



M. Sitki Copur, MD FACP,
Medical Director

*A quarterly newsletter from Mary Lanning Healthcare's
Morrison Cancer Center*

*A local and national cancer authority
Meeting the definition of excellence in an
academic, comprehensive community cancer program*

Clinical trials under way at MCC

During the past quarter, the Morrison Cancer Center shared the news about its clinical trials program and the long process involved with creating it.

MCC completed all infrastructure requirements needed to begin the clinical trials program. MCC is a member of the NCI-Alliance Cooperative Group, joining forces with the University of Nebraska Medical Center and the Fred & Pamela Buffett Cancer Center. Western Copernicus Group (WCG) is the Institutional Review Board.

Joan Meese, MCC Clinical Trials Coordinator, and David Jones, MCC Director, attended several virtual meetings for training. Thanks to the MCC team's hard work, MCC is now taking part in NCI-designated and industry-sponsored clinical trials, bringing potentially life-saving treatments to MCC patients.

"Modern cancer care has become so sophisticated that it can no longer be provided in a specialty clinic setting," said Dr. M. Sitki Copur, MCC Medical Director. "It demands a comprehensive, academic, community-based collaborative effort. MCC is pioneering this innovative concept and serving as an exceptional role model. Offering clinical trials adds another academic service to



Mark Callahan, Mary Lanning Healthcare Chief Operating Officer, and Joan Meese, RN, MCC Clinical Trials Coordinator, discuss clinical trials during a video to MLH employees.

For more on the MCC clinical trials program, please see: • <https://www.ksnblocal4.com/2023/07/27/clinical-trials-begin-morrison-cancer-center/>

• https://www.hastingstribune.com/news/morrison-cancer-center-begins-clinical-trials/article_df7952be-3d4a-11ee-8ca3-77d3459e7ebc.html.

"Anytime a patient is enrolled in a clinical trial is a sign that God has not given up on the possibility of human beings curing cancer one day," Dr. Copur said.

Also in this issue

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Dr. Simpson adds to the MCC radiation team

Radiation oncologist C. Kelley Simpson, MD, an experienced radiation oncologist and Cyberknife expert, recently joined the Morrison Cancer Center team.

Simpson joins Dr. Randall Duckert, Dr. M. Sitki Copur, Dr. Soe Min Tun, Carlene Springer, APRN, and Leslie Robbins, APRN. Dr. Duckert and Dr. Simpson will work together to meet the demand for radiation oncology services.

"We are excited to welcome Dr. Simpson to the Morrison Cancer Center," said David Jones, MCC Director. "His experience speaks for itself, and he will be a tremendous addition to our radiation oncology services."

Dr. Simpson grew up in Ecuador and Mississippi. He received his Bachelor's and Master's Degrees from Mississippi State University and his Medical Degree at the University of Mississippi School of Medicine in 1986.

He completed an internship in Internal Medicine and Pediatrics at the University of Tennessee in Memphis. During that time, he became interested in



Dr. C. Kelley Simpson, second from right, has joined the Morrison Cancer Center Radiation Oncology team.

radiation therapy after meeting with an expert in the field. Dr. Simpson then completed a residency in Radiation Oncology, and became Chief Resident at Presbyterian St. Luke's Medical Center in Denver.

Dr. Simpson continued his work in radiation oncology in Colorado, focusing on stereotactic radiation therapy using the Cyberknife system for the last 12 years.

In 2020, Dr. Simpson came to the Morrison Cancer Center as a locums tenens physician, deciding to return when a full-time position became available.

"I liked the nice people and was impressed with the quality of the staff and the medical and administrative leadership," Dr. Simpson said.

Dr. Simpson said he is excited to work with new technologies, including looking at shorter courses and lower doses of radiation, depending on the situation involved.

In addition to his work in radiation therapy, Dr. Simpson is fluent in Spanish. He also has a Master's Degree in Nutrition and enjoys getting to know his patients.

Dr. Simpson is married, has two dogs and enjoys traveling.

