CANCER CARE NEWS

BUILT TO BEAT CANCER

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

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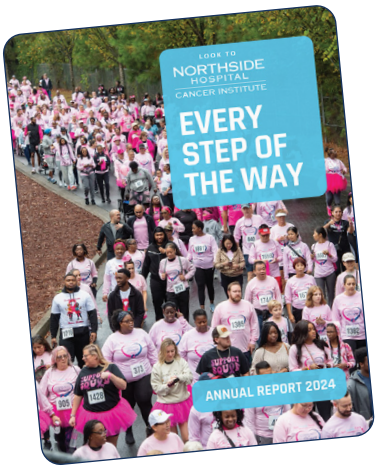

2024 Annual Report Emphasizes Northside's Dedication to Innovation and Quality Care

In 2024, Northside Hospital Cancer Institute (NHCI) continued to grow as an integrated cancer network. With over eight new oncology physicians and new locations for radiation and medical oncology, more patients received expert care at convenient facilities closer to where they live and work. A few highlights from 2024 include the following:

Development and growth of several hospital-wide programs:

- **Cancer Second Opinion Program** connects patients to an elite team of experts in medical and radiation oncology and surgery, including those with specialized training in the treatment of rare and complex cancers. The program works closely with Northside Hospital's robust research department, offering clinical trials for many cancer types. A dedicated nurse care coordinator helps expedite appointments, including scheduling consultations for patients based on their diagnosis, clinical needs and geographic location.
- **High Risk Program**, launched in December 2022, has seen exponential growth. New patient visits increased by 280% from 2023 to 2024, necessitating the addition of a second nurse practitioner and a second location. Services include comprehensive cancer screenings, genetic testing, lifestyle changes and options for follow-up care.
- **Community Outreach and Engagement Program** provides health promotion and cancer prevention education and cancer screenings to the Northside community. In 2024, their dedicated staff and volunteers participated in over 375 community events and sponsored activities and educational presentations reaching nearly 65,000 people.

Enhanced quality of care through novel treatment advances and improved patient outcomes:

- We were the **first cancer center in Georgia to offer the first and only T-cell therapy approved by the Food and Drug Administration (FDA) for a solid tumor cancer.** The approval of this therapy marks the first treatment option for unresectable or metastatic melanoma previously treated with anti-PD-1 and other targeted therapies.
- Our physicians began using **artificial intelligence (AI) technology during colonoscopies to aid in detecting potentially precancerous polyps**, helping to prevent colorectal cancer. The intelligent endoscopy module is the first FDA-cleared, computer-aided polyp detection system, and Northside Hospital is the first in Atlanta to fully adopt the advanced technology across its health system.
- Northside Hospital adopted **one of the world's first radiation therapy systems to integrate a diagnostic-quality MRI** with an advanced linear accelerator system with MRI-guided, real-time, 3D, multiplanar soft tissue tracking and automated beam control. The system is used globally to treat cancers of the prostate, pancreas, liver, lung and oligometastatic disease. The unique system combines MRI and radiation therapy to allow oncology teams to visualize and track tumors and surrounding critical structures in real-time throughout treatment planning and radiation delivery.
- NHCI was the **only BMT Center in the United States to exceed predicted one-year survival outcomes for allogeneic transplants** for the last 16 consecutive years (2024)*.

(continued on page 2)

2024 Annual Report Emphasizes Northside's Dedication to Innovation and Quality Care *(continued from page 1)*

Achieved or maintained 30 quality accreditations, certifications and designations, including:

- American College of Surgeons Commission on Cancer - Integrated Network Cancer Program
- American College of Radiology
- College of American Pathologists
- Foundation for Accreditation of Cellular Therapy
- Georgia National Cancer Institute Community Oncology Research Program
- National Accreditation Program for Breast Centers
- National Accreditation Program for Rectal Cancer
- Quality Oncology Practice Initiative (QOPI) Certification - American Society of Clinical Oncology
- The Joint Commission Disease-Specific Certification - Lung Cancer
- GO2 Lung Cancer Center of Excellence
- National Pancreas Foundation Centers of Excellence
- MDS Center of Excellence
- Blood Cancer Research Partnership (BCRP)

To read the full annual report, please visit northside.com/docs/default-source/cancer-institute/2024-nhci-annual-report.pdf.

