

Delivering the Latest Advances in Cancer Research Directly to Patients

SAMIR DALIA, MD



At Mercy Research, projects frequently originate at the grassroots level – driven by the questions and interests of physicians across our geographic footprint whose interest is in improving the care of their patients.

Samir Dalia is one such physician. A medical oncologist at Mercy Hospital Joplin, he feels that the closeness that develops between oncologists and their patients is unique.

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“It’s a difficult field,” he says. “No one wants to hear a diagnosis of cancer, and people are desperate for hope and comfort. The relationships are like no other. Our patients are like family to us. Even more than science: an oncologist’s practice is based on trust and relationships.”

Perhaps because of his closeness to, and passionate advocacy for, his patients, Dr. Dalia became interested in making clinical trials available to his patients in Joplin.

“It’s a smaller community, pretty far away from the major centers of research,” he says, “but that’s no reason to deny the people who live here a chance to participate in the most cutting-edge research. People in smaller communities want to help science just as much as people in larger ones.”

“Also, as a smaller center, we don’t concentrate on just one form of the disease. It allows us a perspective that lets us look at the commonalities, rather than the particularities,” said Dr. Dalia.

Dr. Dalia points out that this is an especially interesting time to be involved in cancer research.

“It’s an exciting time,” he says. “For a long time, cancer research concentrated on, ‘How do I kill the disease?’ But in the last decade, the thinking has shifted to more targeted therapies and treatments to improve efficacies, and that’s led to a burst of innovations. New therapies are emerging every day. The majority of FDA approvals are in cancer cases. Everything’s changed in ten years.”

One of the most promising directions, Dr. Dalia notes, is in the field of immunotherapy – arming the body’s own immune system against cancer.

“We undertook this project with a number of different partners – Guardian Research Network, Alter Bioscience and Genentech, among others,” he says. “The idea is simple: immunotherapy had worked for some patients, but over time, it had lost its effectiveness. We wondered if a new compound could gain back a response – in essence, jumpstart the body’s immune system and return it to its previous efficacy against the patient’s cancer.”

The two-to-three-year trial is currently being conducted across Mercy, but already has seen positive response. “We’ve enrolled five to ten patients across the system so far,” Dr. Dalia says, “and it’s already showing benefit.”

It’s provided hope that wouldn’t have been possible without the oversight and guidance of Mercy Research.

“The thing that always has to be kept in mind,” Dr. Dalia says, “is that cancer research is collaborative. No one’s out there making discoveries on their own. Cancer is a multidisciplinary field. There’s no way you can conduct it without working with lots of other specialists – sometimes thousands.”

“Mercy Research facilitates all that by putting us all together,” he adds. “It also helps us by bringing our work and our concerns to the attention of partners outside Mercy. Being in a small hospital in southwest Missouri ... it’s not the first place pharmaceutical companies would look. But thanks to being able to operate under Mercy Research’s umbrella, we attract a lot more of these companies.”

It’s important as well to remember how the patients-first ethos of Mercy affects the nature of research and the care given.

“You have to keep in mind the difference between bench research and clinical research,” Dr. Dalia says. “We’re not developing the compounds in a lab; we’re testing the work of others on people. So even as we’re conducting research, we get to carve out the time to see patients personally and talk to them one on one.”