Dr. Duckert presents during NC2 webinar

Radiation oncologist Randall Duckert was host during the August 23 Nebraska Cancer Coalition (NC2) webinar on prostate cancer.

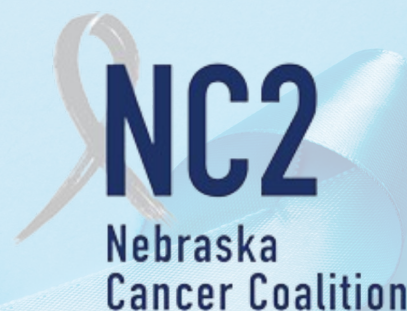
The learning objectives were to identify national and local prostate cancer incidence, mortality and screening data; review the evidence and rationale supporting clinical recommendations for prostate cancer screening methods; discuss updated treatments and practices for prostate cancer and illustrate the impact of prostate cancer survivorship.



Dr. Duckert

we would expect for ourselves and our family. This requires skill and, importantly, demands honesty and the ability to listen, educate and encourage people with a diagnosis of cancer."

Dr. Duckert, who has worked at the Morrison Cancer Center since October 2021, advocates for "delivering state-of-the-art treatment in the same manner



The mission of NC2 is to connect people and resources to strengthen cancer prevention, detection and quality of life in Nebraska.

Community advisory group hears about MCC

Dr. M. Sitki Copur updated the Fred & Pamela Buffett Cancer Center Community Outreach & Engagement Advisory Board about the Morrison Cancer Center and its activities recently.

During the group's August 25 meeting, Dr. Copur talked about health and screening activities at the Tee'd Off With Cancer golf tournament, Husker Harvest Days, Webster County Rodeo, Oregon Trail Rodeo and Kool-Aid Days. He also talked about the legislative efforts of the Morrison Cancer Center with ACS-CAN, ASCO-ACT and NMA, the implementation of clinical trials at MCC and the establishment of collaborative specialty surgery clinics with UNMC at the Grand Island and Hastings MCC campuses.

Cancer burden in Nebraska

The advisory board also learned about a report summarizing the findings from the secondary data analysis in Nebraska.

The report, in collaboration with the Nebraska Cancer Coalition (NC2) and input from the Nebraska Comprehensive Cancer Control Program (NECCCP), was developed by the Office of Community Outreach and Engagement at the University of Nebraska Medical Center's Fred & Pamela Buffett Cancer Center. The report can be found at <https://www.unmc.edu/cancercenter/cancerburdenfinal.pdf>. The statewide cancer community health needs assessment (with 11 listening sessions between February 26, 2021, and January 21, 2022, gathering information from 68 cancer survivors and caregivers from across the state) can be found at https://www.unmc.edu/cancercenter/_documents/nebcancerassessment_final.pdf.

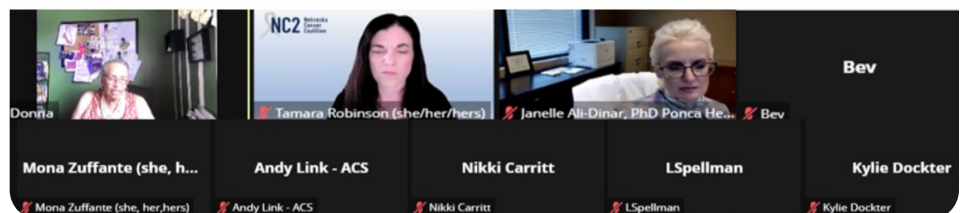
Invitation to speak

Dr. Watanabe Galloway, Associate Director of the Fred & Pamela Buffett



BCC Community Showcase

- Increase bi-directional engagement between community and BCC researchers to 1) inform the catchment area cancer research and control efforts and 2) facilitate accrual to clinical trials



Cancer Center Community Outreach & Engagement, as well as Dr. Tim Hawks, Chairman of Cancer Prevention and Population Science in the UNMC Department of Epidemiology, have been invited to speak at the President's Cancer Panel during an October 17 meeting in New Orleans.

