The Christ Hospital Health Network

THE LINDNER RESEARCH CENTER

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June 2023

Summer is here and the summer student program is underway and going strong! The program this year is full of bright young talented faces around for the next few months! Please see the pictures of the summer students and mentors in this issue.

This month we review the Regenerative Medicine trials which include our cell therapy and gene therapy as well as our refractory angina trials. This has been an unbelievably successful program and we are the top enroller in basically every trial with the help of the heart failure group, the Women's Heart Program, and the CTO program. Readers will also note that we had 16 manuscripts published this month with a wide spectrum of faculty and in particular want to welcome Dr. Costea to the EP group. We also had an outstanding presence at both the SCAI meeting and the TVT meeting. Hope everyone has a great summer and keep up the great work!

IN THIS ISSUE

Regenerative / Advanced CAD Trials

Trial/ Databases	PI	Status	# Months Active	# Screened	# Enrolled	Last Patient Enrolled	Brief Description
Cosira II Sponsor: Neovasc	Henry	Enrolling	13	21	2 compassionate use, 12 study patients	5/11/23	The objective of the trial is to demonstrate the safety and effectiveness of the Reducer system for treatment of patients with refractory angina treated with maximally tolerated guideline-directed medical therapy who demonstrate evidence of reversible myocardial ischemia in the distribution of the left

							coronary artery and who are deemed unsuitable for revascularization.
Nanocor Sponsor: Asklepios	Henry	Open to enrollment	30	19	9	4/8/21	Phase I Open Label, Dose Escalation Trial of Intracoronary Infusion of NAN-101 gene therapy in Subjects with NYHA Class III Heart Failure.
ASK-CHF Sponsor: Asklepios	Henry	Will begin once Nancor enrollment is completed	NA	NA	NA	NA	A phase 2, double-blinded, placebo controlled, randomized, trial to evaluate the efficacy, safety and tolerability of intracoronary infusion of NAN-101 gene therapy in adult subjects with NYHA Class III heart failure and non-ischemic cardiomyopathy.
Xylocor Sponsor: Xylocor Therapeutics	Henry	Follow-up	30	13	5	5/17/22	A Phase 1/2 trial of direct administration via myocardial injection of AdVEGF-All6A+, a replication deficient adenovirus vector expressing a cDNA/Genomic hybrid of human vascular endothelial growth factor, to the ischemic myocardium of subjects with angina secondary to CAD that is refractory to drug therapy and unsuitable for revascularization
Optimist-Options in Myocardial Ischemic Syndrome Therapy-Long-term Follow-up Database	Henry	Open to enrollment	36 months				To determine the predictors of adverse outcomes (including mortality, incidence of malignancy, myocardial infarction, subsequent revascularization, and angina class) in the no-option patients.
Freedom Trial Sponsor: Caladrius	Henry	Closed			22	6/15/22	The objective of the trial is to demonstrate the safety and effectiveness of the Reducer system for treatment of patients with refractory angina treated with maximally tolerated

							guideline-directed medical therapy who demonstrate evidence of reversible myocardial ischemia in the distribution of the left coronary artery and who are deemed unsuitable for revascularization.
Future Trials							
LEXEO Sponsor: LEXEO Therapeutics							A Phase 1/2 Study of the Safety and Efficacy of LX2020 Gene Therapy in Patients with Arrhythmogenic Right Ventricular Dysplasia/Cardiomyopathy (ARVC) due to a Plakophilin-2 (PKP2) Mutatio
CARDIAMP Heart Failure Trial Sponsor: BioCardia, Inc.							Randomized trial of auotologous bone marrow mononuclear cells using the CardiAMP Cell Therapy System compared to sham procedure in patients with ischemic HF and refractory angina

Highlighted Trials

Encircle

PI: Santiago Garcia, M.D.

