RESEARCH Matters

Summer 2025

IN THIS ISSUE

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

McLaren

RESEARCH AROUND McLAREN

THE SECOND ANNUAL

McLAREN HEALTH CARE SCHOLARLY INQUIRY FORUM

The second annual McLaren Health Care Scholarly Inquiry Forum was held April 23, 2025 at the Somerset Inn in Troy. Below is a summary of the winners. Congratulations to all!

QUALITY IMPROVEMENT
Oral Presentations

1ST PLACE

Sarah LaSalle, MT(ASCP)SM, CIC
McLaren Greater Lansing
Infection Prevention Specialist

Operating Room Suite Environmental Sanitation and the Reduction of Surgical Site Infection

2ND PLACE

Mrinal Sinha, MD
McLaren Oakland
Emergency Medicine Resident

Improving Sepsis Compliance with Additional Documentation

3RD PLACE

Sumeet Aujla, MD
McLaren Macomb
Cardiovascular Disease Fellow

Encouraging Cardiac Rehabilitation Attendance: A McLaren Macomb Hospital Quality Improvement Project

HONORABLE MENTION

Chelsi Linzner, BSN, RN
McLaren Caro
Clinical Education/Trauma Program Coordinator

The Impact of Interdisciplinary Rounding on Patient Satisfaction in a Critical Access Hospital

HONORABLE MENTION

Emily Kenyon, DO
McLaren Macomb
OB/GYN Resident

Evaluation of Obstetrics Initiative Labor Dystocia Criteria Compliance at McLaren Macomb Hospital

QUALITY IMPROVEMENT
E-Poster Presentations

1ST PLACE

Karthik Padmanabhan, MD
McLaren Oakland
Diagnostic Radiology Resident

Radiation Safety: Improving dosimetry badge compliance through education

2ND PLACE

Huanchun Lai, MD
McLaren Macomb
Internal Medicine Resident

Reducing Catheter-Associated Urinary Tract Infection in ICU with a Sticker System

3RD PLACE

(Tie, listed in alphabetical order of presenter)

Sai Swetha Alladi, MD
McLaren Flint
Internal Medicine Resident

The Quality improvement initiative aimed at enhancing iron deficiency screening in patients hospitalized with systolic heart failure.

Fahimeh Talaei, MD
McLaren Flint
Internal Medicine Resident

Integrating Residents: Organizational Quality Metric of reducing 30-day readmission of patients with acute decompensated heart failure

RESEARCH
Oral Presentations

1ST PLACE

Mustafa Turkmani, MD
McLaren Oakland
Internal Medicine Resident

Intensive versus standard blood-pressure control in patients with high cardiovascular risk: A systematic review and meta-analysis of Randomized Controlled Trials

2ND PLACE

(Tie, listed in alphabetical order of presenter)

Dheeraj Alexander, MD
McLaren Flint
Internal Medicine Resident

Smoking and the Bleeding Gut: Impact on 30-Day Readmission with Recurrent Non-Variceal Upper GI Hemorrhage

Kursat Gurel, MD
McLaren Oakland
Internal Medicine Resident

Predictors of Transthoracic Impedance in Patients who Underwent Elective Electrical Cardioversion

HONORABLE MENTION

William Lim, MD
McLaren Flint
Cardiovascular Disease Fellow

Utilizing Risk Scoring For Prescribing Statins To Hospitalized Patients to Primarily Prevent Coronary Artery Disease (PDCA 2)

RESEARCH
E-Poster Presentations

1ST PLACE

Brandon Knight, DO
McLaren Oakland
Otolaryngology Resident

Newborn Auditory Screening with Tympanometry, Otoacoustic Emissions, and Acoustic Stapedial Reflex Testing: A Pilot Study

2ND PLACE

Jerry Kenmoe, MD
McLaren Flint
Internal Medicine Resident

Income and Location Divide in Myeloma Outcomes: A Call for Equitable Care

3RD PLACE

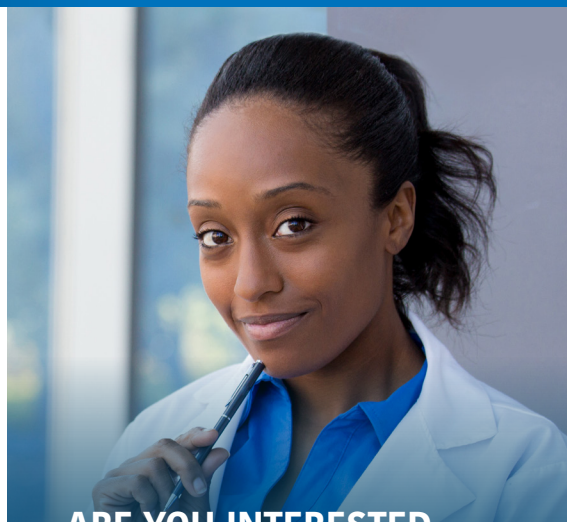
Alex Malloy, DO
McLaren Macomb
General Surgery Resident

Retrospective Study Comparing Small Bore vs. Large Bore Chest Tube Placement after Traumatic Hemothorax and Pneumothorax

HONORABLE MENTION

Mustafa Turkmani, MD
McLaren Oakland
Internal Medicine Resident

Trends in cancer and pulmonary embolism related mortality in adult US population: A CDC WONDER database analysis from 1999 to 2020



ARE YOU INTERESTED IN BECOMING A RESEARCH PARTICIPANT?

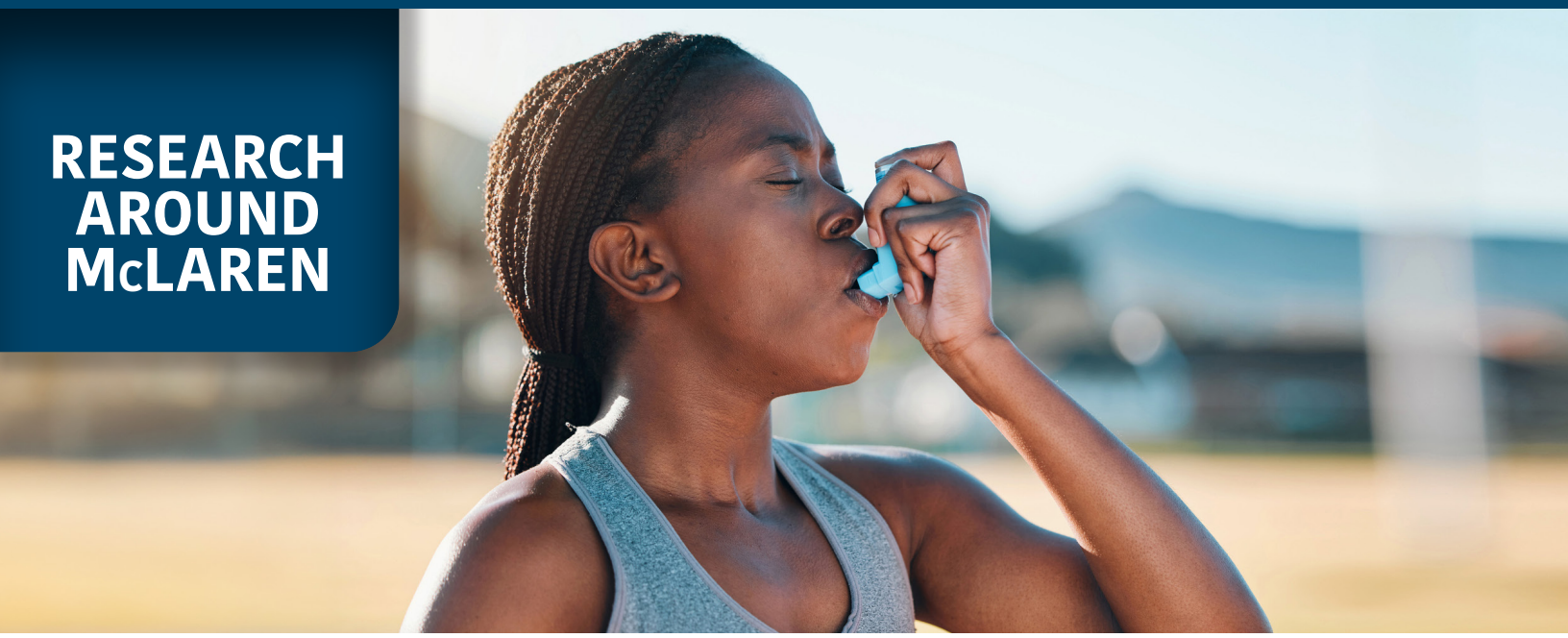
For information on enrolling in a clinical trial please visit **mclaren.org/main/clinical-research-trials**. Here you will find a list of open enrolling studies at McLaren, including which hospital the research is being done at and contact information for each study.