This will be the first meeting of a series, Reducing Cancer Care Inequities: Leveraging Technology to Enhance Patient Navigation.

Information gathered during the meeting will guide the panel's report to the President and recommendations to relevant stakeholders. In the past, panel reports have been widely used by other National Cancer Program stakeholders, both public and private, to highlight barriers and push for change.



The advisory board's mission is to reduce the cancer burden, promote health equity and eliminate cancer health disparities in Nebraska through collaboration with community and clinical and public health partners.

Hematology Oncology Pearls for the Non-Hematologist/Oncologist



By Dr. Soe Min Tun

Dear colleagues, this is the first installment of our new feature, *Hematology Oncology Pearls for the Non-Hematologist/Oncologist*.

In this section, we plan to address the most commonly asked questions related to our specialty. Our first question:

When should irradiated blood products be ordered?

Irradiated blood products are typically indicated for patients who are at a higher risk of developing transfusion-associated graft-versus-host disease (TA-GVHD), in which the donor T lymphocytes attack the recipient's cells.

Irradiated blood products are NOT routinely required in:

- Acute or chronic leukemia patients who are not planning to undergo Hematopoietic Stem Cell Transplant (HSCT).
- Solid organ tumors
- Solid organ transplant patients (individual basis, to consult with transplant

team or a hematologist)

- Patients with HIV/AIDS or other acquired immunodeficiency

Irradiated blood products ARE typically indicated in patients with:

- Hematopoietic Stem Cell Transplant (HSCT) or bone marrow transplant recipients (at least six months for autologous transplant and longer duration for allogenic transplant); Also, for patients who are going to receive HSCT which include certain patients with acute leukemia, myelodysplastic disorder, multiple myeloma, or certain hematological malignancy
- CAR-T cell treatment recipients (seven days prior to collection and three months post-transfusion)
- Donors of HSCT (only applies to the week prior and during stem cell collection)
- Patients with certain hematological or non-hematological malignancy receiving aggressive chemotherapy, expecting prolong immunosuppression (to consult with hematologist/oncologist)

- Premature infants and newborns with low birth weights, especially for <1.2 kg birth weight

- Intrauterine transfusions to fetus

- Patients with a severe congenital T cell immunodeficiency (e.g., Thymic hypoplasia (DiGeorge syndrome)

- Patients with history of Hodgkin's lymphoma

- Blood transfusions from family members: irradiation is recommended to prevent TA-GVHD, as the genetic similarity between donor and recipient may increase the risk.

References:

- NHS Trust Guideline for the Use of Irradiated Blood and Blood Products; Approved Date: 04/05/2021
- New York State Council on Human Blood and Transfusion Services – guidelines for irradiation of blood and blood components – Fourth Edition 2012
- Foukaneli T, Kerr P, Bolton-Maggs PHB, et al. Guidelines on the use of irradiated blood components. *Br J Haematol* 2020; 191:704.

MCC reaches 31,081 views on theMednet

The Morrison Cancer Center's contributions in theMednet have reached 31,081 views, answering 81 questions.

theMednet is a physician-only, online community where expert answers are offered to real-world oncology problems when there are no clear guidelines or published research on the topic.

More than 1,000 academic physicians have been recruited based on their research, publications, case volumes, clinical trials and peer recommendations from every cancer center in the United States.

The physicians answer challenging questions from other practicing oncology physicians. The answers are peer-reviewed and indexed.

Mehmet Sitki Copur, MD

Medical Director/ Professor
Mary Lanning Healthcare Morrison Cancer Center/University of Nebraska Medical Center Adjunct Faculty

Summary

Answers Viewed: 81
Total Views: 31081
People Reached: 4735



Patient testimonials for MCC, MLH

Cheryl Moeller

When Grand Island resident Cheryl Moeller discovered she had lung cancer a year ago, she had her family and friends on her side. In addition, she said, she knew exactly where she wanted to go for help: Dr. M. Sitki Copur and the Morrison Cancer Center. Cheryl said all employees at the Morrison Cancer Center in Grand Island and on the Mary Lanning Healthcare Oncology Unit were “fabulous.” “They were right there with me the whole time,” she said. “The whole staff saw me at the good times and the worst times. They listened to me cry and they listened to me complain, but they got me through it. They were very understanding.”

