City of Hope®

RESEARCH AND TREATMENT UPDATES

PHYSICIAN NEWS

FEBRUARY/MARCH 2021

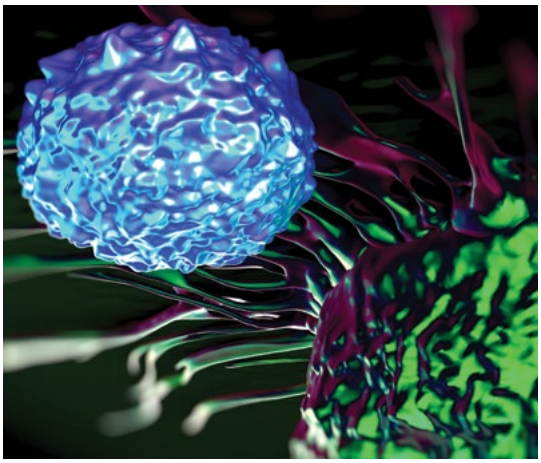
IN THIS ISSUE:

BEST HOSPITALS U.S.News & WORLD REPORT NATIONAL CANCER 2020-21

NCI Comprehensive Cancer Center
A Cancer Center Designated by the National Cancer Institute

NCCN National Comprehensive Cancer Network®

Novel Hematopoietic Stem Cell Transplant and Immunotherapy Treatments for Blood Cancers Presented at ASH 2020



Held in an all-virtual format, this year's American Society of Hematology (ASH) Annual Meeting was more accessible than ever before to ASH's 17,000 members who attended from 100 different countries. Leading scientists from City of Hope presented key findings from innovative clinical trials studying new hematopoietic cell transplantation (HCT) breakthroughs and treatment approaches for incurable or intractable blood cancers. As a National Cancer Institute-designated comprehensive cancer center whose primary focus is on treating cancer, our discoveries expand on our abilities to provide and deliver premium cancer care at all moments, including throughout the global pandemic.

NEW GRAFT-VERSUS-HOST DISEASE PROPHYLAXIS RESULTS IN FAVORABLE SURVIVAL OUTCOMES FOR HLA-MISMATCHED UNRELATED STEM CELL TRANSPLANT PATIENTS

A recent clinical trial led by **Monzr M. Al Malki, M.D.**, director of the unrelated donor bone marrow transplant program and the haploidentical transplant program at City of Hope, may make mismatched unrelated donor (MMUD) HCT safer for all patients. To reduce the risk of graft-versus-host disease (GvHD), the investigator and his team evaluated the efficacy of post-transplant cyclophosphamide (PTCy) given in patients who received MMUD HCT.

Monzr Al Malki, M.D.
Assistant Clinical Professor, Department of Hematology & Hematopoietic Cell Transplantation

The PTCy prophylaxis showed positive results with one-year overall survival and GvHD-free/relapse-free survival of 87% and 68%, respectively. These findings present new possibilities for MMUD HCT patients with hematologic disorders.

(Continued on page 2)

(Continued from page 1)

IMMUNOTHERAPY COMBINATION PROVIDES NEW HOPE FOR PATIENTS WITH HIGH-RISK HODGKIN LYMPHOMA

Alex F. Herrera, M.D.
Assistant Professor, Department of Hematology & Hematopoietic Cell Transplantation

Autologous HCT (autoHCT) results in a high rate of relapse and disease progression in patients with relapsed or refractory Hodgkin lymphoma (RR HL), leaving patients without an efficacious standard of care treatment. At ASH, **Alex F. Herrera, M.D.**, assistant professor, Department of Hematology & Hematopoietic Cell Transplantation, presented findings on an immunotherapy consolidation that could lead to a new treatment approach.

After autoHCT, 59 high-risk RR HL patients were treated with eight cycles of nivolumab in combination with brentuximab vedotin. Each immunotherapy drug has previously been shown to result in improved progression-free survival (PFS) in high-risk RR HL patients when given as post-autoHCT consolidation; however, the duo has never been tested in combination. At 18 months, PFS was 92% and overall survival was 98%. These results indicate a solid path to improved treatment for RR HL patients.

