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FCS THE MAGAZINE

Tarshia Rivera

Finds Remission Through FCS Care and Enduring Faith

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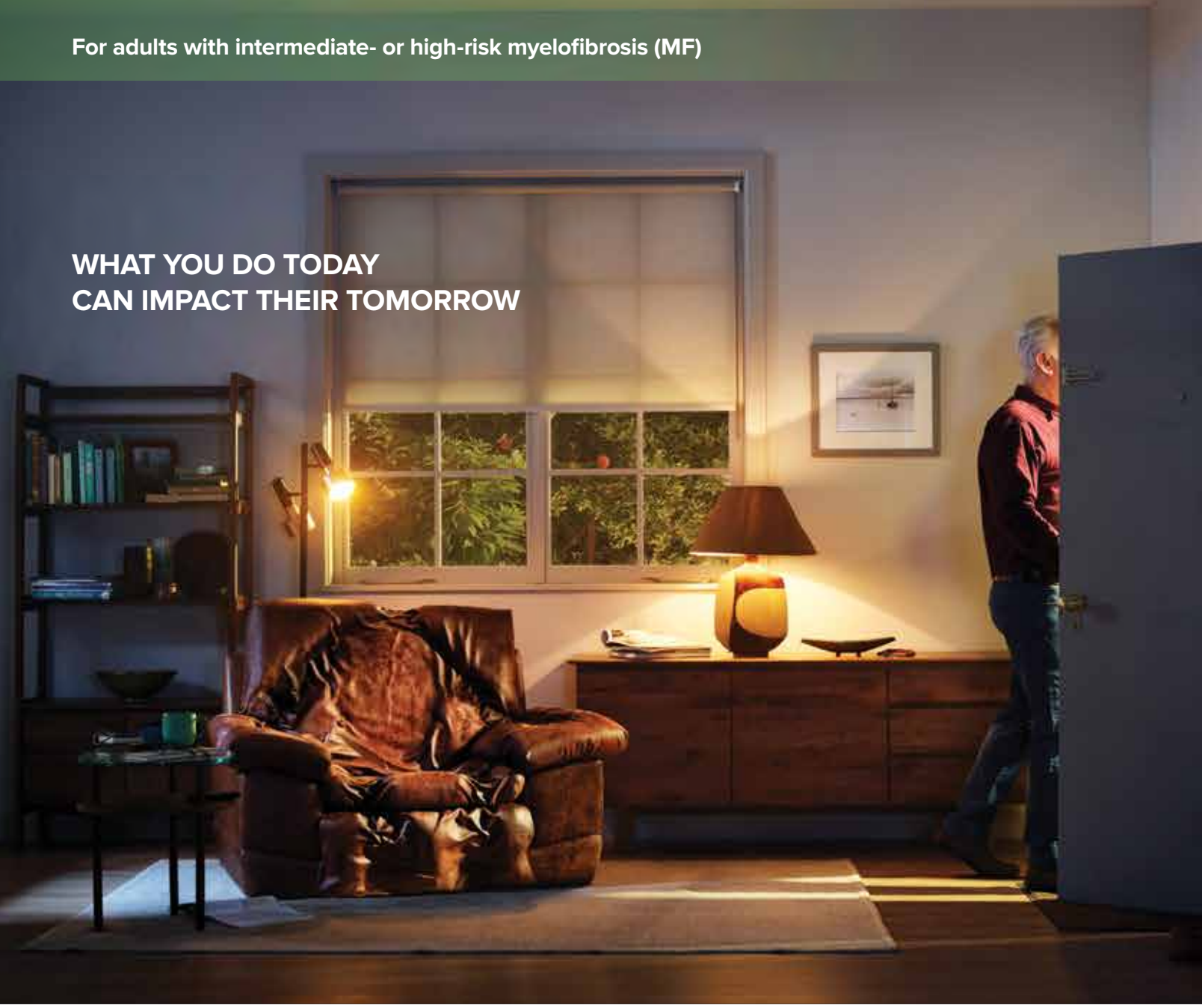


WHAT YOU DO TODAY CAN IMPACT THEIR TOMORROW

Indications and Usage

Jakafi is indicated for treatment of intermediate or high-risk myelofibrosis (MF), including primary MF, post-polycythemia vera MF and post-essential thrombocythemia MF in adults.

Important Safety Information

- Treatment with Jakafi® (ruxolitinib) can cause thrombocytopenia, anemia and neutropenia, which are each dose-related effects. Perform a pre-treatment complete blood count (CBC) and monitor CBCs every 2 to 4 weeks until doses are stabilized, and then as clinically indicated
- Manage thrombocytopenia by reducing the dose or temporarily interrupting Jakafi. Platelet transfusions may be necessary
- Patients developing anemia may require blood transfusions and/or dose modifications of Jakafi
- Severe neutropenia (ANC $<0.5 \times 10^9$/L) was generally reversible by withholding Jakafi until recovery
- Serious bacterial, mycobacterial, fungal and viral infections have occurred. Delay starting Jakafi until active serious infections have resolved. Observe patients receiving Jakafi for signs and symptoms of infection and manage promptly. Use active surveillance and prophylactic antibiotics according to clinical guidelines
- Tuberculosis (TB) infection has been reported. Observe patients taking Jakafi for signs and symptoms of active TB and manage promptly. Prior to initiating Jakafi, evaluate patients for TB risk factors and test those at higher risk for latent infection. Consult a physician with expertise in the treatment of TB before starting Jakafi in patients with evidence of active or latent TB. Continuation of Jakafi during treatment of active TB should be based on the overall risk-benefit determination
- Progressive multifocal leukoencephalopathy (PML) has occurred with Jakafi treatment. If PML is suspected, stop Jakafi and evaluate
- Advise patients about early signs and symptoms of herpes zoster and to seek early treatment
- Increases in hepatitis B viral load with or without associated elevations in alanine aminotransferase and aspartate aminotransferase have been reported in patients with chronic hepatitis B virus (HBV) infections. Monitor and treat patients with chronic HBV infection according to clinical guidelines
- When discontinuing Jakafi, myeloproliferative neoplasm-related symptoms may return within one week. After discontinuation, some patients with myelofibrosis have experienced fever, respiratory distress, hypotension, DIC, or multi-organ failure. If any of these occur after discontinuation or while tapering Jakafi, evaluate and treat any intercurrent illness and consider restarting or increasing the dose of Jakafi. Instruct patients not to interrupt or discontinue Jakafi without consulting their physician. When discontinuing or interrupting Jakafi for reasons other than thrombocytopenia or neutropenia, consider gradual tapering rather than abrupt discontinuation
- Non-melanoma skin cancers (NMSC) including basal cell, squamous cell, and Merkel cell carcinoma have occurred. Perform periodic skin examinations
- Treatment with Jakafi has been associated with increases in total cholesterol, low-density lipoprotein cholesterol, and triglycerides. Assess lipid parameters 8-12 weeks after initiating Jakafi. Monitor and treat according to clinical guidelines for the management of hyperlipidemia

INTERVENE WITH JAKAFI AT DIAGNOSIS

COMFORT-I Primary Endpoint*

42% of patients receiving Jakafi achieved a ≥35% reduction in spleen volume at week 24 vs 0.7% of patients receiving placebo ($P < 0.0001$)[1,2]

- 4.4-year median duration of spleen response among primary responders (n = 65)[3†]

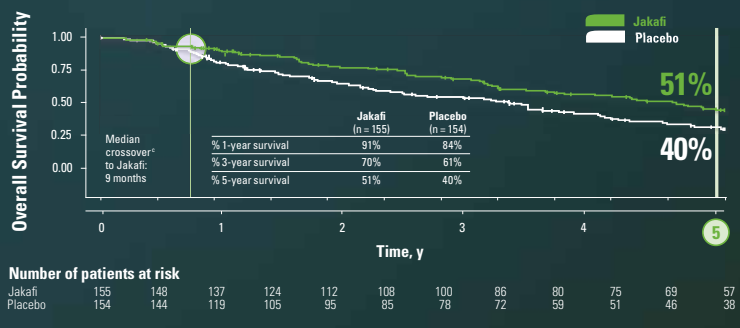
COMFORT-I Secondary Endpoint‡

46% of patients receiving Jakafi achieved a ≥50% improvement in Total Symptom Score (TSS) at week 24 vs 5% of patients receiving placebo ($P < 0.0001$)[1,2]

- Median time to symptom response was <4 weeks for patients receiving Jakafi[1]

COMFORT-I 5-year analysis: Jakafi and placebo

Overall Survival Kaplan-Meier Curves by Treatment Group in COMFORT-I[1,3,4,a,b]



- At 3 years, survival probability was 70% for patients originally randomized to Jakafi and 61% for those originally randomized to placebo[1]
- Overall survival was a prespecified secondary endpoint in COMFORT-I[1]

Jakafi 5-year overall survival probability was 51%[3]

- All patients in the placebo group either crossed over to Jakafi at a median of 9 months or discontinued[1]

Intervene with Jakafi at diagnosis in appropriate patients with MF
STARTWITHJAKAFI.COM

CT, computed tomography; MRI, magnetic resonance imaging.

*COMFORT-I (COntrolled MyeloFibrosis study with ORal JAK inhibitor Treatment-I) was a randomized, double-blind, placebo-controlled phase 3 study with 309 patients with intermediate-2–risk or high-risk MF. The primary endpoint was the proportion of patients achieving a ≥35% reduction in spleen volume from baseline to week 24 as measured by CT or MRI.[1,2]

†Duration of spleen response was defined as the interval between the first spleen response measurement that was a ≥35% reduction from baseline and the date of the first measurement that was no longer a ≥35% reduction from baseline that was also a >25% increase from nadir.[3]

‡A secondary endpoint was the proportion of patients with a ≥50% reduction in TSS from baseline to week 24 as measured by the daily patient diary, the modified Myelofibrosis Symptom Assessment Form. TSS encompasses core symptoms of MF: abdominal discomfort, early satiety, pain under left ribs, pruritus, night sweats, and bone/muscle pain. Symptom scores ranged from 0 to 10, with 0 representing symptoms "absent" and 10 representing symptoms "worst imaginable." These scores were added to create the daily total score, which has a maximum of 60. At baseline, mean TSS was 18.0 in the group receiving Jakafi and 16.5 in the group receiving placebo.[1,2]

[a]The 5-year overall survival analysis is not included in the Full Prescribing Information for Jakafi. Although the 3-year overall survival analysis is presented in the Full Prescribing Information, *P* values and hazard ratios are omitted from the overall survival Kaplan-Meier curves.[1,3]

[b]COMFORT-I was not designed to compare survival probabilities between Jakafi and placebo at 3 or 5 years.[3]

[c]Patients randomized to placebo were eligible to crossover to receive Jakafi because of progression-driven events or at the physician's discretion; however, these patients continued to be grouped within their original randomized assignment for analysis purposes.[3]