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 3 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 1 visit with primary or secondary diagnosis of asthma within 12 months before or on enrollment date
- At least 1 filled prescription of SABA only rescue inhaler e.g. albuterol or levalbuterol within 12 months before enrollment date
- At least 1 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) within3 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 1st, July 1st, and October 1st 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

INVESTIGATOR RESPONSIBILITY IN CLINICAL RESEARCH

"We emphasize that as the clinical investigator, you were ultimately responsible to ensure that your clinical study was conducted properly and in compliance with FDA regulations, both to protect the rights, safety, and welfare of study subjects and to ensure the integrity of study data. Your failure to perform the above-mentioned study procedures as required by the protocol, and your lack of oversight and supervision of the clinical study, raise significant concerns about the safety of study subjects enrolled at your site and the integrity of the data generated at your site."

The quote (below left) is from an actual FDA warning letter dated December 14th, 2022 to a Principal Investigator in La Palma, CA. (FDA ref. No: 22-HFD-12-01) This quote highlights a common theme resulting from FDA inspections of clinical research sites: Significant problems happen when Investigator oversight is lacking, not well-defined, or not documented. These problems can impact the rights and safety of human research participants and the integrity of the research study data.

While not all research conducted at McLaren Health Care is FDA regulated, this warning letter serves as an example and can be instructive for all research. In fact, findings from internal or sponsor driven audits strongly echo this theme, that the lack of investigator oversight leads to problems with study conduct, participant safety and data integrity.

The conduct of clinical trials at MCRI is a team effort. The PI is supported by research nurses, research coordinators, research assistants, regulatory staff, contract and budget staff, finance and informatics and management staff, not to mention the support of ancillary hospital departments such as pharmacy, lab, cath lab, OR and the Fellows and APPs. Although the PI assigns or delegates tasks to these team members, the expectation is that the PI is still responsible for providing adequate supervision of that team, and the tasks to which they have been assigned. When problems occur on the team, and those delegated tasks either do not get completed or they are completed incorrectly, it is the PI who is accountable for any potential resulting regulatory

violations. What "adequate supervision" looks like depends on many factors related to that particular study: the overall complexity of the study (such as number of visits and procedures), number of staff, the experience (or relative lack of experience) of staff, number of subjects, the study population, etc. Per the FDA guidance, there are four areas of focus in assessing adequate supervision by the PI:

- whether those who are delegated tasks were qualified to do the tasks
- whether the staff received adequate training to perform the delegated tasks
- whether the PI demonstrated ongoing involvement in the conduct of the study
- whether there was adequate supervision of any third parties involved in study conduct (as applicable)

While the MCRI coordinators do absorb a huge portion of the day-to-day operations on site, it is nevertheless the PIs responsibility to oversee the team and ensure everything gets done. Tasks delegated to the study team can range widely from making phone calls, filing and scheduling, and data entry to performing physical exams, controlling investigational products or processing labs. Although the PI delegates these to others, the expectation is that the PI is still responsible for providing adequate supervision of the team. Additionally, the PI is responsible for ensuring that the team members to whom they have delegated tasks are appropriately qualified and trained.

The PI may only delegate tasks to staff who are qualified by education, training, experience and licensing (as required), to perform those tasks. The FDA does not clearly define "qualified" in their guidance, however, they do provide examples of tasks that are commonly inappropriately delegated, namely screening evaluations, physical exams, evaluation of AEs, endpoint assessment and most importantly, obtaining informed consent. Physical exams, for example, are medical procedures and should only be performed by staff who are qualified by licensure, such as a physician or APP. Informed consent should only be performed by individuals who are IRB approved, sponsor trained and have had considerable on-the-job training or experience with the process. Additionally, the protocol itself may have specific language that requires certain tasks be performed only by individuals with particular training or licensure. The PI should read and understand the protocol and note these special requirements as they think about their delegations.

Appropriate delegation and training, in and of itself, is not enough to show investigator oversight. The PI still retains ultimate responsibility for the project as a whole, which cannot be delegated. Therefore, the PI has to commit to continued involvement for the life of the study and ensure the conduct continues seamlessly per the IRB approved protocol, applicable regulations, guidelines and policies.

There are numerous clinical research specific training requirements that may be specific to the institution, including Human Subject Protection training, Good Clinical Practice training or Conflict of Interest training. All of which apply not just to the study team, but to the PI as well. At McLaren, it is institutional policy that all CITI Program based training, be current for the PI and the study team at the time of initial submission and throughout the life of the study. Should any of the certifications lapse, all clinical research activity should cease until they have been renewed. Clearly, this can slow enrollment, affect patient care and ultimately affect the success of the trial at McLaren. Lapsed clinical research training requirements are the most common violation of this FDA regulation and institutional policy that we see regularly and can be one of the most damaging to investigator reputation, institutional reputation and overall success of the trial.

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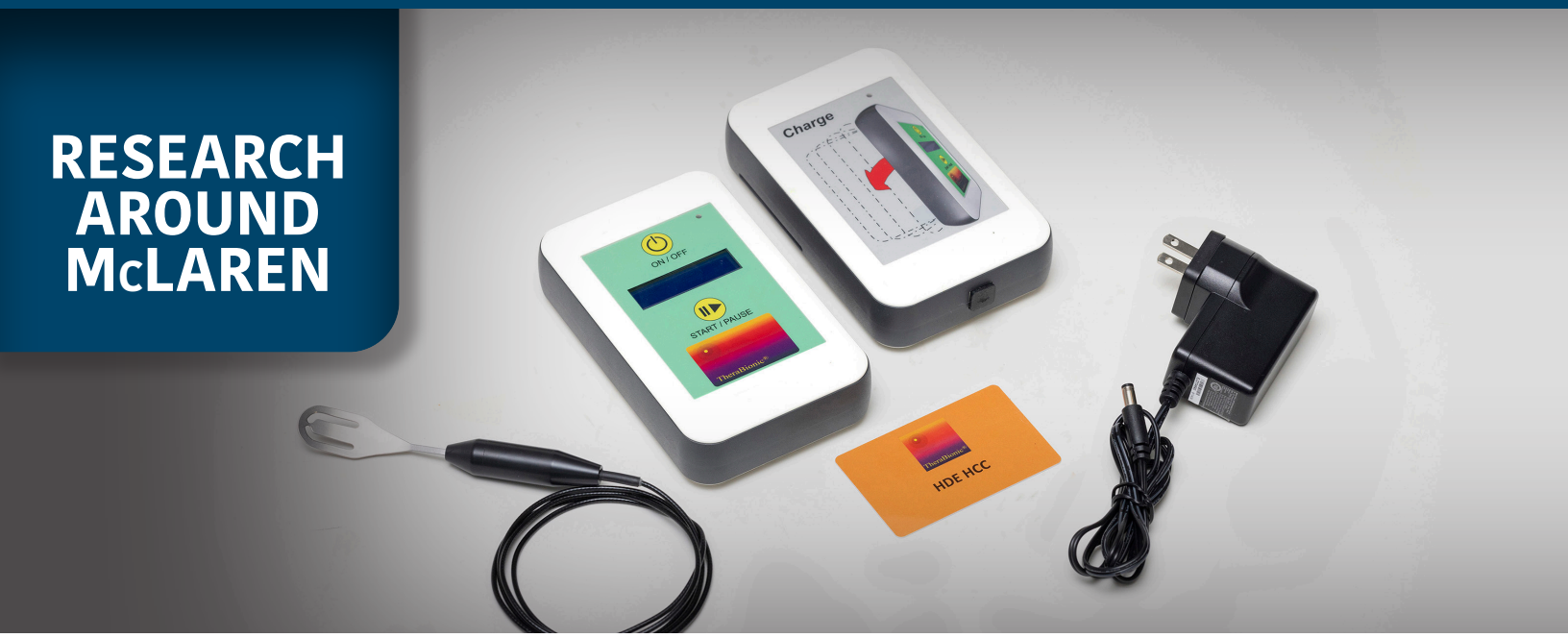
RESEARCH AROUND McLAREN



NEW GRANT ALLOWS KARMANOS RESEARCHERS TO CONTINUE RESEARCH

USING ELECTROMAGNETIC RADIOFREQUENCY FIELDS TO TREAT FIBROLAMELLAR CARCINOMA

A Barbara Ann Karmanos Cancer Institute and Wayne State University research team has received a $49,500 grant to research a rare cancer. The grant was awarded after decades of research into treating cancer with electromagnetic radiofrequencies. The team is led by Hugo Jimenez, PhD, member of the Molecular Therapeutics Research Program and assistant professor in the Department of Oncology. The money is awarded by the Fibrolamellar Carcinoma Foundation to research fibrolamellar carcinoma (FLC), a rare liver cancer that occurs most often in adolescents and young adults.

Hugo Jimenez, PhD

"Patients who are diagnosed with this disease do not have a history of liver disease, and there is currently no standard of care to treat fibrolamellar carcinoma," explained Dr. Jimenez.

