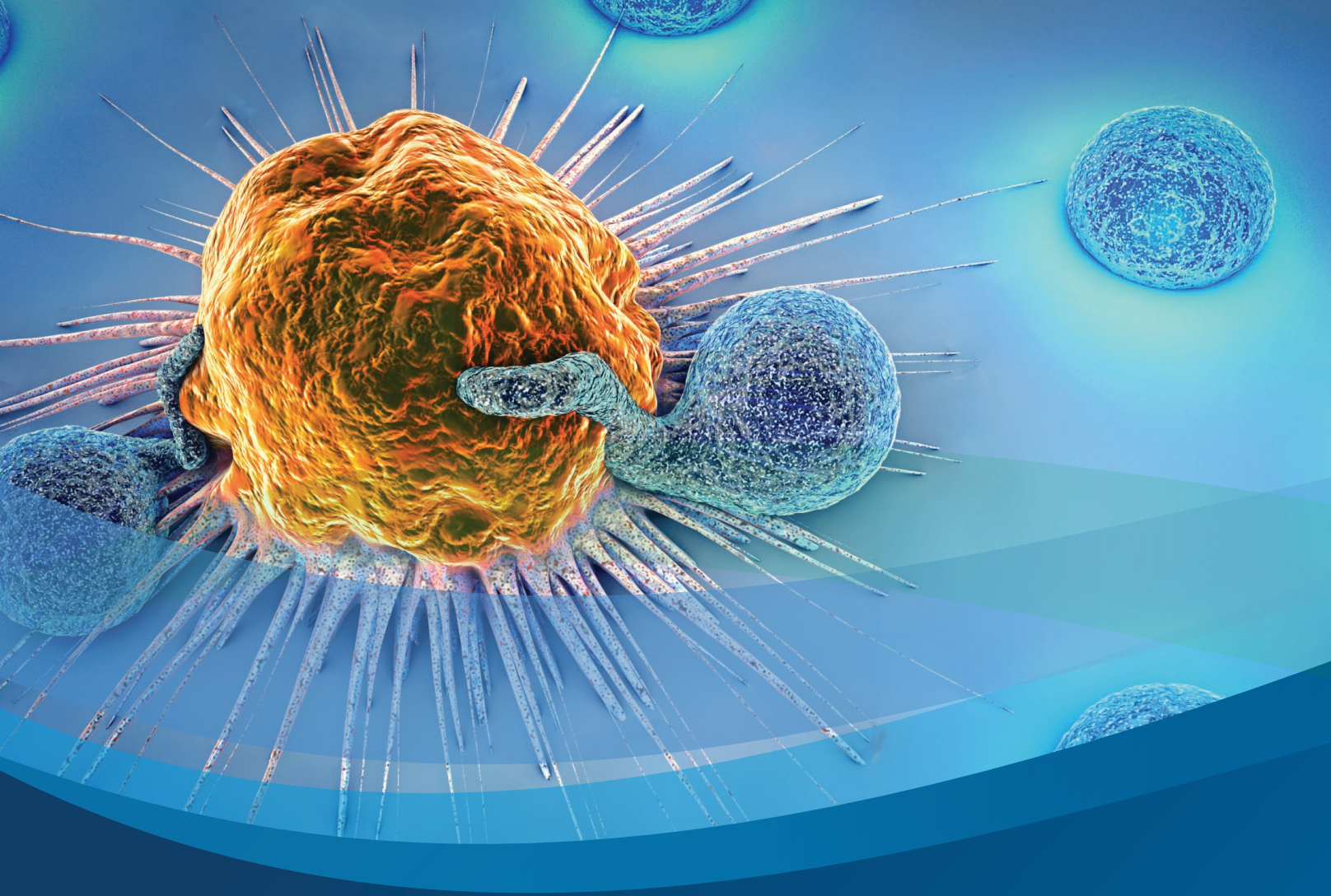


2021 Cancer Program

ANNUAL REPORT



Cory D. Barrat, MD, FACS, FACRS

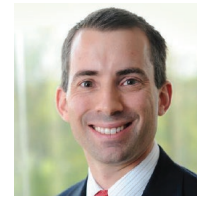


Providing advanced
cancer care in our
community today

2021 Cancer Program

ANNUAL REPORT

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Michael Kramer
President and CEO
The Jewish Hospital —
Mercy Health

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 great 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.



Ken James
CEO, Mercy Health —
Anderson Hospital

The catastrophic suffering because of the Russian invasion of Ukraine has affected humanity across the globe. We lift our heartfelt prayers for all citizens of these countries who have suffered immeasurable loss and share in their sadness today and in the days to come. The heartbreaking scenes of families becoming separated as they flee their beloved country has profoundly affected us all. We are encouraged in the outpouring of support from the many employees who have not only lifted prayers for these people but have also contributed to financial relief funds provided by Mercy Health to give aid and hope to the people of Ukraine.



Shane Knisley
President
Mercy Health —
Clermont Hospital

This year our cancer services have been enhanced using innovative robotic bronchoscopy technology. This technology provides our patients with a minimally invasive option for obtaining tissue samples from deep within the lung where 70% of nodules are located. There is an 85-90% success rate reaching small nodules in difficult-to-reach areas of the lung with this newest robotic procedure. We are proud to offer our patients this technology with lower risk profile and a shorter recovery time than with surgical biopsy.



Justin Krueger
Market President
Mercy Health —
Fairfield Hospital

The Jewish Hospital proudly announced the opening of our 15,400 sq. ft. patient-centered outpatient infusion, transplant, and CAR-T therapy suite Monday, April 11, 2022. In the same month, our team of expert cellular therapy providers performed their 50th CAR-T infusion delivering the hope of life to our blood cancer patients. "We are grateful to our generous donors and our Auxiliary, whose support helped make our new outpatient infusion suite a reality," said The Jewish Hospital President Michael Kramer. "This space allows us to offer more infusion services to patients, increasing their access to receive the medications that treat their cancers."

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 to the community about clinical trials and new treatment options offered throughout the network. In 2021 our region participated in the national effort to Return to Screening in collaboration with the Commission on Cancer®, National Accreditation Program for Breast Centers®, and the American Cancer Society®. In 2022 we pledge to continue these 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 also offered at all locations regionally.



Jason Asic
Interim CEO,
Mercy Health —
West Hospital

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 with representatives from the American Cancer Society, the Cancer Support Community and Cancer Family Care 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
Surgical Oncology

Matthew Funch, MD
*General Surgery &
Cancer Liaison Physician*

Jacquelyn Palmer, MD
Breast Surgical Oncology

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

Sean Kirby, MD
Pathology

Timothy Braverman, MD
Pathology

Robert Stevens, MD
Diagnostic Radiology

Anthony Asher, MD
Diagnostic Radiology

Kurt Leuenberger, MD
Medical Oncology, OHC

Joseph Shaughnessy, MD
Radiation Oncology, OHC

CANCER PROGRAM COORDINATORS

Tara Mink, MBA, BSN, RN, FACHE
Cancer Program Administrator

Deb Powell, RN
Quality Improvement

Lyn Sontag, PsyD, ASPP
Psychosocial Services

Sandra Brown, CTR
Cancer Registry Quality

Mary Keefer, CTR
Cancer Conference

Eric Clayton, OHC
Clinical Research

Prasad Kudalkar, MD, OHC
Survivorship Program

ALLIED HEALTH MEMBERS

Kitty Tierney, BSN, RN, OCN, BMTCN
Oncology Nursing

Diane Kuhlman
Social Work

Rebecca Moore, CTR
Certified Tumor Registrar

Laura Bange, Palliative Care

Jennifer Hopper, Genetics

K-Lynne Andrews
Rehabilitation Services

Elena Stein, Pastoral Care

Judy Brandell
Breast Navigation

Marquise Watson
Lung Navigation

Casey Faber
American Cancer Society

Jill Settlemire
Cancer Family Care



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 including Medical and Surgical residents are invited to attend.

Treatment options discussed are based on national guidelines and 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 2020, prostate cancer is the most common cancer among males (21%), followed by lung (13%) and colorectal (9%) cancers. Among females, breast (30%), lung (12%), 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 (38%), while the top site for males is lung at 22%. There were 2,718 newly diagnosed/treated cases in 2020. In comparison to 2019 there was an increase in lung, lymph node, & pancreatic cancer in males for 2020, while there was a decrease in colorectal, prostate, blood & bone marrow, & bladder. For females there was an increase in gynecologic, & pancreatic cancer. There was a decrease in breast, lung, & blood and bone marrow cancers.

