Lifespan Cancer Institute created; formerly Comprehensive Cancer Center

Howard Safran, MD, has been named the Institute's division chief of hematology/oncology.

PROVIDENCE – Lifespan announced on February 15 that cancer care services at all of its hospitals and outpatient centers will be unified and operate under a single name, the Lifespan Cancer Institute. Formerly known as the Comprehensive Cancer Center, the Lifespan Cancer Institute will encompass all cancer care across Lifespan as well as the system's thriving research program.

The naming reflects a new era of collaboration to ensure that every patient has access to a full array of comprehensive treatments, medical technology, support services, and clinical trials.

"Lifespan is leading efforts regionally to find new treatments, improve the delivery of cancer care, and, ultimately, save more lives," said Timothy J. Babineau, M.D., president and CEO of Lifespan. "The Lifespan Cancer Institute will be synonymous with treatment excellence and pioneering research."

Dr. Babineau also announced that internationally renowned researcher and clinician **HOWARD SAFRAN, MD**, a longtime Rhode Island Hospital and The Miriam Hospital physician, will be the chief of hematology/oncology of the Lifespan Cancer Institute. Dr. Safran earned his MD at Boston University and completed a fellowship in hematology/oncology at the Boston University Medical Center. He has served as Lifespan's director of oncology cancer research since 2009 and interim director of hematology/oncology since 2015. Dr. Safran is also a professor of medicine at Brown University's Warren Alpert School of Medicine. His 30-year medical career includes appointments to numerous national task forces and committees; more than 100 peer-reviewed and invited publications; national and international presentations; and principal investigator roles on nearly $14 million of grant-funded research.

David E. Wazer, MD, director of the Lifespan Cancer Institute.

"This is an exciting time for providers and researchers in the myriad of cancer fields, and our goal is to accelerate progress," said **DAVID E. WAZER, MD**, director of the Lifespan Cancer Institute. "New frontiers in treatment including precision medicine and immunotherapy are showing promise for our patients in the battle against cancer. Greater coordination of Lifespan's diverse resources will be critical to achieving the best possible outcomes and advancing toward a cure as quickly as possible." ❖

Advance Clinical and Translational Research (Advance-CTR), awarded first two Pilot Project grants

PROVIDENCE — With the first two Pilot Project grants from Advance Clinical and Translational Research (Advance-CTR), teams of researchers will set out to test new ways of fighting a diabetes complication and orthopaedic tissue injury.

The Brown University-based Advance-CTR launched in July 2016 with a $19.5 million, five-year Institutional Development Program Award from the National Institute of General Medical Sciences. Its purpose is to provide infrastructure and support to catalyze biomedical research and clinical trials that will translate the benefits of basic research to patient care in Rhode Island. One of its programs is the Pilot Projects awards to kickstart such team science.

"We couldn't be more excited by the response we received to the program and the high caliber of applications that were ultimately submitted," said **DR. SHARON ROUNDS**, director of the Pilot Projects program, professor of medicine in the Warren Alpert Medical School and Providence VA Medical Center physician. "This underscores a true unmet need in Rhode Island for pilot funding."

Each grant provides $75,000 for one year with an option for a second year.

In one of the new projects, two researchers will delve deep into the molecular biology of why people with diabetes often have vasculature that does not dilate to accommodate increased blood flow. The researchers will conduct tests on vasculature and key proteins in discarded tissue from diabetic and non-diabetic patients and will then test different interventions in diabetes model mice to see if it improves vascular dilation. The lead researchers are **RICHARD CLEMENTS** and **DR. NEEL SODHA**, assistant professors of surgery in the Warren Alpert Medical School, and researchers at Rhode Island Hospital. Clements is also affiliated with the Providence VA Medical Center. Their mentors will be Drs. Frank Sellke and Samuel Dudley, professors of medicine and physicians at Rhode Island Hospital.

