2017 Finalists

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Prime Healthcare congratulates

Sunny Bhatia, MD and Mohammad Abdelnaser, RN

Hospital Executive of the Year Nominees

"The best way to find yourself is to lose yourself in the service of others.” - Mahatma Gandhi
Tobias Kennedy, 
Executive Vice President 
Montage Insurance Solutions 
Health Care Reform Expert & 
2015 Trusted Advisor Insurance Professional 
San Fernando Valley Business Journal

“Toby was a speaker at one of our Legal Updates and updated our group to some of the legal ramifications of Health Care Reform. I found Toby to be well informed. He is extremely knowledgeable and very passionate about Health Care Reform and it’s legal impact on corporate America.”

- Dick Gast, President, SMA of Southern California

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L
ons before the Affordable Care Act (ACA) became law in 2010, leaders in all health sec-
tions recognized the need to increase qual-
ity and accountability, embrace digital technolo-
gies such as Electronic Health Records (EHRs) to streamline information flow among providers
and patients, and to learn how to do more with
less. The ACA simply accelerated these industry
trends. Regulatory components of the ACA cre-
ted concrete incentives to move to value-based
reimbursement, where providers are financially
rewarded for meeting quality standards, and
penalized for missing targets. Today, according
to the Health Research Institute, almost all
hospitals (90%) have installed EHRs, connect-
ing the business office operations to real-time
documentation of clinical care. Most health care
is now being provided outside hospital walls; in
ambulatory and rehabilitation facilities, medical
group practices, accountable care organizations
(ACOs) and retail clinics, home care agencies,
and online.

The underlying industry market drivers
remain the same. Despite continuing uncer-
tainty about government policy that determines
who is covered for what healthcare services, healthcare leaders must continue the industry
and organizational transformation. The shift to
value-based reimbursement requires a willing-
ness among clinicians and non-clinicians alike
to undertake significant behavior and clinical
practice adjustments. The ‘old way of doing things’ often limits the opportunity for legiti-
mate fiscal rewards tied to measurable quality
outcomes. ‘Getting things right’ is an evolu-
tionary process of collaboration across formerly
siloed functions, and professions.

Now that EHRs can offer consolidated data
about a patient’s clinical state as well as services
delivered, the next informatics challenge is to
understand what these data mean in terms of
informing clinical best-practices and gaining
valid fiscal reimbursement from all payers, be
they government or private insurers. In addi-
tion, the growing expectation among patients
for online engagement with their care provider
places additional demands for healthcare IT
departments that are also expected to maintain
robust cybersecurity. Leaders are faced with the
tough choice of determining what makes sense to
retain internally or outsource to a company with
superior capabilities. How to engage in strategic
partnerships has become an ongoing leadership
responsibility.

The continued shift of care beyond the hos-
pital has created new kinds of jobs with new
expectations. The March 2017 Bureau of Labor
Statistics report reveals that of the 18,102 new
jobs, the majority (9,703) of the jobs were in
physician offices, outpatient centers and home
health services. If organizations are to capture
the benefits of many informatics, many more members of the workforce must become capable of creating,
evaluating and using the information obtained.

Clinical leaders are finding, that to stay relevant
in their organizations, they must broaden their
clinical perspective to include relevant business
acumen. According to a Healthcare Advisory
Board survey conducted last year by University
of Phoenix, School of Business, the ability to lead
teams, negotiate effectively, and manage inevita-
ble conflict places a premium on effective business
communication and emotional intelligence,
among managers and leaders at all levels of the
organization.

Essential leadership qualities for today are
the ability keep the organization and its work-
force focused while undertaking continuous
change; the ability to integrate the results of ‘big
data’ into strategic and operational decisions;
and the ability to collaborate across diverse con-
stituencies to accomplish shared goals. As noted
in B.E. Smith’s 2016 ‘Healthcare Leadership
Intelligence Report,’ underpinning all these
qualities is a leader’s demonstrable commitment
to a culture of trust and mutual accountability.
Fortunately, California has a well-documented
history of healthcare leaders at the vanguard of
industry innovation and transformation. May it
continue.

