

Research Update

Educational Review for Physicians and Employees of CHS and Trinity Medical of WNY

October 2020

Who's who in research?



Dr. Brian Snyder, Internal Medicine

Dr. Snyder is the Medical Director for Home Care, Long Term Care and Palliative Care at Catholic Health. During the COVID crisis, Dr. Snyder has taken on a leadership role in enhancing research opportunities for Catholic Health and ensuring the safety of our patients is our number one priority.

With more than 30 years of active research, Dr. Snyder brings a wealth of knowledge to the CH research team and is committed to our values of excellence and innovation.

"Nothing in life is to be feared, it is only to be understood. Now is the time to understand more, so that we may fear less." ~Marie Curie

Are you interested in working on research? Do you have ideas for new projects?

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COVID-19 Phase 2 study with Behring hoping to prevent cytokine storm in moderately to severely ill patients

An investigational new drug (IND) was brought into Catholic Health on June 30th, 2020, in the hopes of treating patients prior to the need for mechanical ventilation.

CSL312 is a Factor XIIa agonist, which is administered via IV in a single dose. Factor XIIa has been linked to cytokine storms that increase disease progression and lead to pneumonia and ARDs. There have also been links to Factor XIIa and thrombosis, a known side effect of COVD-19; this medication has the potential to decrease that risk as well.

The placebo controlled study is specifically for patients admitted for pneumonia and specific risk factors.

There are currently 10 US sites enrolling for this study, 21 randomized patients- 4 from Catholic Health COVID site at St. Joseph Campus.

Study team: Drs. Brian Snyder (PI), Hans Cassagnol, Thomas Brewer, Bala Thatigotla, and Sharavanan Thevanayagam.

We are excited to offer new treatment options for our patients during this critical time.

Observational Study for Heart Failure patients with Zoll



A new sensor, Microcor, measures heart failure indices (thoracic fluid accumulation, respiratory excursions, arrhythmia, abnormal heart sounds) through a transcutaneous catheter.

This ambulatory and remote monitoring allows for the early detection of heart failure and decompensation. Heart failure has a high risk of mortality, especially when discovered in later stages.

This device can help increase survival and outcomes for patients while decreasing risk for readmission to the hospital.

The study will look at correlations between heart failure measurements and clinical status. Total of 37 sites in US and EU, total of 200 subjects enrolled and 300 are anticipated.

Study team: Michael Robertson, Trinity Medical Research Department