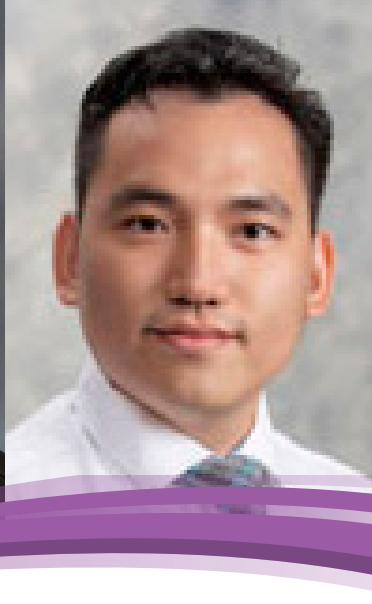
Oncology Update

Summer 2021


M. Sitki Copur, MD FACP


Jacqueline Kelly, MD


Carlene Springer, APRN


Soe Min Tun, MD

Mary Lanning HEALTHCARE
Morrison Cancer Center

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.

Late summer/fall opening planned

Mary Lanning HEALTHCARE
Morrison Cancer Center

M. Sitki Copur, MD FACP, Medical Director

Details will be coming soon for the grand opening of the Morrison Cancer Center in Grand Island. Dr. M. Sitki Copur, MD FACP, is the medical director of the center, which will feature comprehensive cancer treatment services.

"We are bringing the one-and-only, best-of-the-best, full-service, academic, community-based cancer program to the Prairie Commons at Grand Island Regional Medical Center," Dr. Copur said.

Yale grad new MCC radiation oncologist

Dr. Jacqueline Kelly (right) takes time out for a photo with Carlene Springer, APRN, and Dr. M. Sitki Copur in the MCC garden.

The Morrison Cancer Center is excited to announce that Dr. Jacqueline Kelly, MD MSc, has joined the team.

Dr. Kelly is a Yale graduate and former radiation oncologist at Yale University School of Medicine. She started full time at MCC on June 1.

She receive her Bachelor's Degree from Harvard University, her MSc in Radiation Biology with distinction from the University of Oxford and her Medical Degree from Boston University School of Medicine. Dr. Kelly completed her transitional year internship at Memorial Sloan Kettering Cancer Center in New York before finishing her radiation oncology training at Yale University School of Medicine, where she served as chief resident in her final year.

Dr. Kelly is a board certified member of the American Society for Radiation Oncology, has received numerous awards , published many articles and has clinical trials experience.

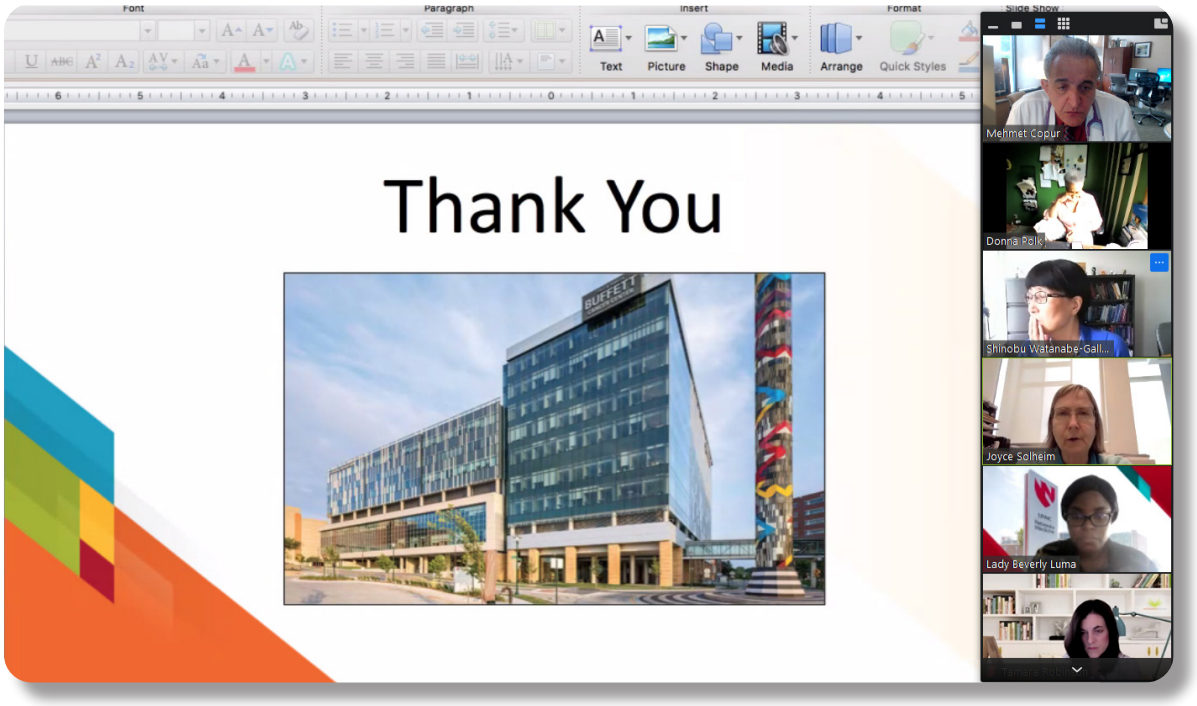
"Dr. Kelly is the perfect match for our program," Copur said. "With her extraordinary academic qualifications, clinical skills and passion for cancer patients, she is a great asset to our program."