> "City of Hope develops therapies that will be curative and return people to a life free of the disease that brought them to us in the first place. We've taken on the challenges of taking care of people who are older by developing transplant regimens that can cure older people of their disease, and not have a therapy that's limited to younger people."
>
> — Stephen J. Forman, M.D., *Director of the Hematologic Malignancies Research Institute*

DEFINED HCT SURVIVAL BENEFITS IN OLDER PATIENTS WITH MYELODYSPLASTIC SYNDROME ENABLES A NEW TREATMENT APPROACH

Ryotaro Nakamura, M.D.
Professor, Department of Hematology & Hematopoietic Cell Transplantation
Director, Center for Stem Cell Transplantation

Although allogeneic HCT is associated with significant risks and complications, it's currently the sole curative therapy for myelodysplastic syndrome (MDS). In older MDS patients, early transplantation is offered infrequently because of the absence of peer-reviewed data evaluating benefits of HCT compared to non-HCT therapy. In order to ensure early treatment was available to this patient group, **Ryotaro Nakamura, M.D.**, director of the Center for Stem Cell Transplantation, conducted a trial comparing reduced intensity allogeneic HCT to hypomethylating therapy or the best supportive care in older patients with advanced MDS.

A total of 384 patients with MDS between the ages of 50 to 75 were enrolled in the multicenter trial and were assigned to Donor (received allogeneic HCT) and No Donor (received non-HCT therapy) arms. Three years after the study enrollment, an intent-to-treat analysis showed overall survival to be 47.9% in the Donor arm compared to 26.6% in the No Donor arm.

The quality of life (QOL) measures were not different between the two arms, indicating that the survival advantage with HCT was not associated with detriment of QOL. These findings indicated that HCT should be included as an integral part of MDS management plans in fit older adults with higher-risk MDS, and early referral to a transplant center is strongly recommended.

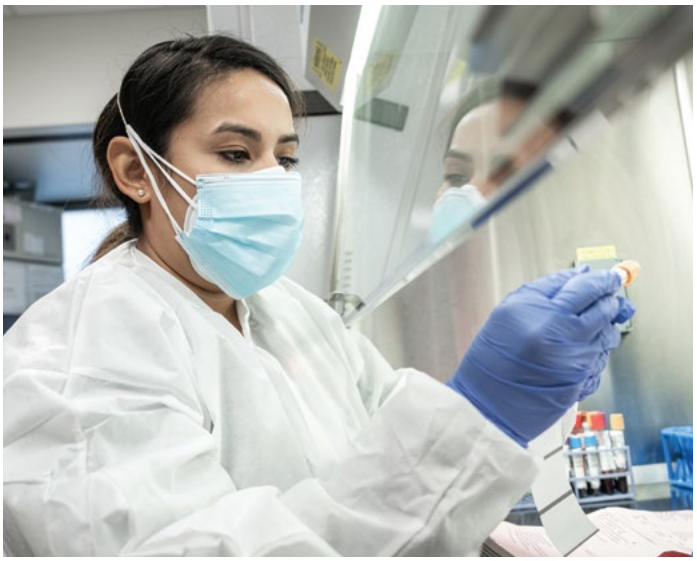
REDUCING THE RISK OF GRAFT-VERSUS-HOST DISEASE OR RELAPSE IN PATIENTS WITH ACUTE MYELOID LEUKEMIA

Anthony Stein, M.D.
Associate Director, Gehr Family Center for Leukemia Research

A long-term burden of morbidity, of which graft-versus-host disease (GvHD) is the main cause, exists for patients with acute myeloid leukemia (AML) who undergo allogeneic HCT — the treatment option with the highest curative rate. In order to reduce the risk of GvHD and the risk of relapse **Anthony S. Stein, M.D.**, co-director of the Gehr Family Center for Leukemia Research, developed and evaluated a novel post-transplant conditioning method consisting of total marrow and lymphoid irradiation (TMLI) and post-transplant cyclophosphamide (PTCy) in a pilot study.

Trial participants were initially treated with TMLI without the addition of chemotherapy; after HCT, PTCy was given for GvHD prevention. At one year, the GvHD-free/relapse-free survival (GRFS) was 60%. Estimates of OS and relapse-free

survival at one year were 100% and 80.8%, respectively. In addition to having all patients achieve engraftment, nonrelapse mortalities were zero percent at one year with this conditioning regimen and preliminary results suggest a better GRFS rate than previously established. Participants with more than one year of follow-up were also able to discontinue immunosuppressive therapy, reducing one of the financial burdens associated with allogeneic HCT.



