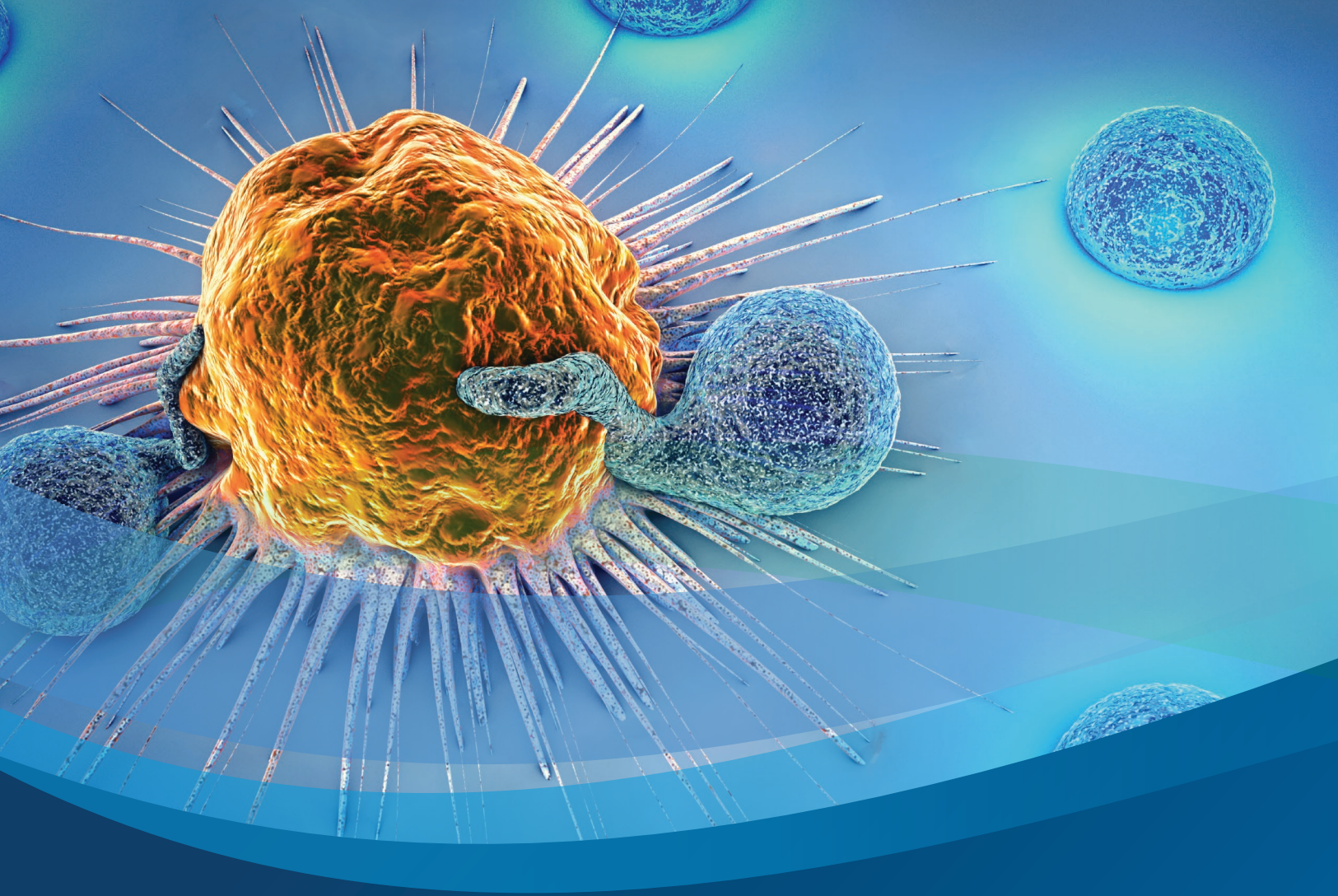




2022 Cancer Program

ANNUAL REPORT



Providing advanced cancer care in our community today

2022 Cancer Program

ANNUAL REPORT

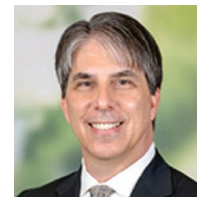
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Ken James
Market COO



Michael Kramer
President,
The Jewish Hospital –
Mercy Health



Tim Prestridge
President,
Mercy Health –
Clermont Hospital



Justin Krueger
President,
Mercy Health –
Fairfield Hospital



Brad Bertke
CEO,
Mercy Health –
West Hospital

FRIENDS AND COLLEAGUES,

It is our privilege to jointly share the regional Mercy Health Cincinnati Cancer Care and Oncology Annual Report. It provides an overview of recent achievements in our cancer programs as well as data from the Cancer Registry demonstrating our commitment to providing the best cancer care for others so they can be there for the ones they love. Mercy Health proudly offers advanced cancer care at the following locations across our city: Mercy Health Fairfield, Mercy Health West, Mercy Health Deerfield Medical Center, The Jewish Hospital, Mercy Health Eastgate Medical Center, Mercy Health Anderson, and Mercy Health Clermont.

This year we are proud to inform the community that our regional cancer programs achieved the prestigious National Accreditation for Breast Programs (NAPBC) re-accreditation at the Mercy Health West and Mercy Health Fairfield locations in 2022. In early 2023, our renowned Cincinnati Cancer and Cellular Therapy Center at The Jewish Hospital – Mercy Health achieved the nationally recognized Foundation for the Accreditation of Cellular Therapy (FACT) certification for the adult autologous, allogeneic, and CAR-T program. Our regional Cancer Integrated Network Program (INCP) was surveyed for accreditation in the Fall, and we anticipate INCP accreditation to be awarded in 2023.

As a region, we are proud to continue offering comprehensive, multi-disciplinary cancer care utilizing a complete range of state-of-the-art services and equipment within one hospital network. An integrated network facilitates improved communication and education with the community about clinical trials and new treatment options offered throughout the network. In 2022, we initiated a new oncology patient education program with monthly topics for patients including cancer screening awareness, smoking cessation, healthy nutrition, “chemobrain”, and psychosocial issues affecting patients diagnosed with cancer. In 2023 we pledge to continue our efforts to increase our cancer screening offerings through targeted screening initiatives. They include the annual I Know breast cancer awareness campaign at The Jewish Hospital and MammoGLAM breast cancer screening initiative at the Eastgate location in the month of May. Lung cancer screening programs are offered at all locations regionally in addition to personalized quit smoking plans offered virtually by our trained team members under the American Lung Association Freedom from Smoking program.

In 2023, our Radiation Oncology team will participate in the American College of Surgeons Commission on Cancer Breaking Barriers quality initiative to identify causes patients are unable to complete all radiation therapy appointments in the treatment plan. This information will help us identify initiatives to assist our patients in overcoming barriers to therapy and ensure better outcomes from their therapy.

At Mercy Health, patients are in the center of all we do. We strive to ensure the best possible outcomes with respect and compassion. We are honored patients entrust us with their cancer care during a critical time in their lives.

Mercy Health Cincinnati Integrated Network Cancer Committee

In 2020 the individual cancer programs at Mercy Health merged into a single Integrated Network as defined by the American College of Surgeons Commission on Cancer (CoC). The Cincinnati hospitals have maintained CoC accreditation for decades beginning with The Jewish Hospital in 1979. Since that time the programs have provided excellent care to cancer patients in the form of state-of-the-art diagnostic and surgical care, medical and radiation oncology. The program also provides oversight of the breast programs at accredited Mercy Health – Cincinnati hospital locations. The Integrated Network Cancer Committee is comprised of representation from each of the five Mercy Health – Cincinnati hospitals, The Jewish Hospital, Mercy Fairfield, Mercy West, Mercy Anderson and Mercy Clermont. Our community health partners include representatives from the American Cancer Society, the Cancer Support Community and Cancer Family Care, who also serve on the committee. Our team ensures all accreditation standards are met to deliver the highest quality care to our patient population.



PHYSICIAN MEMBERS

Shyam Allamaneni, MD, Chair
*Medical Oncology/
Neuro Oncology
Survivorship Program*

Manisha Patel, MD
*CardioThoracic Surgical
Oncology & Cancer Liaison
Physician*

Jacquelyn Palmer, MD
Breast Surgical Oncology

**Cory D. Barrat, MD,
FACS, FASCRS**
Colon & Rectal Surgery

Sean Kirby, MD
Pathology

Robert Stevens, MD
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Joseph Shaughnessy, MD
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Yvonne Duhart, CTR
Cancer Registry Quality

Mary Keefer, CTR
Cancer Conference

Eric Clayton, OHC
Clinical Research

Prasad Kudalkar, MD, OHC
Survivorship Program

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Genetics

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Rehabilitation Services

Elena Stein, Pastoral Care

Emily Cornett, RN, MSN
Breast Navigation

**Nicole Vogelsang, BSN, RN,
BMTCN, OCN**
Lung Navigation

Casey Faber
American Cancer Society

Jill Settlemyre
Cancer Family Care

Molly Lysaght, RDN, LDN
Dietitian

Jamie Weiner
Cancer Support Community



Mercy Health — Cincinnati Cancer Conferences

Cancer conferences are extremely important to the care of the cancer patient at Mercy Health. Conferences provide an opportunity for the development of a plan of care for the patient with the entire physician team consulting at one time. Medical oncology, radiation oncology, surgery, pulmonology, diagnostic radiology and pathology are all present to discuss possible treatment options for the patients presented. Physicians from all specialties bring their expertise together. Additionally, Medical and Surgical residents are invited to attend and engage in multidisciplinary team learning.

Treatment options discussed are based on national guidelines and American Joint Committee on Cancer (AJCC) cancer staging as the foundation of the discussions. Information on clinical trial options and referrals for services such as genetic counseling, rehabilitation and palliative care are also considered.

Cases can be presented at a variety of conferences. There are 26 conferences each month that include specific conferences for breast, thoracic, brain, hematologic, gastrointestinal and all other types. We offer a virtual and in-person conference experience that allows for participation from any Mercy Health location or referring facility.

The cancer program also offers educational opportunities to the community we serve, sponsors support groups and, in affiliation with OHC, offers access to clinical trials (see the Appendix for a listing of OHC clinical trials).



CANCER CONFERENCES

The **Cincinnati Cancer and Cellular Therapy Center** Multidisciplinary Team of The Jewish Hospital Meeting is held each Thursday.

The **Brain Tumor Conference** of The Jewish Hospital is held every Tuesday of the month.

The **Breast Cancer Conferences** are conducted weekly on the first four Wednesdays of the month at The Jewish Hospital and bimonthly at Mercy West, Mercy Fairfield and Mercy Anderson.

General Cancer Conferences are held monthly at Mercy West, Mercy Fairfield and Mercy Anderson/Clermont.

The **GI Cancer Conference** of The Jewish Hospital is held on the second and fourth Fridays of the month.

The **Thoracic Cancer Conference** is held on the first and third Fridays of the month at The Jewish Hospital and monthly at Mercy Anderson Hospital.

