



M. Sitki Copur, MD FACP

Thomas Zusag, MD

Carlene Springer, APRN

Anne Roberts, PA-C



A quarterly newsletter from Mary Lanning Healthcare's Morrison Cancer Center
Local and national cancer authority
The definition of excellence in a comprehensive, academic, community cancer program.

Coming soon: MCC-Grand Island

M. Sitki Copur, MD FACP, Medical Director

The Morrison Cancer Center plans to open a 15,000-square-foot cancer center on the campus of Grand Island Regional hospital sometime this summer. M. Sitki Copur, MD FACP, is the Medical Director of this venture.



M. Sitki Copur, MD FACP,
Medical Director

Dr. Copur attributes the opening to the success of the MCC team in serving both Hastings and Grand Island.

"With our academic/community-based approach and 24/7 inpatient/outpatient, comprehensive and passionate care, we have accomplished our goal of providing excellent service to the central Nebraska population," Dr. Copur said.

The Morrison Cancer Center, located in Hastings, has been offering patient appointments with Dr. Copur in Grand Island since December 2018. These appointments have taken place at Central Nebraska Specialty Clinic.

With the opening of the new space in the Prairie Commons Medical Office Building in Grand Island this summer,



— under the medical direction of Dr. Copur — will be able to offer the same consults and follow-ups plus chemotherapy, biologic therapy, immunotherapy, radiation therapy, PET/CT imaging, lab services and a state-of-the-art infusion center for administration of fluids and blood products.

Please watch for details on the grand opening later this summer.

This issue

- Increasing care
- New employees
- Publication milestones

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New employees join MCC



Courtney Woita recently joined the MCC staff as a front desk receptionist and Chianne Rodriguez adds to our army of skilled chemotherapy certified nurses.

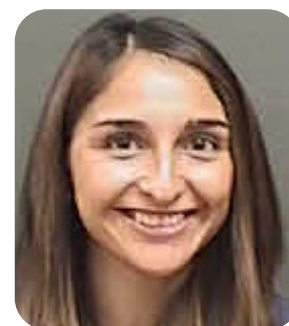
Courtney Woita

Woita was born and raised in Hastings. She grew up as part of the Mary Lanning Healthcare family because her mother, Meg Woita,

has worked in Engineering for many years. Woita started as a Department Assistant in the Emergency Department while finishing college to earn her bachelor's degree. Since then, she worked as dialysis technician and scheduler.

"I love the relationships I am able to form with patients, and

have not been able to find that bond in any other setting than healthcare," Woita said. "Healthcare really is my calling. I am so excited to be a part of the Morrison Cancer Center team."



Chianne Rodriguez

Rodriguez was born and raised in Cozad. After graduating from nursing school in 2019, she worked as oncology coordinator at the Henderson Hospital.

"I love the MCC staff I get to work with, as well as the patient I get to care for," Rodriguez said. "My favorite part of the job is the ongoing relationship I get to build with our patients throughout their cancer journey."

