



**Mary Lanning**  
HEALTHCARE  
Morrison Cancer Center

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*

FALL  
2022

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trials  
collaboration.  
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Radiation oncology services will soon be available on-site at the Morrison Cancer Center in Grand Island.

The vault housing the linear accelerator has been completed and the linear accelerator has been delivered. The radiation oncology team is gearing up to provide services in Grand Island. Radiation oncology has always been available at the Morrison Cancer Center in Hastings. With the addition of radiation oncology, MCC now has two full-capacity, full-service cancer centers serving central Nebraska and Kansas.

With its unique academic, community-based approach, local and national affiliations and accomplishments, and 24/7 seamless care, MCC



**The Morrison Cancer Center radiation oncology treatment team is excited to be expanding services to the Grand Island center.**

continues to grow. The addition of radiation oncology treatment to the Grand Island campus will meet the needs of central Nebraska patients and complement the multidisciplinary care at the Morrison Cancer Center in Grand Island.

Dr. Randy Duckert, MCC radiation oncologist, offers patients his many years of experience and training.

"We are charged with the duty of delivering state-of-the-art treatment in the same manner we would expect for ourselves and our family," Dr. Duckert said. "MCC is a tip-of-the-arrow, leading institution. The treatment staff members are superbly trained, and couple that training with hometown dedication. The region is most fortunate to have this available in central Nebraska."

## MLH offers anatomic pathology services in GI

Mary Lanning Healthcare is now providing anatomic pathology services to the Grand Island Regional Medical Center (GIRMC).

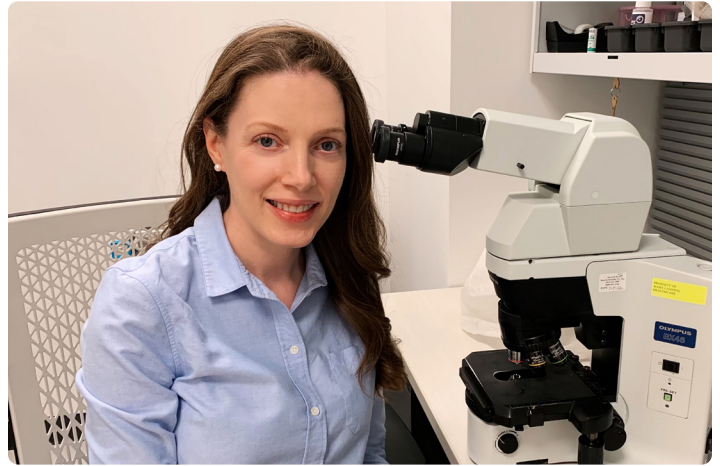
MLH's Whitney Wedel, MD, CLIA Laboratory Director at GIRMC, said, "Our team is honored and pleased by the opportunity to provide anatomic pathology services for the Grand Island medical community."

Accredited by the College of American Pathology (CAP), Mary Lanning Healthcare now serves both Hastings and Grand Island with three board-certified pathologists, Dr. Wedel, Adam Horn, MD, and Nicholas Lintel, MD.

Dr. M. Sitki Copur said the new services benefit Morrison Cancer Center and its patients, as well.

"Having the same anatomic pathology team cover services from both MCC locations makes it possible to obtain, discuss and arrange further needed testing on tissue specimens in

**"Having the same anatomic pathology team cover services from both MCC locations makes it possible to obtain, discuss and arrange further needed testing on tissue specimens in a timely manner. It also provides the crucial support and resources for our Cancer Tumor Boards and Thoracic Oncology Tumor Boards."**  
— Dr. M. Sitki Copur



**Mary Lanning Healthcare's Whitney Wedel, MD, is the CLIA Laboratory Director at Grand Island Regional Medical Center.**

a timely manner. It also provides the crucial support and resources for our Cancer Tumor Boards and Thoracic Oncology Tumor Board," Dr. Copur said.