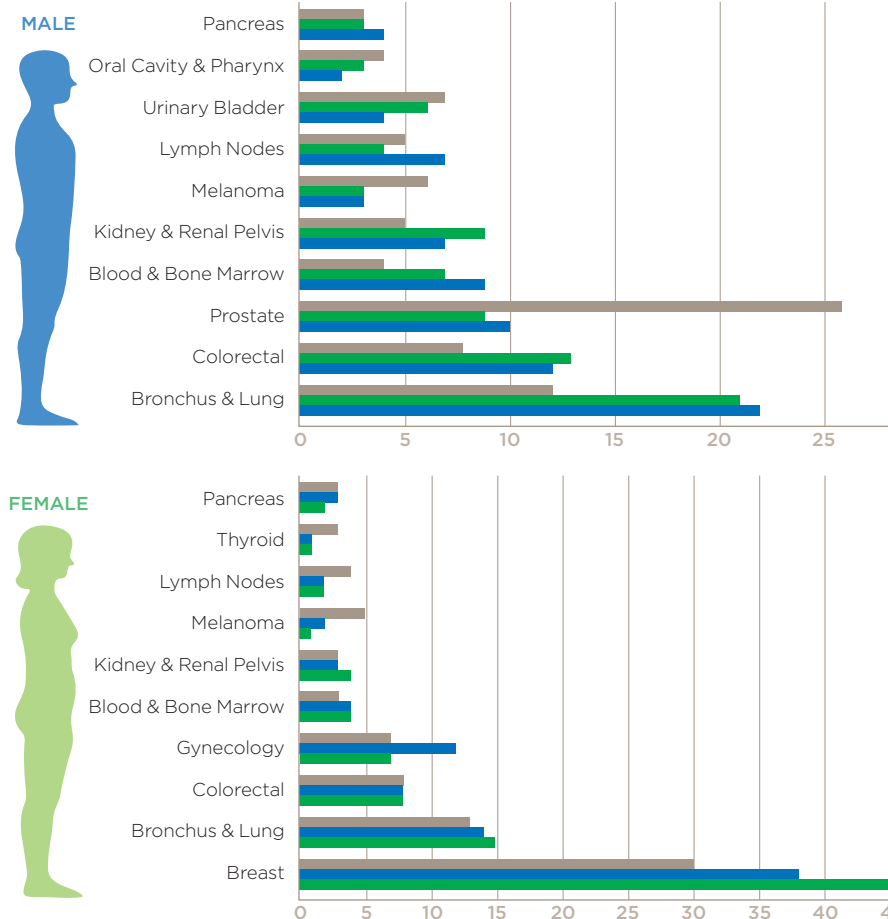
Cancer Data Summary and Comparisons

In the U.S. in 2021, prostate cancer is the most common cancer among males (26%), followed by lung (12%) and colorectal (8%) cancers. Among females, breast (30%), lung (13%), and colorectal (8%) cancers are the most common.

At Mercy Health — Cincinnati, distribution of cases by gender reveals that breast cancer is the top site for females at 45%, while the top site for males is lung at 21%. There were 2,778 newly diagnosed/treated cases in 2021. In comparison to 2020 there was an increase in colorectal, kidney, bladder, & oral cancer in males for 2021, while there was a decrease in prostate, blood & bone marrow, lymphoma & pancreas cancers. For females there was an increase in breast, kidney & lung cancer. There was a decrease in gyn, melanoma, & pancreas cancers.

2021 TOP CANCER SITES BY SEX UNITED STATES vs MERCY HEALTH — CINCINNATI

■ 2021 U.S. ■ 2021 Mercy Health ■ 2020 Mercy Health



American Cancer Society, Cancer Facts & Figures 2021.

MERCY HEALTH — CINCINNATI NUMBER OF NEWLY DIAGNOSED/TREATED CASES IN 2021

Breast	760
Digestive System	509
Respiratory System	468
Urinary System	241
Blood & Bone Marrow	145
Female Genital	126
Brain & CNS	114
Male Genital	108
Lymphoma	91
Skin	63
Other/III Define	56
Oral Cavity, Pharynx	43
Endocrine System	36
Connective/Soft Tissue	17
Bone	1
Total	2778

American Cancer Society, Cancer Facts & Figures 2020. Atlanta: American Cancer Society; 2021.

CANCER REGISTRY DATABASE BY THE NUMBERS

Mercy Health Cincinnati registry database is a **5** hospital cancer registry

2,729 cases entered into the database in 2020

35,534 total cancer cases entered in the database

Gynecologic Oncology Care

OHC gynecologic oncology is comprised of a team of specialists dedicated to offering leading-edge care for patients across all Mercy communities. Our OHC team includes three specially trained, board certified, gynecologic oncologists who work collaboratively with our multi-disciplinary team which includes: breast surgical oncology, medical oncology, radiation oncology, clinical research, cancer genetics, and supportive care.

Services Performed

The focus of gynecologic oncology includes cancers of the female reproductive system, including ovarian, uterine, cervical, vaginal, and vulvar. With extensive training in diagnosis and surgery, OHC's gynecologic oncologists are among a select group of approximately 500 in the United States.

The services performed involve highly skilled surgical techniques utilizing minimally invasive and robot-assisted surgery.

Surgical treatments include:

- Sentinel Lymph Node Mapping
- Radical Cytoreductive Debulking Surgery
- Fertility-Sparing Surgery
- Radical Vulvar Surgery

Our gynecologic oncologists often collaborate with our surgical subspecialists to offer their expertise in treating gynecologic malignancies as well as complex gynecologic cases.

After evaluating several factors including tumor size and histology, location, comorbidities, next gen sequencing, genetic testing, and clinical trials, OHC gynecologic oncologists develop a personalized patient treatment plan to discuss with the patient and family. The entire OHC oncology team is involved to assess the appropriate sequence of events to achieve the best outcome for the patient.

Following successful treatment, a patient's follow-up and survivorship care plan includes the gynecologic oncologist, primary care physician, and/or gynecologist.



Marcia C. Bowling, MD
OHC



Ajit Gubbi, DO
OHC



Dené C. Wrenn, MD
OHC

HPV Vaccination: a powerful tool in our arsenal against cancer prevention

HPV (human papillomavirus) is linked to several cancer types and other health problems. Fortunately, we have a safe, effective, and well-studied FDA-approved vaccine that can reduce the risk of HPV-related cancers by up to 99 percent.

What Is HPV?

- About 79 million Americans are infected with HPV, a virus that is spread by skin-to-skin and sexual contact.
- There are about 14 high-risk types of the virus responsible for most HPV-related cancers.
- HPV-related cancers include cervical, vaginal, vulvar, anal, penile, and certain head and neck cancers.
- HPV can cause genital warts and recurrent respiratory papillomatosis.
- For most individuals, HPV becomes inactive on its own within two years. Prolonged infection with a high-risk type of HPV can cause cancer.

What Is the HPV Vaccine?

- Gardasil 9 is a safe FDA-approved vaccine that helps protect individuals from cancers and diseases caused by nine of the highest-risk strains of HPV.
- It has the potential to prevent more than 90 percent of cancers attributed to HPV.
- The vaccine is administered in a series of 2-3 shots depending on age.

Who is Eligible for the HPV vaccine?

- The CDC, American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP), and American College of Obstetricians and Gynecologists (ACOG) recommend that 11 and 12-year-old boys and girls receive the vaccine.
- Those who have already been sexually active and/or tested positive for HPV should be vaccinated for protection from strains of the virus that they do not yet have.
- The vaccine is approved for those aged nine through 45.
- Those older than 26 who have not been vaccinated and are at risk of a new HPV infection should discuss vaccinations with their healthcare providers.

By the numbers:

Nearly **42 million** Americans are infected with types of HPV that cause disease

90% of HVP cases are naturally cleared by the body within 2 years

36,000 of new cancer cases annually are caused by HPV

In the US **high-risk HPVs** cause 3% of all cancers in women and 2% of all cancers in men

HPV vaccination is estimated to prevent up to **90%** of HPV related cancers

Sources: Cancer.gov and CDC.gov



Lung Cancer Screening — Mercy Health

Lung cancer remains the leading cause of cancer death in the United States. Lung cancer screening using low dose chest CT has demonstrated benefit in screening persons at high risk. Early detection dramatically improves survival rates. The US Preventative Services Task Force (USPSTF) recommends annual lung cancer screening for the following patient population:

- 50-80 years old
- Minimum of 20 pack years
- Currently smoke or have quit within the past 15 years

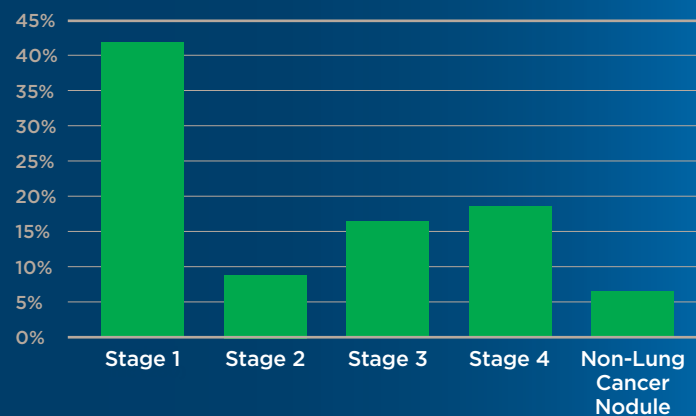
Mercy Health continues to prioritize the screening of high-risk patients. As patient and provider education continues to increase regarding the benefits of screening, our program's lung screening numbers have drastically risen. Within the last two years, the number of patients receiving this life saving screening have more than doubled. In 2022, a total of 4,496 patients were screened at seven Cincinnati Mercy Health radiology locations. Once a patient completes their screening CT, lung nurse navigators work with ordering providers to ensure that each patient receives appropriate follow-up. Pulmonologists, medical and radiation oncologists, and cardiothoracic surgeons, collaborate with ordering providers to ensure comprehensive care if any abnormalities are found during the screening process. In 2022, 98 cancers were detected as a direct result of a lung cancer screening. The majority of those patients were diagnosed in stage I, when lung cancer is most amenable to treatment.

Cigarette smoking is the number one risk factor for lung cancer. Approximately 80% of lung cancer cases and deaths can be attributed to smoking. At Mercy Health Cincinnati, we strive to provide patients with the tools and support necessary to quit smoking for good. Both online, virtual classes as well as in-person classes are offered by our smoking cessation team. These free classes follow the American Lung Association's Freedom From Smoking class format and are available to anyone interested in quitting tobacco. For more information, and to register for the next available smoking cessation class, contact 513-603-8601.

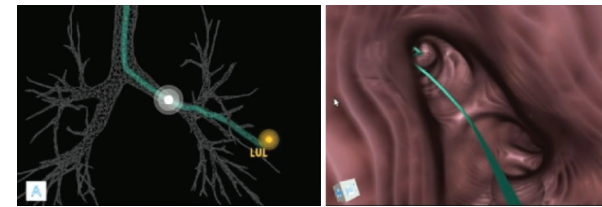


2022 MERCY HEALTH LUNG CANCER SCREENING DATA					
	EAST FAIRFIELD	JEWISH	WEST	TOTAL	
First time (baseline) screens	1,179	451	279	399	2,308
Yearly (annual) screens	757	532	376	523	2,188
Total lung screens	1,936	983	655	922	4,496
LRAD 1/2	1,688	857	584	774	3,903
LRAD 3/4	244	125	71	148	588
Cancers detected	48	8	13	29	98

2022 CANCER CASES FOUND BY LUNG CANCER SCREENING



Monarch Robotic Flexible Endoscopy Innovative Technology for Lung Cancer Diagnosis



At the Clermont Pulmonology office, Dr. David Beck, Dr. Muneer Al Zoby, and Dr. Samir Ataya have utilized the Monarch Robotic Endoscopy to ensure earlier, more accurate diagnosis of small, difficult to reach nodules in the periphery of lung tissue. The first case was performed by Dr. Samir Ataya on May 4th, 2022. Since then, a total of 68 cases have been done with this new technology.

Incorporating the use of the robotic system allows for direct visualization throughout the endoscopic procedure. "We are capable of discerning between infection, scar tissue, a nodule, and lymph nodes. With real time vision we watch the needle go directly into the lesion and can accurately biopsy from multiple areas of it. The 4 mm tip of the scope has the ability to articulate 180 degrees. The scope is capable of navigating to areas of the lung that were previously difficult to get to without this new technology." said Dr. Samir Ataya.

