromes that require endocrinologic evaluation. A small subset of patients have underlying hereditary syndromes that warrant genetic assessment.

Diagnosis typically involves endoscopic ultrasound with needle biopsy. Although PNETs grow slower than adenocarcinoma, they are malignant and have the potential to metastasize to the liver, lymph nodes, lungs or bone.

Management is best approached through a multidisciplinary team including surgical and medical oncologists, gastroenterologists, pathologists, interventional radiologists and nuclear medicine specialists. Tumors are graded pathologically to guide treatment.

- Low-grade, nonfunctional PNETs smaller than 1 cm can often be monitored with serial imaging.
- Tumors measuring 1 to 2 cm may be observed or resected depending on growth, patient comorbidities and surgical risk.
- Larger or functional tumors generally require surgical resection. Procedures may include pancreaticoduodenectomy for tumors in the head of the pancreas or distal pancreatectomy for those in the body or tail, frequently using a robotic approach when appropriate. Selected patients with limited liver metastases may benefit from resection or ablation in combination with pancreatic surgery.

For patients with unresectable or metastatic disease, available therapies include somatostatin analogs, liver-directed therapy, peptide receptor radionuclide therapy, targeted therapy and systemic chemotherapy depending on disease burden and progression rate.

Northside Hospital Cancer Institute's National Pancreas Foundation Center of Excellence provides specialized multidisciplinary care for patients with PNETs. Our coordinated team of oncologists, surgeons, gastroenterologists, dietitians, nurses, therapists and genetic counselors work collaboratively to deliver comprehensive, individualized treatment and optimize patient outcomes.

Elevating the Patient Experience

Northside Thoracic Surgery: Leading the Future of Minimally Invasive Care

By Ammar Asban, MD

At Northside Hospital, thoracic surgery is entering a new era, one defined by teamwork, precision and innovation. Our thoracic program continues to expand rapidly, combining world-class surgical expertise with cutting-edge technology to bring minimally invasive and robotic solutions to patients across Georgia.

Northside has long been a leader in adopting new technology to advance patient care. The recent integration of the Da Vinci 5 (DV5) platform and single-port robotic systems reflects our commitment to staying at the forefront of thoracic innovation. These systems offer unparalleled precision, dexterity and visualization, allowing surgeons to perform complex chest operations through small incisions while maintaining excellent outcomes and patient recovery times.

Recently, our thoracic team demonstrated the power of collaboration and technology in a complex post-chemoradiation and immunotherapy case involving a locally advanced left upper lobe tumor with chest wall involvement. The operation was performed robotically using the DV5 telepresence feature, which enabled live collaboration between Dr. Ammar Asban at Northside and his mentor from NYU Langone, Dr. Michael Zervos, one of the nation's leading experts in robotic thoracic surgery. With the support of a senior Northside thoracic partner in the operating room, the team successfully completed the procedure, achieving full resection and excellent postoperative recovery. This case exemplifies how Northside's thoracic program combines local expertise with national collaboration, ensuring patients benefit from the best minds and technologies available.

Our mission is to make advanced thoracic care accessible to patients throughout the Atlanta region and North Georgia. With the growth of our thoracic oncology and robotic surgery programs, Northside is well-positioned to serve as a regional center of excellence for minimally invasive thoracic surgery, especially for complex cases, such as lung cancer after chemo-immunotherapy or radiation, airway and vascular reconstructions and advanced chest wall resections.

As surgical techniques evolve, our program's strength remains grounded in teamwork. Collaboration among thoracic surgeons, oncologists, pulmonologists, radiologists and radiation oncologists is essential to delivering the best possible outcomes for our patients. Northside's thoracic team is proud to lead this next chapter. Please visit Northside's Lung Cancer Program webpage to learn more about the program.

Groundbreaking Results Using Human Leukocyte Antigen (HLA)-Haploidentical BMT for Adults with Sickle Cell Disease

Results from the Blood and Marrow Transplant Clinical Trials Network (BMT CTN) 1507 trial (ClinicalTrials.gov: NCT03263559), evalauting HLA-haploidentical blood or marrow transplantation (BMT) as a curative treatment for adults with sickle cell disease (SCD), were recently published in *NEJM Evidence*.[1] The Northside Hospital Blood & Marrow Transplant Program participated in this groundbreaking clinical trial, and Dr. Melhem Solh of Blood and Marrow Transplant Group of Georgia co-authored the article.