Clinical Trials and Research

New and Ongoing Cancer Clinical Trials

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

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

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

Moderna	**C-567; mRNA-4157-P201 ||** A Phase 2 Randomized Study of Adjuvant Immunotherapy With the Personalized Cancer Vaccine mRNA-4157 and Pembrolizumab Versus Pembrolizumab Alone After Complete Resection of High-Risk Melanoma	NCT03897881

Key Eligibility Criteria
- Resectable cutaneous melanoma that is metastatic to either a lymph node or distant metastasis at one of the following stages:
  - Stage IIIB, only if relapsed within 3 months of prior surgery and subsequently had another recent surgery of curative intent
  - Stage IIIC
  - Stage IIID
  - Stage IV
  - NOTE: Melanoma with unknown origin of the primary is eligible
- Had complete resection within 13 weeks prior to the first dose of pembrolizumab
- ECOG PS 0-1
- Cannot have received any prior therapy for melanoma, except surgery for melanoma under study, interferon for thick primary melanomas without evidence of LN involvement or radiotherapy after lymph node dissection (completed 11 weeks after surgery and 2 weeks prior to pembrolizumab)
- No active autoimmune disease that required systemic treatment in the past 2 years

Study Design
Eligible patients are randomized 2:1 to the following:
Combination Arm (approximately 67 patients who will receive mRNA-4157 and pembrolizumab) or the **Control Arm** (approximately 33 patients who will receive pembrolizumab alone)
For patients randomly assigned to the combination arm:
- The combination treatment period will commence once a patient's mRNA-4157 is available
- The first dose of mRNA-4157 will be administered with the next dose of pembrolizumab to achieve synchronous combination dosing in 21-day cycles
- Typically, the first dose of mRNA-4157 will be administered with the third dose of pembrolizumab (this dose may be adjusted)
- Patients will receive up to 9 doses of mRNA-4157. All patients on both arms of the study may continue pembrolizumab until disease recurrence, unacceptable toxicity, or they undergo up to 18 total cycles (approximately 1 year of treatment), whichever is sooner

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Clinical Trials and Research

New and Ongoing Cancer Clinical Trials *(continued from page 2)*

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

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

Study Design
- Eligible patients are randomized 1:1 to the following:

Arm A (Experimental):
Neoadjuvant setting: Dato-DXd 6 mg/kg + durvalumab 1120 mg for 8 cycles
Adjuvant setting: Durvalumab 1120 mg for 9 cycles +/- ET and chemotherapy

Arm B (Control):
Neoadjuvant setting: Pembrolizumab 200 mg + carboplatin AUC 5 mg/mL/minute or AUC 1.5mg/mL/minute + paclitaxel 80mg/m2 for 4 cycles, then pembrolizumab 200 mg + cyclophosphamide 600mg/m2 + either doxorubicin 60 mg/m2 or epirubicin 90 mg/m2 for 4 cycles
Adjuvant setting: pembrolizumab 200 mg for 9 cycles +/- ET and chemotherapy
Capecitabine may be given (only if participants have residual disease)

URCC NCORP Research Base	**C-560; URCC-22063 ||** Longitudinal Observational Trial to Uncover Subtypes of Cancer Cachexia (LOTUS-CC)	NCT06073431

Key Eligibility Criteria
- Have a primary diagnosis of unresectable or Stage IV 1) NSCLC, 2) pancreatic adenocarcinoma or 3) colorectal cancer
- Plan to start first line systemic anti-cancer therapy (chemotherapy, immunotherapy, targeted therapy, interventional clinical trial) in the next 6 weeks or has started first-line systemic therapy in the previous 6 weeks
- ECOG PS 0-2

Study Design
Consists of 3 visits:
- Baseline within 15 days of registration
- Follow up assessment to be scheduled on Study Day 90 plus 15 days (Days 90 to 105)
- Follow up one year (Day 365) after registration up until Day 425 (60 additional days)

URCC NCORP Research Base	**C-548; URCC-18007 ||** Randomized Placebo Controlled Trial of Bupropion for Cancer Related Fatigue	NCT03996265

Key Eligibility Criteria
- Have stable disease or no evidence of disease
- Have completed surgery, radiation and/or systemic IV anticancer therapy (e.g., chemotherapy, targeted therapy, immunotherapy) 2 or more months prior to enrollment. Participants currently receiving oral maintenance, targeted or hormonal therapy are eligible. Participants receiving IV supportive therapy (e.g., bisphosphonates) are eligible.
- Not currently pregnant or breastfeeding