A CAR T CELL THERAPY FOR HIGH-RISK PATIENTS WITH CHRONIC LYMPHOCYTIC LEUKEMIA AND SMALL LYMPHOCYTIC LYMPHOMA

In a Phase 1 trial, **Tanya Siddiqi, M.D.**, director of the Chronic Lymphocytic Leukemia Program, tested the efficacy and safety of a chimeric antigen receptor (CAR) T cell with CD19 specificity in patients with relapsed or refractory chronic lymphocytic leukemia and small lymphocytic lymphoma. Patients who received the immunotherapy infusion known as lisocabtagene maraleucel (liso-cel) had previously received a median of four prior therapies.

Tanya Siddiqi, M.D.
Director, Chronic Lymphocytic Leukemia Program, Toni Stephenson Lymphoma Center

No late or delayed adverse effects of concern were observed or reported in the safety population (n=23), and in the efficacy-evaluable patient population (n=22), the overall response rate was 82% while the complete response with incomplete blood count recovery rate was 45%. At 15 months and 18 months, 53% and 50% of patients maintained their responses, respectively. Of 20 patients who were evaluable for minimal residual disease (MRD), 75% had undetectable MRD (uMRD) in the blood, and 87% had uMRD in the bone marrow, with most achieving uMRD in the bone marrow by day 30.

ACHIEVING HIGH RESPONSE RATES IN PATIENTS WITH FOLLICULAR LYMPHOMA WITH A BISPECIFIC ANTIBODY

Elizabeth Budde, M.D., Ph.D.
Assistant Professor, Department of Hematology & Hematopoietic Cell Transplantation

For patients with follicular lymphoma (FL), there is no current curable treatment. The research **Elizabeth Budde, M.D., Ph.D.**, assistant professor in the Department of Hematology & Hematopoietic Cell Transplantation, has been conducting on a bispecific antibody with specificity for CD3 and CD20 (T and B cell surface proteins) in patients with FL may lead to a breakthrough treatment for these patients.

In a Phase 1 dose-escalation trial, patients received intravenous doses of the bispecific antibody called mosunetuzumab, which works by redirecting T cells to engage and eliminate malignant B cells, in one of three dose levels. A complete response was achieved in 50% of patients and the overall response rate was 68%. The median time of study was 14.4 months and at this time 74% of patients who achieved remission remained in remission. Median progression-free survival was 11.8 months. A tolerable safety profile was also seen, although adverse effects (AEs) were reported in 60 patients, with serious AEs in 22 patients. With these findings, mosunetuzumab, which has received a breakthrough therapy designation from the FDA, holds promise as a viable treatment option.

For more information, visit us at **CityofHope.org/ash2020**.

To refer a patient to City of Hope, contact **(800) 826-4673** or visit **CityofHope.com/refer-a-patient**.

City of Hope's Modified Vaccinia Ankara Vaccine Platform Enables Development of a SARS-CoV-2 Vaccine Candidate

At the start of the global pandemic, **Don Diamond, Ph.D.**, professor in the Department of Hematology & Hematopoietic Cell Transplantation, was able to call upon his successful experience developing vaccines to quickly being working on a SARS-CoV-2 vaccine. Diamond worked with **Flavia Chiuppesi, Ph.D.**, and **Felix Wussow, Ph.D.**, both assistant research professors in the Department of Hematology & Hematopoietic Cell Transplantation, to develop the vaccine. Now, they are working with lead investigator **John A. Zaia, M.D.**, the Aaron D. Miller and Edith Miller Chair in Gene Therapy, to conduct a Phase 1 trial to evaluate the vaccine candidate known as COH04S1 in humans.

