CANCER CARE NEWS

BUILT TO BEAT CANCER | NORTHSIDE HOSPITAL CANCER INSTITUTE

Spring 2025 | Volume 12, Issue 2

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

IN THIS ISSUE:

Leading Experts in Precision Oncology Present at the Northside Hospital Cancer Institute Annual Symposium

On Saturday, March 29, 2025, Northside Hospital Cancer Institute hosted its annual continuing education symposium entitled "Personalizing Cancer Treatment in the Era of Genomics and Precision Oncology." The meeting, held at The Westin Buckhead in Atlanta, attracted a record number of attendees from the region, including physicians, advanced practice providers, nurses, pharmacists and other health care providers as well as several industry representatives.

The 2025 symposium included didactic presentations and interactive Q&A sessions of recent data on emerging mutations and new targeted therapies for various cancer types; the evolving role of pathology in genomic oncology; personalization of anticancer therapy using pharmacogenomics; clinical applications of ctDNA; and the role of technology and artificial intelligence in precision medicine. The final plenary featured a Molecular Tumor Board with a panel of Northside planning committee members and expert pathologist, Michelle Shiller, DO. Symposium attendees had the opportunity to engage one-on-one with acclaimed faculty from across the country and local planning committee members (Figure 1). Overall, meeting attendees were pleased with the comprehensive and multidisciplinary update on genomics and precision oncology. Plans are already in motion for the 2026 Annual Symposium, and we are excited to share the details soon!

Planning Committee

Paul Gill, MD (Chair)
Atlanta Cancer Care

Ioana Bonta, MD
Georgia Cancer Specialists

Yekaterina Eichel, MD
Northside Hospital

Tim Hakim, CGC
Northside Hospital

Sarah Sheahon, PharmD
Northside Hospital

Jayanthi Srinivasiah, MD
Georgia Cancer Specialists

Natalie Townsend, RN
Northside Hospital

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Neeraj Agarwal, MD
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Pittsburgh, PA

Maryellen Giger, PhD
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Chicago, IL

John Heymach, MD, PhD
MD Anderson Cancer Center
Houston, TX

Bruna Pellini, MD
Moffitt Cancer Center
Tampa, FL

Alexandria Phan, MD
Medical College of Wisconsin
Milwaukee, WI

Michelle Shiller, DO
Baylor Scott & White Health
Dallas, TX

Christine Walko, PharmD
Moffitt Cancer Center
Tampa, FL

Clinical Trials and Research

New and Ongoing Cancer Clinical Trials

Disease Site	Protocol Number and Study Title	Sponsor/NCT Identifier
Gastrointestinal	**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	**AstraZeneca** NCT06040099
Melanoma	**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	**Moderna** NCT03897881
Lung	**C-571 || MK2870-019 ||** A Phase 3 Randomized Open-Label Study of Adjuvant Pembrolizumab With or Without MK-2870 in Participants With Resectable Stage II to IIIB (N2) NSCLC not Achieving pCR After Receiving Neoadjuvant Pembrolizumab With Platinum-based Doublet Chemotherapy Followed by Surgery	**Merck** NCT06312137
Gastrointestinal	**C-568 || 20210081 ||** CodeBreaK 301; Phase 3 Multicenter, Randomized, Open-label, Active-controlled Study of Sotorasib, Panitumumab and FOLFIRI Versus FOLFIRI With or Without Bevacizumab-awwb for Treatment-naïve Patients With Metastatic Colorectal Cancer With KRAS p.G12C Mutation	**Amgen** NCT06252649

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)

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

Study Design

- This is a randomized, active-controlled, parallel-group, multisite, open-label study of adjuvant pembrolizumab with or without MK-2870 in participants with resectable Stage II to IIIB (N2) NSCLC who did not achieve pCR after receiving neoadjuvant pembrolizumab with platinum-based doublet chemotherapy followed by surgery.
- After a screening period of up to 28 days, eligible participants enter the neoadjuvant treatment period (Cycles 1 to 4):
  - Pembrolizumab 200 mg q3w for 4 doses
  - Platinum-based doublet chemotherapy
- Participants will have an imaging assessment and then undergo potentially curative surgical resection.
- Participants who are eligible for the adjuvant treatment period (Cycles 1 to 7) are then randomly assigned in a 1:1 ratio to Arm 1 or Arm 2.
  Arm 1
  - MK-2870 4 mg/kg q2w for 20 doses
  - Pembrolizumab 400 mg q6w for 7 doses
  Arm 2
  - Pembrolizumab 400 mg q6w for 7 doses

