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THE 35TH ANNUAL MARY MULREADY
SULLIVAN ONCOLOGY SYMPOSIUM

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Innovations in Cancer Care 2024: Disparities, AI, and New Therapeutic Strategies

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Wednesday, May 15, 2024
8AM to 1:45PM

Connecticut Convention Center
100 Columbus Blvd., Hartford, CT

Virtual attendance via zoom is available
but in-person attendance encouraged


**Hartford
HealthCare**
Cancer Institute

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Sponsored by the Mary Mulready Sullivan
Oncology Lectureship Fund

Program Description

Healthcare delivery aims include the pursuit of improved access, equity, efficiency, and effectiveness. Oncology is renowned for leading innovation in research and in care through the use of precision medicine. The goal of precision medicine is simply to deliver the right cancer treatments to the right patient at the right dose and the right time in a coordinated fashion. This enhances the likelihood of response and hopefully lowers the risk of toxicity, thereby enhancing the therapeutic ratio. While many of us think of cancer genomics determined by next generation sequencing as the center of precision oncology, whereby an alteration in a particular cancer gene can predict a response to a targeted therapy, many other targeted approaches also comprise precision characteristics. Included in this ever-changing landscape are many biomarkers and targeted therapeutic approaches which when utilized by a patient's team can result in a highly personalized treatment plan.

Social determinants of health (SDOH) are a major source of inequalities in cancer care. They include factors that affect health beyond biology or genetic inheritance, such as employment, income, housing, food, and transportation. The common link between all of these factors is that they impact health outcomes, meaning cancer patients can have a higher or lower chance of survival because of how much money they earn or where they live. Exciting new insights into how these factors may determine cancer outcomes will be discussed.

Artificial intelligence (AI) has been widely discussed in all areas of medicine and science, and researchers have been investigating its potential to transform cancer care and improve patient outcomes. In the realm of prevention and early detection, it has the potential for substantially enhanced identification of at-risk populations, as well as much improved predictive diagnostics and image interpretation. Models have also been developed to much more accurately predict recurrence risk based on sophisticated data analysis and gauge personalized treatment approaches accordingly.

Breast cancer management benefitted from a precision approach early on. Over 100 years ago, it

was noted that estrogen deprivation resulted in control of selected cases of breast cancer. In the 1970s, the estrogen receptor was characterized and the drug tamoxifen was developed to target and modulate this receptor. In the mid 1980s, the her2 receptor was characterized and found to be amplified in human breast cancer cells, and later a humanized monoclonal antibody trastuzumab was developed to target these receptors. Antibody-drug conjugates (ADCs) have changed the treatment of breast cancer in more recent years. Breast cancer is a heterogenous group of malignancies with a broad range of histopathological and molecular characteristics. ADCs represent a class of therapeutics that combines an antigen-specific antibody backbone bound to a potent cytotoxic agent (the payload), via a linker, contributing to an improved therapeutic index.

Advances in cancer immunology have enabled the discovery of promising immunotherapies for various malignancies that have shifted the cancer treatment paradigm and resulted in prolonged survival of patients with relapsed or refractory metastatic cancers. Since the U.S. FDA approved the first immune checkpoint inhibitor in 2011, the field of cancer immunotherapy has grown exponentially. Multiple therapeutic approaches or agents to manipulate different aspects of the immune system are currently in development, including cancer vaccines, adoptive cell therapies (such as CAR-T or NK cell therapy), monoclonal antibodies, cytokine therapies, oncolytic viruses, inhibitors targeting immune checkpoints, and combinations.

A liquid biopsy, obtained through a routine blood draw, can yield important information by examining circulating tumor DNA (ctDNA). This real time non-invasive technique can help to predict risk of residual disease well before results of imaging findings, thus enabling the oncologist to develop a personalized treatment plan for the patient. In addition, the biopsy can help identify genomic signatures which may result in treatment changes due to an evolving mutational profile.


**Hartford
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P.O. Box 5037
Hartford, CT 06102-5037

Innovations in Cancer Care 2024: Disparities, AI, and New Therapeutic Strategies

8-8:30 am	Registration
8:30-8:45 am	Greetings Peter Yu, MD and Ryan Sullivan, MD
8.45-9:25 am	Antibody Drug Conjugates: A New Horizon in Breast Cancer Neelima Vidula, MD
9:25-10:05 am	Social Determinant of Cancer Disparities Georgia Syrnioti, MD
10:05-10:25 am	Break
10:25-11:10 am	An Update of the Next Phase in the Immunotherapy Revolution Ryan Sullivan, MD
11:10-11:50 am	International Development of Liquid Biopsy Technology for ctDNA Analysis in Lung Cancers Robert Li, MD, PhD
11:50 am-12:30 pm	Why Isn't Oncologic AI Deployed at Scale and How Will We Get There? Nina Kottler, MD, MS
12:30-1:00 pm	Lunch and exhibits
1:00-1:35 pm	Panel discussion
1:35-1:45 pm	Closing remarks

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Program Objectives

1. Explain social factors contributing to cancer outcomes disparities.
2. Describe potential roles for artificial intelligence in enhancing cancer care.
3. Discuss new surveillance and therapeutic approaches in cancer care and how they can be integrated into current care algorithms.

Guest Faculty

Neelima Vidula, MD
Assistant Professor, Harvard Medical School
Medical Oncology, Massachusetts General Hospital

Georgia Syrnioti, MD
Research Fellow, Department of Breast Surgery,
Weill-Cornell Medicine, New York Presbyterian
Hospital

Ryan Joseph Sullivan, MD
Associate Professor, Harvard Medical School
Medical Oncology, Massachusetts General Hospital

Bob Tingkan Li, MD, PhD
Associate Professor, Weill-Cornell Medicine
Medical Oncology, Memorial Sloan Kettering
Cancer Center

Nina E. Kottler, MD, MS
Associate Chief Medical Officer, Clinical AI, VP
Clinical Operations, Radiology Partners
Associate Fellow, Stanford AIMI Center

Symposium Fees

IN-PERSON ATTENDANCE:

Physicians: \$50
APRNs, RNs, Residents, Others: \$20
Students (registration required): \$0

VIRTUAL ATTENDANCE:

All Participants: \$40

Parking

Parking is free at the Marriott, CT Convention Center
Garage, 100 Columbus Blvd, Hartford.

Registration Deadline

May 6, 2024 (In-person Attendance)

May 14, 2024 (Virtual Attendance)

Registration:

<https://hhchealth.cloud-cme.com/MMS24>

Registration issues contact ContinuingEd@hhchealth.org

For questions: Robin Jascowski, 860.972.2380

Continuing Medical Education

In support of improving patient care, Hartford HealthCare is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

Physicians

Hartford HealthCare designates this live and live internet activity for up to **4 hours** of AMA PRA Category 1 credit™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

- **MOC for American Board of Internal Medicine:** Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to **4** Medical Knowledge MOC points in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

Nurses

This activity is designated for a maximum of **4 ANCC contact hours**.

Others

All other learners will receive a Certificate of Participation for **4 hours** of education. Consult your professional licensing board regarding the applicability and acceptance of certificates of participation for educational activities certified for AMA PRA Category 1 Credit™ from organizations accredited by Joint Accreditation for Interprofessional Continuing Education.