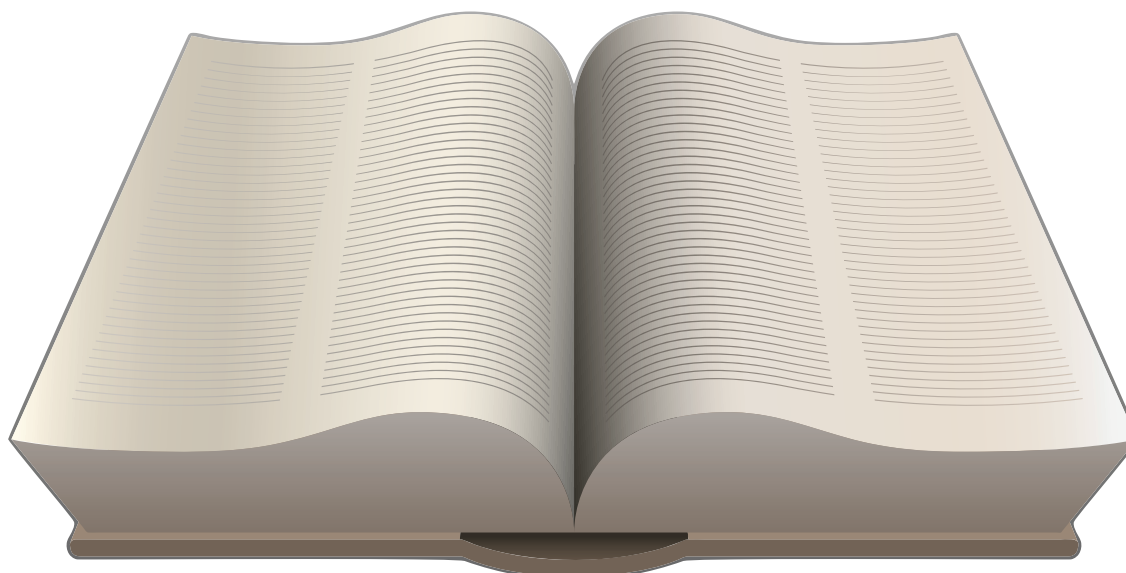
MCC represented in 72 publications

By April 2021, articles by Morrison Cancer Center staff members will have been published in 72 peer-reviewed scientific publications.

Publications include the New England Journal of Medicine, Journal of Clinical Oncology, Nature Reviews, Clinical Cancer Research and Oncology. Sixteen are original articles, 14 are case studies, 14 are commentaries and 14 are abstract presentations for large hematology/oncology meetings (ASH, ASCO, SABCS and AACR). Thirteen are book chapters in popular oncology textbooks (De Vita, Chu-DeVita).

"This is very unusual for a community-based oncology program. The publications set us apart from other programs," said Dr. M. Sitki Copur, MCC Medical Director of Oncology. "Morrison Cancer Center will continue to excel in not only providing the best hematology/oncology care but also will continue to publish and share its knowledge and experience with the oncology world."

For a detailed list of all publications, please see our previous newsletters at www.marylanning.org/our-services/cancer-care/publications/



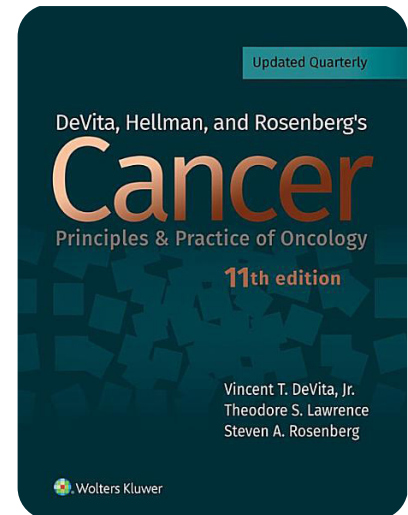
Dr. Copur invited to write part of textbook

Dr. M. Sitki Copur has been invited to write the "Miscellaneous Chemotherapy Drugs" chapter in the upcoming 12th edition of "Cancer: Principles & Practice of Oncology."

Devita, Hellman and Rosenberg's textbook has been acclaimed by the worldwide medical community as a standard-setting oncology reference. Its primary goal is

to present the practicing oncologist with practical and cutting-edge information to ensure the best possible care for each patient.

Taking a multidisciplinary approach, the authors have asked a surgeon, a medical oncologist and a radiation oncologist to contribute to each of the major treatment chapters.



MCC featured in two newspapers

In January, Dr. M. Sitki Copur talked about the COVID-19 mRNA vaccines, explaining their relevance to cancer research.

The interview was based on an article Dr. Copur wrote on the topic. Dr. Copur highlighted the significance of the first time human use of two mRNA vaccines, which will open the gateway for cancer vaccine research.

The Lincoln Journal Star also picked up the Grand Island article.