Study Design
Eligible patients are randomized 1:1 to the following:
Arm 1 = bupropion XL
Arm 2 = placebo
- Following randomization, participants will receive a 13-week supply of bupropion or placebo

AUC = area under the curve; CDK4/6 = cyclin dependent kinase inhibitor 4/6; EHS = extrahepatic spread; ECOG PS = Eastern Cooperative Oncology Group performance status; ET = endocrine therapy; FFPE = formalin-fixed paraffin-embedded; FLRV = future liver remnant volume; HCC = hepatocellular carcinoma; HER2 = human epidermal growth factor receptor 2; IV = intravenous; LN = lymph node; NSCLC = non-small cell lung cancer; TACE = transarterial chemoembolization; TARE = transarterial radioembolization; TNBC = triple negative breast cancer.

IN THE NEWS: Update for Clinicians

American Society of Hematology 2024 Annual Meeting Presentations from Northside Hospital Blood and Marrow Transplant, Immunotherapy and Leukemia Programs

The Northside Hospital Blood and Marrow Transplant (NH-BMT), Immunotherapy and Leukemia Programs had a strong presence at the 66th American Society of Hematology (ASH) Annual Meeting held December 7-10, 2024 in San Diego. The Program's physicians authored or co-authored and collaborated on twenty oral and poster presentations. Highlights of several presentations are shown below.

Collabortive Oral Presentations: Titles	Summary of Findings
Circulating Tumor DNA (ctDNA) As an Early Outcome Predictor in Patients with Second-Line (2L) Large B-Cell Lymphoma (LBCL) after Lisocabtagene Maraleucel (liso-cel) Versus Standard of Care (SOC) Treatment from the Phase 3, Randomized Transform Study	In pooled analyses combining liso-cel and SOC arms, higher baseline ctDNA levels (above the median) were associated with shorter EFS. In the analysis by treatment arm, consistent with the pooled analyses, ctDNA clearance was associated with EFS benefit at all measured time points with either liso-cel or SOC. ctDNA data from TRANSFORM confirm the value of ctDNA as a biomarker for disease burden monitoring and early prediction of durable clinical benefit after 2L LBCL treatment.

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American Society of Hematology 2024 Annual Meeting Presentations from Northside Hospital Blood and Marrow Transplant, Immunotherapy and Leukemia Programs *(continued from page 3)*