Dean of Specialized Programs and Strategic Part-
nership, Margaret Callaway joined the University
of Phoenix in November of 2015. Today, she
focuses on overall business development and corporate
partnership activities, working with national/global
organizations in the healthcare industry to create
colborative educational solutions that drive employee
development and align with an employer’s stra-
tegic and operational goals. Bringing more than 36
years of industry experience to University, her man-
germent roles in the healthcare sector have been at
the Mayo Clinic, Children’s Hospital, Boston and
the American Medical Association. To learn more,
visit www.phoenix.edu

New Technology Solves Serious Problems
Caused by Retained Blood Syndrome

Heart and lung diseases are leading causes
of death in the United States. Each year,
approximately 1.3 million patients undergo
life-saving cardiac or thoracic operations. While
such surgeries clearly improve and save lives,
there are common complications that hamper a
speedy recovery. Considerable efforts are under-
way at hospitals to identify ways to reduce compli-
cations that occur after surgery.

An area of increased focus is the problem of
chest tube clogging. Chest tubes are simple drain-
age devices used to remove blood from around
the heart and lungs while patients are recovering
immediately after cardio-thoracic surgery. These
plastic tubes can clog and clog with blood,
impairing their function. Peer-reviewed literature
has shown chest drain blockage after cardio-
thoracic surgery is a common problem, with complete
obstruction occurring in 38% of all cases. Most of
the time, when a chest tube clogs, the blockage
occurs in the portion of the tube that is inside
the patient, which hides the initial problem from cli-
nicians, delaying treatment and leading to poten-
tially serious complications for the patient.

When a chest tube clogs, blood can be retained
in the chest and cause one or more complications
collectively referred to as Retained Blood Syn-
drome (RBS). Nearly 1 in 5 patients develop RBS
after heart surgery that requires one or more new
interventions to treat the problem, leading to lon-
ger hospital stays and additional clinical issues
such as post-operative atelectasis or pneumonia
and renal failure. In turn, these complications drive
high rates of hospital readmissions after discharge,
and double the risk of mortality compared to
patients who do not suffer an RBS event.

The incremental costs of treating the compli-
cations of Retained Blood Syndrome add billions
of dollars to the total cost of care causing a huge
financial drain on hospitals and our national
health system.

A SOLUTION
Cardiac surgeons Edward Boyle, M.D. (St.
Charles Medical Center in Bend, Oregon) and
A. Marc Gillinov, M.D. (Cleveland Clinic) rec-
ocated the ongoing challenges surrounding chest
tubes and retained blood and teamed up to address
the problem with the goal of improving outcomes
and reducing healthcare costs for patients.

Dr. Boyle founded Clear Catheter Systems Inc.
in Bend, Oregon which, under CEO Paul Molloy,
later became ClearFlow, Inc. The Company’s
first product is the PleuraFlow Active Clearance
Technology (ACT) System which helps maintain
chest drain patency after cardio-thoracic surgery.
The PleuraFlow System provides caregivers with
an easy-to-use method for proactively keeping
chest tubes clear of clots, maximizing evacuation
potential while decreasing the potential for inter-
ventions needed for Retained Blood Syndrome
(RBS).

The PleuraFlow ACT is inserted between the
conventional chest tube and the drainage can-
ister. A magnetically coupled clamp can be
manually advanced into and out of the chest tube
to keep the interior lumen free of obstruction, fact-
uring blood evacuation through the chest tube in
the early recovery period after surgery in the ICU.