Cheryl said Dr. Copur got right to work on her lung cancer, doing the biopsy quickly and starting chemotherapy within three weeks of her diagnosis. “Without that fast treatment, I would have only had six months or less to live,” she said. “It was pretty scary there for a while. My cancer is treatable but not curable. I am thankful to be alive. Every day, I thank God when my feet touch the floor.” In addition to the entire MLH staff, Cheryl said she would like to recognize her husband, son, brother, sister-in-law and the entire family, and the GRACE Cancer Foundation for their unwavering support during her cancer journey. “Everyone was right there with me.”



Carla Minnema

Courtesy of the Oregon Trail Rodeo

When the world fell out from under Carla Minnema’s feet, someone was there to catch her. The Wolbach woman was diagnosed with cancer in April of this year, and between cancer treatment, other injuries and no paychecks because she was too ill to work, the Morrison Cancer Center stepped up to help. It started when she switched jobs, returning to nursing after being a shared living provider. Things weren’t clicking in her mind like they should have, she thought. “I couldn’t put things together” mentally. But she chalked it up to the new technology she had to learn. One day in March, at work, she was dizzy and didn’t feel well, so she told her boss she was going home. She told herself to “get your head on straight.” After going home, she still wasn’t well, so she went to the hospital, where they found a pulmonary embolism, a blood clot in the lung and a suspicious spot. A good friend

had told her Mary Lanning Healthcare in Hastings was a good place to go, so she went to the emergency room “and I’m really glad I did,” she said. It was the Morrison Cancer Center that found that the lung cancer had metastasized to her brain, and things swung into action quickly. They admitted her and got her treatment process started immediately. “It was just amazing,” she said. “I was just amazed by how fast it all took place.” Her cancer doctor, Dr. M. Sitki Copur, even gave her his personal cell number in case she ever needed anything. While she underwent immunotherapy and chemotherapy, she wasn’t able to work, and the bills started mounting. She got a disconnect notice for her utilities and applied for food stamps. “I was overwhelmed and frustrated,” Minnema said. “I’m not usually like that.” When she went for treatment in Grand Island, one of the Morrison employees asked, “How are you?” and she replied, “Good.” But the lady could see through Minnema’s façade. “You’re not your normal you,” she told Minnema. “I started bawling,



and she gave me a big hug.” The Morrison Cancer Center people helped her apply for Medicaid, then Social Services disability and connected her to a foundation that would help pay for utilities. “They make a person feel like they’re not alone. They make you feel like you have an army of people to help you and lift you up.”

Tee'd Off At Cancer Charity Golf Tournament

The Tee'd Off At Cancer Charity Golf Tournament in July raised \$13,336 for the Morrison Cancer Center.

The tournament, at the Elks Country Club on July 8, included 36 teams, a wall of honor and all-day raffles, silent auction items and a live auction, plus a split-the-pot event.

Proceeds from the event were donated to the "From the Heart" Fund at the Morrison Cancer Center.



NMA Greater Nebraska Caucus & annual meeting

Dr. M. Sitki Copur represented the Morrison Cancer Center recently at two Nebraska Medical Association meetings.

The Greater Nebraska Medical Caucus Virtual Town Hall meeting took place online on July 20. The online meeting was hosted by Dr. Daniel Rosenquist, then NMA President. The goal was to strengthen the rural physician voice within the NMA and establish leadership among the Greater Nebraska Caucus.

The NMA annual in-person membership meeting was August 18 at the Innovation Campus Conference Center in Lincoln. Activities included 2023 resolution discussions, including support for standard time throughout the year, re-examining mandatory training or education, the VA electronic medical record, exemption of fetal abnormalities from the abortion ban and amending the Let-Them-Grow Act and Pre-born Child Act.



