



Mary Lanning
HEALTHCARE

Morrison Cancer Center

M. Sitki Copur, MD FACP
Medical Director

*A quarterly newsletter from Mary Lanning Healthcare's
Morrison Cancer Center*

A local and national cancer authority

The definition of excellence in an

academic, comprehensive community cancer program

Welcome to 2024 and 12th year of the oncology newsletter

The beginning of each new year brings the opportunity to reflect on the past and plan for the future. With the 12th year of the Oncology Update newsletter, we are proud to share news on the continued expansion of our two academic, community-based comprehensive cancer teams in Grand Island and Hastings.

Due to constant, substantial innovations in science and medicine, specialty clinics are no longer the best place to find excellent hematology/oncology care. Our unique model — staffed by an exceptional team of professionals who have local and national affiliations — provides two full-service, state-of-the-art cancer centers in central Nebraska. We bring together a comprehensive, academic, community-based team to the backyard of patients, exemplifying the

model for the future.

Among other milestones in 2023, our clinical trials program began, we established a solid, comprehensive Lung Cancer Screening program and we celebrated the two-year anniversary of our Grand Island cancer center providing full-service radiation therapy on site. In addition, we captured several national awards, provided clinical rotations for medical students, gave presentations at local and national venues, wrote for local and national scientific and media publications and participated/collaborated with organizations including the Fred & Pamela Buffett Cancer Center, the American Society of Clinical Oncology Action network (ASCO-ACT), the American Cancer Society Cancer Action Network (ACS-CAN), Pancreas Cancer Action Network (PAN-CAN) the American

Medical Association (AMA), Nebraska Medical Association (NMA) the Nebraska Cancer Coalition (NC2) and more.

In 2024, we anticipate many more exciting advances to our two state-of-the-art cancer centers of excellence by launching several new initiatives and continuing our program's five-pillar performance: Publications, Academic Affiliation, Highly Skilled Passionate Team, 24/7 Seamless Continuum of Care and National Work. Thank you all for the shared patients and projects. Cheers to a magnificent 2024 and to many more years to come!

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

Also in this issue

- New Year
- Nebraska CCP
- FPBCC-COE-CAB
- UNMC 40th anniversary
- Shari Fiala is state TRAN president

- Cancer Committee update
- Hematology-Oncology Pearls
- theMednet
- Patient testimonials
- Survivorship program

- Colorectal cancer special issue
- AC fundraiser
- GRACE Gala
- NMA meeting
- Staff highlight: Jessica Arbogast

- Pink Night
- Lung Cancer Screening update
- Clinical trials update
- Drug approvals
- Publications

MCC at Nebraska Comp. Cancer Control Program

The Morrison Cancer Center team took part in a virtual listening session for the Nebraska Comprehensive Cancer Control Program (NE CCCP) in October.

The team discussed barriers to care, social determinants of health and MCC successes and challenges.

The session's purpose was to help the program learn more about the current landscape of cancer-related interventions, resources and needs across Nebraska.

Comprehensive cancer control brings together key organizations and community members to write a plan that will hopefully reduce the impact of cancer on the community. Information is unique to each state, such as cancer type with the highest burden and health behaviors that lower or increase cancer risk.

Each program is required to have a plan, which is usually updated every five years.

The Centers for Disease Control and Prevention (CDC)



When it comes to reducing cancer burden across the state of Nebraska...

- What are some successes you've experienced over the past five years (since 2018)?
- What are some challenges you've experienced over the past five years (since 2018)?
- Which partners are an essential partners of reducing the cancer burden and why?

funds all 50 state governments' CCCP. The Nebraska Department of Health and Human Services received funds for the program in 2002. During the following eight years, the Nebraska CCCP ran the coalition. In 2010, the coalition incorporated and became a 501c3 organization, called the Nebraska Cancer Coalition (NC2).

