

SOUTH JERSEY MEDICAL REPORT™

Clinical Trials More than 450 clinical trials, including national trials, are currently underway at Cooper University Health Care, addressing a wide range of the latest pharmacologic, surgical, and device-related therapeutic options. Cooper's robust research program offers clinicians and their patients access to some of the most novel therapies and innovative trials in the region.



The following list represents some of the clinical trials currently enrolling patients at Cooper.

ISSUE 15 – 2018

| Study Area | Principal Investigator (PI) | Contact Info | Study Type | Study Description | Main Inclusion Criteria |
|---|-----------------------------|--|--------------------------------|---|---|
| Anesthesiology Carotid Surgery | Rhea Temmermand, CRNA | Bill T. 856.968.7331 Brian M. 856.968.7333 | Treatment Study | Evaluation of time to hemodynamic stability and time to post-op cognitive function after carotid endarterectomy. | 1. Age >18 years. 2. No dementia or head trauma history. 3. No history of long emergence from anesthesia. |
| Anesthesiology Hip Fracture | Kelly A. Bolkus, DO | Bill T. 856.968.7331 Brian M. 856.968.7333 | Comparative Study | Evaluation of two types of anesthesia to promote independence after hip fracture. | 1. Age >50 years. 2. Must have a hip fracture requiring surgical treatment. 3. Must have had the ability to walk without assistance before fracture. |
| Anesthesiology Left Ventricle Function | Robert A. Hirsh, MD | Bill T. 856.968.7331 Brian M. 856.968.7333 | Device Study | Evaluation of new method to assess inotropic and lusitropic function of the left ventricle. | 1. Age >18 <80 years. 2. Referred for nonurgent transthoracic echo (TTE) or dobutamine stress echo (DSE). |
| Cardiology Arrhythmia | Andrea M. Russo, MD | Claire F. Beeper: 856.253.2361 Julie F. 856.669.8847 | Treatment Study | Medication study for the reduction of thrombo-embolism in patients with device-detected subclinical atrial fibrillation. | 1. Device-detected episode of SCAF >6 mins but <24 hours. 2. Must have at least one stroke risk factor. |
| Cardiology Arrhythmia/Implantable Defibrillator | Andrea M. Russo, MD | Claire F. Beeper: 856.253.2361 Julie F. 856.669.8847 | Device Education Study | Patient education study about an implantable cardioverter defibrillator device (ICD) for prevention of Sudden Cardiac Death (SCD) and what kind of information is helpful to patients in making treatment decisions with their doctors. | 1. Age >21 years. 2. Eligible for an implantable cardioverter defibrillator (ICD) for the primary prevention of sudden cardiac death. 3. Non-hospitalized patients with ejection fraction ≤35%. |
| Cardiology Heart Failure | Andrea M. Russo, MD | Claire F. Beeper: 856.253.2361 Julie F. 856.669.8847 | Device Study | Evaluation of experimental medical device for improving heart strength using electrical signals applied to the heart. | 1. Heart failure with a QRS <130ms. 2. EF ≥25% and ≤45%. 3. NYHA Class III or IV. |
| Gynecologic Oncology Ovarian, fallopian tube, or primary peritoneal cancer | David P. Warshal, MD | Maria D. 856.735.6233 | Treatment Study | Evaluation of efficacy of atezolizumab on a specific type of cancer (ovarian, fallopian tube, or primary peritoneal). | 1. Age ≥18 years. 2. Receive a histologic diagnosis of epithelial ovarian cancer, peritoneal primary carcinoma, or fallopian tube cancer. 3. Adequate hematologic and end-organ function. |
| Hematology/Oncology Breast | Robert A. Somer, MD | Robin T. 856.735.6234 | Treatment Study | Comparison of usual (neoadjuvant) chemotherapy plus atezolizumab is more effective than chemotherapy and placebo before surgery for breast cancer. | 1. The diagnosis of invasive adenocarcinoma of the breast must have been made by core needle biopsy. 2. Local testing on the diagnostic core must have determined the tumor to be ER-negative, PgR-negative, and HER2-negative by current ASCO/CAP guidelines. |
| Hematology/Oncology Lung | David D. Shersher, MD | Jackie T. 856.735.6396 | Early Detection and Prevention | Creation of a research bank for use in future research related to cancer and/or biomarkers. | 1. Male or Female age ≥50 years. 2. Must have a current or previous cumulative cigarette smoking history of ≥20 pack years. |
| Hematology/Oncology Kidney | Christian Squillante, MD | Maria S. 856.735.6323 | Treatment Study | Comparison of the efficacy and safety of drug combination vs. drug alone in first-line treatment of advanced renal cell carcinoma. | 1. Histological or cytological confirmation of RCC with a clear-cell component (original tissue diagnosis of RCC is acceptable). 2. Documented evidence of advanced RCC. 3. At least 1 measurable target lesion according to RECIST 1.1. |
| Hematology/Oncology NSCLC/brain metastases | Nati Lerman, MD | Maria S. 856.735.6323 | Device Study | Evaluating the safety and effectiveness of a study device with stereotactic radiosurgery in subjects with brain metastases as a result of non-small cell lung cancer (NSCLC). | 1. Age >18 years. 2. Life expectancy of >3 months. 3. New diagnosis of brain metastases from a histologically or cytologically confirmed primary or metastatic NSCLC tumor within 5 years of registration on the study. |
| Infectious Diseases HIV | Rosalie Pepe, MD | Dana O. 856.968.7008 | Treatment Study | Effectiveness of statin-preventive therapy on vascular events in HIV patients not meeting 2013 ACC/AHA guideline thresholds for recommended statin initiation. | 1. CD4+ cell count >100 cells/mm3. 2. Men and women age ≥40 and ≤75 years. 3. Fasting LDL cholesterol <190 mg/dL. |

