# Success of Pilot Grant Program leads to Funding by Robert Saligman Charitable Foundation

*Changing Lives Through Research*

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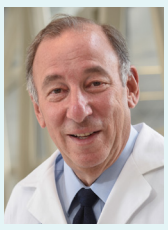
In 2016, the Department of Surgery launched the Support of Surgery Research Activities Pilot Grant Program. In the first year alone, six projects were approved and funded. Recognizing the importance of innovative research and the success of this funding model, the Robert Saligman Charitable Foundation made a generous contribution in June 2017 to bolster future exploratory studies.

The new Saligman Family Surgery Pilot Grant Program encourages faculty members, residents and fellows to apply for grants of up to $15,000 per year to pursue independent research programs. Here are updates from the principal investigators of three ongoing studies.

*"This funding mechanism is invaluable for our faculty, residents, and medical students to initiate important clinical research projects and address questions that we hope may ultimately improve patient care at Jefferson."*

**– Jonathan R. Brody, PhD**
*J. Wallace Davis and Gail G. Davis Professor of Surgery*
*Director, Division of Surgical Research*
*Vice Chair for Research*
*Department of Surgery*



Scott D. Goldstein, MD, FACS
*Professor of Surgery*

### Reducing colorectal surgical site infections

"Several years ago, I attended an American College of Surgeons meeting and saw a poster presentation about the use of lidocaine in cholecystectomy wounds. Lidocaine either kills or stops reproduction of many bacterial organisms, and had a dramatic impact on reducing surgical site infection in cholecystectomy patients. I thought, 'Why don't we give that a try in colorectal cases?' With the use of lidocaine, we found that our rate of surgical site infection declined, but we couldn't prove how.

"With this lab-based study, we have microbiologists and surgical residents, Brock Hewitt MD, MPH, and Sami Tannouri, MD, working together to explore how another local anesthetic, bupivocaine, works to prevent surgical site infections. Bupivocaine can be delivered alone or can be bound with liposomes, or fat, so that it lasts longer.

"We are working to understand whether or not liposomal binding affects wound infection rates. What are the bacteriologic effects? In other words, is liposomal bupivocaine better, worse or about the same as traditional bupivocaine or lidocaine? In the next few months, we hope to have results that can help us understand the best drug to use to prevent these infections."

Ashesh P. Shah, MD, FACS
*Assistant Professor of Surgery*

### 'Personalizing' transplant decision making

"Across the board, transplant programs do a great job in collecting and analyzing population-level data. Every program reports the same data about how it's doing in terms of graft function and loss, as well as patient outcomes over time. Our regulators publish reports about our one- and three-year outcomes – evaluations that typically shape key decisions about which patients receive which organs. I became curious: What would the decisions and metrics look like if we optimized transplantation based on what is best for each individual patient?

"In this study, we are analyzing national data to develop a model that helps programs make more tailored decisions when they receive offers of organs from their organ procurement organization. We're looking at specific patient variables, such as age, sex, race, disease and time on dialysis, and trying to determine the expected long-term outcome for people with a certain set of characteristics. What would we expect those patients' organ offers to be at a particular time? What about one year later?

"Ultimately, such models can help transplant programs make better decisions at the individual patient level and achieve even better population-level outcomes."

Alliric I. Willis, MD, FACS
*Associate Professor of Surgery*

### Exploring disparities that impact cancer care

"When it comes to care for cancer patients, we look at two factors: efficacy and effectiveness. Efficacy is whether or not a treatment works, while effectiveness is how the treatment performs in the real world. In other words, a treatment may work, but if patients aren't consistently receiving or tolerating it, there can be differences in outcomes that are not appreciated. Having treated patients from a wide variety of backgrounds and with a broad range of diseases and presentations, I've come to realize there are differences in patient presentations and outcomes that are outside of biology.

"Building on previous work exploring disparities in early-stage breast cancer treatment, this particular study is building a dataset based on Jefferson patients. We're analyzing their pathology alongside demographic variables, such as ethnicity, insurance status, occupation and the ZIP code where the patient lives. We can then assess the decisions patients made and the actions they took. Did they complete the recommended treatment on time? Which groups were most at ease with the treatment? Where did people fall off the path? What are the critical points where we might intervene?

"Once you have those kinds of insights, you can make the most effective intervention. But if we don't study and understand the risks to our patients, we're going in somewhat blind – not really appreciating the external circumstances that can impact our care."

*To learn more about supporting innovative surgical research at Jefferson, please visit* ***giving.jefferson.edu*** *or contact Kelly Austin in the Office of Institutional Advancement at* ***215-955-6383*** *or* ***Kelly.Austin@jefferson.edu.***

*On the Job*

Tina Nichols

As Office Supervisor in the Division of Transplant Surgery, Tina Nichols spends her days tackling a variety of time-sensitive tasks – from setting up meetings and working on provider credentialing to sorting out billing issues and scheduling patients for surgery. She supports five surgeons, a physician assistant and a nurse practitioner across their academic and clinical responsibilities, including both transplant and general surgery cases.

Nichols joined the Division of Transplant Surgery in 2015 after spending more than four years with Jefferson's Department of Radiation Oncology. Prior to that, she worked for a private OB-GYN practice for seven years. She credits that initial job experience for familiarizing her with nearly every aspect of medical office management, including handling medical records, supervising filing staff and overseeing appointment scheduling. Most of all, she says, it taught her how to tackle challenges on the fly – and work well under pressure.

To be sure, the stakes are high for many patients served by the Division of Transplant Surgery. For Nichols, helping those patients is one of the best parts of her job.

"Transplant patients could be on the list for several years," she says. "It's so rewarding to support a team that works tirelessly to help people get a second chance at a normal life."

While Nichols doesn't provide clinical care, she always strives to deliver a positive patient experience: "I like patients to know they can call me and I will help them get what they need. They shouldn't face any additional stress or hardship when they're already going through what is often a very difficult time."

A South Jersey native, Nichols will graduate from Thomas Jefferson University with a Bachelor of Science in Health Services Management this December. When not working or studying, she spends time with her fiancé, Pat, and enjoys her longstanding passion for the performing arts, especially singing.