



Leslie Robbins, APRN

Carlene Springer, APRN

Dr. Soe Min Tun

Dr. M. Sitki Copur

Dr. Jacqueline Kelly

Dr. Randy Duckert



M. Sitki Copur, MD FACP,
Medical Director

*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.*

Winter
2022

Happy New Year and 10th year of the Oncology Update



This issue

- New year
- MCC - GI opening
- FPBCC meeting
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- Publications
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Dear colleagues,

January 2022 marks a decade of continuous, high-quality publication our Oncology Update Newsletter! I would like to thank you — our referring healthcare providers — for your continued support and feedback making this outstanding publication possible.

2021 has been a GIANT year for our cancer program. Some of our team's milestone accomplishments include becoming a member of the Community Advisory Board (CAB) and the National Cancer Institute (NCI)-designated Fred and Pamela Buffett Cancer Center (FPBCC); partaking in national and local presentations, publications and radio talks; passing the Commission on Cancer (CoC) survey with commendations; participating in the national Pancreatic Cancer Action Network (PanCan), American Cancer Society Cancer Action Network (ACS-CAN), Medscape and Cancer Network interviews; American Society of Clinical Oncology (ASCO) and National Comprehensive Cancer Network (NCCN) initiatives and local events, Race for Grace, Kool Aid Days, Melon Roasters Car Show, Pink Night at the Oregon Trail rodeo, Pink Night at the Hastings College volleyball game, butterfly release, and Grace New Year Gala.

Our cancer team's publications hit record numbers and we created a link (www.marylanning.org/our-services/cancer-care/publications/dr-mehmet-sitki-copur-%E2%80%93-2021-research-items) for medical community to have easy access to our peer-reviewed scientific publications. As we have done every year, our cancer center presented during a virtual ASCO 2021 annual meeting. We contributed to two major oncology textbook publications. We joined forces with our radiology, pulmonology and information technology departments to create a lung cancer screening program and submitted an application for a FPBCC community outreach grant.

Along with a new director, David Jones BSRT (R)(T), came an influx of highly-skilled, talented, hardworking, exceptional people who reinforced the strength of our existing exceptional team, and laid the foundation for our expansion into Grand Island. We added four providers — Dr. Kelly, Dr. Tun, Dr. Duckert and Leslie Robbins, APRN; seven nurses, four receptionists, a social worker and a tumor registrar. The final highlight of the year was the opening of our full-service, state-of-the-art Morrison Cancer Center in Grand Island.

With our exceptional team, two full-service, state-of-the-art cancer centers and our national and local collaborations, we are the "one-and-only, best-of-the-best, academic, community-based cancer program in central Nebraska." Our cancer team is best positioned to meet the need for "academic, community-based cancer care" to central Nebraska for a magnificent 2022, and many years to come. Cheers to a healthy, happy, prosperous new year full of meaningful accomplishments.

Our cancer team's publications hit record numbers and we created a link (www.marylanning.org/our-services/cancer-care/publications/dr-mehmet-sitki-copur-%E2%80%93-2021-research-items) for medical community to have easy access to our peer-reviewed scientific publications. As we have done every year, our cancer center presented during a virtual ASCO 2021 annual meeting. We contributed to two major oncology textbook publications. We joined forces with our radiology, pulmonology and information technology departments to create a lung cancer screening program and submitted an application for a FPBCC community outreach grant.

Cordially,

Mehmet Sitki Copur, MD FACP

Medical Director, Morrison Cancer Center, Mary Lanning Healthcare; Professor, University of Nebraska Medical Center, Adjunct Faculty; mehmet.copur@marylanning.org



Eric Barber, MLH President & CEO, cuts the ribbon to officially open the Morrison Cancer Center in Grand Island.

MCC Grand Island ribbon cutting



M. Sitki Copur, MD FACP,
Medical Director

The Morrison Cancer Center in Grand Island opened its doors to patients in late September. An open house celebration took place October 26.

M. Sitki Copur, MD FACP, Medical Director, said the new 15,000-square-foot, state-of-the-art cancer and infusion center is

located on the campus of Grand Island Regional Medical Center. MCC is now providing a full spectrum of medical oncology and hematology, including outpatient/inpatient consults and follow-ups, chemotherapy, biologic therapy, immunotherapy, lab services and administration of fluids and blood products.

Radiation therapy services will open in the near future in Grand Island and are currently available at the Hastings location.

MLH first in state to use SAVI SCOUT®

Mary Lanning Healthcare is the first hospital in Nebraska to utilize the SAVI SCOUT® radar localization system for guiding the removal of targeted tissue during some breast surgeries.

During breast surgery, the localization procedure directs the surgeon to specific tissue that needs to be removed. Previously, wire localization was used, which required a wire to be placed in the breast on the day of surgery.