The Monarch Platform was designed to address the limitations of the current technology. It gives physicians the ability to navigate the endoscope to the periphery of the lung with improved reach, real time visualization of the lung tissue, and

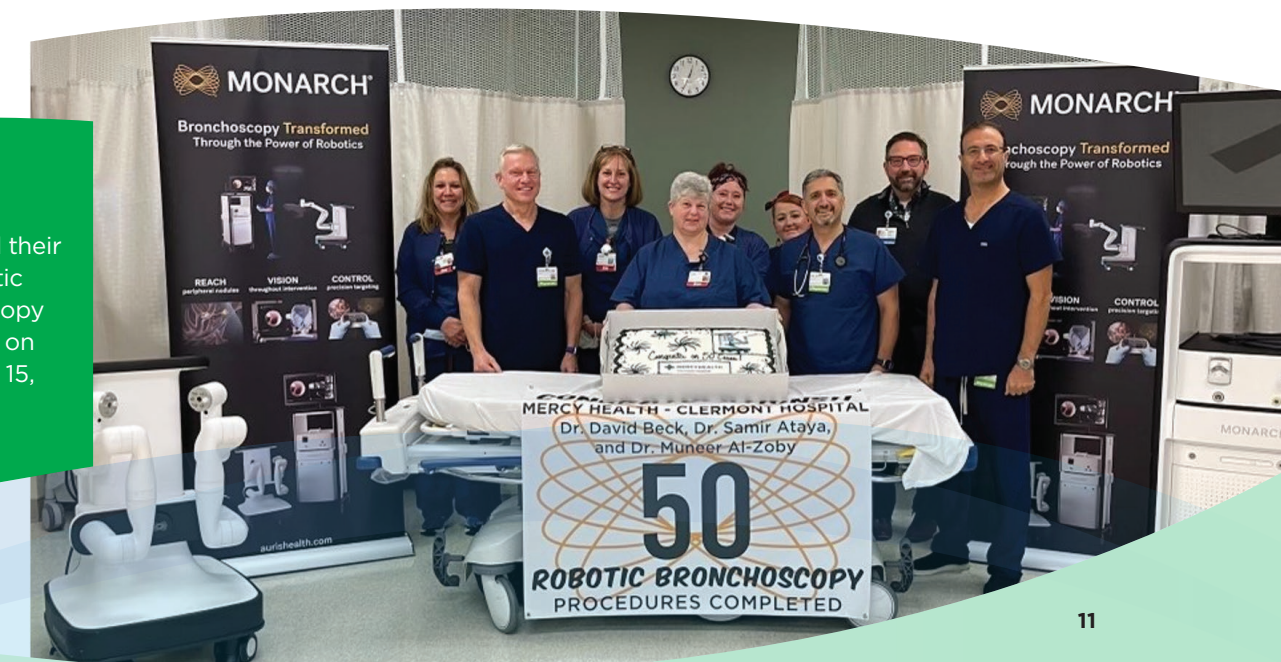
micromovement for precise control of instruments. The advantage for patients is a less invasive procedure that can help lead to a quicker diagnosis. The monarch robot makes it possible to enter the body through its natural airways by using small cameras and flexible tools. The risk of pneumothorax or bleeding is only 3%, significantly less than the fluoroscopy guided CT biopsy.

Clermont Hospital and Jewish Hospital are among the first hospitals in the United States to utilize the platform, which was recently cleared by the U.S. Food and Drug Administration (FDA).

"I had Dr. Hermes refer me to a surgeon to have chest surgery, he also said I could have focused radiation only, but I thought cutting it out was a better treatment. He staged it a 1A, which is the earliest stage you can catch it and still have cancer. I don't remember whose idea it was to get the CT Lung Screening, but I thank you. I would recommend to people who have 20 pack years of smoking. I'm not sure if I was just lucky, but I'm glad it turned out as well as it did. It helped ease my mind that you and your nurses called me many times to see how I was doing. Thank you and your staff for being so compassionate."

- Raymond Biagini
Stage 1a Lung Cancer patient

Clermont Hospital celebrated their 50th robotic bronchoscopy procedure on December 15, 2022.



PHYSICIAN SPOTLIGHT



Samir Ataya, MD, is a pulmonologist at Mercy Health — Clermont Hospital in Batavia, OH. He provides outpatient services in the clinic along with inpatient pulmonary and critical care services to the admitted patients in the hospital and intensive care unit. Dr. Ataya performs advanced bronchoscopic procedures at Clermont Hospital, including the newly acquired robotic Monarch Platform. He has a special interest in treating lung cancer, sleep disorders and performing specialty procedures.



Michael Kasten, MD, is a board certified cardiothoracic and general surgeon at Mercy Health — Anderson Hospital in Cincinnati, OH. Dr. Kasten joined Mercy Health in 2022. His expertise is in treating conditions of the lung and esophagus. He offers open and thoracoscopic lung surgery and is actively working to develop the robotic lung surgery program at Anderson Hospital. He performs esophagus surgery as a team approach with his partner, Mohi Mitiek, MD. In his spare time, he enjoys running, golf, cars, and spending time with his wife and two daughters.



David Beck, MD, PhD
Clermont Hospital



Amita Singh, MD
Fairfield Hospital



Mudher Al-Shathir, MD
The Jewish Hospital



Sandeep Kapur, MD
Anderson Hospital



Donald Buckley, MD
Anderson Hospital



Mohi Mitiek, MD
Anderson Hospital



S. Russell Vester, MD
The Jewish Hospital



Samir Ataya, MD
Clermont Hospital



Michael Kasten, MD
Anderson Hospital



Skin Cancer Care at The Jewish Hospital — Mercy Health

Our Team

The Dermatology Department at Mercy Health Physicians is comprised of a team of specialists dedicated to offering the most up-to-date and comprehensive skin cancer care for patients.

Our team includes five specialty trained dermatologists who screen thousands of patients each year for skin cancer with the goal of diagnosing skin cancer at its earliest manifestation. Diagnostic care includes photography, dermatoscopy and skin biopsies.

Services Performed

The services offered at the Dermatology clinic include skin cancer excision and repair, destruction/curettage, topical chemotherapy, photodynamic therapy, oral targeted therapies and Mohs micrographic surgery.

Treatment plans are individualized for each patient taking into consideration the tumor (including size and histopathologic characteristics), location on the body and medical comorbidities. Patient care is enhanced by close collaboration and communication among our dermatology experts. Our dermatologists closely collaborate with a fellowship trained dermatologic surgeon who has specialized training in skin cancer management techniques.

Follow up skin cancer screenings allow for close surveillance for new tumors and recurrences and are tailored to patient risk factors and prior tumors.

Precancerous lesions (actinic keratoses) are also treated to remove ultraviolet induced skin damage in an effort to mitigate risk of malignant transformation. Lesions are treated with destructive measures, topical chemotherapy creams and photodynamic therapy.



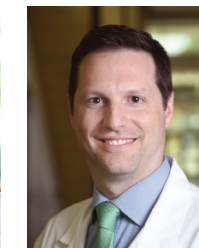
Shyam Allamaneni, MD



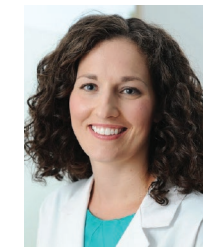
Emily Fisher, MD



Rachel Gustin, MD



Matthew Meier, MD



Emily Moosbrugger, MD



Gabriella Morris, MD

2022 STATISTICS

In 2022, 4,897 tumors were detected/diagnosed by our general dermatologists:

- 1,115 Basal cell carcinomas
- 533 Squamous cell carcinomas
- 30 Invasive melanomas
- 158 Melanoma in situ

Other miscellaneous tumors: sebaceous carcinoma, CTCL, B cell lymphoma, Atypical fibroxanthoma, Merkel cell carcinoma, Kaposi sarcoma, Adnexal carcinoma etc. account for remaining skin cancers treated by Mohs technique

2022 MOHS PROCEDURES

1,722 tumors were treated with Mohs surgery

Our oldest patient was over 100 years old

Our youngest patient was 27 years old

- 1,148 Basal cell carcinoma
- 403 Squamous cell carcinoma
- 158 Squamous cell carcinoma in situ
- 13 other malignant neoplasms

PATIENT SATISFACTION

Patient satisfaction is one of our primary concerns in helping patients navigate a diagnosis of skin cancer. Our department consistently achieves high levels of satisfaction in patient surveys.

The Jewish Hospital — Mercy Health Cincinnati Cancer and Cellular Therapy Center

The only fully FACT accredited (Foundation for the Accreditation of Cellular Therapy) adult program for bone marrow transplant and CAR-T in the region with more than 30 years of experience caring for blood cancer patients.

Cancer is a complex disease that can overwhelm patients and their families. Understanding the disease, its treatment options, and how to manage the side effects can be challenging. Therefore, patient education is crucial in helping oncology patients make informed decisions and improve their quality of life. Patient education is essential for oncology patients because it empowers them to take an active role in their care. When patients understand their diagnosis, treatment options, and potential side effects, they can make informed decisions about their care. Moreover, education can help patients manage their symptoms, improve their quality of life, and reduce their anxiety and stress.

Our monthly patient education sessions cover topics relevant to the patient's cancer stage, treatment plan, and current symptoms. Here are some of the critical issues that should be covered:

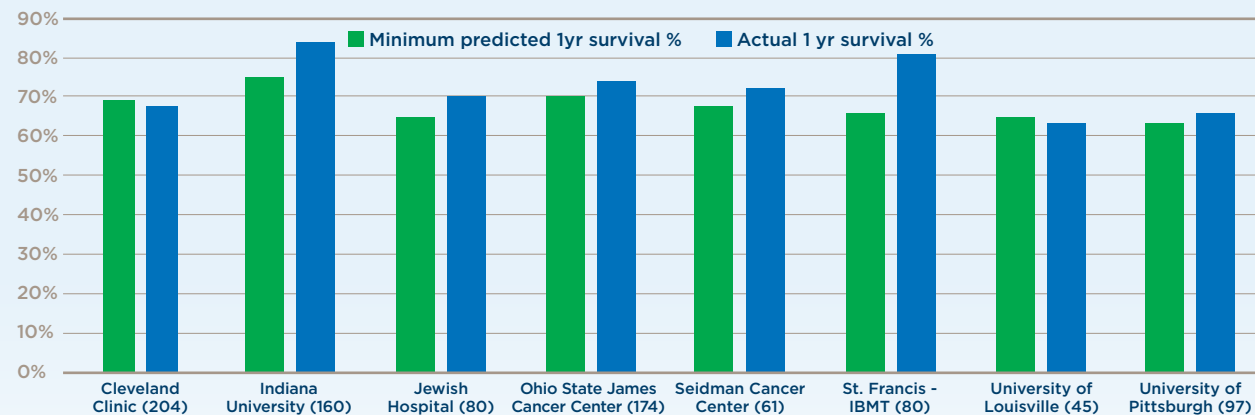
- **Understanding cancer:** Patients receive education about their specific type, stage, and how it affects their bodies.
- **Managing side effects:** Patients should be educated about the potential side effects of their treatment and how to manage them, such as nausea, fatigue, pain, and hair loss.
- **Nutrition:** Patients should be informed about the importance of a healthy diet during cancer treatment and how to maintain a balanced diet.
- **Support services:** Patients should be informed about support services, such as counseling, support groups, and psychologists.

Monthly patient education is delivered through a variety of methods, including in-person sessions as well as Zoom. To access these free oncology sessions, please go to mercy.com, select mercy health news and Events, and find the class you are interested in. These courses are free for all patients.

Outcomes

CIBMTR data – One-year survival (First allogeneic transplant 1/2016 – 12/2018 listed alphabetically)
Source: <https://bethematch.org/tcdirectory> accessed 1/25/2021

Among the nation's leaders in survival outcomes, the CCCTC is the place where expert treatment, compassionate care and world-class facilities meet to produce extraordinary outcomes. Based on a report from the Center for International Blood and Marrow Transplant Research (CIBMTR), the CCCTC patient survival rates are comparable to noted bone marrow transplant centers in our region.



