Dr. Larry Wickerham, MD, retired last month from a career of clinical service to breast cancer patients in Pittsburgh and research service that has benefited women worldwide.

Dr. Wickerham began work with the National Surgical Adjuvant Breast and Bowel Project (NSABP) as a medical student at the University of Pittsburgh School of Medicine in 1973. Over the years, he has served as protocol officer for numerous NSABP studies, responsible for day-to-day medical oversight for some of the most important trials conducted by the group. In the early years of the NSABP, his work on the B-06 trial of 2,100 women with breast cancer helped demonstrate the equivalent survival of women treated with lumpectomy plus radiotherapy to modified radical mastectomy. These results changed the standard of care for thousands of women who developed or were to develop breast cancer and offered them hope for fewer side effects and less mutilating surgery.

From 1977-1983, Dr. Wickerham served in the United States Navy as medical officer on the USS Fulton and Submarine Squadron XII in Connecticut and later as medical officer at Bethesda Naval Hospital.

Bernard Fisher, MD, then chair of the NSABP, hired Dr. Wickerham as a research fellow when the latter returned to the University of Pittsburgh following naval service. Dr. Wickerham worked for years with Dr. Fisher on clinical trials in women with breast cancer, including the B-14 trial, which compared tamoxifen and placebo in the adjuvant treatment of node-negative primary breast cancer. This study led to the approval of tamoxifen by the FDA for node-negative breast cancer. Years later, tumor specimens from the B-14 trial were instrumental in demonstrating the value of Oncotype DX, the 21-gene molecular assay that predicts both prognosis and response to chemotherapy for patients with node-negative, ER-positive breast cancer.

In 1990, Dr. Wickerham helped spearhead the first of the NSABP’s breast cancer prevention trials, P-1. This study of more than 13,000 women demonstrated the benefit of tamoxifen for women at risk and was the largest prevention study ever conducted up to that time. In 1998, he served as protocol officer for the NSABP’s P-2 study, the group’s second venture into breast cancer prevention, which included 19,000 women at risk for the disease. Results demonstrated that the drug raloxifene was a treatment equivalent to and in some aspects superior to tamoxifen for the prevention of breast cancer.

When NRG Oncology became a reality in 2014, Dr. Wickerham was appointed deputy group chair. He has also served on the board of directors of the NRG Oncology Foundation, as a member of the NRG Oncology Ancillary Projects Committee, and as a member of various other NRG committees, including the Breast Cancer Committee. Dr. Wickerham was one of the PIs for the NRG Oncology NCORP Research Base grant to promote quality of life research and research at community institutions.

Continued on next page
D. Lawrence Wickerham, MD (continued)

In Pittsburgh, Dr. Wickerham’s duties included serving as chief of the Section of Cancer Genetics and Prevention in the Breast Oncology Division at Allegheny General Hospital and as attending staff in surgery, positions he will continue to hold for the near future.

In retirement, Dr. Wickerham will remain active with his family and church and has plans for golf trips to Orlando and Boston. He is an avid golfer who has played on courses all over the world and, post-NRG, will work on perfecting his golf swing.

Never Say Lost:
Booklet for minimizing number of patients who become lost to follow-up

The NRG Oncology Statistical and Data Management Center (SDMC) is pleased to announce the re-release of “Never Say Lost.” This is a booklet that provides suggestions for NRG Oncology networks to avoid “losing” patients during the follow-up phase of clinical trials. It also provides steps to follow if a patient cannot be located for follow-up. The booklet is located under “Data Management” in the “Resources” tab of the NRG Oncology website.

NCI CIRB Issues Guidance Document for NCI Informed Consent Template Language

NRG Oncology investigators and research staff, please review the following new guidance document for NCI informed consent template language to ensure compliance on all trials.

Below is an excerpt of the cover letter issued from Jeffrey Abrams, MD, the Associate Director of CTEP and Acting Director for Clinical Research in the Division of Cancer Treatment and Diagnosis at NCI:

“NCI’s goal is to greatly limit any changes to the model consent form, and ensure that any information added to the form is related to research. The NCI CIRB will be consistent in their review and approval of consent changes made by local institutions. Changes allowed in the past may no longer be accommodated and your boilerplate language may require revisions.”

The guidance document and links to the full letter by Dr. Abrams can be found on the CIRB website.
Happy 5th Birthday NRG Oncology!