Collabortive Oral Presentations: Titles	Summary of Findings
Efficacy and Safety of Brexucabtagene Autoleucel (brexu-cel) for Relapsed/Refractory B-Cell Acute Lymphoblastic Leukemia in Patients Aged 60 and Above	Following brexu-cel, 43 patients (59%) experienced MRD-negative CR, 20 patients (27%) had MRD+ or CR with unknown MRD status, six patients (8%) had refractory disease and five had no disease evaluation available. The ORR was similar between patients 60-69 and ≥70 years (MRD-negative CR rate: 58% versus 61%, r/r to brexu-cel: 9% versus 6%) and was comparable to patients <60 years (MRD-negative CR 66%; r/r disease of 9%).
The Composite Health Risk Assessment Model (CHARM) Predicts Risks of Toxicities, Functional and Cognitive Decline Among Survivors of Allogeneic Hematopoietic Cell Transplantation (allo-HCT): A Prospective BMT-CTN Study 1704	Higher CHARM scores were associated with development of serious organ toxicities, worse frailty, greater disability by instrumental activities of daily living, and worsening Patient-Reported Outcomes Measurement Reporting System (PROMIS) of physical function, depression and anxiety. CHARM scores were not associated with development of acute GVHD grades 2-4 or 3-4 but were associated with post-GVHD increased mortality. Higher CHARM scores are associated with a lower incidence of chronic GVHD.
Likelihood of finding an 8/8 HLA-matched unrelated donor (Donor Search Prognosis) is not associated with survival: Primary results from BMT CTN 1702	In this large multicenter study, there was no difference in adjusted time to HCT or survival for patients very likely versus very unlikely to find an 8/8 MUD. These results suggest that patients who are very unlikely to identify a MUD should proceed to HCT using the best available alternative donor rather than delaying HCT to try to identify a MUD.
Lisocabtagene Maraleucel (liso-cel) Combined with Ibrutinib for Patients with Relapsed or Refractory (R/R) Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL): Primary Results from the Open-Label, Phase 1/2 Transcend CLL 004 Study	Combined liso-cel + ibrutinib demonstrated efficacy with deep remissions (86% ORR, 45% CR rate, and 86% blood uMRD rate) and manageable safety in patients with R/R CLL/SLL. Grade ≥ 3 TEAEs occurred in 48 (86%) patients (most commonly neutropenia [52%] and anemia [41%]) with no grade 5 TEAEs.
TSC-100 and TSC-101 Demonstrate the Potential to Reduce Relapse Rates and Increase Relapse-Free Survival in Patients with AML, ALL, or MDS Undergoing Allogeneic HCT with Reduced Intensity Conditioning (RIC): Preliminary Results from the Phase 1 Alloha Trial	No DLTs were identified after TSC-100/TSC-101 infusions, with post-infusion safety generally consistent with HCT. All TSC patients remained relapse free, MRD negative, with full donor chimerism in the malignant lineage, consistent with effective elimination of residual diseased cells post-HCT.
Phase 2 Registrational Study of Anitocabtagene Autoleucel for the Treatment of Patients with Relapsed and/or Refractory Multiple Myeloma: Preliminary Results from the IMMagine-1 Trial	Preliminary results from the first 58 patients in demonstrate deep and durable efficacy (estimated 6-month PFS and OS rates [95% CI] were 90% [77-96] and 95% (85-98), respectively; median PFS and OS have not yet been reached) and manageable safety.
Superiority of Post-Transplant Cyclophosphamide-Based Graft Versus Host Disease (GvHD) Prophylaxis in Patients 70 Years and Older: A BMT CTN 1703 Post-Hoc Analysis	This post-hoc analysis of transplant recipients ≥70 years confirms that even in this older, frailer sub-population, PTCy/Tac/MMF is standard of care in patients for GVHD prophylaxis following HLA-matched RIC HCT. The PTCy arm of BMT CTN 1703 showed superior GRFS, lower NRM and increased OS.

CR = complete response; ctDNA = circulating tumor DNA; DLT = dose limiting toxicity; EFS, event-free survival; GRFS = graft versus host disease-free relapse-free survival; GVHD = graft versus host disease; HCT = hematopoietic stem cell transplant; MRD = minimal residual disease; MUD = matched unrelated donor; NRM = non-relapse mortality; ORR = overall response rate; OS = overall survival; PFS = progression-free survival; r/r = relapse refractory; SOC = standard of care; TEAE = treatment-emergent adverse event.

Highlights from San Antonio Breast Cancer Symposium 2024

Phase 3 Trial Demonstrates Improvement in Progression-Free Survival in Patients with HR+HER2+ Metastatic Breast Cancer

Dr. Otto Metzger, from Dana Farber Cancer Institute, and colleagues presented primary results from the phase 3 AFT-38 PATINA trial evaluating the efficacy and safety of palbociclib in combination with anti-HER2 therapy and endocrine therapy versus anti-HER2 therapy and endocrine therapy alone after induction treatment for HR+/HER2+ metastatic breast cancer. Eligible patients had no evidence of disease progression. Patients were stratified by pertuzumab use (yes versus no), prior anti-HER2 therapy in the (neo)adjuvant setting (yes versus no), response to induction therapy by investigator assessment, and type of endocrine therapy (fulvestrant versus aromatase inhibitor). The primary endpoint was investigator-assessed progression-free survival (PFS). From June 2017 to July 2021, 518 patients were randomized. The median age was 53.4 years, most patients were white (92%), and most patients received prior anti-HER2 therapy in the neoadjuvant setting (72%).

