



Thomas Zusag, MD; Carlene Springer, APRN;
M. Sitki Copur, MD FACP and Pornchai Jonglertham, MD

- A quarterly newsletter from Mary Lanning Healthcare's Morrison Cancer Center
- The future of cancer care in central Nebraska
- An exemplary, comprehensive, academic community cancer program



Mary Lanning
HEALTHCARE
Morrison Cancer Center

May 31 - June 4, 2019 • McCormick Place • Chicago, IL

2019 ASCO Annual Meeting

Caring for Every Patient, Learning from Every Patient | #ASCO19



MCC team attends 2019 ASCO event

Morrison Cancer Center oncologists — Dr. Pornchai Jonglertham and Dr. M. Sitki Copur — recently attended the American Society of Clinical Oncology (ASCO) 2019 Annual Meeting in Chicago.

The annual event from May 31-June 4 is the largest oncology convention in the world. Around 40,000 people attended.

ASCO offers premier scientific and

educational events for oncology professionals, patient advocates, industry representatives and major medical outlets worldwide.

The MCC team's work, "Multiple genomic testing: Four-year real-world experience of community oncology practices in central rural Nebraska" was selected to be published online.

Drs. Copur and Jonglertham attended several networking meetings and talk-

ed about the upcoming 2020 edition of Cancer Chemotherapy Manual in their meeting with Dr. Edward Chu, editor of the book. Dr. Copur also met with Dr. Julie Vose and reviewed collaborative efforts between MCC and the University of Nebraska Medical Center for the upcoming joint clinical trials infrastructure.

Drs. Copur and Jonglertham also attended the ASCO President's Reception.



This issue

- Rural surgery rotation
- Clinical trials discussion
- Race for Grace
- Oncology journal editor
- Obesity and cancer
- Vital Signs Health Fair
- Survivor Dinner
- "Ask the Experts"
- Relay for Life events



UNMC and MCC discuss clinical trials



Representatives of the Morrison Cancer Center meet recently with staff from the University of Nebraska Medical Center.

Discussions about setting up a clinical trial infrastructure at the Morrison Cancer Center continued in April.

Morrison Cancer Center and University of Nebraska Medical Center representatives gathered to talk more about clinical trial opportunities and how to

make them available at MCC.

The goal is to create the clinical trials infrastructure and make a large spectrum of clinical trials — including registry trials, Big Ten Consortium, Accrue, Investigator Initiated and Alliance-NCORP trials — available to

the MCC patient population.

The future UNMC-MCC collaboration continues to be under discussion at this time. Both institutions are working diligently to realize UNMC-MCC collaboration in clinical trials.



Enzalutamide with standard first-line therapy in metastatic prostate cancer

Enzalutamide, an androgen-receptor inhibitor, has been associated with improved overall survival in men with castration-resistant prostate cancer. In this open-label, randomized, phase 3 trial, authors assigned patients to receive testosterone suppression plus either open-label enzalutamide or a standard non-steroidal antiandrogen therapy (standard-care group).

The primary end point was overall survival. Secondary end points included progression-free survival as

determined by the prostate-specific antigen (PSA) level, clinical progression-free survival, and adverse events. A total of 1,125 men underwent randomization; the median follow-up was 34 months.

Kaplan-Meier estimates of overall survival at three years were 80% in the enzalutamide group and 72% in the standard-care group. Better results with enzalutamide were also seen in PSA progression-free survival and in clinical progression-free survival hazard ratio, 0.40; $P < 0.001$.

Enzalutamide was associated with significantly longer progression-free and overall survival than standard care in men with metastatic, hormone-sensitive prostate cancer receiving testosterone suppression.

Reference: Davis ID, Martin AJ, Stockler MR et al. Enzalutamide with Standard First Line Therapy in Metastatic Prostate Cancer. N Engl J Med 2019; DOI: 10.1056/NEJMoa1903835.

