RESEARCH ROUNDUP

Hackensack Meridian *Health*

WINTER 2024

HMH RESEARCH NEWS

MESSAGE FROM THE **PRESIDENT OF ACADEMICS, RESEARCH, AND INNOVATION**

The connections the Hackensack Meridian *Health* Research Institute continue to advance health, and the science of health, far beyond our already-large New Jersey network. We were chosen as an inaugural spoke of a new hub of the Advanced Research Projects Agency for Health (ARPA-H), our experts are publishing in internationally-renowned publications, and we've made a connection with Binghamton University. The future of our partnerships is indeed bright.

Ihor Sawczuk, M.D., FACS

NOTE FROM THE **VICE PRESIDENT**

The researchers and clinicians from across Hackensack Meridian *Health* continue to make progress. Here you can see that everyone is pulling their weight: physicians in all specialties, basic scientists at our research labs, and nurses who are finding time to make contributions in between saving lives.

Cheryl Pinto, RN, MBA, CIP,
Vice President of Research and Regulatory Affairs

Hackensack Meridian *Health* Selected as Inaugural Member of ARPA-H Investor Catalyst Hub Spoke Network

Hackensack Meridian *Health*, New Jersey's largest and most comprehensive health network, announced today that it was selected as an inaugural spoke for the Investor Catalyst Hub, a regional hub of ARPANET-H, a nationwide health innovation network launched by the Advanced Research Projects Agency for Health (ARPA-H).

Based in the Greater Boston area and managed by VentureWell, the Investor Catalyst Hub aims to accelerate the commercialization of practical, accessible biomedical solutions. It utilizes an innovative hub-and-spoke model designed to reach a wide range of nonprofit organizations and Minority-Serving Institutions, with the ultimate aim of delivering scalable health care outcomes for all Americans.

"We are proud to be part of the inaugural group of these distinguished institutions," said Robert C. Garrett, FACHE, the chief executive officer of Hackensack Meridian *Health*. "Our health network embraces innovation as we look toward the future of health care. We are part of a group that seeks to do the same across the nation, for everyone's benefit."

"This is an incredible distinction, and we embrace the opportunity," said Ihor Sawczuk, M.D., FACS, president of Academics, Research and Innovation at Hackensack Meridian *Health*, the founding chair of the Hackensack Meridian *Health* Research Institute, and the associate dean of Clinical Integration and professor and chair emeritus of Urology at the Hackensack Meridian School of Medicine.

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John Theurer Cancer Center Researchers to Present Pioneering Findings at American Society of Hematology Annual Meeting

Researchers from Hackensack Meridian John Theurer Cancer Center (JTCC), part of the National Cancer Institute (NCI)-designated Lombardi Comprehensive Cancer Center at Georgetown University, are presenting the latest data from their investigations assessing new diagnostic and treatment approaches for hematologic malignancies — including lymphoma, leukemia and multiple myeloma — at the 65th Annual Meeting of the American Society of Hematology, held in San Diego from December 9-12, 2023.

"John Theurer Cancer Center is known for our volume and experience in bone marrow transplantation and our pioneering research and treatment of blood cancers," said Andre Goy, M.D., MS, chairman and executive director of the JTCC. "This year's presentations highlight new treatments that show promise for treating these diseases more effectively than standard therapies, as well as updates on how advanced approaches such as CAR T-cell therapies are benefiting patients with hematologic malignancies."

Bone Marrow Transplantation Research

- **Trem-Cel Shows Benefit for High-Risk Acute Myeloid Leukemia (AML).** (Abstract 483, Hyung C Suh, M.D., Ph.D.) Although cell transplant from a donor is the standard of care for eligible patients with high-risk AML, most of these patients still relapse and then have very poor outcomes. Anti-CD33-directed therapy has not been possible so far for these patients because it suppresses the host's own hematopoiesis (by eliminating CD33-positive blood precursors). Trem-cel is a CRISPR/Cas9 gene-edited allograft lacking CD33 that was developed to generate CD33-negative blood cells and would therefore not be attacked by anti-CD33 CAR T-cells. This study showed this approach was feasible in the first six patients. It could be a huge step in avoiding hematopoietic toxicity during gemtuzumab ozogamicin maintenance therapy after hematopoietic cell transplantation and prevent recurrence.
- **TSC-100 and TSC-101 to Prevent Relapse after Allogeneic Hematopoietic Cell Transplantation.** (Abstract 2090, Hyung C Suh, M.D., Ph.D.) Allogeneic hematopoietic cell transplantation (HCT) remains the best curative option for hematologic malignancies, yet some 40 percent of patients still relapse post-HCT, with a high rate of mortality. A potential solution to prevent relapse is to target hematopoietic lineage-specific minor histocompatibility antigens (MiHAs) that are genetically mismatched between HCT patients and donors who are selected based on the compatibility of major HLA antigens. Targeting MiHAs HA-1 or HA-2 with TSC-100/101 following HCT showed early safety and biomarker evidence of effectiveness by completing elimination of all detectable patient hematopoietic cells (normal or malignant), thereby reducing the risk of recurrence.
- **Changes in Post-Transplant NGS MRD Status May Predict Allogeneic Stem Cell Transplant Outcomes of Patients with AML.** (Abstract 2238, Abstract 2090, Hyung C Suh, M.D., Ph.D. and Michele Donato, M.D.) Monitoring measurable residual disease (MRD) has become an effective approach to evaluate the response to chemotherapy and to predict relapse in patients with AML. However, the clinical implications of next-generation-sequencing (NGS) MRD change after allogeneic hematopoietic cell transplantation are still under investigation. This study showed that allogeneic stem cell transplant could convert half of MRD-positive AML patients to MRD-negative, which resulted in better survival. Dynamic changes of MRD status pre-transplant and three months post-transplant may provide better prediction of survival in patients with AML.

Lymphoma Research

- **Lisocabtagene Maraleucel (Liso-Cel) Has Value for Persistent CLL/SLL.** (Abstract 330, Tatyana Feldman, M.D.) Patients with relapsed/refractory (R/R) chronic lymphocytic leukemia (CLL)/small lymphocytic leukemia (SLL) who experience intolerance to or disease progression after BTK inhibitors and venetoclax treatment have no established standard of care and poor outcomes. This study showed that a CAR T-cell therapy called liso-cel demonstrated durable complete response (CR)/complete remission with incomplete count recovery (CRi), high undetectable minimal residual disease (uMRD) rates and a manageable safety profile in patients with heavily pretreated, high-risk R/R CLL/SLL
- **Prophylactic Anakinra Reduces Neurotoxicity After CAR T-Cell Therapy for Relapsed or Refractory (R/R) Lymphoma.** (Abstract 357, Lori A. Leslie, M.D.) There are no targeted therapies for CAR T-cell-associated neurotoxicity syndrome (ICANS). JTCC and Memorial Sloan Kettering Cancer Center investigators showed that early prophylactic use of anakinra, an IL-1 receptor antagonist, significantly reduces the risk of neurotoxicity in patients receiving CAR T-cell therapy for aggressive lymphomas without affecting treatment effectiveness.

Read more

Research Scientist Dr. Lisa Carter-Bawa of CPPCI Featured in International Lung Cancer Newsletter

A Hackensack Meridian Center for Discovery & Innovation (CDI) scientist's approach to tackle the stigma of lung cancer screening has earned accolades among peers.

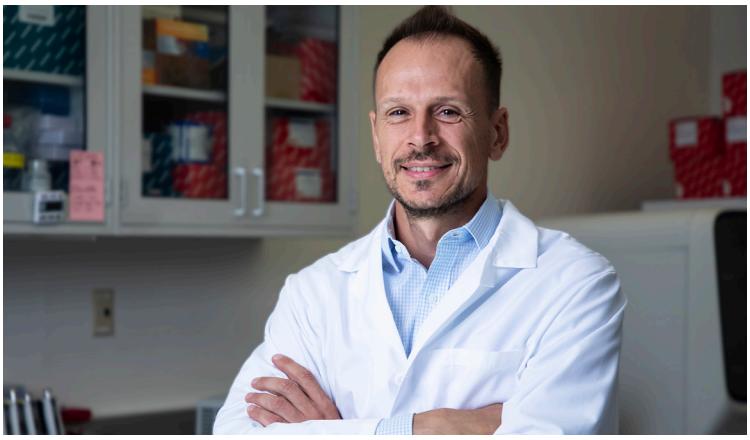
Lisa Carter-Bawa, Ph.D., MPH, APRN, ANP-C, FAAN, director of the Cancer Prevention Precision Control Institute (CPPCI) at the Center for Discovery & Innovation, was prominently featured in a monthly newsletter by the International Association for the Study of Lung Cancer (IASLC) for her research paper highlighting the needs to soften potentially stigmatizing communications to at-risk populations for lung cancer in order to lower barriers to the lung cancer screening process - and ultimately, to lung cancer care.