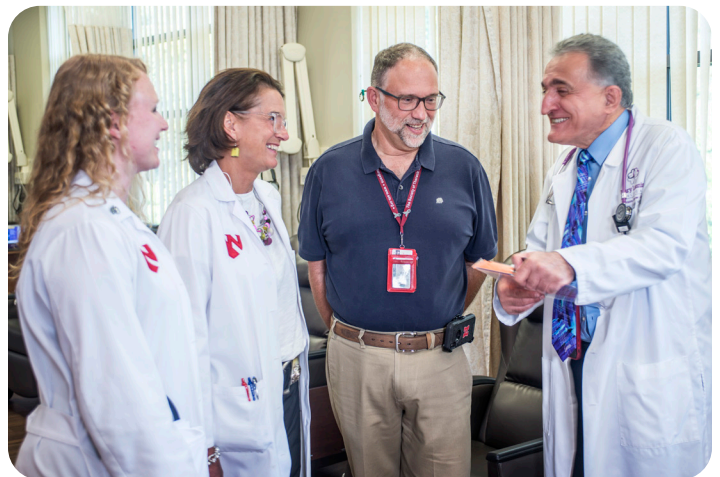
## UNMC thoracic surgeon comes to MCC in GI

The University of Nebraska Medical Center (UNMC) Thoracic Surgery team is now seeing patients at the Morrison Cancer Center in Grand Island.

Dr. Rudy Lackner and his team have been providing specialty surgery evaluation at the Morrison Cancer Center in Hastings since 2005. With this expansion, the team is also serving patients from the GI location.

"The expansion brings this much-needed thoracic surgery specialty into the backyard of our patients in GI and surrounding communities," said Dr. M. Sitki Copur. "Our collaborative Thoracic Oncology Tumor Board and shared EPIC electronic medical record system create a seamless, multidisciplinary cancer care process."

For referrals, please call 308-384-2446.



**Dr. Rudy Lackner (second from right) and his team talk with Dr. M. Sitki Copur at the Morrison Cancer Center.**

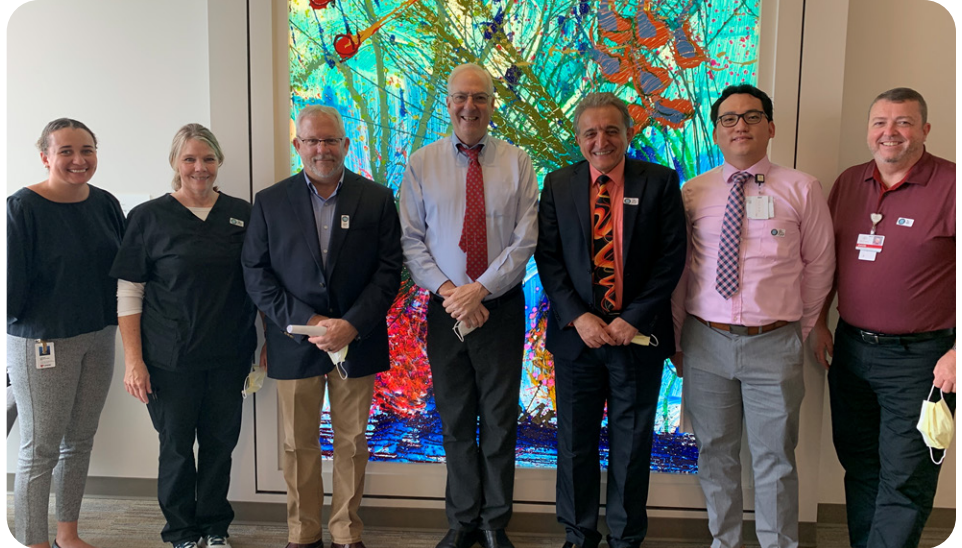


## Clinical trials meeting with UNMC/Buffett



The Morrison Cancer Center team traveled to the UNMC Fred & Pamela Buffett Cancer Center in September to discuss further collaboration on MCC clinical trials.