At this Semiannual Meeting, NRG Oncology will be celebrating our 5th year as an organization! Since 2012, when the concept for NRG Oncology was born, to now as the organization has achieved an “exceptional” scoring on our grant renewal, we’re excited to celebrate these past five years, and look ahead to our bright future with our members who made it possible. There will be various birthday events planned throughout the meeting for attendees to join!

The NRG Oncology Scientific Session
Friday, February 8, 2019 from 8:00-10:00am

Twelve presenters and discussants will take the stage to present and explore six NRG Oncology trials: NRG-GY003, studying ipilimumab for women with recurrent ovarian cancer, NRG-CC001, examining hippocampal avoidance during whole-brain radiotherapy for brain metastases patients, the SPPORT Trial NRG-RT0G 0534, which looks at adding pelvic lymph node treatment to short-term androgen deprivation therapy and prostate bed salvage radiotherapy, NRG-RT0G 9704, studying CA19-9 and margin status as predictors of recurrence for pancreatic cancer patients, NRG-RT0G 1016, comparing radiotherapy with cetuximab to radiotherapy with cisplatin for patients with HPV-related oropharynx cancer, and NRG NSABP B-39/RT0G 0413, studying whole breast irradiation compared to partial breast irradiation for men with breast preserving surgery.

The NRG Oncology General Session
Friday, February 8, 2019 from 1:00-2:00pm

During the General Session, NRG Oncology will provide updates from the organization, review some highlights for future plans, and will announce the top accruing institutions. For this Semiannual Meeting, NRG Oncology leadership will also pay tribute to Dr. Philip J. DiSaia and his legacy within the organization and research community.

The NRG Oncology Welcome Reception
Friday, February 8, 2019 from 6:00-8:00pm

Come by the Welcome Reception to catch up with your NRG Oncology friends and colleagues, but stay for the cake! NRG Oncology will supply cake and refreshments and attendees can listen to some informal remarks and socialize.

Other Sessions

There are even more can’t-miss sessions being held at our NRG Oncology Semiannual Meeting in Phoenix, Arizona. Check out the Semiannual Meeting Resources web page for more information, materials, and an agenda.
NRG Oncology Strategic Planning Retreat

Leaders and stakeholders across NRG Oncology gathered for a weekend in December to explore potential focus areas and goals for the organization. Retreat attendees included committee chairs, member site representatives, young investigators, patient advocates, operations, statistical, and data management representatives, and consultants from the facilitation firm Guided Insights. Guided Insights and NRG Oncology kicked off the strategic planning efforts in the summer of 2018 with a series of in-depth interviews and surveys, which were developed into an assessment report for leadership to consider. This retreat allowed many people from different backgrounds to come together and tackle some actionable goals to be integrated into NRG Oncology’s future plans.

“This retreat represents our growth and maturity as an organization. Having the ability to meet like this, with the knowledge of our highly successful grant renewal and productivity record, reflects the hard work and commitment of us all across NRG Oncology,” stated Norman Wolmark, MD, one of three NRG Oncology Group Chairs.

Check out our Special Report on the NRG Oncology Strategic Planning Retreat including a full recap and next steps

In case you missed it: NRG Oncology at SABCS18

The San Antonio Breast Cancer Symposium (SABCS) is a five-day program attended by a broad international audience of academic and private researchers and physicians from over 90 countries. The Symposium aims to achieve a balance of clinical, translational, and basic research, providing a forum for interaction, communication, and education for a broad spectrum of researchers, health professionals, and those with a special interest in breast cancer.

NRG Oncology was well represented at the SABCS this past December in multiple sessions. Frank Vicini, MD, presented the one-year results of NRG-NSABP B-39/RTOG 0413 comparing partial breast irradiation to whole breast irradiation. Additionally, during the Symposium’s poster sessions, Mark Basik, MD, (pictured above) presented his poster on NRG-BR005 and Eleftherios P. Mamounas, MD, presented his poster on NSABP B-51/RTOG 1304. You can follow the stories from the Symposium on social media using #NRGatSABCS18.

Read the SABCS press release on NRG-NSABP B-39/RTOG 0413
NRG Oncology Trial Highlight:
NRG-LU004

*Activation and Amendment*
Phase I Trial of Accelerated or Conventionally Fractionated Radiotherapy Combined with MEDI4736 (durvalumab) in PD-L1 High Locally Advanced Non-Small Cell Lung Cancer (NSCLC) (ARCHON-1)

Overview
Although the current standard of care for local-regionally advanced non-small cell lung cancer (NSCLC) is concurrent chemoradiotherapy, five-year survival rates are only 20-25% for stage III NSCLC. Trial results from studies such as the PACIFIC trial, which studied the addition of durvalumab to standard chemoradiotherapy, indicate the potential that durvalumab, an FDA-approved immunotherapy, could be as or more effective than chemotherapy with fewer side effects for this patient population.