The research paper, published in the IASLC's official open-access journal called JTO Clinical and Research Reports (JTOCRR) in October 2023, is entitled "Effective Communication About Lung Cancer Screening Without Iatrogenic Stigma: A Brief Report Case Study Using the Lung Cancer Stigma Communications Assessment Tool of LungTalk."

In her paper, Dr. Carter-Bawa and colleagues report the process of using a newly created tool supported by the American Cancer Society's National Lung Cancer Roundtable - the Lung Cancer Stigma Communications Assessment Tool (LCS-CAT) - to audit potentially blaming, labeling and oversimplified language and imagery of LungTalk, a public-facing health communication and decision support tool created by Dr. Carter-Bawa.

Such language, according to Dr. Carter-Bawa, could be disruptive along the lung cancer care continuum, especially and most importantly within early detection of lung cancer.

Read more



Foundation Venture Capital Group Commits $1 Million to HMH's First Spin-out Company, EValuate Diagnostics

The company, based on science from the Hackensack Meridian Center for Discovery and Innovation, promises to capture biomarkers for early detection of disease

EValuate Diagnostics, the first spin-out company from the Hackensack Meridian *Health* Research Institute and its Office of Innovation and Commercialization, is the newest addition to Foundation Venture Capital Group's (FVCG's) portfolio.

EValuate Diagnostics will market a new platform for the targeted capture of circulating biomarkers, known as extracellular vesicles (EVs). The selection of circulating EVs for detection of disease has been elusive to medicine thus far, but technological advances in their isolation and analysis of molecular cargos are enabling the detection of novel biomarkers. Diagnostic assays derived from this technology will help monitor disease biomarkers for earlier-than-ever detection of tumors and a wide range of other diseases.

FVCG, an affiliate of the New Jersey Health Foundation (NJHF), provided a $1 million commitment towards helping EValuate Diagnostics advance its technologies to make this testing a reality - and save lives of the future.

"Our innovation at Hackensack Meridian *Health* aims to revolutionize the way we detect and treat disease," said Robert C. Garrett, FACHE, chief executive officer of Hackensack Meridian *Health*. "With partnerships like that with FVCG, we are accelerating breakthroughs to save lives. We are grateful to have such important relationships with organizations who understand our ambitions."

EValuate Diagnostics' mission is to develop diagnostic solutions for very early and rapid detection of diseases like cancer before other current methods. This aligns with NJHF's mission to promote the advancement of health-related research and education throughout the state of New Jersey.

Read more

Hackensack University Medical Center Emergency Medicine Residents and Faculty Present Research at National Conference

Emergency medicine resident physicians and faculty members presented the results of their research at the American College of Emergency Physicians (ACEP) Research Forum, held in Philadelphia on October 9-10, 2023. The ACEP conference is the premier, most-attended annual scientific meeting for emergency medicine physicians and attracts participants from across the country and around the world.

"I am so proud of our accomplished team of investigators. We are honored to contribute research to advance our field," added Rimma Perotte, Ph.D., a co-author of five of the studies and Director of Biomedical Informatics, Emergency Medicine at Hackensack University Medical Center.

Seven poster abstracts were presented, four of which were also presented orally. The studies included:

- Unique Implementation of an Emergency Department Human Immunodeficiency Virus Routinized Screening Program (oral presentation): Michael Ullo, M.D., Emergency Medicine Medical Director, presenter
- Addressing Substance Use Disorder to Decrease Hospital Readmissions and Improve Behavioral Health Patient Outcomes (oral presentation): Jenny Bernard, DNP, MSN, RN-BC, AGNP-BC, Quality Improvement Director, and Chinwe Ogedegbe, M.D., MPH, MBA, FACEP, Section Chief for Emergency Medicine Research, presenters
- Trends in Cannabis Use in New Jersey: Effects of COVID and Cannabis Legalization (oral presentation): Raj Patel, D.O., Emergency Medicine Resident, presenter
- Assessing ED Provider Confidence in Identifying Alcohol Use Disorder and Prescribing Medically Assisted Treatment (oral presentation): Rose-Ann Weick, D.O., Emergency Medicine Resident, presenter
- Descriptive Study of Utilization of Urine Drug Screen for Abdominal Pain Complaints in the Emergency Department: Sung Choi, M.D., Emergency Medicine Resident, poster presenter
- Peer Review and Second Victim Syndrome: Alisha Sherwani, D.O., M.Sc, Emergency Medicine Resident, poster presenter
- Comparison of Resource Utilization between Geriatric Falls on Anticoagulation Evaluated at Trauma Centers versus Non-trauma Centers: Parth Majmundar, D.O., Emergency Medicine Resident, poster presenter

"As presenters, we are all very grateful to the faculty and team members at Hackensack University Medical Center who helped develop and support the various research projects," said Dr. Ogedegbe. "Research is a very important part of our mission."

"In addition to providing excellent and timely patient care, our Emergency Medicine team is committed to conducting pioneering research to advance our field," noted Joseph P. Underwood, M.D., MHCDS, FACEP, Chair of Emergency Medicine. "The findings of their investigations hold promise for improving the care of people not only in our community, but across the nation. We are very proud of all of the ACEP presenters from Hackensack."

For photos of all of our presenters, click here.

CDI Scientist and Colleagues Demonstrate Better Immune Memory Cell Workings

A scientist at the Hackensack Meridian Center for Discovery & Innovation (CDI) who specializes in immunology has published new findings with colleagues about a little-understood mechanism of the immune system which could pave a way to better cancer treatments and vaccines of the future.

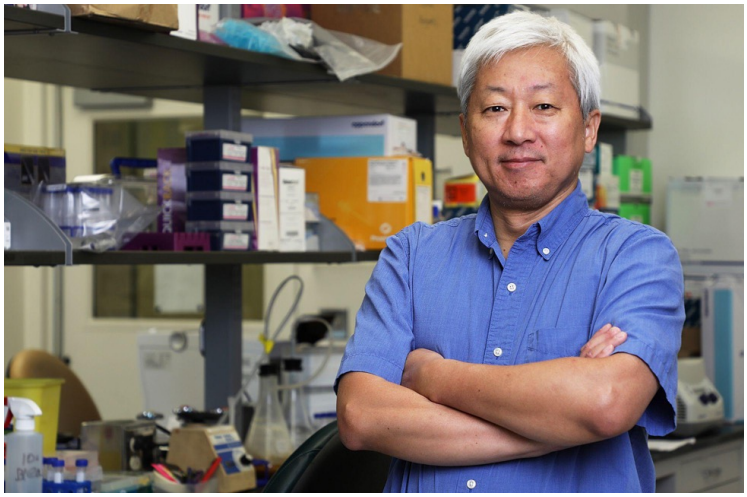
The new findings by Hai-Hui "Howard" Xue, Ph.D., a faculty member of the CDI, show that "memory" CD8+ T-cells acquire new binding sites of a specific protein which enables them to provide long-lasting immune responses to germs and cellular threats after the body has encountered them, according to the latest paper published in *Proceedings of the National Academy of Sciences (PNAS), which complements a February study on the same mechanism in the Journal of Experimental Medicine.*

The protein in question is the CCCTC-binding factor, known as CTCF, which bolsters the "memory," in the memory T-cells, according to the findings. CTCF gains new binding sites in CD8+ T-cells after activation by pathogens and remains at these new locations in memory CD8+ T-cells. An immediate impact of the CTCF at these new binding sites is to mediate important interactions of chromatin, which in turn help genetic programming to boost immune regulations.

Taken together, the cells become boosted for the threat when it is seen again. This has clear implications for vaccines; but there could also be applications for fighting cancer.

"Our findings suggest that these CTCF-mediated actions prepare memory CD8+ T-cells for heightened responsiveness to antigen restimulation, which may be explored as a therapeutic target to achieve enhanced antiviral and anti-tumor immunity," the scientific team writes.

The new PNAS paper also follows a pair of studies Xue and his lab published in Nature Immunology in 2022, which focused on a complementary mechanism in T-cells. The first paper pointed toward a way to improve the "memory" of these cells – meaning potentially improving vaccines and boosting immune responses in future encounters with the same pathogens. The second paper delved further into the complex mechanisms underlying these interactions.



CDI Laboratory Zeroes in on Protein That May Drive Stem Cell Transplant Rejection

A protein that may be a culprit in driving much of the dangerous rejection of stem cell transplants - known as graft-versus-host disease (GVHD) - could soon be a promising target to limit the side effects while keeping cancer immunotherapies effective, according to a new paper by scientists from the Hackensack Meridian Center for Discovery & Innovation (CDI).

Gene-editing Id3, the DNA-binding inhibitor, to make it ineffective could limit GVHD without impacting the effectiveness of cancer treatments, according to the paper in the journal Blood which was co-written by Yi Zhang, M.D., Ph.D., director member of the CDI and its Institute for Immunologic Intervention (3i). The first author of the paper is Ying Wang, Ph.D., an assistant member of the Zhang Laboratory.