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FOLFIRI= folic acid, fluorouracil and irinotecan; NSCLC= non-small cell lung cancer; pCR: pathological complete response; q2w= once every 2 weeks; q3w= once every 3 weeks; q6w= once every 6 weeks; SPECT-CT = single photon emission computed tomography; TARE= transarterial radioembolization.

To learn more about Clinical Trials at Northside Hospital Cancer Institute, visit our Cancer Research and Clinical Trials page or call 404-303-3355.

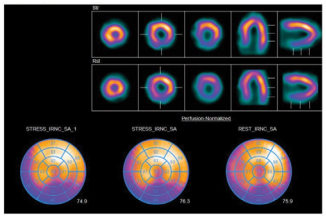
IN THE NEWS: Update for Clinicians

Multimodal Imaging Enhances Cardiac Risk Stratification in Bone Marrow Transplant Recipients with Myelodysplastic Syndrome to Improve Outcomes

By Lalitha C. Medepalli, MD

Multimodal imaging plays a key role in understanding and managing cardiovascular diseases. Echocardiography, myocardial perfusion imaging, cardiac computed tomography, cardiac magnetic resonance imaging and nuclear cardiology are some of the imaging methods utilized. A case was presented to emphasize the importance of cardiac imaging for patients undergoing hematopoietic stem cell transplantation (HSCT) to establish pre-treatment cardiovascular risk stratification and to highlight the need for providers to utilize these imaging techniques to improve patient outcomes post-transplant.[1]

The case presented involved a 74-year-old male with myelodysplastic syndrome (MDS) and a history of significant cardiovascular risk factors. Despite his cardiovascular involvement, he was asymptomatic (e.g., no chest pain, dizziness, dyspnea, etc.). He had progressive anemia that was refractory to erythropoiesis-stimulating agents, relying on red blood cell and platelet transfusions and his MDS was categorized as intermediate risk. Multimodal cardiac imaging techniques were required to diagnose triple-vessel coronary artery disease, which considerably increased his risk for post-HSCT complications, including cardiac arrythmias, myocardial infarction and heart failure. He underwent cardiac catheterization, which deemed the patient a high-risk candidate for HSCT without pre-procedural optimization and ultimately led to coronary artery bypass grafting (CABG). Two months post-CABG, the cardio-oncology team would re-evaluate the patient's cardiac risk prior to HSCT.



Although HSCT is potentially curative for many disorders including MDS, assessing and managing cardiovascular risk is crucial in improving outcomes, particularly for elderly patients and those with a history of cardiovascular disease. HSCT survivors' cardiovascular-related mortality is more than double that of the general population, highlighting the need for evaluation of risk factors that are attributed to adverse cardiovascular outcomes. The American Heart Association recommends a pre-HSCT assessment that includes four steps:[2]

- Initial risk stratification
- Exclusion of high-risk cardiovascular disease
- Assessment of cardiac reserve
- Optimization of cardiovascular reserve

Patients should be involved in discussing options for appropriate pre-HSCT interventions along with the development of a cardiac monitoring plan to help reduce post-HSCT survivorship risks and improve cardiovascular outcomes.

References:

1. Khanal R, Cooper C, Medepalli LC, Holland HK, Vinjamaram S. Cardiac risk stratification in bone marrow transplant recipients with myelodysplastic syndrome: the role of multimodal imaging. *Cardiol Res Cardiovasc Med*. 2024;9:266. doi.org/10.29011/2575-7083.100266

2. Hayek SS., et al. Circulation 149.16 (2024): e1113-e1127. doi: 10.1161/CIR.0000000000001220

New Medication Approval

The FDA has approved obecabtagene autoleucel (Aucatzyl®) for adults with relapsed or refractory B-cell precursor acute lymphoblastic leukemia.

