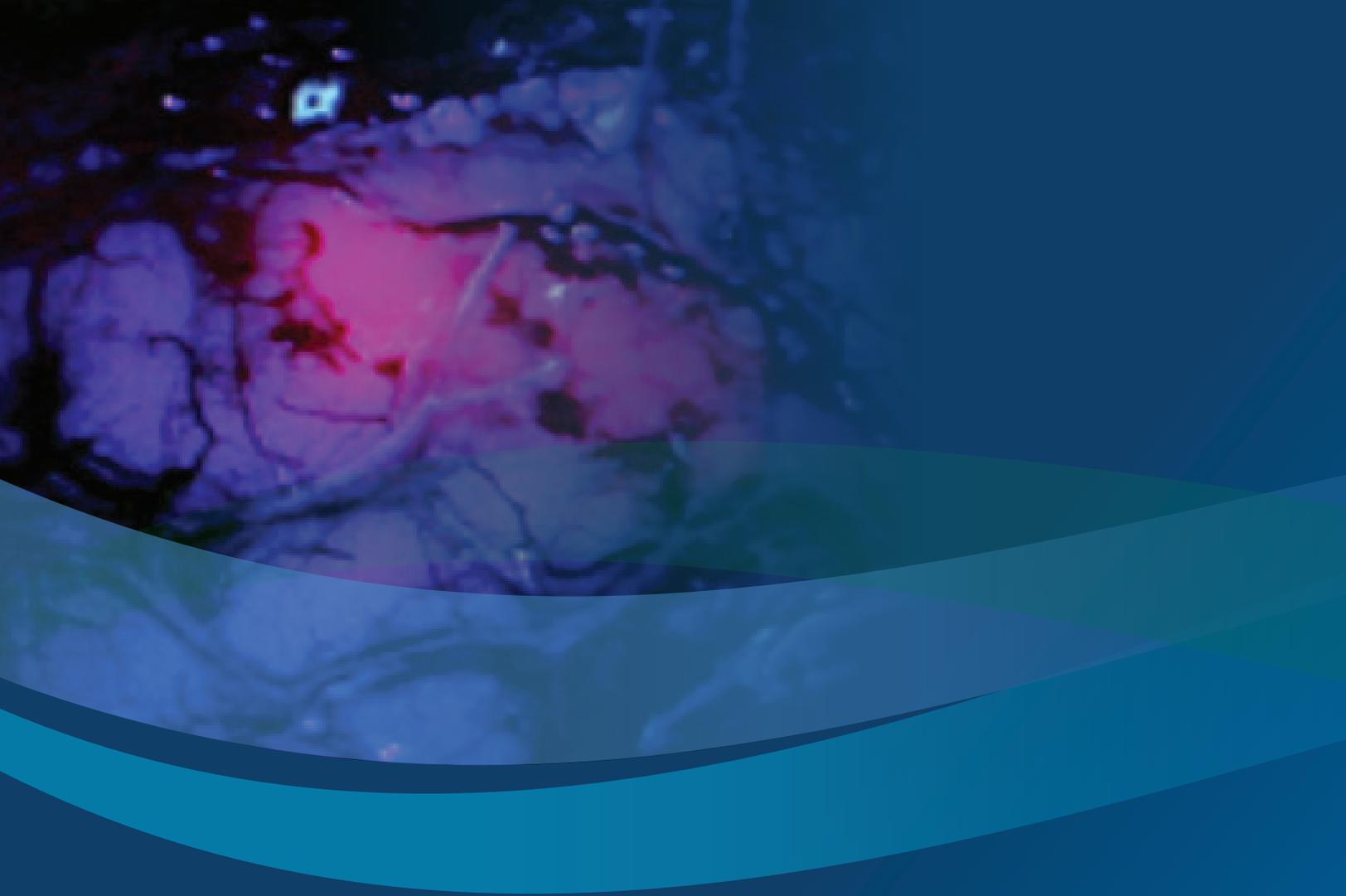




# 2018 Cancer Program

ANNUAL REPORT



Providing advanced  
cancer care in our  
community today

The Jewish Hospital 

 **MERCYHEALTH**

# 2018 Cancer Program

## ANNUAL REPORT

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**Pat Davis-Hagens**  
President and CEO  
The Jewish Hospital —  
Mercy Health

## FRIENDS AND COLLEAGUES,

It's my privilege to share The Jewish Hospital's 2018 Cancer Program Annual Report. It provides an overview of recent achievements in our cancer programs as well as data from the Cancer Registry. This year we would like to continue providing additional information about new services we offer and stories from our patients and caregivers.

Our Cancer Care Program strives to provide the latest in innovative technology available on the market. In 2018 we strengthened our neuro-oncology program in partnership with Mayfield Brain and Spine through growth and expansion of services including the addition of the Ear, Nose and Throat service and expansion of stroke services to include endovascular therapies. The Brain Tumor Center will celebrate its one year anniversary and has set a goal of 20% growth in 2019. The neuro-oncology program is proud to offer the only skull-based program including a well-established Gamma Knife® service not offered elsewhere in the city.

As a teaching hospital, The Jewish Hospital leadership is committed to support professional education. This year we opened the new Graduate Medical Education building with state-of-the-art audio visual services in March 2019. Construction is in progress on the new state-of-the-art simulation lab opening this Fall 2019. The Jewish Hospital is proud to offer an Internal Medicine Residency program with Medical Oncology rotation in addition to a Bone Marrow Transplant Fellowship Affiliation in the Blood Cancer Center. Beginning in 2018, The Jewish Hospital in partnership with the Mercy Health Foundation developed and implemented an annual CE accredited Tri-State ASH Update Hematology / Oncology review symposium and hosted a CE accredited Genetics in Breast Cancer professional meeting in May 2018.

Our Cancer Care Program at The Jewish Hospital continues to strive for and achieve recognition for excellence. In 2018, the Rectal Cancer Program initiated preparation to apply for the National Accreditation Program for Rectal Cancer survey under the Commission on Cancer. The program will be ready for survey this Fall 2019.

The Blood Cancer Center at The Jewish Hospital is proud to celebrate the 30th Anniversary of the Bone Marrow Transplant program and 20th Anniversary of the Partners in Hope annual patient reunion. This year the Blood Cancer Center will open a newly renovated state-of-the-art Outpatient Infusion Suite to improve patient-centered care and blood cancer therapy.

Beyond our clinical expertise and modern technology critical to the treatment of cancer, our patients tell us how much they love how they're treated. At The Jewish Hospital, patients are in the center of all we do. We strive to ensure the best possible outcomes with respect and compassion. We're honored that patients entrust us with their care during a critical time in their lives.

# The Jewish Hospital Cancer Committee

The Jewish Hospital Cancer Committee supports the hospital's commitment to providing safe, quality care and services. The committee consists of a multidisciplinary team comprised of hospital employees, staff physicians and a representative from the American Cancer Society. The committee meets quarterly to monitor the performance of the hospital's cancer program and to review available services and programs. If any gaps in service are identified, the team sets goals to fill them and oversees resulting care-improvement initiatives. The cancer committee is dedicated to ensuring that The Jewish Hospital's cancer program exceeds patients' expectations and provides the highest level of patient-centered care.



## PHYSICIAN MEMBERS

**Karyn M. Dyehouse, MD**, Chair  
*Medical Oncology, OHC, Inc.*

**Shyam Allamaneni, MD**  
*Surgical Oncologist &  
Cancer Liaison Physician*

**Tim Braverman, MD**  
*Pathology*

**Elizabeth H. Levick, MD**  
*Radiation Oncology, OHC, Inc.*

**Elizabeth Weaver, MD**  
*Diagnostic Radiology*

## CANCER PROGRAM COORDINATORS

**Tara Mink, MBA, BSN, RN**  
*Program Administrator*

**Rita Bowman, RN**  
*Quality Improvement*

**Lyn Sontag, PsyD, ASPP**  
*Psychosocial Services*

**Elaine Wiseman, BS, CTR**  
*Cancer Registry Quality*

**Sandra Brown, CTR**  
*Cancer Conference*

**Mary Lou Cieslak, RN**  
*Community Outreach*

**Kjeryn Gray-Dumont**  
*Clinical Research*

## ALLIED HEALTH MEMBERS

**K-Lynn Andrews**  
*Rehabilitation Services*

**Mary Lou Cieslak, RN**  
*Navigation*

**Mike Devoe, PharmD**  
*Pharmacy*

**Casey Faber**  
*American Cancer Society*

**Sara Rasnick-Wiseman, RD**  
*Dietary / Nutrition*

**Rebecca Ingram, RT**  
*Imaging*

**Elena Stein, Chaplain Cert**  
*Pastoral Care*

**Kitty Tierney, BSN, RN, OCN, BMTCN**  
*Nursing*

**Jennifer Hopper, MS, CGC**  
*Genetics*

**Kim Shadoan, MSW**  
*Case Manager*

**Julie Workman, MD**  
*Palliative Care*



## The Jewish Hospital — Mercy Health Cancer Conferences

Cancer Conferences provide a multidisciplinary format for the development of a plan of care for the cancer patient. The conferences are integral to improving care and providing education to physicians and hospital staff. Consultative services and education are optimal when physicians representing all oncology-related disciplines participate in the discussion. Patient identities are kept confidential.

The Cancer Conferences are prospective, patient-oriented and multidisciplinary by design. Medical Oncology, Radiation Oncology, Diagnostic Radiology, Pathology, and General Surgery specialties are present to discuss diagnostic evaluations and possible treatment options for the types of cancers presented at the conferences. Physicians from all specialties, including Medical and Surgical residents, are invited to attend.

Treatment options that are based on national guidelines and AJCC staging are the foundation of the discussions. National Comprehensive Cancer Network (NCCN) Practice Guidelines in Oncology, information on open clinical trials, NCDB and cancer registry data are provided for the cancer sites presented.

In 2017 The Jewish Hospital accessioned 917 cancer cases into our cancer registry, 806 of which were analytic cases.

### CANCER CONFERENCES

#### The **Blood Cancer Center Multidisciplinary Team**

Meeting is held each Wednesday.

#### The **Brain Tumor Center Multidisciplinary Team**

**Meeting** is held on the Second, third and fourth Tuesday of the month.

The **Breast Cancer Conference** is conducted weekly on the first four Wednesdays of the month.

The **General Cancer Conference** is held on the second Tuesday of every other month.

The **GI Cancer Conference** is held on the second and fourth Fridays of the month.

The **Thoracic Cancer Conference** is held on the first and third Fridays of the month.



The cancer program also offers educational opportunities to the community we serve, sponsors support groups, and, in affiliation with OHC, Inc., offers access to clinical trials (see the Appendix for a listing of OHC, Inc. clinical trials).

The Blood Cancer Center's relationship with the Center for International Blood and Marrow Transplant Research (CIBMTR) and the National Marrow Donor Program (NMDP) ensure blood cancer patients have access to diagnosis and treatment information, specific clinical trials and the opportunity to participate in cutting edge hematology research.