The SAVI SCOUT® Wire-Free Radar Localization System features a safe, non-radioactive radar that detects a reflector placed in the breast tissue at the area of concern. The reflector, which is the size of a grain of rice, can be placed at any time before the breast procedure, eliminating wire placement on the day of surgery. During surgery, the surgeon scans the breast using the SCOUT guide to locate the reflector and the tissue that needs removed.

"Breast cancer surgery can be physically and emotionally distressing for patients," said Tami Lipker, MLH Director



Dr. Shellie Faris (left) shows how the SAVI SCOUT® device works. Dr. Faris and Dr. Caleb Schroeder (right) are among those who use the new technology.

of Diagnostic Imaging. "At MLH, we strive to find ways to create a better experience for our patients. SCOUT resolves some of the difficult aspects of breast conservation surgery by eliminating the need to place a wire inside breast tissue to locate a tumor."

"At Mary Lanning Healthcare, we are always striving to improve processes that will enhance our patient's experi-

ence," said Dr. Shellie Faris from Central Nebraska General Surgery. "The benefits of this new technology include improved patient comfort, reduction in wait times on the day of surgery and flexibility with scheduling. The systems align with our goal to reduce stress for patients dealing with a difficult diagnosis. As a team, we are committed to adopting safe and progressive breast care treatment options."

MCC/MLH Lung Cancer Screening initiative

Several Mary Lanning Healthcare departments recently joined forces to relaunch the Lung Cancer Screening program, which had been put on hold for some time.

Dr. Jacqueline Kelly (pictured), radiation oncologist, spearheaded the effort on the part of the Morrison Cancer Center. Others involved in the project include Hastings Pulmonary & Sleep Clinic and MLH's Diagnostic Imaging and Information Technology departments.



After several meetings, the group decided to relaunch the screening program due to the high-risk population in the area. Some of those risks are occupational exposure; others involve heavy tobacco use.

The MCC Tumor Registry numbers show a lower-than-national-average in early-stage lung cancer detection.

Based on other successful programs, the MLH team chose to use PowerScribe Lung Cancer Screening software. The software will help with workflow issues that previously led the Lung Cancer Screening program to be put on hold.

MCC will provide CT scanning. Diagnostic Imaging will be reading the scans. MCC staff will manage the patient queue through the PowerScribe software, and providers and specialists will act on any suspicious findings detected.

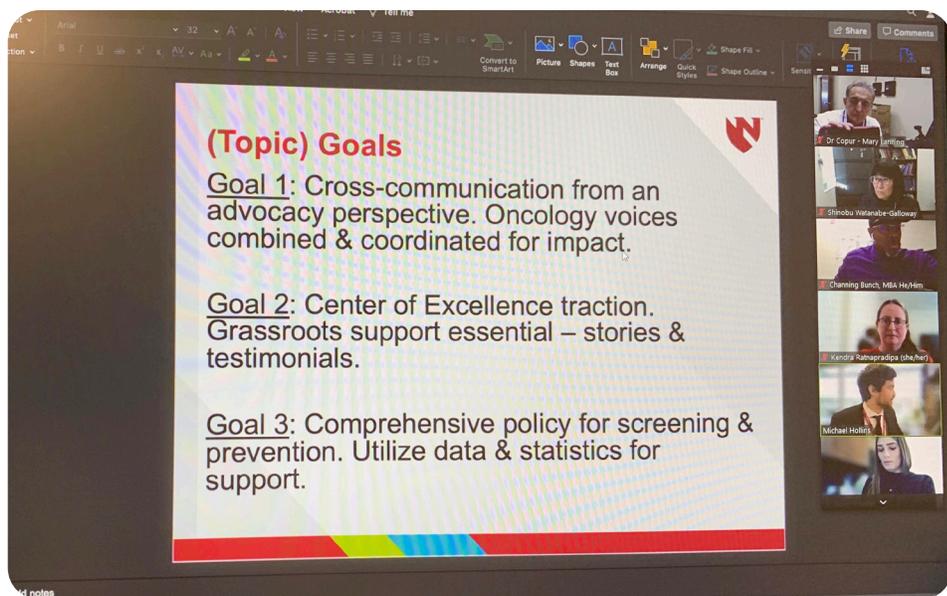
The MCC team also has applied for a Fred and Pamela Buffett Cancer Center Community Outreach & Engagement grant. The overall goal of the grant is to provide resources to support vital community activities that reduce the cancer burden and eliminate cancer health disparities in Nebraska.

Community Advisory Board meeting notes

The Community Engagement Network at the University of Nebraska Medical Center (UNMC) is conducting Stakeholder Analysis Interviews to better understand the value of community-engaged research in different settings.

