

LEHIGH VALLEY TOPPER CANCER INSTITUTE

2025 Statistical Report

Our Mission

Lehigh Valley Topper Cancer Institute, part of Jefferson Health, eases our community's cancer burden by preventing cancer, finding cancer early, providing comprehensive diagnostic, consultative, treatment, support and survivorship services, and by educating healthcare professionals and residents of the communities we serve about advances in cancer care.



Welcome to Lehigh Valley Topper Cancer Institute's 2025 annual report, which features our statistical data (calendar year 2024) and insight into the programs, services and innovations in cancer care. Our cancer program continues our mission of providing outstanding, safe, timely and quality care to our patients and community.

In May 2024, the Cancer Institute was recognized and accredited as an Integrated Network Cancer Program with the American College of Surgeons (ACS) Commission on Cancer (CoC). The Cancer Institute was commended for being "a role model for integrated network cancer programs." This highlights the excellent collaboration and expertise of all physicians and colleagues in bringing together the different campuses of the network to provide standardized, uniform, coordinated and consistent cancer care to our patients from all locations. Patients can be assured they are receiving the best care in any Cancer Institute location they visit.

As an accredited CoC network, we also earned the distinction as an American College of Surgeons Surgical Quality Partner. This designation is a recognition of our dedication to maintaining the highest standards in surgical care.

In addition, the Cancer Institute is accredited with the National Accreditation Program for Breast Centers (NAPBC), recognized as a Certified Quality Breast Center by the National Consortium of Breast Centers (NCBC) and is certified by the Quality Oncology Practice Initiative (QOPI). Through these accreditations, recognitions and certifications, we show our unwavering dedication and commitment in providing outstanding care, outcomes and patient satisfaction.

When Jefferson and Lehigh Valley Health Network (LVHN) combined in 2024, the organization became one of the top 15 not-for-profit health systems in the United States, with **32 hospitals** and **more than 700 sites of care**. The combination, which brought LVHN's Cancer Institute into the fold, expanded Jefferson's top-tier cancer care program beyond Philadelphia into northeast Pennsylvania.

Now, it provides more patients with access to an evolving set of treatments and a broader network of specialists and cancer resources. These cover the full spectrum of cancer care: prevention, detection, diagnosis, genetics, patient navigation, nutrition, social and psychological support, rehabilitation, clinical trials, multidisciplinary and coordinated care, surgery, radiation therapy, chemotherapy, immunotherapy, hemophilia care, survivorship, and palliative and hospice support.



Lehigh Valley Topper Cancer Institute Locations



John and Dorothy Morgan
Cancer Center at Lehigh Valley
Hospital-Cedar Crest



Cancer Center at
Lehigh Valley Hospital-Muhlenberg



LVHN Cancer Center-Schuylkill



Regional Cancer Center, a Service
of Lehigh Valley Hospital-Schuylkill
(at Lehigh Valley Hospital-Hazleton)



Dale & Frances Hughes
Cancer Center at
Lehigh Valley Hospital-Pocono



Cancer Center at
Lehigh Valley Hospital-Hecktown Oaks



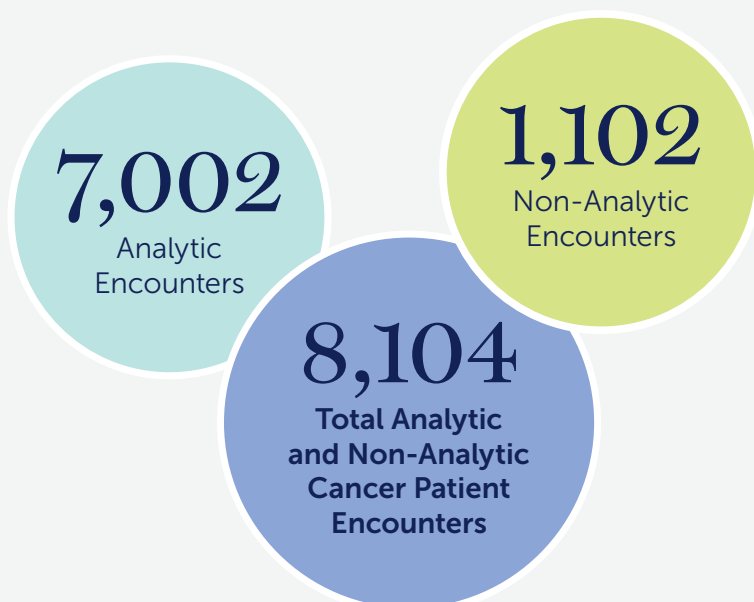
Cancer Center at
Lehigh Valley Hospital-Carbon

Cancer Data Management

The cancer data management department (cancer registry) of Lehigh Valley Topper Cancer Institute captures a complete summary of the demographics, history, diagnosis, treatment and health status for every cancer patient who presents in our facilities. Collection of cancer data for all LVHN campuses is a regulatory compliance of the Pennsylvania Department of Health's Pennsylvania Cancer Control, Prevention and Research Act and the Disease Prevention and Control Law of 1955. These require each designated hospital and laboratory in Pennsylvania "shall report all cases of cancer, which are diagnosed and/or treated at the hospital or laboratory." In addition, cancer data abstraction and reporting are also in adherence with LVHN's accreditations with the American College of Surgeons (ACS)'s Commission on Cancer, National Accreditation Program for Breast Centers, and National Consortium of Breast Centers National Quality Measures for Breast Centers.

Data collected and abstracted is stored in a secured cancer registry database, a software information system designed for the collection, management and analysis of data on cancer patients including those diagnosed with benign brain tumors and survivors. The cancer registry is maintained with timely and accurate data to capture cancer incidence, evaluate treatment efficacy and determine survivorship. In turn, information is utilized by clinicians as well as local, state and national agencies including the Pennsylvania Cancer Registry and Department of Health and the ACS Commission on Cancer's Rapid Cancer Reporting System. Cancer registry data provides important information to clinicians, researchers and public health officials to enhance monitoring, advance cancer treatments and research, and improve cancer screening and prevention programs.

Lehigh Valley Health Network – 2024 Encounters



L 2024 Statistics



Cancer Staging and Incidence Terminology

Cancer diagnosis, staging, incidence and treatment have a language of their own. Here are some commonly used terms and resources for more information:

American Joint Committee on Cancer (AJCC) Staging

A classification system used for describing the extent of disease progression based on the evaluation of the tumor size/invasion, nodal status and metastasis at the time of diagnosis. AJCC staging is important in determining treatment plans.

Analytic Cancer Case

Cases for which the facility provided the initial diagnosis of cancer and/or for which the facility contributed to all or part of the first course of treatment.

National Cancer Database (NCDB)

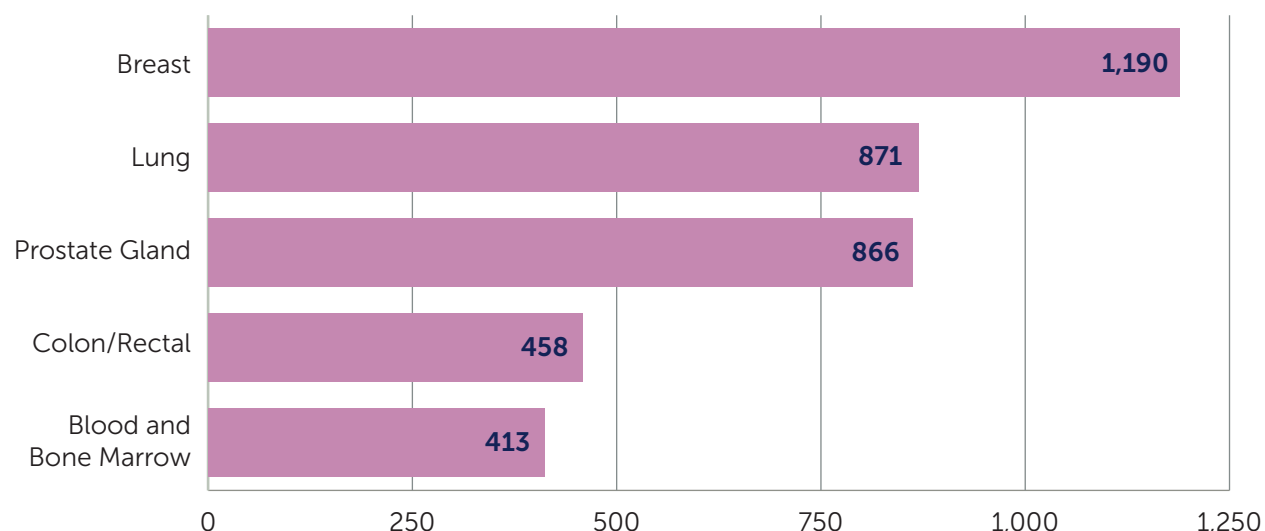
The NCDB, a joint project of the American Cancer Society and the Commission on Cancer, collects information on cancer cases diagnosed and/or treated at hospitals throughout the country. This patient-anonymous information is used to present scientifically reviewed descriptions of patient diagnosis, treatment and outcome. The most recent data from NCDB for comparison is on cases newly diagnosed in 2022.

Rapid Cancer Reporting System (RCRS)

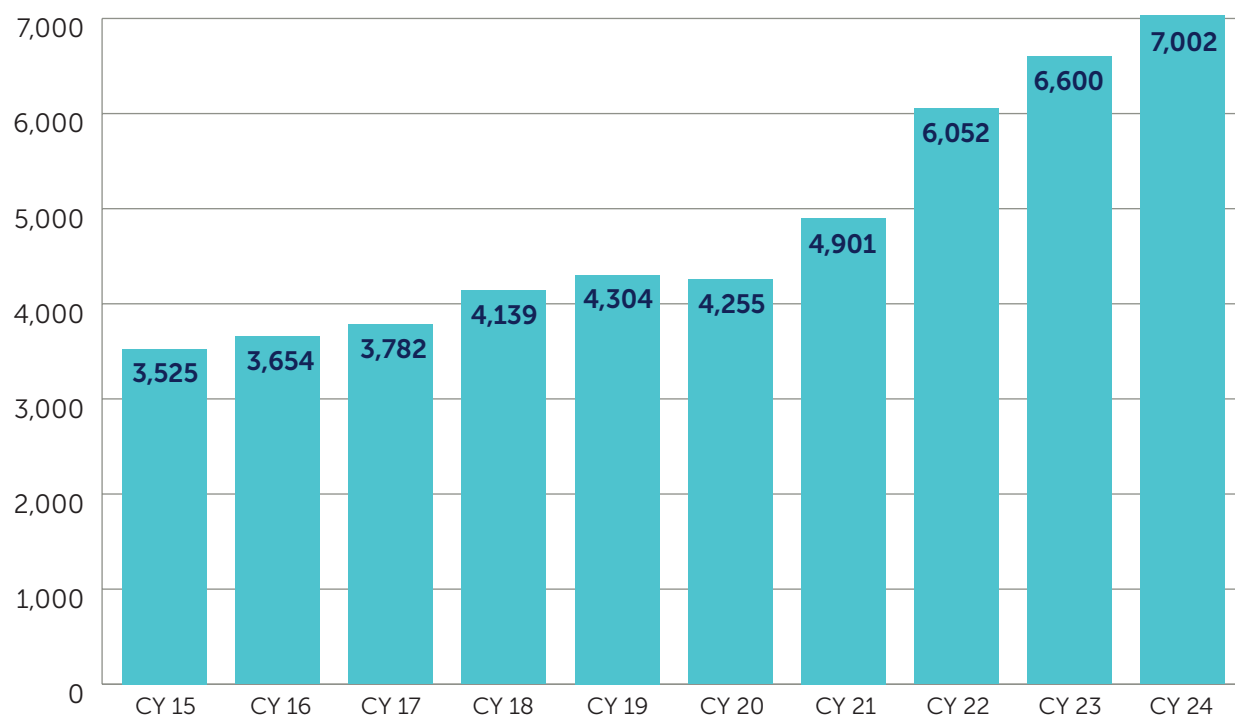
The CoC's National Cancer Database changed its technology infrastructure with the transition to a new data platform system referred to as RCRS, formerly known as RQRS. RCRS, launched on Sept. 28, 2020, is a web-based data collection and reporting system that analyzes information gathered through the American College of Surgeons' quality data platform vendor, IQVIA. RCRS now serves as the new single-source of data submission for all CoC-accredited hospital registries resulting from the combining of the prior two systems, RQRS and NCDB. Cases submitted to RCRS will include all disease sites from 2007 going forward.

Lehigh Valley Topper Cancer Institute actively participates in the RCRS data collection and reporting program. As a nationwide oncology case repository for real-time and historical data, RCRS enables assessment of hospital-level adherence to quality of cancer care measures for all CoC-accredited programs. Resulting case analysis contributes to a body of evidence-based cancer care knowledge. Based on the evidence, RCRS alerts participants each month to "anticipated care" for their cancer patients. The value in these alerts is to avoid having patients miss out on adjuvant care or therapy that they could receive in addition to their main treatment plan.

CY 2024 Top Five Most Prevalent Sites of Cancer Treated at LVHN–INCP

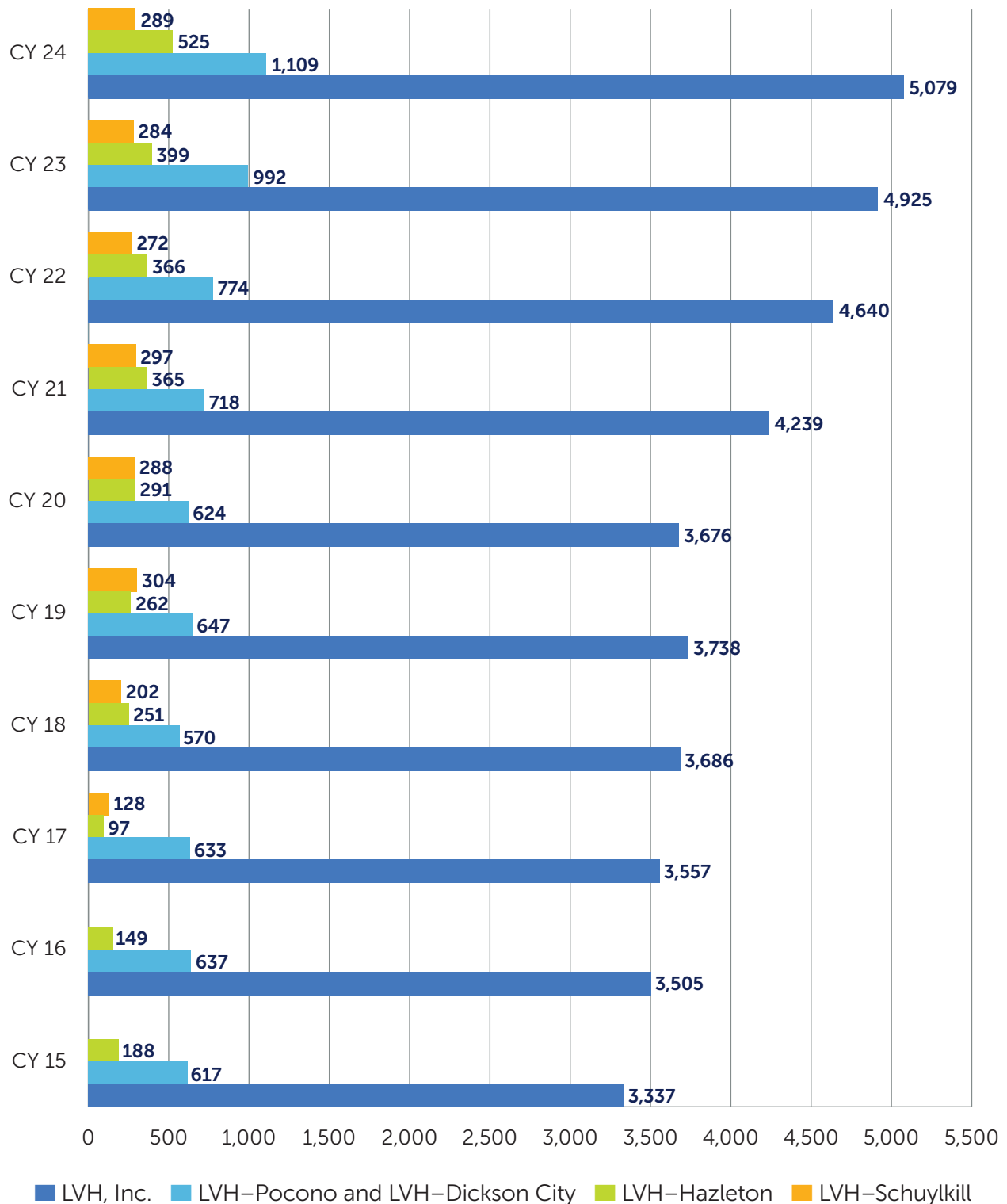


Total Annual Analytic Cases, INCP (10-Year Comparison)



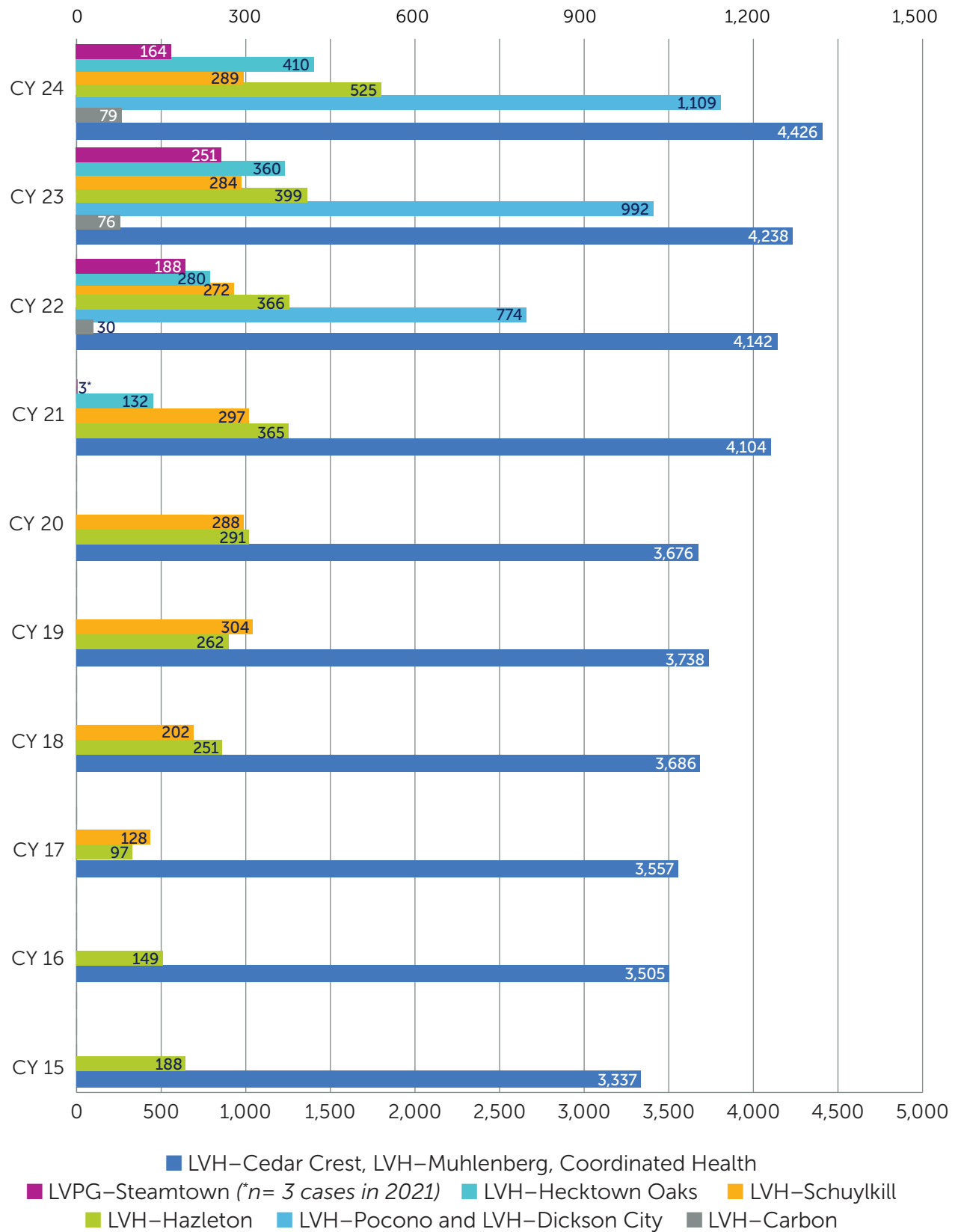
[Data source: Lehigh Valley Cancer Institute (INCP) Tumor Registry: LVH-Cedar Crest (CC), LVH-Muhlenberg (MHC), LVH-Hecktown Oaks (HO), LVH-Hazleton (HZL), LVH-Pocono (POC), LVH-Dickson City (DC), LVH-Schuylkill (SKE), LVPG-Steamtown (STM), LVH-Carbon (CAR)]