NRG-LU004 will evaluate if the addition of durvalumab to two different schedules of radiotherapy is safe. Patients will be assigned to receive either durvalumab with radiotherapy in 60 Gy over 30 fractions or durvalumab with radiotherapy in 60 Gy over 15 fractions. Additionally, researchers on this trial will be assessing the feasibility, toxicities associated with durvalumab, preliminary estimates of progression-free survival (PFS), the changes in circulating tumor cells and various immune parameters during treatment, and changes after treatment is completed. Protocol documents are located on the CTSU website.

Notice
This study activated on January 4, 2019, however, the trial has since been temporarily closed for modifications to the specimen logistics. NRG Oncology is in the process of submitting an amended protocol to CTEP/CIRB and the study will reopen immediately upon CTEP/CIRB approval.

“NRG-LU004 will be important for us to determine the safety and feasibility of replacing concurrent chemotherapy with durvalumab in the setting in which concurrent chemoradiation is the standard of care. Once we demonstrate the safety of this regimen in this trial, we will in the future compare this novel approach to the current standard of care from the PACIFIC trial to determine if this could be a safer and potentially more effective treatment option for these patients.” -Dr. Lin, NRG-LU004 Principal Investigator

NRG Oncology Study Champions Table
A listing of the NRG Oncology study champions can be found here on the NRG Oncology website. Please remember to credit NRG Oncology and to contact the appointed NRG Oncology Champion with any questions or email us at info@nrgoncology.org. The current list of trials with NRG Oncology champions includes:

- **Brain Tumor Trials:** NCCTG N0577 and ECOG-ACRIN EAF151
- **Breast Cancer Trials:** ALLIANCE A011401, ALLIANCE A221505, CCTG MA.39, and SWOG/S1416
- **Gastrointestinal Cancer (colorectal cancer) Trials:** Alliance A021502 and Alliance N1048
- **Genitourinary Cancer Trials:** SWOG S1602 and SWOG S1802
- **Gynecologic Cancer Trials:** ECOG-ACRIN EAE16 and COG AGCT531
- **Head and Neck Cancer Trial:** ECOG-ACRIN EA3163
- **Hematology Oncology Trial:** ALLIANCE A061402
- **Lung Cancer Trial:** SWOG S1400

Steven H. Lin, MD, PhD
The University of Texas MD Anderson Cancer Center
Principal Investigator
NRG Oncology Trial Highlight:

NRG-CC007CD: Increasing the dose of survivorship care planning in prostate cancer survivors who receive androgen deprivation therapy

About this trial:
NRG-CC007CD will be the first NRG Oncology Cancer Care Delivery Research (CCDR) trial, with a projected accrual start date of early 2019. CCDR trials test different strategies to improve the delivery of optimal health care to cancer patients. This particular trial will compare the effectiveness of two different survivorship care plan processes designed to enhance guideline-recommended care and patient outcomes in prostate cancer survivors post treatment.

The trial will be open to 50 NCORP practices (a single or group of NCORP sites that share the same staff and/or physicians), and enroll approximately 504 participants. The trial is a cluster randomized trial – that is, the study will randomize 25 NCORP practices to deliver standard survivorship care plans to all their participating patients, and the other 25 practices will be randomized to deliver “enhanced” survivorship care plans to all their participating patients.

Why is this trial important:
The Institute of Medicine/National Academies initially recommended survivorship care plans in 2005, as a means to improve the care coordination for cancer survivors post treatment. Currently, survivorship care plans are usually created at the end of cancer treatment and reviewed with the patient; this is required by the Commission on Cancer for accreditation. Despite wide recognition of its importance, the best way to use the survivorship care plans to positively impact patient care and outcomes is unknown. Trial NRG-CC007CD will address this knowledge gap.

This trial is also important because the participating patients – prostate cancer patients receiving androgen deprivation therapy – require coordinated care between the radiation oncologist and primary care provider in order to care for the patient’s oncological and general health (e.g. heart health) needs. Improving the use of the survivorship care plan can help ensure that these patients receive the necessary care that improves long-term overall health.