MCC team shines at 2019 ASCO event



Dr. Jonglertham (left) and Dr. Copur (right) meet with Dr. Howard A. Burris, ASCO President, (center) at the ASCO President's Reception.



Dr. Copur discusses the future of clinical trials at MCC with Dr. Julie Vose during the 2019 ASCO Annual Meeting in Chicago.



The CancerNetwork, home of Oncology Journal, speaks with Dr. M. Sitki Copur from the Morrison Cancer Center on three different topics during the 2019 ASCO Annual Meeting in Chicago.

Interviews are available at
www.cancernetwork.com/article/dr-mehmet-sitki-copur-multiplex-genomic-testing?qt-resource_topics_rightrail=0 and
www.cancernetwork.com/asco-street-team/dr-mehmet-sitki-copur-most-exciting-research-presented-asco-2019



Rural rotation for general surgery residents at MLH

Since 2016, Mary Lanning Healthcare has teamed up with the University of Nebraska Medical Center to provide a rural rotation for third-year general surgery residents.

at MLH. In April 2019, Dr. Jerry Seiler of Hastings worked with UNMC surgery resident Bradley Hall, MD. Dr. Seiler, a UNMC graduate who has been practicing nearly 40 years, is pictured at top left with Hall.



This is the only such rotation outside of Omaha. By the end of the 2018-2019 academic year, 20 residents will have participated in this program. Residents have the chance to participate in specialty surgeries, including neurosurgery and endocrine surgery

Residents additionally work with surgeons of Central Nebraska General Surgery. Pictured at left with Drs. Shellie Faris, Caleb Schroeder, and Mina Todorov is resident Adam Stein.



Above: Jessie Arbogast finishes the Race for Grace with her children (one of whom was running ahead) on April 6 in Grand Island. Right: Morrison Cancer Center and Mary Lanning Healthcare representatives take time out for photos at the Race for Grace.



MCC team attends annual Race for Grace

Several members of the Morrison Cancer Center and Mary Lanning Healthcare team participated in the ninth annual Race for Grace April 6 in Grand Island.

The race provided a good way for Dr. M. Sitki Copur to tell patients that he is now seeing patients in Grand Island, and for

MCC/MLH to show its support to Grand Island residents.

GRACE (Grand Island Area Cancer Endowment) is a non-profit organization established in 2008 by two Grand Island breast cancer survivors. The pair had a desire to help other local cancer

patients and their families.

The race supports the foundation, which assists with unique financial obligations and unmet needs for those fighting all types of cancer. It benefits patients who live within 40 miles of Grand Island.

Copur named editor of oncology journal

Dr. M. Sitki Copur recently was asked to serve as Editor-at-Large for *Oncology* journal.

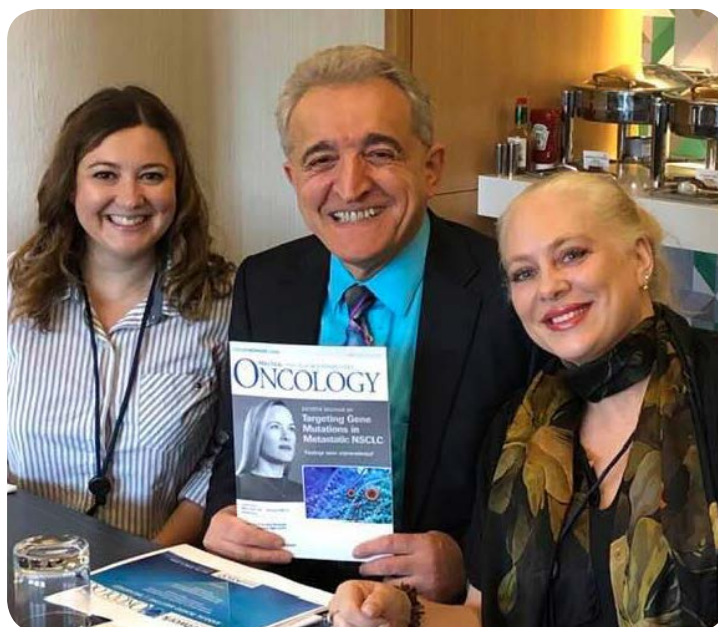
Dr. Copur has served on the community oncology editorial board for the past several years. He was named to the new post during the ASCO 2019 Annual Meeting in Chicago.