Total Annual Analytic Cases by INCP CoC Grouping (10-Year Comparison)



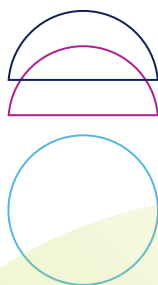
Data source: Lehigh Valley Topper Cancer Institute tumor registry (INCP) – LVH, Inc.: LVH-Cedar Crest, LVH-Muhlenberg, LVH-Hecktown Oaks, LVPG-Steamtown and LVH-Carbon; LVH-Pocono and LVH-Dickson City; LVH-Hazleton; LVH-Schuylkill

Total Annual Analytic Cases by Facility (10-Year Comparison)



Analytic Case Incidence by County of Residence

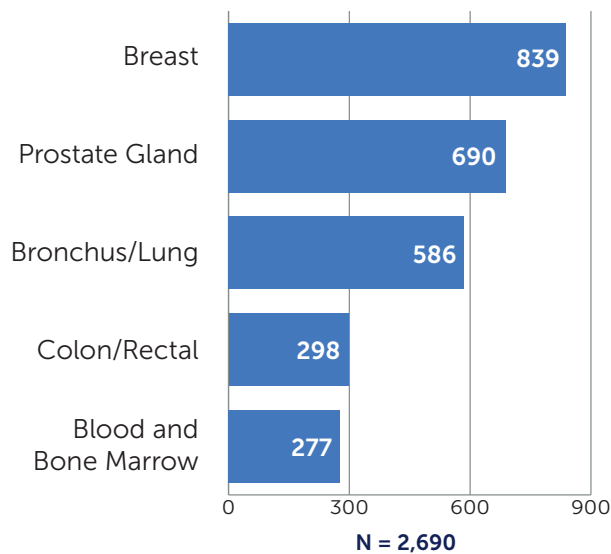
The Cancer Institute provides cancer care for patients in our community and serves as a tertiary referral center. In 2024, we provided **diagnostic care, second opinion recommendations and treatment to more than 7,000 patients from 41 Pennsylvania counties**. In addition, **102 patients came to our cancer program from communities across the United States**.



COUNTY OF RESIDENCE	2020	2021	2022	2023	2024
ADAMS	0	0	0	0	1
BEDFORD	1	0	0	0	2
BERKS	270	289	347	277	343
BRADFORD	0	0	2	4	0
BUCKS	44	54	53	52	43
CARBON	151	191	270	276	296
CENTRE	0	1	1	1	1
CHESTER	5	6	2	5	6
CLARION	0	0	1	0	0
CLINTON	0	0	0	1	0
COLUMBIA	4	4	21	26	25
CUMBERLAND	1	2	2	1	0
DAUPHIN	1	1	4	5	4
DELAWARE	2	0	0	1	0
INDIANA	0	0	0	0	1
LACKAWANNA	31	32	206	366	397
LANCASTER	0	0	2	2	3
LEBANON	1	3	0	2	5
LEHIGH	1,479	1,700	1,708	1,853	1,784
LUZERNE	177	211	520	632	720
LYCOMING	0	0	1	0	0
MCKEAN	0	0	0	1	1
MERCER	0	1	0	0	0
MONROE	144	179	682	714	805
MONTGOMERY	57	78	71	89	108
MONTOUR	0	0	1	2	1
NORTHAMPTON	992	1,113	1,252	1,211	1,333
NORTHUMBERLAND	1	2	8	6	6
PHILADELPHIA	1	1	3	2	2
PIKE	11	22	119	144	109
POTTER	0	1	0	0	0
SCHUYKILL	222	249	577	614	734
SNYDER	1	0	1	0	0
SULLIVAN	2	0	1	0	1
SUSQUEHANNA	2	3	26	69	39
UNION	0	0	0	1	0
TIOGA	0	0	0	0	3
WARREN	0	1	0	0	0
WAYNE	7	8	55	111	104
WYOMING	3	5	19	38	22
YORK	0	0	1	0	1
OUT OF STATE	70	79	96	94	102
TOTAL	3,680	4,236	6,052	6,600	7,002

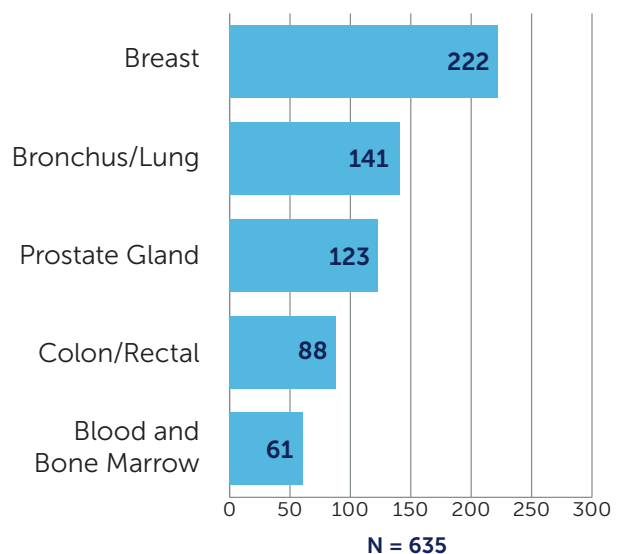
2024 Top Five Most Prevalent Sites of Cancer Treated at Lehigh Valley Health Network Regional Centers

LVH, Inc.

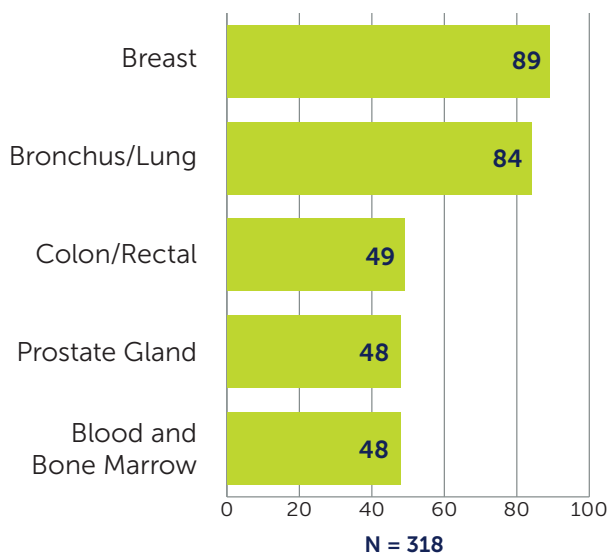


LVH, Inc.: LVH–Cedar Crest, LVH–Muhlenberg, LVH–Hecktown Oaks, LVPG–Steamtown and LVH–Carbon

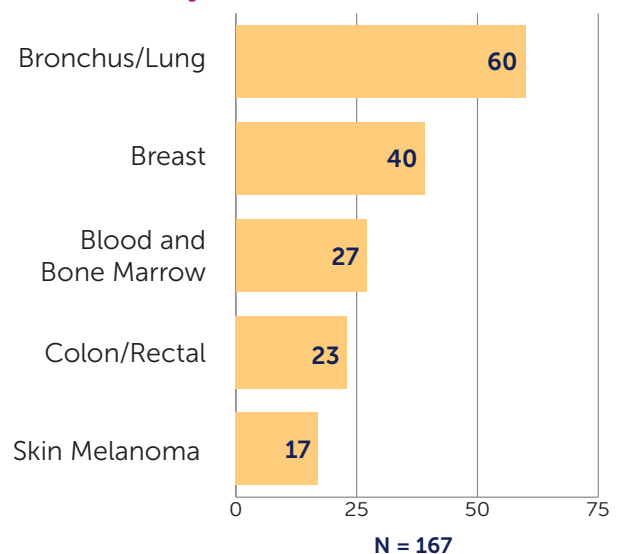
LVH–Pocono and LVH–Dickson City



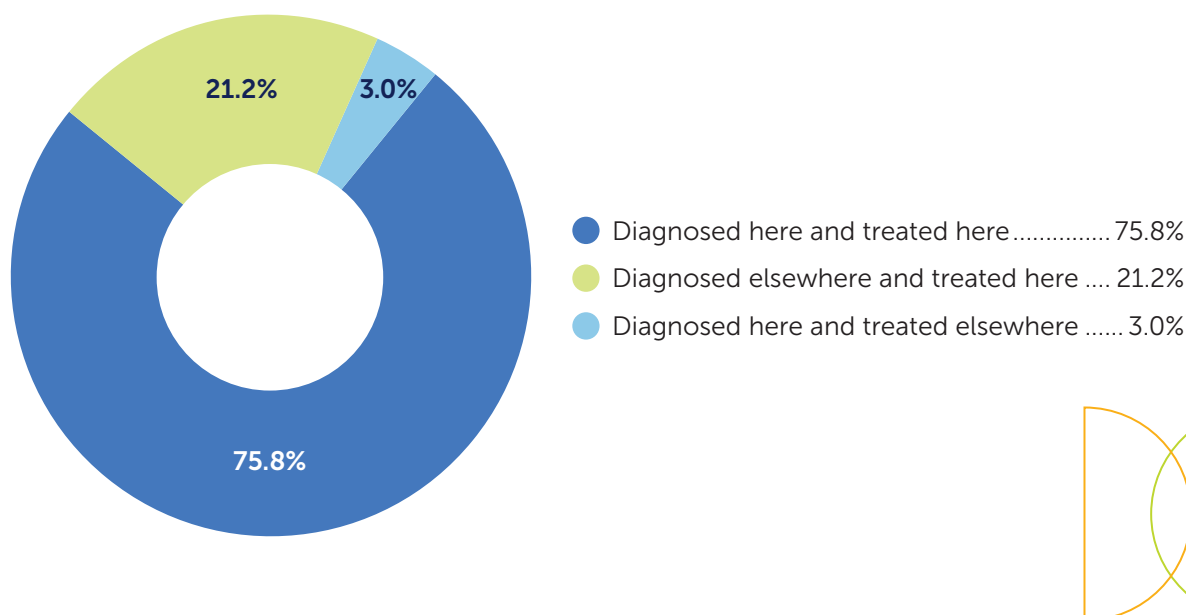
LVH–Hazleton



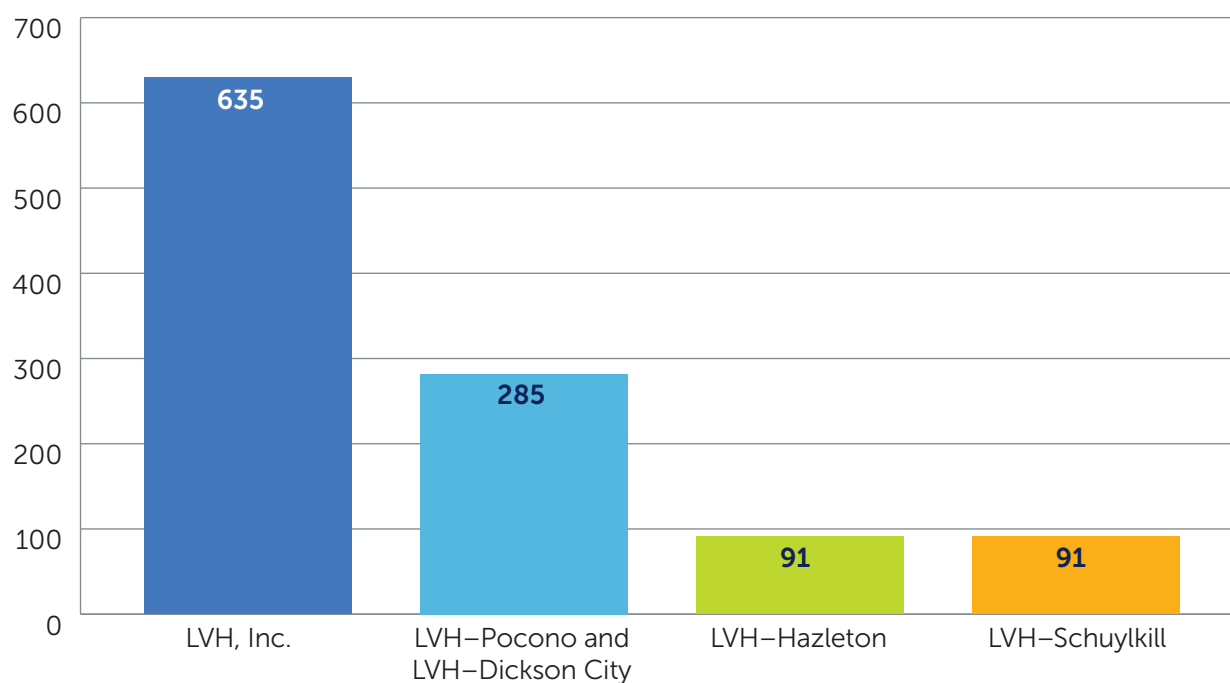
LVH–Schuylkill



2024 Case Classification Based on Patient Migration Patterns



Non-Analytic* Class of Case Volumes by LVHN Facility



*Non-analytic cases represent any of the following scenarios: patients who present at LVHN after initial diagnosis and/or treatment elsewhere and patient is referred for consultation; recurrence of cancer or disease progression; pathology specimen only; diagnosed and received all first course of treatment in a staff physician's office; or initially diagnosed at autopsy or death certificate.

2024 Analytic Cases by Primary Body Site

Lehigh Valley Hospital, Inc.: (LVH–Cedar Crest, LVH–Muhlenberg, LVH–Hecktown Oaks, LVPG–Steamtown and LVH–Carbon)

PRIMARY SITE	TOTAL
HEAD AND NECK	156
DIGESTIVE ORGANS	689
ESOPHAGUS	47
STOMACH	59
SMALL INTESTINE	31
COLON	201
RECTOSIGMOID JUNCTION	10
RECTUM	87
ANUS & ANAL CANAL	17
LIVER & BILE DUCTS	58
GALLBLADDER	8
OTHER BILIARY TRACT	25
PANCREAS	145
OTHER DIGESTIVE ORGANS	1
THORAX	597
BRONCHUS & LUNG	586
THYMUS	8
HEART MEDIASTINUM PLEURA	3
MUSCULOSKELETAL/SOFT TISSUE SITES	35
BLOOD AND BONE MARROW	277
SKIN	189
BREAST	839
FEMALE GENITAL ORGANS	364
VULVA	29
VAGINA	7
CERVIX UTERI	29
CORPUS UTERI	206
UTERUS NOS	6
OVARY	76
OTHER FEMALE GENITAL ORGANS	11

PRIMARY SITE	TOTAL
MALE GENITAL ORGANS	709
PENIS	2
PROSTATE GLAND	690
TESTIS	17
URINARY TRACT ORGANS	387
KIDNEY	144
KIDNEY, RENAL PELVIS	14
URETER	20
URINARY BLADDER	207
OTHER AND UNSPECIFIED URINARY ORGANS	2
CENTRAL NERVOUS SYSTEM	362
MENINGES	193
BRAIN	108
OTHER NERVOUS SYSTEM	61
ENDOCRINE GLANDS	244
THYROID GLAND	180
OTHER ENDOCRINE GLANDS	64
OTHER	10
ORBIT, NOS AND OVERLAPPING LESION	1
RETROPERITONEUM AND PERITONEUM	5
OTHER ILL-DEFINED SITES	4
LYMPH NODES	127
UNKNOWN PRIMARY	94
TOTAL	5,079

5,079

Analytic Cases
Lehigh Valley Hospital, Inc.

2024 Analytic Cases by Primary Body Site

Lehigh Valley Hospital–Pocono and Lehigh Valley Hospital–Dickson City

PRIMARY SITE	TOTAL
HEAD AND NECK	57
DIGESTIVE ORGANS	164
ESOPHAGUS	14
STOMACH	17
SMALL INTESTINE	6
COLON	64
RECTUM	24
ANUS & ANAL CANAL	7
LIVER & BILE DUCTS	11
OTHER BILIARY TRACT	1
PANCREAS	19
OTHER DIGESTIVE ORGANS	1
BRONCHUS & LUNG	141
MUSCULOSKELETAL/SOFT TISSUE SITES	9
BLOOD AND BONE MARROW	61
SKIN	19
BREAST	222
FEMALE GENITAL ORGANS	83
VULVA	7
VAGINA	2
CERVIX UTERI	11
CORPUS UTERI	42
OVARY	21

PRIMARY SITE	TOTAL
MALE GENITAL ORGANS	125
PENIS	1
PROSTATE GLAND	123
TESTIS	1
URINARY TRACT ORGANS	66
KIDNEY	21
KIDNEY, RENAL PELVIS	1
URINARY BLADDER	44
CENTRAL NERVOUS SYSTEM	41
MENINGES	25
BRAIN	7
OTHER NERVOUS SYSTEM	9
ENDOCRINE GLANDS	65
THYROID GLAND	58
OTHER ENDOCRINE GLANDS	7
OTHER	3
RETROPERITONEUM & PERITONEUM	1
OTHER ILL DEFINED SITES	2
LYMPH NODES	27
UNKNOWN PRIMARY	26
TOTAL	1,109

1,109

Analytic Cases
Lehigh Valley Hospital–Pocono and
Lehigh Valley Hospital–Dickson City



2024 Analytic Cases by Primary Body Site

Lehigh Valley Hospital–Hazleton

PRIMARY SITE	TOTAL
HEAD AND NECK	19
DIGESTIVE ORGANS	89
ESOPHAGUS	5
STOMACH	7
SMALL INTESTINE	2
COLON	34
RECTOSIGMOID JUNCTION	2
RECTUM	13
ANUS & ANAL CANAL	2
LIVER & BILE DUCTS	6
GALLBLADDER	1
OTHER BILIARY TRACT	3
PANCREAS	14
THORAX	86
BRONCHUS & LUNG	84
THYMUS	1
HEART MEDIASTINUM PLEURA	1
MUSCULOSKELETAL/SOFT TISSUE SITES	2
BLOOD AND BONE MARROW	48
SKIN	11
BREAST	89
FEMALE GENITAL ORGANS	35
VULVA	2
CERVIX UTERI	5
CORPUS UTERI	18
UTERUS NOS	1
OVARY	8
OTHER FEMALE GENITAL ORGANS	1

PRIMARY SITE	TOTAL
MALE GENITAL ORGANS	50
PROSTATE GLAND	48
TESTIS	2
URINARY TRACT ORGANS	33
KIDNEY	12
URETER	1
URINARY BLADDER	20
CENTRAL NERVOUS SYSTEM	25
MENINGES	12
BRAIN	8
OTHER NERVOUS SYSTEM	5
ENDOCRINE GLANDS	16
THYROID GLAND	13
OTHER ENDOCRINE GLANDS	3
OTHER ILL DEFINED SITES	1
LYMPH NODES	14
UNKNOWN PRIMARY	7
TOTAL	525