Study coordinator: Marien Bryson

This study will establish the safety and effectiveness of the SAPIEN M3 System in subjects with symptomatic, at least 3+ mitral regurgitation (MR) for whom commercially available surgical or transcatheter treatment options are deemed unsuitable.

Major Inclusion criteria: 1.18 years of age or older 2. MR ≥ 3+ 3. NYHA functional class ≥ II 4. Per the Heart Team, commercially available surgical or transcatheter treatment options are deemed unsuitable due to clinical, anatomic or technical considerations. 5. Subject's heart failure management has been optimized based on subject characteristics and applicable guidelines, and stable for at least 30 days prior to enrollment. 6. The subject or subject's legal representative has been informed of the nature of the study, agrees to its provisions and has provided written informed consent.

Major Exclusion Criteria: 1. Mitral/cardiac anatomy that would preclude appropriate delivery and deployment of the SAPIEN M3 dock or valve 2. Inappropriate anatomy for femoral introduction and delivery of the SAPIEN M3 dock and valve 3. Presence of any device that will contact or interfere with the SAPIEN M3 System during delivery or after implantation 4. Left ventricular ejection fraction <25% 5. Severe right ventricular dysfunction 6. Need for aortic, tricuspid or pulmonic valve intervention within the next 12 months 7. History of heart transplant 8. Cardiac imaging evidence of intracardiac mass, thrombus or vegetation

Discover HCM

PI: Wojciech Mazur, M.D.

Study coordinator: Megan Grone

The purpose of this study is to evaluate the safety of mavacamten in patients with symptomatic obstructive hypertrophic cardiomyopathy (HCM) treated in the real-world setting. The registry study also provide a real-world understanding of the current obstructive HCM patient population, treatment patterns, and clinical relevant outcomes for patients with symptomatic obstructive HCM in the US.

Major Inclusion criteria: 1. Willing and able to provide written informed consent form (ICF) and any required privacy authorization prior to the initiation of study procedures. i. Diagnosis of obstructive HCM consistent with 2020 American Heart Association/American College of Cardiology (AHA/ACC) guidelines. ii. Obstructive HCM is defined clinically by the presence of increased LV wall thickness ≥ 15 mm (or ≥ 13 mm with positive family history of HCM) in a nondilated ventricular chamber that is not solely explained by abnormal loading conditions (eg, another cardiac or systemic disease) and peak LVOT gradient of ≥ 30 mmHg at rest or with provocation. 2. Has documented LVEF of ≥ 55% recorded by echocardiography within the last 6 months. 3. Symptoms consistent with NYHA functional class II-IV. 4. ≥ 18 years of age at the time of informed consent. 5. Receiving BBs, non-dihydropyridine calcium. channel blockers (non-DHP CCBs), disopyramide, and/or mavacamten (once available) as part of routine clinical care; or currently receiving no treatment due to intolerance or failure of prior treatment (eg, BBs, non-DHP CCBs, or disopyramide) for obstructive HCM.

Major Exclusion Criteria: 1. Known phenocopy disease (eg, Fabry disease, amyloidosis) or LV hypertrophy associated with hypertension. 2. Documentation of any fixed obstruction of the outflow tract such as aortic valve stenosis or replacement. 3. Prior treatment of obstructive HCM with invasive septal reduction (surgical myectomy or percutaneous alcohol septal ablation [ASA]) within 6 months prior to enrollment; participants with an unsuccessful myectomy or percutaneous ASA performed > 6 months prior to enrollment may be enrolled. 4. Naïve to treatment for obstructive HCM (ie, never treated with BBs, non-DHP CCBs, or disopyramide). 5. Receiving an investigational therapeutic agent for obstructive HCM (eg, myosin-inhibitors other than mavacamten) in an interventional clinical trial at participant enrollment. 6. Previously or currently enrolled in a long-term safety extension study of mavacamten (eg, EXPLORER-HCM [ClinicalTrials.gov, NCT03470545], MAVA-LTE [NCT03723655], PIONEER-OLE [NCT03496168], VALORHCM [NCT04349072], or MAVERICK [NCT03442764])

