RESEARCH *Matters*

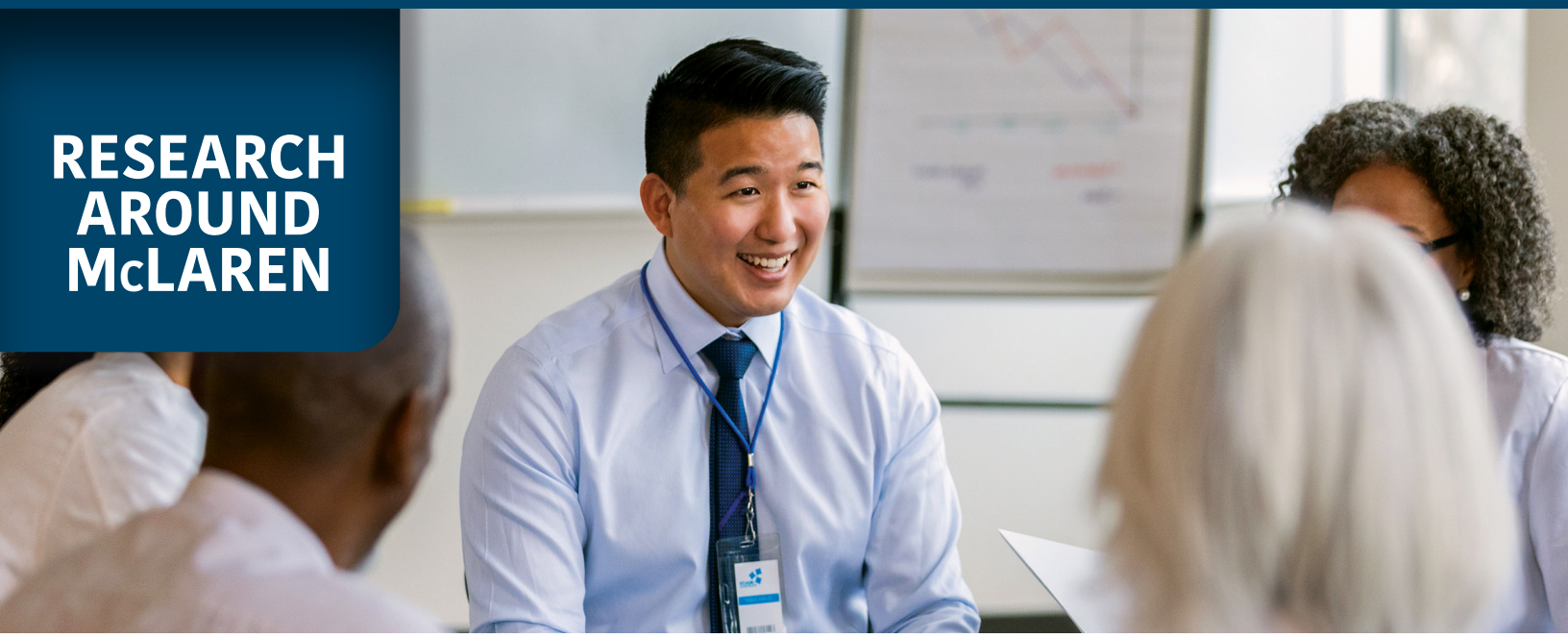
Fall 2025

IN THIS ISSUE

Association for the Accreditation of Human Research Protection Programs, Inc.
Full Accreditation

McLaren

RESEARCH AROUND McLAREN



ICH GCP E6 (R3) UPDATE

WHAT IS IT, AND WHY DOES IT MATTER?

ICH GCP: An Introduction

Good Clinical Practice (GCP) in an international, ethical, scientific and quality standard for the conduct of clinical trials that involve human participants. Clinical trials conducted in accordance with this standard will help to ensure that the rights, safety and well-being of trial participants are protected, that the conduct is consistent with the principles that have their origin on the declaration of Helsinki, and that the clinical trial results are reliable. All research staff at McLaren who are conducting FDA-regulated research with human subjects are required to take and maintain training on Good Clinical Practice. This training is required by industry sponsors of these trials and the IRBs that approve them. It is the responsibility of the PI to ensure all staff delegated to research duties on their study are appropriately trained and adhere to GCP at all times.

ICH GCP E6(R2) to E6(R3): Background

On January 6, 2025, the International Council for Harmonisation (ICH) released the final version of ICH GCP E6(R3), updating the 2016 E6(R2) standard. The updated guideline became effective on July 23, 2025. The revised guideline reflects modern approaches to clinical research, including decentralized trials, electronic systems, and risk-based oversight. This revision introduces significant changes affecting the responsibilities of investigators, sponsors, and Institutional Review Boards (IRBs). The U.S. Food and Drug Administration (FDA) officially published the guideline on September 9, 2025, signaling its availability for U.S. investigators and sponsors. It's important to note that any clinical trial taking place on a global scale does follow ICH guidance and would require adherence to the E6(R3) guidelines as of July 23, 2025, even for U.S. based sites.

Summary of Key Changes

- The guideline is now organized into: An introduction, GCP Principles, Annex 1 (covering IRB/IEC, investigator and sponsor responsibilities and a new Data Governance section, three appendices (Investigator's Brochure, Protocol and Essential Records) and a Glossary at the end.
- Proportionality is now a GCP principle. There is emphasis on a 'fit-for-purpose' approach to trial conduct: data does not have to be error-free if it supports conclusions equivalent to those drawn from error free data.
- The introduction of the 'Quality by Design' concept, which includes the identification of critical-to-quality factors to prevent errors that could compromise patient safety and data reliability.
- Expanded content supporting the management of critical activities, such as randomization, blinding/masking and participant retention, with reference to ICH E8 (R1) for additional guidance.
- Removal of the requirement for all SUSARs to be expedited to investigators and IRBs/IECs and introduction of alternative arrangements for safety reporting to regulatory authorities.

- Content reflecting the growth of novel trial designs and technology, such as trials with decentralized elements (e.g., remote consent/monitoring/audit, home nurses).
- References to public involvement and participant diversity, including the requirement for sponsors to clearly describe the rationale for exclusion of participants.
- Expanded data governance requirements, including a new sponsor section covering data and records (Section 3.6) and a new stand-alone section for Data Governance (Section 4).

Training Requirements

MHC's Human Research Protections Program (HRPP) will integrate these updates into their existing training process without requiring additional or early training for staff. While the McLaren IRB encourages all research personnel to complete ICH GCP E6(R3) update training, formal certification is required only when specified by the sponsor or the individual study protocol.

MCRI investigators and staff participating in a global trial are required to complete a standalone course on the CITI Program website entitled, "ICH GCP E6(R3): An Introduction" as soon as possible. This course highlights the key changes from E6(R2) to E6(R3) and should help investigators and staff understand how this guidance changes their responsibilities. Certificates will be made available to study sponsors upon completion.

For non-MCRI investigators conducting FDA regulated clinical trials, it is highly encouraged to check with your sponsor if you are unsure what guidance applies to your trial, and if any immediate training is required.

Updated CITI GCP Modules

As of July 23, 2025, the CITI Program has updated all relevant ICH GCP course content to reflect the ICH E6(R3) Guideline for Good Clinical Practice. These updates have been automatically applied to affected modules except the GCP FDA Basic and Refresher courses which were updated on October 15, 2025, to align with the new ICH E6(R3) Guideline for Good Clinical Practice. The updated courses reflecting E6(R3) will also meet the minimum criteria for mutual recognition established by TransCelerate Biopharma.

- New learners enrolling in any CITI GCP Course will have immediate access to the updated content as of October 15th, 2025.
- Returning learners may re-complete previously completed modules at any time to access the revised material.
- All McLaren research staff can take the ICH GCP E6(R3) Introduction course to satisfy the training requirement of your sponsors, or to update your knowledge base.

Summary

The ICH GCP E6 (R3) is important to McLaren researchers because it modernizes clinical trial guidelines to be more efficient, technology-driven and flexible while maintaining patient protection. This update formally

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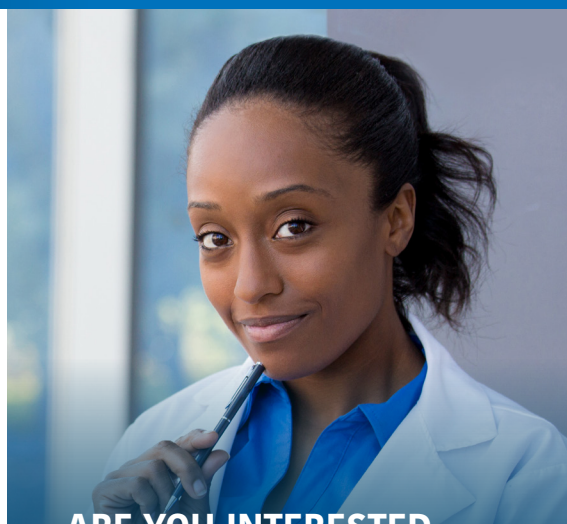


ARE YOU INTERESTED IN BECOMING A RESEARCH PARTICIPANT?