Patient eligibility:

- Eligible patients are those with prostate cancer who are planned to receive radiation therapy with at least 4 months of androgen deprivation therapy with curative intent. Patients with intact prostate or post-prostatectomy are eligible.

- Patients must have a primary care provider (or cardiologist), or be willing to obtain one.

- Patients must be able to complete questionnaires in English.

What does an NCORP Community Site practice need to participate in this trial?

- A mechanism/process for delivering survivorship care plans, and see at least 10 eligible patients per year.

- Complete and submit a Letter of Intent form to NRG Oncology.

- Each NCORP site PI and RA at an NCORP practice needs to complete NRG-CC007CD training. Upon completion, site PI and RA must upload a training certificate to the CTSU Regulatory Submission Portal.

- A standardized survivorship care plan template will be provided for this trial, and needs to be used for all enrolled patients on this trial.
NCI’s National Clinical Trials Network (NCTN) and the NCI Community Oncology Research Program (NCORP) are implementing new requirements for membership in and use of the NCI Central IRB (CIRB). This policy is necessary to bring the NCTN and NCORP programs into compliance with the NIH Policy on the Use of a Single Institutional Review Board for Multi-Site Research (NOT-OD-16-094). This policy applies to all United States sites enrolling patients in NCTN and NCORP studies and all Groups and Research Bases funded through the NCTN and NCORP programs. As of March 1, 2019, all sites must be members of the NCI CIRB in order to enroll new patients on any NCTN or NCORP trials. On this date, sites that are not CIRB members will be put in a “suspended” status on the NCTN and NCORP membership rosters and will not be able to enroll new patients to NCTN and NCORP trials. Most NRG Oncology sites are already members of the NCI CIRB but if you are not sure please contact your local IRB. Read more

NRG Oncology Trial Highlight:

NRG-CC006: A Study to Evaluate Patient and Physician Attitudes and Perceptions Regarding a Non-Surgical Approach to Breast Cancer Treatment

The objective of NRG-CC006 is to explore the perceptions and attitudes of patients and physicians regarding a non-surgical approach to breast cancer treatment. It is an ancillary study to the ongoing NRG-BR005 clinical trial, which is a single arm phase II trial assessing the accuracy of tumor bed biopsies in predicting pathologic response in patients with clinical/radiologic complete response after neoadjuvant chemotherapy in order to explore the feasibility of breast conserving treatment without surgery.

The NRG-CC0006 study will interview patients and physicians to identify barriers and facilitators of accrual on a future randomized trial of non-surgical treatment in women with a complete response after neoadjuvant chemotherapy. Physicians will also be invited to complete a survey. Observations from this study will inform the development of a successful randomized trial.

NRG-CC006 is anticipated to activate soon. Please be watch for NRG Oncology broadcasts announcing activation.
NRG Oncology Protocol Support Committee (PSC) Column

NRG Oncology 2019 Semiannual Meeting

The NRG Oncology Semiannual Meeting is fast approaching. There are several Protocol Support Committee (PSC) sessions specifically for clinical trial nurses and clinical research associates:

1. If you are new to NRG Oncology, you will want to attend the orientation session, “Introduction to Clinical Trials: Principles of Clinical Trial Management”, on Thursday February 7, 2019 from 7:30am–4:30pm. This program is directed toward research staff with one year or less of experience in NRG Oncology trials.

2. On Friday, February 8, 2019 the “Clinical Trial Nurse/Clinical Research Associate Workshop-Educational Session” will be held from 2:00-6:00pm. This session is for both seasoned and new research staff. Administrative updates will be provided regarding NRG Oncology Quality Assurance including audits, monitoring and Institution Performance Reports, and an update from the CTSU. The educational lectures include “USP 800 and its Impact”, “Understanding and Supporting the Family Caregiver”, “an Overview of Ovarian Cancer”, and “What is New on the Horizon.”

We look forward to seeing you at the meeting. A detailed agenda can be found on the NRG Oncology website.

Slides and handouts for the PSC sessions will be posted prior to the NRG Meeting on the NRG Oncology website under the Nurses and CRA tab, Education and Training. These handouts are not provided at the meeting so if you want copies, you will need to print and bring them with you.

