Baystate’s Emergency Department responds to the opioid crisis

The Emergency Department (ED) at Baystate Medical Center treats more than 1,500 patients with complications related to Opioid Use Disorder (OUD) annually, a diagnosis that involves a problematic pattern of repetitive opioid use that can cause serious harm to the individual. To address this OUD epidemic, in 2018, Baystate Medical Center’s ED began providing buprenorphine (Suboxone) treatment for OUD with prompt follow up and outpatient referral. Currently, “nearly 100% of Baystate’s Emergency Department (ED) attending physicians have been waivered to administer and prescribe buprenorphine,” says Dr. William Soares, an IHDPS Fellow and Assistant Professor of Emergency Medicine at UMass Medical School-Baystate. “In addition, in coordination with community partners like Tapestry and Behavioral Health Network (BHN), we can schedule prompt outpatient follow up appointments, much more rapidly than if the patient tried to navigate the healthcare system alone.”

Dr. Soares is one of many ED providers who see the devastating impact of the opioid epidemic on patients’ lives. Baystate Health is one of five hospital systems involved in the EMBED trial, a NIH funded research study (EMBED stands for EMergency Department-Initiated BuprenorphinE for Opioid Use Disorder) that has the goal of increasing use of buprenorphine from the ED by improving efficiency in ordering, documenting, and obtaining follow up. Participation in the trial is helping Baystate Medical Center to streamline the ordering process for ED providers to prescribe buprenorphine in the ED. The project collaborates with TechSpring and Baystate IT to develop an enhanced electronic ordering system that helps busy emergency physicians determine and deliver the best treatments for patients with OUD.

“In the ED, we most commonly treat patients who have experienced an opioid overdose,” explains Dr. Soares. “The rates of opioid overdose are especially high in western Massachusetts because of the increased prevalence of fentanyl in the heroin supply in our region. Fentanyl is a much stronger opioid than heroin; when it is mixed with heroin, it is nearly impossible to know the amount or strength of the drug.”

“OUD can impact anyone,” continues Dr. Soares. “It does not follow racial, ethnic or socioeconomic boundaries. In the ED, we treat many patients’ OUD who may not normally seek healthcare resources,” including:

- After an opioid overdose when a friend or family member has called 911 for help.
- An individual who wants help to stop using opioids and does not know where to go.
- A patient with a

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Baystate’s Investigational Pharmacy: a key to our clinical trials

Baystate’s Investigational Pharmacy is primarily responsible for providing patients with their research medications, whether they are IV fluids, hormone replacements, statins, or antibiotics. Gerald “Jerry” Korona, RPh, is at the center of this operation. Serving as the Clinical Research Pharmacist since May 1998, Korona has been instrumental in the research program at Baystate, where it’s his work in research pharmacy services, assisting patients in training opportunities, ordering/taking inventory of the pharmaceuticals, or his 17 years of service on the Baystate IRB to help find trial participants at the right time. “We look at [drugs in] cancer studies as another option for patients in addition to their regular care.”


patients and research staff,” he says, collaborating with numerous research physicians throughout the institution. Much of his clinical care research revolves around cancer trials at Baystate. “Cancer studies are a little different,” he says. The eligibility window for cancer trials can be very narrow. Korona is part of the team that helps find trial participants at the right time. “We look at [drugs in] cancer studies as another option for patients in addition to their regular care.”

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complication or injury from injecting drugs, including serious bacterial infections. Patients who inject drugs may inadvertently inject bacteria into their skin and blood. This may be from reusing the same needle, mixing heroin with non-sterile water, or not wiping skin with alcohol before injecting.

“For some patients, the ED serves as low-barrier entrance into OUD treatment,” he explains. “We are always open and able to connect people to the right treatment options.”

Finally, in collaboration with ED nursing staff, Baystate Medical Center’s ED is working to prevent infection-related complications by providing harm reduction education and resources for our patients.

