



Mercy Research 2025

Rooted in Innovation, Curiosity and Community

Mercy 
Research



True growth often begins when we learn to rely on others and work together toward a common goal. When I first became involved in supporting Mercy Research leaders, I had no formal background in medical research, so I knew I would have to lean on the experience and expertise of my fellow caregivers. And the more time I spent alongside them, the more I understood how research doesn't exist in a vacuum; it's interwoven with every specialty of our health care system and has the unique power to influence patient journeys. I'm continually inspired by the work the Mercy Research team has done and continues to do across our entire ministry.

At Mercy, we provide the support, infrastructure and expertise to bring new ideas to life. Physicians and caregivers who are interested in pursuing a research opportunity never have to pursue it alone. Our culture of collaboration, curiosity and innovation ensures that, by asking the right questions and learning through research, we can directly advance better care for our patients and their families.

A core benefit of Mercy Research is a belief that patients shouldn't have to travel to large academic centers or research hospitals to access new treatments or potentially lifesaving clinical trials. By conducting research in our community hospitals, Mercy brings innovation directly to patients where they live, surrounded by their families and support systems. Without this access, many people wouldn't be able to take part in research opportunities that could change, or even save, their lives.

Research is an extension of Mercy's mission to bring to life the healing ministry of Jesus in every community we serve. Whether it's in oncology, neurosciences, precision medicine or other therapeutic areas, research allows us to set a new standard of care as we develop fresh approaches, refine treatments and improve outcomes.

Looking beyond 2025, I'm energized by the growth of new, innovative collaborations among our Mercy caregivers and physicians. The expansion of clinical trial opportunities and technological advancements will continue to transform care for the better for every Mercy patient every day.

We appreciate your support in this journey.

Jeff Ciaramita, MD, FACC
Senior Vice President, Mercy Clinical Programming
Mercy Chief Development Officer

As Mercy Research approaches our tenth anniversary in 2026, it's wonderful to see how innovation, curiosity and community have continued to shape our journey.

Mercy Research has been involved in the underlying efforts behind two TIME Magazine Inventions of the Year: the Prenosis Sepsis ImmunoScore™, the first predictive tool for sepsis, and the GRAIL Galleri® test, a blood screening test that can detect more than 50 types of cancer. Awards received from the Patient-Centered Outcomes Research Institute (PCORI) in recent years are helping us implement PCORI-funded research findings more quickly than traditional efforts, for the benefit of our patients. We've also seen the research efforts of our very own Mercy caregivers improve clinical care outcomes for patients.

Having the contributions of Mercy Research reflected in this pioneering work is something special. It reminds me that the pursuit of an idea isn't about one person or one moment, but rather about an ongoing commitment to collective discovery and learning.



This year's Annual Report is grounded in three distinct themes:

- Innovation – Fundamentally, research involves questioning the status quo, driving change forward, learning from breakthroughs and powering innovations in health care and health care delivery models
- Curiosity – Mercy Research supports research questions, challenges assumptions and pursues new avenues of inquiry that directly shape care delivery for Mercy patients
- Community – Mercy Research brings clinical trial opportunities to our patients in their communities, giving them access to groundbreaking therapies and life-changing treatments often found only in large academic medical centers

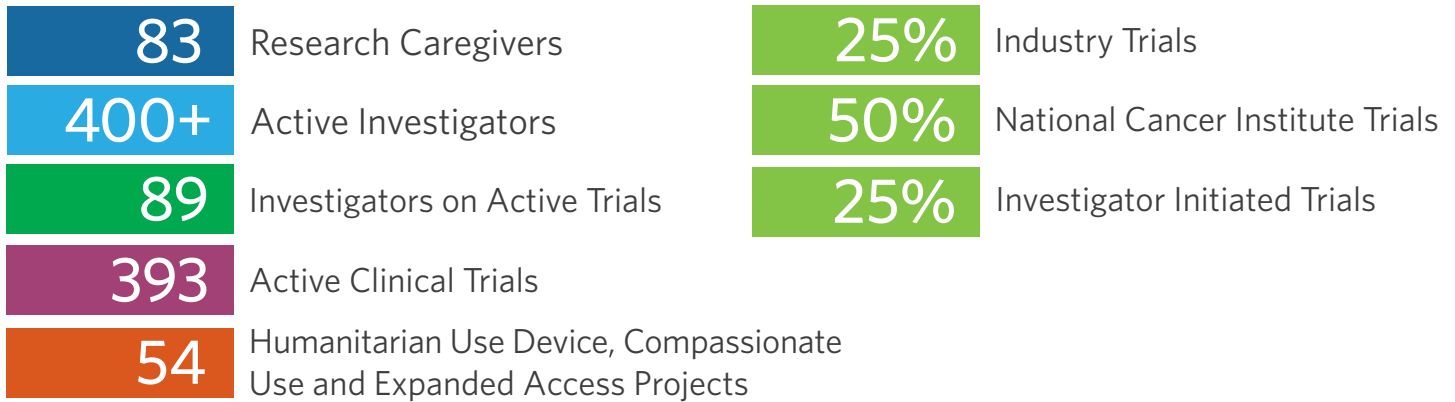
At Mercy, we believe every person in our communities should have access to hope and healing close to their home. Every study, every trial and every partnership is anchored to our mission of improving care for patients regardless of geography or circumstance.

Looking at our progress this year, I see clear signs of growth. More Mercy patients are engaged in clinical trials. More Mercy caregivers are embracing research opportunities. More improvements have been made by our Mercy clinicians, who are asking the right questions to discover real-world solutions.

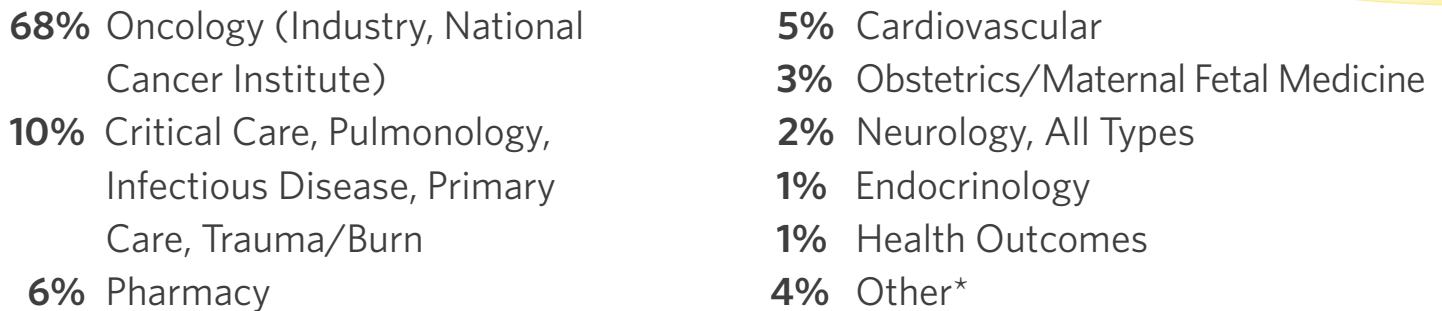
As I look ahead toward 2026, what excites me most is our forward momentum. The culture of curiosity driving our research for almost a decade only stands to grow. Mercy Research is ready to continue fostering hope, advancing care and bringing innovation to the people who need it most.

Warmly,
JoAnne Levy, JD, MBA
Vice President, Mercy Research

Mercy Research By the Numbers



TRIAL DIVERSITY



Data through September 2025

*Population Health, Emergency Medicine, Occupational Health, Ophthalmology/Optomety, Orthopedics/Sports Medicine, Primary Care, Anesthesiology, Education/Training, Interventional Radiology, Multi-Cancer Early Detection, Nephrology, Physical Therapy, Plastic and Reconstructive Surgery, Therapy and Rehab, and Wound Care.

“Observe and Be Curious”

At Mercy Research, innovation begins with curiosity and a simple question: “Why?”

During the 2025 Annual Robert W. Taylor, MD, Research Colloquium, Mercy’s own **Farrin A. Manian, MD, chair of the Department of Medicine at Mercy Hospital St. Louis**, explained that questions sparking discovery often arise not from the extraordinary, but from the ordinary. Noticing an unexpected pattern, investigating a puzzling patient outcome or simply asking why something happened are important elements to medical breakthroughs.

Dr. Manian emphasized that, by adopting a curious mindset, we can advance our collective knowledge and deliver safer, smarter and more compassionate care:

At its core, research is fueled by curiosity — the simple and powerful act of asking “why”? Curiosity drives us to look beyond what we know, question assumptions and search for better answers. It’s the spark that leads to innovation, discovery and, ultimately, better care for the patients and communities we serve.

Dr. Manian advised that Mercy caregivers can advance science using control trials, retrospective



data and case reports, but observation and curiosity are the real engines of research. He recommended that they observe and be curious during daily patient encounters, and always ask: “How can I improve patient care?”

Perhaps most significantly, this Annual Report reflects on Mercy Research’s ability to close the gap between traditional research institutions and community hospitals, ensuring patients have access to the latest research and care options where they live. By integrating research into daily practice, challenging old assumptions and following where even the simplest questions lead, we can make new discoveries and shape a brighter future in health care for everyone.

A Foundation of Trust and Compassion With Dr. Katherine Garland

In many ways, the Mercy Institutional Review Board (IRB) embodies the three themes of this year's Annual Report.

By enabling research to thrive across the ministry, Mercy Research and the Mercy IRB help advance innovation in ways that are safe and impactful to those we serve daily. By guiding investigators through challenges, Mercy Research and the Mercy IRB support all levels of research curiosity and inquiry. And by ensuring that every project begins with the highest ethical standards, Mercy Research and the Mercy IRB encourage patients in every community to participate in our studies with full confidence in Mercy's safe and responsible practices.

As 2025 comes to a close, **Katherine Garland, MD, chair of the Mercy IRB**, reflects on the role the Mercy IRB plays in research:

Our job is to advocate for patients, ensure that project selection is equitable and help Mercy caregivers conduct research to the highest moral and ethical standards. Just as we strive to provide clinical care that meets our patients' needs, the IRB ensures that every patient's voice is heard throughout the entire research process.

