

CONNECT

News and Information from Oncology Hematology Care

SPRING 2023

Bringing Hope
& Saving
Lives Through
Clinical Trials

INSIDE PAGES

1 Treatment Advances
Help Resilient Cancer
Warrior Confront Her
Disease

2 Deep Breathing
Benefits

5 Supportive Care
at OHC

6 OHC'S Pioneer's
In Cancer Clinical
Trials

8 Giving Back

9 Recipe

OHC

SPECIALISTS IN CANCER
AND BLOOD DISORDERS

TREATMENT ADVANCES HELP RESILIENT CANCER WARRIOR CONFRONT HER DISEASE



OHC Patient Ann Nemo with her husband Ed who describes her as a “warrior.”

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

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

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

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

To date, Ann has been treated with 11 therapies including a clinical trial, a CAR T-cell therapy, and most recently Tecvayli. “In 2021, I was running out of options when Dr. Essell recommended a newly approved CAR-T,” said Ann. CAR-T is an immunotherapy that stimulates the body’s immune system to fight cancer. OHC is the first, most experienced, and only certified independent adult cancer practice in the region to offer CAR-T. “We had the first patient in Ohio to receive CAR-T for myeloma, and Ann was our second,” said Dr. Essell. “I was in remission for almost a year-and-a-half after CAR-T,” said Ann.

In late 2022 when Ann relapsed, Dr. Essell suggested treatment with Tecvayli, a type of immunotherapy

known as BiTE (bispecific T-cell engager). “Tecvayli was approved in October for multiple myeloma patients who had received at least four treatments and their cancer came back or didn’t respond,” noted Dr. Essell. BiTE therapies recognize cancer cells and connect them to the body’s cancer-fighting immune system T-cells.

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

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

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

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

TELL US YOUR STORY

If you would like to share your story, please email joan.manzo@usoncology.com or tell an OHC team member.

CANCER SCREENING SAVES LIVES



OHC’s cancer experts are passionate about reminding you to stay up to date on preventative cancer screening guidelines and schedule regular medical exams and testing. Screening can detect abnormal tissue or cancer early when it may be easier to treat.

For an updated listing of the most common preventative cancer screening guidelines, visit this page on OHC’s website: <https://ohcare.com/service/cancer-screenings/>.

There is a convenient list to download and print that allows you to track your exams and record your upcoming schedule of screenings.

OHC SCREENING GUIDELINES

COLON CANCER

Age 21: Testing may be recommended if you have a higher than average risk of colon cancer.

Age 45-75: The average risk starts in your 40s and with a life expectancy of more than 10 years should schedule regular colorectal cancer screenings.

Age 76-85: The decision to be screened should be based on patient preference, the expectancy, overall health, and prior screening history.

Age 60 and older: Should no longer get colorectal cancer screening.

High Risk: People who are at an increased or high risk for colorectal cancer might need to start screening before the age of 45. Be screened more often, and/or get specific tests. This includes:

- A personal history or a strong family history of colorectal cancer or certain types of polyps.
- A personal history of inflammatory bowel disease (ulcerative colitis or Crohn’s disease).
- A known family history of a hereditary colorectal cancer syndrome such as familial adenomatous polyposis (FAP) or Lynch syndrome (also known as hereditary non-polyposis colon cancer or HNPCC).
- A personal history of radiation to the abdomen (belly) or pelvic area to treat a prior cancer.

Best Good Tests:

- Highly sensitive fecal immunochemical test (FIT) every year.
- Highly sensitive guaiac fecal occult blood test (gFOBT) every year.
- Multi-targeted stool DNA test (mtDNA) every 3 years.

Best Colorectal Exam of the Colon & Rectum:

- Colonoscopy every 10 years for average risk, more frequent based on personal and family history or if pathology identified.
- CT colonography (virtual colonoscopy) every 5 years, more frequently if pathology identified.
- Flexible sigmoidoscopy (FSIG) every 5 years, more frequently if pathology identified.

What’s New? The age recommendation for screening has changed from 50 to 45, April 2021.

