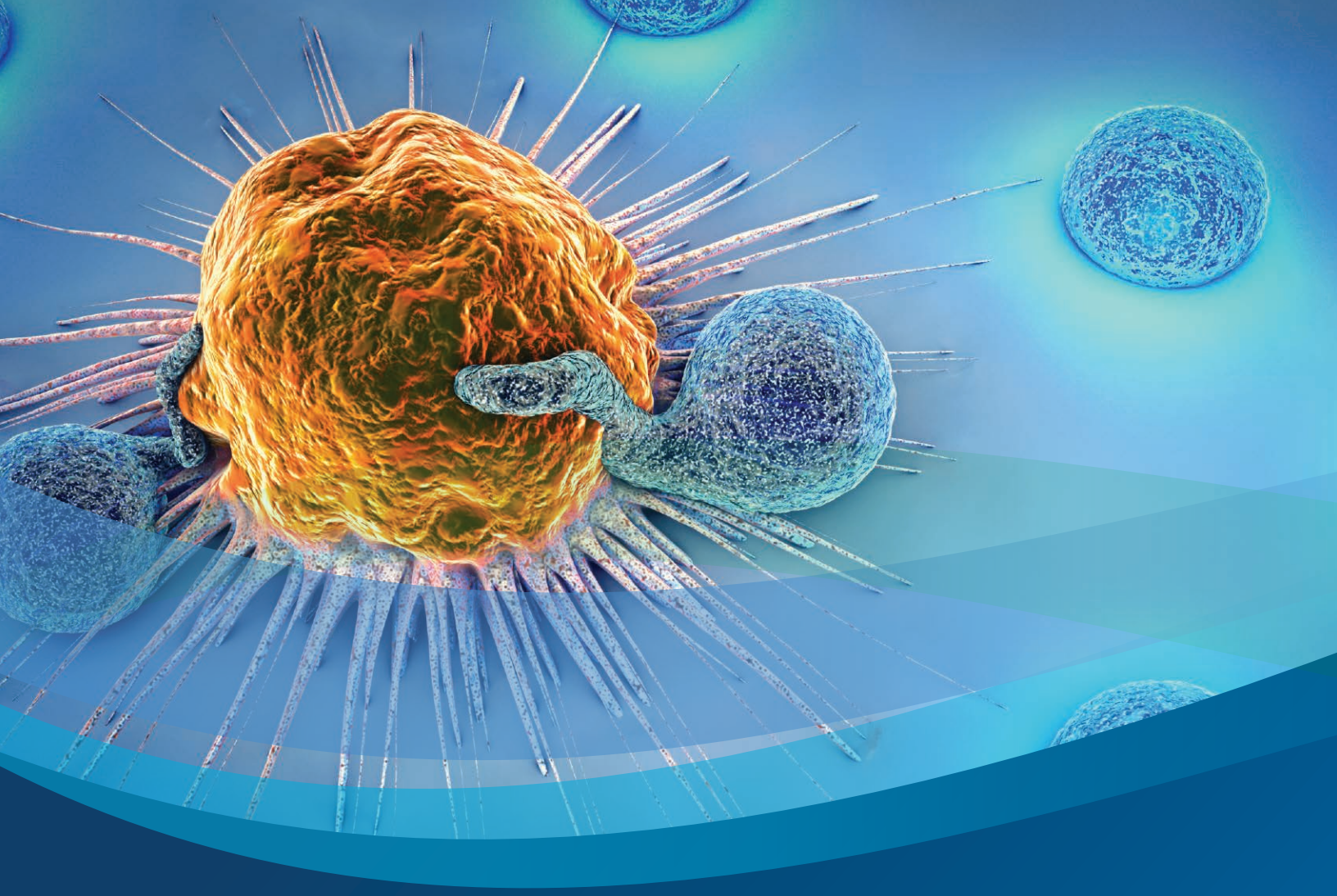
The Jewish Hospital

MERCYHEALTH

2019 Cancer Program

ANNUAL REPORT



Providing advanced cancer care in our community today

The Jewish Hospital

MERCYHEALTH

2019 Cancer Program

ANNUAL REPORT

Pat Davis-Hagens
President and CEO
The Jewish Hospital — Mercy Health

The Jewish Hospital

MERCYHEALTH

FRIENDS AND COLLEAGUES,

It's my privilege to share The Jewish Hospital's 2019 Cancer Program Annual Report. It provides an overview of recent achievements in our cancer programs as well as data from the Cancer Registry. This year we would like to continue providing additional information about new services we offer and stories from our patients and caregivers.

Our cancer care program continues to provide the latest in technology and patient care including the most advanced therapy for blood cancer patients. The Blood Cancer Center at The Jewish Hospital is proud to announce achievement of CAR-T specific FACT® Accreditation. Our Blood Cancer Center is the only accredited adult CAR-T program in the region. Next year the Blood Cancer Center will open a newly renovated state-of-the-art Outpatient Infusion Suite to improve patient-centered cancer care.

As a teaching hospital, The Jewish Hospital leadership is committed to support professional education. This year Mercy Health has expanded the GME program at The Jewish Hospital to the Mercy Health — Anderson Hospital, located on the far east side of Cincinnati. The Jewish Hospital is proud to offer an Internal Medicine Residency program with Medical Oncology rotation in addition to a Bone Marrow Transplant Fellowship Affiliation in the Blood Cancer Center. Beginning in 2018, The Jewish Hospital in partnership with the Mercy Health Foundation developed and established an annual CE accredited Tri-State ASH Update Hematology / Oncology review symposium. Our team is proud to announce the establishment of an additional professional education CE accredited Cancer Screening Symposium in 2021 for physicians and professionals in our community.

Our Cancer Care Program at The Jewish Hospital continues to strive for and achieve recognition for excellence. In 2018, the Rectal Cancer Program initiated preparation to apply for the National Accreditation Program for Rectal Cancer survey under the Commission on Cancer. The program will be ready for the survey in 2020.

We expanded our services last year with an emphasis on women's health. The first area was in Mason, Ohio where we added a medical center offering everything from Internal Medicine, Mammography and Imaging Services to Breast Surgeons and a Gynecologist. The second location opened is inside the Kenwood Towne Centre Shopping Mall. Walk-in appointments make it easy to stop in while you do your shopping. Women's health is a priority and we are making sure services are available and convenient.

Beyond our clinical expertise and modern technology critical to the treatment of cancer, our patients tell us how much they love how they're treated. At The Jewish Hospital, patients are in the center of all we do. We strive to ensure the best possible outcomes with respect and compassion. We're honored that patients entrust us with their care during a critical time in their lives.

The Jewish Hospital Cancer Committee

The Jewish Hospital Cancer Committee supports the hospital's commitment to providing safe, quality care and services. The committee consists of a multidisciplinary team comprised of hospital employees, staff physicians and a representative from the American Cancer Society. The committee meets quarterly to monitor the performance of the hospital's cancer program and to review available services and programs. If any gaps in service are identified, the team sets goals to fill them and oversees resulting care-improvement initiatives. The cancer committee is dedicated to ensuring that The Jewish Hospital's cancer program exceeds patients' expectations and provides the highest level of patient-centered care.

PHYSICIAN MEMBERS

Patrick Ward, MD, Chair
Medical Oncology, OHC

Shyam Allamaneni, MD
Surgical Oncologist & Cancer Liaison Physician

Tim Braverman, MD
Pathology

Elizabeth H. Levick, MD
Radiation Oncology, OHC

Elizabeth Weaver, MD
Diagnostic Radiology

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

CANCER PROGRAM COORDINATORS

Tara Mink, MBA, BSN, RN
Program Administrator

Rita Bowman, RN
Quality Improvement

Lyn Sontag, PsyD, ASPP
Psychosocial Services

Elaine Wiseman, BS, CTR
Cancer Registry Quality

Mary Keefer, CTR
Cancer Conference

Mary Lou Cieslak, RN
Community Outreach

Doug Hart
Clinical Research, OHC

ALLIED HEALTH MEMBERS

K-Lynn Andrews
Rehabilitation Services

Mary Lou Cieslak, RN
Navigation

Mike Devoe, PharmD
Pharmacy

Casey Faber
American Cancer Society

Molly Lysaught, RD
Dietary / Nutrition

Rebecca Ingram, RT
Imaging

Elena Stein, Chaplain Cert
Pastoral Care

Kitty Tierney, BSN, RN, OCN, BMTCN
Nursing

Jennifer Hopper, MS, CGC
Genetics

Kim Shadoan, MSW
Case Manager

Heather Columber, CNP
Palliative Care

The Jewish Hospital — Mercy Health Cancer Conferences

Cancer Conferences provide a multidisciplinary format for the development of a plan of care for the cancer patient. The conferences are integral to improving care and providing education to physicians and hospital staff. Consultative services and education are optimal when physicians representing all oncology-related disciplines participate in the discussion. Patient identities are kept confidential.

The Cancer Conferences are prospective, patient-oriented and multidisciplinary by design. Medical Oncology, Radiation Oncology, Gynecologic Oncology, Diagnostic Radiology, Pathology, and General Surgery specialties are present to discuss diagnostic evaluations and possible treatment options for the types of cancers presented at the conferences. Physicians from all specialties, including Medical and Surgical residents, are invited to attend.

Treatment options that are based on national guidelines and AJCC staging are the foundation of the discussions. National Comprehensive Cancer Network (NCCN) Practice Guidelines in Oncology, information on open clinical trials, NCDB and cancer registry data are provided for the cancer sites presented.

In 2018 The Jewish Hospital accessioned 1086 cancer cases into our cancer registry, 861 of which were analytic cases.

CANCER CONFERENCES

The **Blood Cancer Center Multidisciplinary Team** Meeting is held each Wednesday.