The stakeholders represent members from the community, university and research administration at UNMC, Practice-Based Research Network sites, local researchers, and potential funders of community-engaged research. Recently, Dr. Mehmet Copur of the Morrison Cancer Center, participated in the interview and shared his experience with research barriers. Dr. Copur mentioned the barriers to accessing and gaining institutional review board oversight of his rural cancer research for clinical trials. He mentioned there are researchers and patients interested in participating but infrastructures put in place have impeded his and other practice-based researchers and patients from participating in research.

The Community Engagement Network was established in the spring of 2021 and is comprised of three groups across UNMC's campus. The Office of Community Engagement and Outreach, the Community Engagement



Core for the Buffet Cancer Center, and the Community Engagement Core for the Great Plains IDeA-CTR Clinical and Translational Research Network. Each group offers resources to support community-engaged research across the region. Over the past year, representatives from each group have met to determine where there are synergies between services and resources, where there are unnecessary redundancies, and where there are gaps in services. Members of the Community Engage-

ment Network will address feedback from the interviews and enhance practices and resources to make community-engaged research feasible in different community settings.

For more information about community-engaged research and to share your experience with the Community Engagement Network at UNMC, contact Emily Frankel at emily.frankel@unmc.edu.

Dr. Tun becomes board certified

Soe Min Tun, MBBS MBA MSc, passed his hematology and oncology boards in November 2021, joining other board-certified hematology/oncology diplomates.

Dr. Tun received his Bachelor of Medi-

cine and Bachelor of Surgery Degree at the University of Medicine 2 in Yangon, Myanmar in 2009. He completed an Internal Medicine residency at Woodhull Medical and Mental Health Center program in Brooklyn, NY. In 2021, he completed a fellowship at the Uni-

versity of Massachusetts Medical School - Baystate program in Springfield, Massachusetts. He is also board certified in Internal Medicine.



Certified

During the past quarter, all MCC's recently hired nurses completed their chemo-bio certification training and passed the exam, joining the rest of the certified MCC team. Pictured (from left) are Wendy League, RN; Kati Brunt, RN; Heather Behmerwohld, RN; Jordan Sukup, RN and Jessica Forbes, RN.

Nurse Leslie Robbins becomes an APRN

Leslie Robbins will be practicing soon at the Morrison Cancer Center as a cancer nurse practitioner.

A Harvard resident, Robbins earned her Bachelor's Degree from the University of Nebraska Medical Center in Lincoln in 2010. She continued her education through Clarkson College in Omaha and earned her Master of Science in Nursing Degree in 2021. She also has registered nurse certifications in oncology and hospice.

Robbins started working as a nurse at the Morrison Cancer Center in 2011. In addition to her educational experience, Robbins has special insight into the world of cancer. In 2011, she was diagnosed with thyroid cancer and underwent treatment. Her husband also was diagnosed with testicular cancer

in 2017 and underwent treatment.

"I feel I can be empathetic when others can't because I have experienced cancer from a personal and professional perspective," Robbins said, "which affords me the opportunity to provide an advanced level of care to my oncology patients."

Robbins sees her patients in conjunction with MCC oncologists.

"Mary Lanning Healthcare and the Morrison Cancer Center care about patients as a person," Robbins said. "You are not just a number here."

Leslie and her husband, Jordan, live north of Harvard with their three children, Addilynn, Barrett and Mylah. She is a member of the Stockham Commu-



nity Church, an area Girl Scout leader, a Clay County Health Department board member and a hunter safety instructor.

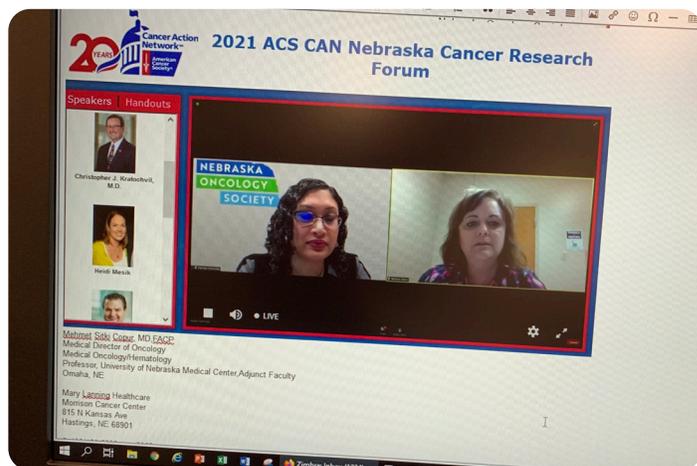
MCC participates in ACS-CAN research forum

The Morrison Cancer Center took part in the American Cancer Society-Cancer Action Network Nebraska Cancer Research Forum on October 27. The event brought together leaders in business, education, medicine, government and research to discuss the potential of clinical trials.

An MCC cancer patient, Michelle Ulmer, RN, spoke about her personal experience and perspective on clinical trials.

The goal of the forum was to talk about the promise of clinical trials despite barriers to patient enrollment, including health equity concerns.