Dr. Copur proposed future resolution topics under the NMA priority advocacy areas, including removing prior authorization barriers and meaningful legislative solutions to drug shortage problems.



The NMA has three caucuses (Lancaster County Medical Society, Metro Omaha Medical Society and Greater Nebraska Medical Caucus). The caucuses provide structure for physicians to advance mutual goals, select/endorse candidates for leadership positions to further the mission of the caucus, provide a forum for members and staff to engage in dialogue about opportunities and challenges facing the physician community and patients and discuss and formulate positions on resolutions. The Greater Nebraska Medical Caucus has been active for many years with leadership structure in place. The most recent meeting was in 2019 at the NMA annual meeting.

Kool-Aid Days and area rodeos

The Morrison Cancer Center team was busy this summer with several community events, including the Webster County Rodeo, the Oregon Trail Rodeo and Kool-Aid Days.

During the rodeos at the Webster County and Adams County fairgrounds, MCC raised money through Pink Rodeo Nights. Pink items and rodeo t-shirts are sold, and buckets passed through the crowd to raise funds.

The Webster County Rodeo netted \$1,100 and the Oregon Trail

Rodeo, \$2,627 toward the "From the Heart" Fund at the MCC.

The Oregon Trail Rodeo combined forces this year with Kool-Aid Days. MCC team members were on hand to provide education about sun safety, games and activities for children. The education was a joint effort of the MCC and the South Heartland District Health Department.

The pictures below show some of the fun scenes from these events.



Staff highlight: Brady Menke, medical dosimetrist

It takes a team to perform radiation oncology. One team member who works behind-the-scenes to assure the best radiation doses with the fewest side effects for patients at the Morrison Cancer Center is Brady Menke.

Menke, a medical dosimetrist, works to make sure radiation treatment includes the most lethal radiation dose for the cancer while safeguarding the patient's healthy organs. Dosimetrists like Menke ensure the optimal doses of radiation are given as prescribed by the radiation oncologist, while limiting exposure of normal tissues.

Menke grew up in Hastings and completed a Bachelor's Degree in Physics at Hastings College in 2016. He received medical dosimetry training at Loma Linda University in California and worked at the Loma Linda University Medical Center until May 2020. He and his wife, Emmalena (Bohlen) Menke, also from Hastings, returned to the area and he began working at MCC. Emma and Brady welcomed their first children, twin boys Malcom and



Brady Menke is a medical dosimetrist at the Morrison Cancer Center.

Mickole, in July 2023.

Dr. Randy Duckert, radiation oncologist said MCC is fortunate to have "our radiation dosimetrist hero, Brady Menke."

"He is a vital member of our radiation oncology team, performing calculations for accurate delivery of the prescribed radiation dose, document-

ing pertinent information in the patient record and verifying the mathematical accuracy of all calculations. We are so proud and humbled in providing the so-much-needed, exceptional radiation oncology services with the state-of-the-art, cutting-edge radiation therapy equipment and a superb team in both Grand Island and Hastings."

MCC Cancer Committee update

The Mary Lanning Healthcare Cancer Committee met August 24. After general updates from Administration, Dr. Shellie Faris, Cancer Committee Liaison Physician, shared updates on standards 5.3-5.6 Synoptic Opt Notes and standard 7.1 Accountability and Quality measures.

Other significant meeting highlights included cancer registry abstracting timeliness, monitoring concordance with evidence-based guidelines, quality improvement initiative updates, cancer program goal updates, educational community outreach events and a clinical trials update.



As always, contributions of the American Cancer Society with Andy Link and the South Heartland District Health Department with Michele Bever were greatly appreciated.

Susan Meeske, Mary Lanning Healthcare Foundation Chief Development Officer, was invited to collaborate with the American Cancer Society in an effort to apply for transportation and lodging grants.