THE DEVELOPMENT OF A MULTI-ANTIGENIC VACCINE CANDIDATE

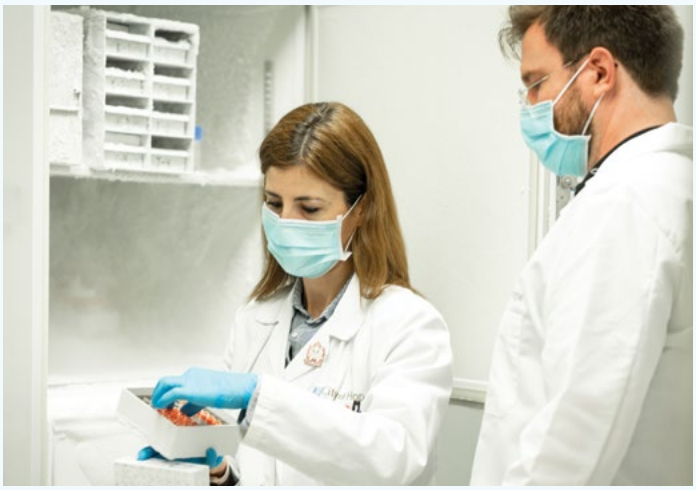
The investigators chose a modified Vaccinia Ankara (MVA) virus vector for vaccine development for a number of reasons. MVA, which is an attenuated poxvirus, has been shown to be safe, highly immunogenic and capable of incorporating heterologous DNA, which is one of the reasons it is an effective vector. Diamond had also used the MVA platform in the past to develop a safe and efficacious Triplex vaccine for the prevention of cytomegalovirus infection in stem cell transplant patients.

The end goals of any vaccine are to prevent infection through the stimulation of the humoral immune response (neutralizing antibodies) and to confer long-term immunity through the cell-mediated immune response (memory T cells). In order to stimulate both immediate and long-term immune responses, the investigators created recombinant synthetic MVA vectors that contained full-length SARS-CoV-2 spike and nucleocapsid antigens.

> "MVA vaccines have been shown to be safe and effective in immunocompromised patients, such as cancer and transplant patients, and can produce an immune response in less than 14 days with long-lasting T cell immunity."
>
> — Don Diamond, Ph.D., *Lead Investigator*

ROBUST IMMUNE RESPONSE AGAINST SARS-COV-2 IN MOUSE MODELS LEADS TO A PHASE 1 TRIAL

Preclinical research showed that the investigational vaccine had the ability to elicit the production of neutralizing antibodies and strong responses by CD4 and CD8 T cells against SARS-CoV-2. It also prevented infection against pseudoviruses that contained the genetic sequences of the original Wuhan and the altered D614G form of the SARS-CoV-2 Spike antigen, indicating that it was capable of retaining efficacy in the event of antigenic drift.



Flavia Chiuppesi, Ph.D., and Felix Wussow, Ph.D.

The Phase 1 trial is being conducted to determine the safety and tolerability of COH04S1 in humans. City of Hope is currently looking for a minimum of 117 healthy volunteers who haven't had COVID-19 and are between the ages of 18 and 54 (inclusive) to enroll in this trial. The goal is to collect safety and immunogenicity data to initiate the Phase 2 trial in late spring this year. Trial participants will receive two injections given 28 days apart in the muscle of their upper nondominant arm, and could receive the investigational vaccine in both injections, the vaccine followed by a placebo or both injections as placebos. The single dose variable will allow the team to study whether it is sufficient to stimulate immunity without the need for a booster. Each participant will be on the study for one-year follow-up.

In addition to the vaccine, volunteers will receive a health screening and testing to determine whether they have COVID-19 or antibodies against the virus. As part of the study, they will be asked to donate blood and saliva for research testing and to participate in telehealth and in-person follow-up visits for one year.

City of Hope is currently investigating how to manufacture the vaccine in a freeze-dried form, to avoid cold-chain requirements, at one of the three good manufacturing practice facilities located on the main campus in Duarte, California. Once a safe and tolerable dose has been determined, the investigational vaccine will move into Phase 2 and 3 trials. A Phase 2 trial could begin as soon as the second quarter of 2021.

To learn more about this trial, email **CovidVaccine@coh.org**.

