

RESEARCH INSTITUTE NEWSLETTER (East Region)

February 2024



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Requesting Your 2023 Accomplishments for Inclusion in the Annual Corewell Health Research Institute Report of Accomplishments

The Corewell Health Research Institute is pleased to initiate our compilation of scholarly accomplishments for 2023. We are assembling a list of research publications, research presentations, and other scholarly communications to highlight both **individual** and **departmental** research accomplishments. This data will be used to promote recognition of the Research Institute's many research accomplishments. Your cooperation and prompt response are greatly appreciated; this is our opportunity to highlight your outstanding accomplishments for both internal and external audiences.

Submit only **2023** accomplishments from work which was conducted at Corewell Health East or by a current investigator or trainee of our institution. We expect that research involving human participants or their data was conducted following Institutional Review Board (IRB) approval and research involving animals had Animal Care Committee (ACC) approval.

Please submit your 2023 research accomplishments via the Intranet at, <https://beaumont.libguides.com/medicallibrary>.

or by using the step-by-step instructions below to review available resources and submit your information.

- Open The Corewell Intranet [Home - Home \(sharepoint.com\)](#)
- Click on All Departments (bottom of page)
- Select **Medical Library** Link
- To **Scholarly Works** (bottom left side)
- To **Submit Research** (bottom left side) to fill in the form for submissions

If you have multiple citations to submit, you can submit a file attachment at the bottom of the submission form.

The Medical Library staff are currently capturing and inputting citations from the PubMed and Web of Science databases into the Scholarly Works platform; however, we also want to document accomplishments that are not available from those databases. If you do not know if your publications or presentations are available in those sources, please submit the item into the Scholarly Works platform. We will check for duplicates.

Contact Janet Zimmerman at janet.zimmerman@corewellhealth.org or by phone at 248-898-1751 if you have questions.

The deadline for submission is **March 1, 2024**.

It is very important we highlight our accomplishments for hospital administration and the medical staff inside Corewell Health, as well as for

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Requesting Your 2023 Accomplishments for Inclusion in the Annual Corewell Health Research Institute Report of Accomplishments *continued*

our colleagues outside of Corewell Health. This Report of Accomplishments demonstrates our commitment to research that impacts human health and patient care, as well as the fact that the funding allocated for research is being well spent. It is a public relations opportunity not to be underestimated.

Thank you for your assistance, and congratulations on your continued productivity and contributions to improved patient care and health.

Welcome

Please join us in welcoming....

Julie Swanson, RN, BSN, Clinical Research Nurse, Urology Clinical Research.

Aimee Pintoski, RN, BSN, Clinical Research Nurse, Alzheimer's Clinical Research.

Rebranding A Sign of the Times

Hello Corewell Health Research Institute!

Earlier this week Paula Schuiteman-Bishop, VP Research Administration, announced our unified research enterprise as the Corewell Health Research Institute. Beaumont has seen many name changes in the past 20 years, however, none compared to the operational alignment taking place now. This is bigger than changing signs on the face of buildings receiving new lab coats or using new letterhead. The culture is changing, we are integrating into a cohesive, collaborative institute. Several workgroups have been identified and are working towards a new website, marketing materials, templates for consent forms, policies, contracts, and financial processes. Royal Oak is part of the wave 4 rebranding which

started December 14, 2023. We have been given 90 days to remove all legacy Beaumont signage. This week, we will start to see signs across campus reflecting our new hospital name (Corewell Health William Beaumont University Hospital) and CHRI. Some of the permanent signage work may continue into the spring.

We would like your help in bringing us into compliance with the March 14 deadline. Please check out the [Brand Central](#) Page. Here you will find links to digital business cards, letterhead, excel templates, flyers, email signatures, power point templates and so much more. [Naming guidance](#) has also been established and our new hospital names can begin being used at their identified date of go-live. We thank you in advance for bringing us into compliance with Corewell Health rebranding goals! If you have any questions on rebranding or need assistance, please feel free to reach out to Barb Higgins or Michele McGonagle.



Local doctors looking into why Black Americans are more at risk of Alzheimer's Disease

Please read WXYZ's interview with Dr. Stewart Graham, the Director of Alzheimer's Disease Research at Corewell Health. Click link below:

[Dr. Graham's WXYZ's Interview](#)

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IRB CORNER

An Update to the Use of *In-Vitro* Diagnostic (IVD) Devices in Research Studies

In general, the FDA requires informed consent be obtained when research involves the use of any investigational device. The IRB had provided instructions in the April 2023 Research Newsletter for the submission of IVD device studies requiring an honest broker to satisfy the FDA's conditions for exercising enforcement discretion to their informed consent requirements. Recently, the FDA published a new rule that makes this process simpler for research with IVD devices. No longer will the honest broker be required. The new FDA rule implements an exception from informed consent requirements for minimal risk clinical investigations (21CFR50.22).

