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MultiCare 
Institute for
Research & Innovation

The Science of Hope



At the MultiCare Institute for Research & Innovation, hope can take many forms. In 2015, it appeared in lifesaving infusions, new standards of care and promising new drugs; in important strides in the range, complexity and significance of our clinical studies; and in the dedication of our research professionals. Thanks to our staff, our community, and most importantly, our patients and their families, it was an excellent year for the science of hope.

A Letter from our Directors

We are extremely excited to present our 2015 Annual Report. It's a privilege to bring progressively more relevant research opportunities to the South Sound community. As the only community-hospital-based research institute in the region, we manage a strong and diverse collection of programs for our patients and health care providers.

Our major milestones and accomplishments in 2015 include:

- **Significant growth in our industry research portfolio:** Industry-sponsored research increased 65 percent from last year, with new or expanded research programs in pediatric neurology, pediatric endocrinology, adult oncology, dermatology, pediatric intensive care and others.
- **Quality assurance program enhancements** with the addition of a full-time internal QA auditor.
- **Increased community awareness of our programs** through successful events such as our first annual Research Day and Awards Ceremony, the MultiCare & YMCA Healthy Living Expo, Life Sciences Innovation Northwest Conference, Military Retiree Appreciation Day and several others.
- **The addition of 11 new employees**, expanding capabilities of the Research Institute and creating professional jobs in the community.
- **Our first-ever Phase 1 inpatient research study** (pediatric epilepsy). Not only were we the first in the nation to enroll a patient, we enrolled more patients than any other site.
- **Improvements in cost efficiencies** despite substantial growth and the creation of several new lines of business.
- **Further diversification of our sponsors**, adding new intramural, private and National Institutes of Health (NIH) funding awards.



Paul Amoroso, MD, MPH, CPI

Anne Reedy, MBA, CRA

- **A new mechanism to provide physicians with "protected time" for research.**
- **Significant expansion of our National Cancer Institute supported community oncology research program** with the addition of Jefferson Healthcare and Intermountain Healthcare in Utah and Idaho.
- **An increase in our philanthropically-funded intramural research program award cycle from once to twice per year.** We have offered four of these calls for research proposals since 2013 and have already internally financed more than 20 high-quality studies.

Our plans for 2016 and beyond are no less ambitious, as we expand our reach and impact. Our incredible team of researchers and research support staff will continue to grow and improve all of our programs. We hope you find this report interesting and informative and we thank you for your support.

Paul Amoroso

Paul Amoroso, MD, MPH, CPI
Medical Director

Anne Reedy

Anne Reedy, MBA, CRA
Director, Research & Federal Award Administration

Connecting Research to Patients

The MultiCare Institute for Research & Innovation is partnering with Mary Bridge Children's Hospital & Health Center to bring innovative new therapies to children with serious, even life-threatening, conditions. One of the areas in which our partnership is showing particular promise is pediatric epilepsy.

About 400,000 children in the U.S. suffer from epilepsy. Although most of these cases are treatable, around 20 percent do not respond to any of the approximately 30 anti-seizure medications on the market. Children with treatment-resistant pediatric epilepsy face a bleak future. But at the Research Institute and Mary Bridge, we're working to change that.

Bringing hope to children with epilepsy

Since 2006, Steven Phillips, MD, has served the neurological needs of some of our youngest patients at Mary Bridge. His expertise in pediatric neurology led him to take a special interest in the treatment and management of epilepsy in children. For over a year, Dr. Phillips, Research Institute Principal Investigator, has been working in partnership with Stacie Rebar, Manager of Clinical Research at the Research Institute, to identify and implement clinical trials for children with treatment-resistant epilepsy. The strong collaboration between Mary Bridge and the Research Institute gives MultiCare the opportunity to offer novel therapies through clinical research. "Sponsors know we can come through on a very demanding protocol—and what we're learning will affect patient care in our community," says Dr. Phillips.

As a result of our combined efforts, we now boast eight different investigational drug trials for anti-seizure medications. In fact, we were the first institution in the

Sponsors know we can come through on a very demanding protocol—and what we're learning will affect patient care in our community."