To read the full article
https://theindependent.com/news/local/excited-about-the-possibilities-oncologist-says-covid-vaccines-may-help-with-cancer-treatment/article_590e-2da2-5e0f-11eb-aace-7f94df998e9d.html

https://journalstar.com/lifestyles/health-med-fit/covid-vaccines-may-help-with-cancer-treatment-nebraska-oncologist-says/article_64aacbcd-0ce8-554d-bdc0-3dfacea014b8e.html



MCC contributes to meeting of Buffett Cancer Center Community Advisory Board

A group of Morrison Cancer Center patients and caregivers recently participated in a virtual meeting of the Buffett Cancer Center Community Advisory Board. Dr. M. Sitki Copur is an inaugural member of the board.

On March 4, MCC staff and patients shared their experiences, views and ideas about cancer care, including barriers to accessing services and screenings. Information gathered during the focus groups will be shared with state and local health departments, local cancer centers and other partners throughout the state, which are working to improve cancer-related services. The report also will be available to the public.

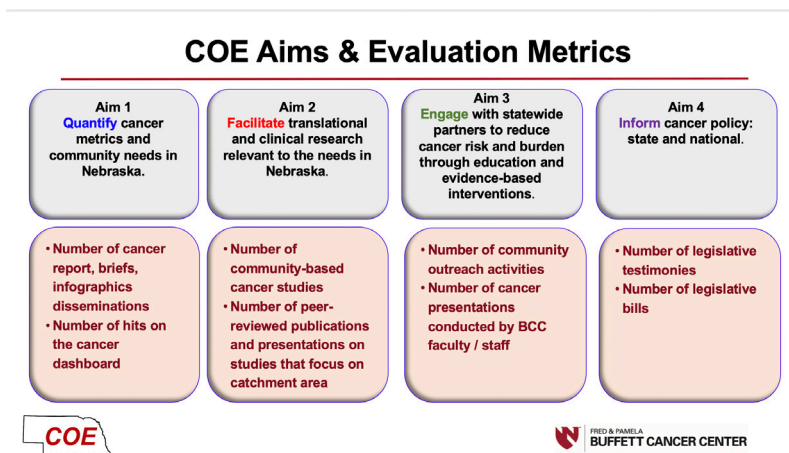
The focus groups are part of a Statewide Cancer Community Health Needs Assessment being conducted by the Buffett Cancer Center at the University of Nebraska Medical Center in collaboration with the Nebraska Cancer Coalition and the state Comprehensive Cancer Program.

"MCC is excited to be a part of this important project," Dr. Copur said.

The Buffett Cancer Center CAB is made up to patient ad-

vocates, clinicians, community members and government agency representatives.

The Fred and Pamela Buffett Cancer Center Director chooses the board members. The board's mission is to reduce the burden of cancer, promote health equity, eliminate cancer health disparities in Nebraska with community, clinical and public health partners. The program aims to facilitate development and implementation of cancer research of particular relevance in Nebraska and engage diverse populations across the state.



Abstract submitted for ASCO 2021

The Morrison Cancer Center this year again submitted an abstract to the largest oncology convention in the world, ASCO's June 2021 meeting.

This year, the MLH Pathology Department and the Morrison Cancer Center submitted data on pathology diagnoses of cancer patients.

The abstract, "Diagnostic Discrepancies in Second Opinion Pathology Reviews in a Community-Based Cancer Center, represents another example of the academic, community-based approach of the Morrison Cancer Center.