Oncology has been printed for more than 30 years and has a reputation as a

trustworthy source of high-quality information.

It features articles including Clinical Quandaries, How an Expert Approaches It, Comorbidity Consult and Point/Counterpoint.

As an editor-at-large, Dr. Copur can develop ideas for content without pitching them to the main editor. He can also propose research ideas for other writers.



Dr. M. Sitki Copur (center) is pictured with Jennifer Leavitt, executive editor of *Oncology* journal (left) and Tracy DeVito, managing editor.



Maintenance olaparib for germ-line BRCA-mutated metastatic pancreatic cancer

Patients with a germline BRCA1 or BRCA2 mutation make up a small subgroup of those with metastatic pancreatic cancer. The poly(adenosine diphosphate-ribose) polymerase (PARP) inhibitor olaparib has had antitumor activity in this population.

A randomized, double-blind, placebo-controlled, phase III trial to evaluate the efficacy of olaparib as maintenance therapy in patients who had a germ-line BRCA1 or BRCA2 mutation and metastatic pancreatic cancer and disease that had not progressed during first-line platinum-based chemotherapy was conducted. Patients were

randomly assigned, in a 3:2 ratio, to receive maintenance olaparib tablets (300 mg twice daily) or placebo. The primary end point was progression-free survival, which was assessed by blinded independent central review.

Of the 3,315 patients who underwent screening, 154 underwent randomization and were assigned to a trial intervention (92 to receive olaparib and 62 to receive placebo). The median progression-free survival was significantly longer in the olaparib group than in the placebo group (7.4 months vs. 3.8 months; hazard ratio for disease

progression or death, 0.53; 95% confidence interval [CI], 0.35 to 0.82; $P=0.004$). There was no significant between-group difference in health-related quality of life, as indicated by the overall change from baseline in the global quality-of-life score. Among patients with germ-line BRCA mutation and metastatic pancreatic cancer, progression-free survival was longer with maintenance olaparib than with a placebo.

Reference: Golan T, Hammel P, Reni M et al. Maintenance Olaparib for Germline BRCA-Mutated Metastatic Pancreatic Cancer. *N Engl J Med*. DOI: 10.1056/NEJMoa1903387.



New roles of microsatellite instability and tumor mutational burden

In this randomized phase III trial, no statistically significant difference in overall survival (OS) in patients with first-line metastatic colorectal cancer treated with chemotherapy plus either bevacizumab or cetuximab was found.

Primary tumor DNA from 843 patients has been used to discover genetic markers of OS. Patients with high TMB in their tumors had longer OS than did patients with low TMB (hazard ratio 0.73). In patients with microsatellite instability-high (MSI-H) tumors, longer OS was observed in the bevacizumab arm than in the cetuximab arm. Patients with BRAF mutant tumors had shorter OS than did patients with wild-type (WT) tumors.

Patients with extended RAS mutant tumors had shorter OS than did patients with WT tumors. Patients with triple-negative tumors (WT for NRAS/KRAS/BRAF) had a median OS of 35.9 months versus 22.2 in patients with at least one mutated gene in their tumors ($P, .001$). In patients with metastatic colorectal cancer treated in first line, low TMB, and BRAF and RAS mutations are negative prognostic factors. Patients with MSI-H tumors benefited more from bevacizumab than from cetuximab, and studies to confirm this effect of MSI-H are warranted.