Jakafi® ruxolitinib (tablets)
5mg • 10mg • 15mg • 20mg • 25mg

- Another JAK-inhibitor has increased the risk of major adverse cardiovascular events (MACE), including cardiovascular death, myocardial infarction, and stroke (compared to those treated with tumor TNF blockers) in patients with rheumatoid arthritis, a condition for which Jakafi is not indicated. Consider the benefits and risks for the individual patient prior to initiating or continuing therapy with Jakafi particularly in patients who are current or past smokers and patients with other cardiovascular risk factors. Patients should be informed about the symptoms of serious cardiovascular events and the steps to take if they occur
- Another JAK-inhibitor has increased the risk of thrombosis, including deep venous thrombosis (DVT), pulmonary embolism (PE), and arterial thrombosis (compared to those treated with TNF blockers) in patients with rheumatoid arthritis, a condition for which Jakafi is not indicated. In patients with myelofibrosis (MF) and polycythemia vera (PV) treated with Jakafi in clinical trials, the rates of thromboembolic events were similar in Jakafi and control treated patients. Patients with symptoms of thrombosis should be promptly evaluated and treated appropriately
- Another JAK-inhibitor has increased the risk of lymphoma and other malignancies excluding NMSC (compared to those treated with TNF blockers) in patients with rheumatoid arthritis, a condition for which Jakafi is not indicated. Patients who are current or past smokers are at additional increased risk. Consider the benefits and risks for the individual patient prior to initiating or continuing therapy with Jakafi, particularly in patients with a known secondary malignancy (other than a successfully treated NMSC), patients who develop a malignancy, and patients who are current or past smokers
- In myelofibrosis and polycythemia vera, the most common nonhematologic adverse reactions (incidence ≥15%) were bruising, dizziness, headache, and diarrhea. In acute graft-versus-host disease, the most common nonhematologic adverse reactions (incidence >50%) were infections (pathogen not specified) and edema. In chronic graft-versus-host disease, the most common nonhematologic adverse reactions (incidence ≥20%) were infections (pathogen not specified) and viral infections
- Avoid concomitant use with fluconazole doses greater than 200 mg. Dose modifications may be required when administering Jakafi with fluconazole doses of 200 mg or less, or with strong CYP3A4 inhibitors, or in patients with renal or hepatic impairment. Patients should be closely monitored and the dose titrated based on safety and efficacy
- Use of Jakafi during pregnancy is not recommended and should only be used if the potential benefit justifies the potential risk to the fetus. Women taking Jakafi should not breastfeed during treatment and for 2 weeks after the final dose

Please see Brief Summary of Full Prescribing Information for Jakafi on the following pages. To learn more about Jakafi, visit **HCP.Jakafi.com**

References: 1. Jakafi Prescribing Information. Wilmington, DE: Incyte Corporation. **2.** Verstovsek S, et al. *N Engl J Med.* 2012;366(9):799-807. **3.** Data on file. Incyte Corporation. Wilmington, DE. **4.** Verstovsek S, et al. *J Hematol Oncol.* 2017;10(1):55.

Incyte

Jakafi®
ruxolitinib (tablets)
5mg • 10mg • 15mg • 20mg • 25mg

BRIEF SUMMARY: For Full Prescribing Information, see package insert.

INDICATIONS AND USAGE Myelofibrosis Jakafi is indicated for treatment of intermediate or high-risk myelofibrosis (MF), including primary MF, post-polycythemia vera MF and post-essential thrombocythemia MF in adults. **Polycythemia Vera** Jakafi is indicated for treatment of polycythemia vera (PV) in adults who have had an inadequate response to or are intolerant of hydroxyurea. **Acute Graft-Versus-Host Disease** Jakafi is indicated for treatment of steroid-refractory acute graft-versus-host disease (aGVHD) in adult and pediatric patients 12 years and older. **Chronic Graft-Versus-Host Disease** Jakafi is indicated for treatment of chronic graft-versus-host disease (cGVHD) after failure of one or two lines of systemic therapy in adult and pediatric patients 12 years and older.

CONTRAINDICATIONS None.

WARNINGS AND PRECAUTIONS Thrombocytopenia, Anemia and Neutropenia Treatment with Jakafi can cause thrombocytopenia, anemia and neutropenia. *[see Adverse Reactions (6.1) in Full Prescribing Information]*. Manage thrombocytopenia by reducing the dose or temporarily interrupting Jakafi. Platelet transfusions may be necessary *[see Dosage and Administration (2) in Full Prescribing Information]*. Patients developing anemia may require blood transfusions and/or dose modifications of Jakafi. Severe neutropenia (ANC less than 0.5×10^9/L) was generally reversible by withholding Jakafi until recovery. Perform a pre-treatment complete blood count (CBC) and monitor CBCs every 2 to 4 weeks until doses are stabilized, and then as clinically indicated *[see Dosage and Administration (2) in Full Prescribing Information]*. **Risk of Infection** Serious bacterial, mycobacterial, fungal and viral infections have occurred *[see Adverse Reactions (6.1) in Full Prescribing Information]*. Delay starting therapy with Jakafi until active serious infections have resolved. Observe patients receiving Jakafi for signs and symptoms of infection and manage promptly. Use active surveillance and prophylactic antibiotics according to clinical guidelines. *Tuberculosis* Tuberculosis infection has been reported in patients receiving Jakafi. Observe patients receiving Jakafi for signs and symptoms of active tuberculosis and manage promptly. Prior to initiating Jakafi, patients should be evaluated for tuberculosis risk factors, and those at higher risk should be tested for latent infection. Risk factors include, but are not limited to, prior residence in or travel to countries with a high prevalence of tuberculosis, close contact with a person with active tuberculosis, and a history of active or latent tuberculosis where an adequate course of treatment cannot be confirmed. For patients with evidence of active or latent tuberculosis, consult a physician with expertise in the treatment of tuberculosis before starting Jakafi. The decision to continue Jakafi during treatment of active tuberculosis should be based on the overall risk-benefit determination. *Progressive Multifocal Leukoencephalopathy* Progressive multifocal leukoencephalopathy (PML) has occurred with Jakafi treatment. If PML is suspected, stop Jakafi and evaluate. *Herpes Zoster* Advise patients about early signs and symptoms of herpes zoster and to seek treatment as early as possible if suspected. *Hepatitis B* Hepatitis B viral load (HBV-DNA titer) increases, with or without associated elevations in alanine aminotransferase and aspartate aminotransferase, have been reported in patients with chronic HBV infections taking Jakafi. The effect of Jakafi on viral replication in patients with chronic HBV infection is unknown. Patients with chronic HBV infection should be treated and monitored according to clinical guidelines. **Symptom Exacerbation Following Interruption or Discontinuation of Treatment with Jakafi** Following discontinuation of Jakafi, symptoms from myeloproliferative neoplasms may return to pretreatment levels over a period of approximately one week. Some patients with MF have experienced one or more of the following adverse events after discontinuing Jakafi: fever, respiratory distress, hypotension, DIC, or multi-organ failure. If one or more of these occur after discontinuation of, or while tapering the dose of Jakafi, evaluate for and treat any intercurrent illness and consider restarting or increasing the dose of Jakafi. Instruct patients not to interrupt or discontinue Jakafi therapy without consulting their physician. When discontinuing or interrupting therapy with Jakafi for reasons other than thrombocytopenia or neutropenia *[see Dosage and Administration (2.7) in Full Prescribing Information]*, consider tapering the dose of Jakafi gradually rather than discontinuing abruptly. **Non-Melanoma Skin Cancer (NMSC)** Non-melanoma skin cancers including basal cell, squamous cell, and Merkel cell carcinoma have occurred in patients treated with Jakafi. Perform periodic skin examinations. **Lipid Elevations** Treatment with Jakafi has been associated with increases in lipid parameters including total cholesterol, low-density lipoprotein (LDL) cholesterol, and triglycerides *[see Adverse Reactions (6.1) in Full Prescribing Information]*. The effect of these lipid parameter elevations on cardiovascular morbidity and mortality has not been determined in patients treated with Jakafi. Assess lipid parameters approximately 8-12 weeks following initiation of Jakafi therapy. Monitor and treat according to clinical guidelines for the management of hyperlipidemia. **Major Adverse Cardiovascular Events (MACE)** Another JAK-inhibitor has increased the risk of MACE, including cardiovascular death, myocardial infarction, and stroke (compared to those treated with TNF blockers) in patients with rheumatoid arthritis, a condition for which Jakafi is not indicated. Consider the benefits and risks for the individual patient prior to initiating or continuing therapy with Jakafi particularly in patients who are current or past smokers and patients with other cardiovascular risk factors. Patients should be informed about the symptoms of serious cardiovascular events and the steps to take if they occur. **Thrombosis** Another JAK-inhibitor has increased the risk of thrombosis, including deep venous thrombosis (DVT), pulmonary embolism (PE), and arterial thrombosis (compared to those treated with TNF blockers) in patients with rheumatoid arthritis, a condition for which Jakafi is not indicated. In patients with MF and PV treated with Jakafi in clinical trials, the rates of thromboembolic events were similar in Jakafi and control treated patients. Patients with symptoms of thrombosis should be promptly evaluated and treated appropriately. **Secondary Malignancies** Another JAK-inhibitor has increased the risk of lymphoma and other malignancies excluding NMSC (compared to those treated with TNF blockers) in patients with rheumatoid arthritis, a condition for which Jakafi is not indicated. Patients who are current or past smokers are at additional increased risk. Consider the benefits and risks for the individual patient prior to initiating or continuing therapy with Jakafi, particularly in patients with a known secondary malignancy (other than a successfully treated NMSC), patients who develop a malignancy, and patients who are current or past smokers. **ADVERSE REACTIONS** The following clinically significant adverse reactions are discussed in greater detail in other sections of the labeling: • Thrombocytopenia, Anemia and Neutropenia *[see Warnings and Precautions (5.1) in Full Prescribing Information]* • Risk of Infection *[see Warnings and Precautions (5.2) in Full Prescribing Information]* • Symptom Exacerbation Following Interruption or Discontinuation of Treatment with Jakafi *[see Warnings and Precautions (5.3) in Full Prescribing Information]* • Non-Melanoma Skin Cancer *[see Warnings and Precautions (5.4) in Full Prescribing Information]* • Lipid Elevations *[see Warnings and Precautions (5.5) in Full Prescribing Information]* • Major Adverse Cardiovascular Events (MACE) *[see Warnings and Precautions (5.6) in Full Prescribing Information]* • Thrombosis *[see Warnings and Precautions (5.7) in Full Prescribing Information]* • Secondary Malignancies *[see Warnings and Precautions (5.8) in Full Prescribing Information]*. **Clinical Trials Experience** Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

Myelofibrosis The safety of Jakafi was assessed in 617 patients in six clinical studies with a median duration of follow-up of 10.9 months, including 301 patients with MF in two Phase 3 studies. In these two Phase 3 studies, patients had a median duration of exposure to Jakafi of 9.5 months (range 0.5 to 17 months), with 89% of patients treated for more than 6 months and 25% treated for more than 12 months. One hundred and eleven (111) patients started treatment at 15 mg twice daily and 190 patients started at 20 mg twice daily. In patients starting treatment with 15 mg twice daily (pretreatment platelet counts of 100 to 200 $\times$ 10^9/L) and 20 mg twice daily (pretreatment platelet counts greater than 200 $\times$ 10^9/L), 65% and 25% of patients, respectively, required a dose reduction below the starting dose within the first 8 weeks of therapy. In a double-blind, randomized, placebo-controlled study of Jakafi, among the 155 patients treated with Jakafi, the most frequent adverse reactions were thrombocytopenia and anemia *[see Table 2]*. Thrombocytopenia, anemia and neutropenia are dose-related effects. The three most frequent nonhematologic adverse reactions were bruising, dizziness and headache *[see Table 1]*. Discontinuation for adverse events, regardless of causality, was observed in 11% of patients treated with Jakafi and 11% of patients treated with placebo. Table 1 presents the most common nonhematologic adverse reactions occurring in patients who received Jakafi in the double-blind, placebo-controlled study during randomized treatment.