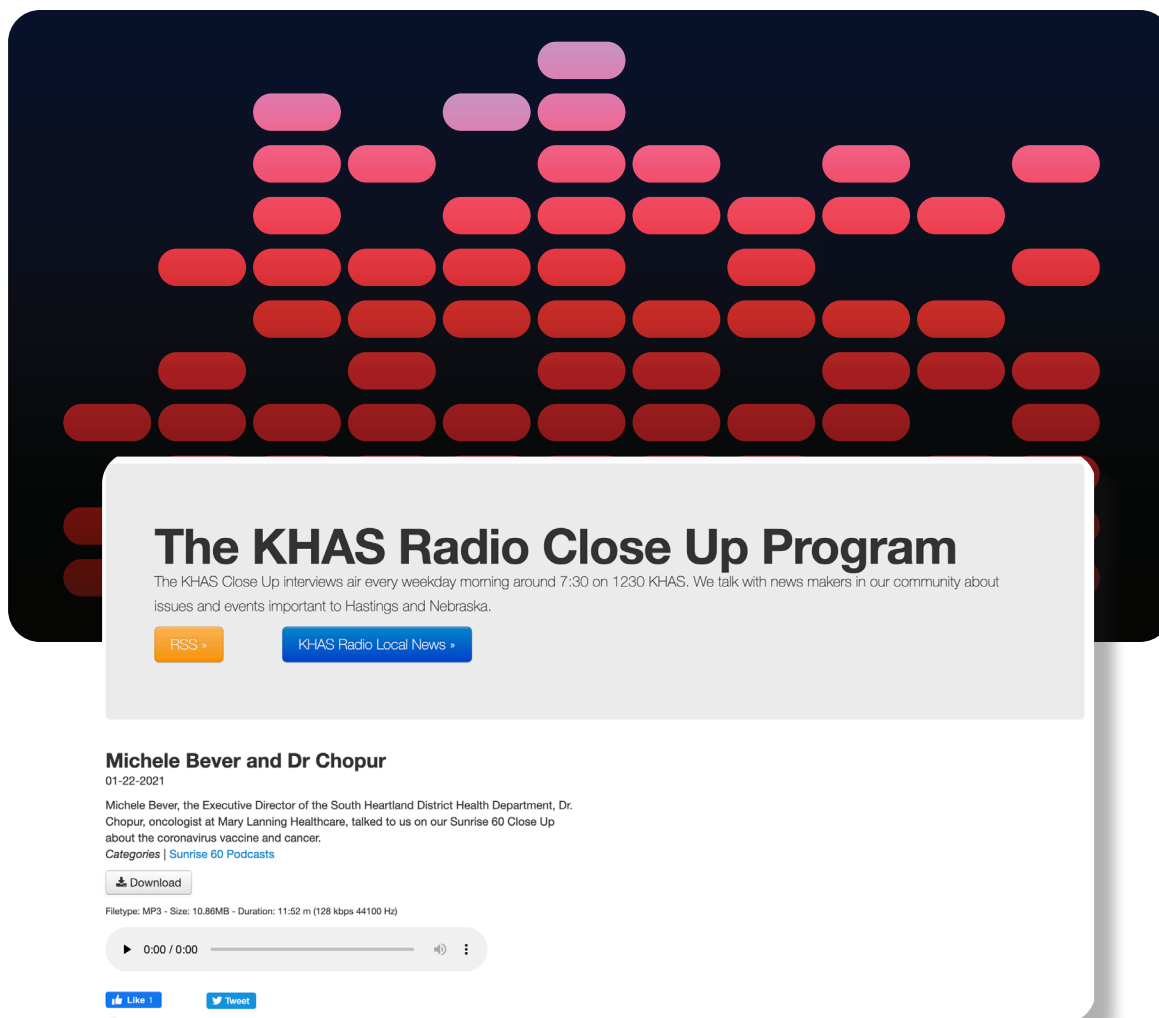
2021 ASCO[®]
ANNUAL MEETING

June 4-8, 2021 • Online

#ASCO21

2021 ASCO Annual Meeting Update

ASCO's robust scientific and education programs will be held online simultaneously June 4-8. While it will not be possible to return to an in-person meeting due to continuing COVID-19 concerns, we remain committed to delivering the latest groundbreaking science in oncology and timely information on clinical application and treatment.



Joint radio show on coronavirus & cancer

Dr. M. Sitki Copur recently joined Michelle Beaver, South Heartland District Health Department director, on a radio talk focused on COVID-19 vaccine.

Dr. Copur talked about the coronavirus vaccine and cancer patients, including the feasibility of vaccine use for chemotherapy patients. Beaver commented on process, procedures and

phases of distribution.

The audio is available at <https://www.marylanning.org/news-calendar/news/coronavirus-vaccine-and-cancer>.

