



SerenaGroup Newsletter

**HAPPY
NEW YEAR**
January 2020

SERENAGROUP MONTHLY UPDATE

ISSUE 21

Radiation Proctitis



It is estimated that 5% of patients who undergo radiation for a pelvic malignancy will develop radiation proctitis. Rectal bleeding, the most frequent symptom, can range from mild oozing from the rectum to a life-threatening hemorrhage requiring hospitalization and blood transfusion. In addition, patients may experience pain with food intake (tenesmus) and fecal incontinence.

The American Society of Colon and Rectal Surgeons recently published their guidelines on the treatment of chronic radiation proctitis. After reviewing the available literature, the panel of authors strongly recommend hyperbaric oxygen therapy

(HBOT) as an effective treatment for patients suffering from radiation proctitis. To quote the guidelines:

Hyperbaric oxygen therapy is an effective treatment modality to reduce bleeding patients with CRP.

Grade of Recommendation:

Strong recommendation based on moderate-quality evidence, 1B.



January Blue Star Winner

Samantha Gable

“Samantha is a rock star for our center – she always helps out where needed and continues to put the patient first.”

SerenaGroup Centers are encouraged to recognize those around them that go above and beyond their job description. Recognizing hard work is a priority for SerenaGroup and we sincerely thank those who continue to be compassionate about their work in healing wound care and hyperbaric medicine patients.



UPCOMING 40-HOUR HBOT COURSES

**Feb 14-17, 2020
Atlanta, GA**

**March 21-24, 2020
West Palm Beach, FL**

**July 25-28, 2020
Pittsburg, PA**

**September 19-22, 2020
Austin, TX**

**November 6-9, 2020
West Palm Beach, FL**

Registration is Required

Please contact:

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SerenaGroup Patient Success Story

<i>Patient Name</i>	Ricky Hamerick
<i>Center</i>	Cleveland Clinic – Akron General Wound Care and Hyperbaric Program
<i>Date Entered Program</i>	December 7, 2017
<i>Date Graduated</i>	October 31, 2019
<i>Type of Wound</i>	Open wound on heel
<i>Your Story</i>	I suffer from diabetes and being overweight. After having weight loss surgery and being put on a diet, this has helped heal my wound. The staff at the center took care of me all the way through my journey.
<i>Are you more active?</i>	Yes, it feels good being active knowing that my wound is healed and will not open and bleed on me.
<i>What was the most positive change for you?</i>	The weight loss surgery was the most positive change for me. The wound care center encouraged me to explore my options and were supportive through my whole process. They continued to care for my wounds and thankfully I was finally able to be discharged from their care.
<i>Are you able to spend more time with family and friends?</i>	Yes! I spend a lot more time with family and friends in so many more ways that are possible; this was not an option for me before my wound healed.
<i>What is something you would like to tell others about your experience at our center?</i>	The Doctor and his Staff are by far the best around!

Our Oconee Wound Care Team in Seneca, SC, enjoyed celebrating around the holidays and would like to wish everyone a [Happy New Year!!](#)





The need to work cooperatively across disciplines for higher quality wound care



Dr. Thomas Serena
CEO, SerenaGroup

With the rising importance of high-quality research in the field of wound care and healing, there is a need for key players from all disciplines across the wound care spectrum to collaborate. Writing for iWounds News, editorial board member Thomas E Serena (Cambridge, Massachusetts, USA) discusses the ongoing work of the SerenaGroup Research Foundation (SGRF) and how cooperation can be leveraged in wound healing to improve clinical trials, provide education, and allow for the utilization of new technologies.

INVESTIGATORS HAVE partnered together to create cooperative groups in most fields of medicine, and in the first wound healing cooperative group formed under the aegis of the SGRF, a not-for profit corporation based in Cambridge, Massachusetts, USA. This group has brought together nearly 100 clinical investigators in 60 sites across the globe to address inconsistencies

and a lack of standardization in wound healing clinical trials.

Today, the SGRF Cooperative conducts numerous multi-center clinical trials solely within its network. Teamwork, progressive trial design, and technological advances in both data collection and analysis have revolutionized clinical trials in the areas of diabetic foot, venous leg and pressure ulcers, as well as in diagnostics and biomarkers.

The brainchild of a circle of thought leaders that first met in Cambridge in 2003, the Cooperative Group concept struggled for more than a decade. A breakthrough, though, arrived when I gathered a small collection of experienced researchers and began conducting clinical trials.

This group formed the nidus of the SGRF Cooperative. As clinicians, regulatory agencies and payers began to demand high quality trials, the SGRF Cooperative blossomed and, today, a central regulatory office manages ethics committee submissions for the sites. The burgeoning foundation drafts protocols, selects sites for trials, negotiates budgets and provides education for study coordinators and investigators.