“PleuraFlow is the first FDA cleared device
indicated to maintain chest drain patency and to
reduce retained blood,” said Molloy. “RBS is
associated with higher rates of mortality, post-operative
atelectasis, renal failure, infection and extended ICU and
department stays after cardio-
thoracic surgery. The PleuraFlow System has been
demonstrated to reduce the incidence of retained blood
as well as other complications by keeping chest tubes
free of obstructions.”

“Our goal with the ACT concept has always
been to solve a problem that most had considered
unsolvable,” said Dr. Boyle. “With PleuraFlow, we
have provided that solution. No other chest tube
product exists that has any means to preserve their
functionality over time; they’re just tubes. With
the PleuraFlow System, we’re moving from passive
drainage to active drainage — and removing the
challenge of frequent clogging from the equation.”

The PleuraFlow System has been adopted at
some of the top hospitals in North America and
Europe. The PleuraFlow System has received
several technology-driven awards, including the
Frost & Sullivan New Product Innovation Award,
the Innovations in Cardiovascular Interven-
tions Award for Best Start-up Innovation, the
SparkPro Design Award for the ability to act as
a catalyst, address problems, and improve lives,
the R&D 100 Award which salutes the 100 most
scientifically significant products introduced into
the marketplace over the past year, and the
American Association of Cardio-Thoracic Surgeons
Techno-College Innovation Award for worldwide
innovations that has the potential to change the
standard of care in heart and lung surgery.

The PleuraFlow design fuses function with
ergonomics, making the system intuitive and easy
to use. The system’s reliable evacuation capacity
may also enable surgeons to use smaller and fewer
tubes overall, decreasing the surgical footprint
and potentially reducing patient discomfort.
When you go back to school, you’re not only gaining relevant career skills, you’re building the confidence you need to go after the future you want.

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For more information about each of these programs, including on-time completion rates, the median debt incurred by students who completed the program and other important information, please visit: http://www.phoenix.edu/programs/gainful-employment.html.

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There are over 100 hospitals in L.A., but when it comes to treating kids, only Children’s Hospital Los Angeles is ranked “Best” among pediatric hospitals by U.S. News & World Report. And treating kids is all we do. So if your child ever needs care, remember, a grown-up hospital is no place for a kid.

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THE FUTURE CAN WAIT
FOR THE FUTURE
We are City of Hope doctors. We advance science that saves lives. City of Hope research has led to the development of synthetic human insulin and four of the most widely used cancer-fighting drugs. We are maximizing the potential of immunotherapy and making precision medicine a reality. With our three manufacturing facilities we can turn laboratory discoveries into new therapies faster. We have performed more than 13,000 bone marrow and stem cell transplants to treat cancer, with a 12-year record of unparalleled survival rates. Now we are pioneering stem cell therapies for patients with cancer, diabetes, even autoimmune diseases. It all comes down to this. It's not enough to promise your patient a future cure. You must find it now. This is the passion that has driven us for over a century: To discover the crucial answers that don't exist today. Find out more at CityofHope.org
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Mucolates Imaging, Inc. announced earlier this year that it has received clearance from the FDA for its Ox-Imager CS technology. This device is designed to assist clinicians with the identification of lower limb vascular issues, so all patients can receive appropriate, timely treatment. With FDA authorization, Modulated Imaging can now launch the technology at clinical centers throughout the United States. The Ox-Imager CS system measures oxy-hemoglobin (HbO2), deoxy-hemoglobin (HbR) and tissue oxygen saturation (SO2) in individuals with compromised circulation. The device reports on these important indicators of tissue health, and also displays a digital color photograph.

The non-invasive Ox-Imager CS system is the only technology to provide both surface and subsurface views in one comprehensive system. By combining Modulated Imaging’s groundbreaking SFU technology with broadband imaging in the visible and near-infrared light ranges, Ox-Imager CS enables clinicians to acquire a comprehensive view of tissue perfusion with a single device. The subject of over 50 published scientific articles, Ox-Imager CS addresses the shortcomings of existing technologies with a non-contact, light-based imaging system possessing a wide field of measurement (15cm x 20cm). Images take only 10 seconds to produce. These advantages can lead to early intervention in lower limb vascular issues.