May Publications

1. Navarese EP, Lansky AJ, Farkouh ME, Grzelakowska K, Bonaca MP, Gorog DA, Raggi P, Kelm M, Yeo B, Umińska J, Curzen N, Kubica J, Wijns W, **Kereiakes DJ**. Effects of Elective Coronary Revascularization vs Medical Therapy Alone on Noncardiac Mortality: A Meta-Analysis. JACC Cardiovasc Interv. 2023 May 22;16(10):1144-1156. doi: 10.1016/j.jcin.2023.02.030. PMID: 37225285.

2. Kim G, Sayer G, Ransom J, Keebler M, Katz J, Kilic A, Lindenfeld J, **Egnaczyk G**, Shah P, Brieke A, Walenga J, Crandall D, Farrar DJ, Sundareswaran K, Uriel N. Association of Angiopoetin-2 and TNF-α With Bleeding During Left Ventricular Assist Device Support: Analysis from the PREVENT Biorepository. ASAIO J. 2023 May 2. doi: 10.1097/MAT.0000000000001942. Epub ahead of print. PMID: 37134003.

3. Devich R, Neuendorff NR, Frazier OH, Eisen HJ, **Dowling R**, **Freundt M**. Hematopoietic Stimulation During Impella 5.5 Support to Avoid Transfusions in a Jehovah's Witness. ASAIO J. 2023 Apr 24. doi: 10.1097/MAT.0000000000001944. Epub ahead of print. PMID: 37084256.

4. **Quesada O**, Lauzon M, Buttle R, Wei J, Suppogu N, Cook-Wiens G, Reis SE, Shaw LJ, Sopko G, Handberg E, Pepine CJ, Noel Bairey Merz C. Fitness attenuates long-term cardiovascular outcomes in women with ischemic heart disease and metabolic syndrome. Am J Prev Cardiol. 2023 Apr 23;14:100498. doi: 10.1016/j.ajpc.2023.100498. PMID: 37181803; PMCID: PMC10172715.

5. Boulos PK, Freeman SV, **Henry TD**, Mahmud E, Messenger JC. Interaction of COVID-19 With Common Cardiovascular Disorders. Circ Res. 2023 May 12;132(10):1259-1271. doi: 10.1161/CIRCRESAHA.122.321952. Epub 2023 May 11. PMID: 37167359; PMCID: PMC10171313.

6. Bhat AG, Verghese D, Harsha Patlolla S, Truesdell AG, Batchelor WB, **Henry TD**, Cubeddu RJ, Budoff M, Bui Q, Matthew Belford P, X Zhao D, Vallabhajosyula S. In-Hospital cardiac arrest complicating ST-elevation myocardial Infarction: Temporal trends and outcomes based on management strategy. Resuscitation. 2023 May;186:109747. doi: 10.1016/j.resuscitation.2023.109747. Epub 2023 Feb 22. PMID: 36822461.

7. Davidson SJ, Roncalli J, Surder D, Corti R, Chugh AR, Yang PC, **Henry TD**, Stanberry L, Lemarchand P, Beregi JP, Traverse JH. Microvascular obstruction identifies a subgroup of patients who benefit from stem cell therapy following ST-elevation myocardial infarction. Am Heart J. 2023 May;259:79-86. doi: 10.1016/j.ahj.2023.02.004. Epub 2023 Feb 14. PMID: 36796572.

8. Kuchtaruk AA, Sparrow RT, Azzalini L, **García S**, Villablanca PA, Jneid H, Elgendy IY, Alraies MC, Sanjoy SS, Mamas MA, Bagur R. Unplanned readmissions after Impella mechanical circulatory support. Int J Cardiol. 2023 May 15;379:48-59. doi: 10.1016/j.ijcard.2023.03.013. Epub 2023 Mar 7. PMID: 36893855.