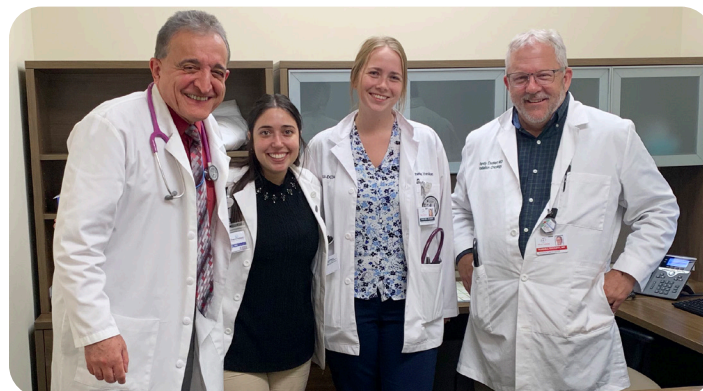
Medical students at MCC

Two Lincoln Memorial University in Tennessee students spent their clinical rotations at the Morrison Cancer Center this quarter.

Christina Ternent (second from left), fourth-year medical student, and Chelsea Vanaken (third from left), third-year medical student, worked with medical and radiation oncology providers, as well as the entire MCC team. They gathered histories, performed physical exams and interpreted laboratory data. They also worked on management plans under the guidance of medical and radiation oncology preceptors.

"This has been such a valuable experience for me to practice and apply what I've learned in the classroom in a real-world setting," Ternent said. "The passion and knowledge within this group is obvious and made it an enjoyable rotation. This opportunity at the Morrison Cancer Center has really sparked my interest in oncology. I appreciated all of the lessons learned and the people who taught them to me."

"I enjoyed learning about the field of oncology in the classroom, and I'm grateful to have had the opportunity to apply that knowledge during this rotation," Vanaken said. "This



past month, I've learned more about this field than I ever could have imagined. The collaborative environment at the Morrison Cancer Center to provide the best patient care made this rotation gratifying. I'm grateful to the patients and staff at MCC for sharing their passion with me."

Mary Lanning Healthcare has offered clinical rotations to Lincoln Memorial University students for the past two years. Because of its academic, community-based program, MCC has always been a favorable rotation for medical, pharmacy and physician assistant students, according to Dr. M. Sitki Copur, MCC Medical Director.

MCC/UNMC specialty surgery partnership

A second specialty surgery partnership is benefiting patients at the Morrison Cancer Center in Grand Island.

Since October 2022, the University of Nebraska Medical Center has partnered with MCC in Grand Island to provide thoracic surgery with Dr. Rudy Lackner, Professor and Chief of the Section of Thoracic Surgery at UNMC. Beginning in July 2023, surgeons specializing in liver, pancreatic and biliary disorders began seeing MCC patients at the Grand Island campus.

Dr. Luciano Vargas, Hepato-pancreato-biliary Transplant Surgeon and Associated Professor/Director of the UNMC Fellowship Program; Dr. Shaheed Merani, Hepato-pancreato-biliary Transplant Surgeon; and Stacie A. Williams, BSN RN, CCTC Hepatobiliary Surgical Nurse Coordinator, have teamed up to



provide specialty surgery services for bile duct strictures, bile duct cancers, bile duct injuries, chronic pancreatitis, liver lesions, liver tumors, metastatic colon to liver cancer, pancreatic tumors and pancreatic cysts in Grand Island.

"The Morrison Cancer Center strives to provide a comprehensive list of services in its Hastings and Grand

Island campuses," said David Jones, MCC Director. "We are very proud to add liver and pancreas disease surgery specialty to the thoracic surgery specialty on our Grand Island campus."

For referrals to MCC's academic, community-based cancer program, please call 308-384-2446 or 402-559-5000.