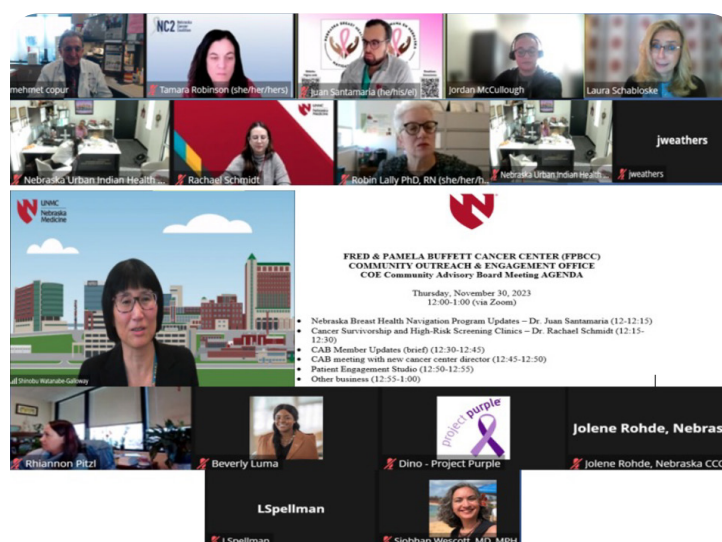
FPBCC-COE Community Advisory Board meeting

Dr. M. Sitti Copur presented updates about the Morrison Cancer Center and its activities during the November meeting of the Fred & Pamela Buffett Cancer Center Community Outreach & Engagement Community Advisory Board.

Dr. Copur talked about the MCC team's participation in the Nebraska Comprehensive Cancer Control Program (NE CCCP) virtual session and the virtual Nebraska Medical Association (NMA) Greater Nebraska Caucus.

He also shared updates on the Lung Cancer Screening program and clinical trials at MCC.

The FPBCC team shared Nebraska Breast Health Navigation program updates and information about Cancer Survivorship and High-Risk Screening Clinics. The FPBCC-COECAB mission is to reduce cancer burden, promote health equity and eliminate cancer health disparities in Nebraska through collaboration with community, clinical and public health partners.



Patients have a choice

No one chooses to have cancer. But when cancer chooses the patients you serve, please let them know they have the option of referral to Dr. Copur and his team at the Morrison Cancer Center.

MCC team joins UNMC 40th anniversary event for blood and bone marrow transplantation

Dr. M. Sitki Copur, Dr. Soe Min Tun and the MCC team virtually attended the 40th anniversary celebration of blood and bone marrow transplantation at the Fred & Pamela Buffett Cancer Center.

The event brought together the pioneers of the remarkable accomplishment, James Armitage, Anne Kessinger, Julie Vose and many more.

"It was one of the most exciting times for me and for my team to join this extraordinary event," Dr. Copur said. "Working closely with University of Nebraska Medical Center colleagues for the past 28 years and serving as an adjunct faculty member from the Grand Island/Hastings area, I am excited and as proud as all of my UNMC colleagues in celebrating this event. It is an exciting



milestone, not only for our colleagues at UNMC, but also for us — practicing oncologists across the state of Nebraska. Thanks to this remarkable achievement, our patients have access to a cutting-edge, indispensable service over the past four decades. Kudos and infinite thanks to all involved."

The program was founded in 1983 by James Armitage, M.D., Shapiro Professor of Medicine at UNMC and hematologist/

oncologist at The Nebraska Medical Center. Armitage is world-renowned for his clinical research in lymphoma and bone marrow and stem cell transplantation. Dr. Anne Kessinger and her colleagues pioneered the way to collect stem cells through a special process called apheresis, enabling the use of peripheral blood stem cell transplantation in humans. The first peripheral blood stem cell transplant at the medical center was performed on June 6, 1984. The therapy provided an alternative back then and has now become a standard practice around the world. UNMC and Nebraska Medicine's international reputation for excellence in cancer research, education and clinical care has a lot to do with the work that started in that little room in University Tower back in 1983.

MCC's Shari Fiala serving as state president

Shari Fiala, Morrison Cancer Center Tumor Registrar, has been serving as the president of the Nebraska Tumor Registrar's Association (TRAN) for 2023-2024.



The organization promotes oncology data education and mentoring for those working with cancer registries

in Nebraska.

Fiala and other Nebraska TRAN members, along with Iowa Cancer Registrars Association (ICRA) members, organized an educational conference. In September 2023, nearly 100 oncology data specialists met in Omaha for the conference.

The event played host to UNMC spe-

cialty surgeons, speakers from the North American Association Central Cancer Registries, Surveillance, Epidemiology and End Results (SEER) program and a Baylor University Medical Center pathologist.