9. Stone GW, **Kereiakes DJ**, Gori T, Metzger DC, Stein B, Erickson M, Torzewski J, Kabour A, Piegari G, Cavendish J, Bertolet B, Stockelman KA, West NEJ, Ben-Yehuda O, Choi JW, Marx SO, Spertus JA, Ellis SG; ABSORB IV Investigators. Five-Year Clinical Outcomes After Coronary Bioresorbable Scaffolds and Drug-Eluting Stents: The ABSORB IV Randomized Trial. J Am Coll Cardiol. 2023 May 13:S0735-1097(23)05527-4. doi: 10.1016/j.jacc.2023.05.003. Epub ahead of print. PMID: 37207924.

10. **Garcia S**, Ye J, Webb J, Reardon M, Kleiman N, Goel S, Hatab T, Fam N, Peterson M, Liauw S, Frisoli TM, **Bashir H**, **Paige D**, **Rock D**, **Schmidt C**, **Jollis JG**, **Kereiakes DJ**. Transcatheter Treatment of Native Aortic Valve Regurgitation: The North American Experience with a Novel Device. JACC Cardiovasc Interv. 2023 May 12:S1936-8798(23)00844-0. doi: 10.1016/j.jcin.2023.05.018. Epub ahead of print. PMID: 37212431.

11. Mankerious N, Megaly M, Hemetsberger R, Allali A, Samy M, Toelg R, **Garcia S**, Richardt G. Short Versus Long-Term Dual Antiplatelet Therapy in Patients at High Bleeding Risk Undergoing PCI in Contemporary Practice: A Systemic Review and Meta-analysis. Cardiol Ther. 2023 Jun 1. doi: 10.1007/s40119-023-00318-5. Epub ahead of print. PMID: 37261649.

12. Rajendra A, Osorio J, Diaz JC, Hoyos C, Rivera E, Matos CD, **Costea A**, Varley AL, Thorne C, Hoskins M, Goyal S, Oza S, Magnano A, D'Souza B, Silverstein J, Metzl M, Zei PC, Romero JE. Performance of the REAL-AF Same-Day Discharge Protocol in Patients Undergoing Catheter Ablation of Atrial Fibrillation. JACC Clin Electrophysiol. 2023 May 9:S2405-500X(23)00267-0. doi: 10.1016/j.jacep.2023.04.014. Epub ahead of print. PMID: 37204358.

13. **Garcia S**, **Dowling R**, **Chung E**, **Egnaczyk G**, **Stewart-Dehner T**, **Answini G**, **Paige D**, **Kereiakes D**. J-Valve Transcatheter Treatment of Native Valve Aortic Regurgitation Associated With a Left Ventricular Assist Device. Journal of the Society for Cardiovascular Angiography & Interventions. 2023 June 9;2:101044, 10.1016/j.jscai.2023.101044.

14. **Corl JD**, Flynn D, **Henry TD**, **Kereiakes DJ**. First Human Use of Shockwave L6 Intravascular Lithotripsy Catheter in Severely Calcified Large Vessel Stenoses. Journal of the Society for Cardiovascular Angiography & Interventions 2023 May 19;2:100969, 10.1016/j.jscai.2023.100969.

15. Dehghani P, Singh J, Mancini GBJ, Stanberry L, Bergstedt S, Madan M, Case BC, Patel RA, Stone JH, Benziger C, Ghasemzadeh N, Grines CL, Shavadia J, Acharya D, Javed N, Bortnick A, Wiley JM, Bagur R, Garberich R, **Garcia S**, **Henry TD**. Journal of the Society for Cardiovascular Angiography & Interventions 2023 May;2:100658, 10.1016/j.jscai.2023.100658.

16. **Frizzell JD**, Wanamaker BL, **Kong JA**. Extraplaque Laser to Assist in Crossing Occlusion (EL TACO): A Novel Method for Uncrossable Lesions. Journal of the Society for Cardiovascular Angiography & Interventions 2023 May 4;2:100983,10.1016/j.jscai.2023.100983.