Researchers on the other project will study and evaluate the potential for certain stem cells to help heal damage to the meniscus cartilage in the knee. The team will begin the study by isolating cartilage-derived stem cells from the tissue of patients undergoing knee replacement surgery. Then they will test the healing response of applying such stem cells to meniscal injuries in laboratory rats. Alpert Medical School orthopedics faculty members and Rhode Island Hospital researchers **CHATHURAKA JAYASURIYA**, assistant professor, and **DR. BRETT OWENS**, professor, lead the project. They will be mentored by orthopedics professors and Rhode Island Hospital physicians Drs. Michael Ehrlich and Qian Chen.

More awards are planned for later this year among the partners in the Advance-CTR, a statewide collaboration that includes Care New England, Lifespan, the Providence VA Medical Center, Rhode Island Quality Institute, and the University of Rhode Island. ❖

Southcoast Health unveils state-of-the-art electrophysiology lab at Charlton

FALL RIVER, MASS. – Southcoast Health unveiled its state-of-the-art electrophysiology lab at Charlton Memorial Hospital in Fall River in February.

The $4 million, 3,800-square-foot electrophysiology lab will be dedicated to performing complex ablations for patients with atrial fibrillation, ventricular tachycardia and atrial tachycardia.

"With this state-of-the-art lab we will be able to continue to provide outstanding outcomes for our patients but with less radiation and greater precision," stated **DR. RAMIN DAVOUDI**, Director of Electrophysiology for Southcoast Health.

(From left) State Representative Carole Fiola, Southcoast Health President & CEO Keith A. Hovan, David Teixeira, Dr. Nitesh Sood, Cindy Rodrigues, Lori Mullins, Dr. Ramin Davoudi, Dr. Michael Hyder, and Chair of Southcoast Health Board of Trustees Jason M. Rua.

The new electrophysiology lab has more cameras to allow for better and quicker visualization of catheters. It uses highly advanced technology to minimize radiation from x-rays. In some cases, it can reduce x-ray exposure by up to 80 percent. It was designed by JACA Architects with Shawmut Design and Construction serving as general contractor.

The lab also has a brand new mapping system that helps physicians localize abnormal electrical signals from the heart at 10 times the speed of the old system. This will cut down procedure times for the patient and the operator, and improve accuracy and success. This mapping system was recently approved by the FDA, and Southcoast Health is one of just 30 in the U.S. to utilize this technology.

The addition of the lab will allow Southcoast Health to accommodate the increasing volume of patients and significantly decrease the wait time for many complex procedures. According to the CDC, an estimated 2.7 to 6.1 million people in the U.S. have A-Fib. In 2012, Southcoast Health discharged more than 700 A-Fib cases, the second highest number of all the commonwealth's health systems.

The electrophysiology lab is housed in the multi-level, 6,700-square-foot Harold and Virginia Lash Heart and Vascular Center at Charlton Memorial Hospital, which is also the location of the hybrid operating room. The Lash Center was completed in October 2015 at a cost of approximately $14 million. ❖

$2.9M grant supports study of suicide risk assessment

Researchers at Butler Hospital, Brown University, and the University of Michigan to study novel approach

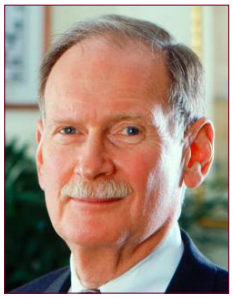
A multidisciplinary team from Butler Hospital, Brown University and the University of Michigan has come together to advance screening capabilities for suicide risk. The group received a $2.9 million grant from the National Institute of Mental Health to conduct a five-year research study utilizing innovative smartphone technology. Using the smartphone app *PRIORI* (Predicting Individual Outcomes for Rapid Intervention) designed by the team at the University of Michigan, researchers will record and analyze changes in speech patterns to identify how they relate to changes in suicide risk.

The tenth leading cause of death in the United States, suicide is responsible for 42,000 deaths in the country each year. Although there are many known risk factors for suicide, the majority of individuals who have these risk factors do not go on to attempt suicide – pointing to the importance of identifying new strategic risk factors for suicidal thoughts and behaviors.