There were times throughout human history when the pursuit of knowledge was placed above the welfare of patients. That recognition led to the creation of IRBs. No institution can conduct research on human subjects without oversight.



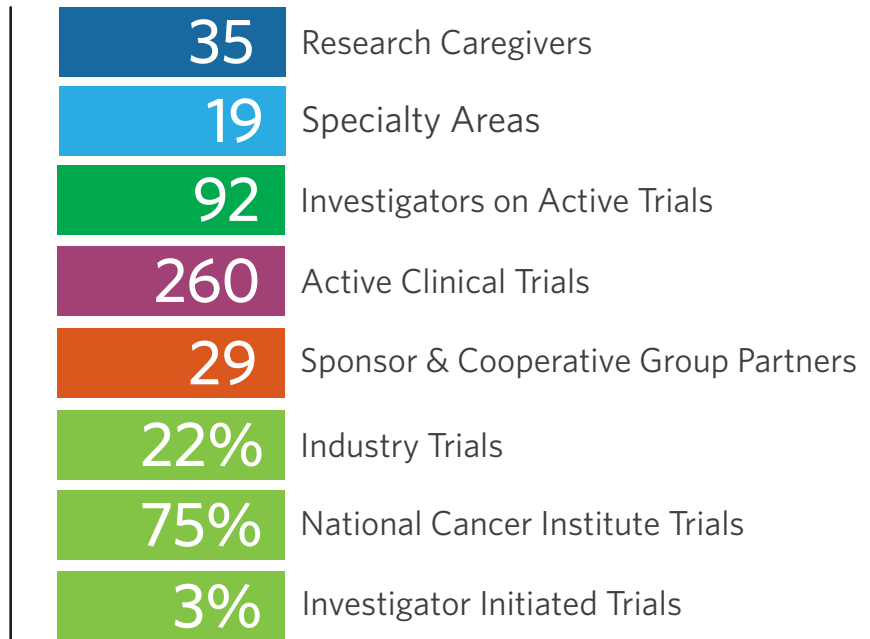
At Mercy, because of our strong and unified institutional review board, we're able to offer patients across our communities access to new treatments, innovative devices and advanced care, ensuring those opportunities are always managed with the highest ethical standards.

The Mercy IRB provides not only compliance and oversight, but also a foundation of trust and compassion, serving as an integral partner to research caregivers throughout the Mercy ministry.

As Mercy Research continues to expand in 2026 and beyond, we're reminded that progress and purpose are forever joined together; both are rooted in providing compassionate care and exceptional service to the communities and patients we serve.

Cancer Care in Oncology Research: Clinical Evidence in Action

Oncology Research by the Numbers



ONCOLOGY PORTFOLIO DIVERSITY

44% Screening	6% Supportive Care
20% Cancer-Specific Biorepositories/Tissue Banks	5% Basic Science
9% Patient Registries With an Underlying Cancer Diagnosis	5% Treatment
6% Economics of Care	3% Prevention
	1% Health Services Research
	1% Genetic Studies

Data through September 2025

Bringing Cancer Care Close to Home

The Mercy Research Oncology team is led by **Laurie Nightengale, MD, MSc, director of Clinical Research – Oncology**, who has a deep passion for advancing cancer research and maximizing the benefits it brings to all those who need it. Nearly 80% of all cancer patients in the U.S. live more than a two-hour drive away from a major academic cancer center with research-based treatment options.

Through Mercy Research, caregivers are working to bring clinical trials directly to those people seeking care in Mercy's community-based hospitals. Patients at Mercy can access new treatments and therapies close to home, enhancing community participation and leading to research findings that reflect the diversity of our patient population. Laurie shares more about the unique human impact of conducting cancer research:

In 2025, oncology research allowed us to meet a wide range of both medical and social challenges. Through our various cancer studies, Mercy providers were able to roll out new treatments quickly to their patients, often before they were more widely available. At the same time, our caregivers remained focused on the socioeconomic struggles our patients faced and sought ways to alleviate environmental stressors and inequities in their care. By integrating precision medicine and personalized risk models, we made sure patients received cancer treatment tailored to their needs.

I'm reminded of this impact whenever I think of the young mother from a rural town who



joined a research study for late-stage ovarian cancer. Beyond receiving the latest treatment available, what she wanted most was to attend her daughter's school field trip. From her very first appointment with us, Mercy Research arranged her care journey around that specific moment. And I'm happy to say that when the day came, she was able to spend that priceless time with her daughter.

Incorporating research opportunities into our ministry makes it possible for those we serve to be not just a patient, but a human, a parent, a loved one. Cancer research makes many things possible, like advancing care options and even saving lives. But perhaps, most importantly, it helps make possible the moments that make life worth living.



Innovative Solutions: Proton Collaboration Group Partnership

Over the course of 2025, Mercy Research has actively advanced proactive care for patients by providing our physicians with relevant and innovative treatment options. To that end and with critical support from Mercy Foundation, we've partnered with the **Proton Collaboration Group (PCG)**. This partnership provides Mercy patients with access to a proton registry trial and a wide range of additional treatment studies at our proton beam center — one of fewer than 50 such facilities in the United States.

This registry allows Mercy Research to collect information from Mercy patients receiving proton beam therapy. That information is added to data from other proton beam centers, analyzed and evaluated to better understand disease processes and treatment outcomes,

leading to more effective practices. In the future, Mercy Research will have more opportunities to conduct specific research studies through the PCG, which will supplement our existing access to National Cancer Institute-sponsored proton beam studies.

This partnership illustrates how Mercy Research continues to be an integral part of Mercy's care model. Instead of relying on existing practices, we create, share and apply new knowledge. From curiosity and learning to gathering evidence and putting that knowledge into practice, this scientific approach allows us to live out Mercy's core value of stewardship in real time.

Radioligand Study – Impact Through Bias for Action

In the last fiscal year, Mercy Research has shown a great bias for action in oncology by prioritizing patient access and making notable advancements in cancer care. One way this has been exemplified is through radioligand therapy, a special type of treatment that uses radioactivity to target and damage cancer cells while minimizing damage to healthy cells. Mercy Research continues to work diligently through our preferred partnership with Novartis to bring cutting-edge radioligand studies to our communities. One current and planned study under review — anticipated to open in the fourth quarter of 2026 across multiple Mercy locations — is the ActFirst trial, sponsored by Novartis. This study, formally titled ‘A Study Comparing AAA817 + ARPI Versus Standard of Care in Adult Participants With PSMA-Positive mCRPC (ActFirst),’ aims to advance treatment options for patients with metastatic castration-resistant prostate cancer.

Kimberly Creach, MD, radiation oncologist at the Chub O’Reilly Cancer Center and research medical director for Mercy’s Central Communities, reflected on the importance of ensuring that Mercy patients have access to care improvements across the ministry:

Studies like this one represent the leading-edge of prostate cancer research. Innovation is moving quickly in this field. But in many

ways, new technology only matters if patients can access it. The balance between urgency and access means selecting studies carefully, advocating for insurance coverage and putting innovation directly into practice within our communities. Offering this trial at Mercy ensures the data we generate and capture reflects the broader, real-world patient population we serve, not just those who can travel to specialized centers.

As we move beyond 2025, Mercy Research understands that even with promising therapies like radioligand treatments, challenges remain. Dr. Creach agrees but is enthusiastic to meet the moment:

We need to better understand which patients will benefit the most, how best to sequence these therapies with existing ones and what biologic mechanisms drive resistance or rapid progression. Answering these questions will be key to improving long-term outcomes, ensuring our patients live not only longer, but better lives.

Non-Oncology by the Numbers



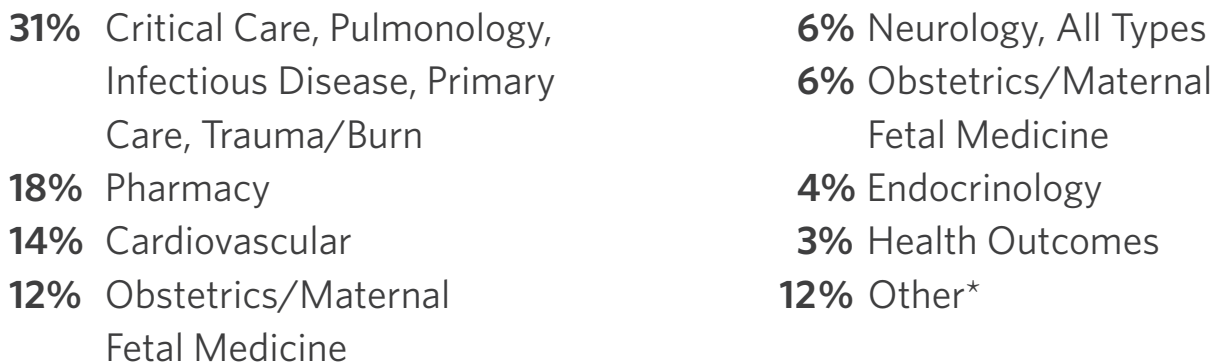
Active Clinical Trials

Mercy Research Non-Oncology Team is currently supporting **139** active studies, involving **91** different principal investigators (PIs). Of these, **90** are designed and initiated by Mercy investigators and **49** are supported by **33** unique industry partners.

Supersite® Studies

These **49** industry studies include **6** active Supersite® studies, open in at least **2** Mercy locations.

TRIAL DIVERSITY



Data through September 2025

*Population Health, Emergency Medicine, Occupational Health, Ophthalmology/Optometry, Orthopedics/Sports Medicine, Primary Care, Anesthesiology, Education/Training, Interventional Radiology, Multi-Cancer Early Detection, Nephrology, Physical Therapy, Plastic and Reconstructive Surgery, Therapy and Rehab, and Wound Care.

Curiosity Fuels Progress in Non-Oncology Research



Amber Fifer



Amy Taylor

Amber Fifer, PharmD, Mercy Research Director of Clinical Research - Non-Oncology, and Amy Taylor, Mercy Research Director of Regulatory Operations & Quality Assurance, both know firsthand the importance of research in areas outside of cancer care. Our general curiosity or even simple questions can reveal big insights. For example, “is there a connection between frequent falls and an underlying infection?” The answer to questions like this are critical to our mission at Mercy Research.