Research and Lindner Highlights

Dr. Santiago Garcia is doing some great work with his presentations at TVT and the well-received feedback from the SCAI meeting.

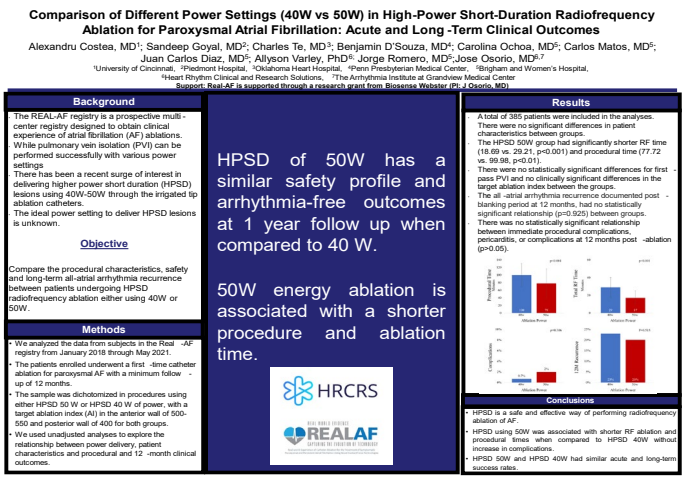
Dr. Santiago Garcia's Roles at TVT	
Thursday, June 8	**Roles** - Discussant **Session** - Emerging Clinical Science: TAVR I: Conduction Abnormalities and Coronary Intervention in TAVR
Thursday, June 8	**Role** - Discussant & Lecturer **Session** - TVT Innovation III: Transcatheter Aortic Valve Replacement & Compassionate Use Experience with J-Valve for Native Aortic Regurgitation: First 30 Cases with a DedicatedTransfemoral System in North America a part of: TVT Innovation III: Transcatheter Aortic Valve Replacement | TVT Innovation III: Transcatheter Aortic Valve Replacement | TAVRSystems for AR Treatment
Friday, June 9	**Role** - Faculty **Session** - Satellite: Right Valve Right Time – Navitor TAVI Valve Evolution
Friday, June 9	**Role** - Presenter **Title** - Perspectives of a New Navitor Implanter **Title** - Case Presentation - The Christ Hospital **Session** - Satellite: Right Valve Right Time – Navitor TAVI Valve Evolution

Friday, June 9	**Role** - Challenging Case Presenter **Title** - First in Man J-Valve Transcatheter Treatment of Native Valve Aortic Regurgitation Associated with a Left Ventricular Assist Device **Session** - CASES WITH MASTERS IV: Transcatheter Treatment for Patients With Challenging Valvular Heart Disease Scenarios | CASES WITH MASTERS IV: Transcatheter Treatment for Patients With Challenging Valvular Heart Disease Scenarios
Friday, June 9	**Role** - Poster Presenter **Title** - Management Strategies and Prognosis of Patients Ineligible for Transcatheter Mitral Valve Replacement **Session** - Emerging Clinical Science: Mitral II - Transcatheter Mitral Valve Replacement | Emerging Clinical Science: Mitral II - Transcatheter Mitral Valve Replacement
Friday, June 9	**Role** - Provocateur **Session** - Urgent TAVR for Bioprosthetic Aortic Insufficiency a part of SWAC Session 2: Aortic | SWAC Session
Saturday, June 10	**Role** - Moderator **Session** - TEER Challenging Clinical Cases Part II
Saturday, June 10	**Role** - Lecturer **Session** - The Essential Aortic ViV TAVR Update: Procedural Strategies and Current Clinical Results a part of Case-Based Management of Failing Surgical Aortic Valves | Case-Based Management of Failing Surgical Aortic Valves
Saturday, June 10	**Role** - Discussant **Session** - TAVR Leaflet Modification and Challenges of Coronary Re-Access Post-TAVR a part of Case With The Masters: TAVR Leaflet Modification and Challenges of Coronary Re-Access Post-TAVR

SCAI Structural Program

Congratulations to Dr. Garcia for well received feedback at the **Contemporary Issues in TAVR** symposium at SCAI 2023.