Table 1: Myelofibrosis: Nonhematologic Adverse Reactions Occurring in Patients on Jakafi in the Double-blind, Placebo-controlled Study During Randomized Treatment

	Jakafi (N=155)			Placebo (N=151)		
Adverse Reactions	All Grades[a] (%)	Grade 3 (%)	Grade 4 (%)	All Grades (%)	Grade 3 (%)	Grade 4 (%)
Bruising[b]	23	< 1	0	15	0	0
Dizziness[c]	18	< 1	0	7	0	0
Headache	15	0	0	5	0	0
Urinary Tract Infections[d]	9	0	0	5	< 1	< 1
Weight Gain[e]	7	< 1	0	1	< 1	0
Flatulence	5	0	0	< 1	0	0
Herpes Zoster[f]	2	0	0	< 1	0	0

[a] National Cancer Institute Common Terminology Criteria for Adverse Events (CTCAE), version 3.0

[b] includes contusion, ecchymosis, hematoma, injection site hematoma, periorbital hematoma, vessel puncture site hematoma, increased tendency to bruise, petechiae, purpura

[c] includes dizziness, postural dizziness, vertigo, balance disorder, Meniere's Disease, labyrinthitis

[d] includes urinary tract infection, cystitis, urosepsis, urinary tract infection bacterial, kidney infection, pyuria, bacteria urine, bacteria urine identified, nitrite urine present

[e] includes weight increased, abnormal weight gain

[f] includes herpes zoster and post-herpetic neuralgia

Description of Selected Adverse Reactions: Anemia In the two Phase 3 clinical studies, median time to onset of first CTCAE Grade 2 or higher anemia was approximately 6 weeks. One patient (< 1%) discontinued treatment because of anemia. In patients receiving Jakafi, mean decreases in hemoglobin reached a nadir of approximately 1.5 to 2.0 g/dL below baseline after 8 to 12 weeks of therapy and then gradually recovered to reach a new steady state that was approximately 1.0 g/dL below baseline. This pattern was observed in patients regardless of whether they had received transfusions during therapy. In the randomized, placebo-controlled study, 60% of patients treated with Jakafi and 38% of patients receiving placebo received red blood cell transfusions during randomized treatment. Among transfused patients, the median number of units transfused per month was 1.2 in patients treated with Jakafi and 1.7 in placebo treated patients. **Thrombocytopenia** In the two Phase 3 clinical studies, in patients who developed Grade 3 or 4 thrombocytopenia, the median time to onset was approximately 8 weeks. Thrombocytopenia was generally reversible with dose reduction or dose interruption. The median time to recovery of platelet counts above 50×10^9/L was 14 days. Platelet transfusions were administered to 5% of patients receiving Jakafi and to 4% of patients receiving control regimens. Discontinuation

of treatment because of thrombocytopenia occurred in < 1% of patients receiving Jakafi and < 1% of patients receiving control regimens. Patients with a platelet count of 100 × 10^9/L to 200 × 10^9/L before starting Jakafi had a higher frequency of Grade 3 or 4 thrombocytopenia compared to patients with a platelet count greater than 200 × 10^9/L (17% versus 7%). **Neutropenia** In the two Phase 3 clinical studies, 1% of patients reduced or stopped Jakafi because of neutropenia. Table 2 provides the frequency and severity of clinical hematology abnormalities reported for patients receiving treatment with Jakafi or placebo in the placebo-controlled study.

Table 2: Myelofibrosis: Worst Hematology Laboratory Abnormalities in the Placebo-Controlled Study[a]

	Jakafi (N=155)			Placebo (N=151)		
Laboratory Parameter	**All Grades[b] (%)**	**Grade 3 (%)**	**Grade 4 (%)**	**All Grades (%)**	**Grade 3 (%)**	**Grade 4 (%)**
Thrombocytopenia	70	9	4	31	1	0
Anemia	96	34	11	87	16	3
Neutropenia	19	5	2	4	< 1	1

[a] Presented values are worst Grade values regardless of baseline
[b] National Cancer Institute Common Terminology Criteria for Adverse Events, version 3.0

Additional Data from the Placebo-Controlled Study • 25% of patients treated with Jakafi and 7% of patients treated with placebo developed newly occurring or worsening Grade 1 abnormalities in alanine transaminase (ALT). The incidence of greater than or equal to Grade 2 elevations was 2% for Jakafi with 1% Grade 3 and no Grade 4 ALT elevations. • 17% of patients treated with Jakafi and 6% of patients treated with placebo developed newly occurring or worsening Grade 1 abnormalities in aspartate transaminase (AST). The incidence of Grade 2 AST elevations was < 1% for Jakafi with no Grade 3 or 4 AST elevations. • 17% of patients treated with Jakafi and < 1% of patients treated with placebo developed newly occurring or worsening Grade 1 elevations in cholesterol. The incidence of Grade 2 cholesterol elevations was < 1% for Jakafi with no Grade 3 or 4 cholesterol elevations. Polycythemia Vera In a randomized, open-label, active-controlled study, 110 patients with PV resistant to or intolerant of hydroxyurea received Jakafi and 111 patients received best available therapy *[see Clinical Studies (14.2) in Full Prescribing Information]*. The most frequent adverse reaction was anemia. Discontinuation for adverse events, regardless of causality, was observed in 4% of patients treated with Jakafi. Table 3 presents the most frequent nonhematologic adverse reactions occurring up to Week 32.

Table 3: Polycythemia Vera: Nonhematologic Adverse Reactions Occurring in ≥ 5% of Patients on Jakafi in the Open-Label, Active-controlled Study up to Week 32 of Randomized Treatment

	Jakafi (N=110)		Best Available Therapy (N=111)	
Adverse Reactions	**All Grades[a] (%)**	**Grade 3-4 (%)**	**All Grades (%)**	**Grade 3-4 (%)**
Diarrhea	15	0	7	< 1
Dizziness[b]	15	0	13	0
Dyspnea[c]	13	3	4	0
Muscle Spasms	12	< 1	5	0
Constipation	8	0	3	0
Herpes Zoster[d]	6	< 1	0	0
Nausea	6	0	4	0
Weight Gain[e]	6	0	< 1	0
Urinary Tract Infections[f]	6	0	3	0
Hypertension	5	< 1	3	< 1

[a] National Cancer Institute Common Terminology Criteria for Adverse Events (CTCAE), version 3.0
[b] includes dizziness and vertigo
[c] includes dyspnea and dyspnea exertional
[d] includes herpes zoster and post-herpetic neuralgia
[e] includes weight increased and abnormal weight gain
[f] includes urinary tract infection and cystitis

Clinically relevant laboratory abnormalities are shown in Table 4.

Table 4: Polycythemia Vera: Selected Laboratory Abnormalities in the Open-Label, Active-controlled Study up to Week 32 of Randomized Treatment[a]

	Jakafi (N=110)			Best Available Therapy (N=111)		
Laboratory Parameter	**All Grades[b] (%)**	**Grade 3 (%)**	**Grade 4 (%)**	**All Grades (%)**	**Grade 3 (%)**	**Grade 4 (%)**
Hematology						
Anemia	72	< 1	< 1	58	0	0
Thrombocytopenia	27	5	< 1	24	3	< 1
Neutropenia	3	0	< 1	10	< 1	0
Chemistry						
Hypercholesterolemia	35	0	0	8	0	0
Elevated ALT	25	< 1	0	16	0	0
Elevated AST	23	0	0	23	< 1	0
Hypertriglyceridemia	15	0	0	13	0	0

[a] Presented values are worst Grade values regardless of baseline
[b] National Cancer Institute Common Terminology Criteria for Adverse Events, version 3.0

Acute Graft-Versus-Host Disease In a single-arm, open-label study, 71 adults (ages 18-73 years) were treated with Jakafi for aGVHD failing treatment with steroids with or without other immunosuppressive drugs *[see Clinical Studies (14.3) in Full Prescribing Information]*. The median duration of treatment with Jakafi was 46 days (range, 4-382 days). There were no fatal adverse reactions to Jakafi. An adverse reaction resulting in treatment discontinuation occurred in 31% of patients. The most common adverse reaction leading to treatment discontinuation was infection (10%). Table 5 shows the adverse reactions other than laboratory abnormalities.

Table 5: Acute Graft-Versus-Host Disease: Nonhematologic Adverse Reactions Occurring in ≥ 15% of Patients in the Open-Label, Single-Cohort Study

	Jakafi (N=71)	
Adverse Reactions[a]	**All Grades[b] (%)**	**Grade 3-4 (%)**
Infections (pathogen not specified)	55	41
Edema	51	13
Hemorrhage	49	20
Fatigue	37	14
Bacterial infections	32	28
Dyspnea	32	7
Viral infections	31	14
Thrombosis	25	11
Diarrhea	24	7
Rash	23	3
Headache	21	4
Hypertension	20	13
Dizziness	16	0

[a] Selected laboratory abnormalities are listed in Table 6 below
[b] National Cancer Institute Common Terminology Criteria for Adverse Events (CTCAE), version 4.03

Selected laboratory abnormalities during treatment with Jakafi are shown in Table 6.

Table 6: Acute Graft-Versus-Host Disease: Selected Laboratory Abnormalities Worsening from Baseline in the Open-Label, Single Cohort Study

	Jakafi (N=71)	
	Worst grade during treatment	
Laboratory Parameter	**All Grades[a] (%)**	**Grade 3-4 (%)**
Hematology		
Anemia	75	45
Thrombocytopenia	75	61
Neutropenia	58	40
Chemistry		
Elevated ALT	48	8
Elevated AST	48	6
Hypertriglyceridemia	11	1

[a] National Cancer Institute Common Terminology Criteria for Adverse Events, version 4.03

Chronic Graft-Versus-Host Disease In a Phase 3, randomized, open-label, multi-center study, 165 patients were treated with Jakafi and 158 patients were treated with best available therapy for cGVHD failing treatment with steroids with or without other immunosuppressive drugs *[see Clinical Studies (14.4) in full Prescribing Information]*; sixty-five patients crossed over from best available therapy to treatment with Jakafi, for a total of 230 patients treated with Jakafi. The median duration of exposure to Jakafi for the study was 49.7 weeks (range, 0.7 to 144.9 weeks) in the Jakafi arm. One hundred and nine (47%) patients were on Jakafi for at least 1 year. There were five fatal adverse reactions to Jakafi, including 1 from toxic epidermal necrolysis and 4 from neutropenia, anemia and/or thrombocytopenia. An adverse reaction resulting in treatment discontinuation occurred in 18% of patients treated with Jakafi. An adverse reaction resulting in dose modification occurred in 27%, and an adverse reaction resulting in treatment interruption occurred in 23%. The most common hematologic adverse reactions (incidence > 35%) are anemia and thrombocytopenia. The most common nonhematologic adverse reactions (incidence ≥ 20%) are infections (pathogen not specified) and viral infection. Table 7 presents the most frequent nonlaboratory adverse reactions occurring up to Cycle 7 Day 1 of randomized treatment.