Accredited by the Joint Commission, The Jewish Hospital is committed to providing outstanding quality of care, services and outcomes, as evidenced by the many accreditations and awards it has earned. Since 1979, the hospital has been accredited with commendation by the American College of Surgeons Commission on Cancer. It has received special recognition for its quality nursing care, excellent compliance with cancer pathology protocols and high clinical trial enrollments. The Blood Cancer Center has been recognized for excellence by the Foundation for the Accreditation of Cellular Therapy (FACT). FACT accredits bone marrow transplant programs that demonstrate exceptional patient care quality. The Jewish Hospital also received the Joint Commission's Gold Seal of Approval for both Leukemia and Bone Marrow Transplant Certification. These, and the many other accreditations and certifications earned by The Jewish Hospital, demonstrate a culture dedicated to medical and operational excellence.

## Cancer Data Summary and Comparisons

In the U.S. in 2017, the top cancer sites in men were prostate, lung, colorectal, bladder, and melanoma of the skin. For women, the top cancer sites were breast, lung, colorectal, uterine corpus, and thyroid.

At the Jewish Hospital, distribution of cases by gender reveals that breast cancer is the top site for females at 45%, while the top site for males is blood and bone marrow at 17%. Of the 806 newly diagnosed and/or treated cancers in 2017, 489 were women and 317 were men.

Top cancer sites in 2017 for TJH are as follows: Breast (28%), Lung (15%), Blood & Bone Marrow (12%), Colorectal (8%), Brain & CNS (5%), Non-Hodgkin's Lymphoma (5%).

### 2017 TOP CANCER SITES BY SEX UNITED STATES vs THE JEWISH HOSPITAL – MERCY HEALTH



Male	US	TJH
Blood & Bone Marrow	4%	17%
Lung/Bronchus	14%	13%
Colon & Rectum	9%	9%
Brain & CNS	-	7%
Skin	6%	7%
Prostate	19%	4%
Bladder	7%	4%
Kidney	5%	3%
Stomach	4%	2%



Female	US	TJH
Breast	30%	45%
Lung/Bronchus	12%	15%
Blood & bone marrow	3%	7%
Colon & Rectum	8%	7%
Brain & CNS	-	5%
Non-Hodgkin's	4%	3%
Skin	4%	2%
Pancreas	3%	3%
Kidney	3%	3%

### THE JEWISH HOSPITAL – MERCY HEALTH NUMBER OF NEWLY DIAGNOSED/ TREATED CASES IN 2017

Breast	223
Digestive System	137
Respiratory System	123
Blood & Bone Marrow	94
Lymphatic System	45
Brain & CNS	44
Urinary System	38
Male Genital	35
Skin	33
Endocrine	10
Unknown Primary	7
Other/III Defined	5
Connect/Soft Tissue	3
Female Genital	2
<b>Total</b>	<b>806</b>

American Cancer Society. *Cancer Facts & Figures 2017*. Atlanta: American Cancer Society; 2017.

# Lung Cancer Screening at The Jewish Hospital — Mercy Health

“Lung Cancer is the leading cause of death among both men and women in the United States. Each year, more people die from lung cancer than of colon, breast, and prostate cancers combined” (American Cancer Society, 2019). Approximately 235,000 new cases of lung cancer are diagnosed each year and nearly 160,000 people with lung cancer die annually. In Ohio alone, nearly 10,000 individuals will be diagnosed with lung cancer and almost 7,000 a year will die because of it. The mortality rate from lung cancer in the four counties serviced by Mercy Health-Cincinnati (Hamilton, Clermont, Butler, and Warren counties) averages 48 per 100,000.

The National Comprehensive Cancer Network (NCCN) recommends that people at risk for lung cancer receive low dose CT screening for early detection of lung cancer to help reduce the number of lung cancer deaths. Annual screening is recommended for the following patients:

Group 1-High Risk	Group 2-High Risk
>55 years old	>50 years old
>30 pack year history	>20 pack years
Quit smoking <15 years ago	Other risk factors - family history of lung cancer, environmental exposures, history of COPD or pulmonary fibrosis

The goals of Lung cancer screening are to detect lung cancer early, reduce deaths from lung cancer, increase opportunities for tobacco cessation, and streamline the process from screening to treatment when indicated.

## Delivering excellence in care of the lung cancer patient

Our 78-year-old female, who is a former smoker, aged out of the University of Cincinnati Medical Center lung screening program. After discussion about her family history of lung cancer and previous years as a smoker with her primary care physician, Dr. Timothy Geering, she was able to have the low dose lung screening CT (LDCT) ordered and performed at The Jewish Hospital on September 25, 2018. She had a follow-up appointment on September 26, 2018 with Pulmonology and a lung biopsy was performed on October 3, 2018. On October 4, 2018, the pathology report showed invasive adenocarcinoma and our patient received her results from Dr. Daniel Murphy on October 10, 2018. She underwent a successful and uncomplicated lobectomy on October 15, 2018 and experienced only an 11-day turn-around-time from diagnosis to treatment.



### 2018 LUNG CANCER SCREENING DATA

2018	
Total CT Lung screenings	293
First time (baseline) screens	223
Yearly (annual) follow-up screens	70
Results: Normal/yearly follow up only (LRAD 1-2)	243
Results: Recommended follow-up in 3-6 months (LRAD 3-4)	50
Cancers Detected	2
Stage 1A	1
Stage 2B	1

## PHYSICIAN SPOTLIGHT

### Mudher Al-Shathir, MD

is board certified in Pulmonary and Critical Care, and Internal Medicine. He focuses on diseases of the lungs and respiratory tract. Dr. Al-Shathir works very closely with medical oncologists, radiation oncologists, pathologists, cardiothoracic surgeons, and lung nodule navigator, Marquise Watson, as part of the multidisciplinary team at The Jewish Hospital. He actively participates in the bimonthly multidisciplinary thoracic tumor board discussion. He strives to make sure patients and families feel comfortable with all aspects of their treatment plan and have all their questions answered.



### Lung Nodule Navigator: Marquise Watson BSN, RN

Marquise plays a vital role in the Lung Cancer Screening program at The Jewish Hospital. As the Lung Nodule navigator, she works closely with the pulmonologists, referring physicians, oncologists, and other team members to ensure that the patient transitions seamlessly from screening to their individualized treatment course. The Lung Nodule Navigator is responsible for screening patients in accordance with screening guidelines. She also ensures patient follow-up screenings are scheduled and performed within 3-6 months and annually by sending reminder letters and phone call reminders to the patient and primary care physician.



## Community Outreach

In 2018, the Health collaborative released the Community Health Needs Assessment. The comprehensive report provides data from 23 counties in southwest Ohio, northern Kentucky and southeast Indiana to identify the most serious health risks in our region. Based on the data, The Jewish Hospital cancer programs conducted outreach to increase breast screenings and lung CT screenings.

### 2018 COMMUNITY OUTREACH SUMMARY FOR THE JEWISH HOSPITAL

Lung CT Screenings	293
Warren County - New breast screenings	15
Warren County - Total breast screenings	837
Hamilton County - Total breast screenings	5616
Total number of community outreach events	296
Total attendees	11,054
Total FTEs	301
Total hours worked	633
Total employee volunteers	144
Total hours of service	390.5

# Cancer Information Resources

The Jewish Hospital — Mercy Health Cancer Program is committed to making a difference in our community. While we offer many educational and screening programs to the community, we want to be sure patients, families and community members are looking at the best sources of cancer information when searching online. Listed below are websites we consider credible and reliable.

## AMERICAN CANCER SOCIETY PROGRAMS AND SCREENING GUIDELINES

**cancer.org**

or call 800-ACS-2345 (800-227-2345)

## INFORMATIONAL WEBSITES

### National Cancer Institute

800-4-CANCER or [cancer.gov](http://cancer.gov)

### People Living with Cancer:

The official patient information website of the **American Society of Clinical Oncology**  
[cancer.net/portal/site/patient](http://cancer.net/portal/site/patient)

### National Comprehensive Cancer Network

[nccn.org/patients](http://nccn.org/patients)

### American Cancer Society

800-ACS-2345 or [cancer.org](http://cancer.org)

### National Library of Medicine

[nlm.nih.gov/medlineplus/healthtopics.html](http://nlm.nih.gov/medlineplus/healthtopics.html)

### US TOO! International, Inc.

[ustoo.org](http://ustoo.org)

### National Coalition for Cancer Survivorship

[canceradvocacy.org](http://canceradvocacy.org)

### Leukemia and Lymphoma Society

[lls.org](http://lls.org)

### Ohio Department of Health

[odh.ohio.gov](http://odh.ohio.gov)

### Cancer Support Community

[cancersupportcincinnati.org](http://cancersupportcincinnati.org)

### Cancer Family Care

[cancerfamilycare.org](http://cancerfamilycare.org)

## CLINICAL TRIAL INFORMATION

### American Cancer Society, Clinical Trials Matching

**Service** (a free, confidential program)

800-303-5691 or visit [cancer.org](http://cancer.org)

### National Cancer Institute (NCI) website

[cancer.gov/clinicaltrials/search](http://cancer.gov/clinicaltrials/search)

### Coalition of Cancer Cooperative Group

[cancertrialshelp.org](http://cancertrialshelp.org)

### OHC, Inc. Clinical Trials

[OHCare.com/patient-resources/clinical-trials/#clinical-trials](http://OHCare.com/patient-resources/clinical-trials/#clinical-trials)

## REFERENCES/SOURCES

American College of Surgeons

American Cancer Society

National Cancer Institute

Electronic Registry System

# Skin Cancer Care at The Jewish Hospital — Mercy Health

## Our Team

The Dermatology Department at Mercy Health Physicians is comprised of a team of specialists dedicated to offering the most up-to-date and comprehensive skin cancer care for patients.

Our team includes five specialty trained dermatologists who screen thousands of patients each year for skin cancer with the goal of diagnosing skin cancer at its earliest manifestation. Diagnostic care includes photography, dermatoscopy, and skin biopsies.

## Services Performed

The services offered at the Dermatology clinic include skin cancer excision and repair, destruction/curettage, topical chemotherapy, photodynamic therapy, oral targeted therapies and Mohs micrographic surgery.

Treatment plans are individualized for each patient taking into consideration the tumor (including size and histopathologic characteristics), location on the body, and medical comorbidities. Patient care is enhanced by close collaboration and communication among our dermatology experts. Our dermatologists closely collaborate with a fellowship trained dermatologic surgeon who has specialized training in skin cancer management techniques.

Follow up skin cancer screenings allow for close surveillance for new tumors and recurrences and are tailored to patient risk factors and prior tumors.

Precancerous lesions (actinic keratoses) are also treated to remove ultraviolet induced skin damage in an effort to mitigate risk of malignant transformation. Lesions are treated with destructive measures, topical chemotherapy creams, and photodynamic therapy.



Matthew Meier, MD



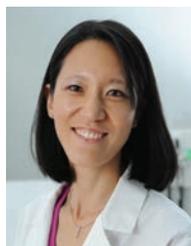
Rachel Gustin, MD



Emily Fisher, MD



Jacqueline Fisher, DO



Pamina Kim, MD



Emily Moosbrugger, MD



Shyam Allamaneni, MD

## 2018 STATISTICS

In 2018 2,497 tumors were detected/diagnosed by our general dermatologists:

1790 Basal cell carcinomas

586 Squamous cell carcinomas

34 Invasive melanomas

79 Melanoma in situ

Other tumors: atypical fibroxanthoma, sebaceous carcinoma, metastatic carcinoma, trichilemmal carcinoma

## 2018 MOHS PROCEDURES

1,488 tumors were treated with Mohs surgery

56% male patients

44% female patients

Our oldest patient was 99 years old

Our youngest patient was 23 years old

1,083 were basal cell carcinoma (76 infiltrative features on histology)

316 were squamous cell carcinoma

72 were squamous cell carcinoma in situ

17 other types including atypical fibroxanthoma, Trichilemmal carcinoma and others.