—Steven Phillips, MD
Pediatric Neurologist

nation to join one of the studies and the first in the world to enroll participants. Dr. Phillips is researching medications that are poised to advance the treatment of epilepsy further than any discovery in the last 30 years. His research leverages science as a catalyst for hope. When patients hear about the life-changing research being performed, they seek out Dr. Phillips—hoping to participate in a trial that offers an alternative to other invasive treatments.



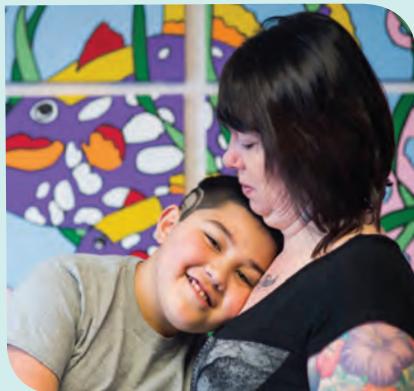
Stacie Rebar



Steven Phillips, MD

Our 24/7 Research Partners

When a child is enrolled in a clinical research study, the whole family gets involved. Parents, in particular, become essential members of the research team. In an inpatient study, they're in the hospital room, providing loving care and reassurance, in addition to observing and monitoring their child. In an outpatient study, they're the clinicians' eyes and ears away from the clinical setting. They observe and keep detailed records of their child's condition, report worrisome changes to his or her medical providers and act as trusted intermediaries between their child and the rest of the team. It's a big job and these very special moms are doing it.



Nicole and Jasper

"Jasper had this really violent fit when he was 6 months old. I was so worried I videotaped it to show to his pediatrician, but he said it was a temper tantrum.

When he was 3, he had a full seizure in the shower. I took him to Dr. Phillips at Mary Bridge. He did a much more thorough evaluation, diagnosed his condition as hereditary epilepsy and added another drug and vitamin B6 to his treatment. Last year, Jasper was enrolled in a study at Mary Bridge. I just want people who support the Research Institute to know that without them, he wouldn't be here, doing well."



Vicki and Owen

"I keep a color-coded record of Owen's seizure activity: red is a very bad day, yellow is a day with a few mild seizures and green is a perfect day. There are no green days. After hearing about an experimental epilepsy drug through a support group, I approached Owen's neurologist, who referred me to Dr. Steven Phillips. He suggested a drug trial at Mary Bridge and Owen is now in an outpatient trial. My hope is with the Lord, but this research is the mechanism He uses."



Dalynda and Phoenix

"The medical staff monitored my daughter's condition closely and did frequent blood draws. The hospital's Child Life Specialists read to Phoenix and played with her, gave her hugs and gave me some breaks. They even brought in a service dog and had a party with Batman and Superman. When I enrolled her in the first trial, I was not expecting success. I was just looking at every possible alternative before committing to the only other option, which was a very radical surgery. I was blown away."

Building a Cadre of Researchers

What if you could reduce the potential side effects of a lifesaving drug without compromising its effectiveness? This was the question the team of MultiCare cardiothoracic surgeons and the Research Institute set out to answer when they joined a national clinical research study sponsored by On-X Life Technologies (now a subsidiary of Cryolife), manufacturer of the On-X mechanical heart valve.

Patients who undergo mechanical heart valve replacement surgery are routinely prescribed a drug called warfarin (brand name, Coumadin). Warfarin is an anti-coagulant that helps prevent clotting around the replacement valve, which can ultimately cause a stroke. However, anticoagulation can also cause uncontrolled bleeding- a very dangerous complication.

The On-X study was designed to answer the primary research question of whether giving patients who had received a mechanical aortic valve replacement a lower dose of warfarin would reduce the risk of hemorrhage without increasing the risk of blood clots or stroke.