The conference was vital to expanding oncology knowledge and applying it to processes related to oncology data collection and analysis.

MCC Cancer Committee update

Dr. Shellie Faris provided the semi-annual Cancer Liaison Physician Report during the November 29 meeting of the Mary Lanning Healthcare Cancer Committee.

The report contained the most recent data on the Cancer Quality Improve-

ment (CQI) program. Major findings relevant to the cancer program were listed and interventions for improvement were discussed.

Updates were shared on survivorship services and cancer screening and prevention efforts.

The quality improvement coordinator talked about the new workflow established at MLH primary care clinics to track colonoscopy screenings. The quality initiative focuses on increasing the timely routine colorectal cancer screens done within our clinics.

Hematology-Oncology Pearls for the Non-Hematologist/Oncologist



By Dr. Soe Min Tun

Dear colleagues: In the second installment of our new feature, we are addressing questions on Immune Thrombocytopenia (ITP), another most-queried topic by our primary care colleagues.

• In whom or when do we treat ITP?

There are three reasons for treating ITP. 1. Preventing bleeding: although only 5% of patients present with severe bleeding, the bleeding leads to hospital admission within five years after diagnosis in 15% of cases. Therefore, stopping ongoing bleeding and preventing future serious bleeding episodes are the prime treatment goals. 2. Remission induction: Remission is poorly defined in ITP but may be regarded as either normalization of the platelet count or a sustained elevation of platelet count to a hemostatic level without the need for continued therapy. 3. Improving quality of life and alleviating symptoms: ITP affects various aspects of health-related quality of life (HRQoL). Generally, elevating platelet count by any therapy has been shown to

improve HRQoL. Although patients with ITP frequently complain of fatigue correlated with a decrease in platelet count, fatigue does not always improve with an increase in platelet count. (1)

• What is the role of platelet transfusion ITP?

The role of platelet transfusions in management of Immune Thrombocytopenia (ITP) remains controversial. Current guidelines recommend that platelet transfusions in ITP be reserved for catastrophic hemorrhage or invasive surgical procedures. The only agreed upon contraindication to platelet transfusion is thrombotic thrombocytopenic purpura (TTP) due to the increased risk of thrombosis, although studies on outcomes and mortality have shown mixed results. Platelet transfusion is reserved for life-threatening bleeding only. Heparin-induced thrombocytopenia (HIT) is another condition where platelet transfusion may increase the risk of thrombosis, but recent studies have shown no risk association. In HIT, transfusion is reserved only for pre-procedure or surgery, and in severe bleeding, prophylactic transfusion,

however, is not indicated. (2)

• How long does it take to see a treatment response to different agents used?

For glucocorticoids (High dose - Dexamethasone), expect to see a response in one to nine days (3). For IVIG, it can take one to two days (4). Rituximab can raise platelet counts in one to eight weeks (5). Thrombopoietin agents can raise platelet counts within one to two weeks. (6)

References:

1. Ghanima W, et al. Blood 2021; 137:2736-2744.
2. Goel R, Chopra S, et al. Transfusion. 2019 Jan;59(1):169-176.
3. Yu Wei, et al. Blood 2016; 127 (3): 296-302.
4. Neunert CE. Blood Adv. 2017; 14:2295-2301.
5. Stasi R et al. Blood 2001; 98:952-957.
6. Gilreath J, et al. Drugs 2021;81:1285-1305.

MCC reaches 36,625 views on the Mednet

The Morrison Cancer Center's contributions in theMednet have reached 36,625 views, answering 90 questions.

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

More than 1,000 academic physicians have been recruited based on their research, publications, case volumes, clinical trials and peer recommendations from every cancer center in the United States.

The physicians answer challenging questions from other practicing oncology physicians. The answers are peer-reviewed and indexed.

Mehmet Sitki Copur, MD

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

Summary

Answers Viewed: 90
Total Views: 36,625
People Reached: 5,224



Patient testimonials — Greg Sinner & Ralph Southern

For Hastings resident **Greg Sinner**, life changed on February 1, 2023, when he was told he had cancer.

"One minute, life is routine and running fast; then the doctor sits you down and tells you that you have cancer, and everything changes."