The investigative project is titled "Therapeutic Action to Tumor-Specific Amplitude Modulated Radio Frequency Electromagnetic Fields in Fibrolamellar Carcinoma." Studies began in March, specifically looking at the electromagnetic radiofrequency fields used to treat hepatocellular carcinoma (HCC) with the newly FDA-approved TheraBionic P1 device. The team hopes to demonstrate that the efficacy of the HCC-specified frequencies is also effective for treating FLC.

"FLC is a subtype of HCC. In past research, we have examined patients with FLC and found that the frequencies identified are identical to those found in patients with HCC," said Dr. Jimenez.

"Because this cancer is rare, cell lines are also rare, and the few that exist can be difficult to find and obtain. Therefore, with the help of the Fibrolamellar Cancer Foundation (FCF), we found and reached out to a researcher at the University of Wisconsin-Madison to obtain a cell line engineered to be FLC-like. Using that cell line, we have already been able to test the HCC radiofrequency treatment on the FLC-like cell line and identify that this treatment did indeed have an impact."

The initial findings of this study was presented as a poster at the American Association for Cancer Research (AACR) Annual Meeting in Chicago at the end of April, with an abstract later published in the Proceedings of the AACR.

"Over the next year, I am confident that we can move from an in vitro model to an in vivo model. Moreover, I would like to be able to identify a few biomarker candidates of HCC radiofrequency treatment response," expressed Dr. Jimenez. "I hope our findings will lead to FLC patients being able to have a novel treatment option in the future."

INVESTIGATOR RESPONSIBILITY IN CLINICAL RESEARCH

CONTINUED FROM PAGE 7

All clinical trials at MCRI go through a robust feasibility review process before signing the contract and submitting to the IRB. This process is meant to identify any issues, concerns or gaps we may need to address prior to committing to take the project on. This is the time for the PI to critically assess whether they have the ability to take on the role, by considering realistic time investments needed, experience and availability of staff, complexity and acuity of the study and the number of other studies they may have previously committed to conduct.

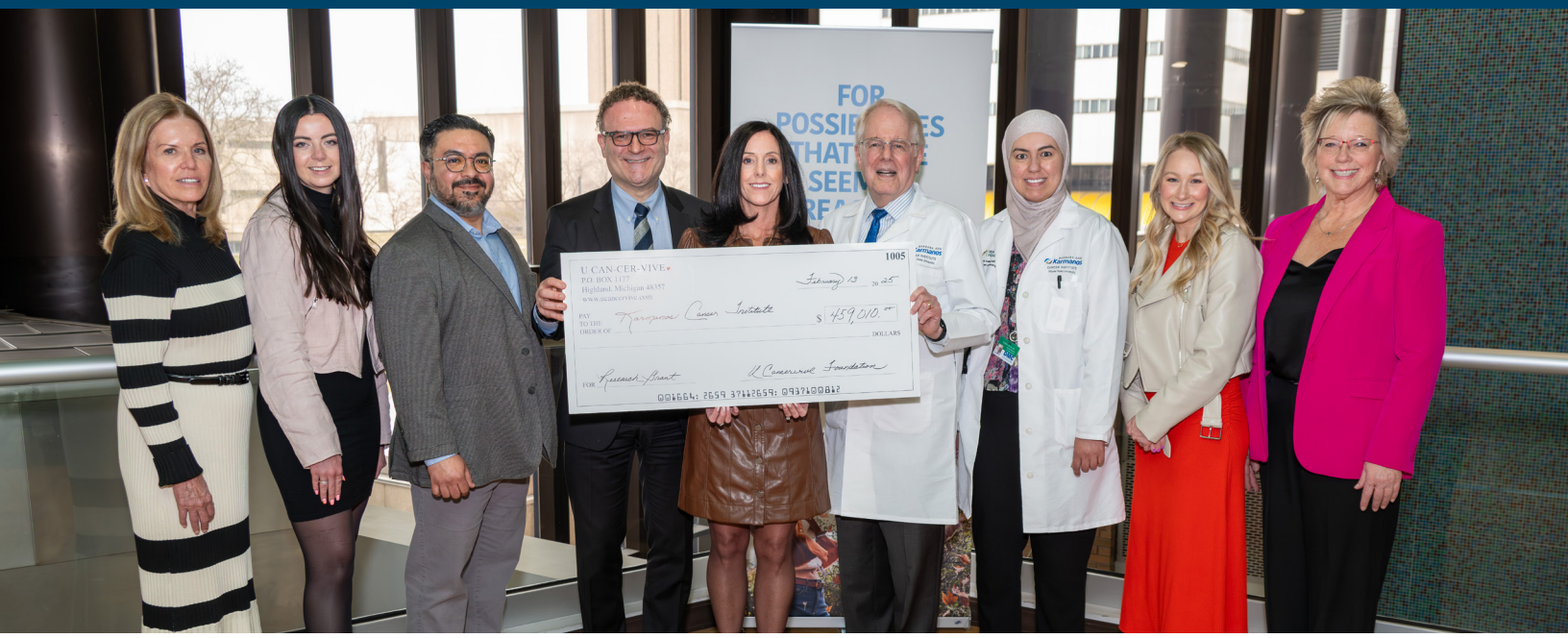
Once a PI has decided to move forward and accept this responsibility, the FDA guidance recommends that the PI develop a plan for supervision and oversight of the study. At MCRI, we have standards in place to assist, but the PI is always encouraged to adjust the robustness of these standards as they see fit. PIs are strongly urged to think about the level of oversight their study requires and take time out to plan with their study team the most effective way to ensure they have the information they need to properly oversee study operations.

In particular, studies conducted at a system level, where a PI has oversight of more than one research location and multiple study teams, we organize monthly virtual PI meetings so all locations can be represented and update the PI on study progress, ask questions, develop enrollment strategies and troubleshoot issues together. This keeps the PI involved and up to date on all day-to-day operations, enrollment progress, follow-up status, adverse events and more.

By now, most seasoned researchers have heard the phrase, “if it isn’t documented, it didn’t happen”. This saying applies to all research activity, but importantly, PI oversight. Training certificates, CVs, licenses, training logs, delegation of authority logs, signatures on inclusion / exclusion assessments, are all ways to document that the PI has oversight and is appropriately ensuring training, qualifications and delegations. However, just having these documents filed in a binder doesn’t go far enough to prove the PI is actually aware. All PIs should be encouraged to ask for these documents and review them from time to time. Prior to SIV or Interim Monitoring Visits are a perfect time for a PI to take a time out and ensure everything is up to date and properly accounted for in the regulatory files. A small investment of time here can have a huge pay out when the FDA shows up for a visit. A PI who knows their team and their qualifications and who he has delegated for what task, shows any auditor that they have adequate oversight of the team and their study activity.

As discussed above, adequate delegation, and documentation of that delegation, does not encompass all of the PIs supervisory responsibilities. Documentation should support the PIs ongoing involvement in the study, including important decisions related to all aspects of study conduct like evaluation of adverse events, adequacy of the informed consent process, timeliness of IRB reporting, integrity of the study data etc. Records of communication with the study team should be maintained, printed emails or texts, minutes from meetings or memos circulated with study information should all be available in chronological order to paint a robust picture of PI oversight and tell the story of the study conduct from start to finish. This documentation validates the conduct that supports the research results, and when lacking it can jeopardize the long term use of the data or even approvals of the drug or device which is being studied.

MCRI staff are always available for their PIs and want to support their involvement in any way possible. We encourage all PIs to touch base with their teams regularly, to take the time to read and understand the protocol and view the study data and regulatory documentation often. We will work with you to ensure you have the support you need to satisfy the FDA regulations, but we cannot do it without you! PIs are the most essential team member and without an active and engaged investigator, conducting clinical trials would not be possible. Thank you all for your time and dedication to clinical research at McLaren and we look forward to supporting you on your next project.

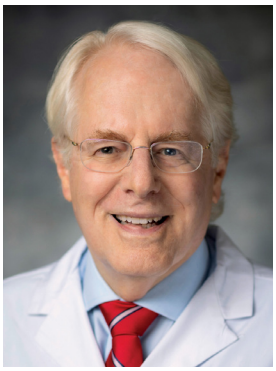


U CAN-CER VIVE GIVES $450K+ TO KARMANOS CANCER INSTITUTE

FOR CONTINUED RESEARCH IN USING RADIOFREQUENCY TO TREAT CANCER

The Barbara Ann Karmanos Cancer Institute has been awarded $459,010 for continued research in treating cancers with radiofrequency electromagnetic fields. Leaders from U CAN-CER VIVE Foundation, an organization that supports cancer research in Michigan, delivered the check to Karmanos researchers in March. U CAN-CER VIVE was co-founded by Ryan and Kelley LaFontaine. The funds will help open clinical trial studies in cancer treatment of breast, colorectal and pancreatic cancers, and continue studies in liver cancer with the novel, handheld, portable device, TheraBionic P1.