525

Lehigh Valley Hospital–Hazleton



2024 Analytic Cases by Primary Body Site

Lehigh Valley Hospital–Schuylkill

PRIMARY SITE	TOTAL
HEAD AND NECK	6
DIGESTIVE ORGANS	52
ESOPHAGUS	2
STOMACH	6
COLON	15
RECTUM	8
ANUS & ANAL CANAL	3
LIVER & BILE DUCTS	4
GALLBLADDER	1
OTHER BILIARY TRACT	3
PANCREAS	10
BRONCHUS AND LUNG	60
MUSCULOSKELETAL/SOFT TISSUE SITES	2
BLOOD AND BONE MARROW	27
SKIN	17
BREAST	40
FEMALE GENITAL ORGANS	23
VULVA	1
CERVIX UTERI	7
CORPUS UTERI	14
OVARY	1

PRIMARY SITE	TOTAL
PROSTATE GLAND	5
URINARY TRACT ORGANS	13
KIDNEY	3
URINARY BLADDER	10
CENTRAL NERVOUS SYSTEM	19
MENINGES	13
BRAIN	4
OTHER NERVOUS SYSTEM	2
ENDOCRINE GLANDS	13
THYROID GLAND	8
OTHER ENDOCRINE GLANDS	5
LYMPH NODES	8
UNKNOWN PRIMARY	4
TOTAL	289

289

Lehigh Valley Hospital–Schuylkill

2024 Lehigh Valley Topper Cancer Institute Breast Cancer

Incidence of Breast Cancer by Age at Diagnosis

AGE AT DIAGNOSIS	0-29	30-39	40-49	50-59	60-69	70-79	80-89	90-99	TOTAL
(N)	6	61	168	213	318	285	123	16	1,190

Breast Cancer Treatment by AJCC Stage at Diagnosis[^]

TREATMENT	STAGE 0	STAGE 1	STAGE 2	STAGE 3	STAGE 4	STAGE UNK	TOTAL*	%
Surgery + Radiation Therapy + Hormone Therapy	58	197	9	0	0	69	333	28.2
Surgery Alone	68	81	9	5	1	38	202	17.1
Surgery + Radiation Therapy	49	58	6	2	0	18	133	11.3
Surgery + Hormone Therapy	14	67	7	0	2	27	117	9.9
Surgery + Chemotherapy + Immunotherapy	0	18	20	18	0	1	57	4.8
Surgery + Chemotherapy	0	30	11	5	1	1	48	4.1
Surgery + Chemotherapy + Radiation Therapy + Hormone Therapy	0	29	5	5	2	1	42	3.6
Chemotherapy + Immunotherapy	0	1	15	10	4	0	30	2.5
Surgery + Chemotherapy + Radiation Therapy	0	14	7	2	2	2	27	2.3
Surgery + Chemotherapy + Radiation Therapy + Immunotherapy	0	7	7	10	0	0	24	2.0
Surgery + Chemotherapy + Hormone Therapy	0	14	2	4	2	1	23	1.9
Hormone Therapy Alone	3	7	4	1	7	0	22	1.9
Surgery + Chemotherapy + Radiation Therapy + Hormone Therapy + Immunotherapy	0	18	2	2	0	0	22	1.9
Chemotherapy Alone	0	4	1	0	6	1	12	1.0
Surgery + Chemotherapy + Hormone Therapy + Immunotherapy	0	5	4	0	0	0	9	0.8
Chemotherapy + Hormone Therapy	0	0	0	0	7	1	8	0.7
Chemotherapy + Radiation Therapy + Hormone Therapy	0	1	0	0	5	2	8	0.7
Radiation Therapy Alone	0	0	0	3	0	1	4	0.3
Chemotherapy + Hormone Therapy + Immunotherapy	0	0	0	0	3	0	3	0.3
Chemotherapy + Radiation Therapy + Immunotherapy	0	0	0	1	1	1	3	0.3
Surgery + Radiation Therapy + Immunotherapy	0	0	2	0	0	1	3	0.3
Chemotherapy + Radiation Therapy + Hormone Therapy + Immunotherapy	0	0	0	0	2	0	2	0.2
Surgery + Immunotherapy	0	2	0	0	0	0	2	0.2
Surgery + Radiation Therapy + Hormone Therapy + Immunotherapy	0	1	0	1	0	0	2	0.2
Surgery + Hormone Therapy + Immunotherapy	0	1	0	0	0	0	1	0.1
No First Course Treatment	7	21	3	0	9	5	44	3.8
TOTAL	199	576	114	69	54	170	1,182	100

[^]Volume data is based on AJCC Best Stage of Disease; Included are 96 cases having post-therapy stage classification.

*8 cases excluded due to histologies not having a staging classification (i.e., LCIS).

2024 Lehigh Valley Topper Cancer Institute Lung Cancer

Incidence of Lung Cancer by Age at Diagnosis

AGE AT DIAGNOSIS	0-29	30-39	40-49	50-59	60-69	70-79	80-89	90-100	TOTAL
(N)	0	1	12	94	280	324	148	12	871

Lung Cancer Treatment by AJCC Stage at Diagnosis[^]

TREATMENT	STAGE 0	STAGE 1	STAGE 2	STAGE 3	STAGE 4	STAGE UNK	TOTAL [*]	%
Radiation Therapy Alone	0	175	8	4	39	3	229	26.4
Surgery Alone	6	119	9	4	1	3	142	16.4
Chemotherapy + Radiation Therapy + Immunotherapy	0	0	8	59	59	3	129	14.9
Chemotherapy + Radiation Therapy	0	1	11	43	11	1	67	7.7
Chemotherapy + Immunotherapy	0	2	0	2	44	0	48	5.5
Chemotherapy Alone	0	2	1	3	18	0	24	2.8
Surgery + Chemotherapy	0	3	12	4	0	0	19	2.2
Surgery + Chemotherapy + Immunotherapy	0	1	5	7	0	0	13	1.5
Immunotherapy Alone	0	1	0	5	7	0	13	1.5
Radiation Therapy + Immunotherapy	0	0	0	3	5	0	8	0.9
Surgery + Chemotherapy + Radiation Therapy	0	0	0	3	1	0	4	0.5
Surgery + Chemotherapy + Radiation Therapy + Immunotherapy	0	0	0	3	0	0	3	0.3
Surgery + Immunotherapy	0	1	0	0	1	0	2	0.2
Surgery + Radiation Therapy	0	1	0	0	1	0	2	0.2
Other	0	0	1	0	0	0	1	0.1
No First Course Treatment	1	31	9	25	95	3	164	18.9
TOTAL	7	337	64	165	282	13	868	100

[^]Volume data is based on AJCC Best Stage of Disease; Included are 9 cases having post-therapy stage classification.

^{*}3 cases excluded due to histologies not having a staging classification.

2024 Lehigh Valley Topper Cancer Institute Prostate Cancer

Incidence of Prostate Cancer by Age at Diagnosis

AGE AT DIAGNOSIS	0-29	30-39	40-49	50-59	60-69	70-79	80-89	90-100	TOTAL
(N)	0	0	10	113	344	327	70	2	866

Prostate Cancer Treatment by AJCC Stage at Diagnosis^

TREATMENT	STAGE 1	STAGE 2	STAGE 3	STAGE 4	STAGE UNK	TOTAL	%
Radiation Therapy + Hormone Therapy	4	85	59	46	17	211	24.4
Surgery Alone	33	84	52	0	23	192	22.2
Radiation Therapy Alone	6	70	6	5	11	98	11.3
Hormone Therapy Alone	7	12	6	27	6	58	6.7
Surgery + Radiation Therapy + Hormone Therapy	0	3	10	7	0	20	2.3
Surgery + Hormone Therapy	1	5	9	3	1	19	2.2
Surgery + Radiation Therapy	2	6	2	0	1	11	1.3
Chemotherapy + Radiation Therapy + Hormone Therapy	0	1	0	6	0	7	0.8
Chemotherapy + Hormone Therapy	0	0	0	6	0	6	0.7
Surgery + Chemotherapy + Hormone Therapy	0	0	0	2	0	2	0.2
Surgery + Chemotherapy + Radiation Therapy	0	0	0	1	0	1	0.1
Radiation Therapy + Hormone Therapy + Immunotherapy	0	0	0	1	0	1	0.1
No First Course Treatment	92	71	5	4	68	240	27.7
TOTAL	145	337	149	108	127	866	100

[^]Volume data is based on AJCC Best Stage of Disease.

2024 Lehigh Valley Topper Cancer Institute Colon Cancer

Incidence of Colon Cancer by Age at Diagnosis

AGE AT DIAGNOSIS	0-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90-100	TOTAL
(N)	3	8	13	17	41	78	92	64	10	326

Colon Cancer Treatment by AJCC Stage at Diagnosis[^]

TREATMENT	STAGE 0	STAGE 1	STAGE 2	STAGE 3	STAGE 4	STAGE UNK	TOTAL	%
Surgery Alone	22	64	57	21	11	17	192	58.9
Surgery + Chemotherapy	0	0	12	36	17	4	69	21.2
Surgery + Chemotherapy + Immunotherapy	0	0	1	2	11	0	14	4.3
Chemotherapy Alone	0	1	0	0	8	0	9	2.8
Chemotherapy + Immunotherapy	0	0	0	0	7	0	7	2.1
Surgery + Chemotherapy + Radiation Therapy	0	0	1	1	3	0	5	1.5
Chemotherapy + Radiation Therapy	0	0	0	0	1	1	2	0.6
Immunotherapy Alone	0	0	0	0	1	1	2	0.6
Hormone Therapy Alone	0	0	0	0	0	1	1	0.3
Radiation Therapy Alone	0	0	0	0	1	0	1	0.3
Surgery + Hormone Therapy	0	0	0	0	1	0	1	0.3
No First Course Treatment	0	1	0	0	15	7	23	7.1
TOTAL	22	66	71	60	76	31	326	100

[^]Volume data is based on AJCC Best Stage of Disease; Included are 5 cases having post-therapy stage classification.



2024 Lehigh Valley Topper Cancer Institute Rectal Cancer

Incidence of Rectal Cancer by Age at Diagnosis

AGE AT DIAGNOSIS	0-29	30-39	40-49	50-59	60-69	70-79	80-89	90-100	TOTAL
(N)	0	7	14	27	34	30	18	2	132

Rectal Cancer Treatment by AJCC Stage at Diagnosis^

TREATMENT	STAGE 0	STAGE 1	STAGE 2	STAGE 3	STAGE 4	STAGE UNK	TOTAL*	%
Surgery + Chemotherapy + Radiation Therapy	0	3	6	25	1	2	37	28.5
Surgery Alone	4	15	2	1	0	5	27	20.8
Chemotherapy + Radiation Therapy	0	1	4	13	6	1	25	19.2
Surgery + Chemotherapy	0	0	3	7	1	0	11	8.5
Chemotherapy Alone	0	0	2	1	5	0	8	6.2
Chemotherapy + Immunotherapy	0	0	0	0	6	0	6	4.6
Radiation Therapy Alone	0	0	0	1	2	0	3	2.3
Immunotherapy Alone	0	0	0	2	0	0	2	1.5
Chemotherapy + Radiation Therapy + Immunotherapy	0	0	0	0	1	0	1	0.8
Surgery + Immunotherapy	0	0	0	0	1	0	1	0.8
No First Course Treatment	0	0	0	2	3	4	9	6.9
TOTAL	4	19	17	52	26	12	130	100

^Volume data is based on AJCC Best Stage of Disease; Included are 22 cases having post-therapy stage classification.

**2 cases excluded due to histologies not having a staging classification.*

2024 Lehigh Valley Topper Cancer Institute

Blood and Bone Marrow Cancer

Incidence of Blood and Bone Marrow Cancer by Age at Diagnosis

AGE AT DIAGNOSIS	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90-100	TOTAL
(N)	4	4	9	2	10	54	129	117	77	7	413

Blood and Bone Marrow Cancer Treatment by AJCC Stage at Diagnosis[^]

TREATMENT	STAGE 1	STAGE 2	STAGE 3	STAGE 4	STAGE UNK	STAGE NA	TOTAL	%
Chemotherapy Alone	0	3	5	6	1	116	131	31.7
Chemotherapy + Immunotherapy	1	7	2	4	4	11	29	7.0
Chemotherapy + Hormone Therapy + Immunotherapy	2	8	1	0	0	12	23	5.6
Immunotherapy Alone	1	3	0	2	0	10	16	3.9
Chemotherapy + Hormone Therapy + Immunotherapy + Stem Cell Transplant	1	2	0	0	1	0	4	1.0
Chemotherapy + Stem Cell Transplant	0	0	0	0	0	4	4	1.0
Chemotherapy + Radiation Therapy	0	2	1	0	0	1	4	1.0
Hormone + Immunotherapy	0	0	0	0	1	3	4	1.0
Chemotherapy + Radiation Therapy + Stem Cell Transplant	0	0	0	0	0	3	3	0.7
Chemotherapy + Radiation Therapy + Hormone Therapy + Immunotherapy	0	0	0	0	2	1	3	0.7
Chemotherapy + Hormone Therapy	1	0	0	0	0	2	3	0.7
Chemotherapy + Immunotherapy + Stem Cell Transplant	2	0	0	0	0	0	2	0.5
Hormone Therapy Alone	0	0	0	0	0	2	2	0.5
Chemotherapy + Radiation Therapy + Hormone Therapy + Immunotherapy + Stem Cell Transplant	0	0	0	0	0	1	1	0.2
Chemotherapy + Radiation Therapy + Hormone Therapy + Stem Cell Transplant	0	0	0	0	0	1	1	0.2
Chemotherapy + Radiation Therapy + Immunotherapy	0	0	0	0	1	0	1	0.2
Chemotherapy + Radiation Therapy + Hormone Therapy	0	1	0	0	0	0	1	0.2
Radiation Therapy + Hormone Therapy + Immunotherapy	0	1	0	0	0	0	1	0.2
Radiation Therapy Alone	1	0	0	0	0	0	1	0.2
Other Treatment	0	0	0	0	0	1	1	0.2
No First Course Treatment	11	7	0	23	36	101	178	43.1
TOTAL	20	34	9	35	46	269	413	100

[^]Volume data is based on AJCC Best Stage of Disease.

2024 Lehigh Valley Topper Cancer Institute

Urinary Bladder Cancer

Incidence of Urinary Bladder Cancer by Age at Diagnosis

AGE AT DIAGNOSIS	0-29	30-39	40-49	50-59	60-69	70-79	80-89	90-103	TOTAL
(N)	1	1	6	23	69	91	66	24	281

Urinary Bladder Cancer Treatment by AJCC Stage at Diagnosis[^]

TREATMENT	STAGE 0	STAGE 1	STAGE 2	STAGE 3	STAGE 4	STAGE UNK	TOTAL [*]	%
Surgery Alone	13	32	11	7	19	25	107	38.4
Surgery + Immunotherapy	11	35	2	4	6	11	69	24.7
Surgery + Chemotherapy	4	7	7	5	2	13	38	13.6
Surgery + Chemotherapy + Radiation Therapy	0	1	11	2	1	0	15	5.4
Surgery + Chemotherapy + Immunotherapy	1	3	1	3	2	2	12	4.3
Surgery + Radiation Therapy	0	1	4	1	0	0	6	2.2
Chemotherapy Alone	0	3	0	0	1	0	4	1.4
Surgery + Hormone Therapy	1	1	1	0	0	0	3	1.1
Chemotherapy + Immunotherapy	0	0	2	0	0	0	2	0.7
Chemotherapy + Hormone Therapy	0	0	0	0	0	1	1	0.4
Surgery + Chemotherapy + Radiation Therapy + Immunotherapy	0	0	1	0	0	0	1	0.4
Surgery + Radiation Therapy + Immunotherapy	0	0	0	0	1	0	1	0.4
No First Course Treatment	3	6	0	1	8	2	20	7.2
TOTAL	33	89	40	23	40	54	279	100

[^]Volume data is based on AJCC Best Stage of Disease.

^{*}2 cases excluded because of histologies not having a staging classification.

Organization Recognitions and Dedications



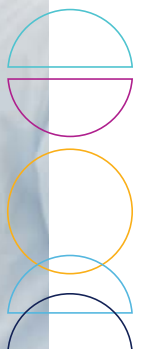
Becker's Healthcare Recognizes Jefferson Health for Excellence in Oncology Care

Jefferson Health's Sidney Kimmel Comprehensive Cancer Center, which includes Lehigh Valley Topper Cancer Institute, has been named to Becker's Hospital Review's 2025 list of 100 Hospitals and Health Systems with Great Oncology Programs. Cancer programs that receive this recognition have earned designations from the National Cancer Institute (NCI), provide access to numerous clinical trials, have exceptional safety ratings and may feature internationally known specialists.

The Sidney Kimmel Comprehensive Cancer Center at Jefferson Health is an NCI-designated Comprehensive Cancer Center and is known for excellence in research, prevention and care. Accredited by the American College of Surgeons Commission on Cancer, the center is among the highest-performing cancer centers in the nation for clinical trials.

When LVHN and Jefferson combined, many of the resulting resources were brought specifically by the Lehigh Valley-based Cancer Institute. They include the Lehigh Valley region's first stem cell transplant program; chimeric antigen receptor T-cell therapy, which fights cancer with the patient's own reengineered cells; histotripsy treatment, a noninvasive therapy that uses focused sound waves to destroy liver tumors; the hepatic artery infusion pump, a device that delivers chemotherapy directly into the hepatic artery, which supplies blood to the liver; and artificial intelligence-driven radiation therapy, which offers superior imaging to better target treatment.

In addition, Lehigh Valley Topper Cancer Institute is home base for clinical trials studying vaccines for both melanoma and pancreatic cancer. In 2025, the Cancer Institute launched the Peter and Odete Kelly Center for Personalized Cancer Immunotherapy, where experts are forging ahead with the latest treatments in immunology and tailored therapy for various kinds of cancer.



U.S. News & World Report Ranks Jefferson Health Hospitals Among Nation's Best Hospitals

Jefferson Health, along with LVHN, which is now part of Jefferson Health, earned national recognition for specialty care and ranks third among Pennsylvania hospitals.

Thomas Jefferson University Hospitals (TJUH) ranks third in Pennsylvania and remains second in the Philadelphia metro area. Lehigh Valley Hospital–Cedar Crest ranks first in the Allentown metro area and third in Pennsylvania, tied with TJUH. Jefferson Abington Hospital ranks eighth in the Philadelphia region and 17th in Pennsylvania.

Lehigh Valley Hospital–Cedar Crest

High performing in the following procedures/conditions: heart bypass surgery, heart attack, congestive heart failure, abdominal aortic aneurysm repair, aortic valve surgery, heart arrhythmia, pacemaker implantation, transcatheter aortic valve replacement (TAVR), hip replacement, knee replacement, hip fracture, back surgery (spinal fusion), colon cancer surgery, lung cancer surgery, leukemia, lymphoma, myeloma, chronic obstructive pulmonary disease (COPD), pneumonia, stroke, diabetes and kidney failure.

Lehigh Valley Hospital–Hazleton

High performing in congestive heart failure

Lehigh Valley Hospital–Schuylkill S. Jackson Street

High performing in kidney failure

Our placement on the U.S. News & World Report Best Hospitals list for 2025-2026 reflects something bigger than rankings – it speaks to the care, compassion and excellence we bring to every patient we serve. And now, that commitment is reaching even more people.





A Gift From Peter and Odete Kelly Establishes a Center Focused on Personalized Immunotherapy

In 2025, we dedicated the Peter and Odete Kelly Center for Personalized Cancer Immunotherapy in a celebratory event at Lehigh Valley Hospital–Cedar Crest. A visionary \$12 million gift from Peter and Odete Kelly established the center, which focuses on personalized immunotherapy – a new paradigm for treating cancer – through translational research, therapeutic cancer vaccines, expanded access to clinical trials and an interdisciplinary team of experts.

Lehigh Valley Topper Cancer Institute is currently home to the region’s only clinical trial for an immunotherapeutic pancreatic cancer vaccine, announced in August 2024. This breakthrough therapy “teaches” the immune system to fight cancer cells by targeting specific genetic mutations that cause cancer cells to grow. The center’s mission will be to develop and test new immunotherapies, new indications for immunotherapies and new combinations of drugs that include immunotherapies.