New hematologist/oncologist to join MCC

Soe Min Tun, MD, plans to start practicing at the Morrison Cancer Center as a hematologist/oncologist in August.

Dr. Tun graduated from the University of Medicine 2, Yangon, Myanmar. He completed his internal medicine residency at Woodhull Hospital in Brooklyn, New York.

He is board certified in internal medicine. Following the completion of his hematology/oncology fellowship at the University of Massachusetts Medical School-Baystate in Springfield, Massachusetts, he will join the MCC team.



Copur attends Buffet Cancer Center CAB meeting

A Community Advisory Board (CAB) description document, needs assessment update, clinical trials data, training and education program and the CAB website development were among topics at the National Cancer Institute-designated Buffet Cancer Center Community Advisory Board (CAB) meeting on May 24.

Dr. M. Sitki Copur is a member of the board. During the meeting, Dr. Copur emphasized the significance of availability and coverage for the high-quality, NCI-National Clinical Trials Network (NCI-NCTN) clinical trials.

Since the 2000 Clinical Trials National Coverage Determination Act, the so-called routine costs of clinical trial participation have been covered by Medicare and private payers, Dr. Copur said. However, Medicaid beneficiaries have been excluded from these federal measures, an omission that left states to legislate their own coverage policies.

Consequently, state Medicaid programs have varied in the degree to which they cover the routine costs associated with trial participation. Only 15 states, not including Nebraska, mandated full coverage.

Participation rates in clinical trials remain low for racial and ethnic minority groups, which results in study samples that do not accurately reflect populations that could benefit from the products being studied.

Dr. Copur discussed information published in the May 27 New England Journal of Medicine. Beginning in January 2022, coverage of routine costs associated with clinical trial participants will be guaranteed for all Medicaid beneficiaries for the first time in the program's history.

"Extending federally mandated coverage of routine trial-related costs to Medicaid beneficiaries could help ameliorate long-standing barriers that have suppressed enrollment of low-income and non-white patients in research."

MLH Pathology and MCC collaborate on work for ASCO conference

The Morrison Cancer Center and Mary Lanning Healthcare Pathology worked together on a publication that was presented virtually during the 2021 American Society of Clinical Oncology (ASCO) annual meeting.