Clinical Trials Nurse/Clinical Research Associate Subcommittee Combined Meeting (Open for first hour)
Friday February 8, 2019 from 7:00-9:00am

As noted in the NRG Oncology Semiannual Meeting agenda for Friday, February 8, 2019, you will see that the Clinical Trials Nurse/Clinical Research Associate Subcommittee Combined Meeting, scheduled from 7:00–9:00am, has been indicated as “Open for first hour.” Since the primary function of this meeting is to conduct business rather than to provide education, it has previously been designated as closed (*Sessions for Committee Members only). Some individuals who are not committee members have expressed interest in being able to attend this meeting. This has been taken into consideration and the decision was made to have the meeting open to all who are interested for the first hour. The second hour will be closed to Committee Members only, to allow opportunity for nomination discussions, voting, etc.

Your attendance is welcome for the first hour, with the understanding that it will focus on procedures and responsibilities rather than on education. If you have questions or would like additional information when deciding whether to attend this session, feel free to contact Cindy Licavoli, Chair of the CTN Subcommittee, at cynthia.licavoli@bjc.org, or Sharon Stockman, Chair of the CRA Subcommittee, at sharon-stockman@uiowa.edu.

NRG Oncology Mentorship Working Group Update

The NRG Oncology Mentorship Working Group has developed a Research Coordinator Mentor Program. Applications have been reviewed and mentors selected. After an orientation, mentors will be ready to assist in your mentorship needs. We hope to introduce them at the February meeting in Phoenix!
NRG Oncology Protocol Support Committee (PSC) Column (continued)

The multi-factorial dimensions of adherence to oncolytics (Part 2)
By Joan Cahill, RN, BSN, OCN, CCRP

Like all medications, adherence to oral oncolytics poses challenges. Adherence infers how well patients take their prescribed or recommended treatment. Assessment methods to measure adherence to oral therapy demonstrate validity in identifying risks for non-adherence. However, many methods lack sensitivity or specificity suggesting that additional research is warranted to develop practical assessment tools that are brief, easy to use, and produce applicable data (Spoelstra and Rittenberg 2015).

Dunbar-Jacobs (2015), drawing on her extensive work in chronic diseases, posits that adherence assessment tools may accurately identify individuals with high or low adherence trends. However, commonly used methods do not identify variable patterns of adherence. Nonadherence often refers to undermedication, nonetheless, studies have shown patients who miss doses may double up on administration, resulting in over-adherence (Spoelstra et al 2015). Much of what is known about adherence is biased by the measurement method, suggesting that adherence must be tailored to the individual (Stirrat et al 2013, Schneider, Hess, and Gosselin 2011). Furthermore, unique adherence patterns are often present in patients with co-morbidities. Interventions should be proactive rather than reactive; none of the available tools include “readiness” to learn, a key component to effective teaching.

What tools are available?
A simple, efficient tool is the Morisky scale, a validated medication non-adherence assessment. This scale is designed to identify individuals at risk of non-adherence. The total Morisky score is based on patient responses to four simple, yes or no questions.

**Morisky Scale Questions:**

1. Do you ever forget to take your medicine?
2. Are you careless at times about taking your medicine?
3. When you feel better, do you sometimes stop taking your medicine?
4. Sometimes if you feel worse when you take the medicine, do you stop taking it?

**Scoring the Morisky Scale**

- **Yes = 0 and No = 1**

  - Zero is the lowest level of medication adherence
  - Four is the highest level of medication adherence

The focus of attention should be to screen and identify at risk patients up front; patients scoring 0 or 1 may benefit most from interventions to manage adherence.

A more complex tool developed by the Multinational Association of Supportive Care in Cancer (MASCC) is the MASCC Oral Agent Teaching Tool (MOATT).

The MOATT tool is more time consuming, yet valuable information learned at baseline could save time in the long run.

The summary table highlights the challenges care teams face in meeting patient education and safety goals. The available tools all have flaws. A multidisciplinary approach involving physicians, pharmacists, nurses, research coordinators, and social workers is required to implement specific processes to protect patients and provide optimal care.

*Continued on next page*
In addition, technology is rapidly being integrated with text messaging and medication reminder apps via Smartphone and Fitbit devices (Burhenn and Smuddle 2015, Spoelstra et al 2015). This developing field has shown promise; apps can be personalized and patients’ satisfaction scores are high. A primary factor in low adherence is adverse events. Basch E et al (2005) developed a web-based symptom reporting system called STAR, which alerts the care team about problems, resulting in prompt action to alleviate symptoms and improve patient outcomes. In this randomized trial patients who used the web-based STAR were able to tolerate chemotherapy longer than patients who received standard of care. Although increasingly more common in healthcare, integrating technology assumes familiarity with and access to mobile devices, which may exclude those with language barriers, and indigent or impoverished populations.