## PATIENT SATISFACTION

Patient satisfaction is one of our primary concerns in helping patients navigate a diagnosis of skin cancer. Our department consistently achieves high levels of satisfaction in patient surveys.

# The Blood Cancer Center at The Jewish Hospital — Mercy Health



## Celebrating 30 years of service

The Jewish Hospital - Mercy Health Blood Cancer Center (BCC) is proud to have provided excellent blood cancer treatment to the Greater Cincinnati area for 30 years. As pioneers, we have offered timely diagnosis, treatment and compassionate care to thousands of patients in the region. As an established quality provider, we continue to offer state-of-the-art care including the newly added cutting-edge CAR-T therapy to our service options.

The BCC, in partnership with Oncology Hematology Care, Inc. (OHC, Inc.), continues to be a leader in adult bone marrow transplant and blood cancer treatment. OHC, Inc. is the region's largest oncology and hematology practice delivering clinical excellence for over thirty years. The combined efforts of these dedicated programs give Cincinnati and the surrounding areas access to quality care close to the comfort of home. We have provided over 2000 transplants and continue to be the Tri-State leader in adult acute leukemia treatment.

As an innovative facility and program, we are excited to offer the cutting-edge CAR-T (chimeric antigen receptor T-cell therapy) treatment often referred to as the 'fifth pillar' of cancer treatment. This Federal Drug Administration (FDA) approved immunotherapy approach uses the patient's own immune system to combat relapsed refractory lymphoma. This treatment attacks and kills cancer cells utilizing T-cells taken from the patient and reintroducing them back to the patient after modification.

## Outcomes

Among the nation's leaders in survival outcomes, the Blood Cancer Center is the place where expert treatment, compassionate care and world-class facilities meet to produce extraordinary outcomes. Based on a report from the Center for International Blood and Marrow Transplant Research (CIBMTR), The Jewish Hospital's Blood Cancer Center patient survival rate is comparable to noted bone marrow transplant centers such as Cleveland Clinic, MD Anderson and Ohio State.

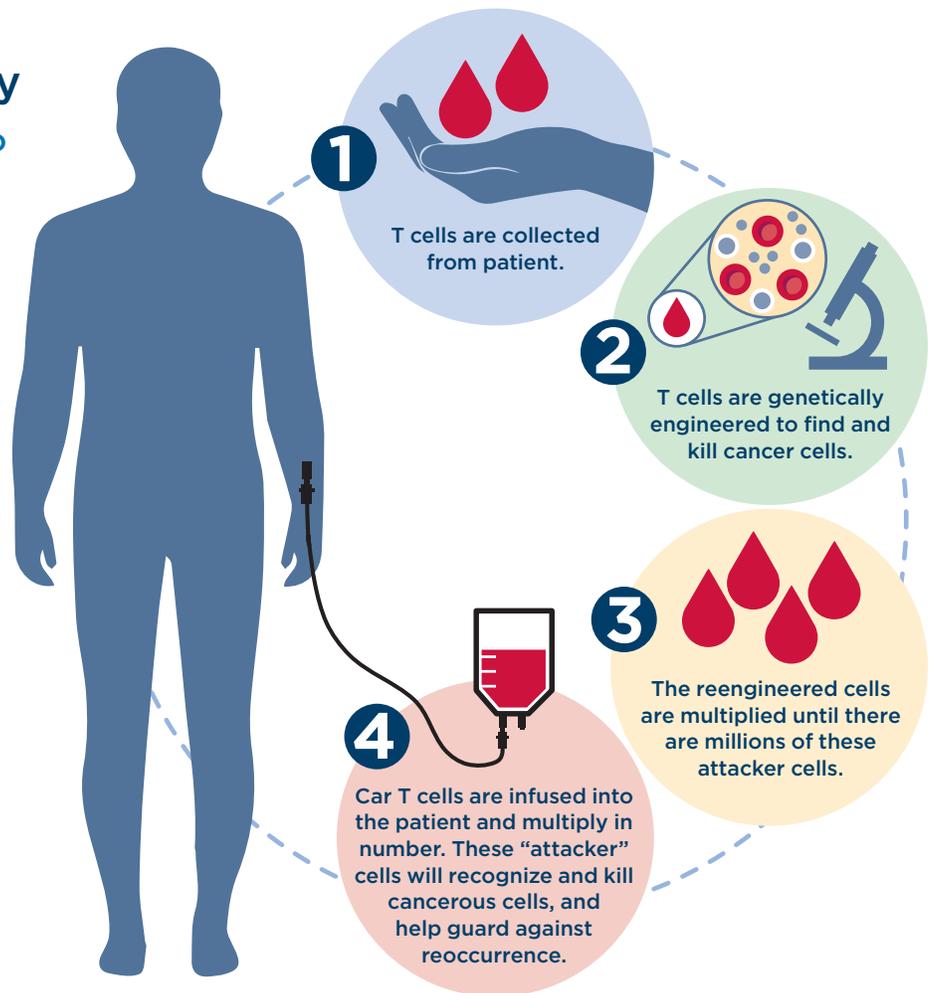
Transplant Center	# pts reported outcomes	Actual 1yr survival %	Predicted 1yr survival %
Indiana University	207	74.4%	68.2 - 79.5%
Ohio State	369	69.4%	65.6 - 74.4%
University of Pennsylvania	258	68.6%	62 - 72.7%
Cleveland Clinic	229	67.6%	63.8 - 75.2%
<b>Jewish Hospital</b>	<b>95</b>	<b>66.1%</b>	<b>61 - 78.6%</b>
University of Louisville	70	60.9%	57.3 - 77.4%
University of Kentucky	104	59.4%	55 - 72.6%
St Francis (IBMT)	90	58.8%	59.7 - 77.7%

*CIBMTR data - One-year survival(Fist allogeneic transplant 1/2014 - 12/2016)  
Source: bloodcell.transplant.hrsa.gov accessed 2/4/19*

# CAR T-Cell Immunotherapy

## Turning the body into a cancer fighter

A revolutionary, innovative immunotherapy was approved by the FDA, ushering in a new era in the treatment of cancer. CAR (chimeric antigen receptor) T-cell immunotherapy is a treatment in which a patient's T cells, the soldiers of the immune system, are genetically reprogrammed to find and kill cancer cells. Over the past two decades, The Leukemia & Lymphoma Society has invested \$40 million in research to support the development of this therapy.



## Partners in Hope Reunion

The Jewish Hospital proudly hosted the Blood Cancer Center 20th Annual Partners in Hope Reunion in June 2019. This event is a celebration of patients, donors, caregivers, staff and a host of hospital and community partners that make our center unique. While it is an emotional event on all levels, it also provides an opportunity for all participants to appreciate the effort it takes to make the difference that offers patients and their family the gift of life, hope, more years with loved ones.



# Emily MacFarlane: Journey to CAR-T — A Patient's Perspective

Emily MacFarlane is no stranger to end-of-life patient care as a hospice nurse at St. Elizabeth's hospital in Covington, KY. Her passion for her work is evident when she reflects on her career and she often thinks of her co-workers as her "second family". She is also very fortunate to have a close circle of friends and family including two life-long friends who are nurses as her support system during her own battle with life-threatening cancer. Emily bravely faced the many challenges of battling cancer while she continued working and raising her three sons with her husband Jim. As a proud mother and grandmother, it was important for her to beat cancer and "live so she could be part of her babies' lives—children and grandchildren".

Emily was diagnosed in 2004 with Follicular Lymphoma after her friend who is a nurse recommended she follow up with the ENT physician she worked with to evaluate bumps in her neck. After the biopsy, she was referred to a hematologist who recommended chemotherapy. A second opinion at a cancer institute in Nebraska confirmed chemotherapy was the correct course of action and she remained in remission for thirty-six months when she developed bumps on her leg. She was diagnosed with B-cell Lymphoma and again referred to a hematologist who recommended she get a bone marrow transplant. She went to Nebraska again for a second opinion and they agreed this was the correct course of therapy and wanted her to complete therapy in Nebraska. Emily was not looking forward to spending so much time away from her family including her parents so when her insurance company told her she only lived thirty miles from one of the best bone marrow transplant centers in the area she gladly came to The Jewish Hospital Blood Cancer Center for evaluation with Dr. Randy Broun. Dr. Broun is a board-certified hematologist oncologist at Oncology Hematology Care, Inc.

Emily had her bone marrow transplant in January of 2009; only five months before her youngest son's wedding. Her thoughts were focused on being there for her son to help plan

the wedding and being there for her future grandchildren so she knew she had to beat cancer again. She remained in remission from 2009 until October 2018 when her lymphoma returned. She was seen by Dr. Miguel Islas-Ohlmayer at Oncology Hematology Care, Inc who recommended CAR-T therapy. Emily stated it was scary at first to be one of the first patients at The Jewish Hospital Blood Cancer Center to receive the cutting-edge therapy, but her fear turned to excitement as she realized she would be a "pioneer patient". She was grateful for Diane Shapiro, her transplant coordinator who helped "alleviate her anxiety" by explaining every step in the process so she was aware of what to expect during the therapy. "We were so impressed with the level of CAR-T training all the staff in every department involved with us at The Jewish Hospital had!"

Now that her CAR-T therapy is complete she is planning to return to work in May 2019 and continue her passion for caring for others and take vacations to Florida and Cape Cod again with her family. She is happiest though when spending time with her children and grandchildren. Emily would share with other patients who are taking this journey in life to consider getting their information and advice from experts about cancer and transplant instead of the internet which can be very scary. She also highly recommended connecting with other patients who have walked the same path to help encourage and guide you along your journey through bone marrow transplant.





## The Breast Cancer Center & Jewish Women's Center at The Jewish Hospital — Mercy Health

### Advanced Diagnosis for Early Detection

The JHBCC is staffed by professionals including board-certified and breast fellowship trained radiologists, dedicated breast surgeons, registered mammography technologists, and National Consortium of Breast Centers (NCOBC) certified breast navigators.

The JHBCC is accredited by the National Accreditation Program for Breast Centers (NAPBC), a program of the American College of Surgeons and an indicator of quality. It is also recognized as a Center of Excellence by the American College of Radiology.

The breast cancer specialist recognizes the importance of providing a multi-disciplinary team

approach when caring for patients. Mercy Health breast surgeon, Anna Sobolewski, MD and board certified pathologist Timothy S. Braverman, MD, along with board-certified lead interpreting radiologist, Elizabeth Weaver, MD meet with OHC, Inc. board-certified medical oncologist Karyn M. Dyehouse, MD and OHC, Inc. board-certified radiation oncologist Elizabeth H. Levick, MD at weekly multidisciplinary cancer conferences. These physicians along with other patient advocates such as genetics, nurse navigators, and social workers provide an opportunity to discuss diagnosis and treatment options for individual patients to optimize their care.

## I Know program

The JHBCC introduced the I Know program in 2017. We are proud of the benefits this program has brought to our patients. The I Know program allows patients to receive their screening mammogram results while they wait. Patients requiring additional imaging or a biopsy can have their procedure performed in the same visit. This alleviates the stress and anxiety associated with waiting. Biopsy results are also provided within twenty- four hours, further reducing wait time and anxiety. We have successfully decreased the turn-around-time for patients receiving their breast biopsy results from within 55 hours to within 22 hours. To date more than 5,000 women have participated in the I Know program.