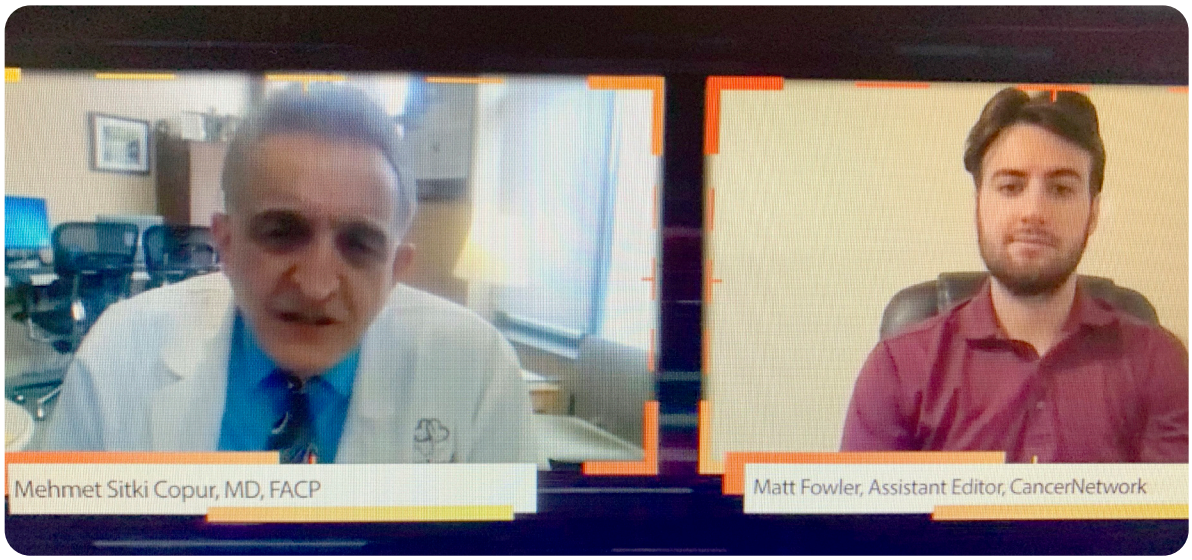
The meeting took place June 4-8 in virtual format.

"Every year, our academic, community-based cancer program presents/publishes at least one abstract," said Dr. M. Sitki Copur. "This year was no different."

The collaborative work, "Diagnostic discrepancies in second opinion pathology reviews in a community-based cancer center," was accepted for publication under the session, Health Services Research and Quality Improvement.

In observance of National Nurses Week (May 6-12), Dr. M. Sitki Copur (center) and his team marked the occasion with scrubs, shirts and banners with the theme, "Shark Nurses' Team, going after cancer one bite at a time." Dr. Copur emphasizes that nurses are vital in providing all healthcare services, especially in cancer care. "Behind every great oncologist, there is a great oncology nurse," Dr. Copur said.

CancerNetwork features Copur on vaccines



Dr. M. Sitki Copur recently appeared on a CancerNetwork online video to discuss the COVID-19 vaccine and cancer.

Dr. Copur discussed how the FDA approval of the messenger RNA (mRNA) vaccines, similar to the COVID-19 vaccine, opens the door for future cancer immunotherapy and mRNA vaccines.

Dr. Copur talked about his article in the journal ONCOLOGY®, "Messenger RNA Vaccines - Beckoning a New Era in Cancer Immunotherapy."

To view the interview, please see www.cancernetwork.com/view/messenger-rna-vaccines-beckoning-of-a-new-era-in-cancer-immunotherapy

www.marylanning.org/our-services/cancer-care/publications/

Website features access to MCC publications

A page on the Mary Lanning Healthcare website now organizes the Morrison Cancer Center publications in one place.

Christian Fruehling, web and graphic arts specialist with the MLH PR & Marketing Services Department, created the page for convenient access to the three years of peer-reviewed, scientific hematology/oncology publications from the academic, community-based MCC program.

"This is a great service from MCC to the rest of the oncology world," said Dr. M. Sitki Copur. "Now, our cancer center's academic and scientific work can be easily accessed and referenced/cited. This puts us among the top academic cancer centers, which publish and share their data."

Copur interviewed by NTV about sunscreen

Dr. M. Sitki Copur participated in an NTV News story about sunscreen and skin cancer recently.

May was National Skin Cancer Awareness Month and NTV did the interview discussing the most effective ways to reduce the risk of skin cancer. Dr. Copur shared medical information, as well as ways to protect yourself from the sun.