Benefits of personalized immunotherapy include increasing the curability of metastatic cancer, minimizing collateral damage to healthy tissue and reducing side effects of traditional treatments.

Suresh Nair, MD, Physician in Chief, Lehigh Valley Topper Cancer Institute, and Medical Director, Peter and Odete Kelly Center for Personalized Cancer Immunotherapy, spoke at the launch event.

“Forty years ago, harnessing the immune system to beat cancer felt like an impossible dream,” Dr. Nair said. “Today we are cracking the code – thanks to science, my wonderful colleagues and this transformational gift from Peter and Odete Kelly.”

Recognizing the many people who have made this progress possible, Dr. Nair provided updates on current and future clinical trials that will be part of the center. Dr. Nair also spoke to ongoing collaborations with Sidney Kimmel Medical College and the Sidney Kimmel Comprehensive Cancer Center, designated by the National Cancer Institute as a Comprehensive Cancer Center.

Our Work, Innovations, and Services



Stem Cell Transplant and Cellular Therapy Program Growth and Expansion

Since the official program launch in January 2024, the region’s first and only stem cell transplant and cellular therapy program has continued to grow and expand. With an initial focus on offering allogeneic and autologous transplants to treat a variety of hematologic malignancies, treatments offered through the program have broadened.

We are now conducting chimeric antigen receptor T-cell (CAR-T) therapy, which has changed the landscape of treatment for lymphoma and multiple myeloma. Cellular apheresis services have also expanded, offering continuous mononuclear cell collection to support the growth of the program.

A new director

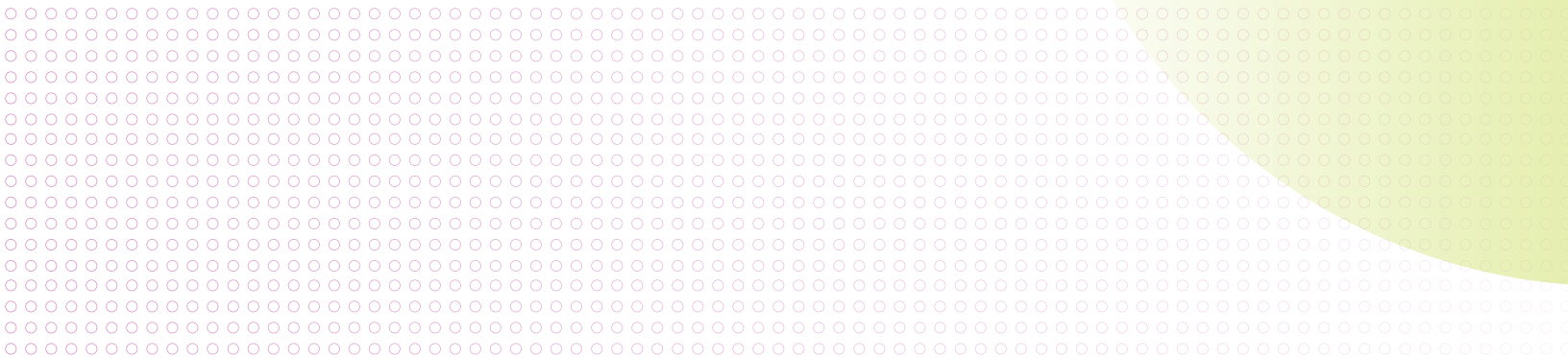
Usama Gergis, MD, Director of Stem Cell Transplant and Cellular Therapy and Professor of Oncology at Sidney Kimmel Medical College at Thomas Jefferson University since 2019, assumed directorship of the Stem Cell Transplant and Cellular Therapy Program at the Cancer Institute in November 2024. Dr. Gergis specializes in treating a wide spectrum of bone marrow failure syndrome with conventional and novel agents.



His research focuses on high-risk myeloid malignancies, graft versus host disease (GvHD) and hematopoietic stem cell transplantation for patients who lack matched donors. By applying new advances in hematopoietic stem cell transplant, this broadens the spectrum of eligible patients for this potentially curative treatment. His clinical interests include allogeneic and autologous stem cell transplants and immunotherapy for the treatment of hematologic cancers. Dr. Gergis also enjoys teaching medical residents and hematology oncology fellows and will continue to be involved in training future generations to come.

By the numbers

More than 130 unique patient referrals have been made to the program, resulting in a **total of 11 continuous mononuclear cell collections, 3 allogeneic transplants, 6 autologous transplants** and **2 CAR-T infusions** at LVH–Cedar Crest to date.



Chimeric Antigen Receptor (CAR)-T Cell Therapy Now Available at LVHN

Lehigh Valley Topper Cancer Institute, part of Jefferson Health, offers treatment using autologous chimeric antigen receptor (CAR) T-cells. The program is overseen by Usama Gergis, MD, Director of Stem Cell Transplant and Cellular Therapy and Professor of Oncology at Sidney Kimmel Medical College at Thomas Jefferson University, Philadelphia.

What is CAR-T, and who can benefit?

CAR-T treatment involves extracting T-cells from a person's blood. They are sent to a lab, where a protein called chimeric antigen receptor (CAR) is inserted on their surface. This protein helps the T-cells track down and kill cancer cells. These altered T-cells – now called CAR-T cells – are multiplied in the lab and reinfused into the person's bloodstream.

Two CAR-T products are currently available at the Cancer Institute for eligible patients:

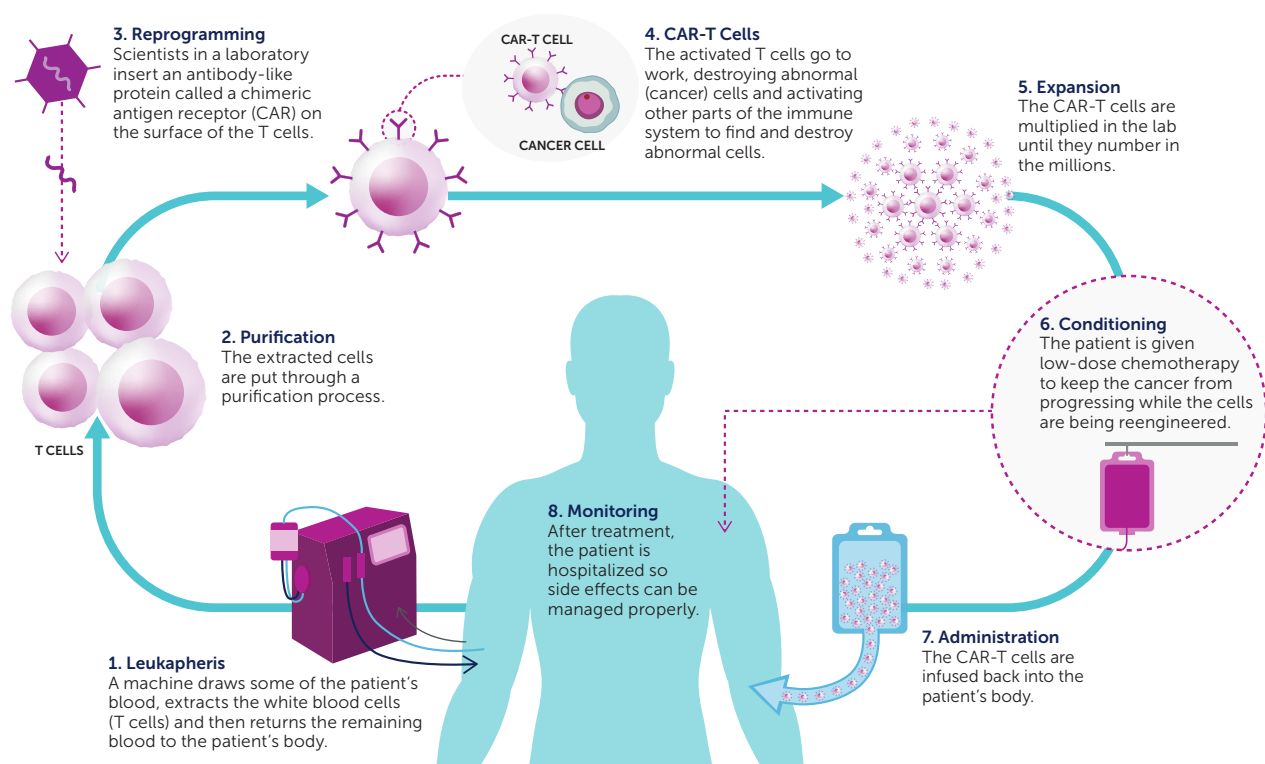
TECARTUS (brexucabtagene autoleucel) is indicated for:

- Mantle cell lymphoma (MCL)
- B-cell acute lymphoblastic leukemia (ALL)

YESCARTA (axicabtagene ciloleucel) is used to treat two types of non-Hodgkin lymphoma:

- Large B-cell lymphoma (LBCL)
- Follicular lymphoma (FL)

At the Cancer Institute, there is great optimism for CAR-T therapy based on data that shows durable remissions and high response rates in 50%-70% of those treated.



Multidisciplinary Cancer Case Conferences

The Cancer Data Management Department (Cancer Registry) organizes multidisciplinary cancer case conferences, also known as tumor boards. These are interactive meetings involving multidisciplinary teams of physicians and other allied health professionals who discuss and evaluate cancer cases and make treatment decisions and recommendations. This process results in improved clinical decision-making, clinical outcomes and overall patient experience.

Tumor boards convene the multidisciplinary team of clinicians to engage in robust discussions and collaboration to evaluate and discuss treatment planning for our cancer patients. Aside from identifying treatment recommendations, elements of discussion include clinical and pathologic staging of each cancer case, options and eligibility for genetic testing, clinical research studies and supportive care where applicable.

As the Cancer Institute transitioned to become an Integrated Network Cancer Program starting in January 2023, our tumor boards have integrated to cover all campuses in the network. This allows enhanced partnership, engagement and shared expertise in planning treatment recommendations and providing decisions for our patients. The integration of our hybrid-format tumor boards – available virtually and in-person from our Lehigh Valley Hospital–Cedar Crest campus – allows increased participation from physicians and colleagues from the different campuses of Lehigh Valley Health Network.

In 2025, we started with the Liver Tumor Board, focusing on patients with primary or secondary liver cancer. Additionally, we launched the Cellular Therapy Tumor Board to further support our Cellular Therapy and Transplant Program. Like our other tumor boards, the Liver Tumor Board includes a diverse multidisciplinary team whose members collaborate to identify evidence-based, patient-centered care and personalized treatment options that LVHN offers.

Site-specific specialty multidisciplinary cancer case conferences:

- Adolescent and young adult
- Breast
- Cellular therapy
- Colon
- Rectal
- Head and neck
- Skull base
- Endocrine
- Combined/general
- Gynecologic oncology
- Heme-lymphoma
- Hepatobiliary and upper GI
- Neuro-oncology
- Pediatric oncology
- Pulmonary
- Skin and soft tissue
- Urology
- Genomics
- Liver

Calendar Year 2025 Stats

405

Total cancer conferences

19

Site-specific specialty tumor boards

2,475

Total cases presented
(representing approximately
35% of our total analytic cases)

New Lower GI Multidisciplinary Clinic Provides Collaborative, Comprehensive Care

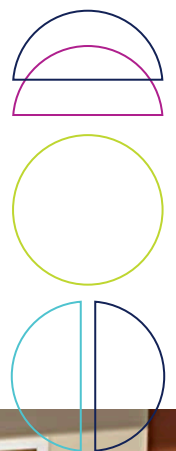
Lehigh Valley Topper Cancer Institute's unique multidisciplinary clinic (MDC) team approach to care represents various treatment specialties that contribute to comprehensive collaboration about treatment by disease site. The Cancer Institute has added a new MDC for lower gastrointestinal (GI) malignancies, including rectal, rectosigmoid and anal cancers.

The implementation of a multidisciplinary clinic involves regular meetings and case discussions among teams to coordinate patient care, share insights and develop comprehensive treatment plans. The aim is to enhance patient outcomes through integrated care and support.

"Our collaborative approach not only improves outcomes but also helps guide the patient through a complex and stressful process," one participating clinician says. "It is also rewarding to be able to participate in shared decision-making with colleagues in real time, leading to professional growth that results in improved outcomes while optimizing [patients'] quality of life."

After performing a comprehensive patient assessment, the MDC's lower-GI doctors and clinicians actively collaborate to consider various treatment paradigms and establish plans.

The new clinic aims to facilitate streamlined, timely access to care and improved outcomes, namely survival rates through enhanced treatment effectiveness and participation in clinical trials.





Liver Cancer Tumor Board Facilitates Patient-Centered Care

Adding to the dozen tumor boards that meet regularly at Lehigh Valley Topper Cancer Institute, specialists in the new Liver Cancer Tumor Board focus on collaborative, consistent, quality care for liver cancer management. Patients with primary or secondary liver cancer often present complex clinical challenges that require a highly individualized treatment approach.

The multidisciplinary Liver Cancer Tumor Board exemplifies precision medicine in action. It plays a pivotal role in delivering optimal, evidence-based and patient-centered care. The tumor board is a mechanism for all the experts to get together, discuss complex patient problems and formulate the best consensus plans for each one, keeping in mind the data and evidence.

Tumor board collaboration improves the patient experience by reducing delays and duplication of services.

Multidisciplinary value

The Liver Cancer Tumor Board assembles a diverse team to collaborate in real time on patient diagnosis, staging and therapeutic decision-making. The team includes radiologists, pathologists, medical oncologists, surgical oncologists, liver transplant surgeons, interventional radiologists, radiation oncologists and hepatologists.

The board discusses the condition of each patient and makes individual patient recommendations from a range of available treatments, including resection, liver-directed catheter treatments, radiation, liver transplantation, hepatic artery infusion pump (HAIP) therapy, histotripsy and systemic therapies. With all of these treatment options available, patients with liver cancer do not need to seek treatment beyond the Lehigh Valley.

Institute Delivers Hepatic Artery Infusion Pump Therapy for Liver Tumors

Lehigh Valley Topper Cancer Institute has expanded its comprehensive liver tumor program to provide hepatic artery infusion pump (HAIP) therapy, a localized treatment that delivers high-dose chemotherapy directly to liver malignancies through an implanted pump with the goal of long-term disease remission or cure.

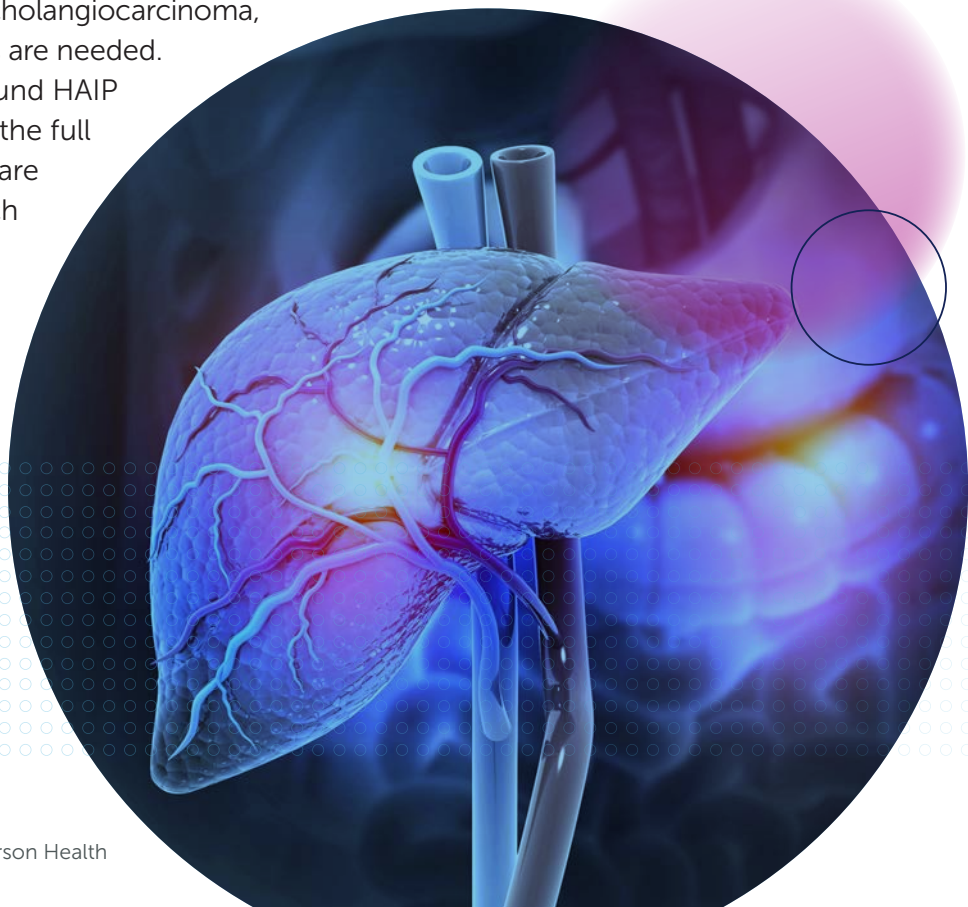
According to clinicians, because liver tumors derive most of their blood supply from the hepatic artery, delivering chemotherapy through the hepatic artery is ideal for getting high doses of cancer-killing drugs locally to liver tumors, while limiting systemic toxicity.

Team approach to liver care

The latest liver tumor treatment methods, including HAIP therapy, are integrated into the Cancer Institute's multidisciplinary approach, whereby experts in hepato-pancreato-biliary surgical oncology, transplant, medical oncology, radiation oncology and interventional radiology collaborate to provide effective, personalized treatment. The specialists do so as part of daily patient care and through meetings of the Liver Cancer Tumor Board.

Prospective and retrospective data suggests that HAIP therapy has efficacy in patients with colorectal liver metastases and unresectable intrahepatic cholangiocarcinoma. It shows longer overall survival and longer hepatic progression-free survival than patients treated with systemic therapy or other intra-arterial therapies alone.

While HAIP therapy is proving to be more effective than other intra-arterial approaches, such as chemoembolization or radioembolization for colorectal liver metastases and intrahepatic cholangiocarcinoma, additional larger prospective trials are needed. Still, the existing body of data around HAIP efficacy is promising. By offering the full spectrum of treatment options, care can be best individualized for each patient based on their disease, age and fitness for intervention.

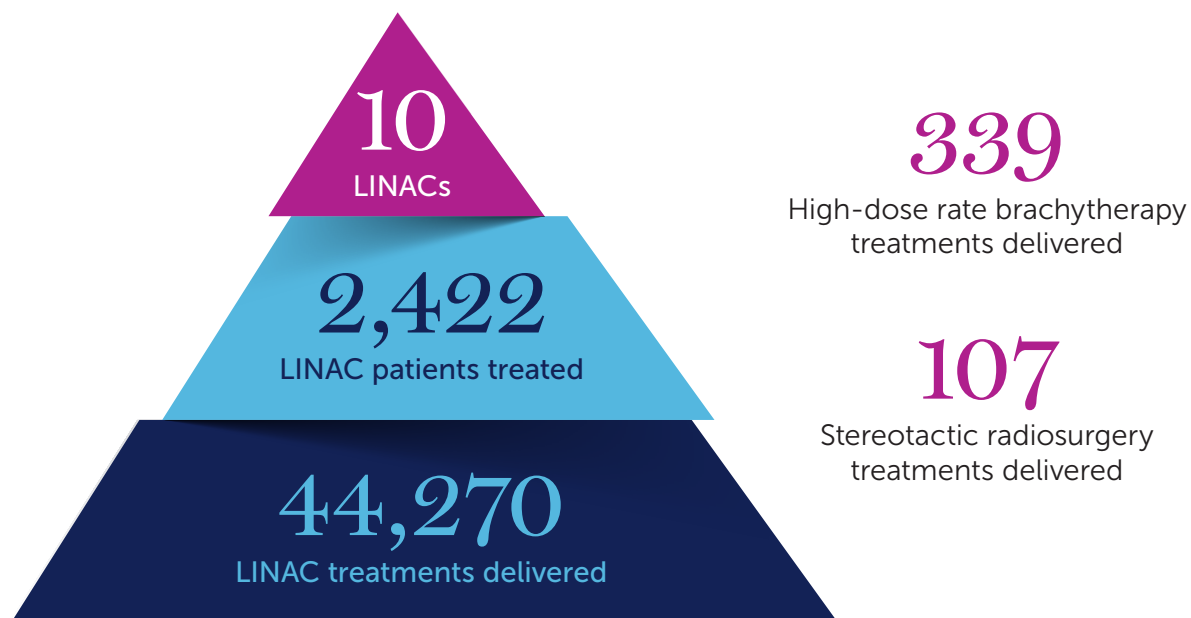


Advances in Radiation Oncology

Lehigh Valley Topper Cancer Institute's radiation oncology specialty is committed to delivering high-quality cancer care through personalized and innovative treatment regimens. We utilize state-of-the-art equipment to offer advanced treatment techniques, including the Lehigh Valley's only noninvasive stereotactic radiosurgery unit, which targets diseased tissue while sparing healthy tissue.