Right away, Sinner was put in touch with the Morrison Cancer Center and Dr. M. Sitki Copur, where he had an appointment a few days later. Dr. Copur created an aggressive plan of radiation and chemotherapy to shrink Sinner's tumor. The goal was to shrink the tumor and prepare for surgery in Omaha. Now, following that surgery and a long recovery, Sinner is feeling better and working toward a full recovery.

"I feel pretty good and I get to watch my grandkids grow up," he said. "I still experience some setbacks but that's cancer. I just need to keep a good

mental attitude."

"Cancer can be very dark at times but you gotta stay strong both mentally and physically," he said.



"Having a strong support team is a must. I owe my continued success to my wife, Kathy."

Sinner praised the Morrison Cancer Center and its staff for helping him on his cancer journey.

"From the time you enter to the time you leave, they know who you are. That's part of that mental thing. They understand what we as patients are going through."

He said he was impressed with Dr. Copur and his entire team, and how they had a great relationship with the specialty surgeons he needed in Omaha. Also, Dr. Copur is always open to patient calls and questions.

The Morrison Cancer Center "is run top-notch. The doctors are leaders in their field and they show that through their decisions and how they approach the problem," Sinner said. "They are very knowledgeable, compassionate and caring, and always willing to do what they need to make you comfortable."

"I want the people of this region to know that we have what we need right here on the Mary Lanning Healthcare campus," Sinner said. "We're blessed to have the Morrison center right in our own backyard. And we need to use the Morrison center and Mary Lanning so we can keep it and it stays viable."

In addition to MCC services, Sinner spent time on the Mary Lanning Healthcare campus for things like the PET scanner and other surgery prep visits.

"We have, I feel, some of the best facilities around," Sinner said. "The help that we Midwesterners like to have, in a way we like to have it, is right here, it's local and it's tied to Mary Lanning. They have built an exceptional institution here."

In spring 2022, **Ralph Southern** of Hastings was diagnosed with colon cancer. He had a surgical resection, followed by chemotherapy.

"While I recovered from my surgery, during my chemotherapy treatments, I gradually developed weakness, started losing weight and became malnourished and anemic," Southern said. "I ended up being admitted to Mary Lanning Healthcare with internal bleeding. I spent three weeks in the hospital, receiving excellent care. However, my condition got worse so I chose to go on hospice care,"

"Then, miraculously, my condition gradually improved," Southern said. "I went off hospice and improved enough to be moved to a rehabilitation unit. After three weeks there, I was able to go home."

In November 2022, Southern returned

to normal life. In April 2023, he resumed cancer treatments with minimal side effects.

"I went back to playing the organ at two churches, playing clarinet in the Hastings Symphony Orchestra, playing piano for Sandy Creek School choirs and working as a TeamMates mentor," Southern said. "I had been a host father for high school exchange students before my cancer diagnosis. I was worried that after cancer, I would not be able to host again this school year. Dr. Copur looked me in the eye and said, 'Don't change your plans.' He also told me to adopt a new cat (my old cat had died just before my cancer diagnosis). So, I have followed Dr. Copur's orders."

Currently, Southern is hosting two students — Marco from Germany and Joaquim from Brazil — and has adopt-



ed a cat, Sophie.

"I am so grateful to all members of the Morrison Cancer Center team, from the front desk receptionists to the social worker, dietitian, occupational therapist, insurance specialist, pharmacist, nurses, nurse practitioners and doctors," Southern said. "To each member of the MCC team who has helped me on my difficult journey, coming close to death and right back to life again. Thank you, Morrison Cancer Center, for not giving up on me and encouraging and coaching me on living."



Leslie Robbins, APRN, meets with patient Loren Lewandowski during a Survivorship Clinic visit in Grand Island recently.

MCC launches survivorship program

The Morrison Cancer Center recently established a survivorship program, including a monthly Survivorship Clinic.

Leslie Robbins, MSN APRN, and David Jones, MCC Director, worked closely with UNMC to meet the needs of MCC cancer survivors with the program.

The clinic provides personalized assessments, interventions, evaluations and appropriate referrals for post-chemotherapy/radiation patients. The focus of the clinic is ongoing assessment of patients for long-term and late side effects.

Key information shared during the clinic includes review of signs and symptoms of late treatment effects, detailed survivorship care plans/treatment summaries, detailed plans for lab, diagnostic imaging and physician follow-up and thorough individualized assessments/referrals to appropriate supportive care teams. These may include physical therapy, occupational therapy,

speech therapy, mental health, social work, cardiology, pulmonology and more.