Elevating the Patient Experience

Northside's Cardio-Oncology Program Focuses on Reducing Mortality of High Risk Cancer Patients

By Faresa Weragoda, MD, FACC

Breast cancer continues to be one of the leading causes of mortality and morbidity for women in the U.S., impacting one out of every eight women. Fortunately, with advancements in screening and treatments, survivorship is becoming more common. Breast cancer treatments, however, have short- and long-term implications on other organs, including the heart. Therefore, strategies are now in place to monitor this vulnerable population. Northside Hospital has developed a specialized team of cardiologists to provide cardiac care during and after treatments for all cancers, including breast cancer.

The Cardio-Oncology Program at Northside Hospital includes a group of cardiologists across multiple locations with specialized training and education in understanding the needs of cancer patients who are at high risk for heart disease. With dedicated protocols for education and training

(continued on page 4)

Elevating the Patient Experience

Northside's Cardio-Oncology Program Focuses on Reducing Mortality of High Risk Cancer Patients

(continued from page 3)

of providers, along with ease of access to consultation and imaging appointments for patients, this program is now recognized by the International Cardio-Oncology Society, receiving the highest distinction.

Heart disease continues to be a leading cause of mortality in patients with breast cancer, due to shared risk factors, such as obesity and smoking. Furthermore, chemotherapy and radiation can accelerate the course of cardiovascular disease, particularly hypertension, coronary artery disease and valvular heart disease. Given the prevalence of heart disease, it is important to assess risks prior to initiating lifesaving cancer treatment. Northside's Cardio-Oncology Program offers set protocols for serial surveillance via EKG, echocardiogram, labs and higher level modalities and procedures (e.g., nuclear stress testing, CT/MRI, catheterizations) when needed. For example, anthracycline chemotherapy (e.g., doxorubicin, epirubicin) and HER2-directed therapies (e.g., trastuzumab), often used to treat breast cancer, can directly damage cardiac cells, initiating left ventricular dysfunction, hence serial monitoring with echocardiogram may be required every three months. Long-term monitoring may also be recommended based on personalized risk, as some adverse outcomes may become apparent after ten or more years. With close monitoring from cardio-oncology specialists, early signs and symptoms of these complications can be identified, and cardio-protective medications (such as beta blockers) can be initiated to mitigate heart disease while continuing cancer therapies.

The goal is to treat cancer while protecting the heart from acute and chronic impact of chemotherapy and radiation, while also addressing pre-existing conditions. To learn more about the Northside Cardio-Oncology Program, please visit the webpage or call 404-845-8200.

Optimal Treatment of Brain Metastases

By Jim Robinson, MD

Brain metastases (mets) are commonly regarded as ominous and are often associated with a very short survival interval. However, with contemporary treatment, these patients can survive for many years. For this reason, whole brain radiotherapy (WBRT), which used to be the most common therapy for metastatic disease in the brain, is rarely necessary. In fact, it should be avoided, if possible, due to associated cognitive decline and poor quality of life that follows.[1] WBRT is a consideration for leptomeningeal carcinomatosis or when there is a very large total volume of metastatic tumors. Some therapies (e.g., immune therapy, some targeted therapies) can cross the blood brain barrier whereas very few chemotherapy drugs penetrate the brain. Response in the brain, however, is not predictable and often varies from patient to patient. When there is hope that an agent may have central nervous system benefit, careful observation and review of follow-up scans are needed in the event that other treatment is necessary.

From a radiation perspective, most metastatic tumors in the brain are best treated with focal radiosurgery, even when tumors are numerous. This is a paradigm shift from previous thinking that many mets require WBRT. For brain radiosurgery, strong evidence supports the superiority of Gamma Knife radiosurgery over LINAC-based radiosurgery. Gamma Knife treatment utilizes 196 separate gamma frequency radiation sources housed in the Gamma Knife and aimed at the same point at the same time, providing extreme focus. This results in a huge sparing of radiation to the normal surrounding brain. Larson and colleagues have definitively shown that the volume of brain receiving a radiation dose of any isodose level below the treatment dose is 2.5 – 3 times the volume as administered with Gamma Knife treatment.[2]