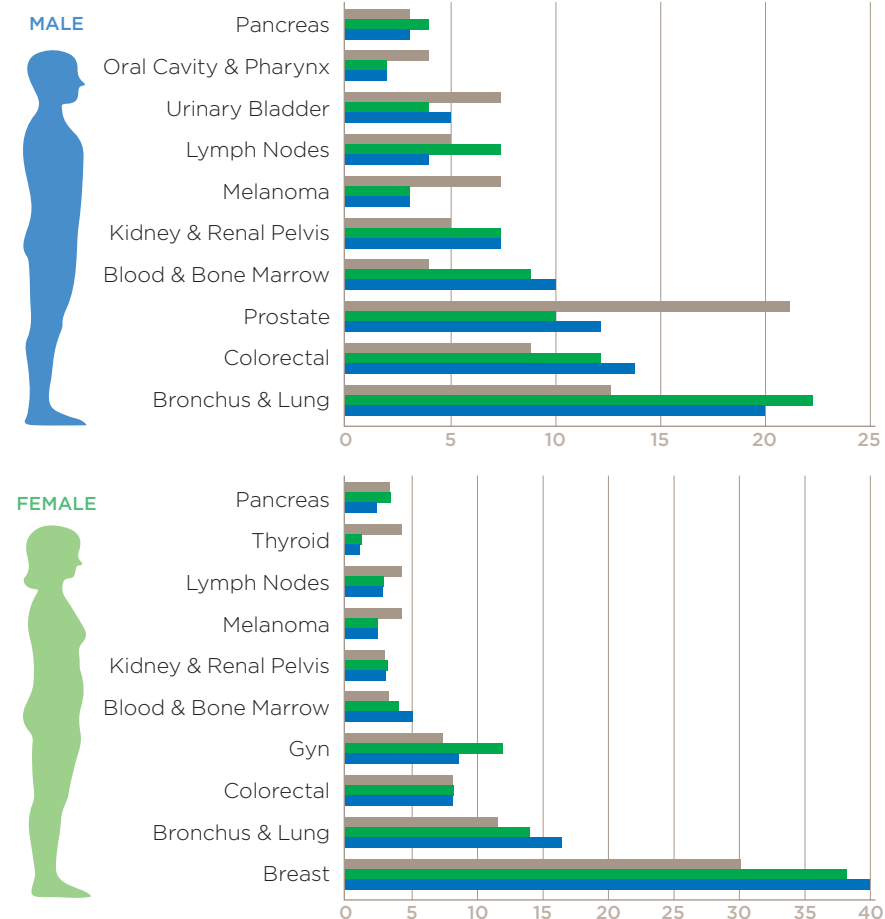
MERCY HEALTH — CINCINNATI NUMBER OF NEWLY DIAGNOSED/TREATED CASES IN 2020

Breast	645
Digestive System	515
Respiratory System	469
Urinary System	203
Female Genital	190
Blood & Bone Marrow	159
Male Genital	118
Lymphoma	115
Brain & CNS	99
Skin	65
Other/III Define	50
Oral Cavity, Pharynx	38
Connective/Soft Tissue	23
Endocrine System	22
Bone	7
Total	2718

American Cancer Society. *Cancer Facts & Figures 2020*. Atlanta: American Cancer Society; 2020.

2020 TOP CANCER SITES BY SEX UNITED STATES vs MERCY HEALTH — CINCINNATI

■ 2020 U.S. ■ 2020 Mercy Health ■ 2019 Mercy Health



American Cancer Society, *Cancer Facts & Figures 2020*.

Mercy Health — Cincinnati Certified Tumor Registrars

Certified Tumor Registrars are oncology data specialists responsible for collecting more than 350 data points for each cancer patient diagnosed or treated at a Mercy Health Cincinnati hospital location. This data collection includes history, diagnosis, treatment, and outcomes information and is utilized in a variety of ways including monitoring treatment outcomes, screening and prevention planning, quality initiatives, and research. Current health and vital status is maintained on 90% of cancer patients diagnosed within the last 5 years and on 80% of cancer patients with a diagnosis dating back to 2008. Data is submitted monthly for inclusion in the Ohio Cancer Incidence Surveillance System database and annually to the National Cancer Database.

Tumor registry actively participates in and supports the Commission on Cancer and NAPBC accreditations.



Emily Hucker,
Regional Manager
Oncology Services



Sandra Brown,
Lead Certified
Tumor Registrar



Yvonne Duhart,
Lead Certified
Tumor Registrar



Mary Keefer, RHIT,
CTR, Certified
Tumor Registrar



Yvette Carter,
Certified Tumor
Registrar



Beverly Shackelford,
Certified Tumor
Registrar



Christopher Brunner,
Tumor Registrar



Diana Berry, Tumor
Registry Clerk



Jon Labbe
President, Mercy Health —
Foundation, Cincinnati



DEAR FRIENDS,

Before being diagnosed with breast cancer, Susan Jones Satterwhite had no idea how expensive an illness like that could be.

She had insurance, but because she couldn't work during the radiation, chemotherapy and surgery she received at Mercy Health, Susan started falling behind on her bills including utilities and her mortgage. And then there were co-pays and deductibles adding up as well.

But you were there for her. Because of gifts from our donors, Susan got the help she needed with her bills, including food and gas to get to her appointments. She was able to focus on the most important thing—getting well. *“I’ll admit, before I got sick I wasn’t sure if donations were making it to the places most needed,” Susan said. “But now I can assure you they do.”*

Susan knows first-hand how important your contributions are and she is eternally grateful. “Without all that assistance, I don’t know what I would have done,” she said. “I just want donors to know this really helps. Without them, a lot of people wouldn’t even be here because they wouldn’t be able to afford the treatments. I was lucky because I have insurance. “I’m so happy there are people in the world who can make those contributions,” Susan said. “I want donors to know that I thank them from the bottom of my heart. I appreciate them so much.”

Stories like Susan’s are a real-life reflection of the impact donors have across Cincinnati to support our cancer patients on their journey. Whatever the issue, wherever the care is provided, our donors walk along side of our patients, physicians and care teams in so many ways. Your gifts to our regional Oncology fund help patients like Susan focus on getting better and not stressing about how they are going to make it through.

With Gratitude,

Jon Labbe

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

Lung Cancer Screening — Mercy Health

The goal of lung cancer screening is to detect lung cancer at a very early stage — when it’s more likely to be cured. By the time lung cancer signs and symptoms develop, the cancer is usually too advanced for curative treatment. The US Preventative Services Task Force (USPSTF) recommends annual lung cancer screening using low dose CT for early detection of lung cancer to reduce the number of lung cancer deaths. In 2021, the recommendation for annual screening was updated to include the following high-risk patient population:

- 50-80 years old
- Minimum of 20 pack years
- Former smokers who have quit within the past 15 years

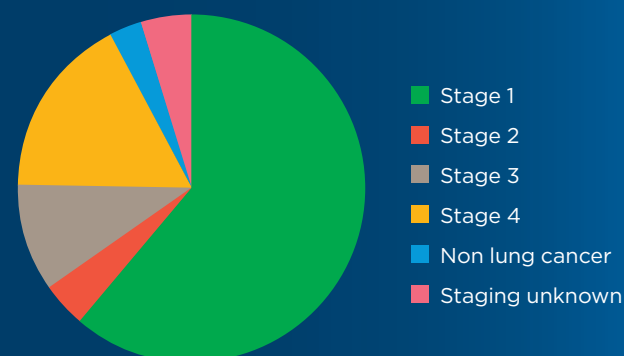
This update effectively lowered the minimum smoking pack year history from 30 pack years to 20 pack years, as well as lowering the minimum screening age from 55 to 50 years old. It is expected that the expanded criteria for lung cancer screening will double the number of at-risk smokers who are eligible to be screened. Additionally, the goal of the expanded criteria is to detect more lung cancers in earlier stages when treatment options have a better chance to produce positive outcomes.

Cigarette smoking is the leading risk factor for lung cancer and nearly 80% of deaths are attributed to smoking. The risk of lung cancer for former smokers decreases over time, though it can never return to that of someone who has never smoked. To address the need for smoking cessation the lung nodule navigators offered two series (Spring and Fall 2021) of “The Freedom from Smoking” program in collaboration with the American Lung Association. “Freedom from Smoking” is designed to help patients make the transition from smoker to non-smoker. Each series consisted of 8 classes to complete the program and participants who completed the program received a t-shirt and certificate to celebrate their commitment to being smoke free.