Patrick Ward, MD, PhD



Karyn Dyehouse, MD



Elizabeth Levick, MD



Elizabeth Weaver, MD



Timothy Braverman, MD

## Services Offered

The JHBCC offers a full range of services including digital mammography, 3D/CV mammography (which allows for the lowest possible radiation dose), high resolution ultrasound, breast magnetic resonance imaging(MRI), as well as a full complement of biopsy techniques using stereotactic, ultrasound and MRI guidance.



Anna Sobolewski, MD



Amy Moldrem, MD

## The Jewish Hospital Women's Center offers high risk assessment services and counseling.

To date we have screened over 16,000 women and recognized more than 1,200 patients with potential genetic risks associated with breast cancer.

The Breast Cancer Center extends more than \$13,000 a year in low-cost or free screening mammograms to low income families. Our accredited mobile mammography program reaches over 8,000 women per year.

### 2018 BY THE NUMBERS

Warren County New breast screenings	15
Warren County Total breast screenings	837
Hamilton County total breast screenings	5616
Total number of health fairs	43
Total attendees	6491
Total screened	523
Total paid hours worked	344
Total volunteer hours	242
Total hours of service	586

## A Patient's Perspective: When they don't say "All clear, you can go."

My annual mammogram was on May 31 and it was just another day, just another check-up. No big deal. Except this year it was a big deal. And it threw me into a tailspin.

Instead of hearing "All clear, you can go," I had to go back for a second exam on the left breast and then an ultrasound and then a biopsy. I could not wrap my head around what was going on. And it all happened in a span of five hours, for which I was most grateful. Nurse navigator Mary Lou held my hand through the biopsy, and everyone else involved explained all that was happening. I still don't think any of it sunk in at that point.

Then Mary Lou called me the next day and it was positive. The kind of tumor I had was estrogen and progesterone positive and her2 negative. It's amazing how well-versed one gets in breast cancer terminology when it happens to you. Mary Lou made my appointment to see Dr. Anna Sobolewski the following Tuesday. I spent the weekend getting a grip on all of it, talking to other girlfriends who are long-time survivors.

Dr. Sobolewski explained in great detail what happens during surgery and afterward. Then she handed me that hard-cover breast cancer handbook. That thing is indispensable! I read it,

took notes, wrote down questions and got more and more comfortable with my diagnosis as my test results came back.

I don't think I would have gotten through any of the madness if it weren't for the compassion and kindness of everyone at the health center, from the mammogram team to Dr. Sobolewski and her staff.

Mary Lou and her colleague Nikki get special props from me. Mary Lou for being there on day one, literally navigating me through the process. Nikki took my call on a Friday at 4:45 p.m. and talked to me for half an hour after I got my Oncotype results back and I had no idea what to do. She was also there on the day of my six-month check-up, and I'm glad for it because I was a mess! You think you're ready for it because you feel good, you're taking your pill, you're exercising five days a week. But it all comes back and the team at the women's health center are equipped and prepared for that too. I can't praise them enough. They really took good care of me.

Thank you Mercy WHC.  
– Jan Angilella

# Surgical Oncology at The Jewish Hospital — Mercy Health

## Value Statement and Commitment to Quality-of-life treatments

The goal of The Jewish Hospital team dedicated to GI, Liver and Pancreatic Oncology is to enhance patients' quality of life with a treatment plan that focuses on both the patient and referring physician by coordinating treatment strategies designed to offer optimal outcomes for those suffering with GI, liver/pancreas disease and cancer. Through integrated clinical practice, education and research, we hope to inspire hope and well-being by providing the best care to every patient.

## New era at Jewish Hospital in the treatment of patients with cancer of the gastro-intestinal area — Robotic cancer surgery.

Shyam S. Allamaneni, MD is a board certified surgeon who specializes in surgical oncology with a focus on the gastrointestinal (GI) tract, including the esophagus, stomach, small intestines, liver, pancreas and gall bladder. Additionally, Dr. Allamaneni provides specialized surgical care for patients with melanoma skin cancer.

Working with an experienced multidisciplinary team at The Jewish Hospital, Dr. Allamaneni

provides guidance and surgical management of more advanced diseases always with the goal of achieving clear and clean margins of the cancer.

Dr. Allamaneni performs minimally invasive surgical techniques robotically and/or laparoscopically. Performing surgery robotically allows Dr. Allamaneni to view 3-D images of the body. The robot allows for small, more precise hand movements in ways that the human hand is not

### Dr. Allamaneni's specialties include:

- Esophageal cancer
- Stomach and small intestine cancer
- Primary Liver cancer
- Metastatic cancer to liver
- Gallbladder and biliary tract cancer
- Pancreatic cancer
- Colon cancer
- Anal and rectal cancer
- Adrenal gland tumors
- Neuroendocrine tumors
- Squamous cell carcinoma
- Basal cell carcinoma
- Melanoma
- Sarcoma
- Various secondary malignancies



capable of utilizing 360 degree movements. These precision-based procedures target tumors while creating smaller incisions resulting in quicker recoveries. We are using robotics to perform surgery on patients with various cancers including gastric, liver, pancreas, small bowel, colon, retroperitoneal and adrenal tumors.

No two cancers are alike. Dr. Allamaneni and the multi-disciplinary team welcomes the opportunity to talk to fellow physicians, patients, and their families about potential approaches to cancer treatment. He offers this opportunity not only in the Tri-State area, but also nationally and internationally.

The multi-disciplinary team is composed of surgeons, oncologists, gastroenterologists, nurse practitioners, pathologists, radiologists, nurse navigators, nurses, and physical and occupational therapists. Other disciplines may be consulted as each patient has unique needs. The team is at the forefront of cancer care, providing care to complex oncology patients. The team meets weekly to discuss the complexities and treatment options for the patients. Close contact with the patients, monitoring their health throughout the entire treatment journey, before, during and after surgery is the foundation of the multi-disciplinary oncology surgery team.

**“We decided to stay with Dr. Allamaneni** even though it is very far away from our home in Springfield, OH.”

## Empowering a soldier (patient) for a war (complex surgery)

Preparing a patient for a complex surgery is like conditioning a soldier who is preparing for battle. Like soldiers, patients must be in top condition to prevent them from having suboptimal outcomes after a major complex surgery. Cancer patients already face challenges because of their disease and the side effects brought on by chemotherapy including weight loss, decreased nutrition from nausea and vomiting and deconditioning from the fatigue and anemia. Patients may also have lifestyle challenges such as smoking and lack of exercise.

Our patient had multiple issues that could have led to suboptimal outcomes including his lifestyle as a heavy smoker and recent deconditioning due to chemotherapy. Dr. Shyam Allamaneni is very persistent in encouraging patients going into a complex GI surgery to pre-condition themselves in preparation for their battle with cancer especially when a complex GI surgery is necessary. In our patient's case, Dr. Allamaneni clearly stated he should not have the surgery by any surgeon unless he stops smoking. Under the cautious recommendations from Dr. Allamaneni; not only was our patient inspired to quit smoking, but he also increased his activity and healthier eating habits to improve his nutritional status.

Dr. Allamaneni also encourages his patients to consider their mental readiness for surgery including to foster a positive attitude and continue to do hobbies that bring them joy. Our patient took this advice to heart and thus has spent a lot of time discussing his love of music composition with the GI nurses and surgery residents. After recovering from his very complex GI surgery he sent his music compositions to the staff so they could listen to the beautiful music he composed. Empowering patients to take charge of their health and well-being prior to complex surgeries sets them up for very successful outcomes and a positive healthcare experience.

## Patient story: Complex GI Surgery Expertise Close to Home

Our patient presented to his Primary Care Physician in January 2018 for an annual physical and immunizations when his doctor noticed he had a 12-pound weight loss. He was seen again in March 2018 to have his medication prescriptions renewed when his doctor noticed he had another 29-pound weight loss since January. He also noticed a feeling of getting full quicker than usual when eating. He then returned a third time to see his physician in June 2018 when another 53-pound weight loss had occurred since his last visit in March.

On this visit, he was accompanied by his wife and in addition to the weight loss, he also complained of dizziness with standing and bending. His wife also stated that she noticed he had begun to have periods of confusion and forgetfulness as well. His primary care physician ordered blood work and reviewed the results with him the following week. He had lost yet another 7 pounds and began to complain of fatigue. His lab results showed anemia and some metabolic abnormalities. Due to the alarming weight loss, his primary care physician ordered a CT which showed concern for a gastric neoplasm. He was referred for a gastrointestinal (GI) evaluation. A colonoscopy was performed and showed an ulcerated mass in the stomach body and a mass in the fundus concerning for gastric cancer. A biopsy of the mass confirmed

adenocarcinoma. He was referred to a medical oncologist who initiated pre-operative chemotherapy. Our patient was then referred to Ohio State Wexner Medical Center who denied his insurance coverage for the necessary complex GI surgery.



Shyam Allamaneni, MD

His wife, who is a Mercy Health nurse, called Dr. Shyam Allamaneni's office to schedule a consultation. He returned after completing a round of chemotherapy in November 2018 and his surgery was scheduled. Our patient underwent a very complex total gastrectomy with D2 (perigastric, hepatic, splenic, Celiac nodal dissection and left partial adrenalectomy, Roux-en-Y reconstruction, feeding tube jejunostomy placement) the day after Christmas. Our patients no longer need to seek expertise and state-of-the-art surgical technology for their complex GI surgeries outside of Cincinnati. Dr. Shyam Allamaneni has brought cutting-edge and complex GI surgical care that can be performed right here in Cincinnati at The Jewish Hospital.

### By the numbers:

**26,240** stomach cancer incidences.

**16,520 males**  
**9,720 females**

**10,800** stomach cancer associated deaths

Average age at diagnosis is **68**

**6 out of 10** people diagnosed with stomach cancer are 65 years or older

**1/95** males will develop stomach cancer in their lifetime

**1/154** women will develop stomach cancer in their lifetime

American Cancer Society

# The Jewish Hospital — Mercy Health Radiation Oncology department

## Precise, specialized treatments for lung cancer

Lung cancer is by far the leading cause of cancer death among men and women; about one out of four cancer deaths are from lung cancer. The most prevalent type of lung cancer is non-small cell lung cancer (NSCLC). Depending on the stage of the cancer and other factors, treatment options for people with NSCLC can include surgery, radio-frequency ablation, radiation therapy, chemotherapy, targeted therapies and immunotherapy.

Mercy Health Radiation Oncology department offers leading edge treatment and works with the patient to determine which type of treatment is best for their diagnosis. Types of radiation treatment offered include 3-D Conformal, Gamma Knife® Radiosurgery, Intensity Modulated Radiation Therapy (IMRT), Image Guided Radiation Therapy (IGRT) and Stereotactic Body Radiation Therapy (SBRT).

The evolution of radiation therapy has made dramatic strides when it comes to its application and treatment of many cancers. The ability to target a tumor with enhanced precision and sparing of healthy surrounding tissue has resulted in improved patient outcomes and a reduction in side effects that can occur from the treatment. OHC, Inc. board-certified radiation oncologists Dr. Peter Fried, Dr. Elizabeth Levick, Dr. Marc Mosbacher and Dr. David Pratt support the team at The Jewish Hospital — Mercy Health Radiation Oncology Department.