“Ox-Imager is a great example of how precision medicine could help the medical community provide the best possible treatment in the most timely manner for each patient’s needs,” said Arund S. Patel, M.D., Chief of Interventional Radiology at Providence Little Company of Mary Medical Center. “Modulated Imaging’s technology has great potential to enable us to better diagnose patients with compromised circulation who may be at risk for lower limb diabetic complications, peripheral arterial disease, and heart failure.”

“This FDA clearance is a major milestone for our company, and for the patients and physicians within the vascular treatment community,” said David Cuccia, Ph.D, Modulated Imaging’s CEO and CTO. “Ox-Imager can lead to significant preventive care actions as well as an estimated potential of $6.2 billion in savings per year. We’re proud to be able to provide meaningful information that advances patients’ health and wellness.”

Modulated Imaging, Inc. was founded in 2008 to develop light based imaging technology for preventing, diagnosing, and caring medical conditions. The company’s innovative science is designed to increase quality of life. Learn more at www.modulatedimaging.com.

### Scientific Teams Find Potential New Approach to Fight Parasites

Researchers from the National Institutes of Health and abroad have identified the first inhibitor of an enzyme long thought to be a potential drug target for fighting disease-causing parasites and bacteria. The teams, led by NIH’s National Center for Advancing Translational Sciences (NCATS) and University of Tokyo scientists, sorted through more than 1 trillion small protein fragments called cyclic peptides to uncover one that could shut down the enzyme. The finding, reported April 3, 2017 in Nature Communications, could set the stage for the potential development of new types of antimicrobial drugs.

NCATS’ expertise in early stage, pre-clinical molecule discovery helped the teams find potential drug candidates that could have implications for millions of people worldwide. “The work is an excellent demonstration of how NCATS delivers on its mission to provide improvements in translational processes,” said Anton Simeonov, Ph.D., scientific director, NCATS Division of Pre-Clinical Innovation. “Scientists have shown that a therapeutic target, previously considered undruggable by pharmaceutical companies, is actually druggable through a non-traditional therapeutic agent.”

The target enzyme, cofactor-independent phosphoglycerate mutase (iPGM), is found in individuals infected with parasites and bacteria. Several types of parasitic roundworms have iPGM, including Brugia malayi and Oncocerca volvulus, which infect roughly 150 million people living mostly in tropical regions. These parasites can cause devastating infections, such as river blindness. The enzyme also is found in bacteria, including Staphylococcus aureus, which can cause the hospital-borne infection MRSA (methicillin-resistance Staphylococcus aureus), and Bacillus anthracis, which causes anthrax.

“Several infectious organisms are potentially susceptible to an iPGM inhibitor,” said co-corresponding author James Inglese, Ph.D., director, NCATS Assay Development and Screening Technology Laboratory. “The team dubbed the inhibitor peptides ‘glycemides,’ which represent a powerful class of iPGM inhibitors. In theory, such a drug could become a broad spectrum anti-parasitic and anti-bacterial treatment.” Current anti-parasitic drugs, such as ivermectin, mainly work on the early larval stages of the worm. Such a treatment must be given annually or semiannually for as long as a decade. For years, scientists have tried to find a more effective drug that also worked against the adult worm and the later stages of infection. Earlier studies by Inglese’s collaborators at New England Biolabs in Ipswich, Massachusetts, showed that iPGM is one of many essential enzymes the roundworm needs to survive. It is part of a common biological process called glycolysis, which helps make energy for cells. While the same important process occurs in human cells, it relies on a different form of the enzyme. As a result, drugs that target iPGM and kill the roundworm would likely leave the human counterpart alone. Such a drug might work on all enzyme from doing its biological job. But iPGM and other similar enzymes are different. iPGM has a short-lived, temporary active site, making it practically impossible to find a small molecular drug that can block the enzyme.