The **Brain Tumor Center Multidisciplinary Team** Meeting is held every Tuesday of the month.

The **Breast Cancer Conference** is conducted weekly on the first four Wednesdays of the month.

The **General Cancer Conference** is held on the second Tuesday of every other month.

The **GI Cancer Conference** 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.

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).

The Blood Cancer Center's relationship with the Center for International Blood and Marrow Transplant Research (CIBMTR) and the National Marrow Donor Program (NMDP) ensure blood cancer patients have access to diagnosis and treatment information, specific clinical trials and the opportunity to participate in cutting edge hematology research.

Accredited by the Joint Commission, The Jewish Hospital is committed to providing outstanding quality of care, services and outcomes, as evidenced by the many accreditations and awards it has earned. Since 1979, the hospital has been accredited with commendation by the American College of Surgeons Commission on Cancer. It has received special recognition for its quality nursing care, excellent compliance with cancer pathology protocols and high clinical trial enrollments. The Blood Cancer Center has been recognized for excellence by the Foundation for the Accreditation of Cellular Therapy (FACT). FACT accredits bone marrow transplant programs that demonstrate exceptional patient care quality. The Jewish Hospital also received the Joint Commission's Gold Seal of Approval for both Leukemia and Bone Marrow Transplant Certification. These, and the many other accreditations and certifications earned by The Jewish Hospital, demonstrate a culture dedicated to medical and operational excellence.

Cancer Data Summary and Comparisons

In the U.S. in 2018, the top cancer sites in men were prostate, lung, colorectal, bladder, and melanoma of the skin. For women, the top cancer sites were breast, lung, colorectal, uterine corpus, and thyroid.

At the Jewish Hospital, distribution of cases by gender reveals that breast cancer is the top site for females at 46%, while the top site for males are lung at 14%. Of the 861 newly diagnosed and/or treated cancers in 2018, 551 were women and 310 were men.

Top cancer sites in 2018 for TJH are as follows: Breast (30%), Lung (11%), Blood & Bone Marrow (10%), Brain & CNS (8%), Colorectal (8%), Non-Hodgkin's Lymphoma (4%).

2018 TOP CANCER SITES BY SEX
UNITED STATES vs THE JEWISH HOSPITAL — MERCY HEALTH

Male	US	TJH
Blood & Bone Marrow	9%	13%
Leukemia	4%	6%
Lung/Bronchus	14%	14%
Colon & Rectum	9%	13%
Brain & CNS		10%
Skin	6%	5%
Prostate	19%	8%
Bladder	7%	4%
Kidney	5%	5%
Liver	4%	3%

Female	US	TJH
Blood & Bone Marrow	7%	8%
Leukemia	3%	3%
Lung/Bronchus	13%	9%
Colon & Rectum	7%	6%
Brain & CNS		7%
Skin	4%	2%
Kidney	3%	1%
Pancreas	3%	3%
Breast	30%	46%
Corpus Uteri	7%	2%

THE JEWISH HOSPITAL — MERCY HEALTH NUMBER OF NEWLY DIAGNOSED/ TREATED CASES IN 2018

Breast	259
Digestive System	165
Respiratory System	105
Blood & Bone Marrow	83
Lymphatic System	38
Brain & CNS	69
Urinary System	40
Male Genital	27
Skin	30
Endocrine	5
Unknown Primary	13
Other/Ill Defined	5
Connect/Soft Tissue	5
Female Genital	17
Total	861

American Cancer Society. Cancer Facts & Figures 2018. Atlanta: American Cancer Society; 2018.

Lung Cancer Screening at The Jewish Hospital — Mercy Health

"Lung cancer is the leading cause of death among both men and women in the United States. Each year, more people die from lung cancer than of colon, breast, and prostate cancers combined" (American Cancer Society, 2019). Approximately 235,000 new cases of lung cancer are diagnosed each year, and nearly 160,000 people with lung cancer die annually. In Ohio alone, nearly 10,000 individuals will be diagnosed with lung cancer and almost 7,000 a year will die as a result. The mortality rate from lung cancer in Mercy Health-Cincinnati's four county service areas (Hamilton, Clermont, Butler, and Warren counties) averages 48 per 100,000.

The National Comprehensive Cancer Network (NCCN) recommends that people at risk for lung cancer receive low dose CT screening for early detection of lung cancer to help reduce the number of lung cancer deaths. Annual screening is recommended for the following patients:

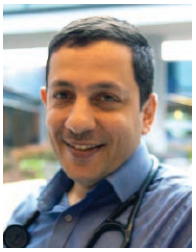
Group 1-High Risk	Group 2-High Risk
>55 years old	>50 years old
>30 pack year history	>20 pack years
Quit smoking <15 years ago	Other risk factors - family history of lung cancer, environmental exposures, history of COPD or pulmonary fibrosis

The goals of lung cancer screening are to detect lung cancer early, reduce deaths from lung cancer, increase opportunities for tobacco cessation, and streamline the process from screening to treatment when indicated.

2019 LUNG CANCER SCREENING DATA	
Total CT lung screenings	328
First time (baseline) screens	198
Yearly (annual) follow-up screens	130
Results: Normal/yearly follow up only (LRAD 1-2)	292
Results: Recommended follow-up in 3-6 months (LRAD 3-4)	36
Cancers detected	7
Stage 1A	3
Stage 1A2	1
Stage 2B	1
Stage 3A	1
Stage 3B	1

PHYSICIAN SPOTLIGHT

Mudher Al-Shathir, MD



is board certified in Pulmonary and Critical Care, and Internal Medicine. He focuses on diseases of the lungs and respiratory tract. Dr. Al-Shathir works very closely with medical oncologists, radiation oncologists, pathologists, cardiothoracic surgeons, and lung nodule navigator, Marquisse Watson, as part of the multidisciplinary team at The Jewish Hospital. He actively participates in the bimonthly multidisciplinary thoracic tumor board discussion. He strives to make sure patients and families feel comfortable with all aspects of their treatment plan, and have all of their questions answered.

Lung Nodule Navigator: Marquisse Watson BSN, RN

Marquisse plays a vital role in the Lung Cancer Screening program at The Jewish Hospital. As the Lung Nodule Navigator, she works closely with the pulmonologists, referring physicians, oncologists, and other team members to ensure that the patient is able to move seamlessly from screening to their treatment course. The Lung Nodule Navigator is responsible for screening patients to ensure adherence to screening guidelines. She also ensures patient follow-up screenings are scheduled and performed within 3-6 months and annually by sending reminder letters and phone call reminders to the patient and primary care physician.

Community Outreach

In 2019, the Health Collaborative released the Community Health Needs Assessment. The comprehensive report provides data from 23 counties in southwest Ohio, northern Kentucky and southeast Indiana to identify the most serious health risks in our region. Based on the data, the Jewish Hospital cancer programs conducted outreach to increase breast and lung CT screenings.

2019 COMMUNITY OUTREACH SUMMARY FOR THE JEWISH HOSPITAL	
Lung CT Screenings	328
Warren County — New breast screenings	11
Warren County — Total breast screenings	643
Hamilton County — Total breast screenings	7182
Total number of lung and breast community outreach events	57
Total attendees	7,129
Total screened	943
Total hours worked	152
Total volunteer hours	53.5

Patient story: My Lung Cancer Journey

According to the Lungevity Foundation, one in 16 people will be diagnosed with lung cancer during their lifetime. More lives are lost to lung cancer than to colorectal, breast, and prostate cancers combined. November is lung cancer awareness month, and Sally Cutter is sharing her story.

Thankfully, Sally visited her primary care physician Dr. Michael Yi in September of last year. A biopsy and six rounds of chemotherapy later, Sally shares her story of independence, healing and gratitude.

During a CT lung screening at The Jewish Hospital on September 21, 2018, a pulmonary nodule was detected. Dr. Yi sent Sally to Dr. Erich Walder, a pulmonologist at Kenwood Pulmonary and Critical Care. Dr. Walder ordered a pulmonary function test and a follow-up CT scan to be completed in three months. In January of 2019, a follow-up CT was completed. The nodule had grown, so Dr. Walder sent Sally for a biopsy. After the biopsy was completed, Sally's lung collapsed, which required an admission to the hospital.

"It was the first time I stayed over in a hospital since I've had kids." All her friends and family came to visit. "I don't want to depend on anybody...My daughter and son went with me... I've always been the take charge, make sure everything's okay person... I don't want to be a burden on my kids."

Of course, Sally's kids and supportive community did all they could during this time.

Sally had a follow-up appointment with Dr. Walder after she was discharged from the hospital and received the dreaded news-she had lung cancer. The new year came and with it a diagnosis of lung cancer. The cancer had spread to her abdomen and was in such a place that removing it surgically would not be an option. Sally was seen by Dr. Cynthia Chua, at OHC, for further management of her cancer.

After her lung healed, Sally received six rounds of chemo over the next three weeks. She then had three rounds of radiation in September of this year.

Speaking of her care team, Sally shared: "The people there are like 'we are going to get through this.'"

Now, Sally is happily enjoying her work and trying to put a smile on everyone's face that she meets.

"I'm thankful I've come through this, been able to manage on my own. Just grateful."

"I have been very happy with all my care and all of my docs. They are compassionate, and they truly care... I would highly recommend Jewish and Mercy... I have not had one problem with them."

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.

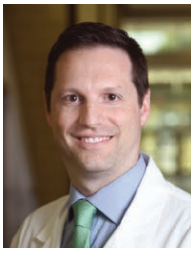
Services Performed

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.

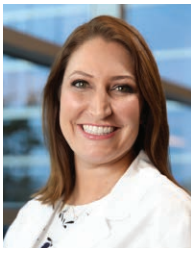
Follow up skin cancer screenings allow for close surveillance for new tumors and recurrences and are tailored to patient risk factors and prior tumors.