The MCC team — Dr. M. Sitki Copur; Dr. Soe Min Tun; Dr. Randy Duckert; Joan Meese, RN, Clinical Trials Coordinator; and David Jones, MCC Director — met with the Buffett Cancer Center and University of Nebraska Medical Center clinical trials team — Dr. Ken Cowan; Dr. Apar Kishor Ganti; Rachal Brantley, RN, Clinical Operations Manager;



**The Morrison Cancer Center team in September met with members of the UNMC and Buffett clinical trials team.**

Jordan McCullough, MPH, Clinical Outreach Program Coordinator; Christina Whitted, Assistant Director, Strategic Communications & Events for Buffett Cancer Center; and Jessica

Freedman, Physician Outreach Liaison.

Watch for more details to come on this collaboration.

## Dr. Copur an Inspire Medicine Speaker

Dr. M. Sitki Copur was a Nebraska Medical Association (NMA) Inspire Medicine Speaker.

The NMA annual membership meeting was August 19 at the Kimpton Cottonwood Hotel in Omaha. More than 200 medical professionals attended.

The Inspire Medicine Speaker series was new in 2021. The event was designed to energize, engage and inspire fellow members while cultivating new relationships and connectivity with the physician community. Physician speakers chose topics from categories: Triumphs or Perceived Failures, Personal Challenges and Lessons Learned, Heroes Among Us, Mentors and Influencers, Hobbies or Obsessions and Unforgettable Moments.

Each speaker was allowed five minutes

and 20 slides to support his or her topic. Slides automatically advanced every 15 seconds.

Dr. Copur discussed the triumphs in working to establish clinical cancer trials in central Nebraska.

Founded in 1868, NMA is the preeminent, unifying physician organization in Nebraska. The advocacy organization is made up of 3,000 physicians, residents and medical students from across the state. NMA offers leadership opportunities in many forms, ranging from service on the Board of Directors and Commission on Legislative and Governmental Affairs to testifying in the Legislature for NMA-supported bills.



**Dr. M. Sitki Copur speaks at the NMA conference.**



# MCC Cancer Committee discusses updates

The Morrison Cancer Center Cancer Committee met August 11. Several updates were provided about quality projects now under way and discussion of planned community events.

The committee set a goal to relaunch the low-dose lung CT screening program in late 2022.

MCC takes pride in being engaged with the local community. In 2022, the focus was on screening and prevention events to educate patients and the community about smoking cessation. In addition to assessing cancer patients' smoking status, MCC is referring patients who are ready to quit to smoking cessation programs.

During the prevention event, MCC talked about lung cancer risks from radon, which is commonly found in homes in the region. The South Heartland District Health Department collaborates with MCC's cancer program during prevention events, providing a unified message for education and prevention of cancer.



**The MCC Cancer Committee meets August 11.**

The MCC Cancer Committee, led by a committee chair, a cancer liaison physician and 28 members, monitors the full spectrum of cancer care within the program. The group meets quarterly and collaborates on quality studies, prevention and screening events, as well as monitoring the practice of evidence-based guidelines for treatment and cancer registry data.

## Staff highlight: Shari Fiala & Stacy Parr

Cancer data is critical for many reasons. That makes Shari Fiala and Stacy Parr, Oncology Data Information Specialists, an extremely important part of the Morrison Cancer Center team. The pair capture a complete history, diagnosis, treatment plan and health status for every Mary Lanning Healthcare cancer patient.

The data provides essential information to researchers, health-care providers and public health departments. This helps them to better monitor and advance cancer treatments, conduct research and improve cancer prevention and screening programs. MCC also uses the data within its own cancer program for planning events and quality projects.

Fiala and Parr submit tumor registry data to the National Cancer Data Base (NCDB), a clinical oncology database for more than 1,500 Commission on Cancer-accredited cancer centers in the United States. The data also is submitted to the Nebraska Cancer Registry.

Once MCC data is compiled with data from other Nebraska cancer centers, the Nebraska Cancer Registry submits it to the National Program of Cancer Registries (NPCR), a CDC-funded program central registry.

Fiala and Parr also work on case finding/abstracting and follow-up duties, arranging tumor board conferences, Mary Lan-



**Stacy Parr and Shari Fiala are Oncology Data Information Specialists at the Morrison Cancer Center.**

ning Healthcare Cancer Committee meetings and the annual cancer report in collaboration with the Cancer Committee.