Table 7: Chronic Graft-Versus-Host Disease: All-Grade (≥ 10%) and Grades 3-5 (≥ 3%) Nonlaboratory Adverse Reactions Occurring in Patients in the Open-Label, Active-controlled Study up to Cycle 7 Day 1 of Randomized Treatment

	Jakafi (N = 165)		Best Available Therapy (N = 158)	
Adverse Reactions[b]	**All Grades[a] (%)**	**Grade ≥ 3 (%)**	**All Grades (%)**	**Grade ≥ 3 (%)**
Infections and infestations				
Infections (pathogen not specified)	45	15	44	16
Viral infections	28	5	23	5
Musculoskeletal and connective tissue disorders				
Musculoskeletal pain	18	1	13	0
General disorders and administration site conditions				
Pyrexia	16	2	9	1
Fatigue	13	1	10	2
Edema	10	1	12	1
Vascular disorders				
Hypertension	16	5	13	7
Hemorrhage	12	2	15	2
Respiratory, thoracic and mediastinal disorders				
Cough	13	0	8	0
Dyspnea	11	1	8	1
Gastrointestinal disorders				
Nausea	12	0	13	2
Diarrhea	10	1	13	1

[a] National Cancer Institute Common Terminology Criteria for Adverse Events (CTCAE), version 4.03
[b] Grouped terms that are composites of applicable adverse reaction terms.

Clinically relevant laboratory abnormalities are shown in Table 8.

Table 8: Chronic Graft-Versus-Host Disease: Selected Laboratory Abnormalities in the Open-Label, Active-controlled Study up to Cycle 7 Day 1 of Randomized Treatment[a]

	Jakafi (N=165)		Best Available Therapy (N=158)	
Laboratory Test	**All Grades[b] (%)**	**Grade ≥ 3 (%)**	**All Grades (%)**	**Grade ≥ 3 (%)**
Hematology				
Anemia	82	13	75	8
Thrombocytopenia	27	12	23	9
Neutropenia	58	20	54	17
Chemistry				
Hypercholesterolemia	88	10	85	8
Elevated AST	65	5	54	6
Elevated ALT	73	11	71	16
Gamma glutamyltransferase increased	81	42	75	38
Creatinine increased	47	1	40	2
Elevated lipase	38	12	30	9
Elevated amylase	35	8	25	4

[a] Presented values are worst Grade values regardless of baseline
[b] National Cancer Institute Common Terminology Criteria for Adverse Events, version 4.03

DRUG INTERACTIONS Fluconazole Concomitant use of Jakafi with fluconazole increases ruxolitinib exposure *[see Clinical Pharmacology (12.3) in Full Prescribing Information]*, which may increase the risk of exposure-related adverse reactions. Avoid concomitant use of Jakafi with fluconazole doses of greater than 200 mg daily. Reduce the Jakafi dosage when used concomitantly with fluconazole doses of less than or equal to 200 mg *[see Dosage and Administration (2.5) in Full Prescribing Information]*. **Strong CYP3A4 Inhibitors** Concomitant use of Jakafi with strong CYP3A4 inhibitors increases ruxolitinib exposure *[see Clinical Pharmacology (12.3) in Full Prescribing Information]*, which may increase the risk of exposure-related adverse reactions. Reduce the Jakafi dosage when used concomitantly with strong CYP3A4 inhibitors except in patients with aGVHD or cGVHD *[see Dosage and Administration (2.5) in Full Prescribing Information]*. **Strong CYP3A4 Inducers** Concomitant use of Jakafi with strong CYP3A4 inducers may decrease ruxolitinib exposure *[see Clinical Pharmacology (12.3) in Full Prescribing Information]*, which may reduce efficacy of Jakafi. Monitor patients frequently and adjust the Jakafi dose based on safety and efficacy *[see Clinical Pharmacology (12.3) in Full Prescribing Information]*. **USE IN SPECIFIC POPULATIONS Pregnancy: Risk Summary** When pregnant rats and rabbits were administered ruxolitinib during the period of organogenesis adverse developmental outcomes occurred at doses associated with maternal toxicity *(see Data)*. There are no studies with the use of Jakafi in pregnant women to inform drug-associated risks. The background risk of major birth defects and miscarriage for the indicated populations is unknown. Adverse outcomes in pregnancy occur regardless of the health of the mother or the use of medications. The background risk in the U.S. general population of major birth defects is 2% to 4% and miscarriage is 15% to 20% of clinically recognized pregnancies. **Data:** *Animal Data* Ruxolitinib was administered orally to pregnant rats or rabbits during the period of organogenesis, at doses of 15, 30 or 60 mg/kg/day in rats and 10, 30 or 60 mg/kg/day in rabbits. There were no treatment-related malformations. Adverse developmental outcomes, such as decreases of approximately 9% in fetal weights were noted in rats at the highest and maternally toxic dose of 60 mg/kg/day. This dose results in an exposure (AUC) that is approximately 2 times the clinical exposure at the maximum recommended dose of 25 mg twice daily. In rabbits, lower fetal weights of approximately 8% and increased late resorptions were noted at the highest and maternally toxic dose of 60 mg/kg/day. This dose is approximately 7% the clinical exposure at the maximum recommended dose. In a pre- and post-natal development study in rats, pregnant animals were dosed with ruxolitinib from implantation through lactation at doses up to 30 mg/kg/day. There were no drug-related adverse findings in pups for fertility indices or for maternal or embryofetal survival, growth and development parameters at the highest dose evaluated (34% the clinical exposure at the maximum recommended dose of 25 mg twice daily). **Lactation: Risk Summary** No data are available regarding the presence of ruxolitinib in human milk, the effects on the breast fed child, or the effects on milk production. Ruxolitinib and/or its metabolites were present in the milk of lactating rats *(see Data)*. Because many drugs are present in human milk and because of the potential for thrombocytopenia and anemia shown for Jakafi in human studies, discontinue breastfeeding during treatment with Jakafi and for two weeks after the final dose. **Data:** *Animal Data* Lactating rats were administered a single dose of [^{14}C]-labeled ruxolitinib (30 mg/kg) on postnatal Day 10, after which plasma and milk samples were collected for up to 24 hours. The AUC for total radioactivity in milk was approximately 13-fold the maternal plasma AUC. Additional analysis showed the presence of ruxolitinib and several of its metabolites in milk, all at levels higher than those in maternal plasma. **Pediatric Use** The safety and effectiveness of Jakafi for treatment of myelofibrosis or polycythemia vera in pediatric patients have not been established. The safety and effectiveness of Jakafi for treatment of steroid-refractory aGVHD has been established for treatment of children 12 years and older. Use of Jakafi in pediatric patients with steroid-refractory aGVHD is supported by evidence from adequate and well-controlled trials of Jakafi in adults *[see Clinical Studies (14.3) in Full Prescribing Information]* and additional pharmacokinetic and safety data in pediatric patients. The safety and effectiveness of Jakafi for treatment of steroid-refractory aGVHD has not been established in pediatric patients younger than 12 years old. The safety and effectiveness of Jakafi for treatment of cGVHD after failure of one or two lines of systemic therapy has been established for treatment of children 12 years and older. Use of Jakafi in pediatric patients with cGVHD after failure of one or two lines of systemic therapy is supported by evidence from adequate and well-controlled trials of Jakafi in adults and adolescents *[see Clinical Studies (14.3, 14.4) in Full Prescribing Information]* and additional pharmacokinetic and safety data in pediatric patients. The safety and effectiveness of Jakafi for treatment of cGVHD has not been established in pediatric patients younger than 12 years old. Jakafi was evaluated in a single-arm, dose-escalation study (NCT01164163) in 27 pediatric patients with relapsed or refractory solid tumors (Cohort A) and 20 with leukemias or myeloproliferative neoplasms (Cohort B). The patients had a median age of 14 years (range, 2 to 21 years) and included 18 children (age 2 to < 12 years), and 14 adolescents (age 12 to < 17 years). The dose levels tested were 15, 21, 29, 39, or 50 mg/m^2 twice daily in 28-day cycles with up to 6 patients per dose group. Overall, 38 (81%) patients were treated with no more than a single cycle of Jakafi, while 3, 1, 2, and 3 patients received 2, 3, 4, and 5 or more cycles, respectively. A protocol-defined maximal tolerated dose was not observed, but since few patients were treated for multiple cycles, tolerability with continued use was not assessed adequately to establish a recommended Phase 2 dose higher than the recommended dose for adults. The safety profile in children was similar to that seen in adults. *Juvenile Animal Toxicity Data* Administration of ruxolitinib to juvenile rats resulted in effects on growth and bone measures. When administered starting at postnatal day 7 (the equivalent of a human newborn) at doses of 1.5 to 75 mg/kg/day, evidence of fractures occurred at doses ≥ 30 mg/kg/day, and effects on body weight and other bone measures [e.g., bone mineral content, peripheral quantitative computed tomography, and x-ray analysis] occurred at doses ≥ 5 mg/kg/day. When administered starting at postnatal day 21 (the equivalent of a human 2-3 years of age) at doses of 5 to 60 mg/kg/day, effects on body weight and bone occurred at doses ≥ 15 mg/kg/day, which were considered adverse at 60 mg/kg/day. Males were more severely affected than females in all age groups, and effects were generally more severe when administration was initiated earlier in the postnatal period. These findings were observed at exposures that are at least 27% the clinical exposure at the maximum recommended dose of 25 mg twice daily. **Geriatric Use** Of the total number of patients with MF in clinical studies with Jakafi, 52% were 65 years and older, while 15% were 75 years and older. No overall differences in safety or effectiveness of Jakafi were observed between these patients and younger patients. Clinical studies of Jakafi in patients with aGVHD did not include sufficient numbers of subjects age 65 and over to determine whether they respond differently from younger subjects. Of the total number of patients with cGVHD treated with Jakafi in clinical trials, 11% were 65 years and older. No overall differences in safety or effectiveness of Jakafi were observed between these patients and younger patients. **Renal Impairment** Total exposure of ruxolitinib and its active metabolites increased with moderate (CLcr 30 to 59 mL/min) and severe (CLcr 15 to 29 mL/min) renal impairment, and ESRD (CLcr less than 15 mL/min) on dialysis *[see Clinical Pharmacology (12.3) in Full Prescribing Information]*. Modify Jakafi dosage as recommended *[see Dosage and Administration (2.6) in full Prescribing Information]*. **Hepatic Impairment** Exposure of ruxolitinib increased with mild (Child-Pugh A), moderate (Child-Pugh B) and severe (Child-Pugh C) hepatic impairment *[see Clinical Pharmacology (12.3) in full Prescribing Information]*. Reduce Jakafi dosage as recommended in patients with MF or PV with hepatic impairment *[see Dosage and Administration (2.6) in full Prescribing Information]*. Reduce Jakafi dosage as recommended for patients with Stage 4 liver aGVHD. Monitor blood counts more frequently for toxicity and modify the Jakafi dosage for adverse reactions if they occur for patients with Score 3 liver cGVHD *[see Dosage and Administration (2.6) and Clinical Pharmacology (12.3) in full Prescribing Information]*. **OVERDOSAGE** There is no known antidote for overdoses with Jakafi. Single doses up to 200 mg have been given with acceptable acute tolerability. Higher than recommended repeat doses are associated with increased myelosuppression including leukopenia, anemia and thrombocytopenia. Appropriate supportive treatment should be given. Hemodialysis is not expected to enhance the elimination of Jakafi.