The Northside Hospital Cancer Institute Gamma Knife Center is the busiest center in the state of Georgia, performing over 200 cases per year. Gamma Knife treatment is generally done with neurosurgery, radiation oncology and medical physics working together as a team. It is important to realize that there is an inverse relationship between the volume of a metastatic tumor in the brain, and the response to radiation alone as treatment. Metastatic tumors that are greater than or equal to 2 cm in size only have about a 50% rate of control at only 6 months' time with radiation alone.[3] As such, if the patient's survival is substantial, and the location of the tumor is operable, it is best for the tumor to be excised. Furthermore, the tumor should be treated with radiosurgery preoperatively, and then excised. This algorithm has the advantage of significantly reducing the risk of operative dissemination resulting in carcinomatous meningitis, and reduces the risk of radiation necrosis or adverse radiation reactions in the adjacent brain.[4]

Deep or other inoperable large metastatic tumors are sometimes best treated with "staged Gamma Knife radiosurgery." In this technique, an initial Gamma Knife procedure is done at a reduced dose compared to single-fraction therapy. A second scan is then done a month or so later, and the new volume, often smaller, is then treated

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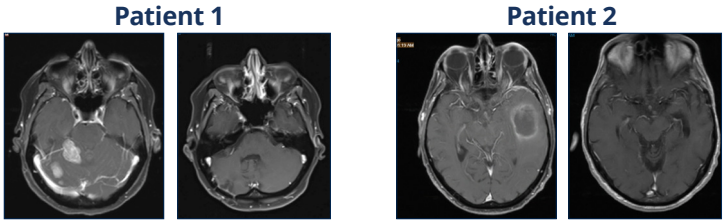
Optimal Treatment of Brain Metastases *(continued from page 4)*



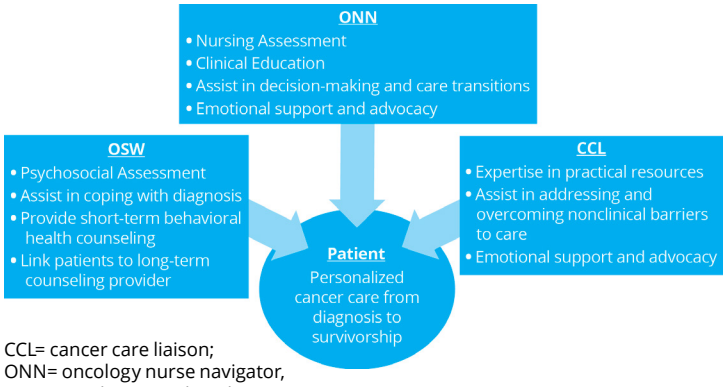
again in a second fraction. This has been found to be a very beneficial technique, and many providers have experienced the purported benefits in reducing toxicity and improving outcomes.[5] In summary, patients with metastatic brain tumors treated optimally with contemporary techniques may have very long survival. Proof of this can be seen in a personally treated patient managed and followed for over 15 years since the initial diagnosis of multiple brain mets secondary to non-small cell lung carcinoma.

References:
1. Yamamoto M, et al. *Lancet Oncol.* 2014;15(4):387-395. doi: 10.1016/S1470-2045(14)70061-0
2. Lijun M, et al. *J Neurosurg.* 2011;114(6):1580-1584. doi: 10.3171/2011.1.JNS101056
3. Lee EJ,et al. *J Neurooncol.* 2021;154:25–34. doi: 10.1007/s11060-021-03805-8
4. Prabhu RS, et al. Int *J Radiat Oncol Biol Phys.* 2021;111(3):764-772. doi: 10.1016/j.ijrobp.2021.05.124
5. https://consultqd.clevelandclinic.org/pioneering-staged-gamma-knife-therapy-large-brain-metastases

Oncology Navigation Redesign: Team-Based Oncology Disease Site Navigation

By Debbie Bickes, MN, RN, OCN, ONN-CG

NHCI Oncology Navigation Disease Site Team Model



CCL= cancer care liaison;
ONN= oncology nurse navigator,
OSW=oncology social worker.