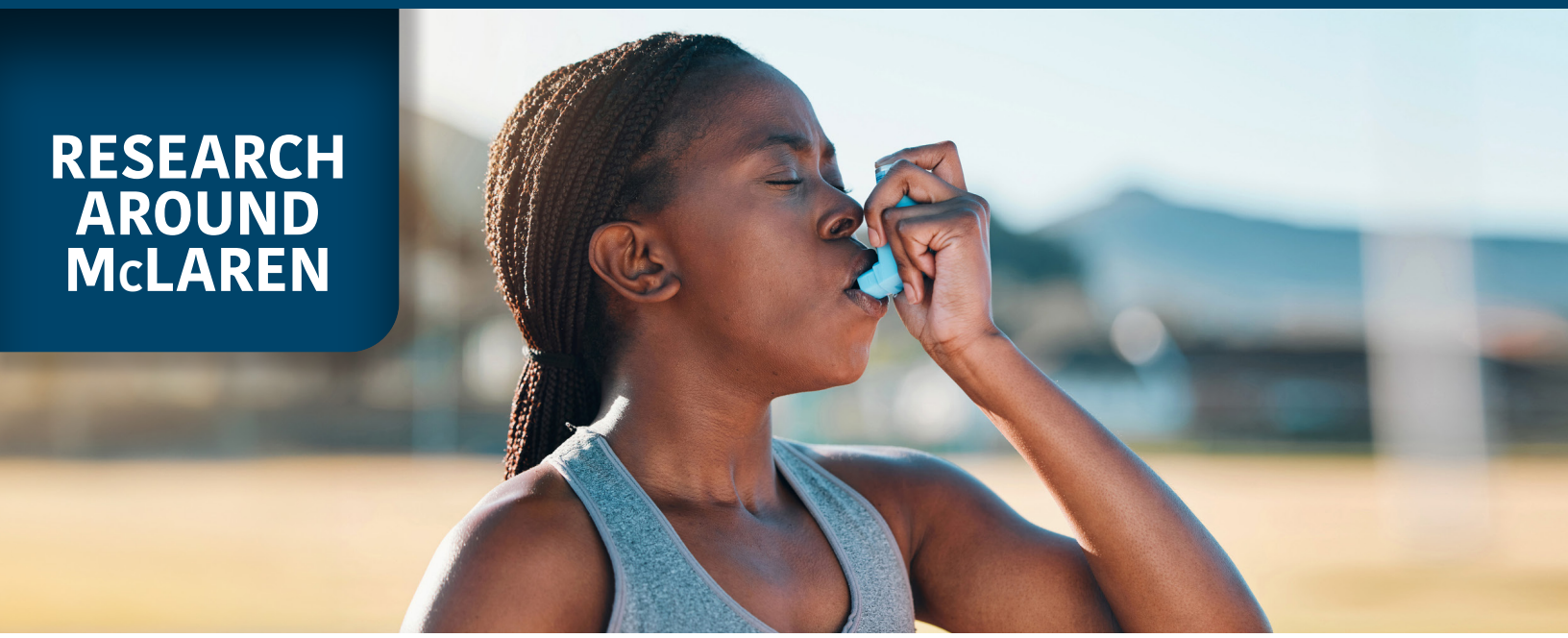
For information on enrolling in a clinical trial, please visit **mclaren.org/main/clinical-research-trials**. Here you will find a list of open-enrolling studies at McLaren, including which hospital the research is being done at and contact information for each study.

We have enrolling studies for the following conditions (not a complete list):

- Diabetes
- Orthopedic Surgery
- COVID-19
- High Blood Pressure (Hypertension)
- Stroke
- Heart Attacks / Heart Failure / Heart Disease
- Kidney Diseases
- Lung Diseases
- Peripheral Artery Disease
- Carotid Artery Disease
- Mastectomy
- Various Cancers
  - Breast
  - Lung
  - Prostate
  - Multiple Myeloma
- Patients who underwent intracranial aneurysm coiling
- Drug study for patients with recent acute coronary syndrome

For a complete list of conditions, please visit our website listed above.

RESEARCH AROUND McLAREN



ANCHOR ASTHMA CLINICAL TRIAL

INFORMATION FOR PROVIDERS

STUDY REVIEW

Primary Objective: Describe and compare asthma exacerbation rates in the 12 months pre-period to the 12 months post-period among participants switching from SABA only rescue inhaler (e.g., albuterol or levalbuterol) to AIRSUPRA. The patient will receive an RxStudy card that allows them to fill their AIRSUPRA at no cost during the 12-month participation period. The ANCHOR Study team will reach out to the patient every three months to gather study-related information.

AIRSUPRA Overview

AIRSUPRA is a combination of albuterol, a beta-2 adrenergic agonist, and budesonide, an inhaled corticosteroid, indicated for the as-needed treatment or prevention of bronchoconstriction and to reduce the risk of exacerbations in patients with asthma 18 years of age and older.

In a phase III randomized, double-blind study of patients with moderate to severe asthma comparing AIRSUPRA with Albuterol, AIRSUPRA achieved a statistically significant 28% reduction in the risk of severe asthma exacerbations among adult patients ($p<0.001$).[1]

In another phase III, randomized, double-blind, active comparator and placebo-controlled lung function study of patients with mild to moderate asthma. The onset of bronchodilation with AIRSUPRA was as fast as albuterol.[2]

Eligible patients should be referred to the study team at **(248) 748-9971** or **ANCHOR@mclaren.org**

Referring Provider Role

- Screen patients for eligibility
- Prescribe AIRSUPRA and send electronic script to the patient's preferred pharmacy
- Report any adverse events and serious adverse events
- All other study contact and consenting will be handled by the ANCHOR team

Inclusion Criteria

- 18 years of age or older
- At least one visit with primary or secondary diagnosis of asthma within 12 months before or on enrollment date
- At least one filled prescription of SABA only rescue inhaler e.g. albuterol or levalbuterol within 12 months before enrollment date
- At least one asthma exacerbation within 12 months before enrollment date
- Had both medical and pharmacy insurance coverage (e.g., Medicare, Medicaid, commercial) for at least 12 months before enrollment date and without foreseeable plans to change or discontinue

Exclusion Criteria

- Patients with major respiratory diagnoses including chronic obstructive pulmonary disease (COPD), cystic fibrosis,bronchiectasis, respiratory tract and/or lung cancer,interstitial lung disease (including pulmonary fibrosis, bronchopulmonary dysplasia and sarcoidosis), pulmonary hypertension and tuberculosis within 12 months before enrollment date
- Inpatient admission, emergency department or urgent care visit due to asthma within 10 days before enrollment date,or self-reported use of systemic corticosteroid for the treatment of asthma within 10 days before enrollment date
- Chronic use of oral corticosteroids (for any condition) within three months before enrollment date
- History of AIRSUPRA use within 12 months before enrollment date.
- Any history of malignancy (except malignant neoplasm of skin) within 12 months before enrollment date
- For women only: Pregnant, breastfeeding or lactating women at the time of enrollment or planning to become pregnant in the year following the enrollment date

1. *AIRSUPRA® (albuterol/budesonide) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; 2023.*
2. *Chipps BE, Israel E, Beasley R, et al. Albuterol-budesonide pressurized metered dose inhaler in patients with mild-to-moderate asthma: results of the DENALI double-blind randomized controlled trial. Chest. 2023;164(3):585-595. doi:10.1016/j.chest.2023.03.035.*

DO YOU HAVE A RESEARCH PROJECT THAT NEEDS FUNDING?

McLaren Health Care has formed a corporate level Research Funding Committee. This committee has been created to establish a system-wide strategic plan and process for awarding research funding to investigators. One goal of this committee is to support and strengthen investigator-initiated research within the corporation. Awards of up to $5,000 will be awarded to individuals involved in Graduate Medical Education Research (Residents and Fellows). Awards of up to $20,000 will be awarded to non-GME individuals interested in pursuing investigator-initiated research. Non-GME awards are open to all McLaren employees or affiliated providers. These funds are to be used for the conduct of the observational or interventional research study and will be awarded on a quarterly basis. Due dates for application submissions are January 1st, April 1, July 1, and October 1 of each year. The application process can be accessed at **www.mcLaren.org/fundingapplication**. Required information for the application includes a detailed description of the research project, as well as a proposed budget.

INVESTIGATOR RESOURCES

McLaren Research Administration and Research Integrity
mclaren.org/main/research

CITI Training, Biomedical, GCP
citiprogram.org

SOCRA
socra.org

ACRP
acrp.org

Health and Human Services
hhs.gov/programs/research

FDA Guidance for Industry: Investigator Responsibilities
fda.gov/media/77765/download

FDA Guidance for Sponsor-Investigators
fda.gov/media/92604/download

GCP Regulations
fda.gov/science-research/clinical-trials-and-human-subject-protection/regulations-good-clinical-practice-and-clinical-trials

Code of Federal Regulations
ecfr.gov/current/title-21

- 21 CFR 312 – Investigational New Drug Application
- 21 CFR 812 – Investigational Device Exemptions
- 45 CFR 46 – Protection of Human Subjects

Clinical Trials.gov
clinicaltrials.gov

IRB Consultations
https://www.mclaren.org/main/irb-consultations

RESEARCH AROUND McLAREN

FOUR BIOMEDICAL DATA SCIENTISTS JOIN KARMANOS TO ADVANCE CANCER RESEARCH

The Barbara Ann Karmanos Cancer Institute is pleased to welcome four doctoral-level biomedical data scientists who have joined as members of the Biostatistics and Bioinformatics Core in 2024 and 2025.

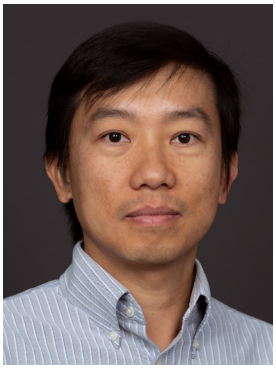
Yang Shi, PhD, joined Karmanos as co-scientific director of the Biostatistics and Bioinformatics Core in July 2024 and as an assistant professor in the Department of Oncology at Wayne State University (WSU) School of Medicine. Dr. Shi received his PhD in biostatistics from the University of Michigan. Before joining Karmanos, he was an assistant professor of biostatistics in the Department of Population Health Sciences and director of the Biostatistics and Bioinformatics Core in the Department of Neuroscience at the Medical College of Georgia, Augusta University. An expert in bioinformatics, computational statistics and applied biomedical data science, Dr. Shi has published over 40 peer-reviewed papers in renowned journals in bioinformatics, biostatistics and biomedical science. He has also served as the primary biostatistician or bioinformatician for 12 National Institutes of Health (NIH)-funded grants over the past decade.

Yang Shi, PhD

Janaka Liyanage, PhD, joined the Biostatistics and Bioinformatics Core at Karmanos in January 2024 and is an assistant professor in the Department of Oncology at WSU. Dr. Liyanage received his PhD in statistics from the University of Nebraska–Lincoln. Before joining Karmanos, he completed two postdoctoral trainings in biostatistics–one at the University of Florida and another at St. Jude Children's Research Hospital. Dr. Liyanage has experience in collaborative research and novel statistical methodology development in genetic causal inference, mediation analysis, survival analysis, structural equation modeling, and high-dimensional covariance estimation. He has authored 10 publications in peer-reviewed journals spanning biostatistics, statistics, and biomedical science.

Janaka Liyanage, PhD

Vy Ong, PhD, joined the Biostatistics and Bioinformatics Core as a research biostatistician in August 2024 after earning his doctorate in biostatistics from Augusta University. He has received rigorous training in biostatistics and bioinformatics and has gained significant experience in data analysis in biomedical research. His dissertation focused on "Advancements and



Vy Ong, PhD

Innovative Applications of the Cross-Entropy Method in Biomedical Data Analysis." His research interests include biostatistics, bioinformatics, Bayesian analysis, computational statistics, and clinical trials research. He has co-authored one collaborative paper and has three additional manuscripts currently under peer review in these fields.