Because of the enzyme’s unusual design, the NCATS-led team sought a different type of drug than the typical small molecular drugs. Inglese collaborated with co-corresponding author Hiroaki Suga, Ph.D., at the University of Tokyo, to build a library mixture of more than 1 trillion small peptides. The team went one step further, adding an amino acid to the peptides to create ring-shaped cyclic peptides to find which would stick most tightly to the enzyme. They found two cyclic peptides that both bound tightly to the iPGM enzyme and also shut down its activity.

The team subsequently worked with structural biologists at the University of Kansas, Lawrence, to determine the structure of the iPGM-cyclic peptide arrangement, showing how the peptide prevented the enzyme from working properly. “The cyclic peptide has amazingly tight and selective affinity for iPGM, like an antibody,” Inglese said.

The group’s next steps will be to find ways for cyclic peptides to enter cells. “If we can find ways to put cyclic peptides into cells, then this would open up new targets that small molecular drugs have a difficult time addressing,” Inglese said. “Ivermectin represents a fertile yet uncultivated landscape between small molecular drugs and protein biology.”

Researchers from other institutions, including the National Institute of Standards and Technology, Gaithersburg, Maryland, the National Heart, Lung and Blood Institute, part of NIH, and Argonne National Laboratory, Argonne, Illinois, also participated in the work.

To get more treatments to more patients more quickly, NCATS incorporates the power of data, new technologies and new collaboration to demonstrate and disseminate innovations in translational science. Rather than targeting a particular disease or fundamental science, NCATS focuses on what is common across all diseases and the translational process. Learn more at https://ncats.nih.gov.
Scientists Discover Urinary Biomarker that May Help Track ALS

A study in *Neurology* suggests that analyzing levels of the protein p75ECD in urine samples from people with amyotrophic lateral sclerosis (ALS) may help monitor disease progression as well as determine the effectiveness of therapies. The study was supported by National Institute of Neurological Disorders and Stroke (NINDS) and National Center for Advancing Translational Sciences (NCATS), both part of the National Institutes of Health.

Mary-Louise Rogers, Ph.D., senior research fellow at Flinders University in Adelaide, Australia, and Michael Benatar, M.D., Ph.D., professor of neurology at the University of Miami, and their teams, discovered that levels of urinary p75 ECD increased gradually in patients with ALS as their disease progressed over a 2-year study period.

“It was encouraging to see changes in p75ECD over the course of the study, because it suggests an objective new method for tracking the progression of this aggressive disease,” said Amelia Gubitz, Ph.D., program director at NINDS. “In addition, it indicates the possibility of assessing whether levels of that protein decrease while patients try future treatments, to tell us whether the therapies are having any beneficial effects.”

Further analysis of the samples from 54 patients revealed that those who began the study with lower levels of urinary p75ECD survived longer than did patients who had higher levels of the protein initially, suggesting that it could be a prognostic marker of the disease and may inform patients about their illness. Dr. Benatar and his team noted that this may be useful in selecting participants for clinical trials and in improving study design.

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The protein p75 is important early in life, but does not appear in adults unless motor neurons are injured. Previous studies in mouse models of ALS reported that p75 was re-expressed in motor neurons as the animals became sick and p75ECD was found in the urine of the mice even before they exhibited muscle weakness. p75 has also been seen on motor neurons in post-mortem tissue from ALS patients.

“As we move potential new therapies into phase-2 clinical trials, our findings suggest that p75ECD may tell us a lot about how well the treatments are working. Additionally, the ease of obtaining urine samples could help reduce the burden of patient participation in clinical studies,” said Dr. Benatar.

This study was funded by the NIH’s Clinical Research in ALS and Related Disorders for Therapeutic Development (CiRA/AD) Consortium, which is part of the Rare Diseases Clinical Research Network, an initiative of the Office of Rare Diseases Research at NCATS. The goal of the consortium is to advance therapy development by improving the understanding of ALS and related neurodegenerative disorders.