“OUD is a chronic illness; we expect that, even patients in treatment may still relapse;“ adds Dr. Soares. “However, even a single relapse can lead to a deadly overdose or a life-threatening infection. By helping our patients understand ways to keep themselves safe, such as educating about infection risks or providing Narcan to reverse an overdose, we may help to save lives.”
Breast cancer trials at Baystate Health

A Home-Based Study to Enhance Activity in Breast Cancer Survivors
Lead Researcher: Grace Makari-Judson, MD

Comparison of Axillary Lymph Node Dissection With Axillary Radiation for Patients With Node-Positive Breast Cancer Treated With Chemotherapy
Lead Researcher: Seth Kaufman, MD

Docetaxel and Cyclophosphamide Compared to Anthracycline-Based Chemotherapy in Treating Women With HER2-Negative Breast Cancer
Lead Researcher: Grace Makari-Judson, MD

Doxorubicin Hydrochloride, Cyclophosphamide, and Paclitaxel With or Without Bevacizumab in Treating Patients With Lymph Node-Positive or High-Risk, Lymph Node-Negative Breast Cancer
Lead Researcher: John McCann, MD

Trastuzumab in Treating Women With Node-Positive Breast Cancer That Overexpresses HER2
Lead Researcher: Grace Makari-Judson, MD

ER Reactivation Therapy for Breast Cancer (POLLY)
Lead Researcher: Grace Makari-Judson, MD

Letrozole in Treating Postmenopausal Women Who Have Received Hormone Therapy for Hormone Receptor-Positive Breast Cancer
Lead Researcher: Grace Makari-Judson, MD

Pembrolizumab in Treating Patients With Triple-Negative Breast Cancer
Lead Researcher: Grace Makari-Judson, MD

Radiation Therapy With or Without Optional Tamoxifen in Treating Women With Ductal Carcinoma in Situ
Lead Researcher: Grace Makari-Judson, MD

S1207 Hormone Therapy With or Without Everolimus in Treating Patients With Breast Cancer (e3)
Lead Researcher: Grace Makari-Judson, MD

Standard or Comprehensive Radiation Therapy in Treating Patients With Early-Stage Breast Cancer Previously Treated With Chemotherapy and Surgery
Lead Researcher: Seth Kaufman, MD

Creation of breast research registry
Lead Researcher: Grace Makari-Judson, MD

Hormone Therapy With or Without Combination Chemotherapy in Treating Women Who Have Undergone Surgery for Node-Negative Breast Cancer (The TAILORx Trial)
Lead Researcher: Grace Makari-Judson, MD

Learn more at baystatehealth.org/patients/learn-about-clinical-trials.

Notable Recent Published Papers

Contact Baystate’s Health Science Information for more information at libraryinfo.bhs.org/home


September Office of Research Town Hall: screening and discussion of the film Three Identical Strangers

The September 4th “Movie Night” for Office of Research staff featured popcorn, ice cream, and a screening of the 2018 film Three Identical Strangers. A discussion of the film followed.

Three Identical Strangers is a compelling documentary about a data set of American triplets, born in 1961, that raises disturbing ethical questions about human subjects research. The story provides a cautionary tale that the pursuit of scientific knowledge — and the attendant fame that new discoveries may bring — can blind investigators to the harm that they are causing their subjects. Despite contemporary ethical guidelines, we need to remain vigilant because these perils cannot be eliminated completely. The film is available on Hulu and Amazon Prime.
Meet the Researcher

Name: Grace Makari-Judson, MD
Title/Academic Rank: Professor of Medicine, UMMS-Baystate; Co-Director, the Rays of Hope Center for Breast Cancer Research; Chair, Baystate Health Breast Network and Baystate Regional Cancer Program.