"It is our hope that results of this study will have implications for both prevention and early intervention of suicide, and that the smartphone technology will provide methods for monitoring patients' suicide risk over time," said **HEATHER SCHATTEN, PhD**, a research psychologist at Butler Hospital and assistant professor of research at the Alpert Medical School. One of three principal investigators for the study, Dr. Schatten is joined by a multidisciplinary team that includes research psychologists, psychiatrists, computer scientists and engineers, and a quantitative scientist.

Participants in the study will be recruited in a psychiatric inpatient setting, an important population given the elevated suicide rates in the weeks and months following hospital discharge. The study begins recruitment this month. ❖

Richard W. Besdine, MD; Lynn McNicoll, MD, among leaders of national geriatric-orthopedic co-management program on hip fracture care



PHOTOS: BROWN UNIVERSITY

NEW YORK – The American Geriatrics Society (AGS) will launch a new national program that positions geriatricians and geriatrics-trained clinicians as co-managers with orthopedic surgeons to improve care and health outcomes, while lowering costs, for older adults with hip fractures, funded by a $1.4 million grant from The John A. Hartford Foundation.

At Brown, the program is co-lead by **RICHARD W. BESDINE, MD**, AGSF, Professor of Medicine and of Health Care Policy and Practice, Director of the Division of Geriatrics and Palliative Medicine, and Director of the Center for Gerontology and Health Care Research, Alpert Medical School and the School of Public Health and **LYNN McNICOLL, MD**, AGSF, Director of Education, Division of Geriatrics and Palliative Medicine, Alpert Medical School.

Geriatrics-orthopedics co-management incorporates a geriatrics approach to care as soon as possible after an older person enters the hospital for a hip fracture, helping to identify and reduce the risk for harmful events ranging from falls and delirium to infections. The model has been shown to reduce length of stay, readmissions, and most complications, and to increase an older person's chances of going home directly from the hospital, often resulting in improved function and independence.

An earlier planning grant from The John A. Hartford Foundation allowed the AGS to develop a viable business strategy and implementation plan to disseminate the geriatrics-orthopedics co-management model to hospitals and health systems nationwide.

Now, the AGS team will move forward with a three-year implementation plan for its first specialty-specific co-management program. They will work with early-adopter sites to:

- Create and test training, evaluation, and implementation tools for the co-management program;
- Assist participating hospitals with measuring success and sharing lessons learned; and
- Provide ongoing consultation, networking opportunities, and additional co-management resources as the program is expanded to a network of hospitals and health systems around the country. ❖

Research at W&I supports expanded use of cell free DNA prenatal testing

Study out of Women & Infants Hospital published in Genetics in Medicine

PROVIDENCE – A DNA-based prenatal blood test used to screen pregnancies for Down syndrome and similar chromosome abnormalities in high-risk women has moved a step closer to use in the general pregnancy population. Researchers at Women & Infants Hospital have published a study in *Genetics in Medicine* that shows that this non-invasive test can be effectively and appropriately offered to all pregnant women, regardless of maternal age or risk factors, through primary obstetrical care providers.

The research, "The clinical utility of DNA-based screening for fetal aneuploidy by primary obstetrical care providers in the general pregnancy population," was led by **GLENN PALOMAKI, PHD**, **EDWARD M. KLOZA, MS, CGC**, **ELIZABETH EKLUND, MS**, and **GERALYN MESSERLIAN, PhD**, of the Division of Medical Screening and Special Testing in the Department of Pathology and Laboratory Medicine at Women & Infants Hospital of Rhode Island and The Warren Alpert Medical School of Brown University, as well as maternal-fetal medicine specialist **BARBARA M. O'BRIEN, MD**, formerly of Women & Infants Hospital. This independent study was funded by a grant from Natera, Inc. (San Carlos, CA) and the DNA*First* test was primarily based on Natera's Panorama offering.

"We already know that DNA-based screening is highly effective. This study enabled us to look at its implementation in the general population to determine how best to educate professionals and patients," said Dr. Palomaki.