New technologies for precise, efficient care

- Stereotactic body radiotherapy
- Radiosurgery
- Real-time tumor tracking
- Surface-guided radiotherapy
- High-dose rate brachytherapy
- Selective internal radiation therapy
- Hydrogel for prostate treatment
- Total body irradiation

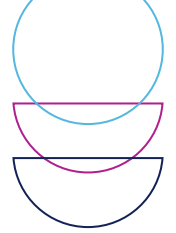


Volumes regarding various treatment protocols including linear accelerator (LINAC) data

What's new

We implemented a total body irradiation (TBI) program to support the stem cell transplant program. This procedure delivers low doses of radiation to a patient's entire body as part of the conditioning regimen to prepare for a transplant. Our TBI program uses leading-edge, complex planning techniques to create optimal dose delivery and superior outcomes for each individual patient.

All five radiation oncology sites achieved accreditation from the American College of Radiology, highlighting our department's commitment to consistency, quality and excellence across our enterprise.



AI-Powered LINAC Brings New Level of Precision to Cancer Care at LVH–Muhlenberg

Patients undergoing cancer treatment at Lehigh Valley Hospital (LVH)–Muhlenberg have access to one of the most advanced radiation treatment devices available. A new artificial intelligence-driven, ring-mounted linear accelerator (LINAC) has the capability to provide on-the-table adaptive radiation therapy planning and delivery. That means the hospital's radiation oncology team can tailor the treatment plan to the person's needs that day.

"It allows us to continuously modulate and adjust the treatment so we can deliver the optimal dose of radiation to the targeted area while eliminating or minimizing the radiation to normal tissues that don't need it," explains Dennis Sopka, MD, Chief, Radiation Oncology, Lehigh Valley Topper Cancer Institute.

Advanced care close to home

Because cancer is a moving target, image guidance is key in radiation treatment. The advanced diagnostic-quality imaging capabilities of this new machine ensure a higher degree of precision and accuracy. Using artificial intelligence, the system takes detailed images and suggests modifications to the treatment plan in real time to account for any internal anatomical changes to the size, shape and location of the tumor and surrounding tissue.

A dedicated team of radiation oncologists, therapists, dosimetrists, medical physicists, nurses and support staff deliver this advanced care at LVH–Muhlenberg. Particularly beneficial for complex and challenging cases, including liver, pancreas, prostate, lung, head and neck, and gynecologic cancers, the system offers advantages for individuals undergoing a second course of radiation.





Histotripsy Destroys Liver Cancer Without Incisions, Radiation or Needles

A constant in medicine is finding ways to make medical and surgical treatment shorter and less complicated. A big step in that direction is the addition of histotripsy at Lehigh Valley Topper Cancer Institute for treating cancerous liver tumors. Lehigh Valley Health Network is the first and only health system in Pennsylvania to offer this innovative treatment.

Histotripsy is a noninvasive, nonionizing and nonthermal procedure. Using computed tomography and ultrasound guidance, hyper-focused sound waves are delivered through the body to the liver lesion. The sound waves mechanically destroy the tumor while sparing normal tissue. The technology allows physicians to treat liver cancer without surgery, pain, incisions or radiation.

Histotripsy is an outpatient, single-session treatment with minimal interference to the patient's life. A wand outside the body is used to conduct it. As a result, recovery is fast and easy. Histotripsy typically results in fewer side effects and complications than more-invasive treatments, improving the overall patient experience – particularly for those who are unable to withstand surgery or other invasive interventions to the liver.

Same Day/Next Day Cancer Care Introduced

Lehigh Valley Topper Cancer Institute's Same Day/Next Day Cancer Care program addresses one of the most critical points in the cancer journey, the period immediately following diagnosis. Designed to reduce anxiety and delays, the program ensures that newly diagnosed or potentially diagnosed cancer patients receive a telehealth visit with an oncology clinician within 48 hours of initial contact with Lehigh Valley Health Network.

Referrals to the program come from multiple sources including primary care, surgeons, emergency departments and abnormal imaging findings. The service is widely used and available to all patients with confirmed or suspected cancer diagnoses. The program is led by a dedicated team of advanced practice clinicians (APCs) who serve as the patient's initial oncology contact. APCs provide education, emotional support, care coordination and navigation, working closely with disease-specific specialists at the Cancer Institute.

Key patient supports include:

- Rapid appointment scheduling
- Ordering and coordination of additional diagnostic testing
- Medical record organization
- Answering patient and family questions
- Connection to supportive resources
- Preparation for specialist consultations

Through early engagement, multidisciplinary coordination and streamlined access to care, the Same Day/Next Day program improves the patient experience, accelerates time to treatment and reinforces LVHN's commitment to patient-centered cancer care.

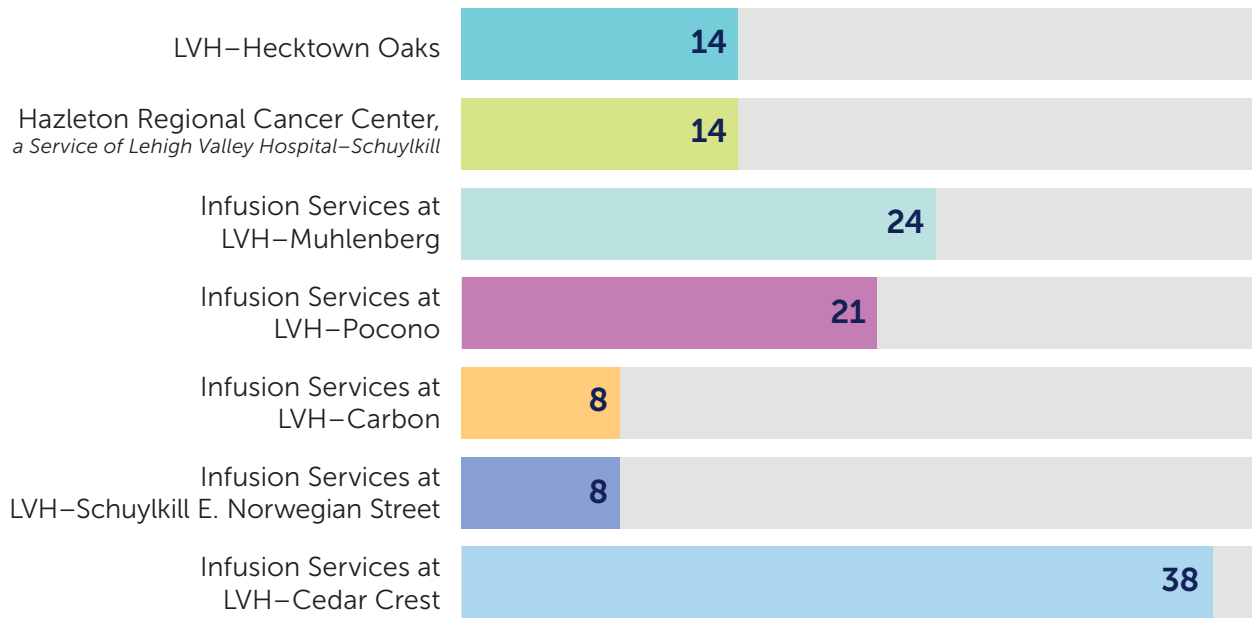


Infusion Services and Highlights

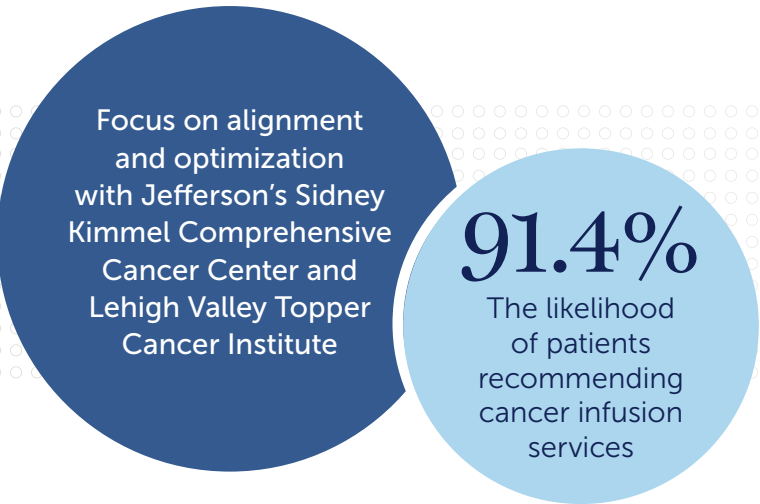
Infusion therapy involves the delivery of fluids, such as cancer drugs like chemotherapy. It’s also used for immunotherapy, targeted therapy and antibiotics, as well as blood transfusions and delivery of other medications for infusion or injection.

At Lehigh Valley Topper Cancer Institute, we have specially trained nurses and pharmacists who help patients have a safe experience and who genuinely care about restoring patients’ sense of wellness. The team assists in making it easy for patients to receive their infusions on schedules that work for them and does everything to make sure they receive the care to meet each patient’s unique needs.

The Cancer Institute has seven infusion centers at various campuses. They include:



Infusion services highlights in 2025





Clinical Trials

TRIALS	ADULTS	PEDS	TOTAL
Phase I	2	1	3
Phase II	5	1	6
Phase III	22	1	23
Expanded access	10	0	10
Registry	82	0	82
Registry/biology	0	24	24
Tissue/blood	29	0	29
Supportive care	2	0	2
Device feasibility	3	0	3
TOTAL	155	27	182

Lehigh Valley Topper Cancer Institute focused on clinical trials through our partnerships with Michigan Cancer Research Consortium NCORP and industry sponsors. Our four active clinical trial campuses (LVH–Cedar Crest, LVH–Muhlenberg, LVH–Pocono and LVH–Hazleton) significantly expanded access to select treatment and minimal-risk clinical trials over the last year. In 2025, the research department opened the first CAR-T clinical trial for patients with aggressive B-cell non-Hodgkin lymphoma, with plans to expand research in the cellular therapy space to solid tumors in 2026.

Breast cancer treatment trial

In June 2025, the Cancer Institute, together with an industry partner, launched ELEGANT, a multicenter, randomized, open label Phase 3 clinical trial. The study is designed to compare the effectiveness of elacestrant with standard endocrine therapy in patients with node positive, ER positive/HER2 negative early breast cancer. Elacestrant, an oral selective estrogen receptor degrader, works by inhibiting the estrogen receptor and preventing it from driving tumor growth.

To qualify for participation, patients must have completed at least two years of adjuvant endocrine therapy – which may include an aromatase inhibitor or tamoxifen, with or without a CDK 4/6 inhibitor – and must still be on endocrine treatment at the time of enrollment. Eligible patients are also considered to be at high risk for recurrence. Our Cancer Institute has successfully enrolled three participants into this study to date.

Renal cell carcinoma treatment trial

In 2025, the Cancer Institute, through our NCORP partnership, activated the STRIKE trial: “Short Term Intensified Pembrolizumab (Keytruda) and Tivozanib for High-Risk Renal Cell Carcinoma.” This study aims to evaluate whether combining adjuvant pembrolizumab with tivozanib improves disease-free survival compared with pembrolizumab alone in patients with high-risk renal cell carcinoma.

To be eligible for enrollment, patients must have a confirmed diagnosis of clear cell renal cell carcinoma following complete surgical resection, either by radical or partial nephrectomy. Patients may enter the study within four to 16 weeks after nephrectomy, metastectomy or ablation. Participants are randomized in a 1:1 ratio to receive either pembrolizumab monotherapy or the combination of tivozanib plus pembrolizumab. Treatment is administered for up to four cycles, or until evidence of disease progression. We have successfully enrolled four participants in this study from a number of Cancer Institute sites.





Breast Health Services and Mammograms

Breast Health Services is committed to world-class breast care for women of all stages of life. Whatever a patient's breast needs, we offer access to screening and diagnostic services at our many breast health centers across the region.

The latest imaging technologies, such as 3D mammography, are standard and employed throughout the centers in our region to detect breast cancer and other breast conditions in the earliest, most-treatable stage. For women who experience breast cancer, they can expect innovative cancer care at Lehigh Valley Topper Cancer Institute.

Exceptional quality and experience

Breast Health Services is an American College of Radiology-Accredited Center of Excellence. We hold accreditation in many quality programs, which is a testament to the outstanding quality we provide to every woman under our care.

Our board-certified radiologists exceed the national average for finding cancer at its earliest stage. They read more than twice as many mammograms as the Food and Drug Administration (FDA) requires, a volume that leads to an uncommon level of precision.

Advanced technology

Detecting breast cancer as early as possible is our mission. Tomosynthesis, also known as 3D mammography, makes it possible to diagnose hidden breast cancer.

During 3D mammography, an arc of X-ray images is taken of each breast. The images are reconstructed into a three-dimensional image. This allows the radiologist to evaluate the breast layer by layer, helping to distinguish a true mass from overlapping tissue, as well as helping detect smaller lesions that may be hidden on a conventional 2D mammogram.

3D mammography is the only mammogram FDA approved as superior for women with dense breasts.

Convenience on land and on wheels

Women have access to the most advanced breast-screening technology available at breast health centers across the region. Several locations offer walk-in care.

For even more convenience, our mobile mammography coach provides a convenient way for women to receive a 3D screening mammogram. This is the same imaging technology we use at our hospitals, and it is provided by our outstanding Breast Health Services technicians who specialize in breast mammography.



World-class care

The Cancer Institute's breast program is proudly accredited with the National Accreditation Program for Breast Centers with the American College of Surgeons' Commission on Cancer and is a Certified Quality Breast Center with the National Quality Measures for Breast Centers™ program administered by the National Consortium of Breast Centers Inc.

This voluntary program focuses on the tracking and sharing of quality measures, such as patient satisfaction and timeliness of imaging care, as well as complication rates. We provide each patient with the highest quality of care through shared learning.

Calendar year 2025 stats (all sites)

114,523

Total screening mammograms

2,363

Total mobile
(mammography
coach) screenings

172

Total
mammography
callbacks

21,076

Total diagnostic
mammograms

2,625

Total biopsies

MRI Provides a Closer Look at Breast Tissue

Breast MRI is now available at the Health & Wellness Center in Hazle Township and at LVH–Schuylkill E. Norwegian Street in Pottsville

A breast MRI, or magnetic resonance imaging, gives clinicians a clearer view for disease detection, diagnosis and care, making it another cancer-fighting tool in the Hazleton and Pottsville areas.

This noninvasive resource helps clinicians evaluate areas of concern found through mammography. Using detailed 3D images to determine the extent of the cancer, it benefits patients with a high risk for breast cancer, those recently diagnosed and patients undergoing chemotherapy. In some instances, clinicians may use MRI to evaluate the integrity of breast implants. Patients must be referred for a breast MRI by a clinician.

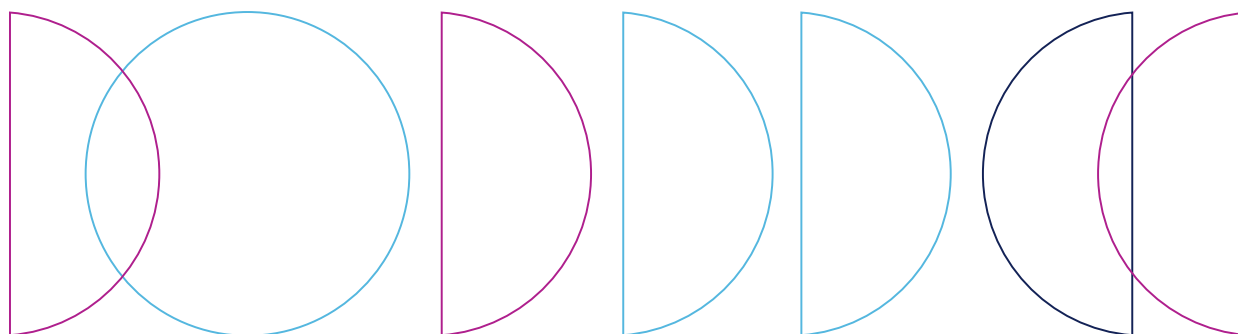
This imaging, which can take an hour, uses a powerful magnet, radio waves and a computer. An IV injection of contrast material is administered into the patient's hand or arm during imaging.

Lehigh Valley Topper Cancer Institute provides care for the following:

- Benign breast conditions as well as breast cancer, including high-risk breast cancer
- Soft-tissue tumors (sarcoma and melanoma)
- Endocrine tumors (thyroid, parathyroid and adrenal tumors)
- Gastrointestinal surgery (esophagus, stomach and colon)
- Hepato-pancreato-biliary surgery (liver/pancreas and biliary tumors)

The compassionate nurses and navigation teams make the Cancer Institute an excellent place to refer people, as does the multidisciplinary approach of the surgical oncologists and other clinicians. In addition, the Cancer Institute makes it possible for people to participate in leading-edge clinical trials close to home.

We perform the most complex surgeries using modern data and technology, including robotic approaches. But what makes the difference is the human side of our surgeons. Patients are heard. They feel comforted and hopeful again.



Cancer Support Services

Financial coordination

Lehigh Valley Topper Cancer Institute's Financial Coordination Services provides free assistance to patients as they go through their cancer journey. Our financial coordinators routinely meet with our patients and their families to help ease their concerns and work with them. They assist with questions about health insurance coverage, medication costs and medical bills. Financial Coordination Services provides the following services at no cost to our patients:

- Assist with getting the most out of insurance coverage and minimize potential out-of-pocket costs
- Explain medical bills and out-of-pocket costs
- Explore financial assistance options to cover medication costs
- Help connect patients with financial aid opportunities through cancer support agencies

Fiscal Years	Oral Medications Assistance	Total Number of Patients Aided with Assistance for Oral Medications	Financial Assistance Policy Patients Assisted	Paths Patients Referred
2025	\$17,792,206	200	337	207
2024	\$54,381,747	521	394	111
2023	\$39,943,609	462	434	70
2022	\$21,700,196	318	513	83
2021	\$17,559,634	311	626	122
2020	\$13,188,581	344	562	144
2019	\$7,805,256	299	616	130
2018	\$5,114,294	296	615	214
2017	\$5,419,690	176	577	220
2016	\$4,380,076	155	590	223
2015	\$3,058,370	109	655	221
2014	\$3,388,240	152	725	237

Oncology nurse navigation and multidisciplinary clinics

Oncology nurse navigators are registered nurses who specialize in cancer care and support patients from diagnosis through the completion of treatment. Navigators provide care coordination, supportive resources, reinforcement of education and emotional support. This is valuable for helping patients and their caregivers overcome treatment barriers and achieve the best possible outcomes throughout their cancer journey.