Dr. Alexandru Costea's Presentations at Heart Rhythm Clinical and Research Solutions 2023 in New Orleans, LA May 19-21, 2023.



Comparison of Different Power Settings (40W vs 50W) in High-Power Short-Duration Radiofrequency Ablation for Paroxysmal Atrial Fibrillation: Acute and Long -Term Clinical Outcomes

Alexandru Costea, MD[1]; Sandeep Goyal, MD[2]; Charles Te, MD[3]; Benjamin D'Souza, MD[4]; Carolina Ochoa, MD[5]; Carlos Matos, MD[5]; Juan Carlos Diaz, MD[5]; Allyson Varley, PhD[6]; Jorge Romero, MD[5];Jose Osorio, MD[6,7]

[1]University of Cincinnati, [2]Piedmont Hospital, [3]Oklahoma Heart Hospital, [4]Penn Presbyterian Medical Center, [5]Brigham and Women's Hospital, [6]Heart Rhythm Clinical and Research Solutions, [7]The Arrhythmia Institute at Grandview Medical Center

Support: Real-AF is supported through a research grant from Biosense Webster (PI: J Osorio, MD)

Background

The REAL-AF registry is a prospective multi -center registry designed to obtain clinical experience of atrial fibrillation (AF) ablations. While pulmonary vein isolation (PVI) can be performed successfully with various power settings
There has been a recent surge of interest in delivering higher power short duration (HPSD) lesions using 40W-50W through the irrigated tip ablation catheters.
The ideal power setting to deliver HPSD lesions is unknown.

Objective

Compare the procedural characteristics, safety and long-term all-atrial arrhythmia recurrence between patients undergoing HPSD radiofrequency ablation either using 40W or 50W.

Methods

- We analyzed the data from subjects in the Real -AF registry from January 2018 through May 2021.
- The patients enrolled underwent a first -time catheter ablation for paroxysmal AF with a minimum follow -up of 12 months.
- The sample was dichotomized in procedures using either HPSD 50 W or HPSD 40 W of power, with a target ablation index (AI) in the anterior wall of 500-550 and posterior wall of 400 for both groups.
- We used unadjusted analyses to explore the relationship between power delivery, patient characteristics and procedural and 12 -month clinical outcomes.

HPSD of 50W has a similar safety profile and arrhythmia-free outcomes at 1 year follow up when compared to 40 W.

50W energy ablation is associated with a shorter procedure and ablation time.