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IN THIS ISSUE

FEATURES

SPOTLIGHTS

DEPARTMENTS

We welcome your feedback, article suggestions and photos (high resolution please).

Email to FCSCommunications@FLCancer.com

On the cover: FCS Patient Tarshia Rivera
Photography by Kari Dodge/Sebrie Images

Advanced treatments personalized to you.

Through next-generation sequencing, we take a deep look into your genes to create treatment plans personalized to you.

This provides a road map for immunotherapies that strengthen the way your cells fight cancer. Our patients also have access to the latest clinical trials delivering quality treatment and expertise in communities across Florida. We take care of the big things in cancer care, so you can make the most of the little moments—every step of the way.

FLORIDA CANCER SPECIALISTS
& Research Institute

FLCancer.com/LittleThings

FCS THE MAGAZINE

NATHAN H. WALCKER, CHIEF EXECUTIVE OFFICER

At Florida Cancer Specialists, our mission, vision and values guide our ongoing efforts to serve patients and remain at the forefront of community oncology and clinical research. In this issue, we share our refreshed company framework, developed with great thought, to clearly articulate our current aspirations and to define the principles we will abide by to achieve our goals.

In this issue, we salute our nursing professionals. Our Nursing Excellence Award is now named in memory of FCS oncology nurse Brandi Riber, a truly special individual whose work, in addition to her own personal cancer journey, epitomized the very heart and soul of our organization.

We are also excited to share details of our new wellness program, FCS Wellbeing, which is making it easier for team members to carve out time to focus on their individual health. Given the daily pressures we all experience at work and at home, providing a robust platform of tools and resources is critically important.

As we mark the halfway point of 2022, I extend my sincere thanks for your ongoing efforts to ensure the delivery of world-class care to each patient who entrusts their care to FCS.

MICHAEL DIAZ, MD, PRESIDENT & MANAGING PHYSICIAN

Each day we continue to drive Florida Cancer Specialists forward as a cancer care leader. We place great value on the importance of sharing best practices with our colleagues and peers to enhance policymaking, innovation and cancer care delivery.

We recently launched the FCS Hematology Oncology Review, an innovative mode for sharing the news of exciting treatments trialed at FCS and throughout the world that are greatly impacting the quality of patient care and outcomes.

FCS physicians and executive and senior leaders consistently serve as keynote presenters and active participants in forums sponsored by the Florida Society of Clinical Oncology, the Community Oncology Alliance and others.

Did you know that nursing is the nation's largest health care occupation? It's a statistic that has earned the profession the nickname of "the backbone of our healthcare system." Each day across our practice, over 1,800 skilled and dedicated nursing professionals serve and care for our patients with kindness and compassion. Among them are our 2022 Excellence in Nursing Leadership and Brandi Riber Patient Care and Advocacy awardees, selected by their peers, for their outstanding efforts.

As one team, one mission, our physicians and team members continue to give their very best to ensure that our patients experience the best outcomes possible. Thank you for all that you do.

TARSHIA RIVERA

PHOTO BY BKARI DODGE / SEBRIE IMAGES

Faith, **Determination,** Optimism

Tarshia Rivera stubbornly persevered until remission became a reality

BY PAIGE AIGRET

No matter what life threw at her, Tarshia Rivera kept her faith.

"I always remember the saying, 'He won't give you more than you can bear,' and I felt that I was strong enough to handle what He was giving me," she said.

For Rivera, breast cancer was one more challenge that she had the confidence to overcome. She found strength through prayer, and it kept her optimistic.

A Fort Myers, Florida native and resident, Rivera is a former pharmacy technician and the mother of four children. At the time of her diagnosis, her youngest child was only 7 years old, while the others had reached young adulthood.

"I didn't want him to grow up without his mother … that's what kept me strong," Rivera said of her young son. Her desire to be there for someone else fueled her determination to fight for her life.

The years leading up to her diagnosis were tumultuous ones for Rivera and her family. In 2013, she lost her father, then her aunt was diagnosed with lung and breast cancer. In August 2014, Rivera found out she, too, had cancer.

She was diagnosed with ERPR HER2-negative breast cancer, an aggressive form of the disease, which only served to strengthen her resolve.

Rivera and her aunt supported each other and even went to treatments together for a time. But in November 2017, her aunt's battle with breast cancer ended. The loss was difficult, but Rivera's determination was undiminished.

She underwent chemotherapy in Fort Myers under the care of FCS medical oncologist Frank Rodriguez, MD. In March 2015, she had a bilateral mastectomy. Still, the cancer returned.

When Rodriguez heard about a clinical trial for immunotherapy, he reached out to the medical oncologist for FCS's Drug Development Unit, Judy Wang, MD, and told her he viewed Rivera as a candidate for the trial.

Rivera was determined and ready to try something new. "I can't give up now," she told herself. "I had been through so much — the loss of my hair, the pain of crying."

In May 2016, Rivera went to Sarasota, where one of FCS's three Drug Development Units is located, to start immunotherapy. Wang was able to enroll her in three different clinical trials over the course of her treatment. She began to heal.

But as the cancer receded, other health issues including high blood pressure arose. Following the recommendations of an FCS nurse, Rivera changed her lifestyle.

"I started walking, and I would do squats and burpees," Rivera said. It was a lot for her because she was still undergoing treatment. She decided to take a break from vigorous exercise and focus on walking and a healthier diet.

She cut out red meat and pork and even now sticks to eating mostly chicken, fish and turkey. She eats more vegetables and tries to avoid starches. Rivera credits her FCS nurse

Tarshia Rivera (center) flashes a wide smile, happy to be in remission and surrounded by her family; pictured from left to right: her son Ryan Rivera, husband Rene Rivera, son Broderick Jenkins and granddaughter Jeryaunah Davis.

PHOTO BY BKARI DODGE / SEBRIE IMAGES

> "God put all those doctors and nurses with me for a reason … They were awesome!"

for leading her to the healthier lifestyle that she has maintained.

Unable to recall the nurse's name, Rivera said she suffers with "brain fog," sometimes called "chemo brain." This mental cloudiness, according to the American Cancer Society, is a type of cognitive impairment related to cancer treatments.

There is one date, however, that Rivera will not forget.

"June 23, 2020. That's when Dr. Wang told me I was in remission," Rivera said. She made a point of entering the date in her phone as soon as she got the good news.

Wang recalled that exciting time, as well.

"With her last trial, her cancer shrunk down small enough that we said, 'You know what, you're basically in a remission, why don't we stop your therapies, give you a break and give you a chance to kind of just be you?'"

Wang continued with a smile, "She is really loving life, we're so proud of her."

Rivera was relieved and elated, of course, but couldn't celebrate much due to the COVID-19 pandemic. There was no big family gathering, dinner or vacation.

"I didn't want to take any chances with my immune system," Rivera said. At this writing, she still has not returned to attending church services, something she misses greatly.

Vaccines, however, have made it possible for her to comfortably visit her daughter and newly born grandchild in Georgia. There, she takes daily walks, practices social distancing, finds joy in being in nature, video chats with friends and family members and watches her church services on YouTube.

The pandemic still has Rivera uneasy, "but I think eventually I'll get over that fear," she said. "It's faith over fear, so I'm going to have to go with my faith."

She's looking forward to her future and returning to normalcy. She's won her battle with cancer — one that she wasn't left to fight alone.

"God put all those doctors and nurses with me for a reason … They were awesome!" Rivera said, adding that she will be forever grateful.

"I did it, and look at me now; I'm living proof. Just don't give up. Continue to go on your journey."

RECOGNIZING EXCELLENCE

2022 Nursing Excellence Awards

To celebrate oncology nursing month and national nurses week, Florida Cancer Specialists sent out a call for nominations for the 2022 Oncology Nursing Excellence Awards. The response was tremendous. More than 40 FCS nurses were nominated by their peers and fellow team members for their superior quality of oncology nursing and leadership capabilities. Through a challenging blind review, the top two nominees were selected. Winners were notified in a surprise site visit by FCS leaders, and each received a plaque, one paid time off day and a basket of goodies created by FCS Director of Nursing Diane Cope, PhD, APRN-BC, AOCN.

2022 BRANDI RIBER PATIENT CARE AND ADVOCACY AWARDEE
FRANCES "JADE" VALENCIA, RN, BSN, OCN
FCS Lakewood Ranch

As Team Lead, Jade Valencia, RN, BSN, OCN is the "solid rock" that the FCS Lakewood Ranch nursing and pharmacy teams rely on daily. She never shies away from any task and proactively jumps in to help keep the clinic running smoothly. Jade greets patients by their first names and displays unfaltering kindness and patience to all. Her colleagues admire her special ability to handle difficult situations with her calm and reassuring manner. Despite having lost both her parents and sister within the past year due to COVID-19, she continues on with a positive attitude and smile on her face. Congratulations, Jade!

2022 EXCELLENCE IN NURSING LEADERSHIP AWARDEE
PATRICIA MOREHEAD, RN
FCS Lake Nona

Clinical Nurse Manager Patricia Morehead, RN is described as a leader who communicates effectively and always makes time to listen, teach and go the extra mile for her staff — demonstrating concern and empathy for all. In addition to being an outstanding clinical nurse manager, she is admired by her FCS Lake Nona colleagues for being an exceptional oncology nurse, who genuinely cares about what she does and for the special connections she develops with patients. Patricia serves as a role model for all. It was noted on her nomination that, "She is the difference that she wants to see every day." Congratulations, Patricia!

PHOTO BY ZOLGA_F / ISTOCK / GETTY IMAGES PLUS

We recognize all the 2022 Nursing Excellence Award nominees, who demonstrate compassion, nursing expertise, leadership skills and a commitment to patient advocacy. Nominees received a special gift and gift card through FCS recognition.

NOMINEES FOR PATIENT CARE AND ADVOCACY AWARD

Kellie Ackernecht, RN, OCN
Melissa Anderson, RN
Vanessa Adrover, RN
Alison Bradshaw, RN
Dawn Michelle Callahan, RN
Nicole Cracchiola, RN
Mariah Dunniway, RN
Hannah Granger, RN
Isabela Mateo, RN
Holly Mills, RN, OCN
Caroline Peacock, RN, OCN
Amanda Renshaw, LPN
Catherine Ruck, RN, OCN
Leslie Selph, LPN
Chanel Tomick, RN
Frances "Jade" Valencia, RN, BSN, OCN
Tamara Witte, RN

NOMINEES FOR NURSING LEADERSHIP

Gretchen Abbott, RN, OCN
Jessica Anderson, RN, BSN, OCN
Melissa Anderson, RN
Cheryl Brerenton, RN, OCN
Julie Brown, RN, OCN
Theresa Calabello, RN
Melissa Clough, RN, OCN
Lorraine Collins, RN
Nicole Cracchiola, RN
Jessica Rios Cruz, LPN
Christina Drobneck, RN, OCN
Cristina Estipona, RN, OCN
Mukabajumba Gafabusa, RN
Kelli Hutton, RN, OCN
Dawn Landolph, RN, BSN, MPA
Christina Mason, RN
Trudy McDonald, RN, OCN
Brittany Moe, RN, BSN, OCN
Patricia Morehead, RN
Izzy Olivera, RN, OCN
Rennae Revell, RN, OCN
Becton Roddenberry, RN, BSN, OCN, CEN, EMT-P
Ashley Rollins, LPN
Catherine Ruck, RN, OCN
Frances "Jade" Valencia, RN, BSN, OCN
Teresa Warner, RN, OCN

PATIENT CARE AWARD NAMED IN MEMORY OF BRANDI RIBER, RN

Brandi Riber embodied the mission and values of FCS through her compassionate, patient-centered care as an oncology nurse at FCS Gladiolus.