"These findings identify that Id3 is an important target to reduce GVHD, and a gene-editing program of Id3 may have broad implications in T-cell-based immunotherapy," write the authors. "Id3 represents a unique target to reduce GVHD in the local tissue while preserving anti-tumor activity and avoiding systemic immunosuppression."

The paper used preclinical models of allogeneic hematopoietic stem cell transplantation to demonstrate that by knocking out, or ablating, Id3, it was restraining the chromatin accessibility for transcription for PD-1, exuberant effector differentiation, and interferon responses and the dysfunction of activated T-cells. Taken together, by clipping out Id3, it prevented much of the downstream GVHD effects seen in the control groups.

"This study paves a way to do gene-editing of ID3 for GVHD treatment and improving CAR-T cell efficacy," said Dr. Zhang, also a professor of medical sciences at the Hackensack Meridian School of Medicine.

"A universal 'off-the-shelf' CAR T-cell (treatment) remains a goal: such products can be readily available, provide a more-consistent product and improved access to the therapy," adds the paper. "Targeting Id3 in human CAR T-cells may be a potential approach to reduce alloreactivity but retain anti-tumor activity."

Compass Pathways Enters into Research Collaboration Agreement with Hackensack Meridian *Health* to Develop Optimal Clinical Model for Investigational COMP360 Psilocybin Treatment, if FDA-Approved

Compass Pathways plc (Nasdaq: CMPS) ("Compass"), a biotechnology company dedicated to accelerating patient access to evidence-based innovation in mental health, and Hackensack Meridian *Health* ("HMH"), a leading not-for-profit health care organization and the largest, most comprehensive and truly integrated network in New Jersey, today announced that that they have entered into a research collaboration agreement to inform the delivery model design of investigational COMP360 psilocybin treatment, if FDA-approved.

The collaboration between Compass and HMH aims to improve health outcomes and improve patient and provider experiences for mental health conditions such as treatment-resistant depression. Together they will work to understand the real-world challenges and opportunities of delivering care to those living with depression, to inform how future clinical trials of COMP360 psilocybin treatment are designed, and how it will be delivered to patients, if approved. COMP360 is Compass's investigational proprietary formulation of synthetic psilocybin, administered in conjunction with psychological support.

Hackensack Meridian *Health* offers a complete range of medical services, innovative research and life-enhancing care. The network has 18 hospitals and more than 500 patient care locations. The network's notable distinctions include having the only #1 ranked adult and children's hospitals in New Jersey, as ranked by *U.S. News & World Report*, 2023-24. Hackensack University Medical Center is nationally-ranked by *U.S. News & World Report* in six specialties. Read more

Hackensack Meridian Center for Discovery & Innovation Welcomes New Board Member, Dr. Daria Hazuda

The Hackensack Meridian Center for Discovery & Innovation (CDI), which rapidly creates innovative scientific solutions to benefit patients with cancer and infectious disease, is proud to welcome renowned scientist Daria Hazuda, Ph.D., to its board of trustees. The CDI is a member of Hackensack Meridian *Health*, New Jersey largest and most comprehensive health care network.

Dr. Hazuda serves as head of infectious disease and vaccine research at Generate: Biomedicines, leading the research team in identifying and prioritizing the best applications of the Generate Platform in infectious disease and vaccine research. *(Cont'd)*

Dr. Daria Hazuda *(Cont'd)* "Dr. Hazuda is a terrific addition to the CDI Board of Trustees, and we look forward to sharing in the considerable experience and expertise " said Robert C. Garrett, FACHE, the chief executive officer of Hackensack Meridian *Health*. "The CDI has become a hub for incredible scientific minds, and it only continues to attract the best and the brightest. This is what our health network had in mind when the CDI was founded in 2019, and it continues to surpass even our initial lofty expectations."

"We are excited to welcome Dr. Hazuda to the CDI. The breadth and depth of her expertise will provide new opportunities for innovation to rapidly impact a changing health care landscape," said David Perlin, Ph.D., chief scientific officer and executive vice president of the CDI, and professor of Medical Sciences at the Hackensack Meridian School of Medicine. "Her extensive background in antivirals and antibacterials will strengthen our ability to push the boundaries of translational science by providing solutions to meet the demands of the modern world."

Generate:Biomedicines is the first drug-generation company pioneering a machine learning-powered generative biology platform with the ability to create new drugs on demand across a wide range of biologic modalities. The Generate Platform – which is a continuous loop to generate, build, measure and learn – can drastically increase the speed at which targets and therapeutics are identified and validated. This closed loop will improve the specificity of target engagement by generated proteins and reduce the time and cost of identifying and developing clinical candidates.

Along with her current leading-edge research platform, Dr. Hazuda brings deep discovery and development experience in antivirals, antibacterials and vaccines from a 30-year career at Merck & Co., Inc. Most recently, Dr. Hazuda was the vice president of infectious disease and vaccines and chief scientific officer of the Merck Cambridge Research site. At Merck, she held various positions of increasing responsibility within both the research and medical affairs organizations, managing cross-functional research teams covering antibiotic, antiviral and vaccine research, neuroscience discovery and innovative platform development teams. She led teams to discover and develop multiple drugs that have been approved, including antivirals for HIV, hepatitis C and cytomegalovirus, as well as antibacterials. Notably, Dr. Hazuda led research efforts that identified the first-in-class HIV integrase inhibitor, which won the 2008 Prix Galien award.

Over the course of her esteemed career, Dr. Hazuda has contributed to more than 200 peer-reviewed publications and received numerous other awards, including The David Barry Drug Development for Antiviral Therapy Award, The Bernie Field Lecture Award, The Distinguished Research Career Award in Retrovirology (Ohio State University) and The American Chemical Society Heroes of Chemistry Award.

"We are thrilled to have the opportunity to work with Dr. Daria Hazuda to find new ways of fighting disease and communicate those discoveries to both physicians and patient populations to improve health outcomes," said Ihor Sawczuk, M.D., FACS, president of Academics, Research and Innovation at Hackensack Meridian *Health*, the founding chair of the Hackensack Meridian *Health* Research Institute, and the associate dean of Clinical Integration and professor and chair emeritus of Urology at the Hackensack Meridian School of Medicine.

"It is through ongoing education, advancements, and knowledge that we can create new translational models to better integrate research with clinical care," added Dr. Sawczuk.

Dr. Hazuda is a Fellow of the American Society of Microbiology. She completed a postdoctoral research fellowship in immunology at SmithKline (now GSK), and earlier trained as a biochemist at the State University of New York at Stony Brook.

ALS Center is the First in the Nation to Offer Patients a New Interventional Clinical Study

Hackensack Meridian Neuroscience Institute at Jersey Shore University Medical Center's ALS Center is the first ALS care provider in the United States to offer patients a new interventional clinical study. The study DAZALS is from Corcept Therapeutics, and is a Phase 2, multicenter, 198-patient, randomized, double-blind and placebo-controlled study evaluating safety and efficacy of dazucorilant, an investigational treatment, in patients with Amyotrophic Lateral Sclerosis (ALS). Individuals with an ALS diagnosis who are interested in participating in this clinical study should call 732-776-3307.

ALS, also known as Lou Gehrig's Disease, is a progressive, debilitating disease that attacks nerve cells in the brain and spinal cord, resulting in muscle weakness and atrophy. ALS often leads to total paralysis and death within two to five years of diagnosis. "We do not have a cure for this deadly disease," said Principal Investigator **Mary Sedarous, M.D.,** medical director, ALS Center. "With our scarce treatment options, interventional studies like this are important for our ALS community."

Individuals interested in reviewing DAZALS' eligibility criteria and for more information about the clinical study, may visit the National Library of Medicine's website, ClinicalTrials.gov, and search for "dazucorilant." Alternatively, people can also find more information on Corcept Therapeutics' website and search for "DAZALS."

Jersey Shore University Medical Center's ALS Center collaborates with the ALS United Mid-Atlantic and the Northeast ALS consortium (NEALS), allowing the exchange of research and best care practices with the nation's leading ALS experts and clinics. The ALS Center is supported by the Joan Dancy and PALS Foundation, providing valuable feedback, education and in-service training to enhance the care experience.

"Together with Hackensack University Medical Center' ALS Center, our network is providing world-class care for patients with this devastating disease across our state," said **Robert C. Garrett, FACHE,** chief executive officer, Hackensack Meridian *Health*.

Read more

Top Grants from the Past Quarter

PI Name	Division	Service Line	Type of Award	Sponsor	Award Number	Grant Title	Direct Cost	Indirect Cost	Total Budget
Kairys, Steven	JSUMC	Pediatrics	Grant	NJ State	DFHS24PMH002	Pediatric Mental Health Program 2024	$400,000	-	$400,000
Harris-Hollingsworth, Nicole	JFK	Nutrition Incentive	Grant	NJ State	SNPF24001	Fresh Match Program	$3,000,000	-	$3,000,000
Farrell, Donald	JFK	Construction	Grant	NJ State	MGMT24GIA028	Dedicated Grant-In-Aid 2024 JFK Oncology & Infusion Center	$9,000,000	-	$9,000,000
Chauhan, Neeraj	CDI	Infectious Disease	Grant	NIH - NIAID	5R21AI174118-02	Identifying Drug-resistant Candida Species Using SuperSelective Primer PCR	$141,501	$41,867	$183,368
Shor, Erika	CDI	Infectious Disease	Grant	NIH - NIAID	5R21AI168729-02	Elucidating Mediators of Genetic Instability in Candida glabrata	$118,562	$91,411	$209,973

Three HMH Physicians Take Part in *New England Journal of Medicine* Studies

In the final quarter of 2023, three HMH physicians were part of major studies published in The New England Journal of Medicine.