Reference: Innocenti, F, Ou, FS, Qu X et al. Mutational Analysis of Patients with Colorectal Cancer in CALGB/SWOG 80405 Identifies New Roles of Microsatellite Instability and Tumor Mutational Burden for Patient Outcome. J Clin Oncol 2019. <https://doi.org/10.1200/JCO.18.01798>



Dr. M. Sitki Copur speaks to a weight loss group in Grand Island. His talk about the link between obesity and cancer was shared via teleconference to other locations.

Dr. Copur talks about obesity and cancer

Dr. M. Sitki Copur recently discussed the link between obesity and cancer in Grand Island.

Dr. Copur attended a weight loss group led by Kristi Eggers, APRN. Through a teleconference link, Dr. Copur also talked to patients in Sutton, Arcadia and Texas.

Dr. Copur shared that the evidence of a link between cancer and obesity continues to grow as the population becomes more overweight and obese. The connection between obesity and cancer has attracted much attention recently due to statements from official medical societies, including the American Medical Association (AMA).

MCC team educates at health fair

The Morrison Cancer Center team performed skin cancer screenings and provided education at the Vital Signs Health Fair in Hastings in March.

Carlene Springer, APRN, Cindy Kathman, APRN, and Dr. M. Sitki Copur provided limited skin screenings. Out of 213 screenings, 32 people had suspicious lesions and were referred for further evaluation. Of those participating in the screenings, 152 returned surveys. Eighty-eight percent of those surveyed found screenings helpful and 99 percent said educational materials were helpful.

Fecal occult blood test kits also were distributed to 223 eligible participants.



The Morrison Cancer Center team offers education and skin screenings at the Vital Signs Health Fair.

MCC helps with annual Survivor Dinner



Cancer survivors and their families gather during the annual Survivor Dinner on May 16.

Cancer survivors and their families gathered on Thursday, May 16, for the annual Survivor Dinner prior to the Adams County Relay for Life.

About 180 registered survivors joined to celebrate their victories, sharing smiles, tears, hugs and words of encouragement

with one another, their caregivers and family members.

Mary Lanning provides the meal and Relay for Life survivor t-shirts. The Morrison Cancer Center staff serve the meal and visit with survivors and guests. The event took place at Grace United Methodist Church.



Morrison Cancer Center staff helps in the kitchen during the dinner.



Alpelisib for PIK3CA-mutated, hormone receptor-positive advanced breast cancer

PIK3CA mutations occur in approximately 40% of patients with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative breast cancer. The PI3Ka-specific inhibitor alpelisib has shown antitumor activity in early studies. In a randomized, phase 3 trial, the authors compared alpelisib (at a dose of 300 mg per day) plus fulvestrant (at a dose of 500 mg every 28 days and once on day 15) with placebo plus fulvestrant in patients with HR-positive, HER2-negative advanced breast cancer who had received endocrine therapy previously.

Patients were enrolled into two

cohorts on the basis of tumor-tissue PIK3CA mutation status. The primary end point was progression-free survival, as assessed by the investigator, in the cohort with PIK3CA-mutated cancer; progression-free survival was also analyzed in the cohort without PIK3CA-mutated cancer. Secondary end points included overall response and safety.

A total of 572 patients underwent randomization, including 341 patients with confirmed tumor-tissue PIK3CA mutations. In the cohort of patients with PIK3CA-mutated cancer, progression-free survival at a median follow-up of 20 months was 11.0 months in the alpelisib-fulves-

trant group, as compared with 5.7 months in the placebo-fulvestrant group. In the overall population, the most frequent adverse events of grade 3 or 4 were hyperglycemia and rash. Treatment with alpelisib-fulvestrant prolonged progression-free survival among patients with PIK3CA-mutated, HR-positive, HER2-negative advanced breast cancer who had received endocrine therapy previously.

Reference: Andre F, Ciruelos E, Rubovszky G et al. Alpelisib for PIK3CA-Mutated, Hormone Receptor-Positive Advanced Breast Cancer.