The new FDA rule permits an IRB to issue a waiver of consent and eliminate the burdens for researchers to use an honest broker to obtain and de-identify

specimens. The IRB may waive the requirement to obtain informed consent, provided the IRB finds and documents the following:

1. The clinical investigation involves no more than minimal risk to the subjects;
2. The clinical investigation could not practicably be carried out without the requested waiver or alteration;
3. If the clinical investigation involves using identifiable private information or identifiable biospecimens, the clinical investigation could not practicably be carried out without using such information or biospecimens in an identifiable format;
4. The waiver or alteration will not adversely affect the rights and welfare of the subjects; and
5. Whenever appropriate, the subjects or legally authorized representatives will be provided with additional pertinent information after participation.

REMINDER: Exempt Category 4 IRB submissions

The IRB recently (October 2023) changed the policy for *Continuing Review and Administrative Review of Research Overseen by Beaumont IRB*. The IRB wants to remind researchers what is/is not required specifically for Exempt Category 4:

REQUIRED:

- Required to submit KEY PERSONNEL AMENDMENTS to the IRB.
- Required to submit an AMENDMENT to the IRB for any changes to your Study Protocol, Study Design or how you conduct your research.
- Required to submit a FINAL REPORT/CLOSURE FORM when you have completed and closing your study.

NOT REQUIRED:

- ADMINISTRATIVE REVIEW, via submission of a Progress Report, is not required for all Exempt Review Category 4 submissions.



Publications:

Bahl A, Clement V, DiLoreto E, Mielke N, Carr A, Panza G, et al. Evaluating the impact of external forces on peripheral intravenous catheter movement using ultrasound: A randomized pilot study. *J Vasc Access.* 2024;11297298231222052. PMID: 38183179.

Chancellor MB, Lucioni A, Staskin D. Oxybutynin-associated cognitive impairment: evidence and implications for overactive bladder treatment. *Urology.* 2024; Online ahead of print. PMID: 38296001.

Grzywacz VP, Lehrberg AV, Quinn TJ, Zureick AH, Sarvepalli N, Oliver LN, et al, [Dekhne NS, Dilworth JT]. Breast conserving therapy for patients

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with prior cosmetic implant-based breast augmentation: Outcomes and comparison against a matched cohort. *Clin Breast Cancer*. 2023; Online ahead of print. PMID:38185608.

Ko RB, Abelson JA, Fleischmann D, Louie JD, Hwang GL, Sze DY, et al. Pulmonary interstitial lymphography: A prospective trial with potential impact on stereotactic ablative radiotherapy planning for early-stage lung cancer. *Radiother Oncol*. 2023;191:110079. PMID: 38163486.

Macias S, **Yilmaz A**, Kirma J, Moore SE, Woodside JV, **Graham SF**, et al. Non-targeted LC-MS/MS metabolomic profiling of human plasma uncovers a novel. Mediterranean diet biomarker panel. *Metabolomics*. 2023;20(1):3. PMID:38066384

Ozturk NB, Dinc EJ, **Swami A**, Gurakar A. Acute kidney injury and hepatorenal syndrome in patients with cirrhosis. *J Clin Med*. 2023;13(1); Online ahead of print. PMID:38202206.

Pang PS, **Berger DA**, Mahler SA, Li X, Pressler SJ, Lane KA, et al. Short-stay units vs routine admission from the emergency department in patients with acute heart failure: the SSU-AHF randomized clinical trial. *JAMA Netw Open*. 2024;7(1):e2350511. PMID: 38198141.

Ramanathan S, **Hochstedler KA**, **Laucis AM**, Movsas B, **Stevens CW**, Kestin LL, et al, **[Grills IS]**. Predictors of early hospice or death in patients with inoperable lung cancer treated with curative intent. *Clin Lung Cancer*. 2023; Online ahead of print. PMID:38290875.

Salari K, **Glaza A**, **Lee JS**, Sarvepalli N, **Dekhne N**, **Kiran SH**, et al, **[Chen PY, Dilworth JT]**. Clinical outcomes of breast-conserving surgery with synchronous 50-kV X-ray intraoperative partial breast irradiation in patients aged 64 years or older with low-risk breast cancer. *Breast Cancer (Auckl)*. 2024;18:11782234231224267. PMID:38192516.

Vira A, **Balanescu DV**, **George JA**, **Dixon SR**, **Hanson ID**, **Safian RD**. Diagnostic performance of diastolic hyperemia-free ratio compared with invasive fractional flow reserve for evaluation of coronary artery disease. *Am J Cardiol*. 2024;214:55-8. PMID: 38199309.

 U.S. National Library of Medicine

ClinicalTrials.gov

The Clinicaltrials.gov Corner

Aren't sure how to register your study on Clinicaltrials.gov? Reach out to Barb Higgins (Barbara.higgins@corewellhealth.org) and the clinicaltrials.gov support team. We can help get you started!



REDCap is a web-based database application specifically designed for clinical research. It is provided to Corewell Investigators at no cost. Contact our REDCap Administrator Donna McIntyre, (248.551.7599) for more information on how REDCap can support your study.