MCC is a member of the ACS-CAN Nebraska Health Equity Council. ACS-CAN makes cancer a priority for public officials and candidates on federal, state and local levels. The evidence-based organization and public health community leader engages scientists, researchers, medical providers, advocates and patients. It works to influence critical public health policies important to the cancer mission.



www.windrosemedia.com/acscan/version1/webcastas-sets/21-10-27NE/handouts/2021%20ACS%20CAN%20Nebraska%20Cancer%20Research%20Forum%20Speaker%20Bios.pdf

New employees join the MCC team

New MCC employees include Crystal Godina, front desk receptionist; Taylor Forsythe and Tara Hemberger, RNs; and Stacy Parr, who joins Shari Fiala as a second tumor registrar.

A scheduling specialist who started her healthcare career as a CNA, **Crystal Godina** has worked in nursing homes, hospitals and home healthcare. "My current career goal is to be the best scheduling specialist I can be." Crystal is married with five children. She lives on an acreage near Harvard where she and her family have a miniature hobby farm including miniature pigs, bantam chickens, ducks and a pair of geese.

Taylor Forsythe of Grand Island graduated in 2018 from Central Community College- Grand Island. She has experience in skilled nursing, long-term care and pediatric home health. Before joining MCC, Taylor traveled the United States helping in the fight against COVID-19. She took assignments in New Jersey, Washington and Lincoln. Now, she lives in Grand Island with her fur baby, Dolly. "I am looking forward to my future with MCC. I am beyond excited to be part of this amazing team."

A graduate of the University of Nebraska



New MCC employees are (from left) Tara Hemberger, Stacy Parr, Crystal Godina and Taylor Forsythe.

Medical Center College of Nursing in 1998, **Tara Hemberger** began her career as a labor and delivery nurse at Mary Lanning Healthcare for five years. She transitioned to family practice patient care and nurse management for 18 years. "While I am grateful for all the experience and growth in my 10 years as a Nurse Manager, my heart led me back to caring for patients, and it has been very fulfilling." Learning about radiation oncology and becoming a Certified Radiation Nurse has been a new challenge, and I am blessed to work for great providers who help me grow." Tara and her husband, Brad, live near Roseland with their three children.

Stacy Parr, tumor registrar, graduated from the Central Community College-Hastings Medical Assisting Program in 1997. She worked at Obstetricians & Gynecologists, PC, until May 2000. She spent the next 20 years at the Children & Adolescent Clinic in Hastings. Before joining MCC, she was an adjunct instructor at CCC for two medical assisting courses. "I find the field of cancer registry very interesting and the change I was looking for." Stacy received her certificate in Cancer Registry Management from Rochester Community and Technical College in the fall.

MCC recognized as PanCan Champion

The Morrison Cancer Center was recognized as a PanCan Champion by the Pancreatic Cancer Action Network. The recognition was based upon MCC's pancreatic cancer care activities.

"MCC has become a referral center for this deadly disease thanks to our multidisciplinary team of pancreatic oncology surgeons at UNMC, interventional radiologists and medical and radiation oncology experts," said Dr. M. Sitki Copur. Dr. Copur serves on the Pancreatic Cancer Guidelines Committee of the American Society of Clinical Oncology (ASCO).

The Pancreatic Cancer Action Network is a United States-based charity that funds research, provides patient/caregiver support, conducts community outreach and advocates for federal research funding for those affected by pancreatic cancer. MCC has been a member of PanCan for three years.



The MCC/UNMC pancreatic cancer team meets in October 2021.

Staff highlight: Social worker Stephanie Earl

Cancer patients need more than medical care. They have emotional and psychosocial needs, as well. Morrison Cancer Center social worker Stephanie Earl, CSW, is on hand to meet those needs for patients and their families.

Stephanie evaluates patients and connects them to needed resources. She advocates for patient needs, helping with lodging, transportation, at-home support and financial issues. She is key in filling applications for Social Security, Medicaid, veteran's benefits and other items. She leads support groups and provides individual emotional support to patients.

Stephanie received her Bachelor of Social Work Degree from the University of Nebraska at Kearney in 2010. She is pursuing her Master's Degree in Social Work with a concentration in mental health and trauma care online through Denver University.

She also contracts with A Time to Heal to provide online support groups for those with advanced or chronic cancer. She recently joined the GRACE Foundation Board of Directors and volunteers to provide community education for LIVE on Nebraska. She also provides on-call social work support for a local hospice organization.



Social worker Stephanie Earl meets with a patient recently in GI.

"Stephanie is passionate about community involvement and providing quality medical social work support," said Dr. M. Sitki Copur. "She is an indispensable asset to the MCC team."