Study Highlights:

- Design: Phase 2, open-label, single-arm, multicenter study.
- Enrollment: 54 eligible participants across 19 U.S. centers; Northside Hospital BMT enrolled eight patients—considered a high accrual.
- Transplants performed: 42 patients (78%) received transplants.
- Conditioning regimen: Antithymocyte globulin, fludarabine, cyclophosphamide, thiotepa and total body irradiation.
- GVHD prophylaxis: Post-transplant cyclophosphamide, mycophenolate mofetil and sirolimus.

Outcomes:

- 2-year overall survival: 95.0%
- Primary graft failure: two cases; secondary graft failure: one case
- Grade 3–4 acute GVHD (by day 100): 4.8%
- Chronic GVHD at 2 years: 22.4%
- Deaths: four total; two related to early infectious complications

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Groundbreaking Results Using Human Leukocyte Antigen (HLA)-Haploidentical BMT for Adults with Sickle Cell Disease *(continued from page 4)*

These findings mark a major advance for adults with sickle cell disease, showing that haploidentical BMT is both accessible and effective, with high survival and manageable toxicity. As a potentially more cost-effective alternative to gene therapy, this approach significantly expands curative options for patients.

Reference: 1. Kassim AA, et al. Haploidentical Bone Marrow Transplantation for Sickle Cell Disease. *NEJM Evid*. 2025;4(3):EVIDoa2400192.

Real-World Impact of Genomic Oncology Advisory Board at Northside

The Genomic Oncology Advisory Board (GOAB) is a team that facilitates discussions of biomarker alterations, pathways and molecular signatures of clinically complex cases. This team consists of a molecular pathologist, oncology pharmacist(s), medical oncologist(s), research nurse and genetic counselor. The GOAB team interprets patient-specific next-generation sequencing while also considering the patient's diagnosis, prior therapy, treatment response and prior genetic testing. The GOAB's primary goal is to help facilitate providers' clinical application of information based on the latest research and available clinical and scientific literature and guidelines.

Since launching in October 2021, the GOAB initiative at Northside Hospital Cancer Institute has reviewed more than 130 patient cases, with a focused analysis of 100 cases to assess clinical outcomes. Results of this analysis are listed below:

Population Characteristics	Biomarker-Driven Treatment Uptake	Treatment Initiation & Follow-through	Documented Clinical Impact	Care Integration Highlights
• At the time of referral, the majority of patients were heavily pre-treated, with 63% having received two or more lines of therapy. Only 5% have received no prior systemic treatment at the time of referral. • 96% of patients had advanced stage and/or recurrent disease. • The median age was 65 years, with 61% female and 39% male. • The top five tumor sites included breast, colorectal, gynecological, lung and upper gastrointestinal.	• 71% had cancers with actionable genomic biomarkers identified (e.g., EGFR, TMB-H, PD-L1). • Of these, 76% received a biomarker-driven treatment recommendation. • 72% of those with recommendations initiated treatment within one year. • 43% were offered more than one treatment option.	• Based on all general GOAB recommendations (beyond biomarkers), 84 patients were advised on treatment, and 70% initiated therapy. • In both groups, some patients could not begin treatment due to hospice transfer/death, relocation or lack of disease progression.	• Among patients who received therapy, a substantial portion showed measurable response or clinical benefit within 12 months. • Within the biomarker recommendation cohort (n=39), 64% showed a response of stable disease or better. • Within the general recommendation cohort (n=59), 58% showed a response of stable disease or better. • Improvements in quality of life were observed, e.g., reduced pain, increased functionality and attainment of personal milestones.	• 70% adoption rate: GOAB recommendations were incorporated into care plans, reflecting strong clinician trust and system integration. • For the remaining care plans, GOAB recommendations were not incorporated due to hospice transition, patient choice, loss to follow-up or disease progression delaying new treatments.

GOAB is making precision therapy a reality, with over half of referred patients receiving targeted, biomarker-driven treatments. With 72% moving quickly from recommendation to therapy, patients are seeing real improvements in outcomes and quality of life. Clinicians are embracing GOAB too, using its insights to guide care and strengthen decision-making. With credible real-world evidence, a clear value proposition and a focus on innovation, Northside's GOAB is advancing patient care by streamlining access to advanced therapies and setting the standard for integrating genomic medicine into community practice.