In 2025, the oncology navigation team received **1,696 new patient referrals** and **assisted a total of 3,075 patients across all Lehigh Valley Topper Cancer Institute locations, representing a 15% increase from 2024.**

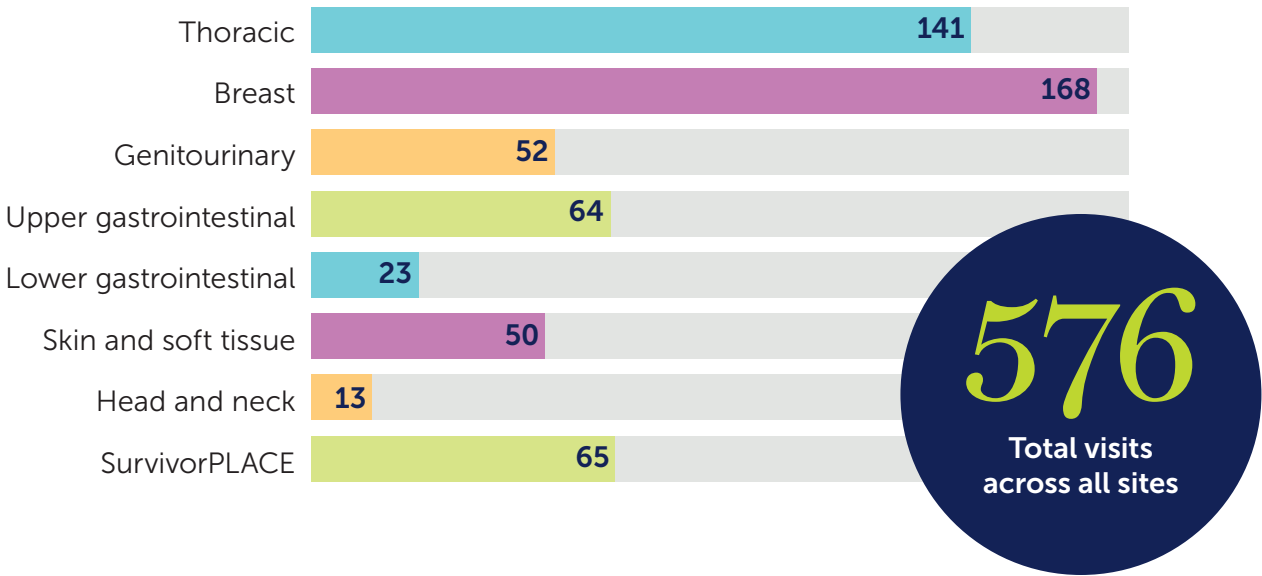
Oncology navigation referrals and total patients navigated during the calendar year

	2021	2022	2023	2024	2025
New Referrals	1,044	1,073	1,371	1,507	1,696
Total Patients Navigated	1,907	2,068	2,223	2,678	3,075

In addition to individualized patient support, oncology nurse navigators play a significant role in coordinating multidisciplinary clinics (MDCs). These clinics allow patients to meet with specialists from medical, surgical and radiation oncology in a single visit. Supportive team members – including social workers, dietitians and genetic counselors – also are available during these clinics to provide holistic care.

The multidisciplinary approach promotes collaborative decision-making, improves treatment-planning efficiency, expedites access to care and enhances the overall patient experience and quality of life.

2025 Multidisciplinary Clinic Activity





Oncology social work

Oncology social workers are a vital part of the cancer care team, providing patients with an essential layer of support that extends beyond the clinical setting. Their work focuses on identifying and resolving barriers that may negatively affect a patient's ability to receive treatment or maintain quality of life.

In addition to assisting with financial, transportation and insurance-related needs, oncology social workers address emotional concerns, facilitate support groups and connect patients with community and organizational resources designed specifically to ease the burdens faced by individuals undergoing cancer treatment.

In 2025, a total of **2,646 referrals were placed to the oncology social work team** across all sites, representing a **10% increase compared to referrals placed in 2024**.

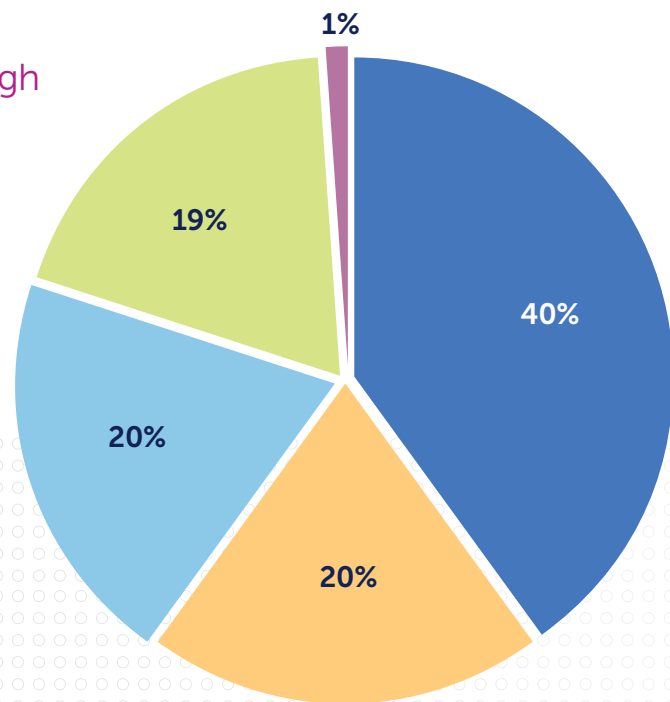
Oncology social work referrals and patient encounters

	CY 21	CY 22	CY 23	CY 24	CY 25
New Referrals	981	1,272	1,896	2,402	2,646
Patient Encounters	2872	5,273	10,681	14,678	16,417

In 2025, our social workers connected oncology patients with **more than \$300,000 of internal grant assistance** and **more than \$315,000 of external assistance** to help with treatment barriers.

Barriers to care addressed through social work referrals (2024)

- Emotional support: **40%**
- Insurance: **20%**
- Financial assistance: **20%**
- Transportation assistance: **19%**
- Other needs: **1%**



2025 Lehigh Valley Topper Cancer Institute grants and funds

Lehigh Valley Cancer Institute recognizes that some of our patients encounter barriers and challenges as they go through their cancer journey. The Cancer Institute provides assistance to our cancer patients through both internal and external grants and funds.

FUND NAME	NO. OF PATIENTS	TOTAL ASSISTANCE PROVIDED PER FUND
PRAGER	450	\$202,199.07
COURTNEY FUND	8	\$2,450.00
PINK RIBBON FUND	14	\$5,795.66
WOMEN'S 5K GRANT	10	\$2,377.91
WOMEN'S 5K TRANSPORTATION GRANT	44	\$9,464.86
LIVE LIKE BRENT	37	\$13,111.54
FORAN PANCREATIC FUND	12	\$5,227.43
SUZANNE ZALE BUCK OVARIAN CANCER FUND	12	\$2,576.11
HOPE FOR STRENGTH FUND	39	\$19,540.97
BREATH FOR LIFE FUND	25	\$4,604.95
WOMEN TO WOMEN FUND	34	\$12,179.81
HOWARD CANFIELD FUND	4	\$558.00
HAZLETON PATIENT ASSISTANCE FUND	61	\$19,348.54
SCHUYLKILL PATIENT ASSISTANCE FUND	4	\$1,417.54
TOTAL FINANCIAL ASSISTANCE PROVIDED	754	\$300,852.39



Oncology counseling services

Our oncology behavioral health specialists provide patients with emotional and psychological support throughout their cancer journey. They offer a safe, therapeutic space for patients to process feelings, develop coping strategies and navigate changes within their personal and family relationships. By helping patients identify goals and explore solutions to challenges, our licensed counselors play a critical role in mitigating the emotional impact of a cancer diagnosis.

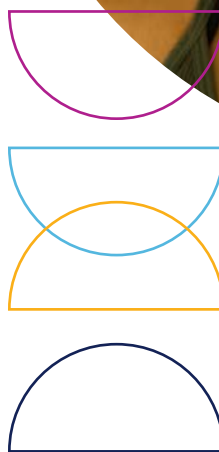
Counseling services are available in person as well as virtually at our LVH–Cedar Crest location, ensuring patients across the Lehigh Valley and surrounding communities have accessible, flexible support options.

In 2025, there were **364 counseling referrals placed** across all Lehigh Valley Topper Cancer Institute locations.

Reiki

Our Reiki volunteers play a meaningful role in supporting the overall well-being of cancer patients by offering complimentary sessions designed to promote relaxation, reduce stress and enhance emotional balance during treatment. Reiki provides patients with a calm, restorative experience that can help ease anxiety, improve mood and support a sense of peace throughout their care journey.

These services are offered at no cost to patients of Lehigh Valley Topper Cancer Institute, ensuring that all individuals, regardless of financial circumstances, can access this supportive therapy. Our generous and dedicated volunteer **Reiki masters provided a total of 596 sessions** across our locations in 2025.



Cancer risk and genetic assessment program

Cancer can happen to anyone, but some people face a higher risk for certain cancers because of genetic abnormalities that are passed down in families (hereditary cancer). Cancer genetics experts at the Cancer Institute help patients and their families learn more about their risk and what we can do to preserve their well-being.

The Gregory and Lorraine Harper Cancer Risk and Genetic Assessment Program of Lehigh Valley Topper Cancer Institute has one of the few programs in the region offering the complete range of cancer genetics services. Our genetic counselors provide personalized recommendations to help patients understand their risk for cancer. For those already diagnosed with cancer, we partner with patients and their physicians regarding treatment decisions.

Cancer genetics services include:

Genetic counseling: Our board-certified genetic counselors specialize in cancer genetics. We explain the risk for hereditary cancer and help determine whether genetic testing is right for a patient.

Cancer risk assessments: Our genetic counselors ask questions about the patient's personal and family health history to determine their risk for hereditary cancer. We explain which cancers they may be at risk for and how likely it is for these cancers to develop. We also discuss options to help manage risks, such as increased screening and risk-reducing procedures.

Genetic testing: Using a sample of a patient's blood or saliva, we check for alterations in the patient's genes (mutations) that may cause hereditary cancer.

Genetics risk assessment program staff

6 Full-time certified genetic counselors

1 Outreach coordinator

2 Genetic counseling assistants

1 Office coordinator

1 Care continuum partner

+ Additional assistance provided
by cancer support services staff



Nicholas Lamparella, DO
Medical director
(Hematology oncology)



April Gheller, CRNP
(provides follow-up care at
genetics MDC with Dr. Lamparella)

Genetic Assessment Program statistics for fiscal year 2025

5,905

Total genetics referrals

5,122

Total consults
(new, return and
phone consults)

533

Total genetics
multidisciplinary clinics

206

Total genetics in breast,
upper GI and lower GI
multidisciplinary clinics

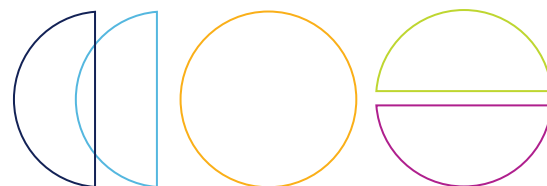
Availability

- Genetic counseling appointments available at LVH–Cedar Crest, LVH–Muhlenberg, LVH–Hecktown Oaks, LVH–Pocono and via video
- Genetics follow-up clinic offered at LVH–Cedar Crest and LVH–Hecktown Oaks
- Genetics consultation included in breast, upper GI and lower GI multidisciplinary clinics

Current initiatives

We have embedded a genetic counselor in the breast, upper GI and lower GI multidisciplinary clinics to increase timely access to genetic counseling and testing when genetic testing results may directly affect treatment planning. Initiatives also include:

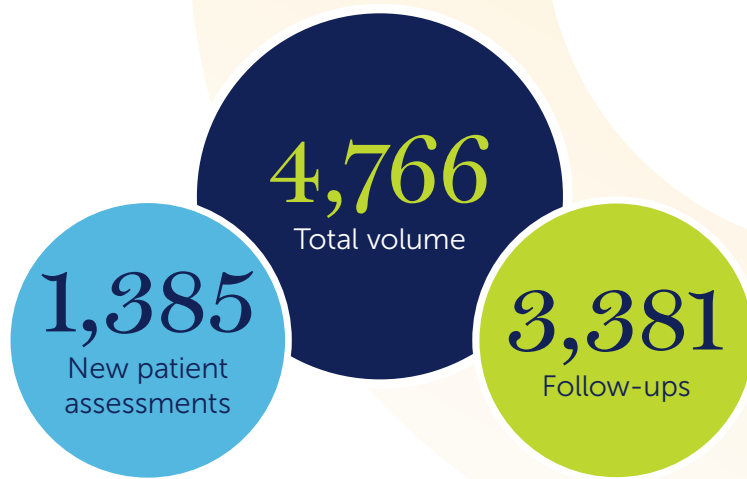
- Clarifying goals of care and treatment
- Advance care planning
- Self-management goals
- Complex symptom management
- Complex communication
- Preventive care planning
- Communication and collaboration with oncologist and primary care physicians
- Explore psychosocial and spiritual needs



Our services are provided in the hospital setting, the office or at home. We offer both in-person and telemedicine options to our patients. We help coordinate with their physician and members of their healthcare team to determine the kind of care they want.

Oncology nutrition services

Total volumes, entire program, all sites (calendar year 2025)



Total volumes categorized by site

3,752
LVH, Inc.

544
LVH–Pocono

61
LVH–Schuylkill
E. Norwegian Street

409
LVH–Hazleton

Average consults per month

Average CY 25 Consults Received per Month		
	TOTAL	PER MONTH
LVH–Cedar Crest	817	68.1
LVH–Muhlenberg	292	24.3
LVH–Hecktown Oaks	113	9.4
LVH–Carbon	11	0.9
LVH–Pocono	235	19.6
LVH–Hazleton	164	13.7
LVH–Schuylkill E. Norwegian Street	53	4.4

Nutrition counseling

Lehigh Valley Topper Cancer Institute offers patients access to registered dietitian nutritionists (RDNs) who are uniquely trained to assist patients and their families in managing treatment-related concerns. They can address patient needs and goals, as well as provide strategies to achieve them before, during and after treatment.

Our RDNs provide screening assessments for risk, and diagnosis of malnutrition, nutrition-related problems and obesity, as well as medical nutrition therapy, nutrition counseling, nutrition education and management, and coordination of enteral and parenteral nutrition. They also offer their expertise to community outreach programs through presentations and participation in health fairs for survivorship, health promotion and disease prevention.

Notable achievements for our nutrition team in 2025 included continuing to expand the Cancer Institute food drive into a virtual food drive that is now providing medically tailored nutrition bags designed to meet the specific dietary needs of our patients.

RDNs Deanna Yerg and Ashley Pagano were highlighted on the LVHN intranet site emphasizing the importance of nutrition for our esophageal cancer patients. In addition, Erin Levine shared oncology nutrition expertise with Cedar Crest College dietetic interns by teaching their oncology nutrition course and has continued to do so every six months for their new incoming dietetic interns. All RDNs continue to work on ongoing performance improvement projects in between caring for patients.



Cancer rehabilitation services

Cancer rehabilitation programs often can improve function, reduce pain and improve the overall well-being of patients experiencing the challenges of a cancer-related diagnosis. LVHN Rehabilitation Services offers comprehensive care to patients in our communities throughout their cancer journey.

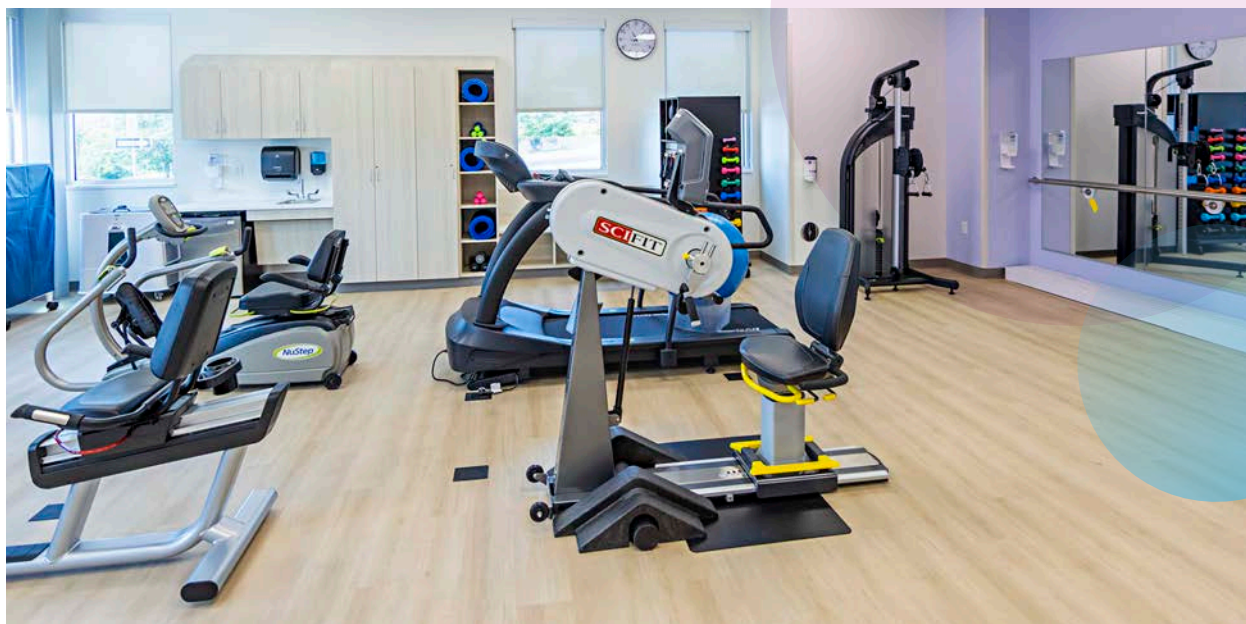
Many survivors of cancer experience lasting, adverse effects caused by either their disease or its treatment. Therapy interventions often can reverse or mitigate the impairments found in both new and existing patients with a cancer diagnosis, and improve their ability to carry out daily tasks and participate in life situations.

Patients who can be considered for rehabilitation referrals are those with lymphedema, cancer-related fatigue, range of motion deficits, functional strength and flexibility deficits, endurance deficits, swallowing deficits, memory loss/processing deficits and home-management deficits. Our Rehabilitation Services can help a cancer patient overcome obstacles related to surgery or side effects from cancer treatment.

The rehabilitation team, consisting of board-certified clinical specialists, physical therapists, occupational therapists, speech therapists and audiologists, is committed to the goal of helping patients improve their daily functions and quality of life. Rehabilitation services are available for inpatients and outpatients. For inpatient services, therapy is available seven days a week, 365 days a year, and the order response is within 48 hours.

Inpatient oncology rehabilitation services under LVH, Inc. are provided at Lehigh Valley Hospital–Cedar Crest Inpatient Rehabilitation (IRC) (pictured below) on the 5K inpatient oncology unit; at LVH–Muhlenberg IRC on the 5T medical-surgical unit; and at the transitional skilled unit (TSU) at LVH–17th Street. Additionally, Rehabilitation Services provides consults at SurvivorPLACE Cedar Crest and Muhlenberg. Inpatient oncology rehabilitation is also available at LVH–Pocono IRC, Gunderson IRC–Hazleton and Stine IRC–Schuylkill. This year, the inpatient team has completed and is using a new protocol for patients undergoing CAR-T cell therapy. The staff also continues to effectively use rehabilitation interventions for transformative treatment through the Cancer Institute Stem Cell Transplant and Cellular Therapy Program.





Outpatient Rehabilitation Services now has more than **50 convenient locations** throughout the entire LVHN service area. It includes two new locations opened in 2025 that provide pelvic health and lymphedema services (LVH Women’s Rehabilitation Services–Tower Place in Bethlehem, pictured above and Rehabilitation Services–Cedar Point in Allentown).

Rehabilitation protocols have been established for cancer-related fatigue, osteoporosis and other musculoskeletal conditions, which can be treated at all physical therapy locations. Therapy for patients with lymphedema, breast cancer surgery, cognitive impairment, speech impairment and audiologic deficit is available at regional outpatient offices.