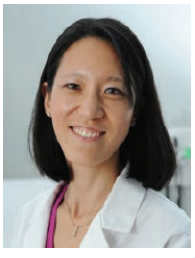
Precancerous lesions (actinic keratoses) are also treated to remove ultraviolet induced skin damage in an effort to mitigate risk of malignant transformation. Lesions are treated with destructive measures, topical chemotherapy creams, and photodynamic therapy.


Matthew Meier, MD


Rachel Gustin, MD


Emily Fisher, MD


Jacqueline Fisher, DO


Pamina Kim, MD


Emily Moosbrugger, MD


Shyam Allamaneni, MD

2019 STATISTICS

In 2019, 3,141 tumors were detected/diagnosed by our general dermatologists:

1,607 Basal cell carcinomas

618 Squamous cell carcinomas

37 Invasive melanomas

76 Melanoma in situ

Other miscellaneous tumors: Atypical fibroxanthoma, Merkel cell carcinoma, Adnexal carcinoma etc account for remaining skin cancers treated by Mohs technique

2019 MOHS PROCEDURES

1,559 tumors were treated with Mohs surgery

53% male patients

46% female patients

Our oldest patient was 102 years old

Our youngest patient was 28 years old

1,135 were basal cell carcinoma (76 infiltrative features on histology)

305 were squamous cell carcinoma

113 were squamous cell carcinoma in situ

17 other types including atypical fibroxanthoma, Tricholemmal carcinoma and others.

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 Blood Cancer Center at The Jewish Hospital — Mercy Health

Outpatient CAR-T and Autologous Transplant Services Now Available

Chimeric antigen receptor T-cell therapy (CAR-T) is one of the most exciting and promising cancer treatment breakthroughs in recent years. The Blood Cancer Center (BCC) at The Jewish Hospital and the cancer experts at OHC, are pleased to have brought this ground-breaking treatment to the Cincinnati region for adults with aggressive blood cancers, ushering in a new frontier in the fight against cancer.

CAR-T has shown dramatic results in patients who had few options and little hope and are now in remission. CAR-T therapy can be administered in the inpatient or outpatient setting, or a combination of both depending on each patient's unique needs. CAR-T is available to patients who meet criteria for safe administration of immune effector and hematopoietic cell therapy both as standard of care and through clinical trials led by OHC. OHC has three clinical trials evaluating a new CAR-T treatment that has fewer side effects, may be administered in an outpatient setting, and comparing CAR-T to autologous transplants. To date, a total of 23 CAR-T therapeutic infusions have been performed.

The BCC was awarded FACT Accreditation for CAR-T in Spring 2019 after completing the required minimum number of 10 CAR-T infusions. FACT Accreditation assures patients and their referring providers that the program has demonstrated quality patient care and exceeds standards in blood cancer patient care and laboratory practices. Our continuous pursuit of providing the newest and most effective blood cancer therapy to patients right at home in Cincinnati is unwavering. Our commitment to the highest quality of cancer care delivery is a top priority of our BCC team here at The Jewish Hospital.

Left: Ken James, CEO Mercy Health Anderson and Autologous Transplant Recipient and Dr. Edward Faber.

Transplant Coordinator Navigation

Margi Bryant
Nurse Transplant Coordinator

Receiving a life-threatening diagnosis that requires a stem cell transplant is a life shattering event. Fear, uncertainty and family upheaval compound the elements of the diagnosis. Add anxiety about the prognosis, treatment and recovery, and the stage is now set for a transplant coordinator to step in and start the process of, you guessed it, 'coordinating'.

Transplant coordinators are navigators. Our front-line group of nurses tries to calm this initial storm and get the ship sailing in the right direction. Much of the coordination process happens behind the scenes. And what may appear to be a seamless endeavor to most actually has many factors that play into getting patients safely ready for transplant.

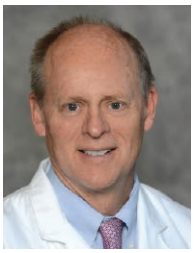
Education and understanding are key elements in preparing patients for transplant. Besides all the physical testing that needs to be completed, it is imperative that patients, families and caregivers learn the dynamics of the transplant process in order to be informed participants and promote successful outcomes.

Whether it is facilitating a patient collecting their own stem cells, or monitoring the NMDP registry to find that perfect match, or simply contacting siblings and stimulating rivalry to see just who is the best match/donor, coordinators are constantly guiding the BCC team in a positive direction toward making the best decisions.

Knowledge, proficiency, teamwork, troubleshooting,

kindness and empathy are just a few of the tools used by transplant coordinators to prepare a patient and their family for transplant. It is important for patients to feel confident that the coordinator is avidly working to ensure a safe and smooth transition to the next member of the BCC team, leading to a successful outcome.

It takes a village to ensure patients get the very best care and treatment that they deserve. Transplant coordinators will hopefully gain the trust and respect of BCC patients during this phase of the transplant process. The goal is for patients to realize they have advocates that have strived to make sure they have all the necessary testing, education, support and resources that are vital to give the patient an advantage as they continue the transplant process.



James Essell, MD, OHC

Edward Faber, MD, OHC

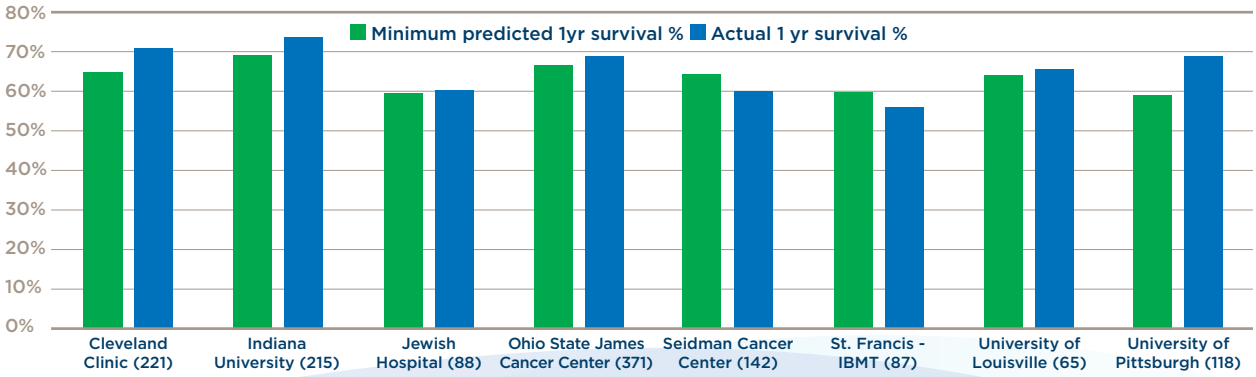
Miguel Islas-Ohlmayer, MD, OHC

Edward Broun, MD, OHC

Outcomes

CIBMTR data – One-year survival (First allogeneic transplant 1/2015 – 12/2017 listed alphabetically) Source: https://bethematch.org/tcdirectory accessed 2/7/2020

Among the nation's leaders in survival outcomes, the BCC 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 BCC patient survival rate is comparable to noted bone marrow transplant centers such as Cleveland Clinic, MD Anderson and Ohio State.



On beating blood cancer: the transplant and a wedding surprise

"The people at The Jewish Hospital are the people who've brought him back to life and kept him alive," shares Vicki Eckstein, wife of Jim – bone marrow cancer survivor and transplant recipient.

In October of 2017, Jim Eckstein began to feel light headed while doing yard work. In December of 2017, OHC's Dr. James Essell, Medical Director of the Blood Cancer Center at The Jewish Hospital — Mercy Health and his team diagnosed Jim with Acute Myeloid Leukemia, or AML, a rare cancer of the bone marrow and blood. He began chemotherapy in January, his first round lasting 23 days.

Meanwhile, Jim's daughter, Andrea, had gotten engaged in 2017, and planned to be married in Hilton Head in July of 2018. The family had no idea what condition Jim would be in for the July wedding. Andrea and fiancé, David, had already planned to have a small ceremony for their grandparents who could not attend the wedding. They decided to collaborate with Cheryl Winkler – a concierge who worked in the hospital – to plan a ceremony in the family waiting room of that unit. Cheryl decorated the room like a chapel and filled it with flowers.

On January 20, 2018, Jim attended the ceremony with a mask, and walked his daughter down the aisle for her wedding ceremony. An example of a true blessing, Jim said, to have "faith, positivity, and good people around you."

What followed was three rounds of chemotherapy in January, four in February and one in March. The chemotherapy was not working, and it was determined that the next option would have to be looking for a bone marrow donor.

"I said, 'Doc, I got no choice. I am the most competitive person you've ever met...and I hate to lose.' He said, 'that's all I need to hear' and we decided to go for it." On May 9, the blood cells came from Germany, and Dr. Essell and his team administered them.

He spent 40 days in the hospital after, regaining strength and beginning to eat again. Almost everyday from January to his transplant he received a blood transfusion: a total of 89 transfusions.

"The doctors and nurses on the third floor are angels. They do God's work. They saved my life!"

He was able to go home on June 8, 2018. He went back for frequent blood tests and check-ins to make sure his body was taking to the transplant. "They never let him quit!" says Vicki.

As the wedding in Hilton Head approached, Jim had reason to think there was no way he would be able to attend the wedding due to his physical state since his discharge from the hospital on June 8, 2018.

Dr. Essell said if he could find a ride – and with the proper arrangements – he could attend the wedding. The surprise was planned. Two days before the wedding, Jim arrived at the house his family was staying in and surprised his daughter and the rest of the family.

The Ecksteins are grateful for the support and prayers of their family and entire community in the last two years. Vicki remembers hearing that there were churches praying for Jim all over the city, ones that she had never even heard of.