Northside Hospital Oncology Navigation has transitioned to a disease team model to provide the expertise needed for comprehensive support of cancer patients. The new structure is supported by a position statement published by the Oncology Nursing Society (ONS), Association of Oncology Social Work (AOSW) and the National Association of Social Workers (NASW): "Patient outcomes are optimal when a social worker, a nurse navigator and a patient (non-clinically licensed) navigator function as a multidisciplinary team, have clearly defined roles and practice within the scope of their license."

Oncology navigation brings a unique level of care to patients with a cancer diagnosis. Oncology navigation provides individualized assistance to patients, families and care partners to overcome barriers; assists with timely access to quality care; and facilitates seamless care transitions across the cancer care continuum. The Northside Oncology Navigation team members strive to identify patients at the earliest point of entry to the system and use open communication techniques to gain an understanding of the patient's perspective, comprehension of their diagnosis and other information that may affect or interfere with cancer care. Navigation team members continue to connect with patients at essential care transition points to prepare them for the next phase of care. Holistic assessment, identification and removal of barriers and proactive connection with patients through the care continuum are hallmarks of navigation, differentiating the role of the navigator from other roles within the health care system.

Referring to Oncology Navigation

Oncology navigation services are available to patients with a cancer diagnosis treated within the Northside system.

Situations to Consider Referring to Navigation

- Decreased understanding of information
- Lack of or unstable support system
- Nonadherence or history of nonadherence to prescribed treatment plan
- Multiple co-morbidities or disability
- Practical barriers to care
- Complex care regimen
- High acuity disease
- Multiple missed appointments
- Delayed decision-making

How to Refer to Navigation

Email:
navigator@northside.com
Navigation line:
404-300-2800

- Patient name
- Date of birth
- Phone number
- Diagnosis
- Language (If other than English)
- Brief summary of reason for referral

Northside Hospital Cancer Institute Establishes Sites of Excellence in Sarcoma Imaging

Northside Hospital Cancer Institute has designated several hospital and outpatient facilities across Georgia as Sites of Excellence in Sarcoma Imaging. These sites are equipped to provide high-quality, artifact-free long bone imaging, accommodate contrast administration and offer on-site CT scans for same-day chest restaging. Additionally, designated ordering providers will facilitate coordinated scheduling to streamline patient access to specialized sarcoma imaging centers. *(continued on page 6)*

Northside Hospital Cancer Institute Establishes Sites of Excellence in Sarcoma Imaging *(continued from page 5)*

In the first phase of this initiative, sarcoma cases will be directed to:

- Northside Hospital Orthopedic Institute
- Radiation Oncology of Atlanta
- Melanoma & Sarcoma Specialists of Georgia

Once the sarcoma imaging protocol is fully implemented at these initial locations, additional sites will be integrated into the program. To learn more about the Northside Hospital Cancer Institute Sarcoma Program, please visit the webpage. To refer a patient or for more information about the Sarcoma Imaging Sites of Excellence, please call 404-851-6577 for Atlanta, Cherokee or Forsyth areas and 404-312-3444 for Duluth or Gwinnett areas.

Improved Prostate Radiotherapy Reduces Toxicities with Barrigel® Hyaluronic Acid Spacer

By Ahmed Ali, MD

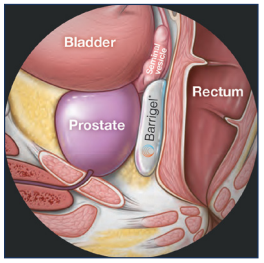
Prostate cancer is the most common cancer among men in the United States, with about one in eight men being diagnosed during his lifetime.[1] Prostate cancer is also one of the leading causes of cancer death among men of all races. Radiotherapy remains a standard treatment option for prostate cancer with excellent cure rates. However, depending on the kind of prostate radiotherapy, grade 2+ acute gastrointestinal (GI) toxicity can range from 10% to 38%.[2,3] GI toxicity symptoms include diarrhea, colic, proctitis and intermittent rectal bleeding. Due to the close anatomical proximity of the prostate to the rectum, limiting the side effects associated with radiation exposure to the rectum remains a routine challenge for radiation oncologists. Rectal toxicity has become even more of a consideration in the modern era of moderate and extreme hypofractionated radiotherapy, such as prostate stereotactic body radiotherapy (SBRT), as shorter radiotherapy course durations come with the cost of heightened toxicity risk.