"U CAN-CER VIVE has supported the important research that our scientists conduct, and we are grateful to have had their continued commitment over the years that assists our labs in breakthrough research and development of novel treatments," explained Anthony Shields, MD, PhD, medical oncologist, associate center director of Clinical Sciences and member of the Gastrointestinal and Neuroendocrine Oncology Multidisciplinary Team (MDT) at Karmanos. "We've seen clear benefits in patients that we have prescribed the TheraBionic P1 device since we began offering this therapy in November. Since the announcement of Karmanos being the first to offer treatments with the device for advanced liver cancer, many of our clinical researchers have been looking into how this new therapy can extend treatment options for many of their patients."



Anthony Shields, MD, PhD

Boris Pasche, MD, PhD, FACP

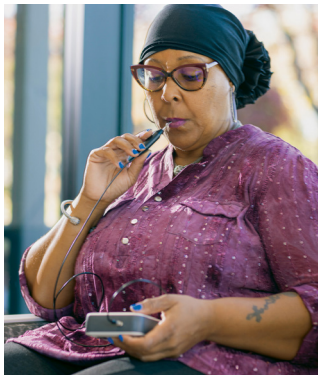
The TheraBionic P1 device was FDA-approved in September 2023 to treat advanced hepatocellular carcinoma (HCC), the most common type of liver cancer. This treatment concept and device has undergone two decades of research and studies, which showed using the TheraBionic P1 device resulted in tumor shrinkage, blocked new cancer cell growth, and increased overall survival rates. According to TheraBionic, Inc., patients undergoing treatment in these studies did not experience debilitating side effects associated with other cancer-fighting therapies, including loss of appetite, diarrhea, and irritation of the palms and soles. One patient lived nearly six years,

The National Cancer Institute-Designated Comprehensive Cancer Center will expand clinical trial studies for multiple cancer types.

using the device consistently months after recurrence of HCC. TheraBionic P1 is the first FDA-approved systemic therapy using radiofrequency electromagnetic fields to treat cancer.

The TheraBionic P1 device was co-invented by Boris Pasche, M.D., Ph.D., FACP, the president and CEO of Karmanos. In research studies, he and his co-inventor, Alexandre Barbault, learned that specific tumors react to specific tumor frequencies.

"The device is amplitude-modulated at tumor-specific frequencies. We discovered that different frequencies are needed for HCC, breast, pancreatic, colon cancers, and other solid tumors. Dr. Shields and our Karmanos physician-scientists are leading these studies. We look forward to the results of these clinical trials and hope to continue offering this device to patients who may need another option for treatment," said Dr. Pasche.



The device emits low levels of 27.12 MHz radiofrequency electromagnetic fields, which are amplitude-modulated at tumor-specific frequencies ranging from 200 Hz to 100,000 Hz. The patient puts a spoon-shaped antenna on their tongue to administer treatment in three one-hour sessions daily in the comfort of their own home. The specific low levels of radiofrequency electromagnetic fields travel throughout the patient's body to the primary tumor and its metastases, wherever they are located. The tumor-specific radiofrequency electromagnetic fields are recognized by receptors on tumor cells.[1,2] Once recognized by the receptors, the signal transforms into growth arrest, blocking the growth of tumor cells without affecting healthy tissue. Radiofrequency levels delivered during treatment are lower than those generated by cellular phones when held close to the body.

"U CAN-CER VIVE was born from a deeply personal place – a promise to fight for every life impacted by cancer," said Kelley LaFontaine, co-founder of U CAN-CER VIVE. "This gift to Karmanos represents more than funding; it's our unwavering belief in the brilliance of Michigan's researchers and the strength of every patient in the fight of their life. To know that this device is already changing outcomes, already giving families more time together – that's why we do what we do. We are honored to stand beside the team at Karmanos as they push the boundaries of what's possible and bring new light into the lives of so many."

There are studies currently open using the device, with others planned to open soon. Many of the studies that the U CAN-CER VIVE grant supports are expected to open in 2025. For more information on clinical trials available at Karmanos and to access the clinical trials portal, visit **karmanos.org/clinicaltrials**.

1. Jimenez, H., Wang, M., Zimmerman, J.W., et al: Tumour-specific amplitude-modulated radiofrequency electromagnetic fields induce differentiation of hepatocellular carcinoma via targeting Cav3.2T-type voltage-gated calcium channels and Ca(2+) influx. EBioMedicine 44:209-224, 2019

2. Sharma, S., Wu, S.Y., Jimenez, H., et al: Ca(2+) and CACNA1H mediate targeted suppression of breast cancer brain metastasis by AM RF EMF. EBioMedicine 44:194-208, 2019

UPCOMING EDUCATION

MHC Research Integrity Brown Bag Session
TBD

PRIM&R Core Training: FDA Regulated Research
Sept. 25, Oct. 1 and 8, 2025
1:00 pm - 3:00 pm
Learning Lab: Oct. 3 and 10, 2025
1:00 pm 2:00 pm
More information/registration:
mclaren.org/primr2025workshops

SOCRA 2025 Annual Conference
September 26 to 28, 2025
More information/registration:
mclaren.org/socra2025conference

Lung Cancer Symposium
September 27, 2025
8:00 am - 2:00 pm
More information/registration:
karmanos.org/lungsymposium

AAHRPP Innovations
October 1, 2025
1:00 pm - 2:30 pm
More information/registration:
mclaren.org/aahrpp2025webinar

Gastrointestinal Oncology Symposium
October 3, 2025
8:00 am - 2:00 pm
More information/registration:
karmanos.org/gastrointestinalsymposium

ACRP NY Metro Chapter
October 10, 2025
8:00 am - 5:00 pm
More information/registration:
mclaren.org/acrp2025conference

Head and Neck Symposium
November 8, 2025
8:00 am - 2:00 pm
More information/registration:
karmanos.org/headandnecksymposium

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**.

Clinical Trial
NON-SMALL CELL LUNG CANCER

PHASE III

Principal Investigator:
Dipesh Uprety, MD

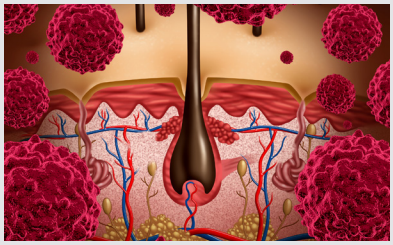
Karmanos Trial ID:
2023-101

Age Group:
Adults

Locations Available:
- **Detroit**
- **Farmington Hills**

Therapies:
- **Biological Therapy**
- **Chemotherapy**
- **Immunotherapy**

Eligibility Criteria:
- **Newly diagnosed locally advanced or metastatic non-small cell lung cancer**
- **KRAS G12c-mutant**
- **Known PD-L1 status**



Clinical Trial
MELANOMA

PHASE III

Principal Investigator:
Yusra Shao, MD

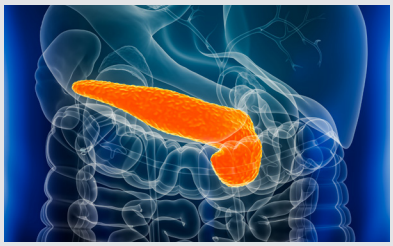
Karmanos Trial ID:
2023-044

Age Group:
Adults

Locations Available:
- **Detroit**
- **Farmington Hills**

Therapies:
- **Biological Therapy**
- **Immunotherapy**

Eligibility Criteria:
- **Have previously untreated, unresectable stage III or stage IV melanoma**
- **Have known BRAF status (tissue submission for testing is allowed if unknown)**
- **Present with measurable disease per RECIST 1.1**
- **Be adults (18 years of age or older)**



Clinical Trial
PANCREATIC

PHASE II

Principal Investigator:
Anthony Shields, MD, PhD

Karmanos Trial ID:
2023-104

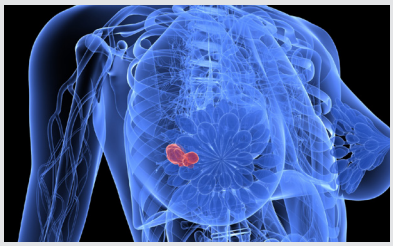
Age Group:
Adults

Locations Available:
- **Detroit**
- **Farmington Hills**

Therapies:
- **Chemotherapy**

Devices:
- **TheraBionic P1 device**

Eligibility Criteria:
- **Metastatic pancreatic adenocarcinoma**
- **Measurable disease per RECIST 1.1**
- **No gemcitabine/paclitaxel within 6 months of study entry**



Clinical Trial
BREAST CANCER

PHASE III

Principal Investigator:
Jailan Elayoubi, MD

Karmanos Trial ID:
S2206

Age Group:
Adults

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

Therapies:
- **Chemotherapy**
- **Immunotherapy**

Eligibility Criteria:
- **ER+/PR+/HER2- breast cancer, clinical stages II or III**
- **MammaPrint High Risk 2 result (testing provided during screening)**
- **No prior treatments; must be candidate for doxorubicin, paclitaxel, and durvalumab therapy**
- **ECOG 0-2**

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**.