Non-oncology research at Mercy Research focuses on conditions many patients face, such as heart and lung disease, diabetes and disease prevention. By using tools such as registries, which securely track patient data over a period of time, we can study not only treatments and outcomes, but also patients’ access to care and improved quality of life.

Research isn’t mandated for Mercy physicians, so the research projects many caregivers end up pursuing are fueled by their own curiosity, passion and self-determination. The impact of this intentional pursuit is seen in the stories of many patients who now have access to potentially life-changing treatments and therapies.

Curiosity and a passion for learning also resonate in the voices of our physician leaders who are guiding the next generation of caregivers with the help of real-time data and valuable research. By asking the right questions and exploring beyond the boundaries of traditional science and known best practice, we can improve care for the patients we serve every day.

Expanding Non-Oncology Research Into New Spaces



Throughout 2025, the Mercy Research Non-Oncology team continued to broaden its research scope to foster a culture of discovery and innovation within a wide array of specialties across the Mercy ministry. One such specialty is pulmonology.

Pulmonary Hypertension Association Registry (PHAR)

In 2025, and with the help of Mercy Research, Mercy joined the Pulmonary Hypertension Association Registry (PHAR). This registry gathers health information from a variety of people living with pulmonary hypertension. Details about demographics, medical history, test results and medications can easily be accessed from one national database.

George Matuschak, MD, a pulmonologist at Mercy Clinic - St. Louis, serves as the principal investigator (PI) for this important registry.

Since 2015, the goal of PHAR has been to improve patients' quality of life by helping researchers and clinicians better understand and treat pulmonary hypertension. Now with access to these registry-driven insights, Mercy care teams are better able to guide patients through complex treatment journeys.

This national registry addresses the daily challenges faced by patients with high blood pressure in the arteries between their hearts and lungs. Researchers have greatly benefited from having a better understanding of the disease's origins, its most effective treatments and patient outcomes.

Patients who are newly evaluated for pulmonary arterial hypertension (PAH), pulmonary hypertension from interstitial lung disease (PH-ILD) or chronic thromboembolic pulmonary hypertension (CTEPH) may be eligible to participate in the registry.

(Continued)

Because these three forms of pulmonary hypertension require similar treatment, these diagnoses are the primary focus of the registry.

Pulmonary hypertension is considered a rare disease, and it's crucial to lean on registries like PHAR to inform clinical care. By continuing to analyze real-world data collected during usual care of PAH through PHAR, Mercy and Mercy Research are helping to better understand and improve the effectiveness of care for this rare disease where randomized clinical trials are not feasible.

Pulmonary Embolism Response Team (PERT)

In 2025, Mercy and Mercy Research successfully developed and expanded two Pulmonary Embolism Response Teams (PERT) — one at Mercy Hospital Springfield and another at Mercy Hospital St. Louis. These teams were established to address the absence of standardized treatment pathways for hospitalized patients experiencing intermediate-risk pulmonary embolism with right ventricular dysfunction.

This initiative involved many Mercy caregivers working collaboratively across multiple departments, including the emergency department, intensive care units and radiology.

Sponsored by the National PERT Consortium and led at Mercy by Springfield PERT Principal Investigator (PI) **Madhu Kalyan Pendurthi, MD, FCCP, D, ABSM, and St. Louis PERT PI Anup Katyal, MD**, the PERT Consortium established a pulmonary embolism registry to capture data on real-world cases and intervention outcomes. To date, it remains the only registry of its kind in the United States and includes data from more than 30 participating institutions and approximately 6,800 patients — 172 of whom are Mercy patients.

Mercy Research aims to eventually enroll up to 1,200 patients in the PERT registry study. As the work continues, expanding the dataset will better equip Mercy caregivers to confidently make informed decisions about optimal care pathways for patients with pulmonary embolism.

Nightingale Study

In addition to our ongoing pulmonary embolism registry on the hospital side, Mercy Research is also supporting a lung nodule study for Mercy outpatients. This study, known as the Nightingale Study and sponsored by Veracyte, Inc., focuses on using patients' genetic data to detect the presence of lung cancer at earlier stages — a critical step in improving successful treatment outcomes.

In the clinic, this work typically begins with educating eligible Mercy patients about the study, reviewing the informed consent process, and obtaining a simple nasal swab. Mercy Research uses the patient's information and swab sample to identify potential genetic mutations associated with lung cancer. The resulting data supports providers in making optimal biopsy decisions.

While the results of the Nightingale Study are still being collected and analyzed, the reach of the study has grown significantly. To date, we've engaged roughly 2,500 patients across the ministry. In May 2025, study principle investigators Dr. Madhu Kalyan Pendurthi (Springfield) and Dr. Dayton Dmello (St. Louis), along with the research study team, were formally recognized at the American Thoracic Society Annual Meeting in San Diego for their excellence in adhering to research protocols.

We look forward to continued progress and new insights from this important research in FY26 and beyond.

Measures of Innovation

Aswanth Reddy, MD, FACP, oncologist/hematologist/researcher at Mercy Hospital Fort Smith, highlighted several 2025 research innovations in Fort Smith.

- Launching Artificial Intelligence (AI)-enabled electronic patient-reported outcomes (ePRO) with smart texting to monitor chemotherapy symptoms in real time
- Designing a centralized, AI-supported screening team to pre-identify eligible research participants across the Mercy health system
- Growing research trial capacity through philanthropy (including Marsh Foundation funding to hire a dedicated Fort Smith oncology research resource)
- Being recognized in the National Cancer Institute's Community Oncology Research Program (NCORP) Annual Meeting and Wake Forest Research Base Meeting for leading research participant requirements in several trials

Dr. Reddy plans to carry the momentum from 2025 into the coming year, focusing on broad demographic inclusion, stating:

Innovation doesn't happen by using only the newest tools and testing the latest treatments. Some of the biggest breakthroughs in medicine come from simply including patients who have been historically underrepresented in research. At Mercy, we have the unique opportunity to include those who have been largely understudied, including our Native American patient population in the Fort Smith, Arkansas area.



Aswanth Reddy, MD



Damon Broyles, MD

Damon Broyles, MD, Vice President - Clinical Innovation and Vice Chair - Mercy Research Board of Directors, offered his perspective on innovation.

Q: Can you summarize the challenge of implementing new technology in practice?

A: *The difference between knowledge of an intervention and the lack of knowledge or the ability to use it creates this giant gap in best practices and treatments available. It really creates a life-or-death spectrum of outcomes. When technologies create such stark differences, the obligation of health systems is to move faster than we typically have in the past.*

Q: As care techniques continue to advance, what's our main responsibility as a ministry?

A: *Systems have a responsibility in a community to take care of patients and to do no harm. Beneficence — the idea of doing no harm — is shifting now because new technologies are being created so quickly.*

Q: What new technology are you excited about?

A: *At first, I thought the idea of technology eliminating diagnostic errors was pure science fiction. Today, tools like AI are helping us strengthen diagnoses and giving caregivers more time to be present with their patients. At the end of the day, these tools are here to help us reduce harm and close knowledge gaps. That's the true measure of innovation.*

Innovative Care Through Implementation of Research Findings

On average, the time between gathering research evidence and implementing research findings in clinical care is 17 years. One of the ways Mercy is working to shorten this time is through our participation in the **Patient-Centered Outcomes Research Institute (PCORI) Health Systems Implementation Initiative (HSII)**.

PCORI's HSII is a new multi-year initiative focused on helping health systems implement research findings more quickly and more effectively. Mercy is one of only 42 health care entities selected to join this program, which enables us to apply for specific implementation project awards. To date, our HSII involvement has funded expansion of Mercy's implementation resources and establishment of a governance structure to ensure future implementation of research findings that are strategically aligned to Mercy's mission.

Through HSII, Mercy received funding for two unique HSII implementation projects in 2025:

Evidence-Based Intensive Lifestyle Treatment Program for Weight Loss in Primary Care Settings

Mercy received a nearly \$3M award over four years to support an intensive lifestyle treatment for weight loss program to help patients who have been diagnosed with diabetes. This program began its planning phase in January 2025 and aims to improve obesity-related comorbidities and lower long-term health care costs by decreasing hospitalizations.

Program by the Numbers

- **237** Mercy primary care clinics involved
- **1500+** Mercy caregivers supporting the program
- **46,900+** eligible patients to be offered program participation
- **28,100+** eligible patients to be enrolled in program
- **22,500+** patients anticipated to complete full program

Monitoring Electronic Patient-Reported Outcomes (ePROs) During Cancer Treatment

Mercy received a nearly \$2.5M award over four years to further expand and enhance Mercy's current ePROs program, giving cancer patients a stronger voice in their care. This program launched in August 2025 and will expand upon Mercy's support of the CMS Enhancing Oncology Model. The HSII ePROs program will extend Mercy's oncology ePROs program to a broader age group, expand the types of cancer and treatment populations eligible for participation and include additional prompts that allow patients to report on their physical function, behavioral health and health-related social needs. The technology modifications that support these expanded capabilities are underway and should be in place before the end of this project's first year.

Program by the Numbers

- **57** Mercy oncology-related care settings
- **579** Mercy caregivers supporting the program
- **17,900+** eligible patients to be offered program participation
- **13,400+** eligible patients to be enrolled in the program
- **6,700+** patients anticipated to complete full program

In total, Mercy's participation in the PCORI HSII to date will touch the lives of more than 200,000 Mercy patients. The resources, infrastructure and learnings from these clinical implementation projects will add value to Mercy's ability to translate all research findings into clinical practice. The effectiveness and speed of those efforts will benefit the Mercy patients we serve.

Finding Hope Close to Home:

A Patient Story with Mercy Research

When Jim, a Mercy patient, first met Jennifer, a Mercy Research clinical research nurse, it wasn't in a research office or formal consultation room. It was during a routine visit with his longtime primary care doctor in Springfield, Missouri. Jim, who lived with diabetes and heart disease, was used to increasing his insulin doses just to keep up. Financial strain and health concerns were mounting. His future felt far from certain.

What Jim didn't realize was that Mercy Research had recently established a presence in his community. Jennifer saw in Jim more than just a patient in for a checkup; she recognized a patient who could benefit from a research opportunity.