**What are the implications for practice?**

- Develop ambulatory oral oncolytics education policies similar to IV chemotherapy incorporating informed consent (Spoelstra and Sansoucie 2015).
- Develop core competencies for nurses/research coordinators to teach patients/caregivers administration, safe handling, drug-drug interactions, drug-food interactions with appropriate follow-up, and phone triage (Matthews and Caprera 2014).
- Using validated tools such as Morisky scale or MOAtt as baseline assessment identifies patients at risk for low adherence; question if oral oncolytics are the best option for individual patients identified as high risk for low adherence (Kav et al 2008, Rittenburg 2012).
- Encourage adherence with pill diaries, phone calls, text, or email reminders at regular intervals; assess adherence at follow-up visits; adherence rates improve with supported patients (Esper 2013, Schneider, Adams and Gosselin 2014, Tipton 2015, Spoelstra and Sansoucie 2015).
- Staffing models must be evaluated to incorporate the time necessary to educate and follow patients taking oral oncolytics.
- Oral oncolytics may be taken for years, yet most studies provide brief snapshots of adherence indicating the need for studies to include long-term follow-up.
- Nurses, research coordinators, pharmacists, and physicians are ideally positioned to assess and educate patients on oral oncolytics (Griffiths and Pascoe 2014, Schneider, Hess, and Gosselin 2011, Irwin and Johnson 2015, Weingart et al 2008).
- Consider implementing a baseline assessment with all patients starting oral oncolytics. When an “at-risk patient” is identified, take action; an email or a phone call once a week could make a big difference in adherence with oral therapy.

*A list of tools and the references for this article can be found in the PDF version here*

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**New NRG Oncology Protocol Support Committee Appointments: 12/18/2018**

- **Ellen Perme, RN, BSN, CCPR**, University Hospitals-Seidman Cancer Center. Appointed to the CTN Sub Committee and the Education & Training Working Group.
- **Pamela Mason, RN, BSN, CCPR**, First Health of the Carolinas. Appointed to the CTN Sub Committee and Quality Control Working Group.
Vinai Gondi, MD, receives 2018 Applied Neuro-Oncology Award

The Society for Neuro-Oncology (SNO) recently awarded Dr. Vinai Gondi, a member of NRG Oncology’s Brain Tumor Committee, NCORP Cancer Prevention and Control, and NCORP Patient Centered Outcomes Research Committees, with their 2018 Applied Neuro-Oncology Award for his abstract, “Preservation of neurocognitive function (NCF) with hippocampal avoidance during whole-brain radiotherapy (WBRT) for brain metastases: preliminary results of phase III trial NRG Oncology CC001”.

Mary (Dicey) Jackson Scroggins appointed as Director of Global Outreach and Engagement at IGCS

Congratulations to our NRG Oncology Patient Advocate Committee Co-Chair Mary (Dicey) Jackson Scroggins on being appointed as the International Gynecologic Cancer Society’s (IGCS) first Director of Global Outreach and Engagement. Dicey, who is a 22-year ovarian cancer survivor and women’s health activist, will be leading patient advocacy and community efforts on behalf of IGCS. Dicey is also a member of the American Association for Cancer Research (AACR) Minorities in Cancer Research Council, the Leadership Committee for MD Anderson Cancer Center’s “Women’s Cancer Moon Shots Program”, the National Cancer Institute’s (NCI) Investigational Drug Steering Committee and Patient Advocate Steering Committee, and the National Institute of Health’s (NIH) National Human Genome Research Institute, Partnership for Community Outreach and Engagement in Genomics. She is also a founding partner of Pinkie Hugs, LLC and co-founder of In My Sister’s Care.

Thomas B. Julian, MD, to receive 2018 ACMS Richard E. Deitrick Humanity in Medicine Award

Dr. Thomas B. Julian, Chair of NRG Oncology’s Communications Committee, will receive the 2018 Allegheny County Medical Society Richard E. Deitrick Humanity in Medicine Award at the Allegheny County Medical Society Foundation Gala on March 2, 2019, in Pittsburgh. The award honors a physician who has improved the lives of patients by caring for them with integrity, honesty, and respect for human dignity and who serves as a role model for other physicians. Dr. Julian is associate medical director of cancer program development at Allegheny Health Network’s Cancer Institute, and is a Professor of Surgery at Drexel University and Temple University’s School of Medicine. He also serves NRG Oncology as Chair of the NRG Oncology Surgical Oncology Committee.

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