HRCRS

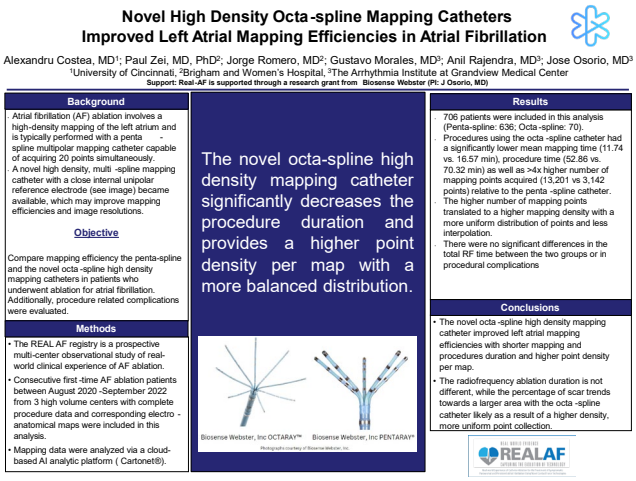
REALAF

Results

A total of 385 patients were included in the analyses. There were no significant differences in patient characteristics between groups.
- The HPSD 50W group had significantly shorter RF time (18.69 vs. 29.21, p<0.001) and procedural time (77.72 vs. 99.98, p<0.01).
- There were no statistically significant differences for first -pass PVI and no clinically significant differences in the target ablation index between the groups.
- The all -atrial arrhythmia recurrence documented post -blanking period at 12 months, had no statistically significant relationship (p=0.925) between groups.
- There was no statistically significant relationship between immediate procedural complications, pericarditis, or complications at 12 months post -ablation (p>0.05).

Conclusions

- HPSD is a safe and effective way of performing radiofrequency ablation of AF.
- HPSD using 50W was associated with shorter RF ablation and procedural times when compared to HPSD 40W without increase in complications.
- HPSD 50W and HPSD 40W had similar acute and long-term success rates.



Novel High Density Octa-spline Mapping Catheters Improved Left Atrial Mapping Efficiencies in Atrial Fibrillation

Alexandru Costea, MD[1]; Paul Zei, MD, PhD[2]; Jorge Romero, MD[2]; Gustavo Morales, MD[3]; Anil Rajendra, MD[3]; Jose Osorio, MD[3]

[1]University of Cincinnati, [2]Brigham and Women's Hospital, [3]The Arrhythmia Institute at Grandview Medical Center

Support: Real-AF is supported through a research grant from Biosense Webster (PI: J Osorio, MD)

Background

Atrial fibrillation (AF) ablation involves a high-density mapping of the left atrium and is typically performed with a penta -spline multipolar mapping catheter capable of acquiring 20 points simultaneously.
A novel high density, multi -spline mapping catheter with a close internal unipolar reference electrode (see image) became available, which may improve mapping efficiencies and image resolutions.

Objective

Compare mapping efficiency the penta-spline and the novel octa -spline high density mapping catheters in patients who underwent ablation for atrial fibrillation. Additionally, procedure related complications were evaluated.

Methods

- The REAL AF registry is a prospective multi-center observational study of real-world clinical experience of AF ablation.
- Consecutive first -time AF ablation patients between August 2020 -September 2022 from 3 high volume centers with complete procedure data and corresponding electro -anatomical maps were included in this analysis.
- Mapping data were analyzed via a cloud-based AI analytic platform (Cartonet®).

The novel octa-spline high density mapping catheter significantly decreases the procedure duration and provides a higher point density per map with a more balanced distribution.

Biosense Webster, Inc OCTARAY™ Biosense Webster, Inc PENTARAY®

Results

706 patients were included in this analysis (Penta-spline: 636; Octa -spline: 70).
Procedures using the octa -spline catheter had a significantly lower mean mapping time (11.74 vs. 16.57 min), procedure time (52.86 vs. 70.32 min) as well as >4x higher number of mapping points acquired (13,201 vs 3,142 points) relative to the penta -spline catheter.
The higher number of mapping points translated to a higher mapping density with a more uniform distribution of points and less interpolation.
There were no significant differences in the total RF time between the two groups or in procedural complications

Conclusions

- The novel octa -spline high density mapping catheter improved left atrial mapping efficiencies with shorter mapping and procedures duration and higher point density per map.
- The radiofrequency ablation duration is not different, while the percentage of scar trends towards a larger area with the octa -spline catheter likely as a result of a higher density, more uniform point collection.