Radiation therapy is a type of cancer treatment that uses ionizing radiation to destroy or slow the growth of cancer cells. The most commonly used radiation therapy is external beam radiation therapy (EBRT). In external radiation treatments, a beam of radiation is administered to a precise part of the body, using a machine called a linear accelerator.

## Stereotactic Body Radiation Therapy (SBRT) for early stage lung cancer

External beam radiation, in particular SBRT, is most often the modality of choice for early lung cancer, especially non-small cell lung cancer (NSCLC) and is sometimes used if the cancer has spread to other organs. Depending on the stage of NSCLC and other factors, radiation therapy might be used:

- As the primary treatment (sometimes along with chemotherapy), especially if the lung tumor can't be removed because of its size or location, if a person isn't healthy enough for surgery, or if a person doesn't want surgery
- After surgery (alone or along with chemotherapy) to try to kill any small areas of cancer that surgery might have missed
- Before surgery (usually along with chemotherapy) to shrink a lung tumor to make it easier to operate on
- To treat a single area of cancer spread, such as a tumor in the brain or an adrenal gland (this might be done along with surgery to treat the main lung tumor)
- To relieve (palliate) symptoms of advanced lung cancer such as pain, bleeding, trouble breathing, or problems caused by spread to other organs such as the brain

Before treatments start, The Jewish Hospital and OHC, Inc. multi-disciplinary radiation team will take careful measurements to determine the correct angles for aiming the radiation beams and the proper dose of radiation. This planning session, called simulation, usually includes getting imaging tests such as CT scans.

Instead of giving a small dose of radiation each day for several weeks, SBRT uses very focused beams of high-dose radiation given in fewer (usually 1 to 5) treatments. Several beams are aimed at the tumor from different angles. To target the radiation precisely, the patient is put in a specially designed body frame for each treatment. This reduces the movement of the lung tumor during breathing. Like other forms of external radiation, the treatment itself is painless.

Results with SBRT for smaller lung tumors have been very promising. Some studies show local control rates up to 90 percent compared to surgical intervention and lower complication rates. In addition, studies are being conducted that evaluate SBRT treatment of tumors that have spread to other parts of the body, such as the bones and liver. SBRT techniques also have been shown to help doctors treat lung cancers more accurately while lowering the radiation exposure to nearby healthy tissues.



## Neuro-oncology at The Jewish Hospital — Mercy Health

The Jewish Hospital partners with Mayfield Brain and Spine, Riverhills Neuroscience, and OHC, Inc. to provide a full spectrum of neuro-oncological care. The hospital serves as Mercy Health — Cincinnati's neurosurgery center of excellence. The neuro-oncology program at The Jewish Hospital is committed to providing caregivers with the best available technology, promoting continuous improvement, ensuring patient safety and achieving patient satisfaction. Working in partnership with The Blood Cancer Center, radiation oncologists, otolaryngologist and neuro-oncologists, the neurosurgery team cares for patients with a wide range of neuro-oncologic diseases, including primary brain tumors (glioma), meningiomas, skull base tumors (acoustic neuroma and pituitary adenoma), metastatic disease to the central nervous system and blood cancers (lymphoma and leukemia).

### Highlights of the program include:

Oncology of the skull base is particularly challenging due to the presence of the brain's blood supply and the cranial nerves, locked within the complex geography of the cranial base. The cranial nerves within this area control your senses — hearing and balance, sight, smell, as well as control vital bodily functions such as breathing, swallowing and maintenance of blood pressure. The surgical removal and follow-up care of patients with these pathologies require the skill, expertise, and coordinated care of a team comprised of fellowship trained neurosurgeons, otolaryngologists, radiation oncologists and numerous supportive services. The

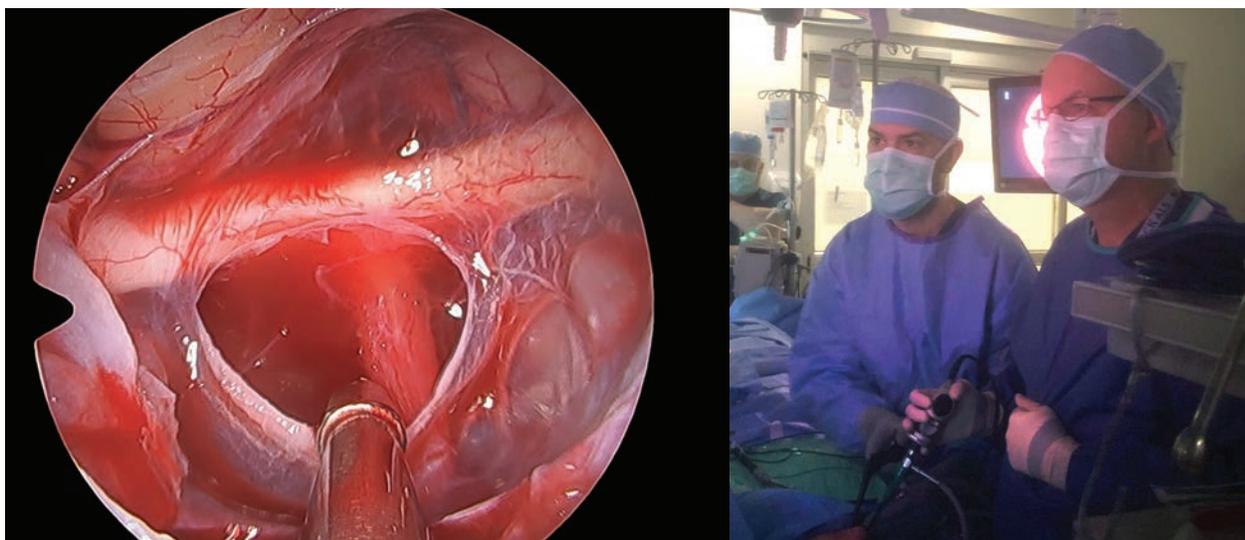
principal goal of skull base surgery is to gain access to difficult-to-reach lesions using detailed knowledge of the anatomic relationships to create safe corridors to remove these tumors, while preserving vital structures and minimizing displacement of adjacent brain tissue. These techniques reduce or eliminate the need for brain retraction, thereby minimizing injury to the brain, cranial nerves, and blood vessels.

Vincent DiNapoli, MD, PhD and Yair Gozal, MD, PhD have undergone fellowship training in skull base oncology and work together on these complex cases to provide the best outcomes for our patients. Specialists in the Skull Base Surgery Program utilize

state-of-the-art technology and equipment including: brain lab navigation, intraoperative monitoring and brain mapping, specialized neuro-anesthetic techniques, and stereotactic radiosurgery. Surgery is accomplished via minimally invasive approaches when possible, with traditional open operative techniques being employed for larger lesions. These procedures can be performed by removing the bone of the temporal area, behind and around the ear, to treat pathologies such as meningioma and acoustic neuroma. Endoscopic Endonasal Skull Base Surgery is often recommended to treat anterior skull base tumors including pituitary adenomas and craniopharyngiomas. The endoscope is placed through the nose to allow for detailed visualization the anterior skull base anatomy, access is gained by selective bony removal and enlargement of existing nasal sinuses. The procedure does not require external incisions. Thus, you recover faster and experience less pain.

We also employ advanced techniques for addressing tumors arising within the brain itself. The most common of these pathologies is glioma, a tumor arising from the supportive glial cells of the brain, it can include indolent slower growing tumors termed low grade gliomas along a spectrum to the most aggressive form termed glioblastoma (GBM). Studies have proven the morbidity and mortality related to surgeries performed on these tumors can be significantly reduced by pre-operative planning tools such as functional MRI, allowing us to create a 3-D map of the brain's complex architecture and localize areas critical to vital functions. While in the operating room, the brain is mapped electrically, uncovering the parts of the brain responsible for motor movement, sensation, and speech. An awake craniotomy is a neurosurgical technique and type of craniotomy that allows a surgeon to remove a brain tumor near functionally important areas of the brain while the patient is awake to avoid damage to these eloquent areas. Dr. DiNapoli stated, "Operating with

Dr. DiNapoli and Dr. Zimmer performing an endoscopic surgery. Picture demonstrates endoscopic view of the anterior skull base including the optic chiasm, pituitary stalk and the inferior aspect of the frontal lobes during removal of a craniopharyngioma.



# HOPE STORIES

## Makenzi

It was just what the doctor ordered. Her chatter enabled Dr. DiNapoli to remove the entire tumor while protecting brain tissue that Makenzi needed to live well and pursue her goals.

“She talked the whole time, which was perfect,” recalls Dr. DiNapoli, a neurosurgeon with Mayfield Brain & Spine and Director of the Brain Tumor Center at The Jewish Hospital — Mercy Health.

“We want her talking all the time so that as we’re removing the tumor, we’re getting constant feedback.”

Dr. DiNapoli used a variety of mapping technologies, including functional MRI and cortical/subcortical mapping, to safely remove a low-grade glioma that was flush up against an area of Makenzi’s left frontal lobe that enables her to speak and write words. During the mapping, Dr. DiNapoli used a probe to confirm the location of eloquent areas. When he touched speech-related brain tissue with the probe, Makenzi stopped talking, establishing the boundaries of safe surgical removal.

Makenzi’s surgery in April 2018 marked the first awake craniotomy performed at The Jewish Hospital. Such surgeries are undertaken only when a tumor, lesion, or seizure focus is located near an “eloquent” area related to language functions and speech.



## Joseph

I often pause throughout my day to dwell on how grateful we are to be here today with our son and owe it to the dedicated surgeon and staff at the Mayfield Clinic and Jewish Hospital.

I think back to our first office visit with Dr. DiNapoli when he told us that our 18-year old son had a brain tumor — no news any parent wants to hear.

Dr. DiNapoli provided a comprehensive diagnosis, treatment options and a long-term prognosis. Even though we left the office that day in complete shock that our son had a brain tumor we felt very good about having Dr. DiNapoli manage his healthcare.

Our surgery was a complete success and I knew the minute that my son was wheeled into his room and started joking with the nursing staff that everything was going to be fine. The entire staff at the Jewish Hospital was incredible and took excellent care of our son.

As I look at my son today, I can’t believe he had a craniotomy to remove a walnut size tumor just a few short months ago. Our entire family will be forever thankful to the surgical expertise of Dr. DiNapoli, the kind hearted and knowledgeable nurse practitioner Andrea Stoll, and the operating room staff at Jewish Hospital.

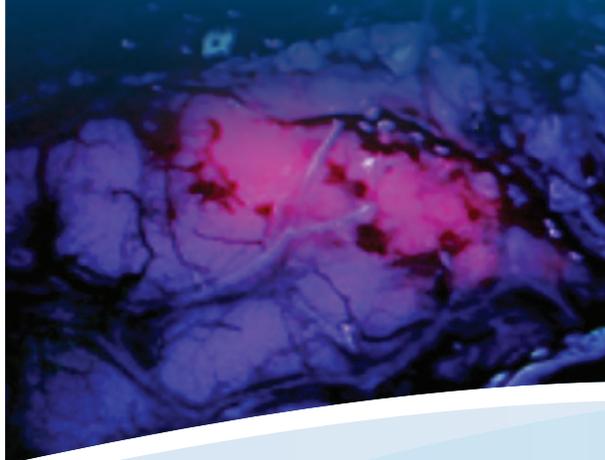
Warm Regards,  
Barb Feds (Joseph’s Mom)

the patient awake and talking to us offers a significant advantage: it allows us to accurately test a patient's speech and to localize the areas that enable the patient to speak and write. With this knowledge, we can remove the tumor while maintaining speech function. In addition, by tracking the boundaries of the patient's speech region, we know when to stop removing tissue. Thus, we can balance maximal resection of the tumor with maintenance of function." While wide-awake brain surgery might sound daunting, you would be surprised to learn that patients do very well with this procedure. Our team spends a lot of time explaining and preparing the patient before surgery so they know what to expect.