2021 LUNG CANCER SCREENING DATA	EAST	FAIRFIELD	JEWISH	WEST	TOTAL
First time (baseline) screens	598	436	262	376	1672
Yearly (annual) screens	910	262	273	403	1848
Total lung screens	1508	698	535	779	3520
LRAD 1/2	1295	657	469	675	3096
LRAD 3/4	213	41	66	104	424
Cancers detected	26	2	12	5	45

2021 CANCERS FROM LUNG CANCER SCREENING



Innovative Technology for Lung Cancer Diagnosis

In 2021, capital funds were secured to purchase the MONARCH Robotic Bronchoscopy. Robotic bronchoscopy can aid in earlier and more accurate diagnosis of lung nodules. Mercy Health Physicians and pulmonologists Mudher Al Shathir, MD, Daniel Murphy, MD, Jeffrey Bloomer, MD and Erich Walder, MD of Mercy Health — Kenwood Pulmonary and Critical Care have trained on Auris Health’s Monarch Platform and are performing their first cases with the technology.

Used to view the inside of the lungs and obtain a tissue sample for biopsy, the Monarch™ Platform enables earlier and more-accurate diagnosis of small and hard-to-reach nodules in the periphery of the lung.

“The Monarch goes where a regular scope can’t, reaching smaller and peripherally located nodules. It can also help us get a biopsy from nodules that would otherwise present a high risk for pneumothorax, or collapsed lung, using CT guided biopsy,” said Dr. Al Shathir, who performed the first

Monarch case at The Jewish Hospital on March 2. “The previous diagnostic tool we had at our disposal can’t reach beyond the third or fourth generation of airways, while this robotic bronchoscope can reach up to the seventh generation and can see virtually even beyond the airways. Monarch’s flexible catheter and sheath can extend our reach and vision close to the pleural surface of the lungs, which can help us be more accurate in getting a diagnosis.”

The technology integrates the latest advancements in robotics, software, data science, and endoscopy (the use of small cameras and tools to enter the body through its natural openings).

The Jewish Hospital is 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).

Pictured above: Mudher Al-Shathir, MD (left) and Erich Walder, MD (right)

PHYSICIAN SPOTLIGHT



Amita Singh, MD, is a pulmonologist at Mercy Health — Fairfield Hospital in Fairfield, OH. She provides outpatient pulmonary services in the clinic along with inpatient pulmonary and critical care services to the admitted patients in the hospital and intensive care unit. Dr. Singh performs advanced bronchoscopic procedures in this hospital. She has a special interest in treating pulmonary hypertension and interstitial lung diseases. Dr. Singh established a multidisciplinary lung nodule and lung cancer tumor board conference where cases of lung cancer and lung nodules are discussed to guide the best possible diagnostic and treatment strategy for each patient.



David Beck, MD, PhD
Clermont Hospital



Amita Singh, MD
Fairfield Hospital



Mudher Al-Shathir, MD
The Jewish Hospital



Sandeep Kapur, MD
Anderson Hospital



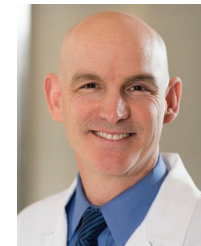
Donald Buckley, MD
Anderson Hospital



Mohi Miteiek, MD
Anderson Hospital



Dimitrios Topalidis, MD
Fairfield Hospital



William Cook, MD
Fairfield Hospital



S. Russell Vester, MD
The Jewish Hospital



Manisha Patel, MD
West Hospital



Lung Nurse Navigators

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



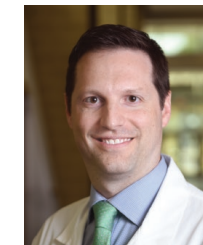
Dena M. Elkeeb, MD



Emily Fisher, MD



Rachel Gustin, MD



Matthew Meier, MD



Emily Moosbrugger, MD

2021 STATISTICS

In 2021, 5,907 tumors were detected/diagnosed by our general dermatologists:

- 1,351 Basal cell carcinomas
- 668 Squamous cell carcinomas
- 17 Invasive melanomas
- 82 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

2021 MOHS PROCEDURES

1,708 tumors were treated with Mohs surgery

- 56% male patients
- 44% female patients

Our oldest patient was 100 years old

Our youngest patient was 16 years old

- 65% Basal cell carcinoma
- 25% Squamous cell carcinoma
- 7.2% Squamous cell carcinoma in situ

Other rare subtypes including sebaceous carcinoma, adnexal carcinoma, sweat gland carcinoma

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 Accreditation for 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.

Celebrating the Opening of a New Cancer Care and Infusion Center!

The Jewish Hospital — Mercy Health proudly announced completion of a \$3.9 million dollar construction project on the new Cancer Care and Infusion; a department of Mercy Health — Clermont Hospital suite in April 2022. The 15,400 square foot cancer care and infusion center, a Department of Clermont, boasts 20 private infusion stations, six private infusion bays, four CAR-T treatment rooms, three apheresis (blood cell collection bays), two procedure rooms and a psychologist consultation room. Additional patient amenities include an education meeting room, family lounge and massage room. The new unit offers our cancer patients comfort, hope and healing in a spa-like setting.

“We are grateful to our generous donors and our Auxiliary, whose support helped make our new outpatient infusion suite a reality,” said The Jewish Hospital President Michael Kramer. “This space allows us to offer more infusion services to patients, increasing their access to receive the medications that treat their cancers.”



In late April 2022, our team of expert blood cancer care providers administered the 50th CAR-T infusion in the new state-of-the-art facility under the medical direction of Dr. James Essell, OHC medical oncologist, hematologist, and cellular therapy expert. The Jewish Hospital — Mercy Health is proud to be Cincinnati’s first and only fully FACT accredited adult blood and marrow transplant and CAR-T cellular therapy center offering personalized, ground-breaking therapy to patients.

“As the first and most experienced adult cancer practice to bring CAR-T to the region, CAR-T allows us to custom design a therapy for every person receiving it, giving them the best chance to beat their cancer. Remaining on the forefront of cancer research underscores OHC’s commitment to bringing innovative treatments to patients,” said James H. Essell, MD, OHC medical oncologist, hematologist and cellular therapy expert.”

The \$3.9 million project took 14 months to complete. Champlin was the suite’s architect and Schumacher Dugan was the construction firm.

Holistic patient care

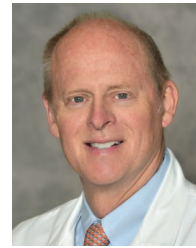
The Cincinnati Cancer and Cellular Therapy Center focuses on a multi-disciplinary approach to address all of the needs of our patients. Although many disciplines are represented on our team, focus has recently been directed towards the behavioral health needs of our patients. Throughout the pandemic, patients have felt more isolated and have had increasing anxiety about contracting COVID-19 while immunocompromised. Patients who have already been social distancing for nearly the past two years due to COVID are faced with even more stringent social distancing recommendations after transplant and CAR-T due to their immunocompromised state. As much of the world has been experiencing “pandemic fatigue”, becoming less adherent to COVID related recommendations, it becomes imperative for us to address the fears of many of our patients. To do so, we utilize behavioral health services to improve our patients’ fortitude during this pandemic and reduce the likelihood of patient “pandemic fatigue”.

The dedicated psychologist for the Cincinnati Cancer and Cellular Therapy Center serves patients and caregivers on an inpatient and outpatient basis. The psychologist rounds with the interdisciplinary team on the 28-bed step down unit and in the outpatient infusion center. During rounds, the psychologist provides brief, focused psychotherapy tailored to the individual patient’s needs. For complex patient presentations with unclear psychological versus medical etiology, the psychologist completes a comprehensive evaluation to assist the treatment team with treatment planning. Virtual behavioral health classes including classes for patients and caregivers have been developed and launched in January 2022. One of these groups is targeted towards patients admitted to our inpatient unit who are often feeling especially isolated due to visitor restrictions at the hospital. This group provides a safe, online platform for patients to obtain support from people in similar circumstances. Additional groups help prepare patients psychologically for stem cell transplant or CAR-T, as well as provide caregivers with tools to improve their caregiving skills. Psychologist services are also offered via telehealth to individuals on an outpatient basis, which makes mental health services accessible to the patient from the comfort of their own home.

Due to the rising mental health needs of the United States, a trend from which patients with cancer are not exempt, our center has contributed resources towards identifying the most objective and evidence based tools for evaluating the psychological needs of patients prior to stem cell transplant and CAR-T. Evaluations include use of objective coping skill inventories to identified adaptive and maladaptive coping skills that patients may utilize. Research is currently being conducted regarding these newly implemented psychological measures and outcome-related variables.