Halloween fun for MCC in GI and Hastings

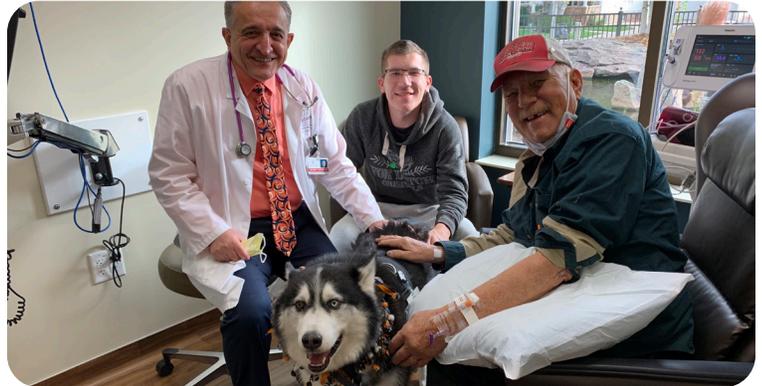


The Morrison Cancer Center's team in Hastings celebrated Halloween by wearing Gru and his Minions costumes. At right and above right: The Grand Island team participated in the Trunk or Treat at the Grand Island Regional Medical Center, home of MCC in Grand Island.



 **Mary Lanning**
HEALTHCARE
Morrison Cancer Center
M. Sitki Copur, MD FACP,
Medical Director

Therapy dog visits at MCC



FDA hematology/oncology drug approvals since last issue

- FDA approved **pembrolizumab** (Keytruda, Merck) for the adjuvant treatment of adult and pediatric (≥ 12 years of age) patients with stage IIB or IIC melanoma following complete resection. **December 3, 2021.**
- FDA approved **rituximab** (Rituxan, Genentech, Inc.) in combination with chemotherapy for pediatric patients (≥ 6 months to < 18 years) with previously untreated, advanced stage, CD20-positive diffuse large B-cell lymphoma (DLBCL), Burkitt lymphoma (BL), Burkitt-like lymphoma (BLL), or mature B-cell acute leukemia (B-AL). **December 2, 2021.**
- FDA approved **daratumumab + hyaluronidase-fihj** (Darzalex Faspro, Janssen Biotech, Inc.) and **carfilzomib** (Kyprolis, Amgen, Inc.) **plus dexamethasone** for adult patients with relapsed or refractory multiple myeloma who have received 1 to 3 prior lines of therapy. **November 30, 2021.**
- FDA approved **pafolacianine** (Cytalux, On Target Laboratories, LLC), an optical imaging agent, for adult patients with ovarian cancer as an adjunct for interoperative identification of malignant lesions. Pafolacianine is a fluorescent drug that targets folate receptor which may be overexpressed in ovarian cancer. It is used with a Near-Infrared (NIR) fluorescence imaging system cleared by the FDA for specific use with pafolacianine. **November 29, 2021.**
- FDA approved **sirolimus protein-bound particles for injectable suspension** (albumin-bound) (Fyarro, Aadi Bioscience, Inc.) for adult patients with locally advanced unresectable or metastatic malignant perivascular epithelioid cell tumor (PEComa). **November 22, 2021.**
- FDA approved **pembrolizumab** (Keytruda, Merck) for the adjuvant treatment of patients with renal cell carcinoma (RCC) at intermediate-high or high risk of recurrence following nephrectomy or following nephrectomy and resection of metastatic lesions.
- FDA granted accelerated approval to **asciminib** (Scemblix, Novartis AG) for patients with Philadelphia chromosome-positive chronic myeloid leukemia (Ph+ CML) in chronic phase (CP), previously treated with two or more tyrosine kinase inhibitors (TKIs), and approved asciminib for adult patients with Ph+ CML in CP with the T315I mutation. **October 29, 2021.**
- FDA approved **atezolizumab** (Tecentria, Genentech, Inc.) for adjuvant treatment following resection and platinum-based chemotherapy in patients with stage II to IIIA non-small cell lung cancer (NSCLC) whose tumors have PD-L1 expression on $\geq 1\%$ of tumor cells, as determined by an FDA-approved test. **October 15, 2021.**
- FDA approved **pembrolizumab** (Keytruda, Merck) in combination with chemotherapy, with or without bevacizumab, for patients with persistent, recurrent or metastatic cervical cancer whose tumors express PD-L1 (CPS ≥ 1), as determined by an FDA-approved test. **October 13, 2021.**
- FDA approved **abemaciclib** (Verzenio, Eli Lilly and Company) with endocrine therapy (tamoxifen or an aromatase inhibitor) for adjuvant treatment of adult patients with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative, node-positive, early breast cancer at high risk of recurrence and a Ki-67 score $\geq 20\%$, as determined by an FDA approved test. **October 12, 2021**
- FDA approved **brexucabtagene autoleucel** (Tecartus, Kite Pharma, Inc.) for adult patients with relapsed or refractory B-cell precursor acute lymphoblastic leukemia (ALL). **October 1, 2021.**
- FDA approved **roxolitinib** (Jakafi, Incyte Corp.) for chronic graft-versus-host disease (cGVHD) after failure of one or two lines of systemic therapy in adult and pediatric patients 12 years and older. **September 22, 2021.**
- FDA granted accelerated approval to **tisotumab vedotin-ffv** (Tivdak, Seagen Inc.), a tissue factor-directed antibody and microtubule inhibitor conjugate, for adult patients with recurrent or metastatic cervical cancer with disease progression on or after chemotherapy. **September 20, 2021.**
- FDA approved **cabozantinib** (Cabometyx, Exelixis, Inc.) for adult and pediatric patients 12 years of age and older with locally advanced or metastatic differentiated thyroid cancer (DTC) that has progressed following prior VEGFR-targeted therapy and who are ineligible or refractory to radioactive iodine. **September 17, 2021.**
- FDA granted accelerated approval to **mobocertinib** (Exkivity, Takeda Pharmaceuticals, Inc.) for adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (EGFR) exon 20 insertion mutations, as detected by an FDA-approved test, whose disease has progressed on or after platinum-based chemotherapy. On **September 15, 2021.**