Mercy Health invested in the Brain lab Airo intra-operative CT and navigation system, the first such system to be installed in Ohio. The acquisition ensures that The Jewish Hospital's surgeons are supported by state-of-the-art technology when performing delicate cancer operations.

The newest Leica operative microscope provides surgeons real time intraoperative navigation in concert with the stereotactic system and, through use of the recently FDA approved drug 5-ALA that lights up tumor cells in the brain, they can better visualize aggressive brain tumors while they are being removed. The procedure is new to the Tri-State.

**Tumor cells show up pink**



The Gamma Knife ICON, which enables our neuro-oncology team to treat virtually any location in the brain with ultra-high precision and minimal effect on healthy tissue." The ICON promises accuracy to .5 millimeters while delivering a radiation dose to healthy tissue that is two to five times lower than competing technologies. "The ICON's frameless 'mask' option enables treatment of previously challenging tumors, including large lesions," Dr. Warnick said. After less than six years in operation, the Gamma Knife team at The Jewish Hospital has reached a significant milestone, performing its 1000th procedure. Patients have traveled from as far away as Montana and St. Croix to receive incision-free radiosurgery for a variety of tumors and other lesions of the brain.

Mercy Health - Cincinnati, which provides advanced, quality, compassionate care in your neighborhood through its care network, announced the opening of the Mercy Brain Tumor Center at Jewish Hospital on June 12, 2018 where Mayfield partners with Mercy Health and OHC, Inc. Dr. DiNapoli, who earned his fellowship in skull base surgery and neuro-oncology at the MD Anderson Cancer Center, said the Mercy-Mayfield-OHC, Inc. triumvirate will serve as "an intellectual and technological powerhouse" in the field of brain tumor care. The Jewish Hospital Brain Tumor Center will provide unrivaled care to patients in the Greater Cincinnati region while also serving as a destination for patients within the wide geographic reach of Mercy Health. The center includes a skull base brain tumor program featuring fellowship-trained surgeons, the region's only Gamma Knife ICON radiosurgery program, a multidisciplinary Tumor Board and a nationally recognized bone marrow transplant program. "The greatest benefit of the Brain Tumor Center is that it will provide patients with access to exceptional surgical services and innovative technology," Dr. Warnick said.

The continuum of tertiary care at The Jewish Hospital also includes expertise from dedicated specialists in oncology hematology care and area neuro-oncologists, who oversee the chemotherapy phase of treatment for patients. Through its partnership with neurosurgical provider Mayfield Brain and Spine.

*(Photo provided by NX Development Corporation and Dr. Walter Stummer, MD, PhD.)*

## Neuro-Oncology Team

The program is led by Drs. Vincent DiNapoli, Director of the Brain Tumor Center and Ronald Warnick, co-Director of the Gamma Knife Program.



Vincent DiNapoli, MD, PhD  
Neurosurgeon



Ronald Warnick, MD  
Neurosurgeon



Yair Gozal, MD, PhD  
Neurosurgeon



Marc Mosbacher, MD  
Radiation Oncologist



David Pratt, MD  
Radiation Oncologist



Elizabeth Levick, MD  
Radiation Oncologist



Lee Alexander Zimmer, MD, PhD  
Otolaryngologist,  
Skull Base Surgery



Blake Smith, MD  
Neurologist



Karyn Dyehouse, MD  
Neuro Oncologist



Rob Stevens, MD,  
Neuro-radiologist,  
Director of Imaging  
at Jewish Hospital



Robert J. Bohinski,  
MD, PhD,  
Neurosurgeon,  
Director of Spine  
Surgery

## Nurse Practitioners

There is 24/7 Neurology coverage through Riverhills, the team is led by Dr. Blake Smith and Neurology NP, Christina Vest, who both have many years of experience. Dr. Smith and Christina see consults in hospital on most weekdays. They have recently developed a continuous EEG program to better evaluate and treat seizures in our complex neuro-oncology patients.

There are currently 3 neurosurgery NPs hired by Mercy for Jewish Hospital. Andrea Stoll, Erin Kennedy, and Mitch Rupard. They bring years of experience to the team. They will be available on week days for inpatient consults and management of floor and ICU patients.



Neuroscience NP's: (left to right) Erin Kennedy, Christina Vest, Andrea Stoll and Mitch Rupard

# Colon Cancer Care at The Jewish Hospital — Mercy Health

## Terry Freeman: My screening colonoscopy

Due to other health issues, I was unable to get my first screening colonoscopy at the recommended time. Unfortunately, when I was, a large tumor was found. After an initial consult elsewhere, I was not content with the surgical plan and wanted a second opinion. Thankfully, I was referred to Dr. Barrat, who gave me hope for a much better outcome.

When I met with Dr. Barrat, he discussed every detail of the surgery plan. He explained that he planned to do the surgery robotically, went over the anatomy that would be involved, and the purpose for having to do a temporary ileostomy (that could later be reversed). I appreciated that he was direct about what to expect after surgery, both the good and the bad. He was very receptive to my questions, even after I left the office. Any time that I called with another question, I got immediate responses.

After going through chemotherapy and radiation, Dr. Barrat successfully performed the long, complicated surgery. During the hospital stay, I had informative and enjoyable daily visits from Dr. Barrat and Nikki Miller, RN (Dr. Barrat's Navigator). There were no pity talks, only positive comments about how and when we will get through the difficulties. After completing additional chemotherapy Dr. Barrat reversed my ileostomy.

Not only is Dr. Barrat a talented surgeon, but he also had a great way of getting me through such a scary experience. He has a calming and positive demeanor, he takes his time and listens, and he was always available anytime that I had a question.



“Dr. Cory Barrat and his wonderful associates were the best in getting us through this terrifying time.”

## PHYSICIAN SPOTLIGHT



### Cory D. Barrat, MD, FACS, FASCRS,

is double board-certified in Colon & Rectal Surgery and General Surgery. He focuses on diseases of the colon, rectum,

anus, and small intestine, including surgical and nonsurgical treatment options. He has a special interest in colon and rectal cancer, and embraces advanced minimally invasive surgical modalities, such as robotic and laparoscopic surgery, to help his patients recover faster, with less pain and less downtime.

Dr. Barrat works very closely with medical oncologists, radiation oncologists, radiologists, pathologists, gastroenterologists, and nurse specialists as part of a multidisciplinary cancer team at the Jewish Hospital. He is the director of The Jewish Hospital Rectal Cancer Accreditation Program and leads a biweekly multidisciplinary rectal cancer tumor board discussion to ensure that every patient receives personalized and state of the art medical and surgical care.

He strives to make sure patients and families feel comfortable with all aspects of their treatment plan, and have all their questions answered. He takes pride in his ability to communicate with patients, families, as well as the primary care physicians. He is a Cincinnati Top Doctor and has been the recent recipient for highest patient satisfaction award at Mercy Health.

## Charles Frederick:

### My screening colonoscopy

In March of 2019, Mr. Frederick went for an initial routine screening colonoscopy with Dr. John Cullen, after putting it off for a few years. During that procedure, a mass was found. Further testing was ordered and within 24 hours, a CT and blood work were done. When those results came back, a treatment plan was established. Mr. Frederick appreciated how quickly everything was completed.

Two weeks after the colonoscopy, Mr. Frederick underwent surgery with Dr. John Cullen, Colon and Rectal Surgeon. Determined to recover as quickly as possible, Mr. Frederick was up and walking around the hospital on the evening of his surgery.

Since surgery, he has recovered well, is enjoying light exercise and is looking forward to moving on from this unexpected finding.

**“All of the staff at Jewish Hospital, (Dr. Cullen, the nurses, cleaning staff... everybody) were wonderful!”**

## Nurse Navigator: Nikki Miller, RN, BSN

As the Colon and Rectal Surgery Nurse Navigator, Nikki Miller, RN, BSN, works closely with Dr. Barrat and Dr. Cullen, referring physicians, oncologists, nurse practitioners, and other team members, to ensure patients expeditiously move through their treatment course.

“My role includes gathering consult information, test results, scheduling procedures and imaging, surgery planning, and providing education to patients regarding their diagnosis and treatment plan. From the initial phone call to post-surgical care, I follow the patients, their progress, and help in any way that I can.”

Nikki attends bi-weekly multi-disciplinary tumor board meetings to stay up to date with oncology treatment plans. She also serves as program coordinator for the Jewish Hospital Rectal Cancer Accreditation Program.

“I began my career as an oncology nurse, and it has always held a special place in my heart. To assist our patients in this challenging part of their lives is an absolute privilege.”



## PHYSICIAN SPOTLIGHT



**John P. Cullen, MD** is a surgeon double boarded in both General and Colorectal Surgery. He specializes in the treatment of intestinal cancer, inflammatory bowel disease, and perianal problems.

Dr. Cullen is trained in the latest laparoscopic and endoscopic techniques promoting excellent cancer care while minimizing recovery time. He works with a team of nurses and physicians from other specialties to provide comprehensive cancer care on complex cases.

Dr. Cullen completed his medical education at the University of North Carolina. Following that he completed General Surgery residency at University of California San Diego and a fellowship in Colon and Rectal Surgery at the Cleveland Clinic. He has published several peer reviewed articles and book chapters, and has presented his research on minimally invasive surgery across the United States and Europe. He was named one of Cincinnati's top doctors in 2017 and 2018 by *Cincinnati Magazine*.



**Jon Labbe**  
President, Mercy Health —  
Cincinnati Foundation



## DEAR FRIEND OF MERCY HEALTH,

Our donors make a real difference for so many through their generosity. Two years ago, donors helped establish an experience enrichment fund. This fund focuses on not only the patient, but extends support to the providers and care teams to ensure they are prepared mind, body and spirit to meet the needs of our patients and families.

One way this fund has enhanced experience is through funding education opportunities for our nursing team. Last year the Experience Enrichment fund supported a nurse to attend the 43rd Annual Oncology Nursing Society Congress in Washington, DC. This conference provided education on oncology patients of all types, including blood cancer populations. On return to Cincinnati she provided an education update to the rest of our nursing team, sharing key takeaways from the conference. She had this to say about her experience: "After attending Congress, I fully intend to expand my involvement in health policy and advocacy for our cancer patients, and I hope to promote the positive outcomes of organization involvement with my nursing colleagues".

The bond between patients, families and their nurses is special. Every day (and sometimes hour), they are interacting and working together to achieve the goals of better health set for the day. When that courageous battle ends, the nursing team grieves too. However, the demand of the work sometimes does not allow for this grieving process to take place. Thanks to the support of our donors, a Service of Renewal Celebration is held quarterly. This service involves our nurses, social workers and chaplains to help nurses celebrate the lives of those we have lost, and talk through their experience of grief and loss. At the end of the service, balloons are lifted in honor of our patients and their families. Opportunities such as this allow our nurses to heal so they can be at their best to help our patients and families do the same.