She approached Jim, recognizing he was a suitable candidate for a clinical trial investigating an innovative insulin treatment. Once she'd answered all his questions and concerns, Jim said, "Let's go for it."

Weight gain is a common side effect for people taking insulin. And at the time of the study, Jim was taking about 45 units of long-acting insulin every day. The drug being tested was designed to improve blood sugar, release more insulin and suppress food cravings. Many patients who participated in the study were able to reduce their insulin dosage or stop taking it completely.

This opened up a whole new world of possibility for Jim, and over time, his insulin dosage decreased. One day, Jennifer called with news he never thought he'd hear. He could stop taking insulin altogether. Jim recalled: "I was at a restaurant with a friend when she called. I jumped up and started cheering. It was one of the best days of my life."

Jennifer didn't just monitor Jim's progress; she became an advocate and friend. They shared a love of dogs and

swapped stories of their pets' silly behaviors. This small gesture of human connection made Jim feel less like a patient and more like a person. It spoke to the degree of compassionate care he and others receive at Mercy Research.

With Jennifer's consistent support and the encouragement from his family, Jim achieved incredible results. He lost over 80 pounds, lowered his A1C, reduced most of his medications and brought his triglycerides into the normal range.

Participating in the study also gave Jim something unexpected: a renewed sense of purpose. After completing the trial, he invented a digital program to track his glucose readings and enjoyed sharing his findings with Jennifer and the Mercy team. To him, research became more than just a one-time study; research empowered him to take control of his life forever. Given the opportunity to do it all again, he said, "I wouldn't hesitate to do another Mercy Research study. They gave me the best care."

"I probably would have been hesitant to join if I had to drive three hours all the way to St. Louis. But having research right here made me feel connected to something larger."

Now, whenever Jim sees an ad for the medication he helped test, his heart warms. "I was part of that," he says. Jennifer feels something similar: "Jim embodies everything we hope for in research: connection, hope and meaningful outcomes."

Of course, not all patients who participate in clinical trials experience such personal health success. But Jim's transformation is just one example of what happens when innovative care opportunities are made available to patients in communities who need them most.

2024 Researcher of the Year

Our Mercy mission calls us to recognize patients' changing needs before us and respond with purpose.

Arlyn Brown, PharmD, BCPS, Manager, Clinical Pharmacy at Mercy Springfield, was recognized as the 2024 Mercy Researcher of the Year for her exceptional contributions that combine innovative research and clinical excellence in implementation. The Mercy Researcher of the Year award honors the individual who is dedicated to research and who exemplifies:

- High engagement in ongoing clinical research activities, making research part of their work
- Dedication to patients and to Mercy's mission, recognizing that research is a vehicle to improved patient care and exceptional patient experiences
- Commitment to excellence and continued learning
- Innovative thinking with a bias for action
- Research collaboration across the Mercy ministry
- National or international stature reflected by presentations, books, publications or other forms of scholarly activity or recognition.

Dr. Brown's work focuses on two key areas:

- The impact of pneumonia pathogen polymerase chain reaction (PCR) implementation with expedited lab-to-pharmacist communication on antimicrobial optimization
- Retrospective chart review comparing critically ill patients pre- and post-implementation of an ICU bowel regimen protocol assessing time to first bowel movement

Driven by a strong commitment to improving outcomes, enhancing communication and delivering a higher standard of patient care, Dr. Brown also serves



as a mentor to Mercy residents and pharmacists. And in addition to being an educator to Mercy caregivers, she has presented her recent work at conferences hosted by the American Society of Health-System Pharmacists (ASHP), Missouri Society of Health-System Pharmacists (MSHP) and the Midwest Pharmacy Residents Conference (MPRC).

Her research projects have led to improvements not only at Mercy Hospital Springfield but across the entire ministry within pharmacies and critical care units. In particular, her work studying PCR implementation has directly resulted in reduced hospital lengths of stay and improved time to initial and complete antimicrobial optimization. These results demonstrate that research has the power to inspire others and transform health care for the greater good.

Research Awards and Recognitions

Arlyn Brown, BCPS, PharmD, at Mercy Hospital Springfield, was named Mercy Research's 2024 Researcher of the Year

Jordan Conley, RN, manager, Non-Oncology Research at Mercy Hospital St. Louis, was honored as a March of Dimes 2024 Hero in Action - Nursing Administration finalist

Michelle Finegan, senior business coordinator, was honored as Mercy Research's 2025 Outstanding Research Co-Worker of the Year at the Summer Event

Greg Ledger, MD, FACP, FACE, CPE, was awarded Research Emeritus by Mercy Research in honor of his retirement

William Logan, MD, at Mercy Neurology in St. Louis, was honored with Mercy Research's 2024 Career Achievement in Research award

Cynthia Meyer, RN, clinical research nurse at Mercy Hospital in Joplin, was honored as a March of Dimes 2024 Hero in Action - General Medical Adult winner

Laura O'Brien, RN, lead certified clinical research nurse at Mercy Hospital St. Louis, was honored as a March of Dimes 2024 Hero in Action - General Medical Adult finalist

Danielle Werle, RN, clinical research nurse at Mercy Hospital St. Louis, was honored as a March of Dimes 2024 Hero in Action - Rising Star finalist

The National Cancer Institute (NCI) Community Oncology Research Program (NCORP): Recognizing Excellence in Oncology Research

Leadership Awards

Kristina Gardner, director of Cancer Research, earned the Dorothy Coleman Outstanding NCORP Administrator Award for exceptional program contributions.

Institutional Excellence

Mercy received the Platinum Certificate of Excellence for top nationwide clinical trial accrual achievements, NCI's highest accolade.

Research Accrual Rankings

Mercy ranked #1 in cancer care delivery research accruals and #8 in rural patient enrollments to NCORP trials.

Commitment to Equity

Mercy Fort Smith ranked #2 in cancer control enrollments and #4 in minority and underserved patient accruals.

Leadership Teams *(as of July 1, 2025)*

Mercy Research Senior Leadership Team

Amy Taylor, MBA

Director of Regulatory Operations
and Quality Assurance

Amber Fifer, PharmD

Director of Clinical Research, Non-Oncology

Casey Carrington

Research Marketing Manager

Jana Dock, CPA

Director of Business Operations

JoAnne Levy, JD, MBA

Vice President

Kelle Laws, RN, MN

Executive Director

Kim Collison Farr

Director of Clinical Research
Real World Data and Precision Medicine

Laurie Nightengale, MD, MSc

Director of Clinical Research, Oncology

Mercy Research Physician Council

Kimberly Creach, MD

Radiation Oncologist, Mercy Medical Director
of Mission, Mercy Springfield

Carla Kurkjian, MD

Mercy Oncology - Oklahoma City

Farid Sadaka, MD

Mercy Critical Care - Mercy St. Louis

Mercy Research Institutional Review Board (MIRB)

Linda Bollenbach, M. Div., MA

Non-Scientific
Community Member (Ethics)

Alexander Curchin, JD

Non-Scientific
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MIRB Chair, Mercy Physician (Academic Hospitalist)

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Non-Scientific
Mercy Executive Director (Ethics)

Carolyn Hilliard, MD

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Mercy Hospitalist

Sheli Kraft, PharmD

Scientific
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Iris Malone, CIP, CCRP

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Katie Wong, JD

Executive Director, Senior Counsel, Mercy Legal

Fiscal Year 2025 Publications and Posters

Anesthesiology

1. **Hincker, A.**, Reschke, M., Ginosar, Y., Kagan, L., Kharasch, E.D., Siemiatkowska, A., Park, C., Bakos, K., Ben-Abdallah, A., Haroutounian, S. Epidural methadone and morphine pharmacokinetics and clinical effects in healthy volunteers: A randomized, crossover-design trial. *British Journal of Clinical Pharmacology*. 2024 November. 90(11):2883-2896.