Kenneth Lieberman, M.D., pediatric nephrologist, was one of the authors of the publication "Sparsentan versus Irbesartan in Focal Segmental Glomerulosclerosis." Dr. Lieberman contributed to the Phase 3, randomized clinical trial which lasted more than two years.

Dr. David Kountz and Dr. Michael Carson were cited as investigators for a publication showing results for the Myocardial Ischemia and Transfusion Trial.

Congratulations to these physician-scientists!

HMHRI Takes Tour of Binghamton University

Hackensack Meridian *Health* continues to connect with other excellent institutions to improve our game. The latest: Binghamton University's School of Pharmacy and Pharmaceutical Sciences (SOPPS) and the Hackensack Meridian *Health* Research Institute are pooling resources for residency and internship opportunities. More to come on this, but read a bit about what Binghamton had to say here.

CACTR at Jurist: One Year of Clinical Trials Support

It's been one year - and a productive one.

The Hackensack Meridian *Health* Research Institute was proud to unveil the Center for Advanced Clinical and Translational Research (CACTR) on the Hackensack University Medical Center campus on January 31, 2023.

This space is a resource to conduct vital clinical trials for years to come.

Nurse-Scientist Hessel Publishes Findings

The American Nurses Credentialing Center (ANCC) emphasizes that rigorous, high-quality nursing research creates an evidence base that advances nursing practice, shapes health policy, and contributes to improving nurse, patient and system outcomes. Hackensack Meridian *Health* Nurse Scientist and Assistant Professor, Columbia University School of Nursing, Amanda J. Hessels, Ph.D., MPH, RN, CIC, CPHQ, FAPIC, FAAN, is a pioneer of nurse-led research, with her work helping to propel the advancement of public health in our state, our nation and across the globe.

Recent work includes - "Effectiveness of In-situ Simulation on Clinical Competence for Nurses: A Systematic Review" - which was published in Clinical Simulation in Nursing in January 2024. This systematic review examined the effectiveness of in-situ simulation (ISS) in the acute care setting for registered nurses' clinical competence, as defined by cognitive skills and affective learning outcomes. The review concluded that ISS has been shown to be an effective and practical approach to meeting this need, noting, "It can therefore be valuable for nursing educators and employers to consider utilizing when training their nursing staff in the acute care setting."

Dr. Hessels also led a study - "Impact of patient safety climate on infection prevention practices and healthcare worker and patient outcomes" - which was published in the American Journal of Infection Control (AJIC) in April 2023. The study aimed to determine the relationships among patient safety climate, standard precaution adherence, and health care worker exposures and health care associated infections (HAI). As noted, this was a multi-site, cross-sectional study including survey data from nurses on patient safety climate, observational data on adherence, and existing health care worker exposure and HAI data. The study concluded that a positive patient safety climate and adherence to standard precautions predict key HAI and occupational health outcomes.

The American Journal of Infection Control interviewed Dr. Hessels on this topic for its podcast, Science into Practice. The episode - Weighing the connection between a patient safety climate and infection prevention practices - highlights how this study produced findings not previously published, helping to advance, "the state of science in patient and occupational health and safety and infection prevention and control." In a related interview with *Infection Control Today*, Dr. Hessels offers important insight into the study and its findings, noting, "This is the largest known project of its kind and includes 5,285 standard precaution observations and 452 surveys across 43 hospital units; this network of contributors advances science beyond their organizational walls."

Dr. Hessels was also part of a team that advanced a SHEA/IDSA/APIC practice recommendation: "Strategies to prevent methicillin-resistant Staphylococcus aureus transmission and infection in acute-care hospitals," which provides a 2022 update to recommendations previously published in 2014.As noted, "The intent of this document is to highlight practical recommendations in a concise format designed to assist acute-care hospitals in implementing and prioritizing efforts to prevent methicillin-resistant *Staphylococcus aureus* (MRSA) transmission and infection." Click here to learn more.

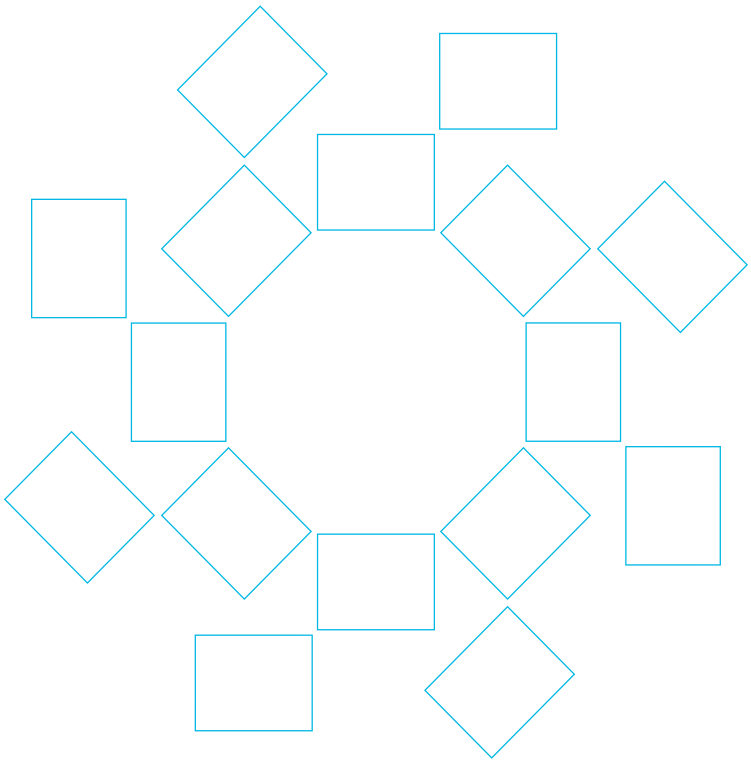
HMH Researcher Identifies Problem with Universal Implementation of Stroke Treatment Guidelines and Offers Novel Solution to Address It

Ultimately, the goal of medical research is to effect change in clinical practice. Researchers want to learn the best and most effective way to help patients, whether it be in the realm of neurology, urology, surgery, cardiology or critical care. The path from research to clinical practice is not always direct and clear-cut. However, Dr. Mary Grove's research, which was published in Stroke: Vascular and Interventional Neurology, suggests specific changes to longstanding guidelines that she and her collaborators believe could directly change how stroke patients in critical care settings are treated.

Dr. Grove, an acute care nurse practitioner and senior manager for HMH's Institute for Evidence-Based Care, recently published her dissertation research that she completed under the mentorship of her adviser, Dr. Anne Alexandrov of the University of Tennessee Science and Health Center. Sub-investigators for the study included stroke coordinators and RNs from six HMH hospitals. Their involvement in this research contributed to the requirements for stroke and magnet recertification at their respective hospitals. The primary objective of the study was to determine whether there was reliability between systolic (SBP), diastolic (DBP) and mean arterial pressure (MAP) measures when taken electronically with non-invasive blood pressure (NIBP) devices and manually in stroke patients that were treated with an anticoagulant (alteplase).

The rationale for the study was that there was little, if any, evidence available on the validation of blood pressure measurements obtained in acute care settings. Regardless, clinicians rely on the measurements obtained from NIBP devices to make significant treatment decisions for stroke patients, such as when to initiate anticoagulant treatment. Dr. Grove noted that this could be problematic because the blood pressure ranges that are used for the treatment guidelines were developed based on the manual measurements. She wanted to explore whether the measurements taken with NIBP devices were consistent with those taken manually. If not, then perhaps practitioners should reconsider their reliance on the currently recommended ranges for determining whether the patients meet the strict threshold for treatment initiation.

Data was collected from the seven collaborating hospitals (her adviser's location in Tennessee and the six HMH hospitals). They obtained five sets of manual/NIBP blood pressure measurements in 95 patients treated with alteplase (475 paired measures), and the results were noteworthy. They learned that NIBP devices produced significantly different measures than the manual sphygmomanometry, and were most often higher than manual measurements. This is significant because elevation of systolic or diastolic blood pressure will delay time to alteplase treatment. Because NIBP devices rely on the MAP and do not directly measure SBP and DBP, the researchers suggested that the field agree on establishing guidelines for appropriate MAP ranges to guide stroke treatment in place of systolic and diastolic pressures. Dr. Grove's article is the first to present this approach. This study takes an important first step in reframing the arterial ischemic stroke treatment context toward consideration of MAP as a key measure to guide the initiation of thrombolytic treatment and ongoing patient management.