To see the full interviews:
https://nebraska.tv/news/local/study-finds-cancer-causing-chemical-in-numerous-sun-screen-and-after-sun-care-products

Dr. Omel receives outstanding award

Dr. Jim Omel, who recently spoke to the local Myeloma Support Group at Grand Island Evangelical Free Church, was honored at a recent international conference.

Dr. Omel, a myeloma survivor and advocate, started a support group for myeloma patients in 1999. During his meetings, patients share experiences and learn up-to-date information and resources. Dr. Omel has been active in all aspects of promoting awareness of the disease. Many MCC patients attend, and speak highly of, his support group.

Dr. Omel received an award for his outstanding work during the 7th World Congress on Controversies in Multiple Myeloma in Paris. He was honored alongside three other myeloma advocates for their hard work, dedication and excellence in clinical care.

Staff highlight: Dietitian Max Licktieg

When it comes to cancer treatment, the importance of nutrition is often overlooked.

At the Morrison Cancer Center, registered dietitian Max Licktieg, RD LMNT, works hands on with our patients to help with this critical component.

Licktieg provides one-on-one information tools and resources to encourage good nutrition and quality of life during treatment. She helps patients form individual dietary plans to make sure they receive appropriate nutrition.

According to the World Health Organization (WHO), 30% of all cancer cases are linked to lifestyle and dietary habits. The American Institute of Cancer Research states up to 45% of cancer-related deaths in the United States are the result of poor nutrition.

"Our dietitian is another example of how our comprehensive cancer team works to provide the best-of-the-best cancer treatment," said Dr. M. Sitki Copur.

Max Licktieg, RD LMNT, talks with a patient recently concerning her dietary habits.

MCC updates/confirms PANCAN membership

The Morrison Cancer Center recently updated its membership in the Pancreatic Cancer Action Network (PANCAN).

Membership in PANCAN helps MCC increase its reach and offer services to patients affected by pancreatic cancer.

PANCAN is a United States-based organization that funds research, provides patient/caregiver support, conducts community outreach and advocates for increased federal research funding for pancreatic cancer.

Pancreatic cancer is now projected to become the second leading cause of cancer-related death in the United States.

Publications since our last issue

• **Copur, M.S.** Messenger RNA Vaccines: Beckoning of a New Era in Cancer Immunotherapy. April 2021Oncology (Williston Park, N.Y.) 35(4):190-98DOI:10.46883/ ONC.2021. 3504. 0198 **(Published)**

• **Pedroza, A., Wedel, W., Lintel, N., Horn, A., Copur, M.S.** Diagnostic discrepancies in second opinion pathology reviews in a community-based cancer center. J Clin Oncol 2021;39(S)e18650. **(Published)**

• **Copur, M.S.** Cushman, A.V,. Padussis, J.C., **Wedel, W.,** Schroeder, C., **Herold, D., Lintel, N.,** Horn A. Mucinous Adenocarcinoma of the Appendix with Histologic Response to Neoadjuvant Chemotherapy- Review of Histologic and Clinical Spectrum of Epithelial Neoplastic Mucinous Lesions of the Appendix," Oncology 2021 June 2021.**(Accepted for publication)**

• Clark, A.S,. Hong, F,. Finn, R.S., DeMichele Am, Mitchell, E.P,. Zwiebel, J,. **Copur, M.S.** et al. Phase II Trial of Palbociclib in CCND 1, 2 or 3 Amplified Non-Breast Tumors: Results from the NCI-MATCH Trial (EAY131) Sub-protocol Z1B. Clin Can Res 2021.**(Submitted for publication)**

• **Copur, M.S., Kelly J., Faris, S., Herold, D., Lintel, N., Horn, A., Wedel, W., Riley, B.** A 64-Year-old Man with BRCA Mutated Breast Cancer-Known and Unknown Aspects of Male Breast Cancer. Oncology 2021 **(Submitted for publication)**

FDA hematology/oncology drug approvals since last issue

• FDA granted accelerated approval to **infigratinib** (Truseltiq, QED Therapeutics, Inc.), a kinase inhibitor for adults with previously treated, unresectable locally advanced or metastatic cholangiocarcinoma with a fibroblast growth factor receptor 2 (FGFR2) fusion or other rearrangement as detected by an FDA-approved test. **May 28, 2021.**