"It alters your life forever, you never quite breathe a sigh of relief, but everyday is a blessing," Vicki states. To which Jim replies chuckling, "everyday with me is a blessing!"

The Breast Cancer Center & Jewish Women's Center at The Jewish Hospital — Mercy Health

Advanced Diagnosis for Early Detection

The Breast Cancer Center is staffed by professionals including board-certified and breast fellowship trained radiologists, dedicated breast surgeons, registered mammography technologists, and National Consortium of Breast Centers(NCOBC) certified breast navigators.

The JHBCC has received a 3-year accreditation by the National Accreditation Program for Breast Centers (NAPBC), a program of the American College of Surgeons and an indicator of quality. It is also recognized as a Center of Excellence by the American College of Radiology.

The breast cancer specialist recognizes the importance of providing a multi-disciplinary team approach when caring for patients. Mercy Health breast surgeon, Anna Sobolewski, MD and board-certified pathologist Timothy S. Braverman, MD, along with board-certified lead interpreting radiologist, Elizabeth Weaver, MD meet with OHC board-certified medical oncologist Patrick Ward, MD and OHC board-certified radiation oncologist Elizabeth H. Levick, MD, at weekly multidisciplinary cancer conferences. These physicians along with other patient advocates such as genetics, nurse navigators, and social workers provide an opportunity to discuss diagnosis and treatment options for individual patients to optimize their care.

Women's Care at Kenwood Towne Centre

Women's Care at Kenwood Towne Centre opened its doors in February 2020. It is a medical practice focused on women's health needs. Women are busy, and Women's Care provides quality service and medical care that is easily available. Staffed by a nurse practitioner that can treat common women's issues, including minor illnesses to breast or gynecological concerns. The practice can also provide health screenings and prescriptions.

Women's Care is located inside Kenwood Towne Centre at 7875 Montgomery Road Suite 1102. Hours of operation are Tuesday–Thursday 10 a.m.–6 p.m. Women can walk in or set up an appointment at 513-686-3031 or by visiting mercy.com.

Achieving Advanced Breast Surgery Certification

Hidden Scar is an advanced technique in breast cancer surgery. It leaves little to no visible scar after surgery. Breast cancer scars affect women's psychological and emotional well-being during their cancer recovery and beyond. Scars have a huge impact on women's self-confidence, intimacy, and body image. There is no evidence of a higher risk of cancer recurrence with this procedure. Qualifying for this procedure depends on patient tumor size, and size and shape of the breast.

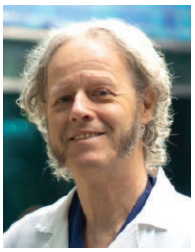
Dr. Amy Moldrem and Dr. Anna Sobolewski, both Breast Surgeons at The Jewish Hospital — Mercy Health have achieved their certification in the Hidden Scar surgery technique.

Mercy Health — Deerfield Medical Center

Mercy Health opened a new medical office complex in Deerfield Township in Summer of 2019. It is located at 5075 Parkway Drive in Mason. The medical office will provide both primary and specialty care providers, including cardiology, women's health services and general surgery practices. Mercy Health will provide diagnostic services on site. Patients can obtain their Screening and Diagnostic mammograms, Breast MRI, and Breast Ultrasound as well as labs, X-ray, and cardio/pulmonary testing.

Patrick Ward, MD, PhD, OHC

Elizabeth Levick, MD, OHC



Timothy Braverman, MD

Elizabeth Weaver, MD

Neilendu Kundu, MD

Anna Sobolewski, MD

Amy Moldrem, MD

The Jewish Hospital Women's Center offers high risk assessment services and counseling.

To date we have screened over 16,000 women and men and have recognized more than 1,000 patients with potential genetic risks associated with breast cancer.

The Breast Cancer Center extends more than $12,000 a year in low-cost or free screening mammograms to low income families. Our accredited mobile mammography program reaches over 6,000 women per year.

2019 BY THE NUMBERS	
Warren County new breast screenings:	11
Warren County total breast screenings:	643
Hamilton County total breast screenings:	7182
Total number health fairs:	49
Total Attendees:	6704
Total Screened:	934
Total paid hours worked:	152
Total volunteer hours:	19
Total hours service:	171

A Patient's Perspective: Mobile Mammography Van is a life-saver!

For Beverly Jones, donor-funded testing in the mobile mammography unit from The Jewish Hospital is a routine annual occurrence. Easy and convenient, the mammo-van comes to Beverly's place of work.

"I just walk outside and walk right back in," she explained.

As a woman with extremely dense breast tissue, Beverly is used to a lot of scrutiny of her mammograms. But last year was different. The tech kept revisiting her right breast—even more times than normal. Ultimately, she went into The Jewish Hospital for more testing, including an ultrasound. The results indicated Beverly needed a biopsy.

Soon after, she received the news that the tumor was cancerous and surgery would be in order.

"My surgeon was extremely impressed that the tech saw what she saw [on the mammogram]," explained Beverly. "It was a very small tumor. If she hadn't seen it, it would have had a whole other year to grow."

Now back to work after surgery and a course of radiation—no chemo will be necessary—Beverly is grateful and relieved the experience is behind her.

"To my way of feeling, they saved me," she said. "Donors made my journey a lot easier and a lot quicker because they found [the cancer] so soon. The mammo-van is definitely something to be funded," she added.

> "It saves people's lives. **I honestly believe it saved mine."**

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.

New era at The Jewish Hospital in the treatment of patients with cancer of the gastro-intestinal area — Robotic cancer surgery.

Shyam Allamaneni, MD

Shyam S. Allamaneni, MD is a board certified surgeon who specializes in surgical oncology with a focus on the gastrointestinal (GI) tract, including the esophagus, stomach, small intestines, liver, pancreas and gall bladder. Additionally, Dr. Allamaneni provides specialized surgical care for patients with melanoma skin cancer.

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.

Dr. Allamaneni performs minimally invasive surgical techniques robotically and/or laparoscopically. Performing surgery robotically allows

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

Dr. Allamaneni to view 3-D images of the body.

The robot allows for small, more precise hand movements in ways that the human hand is not capable of utilizing 360 degree movements. These precision-based procedures target tumors while creating smaller incisions resulting in quicker recoveries. We are using robotics to perform surgery on patients with various cancers including gastric, liver, pancreas, small bowel, colon, retroperitoneal and adrenal tumors.

No two cancers are alike. Dr. Allamaneni and the multi-disciplinary team welcomes the opportunity to talk to fellow physicians, patients, and their families about potential approaches to cancer treatment. He offers this opportunity not only in the Tri-State area, but also nationally and internationally.

The multi-disciplinary team is composed of surgeons, oncologists, gastroenterologists, nurse practitioners, pathologists, radiologists, nurse navigators, nurses, and physical and occupational therapists. Other disciplines may be consulted as each patient has unique needs. The team is at the forefront of cancer care, providing care to complex oncology patients. The team meets weekly to discuss the complexities and treatment options for the patients. Close contact with the patients, monitoring their health throughout the entire treatment journey, before, during and after surgery is the foundation of the multi-disciplinary oncology surgery team.

Patient story: Complex GI Surgery Expertise Close to Home

It was April 7, 2018 and Mike Daniel's daughter, Katie, was getting married. The bride was beautiful, family and friends were gathered, but Mike was feeling sick. Since early morning he'd been suffering with nausea and vomiting. He managed to walk his daughter down the aisle and attended the ceremony but had to leave before the reception due to what everyone thought was a virus.

Over the next few months, however, Mike had more episodes of nausea and vomiting. On the advice of his primary care physician, Christopher Sweeney MD, he had routine lab work performed which identified Mike was anemic. The lab results were followed by a CT scan of the abdomen and pelvis which showed the devastating, inoperable and incurable colon cancer. Mike had never had a colonoscopy and when it was performed the mass was so large the scope could not advance beyond it. In addition to the primary mass that extended into the duodenum which was dangerously narrowed, there was another smaller tumor in the rectosigmoid colon and several suspicious polyps.

Mike was seen by Patrick Ward MD, at OHC, and began FOLFOX therapy with hope of shrinking the large tumor enough to make surgery a possibility. Mike was admitted after the first round of therapy with neutropenic fever and after four additional rounds the tumor remained unchanged in size. Dr. Ward had referred Mike to Shyam Allamaneni, MD, at Mercy Health-Kenwood Surgical

continued...

Complex GI Surgery Expertise Close to Home...*continued*

Oncology and General Surgery to determine surgical options.

Dr. Allamaneni recommended to suspend the chemotherapy treatment allowing Mike time to rebuild his strength and enjoy the December holidays with his family. On December 31, Dr. Allamaneni performed a laparoscopy to get a clearer picture of how far the cancer had advanced and to the immense relief of Mike and his family, determined he could perform the lifesaving surgical procedure.

Dr. Allamaneni performed Mike's Whipple and right hemicolectomy procedure January 7, 2019 at The Jewish Hospital — Mercy Health. The Whipple or pancreaticduodenectomy procedure includes removal of the head of the pancreas, first part of the duodenum, gallbladder and bile duct. This complex operation is specialized and few surgeons in Cincinnati have the skillset to perform this procedure. Mike and his family were aware of the option to seek a second opinion at renowned academic cancer centers locally and nationally but found they had developed a great sense of confidence in Dr. Allamaneni and his individualized surgical plan for Mike.

After the thirteen-hour surgery, Dr. Allamaneni met with the family who had remained in the waiting room the entire day for the meeting to hear the update about Mike. Dr. Allamaneni was excited to tell the family about the successful surgery to remove the six-pound tumor despite the complicated invasiveness of the large mass into the surrounding structures such as the liver. Mike's family was amazed to see him awake and joking with the nurses in the PACU!