Treatment advances help resilient cancer warrior confront her disease

An avid golfer who stayed active, Ann Nemo enjoyed hosting her family for Thanksgiving. But Thanksgiving 2012 was different—Ann was exhausted after her guests departed. She made an appointment with her primary care doctor who ordered bloodwork with concerning results. Suspecting early-stage multiple myeloma, Ann's doctor referred her to OHC medical oncologist, hematologist, blood and marrow transplant specialist, and cellular therapy expert James H. Essell, MD.

Dr. Essell ordered a series of lab tests and diagnosed Ann with multiple myeloma, an incurable cancer of the plasma cells, which are a type of white blood cell in bone marrow. Unfortunately, her disease was in advanced stages. Ann immediately started chemotherapy in preparation for a stem cell transplant beginning a roller coaster ride of remission and relapse over the next decade.

"Treating myeloma is a complex process because patients can achieve a complete response to treatment and then relapse," said Dr. Essell. "Rapid treatment advances in recent decades have offered patients hope by greatly improving survival rates."

"After my diagnosis, I learned a lot and became my own advocate," said Ann, a resident of Evendale, Ohio, who celebrated her 80th birthday last June. "Since the beginning, I had a lot of faith in Dr. Essell. He's passionate about his patients and I know he's in my corner."

To date, Ann has been treated with 11 therapies including a clinical trial, a CAR T-cell therapy, and most recently Tecvayli. "In 2021, I was running out of options when Dr. Essell recommended a newly

approved CAR-T," said Ann. CAR-T is an immunotherapy that stimulates the body's immune system to fight cancer. OHC is the first, most experienced, and only certified independent adult cancer practice in the region to offer CAR-T. "We had the first patient in Ohio to receive CAR-T for myeloma, and Ann was our second," said Dr. Essell. "I was in remission for almost a year-and-a-half after CAR-T," said Ann.

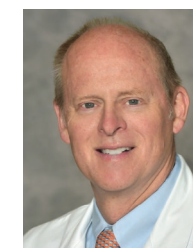
In late 2022 when Ann relapsed, Dr. Essell suggested treatment with Tecvayli, a type of immunotherapy known as BiTE (bispecific T-cell engager). "Tecvayli was approved in October for multiple myeloma patients who had received at least four treatments and their cancer came back or didn't respond," noted Dr. Essell. BiTE therapies recognize cancer cells and connect them to the body's cancer-fighting immune system T-cells.

Ann is responding well to the therapy. "I'm so lucky to have this amazing treatment," said Ann. "After every relapse I've had, there's been a new treatment to try."

Ann lives with her husband of 55 years, Ed. Ed calls Ann a warrior "because of all she's been through, and she keeps bouncing back."

"I stay strong by trying to keep positive," said Ann. "I'm active and in good shape, and I'm not ready to go."

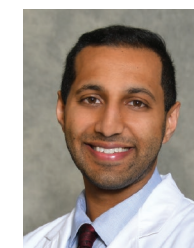
Ann offers these words of wisdom to newly diagnosed cancer warriors: Make sure you're in the right place for care and don't give up. I was lucky I didn't have to shop around. I've never had a bad experience at OHC—it's like my home away from home.



James Essell, MD, OHC



Kruti Patel, DO, OHC



Welcome Ameet Patel, MD

Dr. Patel, a blood and marrow transplant specialist, has clinical expertise and special interest in:

- Blood and marrow transplant
- Cellular therapies
- Clinical research
- Malignant hematology and benign blood disorders



Mercy Health — Cincinnati Breast and Cancer Care

Bon Secours Mercy Health Cincinnati offers dedicated patient navigation as part of our comprehensive breast health program. When additional imaging is needed following a screening mammogram, or a patient presents with a new abnormal finding, our team of navigators get involved to help ensure patients understand what to expect at each step of the imaging process. Patients then receive timely follow-up and are provided support through resolution and diagnosis. We assist patients as well as their families to better understand the process and alleviate some of the fear inherent in a potential cancer diagnosis.

Our navigators include specialty certified nurses at each site, as well as navigators with expertise in breast imaging and social work. We serve as educators, facilitators, advocates, and provide support services. Our unique clinical team works together to address and resolve issues that may create barriers to care such as insurance, transportation, financial concerns, personal or family stressors and anxieties, to name just a few.

Navigators coordinate care across multiple disciplines, guiding patients “through the system”. This includes the primary care providers, radiologists, breast surgeons, oncologists, medical and radiation oncologists, genetic counselors, physical therapy, and a multitude of community resources.

Since patients often receive the results before their medical providers are able to contact them, navigators reach out to patients and their families to review and explain pathology results, address their immediate questions and concerns, and assist with establishing the next steps in their follow up care.

Our patient navigation services are recognized for improving the quality of care and the patient and family experience.

Nurse Navigators pictured above (l to r): Emily Cornett, RN, Judy Brandell, RN, Jaime Cowan, Melissa Damico, Beth Wahl, RN, Amy Thorn, Mollie Bryson, RN and Robin Truster, RN



Anna Sobolewski, MD



Nicole Melchior, DO, OHC



Jacquelyn Palmer, MD



Abigail Tremelling, MD, OHC



Elise Evans, CNP



Dianne M. Runk, MD
Axia Women's Health



Lydia Hernandez, MD, FACS
Axia Women's Health

By the numbers:

New breast cancer cases **10,610**
 Number of deaths **1,700**
 Incidence rate per 100,000 **129.6**
 Death rate **21.6**
 Average age at diagnosis **62**

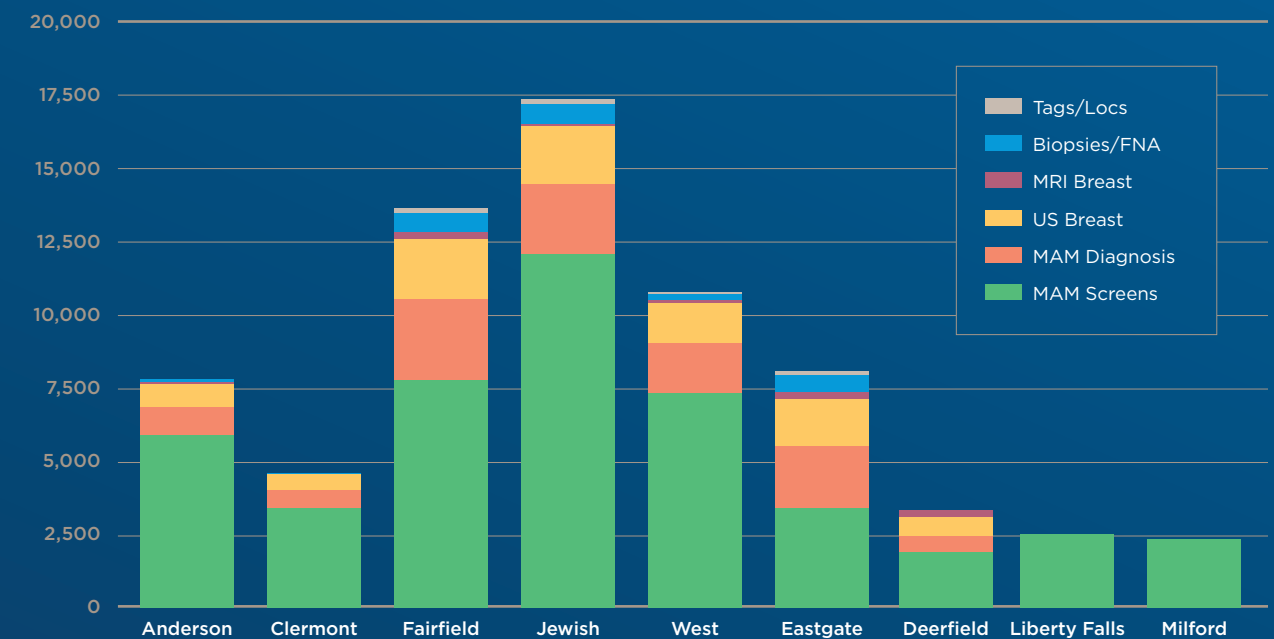
Mercy Health Screening Volume 2022

Regional screenings **46,474**
 Regional mobile **4,259**

Mercy Health Analytic Breast Cases 2019-2021

Hospital Location	2019	2020	2021
The Jewish Hospital — Mercy Health	244	245	270
Mercy Health Anderson	79	84	100
Mercy Health Clermont	89	117	126
Mercy Health Fairfield	145	96	129
Mercy Health West	106	97	123
Total	663	639	748

Cincinnati region breast related volumes by location (Between 1-1-22 and 12-31-22 by year)



Screening Mammography recommendations in the state of Ohio

- Screening yearly for women age 40 and over until they are no longer in good health
- Tomography 3D is standard of care
- Dense Breast – patients are eligible for Screening Breast Ultrasound or breast MRI in addition to screening mammography
- High Risk – patients are eligible for screening Breast MRI in addition to screening mammography

Ohio House Bill 371 – signed into law September 2022 requiring all insurances to cover screening mammography including Tomo once per year. Age limit was eliminated.

The Ohio Breast & Cervical Cancer Project (BCCP)

The BCCP strives to decrease the number of women who die from breast and cervical cancer by providing no-cost breast and cervical cancer screenings and diagnostic testing to qualified participants. Women must be Ohio residents, 21 years of age or older, with an income at or below 300% of the Federal Poverty Level.

For more information, call 866-838-8973.



Mobile Mammography

For over 30 years, Mercy Health has been committed to the communities of Cincinnati by providing a mobile mammography program. As with any vehicle, with age the repairs become more frequent, and it eventually needs replaced. The Mercy Health Foundation and the Jewish Hospital supported the initiative to purchase two brand new mobile mammography coaches.

With the help of The Wyler Family Foundation, Kroger Health, Ameritas and many other gracious donors, funding was provided for two new state-of-the-art mobile mammography coaches to help support the breast health screening efforts in the Cincinnati and surrounding areas.

Breast Cancer is the second most common cause of cancer in women. Breast cancer affects women across different ages, ethnicities, and incomes. Annual screening is the key to a timely diagnosis and treatment. This can be challenging for women who have financial concerns, difficult work schedules, limited access to care and limited transportation. To overcome these barriers, our mobile mammography coaches travel to health clinics, businesses, schools, and community events across the tri-state and provide the same education and care as you receive from our Certified Breast Care Centers. The availability of a mammogram that comes to you appeals to women and helps decrease these barriers and minimizes disruption to their personal and professional lives. In 2022, the mobile mammography program screened over 5,000 women.

Mercy Health Mobile Mammography Coaches are fully accredited by the U.S. Department of Health and Human Services Food and Drug Administration (FDA), Mammography Quality Standards Act (MQSA), American College of Radiology (ACR), Ohio Department of Health (ODH), and the National Accreditation Program for Breast Centers (NAPBC). The state-of-the-art 3D tomosynthesis Mammograms are performed by our board-certified technologists and interpreted by highly trained, board-certified radiologists. Funding is available for those that qualify.

For more information on Mobile Mammography events, go to mercy.com/cincinnati/mobilemammo or call **513-686-3330** option 1.



Eric Lemen
Interim President,
Mercy Health Foundation
Greater Cincinnati



DEAR FRIENDS,

Mobile mammography vans provide convenient, life-saving breast cancer screenings. A mobile mammogram detected Erin Gratsch's breast cancer in an early and treatable stage.

One Saturday Erin was shopping for groceries and there was a mammovan in the parking lot, and she received a scan.