Findings demonstrated an investigator-assessed PFS of 44.3 months in the palbociclib-containing arm versus 29.1 months in the control arm (HR=0.74; p=0.0074). The confirmed objective response rate (ORR) was similar between arms, with patients in the palbociclib-containing arm experiencing a 29.9% ORR and patients in the control arm experiencing a 22.2% ORR. Median overall survival was not evaluable in the palbociclib arm versus 77 months in the anti-HER2 + endocrine therapy arm. The incidence *(continued on page 5)*

IN THE NEWS: Update for Clinicians

Phase 3 Trial Demonstrates Improvement in Progression-Free Survival in Patients with HR+HER2+ Metastatic Breast Cancer *(continued from page 4)*

of grade ≥4 adverse events regardless of treatment attribution was similar across study arms (12% versus 9% for palbociclib-containing arm versus control; p=0.21) Treatment discontinuation due to adverse events were reported in 14 (7.5%) of patients in the palbociclib arm. No treatment-related deaths were reported in either arm of the study. These findings suggest that palbociclib added to anti-HER2 and endocrine therapy may represent a new standard of care for patients diagnosed with HR+, HER2+ advanced breast cancer.

Expert Commentary

By Mary Ninan, MD

In this study, patients with triple positive metastatic breast cancer who achieved a complete response, partial response or stable disease at the end of six to eight cycles of induction chemotherapy were randomized to receive the cyclin dependent kinase 4/6 (CDK4/6) inhibitor palbociclib in addition to anti-HER2 and endocrine therapy. The addition of palbociclib demonstrated a clinically meaningful improvement in PFS among these patients with manageable toxicity. The overall survival analysis is immature, and the biomarker analysis is pending. These results are potentially practice changing in this population, confirming the synergistic activity of CDK4/6 inhibitors and anti-HER2 agents.

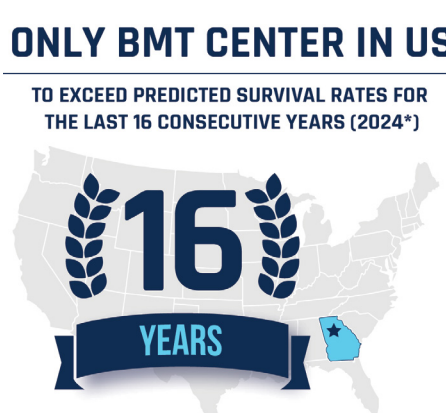
Northside Hospital Cancer Institute Annual Symposium: March 29, 2025

Mark your calendars for the upcoming Northside Hospital Cancer Institute Annual Symposium, scheduled for Saturday, March 29, 2025, from 7 a.m. to 3 p.m at the Westin Buckhead Atlanta. This meeting will highlight personalizing cancer treatment in the era of genomics and precision oncology. Distinguished thought leaders in the field of precision oncology, including Drs. John Heymach, Marija Balic, Neeraj Agarwal, Alexandria Phan, Michelle Shiller, Christine Walko, Bruna Pellini and Maryellen Giger, will share their insights and expertise as featured speakers. Breakfast and lunch will be provided , and registration is free of charge. For more information or to register, please visit northside.com/nhcisymposium2025.

Elevating the Patient Experience

*Blood and Marrow Transplant Program: 2024 Survival Outcomes

The Northside Hospital Bone Marrow Transplant (BMT) Program is the only transplant center in the United States to achieve one-year survival outcomes for allogeneic transplants that are statistically superior to those predicted by the risk profile of its transplanted patients for the last 16 consecutive years. The 2024 Center-Specific Survival Analysis report from the Center for International Blood & Marrow Transplant Research included 172 U.S. Transplant Centers who participated in the CW Bill Young Cell Transplantation Program (CWBYCTP) from January 1, 2020 through December 31, 2022. Northside BMT is one of only ten adult centers to over-perform in their survival data. This unmatched achievement has been reached by the incredible dedication of each member of this program. Congratulations, Northside BMT!



Around Our Campuses

Northside Hospital Cancer Institute Recognized by The Society of Thoracic Surgeons

Northside Hospital Cancer Institute's Thoracic Oncology Program and the physicians of Northside Thoracic Surgery earned a distinguished three-star rating from The Society of Thoracic Surgeons (STS) in the category of absence of morbidity for pulmonary resections. The rating, which denotes the highest category of quality, places Northside among the top 10% for general thoracic surgery in the United States and Canada.

Around Our Campuses

Foundation Highlights and Accomplishments in 2024 Breast Cancer Fundraising

Tennis and Pickleball Against Breast Cancer, one of the Northside Hospital Foundation's annual events, helped raise over $400,000 for breast cancer prevention and screening. This was the highest fundraising amount for this event in Northside history. This four-day event in October 2024 involved over 1,250 players at fifteen facilities. The event funded more than 2,500 screening mammograms for underinsured women in our community. Mark your calendars for Tennis and Pickleball against Breast Cancer events in October 2025 in North Fulton/Gwinnett (October 3rd), Forsyth (October 10th), Cherokee (October 17th) and North Fulton (October 24th).