Mike spent ten days in the ICU challenged by an infection requiring antibiotic therapy and TPN as he was unable to eat. He was discharged from the ICU to the Acute Rehab Unit at The Jewish Hospital to rebuild his strength. Mike was able to go home to family and friends on February 4 and prepare for the surgery to remove the rectosigmoid colon in April under Dr. Alemanni's expertise in robotic surgical technology. Dr. Allamaneni knew the robotic procedure would be best for Mike, who had asked to not be left with an ostomy, as the procedure was complicated by tumor location with only millimeters of space to work within. Mike was discharged home only a few days after the successful procedure. Mike returned to Dr. Ward for the remainder of the FOLFOX chemotherapy to treat spread of the tumor to two of the nineteen lymph nodes removed during surgery.

Notably, at no point in the diagnosis and treatment planning did Mike feel he would die. He overcame this significant and challenging cancer diagnosis through his faith, unwavering positive attitude and with the support of his family. In December, Mike's follow-up colonoscopy was clear of any signs of disease. He will continue to be closely monitored by his trusted physician team for expert guidance throughout his journey as a survivor.

By the numbers:

27,600 stomach cancer incidences.
16,980 males
10,620 females

Average age at diagnosis is **68**

1/95 males will develop stomach cancer in their lifetime

10,800 stomach cancer associated deaths

6 out of **10** people diagnosed with stomach cancer are 65 years or older

1/154 women will develop stomach cancer in their lifetime

American Cancer Society

The Jewish Hospital — Mercy Health Radiation Oncology department

Gamma Knife® Radiosurgery

The Jewish Hospital Gamma Knife® Radiosurgery Center has treated more than 1,400 brain tumor patients through 2019. Led by co-directors Ronald E. Warnick, MD, of Mayfield Brain & Spine and Peter Fried, MD, of OHC, the center attracts patients from across the United States and other countries.

The center recently updated its technology to include ICON Gamma Knife Technology, which allows The Jewish Hospital brain tumor team to treat tumors of any shape, size, location and number with ultra-high precision while delivering lower toxicity to normal tissue. It also provides an option to fixate the patient during treatment with a non-invasive mask, enabling doctors to treat larger tumors or greater numbers of metastatic brain tumors in five separate "fractionated" sessions. Delivering a fraction of the total radiation dose over a period of days allows normal cells time to repair themselves between treatments and may reduce side effects. Neurosurgeon George Mandybur, MD, of Mayfield Brain and Spine, and OHC radiation oncologists Elizabeth Levick, MD, Marc Mosbacher, MD, and David Pratt, MD, are members of the Gamma Knife team as well. The continuum of tertiary care at The Jewish Hospital also includes expertise from dedicated oncologists, hematologists and area neuro-oncologists, who oversee the chemotherapy phase of treatment for patients.

The Jewish Hospital is a member of International Radiosurgery Research Foundation (IRRF) a consortium of academic and clinical centers of excellence that perform brain stereotactic radiosurgery. The consortium's 30 centers are committed to performing clinical research that will establish best practices and lead to improved outcomes for patients. The Jewish Hospital's Gamma Knife Center team contributed to six peer-reviewed journal articles through the IRRF in 2019. Dr. Warnick serves on the IRRF Board of Directors.

The Jewish Hospital's Gamma Knife team also participates in the NeuroPoint Alliance National SRS registry. The mission of NeuroPoint is to improve the quality of neurosurgical care through the acquisition, analysis and reporting of clinical data via registries and related studies. Dr. Warnick serves on the National SRS Registry Board of Directors.

Enhanced neurosurgical services

MINIMALLY INVASIVE AND COMPLEX SPINE SURGERY

In addition to brain tumor treatment, Mayfield's neurosurgery team performs a variety of minimally invasive and complex spinal procedures at Jewish Hospital. This team includes Vincent DiNapoli, MD, PhD, Yair Gozal, MD, PhD, Arthur Arand, MD, Randall Hlubek, MD, Bradford Curt, MD, William Tobler, MD, and Robert Bohinski, MD, PhD. The complex spine procedures, which include fusions and reconstruction of the spine, use rods, bolts, and screws to hold the vertebrae together, thus stabilizing and straightening the spine. Most complex spine surgeries are a variation of this surgery to accommodate the individual disorders and the individual physiology of each patient. Due to the complexity of these surgeries, specialists must draw on an exhaustive understanding of the spine rather than snapshot knowledge of the area that may be a problem. Likewise, they must review all diagnostic images beforehand to develop a surgical plan that matches each patient's unique physiology.

SPINAL CORD STIMULATION

The Jewish Hospital is proud to announce that George Mandybur, MD, a Mayfield neurosurgeon, is now performing spinal cord stimulation at The Jewish Hospital. Dr. Mandybur has performed over more than 1,000 deep brain stimulation procedures for Parkinson's disease and essential tremor during his 22-year career. Spinal cord stimulation may be a helpful treatment option for patients with chronic back and leg pain. A battery-operated pulse generator is placed near the spinal cord to send mild electrical pulses to calm the nerves. This helps return them to a pain-free state. This can be required for neuro-oncology patients left with residual pain from damage caused by their tumor.

STROKE CARE

The Jewish Hospital now offers thrombectomies for patients who present with strokes. Mayfield Brain & Spine vascular neurosurgeons, led by Andrew Ringer, MD, are expertly trained in performing a breakthrough blood clot retrieval procedure called mechanical thrombectomy, offering hope to those who suffer large-vessel occlusion, or ischemic, strokes. The availability of advanced vascular interventions is critical for our skull base team, ensuring patients are kept safe during these complex operations.

Neuro-oncology at The Jewish Hospital — Mercy Health

The Jewish Hospital - Mercy Health partners with Mayfield Brain and Spine, Riverhills Neuroscience, and OHC to provide a full spectrum of neuro-oncological care. The hospital serves as the Neurosurgery Center of Excellence for Mercy Health — Cincinnati and includes the neuro-oncology program at The Jewish Hospital. The program offers the best available technology while promoting continuous improvement, ensuring patient safety and achieving patient satisfaction.

Working in partnership with The Blood Cancer Center, radiation oncologists, an otolaryngologist, 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

The Brain Tumor Center at The Jewish Hospital earned the Joint Commission Gold Seal of approval and certification for Brain Tumor Care in July 2019. There are only three other centers of its kind in the U.S. to earn the certification by demonstrating continuous compliance with Joint Commission's rigorous performance standards. The Gold Seal is a symbol of quality that reflects a health care organization's commitment to providing safe and quality care.

The National Introduction to GammaTile

In February of 2020, Vincent DiNapoli, MD, PhD, a neurosurgeon and Director of the Brain Tumor Center at The Jewish Hospital, was the first surgeon in the U.S. to utilize GammaTile therapy for the treatment of newly diagnosed malignant brain tumors. GammaTile is a permanently implanted device that is cleared by the U.S. Food and Drug Administration (FDA) for the treatment of recurrent brain tumors, and unlike other radiation therapies, there is no treatment

delay. GammaTile uses radiation to minimize the risk of tumor growth and maximize tumor control. Each GammaTile consists of a bioresorbable conformable 3D-collagen tile embedded with 4 cesium radiation seeds which immediately begins targeting residual tumor cells while limiting the impact on healthy brain tissue. The number of tiles used will depend on the size and location of a patient's tumor, individualized at the time of surgery to each patient's needs. This determination is made by the surgeon and radiation oncologist.

The Skull Base Surgery Program

In 2020, The Brain Tumor Center at The Jewish Hospital — Mercy Health was recognized by the North American Skull Base Society (NASBS) Team Honor Roll. The North American Skull Base Society is a professional medical society that promotes dissemination of information about diseases involving the skull base in order to facilitate coordinated excellence in the delivery of care to patients and to promote advancement of the scientific basis for treatment of patients with skull base disorders. Lee Zimmer, MD, PhD, a skull base otolaryngologist at The Jewish Hospital, is President-elect of the national society.

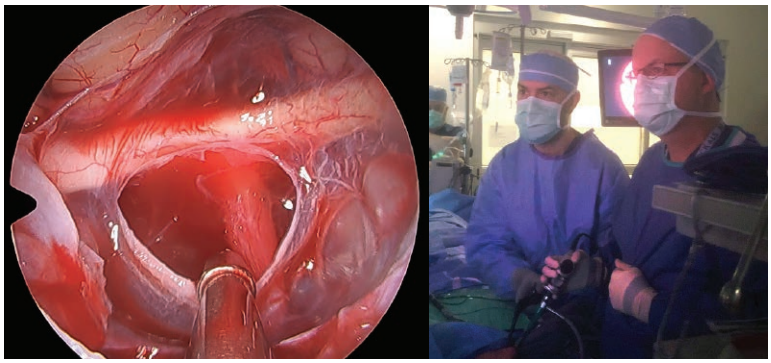
Skull base tumors are located near areas that control your senses – hearing and balance, sight, smell, and more. Surgical removal and follow-up care require the skill, expertise, and coordinated care of a skull base neurosurgeon. The principal goal of skull base surgery is to permit access to difficult-to-reach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

Dr. DiNapoli and Yair Gozal, MD, PhD, both Mayfield neurosurgeons, have undergone fellowship training in skull base oncology and work together on these complex cases to provide the best outcomes for patients. Because the tumor is based in the head and neck area, our team includes otolaryngologists, plastic surgeons and neurosurgeons who work together during these complex surgical procedures. Due to the technically challenging nature and length of these operations, we have adopted a team approach to minimize surgeon fatigue and length of surgery. Mercy Health invested in the Brainlab Airo Intraoperative CT and navigation system, the first such system to be installed in Ohio. The acquisition ensures that The Jewish Hospital's surgeons are supported by state-of-the-art technology when performing delicate brain surgery. Our specialists in the Skull Base Surgery Program also employ intraoperative monitoring, neuro-anesthetic techniques, and stereotactic guidance.