Critical Care

2. Bhargava, A., López-Espina, C., Schmalz, L., Khan, S., Watson, G.L., Urdiales, D., Updike, L., Kurtzman, N., Dagan, A., Doodlesack, A., Stenson, B.A., Sarma, D., Reseland, E., Lee, J.H., Kravitz, M.S., Antkowiak, P.S., Shvilkina, T., Espinosa, A., Halalau, A., Demarco, C., Davila, F., Davila, H., Sims, M., Maddens, N., Berghea, R., Smith, S., **Palagiri, A.V.**, Ezekiel, C., **Sadaka, F.**, **Iyer, K.**, **Crisp, M.**, **Azad, S.**, **Oke, V.**, et al. FDA-Authorized AI/ML Tool for Sepsis Prediction: Development and Validation. *New England Journal of Medicine AI*. 2024;1(12):e2400867. doi:10.1056/Aloa2400867.
3. Greer, D.M., Helbok, R., Badjatia, N., Ko, S.B., Guanci, M., Sheth, K.N., **Sadaka, F.** & INTREPID Study Group. Fever Prevention in Patients with Acute Vascular Brain Injury: The INTREPID Randomized Clinical Trial. *JAMA*. 2024 November 12;332(18):1525-1534. doi:10.1001/jama.2024.14745.
4. Seedat, Z., Mickey, W., Khan, A., Padron, G., **Fowler, K.**, McCoy, M., **Sadaka, F.** The Association Between EEG Abnormalities on Rapid Response EEG and Outcome in Septic Patients. *Critical Care Medicine*, 2025.
5. Seedat, Z., Mickey, W., Khan, A., Padron, G., **Fowler, K.**, McCoy, M., **Sadaka, F.** Rapid Response EEG: Enhancing Utilization and Protocol Refinement Through Clarity Software. *Critical Care Medicine*, 2025.
6. Snitcar, S., Javed, A., Thein, M., Coughlin, D., Mickey, W., **Javed, A.**, **Srivastava, A.**, **Fowler, K.**, **Sadaka, F.** Elevated Serum Sodium in Brain Injury Patients Receiving Vasopressin: A Predictor of Mortality. *Critical Care Medicine*, 2025.
7. Lutz, D., Kowalczyk, J., **Gildehaus, A.**, Jensen, A., Katyal, A., Mickey, W., **Sermadevi, V.**, **Srivastava, A.**, **Fowler, K.**, **Sadaka, F.** Impact of Removing Rapid Shallow Breathing Index from Weaning Protocol on Clinical Outcomes. *Critical Care Medicine*, 2025.
8. Snyders, B., McMullen, K., Schultz, E., Novak, A., **Fowler, K.**, **Tannehill, D.**, **Sadaka, F.** Reducing Central Line Utilization and Infections through BPA-Driven Interventions in EPIC EHR. *Critical Care Medicine*, 2025.
9. Snitcar, S., Javed, A., Thein, M., Coughlin, D., Mickey, W., **Javed, A.**, **Srivastava, A.**, **Fowler, K.**, **Sadaka, F.** Hyponatremia and Hyper-Natremic Interventions in Brain Injury Patients Treated with Vasopressin Drip. *Critical Care Medicine*, 2025.
10. **Lutz, D.**, **Kowalczyk, J.**, **Arnold, D.**, **Bunaye, Z.**, **Casey, M.**, **Gildehaus, A.**, **Journagan, K.**, **Snyders, B.**, **Struckhoff, S.**, **Sadaka, F.** Institutional Development and Outcomes of Difficult Airway Response Team: A Single Center Experience. *Critical Care Medicine*, 2025.
11. **Snyders, B.**, **Lutz, D.**, **Arnold, D.**, **McMullen, K.**, **Novak, A.**, **Sadaka, F.** Implementation of ventilator bundle elements through BPA-driven interventions. *Critical Care Medicine*, 2025.
12. Bhavani, S.V., Spicer, A., Sinha, P., Malik, A., Lopez-Espina, C., Schmalz, L., Watson, G.L., Bhargava, A., Khan, S., Urdiales, D., Updike, L., Dagan, A., Davila, H., Demarco, C., Evans, N., Gosai, F., Iyer, K., Kurtzman, N., **Palagiri, A.V.**, Sims, M., Smith, S., Syed, A., Sarma, D., Reddy, B. Jr., Verhoef, P.A., Churpek, M.M. Distinct Immune Profiles and Clinical Outcomes in Sepsis Subphenotypes Based on Temperature Trajectories. *Intensive Care Medicine*. 2024 December. 50(12):2094-2104.
13. **Sadaka, F.**, Joshi, A., Katyal, A., Mickey, W., Schmidt, R., McKenzie, S., Fowler, K. Impact of Prolonged ED Boarding Time on Mortality and Outcomes in Patients Admitted to the NeuroICU. *Neurocritical Care*. 2025.
14. **Sadaka, F.**, Snitcar, S., Javed, A., Thein, M., Coughlin, D., Javed, M.A., Mickey, W., Fowler, K. Clinical Characteristics and Predictors of Mortality in NeuroICU Patients with Acute Brain Injury and Shock. *Neurocritical Care*. 2025.
15. Sadaka, F., Snitcar, S., Javed, A., Coughlin, D., Thein, M., Javed, M.A., Mickey, W., Fowler, K. Incidence of Hyponatremia in Brain Injured Patients Receiving Vasopressin and Norepinephrine: A Comparative Analysis. *Neurocritical Care*. 2025.
16. **Ginsberg, I.**, **Rao, N.**, **Miller, M.** Improving Organ Donation Opportunities. Poster presented at: Annual Robert W. Taylor, MD Research Colloquium; 2025 May 1-2.
17. **Mujanovic, R.M.** Process Improvement: Maintaining Privacy and Dignity in ICU Care. Poster presented at: Annual Robert W. Taylor, MD Research Colloquium; 2025, May 1-2.

Dermatology

18. Woolhiser, E., Keime, N., Patel, A., **Weber, I.**, Adelman, M., Dellavalle, R.P. Nutrition, Obesity, and Seborrheic Dermatitis: Systematic Review. [Review]. *MIR Dermatology*. 2024, August 5. 7:e50143.

Endocrinology

19. Malik, I., Mitchell, J., & **Thomas, J.** Efficacy of Echolaser Smart Interface-Guided Laser Ablation in Volume Reduction of Symptomatic Benign Thyroid Nodules. *Frontiers in Endocrinology*. 2024, October 15. <https://doi.org/10.3389/fendo.2024.1402522>
20. **Thomas, J.** Personalized TSH Ranges Based on Genetics: A Game Changer for Thyroid Disorder Diagnosis and Treatment? *Clinical Thyroidology*[®]. 2024, August 7. 36(8), 284–286. <https://doi.org/10.1089/ct.2024;36.284-286>
21. **Thomas, J.** Improving Interobserver Agreement in Thyroid Nodule Evaluation: A Clinical Review of an AI-Based Decision Support System. *Clinical Thyroidology*[®]. 2024, June 27. 36(6), 231–233. <https://doi.org/10.1089/ct.2024;36.231-233>
22. Nair, G., Vedula, A., Johnson, E. T., **Thomas, J.**, Patel, R., Cheng, J., & Vedula, R. Combining Image Similarity and Predictive Artificial Intelligence Models to Decrease Subjectivity in Thyroid Nodule Diagnosis and Improve Malignancy Prediction. *Endocrine Practice*. 2024, November. 30(11), 1031-1037. <https://doi.org/10.1016/j.eprac.2024.08.001>
23. Cabezas, E., Toro-Tobon, D., **Thomas, J.**, Alvarez, M., Azadi, J.R., Gonzalez-Velasquez, C., Singh Ospina, N., Ponce, O.J., Branda, M.E., Brito, J.P. ChatGPT-4's Accuracy in Estimating Thyroid Nodule Features and Cancer Risk from Ultrasound Images. *Endocrine Practice*. 2025, June. 31(6):716-723.
24. Ullah, A., Prasad, K., Ahmed, A., Lee, K.T., Yasinzai, A.Q.K., **Iqbal, A.**, Sohail, A.H., Arif, D., Jomezai, S., Brandi, L., Karki, N.R., Khan, M., Wali, A., Jain, H., Karim, N.A. Anaplastic Thyroid Carcinoma: Interplay of Predictive Factors, Treatment Challenges, and Survival Insights. *Expert Review of Endocrinology & Metabolism*. 2025, March. 20(2):129-138.
25. Malik, I., Mitchell, J., **Thomas, J.** Efficacy of Echolaser Smart Interface-Guided Laser Ablation in Volume Reduction of Symptomatic Benign Thyroid Nodules. *Frontiers in Endocrinology*. 2024, October 8. 15:1402522.

Family Medicine

26. **Hoekzema, G.**, Cagno, C., & Harkisoon, S. *Family Medicine Residency Accreditation. In Graduate Medical Education in Family Medicine: From Basic Processes to True Innovation (Chapter 9)*. Springer Publications. (2024). ISBN: 978-3-031-70740-7.
27. **Hoekzema, G.S.**, Newton, W. The Role of Residency Accreditation Program Requirements on Scholarly Activity in Family Medicine. *Journal of the American Board of Family Medicine: JABFM*. 2024 November. 37(Supplement2):S41-S48.
28. **Hutchinson, E., Cole, S.** Tracking Use of Osteopathic Manipulative Therapy for Adults Admitted with Community-Acquired Pneumonia to a Family Medicine Hospital Service. Poster presented at: Annual Robert W. Taylor, MD Research Colloquium; 2025, May 1-2.
29. **Dougherty, K., Hendrix, N., Topmiller, M., Phillips, R.L.** The Impact of Access to Family Medicine and General Surgery Specialty Pairing on Rural America. Poster presented at: Annual Robert W. Taylor, MD Research Colloquium; 2025, May 1-2.
30. **Dougherty, K., Jetty, A., Huffstetler, A.** Evolution of LARC Provision by Family Physicians. Poster presented at: Annual Robert W. Taylor, MD Research Colloquium; 2025, May 1-2.
31. **Jadwisiak, R., Willis, J., White, S.** Family Medicine PGY-3 Acute Care Rotation Curriculum. Poster presented at: Annual Robert W. Taylor, MD Research Colloquium; 2025, May 1-2.
32. **Haste, E., Honey, J., Dougherty, K., White, S.** Implementation and Outcomes of Voter Registration Project in a Family Medicine Residency Setting. Poster presented at: Annual Robert W. Taylor, MD Research Colloquium; 2025, May 1-2.
33. **Brown, N. Lee, M., Hill, C., Danis, P.** A Decision Support Tool to Improve Patient & Physician Satisfaction with PSA Testing. Poster presented at: Annual Robert W. Taylor, MD Research Colloquium; 2025, May 1-2.

Gastroenterology

34. Diamond, J. A., Yachimski, P. S., **Al-Kaade, S.**, Twal, J., Pack, J., Hernandez-Barco, Y. S218: Characterizing Individuals with Recurrent Acute Pancreatitis and Exocrine Pancreatic Insufficiency: Findings from the PACT-CP Registry. *American Journal of Gastroenterology*. 2024, October. 119(10S): p S159-S160. <https://doi.org/10.14309/01.aig.0001029240.67546.ea>
35. **Manian, F. A.** My patient with severe Crohn's disease is found to have an elevated serum lipase without other supportive evidence of pancreatitis. What other sources of elevated lipase should I consider? *Pearls4Peers*. 2025, April 28. <https://pearls4peers.com/2025/04/28/my-patient-with-severe-crohns-disease-is-found-to-have-an-elevated-serum-lipase-without-other-supportive-evidence-of-pancreatitis-what-other-sources-of-elevated-lipase-should-i-cons/>
36. **Khan, Z.**, Kadhodayan, K. Advanced Endoscopy: Future Training Perspectives and Tracks. [Review]. *Current Gastroenterology Reports*. 27(1):13, 2025, February 16.
37. Edhi, A., Gangwani, M.K., Aziz, M., Jaber, F., **Khan, Z.**, Inamdar, S., Thrift, A.P., Desai, T.K. Helicobacter Pylori Infection Does Not Influence the Progression from Gastroesophageal Reflux Disease to Barrett's Esophagus to Esophageal Adenocarcinoma. *Minerva Gastroenterology*. 70(4):454-462, 2024, December.
38. **Rai, S., Bach, L.** Sevelamer-Induced Stercoral Ulceration in a Patient with End-Stage Renal Disease. Poster presented at: Annual Robert W. Taylor, MD Research Colloquium; 2025, May 1-2.