Dr. M. Sitki Copur said, "Working as a tumor registrar in an academic, community-based cancer program like ours is not for everyone. It takes a special type of person to thrive in this challenging, but also rewarding, career. MCC is very fortunate to have two excellent tumor registrars — 'Star Registrars,' as I call them — to tackle the unique challenges of this profession."



## MCC Nebraska Cancer Coalition NC2 Data

The Morrison Cancer Center received favorable ratings from the Nebraska Cancer Coalition Survivorships Survey recently. MCC had 158 people respond to the survey.

- Among reasons for choosing MCC, "Reputation of Healthcare Provider" and Healthcare provider is an expert in my type of cancer" ranked 47% and 44%, respectively.
- 98.1% of survivors said they were very or somewhat informed about potential side effects of treatment.
- 84% of respondents reported receiving support from the MCC team, which was only second to support of immediate family at 94%.

## Nebraska Cancer Survivorship Survey Results (2022)

### Mary Lanning Healthcare

158 total respondents

#### Demographics of Survivor Respondents

##### Top Cancer Diagnoses

- |           |               |             |
|-----------|---------------|-------------|
| 1) Breast | 3) Leukemia   | 5) Prostate |
| 2) Lung   | 4) Colorectal | 6) Ovarian  |



##### Treatment Status

55% Still undergoing treatment  
45% Completed Treatment

32% Male  
67% Female

##### Geography

61% Rural  
20% Suburban  
16% Urban



##### Age

5% 18-39  
44% 40-64  
52% 65+

#### Influence for Choosing Healthcare Providers

Reputation of Healthcare Provider 47%  
Convenience/Location 46%  
Healthcare provider is an expert in my type of cancer 44%  
Recommendation by my doctor 35%



#### Post Care Treatment

62% Oncologist  
20% Primary care provider



Special thanks to the Morrison Cancer Center staff for their help in recruiting survivors to participate in this survey.

Survey results obtained through research performed by the Nebraska Cancer Coalition



#### Accomplishments You Helped ACS CAN Achieve



## ACS CAN celebrates one-year anniversary

The American Cancer Society (ACS) Cancer Action Network (CAN) recently celebrated its one-year anniversary with a meeting in August.

Dr. M. Sitki Copur, Carlene Springer, APRN and Leslie Robbins, APRN have participated in ACS CAN since 2021.

Matt Prokop, ACS CAN Senior Grassroots Manager for Kansas and Nebraska, presented a review of the past 11 meetings with national and local speakers with presenting about clinical trials (Dr. Copur), palliative care, medical debt, research and access to care. Monthly meetings provided information on health equity resources and events.

Prokop shared ACS CAN national accomplishments, including funding for fiscal year 2022, cancer screenings funding, proposed rules to prohibit menthol flavoring in cigarettes and cigars and, on the state level, defeating efforts to weaken local control of e-cigarette regulation and changing the colon cancer screening age to starting at 45.

## Medical student at MCC

A third-year medical student spent a one-month clinical rotation at the Morrison Cancer Center recently thanks to a new Mary Lanning Healthcare program.



Student Christina Ternent is pictured with MCC staff members.

Mary Lanning Healthcare brought four students from Lincoln Memorial University in Tennessee to Hastings to fulfill their clinical rotations. Each student was assigned to different providers during their 12-month rotation period. Christina Ternent chose to spend one month with the MCC oncology team. In July, she worked with the medical and radiation oncology providers, as well as the entire MCC team.

During her rotation, Christina was given the opportunity to collect history, physical exam and laboratory data for analysis. She worked on management plans under the guidance of medical and radiation oncology physician preceptors.

"As an academic, community-based cancer program, MCC has always been a favorable rotation for medical, pharmacy and physician assistant students," said Dr. M. Sitki Copur.

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

## Patient gives back with gift of painting



The wife of a Morrison Cancer Center patient honored the MCC staff with a painting of the MCC Healing Garden.

Shelly Zern, whose husband Richard had recently completed chemotherapy treatments at MCC, surprised the MCC team with a gorgeous painting of the Healing Garden. She said the garden was inspirational to



**Shelly and Richard Zern take time for a picture with Dr. M. Sitki Copur and the painting they presented to the Morrison Cancer Center.**

her and her husband.