ALS is a fatal neurodegenerative disease in which motor neurons, cells that control muscle activity such as walking, talking and breathing, gradually die off, resulting in paralysis. There is no cure for ALS.

“The consortium provides a foundation for ALS research to help move the field forward by advancing our knowledge of the progression of this disease as well as identifying potential causes,” said Dr. Gubitz.

More research is needed to validate the use of urinary p75ECD as a biomarker of ALS and to further investigate the role of the protein in the disease.

The NINDS is the nation’s leading funder of research on the brain and nervous system. The mission of NINDS is to seek fundamental knowledge about the brain and nervous system and to use that knowledge to reduce the burden of neurological disease.

NIH, the nation’s medical research agency, includes 27 Institutes and Centers and is a component of the U.S. Department of Health and Human Services. NIH is the primary federal agency conducting and supporting basic, clinical, and translational medical research, and is investigating the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit www.nih.gov.

European Exercise Equipment and Physical Therapy Products Make their Way to the US

SISSEL, the chosen brand of more than 500,000 medical and fitness professionals worldwide, has announced that its complete range of products is now available to US professionals and consumers.

For more than 20 years, SISSEL, a company with Swedish roots and headquartered in Germany, has been developing and providing professional products for fitness, wellness, healthy sitting and sleeping, and Pilates training. The company’s extensive range of innovative and natural products includes aids for tension-free sleep, ergonomic sitting, exercise, balance, yoga, Pilates, massage and relaxation.

Known in Europe and around the globe for its slogan, “the Natural Way of Sweden,” SISSEL offers only the highest quality materials in the creation of its products. The company maintains interactive relationships with health and fitness professionals, as well as end users, to apply constructive input and feedback to the product design process, resulting in a comprehensive selection of user-friendly, superior quality, effective healthy living, fitness and wellness selections.

The company’s story began in 1996 when Swedish entrepreneur Carl-Emil Christensen and his wife Sissel aimed to create a solution for chronic neck pain (something Sissel herself suffered from). Working with a series of designs to generate an effective amount of support to the neck in an ergonomic shape, the couple developed the SISSEL pillow. A huge success all over Europe, the pillows led to an ever-growing line of additional product designs that incorporate natural principles of healthy living, preventive care and fitness.

Now available to American health and fitness professionals as well as direct-to-consumer, the product range includes exercise equipment; yoga and Pilates equipment; back and neck products; ergonomic seating; and a full assortment of therapy and massage products.

SISSEL has been providing exercise equipment and physical therapy products for more than two decades. SISSEL products are manufactured in Europe, the pillows led to an ever-growing line of additional product designs that incorporate natural principles of healthy living, preventive care and fitness. 

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CUSTOM CONTENT – LOS ANGELES BUSINESS JOURNAL

35
Stem Cell Transplants May Induce Long-Term Remission of Multiple Sclerosis

Encouraging Results Help Set Stage for Larger Studies

New clinical trial results provide evidence that high-dose immunosuppressive therapy followed by transplantation of a person’s own blood stem cells can induce sustained remission of relapsing-remitting multiple sclerosis (MS), an autoimmune disease in which the immune system attacks the central nervous system. Five years after receiving the treatment, called high-dose immunosuppressive therapy and autologous hematopoietic cell transplant (HDIT/HCT), 69 percent of trial participants had survived without experiencing progression of disability, relapse of MS symptoms or new brain lesions. Notably, participants did not take any MS medications after receiving HDIT/HCT. Other studies have indicated that currently available MS drugs have lower success rates.

The trial, called HALT-MS, was sponsored by the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health, and conducted by the NIAID-funded Immunology Tolerance Network (ITN). The researchers published three-year results from the study in December 2014, and the final five-year results appear online Feb. 1 in Neurology, the medical journal of the American Academy of Neurology.