Infectious Disease

39. Tran, K. M., Bierer, M. F., Uchida, M., **Manian, F. A.**, Izmaylov, M. L., Kaye, E. C., Betancourt, J. R., Reilly, A., Jellinek, M. *Becoming a Better Physician (Chapter 2: Career)*. Springer Publications (2024) 17-40. https://doi.org/10.1007/978-3-031-69413-4_2
40. **Manian, F. A.**, Garland, K., Ding, J. Comparison of the Usability and Reliability of Answers to Clinical Questions: AI-Generated ChatGPT Versus a Human-Authored Resource. *Southern Medical Journal*, 117(8). 2024, August. 467-473. <https://doi.org/10.14423/smj.0000000000001715>

Internal Medicine

41. **Manian, F.A.** Preparing for the Next Deadly Pandemic: What Did COVID-19 Try to Teach Us? *Missouri Medicine* 2025, March-April;122:90-93. PMCID: PMC12021405 PMID: 40291537
42. **Manian, F.A.** Antihypertensive Medications in Patients with Weight Loss. *JAMA Internal Medicine*. 2025, February. 185(4):475. doi:10.1001.
43. **Manian, F.A., Garland, K., Ding, J.** Comparison of the Usability and Reliability of Answers to Clinical Questions: AI-Generated ChatGPT Versus a Human-Authored Resource. *Southern Medical Journal*. 2024, August. 117(8):467-473.
44. Waseem, N., **Farooq, M.S.** Integrating Artificial Intelligence Into Radiology Resident Training: A Call to Action. *Wisconsin Medical Journal*. 2024, July. 123(3):155-156.
45. **Hurth, C.** Raoultella Planticola Bacteremia in Acute Cholecystitis. Poster presented at: Annual Robert W. Taylor, MD Research Colloquium; 2025, May 1-2.
46. **Le, L., Yin, K., Challen, L., Ivaturi, P.** Interventions to Improve Treatment Adherence Rates for Latent TB in an Underserved Residency Clinic. Poster presented at: Annual Robert W. Taylor, MD Research Colloquium; 2025, May 1-2.
47. **Jitta, S.R., Long, R.** Hypothyroidism-Induced Brugada Phenocopy in a Patient with Cardiac Arrest: A Case Report. Poster presented at: Annual Robert W. Taylor, MD Research Colloquium; 2025, May 1-2.
48. **Rao, N., Hiron, T., Hawatmeh, S.** Cryptococcal Meningitis Complicating Sarcoidosis. Poster presented at: Annual Robert W. Taylor, MD Research Colloquium; 2025, May 1-2.
49. **Rao, N., Menon, R., Burke, M.** A Case of Adult Onset Still's Disease with Secondary Hemophagocytic Lymphohistiocytosis. Poster presented at: Annual Robert W. Taylor, MD Research Colloquium; 2025, May 1-2.
50. **Hoehst, J., Ashenbrenner, D., Bockerstett, J.** Nonpharmacological Management of Depression and Anxiety. Poster presented at: Annual Robert W. Taylor, MD Research Colloquium; 2025, May 1-2.
51. **Kinsella, J., Naseer, M.S., Shields, G., Robertson, N., Manian, F.** Towards Improvement in Screening and Vaccination Rates of Hepatitis B in JFK Clinic Patients. Poster presented at: Annual Robert W. Taylor, MD Research Colloquium; 2025, May 1-2.

Laboratory

52. Duzan, D., Fong, K., Freeman, V.S., Goodyear, N., Nadder, T.S., Spiczka, A., **Taff, T.**, Tanabe, P. Impact of COVID-19 Pandemic on Accredited Programs and Graduates Who Sat for the American Society for Clinical Pathology Board of Certification Examination: Graduates' Perspective. *Laboratory Medicine*. 2024, July 03. 55(4):396-404.

Maternal Fetal Medicine

53. **Silasi, M.**, Azzi, M., Potchileev, S., Burns, L., Rana, S. Placental Biomarker Testing for Evaluation of Suspected Preeclampsia. [Review]. *Clinical Chemistry*. 2025, May 02. 71(5):548-558.
54. **Azzi, M., Silasi, M.**, Potchileev, S., Woodham, P.C., Brawley, A., Mueller, A., Duque, T.B., Rana, S. Neonatal Cost Savings in Hypertensive Disorders of Pregnancy: Economic Evaluation of the sFlt-1/PlGF Test with Real World Implementation of Biomarkers. *Pregnancy Hypertension*. 2025, March. 39:101190.
55. Burns, L.P., Potchileev, S., Mueller, A., Azzi, M., Premkumar, A., Peterson, J., Rausch, A., Gonzalez, **M., Silasi M.**, Karumanchi, S.A., Thadhani, R., Rana, S. Real-World Evidence for the Utility of Serum Soluble Fms-like Tyrosine Kinase 1/Placental Growth Factor Test for Routine Clinical Evaluation of Hospitalized Women with Hypertensive Disorders of Pregnancy. *American Journal of Obstetrics & Gynecology*. 2025, April. 232(4):385.e1-385.e21.
56. Krausova, M., Ayeni, K.L., Gu, Y., Borutzki, Y., O'Bryan, J., Perley, L., **Silasi, M.**, Wisgrill, L., Johnson, C.H., Warth, B. Longitudinal Biomonitoring of Mycotoxin Exposure During Pregnancy in the Yale Pregnancy Outcome Prediction Study. *Environment International*. 2024, December. 194:109081.
57. Runesha, L., Yordan, N.T., Everett, A., Mueller, A., Patel, E., Bisson, C., **Silasi, M.**, Duncan, C., Rana S. Patient Perceptions of Remote Patient Monitoring Program for Hypertensive Disorders of Pregnancy. *Archives of Gynecology & Obstetrics*. 2024, September. 310(3):1563-1576.

Neonatology

58. Lyon, B. NICU Follow-Up Programs and Continuous Quality Improvement. Poster presented at: Annual Robert W. Taylor, MD Research Colloquium; 2025, May 1-2.

Neurology and Neurosurgery

59. Ruiz-Cardozo, M.A., Barot, K., Brehm, S., Bui, T., Joseph, K., Kann, M.R., Trevino, G., Olufawo, M., Singh, S., Yahanda, A.T., Perdomo-Pantoja, A., Jauregui, J.J., Cadieux, M., **Ipsen, B.J.**, Panchal, R., Poelstra, K., Wang, M.Y., Witham, T.F., Molina, C.A. Pedicle Screw Placement in the Cervical Vertebrae Using Augmented Reality-Head Mounted Displays: A Cadaveric Proof-of-Concept Study. *Spine Journal: Official Journal of the North American Spine Society*. 2024, December. 24(12):2417-2427.
60. Lu, X., Ng, K., Pinto, E., Vairo, F., **Collins, J.**, Cohn, R., Riley, K., Agre, K., Gavrilova, R., Klee, E.W., Rosenfeld, J.A., Jiang, Y.H. Novel Protein-Truncating Variants of a Chromatin-Modifying Gene MSL2 in Syndromic Neurodevelopmental Disorders. *European Journal of Human Genetics*. 2024, July. 32(7):879-883.
61. Reimer, J., Wang, F., **Ramiro, J.**, Welch, E., Christopher, K.M., Braun, J. Evaluation of Post-thrombolytic Events to Determine Appropriate ICU Monitoring Duration for Patients with Ischemic Stroke. *Neurocritical Care*. 2024, October. 41(2):598-607.

Nursing

62. **Rocchio, B.J.**, Seys, J.D., Vancil, B.J., **Williams, D.L.**, Al-Ramahi, N. The Post-Pandemic Nursing Workforce (Part II): Driving Value in Hospital Operations Through a Flexible Workforce. *Nursing Administration Quarterly*. 2025. April-June 01. 49(2):59-66.
63. **Lyndon, A., Simpson, K.R.**, Landstrom, G.L., Gay, C.L., Fletcher, J., Spetz, J. Relationship Between Nurse Staffing During Labor and Cesarean Birth Rates in U.S. Hospitals. *Nursing Outlook*. 2025, March-April. 73(2):102346.
64. **Coppinger, C.** Substance Use Rates During Pregnancy in the Age of Legalization of Marijuana. Poster presented at Nurse Practitioners in Women's Healthcare Conference, Chicago; 2024, September 26-27.
65. **Foster, L.** Obtaining Birth Consents During Prenatal Visits. Poster presented at: Annual Robert W. Taylor, MD Research Colloquium; 2025, May 1-2.

66. **Jones, N.** AI in Nursing: Perceptions, Impacts, and Future Directions. Poster presented at: Annual Robert W. Taylor, MD Research Colloquium; 2025, May 1-2.
67. **Bilbrey, T.** Prioritized Patient CHG Bathing – A Method to Increase CHG Bathing Compliance and Prevent HAI. Poster presented at: Annual Robert W. Taylor, MD Research Colloquium; 2025, May 1-2.
68. **Barnhouse, R., Lelonek, N.** Influencing Foley Catheter SUR Data Through Means of Education and Communication. Poster presented at: Annual Robert W. Taylor, MD Research Colloquium; 2025, May 1-2.
69. **Korte, Z.** Implementation of a Mentorship Program for New Graduate Nurses to Improve Retention and Job Satisfaction. Poster presented at: Annual Robert W. Taylor, MD Research Colloquium; 2025, May 1-2.
70. **Biondo, T.** Utilizing Care for the Caregiver Program to Support Hospice Caregivers. Poster presented at: Annual Robert W. Taylor, MD Research Colloquium; 2025, May 1-2.
71. **Luster, S.** Breaking Barriers to Procedural Efficiency. Poster presented at: Annual Robert W. Taylor, MD Research Colloquium; 2025, May 1-2.
72. **Hoague, A., McCoy, M., Patel, T., Siemons, K., Smock, M., Wojewoda, S.** Pre-Mixed Vasopressor Transition: A Burn Unit ICU Case Study that Led to Hospital Change. Poster presented at: Annual Robert W. Taylor, MD Research Colloquium; 2025, May 1-2.
73. **Jasper, M.** Care for the Caregiver Expansion to Decrease Burnout at Mercy Hospital St. Louis. Poster presented at: Annual Robert W. Taylor, MD Research Colloquium; 2025, May 1-2.
74. **Tyson, J.** Creating a Hybrid Training Program for Nurse Onboarding and Retention in a Transfer Center. Poster presented at: Annual Robert W. Taylor, MD Research Colloquium; 2025, May 1-2.

