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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 (Continued on page 2)

Opioid forum held at UMass Amherst

On Friday, September 6th, The Massachusetts Health Policy Forum hosted “Addressing the Opioid Crisis in Small and Rural Communities in Western Massachusetts.” The forum focused on the impact of the opioid crisis in western Massachusetts and the social/ economic consequences on employers and small and rural communities. Unique challenges and innovative solutions were highlighted during the program.

The program began with Philip W. Johnston, Chairman of The Massachusetts Health Policy Forum. A video welcome from Sen. Ed Markey came next. Sen. Markey said “the opioid crisis is a multifaceted problem that will take a lot of time to solve…I look forward to ending this crisis once and for all…connecting people to treatment is only part of the equation.”

Dr. Mark A. Keroack, President and CEO of Baystate Health, said that our system has “certainly felt the impact of the opioid crisis.” He also mentioned that “in these challenges lie our strengths...that is our best hope to turn this epidemic around.”

Dr. Peter D. Friedmann, Chief Research Officer at Baystate Health and Associate Dean for Research at UMass Medical School-Baystate, spoke about strong community coalitions and research projects taking place to help the crisis.

This work is supported through the Blue Cross Blue Shield of Massachusetts Foundation, the University of Massachusetts Amherst School of Public Health and Health Sciences, RIZE Massachusetts Foundation, and Baystate Health.
New Faces of Research

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, whether it’s his work in research pharmacy services, assisting residents in training opportunities, ordering/taking inventory of the pharmaceuticals, or his 17 years of service on the Baystate IRB (he started in 2002 and recently took on the Vice Chair role for IRB #1). Korona spends part of his day screening patients to see who may be eligible to participate in one of Baystate’s numerous clinical trials.

“Part of our job at the Clinical Research Pharmacy, in addition to providing medications, is to give patients an opportunity to try something that has not yet been tested and customize what works best for them,” explains Korona. "Sometimes I have to mix drugs for our patients to meet their different treatment goals. This is helping us make strides in research that may benefit society one day." He is also involved in Baystate’s emergency use submissions, works with sponsors for clinical trials, and has seen numerous teams through FDA audits.

“I’m the go-to person between 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.”

Korona is a prior recipient of the Outstanding Clinical Research Support Award, which recognizes a person who takes action to solve systems issues that influence the conduct of clinical research at Baystate. He was part of the team which established Baystate’s participation in the ARDS Network for acute respiratory distress. In 2009, The National Heart, Lung, and Blood Institute’s ARDS Network Data and Safety Monitoring Board recognized the Baystate Medical Center Clinical Center for superior performance which included recognition for “outstanding quality” service.

“After 21 years here in the Clinical Research Pharmacy, I have learned a lot, not only about what I do but the impact we can make in patients’ lives with research,” he says. “I have seen a lot of small miracles, and we give patients an opportunity at life.”

Select Recent Awards

- **STEPHEN BOOS, MD**, Project LAUNCH, MA Dept. of Public Health (DPH)
- **MAURA BRENNA, MD**, Geriatrics Workforce Enhancement Program 2, HRSA
- **MAUREEN DESABRAIS, FY18**, Intensive correctional health linkages services, MA Dept. Of Public Health (DPH)
- **PETER FRIEDMANN, MD**, Massachusetts Justice Community Opioid Innovation Network, Nat Inst. on Drug Abuse
- **PETER FRIEDMANN, MD, DISCERNNE UH3, Nat. Inst. on Drug Abuse**
- **SARAH HAESSLER, MD**, FY18 Ebola Preparedness, MA Dept. of Public Health (DPH)
- **AMIR LOTFI, MD**, STEMICool Pilot Trial: A Multicenter, Prospective, Randomized-Controlled Trial to Access Cooling as an Adjunctive Therapy to Percutaneous Intervention in Patients with Acute Myocardial Infarction, Zoll Circulation, Inc.
- **TASHANNA MYERS, MD**, TESARO 4010-03-001 / ENGOT EN-6 / GOG-303: A phase 3, randomized, double-blind multicenter study of dostarlimab (TSR-042) plus carboplatin-paclitaxel versus placebo plus carboplatin-paclitaxel in patients with recurrent or primary advanced endometrial cancer, Tesaro, Inc.
- **BARRY SARVET, MD**, MCPAP Medical Director FY20, Beacon Health Options
- **MARK TIDSWELL, MD**, A Prospective, Multicenter, Randomized, Open-Label Study to Evaluate the Efficacy and Safety of PMX Cartridge in Addition to Standard Medical Care for Patients with Endotaxemic Septic Shock, Spectral Medical, Inc.

(Continued from page 1) 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,” explains Korona. “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 injection-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.”

(Above left) Gerald “Jerry” Korona, RPh, is the Clinical Research Pharmacist at Baystate Health. (Above right) A look inside of the Baystate Clinical Pharmacy.
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-Negative 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 Library for more information at libraryinfo.bhs.org/home


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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 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, UMass-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 estragen 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 UMass-Baystate, as well as the Pioneer Valley Life Sciences Institute (PVLs).

“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 Reinhardt, 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 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.

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We are interested in ensuring that Baystate employees and patients (and their families) are aware of the important research that goes on at Baystate and how it contributes to better patient care. The Innovator welcomes feedback and story ideas. Contact Alison Litera at allison.litera@baystatehealth.org to submit yours.