As a marathon runner, Erin was in great shape. She never expected the call she got a few days later: Her mammogram showed something concerning. After a few more tests, Erin was diagnosed with an early but aggressive cancer.

That was six years ago. Today, she works as a coordinator for mobile mammography services at The Jewish Hospital — Mercy Health Women's Center, helping other women get life-saving breast cancer screenings.

Erin, who is battling breast cancer a second time, is eternally grateful to the donors who make services like mobile mammography available. *"Donations are saving lives. These women truly are very grateful. If these vans weren't here, they wouldn't have their mammograms done."*

When you donate to support cancer services, you ensure advanced technology, latest treatments, and compassionate care are available to everyone.

With Gratitude,

Eric Lemen

Scan QR code
to hear more
from Erin



Surgical Oncology at The Jewish Hospital — Mercy Health

Value Statement and Commitment to Quality-of-life treatments

The goal of The Jewish Hospital team dedicated to GI, Liver and Pancreatic Oncology is to enhance patients' quality of life with a treatment plan that focuses on both the patient and referring physician by coordinating treatment strategies designed to offer optimal outcomes for those suffering with GI, liver/pancreas disease and cancer. Through integrated clinical practice, education and research, we hope to inspire hope and well-being by providing the best care to every patient.



Working with an experienced multidisciplinary team at The Jewish Hospital, Dr. Allamaneni provides expert guidance and surgical management of more advanced cancers, always focusing on complete removal of the cancer. Unfortunately, it is not always feasible to achieve clear and clean surgical margins of the cancer, in which case Dr. Allamaneni performs debulking procedures to remove as much of the tumor burden as possible to relieve pain, treat bowel obstruction, and minimize bleeding.

The GI, liver, and pancreatic cancer care team is multidisciplinary, made up of surgeons, oncologists, gastroenterologists, nurse practitioners, pathologists, radiologists, nurse navigators, nurses, and physical and occupational therapists.

Surgical Oncologist Dr. Shyam Allamaneni

Dr. Allamaneni trained and worked at world renowned hospitals including New York Medical College, Cleveland Clinic Foundation, Roswell Park Cancer Institute, Osmania Medical College and All India Institute of Medical Sciences. He has interest and expertise in all aspects of oncologic surgery like gastrointestinal, hepatobiliary-pancreatic, colorectal, endocrine, melanoma, and sarcoma surgery. Dr. Allamaneni offers Robotic, laparoscopic and open approaches to remove cancers. Since 2011, he played a crucial role in developing multiple programs at Mercy Health including robotic / laparoscopic liver & pancreas resections, theraspheres Y-90 program, intraperitoneal chemotherapy (HIPEC) and GI multidisciplinary tumor board. As an Associate Program Director for surgical residency, Dr. Allamaneni is also actively involved in training future surgeons and research.

Dr. Allamaneni's specialties include:
• Pancreatic cancer
• Metastatic cancer to liver
• Melanoma
• Adrenal gland tumors
• Gallbladder and biliary tract cancer
• Neuroendocrine tumors
• Esophageal cancer
• Stomach and small intestine cancer
• Colorectal cancer
• Sarcoma
• Primary liver cancer
• Squamous cell carcinoma
• Basal cell carcinoma
• Various secondary malignancies

Patients with Colon Cancer and Liver Metastasis See Improved Outcomes Despite Stage IV Cancer Diagnosis

The Jewish Hospital's GI, liver, and pancreatic cancer multidisciplinary team is at the forefront of cancer care within the Tri-State. They address complex cases and perform surgery to care for patients with colon cancer that has metastasized to the liver to allow them to live longer than ever before. In spite of the diagnosis of stage 4 disease, patients with colon cancer that has metastasized only to the liver are unique in that their disease can be well-controlled, sometimes cured, with early surgical intervention.

Nearly 20-25% of patients diagnosed with colorectal cancer will develop liver metastases, with 15-25% of these cases presenting with synchronous disease. The current 5-year survival rate for stage 4 colon cancer is 14%, however patients with metastasis only to the liver who are candidates for liver resection at the same time as their colon surgery are seeing a 5-year survival of up to 70%. Because of the potential dramatic decrease in mortality, consultation of surgical oncology at the time of patient diagnosis to determine candidacy for liver resection is critical. Dr. Allamaneni is able to offer robotic liver resection for these patients, which is much less invasive than open surgery. Robotic laparoscopic surgery is safe, feasible, and preferred due to improved short-term outcomes compared to open surgery without compromising survival rates or rates of disease recurrence. Surgical resection remains the gold standard for anatomically resectable colorectal hepatic metastases.

Dr. Allamaneni works closely with his colleagues in medical oncology, radiation oncology, radiology, pathology, and colorectal surgery to coordinate an individualized treatment plan for his patients that takes into account patient preferences and goals of care.

Because no two cancer patients' situations are the same, Dr. Allamaneni and the multi-disciplinary team welcome opportunities to talk with fellow physicians and clinicians and with patients and their families about potential approaches to cancer treatment. Dr. Allamaneni provides expert consultation far beyond Cincinnati, talking with physicians and patients across the world.

By the numbers:

Colorectal cancer is the third most commonly diagnosed cancer and the second most common cause of cancer-related death in the United States.

It's expected to cause about **52,550 deaths in 2023.**

The American Cancer Society estimates there will be 106,790 new cases of colon cancer and 46,050 new cases of rectal cancer in 2023. Almost 20,000 new cases and 3750 deaths will be in individuals younger than **50 years old.**

More than 1/2 of all cases and deaths from CRC are attributable to modifiable risk factors like smoking, high alcohol consumption, unhealthy diet, physical inactivity, and excess body weight.

A large proportion of CRC incidence and mortality is **preventable through receiving regular screening**, surveillance, and high-quality treatment.

Otolaryngology— Head and Neck Surgery at The Jewish Hospital — Mercy Health

According to the National Cancer Institute, head and neck cancers including ear, nose and throat account for 4% of all cancers in the United States. These cancers are more common in men than in women, higher in Caucasians than in African Americans and occur more often in age >50 years old than in younger people. Risk factors for head and neck cancers include heavy alcohol and tobacco use, human papillomavirus (HPV) and Epstein-Barr virus (EBV) exposure, radiation exposure, Paan (betel quid) use, occupational exposure, Asian ancestry, and genetic disorders.

Malignant skull-based tumors are rare and most commonly include adenocarcinoma, adenoid cystic carcinoma, esthesioneuroblastoma or olfactory neuroblastoma, nasopharyngeal carcinoma, non-Hodgkin's lymphoma, and squamous cell carcinoma. Other types of malignant skull-based tumors include chondrosarcoma, chordoma, endolymphatic sac tumor, melanoma, metastases, mucoepidermoid carcinoma, myeloma/plasma cell tumors, neuroendocrine carcinoma, sarcomas, and sinonasal undifferentiated carcinoma.

At Mercy Health, our team of expert fellowship trained surgeons under the medical direction of Dr. Lee A. Zimmer perform advanced surgical oncology patient care in collaboration with a multidisciplinary team of specialists including radiologists, pathologists, dermatologists, MOHS surgeons, OHC medical and hematological oncologists, neurosurgeons, and radiation oncologists.

Head and Neck Cancer Support Group

**Join us on the 1st Wednesday of every month!
5:30—6:30 p.m.**

The Jewish Hospital — Mercy Health
4777 E. Galbraith Rd., Cincinnati, OH 45236
Third floor infusion center, education classroom

For more information, contact:

Kcollier0@mercy.com | 513-936-0500 or
mclysaght@mercy.com | 513-686-5486

PHYSICIAN SPOTLIGHT



Lee A. Zimmer, MD, PhD, is a native Cincinnati who joined Mercy Health in 2018 as the director of otolaryngology, head and neck surgery. Dr. Zimmer is a board-certified and fellowship trained Head and Neck and Skull Base Surgical Oncologist and the current President of the North American Skull Base Society. He completed his Cranial Base Surgery/Head and Neck Surgery Oncology fellowship at the University of Pittsburgh Medical Center in 2005. He is currently a member of the American Rhinologic Society and the American Academy of Otolaryngology—Head & Neck Surgery. His specialties include tumors of the head and neck, thyroid, parathyroid, salivary and sinus tumors. Dr. Zimmer is a native Cincinnati who joined Mercy Health in 2018 as the director of otolaryngology. His wife is a developmental and behavioral pediatrician, and they enjoy spending time with their two daughters who are involved in competitive athletics.

**To schedule an appointment
with Dr. Zimmer call
513-936-0500.**

The Jewish Hospital — Mercy Health Radiation Oncology department

Gamma Knife® Radiosurgery

The Jewish Hospital — Mercy Health Gamma Knife Radiosurgery Center is led by co-directors Ronald Warnick, MD, of Mayfield Brain & Spine, and Marc Mosbacher, MD, of OHC. The center also includes neurosurgeon Yair Gozal, MD, PhD, of Mayfield Brain & Spine, and radiation oncologists Imran Chowdhury, MD; Courtney Hentz, MD; and Elizabeth Levick, MD, all of OHC.

Specialists at the center have treated more than 1,750 patients from across the United States since 2013 and have participated in multicenter research studies that have advanced the field of radiosurgery. The Gamma Knife ICON® has 192 sharply-focused beams of radiation that can target tumors of any shape, size, and location while sparing normal brain tissue. The ICON® offers the option to immobilize the patient with a non-invasive mask, enabling the treatment of larger tumors. Delivering a fraction of the total radiation dose on each of several days allows time for normal cells to repair themselves between treatments and may reduce side effects. “The precision of Gamma Knife and its ability to minimize side effects is a true differentiator for patients,” Dr. Mosbacher said. “By targeting cancer cells and sparing healthy surrounding tissue, the technology offers better outcomes and enhanced quality of life.”



Gamma Knife Radiosurgery helps Brooke manage brain tumors

Brain tumors started affecting Brooke when she was only 10 years old. When she was a teenager, she had lost vision in her right eye. One of the tumors had encased the optic nerve, costing all vision on that side and leaving her with one functional eye.

Brooke suffers from complex meningiomas, or tumors that grow from the lining of the brain. At age 18, she had her first appointment with Mayfield neurosurgeon Dr. Ronald Warnick, who would become an important provider and presence in the life of Brooke and her family. In more than two decades since then, Brooke has undergone more than two dozen brain procedures, including both skull base surgeries to retain vision in her left eye and radiosurgeries performed at the Gamma Knife Center at The Jewish Hospital — Mercy Health, where Dr. Warnick is co-director.

“From my first meeting with Brooke, our approach has been to treat enlarging meningiomas with the optimal procedure, either Gamma Knife or surgery, with the goals of shrinking the tumor while preserving or improving function,” Dr. Warnick. “Gamma Knife radiosurgery has been instrumental in controlling numerous meningiomas. This proves the value of a multidisciplinary approach to patients with multiple benign brain tumors.”

In October 2022, Brooke underwent her latest Gamma Knife radiosurgery procedure at The Jewish Hospital with Dr. Warnick to control tumor growth. Her vision remains stable. Today, Brooke is back working as a nurse at Cincinnati Children's Hospital.

“My outlook is, as far as my tumors, there's a lot of them in there, but I have this awesome medical team that's been following me, and I have a God that has a plan, a plan bigger than mine,” she said. “I'm going to just go on with being thankful for each and every day that I have.”