Occupational Therapy

75. Bachman, G., Ivy, C., Wright, D., Hightower, T., Welsh, A., Velleman, P., Gray, S. The Functional Dexterity Test in Adult Populations: An Exploration of a Simplified Test Protocol and Parameters Guided by Statistical Outcomes. *Journal of Hand Therapy*. 2024, July-September. 37(3):469-474.

Oncology and Hematology

76. Zafar, M., Rajan, R.M., Ahmed, R.T., **Reddy, A.** Disseminated Histoplasmosis with Secondary Hemophagocytic Lymphohistiocytosis in a Renal Transplant Recipient on Belatacept-Based Immunosuppression. *Journal of Brown Hospital Medicine*. 2024, July. 3(3). <https://doi.org/10.56305/001c.118963>
77. **Eichelmann, M., Carlson, J., Broyles, D., Agarwal, G.** Implementation of a Centralized Model for Precision Medicine with EHR Integration. *Oncology Issues*. 2024, October. 39(4), 50-55. <https://doi.org/10.3928/25731777-20240806-06>
78. Jia, E., **Agarwal, G.** Clinical Utility of Liquid Biopsy in Bladder Cancer: The Beginning of a New Era. *The Journal of Liquid Biopsy*. 2024, December 6, 100271. <https://doi.org/10.1016/j.jlb.2024.100271>
79. Landen, C.N., Buckanovich, R.J., Sill, M.W., Mannel, R.S., Walker, J.L., DiSilvestro, P.A., Mathews, C.A., Mutch, D.G., **Hernandez, M.L.**, Martin, L.P., et al. Phase I and Randomized Phase II Study of Ruxolitinib with Frontline Neoadjuvant Therapy in Advanced Ovarian Cancer: An NRG Oncology Group Study. *Journal of Clinical Oncology*. 2024, July. 42(21), 2537-2545. <https://doi.org/10.1200/jco.23.02076>
80. Nimkar, S., Glass, B., **Dalia, S.** A Rare Case Report of Paratesticular Leiomyosarcoma. *Cancer Plus*. 2024, August 29. 6(3), 3971. <https://doi.org/10.36922/cp.3971>
81. Krishnakumar, M., Kumar, S., Zafar, M., **Reddy, A.** Treatment of Aggressive B Cell Lymphoma with Epcoritamab: Real World Single Institution Experience. *Blood*. 2024,144 (Supplement 1): 6536.
82. Zafar, M., **Reddy, A.** The Gut Feeling: Unraveling the Quest for the Origin of Tumor Marker. *Official Journal of the American College of Gastroenterology | ACG*. 2024, October. 119(10S):S2379-S2380.
83. Zafar, M., Arnous, M., Nwankwo, N., **Reddy, A.** EP. 11A.22 Comparing Outcomes and Adverse Events in Lung Cancer Immunotherapy: The Impact of Smoking Status. *Journal of Thoracic Oncology*. 2024, October. 19(10), S605.
84. Zafar, M., **Reddy, A.**, Kumar, S. Unusual Extramedullary Relapse in the Colon and Subcutaneous Tissue of a Patient with Multiple Myeloma. *Clinical Lymphoma Myeloma and Leukemia*. 2024, September. 24, S242.
85. Zafar, M., **Reddy, A.**, Kumar, S. Central Nervous System Relapse of Multiple Myeloma: A Case Report. *Clinical Lymphoma Myeloma and Leukemia*. 2024, September. 24, S237.
86. Ranganathan, S., **Reddy, A.**, Russo, A., Malepelle, U., Desai, A. Double Agents in Immunotherapy: Unmasking the Role of Antibody Drug Conjugates in Immune Checkpoint Targeting. *Critical Reviews in Oncology/Hematology*. 2024, October 202:104472.

87. Sekar, A., **Reddy, A.**, Gandhi, P., & Raj, V. Renal Replacement Therapy During Liver Transplant Surgery. *Emergency Medicine Journal*, 2024. 9(1), 59-67.
88. Nwankwo, N., **Reddy, A.**, Kumar, S., & Zafar, M. Treatment of Relapsed/Refractory Chronic Lymphocytic Leukemia with Zanubrutinib After Progressing on Other BTK Inhibitors. *Leukemia Research Reports*. 2024. 21, 100459. [Treatment of relapsed/refractory chronic lymphocytic leukemia with Zanubrutinib after progressing on other BTK inhibitors](#)
89. Morey K, Nimkar S, **Dalia S.** Hypoxia-inducible factor-1 inhibition in renal cell carcinoma. *Tumor Discovery*. 2024, October 8. 3(4), 4356. <https://doi.org/36922/td.4346>
90. Rourick H, **Dalia S.** Vitamin A Deficiency: An Adult patient with Night Blindness and Cirrhosis in an uncommon geographical area. *Journal of Clinical Images and Medical Case Reports*. 2024, August 8. 5 (Open Access). DOI: www.doi.org/10.52768/2766-7820/3198.
91. Nimkar S, Glass B, **Dalia S.** Paratesticular Leiomyosarcoma: A Rare Case in a 37-year-old Male and Literature Review. *Cancer Plus*. 2024, August 29. 6(3), 3971. doi:10.36922/cp.3971.
92. Weaver M, Glass B, Aplanalp C, ...**Dalia S.** Review of Peripheral Blood Eosinophilia: Workup and Differential Diagnosis. *Hemato*. 2024, March 16. 5(1), 81-108. <https://doi.org/10.3390/hemato5010008>
93. Karri, V., Reyes, C., **Dalia, S.** Optimizing Frontline Therapy for Classical Hodgkin Lymphoma: A Mini-review of PET-directed Chemotherapy, Brentuximab-based Regimens, and Checkpoint Inhibitor Combinations. *Cancer Plus*. 2025, May 28. 7(2), 55-59. doi: 10.36922/CP025090013.
94. Karri, V., Nimkar, S., **Dalia, S.** Adjuvant Immunotherapy in Microsatellite Instability-High Colon Cancer: A Literature Review on Efficacy, Challenges, and Future Directions. *Discovery Medicine*. 2025, May. 37(196). doi: 10.24976/Discover.Med.202537196.71.
95. González-Rodríguez, L.M., Juárez-Salcedo, L.M., Loscertales, J., Arranz, E., Cannata-Ortiz, J., Ortiz, J., La Osa, M.J.L., Alegre, A., **Dalia, S.** T-cell prolymphocytic leukemia, a case report and review of the literature. *Oncology Research*. 2025, February. 28;33(3):505-517. doi: 10.32604/or.2025.058175. PMID: 40109866; PMCID: PMC11915055.
96. Glass, B., Mathew, M., Reyes, C., Irlam, J., **Dalia, S.** Benign Extra Skeletal Condroma of the Tongue in a 16-year-old Female. *International Journal of Contemporary Pediatrics*. 2024, June. 11(6) Case Reports. ID: sea-228621.
97. Sadigh, G., Duan, F., An, N., Gareen, I.D., Sicks, J., Suga, J.M., Kehn, H., Mehan, P.T., Bajaj, R., Hanson, D.S., **Dalia, S.M.**, et. al. Financial Hardship Among Patients with Early-Stage Colorectal Cancer. *JAMA Network Open*. 2024, September. 3;7(9):e2431967. doi: 10.1001/jamanetworkopen.2024.31967. PMID: 39287948
98. Juárez-Salcedo, L.M., Nimkar, S., Corazón, A.M., **Dalia, S.** Loncastuximab Tesirine in the Treatment of Relapsed or Refractory Diffuse Large B-Cell Lymphoma. *International Journal Molecular Sciences*. 2024, July. 10;25(14):7580. doi: 10.3390/ijms25147580. PMID: 39062823
99. Krishnakumar, M., Zafar, M., **Reddy, A.** Systemic therapy for advanced epithelioid sarcoma: A meta-analysis of effectiveness and safety study. *Journal of Clinical Oncology*. 2025, June 1. 43 (16 suppl). e23558-e235582025
100. Arnous, M.G., Singh, N., **Reddy, A.**, MacBruce, D. A Rare Finding of Secondary Spontaneous Pneumothorax (SSP) During Tyrosine Kinase Inhibitor Treatment of a Patient with Metastatic Synovial Sarcoma. *American Journal of Respiratory and Critical Care Medicine*. 2025, May. 211 (Abstracts).
101. Zafar, M., Krishnakumar, M., **Reddy, A.** Impact of Early Testing and Analysis of Germline Genetic Mutation in Patients with Breast Cancer: A Single Institution Experience. *Journal of Cancer Prevention*. 2025, March 30. 30 (1), 41. PMCID: PMC11973463 PMID: [40201022](#)
102. Zafar, M., Nwankwo, N., **Reddy, A.** Genomic Signature in Non-Small Cell Lung Cancer Patients Metastatic to Brain-A Single Institution Experience. *Neuro-Oncology*. 2024, November 8. 26 (8). <https://doi.org/10.1093/neuonc/noae165.0760>
103. Sadigh, G., Duan, F., Gareen, I., **Hancock, J.**, Sicks, J., et al. Effectiveness of Out-of-Pocket Cost COMMunication and Financial Navigation (CostCOM) in Cancer Patients: Study Protocol for ECOG-ACRIN EAQ222CD. *Contemporary Clinical Trials*. 2025, June. 153: 107889. doi:10.1016/j.cct.2025.107889.
104. Nightingale, C.L., Dressler, E.V., Kepper, M., Klepin, H.D., Lee, S.C., Smith, S., Aguilar, A., Wiseman, K.D., Sohl, S.J., Wells, B.J., DeMari, J.A., Throckmorton, A., Kulbacki, L.W., **Hanna, J.**, Foraker, R.E., Weaver, K.E. Oncology Provider and Patient Perspectives on a Cardiovascular Health Assessment Tool Used During Posttreatment Survivorship Care in Community Oncology (Results from WF-1804CD): Mixed Methods Observational Study. *Journal of Medical Internet Research*. 2025, March 6. 27:e65152.
105. Kepper, M.M., Gierbolini-Rivera, R.D., Weaver, K.E., Foraker, R.E., Dressler, E.V., Nightingale, C.L., Aguilar, A.A., Wiseman, K.D., **Hanna, J.**, Throckmorton, A.D., Craddock, L.S. Multilevel Factors Influence the Use of a Cardiovascular Disease Assessment Tool Embedded in the Electronic Health Record in Oncology Care. *Translational Behavioral Medicine*. 2025, January 16. 15(1).