REALAF

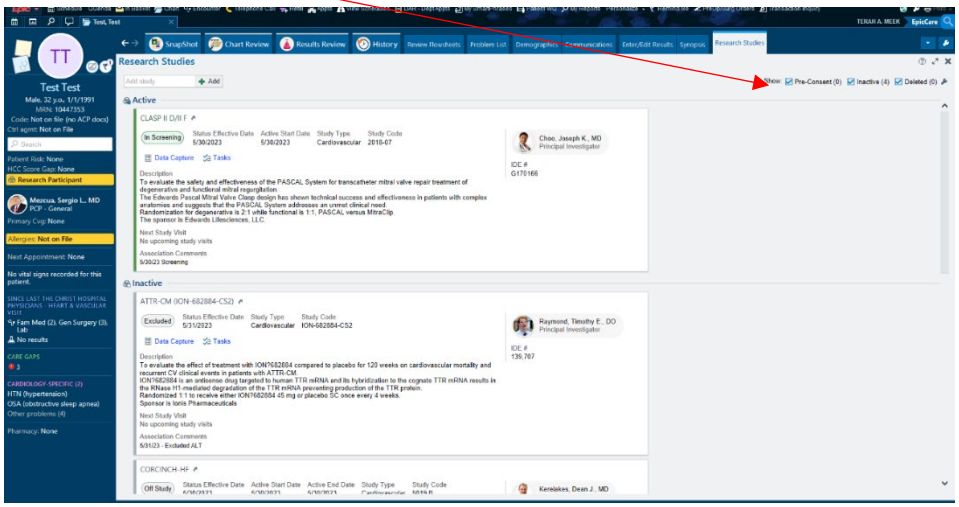
Physicians and other staff can now access patient's Research Studies in EPIC!

This will show you what studies a patient is on and all pertinent details. You can see if they are in-screening, contacted, consented, identified, excluded, or screen failed with the reason and any notes related to where the patient is in the screening process.

Steps to Access: Main Epic Button -> Patient Care -> Research Studies -> Select patient

1. Click main Epic button in the top right corner (arrow down)
2. Go down to Patient Care
3. Then select Research Studies
4. Select patient

Please make sure that all 3 buttons are checked: Pre Consent, Inactive and Active in the Top Right of the Research Studies box.



The Christ Hospital™ Health Network

The Lindner Research Center Summer Student Internship 2023

Mentors

Dr. Geoffrey Answini
The Christ Hospital Physicians - Heart & Vascular

Dr. Burn Blaxall
Precision Medicine

Dr. Eugene Chung
The Christ Hospital Physicians - Heart & Vascular

Dr. Santiago Garcia
The Christ Hospital Physicians - Heart & Vascular

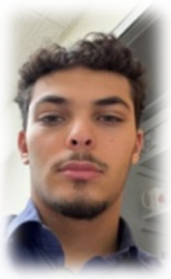
Dr. Kari Gorder
Cardiovascular Critical Care & Emergency Medicine

Dr. Wojciech Mazur
The Christ Hospital Physicians - Heart & Vascular

Dr. Santosh Menon
The Christ Hospital Physicians - Heart & Vascular

Dr. Odayme Quesada
Women's Heart Center

Summer Students



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Dr. Odayme Quesada

Samantha Bailey
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Dr. Odayme Quesada

Alex Brandt
Mentor:
Dr. Eugene Chung

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Dr. Odayme Quesada

Meg Seshiah
Mentor:
Dr. Santiago Garcia

Ben Stamler
Mentor:
Dr. Kari Gorder

Shoshi Stern
Mentor:
Dr. Kari Gorder

Jonathan Stokes
Mentor:
Dr. Geoffrey Answini

Natalie Swope
Mentor:
Dr. Wojciech Mazur

***Not Pictured: Tyler Parks, Mentor: Burns Blaxall**

Staff Spotlight

Elric Harrell
Clinical Research Assistant
Oncology

I'm originally from Baton Rouge, Louisiana. I was raised in Cincinnati, OH and went to Colerain High School. I completed my undergraduate at Mount Saint Joseph University in 2020 during COVID. Being the oldest of six kids isn't easy, but someone had to do it. Some of my interests include reading, history, and spending time with my family. Something that people don't know about me is that I aspire to become the first in my family to attain a Ph.D.

Reminders

Research Group Meeting
July 12, 2023, 6:30-7:30am
Microsoft Teams