RESEARCH UPDATES & EVENTS

WINTER 2024

Navigating FDA Guidelines and Regulations at HMH

The Food and Drug Administration (FDA) is charged by statute with ensuring the protection of the rights, safety and welfare of human subjects who participate in clinical investigations (i.e. research studies) involving FDA-regulated drugs, devices or biologics.

The HMH Research Institute has resources available to navigate these guidelines and regulations and to assist you with submissions to the FDA! If you are interested in conducting a clinical trial that might be FDA regulated (such as investigating an unapproved drug or device, investigating a new indication, dose, or route of administration for an approved drug, using a Humanitarian Use Device for clinical care, etc.) , please reach out to us prior to contacting the FDA so we can help facilitate your potential submission.

For Investigator Initiated Studies and all single patient/ compassionate submissions, please contact Elli Gourna Paleoudis, Ph.D. (elli.gournapaleoudis@hmhn.org)

For general FDA questions, please contact the Research Integrity Office (HMHIRB@hmhn.org)

Responsibilities that HMH Researchers Maintain When Using an External IRB

Human subjects research protocols that are externally funded and/ or conducted at multiple institutions often use an external IRB rather than using Hackensack Meridian *Health* (HMH) IRB. The 'single IRB' model allows local IRBs to cede oversight to another IRB (often referred to as the 'IRB of Record', the 'Single IRB', the 'Central IRB' or the 'Reviewing IRB') by executing an IRB reliance agreement. External IRBs used for HMH research protocols include commercial IRBs, such as WCG/WIRB and Advarra, as well as many other medical center and university-based IRBs with researchers collaborating with ours.

The 'single IRB' model can be effective in minimizing duplicative IRB oversight across multiple institutions as well as increasing review turnaround times. However, it is imperative to understand the responsibilities that remain with the HMH research team even if the IRB oversight is occurring elsewhere. When using an External IRB (not HMH IRB) for your HMH research, please be aware of the following:

- **Need for eResearch submission:** All human subjects research protocols require a submission in eResearch. Though the IRB component is ceded elsewhere, the eResearch submission ensures all 'local context review' is met in which HMH remains responsible even in reliance situations. This includes all Ancillary Reviews, Department Review, and review by the Research Integrity Office who facilitates the execution of all reliances. Selecting "Yes" to Question 5 in the eResearch application ("Will an external IRB act as the IRB of record for this study?") will ensure the application smartforms collect all information/ documentation needed for a reliance request.
- **Continued Responsibilities throughout the lifecycle of the protocol:** After the 'External IRB' submission is approved, HMH research teams will receive an 'Institutional Clearance Letter'. This letter serves two purposes: 1) It should be provided to the Reviewing IRB as a means to notify them of HMH's willingness/ readiness to rely on them. 2) Its Appendix has detailed information for the HMH research team to ensure continued compliance. This includes, but not limited to:
  - Providing all initial and continuing/annual IRB approval letters and documents for record-keeping purposes.
  - Submitting Modifications/Updates for any changes that may require further Ancillary Reviews (examples can be found in the Appendix of each Letter).
  - Submitting Modifications/Updates for any changes to the HMH research team.
  - Submitting Reportable New Information (RNI) submissions for all Reportable Events (Unanticipated Problem involving Risk to Participants or others, Adverse Event, Protocol Deviation, Non-Compliance) that occur uniquely at HMH.
- **Reliance may be optional or required:** Federally funded multi-site research protocols are mandated (per federal regulations) to use a single IRB model. Sponsors might also require use of a single IRB in order to be a participating site.
- **Plan Ahead:** Several factors determine if a reliance/single IRB model is appropriate for a given research protocol. This includes the details of the protocol and its sponsor, HMH researchers' level of involvement, the proposed IRB of Record and many other variables. HMH researchers are encouraged to consult with the Research Integrity Office (the administrative office of the HMH IRB) regarding all IRB reliance-related questions.

Any/all questions can be sent to our dedicated reliance email address: irbreliance@hmhn.org

The HMH Human Research Protection Program Moves Toward AAHRPP Re-Accreditation, A Standard of Excellence

The Human Research Protection Program (HRPP), which is overseen by the Office of Research Administration and the Research Integrity Office, and is responsible for protecting the rights and welfare of participants in human subjects research, is pursuing AAHRPP (Association for the Accreditation of Human Research Protections Programs) re-accreditation.

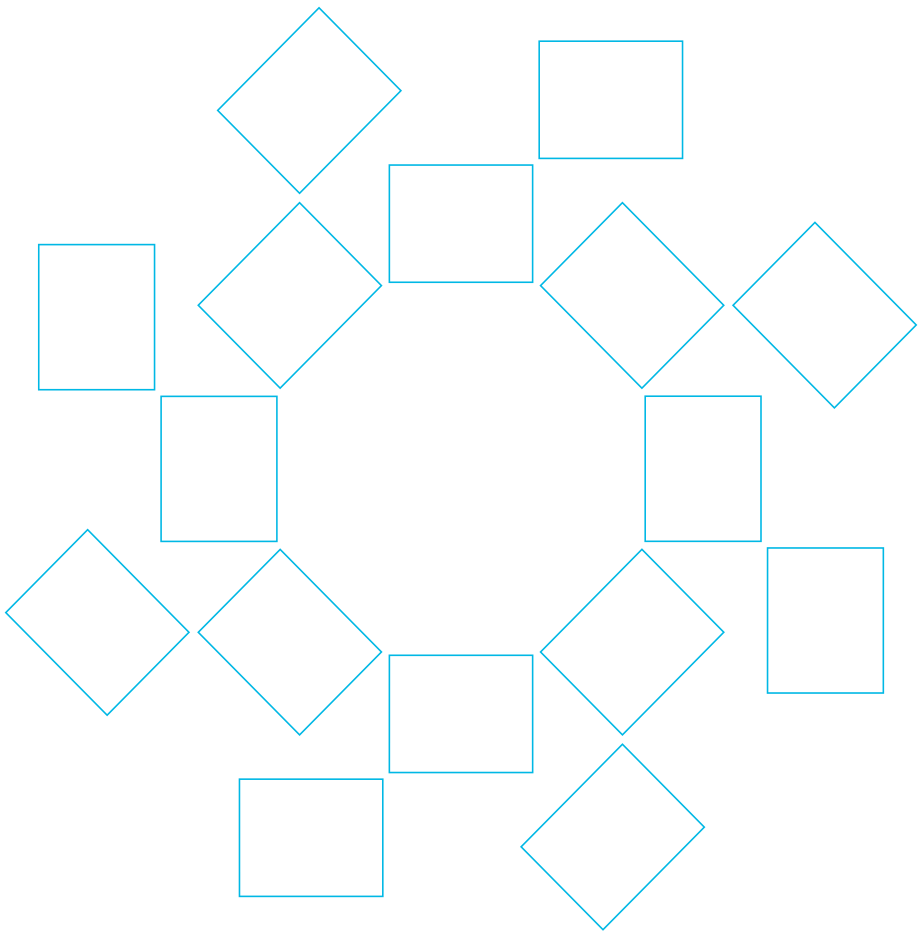
Organizations choose to apply for AAHRPP accreditation because they believe in the routine review of their research program's quality with the goal of always trying to enhance human subjects research. The primary purpose of AAHRPP accreditation is to strengthen protections for research participants. Using a set of objective standards to evaluate the quality of an organization's HRPP, the accreditation process involves an institutional self-assessment, development of an extensive application and written materials, an evaluation of practice through an onsite visit and a Council on Accreditation review.

The HMH HRPP became an AAHRPP accredited program in 2017 and went through initial re-accreditation in 2020. Its second re-accreditation application is due to AAHRPP in September 2024, and the Research Institute looks forward to documenting the growth and progress since its last AAHRPP review.

Join an Event - and Speak Up About What Interests You!

HMH Research Institute offers presentations on a wide variety of research-related topics, including biostatistics, methodology, regulations, misconduct, publishing and more. These virtual hour-long events are designed to be convenient and easy to attend and are open to all HMH employees. CME credit is offered for some of the events, as well. To find out more about what's coming up, please visit the research administration education page. The page also includes our educational guidelines, CITI training links and information and video recordings of dozens of previous lectures.

Research community members are also encouraged to let us know when they have an idea for an event topic. We love hearing from researchers and staff members and make all efforts to ensure that their educational needs are covered. Input is important and strongly considered. Please reach out with any ideas, questions or feedback to ora@hmhn.org.



FEATURED RESEARCHER

WINTER 2024

Martin E. Gutierrez, M.D.

Director, Drug Discovery/Phase I Program
Co-Chief, Thoracic Oncology

Phase I clinical trials are notoriously complicated to execute and are often extraordinarily complex in design. Because they represent the first stage of testing drug treatments in humans, there are many safeguards and assessments in place to ensure that the drug is being adequately tested for safety, side effects, best dose and timing. While many scientists and institutions may be reluctant to conduct these types of trials, Dr. Gutierrez has led hundreds of them over the years. Each year, he typically oversees 30+ clinical trials and enrolls 150+ patients. During the last 10 years, he grew the Phase I program at the JTCC to be the largest in the state. His dedication stems from his goal of shepherding new therapies into the clinical realm and making them available for patients. New cancer drugs are needed, and Phase I studies are the entry point for all of them.