The study aimed at determining the knowledge and satisfaction of women who chose the DNA*First* screening test as part of routine prenatal care. Of the approximately 2,700 women in Rhode Island who chose DNA*First* screening, a subset with specific test and demographic characteristics was contacted. These women participated in a 15-minute structured telephone interview about their experience.

"We developed patient education materials and trained the providers on speaking with their patients about the DNA*First* test. The providers and patients were then surveyed concerning their knowledge about the test, how they made their decision about the test, and their overall satisfaction," explained Dr. Palomaki. "Ultimately, we found that the materials were highly effective for both the providers and the patients."

Women & Infants Hospital has been an international center for prenatal screening research. For more than three decades, under the leadership of the late Jacob Canick, PhD, the faculty in the Division of Medical Screening and Special Testing has led research to develop and improve screening tests for Down syndrome and other fetal abnormalities. In 2011, Dr. Palomaki and colleagues published the first external validation study of next generation sequencing of circulating cell free DNA in maternal plasma to identify common chromosome abnormalities.

"The current study results will be utilized by policy-makers, professional organizations and insurance providers when deciding how and to whom DNA-based prenatal screening will be offered," said Dr. Palomaki. ❖

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Lifespan Physician Group, Inc., participating in Comprehensive Primary Care Plus (CPC+)

PROVIDENCE – Lifespan Physician Group, Inc.'s Metacom Medical, Women's Medicine Collaborative, Family Physicians of Newport and Jamestown Family Practice are among more than 2,900 primary care practices nationwide participating in Comprehensive Primary Care Plus (CPC+), a partnership between payer partners from the Centers for Medicare & Medicaid Services (CMS), state Medicaid agencies, commercial health plans, self-insured businesses, and primary care providers. This partnership is designed to provide improved access to quality health care at lower costs.

CPC+ is administered by the Center for Medicare & Medicaid Innovation (CMS Innovation Center). The CMS Innovation Center was created by the Affordable Care Act to test innovative payment and service delivery models that have the potential to reduce program expenditures while preserving or enhancing the quality of care.

Through CPC+, CMS will pay primary care practices a care management fee, initially set at an average of $15 per beneficiary per month in Track 1 and $28 per beneficiary per month in Track 2, to support enhanced, coordinated services on behalf of Medicare fee-for-service beneficiaries. Simultaneously, participating commercial, state, and other federal insurance plans are also offering enhanced payment to primary care practices designed to support them in providing high-quality primary care on behalf of their members.

For patients, this means that physicians may offer longer and more flexible hours; use electronic health records; coordinate care with patients' other health care providers; better engage patients and caregivers in managing their own care; and provide individualized, enhanced care for patients living with multiple chronic diseases and higher needs.

The five-year model started on January 1, 2017, with CMS soliciting a diverse pool of commercial health plans, state Medicaid agencies, and self-insured businesses to work alongside Medicare to support comprehensive primary care. Public and private health plans in 14 regions across the country signed letters of intent with CMS to participate in this model: Arkansas, Colorado, Hawaii, Kansas and Missouri's Greater Kansas City region, Michigan, Montana, New Jersey, New York's Capital District-Hudson Valley region, Ohio and Kentucky's Cincinnati-Dayton region, Oklahoma, Oregon, Pennsylvania's Greater Philadelphia Region, Rhode Island, and Tennessee. The markets were selected in August 2016 based on the percentage of the total population covered by payer partners who expressed interest in joining this partnership.

Eligible primary care practices in each market were invited to apply to participate in the winter of 2016. Through a competitive application process, CMS selected primary care practices within the selected markets to participate in CPC+. Practices were chosen based on their use of health information technology; ability to demonstrate recognition of advanced primary care delivery by leading clinical societies; service to patients covered by participating payer partners; participation in practice transformation and improvement activities; and diversity of geography, practice size, and ownership structure.