The most common skull base pathologies such as pituitary adenoma, meningioma and acoustic neuroma (vestibular schwannoma) require a multi-disciplinary team 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. 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 look and inspect for hidden tumor. Some tumors grow sideways into the cavernous sinus, a critical venous structure. It may be difficult to completely remove this portion of the tumor without causing injury to the nerves and vessels. Patients can often return home within 2-3 days of surgery. Any tumor left behind may be treated later with radiation by the radiation oncologists at OHC, Drs. Elizabeth Levick, Marc Mosbacher, David Pratt and Peter Fried.

Skull base meningioma and acoustic neuroma are tumors address 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, such as Joseph Breen, MD, to create delicate and intricate approaches through the bone of the skull. These approaches are

Dr. DiNapoli and ENT surgeon Lee Zimmer, MD, PhD, performing an endoscopic surgery. Photo demonstrates endoscopic view of the anterior skull base including the optic chiasm, pituitary stalk and the inferior aspect of the frontal lobes during removal of a craniopharyngioma.



designed to access deeply situated tumors that are closely associated with vital arteries, nerves and critical brain matter. Retrosigmoid, middle fossa and translabrynthine craniotomies are all utilized for removal of acoustic neuromas, choosing the approach which best suits the individual patient. This has resulted in extremely high rates of facial movement preservation and total tumor removal. Orbitopterional, transpetrosal, combined petrosal, retrolabrynthine, far lateral, ELITE (extreme far lateral) and retrosigmoid approaches are approaches employed for complex skull base meningiomas. Closely monitoring the function of cranial nerves during tumor removal is essential in preservation of function, and these techniques have been developed and refined over many operations. Investment in advanced operative microscopes/endoscopes along with proper instrumentation is essential.

The neurosurgeons also perform awake craniotomies. An awake craniotomy is usually performed 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 surgeons us to accurately test a patient's speech and to localize the areas that enable the patient to speak and write. With this knowledge, the surgeons 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. 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. This has been shown to ultimately increase the percentage of patients receiving gross total removal of their tumor in these eloquent brain areas.

The neurosurgery team spends a lot of time explaining and preparing the patients before surgery, so they know what to expect. A multi-disciplinary team of neurologists, a neural monitoring specialist and anesthesiologists are vital to the success of this technique. Our surgeons also employ the use of MRI during the operative procedure for low-grade glioma operations. This technique also 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. A newly 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. Following surgery, the patient is treated by Prasad Kudalkar, MD, neuro-oncologist, radiation oncology and neurosurgery.

The care delivered after these operations is equally important to the outcome of our patients. The Brain Tumor Center has undergone extensive education, training and investment to ensure high quality post-operative care. Our intensive care physicians, neurologists, neurosurgery advanced practitioners and nurses are dedicated to the continued education required to provide this quality care. The Emergency Neurologic Life Support (ENLS) certification is offered to the staff routinely caring for our brain tumor patients. The team of neurology and neurosurgery advanced providers is an extension of our physicians and supports many aspects of post-operative recovery.

HOPE STORIES

Tricia's story: Surviving brain metastasis

Three years after her diagnosis of malignant melanoma, Tricia is running half-marathons, working, and enjoying life as a new grandmother because of excellent cancer care, including Gamma Knife® radiosurgery at The Jewish Hospital — Mercy Health.

With Tricia's head immobilized in a frame, hundreds of low-dose beams of radiation came together to kill the cancer cells in two small brain tumors. The radiation beams, while precisely targeting the cancer cells, avoided damage to nearby healthy cells.

"In the past, patients with multiple metastatic brain tumors would have been treated with whole brain radiotherapy, which can cause significant side effects, including cognitive decline," said Ronald Warnick, MD, a neurosurgeon and Co-Director of the Gamma Knife Center at The Jewish Hospital. "Today, we are using a much more precise technique to pinpoint each tumor, reduce radiation to the normal brain, and avoid the side effects of whole brain radiation. Gamma Knife is outpatient, minimally invasive, and can be combined with other therapies."

A one-two punch from radiosurgery + immunotherapy

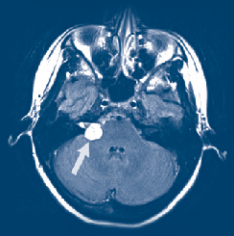
Equally significant is the synergistic impact of radiosurgery combined with immunotherapy, which Tricia receives as an IV infusion of the chemotherapy drug Keytruda® (pembrolizumab) every 21 days.

"Tricia has had a great response to her treatments," Dr. Warnick said. "The combination of Gamma Knife and immunotherapy resulted in the disappearance of her brain tumors and a favorable long-term outcome." Meanwhile, Tricia was stunned by the convenience of Gamma Knife. "It seemed like everything went really quick," she said. I went home the same day, took a nap, and was able to walk several miles with my dog. This procedure is amazing. It's painless, easy, and doesn't interrupt your life much."

Haley's story: Living with an acoustic neuroma

Haley had been suffering from headaches, nausea, dizziness, and fatigue for several years before she learned the true source of her pain and discomfort. She was doing everything possible to stop the headaches, including following a "migraine diet."

When she was unable to cope with the symptoms any longer, she saw a new doctor, and an MRI revealed an acoustic neuroma (vestibular schwannoma), a benign tumor that had wrapped itself around her vestibular nerve, a cranial nerve that affects our sense of balance and head position. There was significant pressure on the adjacent brain stem. Haley had no auditory symptoms, which makes her case unusual. This is typically a first sign of an acoustic neuroma. She was also younger than most patients who present with this diagnosis. Potential treatments included observation, radiation therapy, or surgical removal. Given her young age and the large size of the tumor, surgical removal was the favored choice.

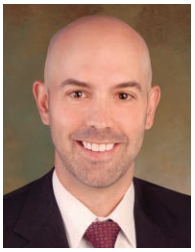


MRI, BEFORE SURGERY – The tumor was just a bit smaller than a golf ball

Haley underwent a successful retrosigmoid craniotomy by Vince DiNapoli, MD, PhD, a neurosurgeon with Mayfield Brain & Spine and Director of the Brain Tumor Center at The Jewish Hospital — Mercy Health, and Joseph Breen, MD, a neuro-otologist. Haley spent a month regaining her sense of balance, which was affected by the sectioning of the "balance" nerve during tumor removal. During recovery, the brain can re-learn and pay sole attention to the remaining nerve on the other side. Haley also retained her hearing on the affected side, despite having some tinnitus. She has no facial weakness and says she is "back to a complete, normal life."

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. Peter Fried, OHC, co-Director of the Gamma Knife Program.



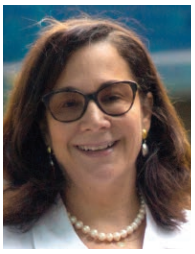
Vincent DiNapoli, MD, PhD
Neurosurgeon

Ronald Warnick, MD
Neurosurgeon

Peter R. Fried, MD
Radiation Oncologist, OHC

Yair Gozal, MD, PhD
Neurosurgeon

Marc Mosbacher, MD
Radiation Oncologist , OHC



Elizabeth Levick, MD
Radiation Oncologist, OHC

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

Blake Smith, MD
Neurologist

Prasad R. Kudalkar, MD, Neuro Oncologist, OHC

David Pratt, MD
Radiation Oncologist, OHC

Joseph Breen, MD,
Neuro-otology Surgery

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

Robert J. Bohinski, MD, PhD, Neurosurgeon, Director of Spine Surgery

Nurse Practitioners

There is 24/7 Neurology coverage through Riverhills, the team is led by Dr. Blake Smith and Neurology NP, Christina Vest. Dr. Smith rounds in hospital on most weekdays

There are currently 2 neurosurgery NPs hired by Mercy for Jewish Hospital. Andrea Stoll and Mitch Rupard. They bring years of experience to the team. They will be available on weekdays for inpatient consults and management of floor and ICU patients.

Neuroscience NP's: (left to right) Erin Kennedy, Christina Vest, Andrea Stoll and Mitch Rupard

Colon Cancer Care at The Jewish Hospital — Mercy Health

Terry Freeman: My screening colonoscopy

Due to other health issues, I was unable to get my first screening colonoscopy at the recommended time. Unfortunately, when I was, a large tumor was found. After an initial consult elsewhere, I was not content with the surgical plan and wanted a second opinion. Thankfully, I was referred to Dr. Barrat, who gave me hope for a much better outcome.

When I met with Dr. Barrat, he discussed every detail of the surgery plan. He explained that he planned to do the surgery robotically, went over the anatomy that would be involved, and the purpose for having to do a temporary ileostomy (that could later be reversed). I appreciated that he was direct about what to expect after surgery, both the good and the bad. He was very receptive to my questions, even after I left the office. Any time that I called with another question, I got immediate responses.

After going through chemotherapy and radiation, Dr. Barrat successfully performed the long, complicated surgery. During the hospital stay, I had informative and enjoyable daily visits from Dr. Barrat and Nikki Miller, RN (Dr. Barrat's Navigator). There were no pity talks, only positive comments about how and when we will get through the difficulties. After completing additional chemotherapy Dr. Barrat reversed my ileostomy.

Not only is Dr. Barrat a talented surgeon, but he also had a great way of getting me through such a scary experience. He has a calming and positive demeanor, he takes his time and listens, and he was always available anytime that I had a question.

"Dr. Cory Barrat and his wonderful associates **were the best in getting us through this terrifying time.**"

PHYSICIAN SPOTLIGHT

Cory D. Barrat, MD, FACS, FASCRS, is double board-certified in Colon & Rectal Surgery and General Surgery. He 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.