The clinic will be open to any chemotherapy/radiation therapy patients. Patients do not need to have been seen at the Morrison Cancer Center to attend the clinic. Clinics are scheduled for twice a month: the first Tuesday of the month in Grand Island and the third Tuesday in Hastings.

Cancer survivors constitute a rapidly expanding part of the US population. Considering the long-term effects of cancer treatment, caring for survivors poses a major public health challenge.

"There is more to life after cancer than just surviving," said Dr. M. Sitki Copur. "To identify and meet the diverse needs of patients living after a cancer diagnosis, our survivorship program will be indispensable in helping patients not only survive, but thrive, and return to previous or better health and well-being."

MCC part of colorectal cancer special issue

The Morrison Cancer Center collaborated with the University of Nebraska Medical Center and the University of Alabama on a comprehensive special issue of the Clinical Colorectal Cancer Journal.

The December 2023 issue highlights Colorectal Cancer Outcomes and Survivorship.

Dr. M. Sitki Copur and other experts shared findings and ideas in six timely reviews and perspectives on a wide

range of topics related to colorectal cancer survivorship.

Other experts included UNMC Drs. Arian Bauer, Lindsay Gage, Melissa Tepley, Meghana Kessireddy, Saboor Randhawa and Laura Tenner; as well as UA Drs. Daniel Hess, Mackenzie Fowler, Christian Harman, Smith Giri, Ahmet Ozluk, Darryl Outlaw, Mehmet Akce and William Grant.

CLINICAL Colorectal Cancer
and Other Gastrointestinal Malignancies

Volume 22, Number 4 • December 2023

Table of Contents

Colorectal Cancer Outcomes and Survivorship

345 Life After Colorectal Cancer: Survivorship the Road Less Traveled
Mehmet Sitki Copur

347 How Patients Cope Throughout the Course of an Incurable Cancer
Arian Bauer, Melissa Tepley

354 The Next Best Thing: Three Key Conversations to Convey Prognosis Over the Course of an Incurable Cancer
Lindsay Gage, Melissa Tepley

361 Colon Cancer Survivorship in Patients Who Have Received Adjuvant Chemotherapy
Meghana Kessireddy, Laura Tenner

375 Survivorship in Early-Stage Rectal Cancer Patients Who Have Received Combined Modality Therapy
Saboor E. Randhawa, Laura Tenner

383 Anxiety is Associated With Geriatric Assessment Impairments and Reduced Quality of Life Among Older



Osimertinib with or without chemotherapy in EGFR-Mutated Advanced NSCLC

Osimertinib is a third-generation epidermal growth factor receptor-tyrosine kinase inhibitor (EGFR-TKI) that is selective for EGFR-TKI-sensitizing and EGFR T790M resistance mutations. Evidence suggests that the addition of chemotherapy

may extend the benefits of EGFR-TKI therapy. Authors randomly assigned patients with EGFR-mutated (exon 19 deletion or L858R mutation) advanced non-small-cell lung cancer (NSCLC) who had not previously received

treatment for advanced disease to receive osimertinib (80 mg once daily) with chemotherapy (pemetrexed (500 mg per square meter of body-surface area) plus either cisplatin (75 mg per

Continued on page 9



AC fundraiser benefits MCC

The Adams Central (AC) National Honor Society raised \$2,906 in October with its "Flush Out Cancer" fundraiser.

Donations from students, parents and community members from fun activities marked Breast Cancer Awareness Month. Students "voted" by putting money in jars for various teachers. The teacher with the most money raised sat on a pink, decorated toilet during a home football and volleyball game. Another pink toilet was sent from yard to yard to collect donations in the community. Students also raised money by paying a small fee to participate in a costume contest.



MCC presenting sponsor at GRACE Gala

The Morrison Cancer Center served as presenting sponsor for the sixth annual GRACE Gala — Breakfast at Tiffany's on October 14.

The event took place at Boulder Flatts in

Grand Island.

MCC presented trophies to dance competition winners. The GRACE Foundation's mission is providing financial and emotional support to cancer patients

and their families during their fight against the disease. Available assistance includes gas and grocery cards, medical bills and household expenses help and professional mental health resources.