Dr. Gutierrez sat down with us to give us some background on some of the tremendous strides the field of oncology has taken in the last decades, to share some of the groundbreaking developments that HMH is employing to save cancer patients' lives, and to provide insight into how intricate and interdisciplinary some of these protocols can be.

What led to your interest in medicine, and specifically oncology?
At the age of 15, I already knew that I wanted to be a doctor and help sick people. My interest in oncology also surfaced relatively early. In Colombia, my native country, students go to a seven-year medical school directly after high school, instead of going to college and then medical school. During my third year of med school, I really became passionate about oncology and I decided that was the direction I was going to take in my career. This was in the mid- to late-1980s, and oncology as a discipline was in its very early stages of development. It was almost a new field and the patient population was among the sickest.

It looks like you became involved in research fairly early in your career and maintained a high level of involvement over the years. Where did you first begin working in research and how did your research career evolve?
I was fortunate to get a fellowship with the National Cancer Institute (NCI). It offered an excellent experience in clinical research and in basic science research, as well. I have now been involved in research in different capacities for nearly 24 years. However, since my fellowship, my focus has generally been on early-phase drug development. I have been involved in some later phase trials, as well, but the bulk of my time is spent on the Phase I program here at the JTCC. Phase I studies have become extremely sophisticated for several reasons. First, their adaptive clinical trial designs; second, the biology and basic science behind the studies has become very complex; and third, new targets and cell therapies have come to light. It's been extremely exciting to be a part of this process.

Huge changes have taken place over the last couple of decades (or even the last few years) in the treatment of cancers. To what do you attribute those advances?
Right now is a phenomenal time in the world of oncology. There are a few reasons for the tremendous progress the field has experienced. I began working in oncology in the mid-'80s, and at the time, there were just a handful of chemotherapy drugs available for treatment. The first real achievement that propelled the success of oncology was being able to understand and decode the human genome. That opened the door to the development of small molecules/targeted therapy. For example, in the early 2000s, researchers were able to identify genetic mutations in lung cancer that were responsible for its carcinogenic process, and as result, we were able to develop small molecules to target this specific mutation. This changed how we treat lung cancer today.

Another clinical revolution occurred in early 2010 with the explosion of immunotherapy and of the first anti-PDL-1 checkpoint inhibitor clinical trials. This research led the development of immunotherapy in oncology and revolutionized the treatment paradigms in oncology today. Immunotherapy changed what oncologists do and the outcomes patients experience. Some diseases are now curable when, in the past, they weren't.

A third wave of success in oncology treatments came with the evolution of an impressive technology, cell therapeutics. The concept of utilizing genetically modified autologous T-cells to identify cancer cells and destroy them has opened a new chapter in oncology therapeutics. The hematologic malignancies took the lead in cell therapeutics with the development of CAR T-cell therapy against lymphoma, multiple myeloma and leukemia. Now in solid tumors, that same cell technology concept is exploding. This explosion is the result of a mixture of two prior revolutionary changes (targeted therapies and immunotherapies). Every target that has been discovered as an important driver of cancer has been targeted by different antibodies with different mechanisms of action, CAR T-cells, or NK cells.

For example, let's say you have target 'X' that drives the cancer. We could utilize an antibody as an immunotherapeutic approach against the cancer. We could also utilize an anti-drug conjugate (ADC), a specific type of antibody that targets tumor cells, to attack the same target. Additionally, we could have a T-cell engager, manufactured antibodies that bring T-cells to the tumor, against the same target. And on top of that, CAR T-cells could be employed against the same target. So, what we have today is a culmination of the knowledge built over the last two decades of targeted therapies, the biology of cancer and cancer genome and immunotherapies able to target the same molecule in the cancer cell in different ways.
(Cont'd)

FEATURED RESEARCHER:
Martin E. Gutierrez, M.D. *(Cont'd)*

Do you have any recent or current projects that seem promising or especially exciting that you can share?
JTCC has been participating in CAR T-cells from the hema-malignancy side for a while, so at this point, it's become standard of care. As for the more current research: we've been participating in cell technologies for solid tumors for more than three years now. We've been employing CAR T-cells against HER2 breast cancer, anti-PSMA for prostate, and pancreatic cancers. We've also been utilizing a significant number of "NK (natural killer) cell" protocols to treat varieties of solid tumors.

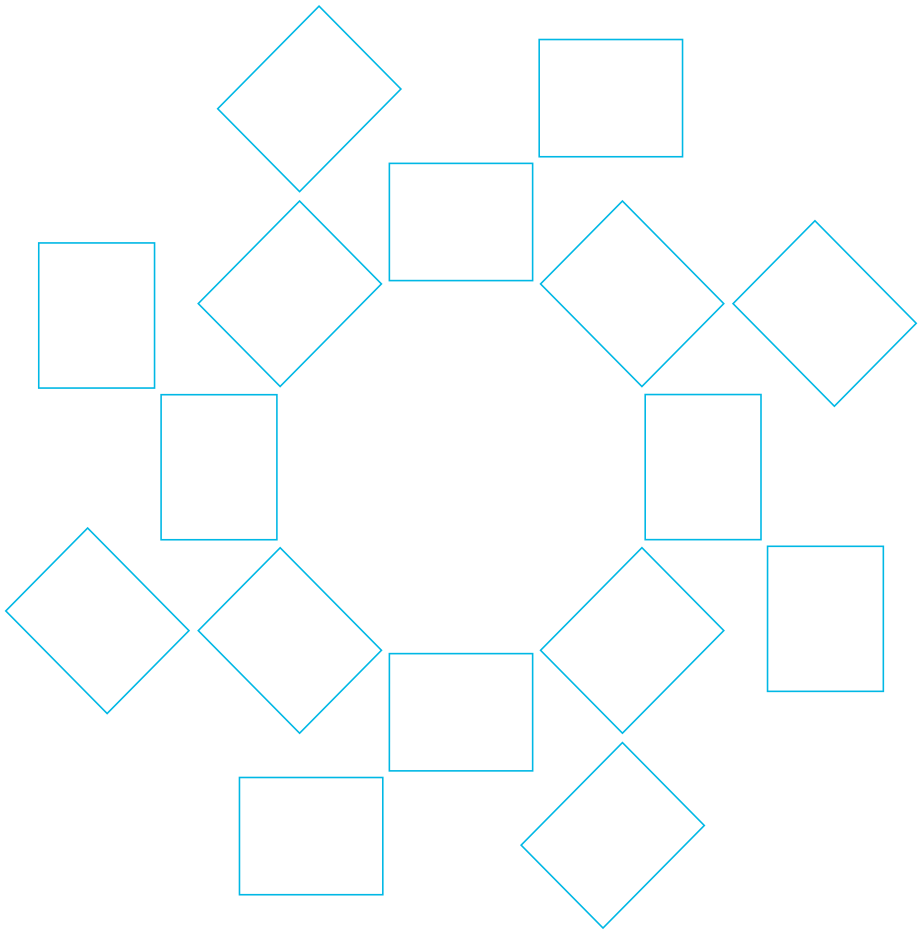
In the last 6-12 months, the development of these compounds has been really accelerating, and we have been able to build a strong cell therapy program in solid tumors as a result. We have a clinical trial utilizing tumor infiltrating lymphocytes (TIL) for melanoma, colorectal and lung cancers. We launched a TIL protocol in late 2023 and successfully treated patients with it. Execution of these clinical trials is a really complex process. It starts with the harvest of the patient's tumors with specific characteristics and sizes. Then, the tumor is sent to be "manufactured" (the lymphocytes are isolated, epigenetically modified and expanded) and the TIL are administered back to the patient. The execution of this study requires a multidisciplinary approach, including, but not limited to, the surgical, bone marrow transplantation (BMT) and pharmacy teams, as well as the inpatientt BMT service and Phase I research team.

We are also the first institution in the U.S. to open a sponsored clinical trial for hepatocellular carcinoma (HCC), or liver cancer, utilizing CAR T-cells. Patients will undergo an apheresis procedure. Harvested T-cells will go for manufacturing into CAR T-cells capable of recognizing HCC and perhaps eliminating the cancer cells.

We will also be beginning a CAR T-cell clinical trial for prostate cancer refractory to hormonal treatment, and we are very excited about that.

There are so many exciting projects, and none of this would be possible without the institutional support and my hardworking and talented colleagues and team. The Phase I team includes data coordinators, clinical research coordinators, project managers and more, and they are amazing. I am so grateful to them.

Do you have any hobbies, interests, or talents outside of oncology?
My oncology work keeps me pretty busy, but as I've gotten older, I've become more attracted to hiking and skiing. I've been trying to find places to engage in either of those activities.