Paint Gwinnett Pink (PGP) marked its ninth anniversary with remarkable accomplishments, proudly achieving a fundraising milestone of $3.3 million. These funds have been instrumental in advancing breast tomosynthesis imaging technology at Northside Hospital. This technology produces a three-dimensional image of the breast that aids in early detection and diagnosis of breast cancer. Proceeds have also been used to upgrade mammography machines at Northside imaging centers in Duluth, Hamilton Mill and Lawrenceville. This year's event raised $460,000 and had the most participants in PGP history with over 2,200 registrants and over 60 vendors. Mark your calendar for October 2025 for Paint Gwinnett Pink.

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

Updates from Northside Hospital Cancer Institute High Risk Program

The High Risk Cancer Program at Northside Hospital Cancer Institute is expanding, with the addition of two new providers. Established in December 2022, the program specializes in tailored care for individuals at increased risk of breast cancer due to family history, genetic mutations, high-risk lesions from previous biopsies or elevated risk score based on risk models. Led by experts in cancer genetics, risk assessment and breast care, the program focuses on screening, cancer prevention, early detection and ongoing surveillance. Patients receive personalized, evidence-based care plans after a thorough evaluation, which may include enhanced screenings, genetic testing, lifestyle recommendations and regular follow-up appointments.

Under the supervision of Dr. Iqbal Garcha, Medical Director of the High Risk Program, consultations are conducted by specially trained nurse practitioners. Kiana Ohlson, C-NP, is the dedicated Clinical Coordinator of the High Risk Program, pioneering the High Risk Clinic-Atlanta in 2022. Under her leadership, the program has flourished, witnessing a remarkable surge in referrals. Building on this momentum, the Program is poised for expansion, with new clinics slated to open in Alpharetta in March and Forsyth in July. Elizabeth (Lizzy) Williams, C-NP, joined the High Risk Program, bringing with her over eight years of invaluable experience in breast care. Lizzy will assume a pivotal role in serving patients at the new Alpharetta and Forsyth locations. With a passion for patient education, she empowers individuals to make informed choices, guiding them toward personalized care plans finely tuned to their needs for the best possible outcomes. Stacie Holloway, C-NP, joined the High-Risk Clinic in January. She brings a decade of experience in cancer genetics, risk assessment and breast care. She is excited to join this powerhouse team and provide evidence-based care to her patients.

Iqbal Garcha, MD

Kiana Ohlson, C-NP

Elizabeth (Lizzy) Williams, C-NP

Stacie Holloway, C-NP

Services at Northside Hospital Cancer Institute High Risk Clinic include:

- Breast cancer risk assessment using validated models.
- Same-day genetic testing.
- MRI and mammogram imaging orders.
- Genetic testing and imaging coordination.
- Physical assessments and clinical breast exams.
- Personalized care plans, including recommended screenings, prophylactic procedures and chemoprevention.
- Ongoing patient surveillance and annual follow-up visits.
- Two complimentary nutritional counseling sessions by a specialty-trained registered dietitian.

The **High Risk Clinic-Forsyth** opened in September 2024 and is located at **1505 Northside Boulevard, Suite 3800, Cumming, GA 30041**. The **High Risk Clinic-Alpharetta** will open in March 2025 and is located at **3400 Old Milton Parkway, Building A, Suite 340, Alpharetta, GA 30005**.

For more information, please call 404.851.6284, email highriskcancer@northside.com, or visit the High Risk Program webpage.

Provider Features

Sandra Kang, MD is a hematologist and oncologist practicing at NHCI Suburban Hematology-Oncology Associates – Lawrenceville. To learn more, visit gwinnettcancercare.com/sandrakang.

Giselle Dutcher, MD is a hematologist and oncologist practicing at Georgia Cancer Specialists – CenterPointe and Georgia Cancer Specialists – Cumming. To learn more, visit gacancer.com/ourteam/giselle-dutcher-md.

Pamela Strickland, MD is a breast surgeon practicing at Cherokee Breast Care.
To learn more, visit cherokeebreastcare.com/provider/pamela-strickland.