A novel solution to reduce the radiation dose to the anterior rectum is the transperineal placement of a rectal spacer to temporarily displace the rectal wall from the high-dose area of the prostate. The first product of its kind to receive FDA clearance in 2015 was a polyethylene glycol (PEG) based hydrogel spacer. More recently, Barrigel®, a hyaluronic acid (HA)-based rectal spacer received FDA approval. In comparison to the PEG hydrogel spacer, the Barrigel spacer offers a controlled spacing environment for safe and effective placement. Its advantages include no injection-time restraints, permitting sculptable control of layering more gel where needed to achieve an anatomy-specific custom implant. Moreover, it has clear ultrasound visibility, resulting in greater control and precision of placement. To further enhance its safety profile, Barrigel allows for the opportunity to pause and perform safety checks throughout the procedure as well as offering the option to reverse its application by using hyaluronidase.

Inserting the HA spacer can be performed with local, regional or general anesthesia, and the procedure can be done on an outpatient basis. Non-Animal Stabilized Hyaluronic Acid used for Barrigel is an HA preparation produced from non-animal sources that has been used safely for over 25 years in various medical applications, including treating facial wrinkles, osteoarthritis, vesicoureteral reflux and fecal incontinence.

Published clinical studies evaluating Barrigel have been encouraging. The Barrigel Prostate Trial, a randomized controlled trial of 201 patients treated with hypofractionated radiation found that 98.5% of men who were treated with Barrigel met the primary endpoint of achieving at least a 25% reduction in radiation dose to the rectum.[4] Patients who met the primary endpoint averaged an 85% reduction in radiation to the rectum. Patients in the Barrigel spacer arm had a 2.9% rate of acute grade 2 or higher GI side effects, reduced from 13.8% for the control group, p=0.01. There were no Barrigel-related adverse events or device-related discomfort.

Barrigel injected between the prostate and the rectum supports the use of higher hypofractionated radiotherapy doses per treatment, resulting in less treatment-related rectal side effects. The placement of the Barrigel spacer is safe, easy to maneuver and can help avoid significant rectal toxicity/preserve bowel quality of life without adding significant cost or morbidity to radiation treatment for prostate cancer. To learn more about the Northside Cancer Institute Prostate Cancer page, please visit the webpage.



References:

1. Siegel RL, et al. Cancer statistics, 2025. *CA Cancer J Clin*. 2025 Jan-Feb;75(1):10-45. doi: 10.3322/caac.21871.
2. Fransson P, et al. *Lancet Oncol*. 2021 Feb;22(2):235-245. doi: 10.1016/S1470-2045(20)30581-7.
3. Rodda S et al. *Int J Radiat Oncol Biol Phys*. 2017 Jun 1;98(2):286-295. doi: 10.1016/j.ijrobp.2017.01.008.
4. Mariados NF, et al. *JAMA Oncol*. 2023: e1-e8. doi: 10.1001/jamaoncol.2022.7592.

Around Our Campuses

New High Risk Clinic Opened in Gwinnett

The Northside Hospital Cancer Institute High Risk Clinic – Gwinnett is now open and is located at 631 Professional Drive, Suite 210, Lawrenceville, GA. Elizabeth Bowen Williams, CNP, will be available to see patients every Monday at this location. For more information, please call 404-851-6284, email highriskcancer@northside.com or visit the High Risk Program webpage.

Around Our Campuses

Northside Hospital Cancer Institute Receives Grant to Improve Precision Oncology Program

NORTHSIDE HOSPITAL CANCER INSTITUTE
PRECISION ONCOLOGY PROGRAM

Northside Hospital Cancer Institute has been selected as one of seven recipients of the "Improving the Precision Oncology Care Pathway" grant, a national initiative led by the Association of Cancer Care Centers (ACCC) in collaboration with Eli Lilly and Company. Northside will use the funding for its Genomics Care Coordination Pilot, aimed at improving how genomic data is integrated into cancer treatment decisions. The hospital will focus on optimizing care coordination, reducing barriers to genomic testing and improving patient outcomes in precision oncology.