In considering a gift to support the Blood Cancer Center and other areas of oncology; you help Mercy Health and The Jewish Hospital innovate and grow. I hope these stories above demonstrate the impact your gifts of support can have in various ways. Furthermore, how important they are to our patients, families, nurses and doctors.

Be Well,

**Jon Labbe**



# A gift of true healing

## Donating to cancer care programs

At The Jewish Hospital, we provide our patients with the most advanced treatments and compassionate care regardless of their financial resources. True healing is physical, emotional and spiritual. It is more than the medical care we provide. It is helping patients get back to living their best lives.

Many patients and their family members show their gratitude for excellent care by making a charitable gift. Some are inspired to donate because they simply want to help others who are less fortunate. These donors enhance our ability to provide the best care and to offer special assistance for patients with financial hardships. All donors make a positive impact on true healing.

You can choose to make a specific impact by directing your gift to one of many cancer care programs:

- Breast Cancer Care and Women's Health

- Blood Cancer Center
  - Ben Jackson Memorial Fund
  - Blood Cancer Center Fund
  - Patient Enrichment Fund
- General Oncology Care
- GI/Liver/Pancreas Cancer Care
- Lung Cancer Care
- Neuro-Oncology

### **Ways you can give to oncology programs at The Jewish Hospital**

- Mail your gift in the reply envelope
- Make a gift online by visiting [foundation.mercy.com/cincinnati/give](https://foundation.mercy.com/cincinnati/give)
- Donate a memorial gift in lieu of flowers
- Include The Jewish Hospital cancer care programs in your will or estate plan. Contact Jon Labbe, Mercy Health Foundation President, for details 513-952-4018.

# Appendix — OHC, Inc. Clinical Trials

Access Clinical Trials online at <https://www.ohcare.com/patient-resources/clinical-trials/available-trials/>

## SOLID TUMOR CLINICAL TRIALS

### ANAL

18134: *STAR*. A Phase 2 Study of INCMGA00012 in Participants with Squamous Carcinoma of the Anal Canal Who Have Progressed Following Platinum-Based Chemotherapy

### BREAST CLINICAL TRIALS

#### METASTATIC, HER2+, 2-5 Lines- Contact Project Manager for Status

BRE 14059: 14-059/14-05914-059. *STAR (BAM only)*. Phase I/II. Therapeutic. Ibrutinib provided. Phase I/II trial of Ibrutinib plus Trastuzumab in HER2-amplified Metastatic Breast Cancer.

### COLORECTAL CLINICAL TRIALS

None

### GI STROMAL CLINICAL TRIALS

18016: An International, Multicenter, Open-label, Randomized, Phase 3 Study of BLU-285 vs Regorafenib in Patients with Locally Advanced Unresectable or Metastatic Gastrointestinal Stromal Tumor (GIST)

### GYNECOLOGICAL CLINICAL TRIALS

GYN 17216: B9991030 C. Chua. **(BAM only)** Phase III. A Randomized, Open Label, Multicenter Study to evaluate the Efficacy and Safety of Avelumab in Combination with Chemotherapy Followed by Maintenance in Combination with the Poly (Adenosine Diphosphate (ADP)-Ribsoe) Polymerase (PARP) Inhibitor Talazoparib in Patients with Previously Untreated Advanced Cancer (JAVELIN 100 PARP)

GYN 17182: CO-338-087 C. Chua. A Multicenter, Randomized, Double-Blind, Placebo-Controlled Phase 3 Study of Nivolumab and Rucaparib Combination Switch Maintenance following Front-Line Platinum-based Chemotherapy in Ovarian Cancer Patients (ATHENA).

### KIDNEY CLINICAL TRIALS

#### ADJUVANT

GU 16251: 564-00. D. Waterhouse. Phase II. Therapeutic. Pembrolizumab provided. A Phase III, Randomized, Double-Blind, Placebo-Controlled Clinical Trial of Pembrolizumab (MK-3475) as Monotherapy in the Adjuvant Treatment of Renal Cell Carcinoma Post Nephrectomy (KEYNOTE-564).

#### ADVANCED, FIRST-LINE

GU 16145: E7080-G000-307. D. Waterhouse. Phase III. Therapeutic. Lenvatinib provided. A Multicenter, Open-label, Randomized, Phase 3 Trial to Compare the Efficacy and Safety of Lenvatinib in Combination with Everolimus or Pembrolizumab versus Sunitinib Alone in First-Line Treatment of Subjects with Advanced Renal Cell Carcinoma.

### ESOPHAGEAL/GASTRIC CLINICAL TRIALS

#### METASTATIC, SECOND-LINE

GI 201. C. Chua. Phase II. Therapeutic. Abraxane and Paclitaxel provided. A Phase II Study of nab-Paclitaxel plus Ramucirumab for the Second-Line Treatment of Patients with Metastatic Gastroesophageal Cancer.

### LUNG-NON- SMALL CELL CLINICAL TRIALS

#### ADVANCED

LUN 17107: 495-00. D. Waterhouse. Phase II. Therapeutic. A Phase 2 Precision Oncology Study of Biomarker-Directed, Pembrolizumab (MK-3475, SCH 900475) Based Combination Therapy for Advanced Non-Small Cell Lung Cancer (KEYNOTE-495; KeyImPaCT). **Advanced or 1st Line**

#### METASTATIC, FIRST LINE

LUN 16156: CA209-817. P. Ward. Phase IIIb/IV. **Cohort C only: First-line NSCLC participants with high tumor mutation burden (TMB)**. Therapeutic. Nivolumab/Ipilimumab provided. A Phase IIIb/IV Safety Trial of Flat Dose Nivolumab in Combination with Ipilimumab in Participants with Advanced Malignancies.

LUN 18129 *STAR* Brigatinib-3001- A Phase 3 Randomized Open-label Study of Brigatinib (ALUNBRIG™) Versus Alectinib (ALECENSA®) in Advanced Anaplastic Lymphoma Kinase-Positive Non-Small-Cell Lung Cancer Patients Who Have Progressed on Crizotinib (XALKORI®)

LUN 18076: *STAR* A Phase 2 Trial of Brigatinib in Patients with Anaplastic Lymphoma Kinase-Positive (ALK+), Advanced Non-Small-Cell Lung Cancer (NSCLC) Progressed on Alectinib or Ceritinib.

#### METASTATIC, SECOND-LINE

LUN 17192: **NEW** HS110-102. **(BAM only)** D. Waterhouse. Phase IB/II Therapeutic. A Phase 1B/2 Study for Viagenpumatucl -L (HS-110) in Combination with multiple treatment regimens in patients with Non-Small Cell Lung Cancer (DURGA trial). **Vaccine trial – 2nd Line and beyond.**

**\*Expansion of patient population to include front line patients who have received immunotherapy with or without chemotherapy, who did not progress at the first imaging assessment and who will begin maintenance immunotherapy with pembrolizumab ± pemetrexed (Arm 6).**

LUN 17039: MRTX-500 (**Sitravatinib arm only**). D. Waterhouse. Phase II. Therapeutic. Sitravatinib provided. A Parallel Phase 2 Study of Glesatinib, Sitravatinib or Mocetinostat in Combination with Nivolumab in Advanced or Metastatic Non-Small Cell Lung Cancer (MRTX-500).

REFMAL 17038: 516-001 (**BAM only**). P. Ward. Phase IB. Therapeutic. MGCD516 provided. A Phase 1/1b Study of MGCD516 in Patients with Advanced Solid Tumor Malignancies. **Next Gen Sequencing- AXL or CBL amplifications, 2nd Line and beyond.**

**\*Can Prescreen patients to check and see if mutations are present via central lab.**

REFMAL 17063: 4020-01-00 (BAM). P. Ward. Phase II. **Cohort B4 only: Anti-PD-1/L1 Treated NSCLC.** TSR-022 provided. A Phase I Dose Escalation and Cohort Expansion Study of TSR-022, an anti-TIM-3 Monoclonal Antibody, in Patients NSCLC

Approaching enrollment check with Research RN

LUN 18164 **STAR** A Phase 1 (**BAM only**) Study of the Highly-selective RET Inhibitor, BLU-667, in Patients with Thyroid Cancer, Non-Small Cell Lung Cancer (NSCLC) and Other Advanced Solid Tumors (BLU-667-1101) **RET Mutation or Rearrangement**

**LUN 17143 STAR** A Phase 2 Study of Poziotinib in Patients with Non-Small Cell Lung Cancer (NSCLC), Locally Advanced or Metastatic, with EGFR or HER2 Exon 20 Insertion Mutation (ZENITH20) (SPI-POZ-202)

## LUNG -SMALL CELL CLINICAL TRIALS

18031: **CAEB 1102-101B Ph2 pegzilarginase+Pembro ED SCLC**

A Phase 1/2 study of pegzilarginase (AEB1102, Co-ArgI-PEG) in combination with pembrolizumab in the treatment of patients with extensive disease (ED) small cell lung cancer (SCLC) (CAEB1102-101B)

Patients who have received platinum-based therapy for SCLC treatment and either have not tolerated the regimen or have relapsed or progressed within 6 months of treatment may participate in the trial

## OBSERVATIONAL TRIAL

PRO 18109: 2017-0758. P. Ward. Observational. A Prospective Observational Study Comparing the Effectiveness of Neulasta® (pegfilgrastim) Onpro® kit to Other Physician Choice Options for Prophylaxis of Febrile Neutropenia in Subjects with Non-Myeloid Malignancies at High Risk for Febrile Neutropenia (**breast cancer, lung cancer, NHL or prostate cancer starting myelosuppressive chemotherapy in the neoadjuvant/ adjuvant or first line advanced/metastatic setting with at least 4 anticipated chemotherapy cycles- no dose dense**).

## PANCREATIC CLINICAL TRIALS

GI 16187: AM0010-301. M. Johns. Phase III. Therapeutic. AM0010 provided. A Randomized Phase 3 Study of AM0010 in Combination with FOLFOX Compared with FOLFOX Alone as Second-line Therapy in Patients with Metastatic Pancreatic Cancer that has Progressed During or Following a First-Line Gemcitabine Containing Regimen.

## PROSTATE CLINICAL TRIALS

GU 16237: CO-338-052. **STAR**. Phase II. Therapeutic. Rucaparib provided. A Multicenter, Open-label Phase 2 Study of Rucaparib in Patients with Metastatic Castration-resistant Prostate Cancer Associated with Homologous Recombination Deficiency (TRITON2).

GU 16238: CO-338 063 **STAR**. Phase III. Therapeutic. Atezolizumab provided. A Multicenter, Randomized, Open-label Phase 3 Study of Rucaparib versus Physician's Choice of Therapy for Patients with Metastatic Castration-resistant Prostate Cancer Associated with Homologous Recombination Deficiency (TRITON3).

GU 18128: i3Y-MC-JPCM **STAR**. A Phase II, Randomized, Double-blind, Placebo-Controlled Study of Abiraterone Acetate Plus Prednisone with or without Abemaciclib in Patients with Metastatic Castration-Resistant Prostate Cancer

## SKIN CLINICAL TRIALS

SCC-17060: 629-00. **STAR**. Phase II. Therapeutic. Pembrolizumab provided. A Phase 2, Open-Label, Single Arm Study to Evaluate the Safety and Efficacy of Pembrolizumab in Participants with Recurrent or Metastatic Cutaneous Squamous Cell Carcinoma (R/M cSCC).