Creating a Neuro-Oncology destination at The Jewish Hospital — Mercy Health

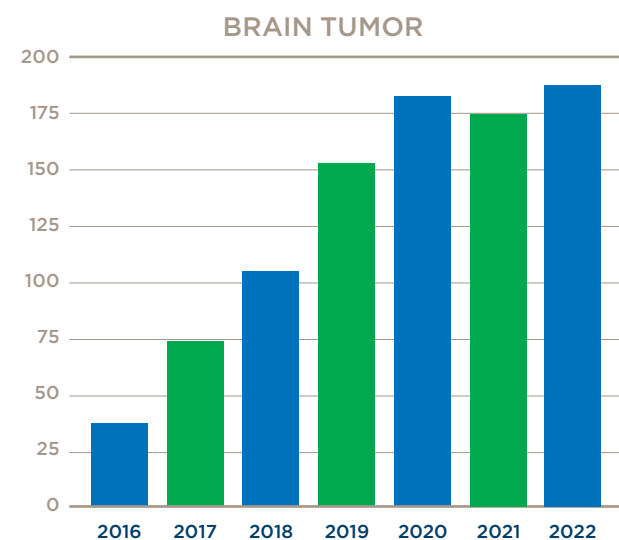
The Jewish Hospital — Mercy Health partners with Mayfield Brain & Spine, Riverhills Neuroscience and OHC to provide a full spectrum of neuro-oncological care. The hospital serves as Mercy Health — Cincinnati's neurosurgery center of excellence. The neuro-oncology program at The Jewish Hospital supports providers with the best available technology, promoting continuous improvement, ensuring patient safety and achieving patient satisfaction. Working in partnership with The Cincinnati Cancer & Cellular Therapy Center, radiation oncologists, otolaryngologists and neuro-oncologists, the neurosurgery team cares for patients with a wide range of neuro-oncologic diseases, including primary brain tumors (glioma), meningiomas, skull base tumors (acoustic neuroma and pituitary adenoma), metastatic disease to the central nervous system and blood cancers (lymphoma and leukemia).

Highlights of the Neurosurgery Center of Excellence:

The Brain Tumor Center

Referrals from physicians and hospitals throughout Greater Cincinnati and Northern Kentucky have made The Brain Tumor Center at The Jewish Hospital — Mercy Health the clear regional leader in neuro-oncology care. The number of brain tumor surgeries performed at the hospital increased to 187 in 2022, about five times the amount in 2016 (see chart to right).

Brain Tumor Center Director Vincent DiNapoli, MD, PhD, a neurosurgeon at Mayfield Brain & Spine, said growing The Jewish Hospital as a regional center of excellence for neuro-oncology will benefit patients and enable additional clinical innovations through outcomes-based research. The Brain Tumor Center has become a regional resource for the most complex brain tumor surgeries, such as insular



gliomas. These tumors affect the insular lobe and often can be difficult to safely access. Dr. DiNapoli's fellowship training at MD Anderson Cancer Center provided this kind of specialized expertise, making him one of the few neurosurgeons in the region to perform these particular surgeries. These complex surgeries require the collaboration of both a multifunctional team — including neuro-oncologists such as OHC's Prasad Kudalkar, MD — and specialized expertise that only years of fellowship training and experience can provide.

"These kinds of surgeries highlight the level of care that we're able to provide at The Jewish Hospital," Dr. DiNapoli said. "These are some of the most challenging pathologies in neurosurgery, and the hospital has really risen to the challenge."

Enhanced neuroscience services

Together with the talented group of Mayfield Brain & Spine neurosurgeons who operate at The Jewish Hospital, the inpatient neuroscience team is led by 10 nurse practitioners, a neuroscience service line director, and a stroke coordinator. Dr. John Kachoris, a neurologist & neurointensivist with Riverhills Neuroscience, serves as the Director of Neurocritical Care and the Director of Neuroscience Education. Several of the nurse practitioners also hold administrative roles within the program, such as Erin Kennedy, CNP, who serves as the Neuroscience Clinical Manager. Furthermore, Andea Stoll, CNP, continues to lead the longstanding brain tumor support group that meets monthly. The entire neuroscience team has been expanding The Jewish Hospital into a regional neuroscience hub, including complex neuro-oncology, neurocritical care, and stroke. To that end, a focus during the next year is to achieve Comprehensive Stroke Center (CSC) status, the highest designation for stroke care from the American Heart Association/American Stroke Association & The Joint Commission. In addition to the treatment of large-vessel occlusion strokes with thrombectomy, an already established practice at Jewish Hospital, the CSC designation will allow the team to manage ruptured cerebral aneurysms. The nurse practitioner team already provides 24/7 in-house coverage. Additionally, spearheaded by Julie Zimmer, CNP, an outpatient stroke clinic was opened in April 2023 to provide ongoing sophisticated post-stroke care for their patients. Later in 2023, a second neurointensivist will join the team, allowing further expansion of neuroscience services throughout the entire region.

PHYSICIAN SPOTLIGHT



Yair Gozal, MD, PHD, has been a neurosurgeon at Mayfield Brain & Spine since 2018. After graduating from Case Western Reserve University, he earned a doctoral degree and a medical degree from Emory University. Dr. Gozal completed his neurosurgery residency at the University of Cincinnati College of Medicine in 2017 and his fellowship in skull base and open cerebrovascular neurosurgery at the University of Utah in 2018.

Dr. Gozal has been interested in medicine since early childhood. He was inspired by family members who were physicians, including his father. Dr. Gozal's intellectual curiosity led to undergraduate majors in history, chemistry, and biology. In medical school, his interest in neuroscience converged with a newfound passion for surgery.

At Mayfield, Dr. Gozal diagnoses and treats patients with a variety of malignant and benign brain tumors, including pituitary, acoustic neuroma, glioma, and meningioma tumors. He also has expertise in treating patients who suffer from trigeminal neuralgia and diseases and disorders of the spine. Dr. Gozal is certified by the American Board of Neurological Surgery and serves on the Membership Committee of the North American Skull Base Society.

"I love the opportunity to work as part of a close-knit community of incredibly talented professionals with a singular focus in caring for the sickest patients," Dr. Gozal said. "That focus comes to life at the Brain Tumor Center at The Jewish Hospital, creating an environment where patients can receive the full spectrum of care in one place from an integrated team of dedicated providers."

To schedule an appointment with Dr. Gozal, call 513-221-1100.



Leading innovation with GammaTile

Mayfield Brain & Spine neurosurgeons continue to expand their use of the groundbreaking GammaTile® targeted radiation technology to treat brain tumors at The Jewish Hospital — Mercy Health, putting it among a distinguished roster of national health systems. Mayfield neurosurgeons have expanded the use of GammaTile to patients at multiple hospitals in the region. In 2021, the first patients were enrolled in a new clinical trial to investigate GammaTile to treat newly diagnosed metastatic brain tumors. In partnership with Mercy Health Bon Secours, the clinical trial is led by Principal Investigator Vince DiNapoli, MD, PhD, a Mayfield neurosurgeon and director of the Brain Tumor Center at The Jewish Hospital — Mercy Health, along with Co-Investigators Ronald Warnick, MD, and Yair Gozal, MD, PhD, also neurosurgeons at Mayfield Brain & Spine.

Skull Base Surgery

The Skull Base Surgery Program practitioners at the Brain Tumor Center are committed to advancing the level of care for patients with skull base tumors through development of a multidisciplinary clinic that emphasizes clinical excellence and leading-edge research. Recognized nationally for its excellence in care delivery and patient outcomes, the Brain Tumor Center is becoming a destination for patients from across the country seeking the most advanced brain tumor care. Patient care for skull base tumors at the Brain Tumor Center is based on a team approach that prioritizes the technical skill and experience required to successfully and safely remove the tumor. Because the tumor is based in the head and neck area, the surgical team includes otolaryngologists, plastic surgeons, and neurosurgeons who work together during these complex procedures. Before surgery, the neurosurgery team invests the time to explain and prepare patients so they know what to expect. A team of neurologists, a neural monitoring specialist and anesthesiologists are vital to the success of the procedure. The most common skull base pathologies, such as pituitary adenoma,

meningioma and acoustic neuroma (vestibular schwannoma), also require such a multi-disciplinary approach. Our pituitary patients are evaluated by a neurosurgeon, a skull base otolaryngologist, a neuro-ophthalmologist and an endocrinologist before they are considered for surgical intervention.

We are developing a follow-up care protocol that would include enhanced communication with the patient and a care team including neurologists and neurosurgeons, informed by extensive education and training. Our intensive care physicians, neurologists, neurosurgery advanced practitioners and nurses are dedicated to the continued education required to provide this quality of care. The Emergency Neurologic Life Support (ENLS) certification is offered to the staff routinely caring for our brain tumor patients and the team of neurology and neurosurgery advanced providers serves as an extension of our physicians and supports the patient's post-operative recovery.

Skull base tumors are located near areas that control your senses – hearing and balance, sight, smell and more. Surgical removal and follow-up care require the skill, expertise and coordinated care of a skull base neurosurgeon. The principal goal of skull base surgery is to permit access to difficult-to-reach lesions by anatomic displacement through extensive removal of the base of the skull. These techniques reduce or eliminate the need for brain retraction, minimizing injury to the brain, cranial nerves and blood vessels.

Minimally invasive endoscopic skull base surgery is often recommended to treat skull base tumors. An endoscope is a thin, tube-like instrument with a light and a camera. Video from the camera is viewed on a monitor. This allows for detailed exposure and removal of these lesions without external incisions. After all visible tumor is removed, the surgeon advances the endoscope into the sella to inspect for hidden tumor. Some tumors grow sideways into the cavernous sinus, a critical venous structure. It may be difficult to completely remove this portion of the tumor without causing injury to the nerves and vessels. Patients can often return home within 2-3 days of surgery. Any tumor left behind may be treated later with radiation by Dr. Warnick at the Gamma Knife Center in collaboration with the radiation oncologists at OHC: Drs. Elizabeth Levick, Marc Mosbacher, Imran Chowdhury and Courtney Hentz.

The neurosurgeons also perform awake craniotomies, usually when they are removing a tumor near

functional areas of the brain that are related to speech. Operating with the patient awake and talking offers a significant advantage; it allows the surgeon to accurately test a patient's speech and to localize the areas that enable the patient to speak and write. With this knowledge, the surgeon can remove the tumor while maintaining speech function.

Our surgeons also employ the use of MRI during the operation for low-grade glioma operations. This technique maximizes the removal of abnormal brain tissue by showing the surgeon the residual tumor

during the course of the operation. Therefore, the tissue may be removed before the patient leaves the operating room. We have invested in 5-ALA technology for removal of high-grade glioma. An FDA-approved drug is delivered to the patient prior to the operation. Once this has circulated in the blood stream, a fluorescent light is emitted by the Leica operative microscope and causes the tumor to light up within the brain. This allows the tumor to be visualized and differentiated from normal surrounding brain matter.

Advanced treatment of meningioma, acoustic neuroma and pituitary adenoma at The Brain Tumor Center

Increased treatment of benign tumors also demonstrates the benefit of the Brain Tumor Center's specialized expertise. Removal and treatment of meningiomas, acoustic neuromas and pituitary tumors can be some of the most challenging operations we face.

Meningiomas

Meningioma is typically a slow-growing tumor that forms from the meninges, the membranous layers surrounding the brain and spinal cord. Symptoms depend on the location and occur as a result of the tumor pressing on nearby tissue. Many cases never produce symptoms. Occasionally, symptoms may occur including seizures, trouble talking, vision problems, one-sided weakness, or loss of bladder control. If there are no symptoms, periodic observation may be all that is required. Most cases that result in symptoms can be cured by surgery. Following complete removal, fewer than 20% recur. If surgery is not possible then radiosurgery may be helpful. About 1 of every 1,000 people in the United States is affected by meningiomas. Skull base meningiomas are especially difficult because their locations can impact the cranial nerve or vascular supply, increasing the complexity and effect on the patient's daily activities.