MCC in honor of her husband's fight, and victory, against colon cancer.

The Zern painting is now on display at

## Butterfly release honors, remembers

Hundreds of people affected by cancer gathered June 30 to honor, celebrate and remember during the second annual Grace Cancer Foundation/ Morrison Cancer Center Butterfly Release.

The event at Chautauqua Pavilion drew patients and families from Hastings, Grand Island, Ord, Aurora and beyond.

Speakers, refreshments and the release of hundreds of butterflies filled the evening.







## MCC supports bicyclists

Dr. M. Sitki Copur and Dr. Soe Min Tun met with a group of bicyclists, who traveled through the area raising money for young adults with cancer.

The Ulman Cancer Fund for Young Adults 4K for Cancer Team stopped in Grand Island at St. Paul's Church for breakfast. Drs. Copur and Tun shared information about cancer and provided support for the team's efforts.



### Mehmet Sitki Copur, MD

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

#### Summary

Answers Viewed: 41  
Total Views: 14023  
People Reached: 2660  
Institutions Reached: 1855



## MCC continues with theMednet

The Morrison Cancer Center continues to be actively involved in theMednet, providing feedback to the oncology community.

MCC has commented on 41 questions with 14,023 total views. A total of 2,660 physicians at 1,855 institutions have been reached.

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

More than 1,000 academic physicians are recruited based on their research, publications, case volumes, clinical trials and peer recommendations from every cancer center in the United States. The physicians are posed with answering challenging questions from other practicing oncology physicians. The answers are peer-reviewed and indexed, making them accessible through a quick search.

## New 'Ask the Expert' topics posted

The KHAS radio "Ask the Expert" segments for July, August and September can be found on the Mary Lanning website.

Topics for this quarter include skin cancer for July by Dr. Tun, the state of cancer for August by Dr. Duckert and liquid biopsy-circulating tumor DNA for September by Dr. Copur. The interviews are broadcast on the first Wednesday and last Friday of each month on KHAS radio (1230 AM).

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

## Kool-Aid Days/Pink Night at the Rodeo

The Oregon Trail Rodeo Association presented the Morrison Cancer Center with a \$6,100 check for funds raised during Pink Night at the Rodeo on August 20.

Pink Night at the Rodeo takes place during the annual rodeo event at the Adams County Fairgrounds. Money raised is based on the number of audience members who wear pink in support of cancer awareness and from buckets passed around the grandstand.

Funds raised go to the MCC "From the Heart" fund to help cancer patients with expenses throughout the year.

This year's rodeo took place in conjunction with Kool-Aid Days. Members of the MCC team were on hand to provide education on lung cancer and smoking cessation during the Kool-Aid Days event.

The MCC team also sold Pink Rodeo Night shirts as a fundraiser.



## New social worker joins MCC staff

Kellie Sterkel, BSW, recently joined the staff of the Morrison Cancer Center.

Sterkel received a degree in social work from the University of Nebraska at Kearney. She worked at the Department of Health and Human Services

as a CPS worker. Previously, she was a stay-at-home mother.

"I am excited to help cancer patients with financial needs, their sense of well-being and any other burden or issue they might encounter," Sterkel

said. "I am excited to learn more about cancer, and help patients and their loved ones."