The eight-year, randomized study enrolled 1,294 patients nationally. Patients needing their aortic valve replaced were tested for a wide array of factors. If they met the study's qualification criteria, they were enrolled into the study. The warfarin dose for each patient is determined with a lab test called an INR (a special blood test to measure how effectively the patient's blood clots). Immediately after surgery, all patients' dosage of warfarin was adjusted to reach the usual goal for a mechanical heart valve, for the INR test result to remain within the standard range. Three months after surgery, the dosage for the control group

continued to be adjusted for the INR to remain within the standard INR range and the dosage for the test group was adjusted for the INR to be within a lower range.

A study of this complexity takes a first-rate team and the Research Institute had one. Cardiothoracic surgeon Dennis Nichols, MD, FACS, was Principal Investigator, partnering with fellow investigator and surgeon, Allen Graeve, MD, FACS. Susan Rowe, PharmD, the study pharmacist, was in charge of managing weekly INR home meter testing and warfarin dose adjustments. Janey Barnhart, RN, CNRN, a clinical research nurse with experience in both cardiac and critical care nursing, managed patient visits, answered questions and facilitated intervention when patients had problems or worrisome symptoms.

“As a result of our study, a new standard of care has been approved by the FDA.”

—Allen Graeve, MD
Cardiothoracic Surgeon



Allen Graeve, MD

MultiCare enrolled the largest number of patients of any institution in the nation, 225 in all. Dr. Rowe managed all their warfarin therapies for the full eight years, around 38,000 phone calls all told. Research nurse Janey remarked, “No one on warfarin in the South Sound was better cared for than our On-X patients under Susan's watchful eye.”

In the end, their combined efforts made a lasting impact. According to Dr. Graeve, “The lower levels of warfarin actually reduced hemorrhagic events, such as those in the head and gut, by 62 percent. We now know that patients can have better outcomes with lower dosages of anti-coagulants. As a result of our study, a new standard of care has been approved by the FDA.”

Our First Annual Research Day

On October 29, 2015, the MultiCare Institute for Research & Innovation hosted its first annual Research Day, with approximately 80 health care professionals and members of the community in attendance.

Guests could choose from among 20 presentations given by research investigators, covering a wide range of medical disciplines and including both intramural (sponsored by the Research Institute) and extramural (sponsored by outside entities, such as the NIH) studies.

"There were a number of things we hoped to accomplish with Research Day," says Dr. Amoroso. "We wanted to let people know about the exciting work we're doing and get feedback from the health care community. It was also a great opportunity to publicly recognize the work of our very talented research professionals. Several new awards, including the Meritorious Presentation Awards and the Diane Cecchettini Excellence in Research Award were also presented."



Diane Cecchettini Award winners

Pictured from left to right: Keith Havenstrite, MD; Allen Graeve, MD; Janey Barnhart, RN; Susan Rowe, PharmD; Dennis Nichols, MD; Diane Cecchettini, RN, Former President and CEO of MultiCare; and Paul Amoroso, MD

Not pictured: Dan Mumme, MD



And the winners are...

The Diane Cecchettini Award, initiated in 2015, was created as an annual award to honor the legacy of our former CEO for her outstanding leadership and in particular for her unwavering commitment to community research. Each year, the MultiCare research effort that most advances medical science will be competitively selected for this special recognition.

2015 Diane Cecchettini Award

"Randomized On-X Anticoagulation Trial"

Dennis Nichols, MD, Allen Graeve, MD, Janey Barnhart, RN, Susan Rowe, PharmD, Dan Mumme, MD, Keith Havenstrite, MD

Meritorious Presentation Awards

Best Completed Project

"Evaluating the Relationship between Type 1 Diabetes and Celiac Disease in Children"

Elizabeth Babler, PhD, ARNP & Christie Jett

Best Work in Progress

"Improving Gait and Balance in Children with Hemiplegic Cerebral Palsy"

Brenna Brandsma, DPT

Improving Standards of Care

According to the Centers for Disease Control and Protection, between 2.7 and 6.1 million Americans have a life-threatening condition called atrial fibrillation (AFib). In 2015, the MultiCare Institute for Research & Innovation continued to advance our understanding of how best to treat this serious threat to human health.