Yingnan Zhang, PhD, joined the Biostatistics and Bioinformatics Core as a research bioinformatician in August 2025. Dr. Zhang received his PhD in computer science with a concentration in bioinformatics from Ohio University. Before joining Karmanos, his research focused on developing computational approaches to uncover functional interactions in 3D genome data, particularly focusing on feature pair analysis to identify key regulatory mechanisms in biology. He has co-authored collaborative publications in high-impact journals, including Nature and Nature Methods.

Yingnan Zhang, PhD

"Data science is foundational to discovering, testing and delivering new cancer therapies. By strengthening our Biostatistics and Bioinformatics Core with exceptional data scientists, we expand our ability to translate complex genomic, imaging and clinical data into insights that accelerate trials and personalize care," said Boris Pasche, MD, PhD, FACP, president and CEO at Karmanos. "This growth aligns with our vision to continually strengthen the scientific engines that power discovery at Karmanos. I'm confident this team will catalyze breakthroughs across our research programs and, most importantly, improve outcomes for the patients we serve."

The Biostatistics and Bioinformatics Core at Karmanos Cancer Institute serves as a resource for cancer investigators engaged in basic, clinical, population, and translational sciences. Biostatistics plays a crucial role in designing cancer research studies, ensuring that scientific questions are framed for precise and efficient answers, and in analyzing these studies to guarantee accurate and valid conclusions. Bioinformatics is essential for computationally efficient and informative analyses in cancer research.

CONGRATULATIONS, DR. MOUAWAD

Nicolas Mouawad, MD

Dr. Nicolas Mouawad has again been recognized for his proficiency and exceptional care, earning a rank among the top 30 vascular surgeons in the country, according to *Newsweek's* America's Leading Doctors – Vascular Surgery 2025. He has been ranked 22nd among vascular surgeons nationwide, achieving his second consecutive appearance on the Newsweek list since its inception two years ago. This ranking is determined by evaluating publicly available clinical data, quality metrics, and medical expert surveys. Dr. Mouawad is an active investigator with the MCRI team, demonstrating this exceptional care with his research patients, as well as his clinical patients. Dr. Mouawad is an excellent example of an engaged investigator and works hard to increase the McLaren footprint in vascular clinical trials.

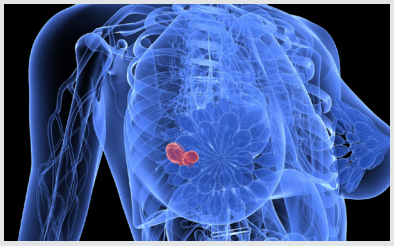
CLINICAL TRIALS CONNECT

Karmanos and McLaren offer studies across a range of cancer types, offering our patients access to innovative treatments and research-driven care. Here are just a select number of actively recruiting trials.

We encourage you to explore the full list of available trials using the Karmanos Cancer Institute Clinical Trials App, a convenient tool to search by cancer type, eligibility, therapy, and more. You may also visit **karmanos.org/trialsportal**.

Download the Karmanos Clinical Trials APP at **karmanos.org/clinicaltrials** or scan the QR code.

If you have questions, problems, or concerns regarding the app, email **informatics@karmanos.org**.



Clinical Trial
BREAST CANCER

PHASE II

Principal Investigator:
Brian Yeh, MD, PhD

Karmanos Trial ID:
2021-056

Age Group:
Adults

Locations Available:
- **Bay City**
- **Flint**
- **Lansing**
- **Lapeer**
- **Mount Pleasant**

Therapies:
- **Proton Therapy**
- **Radiation Therapy**

Eligibility Criteria:
- **Pathology proven invasive ductal carcinoma and/or ductal carcinoma in situ**
- **Must be stage 0, I, II (Tis, T1, or T2, N0, M0 per AJCC criteria 7th and/or 8th Ed.)**
- **Must have ER+ disease**
- **Must have lumpectomy with negative surgical margins**

Clinical Trial
PANCREATIC CANCER

PHASE II

Principal Investigator:
Brian Yeh, MD, PhD

Karmanos Trial ID:
2021-051

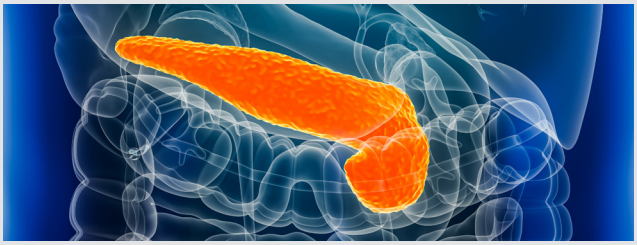
Age Group:
Adults

Locations Available:
- **Detroit**
- **Farmington Hills**
- **Flint**
- **Lansing**
- **Lapeer**

Therapies:
- **Chemotherapy**
- **Proton Therapy**

Drugs:
- **Capecitabine**

Eligibility Criteria:
- **Biopsy proven adenocarcinoma of the pancreas**
- **Must have either unresectable, borderline resectable, or medically inoperable carcinoma of the pancreas, or refusing surgery**
- **No evidence of distant metastatic disease**
- **No prior surgical resection**



Clinical Trial
PANCREATIC CANCER

PHASE II

Principal Investigator:
Anthony Shields, MD, PhD

Karmanos Trial ID:
2023-104

Age Group:
Adults

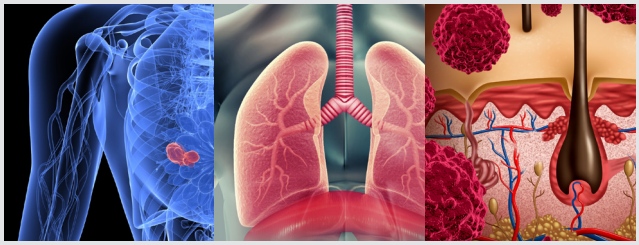
Locations Available:
- **Clarkston**
- **Detroit**
- **Farmington Hills**
- **Flint**
- **Lansing**
- **Lapeer**
- **Mount Clemens**
- **Petoskey**
- **Port Huron**

Therapies:
- **Chemotherapy**

Drugs:
- **Gemcitabine**
- **Nab-paclitaxel**

Devices:
- **TheraBionic P1 device**

Eligibility Criteria:
- **Metastatic pancreatic adenocarcinoma**
- **Measurable metastatic disease**
- **ECOG performance status of 0-1**
- **No gemcitabine and/or nab-paclitaxel within six months of study entry**



Clinical Trial
BREAST, CERVICAL, COLON, ESOPHAGUS, LIVER, LUNG, MELANOMA, SKIN, PANCREATIC, SMALL INTESTINE CANCERS

PHASE I

Principal Investigator:
Wasif Saif, MD, MBBS

Karmanos Trial ID:
2024-050

Age Group:
Adults

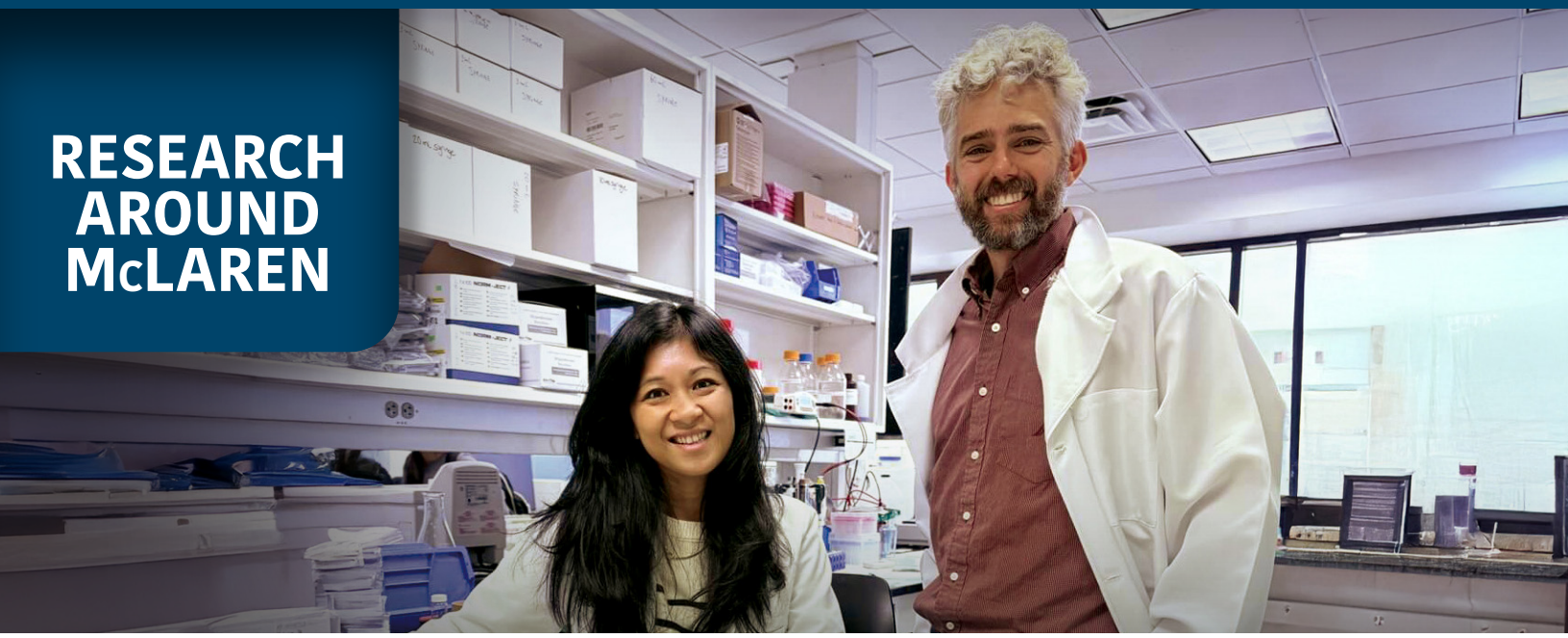
Locations Available:
- **Bay City**
- **Clarkston**
- **Detroit**
- **Farmington Hills**
- **Flint**
- **Lansing**
- **Lapeer**
- **Mount Clemens**
- **Petoskey**
- **Port Huron**

Therapies:
- **Biological Therapy**

Drugs:
- **Metformin**

Eligibility Criteria:
- **Histologically confirmed advanced solid tumor**
- **Suitable candidate for chemotherapy and/or immunotherapy or both**
- **Measurable disease**
- **ECOG performance status 0, 1, or 2**
- **No uncontrolled diabetes**
- **Must not be taking metformin at the time of enrollment**

RESEARCH AROUND McLAREN



NEW IMAGING PROBE HELPS TRACK, POSSIBLY TREAT, PROSTATE CANCER BEFORE RESISTANCE TO TREATMENT DEVELOPS

Researchers at the Barbara Ann Karmanos Cancer Institute and Wayne State University (WSU) have developed a chemical imaging probe that resists the breakdown of certain compounds in the body, giving doctors a more dependable way to track and potentially treat prostate cancer.