Desiree Harding, Psy.D (Top); Clinical Psychologist and Anna Bettner, MSW, LSW; Social Worker (Bottom)



James Essell, MD, OHC



Edward Broun, MD, OHC



Miguel Islas-Ohlmyer, MD, OHC



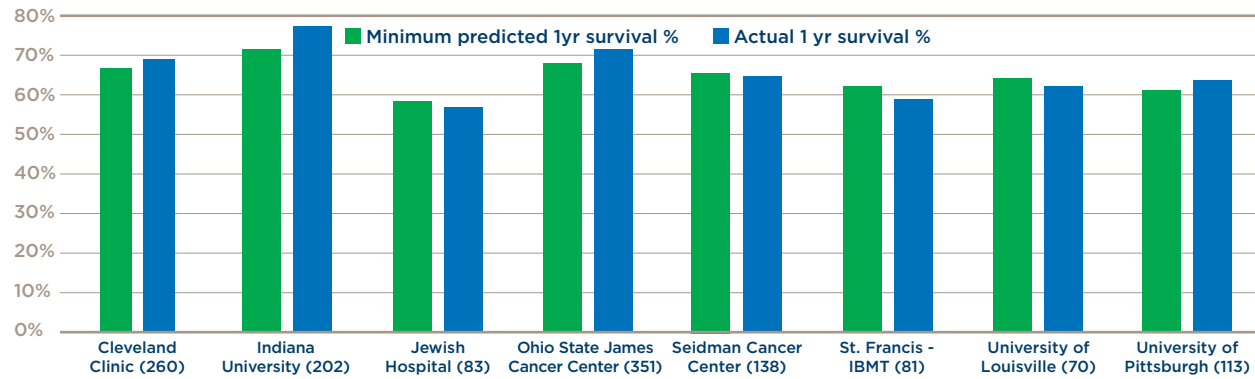
Kruti Patel, DO, OHC



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 rate is comparable to noted bone marrow transplant centers such as Cleveland Clinic, MD Anderson and Ohio State.



A Patient's Perspective: You helped Marea during her cancer treatment

Lymphoma patient Marea West's, zest for life at 73 resembles that of someone much younger. She credits that to CAR-T treatment and the tenet she lives by: "Stay busy."

Marea's lifestyle lives up to her words. Floral design is one of her passions. Marea attributes her life to the expert care and leading-edge treatment she received at The Jewish Hospital — Mercy Health Cincinnati Cancer and Cellular Therapy Center (CCCTC) and Oncology Hematology Care (OHC).

Marea was diagnosed with lymphoma in 2015 and received multiple rounds of chemotherapy and radiation. OHC medical oncologist, hematologist, , James H. Essell, MD, who serves as Medical Director of the CCCTC is Marea's physician. She also received a stem cell transplant in May of 2019 but relapsed less than one year after the transplant, leaving CAR-T as her only option for treatment.

"CAR (chimeric antigen receptor) T-cell therapy," said Dr. Essell, "is an immunotherapy that re-trains the body's immune system to recognize and destroy cancer cells. Patients who failed other treatments and were faced with limited options are now thriving and experiencing remission." Since CAR-T for adults

came to the region in 2018, CCCTC has performed over 50 CAR-T infusions.

"Martin and I discussed CAR-T, and we had no hesitation with moving forward," said Marea. "We knew it was the end of the road for me. If I didn't do it, what would I do?"

In June 2020, Marea received her CAR-T treatment and stayed at the CCCTC for about one week. "I had a fantastic crew taking care of me," said Marea. "They were wonderful and treated me with the utmost respect. The nurses were genuinely interested in what I did. They always answered my questions and offered reassurance. Where else can you get that?"

Marea believes CAR-T gave her a new life. She still has to be followed closely by the team but is able to continue to do all the activities she enjoys. "I tell Dr. Essell that someday he'll retire, and I'll still be coming in for my treatments when I'm 90," said Marea.

Marea offers these words of wisdom to other cancer patients: "Try to stay busy and don't dwell on your side effects. Be cheerful even if your day is really rotten. Be kind to your nurses and ask them how they're doing."



Mercy Health — Cincinnati Breast and Breast Cancer Care

Bon Secours Mercy Health Cincinnati area Women's Centers offers women choices of where to receive excellent breast health care. Locations include Mercy Anderson, Eastgate Medical Center, Mercy Clermont, Jewish Women's Center, Deerfield Women's Imaging, Mercy Health West, Mercy Fairfield, Milford Medical Center, Liberty Falls Medical Center, and the Mercy Health Regional Mobile Mammography program provide the most advanced imaging technology, 3D Digital Tomosynthesis screening mammograms.

These locations also offer 3D Digital Tomosynthesis diagnostic mammograms, and breast ultrasound as well as 3D Tomosynthesis breast biopsy, ultrasound breast biopsies and Radiofrequency Identification TAG (RFID) localization procedures.

The Breast Centers are staffed by board-certified, and breast fellowship trained Radiologists, dedicated Breast Surgeons, registered mammography technologists and National Consortium of Breast Centers (NCOBC) certified breast navigators. They 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).

We also partner with the Ohio Department of Health (ODH) Breast and Cervical Cancer Program (BCCP) which provides funding for underinsured and

uninsured women who are diagnosed with either breast cancer or cervical cancer. Additionally, through partnering with many generous community organizations, special funding is available for low income, underinsured and uninsured women to help cover the costs of mammography exams.

Our breast centers strive to provide excellent care for our patients. We offer the "I Know" program to all patients. This program takes a patient from a screening mammogram to advanced imaging all within the same day. Biopsy results are provided within 24 hours and an appointment with a breast surgeon is expedited for the patient if necessary. Our "I Know" program helps to alleviate women's anxiety related to having to wait days, even weeks for their results.

The Mercy Health Regional Mobile Mammography Program provides screening mammograms which offers women the choices of where to receive excellent breast health care. By bringing the mobile mammography service to workplaces, health clinics, community churches, public sites, and more women can receive their screening mammogram in a private, comfortable, and convenient manner.

For continued safety during the COVID crisis, HEPA ventilation systems have been installed in the mobile coaches to ensure proper air flow and the safety of our patients and technologists.

At Mercy Health, we recommend regular screening mammography:

- Women ages 50–74 with no additional risk factors for breast cancer should get a screening mammogram every 2 years.
- Women ages 40–49 may benefit from regular mammograms, depending on their risk factors. Talk to your doctor about when you need to get screened.
- If you are under age 40 with a family history of breast cancer, talk to your doctor about when you need to get screened.
- Men who have breast masses are evaluated similarly to women, including mammograms.

Mercy Health is equipped with the most advanced imaging technology including digital mammography, breast ultrasound and breast MRI to discover health issues before they become problems.

Risk factors for breast cancer

Lifestyle risk factors:

- Alcohol use
- Obesity
- Physical inactivity
- Never pregnant
- Not breastfeeding
- Oral birth control use
- Hormone therapy
- Breast implants

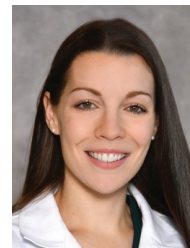
Source: cancer.org

Uncontrollable risk factors:

- Born female
- Aging
- Inheriting specific genes
- Family history of breast cancer
- Personal history of breast cancer
- Race & Ethnicity
- Height
- Having dense breast tissue
- Having certain benign breast conditions
- Early menstruation
- Late menopause
- Radiation therapy to the chest
- Diethylstilbestrol (DES) exposure



Anna Sobolewski, MD



Nicole Melchior, DO, OHC



Jacquelyn Palmer, MD



Abigail Tremelling, MD, OHC



Elise Evans, CNP



Dianne M. Runk, MD
Cincinnati Breast Surgeons



Lydia Hernandez, MD, FACS
Cincinnati Breast Surgeons



Walk-In Screening Mammogram Program

It is known that many individuals steered away from healthcare facilities as we battled the COVID-19 pandemic. For some health concerns, virtual visits were able to satisfy the need. For others, like important health screenings, onsite is the only option for care. Screening mammograms are a very important screening mechanism for the early detection of breast cancer. In 2020, we noticed a decline in the number of women opting to have their routine screening mammograms. Due to this decline, we wanted to identify a way for promote and make attaining a screening mammogram easier for our patients. Led by the efforts of two Mercy Health — Clermont Mammographers: Sonia Kirschner RT(R)(M) and Michelle Caldwell RT(R)(M), we developed a ‘Walk-In Screening Mammogram’ program.