Publications since our last issue

- Chu, E., Harrold, L.J., **Copur, M.S.** Chemotherapeutic and Biologic Drugs. Physicians Cancer Chemotherapy Drug Manual Chu De Vita, 2024. **(Submitted for publication)**
- **Copur, M.S.**, Harrold, L.J., Chu, E. Guidelines for Chemotherapy and Dosing Modifications. Physicians Cancer Chemotherapy Drug Manual Chu De Vita, 2023. **(Submitted for publication)**
- Kuang, C., **Copur, M.S.**, Harrold, L.J., Chu, E. Common Chemotherapy Regimens in Clinical Practice. Physicians Cancer Chemotherapy Drug Manual Chu De Vita, 2023. **(Submitted for publication)**
- **Copur, M.S.**, Harrold, L.J., Chu, E. Anti-emetic Agents for the Treatment of Chemotherapy-Induced Nausea and Vomiting. Physicians Cancer Chemotherapy Drug Manual Chu De Vita, 2023. **(Submitted for publication)**
- **Copur M.S.**, Life After Colorectal Cancer: Survivorship-The Road Less Traveled. Colorectal Cancer 2024. **(Accepted to publication)**
- Costa LJ, Chhabra S, Medvedova E, Dholaria BR, Schmidt TM, Godby KN, Silberman R, Dhakal B, Bal S, Giri S, D'Souza A, Hall AC, Hardwick P, **Omel J**, Cornell RF, Hari P, Callander NS. Minimal residual disease response-adapted therapy in newly diagnosed multiple myeloma (MASTER): final report of the multicentre, single-arm, phase 2 trial. [www.thelancet.com/haematology](https://doi.org/10.1016/S2352-3026(23)00236-3) **Published** online September 27, 2023 [https://doi.org/10.1016/S2352-3026\(23\)00236-3](https://doi.org/10.1016/S2352-3026(23)00236-3)

FDA hematology/oncology drug approvals since last issue

- The FDA approved **HEPZATO KIT** (melphalan for Injection/Hepatic Delivery System) containing melphalan (HEPZATO, Delcath Systems, Inc.) as a liver-directed treatment for adult patients with unresectable hepatic metastases affecting less than 50% of the liver and no extrahepatic disease, or extrahepatic disease limited to the bone, lymph nodes, subcutaneous tissues, or lung that is amenable to resection or radiation. **August 14, 2023.**
- The FDA approved the fixed dose combination of **niraparib and abiraterone acetate** (Akeega, Janssen Biotech, Inc.), with prednisone, for adult approval to **elranatamab-bcmm** (Elrexfio, Pfizer, Inc.), a bispecific B-cell maturation antigen (BCMA)-directed CD3 T-cell engager, for adults with relapsed or refractory multiple myeloma who have received at least four prior lines of therapy, including a proteasome inhibitor, an immunomodulatory agent, and an anti-CD38 monoclonal antibody. **August 14, 2023.**
- The FDA approved the fixed dose combination of **niraparib and abiraterone acetate** (Akeega, Janssen Biotech, Inc.), with prednisone, for adult patients with deleterious or suspected deleterious BRCA-mutated castration-resistant prostate cancer (mCRPC), as determined by an FDA-approved test. **August 11, 2023.**
- The FDA granted accelerated approval to **talquetamab-tgvs** (Talvey, Janssen Biotech, Inc.) adults with relapsed or refractory multiple myeloma who have received at least four prior lines of therapy, including a proteasome inhibitor, an immunomodulatory agent, and an anti-CD38 monoclonal antibody. **August 9, 2023.**

Continued on page 11

MCC in Hastings & Grand Island



Dr. M. Sitki Copur and the Morrison Cancer Center team serve patients in both locations.

Patients have a choice



No one chooses to have cancer. But when cancer chooses the patients you serve, please let them know they have the option of referral to Dr. Copur and his team at the Morrison Cancer Center.