PANCREATIC CANCER

Age 50-75: Patients, starting at age 50 or 10 years prior to the earliest diagnosis in the family, who are considered high risk should have an MRI/MRCP or other endoscopic ultrasound annually. This includes:

- Certain gene mutations such as ATM, BRCA1, BRCA2, Lynch syndrome, and others.
- Family history of pancreatic cancer in two or more first-degree relatives.
- Family history of pancreatic cancer in three or more first and/or second-degree relatives.

LUNG CANCER

Age 55-80: Annual lung cancer screening with a low-dose CT scan (LDCT) if your patients meet the following conditions:

- Being generally healthy.
- A current or former smoker (within the past 15 years).
- Have at least a 20 pack-year smoking history.

What’s New? The USPSTF (U.S. Preventive Services Task Force) has revised the recommended ages and pack-years for lung cancer screening. It expanded the age range to 55-80 years (previously 55 to 80 years) and reduced the pack-year history to 20 pack-years of smoking (previously 30 pack-years).

continued on back

DEEP BREATHING

CAN RELAX THE BODY
AND PRODUCE BOTH
PHYSICAL AND MENTAL
HEALTH BENEFITS

A SERIES BY OHC'S JOHN F. SACCO, MD,
RADIATION ONCOLOGIST AND
INTEGRATIVE MEDICINE SPECIALIST



John F. Sacco, MD

Dr. John F. Sacco, an OHC radiation oncologist and integrative medicine specialist, is a regularly featured contributing author who shares a wealth of information to benefit our physical, emotional, and spiritual well-being.



You're grinding your teeth and your heart is pounding. With an overwhelming sense of dread, you want to burst into tears or scream at the top of your lungs. As you sit in a traffic jam stressed about being late to work, your brain is sending a surge of hormones throughout your bloodstream in a fight-or-flight response. Intended to protect our ancestors from life-threatening dangers like a bear attack or deadly snake bite, this same fight-or-flight response is now activated too regularly in response to modern stressors like traffic, financial worries, and anxiety before a presentation. These stressors are not considered life-threatening, but they do have detrimental effects on our health that can be mitigated with deep breathing.

There are two branches of our autonomic nervous system, which controls unconscious body processes like breathing and digestion. The sympathetic branch is responsible for the fight-or-flight response and the parasympathetic branch is responsible for the rest and digest phase.

"FACED WITH CHRONIC STRESSORS, WE NEED A MECHANISM TO TRICK OUR BODY SO THAT IT DOES NOT RECOGNIZE THESE STRESSORS AS A THREAT," SAID JOHN F. SACCO, MD. "WE DO THIS BY ENGAGING OUR PARASYMPATHETIC BRANCH WITH DEEP BREATHING."

The excessive adrenaline and cortisol that the fight-or-flight response sends coursing through our bodies have been linked to health problems including high blood pressure, clogged arteries, a weakened immune system, anxiety, depression, and insomnia. "Several studies reveal that deep breathing, sometimes called breathing practice or diaphragmatic breathing, can relax the body and produce both physical and mental health benefits," noted Dr. Sacco.

Dr. Sacco recommends the 4-7-8 breathing technique, a technique popularized in 2015 by Dr. Andrew Weil, founder of the Arizona Center for Integrative Medicine. Dr. Weil describes this exercise as "a natural tranquilizer for the nervous system." To use this technique, breathe in through the nose for a count of four, hold the breath for seven counts, then exhale out of the mouth for eight counts.

When practicing deep breathing, your organs receive an oxygen boost, cortisol levels drop, your heart rate slows, and you divert your attention from your stressful thoughts. You'll achieve the following health benefits:

- Lower blood pressure.
- Reduced stress, anxiety, and depression.
- Reduced risk of cardiovascular disease and type 2 diabetes.
- Improved digestion, pain perception, and pulmonary function.
- Ability to fall asleep more quickly and enjoy better sleep quality.
- Increased brain function (stronger focus and concentration).

Dr. Sacco offers the following tips for your deep breathing practice:

- Practice in a seated position so your blood pressure does not drop.
- It may seem unnatural at first and the effects might not be obvious right away. Start slowly. The more you practice, the better you will become.