The Walk-In Mammography program started at Mercy Health — Clermont Hospital and expanded the offering to Anderson Women’s Center, Eastgate Medical Center, The Jewish Hospital Women’s Center, Milford Medical Center, Mercy Fairfield and Liberty Falls Medical Center. The program is focused on convenience. We partnered with local Mercy Health and non-Mercy Health primary care providers that were within our facilities to promote this program. Women who were already onsite for primary care appointments could simply walk to the mammography department and sign-in for a screening mammogram, with no prior scheduled appointment. This allowed an opportunity for women to ensure this vital health screening was completed in the most efficient and convenient way for them. In 2021, 150 women took advantage of our screening mammography offering. Offering walk-in screening mammograms will continue at each of our locations, as we strive to educate our patients and provide them with the peace of mind of early detection. As we all know, early detection saves lives!

PHYSICIAN SPOTLIGHT



Jacquelyn A.V. Palmer, MD, FACS joined Mercy Health in 2015 as a board-certified and fellowship trained surgical breast oncologist at the Mercy Health Hospital in Fairfield, OH. She completed her SSO accredited fellowship in surgical breast oncology at the Carolinas Medical Center Levine Cancer Institute in Charlotte North Carolina. Her specialties include breast cancer, Hidden Scar™ Breast Surgery, breast masses, abnormal mammograms, high-risk breast cancer, premenopausal breast cancer, breast pain, nipple discharge, male breast disease, breast conservation, skin and nipple sparing mastectomy, and modern axillary management. Dr. Palmer is a member of the American Society of Breast Surgeons and the Society of Surgical Oncology. She is a devoted wife and mother and in addition to spending quality time with her family enjoys running, reading, cooking/baking, art/diy projects, golf and professional football. She is known for her passion in life and making the most of every day.

To schedule an appointment with Dr. Palmer call 513-924-8535.

By the numbers:

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

MERCY HEALTH SCREENING VOLUME 2021

Regional screenings	115,103
Regional mobile	5,073

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

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.



Surgical Oncologist Dr. Shyam Allamaneni

Shyam S. Allamaneni, MD is a board-certified surgeon who specializes in oncology with a focus on the gastrointestinal (GI) tract, including the esophagus, stomach, small intestines, large intestines, and rectum. He also addresses parts of the body that surround the GI areas such as the liver, pancreas and gall bladder.

Working with an experienced multidisciplinary team at The Jewish Hospital, Dr. Allamaneni provides guidance and surgical management of more advanced diseases always with the goal of achieving clear and clean margins of the cancer.

When it is not possible to remove a whole tumor, Dr. Allamaneni performs debulking procedures to relieve pain, bowel obstruction, and minimize bleeding. He also offers complete tumor removal and heated intraperitoneal chemotherapy (HIPEC) for patients with peritoneal cancer and peritoneal metastases from other cancers.

The GI, liver and pancreatic cancer care team is multi-disciplinary, composed of surgeons, oncologists, gastroenterologists, nurse practitioners, pathologists, radiologists, nurse navigators, nurses, and physical and occupational therapists.

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

Providing care for complex patients using HIPEC

The Jewish Hospital's GI, liver, and pancreatic cancer multidisciplinary team is at the forefront of cancer care within the Tri-State, addressing complex cases and performing surgery with HIPEC to care for patients with diffuse intra-abdominal cancer, especially cancer that has spread to the peritoneum from the appendix, ovaries, colon, or rectum. After Dr. Allamaneni performs cytoreduction (physical removal of all visible tumors in surgery), the team administers a heated chemotherapy that bathes the inside of the abdomen for up to 90 minutes. After the chemotherapy wash is complete, the surgery is ended.

Because the chemotherapy is not administered intravenously, higher dosages can be safely administered, and the patient does not experience the usual side effects of intravenous chemo. The heated chemotherapy is more efficacious at eliminating cancer cells and can treat cancer cells that are not visible during surgery.

Prior to surgery, Dr. Allamaneni meets with the team to ensure all aspects of care are reviewed and discussed. The team knows the patient "inside and out" before the patient arrives for surgery.

The team stays in close contact with patients, monitoring their health throughout the entire treatment journey, not just surgery. For many patients, surgery will be combined with other cancer treatments such as chemotherapy, radiation therapy, or hormone therapy. These nonsurgical treatments may be administered before surgery (neoadjuvant therapy) or after surgery (adjuvant surgery) to help address cancer growth, spread, or recurrence.

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.

Patient story: Faith and medicine work miracles for patient with rare cancer

"With God, everything is possible. With the right people and the right doctors, especially Dr. Allamaneni, there's hope," says Danyell Weisinger, whose care team describes her as a walking miracle.

When Danyell experienced bad stomach pains that wouldn't go away, she visited her family doctor. X-rays indicated that she had a fatty liver and a bad gall bladder.

"That's fixable," thought Danyell, whose next visit was with a surgeon. He removed Danyell's gall bladder but discovered something troubling in the process. "He said, 'Your body is covered in black spots,'" recalls Danyell.

One week later, the sample her surgeon had sent off for identification came back as peritoneal mesothelioma, a rare, aggressive and deadly cancer that affects the tissue in the abdomen. While there are treatments available, there's no cure and the prognosis for patients is poor. Danyell's cancer was at stage three and her oncologist, Prasad R. Kudalkar, MD with OHC, wasn't sure the tools at his disposal would be of any benefit.

"He said would start me on chemo but that I had it so bad, he didn't know if it would help," says Danyell.

The oncologist placed a call to his friend, Mercy Health Physician and surgical oncologist Shyam Allamaneni, MD, to see if there was anything Dr. Allamaneni could do.

"Dr. Kudalkar called Dr. Allamaneni and told him I was a young lady with a will to live and Dr. Allamaneni invited me to come to The Jewish Hospital to talk with him," recalls Danyell. "My husband and met with him and after 20 minutes, he said, 'I would like to go ahead and try this surgery.'"

By the time Danyell met with Dr. Allamaneni, her

continued...

Danyell's story...continued

stomach was distended over eight inches, hard to the touch and filling with fluid. He operated on her for 18 hours over two days, March 11-12, 2020.

"He opened my stomach and everything was covered in cancerous tumors and spots. The biggest tumor weighed 25 pounds. He meticulously removed as many visible spots as possible and scraped out everything else," says Danyell.

Dr. Allamaneni removed Danyell's omentum (fat inside abdomen), spleen, appendix, colon and peritoneum (inside lining of abdomen).

"The organs that he took, he knew that it might be tough but that I could live without them. What he left was part of my small bowel. It had some cancer on it but he left it because I'm young and he didn't want me to have to live the rest of my life on a feeding tube," she adds.

After completing surgery, Dr. Allamaneni bathed Danyell's belly contents with a hot chemo wash in a procedure called hyperthermic intraperitoneal chemotherapy (HIPEC), which doctors use to treat certain cancers in the abdomen. The HIPEC would hopefully address the cancer left on Danyell's small bowel. Danyell spent a month recovering in the hospital and another month at a rehabilitation center relearning how to walk, talk and use a temporary feeding tube. Adding to the challenges she faced was the start of pandemic, which limited in-person visiting at the hospital and rehab center. Once she finished rehab, Danyell started chemotherapy, completing five rounds of treatment. A scan three months after surgery showed no cancer in her body. Danyell continues to take chemo pill four times a day and she has scans every three months.

"The last one was December 15, 2021 and I'm in full remission," says Danyell, who celebrated her 45th birthday that same month.

"I was given a prognosis of six months at the most and heard from four doctors that they would have given me a week or less. In February 2022, I'll be going on two years and there's no sign of the cancer at all," says Danyell.

"Dr. Allamaneni said I'm a rare 1-6% and I feel like I'm going to be around a long time. If anyone is God's assistant, it would be Dr. Allamaneni. I owe him my life and a world of thanks. If I had not gone to him, I would not have made it, I will always love him," she adds.

Danyell faces one more surgery - to reverse her ileostomy, should Dr. Allamaneni determine she's a good candidate for reversal.

"I'm excited about that. It's one of the biggest struggles I've dealt with," she says. "Otherwise, I feel great! I use no assistive device. I've lost 110 pounds. I get a little out of breath, but I feel better than I ever have. I've been given complete second chance at life. With God and prayer I'm still here and I don't plan on going anywhere."

Danyell hopes her story will help others facing tough diagnoses.

"I know so many people that hear the word cancer and want to give up. I want to say don't give up. With God, everything is possible. With the right people and the right doctors, especially Dr. Allamaneni, there's hope. There can be more success stories and I want everyone to know that."

By the numbers:

Approximately **2,875** new cases of Mesothelioma are reported annually*

Over **2,400** people die each year from Mesothelioma*

Mesothelioma is much more common in men

Risk for workplace exposure to asbestos is high among miners, factory workers, people working with insulation, plumbers, constructions, and railroad and automotive workers.