In 2019 the SGRF Cooperative participated in clinical trials in all patient care settings, from the outpatient clinic to skilled nursing facilities. The research included cellular or Tissue based Products for Wound Care (CTP), topical oxygen in diabetic foot ulcers, pharmaceutical investigations in venous leg ulcers, genetically modified tissues, biomarkers, wound imaging, biofilms, phototherapy and bacterial load in

the ulcer bed. In addition, this year saw the SGRF Cooperative move from single device trials to studies evaluating a combination of multiple modalities. An equally robust slate of trials is planned for 2020.

The SGRF Cooperative's experience has led to the development of unique trial designs for diagnostics and biomarkers, much needed standardization for diabetic foot ulcer studies, and protocols that meet the reimbursement requirements for the Centers for Medicare Services.

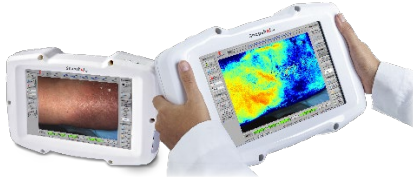
It needs to be said, however, that challenges exist. SGRF must meet the educational needs of the growing Cooperative, which is why a research pre-conference is planned for Wound Week (16–19 April, 2020, Milwaukee, USA). Interested investigators can learn more by contacting me at serena@serenagroups.com. In addition, SGRF has scheduled a series of conferences focused on the principles of conducting trials and the unique aspects of wound research.

The development of a cooperative group in the field of wound care has shown promise in enrolling patients in studies, supporting investigators and sites, improving trial design and raising the quality of research in wound healing.

Thomas E Serena is the founder and medical director of The SerenaGroup, a family of wound, hyperbaric and research companies, and is a Phi Beta Kappa graduate of The College of William and Mary (Williamsburg, USA) and Penn State Medical School (Hershey, USA).



Snapshot_{NIR} Kent Camera



Oxygen is critical to survival, and tissue oxygen serves as the best biomarker to predict tissue viability. Snapshot_{NIR} provides immediate real-time visualization of tissue oxygen saturation to identify and track the viability of tissue in wound care and amputation prevention. Using near infrared spectroscopy (NIRS), meaningful images are captured with simple point-and-shoot camera-like actions.

- Light-weight and hand-held
- Fully portable for all points of care
- Completely non-invasive with no patient contact and no need for injectable dyes, probes, leads or gels
- Fast and repeatable imaging with immediate results
- Comparable results to TCOM, yet much faster and not operator dependent
- Extremely cost effective - less expensive than comparable technologies.

The Snapshot_{NIR} is the latest advancement in tissue oxygenation imaging. The low cost and easy to use imaging device is completely non-invasive, eliminating the need for contact or the injected dyes required by other technologies. It instantly captures

diagnostic insight into the availability of oxygenated blood in tissue, providing improved decision making throughout the dynamic treatment pathway – before, during and after wound or surgical care.

How it works: Snapshot_{NIR} uses light in the near-infrared (NIR) spectrum that, harmlessly, passes through the skin and is reflected off the blood supplying the tissue to determine tissue oxygen saturation, a key indicator of tissue health. The NIR light has two key features to make it useful for measuring the viability of living tissue. First, NIR light is not absorbed by tissue as much as visible or ultraviolet light. Second, NIR light is mainly absorbed by hemoglobin and water. Most importantly, the wavelength dependent light absorption of hemoglobin differs if it is carrying oxygen from when it is not. This makes NIR light very useful in detecting oxygenated and deoxygenated blood, which conveys a comprehensive picture of tissue health and the healing capacity of wounds or tissue transplants.

For more information, visit their website at <https://www.kentimaging.com/>



AAWC

Association for
the Advancement
of Wound Care

AAWC 2020 Pressure Ulcer Summit

March 27-28, 2020

Atlanta, GA

*March 26, 2020 – half-day pre-conference: Keeping Calm Under Pressure: How to Address Ulcers in the Post-Acute Setting

Wound Week

April 16 – 19, 2020

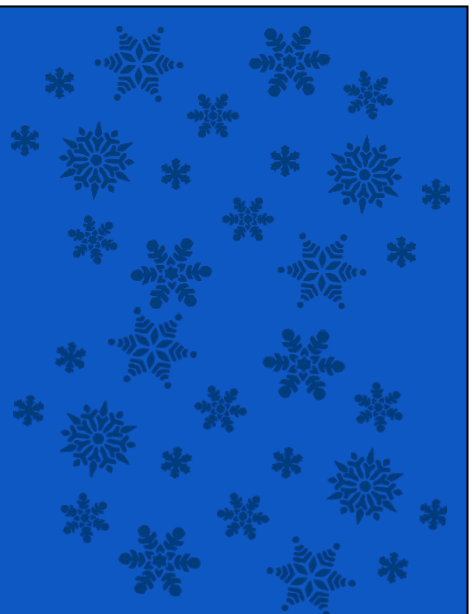
Milwaukee, WI



Wild On Wounds – AAWC Hands-On Workshop

September 23-26, 2020

Las Vegas, NV



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