RESEARCH AROUND McLAREN

HOW KARMANOS IS PARTNERING WITH COMMUNITIES AGAINST CANCER AND HOW YOU CAN GET INVOLVED

Community outreach involves more than just being present in the community.

Hayley Thompson, PhD

"The work that we do connects our communities with cancer science and connects our scientists with our diverse communities," said Hayley Thompson, Ph.D., associate center director of Community Outreach and Education and faculty supervisor of the Office of Community Outreach and Engagement (COE) at the Barbara Ann Karmanos Cancer Institute, and professor of Oncology at Wayne State University (WSU) School of Medicine.

COE monitors the cancer burden in Karmanos' 46-county catchment area, which includes multiple treatment centers in Michigan. Through meaningful academic-community partnerships, strategic research initiatives, and evidence-based cancer prevention and control approaches, the department engages communities and Karmanos scientists in strategies to reduce the burden and improve cancer outcomes across all populations. This involves interpreting data from a range of sources, and this data informs COE's initiatives, including community-based cancer education and screening outreach. COE coordinates multiple initiatives, such as training community members to help educate their family, friends and neighbors, mobilizing community organizations to offer cancer information and connection to care, teaching community members the basics of research, convening community members identifying cancer research priorities based on their lived experiences, and building relationships between community stakeholders and Karmanos scientists.

The Community Outreach and Engagement Office engages the community and Karmanos researchers in a unique and insightful way.

The Karmanos COE Office includes four sections:

1. Catchment Area Data and Responsive Programs
2. Partnerships and Policy
3. Scientific Engagement and Capacity Building
4. Cancer Prevention, Screening and Connection to Care

Catchment Area Data and Responsive Programs

"Part of COE's role is to identify, aggregate and interpret data on cancer incidence, deaths, and risk factors, including social determinants of health, across the Karmanos catchment area through sources like the Michigan Cancer Surveillance Program, the Metropolitan Detroit Cancer Surveillance System, and the U.S. Census," described Dr. Thompson. "This data is available to the public and can be found on our website. We also support and promote initiatives that address the challenges that the data reveals."

Some of these initiatives are:

- **Michigan Community Outreach to Address Financial Toxicity (MI-COST)** – Data shows that 9.5% of the catchment area live in poverty, with rates highest in the East region of the catchment area (11.1%) and Detroit (27%). MI-COST is an online interactive platform developed by Theresa Hastert, Ph.D., MPP, Population Studies and Disparities Research Program member at Karmanos and associate professor in the Department of Oncology at WSU, along with community members and partners.
- **Cross Training and Physical Activity: A Better Life Experience (CAPABLE)** – According to the most recent data available in the Centers for Disease Control and Prevention's PLACES (an online data tool that provides health-related data), 24.2% of the Karmanos catchment area residents report not participating in leisure physical activity or exercise in the past month. Rates of physical inactivity are highest in the East region of the catchment area (28.7%) and Detroit (31.8%). One way in which COE addresses this problem is through CAPABLE. CAPABLE is a high-intensity interval training (HIIT) program for cancer survivors and high-risk adults of all ability levels. It is offered to cancer survivors and those at high risk for cancer across the state for free. This program was developed by Jennifer Beebe-Dimmer, Ph.D., MPH, leader of the Population Studies and Disparities Research (PSDR) Program, scientific director of the Epidemiology Research Core at Karmanos and professor of Oncology at WSU.
- Digital inclusion is a statewide priority. According to the Michigan High-Speed Internet Office, 32.5% of households do not subscribe to fixed home broadband service. Yet, broadband service is increasingly important to meaningful online involvement, including cancer care. The new **Karmanos Technology Assistance for Cancer Patients and Caregivers Program** helps cancer patients, survivors, and caregivers with their needs related to digital literacy, broadband access and devices.

Partnerships and Policy

The Michigan Cancer HealthLink is a statewide network that brings together community members and cancer researchers to develop research ideas, as well as educational and service-based programs.

"We believe that if community members and scientists work together, targeted research and programming can be developed to improve a wide range of cancer outcomes in our region," added Dr. Thompson. "Cancer Action Councils (CACs) are at the heart of the Michigan Cancer HealthLink. There are currently eight CACs, which are made up of community members and representatives from community-based organizations. The CACs engage over 50 members.

All CAC members complete basic training in cancer research and participate in structured exercises to identify areas they believe scientists should prioritize. Based on these priorities, they collaborate with scientists on projects and develop programming and products. Their work is inspired by their knowledge and experience about local cancer issues.

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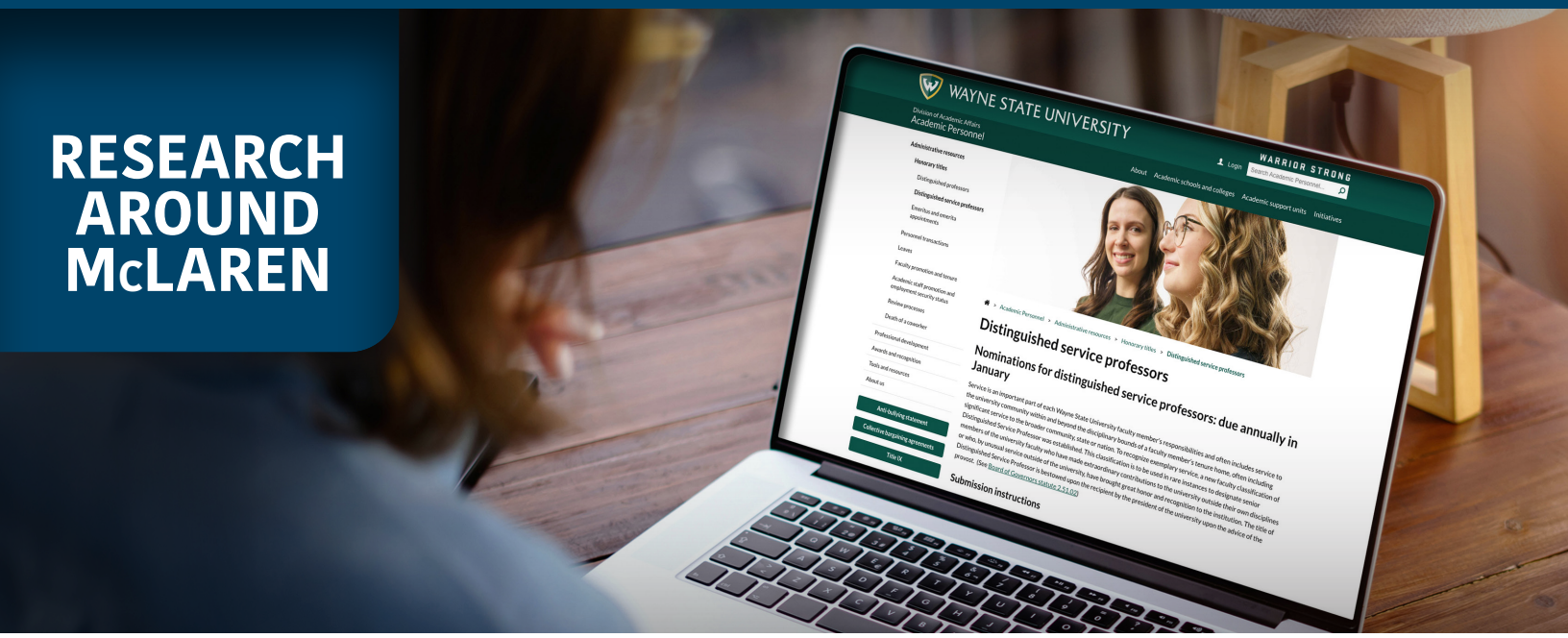
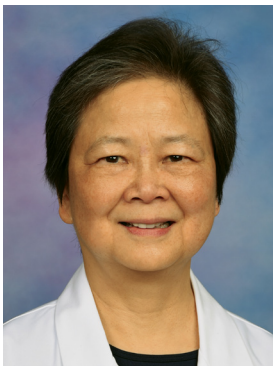
Visit **karmanos.org/COE** to learn more about the Karmanos Cancer Institute Office of Community Outreach and Engagement and how to get involved.