GNMC meeting took place in November

The Nebraska Medical Association (NMA) virtual Greater Nebraska Medical Caucus took place in November.

It was open to all rural Nebraska physician members and non-members focusing on issues facing rural practices, as well as strengthening the Greater Nebraska Caucus as a voice of rural

physicians and opportunities for membership engagement.

Dr. M. Sifki Copur discussed the recurring national drug shortage, continued prior authorization requirements by Medicare Advantage organizations and the possibility of restoring the Cancer Drug Repository Program.



Staff highlight: Nurse manager Jessica Arbogast

MCC nurse manager Jessica Arbogast said the connection to her patients and their families is what she loves about working in oncology.

Arbogast obtained her RN BSN from Creighton University School of Nursing — Mary Lanning campus in August 2008. She worked at Mary Lanning Healthcare on the Medical-Surgical-Oncology Unit until joining MCC in 2015.

“We help patients through one of the scariest times and often get to help them celebrate when they are cured,” Arbogast said. “Our patients are some of the most kind, caring, courageous and strong people I have ever encountered. I have learned more about strength and resiliency during my time here at MCC. In oncology, you are always learning. Oncology treatments are always changing, and it is always exciting when we find another treatment to offer patients.”



Jessica Arbogast is pictured with her family.

Dr. M. Sitki Copur said, “Jessie exemplifies all the unique characteristics of a dream oncology nurse for outpatients, co-workers and oncology providers. She has vast nursing and information technology knowledge and experience. She is smart, creative and pragmatic. On top of all of that, she is the kindest, most caring person. She is a role model. MCC and our

patients are so fortunate to have her.”

Arbogast lives on a farm in Lawrence with her husband and three children. She enjoys Husker volleyball, hunting, fishing and camping. She also enjoys watching her children in their activities.

MCC takes part in Pink Night at Hastings College

The Morrison Cancer Center helped raise awareness of breast cancer on October 18 during the annual Pink Night at Hastings College.

MCC team members, along with Dr. Shellie Faris and her Central Nebraska General Surgery team, Hastings College and Mary Lanning Healthcare sponsored the event.

Activities at the Bronco soccer and volleyball games included sale of Pink Night shirts and raffle tickets for gift baskets donated by MLH, HC and others.

Proceeds from the event support local cancer care at the Morrison Cancer Center.



MCC Lung Cancer Screening update

The Mary Lanning Healthcare/Morrison Cancer Center Lung Cancer Screening program has enrolled 270 patients since its inception nearly a year ago, promoted smoking cessation and the LCS program at Husker Harvest Days and joined in the NC2 Breathe Easy campaign.

The MLH/MCC Lung Cancer Screening team encourages providers to refer high-risk patients for screening. In addition to those in the main LCS program, 657 patients are being followed for incidental lung nodules in the chest.

Nebraska ranks 27th in lung cancer screening rates, and only 6 percent of eligible Nebraskans at high risk for lung cancer are being screened. High-risk patients include those ages 50-80 with a 20-pack-per-year rate of smoking and current non-smokers who quit within the last 15 years. Early detection increases survival rates and makes treatments more effective and less invasive.

Estimated 1,340
new cases of lung cancer in Nebraska in 2023

Talk To Your Healthcare Provider About Lung Cancer Screening

www.necancer.org/lung-cancer

BREATHE EASY. GET SCREENED. NC2

Mary Lanning HEALTHCARE

MCC clinical trials update

The Morrison Cancer Center continues to move full-speed ahead in its clinical trials venture.

In October, the National Cancer Institute-Central Institutional Review Board (NCI-CIRB) approved the application of Mary Lanning Healthcare and Component and Affiliate Institutions for use of NCI-CIRB. Dr. M. Sitki Copur and Dr. Soe Min Tun were approved as principal investigators.

In November, the MCC clinical trials team had its first site initiation visit for an industry-sponsored Triple Negative Breast Cancer Trial. Currently, four patients are eligible for this trial at MCC.