• FDA granted accelerated approval to **sotorasib** (Lumakras™, Amgen, Inc.), a RAS GTPase family inhibitor, for adult patients with KRAS G12C mutated locally advanced or metastatic non-small cell lung cancer (NSCLC), as determined by an FDA approved test, who have received at least one prior systemic therapy. **May 28, 2021.**

• FDA granted accelerated approval to **amivantamab-vmjw** (Rybrevant, Janssen Biotech, Inc.) for adult patients with locally advanced or metastatic non-small cell lung cancer with EGFR exon 20 insertion mutations that progressed on or after platinum-based chemotherapy. **May 21, 2021.**

• FDA approved **nivolumab** (Opdivo, Bristol-Myers Squibb Company) for patients with completely resected esophageal or gastroesophageal junction (GEJ) cancer with residual pathologic disease who have received neoadjuvant chemoradiotherapy. **May 20, 2021.**

• FDA granted accelerated approval to **pembrolizumab** (Keytruda, Merck & Co.) in combination with trastuzumab, fluoropyrimidine- and platinum-containing chemotherapy for the first-line treatment of patients with locally advanced unresectable or metastatic HER2 positive gastric or gastroesophageal junction (GEJ) adenocarcinoma. **May 5, 2021.**

• FDA granted accelerated approval to **loncastuximab tesirine-lpyl** (Zynlonta, ADC Therapeutics SA), a CD19-directed antibody and alkylating agent conjugate, for adult patients with relapsed or refractory large B-cell lymphoma after two or more lines of systemic therapy, including diffuse large B-cell lymphoma (DLBCL) not otherwise specified, DLBCL arising from low grade lymphoma, and high-grade B-cell lymphoma. **April 23, 2021.**

• FDA granted accelerated approval to **dostarlimab-gxly** (Jemperli, GlaxoSmithKline LLC) for adult patients with mismatch repair deficient (dMMR) recurrent or advanced endometrial cancer, as determined by an FDA-approved test that has progressed on or following a prior platinum-containing regimen. **April 22, 2021.**

• FDA approved **nivolumab** (Opdivo, Bristol-Myers Squibb Company) in combination with fluoropyrimidine- and platinum-containing chemotherapy for advanced or metastatic gastric cancer, gastroesophageal junction cancer, and esophageal adenocarcinoma. **April 16, 2021.**

• FDA granted accelerated approval to **sacituzumab govitecan** for advanced urothelial cancer. **April 13, 2021.**

• FDA granted regular approval to **sacituzumab govitecan** (Trodelvy, Immunomedics Inc.) for patients with unresectable locally advanced or metastatic triple-negative breast cancer (mTNBC) who have received two or more prior systemic therapies, at least one of them for metastatic disease. **April 7, 2021.**

Phase III study of lutetium-177-PSMA-617 in patients with metastatic castration-resistant prostate cancer (VISION)

Despite recent therapeutic advances, metastatic castration-resistant prostate cancer (mCRPC) remains invariably fatal.

Prostate-specific membrane antigen (PSMA) is highly expressed in mCRPC lesions. 177Lu-PSMA-617 is a targeted radioligand therapy that delivers ß-particle radiation to PSMA-expressing cells and surrounding microenvironment. VISION was an international, randomized, open-label phase III study evaluating 177Lu-PSMA-617 in men with PSMA-positive mCRPC previously treated with next-generation androgen receptor signaling inhibition and 1–2 taxane regimens. Patients were randomized 2:1 to 177Lu-PSMA-617 (7.4 GBq every 6 weeks x 6 cycles) plus standard of care (SOC) versus SOC alone.