Save the Date for the Southeastern Lymphoma Symposium

SOUTHEASTERN LYMPHOMA SYMPOSIUM

The Southeastern Lymphoma Symposium will take place on Saturday, July 19, 2025, from 8 a.m to 2 p.m. at Hotel Colee in Atlanta. This meeting will highlight the latest strategies and state-of-the-art approaches for managing patients with lymphoma. Distinguished thought leaders in the field of lymphoma, including Drs. Melhem Solh, Asad Bashey, Celeste Bello, Paolo Caimi, Sameh Gaballa, Mehdi Hamadani, Mary Jo Lechowicz, Alison Moskowitz, Peter Riedell and Andrew Zelenetz, will share their insights and expertise as featured speakers. Breakfast and lunch will be provided. For more information or to register, please visit pgoncology.com/southeastern-lymphoma-symposium-2025/.

Provider Features

Rachel Brightwell, MD, FACOG, is a gynecologic oncologist who recently joined Georgia Gynecologic Oncology – Gwinnett. To learn more, visit ggo-atl.com/providers/rachel-brightwell.

Joseph Maakaron, MD, is a hematologist and oncologist who recently joined The Blood & Marrow Transplant Group of Georgia. To learn more, visit bmtga.com/joseph-maakaron-md.

Nicole Kounalakis, MD, has been selected to serve as the inaugural Community Oncology Representative to the new National Cancer Institute Melanoma and Skin Cancer Steering Committee. She is a board-certified surgical oncologist currently practicing at Northside Melanoma & Sarcoma Specialists of Georgia. Congratulations to Dr. Kounalakis!

Rodrigo Maegawa, MD, MBA, is the new medical director of the Oncology Research Program for Northside Hospital Cancer Institute. In this role, he will be leading the strategic direction of the oncology research for Northside. Dr. Maegawa is a board-certified hematologist and medical oncologist with special training in hematopoietic stem cell transplantation. Prior to joining Northside, he was the executive director for U.S. Medical Affairs at Autolus and the group medical director for U.S. Medical Affairs at Johnson & Johnson. Before working in industry, Dr. Maegawa spent nine years working as a community medical oncologist leading research efforts in Maine. He is passionate about serving cancer patients by ensuring excellence in drug development and medical strategy.

Upcoming Education and Events

CONTINUING EDUCATION

Northside Hospital Cancer Institute Oncology Lecture Series
Second Thursday of each month from noon-1 p.m.
The next one will be on June 12, 2025.
For more details, please contact Northside Hospital Department of Medical Education at medical.education@northside.com or 404-236-8419.

Southeastern Lymphoma Symposium
July 19, 2025 from 8 a.m-2 p.m. @ Hotel Colee Atlanta in Buckhead
Register at: pgoncology.com/southeastern-lymphoma-symposium-2025/

Upcoming Education and Events

CANCER SCREENING & PREVENTION

Skin Cancer Screening
July 15, 2025 @ Northside Hospital Cancer Institute Radiation Oncology – Preston Ridge 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 5:30-8 p.m.
northside.com/community-wellness/health-screenings

Built To Quit – Smoking and Tobacco Cessation Course
Next six-week session start date: July 8, 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

CANCER WALKS/EVENTS – SPONSORED BY NHCI

Atlanta Cancer Care Foundation Inc.'s Feathers 5K
June 7, 2025 @ 8 a.m. @ Oglethorpe University in Brookhaven
atlantacancercarefoundation.org/5k/

Harts of Teal Ovarian & Gynecological Cancers 5K & 1-Mile Color Run
June 7, 2025 @ 9 a.m. @ ONE Church in Fayetteville
hartsofteal.org/events/harts-of-teal-color-run-2025/

NORTHSIDE FOUNDATION EVENTS

Halcyon Ladies Night Out
June 17, 2025 @ Halcyon in Alpharetta @ 6 p.m.
Raises money for transportation and lodging assistance for cancer patients through the Northside Hospital Cancer Institute.
give.northside.com/northside-halcyon/

Sarcoma Awareness Sunset Stroll
July 16, 2025 @ Chattahoochee Nature Center @ 6 p.m.
More details will be available soon at give.northside.com/sarcomastroll/.

SIGN UP–CANCER CARE NEWS

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