- Use your fingers to tap out your counts.
- If you have trouble holding your breath, speed up the exercise while maintaining the 4:7:8 ratio.
- Do the 4-7-8 technique for four cycles, working your way up to eight cycles twice a day.
- It is normal to feel lightheaded when first trying the exercise.
- If you have a respiratory condition, discuss your intent to practice deep breathing with your healthcare provider.

While Dr. Sacco likes to practice deep breathing once in the morning and once in the evening, he also recommends using it as a tool when you become aware of internal tensions like being nervous prior to an exam or if you are struggling to fall asleep.

If you missed Dr. Sacco's series on the five pillars of good health: stress reduction, sleep hygiene, nutrition, exercise, and social connectivity, you can find the articles in previous issues of *Connect* which are located at this link: <https://ohcare.com/newsletters/>.

“EVENTUALLY, THE DEEP BREATHING BECOMES PREVENTATIVE, AND YOU WILL FIND THAT YOU AVOID REACTING POORLY TO STRESSORS,” NOTED DR. SACCO.



SUPPORTIVE CARE AT OHC



OHC provides supportive care to all our cancer patients who need it. Staffed by our specially trained advanced practice providers, OHC's Supportive Care Program team works closely with the patient, their family, and their cancer doctors. They also work with other healthcare providers and connect patients with cancer-specific resource organizations. The goal of the OHC Supportive Care Program is to optimize treatment while improving quality of life for patients and their families.

Sometimes called palliative care, supportive care refers to physical, psychological, social, and spiritual support for patients and their families. It helps patients manage disease symptoms and treatment side effects while providing coping strategies to ease the stress of the emotional, social, and spiritual issues that can accompany chronic illness.

While supportive care can include advanced planning, it should not be confused with hospice care. Hospice care focuses on end-of-life care. OHC provides in-depth support to patients regardless of their stage in the disease process.

OHC offers in-person or telehealth supportive care visits at all of our locations, and most insurances, including Medicaid and Medicare, cover supportive care. To learn more about OHC's Supportive Care Program or begin the supportive care referral process, call 1-888-649-4800 or visit ohcare.com.

OHC'S PIONEERS IN CANCER CLINICAL TRIALS

BRING NEW HOPE TO PATIENTS
BY STUDYING GROUNDBREAKING
CELLULAR THERAPIES



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OHC Medical Oncologist,
Hematologist, Blood and
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Specialist, and Cellular
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Our bodies are armed with a remarkable immune system to protect us from unwanted invaders like germs and cancer cells that can make us ill. Unfortunately, cancer cells are sneaky and can escape immune system recognition and destruction. Through research, we have discovered that we can alter our body's T-cells and NK cells, powerful components of the immune system. After these cells are collected from a patient or donor, they are sent to a lab where they are modified before being infused into

patients to help their bodies attack cancer cells. Offering tremendous promise for the future, these cellular therapies, or living cells used to treat disease, have emerged as a new class of cancer therapy, in addition to surgery, radiation, and chemotherapy.

In 2018, OHC's Cancer Research and Clinical Trials Program ushered in a new frontier in the fight against cancer by bringing the revolutionary CAR T-cell therapy for adults with blood cancers to the Cincinnati region.

This cellular therapy using either the patient's (autologous) or a healthy donor's (allogeneic) genetically modified T-cells harnesses the power of the immune system to attack cancer after a single infusion. In 2021, OHC was first in the world to evaluate an allogeneic CAR-T for B-cell non-Hodgkin lymphoma (B-NHL). Nearly two years post-infusion, the patient is in remission.

Based on CAR-T's success, OHC is adding more tools to its cancer treatment arsenal by investigating another form of cellular therapy, natural killer (NK) cells, in fighting both blood and solid tumor cancers. NK cells are donated from a healthy donor, modified in a lab, and then infused into a patient. While both T-cells and NK cells act as soldiers on patrol protecting the human body from invaders, there are some differences when used in cellular therapy.

"We've had incredible success with CAR-T, and about half of the patients we've infused are now thriving in remission," said OHC medical oncologist, hematologist, and blood and marrow transplant specialist Ameet Patel, MD, MMHC. "Because CAR T-cells endure in the body for a much longer time than NK cells, the patient is at a greater risk for both short- and long-term side effects. NK cells have a lifespan of about one-to-two weeks, so there is much less toxicity with these therapies."