Number of years at Baystate: 30 years
What got you interested in research overall? Part of being a cancer specialist is trying to connect molecular findings to clinical applications. Although we usually think of translational research as the bench findings informing the clinic, I like to focus on how clinical observations can inform laboratory directions.
What is your area of research? I am the principal investigator for breast cancer clinical trials. I co-direct, with Joe Jerry, PhD, the Rays of Hope Center for Breast Cancer Research, which is how translational research comes into play. We developed a Breast Research Registry, now with over 1,000 participants, that links clinical information with tissue to serve as a resource for investigators. Most recently, we started the Metastatic Breast Cancer Registry to explore predictors of response to therapy.
How do you see your research improving care for patients? Clinical trials have provided our patients with opportunities to receive new treatments before they become mainstream. The translational research, for example our NIH grant to study estrogen and the environment, will hopefully contribute to our knowledge about what causes breast cancer.
Favorite research projects? One of my areas of interest is weight change in women following a diagnosis of breast cancer. This has led to collaborations with UMass Amherst investigators interested in metabolism, exercise and survivorship issues.
Do you have any awards? The awards that have meant the most to me reflect my impact on the community in influencing women’s health and women in the sciences. Examples include the Pioneer Valley Women of Vision Award and the Bay Path Women Leaders Hall of Fame. In 2013, I was awarded the honorary degree, Doctor of Humane Letters, and delivered the commencement address at Bay Path University.
What do you like the most about your job? The people I work with, the patients I am privileged to care for, and having the support of our community through Rays of Hope. It is extraordinary to be able to say that our community is cheering us on and has raised over four million dollars to support breast cancer research.
What do you do to unwind outside of work? With two sons on the West Coast and two sons on the East Coast, traveling is a must. Wherever we are, my husband and I like to try out new cuisines and get inspired. To balance out the gourmet meals, I enjoy yoga, tennis, golf and being outdoors.

Collaborative opportunities with UMass Amherst’s Institute for Applied Life Sciences

The Institute for Applied Life Sciences (IALS) is a product-focused, interdisciplinary, collaborative, and entrepreneurial translational research center at UMass Amherst. It is a close partner of Baystate Health and UMMS-Baystate, as well as the Pioneer Valley Life Sciences Institute (PVLSI).

“Faculty at UMass Amherst committed to multi-disciplinary research with industrial partners and collaborators on campus, at UMass Medical School, at UMass Medical School-Baystate, and other institutions are welcome to collaborate,” says Peter Reinhart, PhD, founding director of the IALS. “The creation of the IALS in 2015 was enabled by a significant investment from the Massachusetts Life Science Center (MLSC), and was prompted by the desire to have an organized unit on the Amherst campus enabling translational research projects. Our goal is to bring groups together to collaborate toward meaningful outcomes and meet the community’s broad needs in all areas overlapping with human health and well-being.” The IALS works with industry partners to combine academic innovation with an industry-like focus on delivering commercially significant product candidates, services, and technologies over a defined timeline. Undergraduates as well as graduate students at UMass Amherst also have the opportunity to participate in IALS activities such as experiential learning opportunities within IALS Core Equipment Facilities.

The IALS is organized into three large centers: the Center for Bioactive Delivery (developing reliable models for drug/carerrier systems), the Center for Personalized Health Monitoring (advancing precision health monitoring), and the Models to Medicine Center (translating fundamental science into new targets, leads, and disease models).

“Across the three Centers, each led by a faculty director, there are more than 250 faculty-led research groups from more than 25 different departments on the UMass Amherst campus,” says Dr. Reinhart. “These are organized into research themes, with diverse capabilities and of interest to industry as well as government organizations. Being part of an IALS center provides access to fellow faculty, resources, collaborations, and potentially industry partnerships more aligned with your research.”

IALS supports 30 centralized Core Facilities that enable a wide range of research projects for students, faculty, and industry/government partners. Some examples of IALS’s core facilities are device fabrication, exercise intervention and outcomes, human motion, and sleep monitoring. These facilities are equally accessible to academic, government, and industry collaborators. In close proximity to these core facilities are “Collaboratories” – lab space available to industry partners and start-up companies to work closely with and alongside IALS faculty.

IALS also maintains a diverse start-up community, ranging from “idea to Series A” companies. Part of this Innovation & Entrepreneurship capacity includes the availability of “Virtual C-Suites” that help start-up companies achieve key milestones and increase company value. IALS leadership and faculty are very interested in clinically-relevant ventures and anticipate greater collaboration with Baystate faculty, especially as projects move toward human studies.

To explore how IALS can help you advance your ideas or goals, please reach out to ialsdirector@umass.edu.