Since 2011, the Research Institute has been participating in a sentinel study funded by the National Institutes of Health: the CABANA (Catheter Ablation Versus Anti-arrhythmic Drug Therapy for Atrial Fibrillation) trial. MultiCare is one of only two institutions in Washington State that is participating in this study.

Rethinking how we treat AFib

Tariq Salam, MD, Principal Investigator on the CABANA trial at MultiCare, says the study is significant for a number of reasons. "The last study on treating AFib was a randomized trial of heart-rate drugs vs. anti-arrhythmia medications and it was done back in the 1990s. What it showed was that anti-arrhythmic drugs did not, in fact, lengthen the lives of AFib patients who took them. It was definitely time to take another look at improving the standard of care for AFib patients."

Nationally, the study will close when the NIH has enrolled around 2,600 patients (as of February 2016, around 2,200 people were enrolled), but Dr. Salam and his research colleagues are already gleaning valuable information.

"What we're learning is we can extend the opportunities for ablation to older and sicker patients than we would have accepted in the past. That's a real benefit to our patients," says Dr. Salam.

"People are going to be coming to me for help and I want to know how best to treat them."

—Tariq Salam, MD
Medical Director, Electrophysiology

As Dr. Salam is quick to point out, it takes a dedicated team and resources to make such groundbreaking research possible. "Janey Barnhart at the Research Institute is extremely helpful. She's our point woman—monitoring our patients, answering questions, providing personalized care."



Janey Barnhart, RN, CNRN



Tariq Salam, MD



Eddie and Pam Grabowsky

Patient profile Eddie Grabowsky

Retired longshoreman Eddie Grabowsky has had his share of aches and pains over a lifetime of hard work. For around seven years, he'd been treated for high blood pressure, but when he started to experience shortness of breath, nausea and confusion as often as five times a week, Eddie knew it was time to seek expert medical help. After a series of tests, Eddie was diagnosed with atrial fibrillation (AFib) and was referred to Tariq Salam, MD, an electrophysiologist at Cardiac Study Center, a MultiCare partner.

Dr. Salam talked to Eddie and his wife, Pam, about treatment choices for AFib. One option was to participate in a National Institutes of Health (NIH) randomized study to determine if catheter ablation might be more effective than the standard treatment, anti-arrhythmic drug therapy. Eddie decided to participate in the study.

He was chosen for the test group. Dr. Salam performed Eddie's catheter ablation in September 2015. After returning home, Eddie was given a telemetry device, which monitored his heart rhythms and function. This device sends the data to the CABANA study technicians, who compile data for the study. If they detect any serious problems, they alert Janey Barnhart, RN, CNRN, Clinical Research Nurse at MultiCare's Research Institute. Janey monitors Eddie's health at the Research Institute.

Eddie, and the other 15 MultiCare Research Institute participants, will continue to be monitored for five years. In the meantime, he's feeling better, with fewer symptoms. Plus, the close monitoring is helping him be more aware of and proactive about his health. When asked what participating in the study has meant to him, Eddie replies, "I'm getting good care. It's a good program staffed by good people."

Through their efforts, a better standard of care for AFib patients will eventually emerge. "Pierce County is the second most overweight county in Washington State and there is a well-established link between obesity and AFib," says Dr. Salam. "People are going to be coming to me for help and I want to know how best to treat them. Studies like the CABANA trial can have a huge impact on our community and the millions of people with AFib."

What is AFib?

Atrial fibrillation, also known as AFib, is a fibrillation, or quivering, in the atria (the heart's upper chambers) caused by abnormal electrical impulses. In some cases AFib can cause a rapid beat in the ventricles (the heart's lower chambers) and it's this rapid ventricle rate (RVR) that can cause serious complications.

What is a catheter ablation?

In a catheter ablation, a doctor threads a series of catheters (thin, flexible tubes) through a blood vessel into the heart. A special machine then delivers energy through the catheters to tiny areas of the heart muscle that cause the abnormal heart rhythm. This energy "disconnects" the pathway of the abnormal rhythm. (Anti-arrhythmic drugs, on the other hand, are a group of pharmaceuticals that are used to suppress abnormal heart rhythms.)