Sheryl Roberts, PhD, member of the Karmanos Molecular Therapeutics Program and assistant professor at WSU School of Medicine, is the study's principal investigator.

The National Cancer Institute lists prostate cancer as the most common cancer and the second-leading cause of cancer death among men in the U.S. The institute estimates prostate cancer will make up 15.4% of all new cancer cases in 2025.

"Certain hormone receptors in the body can drive cancer growth," Dr. Roberts said.

> **"We developed new probes, ARi-FL, that light up AR so it can be seen in cancer cells and tumors. It works robustly, stays stable and can detect AR even with mutations. This tool could help track AR in patients and guide better treatment choices."**
>
> *– Sheryl Roberts, PhD*

Her research focuses broadly on developing tools that either block or eliminate these hormone receptors, including the androgen receptor (AR).

"Many patients develop resistance to current drugs. Being able to track AR over time could help doctors choose the right treatment sooner and more effectively," she said.

Despite three decades of progress, resistance inevitably develops, leading to the progression of castrate-resistant prostate cancer, a lethal stage of the disease. Evidence suggests that restoration of AR signaling, driven by genomic amplification of AR and subsequent overexpression, is a key driver of the progression, per "High-Affinity Probes for Androgen Receptor Imaging: From Cells and In Silico Modeling to Whole-Body Fluorescent Applications," published in the Journal of Medicinal Chemistry.

ARi-FL is a series of visible- and near-infrared fluorescent AR inhibitors.

"We developed new probes, ARi-FL, that light up AR so it can be seen in cancer cells and tumors. It works robustly, stays stable and can detect AR even with mutations. This tool could help track AR in patients and guide better treatment choices," Dr. Roberts said.

She is now using computational data, in collaboration with **Christopher Kelly, PhD**, professor of physics and astronomy at the WSU College of Liberal Arts

and Sciences, to fine-tune the chemistry and advance toward radioligand strategies for next-generation probes.

The research was supported by the National Institutes of Health grant R01-DK076629 to Dr. Kelly, and the Karmanos Cancer Center Initiative Grant and Wayne State University Start-up ID 221802 award, both to Dr. Roberts.

Originally published at *Today@Wayne*.

"Many patients develop resistance to current drugs. Being able to track AR over time could help doctors choose the right treatment sooner and more effectively."

– Sheryl Roberts, PhD

ICH GCP E6 (R3) UPDATE

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incorporates innovations like decentralized clinical trials, digital health technologies and eConsent which can all help McLaren move towards more modern, patient-centric approaches to clinical research. Updates to the informed consent process and the use of digital tools can enhance patient understanding and willingness to participate. By adopting this paradigm shift in clinical trial design, conduct and oversight, McLaren has an opportunity to streamline workflows, improve and increase patient enrollment, and reduce the administrative burden that comes with clinical trials, all while providing higher quality data to our industry partners.

Education and training remain the first step to understanding and adopting the new guidance. We encourage the research community to be proactive and take time out to learn more about how these updates affect their role in clinical research and how we can use them to do what's best in Clinical Research at McLaren.

To register for the ICH GCP E6(R3) Introduction Course:

1. Log into your CITI Program account and click View Courses under Institutional Courses.
2. Scroll to the bottom of the page and locate the box labeled Learner Tools for McLaren Health Care Corporation.
3. Click the hyperlink titled Add a Course.
4. On the enrollment questionnaire, select "not at this time" for Questions 1-4. Scroll to Question 5 and select: ICH GCP E6(R3): An Introduction
5. Scroll down and click Submit.
6. Return to your course dashboard, scroll to the newly added course, and click Start Now to begin.

Resources

For those who would like to explore more information about the ICH E6(R3) updates:

ICH E6(R2) to ICH #6(R3) Comparison - 01.28.25 – outlines key changes between ICH E6(R2) and E6(R3).

Guidelines and Regulations Resource Center - ACRP – the Association of Clinical Research Professionals (ACRP) have prepared webinars, guidance documents, articles and other handouts to clarify the changes.

CITI - Collaborative Institutional Training Initiative – updated GCP training modules reflecting E6(R3) are now available.

https://admin.ich.org/sites/default/files/inline-files/ICH_E6%28R3%29_Step%204_Presentation_2025_0123.pdf - ICH presentation about the R3 changes.

https://www.fda.gov/regulatory-information/search-fda-guidance-documents/e6r3-good-clinical-practice-gcp - FDA's release of updated GCP guidance.

RESEARCH AROUND McLAREN

THREE NEW LEADERS IN 2025

PAVING THE WAY TO MORE CANCER TREATMENT DISCOVERIES AT KARMANOS

The Barbara Ann Karmanos Cancer Institute welcomed one new leader and appointed two seasoned leaders in 2025: Azeddine Atfi, PhD, Elizabeth Cunningham, MS, CCRP, and Benjamin Herring, MA.

DEPUTY CENTER DIRECTOR OF RESEARCH

Azeddine Atfi, PhD, has joined Karmanos as the new deputy center director of Research and a tenured professor of research at Wayne State University. With over 25 years in research education, Dr. Atfi's research interests are uncovering the molecular mechanisms that drive pancreatic ductal adenocarcinoma and its association with cachexia. He has dedicated his career to investigating the processes underlying tumor pathogenesis and progression. Throughout his career, Dr. Atfi has held several prominent leadership roles in research and academic medicine.

Azeddine Atfi, PhD

His leadership in research began in 2002, when he served as chair of the Cell Signaling Unit at INSERM in Paris, France. This is where he advanced cutting-edge studies on cancer signaling networks. Between 2008 and 2011, he was a faculty member at both Harvard Medical School and the Harvard School of Dental Medicine, where he supported departmental leadership in strategic initiatives and program development. In 2011, he established the Tumor Cell Biology Program at the University of Mississippi Medical Center, serving as the founding director and defining its research mission from the beginning.

In 2018, Dr. Atfi joined Virginia Commonwealth University and its National Cancer Institute (NCI)-designated Massey Cancer Center, where he initially served as chair of Cellular and Molecular Pathogenesis and later as the founding leader of the Cancer Biology Program. His leadership contributed to Massey Cancer Center achieving NCI Comprehensive Designation in 2022.

"With a career distinguished by scientific expertise, visionary leadership, and a proven ability to build collaborative research enterprises, Dr. Atfi is exceptionally positioned to guide innovative cancer research initiatives from conception to impactful outcomes," said Boris Pasche, MD, PhD, FACP, president and CEO at Karmanos. "Since coming to Karmanos, he has been a champion for our research team members and all their individual contributions to discovering breakthroughs in cancer research. His prior appointments and experience bring the tools Karmanos needs to continue to grow cancer research endeavors in Detroit."

Dr. Atfi received his Bachelor of Science, Master of Science, and Doctor of Philosophy, all in molecular

cellular biology, from the University of Rennes in France. He additionally completed two postdoctoral fellowships: one at McGill University in Montreal, Canada, and the other at Saint-Antoine Hospital in Paris, France.

VICE PRESIDENT OF THE CLINICAL TRIALS OFFICE

Elizabeth Cunningham, MS, CCRP, is the new vice president of the Karmanos Cancer Institute Clinical Trials Office (CTO). Her journey to this role began in May 2024, when she served as the interim vice president, managing the CTO leadership team and a staff of over 150 team members. With a distinguished 10-year tenure at Karmanos, Cunningham started as a clinical research coordinator and advanced to a study coordination supervisor and a quality assurance and education manager. Her experience at Karmanos includes representing the CTO to internal and external stakeholders, serving as the liaison for on-site and remote external audits, maintaining oversight and implementation of all CTO polices and workflows, updating and maintaining the Karmanos Data and Safety Monitoring Plan, representing Karmanos as part of the Quality Assurance Committee and the Data and Safety Monitoring Committee, and more.

Elizabeth Cunningham, MS, CCRP

"We are enthusiastic about Elizabeth's new role with the Clinical Trials Office, particularly as we continue to broaden our clinical trial research initiatives this year and in the years to come," said Dr. Pasche. "The efforts done in our Clinical Trials Office not only benefit advancing cancer treatment in Southeast Michigan, but also the patients at our cancer centers throughout the Karmanos Cancer Network, and additionally, we are helping to bring these new therapies to patients around the world."

Cunningham is a certified clinical research professional (CCRP) recognized by the Society of Clinical Research Associates (SoCRA), who holds a Master of Science in education from Duquesne University in Pittsburgh, Pennsylvania, and received her Bachelor of Arts at the University of Michigan in Ann Arbor, Michigan.