**Kellie Sterkel**



## FDA hematology/oncology drug approvals since last issue

- The FDA approved **Durvalumab** (Imfinzi, AstraZeneca) in combination with gemcitabine and cisplatin for adult patients with locally advanced or metastatic biliary tract cancer. **September 2, 2022.**
- The FDA **Pemigatinib** (Pemazyre, Incyte Corporation) for adults with relapsed or refractory myeloid/lymphoid neoplasms with fibroblast growth factor receptor 1 (FGFR-1) rearrangement. **August 26, 2022.**
- The FDA approved **Ibrutinib** (Imbruvica, Pharmacyclics LLC) for pediatric patients with chronic graft versus host disease (cGVHD) after failure of 1 or more lines of systemic therapy. Formulations include capsules, tablets, and oral suspension. **August 24, 2022.**
- The FDA granted accelerated approval to **Fam-trastuzumab deruxtecan-nxki** (Enhertu, Daiichi Sankyo, Inc.) for adult patients with unresectable or metastatic non-small cell lung cancer (NSCLC) whose tumors have activating human epidermal growth factor receptor 2 HER2 (ERBB2) mutations, as detected by an FDA-approved test, and who have received a prior systemic therapy. This is the first drug approved for HER2-mutant NSCLC. **August 11, 2022.**
- The FDA granted regular approval to **Capmatinib** (Tabrecta, Novartis Pharmaceuticals Corp.) for adult patients with metastatic non-small cell lung cancer (NSCLC) whose tumors have a mutation leading to mesenchymal-epithelial transition (MET) exon 14 skipping, as detected by an FDA-approved test. **August 10, 2022.**
- The FDA approved **Darolutamide** (Nubeqa, Bayer HealthCare Pharmaceuticals Inc.) tablets in combination with docetaxel for adult patients with metastatic hormone-sensitive prostate cancer (mHSPC). **August 5, 2022.**
- The FDA approved **Fam-trastuzumab deruxtecan-nxki** (Enhertu, Daiichi Sankyo, Inc.) for adult patients with unresectable or metastatic HER2-low (IHC 1+ or IHC 2+/ISH) breast cancer who have received a prior chemotherapy in the metastatic setting or developed disease recurrence during or within six months of completing adjuvant chemotherapy. **August 5, 2022.**
- The FDA approved **Crizotinib** (Xalkori, Pfizer Inc.) for adult and pediatric patients with unresectable, recurrent, or refractory inflammatory anaplastic lymphoma kinase (ALK)-positive myofibroblastic tumors. **July 14, 2022.**
- The FDA granted accelerated approval to **Dabrafenib** (Tafinlar, Novartis) in combination with trametinib (Mekinist, Novartis) for the treatment of adult and pediatric patients  $\geq 6$  years of age with unresectable or metastatic solid tumors with BRAF V600E mutation who have progressed following prior treatment and have no satisfactory alternative treatment options. **June 22, 2022.**



### Panitumumab (PAN) plus mFOLFOX6 versus bevacizumab (BEV) plus mFOLFOX6 as first-line treatment in patients with RAS wild-type (WT) metastatic colorectal cancer (mCRC): Results from the phase 3 PARADIGM trial

In this open-label, multicenter trial in Japan, patients with chemotherapy-naïve RAS WT mCRC randomized to PAN + mFOLFOX6 or BEV + mFOLFOX6. Overall survival (OS) as primary endpoint was hierarchically tested in patients with left-sided tumors, followed by those in the full-analysis set (FAS) population.

Key secondary endpoints included progression-free survival (PFS), response rate (RR), and curative resection (R0) rate. Of 802 patients included in the efficacy analysis, 75% had left-sided primary

tumors, and in this group, 62% underwent resection of the primary tumor and 50% had two or more sites of metastases.

Among patients with left-sided primary tumors, median overall survival was superior with panitumumab compared with bevacizumab (37.9 vs. 34.4 months; HR, 0.82;  $P=0.031$ ), with the survival curves not clearly separating until beyond 24 months. Although a higher response rate was observed with panitumumab compared with bevacizumab (80.2% vs. 68.6%), there was no

difference in median progression-free survival (13.7 and 13.2 months; HR, 0.98). Findings from this trial add to existing data suggesting a late survival benefit for patients with left-sided RAS wild-type colorectal cancer receiving upfront treatment with an EGFR-targeted agent, without a progression-free survival benefit. The toxicities of initial EGFR-targeted therapy have to be weighed against these potential benefits.

*Ref: Yoshino T J Clin Oncol 40, 2022 (suppl 17; abstr LBA1).*

# Third NEJM commentary from MCC

A commentary article written by three Morrison Cancer Center providers recently was published in the New England Journal of Medicine (NEJM).

This is the third article from MCC in the NEJM within the past three years. The title is PD-1 Blockade in Mismatch Repair-Deficient Rectal Cancer.