SOC was investigator determined but excluded cytotoxic chemotherapy and radium-223. The alternate primary endpoints were radiographic progression-free survival (rPFS) using PCWG3 criteria by independent central review (ICR) and overall survival (OS). Between 4 June 2018 and 23 October 2019, 831 of 1179 screened patients were randomized 2:1 to receive 177Lu-PSMA-617 + SOC (n = 551) or SOC only (n = 280). Median study follow-up was 20.9 months at the data cut-off (27 January 2021). Treatment groups were balanced in terms of demographics and baseline characteristics. 177Lu-PSMA-617 + SOC significantly improved rPFS versus SOC alone (median rPFS, 8.7 vs 3.4 months; HR, 0.40 [99.2% CI: 0.29, 0.57]; p < 0.001, one-sided).

The alternate primary endpoint of OS was also significantly improved versus SOC alone (median OS, 15.3 vs 11.3 months; HR, 0.62 [95% CI: 0.52, 0.74]; p < 0.001, one-sided).

All key secondary endpoints were statistically significant between the treatment arms in favor of 177Lu-PSMA-617 + SOC, and therapy was well tolerated. 177Lu-PSMA-617 plus SOC treatment is a well-tolerated regimen that improves rPFS and prolongs OS compared with SOC alone in men with advanced-stage PSMA-positive mCRPC, supporting its adoption as a standard of care.

Reference: *Ael J. Morris, Johann S. De Bono, et al., J Clin Oncol 39, 2021 (suppl 15; abstr LBA4) DOI:10.1200/JCO.2021.39.15_suppl.LBA4.2021 Annual Meeting Proceedings Notices.*

Potentially Practice Changing DATA

Sotorasib for lung cancers with KRAS p.G12C mutation

Sotorasib showed anticancer activity in patients with KRAS p.G12C–mutated advanced solid tumors in a phase 1 study, and particularly promising anticancer activity was observed in a subgroup of patients with non–small-cell lung cancer (NSCLC).

In a single-group, phase 2 trial, the activity of sotorasib, administered orally at a dose of 960 mg once daily was investigated in patients with KRAS p.G12C–mutated advanced NSCLC previously treated with standard therapies. The primary end point was objective response (complete or partial response) according to independent central review.

Key secondary end points included duration of response, disease control (defined as complete response, partial response, or stable disease), progression-free survival, overall survival, and safety. Exploratory biomarkers were evaluated for their association with response to sotorasib therapy. Among the 126 enrolled patients, the majority (81.0%) had previously received both platinum-based chemotherapy and inhibitors of programmed death 1 (PD-1) or programmed death ligand 1 (PD-L1).

According to central review, 124 patients had measurable disease at baseline and were evaluated for response. An objective response was observed in 46 patients (37.1%; 95% confidence interval [CI], 28.6 to 46.2), including in 4 (3.2%) who had a complete response and in 42 (33.9%) who had a partial response.

The median duration of response was 11.1 months (95% CI, 6.9 to could not be evaluated). Disease control occurred in 100 patients (80.6%; 95% CI, 72.6 to 87.2). The median progression-free survival was 6.8 months (95% CI, 5.1 to 8.2), and the median overall survival was 12.5 months (95% CI, 10.0 to could not be evaluated). Treatment-related adverse events occurred in 88 of 126 patients (69.8%), including grade 3 events in 25 patients (19.8%) and a grade 4 event in 1 (0.8%). Responses were observed in subgroups defined according to PD-L1 expression, tumor mutational burden, and co-occurring mutations in STK11, KEAP1, or TP53. Sotorasib therapy led to a durable clinical benefit without new safety signals in patients with previously treated KRAS p.G12C–mutated NSCLC.

Reference: *F. Skoulidis, B.T. Li, G.K. Dy, T.J. Price, G.S. Falchook. N Engl J Med. DOI: 10.1056/NEJMoa2103695*

Potentially Practice Changing DATA

Adjuvant Nivolumab versus placebo in muscle-invasive Urothelial Carcinoma

The role of adjuvant treatment in high-risk muscle-invasive urothelial carcinoma after radical surgery is not clear. In a phase 3, multicenter, double-blind, randomized, controlled trial, authors assigned patients with muscle-invasive urothelial carcinoma who had undergone radical surgery to receive, in a 1:1 ratio, either nivolumab (240 mg intravenously) or placebo every 2 weeks for up to 1 year.