The MCC clinical trials venture was featured in the Fall 2023 issue-Edition 106 of the Healthier Nebraska magazine, a Nebraska Hospital Association publication: <https://bluetoad.com/publication/?m=30163&i=803201&p=2&pre=1&ver=html5>



Continued from page 6

square meter) or carboplatin (pharmacologically guided dose) or to receive osimertinib monotherapy (80 mg once daily). The primary end point was progression-free survival. Response and safety were also assessed. A total of 557 patients underwent randomization. Investigator-assessed progression-free survival was significantly longer in the osimertinib-chemotherapy group than

in the osimertinib group At 24 months, 57% (95% CI, 50 to 63) of the patients in the osimertinib-chemotherapy group and 41% (95% CI, 35 to 47) of those in the osimertinib group were alive and progression-free. Progression-free survival was consistent with the primary analysis (hazard ratio, 0.62; 95% CI, 0.48 to 0.80). An objective (complete or partial) response was observed in 83% of the patients in the

osimertinib-chemotherapy group and in 76% of those in the osimertinib group. First-line treatment with osimertinib-chemotherapy led to significantly longer progression-free survival than osimertinib monotherapy among patients with EGFR-mutated advanced NSCLC.

Ref: David Planchard D, Jänne PA, Cheng Y, et al. *N Engl J Med* 2023; 389:1935-1948.

Team attends pediatric cancer Christmas party

Morrison Cancer Center staff members helped with a Christmas party for pediatric cancer patients on December 9 in Hastings.

The party, in conjunction with the GRACE Foundation and Angels Among Us, invited pediatric cancer patients to the Rivoli Theater for breakfast, face painting, crafts, treats and Santa letters. The highlight was a visit from Santa and Mrs. Claus, along with a movie.

Pictured (from left) are Stacia Shipman, RN; Stephanie Earl, social worker; Sonia Goines, financial advisor; Leslie Robbins, APRN, and Carlene Springer, APRN.



FDA hematology/oncology drug approvals since last issue

- The FDA approved **bosutinib** (Bosulif, Pfizer) for pediatric patients 1 year of age and older with chronic phase (CP) Ph+ chronic myelogenous leukemia (CML) that is newly diagnosed or resistant or intolerant to prior therapy. **September 26.**

- The FDA approved **encorafenib** (Braftovi, Array BioPharma Inc., a wholly owned subsidiary of Pfizer) with binimetinib (Mektovi, Array BioPharma Inc.) for adult patients with metastatic non-small cell lung cancer (NSCLC) with a BRAF V600E mutation. **October 11.**

- The FDA approved **nivolumab** (Opdivo, Bristol-Myers Squibb Company) for the adjuvant treatment of completely resected Stage IIB/C melanoma in patients 12 years and older. **October 13.**

- The FDA approved **pembrolizumab** (Keytruda, Merck) with platinum-containing chemotherapy as neoadjuvant treatment, and with continuation of single-agent pembrolizumab as post-surgical adjuvant treatment for resectable (tumors ≥ 4 cm or node positive) non-small cell lung cancer (NSCLC). **October 16.**

- The FDA granted accelerated approval to **entrectinib** (Rozlytrek, Genentech Inc.) for pediatric patients that have a neurotrophic tyrosine receptor kinase

(NTRK) gene fusion without a known acquired resistance mutation, are metastatic or where surgical resection is likely to result in severe morbidity and have progressed following treatment or have no satisfactory standard therapy. **October 20.**

- The FDA approved **ivosidenib** (Tibsovo, Servier Pharmaceuticals LLC) for adult patients with relapsed or refractory myelodysplastic syndromes (MDS) with a susceptible isocitrate dehydrogenase-1 (IDH1) mutation, as detected by an FDA-approved test. **October 24.**

- The FDA approved **toripalimab-tpzi** (LOQTORZ, Coherus BioSciences, Inc.) with cisplatin and gemcitabine for the first-line treatment of adults with metastatic or recurrent, locally advanced nasopharyngeal carcinoma. **October 27.**

- The FDA approved **pembrolizumab** (Keytruda, Merck) to be used with gemcitabine and cisplatin for locally advanced unresectable or metastatic biliary tract cancer. **October 31.**

- The FDA revised the existing indication of **pembrolizumab** (Keytruda, Merck) 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. **November 7.**

- The FDA approved **fruquintinib** (Fruzaqla, Takeda Pharmaceuticals, Inc.) for adult patients with metastatic colorectal cancer (mCRC) who received prior fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy, an anti-VEGF therapy, and, if RAS wild-type and medically appropriate, an anti-EGFR therapy. **November 8.**