VICE PRESIDENT AND ASSOCIATE CENTER DIRECTOR OF RESEARCH ADMINISTRATION

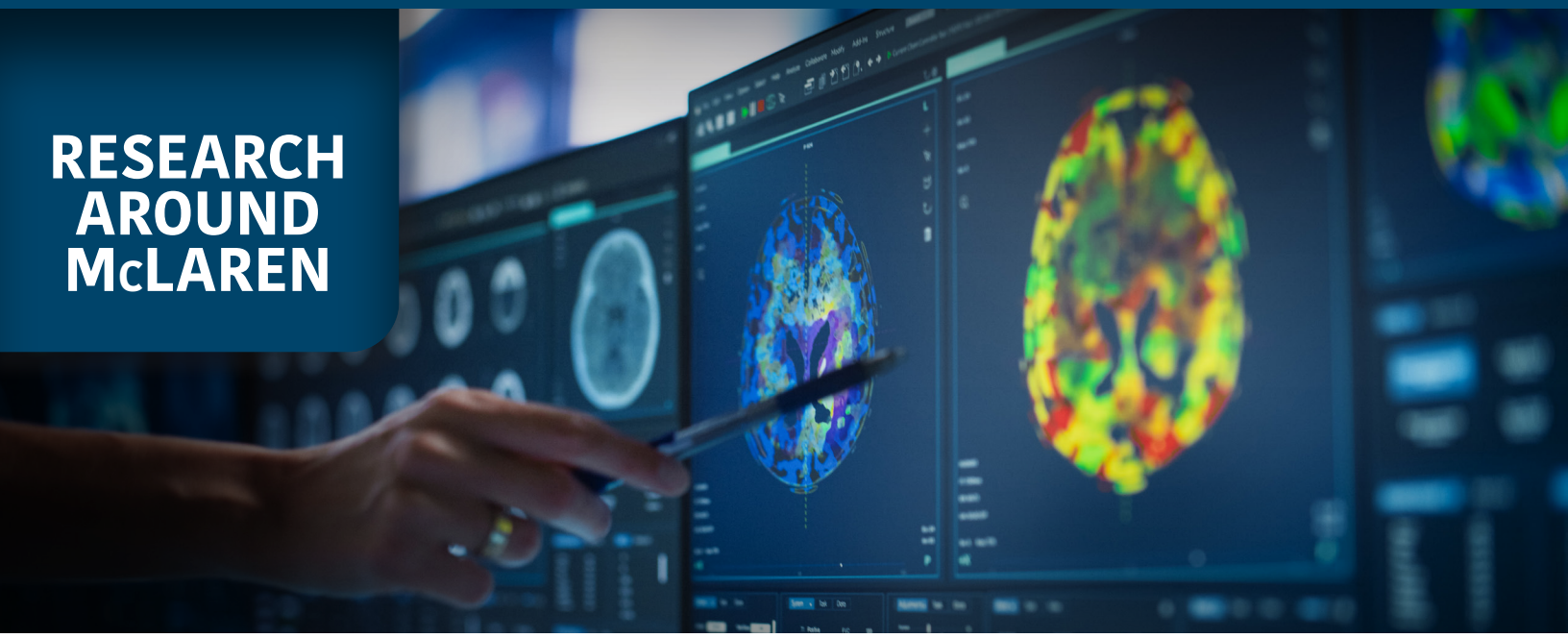
Benjamin Herring, MA, has been appointed vice president and associate center director of Research Administration. Herring has nearly a 20-year career at Karmanos within the research administration office, including serving as the director of Research Administration since 2017 and director of Research Finance from 2010 to 2016. In his experience at Karmanos, Herring has bridged the gap between busy researchers and administrators, from lab-based scientists to C-suite leaders. In his tenure, Herring has coordinated all aspects of the Cancer Center Support Grant competing and non-competing renewals, supported scientific program and cancer center initiatives, prompted cancer center membership for new investigators, and reviewed member status. Herring was already acquainted with Karmanos after working at Wayne State University School of Medicine, Karmanos' long-term partner in cancer research and its NCI designation.

Benjamin Herring, MA

"Ben oversees administrative support in developing our upcoming core grant renewal in his new role, which is a very important process as we continue crucial research and discovery in cancer care," Dr. Pasche explained. "As the administrator of all research operations, I have no doubt that he will effectively ensure our research infrastructure remains continually effective in the fight against cancer."

Herring received his Master of Arts in military history at Norwich University in Northfield, Vermont, and his Bachelor of Science in business administration from William Tyndale College in Farmington Hills, Michigan.

RESEARCH AROUND McLAREN

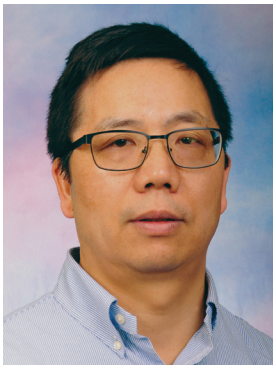


KARMANOS RESEARCHER CO-DISCOVERED COMPOUND

LEADING TO FIRST FDA-APPROVED THERAPY FOR RARE BRAIN CANCER

ONC201, now called dordaviprone, was co-discovered by Dr. Wu about 20 Years Ago

For Gen Sheng Wu, PhD, member of the Molecular Therapeutics Research Program at the Barbara Ann Karmanos Cancer Institute and professor in the Department of Oncology and Pathology at Wayne State University School of Medicine, witnessing the research he began 20 years ago lead to a newly approved cancer treatment is a dream come true.



Gen Sheng Wu, PhD

ONC201, now renamed dordaviprone (ModeysoTM), was approved by the U.S. Food and Drug Administration (FDA) on August 6, 2025, to treat a rare and aggressive brain cancer. The foundation for this breakthrough can be traced directly to discoveries that began in Dr. Wu's laboratory.

"As a basic cancer research scientist, I have dreamed of discovering a drug that could be used to treat patients. Seeing my work eventually lead to a new drug available for treating H3K27M-mutant diffuse midline gliomas–a very aggressive form of brain tumor for which there was previously no treatment option, particularly affecting children and young adults–seems like a dream come true," Dr. Wu expressed.

The Foundation

As a postdoctoral fellow at the Howard Hughes Medical Institute, University of Pennsylvania, Dr. Wu discovered a gene called DR5, which plays a key role in helping certain cancer drugs kill cancer cells through a natural process called programmed cell death. Around the same time, other researchers were studying a protein called TRAIL, which selectively kills cancer cells while sparing healthy ones.

Dr. Wu and his collaborators discovered that DR5 functions as a "death receptor" for TRAIL, making both highly promising targets for cancer therapy. This discovery led to further research into utilizing TRAIL as an anti-cancer therapy on its own and developing antibodies that could target TRAIL receptors to trigger cancer cell death.

Focus on Triple-Negative Breast Cancer

When Dr. Wu joined Karmanos in 1999, he turned his attention to investigating why the normal process, where TRAIL makes cancer cells die, doesn't work in triple-negative breast cancer (TNBC), an aggressive form of the disease with limited treatment options. His lab discovered that certain chemotherapy drugs, such as Adriamycin, could increase TRAIL levels in TNBC cells, enhancing the drug's effectiveness in killing cancer cells.

To explore this further, Dr. Wu and his team developed the luciferase reporter system, which allowed them to measure how drugs impact TRAIL activity at the genetic level.

"We also created special cancer cells with TRAIL 'turned off' and showed that these cells are valuable for assaying the importance of boosting TRAIL in killing cancer cells," he explained. "In essence, my work laid the foundation for the transcriptional induction of TRAIL as a therapeutic strategy that can be developed into anti-cancer drugs."

Discovery of ONC201

Following this discovery, Dr. Wu partnered with his former mentor, Wafik El-Deiry, MD, PhD, FACP (now at Brown University), to screen thousands of molecular compounds. One stood out: TIC10/ONC201 (dordaviprone). The compound robustly triggered TRAIL and killed cancer cells in preclinical models, paving the way for FDA approval to advance into clinical trials.

Preclinical and clinical trials revealed that ONC201 worked in multiple ways: it shut down survival signals inside cancer cells (ERK and AKT), activated the cell's stress response, blocked a brain tumor–related protein called DRD2, and switched on a mitochondrial protein called ClpP. Together, these mechanisms make ONC201 particularly effective against the aggressive brain cancer H3K27M-mutant diffuse midline gliomas.

Dr. Wu explained that ONC201 clinical trials on TNBC were conducted at the University of Wisconsin in Madison, but the trial was terminated early due to slow accrual, and the data accumulated did not provide meaningful results for efficacy in this cancer type.

A Dream Realized

ONC201 (dordaviprone) is the first therapy for this type of cancer to be approved by the FDA. It is now available for adults and children as young as one-year-old whose disease has advanced after earlier treatments.

Dr. Wu explained that it took almost 20 years of research to receive FDA approval for ONC201. His team faced numerous challenges, mostly resource-based, where partnership and collaboration were the keys to success.

"Cancer drug development is a lengthy and costly process with a high risk of failure, involving multiple stages, from identifying drug targets to selecting drug candidates, conducting clinical trials, and obtaining FDA approval, which often requires the involvement of both academia and industry," Dr. Wu stressed.

His team's contribution in discovering ONC201 (dordaviprone) was pivotal, beginning with the hypothesis that boosting TRAIL could be a powerful way to find new cancer drugs. His team built the lab tools needed to test thousands of chemicals to see if they could turn on TRAIL and created special cancer cells to prove that the drug works by activating TRAIL.

"Our ultimate goal in cancer research is to develop therapeutics that help cancer patients. This journey is long, frustrating, and likely unsuccessful, but if you are lucky enough to bring a drug to a patient, you feel that you have actually done something right."

– Gen Sheng Wu, PhD

RESEARCH AROUND McLAREN

EMPOWERING THE NEXT GENERATION

A DAY OF MENTORSHIP AND COLLABORATION AT KARMANOS

This summer, undergraduate students, graduate trainees and faculty gathered in the Margherio Conference Room on Wayne State University's (WSU) campus for a memorable day of collaboration, mentorship and inspiration. The Inaugural Summer Undergraduate Research Experience Meetup, in partnership with the Barbara Ann Karmanos Cancer Institute, united participants from WSU, Michigan State University (MSU) and the Van Andel Institute, offering a unique opportunity for students to engage directly with academic professionals at each stage of the research journey.

Morhaf Al Achkar, MD, PhD

The event featured interactive case studies, panel discussions, and candid conversations about the realities that come with a career in cancer research.

There was a clear message for all participants: mentorship matters. Each attendee was advised to lean on others for guidance; not every career in medicine is straightforward.

Morhaf Al Achkar, MD, PhD, associate center director for Education and leader of the Office of Cancer Research, Training and Education at Karmanos, emphasized the importance of creating spaces where students can envision themselves in research careers.

"We want them to feel that this is a space they belong in and that the next steps are attainable," he said. "When they're interacting with others today, especially mentors or faculty members, we want them to say, 'I want to be like that person.'"

Dr. Al Achkar is also a family medicine physician at Karmanos and an associate professor of Oncology at WSU's School of Medicine.

Students were grouped into small teams throughout the day to discuss real-life professional scenarios alongside their peers, creating a space for honesty and mentorship.

Kenneth Jackson, a medical student at WSU, a MSU alumnus, and a previous graduate of MSU's Biomedical Research for University Students in Health Sciences (BRUSH) Summer Research Program, took a moment to reflect on how this event was a full-circle moment.

"I went to Michigan State, and I'm an alum of the BRUSH program, so this was my first introduction to research in general," he said. "I thought it was important to come back to my roots."

Megan Fuller, a rising senior at MSU, participated in the SURF (Summer Undergraduate Research Fellowship) Program. She said this experience helped her expand her professional network.

"I connected with a panelist who is friends with my PI [principal investigator]," she said. "It was great to meet with him and make that meaningful personal connection."

Elizabeth Widun, also a rising senior at MSU, said the event reassured her that others are facing the same challenges she faces when beginning her medical career.

"It's great to hear from PhD students and PIs, especially about their own experiences and anxiety with everything," she said. "It's nice to feel that it's not just you who feels this way."

Larry Matherly, PhD, associate center director for Basic Science at the Karmanos, professor in the department of Oncology and director of the Cancer Biology Graduate Program at WSU, believes events like this can help accelerate students' development by exposing them to the different paths and perspectives early on in their professional careers.

"I think the benefits of an event like this are immense because these experiences, where you're exposing undergraduates to something that's a little bit outside their comfort zone, can really help when they begin navigating the next steps of their careers," he said. "It's one thing to have your senior professor or program director say, 'You should do this and this and this.' These folks are actually in the trenches pursuing the trajectory you're looking to follow."