New 'Ask the Expert' topics posted

The KHAS radio "Ask the Expert" segments for April, May and June can be found on the Mary Lanning website.

Topics for the quarter included Cancer Immunotherapy and Melanoma Skin Cancer and Sun Safety.

The interviews are broadcast the first Wednesday and third Friday of each month on KHAS (1230 AM) radio.

**[www.marylanning.org/
our-services/cancer-care/
in-the-news/](http://www.marylanning.org/our-services/cancer-care/in-the-news/)**

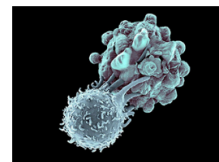
Cancer Immunotherapy

KHAS Radio - Ask the Expert

May 1, 2019

Dr. Copur discusses cancer immunotherapy.

▶ 0:00 / 21:02 ● 🔊 ⋮



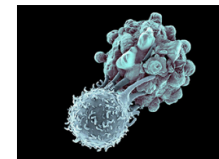
Cancer Immunotherapy

KHAS Radio - Ask the Expert

April 3, 2019

Dr. Copur discusses cancer immunotherapy.

▶ 0:00 / 19:11 ● 🔊 ⋮



Melanoma Skin Cancer and Sun Safety

KHAS Radio - Ask the Expert

June 5, 2019

Dr. Copur discusses Melanoma skin cancer and the importance of protecting yourself.

▶ 0:00 / 15:24 ● 🔊 ⋮



MCC shows up for Relay for Life events in both Hastings and GI



The Morrison Cancer Center supported Relay for Life events in Hastings on June 7 and Grand Island on June 8.

Relay for Life is the signature fundraiser of the American Cancer Society.

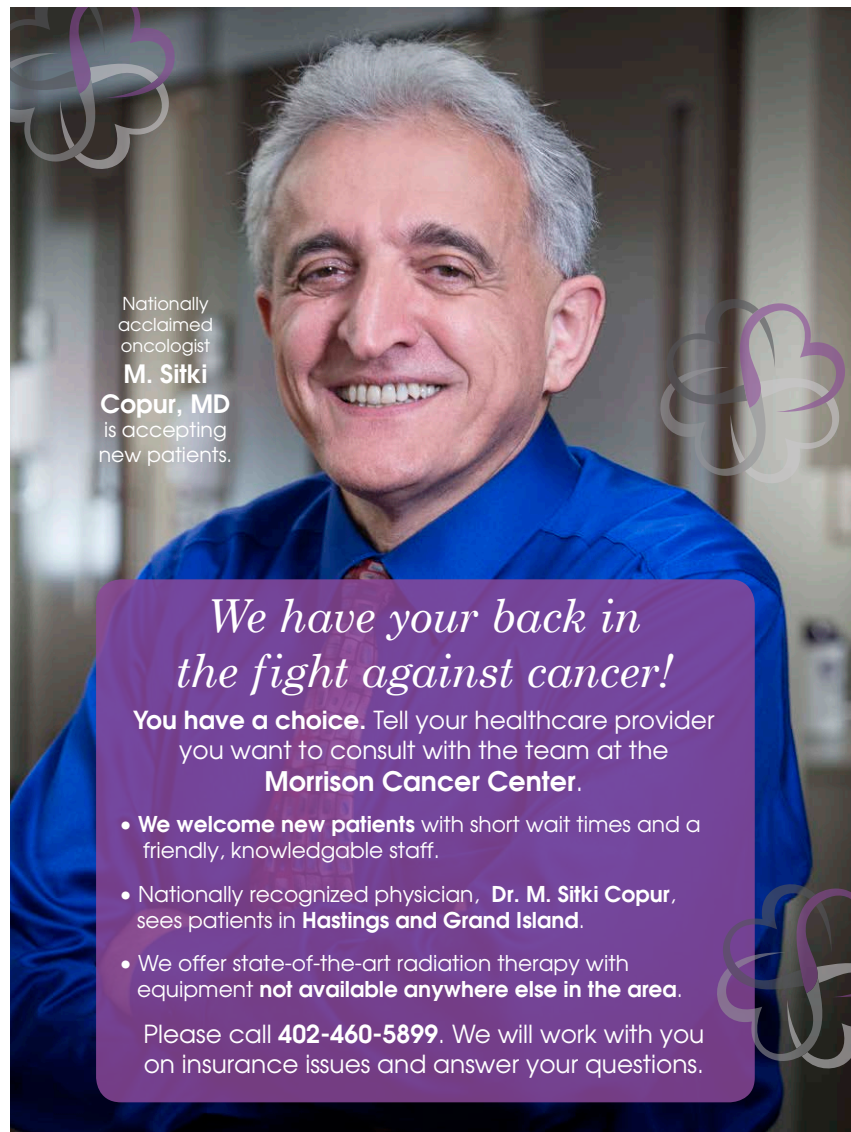
By participating in Relay for Life, the Morrison Cancer Center team supported 2.5 million survivors, patients, advocates, volunteers, caregivers and researchers in the fight against cancer.