RESEARCH AROUND McLAREN



DR. WEI-ZEN WEI HONORED WITH PRESTIGIOUS WAYNE STATE UNIVERSITY DISTINGUISHED SERVICE PROFESSORSHIP



Wei-Zen Wei, PhD

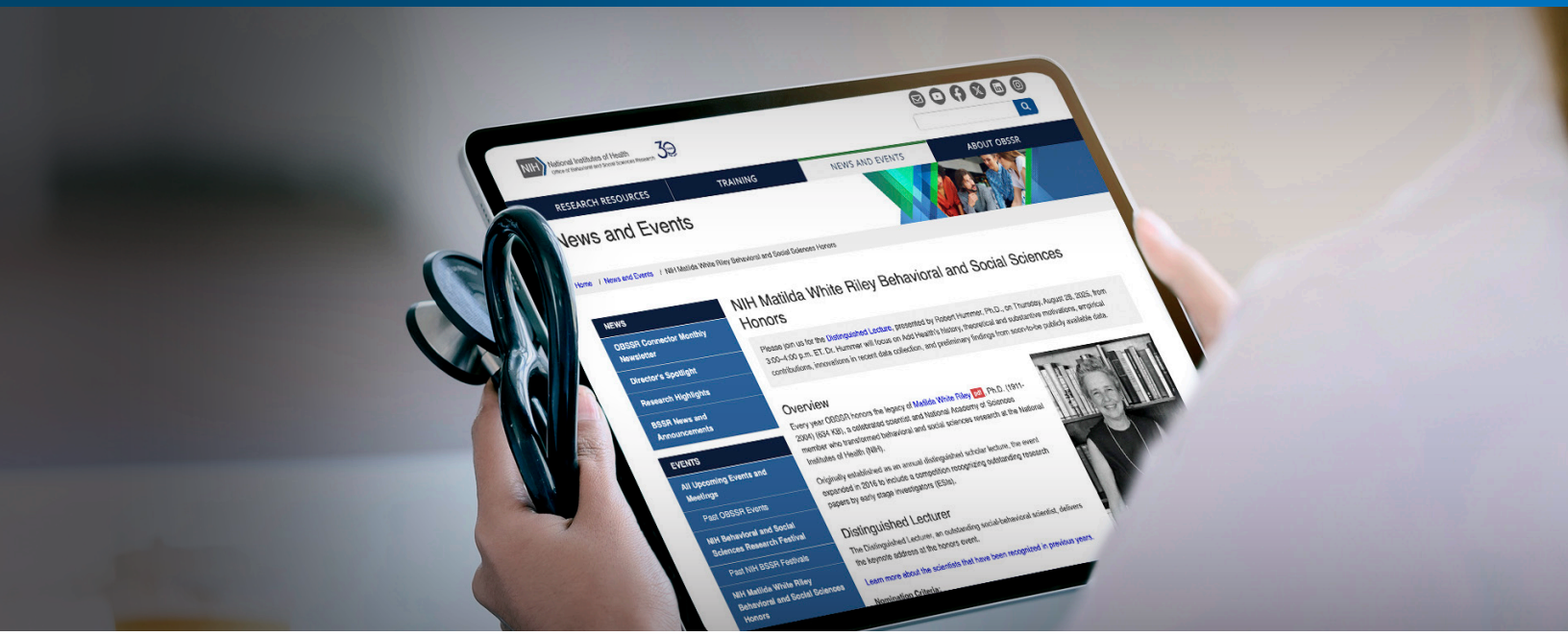
Wei-Zen Wei, PhD, founding co-chair of the Immunology Focus Group, member of the Tumor Biology and Microenvironment Research Program, and renowned faculty member at the Barbara Ann Karmanos Cancer Institute and Wayne State University School of Medicine, has been honored with the appointment to the rank of Distinguished Service Professor. Dr. Wei, who is also the Herrick Endowed Chair of Cancer Research, is recognized for her extraordinary service outside her discipline and WSU that brought great honor and recognition to the university.

Dr. Wei began her career in 1983 when she joined Karmanos, then the Michigan Cancer Foundation, and the School of Medicine. For over four decades, she has dedicated her research to advancing the understanding and treatment of breast cancer. A landmark achievement from her laboratory was the development of the world's first DNA vaccine that prevented or controlled HER2-positive cancer in experimental models and clinical trials. She also established a powerful platform to uncover genes important in cancer progression and immunity. She collaborates with investigators around the world to advance cancer immunotherapy and prevention.

Beyond her groundbreaking research, Dr. Wei has been instrumental in guiding national efforts to support the most important breakthroughs in cancer research through her service and chairmanship on numerous grant review committees. She has mentored emerging leaders, including many women and minority scientists in her lab and through her service on advisory committees in multiple institutions, such as the American Association for Cancer Research (AACR) and the American Association of Immunologists (AAI). She just completed her term as the president of the Translational Research Cancer Centers Consortium (TRCCC), an alliance of 13 leading cancer centers in the Northeast and Midwest U.S. and Canada, including Karmanos. She has been pivotal in fostering critical collaborations and partnerships between academia, government, industry, private sectors, philanthropy, and patient advocates. She also co-established the Wayne State University, Karmanos Cancer Institute and Henry Ford Health Immunology Focus Group, a dynamic and successful initiative that promotes leading-edge immunology research, education, and collaboration among investigators within and beyond metro Detroit.

The Distinguished Service Professorship is a rare honor at Wayne State University. Dr. Wei is one of only five WSU faculty members to receive this recognition this year, underscoring the profound impact of her contributions.

Originally published at Today@Wayne.



RESEARCHER HONORED FOR GROUNDBREAKING RESEARCH ON CANCER COMMUNICATION IN FAMILIES

Cinzia Caparso, PhD, RN

Cinzia Caparso, PhD, RN, an assistant professor in the Wayne State University College of Nursing and a member of the Population Studies and Disparities Research (PSDR) Program at the Barbara Ann Karmanos Cancer Institute, has been named one of 12 national honorees for the prestigious 2025 Matilda White Riley Behavioral and Social Science Honor by the National Institutes of Health's Office of Behavioral and Social Sciences Research (OBSSR).

This annual honor recognizes early-stage investigators whose research embodies the transformative vision of Dr. Matilda White Riley, a trailblazer in behavioral and social sciences and a member of the National Academy of Sciences.

Dr. Caparso's selected study, developed during her NIH/NCI T32 Postdoctoral Fellowship at the University of Michigan, Ann Arbor, under the mentorship of pediatric oncologist Dr. Sung Won Choi, addresses a frequently overlooked issue in cancer care: how parents with cancer, who have dependents, and their coparents communicate with one another about the illness.

"This article provided the foundation to my current work and the foundational work to support my NIH/NCI K01 Career Development Award," said Caparso.

The qualitative study engaged 15 parents with cancer and 15 coparents, conducting semi-structured interviews via Zoom between October 2022 and September 2023.

Using Charmaz's grounded theory method, Dr. Caparso uncovered that while both parents with cancer and their coparents often share the same concerns–discussing the diagnosis with children, planning for the future, managing finances and addressing mental health–they frequently struggle to communicate those concerns with each other.

Participants expressed a clear need for communication tools and structured support, and the majority indicated a preference for virtual intervention delivery.

These findings underscore a growing opportunity for providers to support families with web-based resources that promote family resilience during and after a cancer diagnosis.

Dr. Caparso is mentored by Felicity Harper, PhD, clinical psychologist, member of the Supportive Oncology Multidisciplinary Team and the PSDR Program at Karmanos. Her work has already sparked further research, including a scoping review of existing family communication interventions, and two ongoing meta-aggregations–one focused on children's communication concerns and another examining how health care providers navigate family-centered cancer conversations.

Originally published at Today@Wayne.

RESEARCH AROUND McLAREN

SURVIVING CANCER IS OFTEN NOT A PATIENT'S MOST CHALLENGING BATTLE

By Boris Pasche, MD, PhD, FACP, President and CEO, Barbara Ann Karmanos Cancer Institute

With advances in treatment and screening for earlier detection, oncologists have dramatically improved cancer survival rates. That is excellent news, but the surging number of survivors means it is increasingly important for providers to focus more diligently on what patients need to thrive after treatment.

As of May 2025, the National Cancer Institute estimated that there are 18.6 million cancer survivors in the U.S. – an increase from the 2022 estimate of more than 18.1 million. By 2040, there will be more than 26 million, spotlighting the need to focus more closely on the survivor's quality of life.

Survivors often experience mental and emotional struggles after treatment due to stress and anxiety, and sometimes experience permanent disfigurement from surgical procedures. According to a study in *JAMA Otolaryngology – Head & Neck Surgery*, the suicide rate for head and neck cancer patients is almost four times that of the general US population. The study attributes this to changes in patients' appearance after surgery, difficulty swallowing, or the need for devices to help them speak. Suicide rates for other cancers are also higher. A study in *JAMA Network Open* studying patients from 43 states diagnosed with cancer from 2000-2016 found that suicide risk was 26% higher compared with the general population.

This issue leaves my colleagues and me wondering how we can better collaborate to ensure survivors have access to the behavioral and physical resources they need to thrive and regain their pre-diagnosis quality of life.

Nationwide, there is a shortage of oncologists. This has forced oncologists to limit their practice to patients only undergoing workup or treatment. Consequently, cancer survivorship programs that incorporate support from other medical community members are the best way to address the needs of this rapidly increasing population.

Boris Pasche, MD, PhD, FACP

Oncologists' primary responsibilities after treatment are ensuring patients consistently attend their follow-up visits and receive screening and prevention as recommended, leaving primary care physicians (PCPs) as the leading health care providers moving forward. Considering the growing number of survivors who may only require sporadic oncology office visits, there is a need for better collaboration between PCPs and treating oncologists. Survivorship is fluid and extends from oncology to primary care and all points between. This is why developing innovative survivorship programs to follow cancer care is vital.

