HOPE & HEALING

A guide to helping survivors navigate through their journey

NORTHSIDE HOSPITAL CANCER INSTITUTE

BUILT TO BEAT CANCER

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Fall 2026 Issue

Northside Hospital Cancer Institute Call Center: 404-531-4444

Northside Hospital Cancer Institute's 2026 Patient and Care Partner Education Conference draws nearly 200

On Saturday, Sept. 12, Northside Hospital Cancer Institute brought together nearly 200 patients, survivors and care partners for its fifth annual Patient and Care Partner Education Conference at the Hotel at Avalon in Alpharetta, Georgia. This year's theme — The Power of Your Story — wove storytelling into every aspect of the day, from the moment attendees arrived and received a journal and pen in their gift bag to the final presentations of the afternoon.

The conference featured an impactful lineup of sessions, including:

- Everyone Has a Story
- We Are Supporting Characters: The Roles Your Care Team Plays
- Feeding Your Story: How Nutrition Provides Support
- Redactions to Your Story: How to Talk About Things You're Afraid to Say
- Strength Through Connection: Writing Your Next Chapter
- The Stories That Carry Us: Finding Strength, Meaning and Hope Through the Cancer Journey

Beyond the presentations, attendees enjoyed an interactive Patient and Care Partner Panel, complimentary chair massages and the chance to win raffles throughout the day. A robust Community Resource area featured 24 organizations and advocacy groups — including Northside community outreach, oncology and survivorship nutrition, patient navigation, psych-oncology/oncology social work and rehabilitation — offering information and giveaways to all who attended. Breakfast, lunch and snacks were also provided throughout the day.

Despite a rainy start, the energy in the room was warm and uplifting — a true testament to the power of community and connection. For those unable to attend, video recordings of all presentations will be available online at northside.com/patientandcarepartner.

A heartfelt thank you to everyone who attended and to our dedicated volunteers who made the day possible. Be sure to mark your calendars: **The sixth Patient and Care Partner Education Conference is set for Saturday, Aug. 14, 2027** — we hope to see you there!

"I am highly grateful for and impressed with this conference. It was my first year attending and I hope to return in future years."
—Patient Attendee

"Thank you for organizing such a wonderful event that brings comfort and courage to cancer patients and their families."
—Patient Attendee

IN THIS ISSUE

ASK AN EXPERT

p2 The Emotional and Physical Impact of Cancer on Intimacy
By Jessica Cliatt, NP; LaBrittany Davis, MSN, WHNP-BC, ANP-C, AOCNP; Shawna Joshi, WHNP-BC, ANP-C and Melanie Lee, LCSW

BOOST YOUR HEALTH & WELLNESS

p3 Protein-Maxxing: How Much Protein Do You Really Need During and After Treatment?
By MaryParker Forbus, MS, RD, CSO, LD

p4 Recipe Corner: Black Bean Chili

STORIES OF HOPE & HEALING

p4 Survivor Story: Meet Maryanne

COMMUNITY SUPPORT & RESOURCES

p5 NHCI Community Partner Spotlight: Georgia Alliance for Breast Cancer

p6 Learning From the Experts: Education for Every Step of the Cancer Journey
By Christy Andrews, executive director, Cancer Support Community Atlanta

p7 A Weekend of Connection at the 2026 Metastatic Breast Cancer Retreat

EVENTS & CANCER CELEBRATIONS

p7 Cancer Screening & Prevention





Photos from this year's conference:











ASK AN EXPERT





The Emotional and Physical Impact of Cancer on Intimacy





By Jessica Cliatt, NP; LaBrittany Davis, MSN, WHNP-BC, ANP-C, AOCNP; Shawna Joshi, WHNP-BC, ANP-C and Melanie Lee, LCSW

Why is it important to talk about intimacy and cancer?

Lee: Intimacy is an important part of quality of life. Cancer and treatment can affect intimacy physically, emotionally and relationally. These changes are common, and there is no shame in talking about them.

Joshi: Many patients worry about discussing intimacy with their providers, either out of embarrassment or because it may not feel like a priority.

How does treatment impact intimacy in an emotional way?

Lee: Patients may struggle with body image changes, fear, fatigue or simply not feeling like themselves. They may wonder whether their partner still finds them attractive or worry that their relationship will change. Partners may be afraid of hurting their loved one or may not know how to approach intimacy. Sometimes both people want to feel close but are not sure how to reconnect.

How does treatment impact intimacy in a physical way?