New 'Ask the Expert' topics posted

The KHAS radio "Ask the Expert" segments for October, November and December can be found on the Mary Lanning website.

Topics for this quarter included introducing Dr. Soe Min Tun, medical oncologist/hematologist in October; gastric cancer in November and introducing Dr. Randy Duckert, radiation oncologist, in December. The interviews are broadcast on the first Wednesday and last Friday of each month on KHAS (1230 AM) radio.

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



Effect of immunotherapy time-of-day infusion on overall survival among patients with advanced melanoma in the USA (MEMOIR): a propensity score-matched analysis of a single-center, longitudinal study

The dependence of the adaptive immune system on circadian rhythm is an emerging field of study with potential therapeutic implications. Authors aimed to determine whether specific time-of-day patterns of immune checkpoint inhibitor infusions might alter melanoma treatment efficacy.

In the Melanoma Outcomes Following Immunotherapy (MEMOIR) longitudinal study of all patients with melanoma who received ipilimumab, nivolumab, or pembrolizumab, or a combination of these at a single tertiary cancer center were analyzed (database for adults (age ≥ 18 years) diagnosed with stage IV melanoma between 2012 and 2020. Those who received fewer than four infusions were excluded.

The primary outcome was overall survival, defined as death from any cause and indexed from date of first infusion of immune checkpoint inhibitor. The associa-

tion between overall survival and proportion of infusions of immune checkpoint inhibitors received after 1630 h (a composite time cutoff derived from seminal studies of the immune-circadian rhythm to represent onset of evening) was studied using Cox regression and propensity score-matching on age, Eastern Cooperative Oncology Group performance status, serum lactate dehydrogenase concentration, and receipt of corticosteroids and radiotherapy. Every additional 20% of infusions of immune checkpoint inhibitors received after 1630 h (among all infusions received by a patient) conferred an overall survival hazard ratio (HR) of 1.31 (95% CI 1.00 to 1.71; $p=0.046$). A propensity score-matched analysis of patients who did (n=73) and did not (n=73) receive at least 20% of their infusions of immune checkpoint inhibitors after 1630 h (54 [37%] of 146 patients were women and 92 [63%] were men, with a median age of 58 years [IQR 48 to 68]) showed

that having at least 20% of infusions in the evening was associated with shorter overall survival (median 4.8 years [95% CI 3.9 to not estimable] vs not reached; HR 2.04 [1.04 to 4.00; $p=0.038$]). This result remained robust to multivariable proportional hazards adjustment with (HR 1.80 [1.08 to 2.98; $p=0.023$]) and without (2.16 [1.10 to 4.25; $p=0.025$]) inclusion of the complete unmatched study sample.

Authors concluded that adaptive immune responses are less robust when initially stimulated in the evening than if stimulated in the daytime. Although prospective studies of the timing of immune checkpoint inhibitor infusions are warranted, efforts towards scheduling infusions before mid-afternoon could be considered in the multidisciplinary management of advanced melanoma.

Reference: Qian DC et al. *Lancet* 2021; 22:1777-1786.



Randomized trial of cytoreductive surgery for relapsed ovarian cancer

Treatment for patients with recurrent ovarian cancer has been mainly based on systemic therapy. The role of secondary cytoreductive surgery is unclear.

Authors randomly assigned patients with recurrent ovarian cancer who had a first relapse after a platinum-free interval (an interval during which no platinum-based chemotherapy was used) of 6 months or more to undergo secondary cytoreductive surgery and then receive platinum-based chemotherapy or to receive platinum-based chemotherapy alone.