He also noted that while this was the first time this event was held in its current form, they expect it to continue to grow over the next several years, due to its immeasurable benefits.

"Through these kinds of interactions, I think you're able to circumvent some of the common challenges because you're learning from people who have been there," explained Dr. Matherly. "Connections that you can make at an event like this are tough to come by in a traditional university setting. When you're here, you directly interact with other undergraduate students, graduate students and faculty, all in one place."

Two more of the event's co-organizers included Andres Contreras, DVM, Ph.D., and Jonathan Diedrich, Ph.D., from MSU. They both saw this event as part of a broader effort to rethink how academic institutions train and support future researchers.

"I think it's good to meet the younger generation and see how they think differently," said Contreras. "We can always learn from students. So, I think it's beneficial to see the growth and potential for these students as they continue to choose what they want to do with their careers."

As the event wrapped up with refreshments and informal networking, there was a mutual understanding that events like this can significantly shape students' careers. Through a day of real conversations, mentoring and case studies, several groups of researchers in many different stages of their training were reminded that there are always others who want to help them succeed.

"Through these kinds of interactions, I think you're able to circumvent some of the common challenges because you're learning from people who have been there. Connections that you can make at an event like this are tough to come by in a traditional university setting."

– Larry Matherly, PhD

RESEARCH AROUND McLAREN

EARLY-ONSET UTERINE CANCER RESEARCH AT KARMANOS AIMED TO UNDERSTAND NEW THERAPY DEVELOPMENT FOR YOUNG PATIENTS

There have been increasing rates of early-onset uterine cancer, but a scientific member of the Molecular Therapeutics Research Program at the Barbara Ann Karmanos Cancer Institute has been awarded a V Foundation for Cancer Research grant in the hopes of helping to change this.

"Endometrial (uterine) cancer is diagnosed in about 70,000 patients per year in the U.S.," said Michael Wilson, PhD, the grant recipient. "Of those, about 10% are early-onset cases, about 7,000 new cases per year. Survival of endometrial cancer is generally good at lower stages, and this is also true for patients with early-onset disease. Still, the primary treatment is hysterectomy, which may not be ideal for younger patients. For advanced cases of endometrial cancer, survival is as low as 20%."

"The work will focus on a gene we identified through the literature and our own studies, called KMT2D, which is mutated at a much higher rate in the tumors from patients with early-onset uterine cancer," he explained. "We are investigating the gene mutation's role in cancer development."

– Michael Wilson, PhD

Dr. Wilson has been given a three-year, $600,000 V Scholar Program grant from the V Foundation for Cancer Research, which began October 1, 2025. This award benefits Dr. Wilson's team's research in epigenetic mechanisms and therapeutic targets in early-onset endometrial cancer. A patient under 50 diagnosed with endometrial cancer would be considered having early-onset disease.

"We are trying to determine what makes the tumors of the patients with early-onset unique and how we can use that information to try and guide new therapeutic development for specific treatments targeted at early onset," Wilson said, who is also an assistant professor in the Department of Oncology at Wayne State University.

"The work will focus on a gene we identified through the literature and our own studies, called KMT2D, which is mutated at a much higher rate in the tumors from patients with early-onset uterine cancer," he explained. "We are investigating the gene mutation's role in cancer development."

Dr. Wilson and his team did preliminary work, developing genetically generated pre-clinical models of endometrial cancer, which also had this mutation in KMT2D.

"We found that the models with this additional mutation with KMT2D compared to the original model of endometrial dysfunction were far more likely to develop cancer than the original model," he described.

"The model with KMT2D mutation had a cancer rate of 72% compared to 20% in the original model. The pre-clinical models are also dying more quickly and developing more aggressive tumors. This indicates that this gene is a potent tumor suppressor gene. We will continue studying this model, which we believe to be a compelling model of early-onset endometrial cancer."

They identified unique genetic signatures in those tumors, which led them to believe that a specific type of therapy, the CDK 4/6 inhibitor, may be relevant to the treatment of uterine tumors with KMT2D mutation.

"The grant aims to characterize our disease models further and try to understand how the KMT2D mutation promotes cancer," Dr. Wilson said. "Our second aim is to test whether CDK 4/6 inhibitors would be effective therapies in this tumor type using the models we developed."

KARMANOS, WSU RESEARCHER RECEIVES NIH AWARD

EXPLORING SOCIO-GENOMIC FACTORS OF LOCAL ENDOMETRIAL CANCER SURVIVAL RATES

Anna Gottschlich, PhD, MPH

The National Cancer Institute of the National Institutes of Health has awarded Anna Gottschlich, PhD, MPH, member of the Population Studies and Disparities Research Program at the Barbara Ann Karmanos Cancer Institute and assistant professor of Oncology in the Wayne State University School of Medicine, a five-year, $916,545 career development award to support her research on the epidemiology of cancer health disparities and early detection and interception strategies to improve cancer equity.

The goal of the study, "Investigation of socio-genomic associations related to survival among a population-based sample of those diagnosed with endometrial cancer in Metropolitan Detroit," is to provide preliminary findings of the association between chronic stress, biological factors and clinical outcomes among women with endometrial cancer, furthering the field of research in improving outcomes for those with gynecologic cancers.

"I am very excited to have protected time to expand my knowledge around molecular cancer epidemiology and bioinformatics while conducting a study on socio-genomic factors related to survival among endometrial cancer patients in our catchment area," Dr. Gottschlich said.

Among women with endometrial cancer, some high-risk populations have double the mortality rate compared to others, which known social and biological factors cannot wholly explain. Socio-genomic studies, which investigate how social factors influence genomic and biologic activity, are critical to improving understanding of survival differences in women with endometrial cancer, without which improvements in outcomes will remain challenging.

"We hypothesize that chronic stress may modify the relationship between molecular subtypes of endometrial cancer and survival," she said.

The project will use data from the Detroit Research on Cancer Survivors (ROCS) cohort, which includes annual survey data, geocoded addresses, and longitudinal clinical and vital statistics data for 320 women with endometrial cancer living in metropolitan Detroit at diagnosis.

Study outcomes will inform study questions and provide preliminary evidence for future R01-level projects.

The grant number for this National Cancer Institute of the National Institutes of Health grant is CA303796.

Originally published at Today@Wayne.

RESEARCH AROUND McLAREN

WAYNE STATE UNIVERSITY CELEBRATES GROUNDBREAKING FOR $200 MILLION HEALTH SCIENCES RESEARCH BUILDING

WILL HOUSE ONCOLOGY RESEARCH SPACE FOR KARMANOS SCIENTISTS

New state-of-the-art facility to transform research, innovation and community health in Detroit; Hub for discovery to accelerate research impact and provide College of Career experiences for WSU students

Wayne State University (WSU) marked a major milestone in its mission to advance health and scientific discovery with the groundbreaking of the Health Sciences Research Building (HSRB) on Tuesday, Sept. 9, 2025. This transformative, $200 million, 160,000-square-foot facility will drive next-generation opportunities for innovation, collaboration and community engagement.

The groundbreaking ceremony – held at the building's future site at 545 E. Canfield Street in Midtown Detroit – brought together state, local and university leaders alongside faculty, staff, students, and community members.

"Wayne State always has been a leader in the area of health sciences and this planned $200 million advanced research building is further proof of the university's commitment to this important field and to the people of Detroit."

– Mike Duggan, Mayor of Detroit

A hub for discovery, collaboration, and innovation

The five-story HSRB will serve as a biomedical research hub where Wayne State health scientists can unite their expertise to address complex health issues. Dedicated research space will focus on oncology, neurosciences, systems biology and immunology, and metabolism and infectious diseases. Cross-cutting research in these areas will build upon Wayne State's longstanding clinical health system partnerships, including the Barbara Ann Karmanos Cancer Institute/McLaren Health Care and the Detroit Medical Center, as well as those with community organizations.

Key goals of the HSRB include:

- Accelerating discovery to impact by reducing the typical 10- to 15-year lag between research breakthroughs and the development of new medicines, technologies and interventions.
- Fueling economic growth through research and development activities that create jobs, train a skilled workforce and launch new health industries.
- Fostering collaboration across disciplines to tackle health disparities that disproportionately affect Detroit residents.
- Providing hands-on education and College to Career experiences for students to learn alongside

faculty researchers and clinicians, preparing the next generation of health care professionals.

Research for Detroit, Michigan and beyond

The development is supported by a $100 million commitment from the State of Michigan, with additional funding through university resources and philanthropy.

"Michigan is leading the way and pioneering the future of medicine and health sciences," said Gov. Gretchen Whitmer. "This new building will help Michigan attract and retain some of the brightest minds to make breakthrough medical discoveries that make a real difference in peoples' lives and help them get better. It will grow Michigan's economy, create good-paying jobs and show once again that Michigan is the best place to pursue a new idea. The State of Michigan was proud to support this cutting-edge project. Let's keep working together to keep Michigan in the lead and help more people 'make it' in Michigan."

A community-connected research facility

When finished, the HSRB will stand as a symbol of Wayne State's role as a premier urban public research university committed to advancing knowledge, addressing health outcome disparities, and serving the city of Detroit and beyond.

"Wayne State always has been a leader in the area of health sciences and this planned $200 million advanced research building is further proof of the university's commitment to this important field and to the people of Detroit," said Detroit Mayor Mike Duggan. "Instead of an asphalt

CONTINUED ON PAGE 25

"The Health Sciences Research Building will be a powerful catalyst for advancing cancer research and care."

– Boris Pasche, MD, PhD, FACP
Chair of the WSU Department of Oncology and president and CEO of the Barbara Ann Karmanos Cancer Institute

EQuIP CORNER

WHEN PROTECTION BECOMES A BARRIER

THE DOUBLE-EDGED SWORD OF IRB OVERSIGHT

By Christopher Bobier, PhD

Christopher Bobier, PhD

Medical progress depends on research involving human participants. In just the past few years, we've seen volunteers step up for COVID-19 vaccine challenge trials and even for experimental heart and kidney transplants using animal organs. When adults take part in research, it's generally understood that their participation is completely voluntary and only happens after they've given informed consent to participate. When children are involved, researchers need to get permission from a parent or guardian, and when possible, they should ensure the child is okay with participating (i.e., the child should assent to participate). In all human subject research, the risks of participation should not be excessive: the potential benefits should outweigh the risks.