Joshi: Surgery for certain cancers, such as gynecologic, prostate and testicular cancers, can create fear that intercourse will be different, and it can sometimes significantly change anatomy, making sex physically difficult. Hair loss can impact self-confidence and perceived attractiveness. Medication side effects can cause illness or fatigue, which affects desire. For some cancers, menopause may be induced, leading to physical and hormonal changes that can cause pain or a decrease in desire. Physical effects can also change how patients see themselves or how they think their partners see them.

How long can these effects last?

Lee: There is no set timeline. Some changes improve as treatment ends and the body begins to recover, while others can last longer. Couples may also need time to adjust emotionally.

Joshi: The physical effects can last months or even years.

How can couples stay close when physical intimacy is off the table?

Cliatt: Communication is key. Be vulnerable with each other without fear of being a burden. That honesty and trust are what intimacy is built on. When you can't be physically intimate, you can focus on emotional bonding instead. Try taking a few minutes each day to sit with your partner, take a deep breath and each share something honest about how you are feeling.

Lee: Intimacy does not have to mean sex. Holding hands, cuddling, sitting together, going for a walk, watching a favorite movie or just talking can all be intimate. It helps to not pressure yourselves and focus on being close.

What are some ways to rebuild emotional intimacy during and after treatment?

Cliatt: Be real about your feelings instead of hiding what seems negative. Treatment is really tough, and it is more than OK to admit that! Patients and partners both go through an incredibly difficult time, and leaning on each other can make you stronger as individuals and as a couple. A therapist can help, too. Even one or two family therapy sessions with a neutral guide can make a world of difference in how you communicate now and in the future.

Lee: Make time for each other, even if it's just a few minutes a day. Talk about things that aren't related to cancer. Do something you enjoyed before the diagnosis, or try something new. Don't underestimate the power of telling your partner "I love you" or "thank you for being with me through this."

What are some ways to rebuild physical intimacy during and after treatment?

Cliatt: Treatment can cause a lot of physical side effects, including neuropathy, scar tissue and irradiated or fragile tissue. There is also the emotional load of diagnosis and treatment. Those things don't disappear when treatment stops. Asking your providers for help is a good start. A good provider will listen and can recommend pelvic floor physical therapy, sex therapy and products or medications depending on your specific situation. Let us help you!

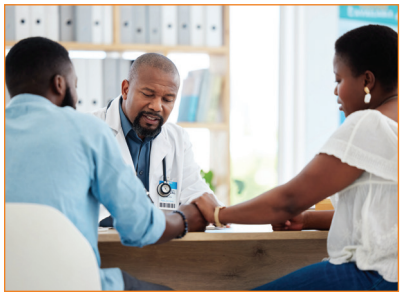
How can partners talk openly about changing desires, fears or physical limitations?

Davis: A change in sexual desire or ability doesn't necessarily mean a change in love or attraction. When patients share fears about intimacy, I always stress honesty. Talking openly gives your partner the chance to understand and empathize and helps you both find ways to stay connected that feel comfortable. Choose a private moment outside of sexual activity, and consider several small conversations instead of one big one. Name both the feeling and the need, and be specific about each.

Lee: Find a quiet time to talk when neither person is exhausted or distracted. Using "I" statements can make these conversations feel less threatening.

(continued on page 3)

The Emotional and Physical Impact of Cancer on Intimacy *(continued from page 2)*



Instead of saying, "You don't want me anymore," try saying, "I miss feeling close to you, and I'd like us to talk about what feels comfortable right now." Listening is just as important as talking. Your partner may simply need to know that you hear them and that their feelings are safe with you.

How does becoming a care partner change the romantic dynamic, and how can couples protect their connection?

Davis: The shift in roles can bring both closeness and strain, so protect your connection where you can. Hold on to small moments of partnership, like sharing a meal, listening to music you both enjoy or offering affection without the expectation of sex. Preserve autonomy wherever possible and share care partner tasks when possible. Providing care may change how you connect, but it doesn't have to become your relationship's whole identity.

Lee: The relationship can easily start to feel more like a patient and care partner relationship than a romantic partnership. It is important to intentionally make space for the relationship outside of cancer. Have a date night at home. Sit outside and talk. Remember that you are still partners, not just patient and care partner. Care partners need care, too. Make sure the care partner has support, rest and someone they can talk to.

When should a patient or couple seek specialized help, and what should they look for in a provider?

Joshi: Couples should seek help when there is physical discomfort, distress about changes in intimacy or a mismatch between partners in their level of desire. Look for a provider who can address both physical symptoms and emotional concerns, which may mean seeing a medical provider as well as a sex therapist or counselor.