Northside's Hematologic Malignancy Program Expands to Support Myelodysplastic Syndromes

Launched in 2024, the Hematologic Malignancy Program is expanding its disease scope to include patients with myelodysplastic syndrome (MDS) in addition to those with multiple myeloma. This expansion aims to enhance patient education, provide personalized support and improve care coordination for individuals with MDS from diagnosis through the entire care continuum.

With this growth, our dedicated blood cancer coordinator, Christy Donovan, DNP, RN, will now also support the MDS community. Christy serves as the primary point of contact to assist patients and their families in navigation of the continuum of their care—facilitating appointments, streamlining diagnostics, improving communication across care teams and connecting patients to educational and support resources.

The extension of support for the MDS community, delivered through the Blood Cancer Coordinator and supported by the Hematologic Malignancy Steering Committee, demonstrates our commitment to comprehensive, multidisciplinary patient-centered care and improved outcomes for individuals diagnosed with MDS.

To contact the Blood Cancer Coordinator, please email BloodCancerCoord@northside.com or call 470-945-8745.

Around Our Campuses

Northside Expands High Risk Program with New Cherokee Clinic

Northside Hospital has expanded its High Risk Program with the opening of a new clinic at Northside Hospital Cherokee in Canton, further extending access to specialized cancer risk assessment and management. In addition to Cherokee, the program is also offered at:

- Northside Hospital Atlanta
- Northside Hospital Forsyth in Cumming
- Northside/Alpharetta Medical Campus
- Northside Hospital Gwinnett in Lawrenceville

The program focuses on individuals at elevated risk for breast cancer, providing comprehensive consultations and personalized surveillance strategies. Evaluations are conducted by advanced practice providers under the direction of Iqbal Garcha, MD, medical director of the High Risk Program. Stacie Hollway, NP will serve as the provider for the new Cherokee clinic. Kimberly Pinto, PA, has also recently joined the team at the Alpharetta location, bringing the total number of High Risk advanced practice providers to four.

To learn more, visit northside.com/services/cancer-institute/support-and-survivorship/high-risk-program.

Iqbal Garcha, MD

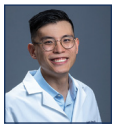
Stacie Hollway, NP

Kimberly Pinto, PA

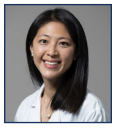
As of September 5, 2025, Atlanta Liver & Pancreas Surgical Specialists is now available for consults in Gwinnett on the first and third Fridays of each month at 631 Professional Drive, Suite 470, Lawrenceville, GA 30046. Please call 404-300-2140 to refer a patient or to schedule an appointment.

Provider Features

Jospeh Lee, MD, PhD, is a radiation oncologist who recently joined Northside Radiation Oncology Consultants. To learn more, visit nroc-ga.com/providers/joseph-lee.



Naixin Zhang, MD, is a gynecologic oncologist who recently joined Georgia Gynecologic Oncology. To learn more, visit ggo-atl.com/providers/naixin-zhang.



Frances Hu, MD, MSC, is a colorectal surgeon who recently joined Georgia Colon and Rectal Surgical Associates. To learn more, visit gcrsa.com/providers/frances-hu.

Jennifer Holl, MD, is a colorectal surgeon who recently joined Atlanta Colon & Rectal Surgery. To learn more, visit providers.northside.com/provider/jennifer-holl/4859111.

Suzanne Smith, MD, is a radiation oncologist who recently joined Northside Radiation Oncology Consultants. To learn more, visit nroc-ga.com/providers/suzanne-smith.

Upcoming Education and Events

CONTINUING EDUCATION

Northside Hospital Cancer Institute Oncology Lecture Series

Occurs third Thursday of each month from 12-1 p.m.
Fall and winter dates are November 20, 2025 & January 15, 2026.
Please contact Northside Hospital Department of Medical Education at medical.education@northside.com for more details.

Northside Hospital Cancer Institute Symposium

February 21, 2026
Precision & Progress: The Future of GI Cancer Therapy
Save the date. More info to come.

CANCER SCREENING & PREVENTION

Built To Quit- Smoking and Tobacco Cessation Course

Next six-week session start date: January 27, 2026
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

NORTHSIDE EVENTS

Great American Smokeout

November 20, 2025
Activities occuring at each Northside Hospital campus.
More information to come.

GREAT AMERICAN SMOKEOUT
THIRD THURSDAY IN NOVEMBER

SIGN UP–CANCER CARE NEWS

SIGN UP–SURVIVORSHIP NEWSLETTER

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