*Copur, M.S., Tun, S.M., Duckert, R., PD-1 Blockade in Mismatch Repair-Deficient Rectal Cancer. N Engl J Med 2022; 387:9:854-856.*

## Publications since our last issue

- **Copur M.S., Tun S.M., Duckert R.** PD-1 Blockade in Mismatch Repair-Deficient Rectal Cancer. *N Engl J Med* 2022; 387:9:854-856. **(Published)**
- **Copur, M.S., Rupe, A., Kelly, J.** Miscellaneous Chemotherapeutic Agents. *De Vita PPO 12th edition* 2022. **(In press)**
- Clark A.S., Hong, F., Finn, R.S., DeMichele, A.M., Mitchell, E.P., Zwiebel, J., Arnaldez, F.I., Gray, J., Wang, V., McShane, L.M., Rubinstein, L.V., Patton, D., **Copur, M.S.**, et al. Phase II Study of Palbociclib (PD-0332991) in CCND1, 2 or 3 Amplification: Results from the NCI-MATCH ECOG-ACRIN Trial (EAY131) sub-protocol Z1B. *Clin Can Res*

2022. **(Submitted for publication)**

- **Copur, M.S., Tun, S.M., Wedel, W., Vargas, L., Shaheed, M., Horn, A., Lintel, N., Bronson, R., Kelly, J.** Unusual dMMR Phenotype Pancreatic Ductal Adenocarcinoma with Germline, and Somatic BRCA2 Mutations in a Jehovah Witness Patient. *Clinical Colorectal Cancer* 2022. **(Submitted for publication)**
- Chu, E., Harrold, L.J., **Copur, M.S.** Chemotherapeutic and Biologic Drugs. *Physicians Cancer Chemotherapy Drug Manual* Chu De Vita, 2023. **(Submitted for publication)**
- **Copur, M.S.**, Harrold, L.J., Chu, E. Guide-

lines for Chemotherapy and Dosing Modifications. *Physicians Cancer Chemotherapy Drug Manual* Chu De Vita, 2023. **(Submitted for publication)**

- Kuang, C., **Copur, M.S.**, Harrold, L.J., Chu, E. Common Chemotherapy Regimens in Clinical Practice. *Physicians Cancer Chemotherapy Drug Manual* Chu De Vita, 2023. **(Submitted for publication)**
- **Copur, M.S.**, Harrold, L.J., Chu, E. Anti-emetic Agents for the Treatment of Chemotherapy-Induced Nausea and Vomiting. *Physicians Cancer Chemotherapy Drug Manual* Chu De Vita, 2023. **(Submitted for publication)**



## Circulating tumor DNA analysis guiding adjuvant therapy in stage II colon cancer

The role of adjuvant chemotherapy in stage II colon cancer continues to be debated. The presence of circulating tumor DNA (ctDNA) after surgery predicts very poor recurrence-free survival, whereas its absence predicts a low risk of recurrence. Authors conducted a trial to assess whether a ctDNA-guided approach could reduce the use of adjuvant chemotherapy without compromising recurrence risk.

Patients with stage II colon cancer were randomly assigned in a 2:1 ratio to have treatment decisions guided by either ctDNA results or standard clinicopathological features. A ctDNA-positive result at 4 or 7 weeks after surgery prompted

oxaliplatin-based or fluoropyrimidine chemotherapy. Patients who were ctDNA-negative were not treated. The primary efficacy end point was recurrence-free survival at 2 years. A key secondary end point was adjuvant chemotherapy use. Of the 455 patients who underwent randomization, 302 were assigned to ctDNA-guided management and 153 to standard management. The median follow-up was 37 months.

A lower percentage of patients in the ctDNA-guided group than in the standard-management group received adjuvant chemotherapy (15% vs. 28%; relative risk, 1.82; 95% confidence interval (CI), 1.25 to 2.65). In the evaluation of

2-year recurrence-free survival, ctDNA-guided management was noninferior to standard management (93.5% and 92.4%, respectively).

Three-year recurrence-free survival was 86.4% among ctDNA-positive patients who received adjuvant chemotherapy and 92.5% among ctDNA-negative patients who did not. Authors concluded that a ctDNA-guided approach to the treatment of stage II colon cancer reduced adjuvant chemotherapy use without compromising recurrence-free survival.