Publications since our last issue

- **Copur MS**, et al. Molecular Analysis for Therapy Choice (MATCH) - Phase 2 Study of Palbociclib in Patients with Tumors with CCND1, 2, 3 Amplification. MATCH sub-protocol EAY131-Z1B - Clin Can Res 2019. **(Published)**
- **Copur MS, Turcotte K, Fu K, Jonglertham P**. 70-year-old woman with progressive red to violaceous papules and plaques on her neck and abdominal skin. Case Quandaries. Oncology CancerNetwork, June 2019. **(Published)**
- **Copur MS, Jonglertham P, Zusag T, Springer CR, Molnar S, Robbins L, Peterson T, Arbogast J, Muske C, Shipman S, Fakkema E**. Multiplex genomic testing (MGT): Four-year real-world experience of two community oncology practices in central rural Nebraska. J Clin Oncol 2019. **(Published)**
- **Copur MS**. State of Cancer Research Around the Globe. Oncology 2019;181-185. **(Published)**
- **Copur MS**. Supporting Data vs Patient Requests in Oncology: When the Two Don't Coincide. Oncology 2019 **(Published)**
- **Copur MS, Jonglertham P, Zusag T**. Should all patients with a diagnosis of undergo expanded panel testing. J Clin Oncol 2019. **(In press)**
- **Copur MS, Horn A**. 51-Year-Old Man with Abdominal Distension Pain. Image IQ. Oncology, CancerNetwork, November 2018. **(Accepted for publication)**
- **Copur MS, Wedel W**. 22-year-old Caucasian woman with a four-month history of pain, tenderness and swelling in her right breast. Image IQ. Oncology, CancerNetwork, November 2018. **(Accepted for publication)**
- **Islam KM, Deviany P, Anggondowati T, Ryan J, Fetrick A, Bagenda D, Copur MS**. et al. Patient-Defined Treatment Success: Perspectives of Advanced Stage Lung Cancer Patients. JOP2019. DOI:10.1200/JOP.18.00734. ManuscriptID: JOP.18.00734. **(Accepted for publication)**
- **LeBlanc TW, Eggly S, Bylund CL, Khurana M, Najdi R, Blaedel J, Medhekar R, Fu A, Rosenberg A, Copur MS**. A Patient-Physician Tool to Improve CoMMunication in Relapsed Refractory Multiple Myeloma (RRMM) **(Submitted to IMW June 2019)**
- **Copur MS, Jonglertham P**. What is Time to Treatment Failure for Alpelisib plus Fulvestrant? N Engl J Med 2019. **(Submitted for publication)**
- **Copur MS, Smatram S**. Multiple primary cancers. Oncology 2019. **(Submitted for publication)**