Acoustic neuroma (vestibular schwannoma)

Acoustic neuromas are noncancerous, usually slow-growing tumors that form along the branches of the eighth cranial nerve (also called the vestibulocochlear nerve). This nerve leads from the brain to the inner ear and branches into divisions

that play important roles in both hearing and balance. A growing acoustic neuroma can cause compression of the nerves that enable facial sensation and movement of the facial muscles. With larger tumors, compression of the nerves is important for swallowing and speaking, and eye movement can occur. Even if an acoustic neuroma is not growing, it can cause worsening hearing loss and balance function. The goals of surgery are to remove the tumor while preserving the facial nerve's function. Roughly half of patients with the smallest tumors who have useful hearing before surgery will maintain useful hearing after surgery.

Pituitary tumors (adenoma)

A pituitary adenoma is a benign (noncancerous) growth on the pituitary gland. Unlike cancer, it doesn't spread to other parts of the body. But as pituitary adenomas grow, they can put pressure on nearby structures and cause symptoms. The pituitary is a small gland about the size of a pea that's joined to the hypothalamus (the base of the brain) right behind the nose. It has two lobes: the anterior (front) lobe and the posterior (back) lobe. Each lobe releases different hormones. Even though the pituitary gland is an endocrine structure that is not technically a part of the brain, it is attached to the brain. Pituitary tumors represent about 10% of primary brain tumors. Approximately 40% to 60% of people with a pituitary macroadenoma have impaired vision. The adenoma compresses your optic chiasm, leading to visual field defects like the loss of peripheral vision.

STORY OF HOPE

Second surgery, radiosurgery help Mike with recurred brain tumor

“I thought I was cured once already,” Mike said.

Nearly 20 years after surgery to remove a tumor inside his skull, Mike started having symptoms again. He suffered from some migraine headaches, and his peripheral vision had narrowed significantly. A scan showed that fragments from the original tumor had recurred, or regrown, adjacent to his pituitary gland. Now slightly larger than a golf ball, it would have to be removed through another surgery.

“When the doctor called me and said, “Your tumor is back,” I wasn’t too worried,” Mike said, “because I knew what to expect.”

Mike was suffering from a pituitary adenoma, a tumor that grows from the pituitary gland, the bean-shaped organ that sits just behind the bridge of the nose, near the internal carotid arteries and the nerves that control eye movement. Pituitary tumors can occur in up to 15 percent of the population, and recurrence of the tumor after surgical removal is about as common. After his first surgery in 2001, Mike’s medical team had monitored the tumor with regular scans for a decade, then reducing in frequency as the years passed.

With the most recent symptoms, fragments of the original tumor had grown into critically important areas that are hard to reach, around the right internal carotid artery and dangerously close to the optic nerve. Mike’s primary care physician recommended consulting a brain surgeon, so Mike called Mayfield Brain & Spine, the same group that performed his first surgery 20 years before. This time, he was referred to neurosurgeon Dr. Vincent DiNapoli, who removed the tumor in a procedure at The Jewish Hospital lasting slightly longer than two hours. Dr. DiNapoli said brain tumors like the one that regrew for Mike can be challenging to remove completely because they sometimes are located adjacent to arteries, nerves, bone or other structures.

“We always continue to monitor patients for potential regrowth or recurrence,” Dr. DiNapoli said. “Mike’s symptoms were affecting his vision and his ability to work, and we felt the surgery could successfully remove the tumor and improve his daily life.”

Dr. DiNapoli directs the Brain Tumor Center at The Jewish Hospital, in partnership with Mercy Health and

OHC. The Brain Tumor Center has developed into a regional hub for the most advanced brain tumor care. For Mike’s surgery, Dr. DiNapoli partnered with Dr. Lee Zimmer, a Mercy Health ENT (ear, nose and throat) surgeon. “These partnerships are at the core of the benefit the Brain Tumor Center offers to patients and to the region,” Dr. DiNapoli said. “We can provide the expertise so that patients don’t have to leave the Cincinnati region to find the most advanced brain tumor care.”

That May 2021 surgery wasn’t the end of Mike’s treatment. Fragments of the tumor had grown into hard-to-reach areas that are within a few millimeters of the optic nerve. The risk of further damage led Dr. DiNapoli to recommend Gamma Knife radiosurgery for Mike to eliminate the remaining tumor fragments, referring him to Mayfield neurosurgeon Dr. Ronald Warnick, a recognized radiosurgery expert.

Gamma Knife radiosurgery uses 192 beams of radiation and is often used as a less-invasive treatment option for brain tumors. Because the tumor fragments had grown so close to the optic nerve and could soon affect his vision, Dr. Warnick proceeded with Gamma Knife treatment, performed as an outpatient procedure in a single day, in the fall of 2021. He told Mike that his headaches should subside over time.

“Developing a layered treatment approach for Mike was the best way to address his brain tumor, minimize adverse effects and give him the best chance of a full recovery,” Dr. Warnick said. “Once we identified that there was tumor remaining around the carotid artery within 2mm of the optic nerve, we wanted to intervene early to prevent growth that would lead to loss of vision. Gamma Knife radiosurgery provided the best option for ensuring his long-term outlook.”

Today, Mike’s headaches are gone, his overall health has improved, and he is positive about his outlook.

“I feel pretty good,” he said. “I have confidence in Dr. DiNapoli, Dr. Warnick and the team, because I know they will watch my progress and monitor the tumor. Because of them, I’ve been able to deal with it.”



Rectal Cancer Care at The Jewish Hospital — Mercy Health

The Jewish Hospital — Mercy Health is proud to announce that our Rectal Cancer Program was awarded the Commission on Cancer’s NAPRC accreditation in December 2021. The Rectal Cancer Program at The Jewish Hospital, led by Dr. Cory Barrat, is the first and only accredited rectal cancer program in Southern and Central Ohio. By utilizing evidence-based practices, and advanced innovative diagnostic and therapeutic technology, physicians can provide the highest standard of care for patients undergoing treatment for rectal cancer.

The Rectal Cancer Program consists of 22 standards, 13 of which center around patient care and expectations. The purpose and goal of the NAPRC is to increase 5-year survival, lower the rate of local recurrence, and decrease the rate of permanent ostomy. It is through this program that our physicians can deliver the highest quality of care for rectal cancer patients in a way that is measurably better, while optimizing the latest advancements in diagnostic, procedural and surgical practice. With the latest technology available at The Jewish Hospital and advanced training and minimally invasive skills of our board-certified rectal program surgeons, many patients can enjoy the vast benefits of robotic and laparoscopic surgery.

Our Rectal Cancer Multidisciplinary Team is comprised of specialty trained and qualified physicians including board certified colorectal surgeons, medical and radiation oncologists, pathologists, and radiologists. The team meets twice monthly to extensively review and formulate both pre-treatment and post-surgical treatment plans for the direct benefit of each rectal cancer patient. This comprehensive and timely evaluation ensures that all procedures and treatment options have been explored. The Rectal Cancer Multidisciplinary Team at The Jewish Hospital will continue to strive to lead the way for the care of rectal cancer patients in the Tristate region.



Shyam Allamaneni, MD



Cory Barrat, MD



John Cullen, MD



2022 Program Statistics

DIAGNOSTIC WORKUP

- **100%** Patients accurately staged with rectal cancer protocol pelvic MRI
- **100%** Patients underwent complete systemic staging prior to treatment
- **98%** Patients obtained pretreatment CEA
- Median days from initial clinical evaluation to start of treatment: **29**

SURGICAL OUTCOMES

- **100%** Laparoscopic or robotic surgical technique
- **100%** Negative circumferential resection margin and distal margin
- **100%** Complete or near complete mesorectal grade
- **91%** of patients requiring a diverting ostomy underwent a reversal

PHYSICIAN SPOTLIGHT

Cory Barrat, MD, MBA, FACS, FASCRS

completed his residency training in General Surgery at Riverside Methodist Hospital in Columbus, Ohio before completing his Fellowship in Colon and Rectal Surgery at Henry Ford Hospital in Detroit, Michigan. He is double Board-Certified by the American Board of Colon and Rectal Surgery and the American Board of Surgery. He currently serves as Chair of Colon and Rectal Surgery for the Mercy Cincinnati Market and Director of The Jewish Hospital's NAPRC accredited Rectal Cancer Program.

Dr. Barrat focuses on diseases of the colon, rectum, anus, and small intestine, including surgical and nonsurgical treatment options. He has a special interest in colon and rectal cancer and embraces advanced minimally invasive surgical modalities such as robotic and laparoscopic surgery to help his patients recover faster, with less pain and less downtime.

"Colorectal cancer can profoundly affect a patient's quality of life. Being able to guide my patients through the treatment course quickly and efficiently while offering the most up-to-date treatment options is deeply rewarding for me. I believe a multidisciplinary approach to colorectal cancer diagnosis and treatment is crucial to timely and accurate care. Partnering with the many passionate medical and radiation oncologists, surgeons, radiologists, pathologists, nurse navigators, and other oncology specialists at The Jewish Hospital, a personalized treatment plan can be developed utilizing the expertise and recommendations from each specialty. My goal is to maximize the long-term chances of success for each patient while actively working to get them back to their lives and families."



Rectal Program Multidisciplinary Team

COLORECTAL SURGERY

Cory Barrat, MD, FACS, FASCRS
(Program Director)

John Cullen, MD

SURGICAL ONCOLOGY

Shyam Allamaneni, MD

MEDICAL ONCOLOGY

Patrick Ward, MD, PhD
Roma Srivastava, MD

RADIATION ONCOLOGY

Imran Chowdhury, MD
Courtney Hentz, MD
Elizabeth Levick, MD

RADIOLOGY

Robert Stevens, MD
Aditya Bahel, DO
Ian Chaves, MD
Jesse Hinton, MD

PATHOLOGY

Craig Isenhardt, MD
Leo Niemeier, MD

PROGRAM COORDINATOR

Lindsey Bellman, RN

A patient's perspective: Missy Pfefferman, 52

In July 2022, Mercy Health associate Melissa (Missy) Pfefferman, a director in I&T Clinical Imaging, had a routine colonoscopy. When her test results came back, unfortunately, Missy was notified that she had three polyps on her colon — one being cancerous.

Understandably, Missy says her biggest fear was "the C word" — no one wants to hear the word "cancer." She was afraid of what would happen to her. Would she need a colostomy bag? How would chemotherapy work? How would her body react?

"I am 52 years young and having a cancer diagnosis is scary," says Missy. Missy messaged Dr. Steve Feagins, well known in the Cincinnati and Mercy Health medical field, to ask his advice on who to select for an oncologist. He recommended medical oncologist D. Randolph "Randy" Drosick, M.D.

"I saw Dr. Drosick the first of August, and he recommended Mercy Health physician Cory Barrat, M.D., a board-certified specialist in colon and rectal surgery," says Missy. Dr. Barrat was strongly recommended by both her oncologist and her GI physician. Her case was reviewed at a meeting of the multidisciplinary rectal cancer program. "I felt much better about my prognosis after meeting with him and having my case reviewed with the cancer board," she explains.

Mercy Health — The Jewish Hospital's rectal cancer program is accredited by the NAPRC, the National Accreditation Program for Rectal Cancer, and is the only accredited program in all central and southern Ohio. Only the country's top hospitals have earned the recognition of rectal cancer accreditation by the NAPRC, a program within the American College of Surgeons. The tumor board provides a built in second opinion so patients receive a treatment plan that is customized to their situation and life.

Dr. Barrat recommended that Missy have surgery to remove the cancerous section of her colon given her early stage. The surgery was scheduled without any delay. Missy was grateful for her surgeon's expertise in minimally invasive robotic surgery at The Jewish Hospital, which drastically cut down on her recovery time and assisted in her healing process.

After her surgery, Missy's multidisciplinary team, including Dr. Barrat and Dr. Drosick, recommended chemotherapy for six rounds. She began chemotherapy in early September and finished four months later in early December. After completion, Missy was glad to learn that she did not require any radiation.