Riber was first diagnosed with breast cancer in January 2010. She had recently graduated from nursing school and started on the path to her dream job of becoming an oncology nurse. Her daugher, Morgan, was just 3 years old. Four years later, she was diagnosed with metastatic breast cancer. Her cancer journey lasted for 11 years. She passed away in December 2021, shortly after celebrating her daughter's 14th birthday.

Remarkably, Riber missed very little work from the time of her diagnosis. Her own journey greatly influenced her work at FCS. Having been in their place, she cared for her patients with compassion and empathy, seeing that every need was met, and every question answered. "My patients are my greatest inspiration," she would say. "They are constant reminders to never give up hope, stay positive and give every day your best."

Riber's story truly is one of hope that will inspire other FCS oncology nurses to exemplify her passion for excellence in nursing and patient care.

FOR YOUR PHONE

FCS Wellbeing, A New Health and Wellness Program at FCS

Given the daily pressures we all experience both at work and home, our safety and wellness team recognized the immense benefits from placing a stronger focus on our overall well-being at Florida Cancer Specialists. This past March, FCS launched its new health and wellness program, FCS Wellbeing, through digital health and engagement partner, Virgin Pulse.

FCS Wellbeing powered by Virgin Pulse is designed to fit the needs and goals of our entire organization. In the past couple of years especially, so many of us have faced unforeseen challenges, mental and physical obstacles and even burnout. So, we could no longer be distracted from the importance of self-care.

FCS Wellbeing powered by Virgin Pulse engages team members to focus on their individual health and wellness every day. Through app-based interactions tailored to individual needs, the platform presents opportunities for meaningful interactions designed to kickstart healthy habits that will last.

Virgin Pulse created the platform to meet members where they are with customizable activities. There truly is something for everyone, from health checks and meetings with certified health coaches, to self-paced wellness journeys with topics ranging from eating healthy, sleeping better, reducing stress, managing weight and even financial coaching, FCS team members can focus on self-care at their own pace through the application's daily reminders. They can also track their preventative care appointments and connect directly to their FCS benefits.

With the ability to create groups, enter into challenges and encourage friends with motivating shoutouts, FCS Wellbeing powered by Virgin Pulse fosters the creation of strong social connections within the application and across the organization. There are a variety of health-related challenges available for everyone to participate individually or as a team, such as drinking eight glasses of water daily, moving every hour and, everyone's favorite, tracking steps. There are opportunities for our teams to stay healthy together with the ability to create unique team challenges, which are great for team building and collaboration.

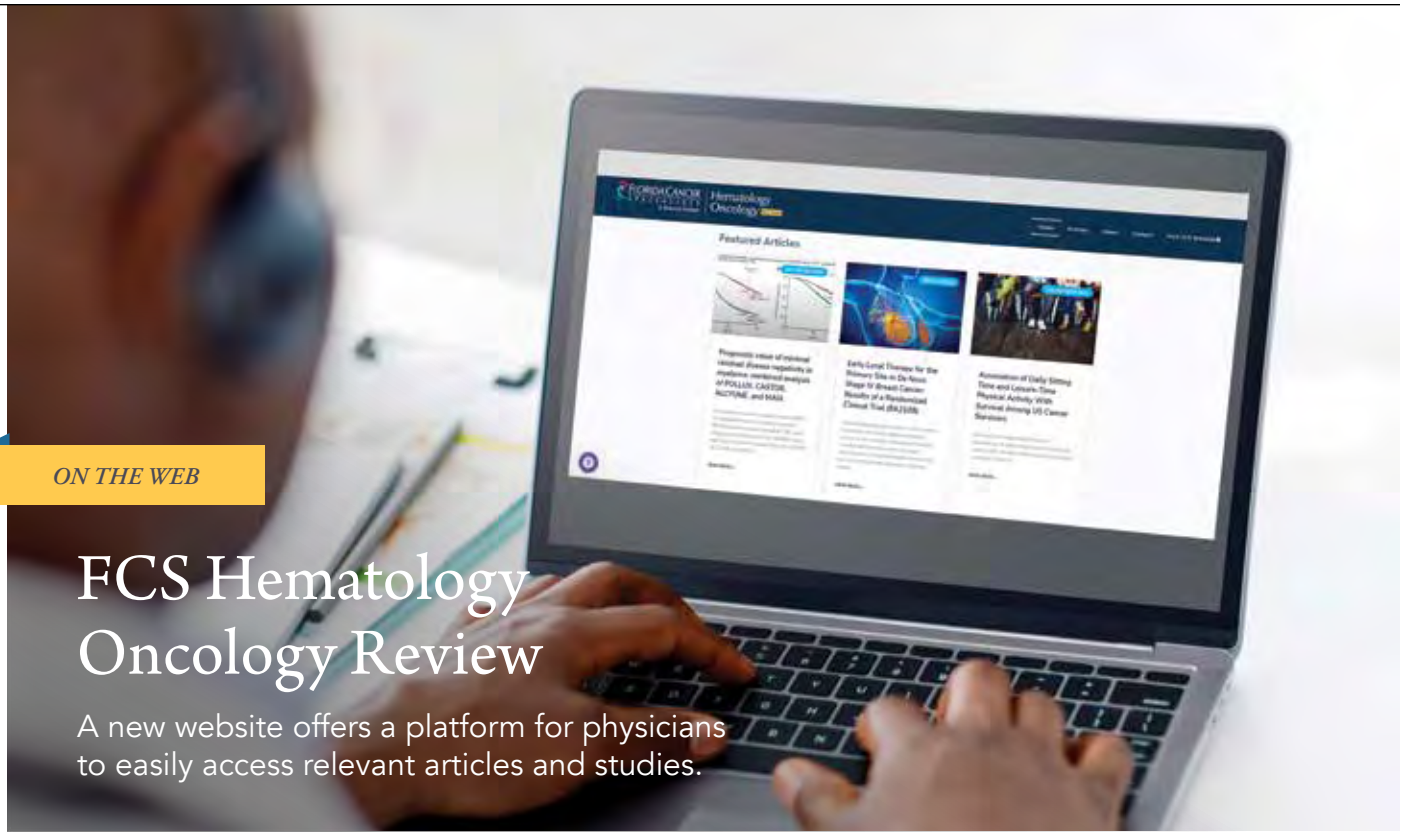
Every activity logged within FCS Wellbeing powered by Virgin Pulse presents an opportunity for individuals to earn points which can lead to future discounted health premiums or cash once a certain threshold is met. Depending on the activity, participants can acquire anywhere from 10 to 500 points each time they accomplish a task. Just for registering, each individual earns 500 points right from the start.

Some of the easiest and best ways to gain points are through daily activities:

- Browse healthy recipes — **earn 10 points.**
- Track your healthy habits — start the day with a healthy meal, take the stairs, appreciate others — **earn 10 points.**
- Sleep more than seven hours at night — **earn 50 points.**

While earning points toward a discounted premium or cash (depending on the type of medical plan enrollment) may be the initial goal for team members, FCS sees an even greater opportunity through the health and well-being platform. By encouraging self-care, team members should be healthier, happier and experience less stress. Additionally, FCS Wellbeing provides a foundation from which we can enhance our culture, values and organizational goals by creating an environment where every employee feels valued and motivated to succeed.

PHOTOS BY NORTONRSX AND PROSTOCK-STUDIO / ISTOCK / GETTY IMAGES PLUS



ON THE WEB

FCS Hematology Oncology Review

A new website offers a platform for physicians to easily access relevant articles and studies.

Chief Medical Officer of Therapeutics and Analytics Lucio Gordan, MD, has made a habit of distributing top articles to Florida Cancer Specialists clinicians on a monthly basis, sharing relevant articles and studies as they become available in the oncology and hematology world. Traditionally, articles were compiled in a PDF and distributed via email. As expected, providers would often flag the email to come back to it when time allowed, but found their emails were quickly buried and likely forgotten.

The top articles were, and continue to be, a highly valuable resource for physicians. With the knowledge and understanding that the delivery method was not ideal, Gordan set out on a mission to reform his system of sharing the articles with his colleagues. The importance of being able to not only share but collaborate with clinicians spanning across the state of Florida on a regular basis was not lost either. And so, the idea came to create a website to host the varying articles.

"Our patients and our peers rely on us for deep knowledge and understanding of the latest advances in medicine, especially as they pertain to hematology and oncology," said Gordan. "Much like our ever-changing medical practice, we must also be innovative in how we distribute and receive information."

As the new year began, the FCS Hematology Oncology Review was unveiled. The website is easily accessible to FCS clinicians as well as providers across the world. New articles continue to be posted each month, similar to their previous cadence, but with heightened interactive capabilities.

Complex search abilities allow site visitors to search by date, topic and even be grouped by the month they were added. The site also encourages insight and collaboration where visitors may comment and react to articles. Even more important, sharing capabilities are built directly into each page aside every article. So now, if found particularly interesting or relevant, an article can be shared directly through a variety of channels including social media and email.

Within FCS we are fortunate to offer over 300 clinical trials, and while previously the top articles highlighted research occurring outside of FCS, we are equally supportive and interested in the studies being offered in our own practice. The FCS Hematology Oncology Review also presents a conduit to highlight the publications of our own physicians, creating a distinguished collection of numerous medical advances being made every day in the oncology world.

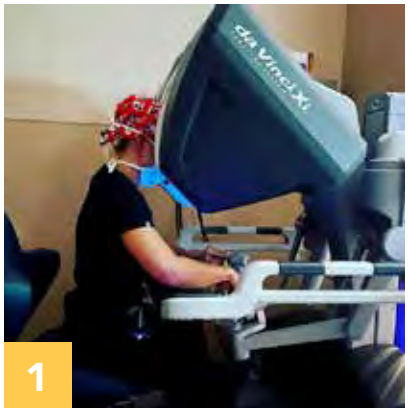
> "By sharing these articles we are building our wealth of knowledge of new observations and treatments as they come available."

"By sharing these articles we are building our wealth of knowledge on new observations and treatments as they come available," Gordan remarked. "Many are studies or articles from the leading oncology physicians across the globe, including our own FCS physicians. Through this new site, we are providing a platform for our physicians to continue exploring how we can collectively advance the care we provide."