Thanks in part to funding from the National Cancer Institute (NCI), at Karmanos, we offer survivors many

programs to help. Our CAPABLE program (Cross-Training and Physical Activity: A Better Life Experience) is a free 12-week exercise program that provides a chance for survivors of all fitness levels and abilities to meet current consensus recommendations for physical activity, monitored by professional trainers and partnered with our oncology and primary care providers. This program uses a high-intensity interval and strength training (HIIST) approach, where trainers meet participants at their current fitness level, and they may perform these exercises at their own pace. Program participants do not have to be patients at Karmanos to participate. The CAPABLE study, published in *Preventative Medicine*, found that survivors in the classes benefited from weight loss and improved HbA1c levels, and participants were able to strengthen their ability to do functional movements required for everyday living. Participants also built community and social support among their fellow cancer thrivers while participating in the classes. Similar programs to CAPABLE are available at other institutions.

There are 57 NCI-Designated Comprehensive Cancer Centers nationwide, and almost all offer cancer survivorship programs. Just like Karmanos, centers with this designation offer programs that connect survivors with cancer research initiatives and provide psychology and psychiatry services for patients and their families for as long as they need them following treatment. Though centers with this designation are located across the country, gaining access to their specialized services may be difficult for survivors not located nearby. Therefore, more survivorship resources are needed at the community level.

We know no single survivorship program can meet every patient's needs. What works best for our patients is screening for needs and providing tailored management. We have worked diligently at our organization to connect those dots for patients. We hope our programs offer examples of what's possible and inspire other organizations to fill the gaps in post-cancer support.

I encourage hospital and health system leaders across the country who do not already offer similar services to develop and support cancer survivorship programs tailored to the needs of this growing population. These can include a thorough follow-up program implementing national guidelines related to supportive care, emotional well-being, management of treatment-related toxicities, distress management, cancer-related fatigue, and cancer screening, to name a few. Offering these programs at no cost to cancer survivors may increase participation numbers and help health systems prove their community benefit.

Receiving a cancer diagnosis is life-changing, and undergoing cancer treatment is beyond challenging, both physically and emotionally. Cancer survivors deserve more. This additional support should be part of health care delivery, and we can work together to ensure it becomes standard care.

Originally published in The Cancer Letter.

"I encourage hospital and health system leaders across the country who do not already offer similar services to develop and support cancer survivorship programs tailored to the needs of this growing population."

– Boris Pasche, MD, PhD, FACP

EQuIP CORNER

UNPACKING THE PERSPECTIVES OF COMMUNITY RESEARCH PARTICIPANTS

By Ella Greene-Moton

Ella Greene-Moton

Preparing to write this article confirmed several things concerning the words we use, how we use them, and the meanings we assign to those words. As I think back on the invitation to submit an article for this newsletter and when I accepted the idea of writing on the perspectives of community research participants, in that moment I totally lost sight of the space that this writing needed to be couched in, to be able to move toward the expected outcome. In my excitement and as I began to gather my thoughts, it soon became apparent to me that I was approaching this task from a self-inflicted ill-informed place based on a misinterpretation.

Please allow me to begin this article with an example of just how important it is to ensure that we are on the same page with the words we use and with the meanings and interpretations we assign to those words. I eagerly embraced a suggested title for this article and quickly added the unpacking aspect. The intended message is and probably always was clear and straight forward, an invitation to unpack the perspectives of community members who are participating in research. Unfortunately, I initially read the title as an invitation to unpack the perspectives of members participating in community research… which would have stirred this conversation in a very different direction.

I wanted to share this personal experience because I believe misinterpretations happen more often than we are aware. And in many cases, they are not caught and corrected.

Moving forward, framing this article effectively required starting with that earlier focus clarification and an understanding of the intended charge. And as I began to pull my thoughts together, I realized that I read the words that were written, but that I interpreted the words according to my community research norms. I had to remind myself that the focus was not on the perspectives of participants in community research but rather on the perspectives of community members participating in research and more specifically medical and clinical research, which elevates the conversation to a very different level.

As a grassroots community member and researcher and in my role serving as a bridge for many of my community-academic-practice partnerships, I continue to grapple

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Ella Greene-Moton is a guest contributor to this issue of Research Matters. Ms. Greene-Moton serves as the Administrator of the Flint, Michigan Community Based Organization Partners (CBOP) community ethics review board; President of the American Public Health Association; and a current member of the McLaren Health Care Institutional Review Board.

with the conflicting perspectives that members of the three groups bring to those research partnership spaces. I am equally amazed at the lack of clarity that surrounds the perspectives of an even broader group, the Community Research Participants (CRPs).

To be clear, CRPs are individuals who take part in the actual research study by providing data or information that the researcher collects and analyzes. These participants are central to the research process, especially in qualitative studies where their experiences, opinions, and perspectives form the core of the data collected.

As clarified in an earlier article in this newsletter, research can be defined as a systematic investigation conducted in order to reach new or better conclusions. Researchers (also referred to as "investigators") are physicians, scientists and others that conduct research to add to our general knowledge about the world. In medicine, research studies are conducted in order to identify the best treatment for various medical conditions.

It is also important to acknowledge that while much has been done to ensure human protections in research, many communities are still living in the shadows of the horrors of past research and bad actors (i.e., the Tuskegee, and other research catastrophes

Prior to delving more deeply into unpacking the perspectives of the CRPs, it is important to clarify and define the idea of community which is a social unit (a group of people) with a shared social-significant characteristic, such as place, set of norms, culture, religion, values, customs, or identity.

The unpacking process will allow readers to examine the many layers of the participants' perspectives reflecting their beliefs and values as well as their motivations and challenges. It will also allow for the possibility that some of the layers will hinge on how the information was gathered, received and understood by the researchers. I mention this because I am mindful of the fact that the perspectives that are recorded are not always the intended perspectives shared by the participants but rather are the translated statements of the research team in some cases.

We must ensure that clarity and transparency is utilized throughout the process, especially for the broad spectrum of the perspectives that CRPs bring to the table, as well as for the research team and how their perspectives might influence the CRPs perspectives. Infusing ways to further ensue that inclusivity and respect for diverse viewpoints is part of the process. It creates empowering spaces for local residents, while ensuring that research is relevant and effective, and that it fosters trust between researchers, participants, and the broader community. It is also important to note that by involving communities as participants in the research process, there is a likelihood that a better understanding of community needs generated, a development of targeted solutions, and ultimately improving community well-being

There are probably several reasons why unpacking CRPs perspectives matters… one very simple thought is that the unpacking will provide an opportunity to move past the words used to understand the meaning behind those words. I am hopeful that we will create an unpacking process that will include the community participants in the process, avoiding relying on the assumptions and in some cases the unintended misinterpretations of the research team.