FDA hematology/oncology drug approvals since last issue

- **Pembrolizumab (KEYTRUDA, Merck)** for the first-line treatment of patients with metastatic or unresectable recurrent head and neck squamous cell carcinoma (HNSCC). **June 10, 2019**
- **Polatuzumab vedotin-piiq (POLIVY, Genentech, Inc.)**, a CD79b-directed antibody-drug conjugate indicated in combination with bendamustine and a rituximab product for adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL), not otherwise specified, after at least two prior therapies. **June 10, 2019**
- **Gilteritinib (XOSPATA, Astellas Pharma US, Inc.)**, indicated for adult patients who have relapsed or refractory acute myeloid leukemia (AML) with a FLT3 mutation as detected by an FDA-approved test. **May 29, 2019**
- **Lenalidomide (REVLIMID, Celgene Corp.)** in combination with a rituximab product for previously treated follicular lymphoma (FL) and previously treated marginal zone lymphoma (MZL). **May 28, 2019**
- **Alpelisib (PIQRAY, Novartis Pharmaceuticals Corporation)** in combination with fulvestrant for postmenopausal women, and men, with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative, PIK3CA-mutated, advanced or metastatic breast cancer as detected by an FDA-approved test following progression on or after an endocrine-based regimen. **May 24, 2019**
- **Ruxolitinib (JAKAFI, Incyte Corporation)** for steroid-refractory acute graft-versus-host disease (GVHD) in adult and pediatric patients 12 years and older. **May 24, 2019**
- **Dalteparin sodium (FRAGMIN, Pfizer, Inc.)** to reduce the recurrence of symptomatic venous thromboembolism (VTE) in pediatric patients 1 month of age and older. **May 16, 2019**
- **Venetoclax (VENCLEXTA, AbbVie Inc. and Genentech Inc.)** for adult patients with chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL). **May 15, 2019**
- **Avelumab (BAVENCIO, EMD Serono, Inc.)** in combination with axitinib for first-line treatment of patients with advanced renal cell carcinoma (RCC). **May 14, 2019**
- **Ramucirumab (CYRAMZA, Eli Lilly and Company)** as a single agent for hepatocellular carcinoma (HCC) in patients who have an alpha fetoprotein (AFP) of ≥ 400 ng/mL and have been previously treated with sorafenib. **May 10, 2019**
- **Ado-trastuzumab emtansine (KADCYLA, Genentech, Inc.)** for the adjuvant treatment of patients with HER2-positive early breast cancer (EBC) who have residual invasive disease after neoadjuvant taxane and trastuzumab-based treatment. **May 3, 2019**
- **Ivosidenib (TIBSOVO, Agios Pharmaceuticals, Inc.)** for newly diagnosed acute myeloid leukemia (AML) with a susceptible IDH1 mutation, as detected by an FDA-approved test, in patients who are at least 75 years old or who have comorbidities that preclude the use of intensive induction chemotherapy. **May 2, 2019**
- FDA approved **pembrolizumab (KEYTRUDA, Merck & Co. Inc.)** plus **axitinib** for the first-line treatment of patients with advanced renal cell carcinoma (RCC). **April 19, 2019**
- **Erdafitinib (BALVERSA, Janssen Pharmaceutical Companies)** for patients with locally advanced or metastatic urothelial carcinoma, with susceptible FGFR3 or FGFR2 genetic alterations, that has progressed during or following platinum-containing chemotherapy, including within 12 months of neoadjuvant or adjuvant platinum-containing chemotherapy. **April 12, 2019**
- **Pembrolizumab (KEYTRUDA, Merck Inc.)** for the first-line treatment of patients with stage III non-small cell lung cancer (NSCLC) who are not candidates for surgical resection or definitive chemoradiation or metastatic NSCLC. Patients' tumors must have no EGFR or ALK genomic aberrations and express PD-L1 (Tumor Proportion Score (TPS) $\geq 1\%$) determined by an FDA-approved test. **April 11, 2019**



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Dr. Pornchai Jonglertham
 Medical Oncologist



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