Source: American Cancer Society

The Jewish Hospital — Mercy Health Radiation Oncology department

Gamma Knife® Radiosurgery

The Jewish Hospital — Mercy Health Gamma Knife Radiosurgery Center was led throughout 2021 and in early 2022 by co-directors Ronald Warnick, MD, of Mayfield Brain & Spine, and David Pratt, MD, of OHC. Starting in June 2022, Marc Mosbacher, MD, of OHC will replace Dr. Pratt as a co-director. The center also includes neurosurgeons George Mandybur, MD, and Yair Gozal, MD, PhD, of Mayfield Brain & Spine, and radiation oncologists Courtney Hentz, MD, Elizabeth Levick, MD, and Peter Fried, MD, of OHC. Specialists at the center have treated more than 1,570 brain tumor 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."

Enhanced neurosurgical services

COMPLEX AND MINIMALLY INVASIVE SPINE SURGERY

In addition to brain tumor treatment, Mayfield Brain & Spine's neurosurgery team performs a variety of minimally invasive and complex spinal procedures at The Jewish Hospital. The complex spine procedures include multilevel fusions and reconstructions, using the most advanced technology to stabilize and straighten the spine.

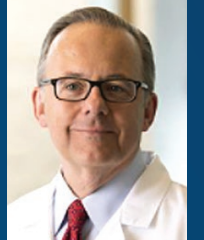
STROKE CARE

The Jewish Hospital is a core part of a developing network of endovascular stroke centers throughout Greater Cincinnati and Northern Kentucky to provide the best and fastest stroke care. A surgical procedure to remove clots is called a thrombectomy. At The Jewish Hospital, Mayfield vascular neurosurgeons perform these procedures with the "Thrombectomy-Ready" certification from the Joint Commission.

PHYSICIAN SPOTLIGHT

Ronald Warnick, MD, has been a

neurosurgeon with Mayfield Brain & Spine since 1991. He earned his medical degree with Honors from the University of Rochester, completed his neurosurgery residency at New York University, and performed a neuro-oncology fellowship at the University of California, San Francisco. Dr. Warnick's practice focuses on treatment of brain tumors and trigeminal neuralgia using Gamma Knife radiosurgery, and he has performed more than 4,200 radiosurgery procedures. He is co-director of the Gamma Knife Center at The Jewish Hospital. "The introduction of Gamma Knife radiosurgery has essentially eliminated the need for whole brain radiation and saved countless patients from unnecessary side effects," Dr. Warnick says. "It has been revolutionary and life-saving."



He organized the multidisciplinary Brain Tumor Board at The Jewish Hospital, and moderates the sessions, to integrate a full range of specialists in diagnosis and treatment of brain tumors. An internationally recognized clinician and researcher, Dr. Warnick serves on the Advisory Board of the American Association of Neurological Surgeons/ Congress of Neurological Surgeons Section on Tumors. He has published 115 scholarly articles on the use of stereotactic radiosurgery to treat brain tumors and trigeminal neuralgia. He serves on the editorial board of the *Journal of Neuro-Oncology* and is an ad-hoc reviewer for the *Journal of Neurosurgery*; *International Journal of Radiation Oncology, Biology, and Physics*; and *World Neurosurgery*. Dr. Warnick is a board member of the International Radiosurgery Research Foundation (IRRF), a consortium of Gamma Knife Centers of Excellence.

To schedule an appointment with Dr. Warnick, call 513-569-5286.



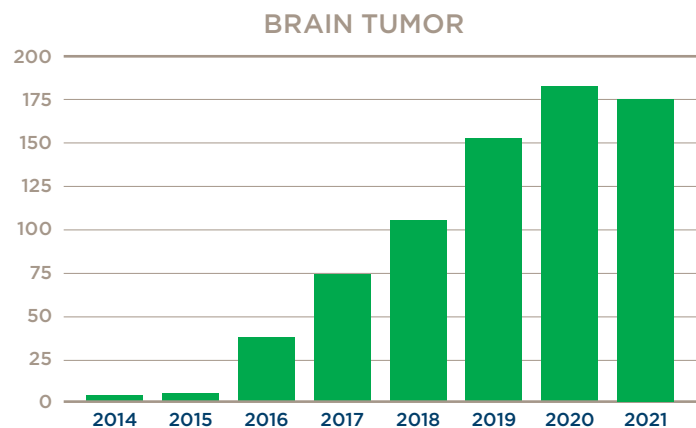
Creating a Neuro-Oncology destination at The Jewish Hospital — Mercy Health

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 is committed to providing 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 remained steady in 2021 and has more than quadrupled since 2016 (see chart to right). Brain Tumor Center Director Vincent DiNapoli, MD, PhD, 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 will be a key asset in the development of the Institute for Complex Cranial Surgery, a joint effort between Mayfield Brain & Spine and the region’s leading health systems with the goal of establishing Greater Cincinnati as a destination for the most advanced and effective brain tumor care. In its early stages of development, priorities for the Institute include: recruiting and retaining talent, such as neuro-otology; promoting groundbreaking clinical trials and research; spurring fellowship and medical training; educating patients on the latest therapies and the research behind them; and fundraising to support the entire spectrum of priorities.

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. For the first case, Dr. DiNapoli was joined by Dr. Gozal and Elizabeth Levick, MD, radiation oncologist at OHC. Mayfield is the only site in Ohio for this clinical trial. “The clinical trial is an intervention in our efforts to understand and reduce the effects of metastatic cancer, putting the Brain Tumor Center at The Jewish Hospital on the leading edge of elite brain tumor care,” Dr. DiNapoli said.

The Skull Base Surgery Program

Practitioners at the Brain Tumor Center at The Jewish Hospital — Mercy Health 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, Director Vincent DiNapoli, MD, PhD, said. “The multi-disciplinary team of physicians at the Brain Tumor Center uses cutting-edge tools and techniques to bring innovation that benefits patients,” he said. Harnessing that collaborative power of patient care, clinical outcomes data, research and education through clinical trials and new technology will cement the center as the clear leader for neurosurgical brain tumor care and a destination for brain tumor patients throughout Greater Cincinnati and around the country.

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. The team approach ensures that surgeons are skilled in the latest techniques and research and avoid excessive fatigue. Our specialists in the Skull Base Surgery program also employ intraoperative monitoring, neuro-anesthetic techniques and stereotactic guidance.

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

Acoustic neuroma care

Skull base meningioma and acoustic neuroma are tumors addressed by our lateral skull base team. These can be the most challenging operations we face. Our skull base neurosurgeons work with neuro-otology ENT surgeons to create delicate and intricate approaches through the bone of the skull. These approaches are designed to access deeply situated tumors that are closely associated with vital arteries, nerves and critical brain matter. Therefore, preserving facial movement and daily functions like hearing are priorities for the surgical team. Retrosigmoid, middle fossa and translabrynthine craniotomies are all utilized for removal of acoustic neuromas, choosing the approach that best suits the individual patient. This enables extremely high rates of total tumor removal.

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 the radiation oncologists at OHC: Drs. Elizabeth Levick, Marc Mosbacher, David Pratt and Peter Fried.

Orbitopterional, transpetrosal, combined petrosal, retrolabrythine, far lateral, ELITE (extreme far lateral) and retrosigmoid approaches are employed for complex skull base meningiomas. Closely monitoring the function of cranial nerves during tumor removal is essential in preservation of function. These techniques have been developed and refined based on years of clinical experience. Investment in advanced operative microscopes/endoscopes is essential, along with proper instrumentation.

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. In addition, by tracking the boundaries of the patient's speech region, they know when to stop removing tissue and can balance maximal resection of the tumor with maintenance of function, increasing the percentage of patients receiving gross total removal of their tumor in these eloquent brain areas.

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.

STORY OF HOPE

Growing symptoms led patient to choose skull base surgery

Joseph just wanted to be able to maintain his hearing.

Starting early in 2021, it had become a problem. Voices sounded to him like he was under water. He had trouble hearing even normal conversations clearly. The headaches were coming more often.

Joseph consulted with his primary care doctor, then with an audiologist. The pain got worse, "like an ice pick jabbing into me." He already was having regular MRI exams, the product of a car accident years ago, that had identified a tumor – a left vestibular schwannoma, also known as an acoustic neuroma, that affects the nerves leading from the inner ear to the brain.

The tumor had been monitored for years. But Joseph's symptoms indicated, and a new MRI confirmed, that it had grown and was now about the size of a large grape. Joseph faced several options: continuing with nonsurgical treatment, radiosurgery that would target the tumor with beams of radiation to control any further growth, or surgery to remove the tumor.