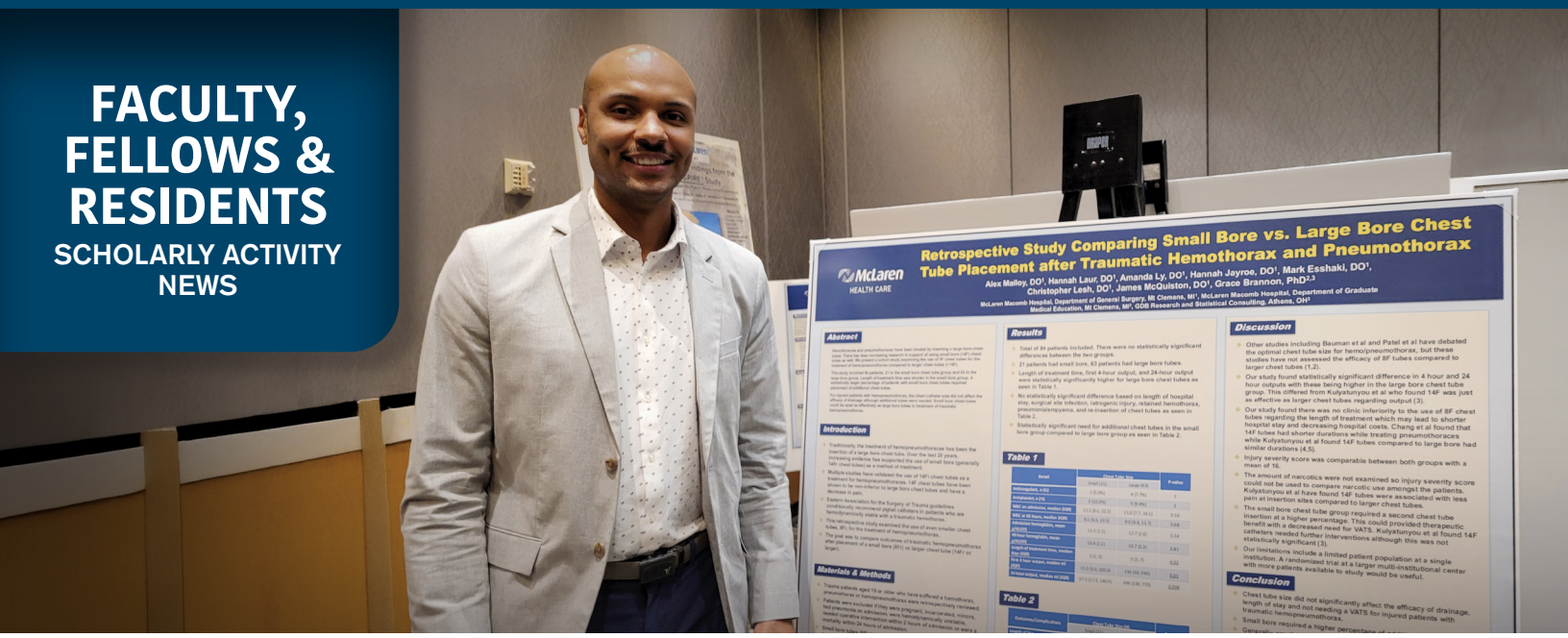
AAHRPP REACCREDITATION EFFORT UNDERWAY

We are pleased to announce the launch of McLaren Health Care's Human Research Protection Program's AAHRPP reaccreditation effort. The Association for the Accreditation of Human Research Protection Programs (AAHRPP) is a nationally recognized accrediting body that promotes high-quality research protections. The HRPP has been AAHRPP-accredited since 2013, with our most recent reaccreditation in 2023.

We have now officially launched the institutional effort to prepare for our next reaccreditation, which includes a multi-step process: a Step 1 application (due December 2025), a Step 2 application (due May 2026), and a site visit (likely in June or July 2026). An internal HRPP working group, in partnership with colleagues across the health system is actively preparing the documents required for the Step 1 application. We look forward to sharing our progress in the months ahead as we strengthen and highlight our commitment to ethical, compliant, and participant-centered research at McLaren Health Care.

FACULTY, FELLOWS & RESIDENTS

SCHOLARLY ACTIVITY NEWS



McLAREN 2ND ANNUAL SCHOLARLY INQUIRY FORUM

By Carlos F. Rios-Bedoya, ScD, MPH

Carlos F. Rios-Bedoya, ScD

On April 23, 2025, the McLaren 2nd Annual Scholarly Inquiry Forum took place at the Sommerset Inn in Troy, Michigan. This is McLaren's largest scholarly activity event, where residency training programs, nursing training programs, high-value care initiatives, and patient safety/quality improvement (QI) programs showcase their projects and interact with one another. IT WAS A GREAT SUCCESS! Compared to last year's forum, the number of accepted submissions more than doubled at 83; the number of oral and poster presentations combined also more than doubled at17 and 66, respectively; and the number of attendees was more than two and a half times larger than last year at 184.

The forum provided the opportunity to learn and disseminate the large amount of high-quality scholarly activity that takes place at McLaren Health Care. Projects ranged from case reports to quality improvement, to clinical research. The depth and diversity of topics presented was impressive. Presenters' work was divided into two different categories: clinical research and quality improvement. These presentations were scored by a panel of judges that included clinicians and doctoral degree-level researchers. The top three scores received a certificate and a financial prize. *(See pages 2 and 3 for official results.)*

In addition, those with the highest scores were selected to represent McLaren at the 47th Southeast Michigan Center for Medical Education (SEMCME) Research Forum and 10th Annual Michigan Summit on Quality Improvement, Patient Safety & High Value Care. Two of our residents, one in the QI area and one in Research, both placed second in the poster category at the SEMCME meeting. Congratulations!

Feedback from attendees was extremely positive. People were pleased with the venue, the food, and the number and quality of presentations. But, as expected, there are still some areas that we can improved. One recommendation was to minimize concurrent sessions. Attendees don't want to pick and choose what presentations to attend; they want the option to be able to attend all sessions. Another area that we plan to improve is offering presenters practice sessions to provide them feedback on microphone use, voice volume, slide formatting, and color palette. We are excited for next year's forum and have high expectations to surpass this year's numbers.

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**.

HOW KARMANOS IS PARTNERING WITH COMMUNITIES AGAINST CANCER

CONTINUED FROM PAGE 15

"Our CAC members are invested in supporting cancer prevention and control in communities across the state, and they are a great example of what the COE office is trying to accomplish when it comes to partnerships and engagement," explained Dr. Thompson.

COE additionally coordinates a **Research and Advocacy Consortium (RAC)** collaborative of 47 community partners, including faith-based, social service, and public health organizations across the catchment area. With these partnerships, COE and RAC members work to improve cancer prevention and control through programming while also advancing cancer-relevant practices and policy recommendations, disseminating information around cancer research discoveries, and fueling new research.

Scientific Engagement and Capacity Building

Through four programs, COE helps bridge the gap between the community and clinical and scientific research.

- **The Building Your Capacity (BYC) Curriculum** is a foundational training for community members in cancer research. It prepares participants to partner with cancer researchers at Karmanos. Over 120 participants have completed the nine-session training so far. Three BYC sessions are scheduled in 2025.
- **The Community Health Scholar Program** is an excellent opportunity for community members who may be interested in research as a possible career. This 10-session course allows participants to dive deeper into the science and how it translates into cancer care. The program is offered in partnership with the WSU Center for Health Equity and Community Knowledge in Urban Populations.
- **The Research Advisory Program** is a great opportunity for community participants who have gone through the first two programs. In this program, trained community members become advisors to the three Karmanos research programs: Molecular Therapeutics, Population Studies and Disparities Research and Tumor Biology and Microenvironment. Participants attend research program meetings, go on lab tours, help plan program retreats, and help enhance the public relevance of the research done by Karmanos and WSU School of Medicine Department of Oncology researchers.

Lastly, COE maintains a list of Karmanos researchers who are passionate about explaining their research to the community. These clinical and basic scientists have gone through the Karmanos Scientists in Action Program, where they learned how to communicate their science and treatment to community members.

Cancer Prevention, Screening and Connection to Care

COE also reaches the community with strong outreach programming, like the Karmanos Academy and Community Conversations on Cancer, offering video resources and providing cancer education and outreach.

- **Karmanos Academy** is a dynamic program that prepares people to share important health information within their communities. Through Karmanos Academy's "Real Talk" programming, participants train to become lay health advisors who share vital information with their network of family, friends, colleagues, and neighbors. In 2024, Karmanos Academy trained 36 advisors during the Real Talk: Breast Cancer session and eight as part of Real Talk: Prostate Cancer. In 2025, Karmanos Academy will offer Real Talk: Lung Cancer.
- The **Community Conversations on Cancer** series gives Karmanos scientists direct opportunities to share with community members the latest updates in cancer care and innovative research discoveries they are conducting in the lab and the field. This program aims to engage in a bi-directional dialogue, giving the community chances to ask questions and receive answers, and vice versa.

In addition, the COE reached 7,500 residents through educational programming, health fairs, and special events in 2024.

Visit karmanos.org/COE to learn more about the Karmanos Cancer Institute Office of Community Outreach and Engagement and how to get involved.

ANNOUNCEMENTS AND WHAT'S NEW

We are pleased to announce **Ella Terenzi** has joined the Research Integrity Department as the new Research Integrity Assistant. Ella completed her Bachelor's Degree in medical studies at Arizona State University and plans to start medical school in the coming years. She has a strong interest and experience working with vulnerable populations including traveling to Peru twice to work with medical teams. Additionally, Ella has recently worked as a caregiver in a memory care nursing home. She is very involved in her community and volunteers with Forgotten Harvest, Helping Hands and the Red Cross.

We are pleased to announce **Carin Vaillancourt, RN** joined Karmanos Cancer Institute Clinical Trials Office in June 2025. Carin is a Clinical Research Nurse providing oncology clinical research support at Karmanos Cancer Institute at McLaren Greater Lansing. Carin has been a registered nurse for over 20 years, the majority of the time in oncology, and she has spent more than 10 years in clinical research. Carin obtained her Associates of Science in Nursing degree from Lansing Community College.

McLAREN GREATER LANSING RESIDENT AWARDS

General Surgery residents from McLaren Greater Lansing recently received awards for participation in the Mid-Michigan Research Day that took place in East Lansing. **Dr. Erin Templeton** won third place for her oral presentation *Drug-Coated Versus Uncoated Percutaneous Transluminal Angioplasty Balloons for the Treatment of Infrapopliteal Peripheral Artery Disease: A Systematic Review and Meta-Analysis of Randomized Controlled Trials*. **Dr. Tito Santos** won third place for his poster presentation *Diagnosis of Eosinophilic Enteritis in the Setting of an Incidental Meckel's Diverticulum*. **Dr. Taylor TenBrock** and **Dr. Evan Guay** also made a strong showing for their poster presentation *A Multidisciplinary Approach to Healing Radiation Injuries Following Electron Beam Exposure*. Congratulations to all!

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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.