New 'Ask the Expert' topics posted

The KHAS radio "Ask the Expert" segments for January, February and March can be found on the Mary Lanning website.

Topics for the quarter include a Brain and Spinal Cord Tumors for January and February and Colorectal Cancer in March. The interviews are broadcast on the first Wednesday and third Friday of each month on KHAS (1230 AM) radio.

www.marylanning.org/our-services/cancer-care/in-the-news/

Second NEJM publication for MCC

The Morrison Cancer Center recently received acceptance of our second publication in the New England Journal of medicine.

This will be the second time that MCC has had an article in the NEJM in the past two years. The article focuses on adjuvant therapy

of hormone receptor positive HER-2 negative breast cancer.

NEJM is the world's leading medical journal and website. Published continuously for more than 200 years, NEJM delivers high-quality, peer-reviewed research and interactive clinical

content to physicians, educators, researchers and the global medical community.

NEJM is cited more often in scientific literature than any other medical journal and has the highest journal impact factor (74.699) of all general medical journals.

MCC sponsors annual Race for Grace

The Morrison Cancer Center is a proud sponsor of the Race for Grace Butterfly Garden on the bike path for 2021.

The Race for Grace virtual event, which involves runners, walkers and bikers,

includes the two mile or 10 k, or 20-mile bike ride any time during the week of April 10-18. Along with a runner's race bib, participants receive a short-sleeve t-shirt. (The bicycle option is new for 2021.)



Publications since our last issue

- **Copur M.S., Bell S., Rodrigues P., Zusag T., Wedel W., Allen J.** A 65-Year-Old Man with Back Pain and Imaging Findings of Spinal Cord Compression Oncology (Williston Park). March 2021; 35 **(Published)**
- **Copur, M.S.** Adjuvant Therapy for Hormone Receptor-Positive, HER2-Negative Breast Cancer. N Engl J Med 2021. **(Published)**

- **Copur, M.S.** mRNA vaccines and Cancer Oncology (Williston Park). **(Accepted for publication)**
- **Albert Pedroza, Whitney Wedel, Nicholas Lin-tel, Adam Horn, Mehmet Sitki Copur.** Diagnostic discrepancies in second opinion pathology reviews in a community-based cancer center. Abstract 335971: J Clin Oncol 2021. **(Submitted for publication)**

- **Copur M.S.** Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine. N Engl J Medicine. **(Accepted for publication)**
- **Copur M.S.** Efficacy Safety of mRNA-1273 SARS-Cov-2 Vaccine- Vaccine or Gene Therapy? N Engl J Medicine. **(Submitted for publication)**





Dawn Hatch, RN, works with a Morrison Cancer Center patient recently. Hatch is in charge of the Vascular Access Team at MLH.

Staff highlight: Vascular Access Team

Intravenous access is extremely important in cancer care, and Dawn Hatch, RN, plays an important role at MCC.

Cancer patients require not only chemotherapy but also blood tests, medication administration, contrast fluid and blood products. Not all patients have intravenous port devices.

Hatch helps by using ultrasound imaging systems for peripheral IV insertion.

Hatch, who was instrumental in forming the MLH Vascular Access Team six years ago, previously worked in the Emergency Room and the Pediatric Unit for 13 years. She is board certified

in vascular access.

The team began when she was asked to take PICC placements from anesthesia. She perfected the process and researched/studied guidelines.

The team now has nine members, including nurses from ICU/PCU, Pediatric Unit, Cath Lab, Surgery and Infusion Center.

Hatch and her team are available 8 a.m. to 5 p.m. Monday through Friday, and are on call in the evening and on weekends. The team makes it possible to place midlines and peripheral IVs at MLH almost anytime for anyone from



newborns and up.

The team takes provider requests for PICCs, midlines, difficult access IVs, lab draws or port access.