Dr. Barrat works very closely with medical oncologists, radiation oncologists, radiologists, pathologists, gastroenterologists, and nurse specialists as part of a multidisciplinary cancer team at the Jewish Hospital. He is the director of The Jewish Hospital Rectal Cancer Accreditation Program and leads a biweekly multidisciplinary rectal cancer tumor board discussion to ensure that every patient receives personalized and state of the art medical and surgical care.

He strives to make sure patients and families feel comfortable with all aspects of their treatment plan, and have all their questions answered. He takes pride in his ability to communicate with patients, families, as well as the primary care physicians. He is a Cincinnati Top Doctor and has been the recent recipient for highest patient satisfaction award at Mercy Health.

Charles Frederick:
My screening colonoscopy

In March of 2019, Mr. Frederick went for an initial routine screening colonoscopy with Dr. John Cullen, after putting it off for a few years. During that procedure, a mass was found. Further testing was ordered and within 24 hours, a CT and blood work were done. When those results came back, a treatment plan was established. Mr. Frederick appreciated how quickly everything was completed.

Two weeks after the colonoscopy, Mr. Frederick underwent surgery with Dr. John Cullen, Colon and Rectal Surgeon. Determined to recover as quickly as possible, Mr. Frederick was up and walking around the hospital on the evening of his surgery.

Since surgery, he has recovered well, is enjoying light exercise and is looking forward to moving on from this unexpected finding.

"All of the staff at Jewish Hospital, (Dr. Cullen, the nurses, cleaning staff... everybody) **were wonderful!"**

PHYSICIAN SPOTLIGHT

John P. Cullen, MD is a surgeon double boarded in both General and Colorectal Surgery. He specializes in the treatment of intestinal cancer, inflammatory bowel disease, and perianal problems.

Dr. Cullen is trained in the latest laparoscopic and endoscopic techniques promoting excellent cancer care while minimizing recovery time. He works with a team of nurses and physicians from other specialties to provide comprehensive cancer care on complex cases.

Dr. Cullen completed his medical education at the University of North Carolina. Following that he completed General Surgery residency at University of California San Diego and a fellowship in Colon and Rectal Surgery at the Cleveland Clinic. He has published several peer reviewed articles and book chapters, and has presented his research on minimally invasive surgery across the United States and Europe. He was named one of Cincinnati's top doctors in 2017, 2018, and 2019 by *Cincinnati Magazine*.

Jon Labbe
President, Mercy Health — Cincinnati Foundation

MERCYHEALTH
Foundation
Greater Cincinnati

DEAR FRIEND OF MERCY HEALTH,

Our donors make a true difference in the lives of so many individuals and families through their generosity. I'd like to tell you about one way that donors like you helped a family at the Jewish Hospital – Mercy Health in the last year: meet Terry and Lisa Hardesty.

Lisa Hardesty looks forward to having an afternoon picnic at the park with her husband again. But first, Terry has to recover from a bone marrow transplant he received last fall. Terry has been living with leukemia for six years, but a round of treatments caused complications that led to the transplant. His illness has taken a toll on more than just his health – it has also challenged Terry and Lisa's finances. They had to close their business where Terry repaired off-road vehicles. They canceled trips to visit grandchildren. And the costs continued to pile up because they had to stay in a hotel for weeks at a time to be near the Jewish Hospital — Mercy Health for his treatments.

It's been a difficult time for the Hardesty's, but you make it a little easier for them by donating to the Foundation so they can receive gift cards for food and gas.

> **"I want to thank donors so much," Lisa said. "Even $25 is an unbelievable gift to someone who doesn't have it. When I go to the grocery store and don't know what I can afford to buy... receiving a gift card for that is such a relief."**

Finally at home, Terry and Lisa still travel to the hospital three times a week, spending at least $60 on gas for each trip to The Jewish Hospital. Your contributions to the Foundation provide the Hardesty's with gas cards to help with transportation to appointments, and every little bit helps. "Every gift card they hand me is like a piece of gold," Lisa said.

In considering a gift to support the Blood Cancer Center and other areas of oncology; you help Mercy Health and The Jewish Hospital continue to innovate and grow. You also make a direct impact on families like the Hardesty's so that they can focus on what's most important: being healthy and happy.

Graciously Yours,

Jon Labbe

A gift of true healing

Donating to cancer care programs

At The Jewish Hospital — Mercy Health, we provide our patients with the most advanced treatments and compassionate care regardless of their financial resources. True healing is physical, emotional and spiritual. It is more than the medical care we provide. It is helping patients get back to living their best lives.

Many patients and their family members show their gratitude for excellent care by making a charitable gift. Some are inspired to donate because they simply want to help others who are less fortunate. These donors enhance our ability to provide the best care and to offer special assistance for patients with financial hardships. All donors make a positive impact on true healing.

You can choose to make a specific impact by directing your gift to one of many cancer care programs:

- Women's Health and Mobile Mammography
- Ben Jackson Memorial Fund for patient assistance
- Blood Cancer Center Fund
- Patient Enrichment Fund
- General Oncology Care
  - GI/Liver/Pancreas Cancer Care
  - Lung Cancer Care
  - Neuro-Oncology

Ways you can give to oncology programs at The Jewish Hospital

- Mail your gift in the reply envelope
- Make a gift online by visiting foundation.mercy.com/cincinnati/give
- Donate a memorial gift in lieu of flowers
- Include The Jewish Hospital cancer care programs in your will or estate plan. Contact Jon Labbe, Mercy Health Foundation President, for details 513-869-5032.

Cancer Information Resources

The Jewish Hospital — Mercy Health Cancer Program is committed to making a difference in our community. While we offer many educational and screening programs to the community, we want to be sure patients, families and community members are looking at the best sources of cancer information when searching online. Listed below are websites we consider credible and reliable.

AMERICAN CANCER SOCIETY PROGRAMS AND SCREENING GUIDELINES

cancer.org
or call 800-ACS-2345 (800-227-2345)

INFORMATIONAL WEBSITES

National Cancer Institute
800-4-CANCER or cancer.gov

People Living with Cancer:
The official patient information website of the **American Society of Clinical Oncology**
cancer.net/portal/site/patient

National Comprehensive Cancer Network
nccn.org/patients

American Cancer Society
800-ACS-2345 or cancer.org

National Library of Medicine
nlm.nih.gov/medlineplus/healthtopics.html

US TOO! International, Inc.
ustoo.org

National Coalition for Cancer Survivorship
canceradvocacy.org

Leukemia and Lymphoma Society
lls.org

Ohio Department of Health
odh.ohio.gov

Cancer Support Community
cancersupportcincinnati.org

Cancer Family Care
cancerfamilycare.org

CLINICAL TRIAL INFORMATION

American Cancer Society, Clinical Trials Matching Service (a free, confidential program)
800-303-5691 or visit cancer.org

National Cancer Institute (NCI) website
cancer.gov/clinicaltrials/search

Coalition of Cancer Cooperative Group
cancertrialshelp.org

OHC Clinical Trials
ohcare.com

REFERENCES/SOURCES

American College of Surgeons

American Cancer Society

National Cancer Institute

Electronic Registry System

Appendix – OHC Clinical Trials Menu

To view a current list of clinical trials, please access clinical trials online at: ohcare.com and click "clinical trials", or call 888-649-4800 for more information. The list is updated monthly.

SOLID TUMOR CLINICAL TRIALS

CHOLANGIOCARCINOMA

A Phase 3, Multicenter, Open-Label, Randomized, Controlled Study of Oral Infigratinib versus Gemcitabine with Cisplatin in Subjects with Advanced/Metastatic or Inoperable Cholangiocarcinoma with FGFR2 Gene Fusions/ Translocations: The PROOF

UROTHELIAL CANCER

Observational, Biomarker Study to Identify Subjects with Advanced Urothelial Cancer and Fibroblast Growth Factor Receptor Gene Aberrations. (Waterhouse)

UROTHELIAL CANCER

A Phase 3, Multicenter, Double-Blind, Randomized, Placebo-Controlled Trial of Infigratinib for the Adjuvant Treatment of Subjects with Invasive Urothelial Carcinoma with Susceptible FGFR3 Genetic Alterations

UROTHELIAL CANCER

A Phase 3, study of Erdafitinib compared with Docetaxel or Pembrolizumab in subjects with advanced urothelial cancer and selected FGFR gene aberrations

UROTHELIAL CANCER

Phase 2, Therapeutic. Enfortumab vedotin provided. A single-arm, open-label, multicenter study of Enfortumab vedotin (ASG-22CE) for treatment of patients with locally advanced or metastatic urothelial cancer who previously received immune checkpoint inhibitor (CPI) therapy.