Building on Myeloma Studies of Leflunomide to Treat COVID-19 During Cancer

With insight from previous City of Hope trials that investigated Food and Drug Administration-approved rheumatoid arthritis drug leflunomide's efficacy in patients with relapsed or refractory multiple myeloma, City of Hope investigators **Sanjeet Dadwal, M.D.**, chief of the Division of Infectious Diseases, and **Steven T. Rosen, M.D.**, provost, chief scientific officer and the Irell & Manella Cancer Center Director's Distinguished Chair, were able to quickly begin investigating the inexpensive, orally available drug's ability to treat patients with severe COVID-19 infection and a simultaneous malignancy.

Steven T. Rosen, M.D.
Director, Comprehensive Cancer Center; Director, Beckman Research Institute of City of Hope

Sanjeet Dadwal, M.D.
Chief, Division of Infectious Diseases

On account of immunosuppression caused by cancer or treatment, patients with cancer are considered high risk for contracting coronavirus and have an increased risk of developing severe COVID-19. Developing new treatments that can treat severe disease while simultaneously being safe for vulnerable patients are urgently needed.

> "There are currently few effective drugs against COVID-19, and our clinical trial will help us determine if these therapies can be used as new treatments against this devastating disease."
>
> — Steven T. Rosen, M.D., *Provost, Chief Scientific Officer and the Irell & Manella Cancer Center Director's Distinguished Chair*

In a preliminary experiment, leflunomide significantly halted viral RNA replication in cancer cells infected with naturally occurring RNA virus, demonstrating antiviral activity. The drug is classified as a dihydroorotate dehydrogenase inhibitor, and it has been proven to impact pyrimidine synthesis for DNA and RNA. Because SARS-CoV-2 contains a high content of the pyrimidine base uracil, there is promise it will also halt replication of this virus.

In addition to the potential antiviral activity against COVID-19, leflunomide's anti-inflammatory properties may also contribute to the treatment of the novel virus as the immune response is a major cause of morbidity for COVID-19 patients.

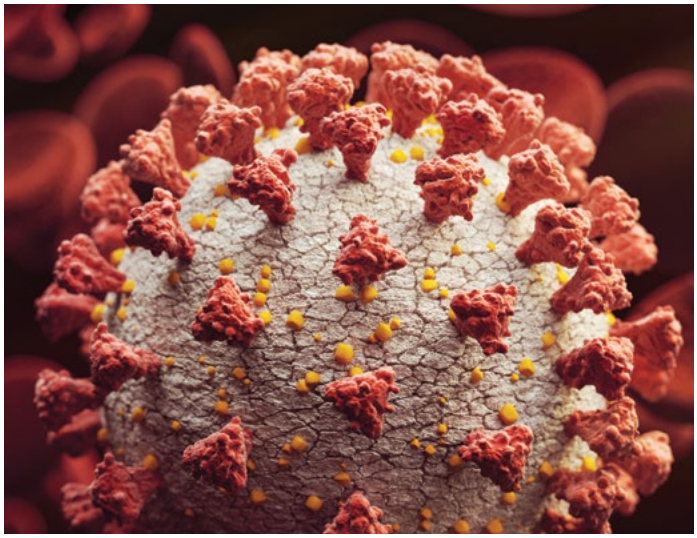
The FDA recently approved the start of a Phase 1 trial to evaluate the safety and tolerability of leflunomide when combined with standard-of-care treatment for COVID-19 while also evaluating efficacy and other secondary and exploratory objectives, including but not limited to:

- Time to clinical improvement
- Time to SpO2 > 93% on room air
- Time to first negative SARS-CoV-2 test by polymerase chain reaction (PCR)
- The relationship between teriflunomide levels and pharmacodynamic biomarkers such as viral load and cytokines
- The kinetics of viral replication through serial measurements of viral load by nasopharyngeal swab and tracheal aspirates

At a later date, a Phase 2 randomized clinical trial may take place if the first trial finds leflunomide to be safe and tolerable for these patients. City of Hope plans to work with other local medical centers who are treating cancer patients for SARS-CoV-2 to enroll them in the trial.

The team received a P30 grant supplement from the National Cancer Institute to fund the trial. City of Hope is one of a few cancer centers that has received funding for a COVID-19 research project during the pandemic. If the project is successful, it may lead to discoveries that City of Hope investigators can use to deliver to COVID-19 patients with immunosuppression or a history of cancer, as well as other patients.