FDA hematology/oncology drug approvals since last issue

- FDA approved **tivozanib** (Fotivda, AVEO Pharmaceuticals, Inc.), a kinase inhibitor, for adult patients with relapsed or refractory advanced renal cell carcinoma (RCC) following two or more prior systemic therapies. **March 10, 2021**
- FDA granted accelerated approval to **axicabtagene ciloleucel** (Yescarta, Kite Pharma, Inc.) for adult patients with relapsed or refractory follicular lymphoma (FL) after two or more lines of systemic therapy. **March 5, 2021**
- FDA granted regular approval to **lorlatinib** (Lorbrena, Pfizer Inc.) for patients with metastatic non-small cell lung cancer (NSCLC) whose tumors are anaplastic lymphoma kinase (ALK)-positive, detected by an FDA-approved test. **March 3, 2021**
- FDA granted accelerated approval to **melfalan flufenamide** (Pepaxto, Oncopeptides AB) in combination with dexamethasone for adult patients with relapsed or refractory multiple myeloma who have received at least four prior lines of therapy. **February 26, 2021**
- FDA approved **cemiplimab-rwlc** (Libtayo, Regeneron Pharmaceuticals, Inc.) for the first-line treatment of patients with advanced non-small cell lung cancer whose tumors have high PD-L1 expression (Tumor Proportion Score (TPS) > 50%). **February 22, 2021**
- FDA approved **cemiplimab-rwlc** for locally advanced and metastatic basal cell carcinoma. **February 9, 2021**
- FDA approved **lisocabtagene maraleucel** (Breyanzi, Juno Therapeutics, Inc.) for the treatment of adult patients with relapsed or refractory large B-cell lymphoma after two or more lines of systemic therapy. **February 5, 2021**
- FDA granted accelerated approval to **umbralisib** (Ukoniq, TG Therapeutics), a kinase inhibitor including PI3K-delta and casein kinase CK1-epsilon, for the adult patients with relapsed or refractory marginal zone lymphoma (MZL) who have received at least one prior anti-CD20-based regimen, adult patients with relapsed or refractory follicular lymphoma (FL) who have received at least three prior lines of systemic therapy. **February 5, 2021**
- FDA granted accelerated approval to **tepotinib** (Tepmetko, EMD Serono Inc.) for adult patients with metastatic non-small cell lung cancer harboring mesenchymal-epithelial transition (MET) exon 14 skipping alterations. **February 3, 2021**
- FDA approved the combination of **nivolumab** (Opdivo, Bristol-Myers Squibb Co.) and cabozantinib (Cabometyx, Exelixis) as first-line treatment for patients with advanced renal cell carcinoma (RCC). **January 22, 2021**
- FDA granted accelerated approval to **daratumumab plus hyaluronidase** (Darzalex Faspro, Janssen Biotech Inc.) in combination with bortezomib, cyclophosphamide and dexamethasone for newly diagnosed light chain (AL) amyloidosis. **January 15, 2021**
- FDA approved **fam-trastuzumab deruxtecan-nxki** (Enhertu, Daiichi Sankyo) for adult patients with locally advanced or metastatic HER2-positive gastric or gastroesophageal (GEJ) adenocarcinoma who have received a prior trastuzumab-based regimen. **January 15, 2021**
- FDA approved **crizotinib** (Xalkori, Pfizer Inc.) for pediatric patients 1 year of age and older and young adults with relapsed or refractory, systemic anaplastic large cell lymphoma that is ALK-positive. **January 14, 2021**



Randomized Phase II Study of Bevacizumab in combination with Carboplatin plus Paclitaxel in patients with previously untreated Advanced Mucosal Melanoma

Mucosal melanoma is a highly vascularized tumor with an extremely poor prognosis. The efficacy and safety of bevacizumab in combination with carboplatin plus paclitaxel was evaluated in patients with previously untreated advanced mucosal melanoma.

Patients were randomly assigned in a 2:1 ratio to receive carboplatin (area under the curve, 5) plus paclitaxel (175 mg/m²) once every four weeks in combination with 5 mg/kg) or without bevacizumab once every two weeks.