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| Infectious Diseases HIV | Katherine Doktor, MD | Dana O. 856.968.7008 | Treatment Study | Evaluating safety, tolerability, and efficacy of an injectable drug therapy on LDL-C in subjects with HIV and hyperlipidemia and/or mixed dyslipidemia. | 1. Male or female ≥ 18 years. 2. Stable on lipid-lowering therapy for ≥ 4 weeks prior to randomization. 3. Fasting triglycerides ≤ 600 mg/dL. |
| Infectious Diseases HIV | Pola de la Torre, MD | Dana O. 856.968.7008 | Treatment Study | Evaluating the efficacy, safety, and tolerability of switching to a two-drug regimen in HIV-1 infected adults who are virologically suppressed. | 1. Male or female ≥ 18 years. 2. Documented evidence of at least two plasma HIV-1 RNA measurements < 50 c/mL in the 12 months prior to screening. 3. Must be on uninterrupted antiretroviral therapy (ART) for at least 6 months prior to screening. |
| Neurology Huntington's Disease | Amy Colcher, MD | Justin F. 856.968.7563 | Observational Study | Evaluation of clinical and biological information in Huntington's disease. | 1. Males or females age > 18 years. 2. Carriers or non-carriers of HD gene expansion mutation. |
| Ob/Gyn | Lioudmila Lipetskaia, MD | Elena S. 856.968.7547 | Educational Study | Comparison of patients' understanding of stress and urge urinary incontinence based on viewing a video of the topic or not in an ambulatory office setting. | 1. New patient with chief complaint of urinary incontinence. 2. Established patient with a new complaint of urinary incontinence. 3. Age > 18 years. 4. Primary English or Spanish-speaking patient. |
| Ob/Gyn | Jocelyn A. Mitchell-Williams, MD, PhD | Elena S. 856.968.7547 | Camden Prenatal Collaborative Program Study | To improve patient adherence to prenatal doctor appointments and health knowledge more than the standard health coaching program. | 1. Pregnant women being seen in the Jaffe Family Women's Care Center. 2. English speaking only. 3. 18 years of age or older/childbearing years. 4. Gestational diabetes and/or gestational hypertension. 5. Participating in the Health Coach Program. |
| Surgical / Radiation Oncology Breast | Catherine E. Loveland-Jones, MD | Robin T. 856.735.6234 | Observational /Treatment Study | Observation on the frequency of recurrence of breast cancer in patients in complete remission after chemotherapy and radiation treatment but without surgery. | 1. Pathologically confirmed unicentric invasive breast cancer defined as radiologic clinical stage T1 or T2 (≤ 5 cm), N0 or N1. 2. Patient desires breast conserving therapy. 3. Age > 40 years. |
| Vascular Surgery AAA | Joseph V. Lombardi, MD | Jonelle O. 856.342.2150 | Device Study | This study evaluates the safety and efficacy of a polymer and endovascular graft combination in the treatment of abdominal aortic aneurysms (AAA). | 1. Age > 18 years. 2. Must have an aneurysm/ulcer of the abdominal aorta. |
| Vascular Surgery Thoracic Aneurysm | Joseph V. Lombardi, MD | Jonelle O. 856.342.2150 | Device Study | This study evaluates a thoracic branch device in the treatment of aneurysms of the aortic arch and descending thoracic aorta. | 1. Age > 18 years. 2. Must have an aneurysm/ulcer of the thoracic aorta. |

For more information about clinical trials at Cooper, please contact:

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COOPER URGENT CARE centers, staffed with board-certified emergency medicine physicians at all times, serve as a convenient alternative to an Emergency Medicine visit for your patients. The Centers are equipped with x-ray capability.

Your patients can walk-in or reserve a spot ahead of time by visiting CooperHealth.org/urgentcare and clicking on **Reserve My Spot**.

Cooper Care Link allows you to view the results of your patient's visit (Request Access Now: CooperHealth.org/CooperCareLink).

LOCATIONS:

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| <p>Audubon 318 White Horse Pike 856.874.0134</p> <p>Cherry Hill 2001 Route 70 East 856.874.0134</p> | <p>The Shoppes at Cinnaminson 175 Route 130 South, Suite 175T 856.536.1640</p> <p>Runnemede 20 Black Horse Pike 856.536.1650</p> |
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HOURS:

Monday to Friday: 8 a.m. to 7:45 p.m.
Saturday and Sunday: 9 a.m. to 4:45 p.m.
Holidays: 9 a.m. to 4:45 pm

CooperHealth.org/UrgentCare