Patients were eligible if they presented with an Eastern Cooperative Oncology Group performance-status score of 0, as-

cites of less than 500 ml, and complete resection at initial surgery. A total of 407 patients underwent randomization: 206 were assigned to cytoreductive surgery and chemotherapy, and 201 to chemotherapy alone.

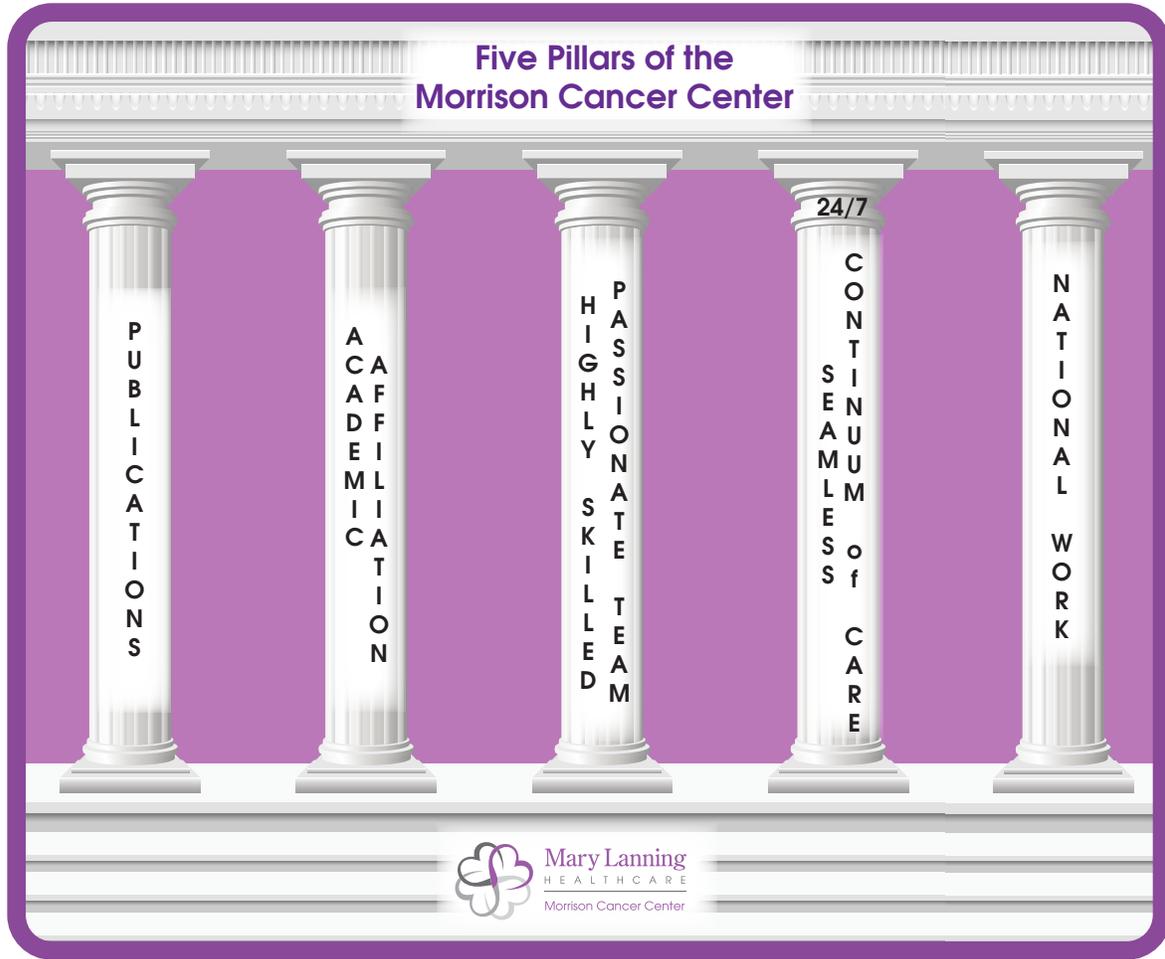
A complete resection was achieved in 75.5% of the patients in the surgery group who underwent the procedure. The median overall survival was 53.7 months in the surgery group and 46.0 months in the no-surgery group (HR for death, 0.75; 95% CI, 0.53 to 1.05; $P=0.02$). Patients with a complete resection had the most favorable outcome, with a median overall survival of 61.9 months. A benefit from surgery was seen in all analyses in

subgroups according to prognostic factors. Quality-of-life measures through one year of follow-up did not differ between the two groups, and no perioperative mortality was observed within 30 days after surgery.

Authors concluded that in women with recurrent ovarian cancer, cytoreductive surgery followed by chemotherapy resulted in longer overall survival than chemotherapy alone.

Reference: Harter P et al. *N Engl J Med* 2021; 385: 2123-2131.

Dr. Copur and his team submitted a commentary to this article.



NCCN patient webinar features Dr. Omel

Dr. Jim Omel was a speaker at the National Comprehensive Cancer Network (NCCN) patient webinar on November 22, 2021, and December 6, 2021.