Progression-free survival (PFS) was the primary end point. Secondary end points included overall survival (OS), objective response rate, and adverse events. The median PFS was significantly longer in the bevacizumab arm (4.8 months; 95% CI, 3.6 to 6.0 months) versus no bevacizumab arm (3.0 months; 95% CI, 1.7 to 4.3 months) (hazard ratio, 0.461; 95% CI, 0.306 to 0.695; $P < .001$). Objective response rates were 19.7% and 13.2%, respectively ($P = .384$). The median OS was also significantly longer

in the bevacizumab arm (13.6 v 9.0 months; hazard ratio, 0.611; 95% CI, 0.407 to 0.917; $P = .017$). No new safety signals were observed. A phase III study should be performed to confirm these benefits.

Reference: Xieqiao Yan, Xinan Sheng, Zhihong Chi, et al. Randomized Phase II Study of Bevacizumab in Combination with Carboplatin plus Paclitaxel in Patients with Previously Untreated Advanced Mucosal Melanoma. *Journal of Clinical Oncology* 2021 39:8, 881-889.



Final results from a phase II study of infigratinib (BGJ398), an FGFR-selective tyrosine kinase inhibitor, in patients with previously treated advanced cholangiocarcinoma harboring an FGFR2 gene fusion or rearrangement

Treatment options for cholangiocarcinoma (CCA) after progression on first-line gemcitabine-based therapy are limited. Fibroblast growth factor receptor 2 (FGFR2) gene fusions occur in 13–17% of intrahepatic CCA.

A single-arm, phase II study (NCT02150967) evaluated infigratinib, an ATP-competitive FGFR1–3-selective oral tyrosine kinase inhibitor, in previously-treated advanced CCA with FGFR fusions/rearrangements.

Adult patients with advanced/metastatic CCA with progression on ≥ 1 line of systemic therapy received infigratinib 125 mg orally for 21 days of each 28-day cycle until unacceptable toxicity or disease progression. All patients received prophylaxis with the oral phosphate binder sevelamer.

Primary endpoint: objective response rate (ORR) by independent central review per RECIST v1.1, with duration of

response (DOR). Secondary endpoints: progression-free survival (PFS), disease control rate, overall survival, safety, pharmacokinetics. As of 31 March 2020, 108 patients, including 83 (77%) with FGFR2 fusions, received infigratinib: median age 53 years (range 23–81 years); 54% had received ≥ 2 prior treatment lines.

Median follow-up was 10.6 months (range 1.1–55.9 months). 96 patients (88.9%) discontinued treatment (12 ongoing). Centrally reviewed ORR was 23.1% (95% CI 15.6–32.2) including 1 CR and 24 PRs; median DOR was 5.0 months (range 0.9–19.1 months). Among responders, 8 (32.0%) patients had a DOR of ≥ 6 months.

Median PFS was 7.3 months (95% CI 5.6–7.6 months). Prespecified subgroup analysis: ORR was 34% (17/50) in the second-line setting and 13.8% (8/58) in the third-/later-line setting (3–8 prior treatments).

Most common treatment-emergent adverse events (TEAEs, any grade) were hyperphosphatemia (76.9%), eye disorders (67.6%, excluding central serous retinopathy/retinal pigment epithelium detachment [CSR/RPED]), stomatitis (54.6%), and fatigue (39.8%). CSR/RPED occurred in 16.7% of patients (including 1 G3 event; 0 G4). Other common grade 3/4 TEAEs were stomatitis (14.8%; all G3), hyponatremia (13.0%; all G3), and hypophosphatemia (13.0%; 13 G3, 1 G4).

Reference: Javle MM, Roychowdhury S, Kelley RK, et al: Final results from a phase II study of infigratinib (BGJ398), an FGFR-selective tyrosine kinase inhibitor, in patients with previously treated advanced cholangiocarcinoma containing FGFR2 fusions/rearrangements. 2021 Gastrointestinal Cancers Symposium. Abstract 265. Presented January 17, 2021.



Radiation therapy for small-cell lung cancer: ASCO guideline endorsement of an ASTRO guideline

The American Society for Radiation Oncology (ASTRO) produced an evidence-based guideline on radiation therapy (RT) for small-cell lung cancer (SCLC).