Lee: If intimacy concerns are causing significant distress, creating conflict or making it difficult for you and your partner to communicate, it's OK to ask for help. Start by talking with your oncology team about physical concerns. For emotional or relationship concerns, look for a licensed mental health professional experienced in working with cancer patients and couples. Most importantly, find someone who makes you feel comfortable, respected and not judged.

- To find specialists, go to providers.northside.com
- To learn about support groups and other classes, visit Northside Hospital Cancer Institute Support and Survivorship and Cancer Support Community Atlanta



BOOST YOUR HEALTH & WELLNESS



Protein-Maxxing: How Much Protein Do You Really Need During and After Treatment?

By MaryParker Forbus, MS, RD, CSO, LD

While walking down the grocery store aisle these days, you can find added protein in just about any food item. In baked goods, in snack chips, in water — protein is everywhere. So why the big push for protein, and what exactly is protein used for in our bodies?

Protein is essential for several bodily functions, including being the building blocks for cells to grow and repair, supporting the immune system to fight infection and acting as a carrier of vitamins and minerals around the body. It is found naturally in many foods — in plant-based foods such as beans, peas and lentils, as well as in animal-based foods such as chicken, fish, beef and pork.

Protein is essential for life, as it helps build muscle mass in the body. During active cancer treatment, patients often lose muscle mass, which can increase the risk of infection, decrease quality of life and negatively impact treatment outcomes.



The next question is how much protein do you actually need? If you are undergoing active treatment, then the recommendation is 0.54 to 0.68 grams per pound. If you are finished with treatment and at a stable weight, then your needs decrease to around 0.36 to 0.45 grams per pound. Variables such as kidney function or obesity can also be factored in to calculate your target protein range. Finally, it is important to spread your protein consumption over the course of the day versus consuming it all at one mealtime.

(continued on page 4)

Protein-Maxxing *(continued from page 3)*

If you would like to get an idea of your specific calorie or protein needs, please contact Northside outpatient nutrition at 404-236-8036 to schedule an appointment with a registered dietitian.

References:

1. Msora-Kasago C, Derocha G, Al Bochi R, Escobar SN. How Much Protein Should I Eat? Academy of Nutrition and Dietetics. eatright.org/health/essential-nutrients/protein/how-much-protein-should-i-eat
2. Oncology Nutrition Dietetic Practice Group. Oncology Nutrition for Clinical Practice. 2nd ed. Coble Voss A, Williams V, eds. Academy of Nutrition and Dietetics; 2021.

Recipe Corner: Black Bean Chili*



Makes 4 servings.

Ingredients:

- Low-sodium black beans, drained, liquid reserved (one 25-ounce can)
- Low-sodium salsa (one 16-ounce jar)
- Frozen corn (8 ounces)
- Freshly squeezed lime juice (optional)
- Fresh cilantro (optional)
- Hot sauce (optional)

Directions:

1. Mix beans, salsa and corn in a 5-quart pot. Add the reserved liquid to reach desired consistency. The more liquid, the soupier the chili will become.
2. Cook over medium heat for 10 minutes or until hot. Add optional toppings just before serving.

Nutrition facts (per serving): 243 calories, 13.1 grams protein, 49 grams carbohydrates, 5.6 grams sugar, 1.3 grams total fat, 15.8 grams fiber, 244 milligrams sodium.

*Recipe credit: pcrm.org/good-nutrition/plant-based-diets/recipes/yes-you-can-black-bean-chili



STORIES OF HOPE & HEALING*



Survivor Story: Meet Maryanne

What are the events that led to your cancer diagnosis?

I began having random pain in my lower right side that would take my breath away for a few moments each time. I was convinced it was appendicitis, so I went to urgent care, where they completed blood work. The results came back as normal; they ruled out any infections and told me to go to the ER if it happened again.

After a few more bouts of that particular pain, I went to see Dr. Megan Bowles, who specializes in internal medicine. She did not seem alarmed but suggested a CT scan since I had never had one before and my liver enzymes were a bit high. On Nov. 11, 2021, I was told I had pancreatic cancer that had spread to several sites in my liver. Dr. Bowles made an appointment for me with Dr. Harpaul Gill at Atlanta Cancer Care for the next morning.

What treatment did you receive?

After my appointment with Dr. Gill, a port placement was quickly scheduled, and I began FOLFIRINOX, a chemotherapy regimen given by 48-hour infusion. I met Dr. Eddie Abdalla of Atlanta Liver and Pancreas Surgical Specialists who proposed an aggressive approach aimed at potential cure. After eight months of chemotherapy, an interventional treatment called Y-90 was applied to my liver. My tumors had grown together to make a nice, clear target! Then it was back to chemotherapy for another few months, then a pancreatectomy and splenectomy. Two months later, I had a liver resection to remove those dead tumors!