Because the NK cells used in these therapies are collected from a young healthy donor, the product is readily available in an off-the-shelf manner. "Patients do not have to wait several weeks to start NK cell therapy as they would if they were using their own T-cells for CAR-T," said Dr. A. Patel. "When we use the patient's cells, we have to collect them and then send them off to a lab to be modified prior to infusing them back into the patient. During this time, which can be several weeks, the patient will need continued treatment or hospitalization to keep their disease at bay."

While CAR-T has made significant strides in the treatment of various blood cancers, it has not had the same success with solid tumors. According to the National Cancer Institute, solid tumors comprise about 90 percent of all cancer diagnoses. "Because our bodies know how to deactivate T-cells, they have a harder time penetrating the tumor environment," noted Dr. A. Patel. "NK cells don't need much assistance from the patient's immune system to infiltrate tumor cells."

"OHC was the first cancer group in the region with active NK cell clinical trials," said OHC medical oncologist, hematologist, and blood and marrow transplant specialist Kruti Patel, DO. "In October, we evaluated a phase one trial using an NK cell therapy in combination with monoclonal antibodies for patients with advanced solid tumors." OHC is also one of only a select group of practices in the country to offer an NK cell study for patients with multiple myeloma.

"Our team of cellular therapy experts believes that harnessing the power of the immune system to fight cancer is the next wave in cancer treatment," said Dr. K. Patel.

In addition to NK cell trials, OHC's cellular therapy experts continue to evaluate the allogeneic CAR-T for B-NHL referenced earlier. Over the next year, OHC will continue to bring leading-edge cellular therapy trials to the Cincinnati region, including a first-line therapy for large cell lymphoma.

Engaged in a passionate search for a cure for cancer, OHC's cancer research and clinical trials team is dedicated to giving patients early access to the most promising therapies. For more information on OHC research call 1-888-649-4800 or visit ohcare.com.

EMPATHETIC OHC
CANCER SURVIVOR
**USES HER
EXPERIENCE
TO HELP
OTHERS**
AS AN OHC VOLUNTEER

"You can't really understand another person's experience until you've walked a mile in their shoes." This reference is called to mind after meeting OHC patient and volunteer Barbara Adams. Barbara was diagnosed with breast cancer in 2015 that recurred in her liver and lung in 2016. After receiving chemotherapy and radiation at OHC, she no longer has evidence of disease. Barbara is a familiar face at OHC's Blue Ash office as she comes for follow-up visits with medical oncologist and hematologist Roma Srivastava, MD, and volunteers in the treatment suite.

OHC patient and volunteer, Barbara Adams (left), visits with one of her favorite new OHC patients, Velda Nixon, as she receives her treatment at OHC's Blue Ash location.

"The first time I came for chemotherapy, I had a panic attack," said Barbara, an Air Force retiree. "You hear so many negative stories about getting chemo. Dr. Chua (a retired OHC medical oncologist and hematologist) was so invested in my care and quickly calmed me so I could receive my treatment."

Barbara is grateful for the compassion she received from OHC. "I've been treated so well and the staff's become like my extended family," said Barbara. About one-to-two years after diagnosis, Barbara approached them about giving back as a volunteer.

Every Monday morning, Barbara arrives at the treatment suite with one goal: making patients comfortable. She checks in with them to offer

blankets, snacks, drinks, or a hand to hold. "I know coming in for chemo isn't anyone's idea of a good time," said Barbara. "Everyone's experience is different. Some elderly patients cannot get up easily, others become extremely chilled from the chemo, and some wonder 'why me.' When I tell them I'm a cancer survivor, it calms them and offers a sense of security."

"A patient's treatment schedule will vary based on their diagnosis and the type of infusion they are receiving," said OHC treatment suite nurse Carmen Reed. "Some patients receive treatment in minutes, while others are here for hours. We're grateful for volunteers who offer us a helping hand. It contributes to patient healing and offers them hope."