This year the outpatient team has established a training protocol for rehab “extenders” to assist certified lymphedema therapists with the care of patients at low risk for lymphedema post breast-cancer surgery and is continuing to develop in-depth competencies for new lymphedema clinicians. The rehabilitation team also **provided custom lymphedema garments and supplies to 107 patients with financial hardship** through the Women’s 5K Classic Fund and the Women’s Auxiliary Fund. In addition, many community events were supported, including Pink Out at the Promenade and the Josh Early Candies Women’s 5K Classic Expo, over the course of the year.

Oncology referrals to outpatient rehabilitation

CY 2025 Referrals to Outpatient Rehab	Number of Referrals
LVH, Inc.	1,205
LVH–Pocono	199
LVH–Hazleton	46
LVH–Schuylkill	15

Optimizing Advanced Complex Illness Support (OACIS)/Palliative Medicine

Palliative care services

Palliative care is specialized medical care for people living with serious illnesses. This type of care is focused on providing relief from the symptoms and stress of the illness. The goal is to improve quality of life for both the patient and the family.

Palliative care is provided by a specially trained team of doctors, nurses and other specialists who work together with a patient's other doctors to provide an extra layer of support. Palliative care is based on the needs of the patient, not on the patient's prognosis. It is appropriate at any age and at any stage in a serious illness, and it can be provided along with curative treatment.

How OACIS/palliative medicine can help

- Medical collaboration and management across the care continuum
- Clarifying goals of care and treatment
- Advance care planning
- Self-management goals
- Complex-symptom management
- Complex communication
- Preventive care planning
- Communication and collaboration with oncologists and primary care physicians
- Exploring psychosocial and spiritual needs

Our services are provided in the hospital setting, the office or at home. We offer both in-person and telemedicine options to our patients. We help coordinate with your physician and members of your healthcare team to determine the kind of care you want.





Clinical service branches

- OACIS home-based practice
 - In person and telemedicine
 - Telemedicine to selected skilled nursing facilities
 - Interdisciplinary team (nurse practitioners, social workers, nurses and medical assistants)
- OACIS supportive care office-based practice
 - 1250 Cedar Crest, Allentown
 - Health Center at Palmer Township, Easton
 - 175 E. Brown St., East Stroudsburg
 - Interdisciplinary team (doctors, nurse practitioners, social workers, nurse and medical assistant)
- Inpatient palliative medicine consult service
 - In-person consults in LVH–Cedar Crest, LVH–Muhlenberg and LVH–Pocono
 - Telemedicine consults in LVH–Schuylkill, LVH–Hazleton, LVH–Hecktown Oaks, LVH–Carbon, LVH–Dickson City and transitional skilled unit
 - Interdisciplinary team (doctors, nurse practitioners, social workers, counselor and clinical coordinator)

Palliative care and oncology (outpatient)

Calendar Year 2025: 365 referrals with 63% conversion rate

303

Lehigh Valley Hospitals, Inc.
(LVH–Cedar Crest,
LVH–Muhlenberg,
LVH–Hecktown Oaks,
LVH–Carbon and LVPG)

35

LVH–Pocono and
LVH–Dickson City

9

LVH–Schuylkill
E. Norwegian Street

18

LVH–Hazleton

Reasons for initiating palliative care referrals

- Pain and other symptom management
- Goals-of-care discussion
- Complex case (multiple comorbidities, poor psychosocial support, resources in the community)
- Hospice discussion

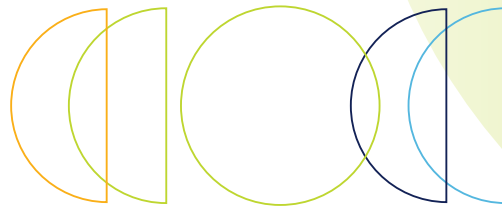
Palliative care referral considerations for patients with cancer

- Stage 4 lung, pancreatic cancer
- Glioblastoma
- New diagnosis of acute myeloid leukemia in patient >60 years
- Metastatic cancer
- Hospital admission for symptom management
- Multiple emergency department visits
- Lack of/incongruent/unrealistic goals
- Malignant hypercalcemia
- New spinal cord compression or neoplastic meningitis
- Failure of second-line therapy
- “Would you be surprised if the patient were to die in a year?”

Addressing barriers to care for 2025

Each calendar year, the cancer committee identifies at least one patient-, system- or provider-based barrier to accessing health and/or psychosocial care that its patients with cancer are facing, and develops and implements a plan to address the barrier.

The chosen barrier is food insecurity for low-income patients – identified by our team of social workers across all Cancer Institute sites. This barrier received a majority vote by cancer committee members.



The number of patients referred to social work for food insecurity and/or financial issues in 2024

3,469

Total number of patients referred to social work

41

Food/clothing/personal items

97

Income

511

Cancer Institute grant funds

Totals: 18.7% of referrals

A virtual food pantry will also be available throughout the year to accept monetary donations to be used toward purchasing food items for patients in need.

The Cancer Institute-wide food drive was implemented from March through October 2025. This initiative was received favorably by patients and staff. Strengths include the ability to collect items at every Integrated Network Cancer Program site and the effective collaboration of our dietitians and social workers across all sites to collect the donations and distribute to patients. We will offer this food drive on an annual basis as food insecurity continues to be a barrier for our patients, and we will aim to improve our promotional techniques to make sure all colleagues are aware of the opportunity to donate at all campuses.

March 2025 Food Drive.....75 food packages created

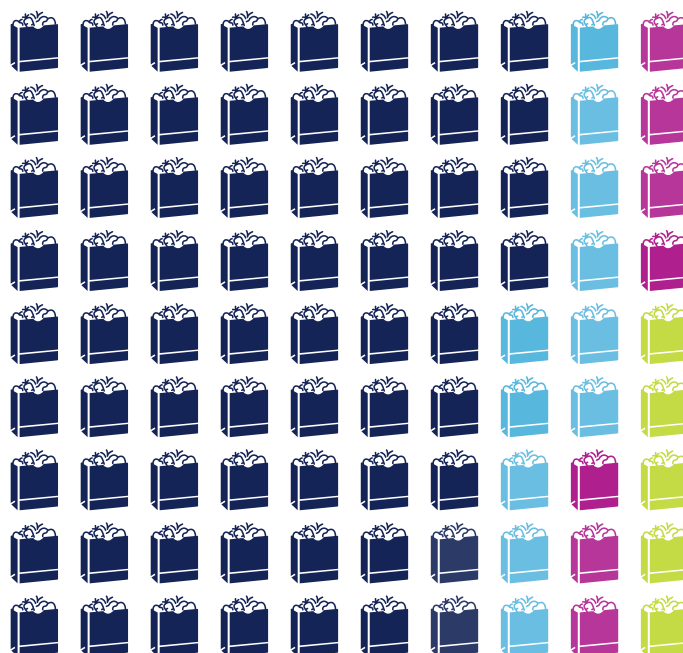
October 2025 Food Drives at Flu Shot Drives:.....35 food packages created

Total:..... 110 food packages

Food drive packages by site

LVH–Cedar Crest,	
LVH–Muhlenberg and	
LVH–17th Street	67
LVH–Pocono	11
LVH–Schuylkill	7
LVH–Hazleton	5
Total	90

Through donations to the virtual food pantry, a basket raffle and various community fundraisers held at local restaurants, a total of **\$952 was collected in 2025.**



New Clinicians, Clinician Accolades, and New Facilities



Lehigh Valley Topper Cancer Institute Welcomes New Oncology Clinicians



Lee Ocuin, MD, a surgical oncologist, treats people at Lehigh Valley Hospital–Cedar Crest in Allentown. Dr. Ocuin earned his medical degree from Tufts University School of Medicine in Boston. He completed a residency in general surgery at Emory University School of Medicine in Atlanta and completed two fellowships: one in complex general surgical oncology at the University of Pittsburgh Medical Center and the other in hepato-pancreato-biliary surgery at the Mayo Clinic in Rochester, Minn. Dr. Ocuin, who is adept at minimally invasive (laparoscopic or robot-assisted) surgery, has a special focus on liver-directed/regional therapy and implantation hepatic artery infusion pumps. These deliver high-dose chemotherapy to the liver for certain people with metastatic colorectal cancer or unresectable intrahepatic cholangiocarcinoma (bile duct cancers).



Theresa Kuhn, MD, is a gynecologic oncologist who practices at LVH Hematology Oncology–1240 Cedar Crest. She received her medical degree at the American University of the Caribbean, St. Maarten. She completed three fellowships and one residency in various institutes throughout the United States.



Christine Kurian, MD, specializes in hematology medical oncology and is based at LVH Hematology Oncology–Hecktown Oaks. She received her medical degree at Sidney Kimmel Medical College at Thomas Jefferson University, Philadelphia. She completed her residency in internal medicine at Sidney Kimmel and fellowship training in hematology oncology at Cooper University Hospital, Camden, N.J.



Andrea Rivera, MD, practices hematology medical oncology at LVH Hematology Oncology–1240 Cedar Crest. She earned her medical degree from Drexel University College of Medicine, Philadelphia. Her postgraduate training includes an internal medicine internship and residency at Sidney Kimmel Medical College at Thomas Jefferson University, Philadelphia, and a fellowship in hematology oncology from Stony Brook University Hospital, Stony Brook, N.Y.



Kidist Tarekegn, MD, practices hematology medical oncology at LVH Hematology Oncology–1240 Cedar Crest. She will also see patients at LVH–Pocono’s Dale and Frances Hughes Cancer Center. Her educational background includes a medical degree from Gondar College of Medical Sciences in Gondar, Ethiopia. Her training includes an internal medicine residency at St. Barnabas Hospital, Bronx, N.Y., and a hematology oncology fellowship at Emory University School of Medicine, Atlanta.

Comprehensive Gynecologic Oncology Care at Lehigh Valley Topper Cancer Institute

M. Bijoy Thomas, MD, reaches 4,500 robotic-assisted surgeries

At Lehigh Valley Topper Cancer Institute, women with gynecologic cancers receive comprehensive, multidisciplinary care delivered by specialists trained at some of the nation's most respected institutions. Our gynecologic oncology team provides state-of-the-art care tailored to each patient. We collaborate closely with colleagues in medical oncology, radiation oncology, urology and surgical oncology to deliver optimal treatment plans.

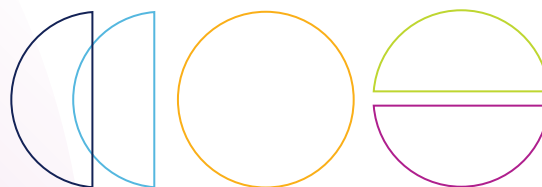


The Cancer Institute is one of the few cancer centers in the region where gynecologic cancer patients are initially seen by a gynecologic oncologist, M. Bijoy Thomas, MD, Chief, Division of Gynecologic Oncology with the Cancer Institute, clinical professor at University of South Florida Health Morsani School of Medicine and adjunct clinical professor at Thomas Jefferson University.

With every surgery completed, surgeons hone their craft. That's why people choosing a surgeon will always prefer the ones who have conducted the most procedures. Dr. Thomas has proudly **reached 4,500 robotic-assisted surgeries** in his specialty. Typically **completing 15 to 21 robotic surgeries every week** for cancerous and noncancerous gynecologic conditions, he ranks as one of the highest-volume robotic surgeons nationwide.

Advantages to care

Most services are available in one centralized location, streamlining care. Our ability to confer in real time, often during the same visit, makes a huge difference in outcomes and satisfaction. Twenty years ago, patients would be in the hospital for a week and take two months to recover. Now, most go home the same day and are back to normal activities in two to three weeks. The team is also building connections for clinical trials and service expansion to LVH–Hazleton, LVH–Schuylkill and LVH–Dickson City.



Monitoring Concordance With Evidence-Based Guidelines

Sean Quinlan-Davidson, MD, successfully conducts esophageal and gastroesophageal junction review

At Lehigh Valley Topper Cancer Institute, every calendar year a physician performs an in-depth analysis of the diagnostic evaluation and treatment of individual patients to determine whether concordance to evidence-based national guidelines was successfully met. The study involves a retrospective review of patients' medical records to determine whether initial diagnostic evaluation and first-course treatment provided are concordant with national evidence-based guidelines.



For calendar year 2025, Sean Quinlan-Davidson, MD, radiation oncologist and Cancer Liaison Physician (CLP) of LVHN's Cancer Committee, conducted the review and analysis of patients diagnosed with esophageal and gastroesophageal (GE) junction (the anatomical point where the esophagus connects to the stomach) cancers between 2019-2023. He **reviewed a total of 280 cases with stage 2-3x diagnosis of adenocarcinomas** and used National Comprehensive Cancer Network (NCCN) guidelines.

Overall, based on data review and analysis, there was excellent concordance with NCCN guidelines.

Urologist Angelo Baccala, MD, MBA, Named Chair of American Urological Association's Leadership & Business Education Committee

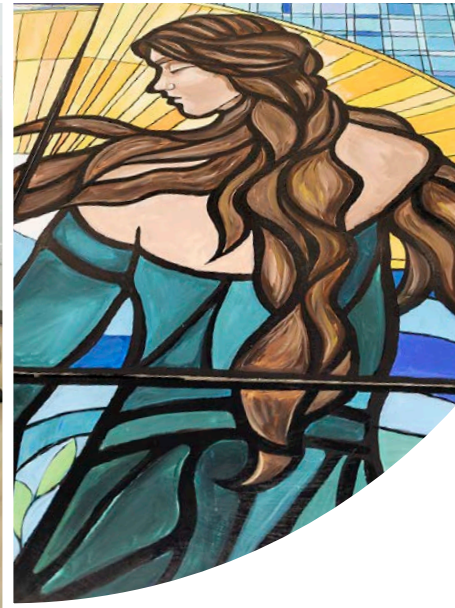
Congratulations to urologist Angelo Baccala, MD, who has been named chair of the Leadership & Business Education Committee with the American Urological Association (AUA). The committee's mission is to develop initiatives that educate and explain important topics regarding the business side of practice management. Topics are for the professional development of U.S. and international urologists alike.



Dr. Baccala, Chief of the Division of Urology with Lehigh Valley Institute for Surgical Excellence, was actively involved with the committee prior to this appointment. He helped drive and participated in podcasts for urologists and worked on business courses for the 2025 AUA annual meeting. As a committee member, he also helped reinvigorate the AUA's business and communication module of the core curriculum necessary for all U.S. urologists as set by the AUA office of education.

Dr. Baccala, who will serve a three-year term, is excited about the progress thus far and says there's more work to be done. "This work will continue but will also take on new challenges in areas of promoting practice efficiency, building financial strength for urologic practices and teaching best business principles as it relates to urology practice management," he says.





New Women's Health Center

Doctors and clinicians offer a broad range of care

In summer 2025, Lehigh Valley Health Network opened Women's Health Center in Bethlehem where Martin Tower once stood. The new medical facility – the first of its kind in the region – provides comprehensive care for women at every stage of life.

Treatment and services

Women's Health Center includes a Women's Heart and Vascular Center with cardiology services and a Cardiac Diagnostic Center. Other services focus on:

- Breast health
- Female pelvic medicine and reconstructive surgery
- Gynecology and obstetrics
- Maternal fetal medicine
- Rehabilitation services, specializing in cardiac and pelvic therapy
- Childcare services for patients having appointments at Women's Health Center



Blue Light Cystoscopy Assists in Treatment of Bladder Cancer at LVHN

Urologist Joseph Feliciano, MD, and LVHN have completed more than 400 blue light cystoscopy treatments for bladder cancer since January 2023

Lehigh Valley Health Network continues to celebrate key milestones in treatments for bladder cancer. Since early 2023, we have been the only health system in our region to offer blue light cystoscopy for treatment of bladder cancer. In that time, urologist Joseph Feliciano, MD, has completed more than 400 procedures.

Blue light cystoscopy gives urologists visibility into where cancer cells are so they can be more easily removed. During the procedure, a special imaging solution highlights bladder cancer cells, allowing the edges of a tumor to be highly visible prior to surgery. It allows increased accuracy and lower occurrences of the cancer returning. Not only are the edges of known tumors more visible, but blue light cystoscopy also allows urologists to see tumors they may not have been able to see before.

Think of this in terms of driving down the road at night and seeing a deer on the side of the road. The car headlights spot just one deer, but if infrared light is used, you see the other deer farther back off the road. Being able to better see the edges of bladder tumors means they can be more completely removed, reducing chances for recurrence.

In addition to using this treatment, Dr. Feliciano collaborates with a team of specialists to determine the best plan of treatment for each patient.

LVHN Opens New Neighborhood Hospital in Tannersville

Lehigh Valley Health Network broke ground in November 2024 for a new neighborhood hospital near Tannersville in central Monroe County to help meet increasing demand for accessible, convenient ER and inpatient care. Lehigh Valley Hospital–Pocono Creek opened in January 2026.

This campus includes a hospital and a medical office building – Health Center at Pocono Creek. The new hospital is known as a neighborhood hospital, with a full-service ER and a limited number of inpatient beds.

Health Center at Pocono Creek has a variety of medical services, including HNL Lab Medicine, LVPG practices, outpatient adult rehabilitation, and cardiac and vascular diagnostic testing.



Beam Ceremony Recognizes Hellertown Neighborhood Hospital Progress

Lehigh Valley Health Network and local officials celebrated a beam-raising ceremony on April 28, 2025, in Hellertown at the site of LVHN's newest neighborhood hospital.

The Hellertown project is a three-story, 90,000-square-foot building, with the hospital occupying the first floor, along with imaging services and HNL Lab Medicine. The upper two floors will feature services that include family medicine, plastic surgery, cardiac rehabilitation, and adult and pediatric rehabilitation. It also will have a comprehensive sleep center with separate pediatric and adult sleep labs.



Community Outreach



Screening Events (2025)

Oral cancer screenings took place on April 9 (LVH–Muhlenberg), April 16 (LVH–17th Street) and April 23 (LVH–Hecktown Oaks). A total of **70 individuals were screened for oral cancer** by LVHN dentists and dental residents.

Skin cancer screenings took place on May 7 (LVH–Cedar Crest), May 20 (LVH–Muhlenberg), June 3 (LVH–Hazleton) and Sept. 24 (LVH–Schuylkill). A total of **252 individuals were screened for skin cancer** by dermatologists from Advanced Dermatology Associates, Zaladonis Dermatology Associates and DermDox Mohs Center.

Breast cancer screenings were offered at Health Center at West End in Brodheadsville on Oct. 16 utilizing Lehigh Valley Health Network’s mobile mammography coach. A total of **21 individuals were screened** with three participants referred for additional imaging with Breast Health Services.



Community Prevention Events

Lung cancer prevention at Heritage Hill Senior Health Fair

April 24, 2025, Laurel Mall in Hazleton, in partnership with Heritage Hill Senior Community

Featured educational resources from the Cancer Institute’s Lung Screening Health Program, with participation from an oncology nurse navigator and a medical assistant, focusing on lung cancer prevention, screening and tobacco cessation. The **team connected with approximately 100 attendees**, reviewed eligibility criteria for low-dose CT scans and completed intake assessments for those who met screening criteria.

Pink Light Walk

Oct. 2, 2025, LVH–Pocono and East Stroudsburg University (400 in attendance)

Featured physician presentations on breast cancer prevention and screening recommendations, along with an information fair highlighting nutrition services, genetic counseling and other Cancer Institute/university departments and partner organizations. These groups provided educational resources and offered attendees the opportunity to discuss prevention strategies and available services one-on-one.





Pink Out at the Promenade

Oct. 9, 2025, Promenade Saucon Valley (320 in attendance)

Featured physician presentations on breast cancer prevention and screening recommendations, along with an information fair highlighting nutrition services, genetic counseling and other Cancer Institute departments and partner organizations. These groups provided educational resources and offered attendees the opportunity to discuss prevention strategies and available services one-on-one.