Much to her and her physician's excitement, Missy had a follow up CT (Computerized Tomography) scan and colonoscopy in February of 2023 and both scans were clear of cancer. She praises Dr. Barrat and says he was kind and thorough throughout the entire process. "I had several conversations with him, even on a Friday night," explains Missy.

Missy led a busy life prior to that routine colonoscopy in July 2022. "I had a very full life before colorectal surgery — family, friends, vacations...I was always on the go. Thanks to Dr. Barrat and my entire care team, I am back to normal. It is as if I never missed a beat."

Missy would strongly recommend Dr. Barrat and The Jewish Hospital team to others. Missy says she had excellent care with compassion and state-of-the-art treatment. "I am grateful to be a part of this ministry," she says.



Appendix – OHC Clinical Trials Menu

For questions, contact Doug Hart, 513-751-2273 x42401 or douglas.hart@usoncology.com or OHCResearchNurse@usoncology.com

**STAR studies are for malignancies with a limited population and opened when a specific patient has been identified. The opening process takes approximately two weeks.*

ANAL

20189. **STAR** - A Phase 3 Global, Multicenter, Double-Blind Randomized Study of Carboplatin-Paclitaxel With INCMGA00012 or Placebo in Participants With Inoperable Locally Recurrent or Metastatic Squamous Cell Carcinoma of the Anal Canal Not Previously Treated With Systemic Chemotherapy (POD1UM-303/InterAACT 2)

BREAST

17079. **Registry/Observational** - MammaPrint, Blueprint, and Full-genome Data Linked with Clinical Data to Evaluate New Gene Expression Profiles: An Adaptable Registry (FLEX). (Ward)

20408. A Phase 3, Randomized, Open-Label, study evaluating the efficacy and safety of adjuvant Giredestrant compared with physicians choice of adjuvant endocrine monotherapy in patients with ER+, HER2- early breast cancer (Ward)

21173. A Phase 3, double-blind randomized study to assess the efficacy and safety of switching to AZD9833 (an oral SERD) + CDK4/6 inhibitors (Palbociclib or Abemaciclib) vs continuing aromatase inhibitor + CDK4/6 inhibitors in patients with acquired ESR1 mutation without radiological progression during 1L treatment with AI + CDK4/6i for HR+/HER2- mBC-ctDNA guided early switch study (Ward)

COLORECTAL

21385 - Epidemiological study to determine the prevalence of ctDNA positivity in participants with Stage II (high risk) or Stage III CRC after surgery with curative (RO) intent and subsequent adjuvant chemotherapy with monitoring of ctDNA during clinical follow-up

21386 - A multi-site, open-label, Phase II, randomized, controlled trial to compare the efficacy of RO7198457 versus watchful waiting in resected, Stage II (high risk) and Stage III colorectal cancer patients who are ctDNA positive following resection (BNT122-01)

“20318 - **STAR** - A Randomized Phase 3 Study of MRTX849 in Combination with Cetuximab Versus Chemotherapy in Patients with Advanced Colorectal Cancer with KRAS G12C Mutation with Disease Progression On or After Standard First-Line Therapy (849-010)

GRAFT VS. HOST DISEASE

OHC2201 - A Phase 3, Randomized, Double-Blind, Placebo-Controlled Multicenter Study of Itolizumab in Combination with Corticosteroids for the Initial Treatment of Acute Graft Versus Host Disease

GYNECOLOGIC

20208 - **Call project manager**- An Open-Label Randomized Active-Controlled Phase II Clinical Study to Assess the Efficacy and Safety of Afuresertib Plus Paclitaxel Versus Paclitaxel in Patients with Platinum-Resistant Ovarian Cancer (Gubbi)

22056 - A Phase 3 Study of Relacorilant in Combination with Nab-Paclitaxel versus Nab-Paclitaxel Monotherapy in Advanced, Platinum-Resistant, High-Grade Epithelial Ovarian, Primary Peritoneal, or Fallopian-Tube Cancer (ROSELLA) (CORT125134-556)

20298. **STAR** - A Phase 2 Study of VS-6766 (Dual RAF/MEK Inhibitor) Alone and In Combination with Defactinib (FAK Inhibitor) in Recurrent Low-Grade Serous Ovarian Cancer

HEMATOPOIETIC STEM CELL TRANSPLANT

19247. A Randomized Study of Daratumumab Plus Lenalidomide Alone as a Maintenance Treatment in Patients with Newly Diagnosed Multiple Myeloma Who are Minimal Residual Disease Positive After Frontline Autologous Stem Cell Transplant (Essell)

LEUKEMIA

20343. A Phase 3 Open-Label, Randomized Study of LOXO-305 versus Investigator's Choice of Idelalisib plus Rituximab or Bendamustine plus Rituximab in BTK Inhibitor Pretreated **Chronic Lymphocytic Leukemia/** Small Lymphocytic Lymphoma (Islas-Ohlmayer)

21550 - A Phase II multi-center, open-label, single-arm dose escalation study of Asciminib monotherapy in 2nd Line Chronic Phase - Chronic Myelogenous Leukemia (ASC2ESCALATE)(CABL001AUS08)

MULTIPLE MYELOMA

19247. A Randomized Study of Daratumumab Plus Lenalidomide Alone as a Maintenance Treatment in Patients with Newly Diagnosed Multiple Myeloma Who are Minimal Residual Disease Positive After Frontline Autologous Stem Cell Transplant (Essell)

21412 - A Phase I Study of FT576 as Monotherapy and in Combination with Daratumumab in Subjects with Relapsed/Refractory Multiple Myeloma (FT576-101)

OHC2203 - A Phase 1, Multicenter, Open-Label Study of CB-011, a CRISPR-Edited Allogeneic Anti-BCMA CAR-T Cell Therapy in Patients with Relapsed/Refractory Multiple Myeloma (CaMMouflage Trial)

MYELOYDYSPLASTIC SYNDROME

21328. **HOLDING** - A Phase 2 study of the safety, tolerability and efficacy of the selective inhibitor of nuclear export (SINE) compound Eltanexor (KPT-8602) in patients with relapsed/refractory high-risk MDS (Broun)

MYELOFIBROSIS

20346. **STAR**. A Phase 2 Open-Label, multicenter study to evaluate safety and efficacy of single agent Selinexor versus treatment of physicians choice in patients with previously treated myelofibrosis

NON HODGKIN'S LYMPHOMA

21356 - An Open-Label, Multicenter, Phase II Trial Evaluating the Safety, Efficacy, and Pharmacokinetics of Subcutaneous Mosunetuzumab Monotherapy in Patients with Select B-Cell Malignancies (ML43389)

21469. A Phase 2 open-label study of loncastuximab tesirine in combination with rituximab (Lonca-R) in previously untreated unfit/frail patients with **Diffuse large B-cell lymphoma**

22041 - A Phase 2, Open-Label Trial to Evaluate Safety of Epcoritamab Monotherapy in Subjects with Relapsed or Refractory Diffuse Large B-Cell Lymphoma and Follicular Lymphoma Grade 1-3a when Administered in the Outpatient Setting

20219. A dual-cohort, open-label, phase 2 study of brentuximab vedotin and CHP (A+CHP) in the frontline treatment of subjects with **Peripheral T-cell lymphoma (PTCL)** with less than 10% CD30 expression (Islas-Ohlmayer)

Caribou. A Phase 1, Open-Label Study of CB-010, a CRISPR-Edited Allogeneic Anti-CD19 CAR-T Cell Therapy in patients with Relapsed Refractory **B-Cell Non-Hodgkin Lymphoma** (ANTLER) (Essell)

19062. A Phase 1b/3 double-blind, randomized, active-controlled 3-stage, biomarker, adaptive study of Tazemetostat or placebo in combination with Lenalidomide plus Rituximab in subjects with relapsed/refractory **Follicular Lymphoma** (Islas-Ohlmayer)

20336. A Phase 3, Open-Label, Randomized Study of LOXO-305 versus Investigator Choice of BTK Inhibitor in Patients with Previously Treated, BTK Inhibitor Naive **Mantle Cell Lymphoma** (BRUIN-MCL-321) (Islas-Ohlmayer)

OHC2202 - A Phase 2/3, Randomized, Double Blind, Placebo-Controlled, Multicenter Study of NKTR-255 vs. Placebo following CD19 Directed CAR-T Cell Therapy in Patients with Relapsed/Refractory Large B-Cell Lymphoma

20343. A Phase 3 Open-Label, Randomized Study of LOXO-305 versus Investigator's Choice of Idelalisib plus Rituximab or Bendamustine plus Rituximab in BTK Inhibitor Pretreated **Chronic Lymphocytic Leukemia/ Small Lymphocytic Lymphoma** (Islas-Ohlmayer)

20144. A randomized, double-blind, placebo-controlled, active-comparator, multicenter, phase 3 study of brentuximab vedotin or placebo in combination with lenalidomide and rituximab in subjects with relapsed or refractory **Diffuse large B-cell lymphoma** (Islas-Ohlmayer)

NON SMALL CELL LUNG

19044. **Requires MM approval prior to consent** - A Phase 3, Randomized, placebo-controlled, double-blind, multi-center, study of Durvalumab following SBRT for the treatment of patients with unresected Stage I/II, lymph-node negative NSCLC (Shaughnessy)

20270. A Phase 2 Trial of MRTX849 in Combination with Pembrolizumab in Patients with Advanced Non-Small Cell Lung Cancer with **KRAS G12C** Mutation (Ward)

20283. A phase 2 study of brentuximab vedotin in combination with pembrolizumab in subjects with metastatic solid tumors after progression on prior PD-1 inhibitor treatment (Waterhouse)

20331 - **STAR** - A Phase 2 Study of VS-6766 (Dual RAF/MEK Inhibitor) as a Single Agent and in Combination with Defactinib (FAK Inhibitor) in Recurrent KRAS-Mutant (KRAS-MT) Non-Small Cell Lung Cancer (VS-6766-202)

22285 - Molecularly Informed Lung Cancer Treatment in a Community Cancer Network: A Longitudinal Prospective RWE Study (MYLUNG Consortium Part 3: Observational Study)

PROSTATE

20138 - **STAR** - A Phase 3 Double-Blind, Randomized, Placebo-Controlled Study Assessing the Efficacy and Safety of Capivasertib + Abiraterone Versus Placebo + Abiraterone as Treatment for Patients with De Novo Metastatic Hormone-Sensitive Prostate Cancer(mHSPC)Characterized by PTEN deficiency (CAPitello-281) D361BC00001

20248. **STAR** - A Phase 3 Randomized, Placebo-controlled, Double-blind Study of Niraparib in Combination with Abiraterone Acetate and Prednisone Versus Abiraterone Acetate and Prednisone for the Treatment of Participants with **Deleterious Germline or Somatic Homologous Recombination Repair (HRR) Gene-Mutated** Metastatic Castration-Sensitive Prostate Cancer (mCSPC)

AMG-509 BiTE. A Phase 1 Study Evaluation the Safety, Tolerability, Pharmacokinetics, and Efficacy of AMG509 in Subjects with Metastatic Castration-resistant Prostate Cancer (Ward)

SOLID TUMOR - MUTATIONAL

19151. **STAR** - A Phase 1/2 Multiple Expansion Cohort Trial of MRTX849 in Patients with Advanced Solid Tumors with KRAS G12C Mutation

20186. Tumor-agnostic precision immuno-oncology and somatic targeting rational for you (TAPISTRY) phase II platform trial (Ward)

At Mercy Health — Cincinnati we extend the compassionate ministry of Jesus by improving the health and well-being of our communities and bring good help to those in need, especially people who are poor, dying and under served.

The Jewish Hospital is a community hospital faithful to its Jewish Heritage and grounded in the Jewish and Catholic traditions of service to the community. Our purpose is to reveal God's love for all, especially the poor and vulnerable, through the delivery of compassionate health care services and education of health care professionals.



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