To preserve his ability to protect his hearing long-term, Joseph chose the skull base surgery.

"What I really wanted to guard against was a degradation in my hearing," he said. "To be frank, that was a lot scarier than having surgery."

Mayfield Brain & Spine neurosurgeons Dr. Yair Gozal and Dr. Vince DiNapoli, working as a team, performed the complex surgery at The Jewish Hospital – Mercy Health. The Brain Tumor Center at The Jewish Hospital is a partnership of Mayfield neurosurgeons, staff and physicians at Mercy Health and the oncology specialists at OHC. After surgery, Joseph overcame his headaches and returned to work as a management analyst within about a month. He estimates that his hearing is "pretty close to 100 percent," as it had been prior to surgery, and he's feeling better each day.

Choosing between different types of treatments, or even different types of surgery, is common

among neurosurgery patients. Dr. Gozal said he recommended the skull base surgery to remove the tumor because Joseph's symptoms had progressed to a point where they were having a substantial impact on his daily life – and the tumor continued to grow.

"Though he was a candidate for radiosurgery," explained Dr. Gozal, "surgery to remove the tumor can provide a solution that preserves long-term hearing because of his young age and excellent hearing. When you get the tumor out, it doesn't tend to come back, which is a cleaner solution for young patients. The key is getting the tumor out without losing hearing function."

Joseph said the staff at The Jewish Hospital was "amazing – very caring and thorough."

"Dr. Gozal was confident in the team approach," he said. "He told me that if everything went well, I should not have significant hearing issues. Ultimately, that's exactly what happened."

Dr. Gozal said the multidisciplinary approach of the Brain Tumor Center had helped make surgeries like Joseph's safer and more precise.

"The tumor had doubled in size in two years, so we decided to go and get the tumor out," Dr. Gozal said. "While the approach to surgery has remained the same, we are so much better at protecting the patient's long-term health and achieving excellent outcomes safely. That was our primary concern with Joseph."

Neuro-Oncology Team

The program is led by Dr. Vincent DiNapoli, Director of the Brain Tumor Center, Dr. Ronald Warnick, co-Director of the Gamma Knife Program and Dr. David Pratt, OHC, co-Director of the Gamma Knife Program.



Vincent DiNapoli, MD, PhD
Neurosurgeon



Ronald Warnick, MD
Neurosurgeon



David Pratt, MD
Radiation Oncologist, OHC



Yair Gozal, MD, PhD
Neurosurgeon



Marc Mosbacher, MD
Radiation Oncologist, OHC



Peter R. Fried, MD
Radiation Oncologist, OHC



Lee Alexander Zimmer, MD, PhD
Otolaryngologist, Skull Base Surgery



Joseph Breen, MD,
Neuro-otology Surgery



Randall J. Hlubek, MD
Neurosurgeon



Elizabeth Levick, MD
Radiation Oncologist, OHC



Prasad R. Kudalkar, MD, Neuro Oncologist, OHC



Dr. John Kachoris



Rob Stevens, MD,
Neuro-radiologist, Director of Imaging at Jewish Hospital



Courtney L. Hentz, MD,
Radiation Oncologist, OHC

Nurse Practitioners



There are three neurosurgery NPs employed by Mercy for Jewish Hospital. Andrea Stoll, Mitch Rupard and Katie Kreimer. They bring years of experience to the team. They will be available on weekdays for inpatient consults and management of floor and ICU patients.

There is 24/7 Neurology coverage through Riverhills, the team is led by Dr. John Kachoris and Neurology NPs, Christina Vest, Erin Kennedy and Julie Zimmer. Dr. Kachoris rounds in hospital with NP team.

Front: Katie Kreimer, Erin Kennedy, Dr. John Kachoris, Caitlin Wilschevick.
Back: Christina Vest, Julie Zimmer, Mitch Rupard, Andrea Stoll

Expanding nurse practitioner coverage to enhance patient care

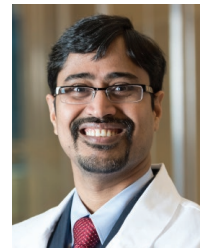
The Jewish Hospital — Mercy Health is emerging as Greater Cincinnati's regional hub for complex neuro-oncology services, including the Brain Tumor Center. To meet the growing need, the hospital is preparing to apply for Comprehensive Stroke Center (CSC) status. This program is the most demanding stroke certification and is designed for hospitals that have specific capabilities to receive and treat the most complex stroke cases. One of the requirements for CSC designation is the ability to provide 24-7, on-site neuro-critical care coverage. As one of many steps toward providing coverage, The Jewish Hospital recruited three nurse practitioners to join the neurology/neuro-critical care team in spring 2022.

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 ultimate 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

2021 Rectal Program Multidisciplinary Team Statistics

- **60%** of patients undergoing neoadjuvant therapy achieved a complete or near complete response at the time of resection
- **80%** of those patients requiring an ostomy were reversed
- **100%** of procedures were laparoscopic or robotic technique
- **100%** of patients were accurately staged with rectal cancer pelvic MRI
- **98%** underwent complete systemic staging prior to treatment
- **98%** obtained pretreatment CEA
- Median days from initial clinical evaluation to start of treatment: **22**
- **100%** negative circumferential resection margin and distal margin
- **96%** with complete or near complete mesorectal grade

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
Cynthia Chua, MD
David Waterhouse, MD, MPH

RADIATION ONCOLOGY

David Pratt, MD
Elizabeth Levick, MD

RADIOLOGY

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

PATHOLOGY

Craig Isenhardt, MD
Timothy Braverman, MD

PROGRAM COORDINATOR

Lindsey Bellman, RN

A patient's perspective: Rita Stonitsch, Forest Park, 69

Convinced they were looking after their health, Rita Stonitsch and her husband did a home colon cancer screening. When her husband's test came back positive, he followed up with a doctor. The test had given him a false positive and fortunately, he was fine. Rita's test came back negative, so she thought she was in the clear. The couple carried on with their lives but then Rita started experiencing issues.

“I went in for a colonoscopy because I was having trouble going to the bathroom,” she says. “My doctor couldn't get in very far and referred me to Dr. Barrat. I got in right away and the ball started rolling from there.”

Mercy Health Physician Cory Barrat, MD, is a board-certified specialist in colon and rectal surgeon. He ordered additional advanced testing and on October 22, 2020, Rita learned that she had stage 3 rectal cancer. Her case was reviewed at the multidisciplinary rectal cancer program meeting. The Jewish Hospital rectal program is accredited by the NAPRC – the National Accreditation Program for Rectal Cancer, and is the only accredited program in all of central and southern Ohio.

“Dr. Barrat is fantastic. I think he is the best there is,” says Rita. “He's frank, nice, polite and doesn't use big words. He talks so you understand, and he doesn't sugarcoat things. On a scale of 1-10, I give him 1000.”

Dr. Barrat referred Rita to an oncologist who treated her with chemotherapy and radiation to shrink the tumor before surgery.

“When I was through with chemo and radiation, Dr. Barrat performed minimally invasive robotic surgery in May 2021 to remove the tumor, connect the colon back together and performed a temporary ileostomy on my right side so the surgical site could heal,” says Rita.

“My father had colon cancer and had his large intestine removed. He wore a bag permanently for 35 years. When this happened to me, I might have cried once, but I didn't dwell on it since he did great,” says Rita. “I never let myself get down or depressed or anything. I've talked with other patients going through something like me and I've told them the need to keep a positive attitude, because if they don't, they are just hurting themselves.”

Rita was able to have her temporary ileostomy reversed after 30 days.

“At The Jewish Hospital, you couldn't ask for better people. All of them made me feel like number one on their list that day,” she says.

Rita underwent four more chemotherapy sessions after surgery. Follow up tests show that her cancer has not returned. Next up for Rita is a colonoscopy and CAT scan in May to ensure she remains cancer free.

“I will definitely do my follow up and not miss anything. It's so important,” she says. “I think everyone should go and have a colonoscopy done. If I'd had one, it may have found something sooner.”

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 accounted for nearly 4% of all cancers in 2021. 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 multi-disciplinary team of specialists including radiologists, pathologists, dermatologists, MOHS surgeons, medical and hematological oncologists, neurosurgeons, and radiation oncologists.

PHYSICIAN SPOTLIGHT



Lee A. Zimmer, MD, PhD, is a native Cincinnatian 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 Cincinnatian 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.