TRINITY, WESLEY CHAPEL AND TALLAHASSEE, FLORIDA

FCS Gynecologic Oncologists

Delivering Advanced Clinical Training for Robotic Surgery



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Physicians from around the country are learning advanced surgical techniques from two Florida Cancer Specialists gynecologic oncologists who are skilled at using the da Vinci® robotic-assisted surgical system. Jessica Stine, MD, who provides care at FCS Trinity and Wesley Chapel locations, and Margarett Ellison, MD, with Gynecologic Oncology of Tallahassee, A Division of Florida Cancer Specialists, have each received designation as a National GYN Oncology Observation Site for Intuitive Surgical.

They join a prestigious list of nine sites in the U.S. providing peer-to-peer advanced clinic training for surgeons. Designations were made based on each physician's extensive experience, and for meeting and exceeding best in class volume and efficiency metrics and clinical outcomes.

An advanced robotic surgeon, Dr. Stine performs the highest volume of GYN robotic surgery in the Tampa Bay area. Dr. Ellison has 22 years of specialized expertise with a focus on the management of gynecologic malignancies, radical pelvic surgery and robotic surgery.

During the past 20 years, da Vinci® platforms have been transformative, yielding enormous benefits for patients. As use expands in oncology treatment, opportunities for one-on-one training and coaching on best practices with an experienced and highly regarded colleague are critically important.

"We are performing technically challenging procedures in a way that results in less pain and side effects, faster recovery time and better patient outcomes," said Stine.

"I am pleased to have the opportunity to share my expertise with colleagues," Ellison said, "which will benefit many more oncology patients locally and across the country."

Dr. Ellison and Dr. Stine are joined by their colleagues Howard M. Goodman, MD, Antonella Leary, MD and Christopher McCann, DO in providing gynecologic oncology at FCS.

1. Dr. Stine performs a GYN robotic surgery on the da Vinci Xi. **2.** Margarett Ellison, MD, practices at Gynecologic Oncology of Tallahassee, a division of FCS. **3.** FCS gynecologic oncologist Jessica Stine, MD, practices at FCS Trinity and Wesley Chapel offices. **4.** Howard M. Goodman, MD, practices gynecologic oncology at FCS Lake Worth and West Palm Beach locations. **5.** Antonella Leary, MD, sees patients at FCS Wellington North and Palm Beach Gardens offices and also serves as a Principal Investigator with the National Gynecologic Oncology Group. **6.** Christopher McCann, DO, joined FCS in June 2022 and is currently seeing gynecologic oncology patients in the FCS Lake Worth office.

KISSIMMEE, FLORIDA

2022 Community Oncology Conference

In March, physicians and senior leaders of Florida Cancer Specialists participated in the 2022 Community Oncology Conference hosted by the Community Oncology Alliance (COA) in Kissimmee, Florida. Among the speakers were FCS President and Managing Physician and COA Immediate Past President Michael Diaz, MD and FCS Vice President of Pharmacy/Rx To Go, Ray Bailey, BPharm, RPh.

1. FCS President and Managing Physician and COA Immediate Past President Michael Diaz, MD, leads a discussion on "Employer/Payer Alert: Why the Site of Cancer Care Delivery Matters." **2.** FCS President and Managing Physician Michael Diaz, MD, leads a second discussion, "Going After Pharmacy Benefit Managers." **3.** Senior Director of Business Development Craig Bracher, Chief Operating Officer Jason Coe, Director of Care Management Beth Wittmer, Vice President of Marketing Michelle Robey and Director of Marketing Kat Wade were all in attendance at COA 2022. **4.** FCS Vice President of Pharmacy/Rx To Go Ray Bailey, BPharm, RPh, speaks to a full room on "The New World of Oral Cancer Drug Dispensing: Pharmacy Challenges and Solutions."

ORLANDO, FLORIDA

Florida Society of Clinical Oncology (FLASCO)

2022 Business of Oncology Summit and Spring Session

Florida Cancer Specialists physicians and leaders joined colleagues at the Florida Society of Clinical Oncology (FLASCO) 2022 Business of Oncology Summit and Spring Session held in Orlando, Florida, May 6–8. This year's theme was "Surviving in the Covid World: Oncology 2022," and addressed existing and future challenges in the current landscape of cancer care. The session also featured clinical evidence-based discussions about best treatment options in breast and lung cancer and acute myeloid leukemia.

During the conference gala, Dr. Michael Diaz was presented with the Dorothy Green Phillips Legacy 2022 Award. Dorothy Green Phillips was Executive Director of FLASCO for over 20 years and retired at the end of 1999. Dorothy is well known in the oncology community both in Florida and nationally. She has been a trailblazer of innovative collaboration and a passionate advocate for patients and providers.

As a way to further recognize Dorothy and her contributions to FLASCO, upon her retirement, the Dorothy Green Phillips Legacy Award was created to honor a FLASCO member whose contributions leave a lasting legacy, like Dorothy's. Each year Dorothy has the honor of personally selecting the recipient. Congratulations to Dr. Diaz!

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1. Michael Diaz, MD, moderates a session on "Alternative Payment Models after OCM." **2.** FCS President and Managing Physician Michael Diaz, MD, receives the Dorothy Green Phillips Legacy Award for his work in the oncology space. **3.** Dorothy Green Phillips presents FCS President & Managing Physician with her FLASCO Legacy Award at this year's gala. **4.** FCS Senior Vice President of Pharmacy Services Ray Bailey, BPharm, RPh, participated in a discussion on "In-House Dispensing of Oral Oncolytics." **5.** FCS Senior Director of Value Based Care TR Stickland was a panelist in the "Alternative Payment Models after OCM" discussion led by Michael Diaz, MD. **6.** Michael Diaz, MD, also served on a panel discussing "The Impact of COVID-19 on Cancer Care." **7.** FCS Medical Oncologist Martin Dietrich, MD, PhD, participated in a panel discussing "PDL1>50%: Chemo/IO v. IO Monotherapy." **8.** FCS Medical Oncologist Faithlore Gardner, MD, participated in the Molecular Diagnostic Panel on Solid Tumor.

ATLANTA, GEORGIA

National Community Oncology Dispensing Association (NCODA)

2022 Spring Session

Clinicians and leaders shared the latest advances in oncology pharmacy operations and dispensing practices at the National Community Oncology Dispensing Association (NCODA) 2022 Spring Forum. The multi-day conference delved into new opportunities to enhance the value of pharmacy services within medically integrated oncology practices. Several discussions involved leaders from Rx To Go, the in-house oral oncolytic pharmacy of FCS, that works exclusively with the statewide practice's physicians, clinicians and patients to provide timely dispensing and convenient home delivery of medications.

A keynote presentation by FCS Medical Oncologist Michel Velez, MD, was entitled: Tukysa (tucatinib) A Treatment Option for Patients with HER2-positive Metastatic Breast Cancer. Serving as panelists during interactive workshops and discussions were: Ray Bailey, BPharm, RPh, FCS Senior Director of Pharmacy Services, with "NCODA's Non-Profit Partner Update and Donor Story: Be the Match"; Chris Elder, PharmD, BCOP, FCS Clinical Oncology Pharmacist on "Putting Positive Quality Interventions into Action: Consistent Clinical Standards and NCODA Resources"; Natasha Khrystolubova, RPh, BPharm, BCOP, Director of Pharmacy Clinical Services for RX To Go Pharmacy, and Amy Terhune, CPhT, FCS Prior Authorization Supervisor on "Prior Authorizations and Multiple Appeal Process: How to Build a Stronger Appeal"; and Kara Sammons, CPhT, FCS Associate Director of Pharmacy Services, with "NCODA's Center of Excellence Medically Integrated Pharmacy Accreditation."

A poster entitled "Burden of Chemotherapy-Induced Myelosuppression Among Patients with Extensive-Stage Small Cell Lung Cancer: A Retrospective Study of Data from Community Oncology Practices" provided a look at real-world data for patients with extensive-stage small cell lung cancer (ES-SCLC) and the burden of chemotherapy-induced myelosuppression (CIM). FCS Medical Oncologist Lowell L. Hart, MD, FACP, FCS Director of Pharmacy Operations Kristen Boykin, PharmD, RPh/CPh, BCOP, BCPS; FCS Senior Director of Pharmacy Services Ray Bailey, BPharm, RPh; and FCS Chief Medical Officer of Therapeutics and Analytics Lucio N. Gordan, MD were collaborators in the study which shows that CIM has a significant trilineage impact that patients experience early in therapy. These findings are contrary to the popular bias that CIM only shows up in one cell line or later in therapy.

COLONIAL RIBBON CUTTING

New Cancer Center Opens in Fort Myers

In May, FCS opened a new, state-of-the-art facility; the Fort Myers Colonial office. The new location, one of five FCS sites of service in Lee County, replaces the former FCS clinic on Colonial Center Drive.

Designed to enhance patient comfort and convenience, the new clinic has more than 20,000 square feet of space and includes 18 private exam rooms and 51 infusion therapy chairs. It includes an in-house specialty pharmacy and hematopathology laboratory, as well as access to mobile positron emission tomography (PET) scanning services. Patients will also have access to participate in clinical trial opportunities at the FCS Drug Development Unit in nearby Sarasota.

The medical oncologists providing care to patients at this location are: Tadeu Ambros, MD; Liliana Bustamante, MD; Lowell Hart, MD, FACP; Michael McCleod, DO, FACOI; Silvia A. Romero, MD; Ahsan Shah, MD; Gamini Soori, MD, MBA, FACP, FRCP, CPE; and Syed F. Zafar, MD.

NEW LEADERSHIP

Tonja A. Wise, CHC, CHPC, CCS

Vice President of Compliance, Compliance Officer

Tonja oversees a wide range of initiatives to further strengthen FCS's culture of ethical behavior and compliance.

Tonja is an experienced compliance and ethics leader. She began her career as Revenue Cycle Manager for an independent rehab facility and, subsequently, held increasingly responsible compliance leadership positions with a number of leading health care companies, including Kaiser Permanente and Shriners Hospitals for Children.

Sherry Lark

Vice President of Human Resources

Sherry brings more than 20 years of extensive human resources and compensation experience on a global scale. She has held increasingly responsible leadership positions with a diverse range of healthcare, pharmaceutical and private and public sector companies.

As FCS Vice President of Human Resources, Sherry oversees the development of strategic initiatives to maximize workforce planning, talent management and recruitment practices; ensures the efficiency and effectiveness of HR processes and programs; and continuously enhances diversity initiatives to support FCS's goal of becoming an employer of choice.

NEW LEADERSHIP

AmerisourceBergen

Where will you find your practice's next leader?

Within your oncology practice, a transition of leadership is inevitable. Whether you or your physician is looking to retire, or your practice is looking to make a change in leadership, a succession plan will help preserve your practice's strategic and financial goals and encourage a smooth transition. Our business optimization consultants will help you identify your practice's philosophies and candidate requirements and support you through the recruitment and hiring process.