106. **El-Atoum, B.**, Gradick, K., Parker, K., Moore, D., Fluchel, M., Sanchez-Birkhead, A.C. Palliative and End-of-Life Disparities for Pediatric Hispanic, Spanish-Preferring Patients with Cancer. *Journal of Pediatric Hematology/Oncology*. 2025, May 01. 47(4):197-203.
107. **Evans, E.**, Dholakia, J., Abraham, J., Hinton, A., Zhang, J., Xiu, J., Maney, T., Oberley, M., Thacker, P., Herzog, T.J., Spetzler, D., Arend, R.C. Whole-Exome Sequencing Provides Assessment of Homologous Recombination Deficiency for Identification of Parpi-Responsive Ovarian Tumors. *Gynecologic Oncology*. 2025, June. 197:139-145.
108. Weng, J., Ryckman, J., Katz, M.S., Saeed, H., **Estes, C.**, Naqa, I.E., Moreno, A., Yom, S.S. Dose Planning and Radiation Optimization for Thoracic Conventional, Twice Daily, and Stereotactic Radiation Therapy: A Delphi Consensus from a National Survey of Practitioners. *Practical Radiation Oncology*. 2025, May-June. 15(3):e267-e275.
109. **Tortelli, B.A.**, Contreras, J., Markovina, S., Ding, L., Wylie, K.M., Schwarz, J.K. Characterization of the Vaginal Microbiome of Postmenopausal Patients Receiving Chemoradiation for Locally Advanced Cervical Cancer. *JCI Insight*. 2025, February 04. 10(6).
110. Smith, K.E.R., Acosta-Medina, A.A., Dasari, S., Ranatunga, W., Rech, K.L., Ravindran, A., Young, J.R., McGarrah, P.W., Ruan, G.J., Zanwar, S.S., Li, J.J., Sartori-Valinotti, J.C., **Snider, J.N.**, Witzig, T.E., Goyal, G., Go, R.S., Abeykoon, J.P. Personalized Medicine in Histiocytic Disorders: Novel Targets in Patients Without MAPK Alterations. *JCO Precision Oncology*. 2024, November. 8:e2400471.
111. Pitiyarachchi, O., Ansell, P.J., Coleman, R.L., Dinh, M.H., Holman, L., Leath III, C.A., Werner, T., DiSilvestro, P., Morgan, M., Tew, W., Lee, C., Cunningham, M., Newton, M., Edraki, B., Lim, P., Barlin, J., Spirtos, N.M., Tewari, K.S., Edelson, M., Reid, T., **Carlson, J.**, Friedlander, M. Homologous Recombination Deficiency Should Be Tested for in Patients with Advanced Stage High-Grade Serous Ovarian Cancer Aged 70 Years and Over. *Gynecologic Oncology*. 2024, August. 187:221-226.
112. Semenkovich, N.P., **Agarwal, G.**, Chaudhuri, A.A. Advancing Precision Equity with Multicancer Detection Liquid Biopsies. *JAMA Oncology*. 2024, August 01. 10(8):1023-1024.

Ophthalmology

113. Scott, R.A., Holtmeyer, C.J., Parker, T.M., Willis, J.K., **Scott, W.J.**, Olson, R.J. Efficiency of venturi vs. peristaltic-based phacoemulsification in femtosecond laser cataract surgery. *Journal of Cataract & Refractive Surgery*. 2025, May 01. 51(5):382-387.
114. Scott, R.A., Holtmeyer, C.J., Parker, T.M., **Scott, W.J.**, Olson, R.J. Comparison of venturi and peristaltic based phacoemulsification efficiency in routine femtosecond laser cataract surgery. *Canadian Journal of Ophthalmology*. 2025, April. 60(2):85-90.

Orthopedic Surgery and Sports Medicine

115. Piktel, J.S., Wan, X., **Kouk, S.**, Laurita, K.R., Wilson, L.D. Beneficial Effect of Calcium Treatment for Hyperkalemia Is Not Due to "Membrane Stabilization". *Critical Care Medicine*. 2024, Oct 01. 52(10):1499-1508.
116. Daryoush, J.R., Rogers, M.J., **Hubbard, J.C.**, Arbon, J., Zhang, C., Presson, A.P., Garcia, B.N., Kazmers, N.H. Establishing the Patient-Acceptable Symptom State for the Numeric Rating Scale-Pain Score in a Postoperative Non-Shoulder Hand and Upper-Extremity Population. *Journal of Hand Surgery - American Volume*. 2025, January. 50(1):10-18.
117. Gerull, K.M., **Klein, S.E.**, Miller, A.N., Cipriano, C.A. Do Women and Minority Orthopaedic Residents Report Experiencing Worse Well-being and More Mistreatment Than Their Peers? *Clinical Orthopaedics & Related Research*. 2024, August 01. 482(8):1325-1337.

Otolaryngology

118. Yoon, M., Joseph, J., **Ramirez, R.**, Ganz, C., Smith, M.S., Urken, M.L. Modified Technique for Difficult Secondary Tracheoesophageal Puncture. *Head & Neck*. 2025, March. 47(3):1062-1064.

Palliative Care

119. **Houston, E., Schwalm, L.** Symptom Management in Serious Illness and End of Life: A Framework for Internal Medicine Residents. Poster presented at: Annual Robert W. Taylor, MD Research Colloquium; 2025, May 1-2.

Pharmacy

120. Herbin, S.R., **Crum, H.**, Gens, K. Breaking the Cycle of Recurrent Clostridioides Difficile Infections: A Narrative Review Exploring Current and Novel Therapeutic Strategies. [Review]. *Journal of Pharmacy Practice*. 2024, December. 37(6):1361-1373.
121. **Quattlebaum, B., Wai, M., Frye, E., Stoll, E., Ezell, D.** Impact of Pharmacist-Led Bedside Preparation of 4-Factor PCC (Balfaxar) – Research in Progress. Poster presented at: Midwest Pharmacy Residency Conference, Omaha, NE, May 4-5, 2025.
122. **Boggs, D., Bowen, R., Norris, J., Brown, A.** Retrospective Chart Review Assessing Time to First Bowel Movement in Medical Intensive Care Unit Patients Pre and Post Implementation of an ICU Bowel Regimen Protocol. Poster presented at: American Society of Health System Pharmacists (ASHP) Midyear Clinical Meeting, New Orleans, December 2024, and the Missouri Society of Health System Pharmacists (MSHP) 2025 Spring Meeting in Springfield, MO, April 2025.
123. **Bowen, R., Norris, J., Brown, A.** Retrospective Chart Review Comparing Critically Ill Patients Pre and Post Implementation of an ICU Bowel Regimen Protocol Assessing Time to First Bowel Movement. Poster presented at: American Society of Health System Pharmacists (ASHP) Midyear Clinical Meeting, New Orleans, December 2024, and the Missouri Society of Health System Pharmacists (MSHP) 2025 Spring Meeting, Springfield, MO, April 2025, and the Midwest Pharmacy Residents Conference (MPRC), Omaha, NE, May 2024.
124. **Snider, K., York, C., Ezell, D.** Incidence of Ventilator Acquired Pneumonia Among Intubated Patients Receiving Oral Care with Chlorhexidine Gluconate versus Cetylpyridinium. Poster presented at: Midwest Pharmacy Residency Conference, Omaha, NE, May 4-5, 2025.
125. **Finley, L., Lakamp, J.** Bidirectional Smart Infusion Pump Programming: A Multi-Facility Implementation Journey. Poster presented at: Annual Robert W. Taylor, MD Research Colloquium; 2025, May 1-2.

Trauma

126. **English, C. J., Sodade, O. E., Austin, C. L., & Causa, K. A.** Use of Split-Thickness Skin Grafts, and Autologous Skin Cell Suspension in a Case of Extensive Fournier Gangrene. *Cureus*. 2024, June 18. 16(6).
<https://doi.org/10.7759/cureus.62639>
127. **Kummer, K.,** Ambrose, G., Warfield, J., **Srivastava, A.** Incidental findings of head and neck CTA obtained for evaluation of patients with traumatic injuries. Poster presented at the David Miller Memorial Trauma Symposium. Springfield, MO; 2024, October 25; and at: Annual Robert W. Taylor, MD Research Colloquium; 2025, May 1-2.
128. Serafin, A., Graziadio, S., Velickovic, V., Milde, T.C., Dinnes, J., Sitch, A., Coombe, A., McNichol, L., Armstrong, D.G., **Lueck, H.,** Kottner, J. A Systematic Review of Clinical Practice Guidelines and Other Best Practice Recommendations for Pressure Injury Risk Assessment in the United States. *Wound Repair & Regeneration*. 2025, March-April. 33(2):e70016.
129. **Austin, C.,** Kelley, K., **Sodade, O., Draper, B.** Impact of a Novel Level III Trauma Activation Protocol Utilizing Trauma Nurse Clinicians. *Journal of Trauma Nursing*. 2025, May-June 01. 32(3):120-125.
130. **Isquierdo, M.** Standardizing and Digitalizing Trauma Performance Improvement. Poster presented at: Annual Robert W. Taylor, MD Research Colloquium; 2025, May 1-2.

Wound Care

131. **Abdo, R.J., Couch, A.L.** Use of three-dimensional acellular collagen matrix in deep or tunnelling diabetic foot ulcers: a retrospective case series. *Journal of Wound Care*. 2024, September 01. 33(Sup9):S5-S16

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JoAnne Levy
Vice President, Mercy Research
314.628.6328
joanne.levy@mercy.net

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