Neoadjuvant cisplatin-based chemotherapy before trial entry was allowed. The primary end points were disease-free survival among all the patients (intention-to-treat population) and among patients with a tumor programmed death ligand 1 (PD-L1) expression level of 1% or more.

Survival free from recurrence outside the urothelial tract was a secondary end point. A total of 353 patients were assigned to receive nivolumab and 356 to receive placebo. The median disease-free survival in the intention-to-treat population was 20.8 months (95% confidence interval [CI], 16.5 to 27.6) with nivolumab and 10.8 months (95% CI, 8.3 to 13.9) with placebo. The percentage of patients who were alive and disease-free at 6 months was 74.9% with nivolumab and 60.3% with placebo (hazard ratio for disease recurrence or death, 0.70; 98.22% CI, 0.55 to 0.90; P<0.001).

Among patients with a PD-L1 expression level of 1% or more, the percentage of patients was 74.5% and 55.7%, respectively (hazard ratio, 0.55; 98.72% CI, 0.35 to 0.85; P<0.001). The median survival free from recurrence out-side the urothelial tract in the intention-to-treat population was 22.9 months (95% CI, 19.2 to 33.4) with nivolumab and 13.7 months (95% CI, 8.4 to 20.3) with placebo. The percentage of patients who were alive and free from recurrence outside the urothelial tract at 6 months was 77.0% with nivolumab and 62.7% with placebo (hazard ratio for recurrence outside the urothelial tract or death, 0.72; 95% CI, 0.59 to 0.89). Among patients with a PD-L1 expression level of 1% or more, the percent-age of patients was 75.3% and 56.7%, respectively (hazard ratio, 0.55; 95% CI, 0.39 to 0.79) Patients with high-risk muscle-invasive urothelial carcinoma who had undergone radical surgery, disease-free survival was longer with adjuvant nivolumab than with placebo in the intention-to-treat population and among patients with a PD-L1 expression level of 1% or more.

Reference: *D.F. Bajorin, J.A. Witjes, J.E. Gschwend, M. Schenker, B.P. N Engl J Med 2021;384:2102-14.DOI: 10.1056/NEJMoa2034442*

Potentially Practice Changing DATA

Adjuvant Olaparib for patients with BRCA1- or BRCA2-mutated breast cancer

Poly (adenosine diphosphate–ribose) polymerase inhibitors target cancers with defects in homologous recombination repair by synthetic lethality. New therapies are needed to reduce recurrence in patients with BRCA1 or BRCA2 germline mutation–associated early breast cancer.

Authors conducted a phase 3, double-blind, randomized trial involving patients with human epidermal growth factor receptor 2 (HER2)–negative early breast cancer with BRCA1 or BRCA2 germline pathogenic or likely pathogenic variants and high-risk clinicopathological factors who had received local treatment and neoadjuvant or adjuvant chemotherapy. Patients were randomly assigned (in a 1:1 ratio) to 1 year of oral olaparib or placebo. The primary end point was invasive disease–free survival. A total of 1836 patients underwent randomization. At a prespecified event-driven interim analysis with a median follow-up of 2.5 years, the 3-year invasive disease–free survival was 85.9% in the olaparib group and 77.1% in the placebo group (difference, 8.8 percentage points; 95% confidence interval [CI], 4.5 to 13.0; hazard ratio for invasive disease or death, 0.58; 99.5% CI, 0.41 to 0.82; P<0.001). The 3-year distant disease–free survival was 87.5% in the olaparib group and 80.4% in the placebo group (difference, 7.1 percentage points; 95% CI, 3.0 to 11.1; hazard ratio for distant disease or death, 0.57; 99.5% CI, 0.39 to 0.83; P<0.001).

Olaparib was associated with fewer deaths than placebo (59 and 86, respectively) (hazard ratio, 0.68; 99% CI, 0.44 to 1.05; P=0.02); however, the between-group difference was not significant at an interim-analysis boundary of a P value of less than 0.01. Safety data were consistent with known side effects of olaparib, with no excess serious adverse events or adverse events of special interest.