To learn more about our Succession Planning Services, email us at **practiceconsulting@amerisourcebergen.com.**

FCS Foundation News & Events

Our Mission: *Providing non-medical financial assistance for essential everyday living expenses to adults undergoing cancer treatment in Florida to allow them to focus on fighting cancer. Due to the generosity of the Florida Cancer Specialists physicians, 100% of donations received go directly towards paying the essential non-medical expenses of an adult battling cancer.*

FLORIDA CANCER SPECIALISTS Foundation

"I began volunteering at the Florida Cancer Specialists clinic in Orange City because I wanted to be a helping hand to those receiving chemotherapy. Both my parents are cancer survivors, and I loved the idea of being able to give the same support I gave them to other people going through that battle. I am in nursing school and wanted to get some experience as well. I love helping the nurses and working with them to help provide a safe and clean environment for all the patients who come in. It has been an amazing experience so far and I am grateful that I have had the opportunity to volunteer! #thankyou #volunteerappreciationweek"

— Amber, FCS Orange City

"I want you and your team to know how grateful I am for all of the financial help. I am enjoying my studio apartment. I feel safe because it's in a good location with a beautiful view. I appreciate you all for your patience with me when my anxiety level was so high. Hopefully someday I will be able to repay you all for your kindness and consideration. You all have given me peace of mind, which is so important in my healing from this breast cancer."

— Catherine Johnson, Titusville

The Florida Cancer Specialists Foundation is a 501(c)(3) nonprofit organization that helps individuals with their essential living expenses while they undergo treatment for cancer. Cancer patients are able to receive assistance from the Foundation for their non-medical bills, such as overdue rent, mortgage, utilities and car payments. This financial assistance immediately impacts cancer patients and their families in communities throughout Florida, allowing them to focus on their recovery.

FCSF.org | Phone: 941-677-7181 /FLCancerFoundation /florida-cancer-specialists-foundation

Grow Your Oncology Nursing Career.

Our nurses provide exceptional care for patients through every step of their cancer journey. We value their skill and expertise and provide the environment and tools to help them succeed. Schedules that allow for work-life balance. Robust education and training support. Limitless growth potential.

Full-time, part-time, seasonal opportunities available at nearly 100 locations across Florida.

FLORIDA CANCER SPECIALISTS & Research Institute

FLCancer.com/Careers

COMMITMENT TO CARE

Mission, Vision and Values Updated

Refreshed platform serves as a critical foundation for the future of FCS

Our mission, vision and values serve as the critical foundation for all that we do.

As Florida Cancer Specialists has grown and evolved in recent years to remain at the forefront of world-class cancer care and clinical research, executive leaders recognized the importance of revisiting this platform to reaffirm the company's strategic direction.

"We have experienced immense growth and transformation in the past few years — not only in the number of practice locations, but in the types of services we have to offer and in our approach to care," said FCS President and Managing Physician Michael Diaz, MD. "It is critical that we have the proper lens through which we look forward, make decisions and serve our patients and communities."

After a months-long process that involved much thought, consideration and lively dialogue, FCS has introduced an updated platform that defines the company's "why" and "how," with a focus on excellence, patient experience and innovation.

"These are not just new words," said FCS Chief Executive Officer Nathan H. Walcker. "Our refreshed mission, vision and values will serve to challenge and inspire each of us in the years to come."

An interactive culture training program is being rolled out to all FCS physicians and team members to create a shared understanding of the new platform.

"We are investing time and resources to ensure that every FCS team member understands fully why we are here, what is expected of each of us every day and how our work contributes to the lives of those we serve and to the success of the organization," Walcker explained. "With clarity and focus, our mission and values will become integrated into everything we do."

"This refreshed foundation will be made visible to our patients and communities as evidence of our company-wide commitment to world-class, patient-centric cancer care," Diaz noted. "At every touchpoint, FCS team members will continue keeping the patient at the center of all they do to confirm the many reasons why FCS is the best choice for community oncology care."

Our MISSION is the guiding light of the things we will do to achieve our vision.

MISSION

Centered on you, inspired by hope, powered by science and innovation.

Our VISION articulates our destination and what we are striving to create in the future.

VISION

To be the world-class provider of cancer care, delivering innovation, excellence and a personalized experience to patients in the communities we live and serve in.

Our VALUES form the foundation of how we perform work and conduct ourselves with each other and our patients.

VALUES

PATIENT FIRST Keeping the patient at the center of everything we do.

ACCOUNTABILITY Taking responsibility for our actions.

COMMITMENT AND CARE Upholding the FCS vision through every action.

TEAM Working together, one team, one mission.

From Our Patients

★★★★★

HEALTH GRADES: 5 STARS

Ayman Barakat, MD

Dr. Barakat is an absolute pleasure to speak with. He is caring, considerate and listens to his patients. I only just met him, but first impressions are always the best and I truly believe so is he. His office personnel are great as well. Thanks, Dr. Barakat and the Florida Cancer Specialists team on County Line Road.

FACEBOOK REVIEW

David C. Molthrop, Jr., MD

Dr. Molthrop has been my doctor for 23 years and he is wonderful. I am so glad I found him when I had my first breast cancer diagnosis. He's so compassionate.

★★★★★

GOOGLE REVIEW: 5 STARS

Mark S. Rubin, MD

Dr. Rubin is amazing! He correctly diagnosed and treated my iritis when other doctors misdiagnosed it. I can't thank him enough.

★★★★★

GOOGLE REVIEW: 5 STARS

Christopher Lobo, MDMPH

Dr. Lobo is kind, caring, brilliant and one of the best doctors that I've ever met. He takes the time to talk to me and answer questions. I've never felt rushed or not important. I was very sad to leave him when I moved. I saw Dr. Lobo for eight years.

FACEBOOK REVIEW

Christopher Alexander, DO

My name is James and my son Jeff is being treated at your institute with Dr. Alexander for Hodgkin lymphoma. We are so happy that our son is under his care and also so happy that Jeff feels right at home with the utmost and courteous attention he has received on his first appointment visit. Thank you, so much, for making Jeff so very comfortable with the doctor treating him and his team. Thank you, again, with all our hearts for all your concern.

★★★★★

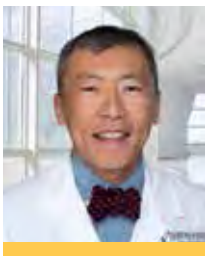
DOCTOR WEBMD: 5 STARS

Shaachi Gupta, MD, MPH

Dr. Gupta is an amazing oncologist who has treated me with kindness and empathy from my very first visit. She is extremely patient and takes time to explain all possible side effects. Dr. Gupta makes me feel like I am her only patient, based on her attention to detail and her genuine interest in my well-being. I highly recommend her for your cancer treatment needs.

★★★★★

GOOGLE REVIEW: 5 STARS



Luis Chu, MD

I've been a patient since December of 2016. I was recently diagnosed with a new breast cancer and I literally put off moving out of the state so that Dr. Chu and his team could help me through this one.

★★★★★

GOOGLE REVIEW: 5 STARS

Paresh Patel, MD

Dr. Patel is a wonderful physician. Very caring and straightforward. My husband and I both have him as our doctor. I thank God for that and for making Dr. Patel such a wonderful doctor. He is very thorough and always stays one step ahead in your treatment plan. Also, all of the staff in every department are very kind and will do anything to help you.

★★★★★

HEALTHGRADES REVIEW: 5 STARS

Roy Ambinder, MD

He has saved the life of my mother and my husband! Dr. Ambinder knows what he is doing!

★★★★★

HEALTHGRADES REVIEW: 5 STARS

Syed F. Zafar, MD

Dr. Zafar is a very compassionate individual. We are very grateful for all his care. We are so fortunate to have been referred to him. My sister is in good hands. His entire team is the best.

★★★★★

GOOGLE REVIEW: 5 STARS

Sachin Kamath, MD

The staff is very helpful for all matters. Dr. Kamath is a very caring, patient and understanding provider who has many years of experience in his specialty and is held in high regard among his peers. He always takes time to answer your questions.

★★★★★

GOOGLE REVIEW: 5 STARS

Elizabeth Guancial, MD

I cannot speak highly enough of Dr. Gauncial. I have no doubt that I owe my life to her and the terrific staff surrounding her. She is warm and caring, and when in doctor mode she is absolutely brilliant. She always made sure I understood what was going on.

★★★★★

GOOGLE REVIEW: 5 STARS

Magali Van den Bergh, MD

Dr. Van den Bergh is my oncologist and has been a truly great and caring physician. I am confident in her decisions to help me get better and, hopefully, cured.

★★★★★

GOOGLE REVIEW: 5 STARS

Rafael W. Blanco, MD

I was very happy with the care he gave my sister. I thank God for putting Dr. Blanco in her path. All doctors should have his bedside manner. May God bless him always.

★★★★★

GOOGLE REVIEW: 5 STARS

Howard M. Goodman, MD

Dr. Goodman truly is a good man! He was a godsend back in 2020 when I found out I would need emergency surgery. Dr. Goodman performed two separate procedures on me and both were extremely successful. I thank God for his life! The staff at Florida Cancer Specialists are also very professional and efficient.

★★★★★

GOOGLE REVIEW: 5 STARS

Excellent caring doctor. If you need a hematologist, Dr. Singh is the best.

Arsh Deep Singh, MD

★★★★★

HEALTHGRADES REVIEW: 5 STARS

Love Dr. Byron. She is amazing and saved my life. Everything she said went the way she said it would. Her and her staff do everything to make cancer treatment as easy on you as it can be. They are all wonderful! Highly recommend.

Elizabeth A. Byron, MD

★★★★★

HEALTHGRADES REVIEW: 5 STARS

Dr Liliana Bustamante is by far the best oncologist and I am blessed to have her working with me throughout this journey. She is caring and will listen to her patient with any questions they may have. She is very knowledgeable and professional in the new treatments and studies for oncology.

Liliana Bustamante, MD

★★★★★

GOOGLE REVIEW: 5 STARS

Today was my first appointment with Dr. Berman. I went to his Wellington office. His office staff and medical staff were efficient and very kind. Dr. Berman was extremely kind, thorough and put me at ease quickly.

Barry S. Berman, MD

★★★★★

GOOGLE REVIEW: 5 STARS

Dr. Kosloff is incredible! She is intelligent, caring and understanding. When I am with her I feel like I am her only patient. I have her undivided attention. She does not sugar coat a situation and lays all facts on the table. My prescribed treatment has given me a high quality of life which I intend to maintain, with her help, for a very long time. I am thankful to have her as my oncologist.

Rebecca A. Kosloff, MD

★★★★★

GOOGLE REVIEW: 5 STARS

Love Dr. Gersten. He is very caring and can ease your mind right away. He has a great bedside manner and I trust him completely.

Todd A. Gersten, MD

★★★★★

GOOGLE REVIEW: 5 STARS

Dr. Tetreault is outstanding in every respect. His knowledge about the variety of treatments and the trajectory for each is reassuring. He is approachable, affable and takes time to know and understand the patient, as well as the family. He understands that treating the disease emotionally, as well as physically, is important to achieve a comfortable lifestyle as the patient goes through stages of a disease. His explanations of treatments, side effects and outcomes are so valuable for understanding what to expect. He willingly answers all questions and clearly keeps up to date. His good humor and outstanding communication skills are much appreciated. We think we've found the best person in our area, and our family is thankful every day for Dr. Tetreault.

Scott A. Tetreault, MD

Close to cancer experts.
Closer to what you love.

Florida Cancer Specialists' top-ranked cancer experts provide the most advanced treatments in our local community.

From genetic screening to immunotherapies, our quality care brings effective, targeted treatment to you so you can stay close to home.

We take care of all the big things in cancer care, so you can focus on all the little moments that matter—every step of the way.

FLORIDA CANCER SPECIALISTS
& Research Institute

FLCancer.com/LittleThings