FEATURED RESEARCH ADMINISTRATOR

WINTER 2024

Susan Adler, MPA

Director, Post Award Clinical Research & Foundation
Office of Research Administration, Hackensack Meridian *Health* Research Institute

Susan Adler embodies both the seasoned and the new. She has decades of research/health care administration experience under her belt and has worked at institutions such as Stanford University, Memorial Sloan Kettering and Columbia University. Her areas of expertise within research administration have run the gamut, from budgets to clinical-trial logistics and management to her current position. Her current role represents the "new." Adler is overseeing and simultaneously building a new department within the Office of Research Administration: post-award management for grants/foundation.

She sat down with us to share a little bit more about what led her to the role she has today and how her new department serves the HMH research community.

How did you get into a career in research administration?
It was a bit unexpected, given my pre-college background. Before college, I was convinced that I was going to be an artist. I really enjoyed photography and painting. My father is a painter, as well, so it seemed like the next logical step for me. I was accepted to college as an art major, but early on, I spent a year in Norway as an exchange student. Because of that, the university wanted me to take other courses, not just the standard art classes. These classes gave me exposure to other areas. While in college, I volunteered at a women's health clinic that was based on campus, which I really enjoyed. This work became my passion, and by the time I graduated college, I was the director of the women's clinic and had completed a thesis project on health care. This thesis project culminated in a two-day conference on health care for students.

Over the years, I took on roles with increasing responsibilities within health care and later research. In total, I have 42 years of experience in health care, including 36 years in hospital settings.
My first research responsibilities began at the University of California - San Francisco in 1996. I was the department administrator for Occupational Health and was handed an NIH grant to manage. This was my first grant experience, and I had to teach myself the ins and outs of research. While it was somewhat daunting at first, it gave me the experience needed to continue in research.

What services does your department provide to the research community?
We offer information, education and navigation during the post-award period and serve as an important resource for funded investigators working on sponsored projects, including federal grants and private grants obtained through the foundation. Before the post-award department, researchers had to rely on accounting for expenses, and there wasn't a truly centralized process for addressing post-award needs.

What advice would you give someone who was just informed that s/he received a grant? What should be the researcher's first step upon hearing this news?
Regardless of what stage researchers are at in the process, they should connect with the available resources and find their experts. There are resources available to investigators that could be really helpful to them. There is information available on the Office of Research Administration website and members of our team can direct you to the right people and resources, as well. The people in the Office of Research Administration are subject matter experts on the mechanics, guidelines and policies that surround working with sponsored research.

HMH has experienced a steep growth in sponsored programs in the last few years. This was the impetus for the creation of the new post-award department, and we are here to assist researchers with the process. We partner with investigators to ensure that their spending is accurate and in line with the budget granted to them, and to instruct them on the hospital process for purchasing and payroll. We are policy driven, but we are also collaborative. Utilizing our post-award services keeps investigators on track and sets them up for future funding. (*Cont'd*)

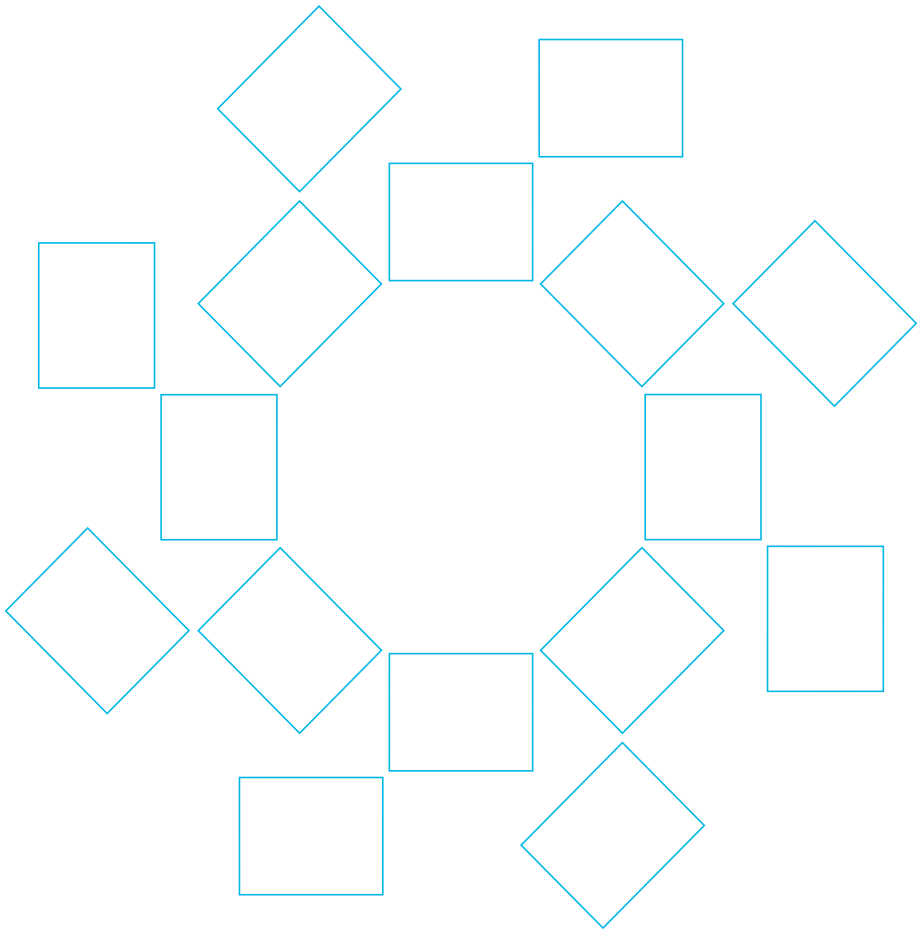
FEATURED RESEARCH ADMINSTRATOR:
Susan Adler, MPA *(Cont'd)*

What are some of the most common mistakes or misconceptions about the post-award process?
I think that the biggest misconception is that we run numbers all day behind closed doors, but it is actually the opposite. My department strives to be very hands-on and to be available to deal with any challenges or obstacles researchers encounter after receiving their grants. We are still newly formed, so we are in the process of building more resources.

What do you find most gratifying about your role here at HMH?
What I love the most about my job is being a part of a research administration team that is building resources for the greater HMH research network.

You have worked in research administrations at other institutions before HMH, but you have been at HMH for almost nine years at this point. In what ways has HMH been different from previous institutions?
In the past, I've worked at major institutions which already had established research structures. HMH is very different in that we are in a period of growth and are actively building resources to meet the new research demands. Additionally, years ago, at a previous job, I was an employee in an institution that underwent an unsuccessful merger that was eventually dissolved. Here, I got to experience the successful Hackensack and Meridian merger.

You've had several unique volunteer/side gigs over the years, in addition to your professional roles. These have included serving as a tour guide at the Bronx Zoo and a radio DJ in college. Do you maintain any of these extraprofessional hobbies?
I have been a lifelong volunteer at many different organizations. This has included 14 years as zoo guide at the Central Park Zoo, the Bronx Zoo and the San Francisco Zoo. And I am actually going to be a zoo guide for the Bergen County (Van Saun) Zoo beginning this spring. I still do art; I still paint and do photography. I am also a huge fan of live music. I have been a "Deadhead" since 1976 and still follow the Grateful Dead, to this day. I attended their performances in San Francisco last year and will be attending one at the Sphere in Vegas this May.



ACADEMICS BULLETIN

WINTER 2024

HMSOM Researchers: Data Shows Clinical Trials Becoming More Inclusive

Clinical trials and medical research have been historically lacking in diversity among all groups.

But recent trends have been turning the tide at least a little bit toward equity and inclusivity, according to a new meta-analysis published by a team of investigators from the Hackensack Meridian School of Medicine (HMSOM) and the Hackensack Meridian *Health* Research Institute (HMHRI).

The meta-analysis of clinical trials that included New Jersey patients from 2017 to 2022 shows a snapshot of more diverse representation - and better reporting of race and ethnicity factors, according to the new paper in the Elsevier journal Global Epidemiology.

"The past five years have seen an overall uptick in the equity of race/ethnicity reporting and inclusivity of clinical trials, as compared to previously reported data, presaging the potential acquisition of ever more powerful and meaningful results of such intervention studies going forward," write the authors, including three HMSOM students.

The team used the Clinicaltrials.gov registry to identify nearly 500 clinical trials that took place at least partiallyin New Jersey.

Of this group of trials, greater than 97 percent reported on race and/or the ethnicity of the enrollees, according to the findings. The participation in the trials assessed collectively still showed a majority 76.7 percent White participants; but the Black participants made up about 14.1 percent of the enrollees, which is slightly higher than the 2020 U.S. Census figure (which was used as a reference standard).

The proportion of participants of Asian and Hispanic descent, however, was slightly lower than the corresponding Census figures.

Thus, more inclusivity work needs to be done, according to the authors.