“These extended findings suggest that one-time treatment with HDIT/HCT may be substantially more effective than long-term treatment with the best available medications for people with a certain type of MS,” said NIAID Director Anthony S. Fauci, M.D. “These encouraging results support the development of a large, randomized trial to directly compare HDIT/HCT to standard of care for this often debilitating disease.”

MS symptoms vary widely and may include motor and speech difficulties, weakness, fatigue and chronic pain. The most common forms of MS is relapsing-remitting MS, which is characterized by periods of mild or no symptoms interspersed with symptom flare-ups or relapses. Over years, the disease can worsen and shift to a progressive form.

In HALT-MS, researchers tested the safety, efficacy and durability of HDIT/HCT in 24 volunteers aged 26 to 52 years with relapsing-remitting MS who, despite taking clinically available medications, experienced active inflammation, evidenced by frequent severe relapses, and worsened neurological disability.

The experimental treatment aims to suppress active disease and prevent further disability by removing disease-causing cells and resetting the immune system. During the procedure, doctors collect a participant’s blood-forming stem cells, give the participant high-dose chemotherapy to deplete the immune system, and return the participant’s own stem cells to rebuild the immune system. The treatment carries some risks, and many participants experienced the expected side effects of HDIT/HCT, such as infections. Three participants died during the study; none of the deaths were related to the study treatment.

Five years after HDIT/HCT, most trial participants remained in remission, and their MS had stabilized. In addition, some participants showed improvements, such as recovery of mobility or other physical capabilities.

“Although further evaluation of the benefits and risks of HDIT/HCT is needed, these five-year results suggest the promise of this treatment for inducing long-term, sustained remissions of poor-prognosis relapsing-remitting MS,” said Richard Nadk, M.D., of Colorado Blood Cancer Institute and Presbyterian-St. Luke’s Hospital. Dr. Nadk served as principal investigator of the HALT-MS study.

If these findings are confirmed in larger studies, HDIT/HCT may become a potential therapeutic option for patients with active relapsing-remitting MS, particularly those who do not respond to existing therapies,” said Daniel Remon, M.D., director of NIAID’s Division of Allergy, Immunology and Transplantation. NIAID conducts and supports research — at NIH, throughout the United States, and worldwide — to study the causes of infectious and immune-mediated diseases, and to develop better means of preventing, diagnosing and treating these diseases.

NCI Launches Study of African-American Cancer Survivors

The largest study to date of African-American cancer survivors in the United States is underway. The Detroit Research on Cancer Survivors (ROCS) study, which will include 5,560 cancer survivors, will support a broad research agenda looking at the major factors affecting cancer progression, recurrence, mortality, and quality of life among African-American cancer survivors. The effort is funded by the National Cancer Institute (NCI), part of the National Institutes of Health.

The grant, for $9 million over five years, has been awarded to Ann G. Schwartz, Ph.D., M.P.H., deputy center director, and Tenzin Albrecht, Ph.D., associate director for Population Sciences of the Wayne State University School of Medicine and the Karmamos Cancer Institute, Detroit.

African Americans continue to experience disproportionately higher cancer incidence rates and other racial/ethnic groups in the United States for most cancer types. They are also more likely to be diagnosed with more advanced stage disease and experience higher cancer mortality rates than other groups. The Detroit ROCS study will focus on lung, breast, prostate, and colorectal cancers—the four most common types of cancer — each of which is marked by poorer survival rates among African Americans than whites.

Multiple factors may contribute to poorer outcomes among African Americans with cancer, but most studies lack enough participants to adequately study these factors. The Detroit ROCS study will investigate the myriad factors that may affect cancer survival, including type of treatment, occurring diseases, genetics, social support, neighborhood context, poverty, stress, racial discrimination, literacy, quality of life, and behavioral factors such as smoking, alcohol use, diet, and physical activity. A unique aspect of this study is the inclusion of 2,780 family members to help researchers understand how a cancer diagnosis affects the mental, physical, and financial health of those providing care.