BREAST CANCER

MammaPrint, BluePrint, and Full-genome Data Linked with Clinical Data to Evaluate New Gene Expression Profiles: An Adaptable Registry (FLEX Registry)

BREAST CANCER

Observational, A Prospective Observational Study Comparing the Effectiveness of Neulasta® (Pegfilgrastim) Onpro® kit to Other Physician Choice Options for Prophylaxis of Febrile Neutropenia in Subjects with Non-Myeloid Malignancies at High Risk for Febrile Neutropenia (Ward)

BREAST CANCER

A Phase 3, randomized, open-label, active-controlled, trial of Elacestrant monotherapy vs. standard of care for the treatment of patients with ER+/HER2- advanced breast cancer following CDK4/6 inhibitor therapy:

BREAST CANCER

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)

BREAST CANCER

Phase 1/2, trial of Ibrutinib plus Trastuzumab in HER2-amplified Metastatic Breast Cancer - USOR 14059

FGFR MUTATED BREAST CANCER

A Phase 2, Open-Label, Single-Arm, Multicenter Study to Evaluate the Efficacy and Safety of Pemigatinib in Participants With Previously Treated Locally Advanced/Metastatic or Surgically Unresectable Solid Tumor Malignancies Harboring Activating FGFR Mutations or Translocations

FGFR MUTATED COLORECTAL CANCER

A Phase 2, Open-Label, Single-Arm, Multicenter Study to Evaluate the Efficacy and Safety of Pemigatinib in Participants With Previously Treated Locally Advanced/Metastatic or Surgically Unresectable Solid Tumor Malignancies Harboring Activating FGFR Mutations or Translocations

COLORECTAL CANCER

A Phase 1/2, Study of Galinpepimut-S in combination with Pembrolizumab (MK-3475) in patients with selected advanced cancers (Ward)

CERVICAL, ENDOMETRIAL, OVARIAN

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)

OVARIAN

A Phase 1/2, Study of Galinpepimut-S in combination with Pembrolizumab (MK-3475) in patients with selected advanced cancers (Ward)

SQUAMOUS CELL CARCINOMA

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)

NON SMALL CELL LUNG CANCER

Observational, A Prospective Observational Study Comparing the Effectiveness of Neulasta® (Pegfilgrastim) Onpro® kit to Other Physician Choice Options for Prophylaxis of Febrile Neutropenia in Subjects with Non-Myeloid Malignancies at High Risk for Febrile Neutropenia (Ward)

NON SMALL CELL LUNG CANCER

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)

NON SMALL CELL LUNG CANCER

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)

NON SMALL CELL LUNG CANCER

A Phase 3, Randomized Study of Sitravatinib in Combination with Nivolumab Versus Docetaxel in Patients with Advanced Non-Squamous Non-Small Cell Lung Cancer with Disease Progression On or After Platinum-Based Chemotherapy in Combination with Checkpoint Inhibitor Therapy (Waterhouse)

NON SMALL CELL LUNG CANCER

A Phase 2, Therapeutic. Sitravatinib provided. A parallel study of Glesatinib, Sitravatinib or Mocetinostat in Combination with Nivolumab in Advanced or Metastatic Non-Small Cell Lung Cancer (MRTX-500). (Waterhouse)

NON SMALL CELL LUNG CANCER

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)

NON SMALL CELL LUNG CANCER

A Randomized, Double-Blind, Phase 3 Study of Pemetrexed + Platinum Chemotherapy with or without Pembrolizumab (MK-3475) in TKI-resistant EGFR-mutated Tumors in Metastatic Non-squamous Non-small Cell Lung Cancer Participants (KEYNOTE-789; MK-3475-789)

NON SMALL CELL LUNG CANCER

A Phase 3, Randomized Open-label Study of Brigatinib (ALUNBRIG™) Versus Alectinib (ALECENSA®) in Advanced Anaplastic Lymphoma Kinase-Positive Non–Small-Cell Lung Cancer Patients Who Have Progressed on Crizotinib

NON SMALL CELL LUNG CANCER

A Phase 1, Study of the Highly-selective RET Inhibitor, BLU-667, in Patients with Thyroid Cancer, Non-Small Cell Lung Cancer (NSCLC) and Other Advanced Solid Tumors (BLU-667-1101) RET Mutation or Rearrangement.

NON SMALL CELL LUNG CANCER

A Phase 2, Open-Label, Single-Arm, Multicenter Study to Evaluate the Efficacy and Safety of Pemigatinib in Participants With Previously Treated Locally Advanced/Metastatic or Surgically Unresectable Solid Tumor Malignancies Harboring Activating FGFR Mutations or Translocations

METASTATIC CASTRATION-RESISTANT PROSTATE CANCER

Observational, A Prospective Observational Study Comparing the Effectiveness of Neulasta® (Pegfilgrastim) Onpro® kit to Other Physician Choice Options for Prophylaxis of Febrile Neutropenia in Subjects with Non-Myeloid Malignancies at High Risk for Febrile Neutropenia (Ward)

METASTATIC CASTRATION-RESISTANT PROSTATE CANCER

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)

METASTATIC CASTRATION-RESISTANT PROSTATE CANCER

A Phase 2, Randomized, Double-blind, Placebo-Controlled Study of Abiraterone Acetate Plus Prednisone with or without Abemaciclib in Patients with Metastatic Castration-Resistant Prostate Cancer

METASTATIC CASTRATION-RESISTANT PROSTATE CANCER

A Phase 3, Therapeutic. Atezolizumab provided. A Multicenter, Randomized, Open-label Phase 3 Study of Rucaparib versus Physician's Choice of Therapy for Patients with Metastatic Castration-resistant Prostate Cancer Associated with Homologous Recombination Deficiency (TRITON3).

METASTATIC CASTRATION-RESISTANT PROSTATE CANCER

A Phase 2, Open-Label, Single-Arm, Multicenter Study to Evaluate the Efficacy and Safety of Pemigatinib in Participants With Previously Treated Locally Advanced/Metastatic or Surgically Unresectable Solid Tumor Malignancies Harboring Activating FGFR Mutations or Translocations (FIGHT-207)

CLEAR CELL RENAL CELL CARCINOMA

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)

CLEAR CELL RENAL CELL CARCINOMA

A Phase 3, Open-label, Randomized Study of MK-6482 Versus Everolimus in Participants with Advanced Renal Cell Carcinoma That has Progressed After Prior PD-1/L1 and VEGF-Targeted Therapies

HEMATOLOGY CLINICAL TRIALS

ACUTE MYELOID LEUKEMIA (AML)

Phase 3, Gilteritinib provided Multi-center, Randomized, Double-blind, Placebo-controlled trial of the FLT3 Inhibitor Gilteritinib Maintenance Therapy Following Allogeneic Transplant for Patients with FLT3/ITD AML. (Essell)

ACUTE MYELOID LEUKEMIA (AML)

Phase 3, Gilteritinib provided Multi-center, Randomized, Double-blind, Placebo-controlled trial of the FLT3 Inhibitor Gilteritinib Maintenance Therapy Following Allogeneic Transplant for Patients with FLT3/ITD AML. (Essell)

ACUTE MYELOID LEUKEMIA (AML)

A Phase 3b, Single-Arm, Multicenter Open-Label Study of sponsor provided Venetoclax in Combination with Azacitidine (SOC) or Decitabine (SOC) in an Outpatient Setting in AML Patients Ineligible for Intensive Chemotherapy. (Broun)

ACUTE MYELOID LEUKEMIA (AML)

Phase 1b, Study of PTC299 in Relapsed/Refractory Acute Leukemias. (Broun)

ACUTE MYELOID LEUKEMIA (AML)

A Phase 3, Study of Itacitinib or Placebo in Combination With Corticosteroids as Initial Treatment for Chronic Graft-Versus-Host Disease (GRAVITAS-309).(Essell)

CHRONIC MYELOID LEUKEMIA (CML)

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)

CHRONIC MYELOID LEUKEMIA (CML)

Observational, No drug provided. Determining Change in Cardiovascular and Metabolic Risks in Patients with Chronic Phase Chronic Myeloid Leukemia Receiving BCR-ABL Tyrosine Kinase Inhibitor First-line Therapy in the United States. (Essell)

HODGKIN'S LYMPHOMA

Observational, Hodgkin's Lymphoma Molecular Profiling and Clinical Outcomes in U.S. Community Oncology Practices (Islas-Ohlmayer)

HODGKIN'S LYMPHOMA

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

HODGKIN'S LYMPHOMA

A Phase 2, Multi-Part Clinical Trial of Brentuximab Vedotin in Classical Hodgkin Lymphoma subjects

NON-HODGKIN'S LYMPHOMA (FOLLICULAR)

A Phase 3, Multicenter, Randomized, Double-Blind, Placebo-controlled Study of the Bruton's Tyrosine Kinase (BTK) Inhibitor, Ibrutinib, in Combination with Rituximab versus Placebo in Combination with Rituximab in Treatment Naïve Subjects with Follicular Lymphoma (Islas-Ohlmayer)

NON-HODGKIN'S LYMPHOMA

Observational, A Prospective Observational Study Comparing the Effectiveness of Neulasta® (Pegfilgrastim) Onpro® kit to Other Physician Choice Options for Prophylaxis of Febrile Neutropenia in Subjects with Non-Myeloid Malignancies at High Risk for Febrile Neutropenia (Ward)

NON-HODGKIN'S LYMPHOMA

CAR-T - A Phase 2, study of JCAR017 as Second-Line Therapy in Patients with Aggressive B-cell NHL (Essell)

NON-HODGKIN'S LYMPHOMA

CAR-T - A Safety Trial of Lisocabtagene Maraleucel (JCAR017) for Relapsed and Refractory B-cell Non-Hodgkin Lymphoma in the Outpatient Setting. (Essell)

NON-HODGKIN'S LYMPHOMA

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)

NON-HODGKIN'S LYMPHOMA

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)

MULTIPLE MYELOMA

A Phase 3, Randomized, Open-Label, Phase 3 Study comparing once-weekly vs Twice-weekly Carfilzomib in combination with Lenalidomide and Dexamethasone in subjects with relapsed or refractory Multiple Myeloma (Faber)

MULTIPLE MYELOMA

A Phase 1/2, Randomized Open-Label study of INCB001158 Combined With Subcutaneous (SC) Daratumumab, Compared to Daratumumab SC, in Participants With Relapsed or Refractory Multiple Myeloma. (Faber)

MULTIPLE MYELOMA

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)

MYELOFIBROSIS

A Phase 1/2, Study of INCB053914 in Subjects with Advanced Malignancies (Essell)

MYELOFIBROSIS

A Phase 2, Open-label Study of Itacitinib (INCB039110) in Combination With Low-Dose Ruxolitinib or Itacitinib Alone Following Ruxolitinib in Subjects With Myelofibrosis.

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.

The Jewish Hospital

MERCYHEALTH

4777 E. Galbraith Rd., Cincinnati, OH 45236 | 513-686-3000

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9321CINBRO (Rev. 8-20)