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 (PODIUM-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

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

14059. Phase 1/2, trial of Ibrutinib plus Trastuzumab in HER2-amplified Metastatic Breast Cancer (Lang)

20417. **STAR** - A Phase IB/II, 2-Stage, Open-label, Multicenter Study to Determine the Efficacy and Safety of Durvalumab (MEDI4736) + Paclitaxel and Durvalumab (MEDI4736) in Combination With Novel Oncology Therapies With or Without Paclitaxel for First-line Metastatic Triple Negative Breast Cancer

COLORECTAL

20216. **STAR** - MOUNTAINEER: A Phase 2, Open Label Study of Tucatinib Combined with Trastuzumab in Patients with HER2+ Metastatic Colorectal Cancer

"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)

ESOPHAGEAL

20171. **STAR** - A Multicenter, Double-Blind, Randomized Phase III Clinical Trial Evaluating the Efficacy and Safety of Sintilimab vs. Placebo, in Combination with Chemotherapy, for First-Line Treatment of Unresectable, Locally Advanced, Recurrent, or Metastatic Esophageal Squamous Cell Carcinoma

20409-**STAR**- A Phase 2, Multi-Center, Open-Label Study of Cinrebafusp Alfa (PRS-343) in Combination with Ramucirumab and Paclitaxel in Patients with HER2-Positive Gastric or Gastroesophageal Junction (GEJ) Adenocarcinoma and in Combination with Tucatinib in Patients with HER2 Low Gastric or Gastroesophageal Junction (GEJ) Adenocarcinoma (PRS-343-PCS_09_20)

GYNECOLOGIC

19200. Phase 3, Study of Mirvetuximab Soravtansine vs Investigators' Choice of Chemotherapy in Platinum-Resistant, Advanced High-grade Epithelial Ovarian, Primary Peritoneal, or Fallopian Tube Cancers with High Folate Receptor-Alpha Expression (Chua)

20208. 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 (Chua)

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 (LGSOC)

20156. A Phase 3, randomized (1:1) open-label active-controlled study to assess the efficacy and safety of alpelisib in combination with Olaparib as compared to single agent cytotoxic chemotherapy, in participants with no germline BRCA mutation detected, platinum-resistant or refractory, high-grade serous ovarian cancer

HEAD AND NECK

19082. A Phase 1/1b, Multicenter study to evaluate the humanized anti-CD73 antibody, CPI-006, as a single agent or in combination with Ciforadenant, with Pembrolizumab, and with Ciforadenant plus Pembrolizumab in adult subjects with advanced cancers (Waterhouse)

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 (*Faber*)

HODGKIN'S LYMPHOMA

11282. **STAR** - A Phase 2, Open-Label Study of Brentuximab Vedotin in Front-Line Therapy of Hodgkin Lymphoma (HL) in Adults age 60 and Above (*Essell*)

18013. A Phase 2, Multi-Part Clinical Trial of Brentuximab Vedotin in Classical Hodgkin Lymphoma subjects (*Islas-Ohlmayer*)

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*)

21171. A Phase 3 Multi-center, open-label, randomized study of oral Asciminib versus Investigator selected TKI in patients with newly diagnosed Ph+ CML in chronic phase (*Broun*)

20282. A Phase 3b, open label, multi-center study of Asciminib (ABLO01) monotherapy in previously treated patients with chronic myeloid leukemia in chronic phase with and without T315i mutation (*Broun*)

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 (*Faber*)

18229. A Phase 3, Open-Label, Randomized Study to Evaluate the Efficacy and Safety of Single Agent Belantamab Mafodotin Compared to Pomalidomide plus Low-dose Dexamethasone in Participants with Relapsed/Refractory Multiple Myeloma (*Faber*)

19064. **Limited Slots** - A Phase 1a/1b, Open-label, multicenter study evaluating the safety of Tiragolumab as a single agent and in combination with Daratumumab in patients with relapsed or refractory Multiple Myeloma, and as a single agent and in combination with Rituximab in patients with relapsed or refractory B-cell Non-Hodgkin's Lymphoma (*Faber*)

MYELODYSPLASTIC SYNDROME

20178. A Randomized, Double-Blind, Phase 3 Study Evaluating the Safety and Efficacy of Venetoclax in Combination with Azacitidine in Patients Newly Diagnosed with Higher-Risk Myelodysplastic Syndrome (Higher-Risk MDS) (VERONA) (*Broun*)

21328. 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

MYELOFIBROSIS

19171. **STAR** - A Randomized, Controlled Phase 3 Study of Pacritinib Versus Physician's Choice in Patients with Primary Myelofibrosis, Post Polycythemia Vera Myelofibrosis, or Post-Essential Thrombocythemia Myelofibrosis with Severe Thrombocytopenia (Platelets Counts <50,000/uL)

20177. A Randomized, Double-Blind, Placebo-Controlled Phase 3 Study of Navitoclax in Combination with Ruxolitinib versus Ruxolitinib in Subjects with Myelofibrosis (TRANSFORM-1) (*Islas-Ohlmayer*)

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

20133. A Phase III, multicenter, open-label, randomized trial comparing the efficacy and safety of Tafasitamab plus Lenalidomide in addition to R-CHOP versus R-CHOP in high-risk patients with previously untreated Diffuse Large B-Cell Lymphoma (*Islas-Ohlmayer*)

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 Allogenic Anti-CD19 CAR-T Cell Therapy in patients with Relapsed Refractory B-Cell Non-Hodgkin Lymphoma (ANTLER)

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

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*)

19064. A Phase 1a/1b, open-label, multicenter study evaluating the safety of Tiragolumab as a single agent and in combination with Daratumumab in patients with relapsed or refractory Multiple Myeloma, and as a single agent and in combination with Rituximab in patients with relapsed or refractory B-cell Non-Hodgkin's Lymphoma (*Faber*)

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

20381. **Observational**. Molecularly Informed Lung Cancer Treatment in a Community Cancer Network: A Pragmatic Prospective Real World Study (MYLUNG Consortium: Part 2) (Waterhouse)

19088. A Phase 3, Randomized, Open Label Study to Compare Nivolumab plus Concurrent Chemoradiotherapy (CCRT) followed by Nivolumab plus Ipilimumab or Nivolumab plus CCRT Followed by Nivolumab vs CCRT followed by Durvalumab in Previously Untreated, Locally Advanced Non-small Cell Lung Cancer (*Waterhouse*)

19082. A Phase 1/1b, Multicenter study to evaluate the humanized anti-CD73 antibody, CPI-006, as a single agent or in combination with Ciforadenant, with Pembrolizumab, and with Ciforadenant plus Pembrolizumab in adult subjects with advanced cancers (Waterhouse)

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 (*Waterhouse*)

20250. **STAR** - A Phase 3, Randomized Study of Amivantamab and Lazertinib Combination Therapy Versus Osimertinib Versus Lazertinib as First-Line Treatment in Patients with EGFR-Mutated Locally Advanced or Metastatic Non-Small Cell Lung Cancer (73841937NSC3003)MARIPOSA

20249. **STAR** - A Randomized, Open-label Phase 3 Study of Combination Amivantamab and Carboplatin-Pemetrexed Therapy, Compared with Carboplatin-Pemetrexed, in Patients with EGFR Exon 20ins Mutated Locally Advanced or Metastatic Non-Small Cell Lung Cancer

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 (NSCLC) (VS-6766-202)

PANCREATIC

21242 - A Phase 2 Multicenter, randomized, parallel group study to establish the efficacy and safety of combinations of CBP501, cisplatin, and nivolumab for >= 3rd line treatment of patients with exocrine pancreatic cancer and WBC <10,000/mm³ (*Johns*)

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

"21454. A Phase 2, Open-label, Randomized Controlled Trial of BMS-986218 or BMS-986218 Plus Nivolumab in Combination with Docetaxel in Participants with Metastatic Castration-resistant Prostate Cancer"

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*)

SKIN

20430 - A Phase 2 Open-Label Multicenter Study to Evaluate the Safety and Efficacy of Selinexor in Combination with Pembrolizumab in Newly Diagnosed or Recurrent Advanced melanoma (*Partridge*)

SLC

AMG757 - A Phase 2 Study Evaluating the Efficacy, Safety, Tolerability and Pharmacokinetics of AMG757 (Tarlatabamab) in Subjects with Small Cell Lung Cancer

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*)

20344. **STAR** - A Phase 2 Basket Study of Tucatinib in Combination with Trastuzumab in Subjects with Previously Treated, Locally-Advanced Unresectable or Metastatic Solid Tumors Driven by HER2 Alterations

UROTHELIAL

20172. **STAR** - A study of enfortumab vedotin (ASG-22CE) as monotherapy or in combination with other anticancer therapies for the treatment of urothelial cancer

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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