The foundation of this system is the voluntary participation of research subjects: participants subject themselves to research often for the greater good, to help advance science and improve care for others. But the relationship between researchers and participants isn't always equal. Researchers possess advanced medical knowledge, while participants do not; researchers enjoy a position of social prestige and authority that participants may lack; and, perhaps more importantly, participants are sometimes medically vulnerable. Take, for example, the two patients who received experimental heart transplants using pig organs. Both had been denied standard heart transplants and were facing death. From their perspective, participating in this experiment that received emergency authorization through the Food and Drug Administration's emergency use program may have felt like their only hope. That's where things can get tricky. There's a risk of what's called "therapeutic misconception," where participants mistakenly believe that the main goal of research is to help them personally when, in fact, the goal is to gather knowledge that may help future patients.

The challenges in medical research don't just come from the power imbalance between researchers and participants and (sometimes) the health vulnerability of participants. They also come from the pressures

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We are pleased to feature Dr. Christopher Bobier, PhD, as our guest contributor for this issue of the newsletter. Dr. Bobier serves as a member of the McLaren Institutional Review Board and is an Associate Professor of Foundational Sciences at Central Michigan University College of Medicine in Mt. Pleasant, Michigan. His teaching portfolio includes medical ethics, health systems, and health policy. His research explores the ethics of solid organ xenotransplantation, the moral dimensions of dual-use research of concern, and the concept of false hope in clinical medicine.

researchers themselves face. Medical researchers are often under intense pressure to publish their work in top journals. These publications aren't just nice to have; they're often tied to getting grant money, earning promotions, and keeping their jobs. In fact, for many researchers, securing external funding isn't optional, it's what keeps their labs running and their positions secure. This creates a high-stakes environment in which the pressure to publish can be relentless, sometimes leading people toward ethical compromises or questionable research practices just to stay afloat.

Given all this, it's not too surprising that the history of medical research is filled with troubling ethical lapses. Some of the most egregious abuses in the history of medical research (e.g., the Tuskegee Syphilis Study, in which African American men with syphilis were deliberately left untreated without their informed consent, or the Willowbrook Hepatitis Study, in which intellectually disabled children were intentionally infected with hepatitis) are widely known and have become emblematic of ethical failures in research. However, many other unethical studies, such as the Guatemala Syphilis Experiments or early Cold War radiation exposure studies, have received less public attention despite involving similarly serious violations of human rights and research ethics.

That's why many people find it reassuring that research funded or carried out by federally supported institutions must go through review by Institutional Review Boards, or IRBs. These are independent committees tasked with reviewing research involving human subjects before the research even begins. Their primary role is to ensure that participants are adequately protected and are able to provide fully informed and voluntary consent. Because IRBs aren't part of the research team, they're meant to be neutral reviewers, focused on one goal: protecting the rights and well-being of participants, especially those who might be most at risk.

Over time, though, IRBs have taken on a much bigger role in shaping how research gets done and not everyone sees that as a good thing. One common complaint is that the IRB process has become overly bureaucratic, slowing down important research without necessarily making it safer. Researchers often have to complete training modules, submit long, detailed applications, and wait for feedback from reviewers who may not even specialize in their area of study. If the IRB asks for changes, researchers have to revise and resubmit their proposal, sometimes more than once. All of this can lead to significant delays, making it harder to launch studies in a timely way and sometimes discouraging researchers from pursuing innovative or urgent projects in the first place.

Some researchers also point out that IRBs apply inconsistent standards, leading to confusion and frustration. This is especially so for multi-site studies. A study that gets quick approval at one institution might be bogged down for months at another, even when the protocols are identical. This inconsistency isn't just inconvenient, it can derail collaborative projects, inflate budgets, and delay the production of knowledge. Researchers often find themselves rewriting applications not because the study changed, but because they're trying to satisfy different interpretations of the same federal guidelines. In the worst cases, these inconsistencies create a kind of ethical roulette: whether a study moves forward may depend less on the ethical merits of the proposal and more on which IRB happens to review it.

Another concern is that IRBs sometimes get in the way of ethically sound research. Take, for instance, a study that wants to offer participants $1,000 to take part in a low-risk, potentially beneficial trial. Many IRBs would likely flag that amount as too high or worry that it could be seen as coercive. But a lot of ethicists disagree. They argue that if the study is safe, participation is voluntary, and participants are fully informed, then offering compensation is perfectly reasonable. After all, if it's ethical for someone to join a study without getting paid, why would paying them suddenly make it unethical? The problem is that IRBs often err on the side of caution, especially when it comes to money, which can lead to participants being underpaid for their time and effort. This tends to hurt people from lower-income communities the most.

In theory, IRBs exist to protect research participants and uphold ethical standards, and in many ways, they do. But the system isn't perfect. From overly cautious rules about compensation to inconsistent approval processes and bureaucratic slowdowns, IRBs can unintentionally hinder important, ethically sound research. When that happens, it's not just researchers who lose out - it's patients, communities, and future medical advances.

AAHRPP ACCREDITATION: WHY DO WE DO WHAT WE DO?

Many of you are familiar with AAHRPP (pronounced "ay-harp"), the Association for the Accreditation of Human Research Protection Programs. But you may not know exactly what AAHRPP does, why McLaren Health Care maintains this accreditation, or how its standards benefit researchers working under the McLaren Human Research Protection Program (HRPP).

Founded in 2001 by seven national organizations committed to ethical research, AAHRPP offers a voluntary accreditation program for institutions that oversee human subjects research. It was created in response to heightened scrutiny of research programs at the time, and today it remains the gold standard for ethical oversight.

According to AAHRPP, all major U.S. independent IRBs are accredited, and more than 60% of research-intensive universities and 65% of U.S. medical schools are either accredited or actively pursuing accreditation.

Why AAHRPP Standards Matter

You might wonder how an additional layer of oversight could benefit your research or how institutional self-evaluation tied to accreditation could improve your studies.

The accreditation process involves rigorous fact-finding and self-assessment, guided by AAHRPP's standards. Institutions strengthen their HRPPs not only during initial accreditation but also through reaccreditation, which occurs three years after the initial award and every five years thereafter.

During site visits, AAHRPP teams evaluate how institutions like McLaren interpret and apply accreditation standards across diverse research portfolios. They examine IRB practices such as informed consent review, documentation requirements, and use of expedited review for minimal-risk studies.

AAHRPP also emphasizes transparency. This is not just in how research is conducted, but in how information is shared. Accredited institutions are expected to make policies, procedures, and consent materials easily accessible to study teams, participants, and oversight bodies. Whether through system access or downloadable formats, research documents should be readily available and easy to navigate. This accessibility supports compliance, fosters collaboration, and reinforces public trust in the research process.

Ultimately, AAHRPP accreditation benefits research organizations, study participants, and the research enterprise. It prompts institutions to identify gaps, reinforce strengths, and build cohesive systems that protect participants and support high-quality research.

Key Benefits of AAHRPP Accreditation

Here are just a few of the advantages:

- **Assurance of Research Quality**
  AAHRPP accreditation signals a high-quality research program. The "golden seal" on McLaren Research documents and webpages reflects our commitment to participant protection, data integrity, and continuous improvement.

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RESEARCH BUILDING GROUNDBREAKING

CONTINUED FROM PAGE 21

parking lot, we soon will have a vibrant new center for educational opportunities and research discoveries that will translate into better health for many Detroiters."

In addition to advancing science, the HSRB is designed to be welcoming, accessible and participatory. Community members will be invited to participate in research design and outreach initiatives aimed at addressing preventable disease and health disparities across Detroit.

The site will feature green infrastructure, landscaped gathering areas, benches, and tables to create an open and inviting campus connection. Wayne State will also seek LEED Silver certification, underscoring its commitment to sustainability and environmental stewardship.

Strengthening Wayne State's research ecosystem

The HSRB will be strategically located across from Wayne State's School of Medicine and will be home to many of the school's biomedical researchers, as well as researchers from across the university whose funded work is aligned with these areas.

A planned pedestrian bridge connecting Scott Hall and a dedicated walkway to the Elliman Research Building will provide seamless connectivity, supporting collaborations between basic scientists, clinicians, educators, and students.

"The Health Sciences Research Building will be a powerful catalyst for advancing cancer research and care," Boris Pasche, MD, PhD, FACP, chair of the WSU Department of Oncology and president and CEO of the Barbara Ann Karmanos Cancer Institute. "With our strong partnership with Wayne State and as Michigan's first NCI-Designated Comprehensive Cancer Center, Karmanos is proud to help accelerate discoveries from the lab to the bedside. The breakthroughs made here will push the boundaries of science and bring hope and healing to patients and families across Detroit and beyond."

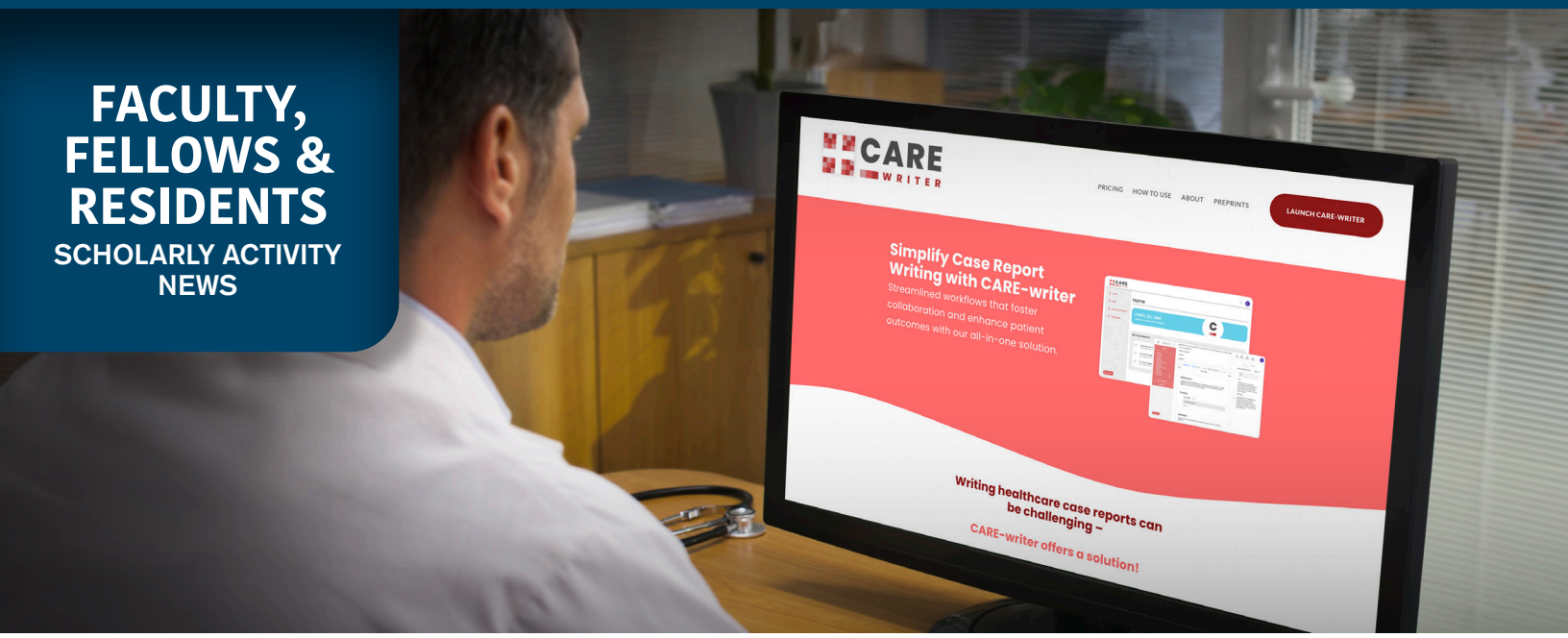
Looking ahead

The design development phase is complete, and with the ceremonial groundbreaking, construction is set to begin. Project completion is targeted for early 2028.