“This study is uniquely poised to investigate the major factors affecting African-American cancer survivors,” said Douglas R. Lowy, M.D., acting director of NCI. “Efforts like this will help us move toward bridging the gap of cancer disparities, ensuring that advances in cancer prevention, diagnosis, and treatment reach all Americans.”

The experimental treatment aims to suppress active disease and prevent further disability by removing disease-causing cells and resetting the immune system. During the procedure, doctors collect a participant’s blood-forming stem cells, give the participant high-dose chemotherapy to deplete the immune system, and return the participant’s own stem cells to rebuild the immune system. The treatment carries some risks, and many participants experienced the expected side effects of HDIT/HCT, such as infections. Three participants died during the study; none of the deaths were related to the study treatment.

Five years after HDIT/HCT, most trial participants remained in remission, and their MS had stabilized. In addition, some participants showed improvements, such as recovery of mobility or other physical capabilities.

“Although further evaluation of the benefits and risks of HDIT/HCT is needed, these five-year results suggest the promise of this treatment for inducing long-term, sustained remissions of poor-prognosis relapsing-remitting MS,” said Richard Nadk, M.D., of Colorado Blood Cancer Institute and Presbyterian-St. Luke’s Hospital. Dr. Nadk served as principal investigator of the HALT-MS study.

If these findings are confirmed in larger studies, HDIT/HCT may become a potential therapeutic option for patients with active relapsing-remitting MS, particularly those who do not respond to existing therapies,” said Daniel Remon, M.D., director of NIAID’s Division of Allergy, Immunology and Transplantation. NIAID conducts and supports research — at NIH, throughout the United States, and worldwide — to study the causes of infectious and immune-mediated diseases, and to develop better means of preventing, diagnosing and treating these diseases.

NCI Launches Study of African-American Cancer Survivors

The largest study to date of African-American cancer survivors in the United States is underway. The Detroit Research on Cancer Survivors (ROCS) study, which will include 5,560 cancer survivors, will support a broad research agenda looking at the major factors affecting cancer progression, recurrence, mortality, and quality of life among African-American cancer survivors. The effort is funded by the National Cancer Institute (NCI), part of the National Institutes of Health.

The grant, for $9 million over five years, has been awarded to Ann G. Schwartz, Ph.D., M.P.H., deputy center director, and Tenzin Albrecht, Ph.D., associate director for Population Sciences of the Wayne State University School of Medicine and the Karmamos Cancer Institute, Detroit.

African Americans continue to experience disproportionately higher cancer incidence rates and other racial/ethnic groups in the United States for most cancer types. They are also more likely to be diagnosed with more advanced stage disease and experience higher cancer mortality rates than other groups. The Detroit ROCS study will focus on lung, breast, prostate, and colorectal cancers—the four most common types of cancer — each of which is marked by poorer survival rates among African Americans than whites.

Multiple factors may contribute to poorer outcomes among African Americans with cancer, but most studies lack enough participants to adequately study these factors. The Detroit ROCS study will investigate the myriad factors that may affect cancer survival, including type of treatment, occurring diseases, genetics, social support, neighborhood context, poverty, stress, racial discrimination, literacy, quality of life, and behavioral factors such as smoking, alcohol use, diet, and physical activity. A unique aspect of this study is the inclusion of 2,780 family members to help researchers understand how a cancer diagnosis affects the mental, physical, and financial health of those providing care.

“This study is uniquely poised to investigate the major factors affecting African-American cancer survivors,” said Douglas R. Lowy, M.D., acting director of NCI. “Efforts like this will help us move toward bridging the gap of cancer disparities, ensuring that advances in cancer prevention, diagnosis, and treatment reach all Americans.”

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