- The FDA approved **repotrectinib** (Augtyro, Bristol-Myers Squibb Company) for locally advanced or metastatic ROS1-positive non-small cell lung cancer (NSCLC). **November 15.**

- The FDA approved **capivasertib** (Truqap, AstraZeneca Pharmaceuticals) with fulvestrant for adult patients with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative locally advanced or metastatic breast cancer with one or more PIK3CA/AKT1/PTEN-alterations. **November 16.**

- The FDA approved **enzalutamide** (Xtandi, Astellas Pharma US, Inc.) for non-metastatic castration-sensitive prostate cancer (nmCSPC) with biochemical recurrence at high risk for metastasis (high-risk BCR). **November 16.**

Publications since our last issue

• **Copur, M.S., Tun S., M., Simpson, C.K.** Symptomatic Necrosis With Antibody-Drug Conjugates and Concurrent Stereotactic Radiotherapy for Brain Metastases. *JAMA Oncol.* Published online October 26, 2023. Doi: 10.1001/jamaoncol.2023.4492. **(Published)**

• **Copur, M.S.** Life After Colorectal Cancer: Survivorship-The Road Less Traveled. *Clin Colorectal Cancer.* 2023 Oct 10: S1533-0028(23)00090-7. Doi: 10.1016/j.clcc.2023.10.002. Epub ahead of print. PMID: 37925305. **(Published)**

• **Copur, M.S., Tun S., M., Horn, A.** Early Access to Electronic Health Records May Influence Patient Experience. *Oncology,* December 2023, cancer-net-

work.com/12.23_EHR. **(Published)**

• **Chu, E., Harrold, L.J., Copur, M.S.** Chemotherapeutic and Biologic Drugs. Physicians Cancer Chemotherapy Drug Manual Chu De Vita, 2024 **(Accepted for publication)**

• **Copur, M.S., Harrold, L.J., Chu, E.** Guidelines for Chemotherapy and Dosing Modifications. Physicians Cancer Chemotherapy Drug Manual Chu De Vita, 2023. **(Accepted 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. **(Accepted for publication)**

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. **(Accepted for publication)**

• **Copur M.S.,** Life After Colorectal Cancer: Survivorship-The Road Less Traveled. *Clin Colorectal Cancer* 2024. **(Accepted for publication)**

• **Copur, M.S., Tun, S.M., Simpson, C.K.** Perioperative Durvalumab for Resectable Non-Small-Cell Lung Cancer. *N Engl J Med* 2023. **(Submitted for publication)**



Vaginal estrogen therapy use and survival in females with breast cancer

Genitourinary syndrome of menopause can be treated with vaginal estrogen therapy. However, there are concerns about the safety of vaginal estrogen therapy in patients with breast cancer.

This cohort study analyzed 2 large cohorts, one each in Scotland and Wales, of females aged 40 to 79 years with newly diagnosed breast cancer. These population-based cohorts were identified from national cancer registry records from 2010 to 2017 in Scotland and from 2000 to 2016 in Wales and were followed up for breast cancer-specific mortality until 2020. Females were excluded if they had a previous cancer diagnosis (except nonmelanoma skin cancer).

Data analysis was performed between August 2022 and August 2023. Use of vaginal estrogen therapy, including vaginal tablets and creams, was ascertained from pharmacy dispensing records of the Prescribing Information System for the Scotland cohort and from general practice prescription records for the Wales cohort.

The two cohorts comprised 49,237 females with breast cancer (between 40 and 79 years of age) and 5,795 breast cancer-specific deaths. Five percent of patients with breast cancer used vaginal estrogen therapy after breast cancer diagnosis. In vaginal estrogen therapy users compared with HRT nonusers, there was no

evidence of a higher risk of breast cancer-specific mortality in the pooled fully adjusted model (HR, 0.77; 95% CI, 0.63-0.94). Results of this study showed no evidence of increased early breast cancer-specific mortality in patients who used vaginal estrogen therapy compared with patients who did not use HRT. This finding may provide some reassurance to prescribing clinicians and support the guidelines suggesting that vaginal estrogen therapy can be considered in patients with breast cancer and genitourinary symptoms.

Ref: *McVicker L, Labeit AM, Coupland CAC, et al. JAMA Oncol. 2023 Nov 2:e234508. doi: 10.1001/jamaoncol.2023.4508.*



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