To learn more about patient eligibility for the trial, call **626-218-1133** and reference **NCT04532372**.



HEMATOLOGICAL MALIGNANCY **CLINICAL TRIALS** CURRENTLY UNDERWAY

In a Phase 1 study, principal investigator **Amrita Krishnan, M.D.**, is working to identify the recommended Phase 2 dose of a humanized BCMA CD3 DuoBody antibody, also known as JNJ-64007957 or teclistamab, in patients with relapsed or refractory (RR) multiple myeloma. Teclistamab has been shown to direct T cells to kill BMCA-expressing multiple myeloma cells. Both intravenous and subcutaneous administration of the bispecific antibody will be performed, and the safety, tolerability, pharmacokinetics and preliminary anti-tumor activity will be assessed. (**NCT03145181**)

Trispecific T cell activator SAR442257 is being studied in patients with RR multiple myeloma and refractory non-Hodgkin lymphoma by principal investigator **Chatchada Karanes, M.D.**, in a first-in-human Phase 1 clinical trial. The trial will evaluate the maximum tolerated dose, safety, immunogenicity, anti-tumor activity and pharmacokinetics of the experimental therapy when administered as a single agent. (**NCT04401020**)

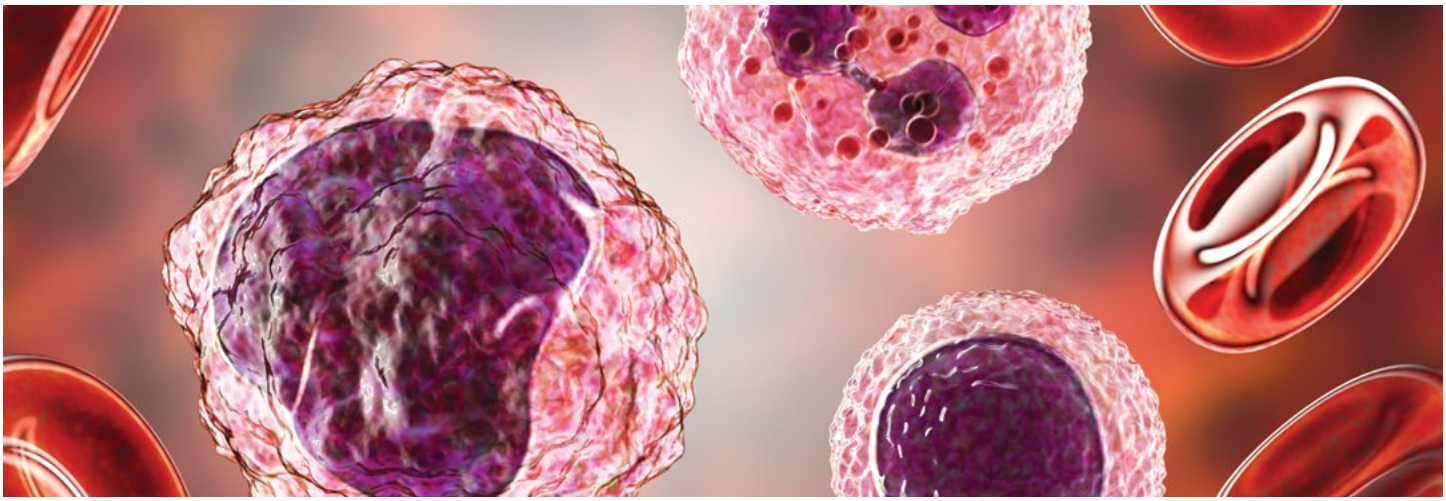
Amrita Krishnan, M.D.
Director, Judy and Bernard Briskin Center for Multiple Myeloma Research

Chatchada Karanes, M.D.
Director, Cord Blood Transplant Program

Elizabeth Budde, M.D., Ph.D.
Assistant Professor, Department of Hematology & Hematopoietic Cell Transplantation

To assess the synergy of CD19 chimeric antigen receptor (CAR) T cells given in combination with acalabrutinib, a kinase inhibitor, for patients with RR mantle cell lymphoma, lead investigator **Lihua E. Budde, M.D., Ph.D.**, is conducting a Phase 2 clinical trial. The hope is that the paired treatment will kill more cancer cells than either given independently. (**NCT04484012**)

To learn more about clinical trials at City of Hope, call **(626) 218-1133** or visit **clinicaltrials.coh.org**.