"Our primary care practices are excited to participate in CPC+," said Steven Lampert, president of Lifespan Physician Group. "This program will provide resources, both financial and educational, that will increase the value of the care we provide our patients. We will be able to provide more coordinated care for our patients while we transform the way primary care is practiced at Lifespan Physician Group." ❖

For more about CPC+: https://innovation.cms.gov/initiatives/comprehensive-primary-care-plus/

Kent's Breast Health Center providing radioactive seed localization procedure

WARWICK – The Breast Health Center at Kent Hospital now offers patients radioactive seed localization (RSL), a preliminary procedure for those undergoing surgery for non-palpable, image detected breast cancer or high risk lesion. The technique enhances the surgeon's ability to locate, dissect, and remove the lesion. RSL minimizes the volume of tissue removed compared to the traditional technique, wire localization procedure (WLP), by placing the seed at or adjacent to the lesion. Unlike WLP, where a wire is placed the morning of surgery, RSL implants a radioactive seed (radioactive iodine-125 or I25) up to five days prior.

The new procedure was recently granted approval from the Rhode Island Department of Health and is only available in Rhode Island at Kent Hospital.

Developed in the late 1990s and tested in randomized trial since 2001, RSL has grown in popularity throughout the nation. It is now the preferred clinical procedure to WLP. **CANDACE DYER, MD**, and **NAVEH, LEVY, MD**, of Kent Hospital's Breast Health Center were trained in the procedure at the Mayo Clinic and Baystate Medical.

"Radioactive seed localization resolves many of the challenges WLP presented. The technique allows for more directed surgery, resulting in less pain, better cosmetics, and fewer incidences of re-excisions," said Dr. Dyer, physician director of the center.

The seed, which is about the size of a grain of rice, is placed by a radiologist at Kent Hospital's Women's Diagnostic Imaging Center yielding minimal radiation exposure. A mammogram ensures the seed is located as close as possible to the lesion. The seed is removed with the lesion and additional tissue during surgery. ❖

VA NEW ENGLAND HEALTHCARE SYSTEM

From left to right are Principal Investigator Dr. Jacob Joseph, Project Manager Nicole Kosik, Project Coordinator Miriam Brody, Operations Manager Sharon Sharnprapai, Data Analyst Katherine Kurgansky, and Chief Data Manager Brian Charest.

New VA clinical trial studies if high-risk cardiovascular patients benefit from higher dose of flu vaccine

BOSTON – A VA Boston-based cardiology consortium completed its first year of a landmark clinical trial testing whether a higher dose of flu vaccine is superior to standard flu vaccine in reducing the risk of death or cardiopulmonary hospitalization among high-risk cardiovascular patients.

VA Boston Healthcare System's Dr. Jacob Joseph and Dr. J. Michael Gaziano and their research team are leading a nationwide consortium of VA Medical Centers, including the Providence VA, in the INfluenza Vaccine to Effectively Stop Cardio Thoracic Events and Decompensated heart failure (INVESTED) trial, funded by the National Heart, Lung, and Blood Institute (NHLBI).

INVESTED began accepting participants across the U.S. and Canada in September 2016. VA facilities at Providence, West Haven, and White River Junction are all participating in INVESTED. The Bedford VA Campus will be added as a new trial site this year.

Dr. Joseph is a member of the INVESTED Executive Committee and meets weekly with trial leadership to discuss study conduct and the direction of the trial. Under Dr. Joseph's direction, the Boston-based VA Network Coordinating Center was responsible for providing support to nine VA sites in contracting, acquiring regulatory approvals, and general study conduct.

The VA Network Coordinating Center provided recruitment lists tailored to each site in order to pre-screen potential participants; enhancing and streamlining the recruitment process.

By fall of 2017, the VA Network will bring on approximately thirty more VA sites across the U.S. and will aim to enroll around 3,100 total patients over the next three flu seasons. The INVESTED trial, slated to end in 2020, plans to enroll 9,300 cardiovascular patients in total. ❖

Dr. Wen-Chih Wu publishes study showing sickle cell may confound blood sugar readings of African-Americans

PROVIDENCE – A new study in the Journal of the American Medical Association provides evidence that a common blood biomarker used to measure blood sugar over time may not perform as accurately among African-Americans with sickle cell trait.