*Ref: Tie J et al. N Engl J Med 2022; 386:2261-2272.*





## Phase III assessment of topotecan and cyclophosphamide and high-dose ifosfamide in rEECur: An international randomized controlled trial of chemotherapy for the treatment of recurrent and primary refractory Ewing sarcoma (RR-ES)

Recurrent/refractory (RR) Ewing sarcoma patients have a dismal prognosis, with a 5-year survival rate of less than 15%. These patients are treated with chemotherapy, although the regimens in use are not supported by randomized data.

The rEECur trial was a multi-arm, multi-stage, phase II/III “drop a loser” randomized trial of the four most used chemotherapy regimens in patients with RR Ewing sarcoma. In total, 439 patients were randomized to either topotecan plus cyclophosphamide (TC; n=162), irinotecan plus temozolomide

(IT; n=127), gemcitabine plus docetaxel (GD; n=72), or high dose ifosfamide (IFOS; n=78). However, the GD and IT arms were halted following the results of two interim analyses showing a worse objective response and event-free survival (EFS) than with TC and IFOS, which were subsequently evaluated in the phase III study. At median follow up of 40 months, patients receiving IFOS experienced a longer median EFS compared with TC (5.7 vs. 3.5 months) and longer median OS (16.8 vs. 10.4 months).

A greater survival difference was ob-

served for patients aged <14 years than those aged ≥14 years (for both EFS and OS). Although grade 3/4 toxicity, including infections, nausea, encephalopathy, and renal toxicity were higher with IFOS, quality-of-life scores appeared to favor the IFOS over TC in children but not in adults. Authors concluded that the results are applicable to standard care, but there remain unanswered questions related to the two arms that were dropped.

*Ref: McCabe M et al. J Clin Oncol 40, 2022 (suppl 17; abstr LBA2).*



## Triplet therapy, transplantation and maintenance until progression in myeloma

In patients with newly diagnosed multiple myeloma, the effect of adding autologous stem-cell transplantation (ASCT) to triplet therapy (lenalidomide, bortezomib, and dexamethasone (RVD)), followed by lenalidomide maintenance therapy until disease progression, is unknown.

In this phase 3 trial, adults (18 to 65 years of age) with symptomatic myeloma after receiving one cycle of RVD, randomized to receive two additional RVD cycles plus stem-cell mobilization, followed by either five additional RVD cycles (the RVD-alone group) or high-dose melphalan plus ASCT followed by two additional RVD cycles (the trans-

plantation group).

Both groups received lenalidomide until disease progression, unacceptable side effects, or both. The primary end point was progression-free survival. Among 357 patients in the RVD-alone group and 365 in the transplantation group, at a median follow-up of 76.0 months, 328 events of disease progression or death occurred; the risk was 53% higher in the RVD-alone group than in the transplantation group (hazard ratio, 1.53; 95% confidence interval (CI), 1.23 to 1.91;  $P<0.001$ ); median progression-free survival was 46.2 months and 67.5 months.

The percentage of patients with a

partial response or better was 95.0% in the RVD-alone group and 97.5% in the transplantation group ( $P=0.55$ ); 42.0% and 46.8%, respectively, had a complete response or better ( $P=0.99$ ). Treatment-related adverse events of grade 3 or higher occurred in 78.2% and 94.2%, respectively; 5-year survival was 79.2% and 80.7% (hazard ratio for death, 1.10; 95% CI, 0.73 to 1.65). Authors concluded that among adults with multiple myeloma, RVD plus ASCT was associated with longer progression-free survival than RVD alone. However, no overall survival benefit was observed.

*Ref: Richardson PG et al. N Engl J Med 2022; 387:132-147.*



**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 Prairieview Street,  
Suite 100  
308-384-2446

**Five Pillars of the  
Morrison Cancer Center**

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Mary Lanning  
HEALTHCARE  
Morrison Cancer Center



The Morrison Cancer Center team of oncology nurses ("Shark Nurses Team") poses for a picture together during Nurses Week.