402-460-5899
308-384-2446

FDA hematology/oncology drug approvals since last issue

Continued from page 10

- The FDA granted regular approval to **pralsetinib** (Gavreto, Genentech, Inc.) for adult patients with metastatic rearranged during transfection (RET) fusion-positive non-small cell lung cancer (NSCLC) as detected by an FDA-approved test. **August 9, 2023.**

- The FDA approved **trifluridine and tipiracil** (LONSURF, Taiho Oncology, Inc.) with bevacizumab, for metastatic colorectal cancer (mCRC) previously treated with fluoropyrimidine-, oxaliplatin- and irinotecan-based chemotherapy, an anti-VEGF biological therapy, and if RAS wild-type, an anti-EGFR therapy. **August 2, 2023.**

- The FDA approved **dostarlimab-gxly** (Jemperli, GlaxoSmithKline) with carboplatin and paclitaxel, followed by single-agent dostarlimab-gxly, for primary advanced or recurrent endometrial cancer (EC) that is mismatch repair deficient (dMMR), as determined by an FDA-approved test, or microsatellite instability-high (MSI-H). **July 31, 2023.**

- The FDA approved **quizartinib** (Vanflyta, Daiichi Sankyo, Inc.) with standard cytarabine and anthracycline induction and cytarabine consolidation, and as maintenance monotherapy following consolidation chemotherapy, for the treatment of adult patients with newly diagnosed acute myeloid leukemia (AML) that is FLT3 internal tandem duplication (ITD)-positive, as

detected by an FDA-approved test. **July 20, 2023.**

- The FDA approved **talazoparib** (Talzenna, Pfizer, Inc.) with enzalutamide for homologous recombination repair (HRR) gene-mutated metastatic castration-resistant prostate cancer (mCRPC). **June 20, 2023.**

- The FDA granted accelerated approval to **glofitamab-gxbm** (Columvi, Genentech, Inc.) for relapsed or refractory diffuse large B-cell lymphoma, not otherwise specified (DLBCL, NOS) or large B-cell lymphoma (LBCL) arising from follicular lymphoma, after two or more lines of systemic therapy. **June 15, 2023.**



Stereotactic ablative radiotherapy with or without immunotherapy for early stage or isolated lung parenchymal recurrent node-negative, non-small-cell lung cancer: an open-label, randomized, phase 2 trial

Stereotactic ablative radiotherapy (SABR) is the standard treatment for medically inoperable early-stage non-small-cell lung cancer (NSCLC), but regional or distant relapses, or both, are common. The utility of immunotherapy in stage I and II cases is unclear. Authors performed an open-label, randomized, phase 2 trial comparing SABR to I-SABR, conducted at three different hospitals in TX, USA. People aged 18 years or older with histologically proven treatment-naïve stage IA–IB (tumor size ≤ 4 cm, N0M0), stage IIA (tumor size ≤ 5 cm, N0M0), or stage IIB (tumor size >5 cm and ≤ 7 cm, N0M0) as per the American Joint Committee on Cancer version 8

staging system or isolated parenchymal recurrences (tumor size ≤ 7 cm) NSCLC (TanyNanyM0 before definitive surgery or chemoradiotherapy) were included in this trial. Participants were randomly assigned to receive SABR with or without four cycles of nivolumab (480 mg, once every 4 weeks, with the first dose on the same day as, or within 36 h after, the first SABR fraction).

At a median 33 months' follow-up, I-SABR significantly improved 4-year event-free survival from 53% (95% CI 42–67%) with SABR to 77% (66–91%; per-protocol population, hazard ratio (HR) 0.38; 95% CI 0.19–0.75; $p=0.0056$; ITT

population, HR 0.42; 95% CI 0.22–0.80; $p=0.0080$). There were no grade 3 or higher adverse events associated with SABR. Compared with SABR alone, I-SABR significantly improved event-free survival at 4 years in people with early-stage treatment-naïve or lung parenchymal recurrent node-negative NSCLC, with tolerable toxicity.

Ref: Chang JY, Lin SH, Dong W, et al. *Lancet* 2023; [https://doi.org/10.1016/S0140-6736\(23\)01384-3](https://doi.org/10.1016/S0140-6736(23)01384-3)



Mary Lanning

HEALTHCARE

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402-460-5899

Grand Island location:

3563 Prairieview Street,
Suite 100
308-384-2446



**Five Pillars of the
Morrison Cancer Center**

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Mary Lanning
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