The webinars explained to myeloma patients about COVID-19 protection, bone health and the myeloma treatment team. Dr. Omel is a myeloma survivor and advocate who started an area support group in 1999. He is active in promoting awareness of the disease.



Dr. Omel is part of the MCC team, helping MCC patients understand and cope with the disease. He recently received an award for outstanding work during the 7th World Congress on Controversies in Multiple Myeloma in Paris.

The screenshot shows the NCCN website interface. At the top, there is a navigation bar with links for 'About', 'Donate', 'News', 'Store', a search box, and a 'Login' dropdown. Below this is a 'RETURN TO CLINICAL SITE' link. A secondary navigation bar contains 'Guidelines for Patients', 'Webinars for Patients', 'Support for Patients & Caregivers', and 'NCCN Foundation'. The breadcrumb trail reads: 'Home > Patient Resources > Webinars for Patients > Patient Webinar: Multiple Myeloma'. The main heading is 'Patient Webinar: Multiple Myeloma'. On the left, there are links for 'Guidelines for Patients', 'Webinars for Patients', 'Animations for Patients', 'Printable Materials', 'Support for Patients & Caregivers', and 'NCCN Foundation'. The main content area features a video player titled 'Patient Webinar Multiple Myeloma' with a thumbnail of Dr. Omel. Below the video, there is a description: 'Free Know What Your Doctors Know patient webinar for those with multiple myeloma (MM), their caregivers, and their families. Experts provide information and answer questions about multiple myeloma to help patients and caregivers compare, discuss, and select treatment options with their doctor. Please note that this is not a CE-certified activity.' At the bottom, there is a social media share bar for the video.



Population-based Phase II trial of stereotactic ablative radiotherapy (SABR) for up to 5 oligometastases: Preliminary results of the SABR-5 trial

After the publication of the landmark SABR-COMET trial, concerns were raised over toxicity of SABR for oligometastases. This population-based study was designed as a bridge from phase II to phase III trials, while assessing the toxicity profile of SABR in a larger cohort from a provincial cancer program.

From November 2016 to July 2020, 399 patients were enrolled in this single arm, phase II trial of SABR in patients with oligometastatic or oligo-progressive disease. During this period, patients were only eligible for SABR in these settings on trial within our province, and therefore this analysis is population-based, with resultant minimal selection bias in comparison to previously published SABR series.

The primary endpoint was toxicity and we hypothesized grade 4 toxicity < 5%.

Grade 2 or higher toxicities were prospectively collected, and were rated as unrelated, unlikely, possibly, probably, or related to SABR. Toxicities rated as possibly, probably, or related to SABR were analyzed in this study. The mean age was 68 years (SD 10.9, range 30-97). The participants were mostly male (69%).

The most common histologies were prostate cancer (33%), colorectal cancer (14%), breast cancer (11%), and lung cancer (9%). The number of SABR treated sites were one (69%), two (22%), and three or more (9%). The most common sites of SABR were lung (33%), non-spine bone (28%), spine (14%), lymph nodes (13%), liver (5%) and adrenal (3%). Grade 2, 3, and 4 toxicity cumulative incidences were 11.4%, 4.6%, and 0.5%, respectively.

There were no grade 5 toxicities. Grade

2 or higher specific toxicity included 4.8% pain, 1.3% pneumonitis, and 0.8% neuropathy. There were no reported gastrointestinal fistula, perforation, or hemorrhage. Cumulative incidence and prevalence of toxicity at 1 & 3 years will be updated and presented.

Authors concluded that the incidence of grade 2+ SABR toxicity on this population-based study was 16.5%, which is lower than that reported on SABR-COMET (29%). Importantly, there were no grade 5 toxicities attributed to SABR in this study to date. In a population-based program with rigorous peer review quality assurance, SABR treatment for oligometastases has acceptable rates of toxicity supporting further enrollment in randomized phase III trials. Reference: Olson RA et al. *Int J Rad Oncol Biol Phys* 2021. www.redjournal.org ASTRO2021

Publications since our last issue

- Copur M.S., Kelly J., Tun S.M. Cytoreductive surgery for recurrent ovarian cancer. *N Engl J Med* 2021. **(Submitted for publication)**
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Holiday greetings

Susie and her therapy dog, Charlie, pose by the Christmas tree in the Morrison Cancer Center in Hastings. The duo, who spread joy throughout the year for cancer patients, wanted to wish everyone a wonderful holiday season.



Mary Lanning

HEALTHCARE

Morrison Cancer Center

815 N. Kansas Avenue
Hastings, NE 68901

Hastings location:

815 N. Kansas Avenue
402-460-5899

Grand Island location:

3563 Prairievew St.,
Suite 100
308-384-2446



The Morrison Cancer Center staff