# Saint Alphonsus Research Assets and Opportunities

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# Saint Alphonsus

500+ on the medical staff

300+ beds

6 physician, 2 NP cancer center

#### 1. Assets -- Clinical Research

at

Saint Alphonsus Regional Medical Center

- •IRB Currently monitoring 61 studies
- Idaho Neurological Institute currently monitoring 10 exempt studies
- Multiple small non-monitored studies not involving patients in process
- 2 Telemedicine Studies through TATRC, TeleBabyDoc and CHF.

# Study Types

- Cardiac device
- Cardiac drug
- Neuroscience primarily related to brain injury, sleep disturbance and seizure disorders
- Oncology
- Telemedicine

# 2. Opportunities

Combine the expertise and resources of:

- --Large, Boise-based hospitals with the patient numbers to conduct large-scale clinical trials
- -- Universities
- -- Private Industry

Resulting in meaningful, impacting research

# Example:

Two significant foci in cancer research:

- Individualization of cancer therapy
- Image Quantification

#### Present-day oncology:

- --Patients with identical diagnoses receive identical treatment, even though we know that they are likely to respond very differently
- --Image data are used to make ... pictures

#### Individualization of Cancer Therapy

After resection of T2N1 colon cancer

All patients receive the same number of cycles of 5-FU, oxaliplatin, leucovorin

Implications of a 5 % long-term survival benefit

100 patients treated → 5 patients benefit

#### Individualization of Cancer Therapy

Prostate cancer irradiation

Current standard at Saint Alphonsus:

81 Gy to entire prostate, using IMRT to minimize dose to surrounding structures (mainly, bladder and rectum)

#### Key approach to individualization

Genetic and molecular profiling

Oncotype Dx

**Predictive** 

ImQuant, Inc. approach

**Image Quantification** 

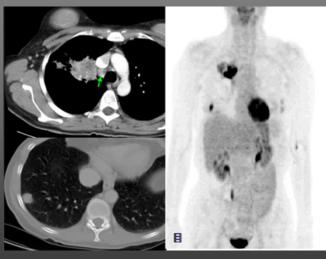
Predictive and Dynamic

# PET, MRI, SPECT

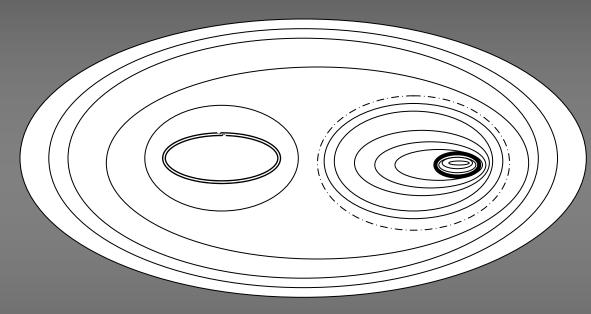


Intensity Value

Z



### "Functional Topography" (3D + $\alpha$ ) Approach – represent images, and image changes, as numbers, sets of numbers, graphs, equations



Phase I research, Mayo Clinic, Spring 2004

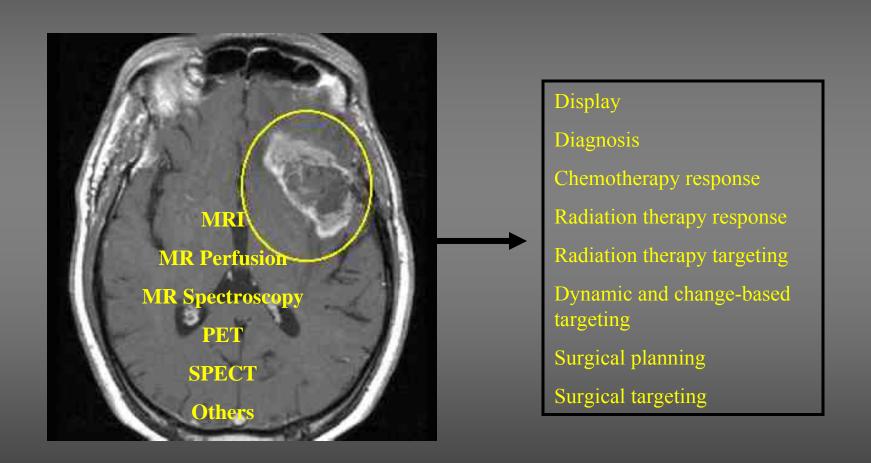
- •Volume of each contour
- •Surface area of each contour
- •Shape characteristics
- •Median, peak intensity values for voxels within a contour-defined volume
- •Distance of contours from each other
- •Distance of contours from a point
- •Volumes of "elevations"
- •Volumes of "depressions"
- •Max or min intensity level within an elevation or depression
- •Numbers, or locations, of elevations / depressions



# Proprietary Processes Example: Dynamic Chemotherapy

- Image
- Administer systemic therapy
- Re-image
- Compare images or imaging data
- Express volumetric change as numbers, sets of numbers, graphs, or equations
- Express sub-volumetric changes as numbers, sets of numbers, graphs, or equations
- Compare volumetric change to volumetric data bank of changes for which outcome is known
- Compare sub-volumetric changes to sub-volumetric data bank of changes for which outcome is known
- Express relative volumetric change
- Express relative sub-volumetric change
- Predict ultimate likelihood of favorable *volumetric* change, or other clinical endpoints, assuming no change in plan
- Rules engine-based recommendation for next cycle (change interval, dose, agents)

# Universal imaging source Universal applications





#### ImQuant, Inc

- Founded by Saint Alphonsus Radiation Oncologist
- Initial concept recently accepted for presentation at annual meeting of the Radiologic Society of North America (Chicago, December 2005)
- August, 2005 inked a research and development agreement with Mayo Clinic image engineering lab
- Clinical trials currently being written, Saint Alphonsus and Mayo Clinic

### ImQuant, Inc

- The talent to do much of this work exists here in Idaho
- 4-entity consortium -- BSU Engineering, ISU Engineering, Saint Alphonsus, ImQuant
- Preliminary discussions, INL
- Federal appropriations request (in contact with both Senate staff)

#### Quantitative Oncology, conclusion

- The initial inclination was to look out of state.
- Yet:
  - The engineering talent to do this type of work exists here in Idaho
  - The hospitals in Boise are large enough to conduct large-scale clinical trials
  - University-based engineers and researchers, as well as the major hospitals, are not organized such that multi-institutional collaboration is efficient

### Conclusion, continued

 With a centralized, well-coordinated, and well-funded research institute in Boise

- Recruit very high caliber clinical and research physicians who want to leave places like Seattle, Los Angeles, and San Francisco
- Conduct meaningful and impacting research
- Attractive to start-up technology companies