What should you know about AFib?

- People who are overweight and inactive are at higher risk of developing AFib.
- One in four people will develop AFib.
- 70 percent of people with AFib will have no symptoms.
- People who suffer from this very common condition are at five times greater risk of stroke and twice as likely to die prematurely.

Working Together to Save Lives

It was a new mother's worst nightmare. Despite multiple trips to the pediatrician and emergency department, Morgan Michael's infant son, Waylon Haubrick, was wasting away with diarrhea and vomiting—and no one seemed to know what to do. At 4 weeks old, Waylon was dangerously emaciated, and he was referred to Mary Bridge Children's Hospital.

At Mary Bridge, Tamara Chang, MD, a pediatric hematologist and oncologist, ordered a battery of tests and determined that Waylon was suffering from hemophagocytic lymphohistiocytosis (HLH), a severe blood disorder in which the white blood cells become inflamed. Waylon was undergoing chemotherapy for the HLH when Michael Raff, MD, a Mary Bridge medical geneticist who consulted on the case, identified the underlying cause. The tiny baby had an extremely rare genetic condition: a severe form of lysosomal acid lipase (LAL) deficiency, known as Wolman disease. It was a death sentence.

"It took a full day to grasp what the diagnosis meant, that there was no hope," recalls Morgan. The next day, however, things changed. Morgan learned that Dr. Raff had been researching drug trials that could help Waylon and had found something promising. But if Waylon didn't get the

experimental medication within a week, he would not live much longer. Over the next 48 hours, Dr. Raff; Shirley Warner, Research Institute Regulatory Affairs Coordinator; Heather Peters, MultiCare Institutional Review Board (IRB) Coordinator and the Mary Bridge Pharmacy team came together to save Waylon's life.

- On Wednesday, when Waylon was diagnosed, Dr. Raff contacted Alexion Pharmaceuticals in Connecticut. He completed and faxed the forms necessary to enroll Waylon in their drug trial, then contacted the Mary Bridge Pediatric Intensive Care Unit (PICU) staff, who were treating Waylon, and the MultiCare Institute for Research & Innovation for assistance.
- On Thursday, Alexion gave their approval and offered the experimental drug, free of charge.

"By improving our understanding of rare diseases, we also expand our understanding of more common diseases."

—Michael Raff, MD
Medical Geneticist



Michael Raff, MD, Baby Waylon and Morgan

Dr. Raff called the FDA, completed and faxed the paperwork they required, while Alexion had the medication couriered to Tacoma, pending FDA approval. He also contacted MultiCare's IRB, which provided emergency approval of the compassionate use drug trial. Dr. Raff then notified the PICU Pharmacy, to let them know the drugs were on their way and would need to be formulated when they arrived.

- On Friday, the drugs arrived, as did FDA approval of the drug trial, and by the afternoon, Waylon was receiving his first IV infusion, a mere 48 hours after his diagnosis.

"Because of the expertise and creative investigation of Dr. Raff and because of the research infrastructure in place that appreciates and routinely pursues opportunities beyond the standard of care, we were able to provide this baby with a lifesaving option," says Stacie Rebar, Manager of Clinical Research at the Research Institute.

Within a week of his first infusion, Waylon was doing better. After a month and a half of weekly infusions, he was discharged from the hospital. Today, at 7 months, he is well within normal weight and growth parameters for his age, an incredible outcome for a baby whose life expectancy without the drug had been less than a few months.

In December 2015, after a drug trial that included only 10 patients nationwide who suffered this rare disorder, the lifesaving experimental drug was approved by the FDA.

What are "orphan" diseases and why do they matter?

A medical condition suffered by fewer than 200,000 people in the U.S. is considered an "orphan" disease. Although these conditions are rare, there are a lot of them. Approximately 30 million Americans suffer from one of the more than 7,000 orphan diseases. On average, a patient will see eight physicians over five to eight years and receive two to three misdiagnoses before an orphan disease is properly diagnosed.

So why should researchers study orphan diseases?