Atuhani Burnett, MD, PhD, FACS is a surgical oncologist practicing at Atlanta Liver & Pancreas Surgical Associates. To learn more, visit atlantaliverandpancreas.com/providers/atuhani-burnett.

Pranitha Prodduturvar, MD is a hematologist and oncologist practicing at NHCI Suburban Hematology-Oncology Associates – Lawrenceville. To learn more, visit gwinnettcancercare.com/pranithaproddutuvar.

Anthony Scott, MD, FACS is a breast surgeon practicing at North Atlanta Breast Care.
To learn more, visit northatlantabreast.com/providers/anthony-scott.

Upcoming Education and Events

CONTINUING EDUCATION

Northside Hospital Cancer Institute Oncology Lecture Series
Second Thursday of each month from noon-1 p.m.
Winter dates are March 13 and April 10, 2025.
Please contact Northside Hospital Department of Medical Education at medical.education@northside.com for more details.

Northside Hospital Primary Care Summit: Updates for the Primary Care Physicians & Advanced Practice Providers
March 8, 2025 from 8 a.m.-3 p.m. @ Gas South Conference Center in Duluth
web.cvent.com/event/42c9f8c2-632c-419e-a07f-259e4a341b29/summary

Northside Hospital Cancer Institute Symposium – Personalizing Cancer Treatment in the Era of Genomics and Precision Oncology
March 29, 2025 from 7 a.m.-3 p.m. @ The Westin Buckhead Atlanta
web.cvent.com/event/83bb30b2-7119-403f-ba28-38a37ec48331/summary

Southeastern Lymphoma Symposium
July 19, 2025 from 8 a.m.-2 p.m. @ Hotel Colee Atlanta Buckhead
web.cvent.com/event/83149d57-29ff-4b79-ab79-bded78a4268f/summary

CANCER SCREENING & PREVENTION

Skin Cancer Screening
March 11, 2025 @ Northside Hospital Cancer Institute Radiation Oncology – Cherokee from 6-8 p.m.
April 8, 2025 @ The Cancer Support Center at Northside Hospital Gwinnett from 6-8 p.m.
northside.com/community-wellness/health-screenings

Prostate Cancer Screening
June 26, 2025 @ Northside Hospital Cancer Institute Radiation Oncology – Cherokee from 6-8 p.m.
northside.com/community-wellness/health-screenings

Upcoming Education and Events

Built To Quit – Smoking and Tobacco Cessation Course
Next six-week session start date: March 4, 2025
Weekly classes include the American Lung Association Freedom from Smoking curriculum.
northside.com/community-wellness/built-to-quit

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

COMMUNITY EVENTS

NORTHSIDE EVENTS

National Dress in Blue Day for Colon Cancer Awareness
March 7, 2025

Lustgarten Pancreatic Cancer Research Walk
March 30, 2025 @ 8:30 a.m. @ the Porche Experience Center in Atlanta
hope.lustgarten.org/event/atlanta

Sarcoma Foundation of America's Race to Cure Sarcoma – Atlanta
April 5, 2025 @ 8 a.m. @ Suwanee Town Center in Atlanta
secure3.convio.net/soa/site/TR/RacetoCureSarcoma/General?fr_id=1450&pg=entry

Pancreatic Cancer Action Network's PanCAN PurpleStride Walk
April 26, 2025 @ 8:30 a.m. in Atlanta
secure.pancan.org/site/TR/PurpleStride/PurpleStride?fr_id=2934&pg=entry

National Brain Tumor Society's Georgia Brain Tumor Walk & Race
May 10, 2025 @ The Battery in Atlanta
braintumor.org/event/georgia-brain-tumor-walk-race/

Georgia Alliance for Breast Cancer's 2025 Georgia 5K Run for Breast Cancer
May 10, 2025 @ 8:00 a.m. @ The Shoppes at River Crossing in Macon
runsignup.com/Race/GA/Macon/Georgia5KRunWalkforBreastCancer

LUSTGARTEN Pancreatic Cancer Research WALK
Race to Cure SARCOMA ATLANTA
PANCREATIC CANCER ACTION NETWORK PanCAN PURPLESTRIDE TAKING STEPS TOGETHER TO END PANCREATIC CANCER
National Brain Tumor Society
GEORGIA 5K RUN FOR BREAST CANCER

SIGN UP–CANCER CARE NEWS

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