"For patients with diabetes, HbA1c is often used as a marker of how well they are managing their diabetes, so having an underestimation of their blood sugars is problematic because they might have a false sense of security, thinking they are doing okay when they are not," said **DR. WEN-CHIH WU**, a cardiologist at the Providence Veterans Affairs Medical Center and associate professor of medicine and of epidemiology at Brown University, who is the study's senior author. "This could be a particular concern of African-American Veterans, because diabetes is roughly twice as prevalent among Veterans versus the general population."

Sickle cell trait (SCT) is a genetic hemoglobin variant found in 8 to 10 percent of African-Americans. It occurs in people with one copy of the mutation that, if they had two copies, would result in sickle cell disease. The analysis of data from more than 4,600 people participating in two major studies found that HbA1c readings were significantly lower in individuals with SCT than in those without SCT, even after accounting for several possible confounding factors.

PROVIDENCE VA MEDICAL CENTER PHOTO BY KIMBERLY DIDONATO

Dr. Wen-Chih "Hank" Wu

While the study showed that HbA1c readings were significantly different between people with and without SCT, it also showed that blood glucose readings were not, suggesting that glucose metabolism is not necessarily different between the two groups as the HbA1c readings alone would suggest. The study does not explain why the HbA1c readings differ.

"Irrespective of the reason of the underestimation, the underestimation is very real, and clinicians should consider screening for sickle cell trait and account for the difference in HbA1c," Wu said.

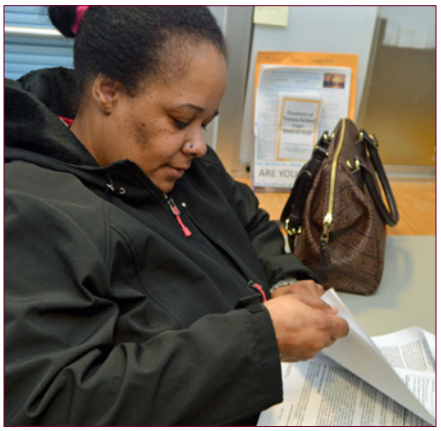
More information about the study and paper can be found on the Brown University website at https://news.brown.edu/articles/2017/02/sickle.

In addition to Wu, the paper's other authors are lead author Mary Lacy, a doctoral candidate at the Brown University School of Public Health, and Drs. Gregory Wellenius, Anne Sumner, Adolfo Correa, Mercedes Carnethon, Robert Liem, James Wilson, David Sacks, David Jacobs Jr., April Carson, Xi Luo, Annie Gjelsvik, Alexander Reiner, Rakhi Naik, Simin Liu, Solomon Musani and Charles Eaton. The National Institutes of Health and the Department of Veterans Affairs funded the study. ❖

500 area veterans enrolled in genomic research database

PROVIDENCE – The Providence VA Medical Center enrolled its 500th veteran into the world's largest genomic database Tuesday, February 07, 2017.

A veteran and VA employee from the Providence VAMC, who wishes to remain anonymous, voluntarily enrolled in the VA's Million Veteran Program, in which participants donate blood from which DNA is extracted. Baseline and periodic follow-up surveys track Veterans' military, health and lifestyle experiences over time. Samples and data used are coded to protect participants' identification and privacy.



PROVIDENCE VA MEDICAL CENTER PHOTO BY WINFIELD DANIELSON

Joy McKenzie, a U.S. Navy Veteran and Pawtucket resident, reviews documentation after enrolling in the Million Veteran Program at the Providence VA Medical Center Tuesday, Feb. 7, 2017. McKenzie's enrollment followed that of the 500th veteran participant at the Providence VAMC earlier that day.

Researchers believe information contained in the database could hold the key to preventing and treating diseases, both in veterans and in the general population. The program, which was launched in 2011, now has more than 500,000 participants nationwide. The Providence VAMC has been participating since May 2016.

"This is a perfect example of how veterans continue to serve our nation," said Dr. Susan MacKenzie, director of the Providence VA Medical Center. "Their participation in this program has the potential to save lives and improve medical care for generations to come."

Research using MVP data is already underway, studying a wide range of medical issues, such as mental illness, and heart and kidney diseases. ❖