Originally published at *Today@Wayne*.

FACULTY, FELLOWS & RESIDENTS

SCHOLARLY ACTIVITY NEWS



CASE REPORTS: BACK TO BASICS

By Carlos F. Rios-Bedoya, ScD, MPH

Carlos F. Rios-Bedoya, ScD

Case reports are useful learning/training tools for McLaren residents/fellows. Frequently, case reports represent their first exposure to scholarly activity during their training; even though case reports do not meet McLaren's scholarly activity requirement for graduation. McLaren educational and training resources must be used to produce the highest possible quality of case reports. Two ways to accomplish that is by standardization and following recommended guidelines regarding the format and content of a case report. There is one online resource that facilitates accomplishing those two tasks; it is called CARE Writer (https://care-writer.com/). This online tool is free for the first case report and provides plenty of advice on how to write a quality case reports and the type of content of different sections of a case report. Furthermore, there is a CARE checklist (at right – visit https://static1.squarespace.com/static/5db7b349364ff063a6c58ab8/t/5db7bf175f869e5812fd4293/1572323098501/CARE-checklist-English-2013.pdf) to help writers verify that they included all the suggested components needed for a high-quality case report.

At McLaren, we have created a standardized poster template designed specifically for disseminating the content of case reports. This template should facilitate the presentation of case reports at meetings and scientific conferences that our residents/fellows/faculty tend to go and present their scholarly activity projects. In addition, the poster template standardizes the color palette and logos allowed to advertise and disseminate the McLaren brand. The template is divided in sections similar to the ones recommended by the CARE Writer.

An important reminder is to follow the established Graduate Medical Education review and approval process for case reports. Given that personal and protected health information are integral components of a case report, the Corporate Compliance Office should review and approve the final version of every case report abstract, poster, oral presentation, and manuscript that will be disseminated outside McLaren. The current process states that the final version of all of these documents should be emailed to the McLaren

CARE Case report guidelines — **CARE Checklist of information to include when writing a case report**

Topic	Item	Checklist item description	Reported on Line
Title	1	The diagnosis or intervention of primary focus followed by the words "case report"	
Key Words	2	2 to 5 key words that identify diagnoses or interventions in this case report, including "case report"	
Abstract (no references)	3a	Introduction: What is unique about this case and what does it add to the scientific literature?	
	3b	Main symptoms and/or important clinical findings	
	3c	The main diagnoses, therapeutic interventions, and outcomes	
	3d	Conclusion—What is the main "take-away" lesson(s) from this case?	
Introduction	4	One or two paragraphs summarizing why this case is unique (**may include references**)	
Patient Information	5a	De-identified patient specific information	
	5b	Primary concerns and symptoms of the patient	
	5c	Medical, family, and psycho-social history including relevant genetic information	
	5d	Relevant past interventions with outcomes	
Clinical Findings	6	Describe significant physical examination (PE) and important clinical findings	
Timeline	7	Historical and current information from this episode of care organized as a timeline	
Diagnostic Assessment	8a	Diagnostic testing (such as PE, laboratory testing, imaging, surveys)	
	8b	Diagnostic challenges (such as access to testing, financial, or cultural)	
	8c	Diagnosis (including other diagnoses considered)	
	8d	Prognosis (such as staging in oncology) where applicable	
Therapeutic Intervention	9a	Types of therapeutic intervention (such as pharmacologic, surgical, preventive, self-care)	
	9b	Administration of therapeutic intervention (such as dosage, strength, duration)	
	9c	Changes in therapeutic intervention (with rationale)	
Follow-up and Outcomes	10a	Clinician and patient-assessed outcomes (if available)	
	10b	Important follow-up diagnostic and other test results	
	10c	Intervention adherence and tolerability (How was this assessed?)	
	10d	Adverse and unanticipated events	
Discussion	11a	A scientific discussion of the strengths AND limitations associated with this case report	
	11b	Discussion of the relevant medical literature **with references**	
	11c	The scientific rationale for any conclusions (including assessment of possible causes)	
	11d	The primary "take-away" lessons of this case report (without references) in a one paragraph conclusion	
Patient Perspective	12	The patient should share their perspective in one to two paragraphs on the treatment(s) they received	
Informed Consent	13	Did the patient give informed consent? Please provide if requested	Yes ☐ No ☐

privacy officer (privacy@mclaren.org) at least five business days before the deadline copying Dr. Ríos-Bedoya and the subsidiary PhD. Once the privacy officer has reviewed and approved, Dr. Ríos-Bedoya will provide final approval and authorization to submit. No case report should be submitted outside McLaren without these reviews and approvals. If additional information or assistance is needed regarding case reports and their review and approval process, please contact the PhD assigned to your subsidiary and program. The Division of Scholarly Inquiry is committed to supporting and facilitating scholarly activity for McLaren residents, fellows, and faculty.

For additional information, contact Dr. Carlos F. Ríos-Bedoya at **carlos.rios@mclaren.org**.

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UPCOMING RESEARCH EDUCATION

MHC Research Integrity Brown Bag session
Audit and Inspection Readiness

Speaker:
Jessica Rowe, MA, MS, CCRP, CIP
Date TBD

ACRP – New Jersey Chapter
Building Trust for Better Study Recruitment – Turning Awareness into Action

VIRTUAL EVENT
October 22, 2025
6 pm - 7:15 pm (ET)

Speaker:
Miranda Kaywood

Scan the QR Code for more information and to register.

ACRP – Suncoast, Phoenix, and Northern California Chapters
Navigating Protocol Deviations – New Guidance

VIRTUAL EVENT
November 5, 2025
12 pm - 1 pm (PT)

Panelists:
Glenda Guest
Meghana Rao

Moderator:
Kaushal Shah

Scan the QR Code for more information and to register.

ACRP – North Texas Chapter
Root Cause and CAPA Tools for Audit and FDA Inspection Observations

VIRTUAL EVENT
November 8, 2025
9 am - 11 am (CT)

Speaker:
Janet Holwell, CCRC, CCRA, TIACR, FACRP
Clinical Research Consultant/Trainer

Glenda Guest, BS, CCRA, TIACR, RQAP-GCP, FACRP, ACRP-MDP
President, Assured of Quality Consulting and Training

Scan the QR Code for more information and to register.

Head and Neck Symposium
November 8, 2025 | 8 a.m. - 2 p.m.

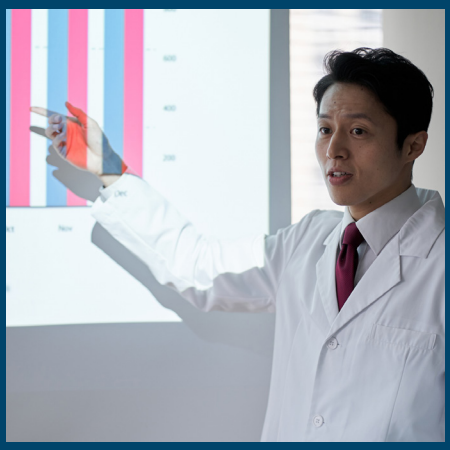
Program Directors:
Ammar Sukari, MD
Tarik Hadid, MD, MPH, MS, FACP

Guest Speakers:
Robert Haddad, MD
Dana Farber Cancer Institute

Barbara A. Murphy, MD
Vanderbilt Ingram Cancer Center

Scan the QR Code for more information and to register.

* Registration closes Thursday, November 6, 2025



2025 PRIM&R Annual Conference
November 7 - 8, 2025

Scan the QR Code for more information and to register.

2026 AAHRPP Annual Conference
Great Lakes, Great Minds Meet in Michigan
May 19 - 21, 2026
Detroit Marriott at the Renaissance Center, Detroit, MI

Scan the QR Code for more information and to register.

AAHRPP ACCREDITATION: WHY DO WE DO WHAT WE DO?

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- **Elevated Standards and Protections**
  AAHRPP's ethical and professional standards go beyond federal requirements, offering the most comprehensive protections for study participants. Institutional IRBs like McLaren's may adopt even more stringent criteria tailored to local needs.
- **Improved Efficiency and Effectiveness**
  Accredited organizations typically have more streamlined policies, better documentation, and fewer disruptions due to audits or regulatory issues. AAHRPP ensures that policies aren't just written, they're implemented.
- **Government Recognition**
  Federal agencies value AAHRPP accreditation and often seek it for their own HRPPs. Accreditation status can influence funding decisions and regulatory partnerships.
- **Competitive Funding Advantage**
  Sponsors increasingly expect AAHRPP accreditation as a condition of support. Accredited institutions are seen as more efficient, more protective of participants, and more likely to produce reliable data.
- **Public Trust and Confidence**
  Voluntary accreditation demonstrates a proactive commitment to ethical research. Participants and the public are more likely to trust organizations that choose to meet AAHRPP's rigorous standards.

Conclusion

AAHRPP accreditation places the responsibility for ethical oversight in the hands of institutions and researchers. By voluntarily meeting national standards, the research community affirms its commitment to participant protection and regulatory excellence; often reducing the need for additional external regulation.

While accreditation requires time and resources, its return on investment is clear: stronger HRPPs, full regulatory compliance, and increased public trust. Most importantly, it allows institutions like McLaren to define and pursue best practices that elevate the quality and integrity of human subjects research.

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We sincerely regret if we left out any fellow or resident, due to our publication deadline. Nevertheless, our congratulations to all of you that received any recognition for your scholarly activity work. We also would like to recognize faculty, program directors, and all medical education staff for their support and assistance. Without you, none of this would have been possible.