Lung cancer prevention at Diakon Living and Learning After 50 Expo

Oct. 21, 2025, Fairlane Village Mall, Pottsville

Featured educational resources from the Cancer Institute's Lung Screening Health Program, with participation from an oncology nurse navigator and a medical assistant, focusing on lung cancer prevention, screening and tobacco cessation. The **team connected with approximately 35 attendees**, reviewed eligibility criteria for low-dose CT scans and completed intake assessments for those who met screening criteria.

Survivorship Events

Advances in Kidney Cancer Care

April 23, 2025, Lehigh Country Club, Allentown (120 in attendance)

Clinicians from Lehigh Valley Topper Cancer Institute and Memorial Sloan Kettering Cancer Center provided valuable advances and updates in kidney cancer care during this celebration of survivorship. This annual event is sponsored by the Andy Derr Foundation for Kidney Cancer Research. Program topics included "New Frontiers in Kidney Cancer" and "Comprehensive Cancer Care: Navigating Available Support Services for Patients and Families."





Advances in Melanoma Cancer Care

May 15, 2025, Saucon Valley Country Club, Bethlehem (195 in attendance)

Clinicians from Lehigh Valley Topper Cancer Institute and Thomas Jefferson University Hospital provided valuable updates in melanoma cancer care during this celebration of survivorship. Program topics included “Melanoma Therapies: Where We’ve Been and Where We’re Going” and “Comprehensive Cancer Care: Navigating Available Support Services for Patients and Families.”

Survivor Night at the IronPigs

June 11, 2025, Coca-Cola Park, Allentown

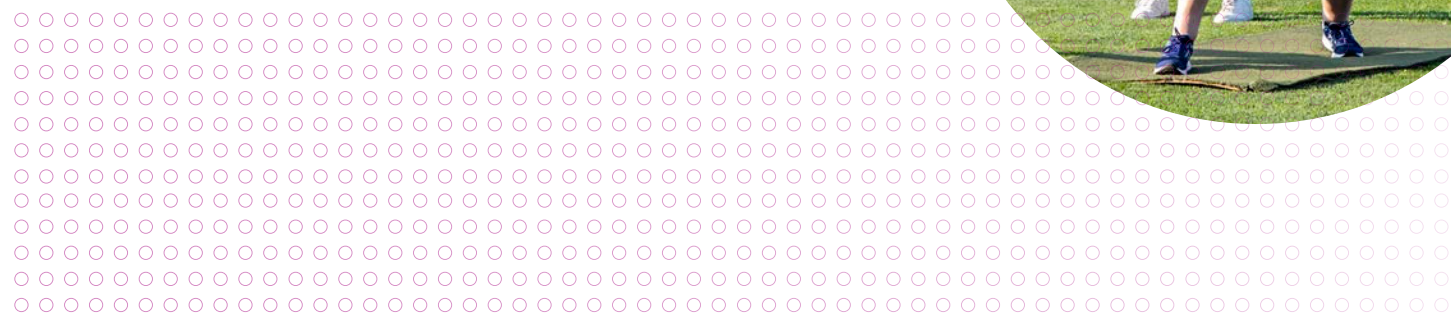
Approximately **400 cancer survivors and caregivers attended** our annual survivorship celebration at a Lehigh Valley IronPigs baseball game. Survivors had the opportunity to socialize with one another while enjoying a night out at the ballpark with refreshments and a giveaway.



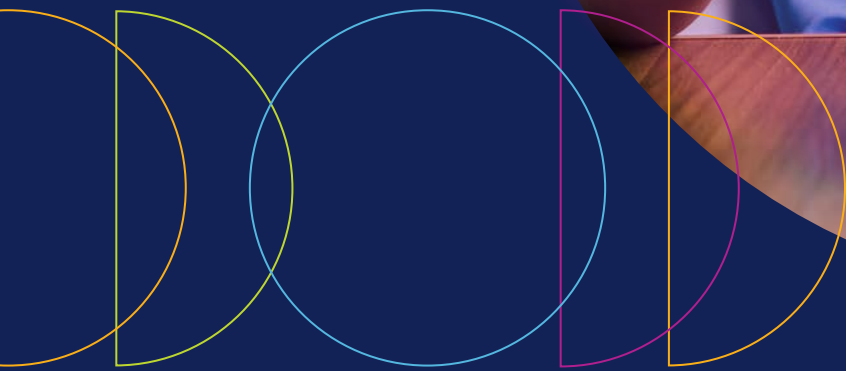
Advances in Pancreatic Cancer

Nov. 11, 2025, Saucon Valley Country Club, Bethlehem (170 in attendance)

Clinicians from Lehigh Valley Topper Cancer Institute and event sponsors Pancreatic Cancer Hope Foundation and Fightin’ Foran’s Foundation provided valuable updates in pancreatic cancer care. Program topics included “Pancreatic Cancer Immunotherapy Trials at LVTCL” and “On This Journey Together: Facing Pancreatic Cancer.”



Cancer Services for Children





Lehigh Valley Reilly Children's Hospital Features Pediatric Oncology Program

Pediatric cancer is a complex disease, but cancer treatment options are always advancing. Experts at Lehigh Valley Reilly Children's Hospital are here to help. Our team has decades of combined experience treating a wide range of pediatric cancers with excellent results. When you choose Children's Hospital for cancer care, your child will benefit from our:

World-class treatments

Our pediatric hematology oncology program is part of the Children's Oncology Group (COG), the largest international consortium of pediatric cancer hospitals and clinicians. This association means we care for patients using the same protocols the world's foremost cancer centers follow.

Pediatric expertise

Lehigh Valley Reilly Children's Hospital is the region's only institutional member of the Children's Hospital Association. It is also home to the area's only board-certified pediatric specialists in cancer care and other specialties. Our entire team of experts in more than 30 pediatric subspecialties has a passion for providing the highest-quality care for our smallest patients. All these experts are available to assist in the care of patients with cancer.

Team approach

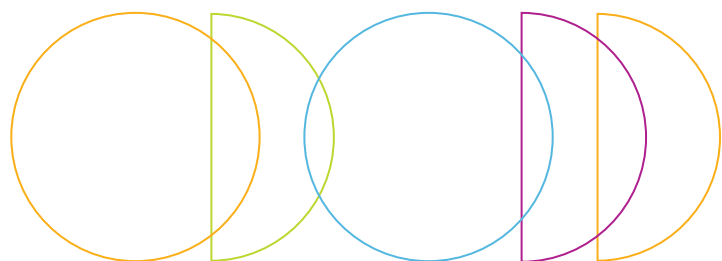
When you come to Lehigh Valley Reilly Children's Hospital for cancer care, multiple specialists will weigh in on your child's care. This approach helps ensure a treatment plan is tailored to your child's needs. Your care team may include:

- **Pediatric hematologist oncologist** – This doctor specializes in treating blood disorders and cancer in children. Our doctors are fellowship trained in pediatric hematology oncology.
- **Pediatric surgeon** – This doctor is skilled in surgery and cares for children who may have surgical needs as part of their cancer care. Our pediatric surgeons are fellowship trained in pediatric surgery specialties.
- **Pediatric oncology-certified nurses** – Many of our registered nurses have earned specialty certification in pediatric hematology oncology and are knowledgeable, compassionate partners in your child's medical care.
- **Radiation oncologist** – This doctor specializes in using radiation to treat cancer.
- **Pediatric anesthesiologist** – This doctor administers medicine during surgery to help infants, children and adolescents relax and fall asleep. Our pediatric anesthesiologists are all fellowship trained in the use of anesthesia with young patients and are the only team of pediatric anesthesiologists in the area.
- **Pediatric radiologist** – This doctor uses a variety of imaging technologies, such as X-ray, computed tomography scan, magnetic resonance imaging, ultrasound and other imaging techniques to diagnose diseases and injuries in infants, children and adolescents. Our pediatric radiologists are all fellowship trained in pediatric radiology.
- **Supportive care specialists** – Our team of supportive care specialists, such as our child life specialists and physical therapists, is here to help your child manage coping with a serious illness.

Child Life Program

Certified child life specialists help kids cope with a visit to the hospital. They are experts in child development, and they partner with doctors, nurses, social workers and other members of your care team to meet the unique needs of your child and your family.

The Child Life Program at Lehigh Valley Reilly Children's Hospital is the only one in the area where child life specialists help children receiving medical treatment by offering opportunities for stress relief and relaxation, as well as distractions to make procedures easier.



Latest therapies

Medical research helps advance therapies for rare diseases. Because we're a member of COG, we can participate in dozens of clinical trials that explore promising treatments for pediatric cancer. This focus on research helps ensure every patient in our care gets the latest and best treatment.

More cancer services in one place

You can access leading cancer treatments in a kid-friendly space at Children's Cancer and Multipurpose Infusion Center at Lehigh Valley Reilly Children's Hospital. The center is located close to our:

- Cancer specialists
- Imaging services
- Pediatric inpatient unit
- Children's ER
- Radiation therapy services
- J.B. and Kathleen Reilly Children's Surgery Center

Extensive support

Once cancer touches your life, you are forever changed. Our extensive support services help your child and your family manage the physical and emotional demands of cancer, from diagnosis to life after treatment.



More Services for Patients and Families

Patient and Family Advisory Council Keeps the Family Connection Going

The Patient Family Advisory Council at Lehigh Valley Topper Cancer Institute maintains a high-quality patient- and family-centered care approach. The council consists of Cancer Institute employees as well as patients and family members.

The members of the council collaborate with Cancer Institute leadership in policy and program development, implementation and evaluation. They are also assistive in healthcare facility design. In 2022, our Patient Family Advisory Council played an integral role in developing a comprehensive Cancer Patient Guide. This guide was developed to provide helpful information and answer common questions that may cause stress or anxiety.





Hackerman-Patz House Helps Patients and Families Heal

The Hackerman-Patz House at LVH–Cedar Crest is a convenient and affordable “home away from home” that offers patients and their families an alternative to an expensive hotel or daily trips to and from their distant home. Regardless of who is receiving care, our goal remains the same: to offer you well-appointed, cozy accommodations and a supportive environment that allows patients to focus on healing.

Our house is at 1260 S. Cedar Crest Blvd., Allentown, PA 18105. We are on the campus of LVH–Cedar Crest in Salisbury Township, directly off Interstate 78 (Route 309) at Exit 55 (Cedar Crest Boulevard). The house is at the rear (south side) of the campus on a lovely landscaped island across from the hospital’s emergency room.

We are a member of the Healthcare Hospitality Network, a nationwide network of more than 200 not-for-profit family lodging facilities that offer warm, caring support to more than a quarter-of-a-million people each year.

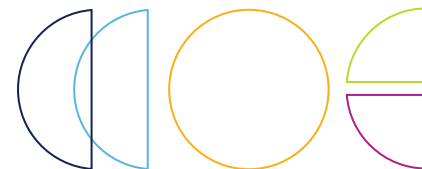
House features

Everything in our house is designed to help make a stressful time in life a little easier. Patients stay there at the same time with other families facing similar circumstances, so they quickly discover they are not alone.

The house is easy to find by following the signs for Hackerman-Patz House after entering the hospital campus from Cedar Crest Boulevard. Our location puts us close to a variety of convenient dining and shopping options, as well as services such as dry cleaners, banks and gas stations. Front desk hours are 8 a.m. to 4:30 p.m.

House amenities

- 20 smoke-free, well-appointed private rooms with a choice of one queen bed or two full beds, including eight handicapped-accessible rooms on the first floor
- All rooms include private, upscale bath, safe, TV and mini-fridge
- Kitchenette (with coffee makers, microwaves, refrigerators and vending machine)
- Laundry facilities
- Great room for relaxing and meeting other guests
- Children’s playroom
- Library
- Outdoor patio
- Free Wi-Fi service
- Public computer and printer
- Free, on-site parking
- Use of hospital’s LVHN Fitness facility



2025 Publications

Zeeshan Hafeez, MD

Hafeez Z, Johnson A, Nester N, et al. (Feb. 26, 2025) Impact of Adopting a Multidisciplinary Care Delivery Model on Treatment Effectiveness and Outcomes in Stage III Melanoma Patients at a Community-Based Academic Institution: A Retrospective Study. *Cureus* 17(2): e79703. doi:10.7759/cureus.79703.

Theresa Kuhn, MD

Awada A, Recio FO, Kuhn TM, Ahmad S, Zhu J, McKenzie ND, Kendrick JE, Holloway RW. Recurrence and survival in high-intermediate risk endometrial cancers with isolated tumor cell lymph node metastasis. *Gynecol. Oncol. Rep.* 2025 Jan; 57: 101684.

Kuhn TM, et al. The utility of ctDNA for surveillance monitoring in cervical cancer patients. Abstract 4. Florida Society of Gynecologic Oncology (FSGO) 31st Annual Meeting, June 12-15, 2025; Longboat Key, Fla.

Oral Presentation and Recipient of Research Award in Honor of Dr. Hervy Averette (1st Prize)

Oral and poster presentation at Winter SGO Meeting 2025 and Winner of Best Poster Presentation Award

Bradley Lash, MD

Andorsky D, Lopez AT, Vaidya R, Madueno FV, Ibrahim S, Naik S, Gandhi M, Haydu JE, Lash B, Fesler M, Hrom J, Lee EH, Sundaram S, Conte K, Osei-Bonsu K, Doerr T, Bai Y, Dixit N, Eskelund CW, Boardman AP, Boccia R, Lee CY, Sharman JP. Epcoritamab Monotherapy as Outpatient Treatment for Patients With Relapsed/Refractory Diffuse Large B-Cell Lymphoma: Interim Results From EPCORE NHL-6. *Clin Lymphoma Myeloma Leuk.* 2026 Feb 19:S2152-2650(26)00042-X. doi: 10.1016/j.clml.2026.02.006. Epub ahead of print. PMID: 41881714.

Jacqueline Oxenberg Lopez, DO

Summa, C., Lushefski, K., & Oxenberg, J. C. (2025). Incidental Discovery of Malignant Pheochromocytoma During Preoperative Coronary Artery Bypass Surgery (CABG) Workup. *Cureus*, 17(11).

Harkema, M., Brady, E., Llaudes, M., Meir-Levi, D., & Oxenberg, J. (2025). Pheochromocytoma in a Patient With Chronic Hypotension: A Case Report. *Cureus*, 17(9).

Gheller, A., Tuttle, R., & Oxenberg, J. (2025). Breast Cancer Risk, Screening, and Risk Reduction in Young Females. *The American Surgeon™*, 00031348251331294.

Suresh Nair, MD

Motzer RJ, Bex A, Russo P, Tomita Y, Cutuli HJ, Rojas C, Gross-Goupil M, Schinzari G, Melichar B, Barthélémy P, Ruiz Garcia A, Sosman J, Grimm MO, Goh JC, Suarez C, Kollmannsberger CK, Nair SG, Shuch BM, Huang J, Simsek B, Spiridigliozzi J, Lee CW, van Kooten Losio M, Grünwald V. Adjuvant Nivolumab for localized renal cell carcinoma at high risk of recurrence after nephrectomy: Part B of the randomized, placebo-controlled, Phase III CheckMate 914 Trial. *J Clin Oncol*. 2025 Jan 10;43(2):189-200. doi: 10.1200/JCO.24.00773. Epub 2024 Sep 20. PMID: 39303200.

Kaley TJ, Grommes C, Coffee E, Young RJ, Morrison T, Daher A, Schaff LR, Deng Y, Nandakumar S, Diamond EL, DeAngelis LM, Panageas KS, Gavrilovic I, Lin A, Pentsova E, Stone J, Santomasso BD, Piotrowski AF, Nair S, Schultz N, Reiner AS, Mellinghoff IK. Multicenter basket trial for central nervous system tumors identifies activity of the CDK4/6 inhibitor abemaciclib in recurrent meningioma. *Neuro Oncol*. 2025 Aug 16: noaf184. doi: 10.1093/neuonc/noaf184. Online ahead of print. PMID: 40842355.

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Mani H & Nair S. Sotorasib provides a durable response in high-grade metastatic ovarian serous adenocarcinoma harbouring KRAS G12C mutation. *BMJ Case Reports* CP2025;18:e266618. <https://doi.org/10.1136/bcr-2025-266618>.

Lee Ocuin, MD

Ocuin LM, Stitzel HJ, Chung M, Tirumani SH, Elshami M, Tomaro M, Miller-Ocuin J, Dietz DW, Steinhagen E, Charles R, Costedio M, Liu M, Lumish M, Selfridge JE. Initial outcomes of a single-institution hepatic artery infusion pump program for colorectal liver metastases and intrahepatic cholangiocarcinoma: Safety, feasibility, and circulating tumor DNA tracking. *Surgery* 2025. In press.

Wu VS and Ocuin LM. The surgical perspective on CAIRO5 and beyond: All patients with colorectal liver metastases should be evaluated by a liver surgeon, but what defines resectability? *J Gastrointest Oncol* 2025. In press.

Hong G, Hussain, A, Thadeu de Oliveira Correia E, Shalaby A, Bittencourt L, Mahipal A, Ocuin LM, Sclair S. A Rare Case of IgG4-Related Sclerosing Cholangitis Followed by Rapid Subsequent Diagnosis of Cholangiocarcinoma. *J Liver Cancer* 2025. In press.

Lehigh Valley Topper Cancer Institute Locations

Lehigh Valley Topper Cancer Institute offers a range of services in convenient, patient-focused locations. Lehigh Valley Physician Group (LVPG) practices provide services in Allentown, Bethlehem, East Stroudsburg, Easton, Hazleton, Lehighton, Pottsville and Scranton.

Cancer Centers

Cancer Center at
Lehigh Valley Hospital–Carbon

Hazleton Regional Cancer Center
*A service of Lehigh Valley
Hospital–Schuylkill*

Cancer Center at
Lehigh Valley Hospital–Hecktown Oaks

Dale and Frances Hughes Cancer Center
at Lehigh Valley Hospital–Pocono

John and Dorothy Morgan Cancer Center
at Lehigh Valley Hospital–Cedar Crest

LVHN Cancer Center at Lehigh Valley
Hospital–Muhlenberg

LVHN Cancer Center–Schuylkill

Breast Health Services

1405 N. Cedar Crest

Health Center at Bangor

Health Center at Bartonsville

Health Center at Bath

Health Center at Bethlehem Township

Health Center at Gilbertsville

Health Center at Moselem Springs

Health Center at Trexlertown

Health & Wellness Center at Hazleton

Lehigh Valley Health Network–Steamtown

Lehigh Valley Hospital–17th Street

Lehigh Valley Hospital–Carbon

Lehigh Valley Hospital–Cedar Crest

Lehigh Valley Hospital–Hecktown Oaks

Lehigh Valley Hospital–Muhlenberg

Lehigh Valley Hospital–Pocono

Lehigh Valley Hospital–Schuylkill

LVHN Imaging Center

Two mobile mammography coaches



Lehigh Valley Health Network Cancer Program Affiliations

- American College of Surgeons' Commission on Cancer Accreditation (ACoS CoC)
- Member, Michigan Cancer Research Consortium National Community Oncology Research Program (NCORP)
- Memorial Sloan Kettering Cancer Alliance (2016-2025)
- American College of Radiology Radiation Oncology Practice Accreditation since 2012
- American College of Radiology Breast Health Services Accreditation
- American College of Radiology Breast Imaging Center of Excellence Designation
- American College of Radiology Lung Cancer Screening Center
- National Accreditation Program for Breast Centers Breast Health Services Accreditation
- National Quality Measures for Breast Centers Certified Quality Breast Center of Excellence – Breast Health Services
- National Quality Measures for Breast Centers - Lehigh Valley, Inc. – Certified Quality Breast Center.
- National Quality Measures for Breast Centers- Lehigh Valley Hospital–Pocono – Certified Participant
- Quality Oncology Practice Initiative LVPG Hematology Oncology – certified since 2011
- NCI Community Cancer Center Program Selected, April 2010-June 2014 (one of 21)
- National Committee Quality Assurance Patient-Centered Specialty Practice Level 2 Recognition – LVPG Hematology Oncology, March 20, 2014-March 2017