Because of the relevance of this topic to ASCO membership, ASCO reviewed the guideline, applying a set of procedures and policies used to critically examine guidelines developed by other organizations.

The ASTRO guideline on RT for SCLC

was reviewed for developmental rigor by methodologists. Then, an ASCO Expert Panel reviewed the content and the recommendations.

The ASCO Expert Panel determined that the recommendations from ASTRO guideline on RT for SCLC, published in June 2020, are clear, thorough, and based upon the most relevant scientific evidence. ASCO endorsed ASTRO guideline on RT for SCLC with a few discussion points. Recommendations addressed thoracic radiotherapy for

limited-stage SCLC, role of stereotactic body radiotherapy in stage I or II node-negative SCLC, prophylactic cranial radiotherapy, and thoracic consolidation for extensive-stage SCLC.

Reference: Daly ME, Ismaila N, Decker RH, et al. Radiation Therapy for Small-Cell Lung Cancer: ASCO Guideline Endorsement of an ASTRO Guideline *Journal of Clinical Oncology* 2021 39:8, 931-939.



American College of Gastroenterology clinical guidelines: Colorectal Cancer Screening 2021

Colorectal cancer (CRC) is the third most common cancer in men and women in the United States. CRC screening efforts are directed toward removal of adenomas and sessile serrated lesions and detection of early-stage CRC.

Detailed recommendations for CRC screening in average-risk individuals and those with a family history of CRC are discussed. The development of cost-effective, highly accurate, noninvasive modalities associated with improved overall adherence to the screening process is also a desirable goal.

Recommended CRC screening in average-risk individuals are: Screening between ages 50 and 75 years to

reduce incidence of advanced adenoma, CRC, and mortality from CRC.

Strong recommendation; moderate-quality evidence. Suggest CRC screening in average-risk individuals between ages 45 and 49 years to reduce incidence of advanced adenoma, CRC, and mortality from CRC. Conditional recommendation; very low-quality evidence.

Suggest that a decision to continue screening beyond age 75 years be individualized. Conditional recommendation; very low-quality evidence.

Recommend colonoscopy and FIT as the primary screening modalities for CRC screening. Strong recommendation; low-quality evidence.

Suggest consideration of the following screening tests for individuals unable or unwilling to undergo colonoscopy or FIT: flexible sigmoidoscopy, multitarget stool DNA test, CT colonography or colon capsule.

Conditional recommendation; very low-quality evidence. Suggest against Septin 9 for CRC screening. Conditional recommendation, very low-quality of evidence

Reference: Aasma S, Charles K, Burke CA et al. *Clinical Guidelines: Colorectal Cancer Screening 2021. The American Journal of Gastroenterology: March 2021 - Volume 116 - Issue 3 - p 458-479.*



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Physician's Assistant

Anne Roberts, PA-C



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Anne Roberts, PA-C, has joined the oncology staff at the Morrison Cancer Center.

Roberts graduated from Bellevue University in Grand Island in 2003 with a Bachelor's Degree in Business Management. She worked as a CNA, phlebotomist and lab tech before attending Union college in Lincoln, where she received her Master's of Physician Assistant Studies. Roberts worked in several roles, including interventional radiology, dermatology, pain management, emergency services and women's health before coming to MCC.

She said she always had an interest in oncology because her parents both went through cancer and she saw many cancer patients when she worked in pain management.

"I do think my experience in pain management will help," she said. "There we were dealing with many end-stage cancer patients. Now, there will be many patients with different diagnoses, some of whom I can help cure and solve their cases. That's exciting."

Roberts joins Dr. M. Sitki Copur and Carlene Springer, APRN, at MCC. She got to know Dr. Copur when he took care of her parents. She said she is excited about all the things she can learn from Dr. Copur's experience.

"I really feel like this is where I'm supposed to be," Roberts said. "I am really excited to be with a group who appreciates working together."

Roberts lives in Grand Island with her son and daughter. She said she loves to do activities with her children, from cooking and sewing to football and golf. She also enjoys camping and traveling.



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