For several months, there was no evidence of disease (NED), and then, a small recurrence. I went back on chemotherapy until I became a candidate for a clinical trial and a third surgery. For six months, my husband and I drove back and forth to North Carolina for access to this new drug. It prevented new tumors from growing but did not kill the existing tumor. Finally, we stopped, and I began rounds of Nal-IRI at Northside. When a recurrence showed in my lung, my team decided it was time to implement radiation to both the liver tumor and the lung spot. Following 10 combined rounds of radiation, there was no proof of cancer! We believe I have now been NED for 10 months! Soon I will be at the five-year mark from my initial diagnosis!

How and where did you receive support during your treatment and recovery?

All of my oncology and surgical care has been co-led by Dr. Abdalla and Dr. Gill. The incredible radiation oncologist Dr. Ajay Patel has also played a large part in my treatment and recovery! Also, I can never say enough good things

(continued on page 5)

Do you have a question you would like answered by an expert or a story to share in a future issue of Hope & Healing? If so, please send your questions or stories to survivornewsletter@northside.com.

Survivor Story: Meet Maryanne *(continued from page 4)*

about the wonderful nurses and techs at Atlanta Cancer Care in Alpharetta, Georgia. Brittany, Lisa, Ashley, Jennifer and Jessica are an extended part of my family now!

What advice do you have for someone navigating their treatment and recovery journey?

- Always find an attitude of gratitude.
- Only work with physicians who give hope. Choose ones who are open to second opinions and clinical trials.
- Don't stop life for cancer; it doesn't define you.
- Continue your regular routine; for me, that meant continuing to work. Some days I rested, but I actually felt better getting out of my home and back in the world.
- Remember that you are a statistic of one. My diagnosis was Stage 4. That is simply a label, one of many I have — including mother, sister, colleague, prayer partner, friend and others that are far more important.



How far out are you from treatment, or is treatment ongoing?

Currently, I'm taking capecitabine (Xeloda) orally. My healthcare team closely monitors my CA 19-9 levels through regular blood work and quarterly scans. If treatment resistance develops down the line, I hope immunotherapy will be an available option. For now, I'm focused on staying active, taking good care of myself and trusting God to guide my priorities one day at a time!

Is there a specific book or piece of writing you constantly return to—or recommend—because of how much it shaped your path? If so, what's the biggest lesson you took from it?

My playlists have been important for singing along and releasing emotions! I often return to David's writings in the Book of Psalms. I feel inspired by his trials, his struggles, his honesty and the way he always finds time for praise and gratitude for what is good.

What are your closing thoughts?

I owe my life to Dr. Abdalla, who put a plan in place to keep me living and thriving; to Dr. Gill, who continues to manage my care; and to Dr. Bowles, who quickly diagnosed me and helped me embark on a road to care. I also want to recognize my husband and sons, who don't really think anything is wrong with me (LOL) and my incredible friends and colleagues who have taken this journey with me. It takes more than a village; it takes a community. I want to be part of that community for others who receive this devastating news and help them see the light and bright horizons ahead just as I have.

*Patients' stories are based on individual experiences. The process from diagnosis through treatment may vary, as may symptoms, side effects and provider recommendations.



COMMUNITY SUPPORT & RESOURCES

NHCI Community Partner Spotlight: Georgia Alliance for Breast Cancer

GEORGIA ALLIANCE FOR BREAST CANCER

Purpose of the organization

Georgia Alliance for Breast Cancer (GAABC) is a 501(c)(3) nonprofit organization whose mission is to engage with Georgia's breast cancer community to increase access to care and reduce disparities in cancer outcomes.

Who GAABC serves

GAABC serves individuals and families across Georgia who are affected by breast cancer, including patients, survivors, care partners and those at risk who may benefit from education, screening and early-detection services. GAABC works to address barriers to care and support underserved communities statewide.

Resources GAABC provides to patients, survivors and care partners

GAABC funds programs that provide breast cancer education, screening and diagnostic services, early-detection initiatives, support services, transportation assistance and continuing care resources for Georgians affected by breast cancer.

Outreach programs GAABC sponsors

GAABC's outreach efforts include the Georgia 2-Day Walk for Breast Cancer, which has raised nearly $21 million since 2002 and has funded more than 600 grants serving communities throughout Georgia. GAABC also hosts the Georgia 5K Run for Breast Cancer and the Celebrating Survivors Breakfast series, which provide

(continued on page 6)

NHCI Community Partner Spotlight *(continued from page 5)*

educational opportunities and community connections for breast cancer patients and survivors. Its grant program also supports local organizations delivering breast health and breast cancer services throughout the state.