## UROTHELIAL CLINICAL TRIALS

### METASTATIC OR SURGICALLY UNRESECTABLE

GU 15228: INCB 54828-201. **(Open at AND) STAR at all other sites.** Phase II, Open-label, Single Agent, Multi-Center Study to Evaluate the Efficacy and Safety of a Pan-FGFR Tyrosine Kinase Inhibitor INCB054828 in Patients with Metastatic or Surgically Unresectable Urothelial Carcinoma Harboring FGF/FGFR Alterations.

### METASTATIC, SECOND-LINE+

GU 17005: SGN22E-001. **STAR. ONLY COHORTS OPEN ARE FGFR3, MUTATIONS, OR FUSIONS.** Phase II. Therapeutic. Enfortumab vedotin provided. A single-arm, open-label, multicenter study of Enfortumab vedotin (ASG-22CE) for treatment of patients with locally advanced or metastatic urothelial cancer who previously received immune checkpoint inhibitor (CPI) therapy.

## HEMATOLOGY CLINICAL TRIALS

### ACUTE MYELOID LEUKEMIA CLINICAL TRIALS

AML 36: AG-120 **(KWD only)**. J. Essell. Phase III. Therapeutic. AG-120 provided. A Phase III, Multicenter, Double-Blind, Randomized, Placebo-Controlled Study of AG-120 in Combination with Azacitidine in Subjects  $\geq$  18 Years of Age with previously untreated AML with an IDH1 Mutation Who Are Candidates for Non-Intensive Therapy.

BMT CTN 1506 **(KWD only)**. J. Essell. Phase III. Therapeutic. Gilteritinib provided. A Multi-center, Randomized, Double-blind, Placebo-controlled Phase III Trial of the FLT3 Inhibitor Gilteritinib Administered as Maintenance Therapy Following Allogeneic Transplant for Patients with FLT3/ITD AML.

HEME 17153. Pevonedistat-3001. J. Essell. Phase III. Therapeutic. Pevonedistat provided. A Phase 3, Randomized, Controlled, Open-label, Clinical Study of Pevonedistat Plus Azacitidine Versus Single-Agent Azacitidine as First-Line Treatment for Patients With Higher-Risk Myelodysplastic Syndromes, Chronic Myelomonocytic Leukemia, or Low-Blast Acute Myelogenous Leukemia.

HEMREF 17066: INCB 53914-101. **ONLY COHORT OPEN IS MF.** A Phase 1/2 Study of INCB053914 in Subjects with Advanced Malignancies. J. Essell. Phase I/II. Therapeutic. INCB 53914 provided. A Phase 1/2 Study of INCB053914 in Subjects with Advanced Malignancies.

## CHRONIC LYMPHOCYTIC LEUKEMIA CLINICAL TRIALS

### PREVIOUSLY TREATED

CLL 17106: M16-788. **KWD only M.** Islas-Ohlmayer. Phase III. Therapeutic. Study in Previously Untreated Chronic Lymphocytic Leukemia (CLL) Subjects, Excluding Those With the 17p Deletion, to Evaluate Debulking Regimens Prior to Initiating Venetoclax Combination Therapy.

### CHRONIC MYELOID LEUKEMIA CLINICAL TRIALS

CML 19: CA180653. J. Essell. Phase IV. Observational. No drug provided. Determining Change in Cardiovascular and Metabolic Risks in Patients with Chronic Phase Chronic Myeloid Leukemia Receiving BCR-ABL Tyrosine Kinase Inhibitor First-line Therapy in the United States.

### ESSENTIAL THROMBOCYTHEMIA CLINICAL TRIALS

MF 16092: INCB-MA-MF-401. J. Essell. Phase IV. Observational. No drug provided. Prospective Myelofibrosis Low Risk Observational Study in US Clinical Practices (MOST).

### GVHD CLINICAL TRIALS

#### ACUTE GVHD

BMT 20: INCB 39110-301 **(KWD only)**. J. Essell. Phase III. Therapeutic. INCB039110 provided. A Randomized, Double-Blind, Placebo-Controlled Phase 3 Study of INCB039110 or Placebo in Combination with Corticosteroids for the Initial Systemic Treatment of Acute Graft-Versus-Host Disease.

#### CHRONIC GVHD

18130: INCB 39110-309: A Phase 3 Study of Itacitinib or Placebo in Combination with Corticosteroids as Initial Treatment for Chronic Graft-Versus-Host Disease (GRAVITAS-309)

### HODGKIN'S LYMPHOMA CLINICAL TRIALS

LYM 16100: CA209-655. M. Islas-Ohlmayer. Phase IV. Observational. No drug provided. Hodgkin Lymphoma Molecular Profiling and Clinical Outcome in U.S. Community Oncology Practices.

LYM 11282: **\*\*ON HOLD\*\*** SNG35-015. STAR Phase II. Therapeutic. Brentuximab Vedotin provided. A Phase 2 Open-Label Study of Brentuximab Vedotin in Front-Line Therapy of Hodgkin Lymphoma (HL) in Adults age 60 and Above.

## MULTIPLE MYELOMA CLINICAL TRIALS

**\*\* 2 opening Spring 2019 \*\* Stay Tuned!**

### MYELOYDYSPLASTIC SYNDROME CLINICAL TRIALS

BMT CTN 1102 (**KWD only**). E. Broun. Phase II. Therapeutic. No drug provided. Multi-Center Biologic Assignment Trial Comparing Reduced Intensity Allogeneic Hematopoietic Cell Transplant to Hypomethylating Therapy or Best Supportive Care in Patients Aged 50-75 with Intermediate-2 and High Risk Myelodysplastic Syndrome.

HEME 17153. Pevonedistat-3001. J. Essell. Phase III. Therapeutic. Pevonedistat provided. A Phase 3, Randomized, Controlled, Open-label, Clinical Study of Pevonedistat Plus Azacitidine Versus Single-Agent Azacitidine as First-Line Treatment for Patients with Higher-Risk Myelodysplastic Syndromes, Chronic Myelomonocytic Leukemia, or Low-Blast Acute Myelogenous Leukemia.

### MYELOPROLIFERATIVE NEOPLASM CLINICAL TRIALS

HEMREF 17066: INCB 53914-101. **ONLY COHORT OPEN IS MF**. A Phase 1/2 Study of INCB053914 in Subjects with Advanced Malignancies. J. Essell. Phase I/II. Therapeutic. INCB 53914 provided. A Phase 1/2 Study of INCB053914 in Subjects with Advanced Malignancies

MPN 16092: INCB-MA-MF-401. J. Essell. Phase IV. Observational. No drug provided. Prospective Myelofibrosis Low Risk Observational Study in US Clinical Practices (MOST).

MPN 17085: INCB 39110-209. STAR Phase II. Therapeutic. Ibrutinib/Placebo provided. An Open-Label Phase 2 Study of Itacitinib (INCB039110) in Combination with Low-Dose Ruxolitinib or Itacitinib Alone Following Ruxolitinib in Subjects with Myelofibrosis.

### NON-HODGKIN'S LYMPHOMA CLINICAL TRIALS

LYM 16176: PCYC-1141-CA. M. Islas-Ohlmayer. Phase III. Therapeutic. Rucaparib provided. A Multicenter, Randomized, Double-Blind, Placebo-controlled Phase 3 Study of the Bruton's Tyrosine Kinase (BTK) Inhibitor, Ibrutinib, in Combination with Rituximab versus Placebo in Combination with Rituximab in Treatment Naïve Subjects with Follicular Lymphoma.

### RELAPSED/REFRACTORY

LYM 16248: E7438-G000-101. **STAR The only cohort that is open is the FL with EZH2 mutation, all the DLBC cohorts are closed.** Phase II. Tazemetostat provided. An Open-Label, Multicenter, Phase 1/2 Study of Tazemetostat (EZH2 Histone Methyl Transferase [HMT] Inhibitor) as a Single Agent in Subjects with Advanced Solid Tumors or With B Cell Lymphomas and Tazemetostat in Combination

with Prednisolone in Subjects With Diffuse Large B Cell Lymphoma.

LYM 17041: Screening for 16248/E7438-G000-101. **The only cohort that is open is the FL with EZH2 mutation, all the DLBC cohorts are closed.** M. Islas-Ohlmayer. Phase II. Screening. No drug provided. Screening Protocol: An Open-Label, Multicenter, Phase 1/2 Study of Tazemetostat (EZH2 Histone Methyl Transferase [HMT] Inhibitor) as a Single Agent in Subjects with Advanced Solid Tumors or With B Cell Lymphomas and Tazemetostat in Combination with Prednisolone in Subjects With Diffuse Large B Cell Lymphoma.

LYM 17093: INCB 50465-205. M. Islas-Ohlmayer. Phase II. INCB50465 provided. A Phase 2, Open-Label, 2-Cohort, Multicenter Study of INCB050465, a PI3K Inhibitor, in Relapsed or Refractory Mantle Cell Lymphoma Previously Treated with or Without a BTK Inhibitor (CITADEL-205).

### FIRST-LINE DLBCL

LYM 17050: GO39942 (**KWD only**). M. Islas-Ohlmayer. Phase III. Therapeutic. Polatuzumab vedotin, Rituximab and Vincristine provided. A PHASE III, MULTICENTER, RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED TRIAL COMPARING THE EFFICACY AND SAFETY OF POLATUZUMAB VEDOTIN IN COMBINATION WITH R-CHP VERSUS RITUXIMAB AND CHOP (R-CHOP) IN PREVIOUSLY UNTREATED PATIENTS WITH DIFFUSE LARGE B-CELL LYMPHOMA (DLBCL).

### SECOND-LINE+, DLBCL

LYM 16065: **\*\*ON HOLD\*\*** UTX-TGR-205. M. Islas-Ohlmayer. Phase IIB. Therapeutic. TGR-1202, Ublituximab provided. A Phase 2b Randomized Study to Assess the Efficacy and Safety of the Combination of Ublituximab + TGR-1202 and TGR-1202 alone in Patients with Previously Treated Diffuse Large B-Cell Lymphoma.

### TRANSPLANT CLINICAL TRIALS

BMT 16: PT-001 (KWD only). J. Essell. Phase I/II. Therapeutic. No drug provided. A Phase 1 Non-randomized/2 Randomized Study of ProTmune (ex vivo Programmed Mobilized Peripheral Blood Cells) for Allogeneic Hematopoietic Cell Transplantation in Adult Patients with Hematologic Malignancies.

BMT CTN 1102 (KWD only). J. Essell. Phase II. Therapeutic. No drug provided. Multi-Center Biologic Assignment Trial Comparing Reduced Intensity Allogeneic Hematopoietic Cell Transplant to Hypomethylating Therapy or Best Supportive Care in Patients Aged 50-75 with Intermediate-2 and High Risk Myelodysplastic Syndrome.

BMT CTN 1506 (KWD only). J. Essell. Phase III. Therapeutic. Gilteritinib provided. A Multi-center, Randomized, Double-blind, Placebo-controlled Phase III Trial of the FLT3 Inhibitor Gilteritinib Administered as Maintenance Therapy Following Allogeneic Transplant for Patients with FLT3/ITD AML.



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