See the Groundbreaking Advancements We're Bringing to the Field

Every year, City of Hope attends the American Society of Hematology, American Association for Cancer Research (AACR) and American Society of Clinical Oncology (ASCO) meetings to stay abreast of the latest scientific discoveries and to share our groundbreaking developments and novel advances with the wider world in order to continue advancing the field of oncology.

See us present this spring at the virtual AACR 2021 Annual Meeting (April 10 to 15; May 17 to 21) and the virtual ASCO 2021 Annual Meeting (June 4 to 8).

Recognized as one of the **nation's "Best Hospitals" in cancer for over a decade** by U.S. News & World Report

NEW HOPE

City of Hope recently welcomed the following new physicians to its medical staff:

MARK AGULNIK, PH.D., M.S.
Clinical Professor, Department of Medical Oncology & Therapeutics Research
Location: Duarte

SHARON BAIK, M.D.
Assistant Professor, Department of Supportive Care Medicine
Location: Duarte

DORIS CHIH, M.D., PH.D.
Chief of Hospital Medicine and Associate Clinical Professor, Department of Medicine
Location: Duarte

OLGA DANILOVA, M.D., PH.D.
Assistant Clinical Professor, Department of Pathology
Location: Duarte

HUGH DAVIS, M.D.
Assistant Clinical Professor, Department of Medicine
Location: Duarte

LAUREN EISENBUD, M.D.
Assistant Clinical Professor, Department of Medical Oncology & Therapeutics Research
Location: Santa Clarita

SASAN FAZELI, M.D.
Assistant Clinical Professor, Department of Clinical Diabetes, Endocrinology & Metabolism
Location: Duarte

JAMES GODFREY, M.D.
Assistant Professor, Department of Hematology & Hematopoietic Cell Transplantation
Location: Duarte

LORENA GONZALEZ, M.D.
Assistant Clinical Professor, Department of Surgery
Location: ***South Bay***

ADDIE HILL, M.D.
Assistant Clinical Professor, Department of Medical Oncology & Therapeutics Research
Location: Duarte

CHRISTINE JUN, M.D.
Assistant Clinical Professor, Department of Supportive Care Medicine
Location: Duarte

JEFF F. LIN, M.D.
Assistant Clinical Professor, Department of Surgery
Location: South Bay

AMARTEJ MERLA, M.D.
Assistant Clinical Professor, Department of Medical Oncology & Therapeutics Research
Location: Antelope Valley

SALMAN OTOUKESH, M.D.
Assistant Clinical Professor, Department of Hematology & Hematopoietic Cell Transplantation
Location: Duarte

WAI PARK, M.D.
Assistant Clinical Professor, Department of Medical Oncology & Therapeutics Research
Location: Duarte

NIKITA SHAH, M.D.
Assistant Clinical Professor, Department of Breast Surgery
Locations: Simi Valley, Thousand Oaks

SHILPA SHAHANI, M.D.
Assistant Clinical Professor, Department of Pediatrics
Location: Duarte

MIHAE SONG, M.D.
Assistant Clinical Professor, Department of Surgery
Location: Duarte

VICTORIA M. VILLAFLOR, M.D.
Clinical Professor, Department of Medical Oncology & Therapeutics Research
Location: Duarte

PING WANG, M.D.
Professor and Chair, Department of Diabetes, Endocrinology & Metabolism
Locations: Duarte, Newport Beach

TERENCE M. WILLIAMS, M.D., PH.D.
Professor and Chair, Department of Radiation Oncology
Location: Duarte

KELUO YAO, M.D.
Assistant Clinical Professor, Department of Pathology
Location: Duarte

To refer a patient, call **800-826-4673 (HOPE)** or visit **CityofHope.org/refer-a-patient.**

OUR LOCATIONS

City of Hope's clinical network extends the institution's reach to more patients by bringing premier care to local communities across Los Angeles, Ventura, San Bernardino, Orange and Riverside counties.

