Southcoast Centers for Cancer Care expands Clinical Trials Program through partnership with Brown University Oncology Research Group

FALL RIVER, MASS. — Southcoast Centers for Cancer Care, a part of Southcoast® Health, today announced that it has joined the Brown University Oncology Research Group (BrUOG) network in order to expand the scope of its existing Oncology Clinical Trials Program.

“This is very exciting for our patients,” said ELIZABETH BLANCHARD, MD, director of the Clinical Trials Program at Southcoast Centers for Cancer Care. “This will continue to set the stage for clinical trials being done nationwide.

“BrUOG is a group where physicians have successfully collaborated for the common good of making advances for clinical cancer research,” explained Dr. Howard Safran, Medical Director of BrUOG. “We are very excited to now have Southcoast Centers for Cancer Care as part of our team and look forward to a longstanding partnership and collaboration.”

Through this partnership, Southcoast patients with a broad range of disorders, including cancers of the breast, brain, lung, gastrointestinal tract, skin and prostate, as well as leukemia and lymphoma, will have access to clinical trials specific to their condition. Many of these trials utilize novel therapeutic agents or new combinations of treatments in an effort to improve outcomes.

Also by partnering with BrUOG, Southcoast physicians will have the ability to develop their own research ideas, while working in collaboration with BrUOG-affiliated physicians.

To date, Southcoast has partnered with Boston Medical Center (BMC) to offer clinical trials as part of their National Cancer Institute (NCI) Minority-Based Community Clinical Oncology Program (MB-CCOP). This has allowed Southcoast oncologists to participate in NCI-sponsored cancer prevention, control and treatment clinical trials with special efforts to raise awareness and participation by minorities. In addition, trials of new therapies and supportive care are currently enrolling patients at Southcoast.

W&I Team Publishes Research on Treatment for Obese Women Undergoing Cesareans

PROVIDENCE — A team of researchers has published a clinical trial in Obstetrics & Gynecology, “Cefazolin prophylaxis in obese women undergoing cesarean delivery: A randomized controlled trial,” aiming to clarify the use of prophylactic antibiotic use during cesarean delivery of obese women.

Researchers included LINDSAY MAGGIO, MD, a fellow in the Division of Maternal-Fetal Medicine at Women & Infants Hospital; MELISSA DACOSTA, PharmD, of the Department of Pharmacy at Women & Infants; DWIGHT J. ROUSE, MD, principal investigator for the Eunice Kennedy Shriver National Institute of Child Health and Human Development Maternal-Fetal Medicine Units (MFMU) Research Network, and professor of obstetrics and gynecology at The Alpert Medical School of Brown University; BRENNA L. HUGHES, MD, chief of the Women’s Infectious Diseases Consultative Service at Women & Infants and an associate professor of obstetrics and gynecology at the Alpert Medical School; and DAVID P NICOLAU, PharmD, at the Center for Anti-Infective Research and Development at Hartford Hospital.

“The hypothesis was that the prophylactic antibiotic dose is not sufficient to reach a high enough concentration in the adipose tissue of obese women. Therefore, it would be ineffective in minimizing infection,” explained Dr. Maggio. “Women in the study agreed to be randomly assigned to receive either the standard two gram cefazolin dose or an increased three gram dose. We then measured the cefazolin concentrations in the adipose tissue. We found that both doses of antibiotics had similar adipose tissue concentrations. In other words, the higher dose of prophylactic antibiotic failed to achieve significantly higher adipose tissue concentrations, which could mean that it may not be any better at preventing infections.”

These findings are important because new recommendations say that obese women undergoing cesarean delivery should receive a higher dose of the antibiotic cefazolin to prevent surgical site infection. In obese women undergoing cesarean delivery, prophylaxis with this higher dose of 3g of cefazolin did not significantly increase adipose tissue concentration. Thus, our data do not support the new recommendations for 3g dosing. ✤