According to Michael Raff, MD, medical geneticist, "By improving our understanding of rare diseases, we also expand our understanding of more common diseases. For example, LAL deficiency—the condition Waylon has—is a disease of fat and cholesterol metabolism. There may be many people with milder forms of undiagnosed LAL deficiency that are resulting in early death from liver or cardiovascular disease. If we can identify markers for this disease and alert patients early, we can get them treatment before the disease takes its toll."

Under the microscope A new kind of drug therapy

Kanuma, Waylon's miracle drug, is created with the help of some very special chickens. These genetically engineered animals contain recombinant DNA that produces rhLAL in their egg white; rhLAL can substitute for the LAL protein Waylon is missing. When the whites are refined, the rhLAL protein is extracted, purified and transformed into lifesaving drug therapy for his rare genetic condition.



Why Research in our Community?

Five years ago, the MultiCare Institute for Research & Innovation was formed to be a robust community research institute with ambitious goals. It would offer a wide variety of research trials; improve patient care and outcomes throughout MultiCare; promote collaboration across medical disciplines and research institutions nationally and enhance MultiCare's reputation, making it easier to recruit and retain world-class physicians and health care providers. Finally it would support our mission of partnering for a healthy future, helping people live fully.

The Research Institute is a community-based research center, making it unique compared to the majority of other institutions that are connected to academic medical centers or located in major urban areas. By remaining deeply rooted in the South Sound community, we are able to stay nimble and independent in our approach to research. We develop our priorities around the health care needs of the people we serve—meaning we elevate quality of care to ensure patients have access to the latest, most innovative clinical trials in their own backyard. Results can be life changing, even for some of our youngest participants.



David Ricker, MD, and Aidan

Helping patients breathe easier

For many patients, research is a pathway to a healthier future. Just ask Aidan. This normal, healthy 8-year-old was active in school and sports. In winter 2014, he began to have difficulty breathing. Aidan was diagnosed with asthma.

After watching Aidan endure several battles with asthma flares, his mom enrolled him in a MultiCare clinical trial in partnership with David Ricker, MD, of Pediatrics Northwest.

"Asthma is scary," says Aidan's mom. "Watching your child struggle to breathe is a helpless feeling. When Aidan would have episodes from asthma, he'd miss four to five days of school while recovering. I wanted to find out what was happening in his lungs between episodes, so I could better understand his condition. The study offered an opportunity to have additional testing paid for by the study."

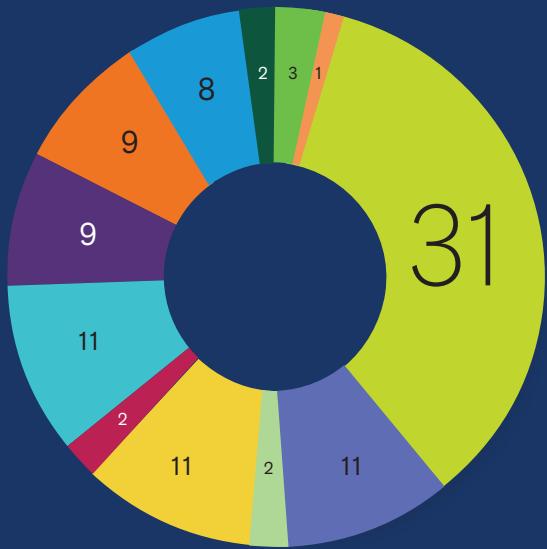
"I feel like a medical hero."

—Aidan
Trial Participant

During the clinical trial, Aidan met with Dr. Ricker, Research Institute clinical research coordinators and trained medical assistants seven times within a three-month period. He said his asthma had made him feel left out at school recess and in his neighborhood because rigorous activity made him cough. Aidan enjoyed his visits with the doctor. "I feel like a medical hero," Aidan said. "I'm helping other kids with asthma."

"The study provided a structure for Aidan's asthma medication and education," says Aidan's mom. "He now follows his preventive care plan more carefully, knowing the medication makes him feel better." It's been over eight months since Aidan's last battle with asthma.