MAIN CAMPUS

Duarte
1500 E. Duarte Road, Duarte, CA 91010

COMMUNITY PRACTICE SITES

Antelope Valley
44151 15th St. West, Lancaster, CA 93534

Arcadia
301 W. Huntington Drive, Suite 400, Arcadia, CA 91007

Corona
1280 Corona Pointe Court, Suite 112, Corona, CA 92879

Glendora
412 W. Carroll Ave., Suite 200, Glendora, CA 91741

Mission Hills
15031 Rinaldi St., Suite 150, Mission Hills, CA 91345

Newport Beach
1601 Avocado Ave., Newport Beach, CA 92660

Pasadena
630 S. Raymond Ave., Suite 220, Pasadena, CA 91105

Santa Clarita
23823 Valencia Blvd., Suite 250, Santa Clarita, CA 91355

Simi Valley
1157 Swallow Lane, Simi Valley, CA 93065

South Bay
5215 Torrance Blvd., Torrance, CA 90503

South Pasadena
209 Fair Oaks Ave., South Pasadena, CA 91030

Thousand Oaks
425 Haaland Drive, Suite 101 Thousand Oaks, CA 91361

Upland
1100 San Bernardino Road, Suite 1100, Upland, CA 91786

West Covina
1250 S. Sunset Ave., Suite 303, West Covina, CA 91790

RADIATION ONCOLOGY COMMUNITY PRACTICE SITES

Arcadia Radiation Oncology
301 W. Huntington Drive, Suite 120, Arcadia, CA 91007

Glendale Radiation Oncology
720 E. Colorado St., Glendale, CA 91205

Riverside Radiation Oncology
6939 Palm Court, Riverside, CA 92506

San Bernardino Radiation Oncology
401 E. Highland Ave., Suite D, San Bernardino, CA 92404

Santa Clarita Radiation Oncology
26357 McBean Parkway, Suite 150, Valencia, CA 91355

Sherman Oaks Radiation Oncology
5522 Sepulveda Blvd., Sherman Oaks, CA 91411

Temecula Radiation Oncology
44274 George Cushman Court, Suite 100, Temecula, CA 92592

West Hills Radiation Oncology
7301 Medical Center Drive, Suite 100, West Hills, CA 91307

Wildomar Radiation Oncology
36450 Inland Valley Drive, Suite 101, Wildomar, CA 92595

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SHAPING THE NEXT GENERATION OF **ORANGE COUNTY CANCER CARE**

INTRODUCING CITY OF HOPE ORANGE COUNTY'S NEW PHYSICIAN-IN-CHIEF

Esteemed oncologist **Edward S. Kim, M.D., M.B.A.**, has been named as the senior vice president and vice physician-in-chief at City of Hope and City of Hope Orange County physician-in-chief. Kim will be responsible for driving the development of a world-class network of cancer care and treatment for the Orange County network as well as the planned Irvine campus location.

The new 11-acre site, which will house a comprehensive cancer center that will provide highly specialized cancer care, is City of Hope's answer to the current unmet cancer care needs of Orange County. Currently, close to 20% of Orange County residents leave the area to access highly specialized cancer care; many residents commute up to two hours each way to our Duarte, California, campus. With a planned opening in 2022, the Irvine location will also offer Phase 1-3 clinical trials, precision medicine and early detection and prevention programs. In addition, a specialty hospital exclusively dedicated to cancer is slated to open on the campus in 2025.

Edward S. Kim, M.D., M.B.A.
Physician-in-chief, City of Hope Orange County

With recognition as a "Top Doctor" by U.S. News & World Report, Kim brings his experience as the principal and co-principal investigator of more than 200 published works and his history of leadership at the Levine Cancer Institute in North Carolina and University of Texas MD Anderson Cancer Center. As a physician-scientist, Kim is among the country's foremost experts in molecular prognostication for lung, head and neck cancers and has expertise in heralding new therapies to the field. This experience will serve Kim as he leads City of Hope Orange County experts and transforms the landscape of cancer treatment by translating state-of-the-art research into novel treatments.

> "My appointment to City of Hope Orange County is the culmination of my career thus far. The vision of City of Hope to redefine the accessibility of cancer treatments is well-aligned with my personal commitment to continually meet unmet needs."
>
> — Edward S. Kim, *Physician-in-Chief, City of Hope Orange County*

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