Among patients with high-risk, HER2-negative early breast cancer and germline BRCA1 or BRCA2 pathogenic or likely pathogenic variants, adjuvant olaparib after completion of local treatment and neoadjuvant or adjuvant chemotherapy was associated with significantly longer survival free of invasive or distant disease than was placebo.

Reference: *.A.N.J. Tutt, J.E. Garber, B. Kaufman, G. et al., N Engl J Med 2021.*

Radiation Oncologist

Jacqueline Kelly, MD MSc

Mary Lanning HEALTHCARE
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Jacqueline Kelly, MD MSc, is a radiation oncologist at the Morrison Cancer Center.

Dr. Kelly received her undergraduate degree in Biology at Harvard University in Cambridge, Massachusetts, before receiving her Master's Degree in Radiation Biology from the University of Oxford in the United Kingdom. She received her Medical Degree from Boston University School of Medicine in Boston in 2014.

Dr. Kelly was a Transitional Year Intern at Memorial Sloan Kettering Cancer Center in New York, and completed her residency in radiation oncology at Yale New Haven Hospital in New Haven, Connecticut. She worked as a radiation oncologist at Cancer Treatment Centers of America in Tulsa, Oklahoma, and was a research associate at Charité — Universitätsmedizin Berlin in Berlin, Germany.

In January 2021, Dr. Kelly worked at the Morrison Cancer Center as a locum tenens physician and "fell in love with the cancer center here."

"The patients and the care team are very dedicated. I got pretty attached in my short time here," Dr. Kelly said. "I actually got to know the patients as people, instead of just patients. You can take better care of your patients when you know them as people."

"Nebraskans are hardworking people. They are modest, honest, straightforward and dedicated to what they do and to getting themselves better," Dr. Kelly said. 'They want to work with me to achieve that goal."

Dr. Kelly said Nebraska is a great change of pace and she is enjoying living here.

The Morrison Cancer Center has the technology that is necessary for the most modern treatments, Dr. Kelly said. She is excited about reaching out and getting more patients to stick with cancer treatment in Hastings by providing progressive, modern and up-to-date methods closer to home.

When not at work, Dr. Kelly enjoys activities including hiking, running, cycling, tennis and kite surfing. She lives in Hastings with her Goldendoodle dog.

Professional Memberships

- American Radiological Society
- American Radium Society
- American Association for Women Radiologists
- American College of Radiation Oncology

Board certifications

- American Board of Radiology

"You can take better care of your patients when you know them as people."

In memory of Dr. Tom Zusag

On June 9, 2021, we lost an exceptional professional, our radiation oncologist, Dr. Thomas Zusag, after a brief illness. It is difficult to express the mix of emotions his death has on all of us here at Morrison Cancer Center, along with his family, colleagues, and most importantly his patients. Dr. Zusag joined Morrison Cancer Center in 2012. His contributions to the radiation oncology needs of our MCC patients is unquestioned. A recent Mary Lanning Healthcare blog about Dr. Zusag reads:

No one can argue that Dr. Thomas Zusag was a one-of-a-kind human. With an amazing IQ and a license plate that read "PHOTONS," he obviously stood out from the crowd.

But it wasn't until you really got to know him that you could peek behind that scientific exterior. That's when you got to see the man who cared so very much about his patients that mentioning them caused the tears to start flowing. They were part of his family, and he never failed to say as much. He recognized the worth of each and every one of them and their families.

That short-in-stature, emotional guy was tall inside when it came to supporting, and fighting for, his patients. He would do whatever he could, whenever he could, to help them beat cancer. He was quoted as saying, "I'm never satisfied with being told there is no hope, no options.

The key is a down-to-earth discussion with the patient about what can be done and how they wish to proceed. My goal is to do the best for the patient."

Dr. Z was never one to fail to greet his "family members" when he was out and about in the community. He would wave. He would stop to talk about astrology, his record album cover collection, science, politics... You name it. He knew about it.

And that's what made him so special to us at Mary Lanning Healthcare and the Morrison Cancer Center. He fought for his patients and their families.

We offer our heartfelt condolences to Dr. Z's biological family and his patient family. He will certainly be missed.

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 this quarter included endometrial cancer for April, cervix cancer for May and vulvar cancer for June. 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/

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