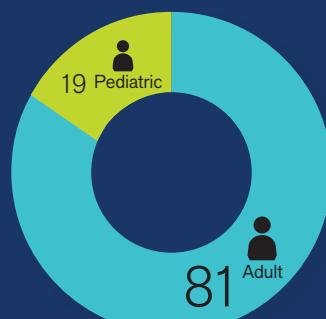
MultiCare Institute for Research & Innovation 2015 at a glance



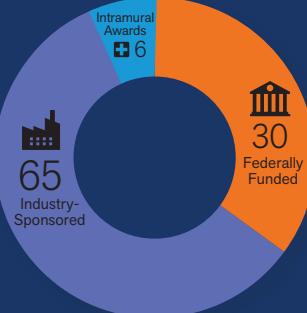
Therapeutic Areas %

- Adult Oncology
- Cardiovascular
- Dermatology
- Endocrinology
- Internal Medicine
- Neurology
- Pediatric Oncology
- Pediatrics
- Pulmonary
- Vascular
- Women's Health
- Other

Populations Enrolled %



Program Funding Sources %



Our team

48	Research staff	893	Active patients
80	Research investigators		

Types of studies

153	Industry-sponsored	18	PI-initiated studies
70	Federally funded cooperative group	14	Intramural awards

2015 Patient Satisfaction Survey

Score Highlights %

95	Overall patient satisfaction score
98	Highest scoring category: Study Staff score

Respondents %

95	Gave the highest possible rating to the friendliness and courtesy of staff
99	Rated the overall care as good or very good

At the Research Institute, patients are our partners and we greatly appreciate their feedback. In 2015, we distributed an optional survey to evaluate our patients' experience with scheduling, facility, study staff, logistics, personal issues and their overall assessment. The 221 completed surveys led to important improvements. We are grateful to all the patients who responded and look forward to continued improvement in 2016!

Moving Forward

The future is bright for community research because of the solid foundation the MultiCare Institute for Research & Innovation has put in place. The Research Institute is growing rapidly, embarking on new kinds of research and making clinical trials available throughout the South Sound. With the ongoing support of the community, we continue to focus on:

- **Expanding the infrastructure for epidemiological research**, capitalizing on MultiCare's robust electronic medical records system.
- **Increasing extramural funding support of our research programs** through successful grant applications to agencies such as the National Institutes of Health and the Patient-Centered Outcomes Research Institute (PCORI).
- **Supporting the expansion of cardiovascular research** and establishing research excellence by adding research offices in each major cardiovascular clinic, securing and conducting a higher volume of cutting-edge device and drug studies to improve the health status of our cardiac and vascular patients and tailoring comparative effectiveness research studies relevant to cardiovascular patient populations.
- **Offering our community the most cutting-edge Phase I treatment trials** in cancer, epilepsy and other chronic or rare conditions.
- Designing and conducting effective, practical, patient-centered research studies for **promoting health and wellness among members of our community**.
- **Supporting research that ultimately leads to important clinical outcomes:** improvements in prevention, diagnosis and treatment that can reduce the incidence, morbidity and mortality of acute and chronic illnesses.
- Expanding productive business partnerships and innovative advances in health care by **turning inventions into products**.



“The support of our donors has extended our efforts to improve care delivery and to achieve our ultimate goal...to be a true center of excellence.”

—Allen Graeve, MD
Cardiothoracic Surgeon

Thank You

In 2015, the MultiCare Institute for Research & Innovation made amazing strides because of the exceptional contributions of many individuals. This includes our dedicated employees, the members of the Research Oversight Committee, the Research Funding Committee, the Grants Steering Committee, our research investigators, our community donors whose generosity is so appreciated, and our visionary MultiCare executive leadership.