Volunteer opportunities GAABC offers and how to get involved

Volunteers play a vital role in GAABC's fundraising events and community programs. Opportunities include supporting event registration, route and participant services, logistics, hospitality and event operations during the Georgia 2-Day Walk for Breast Cancer and other GAABC events. Individuals interested in volunteering can learn more and sign up at gaabc.org.

Partnership with Northside Hospital Cancer Institute

GAABC is proud to partner with Northside Hospital Cancer Institute to help ensure that more Georgians have access to lifesaving breast health services. This partnership helps remove financial and access barriers while expanding opportunities for early detection and care throughout the communities Northside serves.



Learning From the Experts: Education for Every Step of the Cancer Journey

By Christy Andrews, executive director, Cancer Support Community Atlanta

Cancer care is constantly changing, and staying informed can help you feel more confident and prepared throughout your cancer journey. At Cancer Support Community Atlanta, survivors and their loved ones have the unique opportunity to learn directly from the physicians and medical professionals at Northside Hospital Cancer Institute who are on the front lines of cancer care. These experts share the latest information about cancer treatments, advances in care, managing side effects, genetics and other topics that matter to people living with cancer.

Because each expert brings a different area of expertise and perspective, participants can learn more than they might hear during a typical appointment. And these programs are not only for people in treatment. They are designed for every stage of the cancer experience, including for those who have completed treatment and want to stay healthy and live well, with topics such as nutrition, exercise, stress management, healthy lifestyle choices, survivorship and other ways to support overall well-being.

While some programs are offered in person, most are available virtually, so survivors and care partners throughout the region — and beyond — can participate without worrying about distance or transportation. Even better, most are recorded and added to the online library, so you can watch when it's convenient for you. Every session includes time for Q&A, allowing participants to ask about the issues that matter most to them.

Visit cscatlanta.org to browse the online library, discover upcoming programs and find topics that can help you stay informed, healthy and connected throughout your cancer journey.

A Weekend of Connection at the 2026 Metastatic Breast Cancer Retreat

From the first evening's bonfire to Sunday's closing session, this year's Metastatic Breast Cancer Retreat was a weekend of connection, creativity and rest. Held Sept. 18-20 at Elohee in Sautee Nacoochee, Georgia, the retreat welcomed 14 participants: seven patients living with Stage 4 breast cancer and seven care partners.

During this year's retreat, the program gave patients and care partners dedicated time for rest and relaxation as well as time apart. In separate small-group sessions, each could speak openly with others in the same role, whether about living with ongoing treatment and uncertainty or about the weight and rewards of caring for someone you love. The two groups then came back together to enjoy meals, free time and other weekend offerings.

Creativity took center stage Saturday afternoon when attendees explored an art program and sat for photo mini



(continued on page 7)

A Weekend of Connection at the 2026 Metastatic Breast Cancer Retreat *(continued from page 6)*

session with the Momento Foundation. Others spent the afternoon in yoga, enjoying a massage in the spa cottage or simply resting in the quiet of the North Georgia mountains.

Since 2019, the retreat has offered people affected by metastatic breast cancer something that can be hard to find: time to step away from appointments and routines to be with others who understand. Each year brings a new group of participants, yet the bonds form quickly, built over shared meals, honest conversations and evenings around the fire.

The weekend ended with a group photo before lunch and departure — a lasting reminder that no one on this journey has to walk alone.



EVENTS & CANCER CELEBRATIONS

CANCER SCREENING & PREVENTION

Built To Quit–Smoking and Tobacco Cessation Course

Next six-week session start dates: Jan. 26, 2027

Our ***Built To Quit*** courses are led by a trained smoking and tobacco cessation facilitator. Behavioral therapists, nutritionists and respiratory therapists visit the group to provide added smoking and tobacco cessation support and guidance. Classes are available during afternoon and evening hours as well as remotely. Participants will receive nicotine replacement therapy (if qualified) and a participant's workbook. Lunch/dinner is provided for on-site classes.
For more information, please visit northside.com/community-wellness/built-to-quit, call 404-780-7653 or email smokingcessation@northside.com.

Skin & Prostate Cancer Screening

March 11, 2027, from 6–8 p.m. at Northside Hospital Cancer Institute Radiation Oncology–Cherokee
For more information, please call 404-531-4444 or visit northside.com/community-wellness/health-screenings.

Fall Cancer Awareness Months

October: Breast Cancer and Liver Cancer

November: Lung Cancer, Pancreatic Cancer, Stomach Cancer and Carcinoid Cancer; National Care Partner Month

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