Barbara's empathetic qualities are undeniable, and she has developed special bonds with OHC patients. She looks forward to her time with one patient, a Vietnam Veteran who connected with her because of their shared military experience. "He's been open about his life and has shared pictures with me," said Barbara.

Barbara will tell you that when she thinks of OHC, she thinks of survival. When the OHC team thinks of volunteers like Barbara, they think of gratitude. OHC is fortunate to have generous individuals to support us as we surround patients with all they need to beat cancer.



RICH BEEF AND NOODLE SOUP

*Recipe courtesy of Rita Nader Heikenfeld, CCP, CMH
Abouteating.com*

This flavorful and nourishing soup contains herbs that augment the soup's immune-boosting properties. You can reap the benefits throughout the year as this soup freezes and reheats well.

Ingredients

- 1 large onion, diced
- 3 ribs celery, diced - use leaves and ribs
- 1 large carrot, diced
- 1 large clove garlic, minced, or to taste
- 1/2 teaspoon each: dried oregano, thyme, basil
- Salt and pepper to taste
- 1 tablespoon olive oil
- 1/4 cup Madeira or dry sherry (optional)
- 6 cups quality low-sodium beef broth
- 1 tablespoon each: soy sauce and Worcestershire
- 1 pound top sirloin, cut into 1/2" pieces
- Egg noodles (about 6 oz)
- 2 tablespoons each: butter, flour, tomato paste
- Fresh parsley for garnish

Instructions

Over medium heat, film a soup pot with olive oil and stir in onion, celery, carrot, garlic, thyme, oregano, basil, and salt and pepper. Cook about 10 minutes to soften vegetables, stirring as needed.

If using Madeira, deglaze pot with it and simmer until Madeira is almost evaporated. If not using Madeira, increase heat and then stir in broth, soy, and Worcestershire. Bring to a boil. Add beef, reduce heat to a simmer and cook 10 minutes. Stir in noodles and cook 5 minutes or so.

Melt butter in saucepan, whisk in flour and tomato paste and cook 1 minute.

Gradually whisk in 1 cup liquid from soup and cook until smooth, then pour into soup.

Bring back to a boil and then lower to a simmer. Cook until soup thickens and noodles are tender. Garnish with parsley.

WELCOME TO OUR NEWEST CANCER EXPERTS

Lindsey Miller, DNP, APRN,

an advanced practice provider, has joined OHC's breast surgical oncology team. Lindsey received a Bachelor of Science in Nursing and an Adult-Gerontology Acute Care Doctor of Nursing Practice from the University of Cincinnati.



Lindsey always knew she wanted to work in healthcare and selected the field of cancer because it is changing at a rapid pace. "The treatment options available are saving lives," said Lindsey. "I wanted to work in a field that enabled me to give patients hope."

Focused on the individual needs of every patient, Lindsey is careful to listen to her patients' concerns and places special emphasis on making sure they understand their diagnoses and plan of care. "I strive to provide clear communication and I encourage patients to ask questions. If I am unable to answer them, I will find someone who can."

In her free time, Lindsey enjoys boating and she has established a goal to read 50 books in one year.

Megan Stout, MSN, APRN,

an advanced practice provider, has joined OHC's West office care team. Megan received both her Bachelor and Master of Science in Nursing from the University of Cincinnati.



Megan has personal experience caring for family members with cancer and cared for many cancer patients as an emergency room nurse. She brings a deep sense of empathy and compassion to her practice. "I hope I can make a difference in someone's life during what is a most difficult time," said Megan. "While giving patients the science behind their diagnosis and treatment options, I'm not afraid to show emotion, hold their hands, and give them hugs."

Megan was drawn to the field of cancer because it lends itself to building relationships with patients. "My role allows for continuity of care with patients. We work together as we carry out a plan of care that works best for the patient and their family."

When she is not serving patients at OHC, Megan enjoys exploring new experiences around the city with her spouse, young daughter, and Labrador retriever.

Resources for Cancer Patients

OHC understands the impact a cancer diagnosis can have on you, your loved ones, and caregivers. We maintain a list of cancer-focused community support resources and a description of their services on our website: <https://ohcare.com/patient-resources/community-support-resources/>. Scan the QR code for a printable chart of resource organizations and their individual services.