Our Growing Research Institute Assigned Staff

Paul Amoroso, Gigi Bakken, Juanita Baker, Janey Barnhart, Holly Billiu, Amy Chant, Cassidy Canorro, Josy Combs, Jessica Ebert, Tiffany Edwards, Samantha Elliott, Katy Garrison, Shannon Harris, Rosemary Hadcox, Karyn Hart, Lyndi Hennings, Colleen Hiebert, Emily Hoyle, Max Jiganti, Rebecca Johnson, Gadi Kletter, Courtney Lumsden, Michelle Maxin-Wells, Heather McKenzie, Riana McNeely, Jarrod Monroe, Jin Mou, Kelly Mulligan, Heather Perdue, Bethann Pflueisen, Steve Phillips, Roslyn Pierce, Justin Platts, Denise Quinn, Julie Reardon, Stacie Rebar, Anne Reedy, Jessica Rowden, Laurel Rutledge, Dalia Sherif, Angela Silva, Jami Smith, Karen Stahl, Tonya Stigger, Lisa Strasbaugh, Andrea Thompson, Danielle Wahinekapu, and Shirley Warner. We would also like to recognize the outstanding support of our grants accountants Tammy George and Cheryl Lovelace who directly support the work of the federal grants office through our Finance Partnership.

2015 Research Oversight Committee

The Research Oversight Committee supports the functioning of the Research Institute by approving goals and objectives, reviewing performance and outcomes and providing general guidance and strategies. Members include:

Paul Amoroso, MD (Chair); Will Barnes, RPh; Kristin Barsness; Chris Bredeson; Holly Byrne; Stephanie Cline; Linda Kaye Briggs; David Embrey, PhD; Ron Graf, MD; John Lenihan, MD; Vinay Malhotra, MD; Shelly Mullin, RN; Andee Petersen; Michael Raff, MD; Anne Reedy; John Rieke, MD; Debra Seguin, RN; Claire Spain-Remy, MD; Brad Van Duker, MD; and George Williams, MD.

Research Funding Committee

The Research Funding Committee, now in its fourth year, provides expert scientific and programmatic review of all our donor-supported, investigator-initiated research proposals.

Michael Raff, MD (Chair); Catherine Brown, PharmD; Ron Graf, MD; Megan Kilpatrick, RN; Eugene Lapin, MD; Anne Reedy; John Rieke, MD; Doug Sutherland, MD; and Michelle Maxin-Wells.

Grants Steering Committee

Paul Amoroso, MD (Chair); Anne Reedy (Co-chair); Lois Bernstein (executive sponsor); Toni Foster, RN; Tim Holmes; Veronica Hooper, MD; Andee Petersen, Claire Spain-Remy, MD, Ad-Hoc members: Theresa Boyle, Jason Mitchell, Harold Moscho, Pali Lipoma, and Laird Pisto.

Community Support

Due entirely to the continual philanthropic support from our community, we completed our fourth year of the MultiCare intramural research funding program in 2015 and marked the first year in which two funding cycles were conducted. Donations large and small continue to come in from a variety of sources, including direct donations from community members; local foundations such as the Marco Heidner Trust, the South Sound CARE Foundation, and the Hyundai Hope on Wheels Impact Grant; direct MultiCare employee payroll deductions; and from highly successful fundraising events such as Rock the Foundation. Thank you to our many generous donors!

Research Day Judges

Nicole S. Bell, ScD; David L. Hirshberg, PhD; and Debra Seguin, RN.

Our Research Institute Interns and Volunteers

A huge thank you to the study patients who volunteered to participate in a research trial and to the interns and volunteers who donated their time to our research efforts and projects. Your contributions have been invaluable.

Interns and Volunteers include: Baylee Arnold, Tara Blahm, Darcy Hart, Jennifer Homan, Christie Jett, Carrie Rafowski, Aaron Williams, Donna Wilson, and our amazing 893 active research patients!

MultiCare Leadership

Lastly, we would like to thank the MultiCare executive and senior leadership for their support and stewardship in continuing to facilitate a patient-focused research program at MultiCare.



multicare.org/research

A not-for-profit
community organization

MultiCare Institute for Research & Innovation

For more information on the **MultiCare Institute for Research & Innovation**, including how to participate in a research study and how to support programs that are advancing medical science in our community and beyond, please refer to our website.

MultiCare Institute for Research & Innovation

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