"Our five-year snapshot reveals that a very large percentage of trials report on race/ethnicity - and inclusivity is improving," the authors conclude. "While there is still some way to go to have the demographic numbers in these trials match U.S. Census values, our results suggest that recent efforts are having an effect."

$3 Million Gift to Endow Bioethics Chair at Hackensack Meridian School of Medicine

Generous gift will provide lasting legacy of bioethics education and programs

Hackensack Meridian *Health* Foundation held an investiture ceremony for Hannah I. Lipman, M.D., M.S., HEC-C, vice president of Bioethics at Hackensack Meridian *Health* and a professor in the Department of Internal Medicine at Hackensack Meridian School of Medicine. The endowed chair is thanks to a $3 million gift from Kalmon D. Post, M.D., to create the Linda Farber Post Chair in Bioethics at Hackensack Meridian School of Medicine in honor of his wife, Linda Farber Post, BSN, MA, J.D. This is the first endowed chair funded by Dr. Post and will support the work of Dr. Lipman.

"The creation of this chair, made possible by Dr. and Mrs. Post's gift, will ensure that our students gain a keen understanding of bioethics as an integral part of health care delivery and teach our students to consider the human side of medicine, including the social, psychological, moral, cultural and ethical issues in the care of patients that grow more challenging every year," said Robert C. Garrett, FACHE, CEO, Hackensack Meridian *Health*. "Dr. Lipman's visionary leadership has been exceptional in the field of bioethics, both at Hackensack Meridian *Health* and throughout her remarkable career, and we are so pleased that she is our inaugural recipient." (*Cont'd*)

"I am deeply grateful for Dr. Post's kindness in making this most generous gift in honor of his wife, Linda Farber Post, to establish the Linda Farber Post Chair in Bioethics," said Joyce P. Hendricks, president and chief development officer, Hackensack Meridian *Health* Foundation. "This incredible gift not only pays tribute to a wonderful individual, but will forever bestow a distinction that will resonate with its recipients, like the remarkable Dr. Hannah Lipman, for years to come. Thank you, Dr. Post, and congratulations to Dr. Lipman on being the first recipient of the Linda Farber Post Chair in Bioethics!"

Dr. Lipman joined Hackensack Meridian *Health* in 2018 and now oversees a network-wide Bioethics program, which provides clinical bioethics consultation and education, research ethics support, as well as guidance on organizational ethics issues and policy development. Prior to joining Hackensack Meridian *Health*, Dr. Lipman was associate director of the Center for Bioethics at Montefiore Medical Center in the Bronx, NY, and director of Bioethics Education at the Albert Einstein College of Medicine. "It gives us great pleasure to make this gift to fund the Linda Farber Post Chair in Bioethics at the Hackensack Meridian School of Medicine," said Dr. Post. "As the world evolves and technology advances, it is incredibly important that the physicians of tomorrow are prepared to make difficult decisions when it comes to ethical, social and legal issues throughout their careers. We are so pleased to be able to create this chair, which will provide this training in perpetuity, and would like to extend our congratulations to Dr. Lipman on being named the inaugural chair of this endowment."

SOM Faculty Publish Study Describing Novel Curriculum

Medical students are presented with a case on Monday. Over the course of the ensuing week, they learn about and discuss the case, including the patient's presentation, symptoms, condition and treatment. The process culminates by Friday with an integrated understanding of the patient, their illness and the underlying sciences. The students not only learn from the faculty - they learn from each other, and from sources across the breadth of the medical literature.

The Patient-Presentation Problem-Based Learning Curriculum (PPPC) is a foundation of the curriculum at the Hackensack Meridian School of Medicine - and a novel team-based way of teaching. The faculty who developed it have now published a paper in the journal *Medical Teacher* to explain how and why it works - and how it might successfully improve medical education far beyond the Nutley campus of the school, founded in 2018.

The article "Expanding the scope of problem-based learning at Hackensack Meridian School of Medicine integrating domain-general skills with domain-specific content," was authored by five school faculty members: Miriam Hoffman, M.D., the vice dean of academic affairs; Tovah Tripp, M.D., FACP, the director of PPPC; Ofelia Martinez, M.D., MPH, the assistant dean of medical education; and librarians Christopher Duffy, MLIS, and Peggy Dreker, MPA, MLS.

Each week of the pre-clerkship curriculum is framed with a weekly patient case and provides the clinical scaffolding for everything learned that week, according to the paper. It allows the students to integrate and apply material from the basic sciences, clinical sciences and health systems science, and builds their skills in clinical reasoning, information gathering and team collaboration, as the work progresses through the week. The curriculum is primarily student-driven, culminating in students working together to integrate what they have learned throughout the week and apply it to the patient case.

Read more

ACADEMIC AFFAIRS ROUNDUP

WINTER 2024

Network

- The 2022-2023 Annual Institutional Report is available.
- All four HMH Sponsoring Institutions for GME (HUMC, JSUMC, JFKUMC and OUMC) maintained Continued Accreditation status with no citations.
- All four HMH-Sponsored Family Medicine residencies maintained Continued Accreditation status with no citations.
- Fellows may now be granted "Fellow Plus" privileges. This classification allows fellows, regardless of post-graduate level, to prescribe outpatient medications in EPIC without requiring co-signature of the Supervising Attending Physician (e.g. Insulin). This will improve efficiency in ambulatory care settings.
- A Chief Trainee Leadership Retreat was held on Nov. 3, 2023, at JFKUMC; 45 trainees attended. Topics included leadership lessons from senior leaders, conflict management strategies, and a review of wellness and team-building strategies.
- Both OB/GYN residency programs in the HMH network (HUMC and JSUMC) achieved a 100 percent board pass rate for the written exam for 2023 graduates.
- All four Family Medicine Residency Programs sponsored by HMH (JFKUMC, OUMC, PMC and MMC) achieved a 100 percent board pass rate for 2023 graduates.

North Region

- Neurosurgery Residency program application submitted; Accreditation site visit scheduled for March 13.
- Anesthesiology Residency Program removed from accreditation warning status.
- After more than 20 years of dedicated service to HUMC, Barbara Reich, MLS, AHIP, Director of the HUMC Library retired in November. Darlene Robertelli, Director of the JSUMC Library, will also serve as Interim Director at HUMC.
- HUMC has been chosen as a hub for ACGME Faculty Development Series - Developing Faculty Competencies in Assessment: A Course to Help Achieve the Goals of Competency-Based Medical Education.
- The HUMC Resident/Fellow Wellness Committee completed a successful rollout of a new Employee Assistant Program (EAP) wellness pilot program for 22 interns in partnership with the HMH Benefits team. The program is designed to break down the well-being/mental health barriers for physicians.

Central Region

- Family Medicine Chief Resident Brittany Telford, MB BCh, has been accepted into the Cleveland Clinic Sports Medicine Fellowship, one of the oldest and most competitive sports medicine fellowships in the country.
- Neurocritical Care Fellow Thomas Snyder, M.D., and Interventional Neurology Fellow Abdallah Amireh, M.D., attended The Society of Vascular and Interventional Neurology Annual Meeting in November 2023.
- JFKUMC faculty and fellows had three abstracts accepted for the International Stroke Conference in February.
- Members of the JFK PMR Department presented at the recent American Academy of Physical Medicine and Rehabilitation's 2023 Annual Assembly, New Orleans, LA.
- The JFK Family Medicine residents won the 2023 New Jersey Academy of Family Physicians Knowledge Bowl at the FamMed Forum. This is a Jeopardy-style competition that included all of the NJ Family Medicine Residency Programs.

South Region

- Shuvendu Sen, M.D., Vice Chair for Research in the Department of Medicine at Jersey Shore University Medical Center, has authored the book *"Why Buddha Never Had Alzheimer's"* (HCI/Simon & Schuster). The book has been recognized with the Nautilus Book Award; was selected at the London, Frankfurt and Beijing Book Fairs; and has been translated into French and Italian. It has also been turned into a documentary by the Government of India and is under consideration for screening at the United Nations and Cannes Film Festival.
- Arif Asif, M.D., Chair, Department of Medicine, Jersey Shore University Medical Center,, has stepped down from his position and will be leaving the organization at the end of the month. During his eight-year tenure as Chair, six fellowship programs and a "Mini-MBA" leadership development program were established.
- The Ocean University Medical Center Family Medicine Residency Program received a grant from the OUMC Foundation to purchase educational models and tools needed to start Point-of-Care Ultrasound Training.
- Sally-Jo Placa, DMD, MPA, JSUMC Dentistry Residency Program Director was reappointed by the Commission on Dental Accreditation's Review Committee.
- The OUMC Psychiatry Residency Program and nursing leadership at OUMC have started a novel series of educational sessions for OUMC nursing staff on psychiatric medication entitled "Med of the Month".
- The JSUMC Podiatry Residency Program was re-accredited for six years by its accrediting body, the Council of Podiatric Medical Education.

QUARTERLY QUESTION

WINTER 2024

What is 1 of the 4 criteria that the International Committee of Medical Journal Editors (ICMJE) recommends for authorship?

To answer the question, please click here.

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