CURRENT PROJECTS

Benefits of a Rural Surgery Rotation for General Surgery Training
Research Classification: Prospective
Principal Investigator: Edgardo Salcedo, MD
Research Assistants: Anjani Patibandla
Anticipated Enrollment #: 100
Most surgery residents train in an urban environment, which leads to a lack of exposure to rural surgery rotations. The continued urbanization of American surgery may push rural hospitals to close, worsening issues. There is a current lack of research on whether it’s helpful to include a rural surgery rotation in general surgery training. This study aims to evaluate whether rural surgery rotations are useful for surgery residents to understand rural institutions better and pursue rural surgery in the future.

Cognitive Impairment, Obesity, and Effects of Bariatric Surgery
Research Classification: Retrospective/Prospective
Principal Investigator: Victoria Lyo, MD and Mohamed Ali, MD (Co-PI)
Research Assistants: Zilan Zheng
Anticipated Enrollment #: 9,500
This study aims to better understand the impact obesity has on cognitive decline and the impact of bariatric surgery has on improving or affecting obesity-related cognitive impairment. The retrospective portion will analyze the prevalence and severity of cognitive impairment in patients with obesity and compare these findings with patients who have undergone bariatric surgery. The prospective part will enroll patients planning to undergo bariatric surgery and perform neurocognitive testing before and after the surgery.

Site of Relapse in Children with Ewing Sarcoma with Pleural and Pulmonary Metastatic Disease
Research Classification: Retrospective
Principal Investigator: Erin Brown, MD
Research Assistants: Amanda Aquilio
Anticipated Enrollment #: 200
In this multi-institutional study of Children’s Hospitals represented in the Pediatric Surgical Oncology Collaborative (PSORC), the primary aim is to compare pulmonary disease-free survival between patients with initially metastatic EWS who achieve rapid early response (RER) vs those with residual pulmonary nodules after induction chemotherapy. Recent advances in minimally invasive surgery and localization techniques have increased the precision with which surgeons can excise pulmonary nodules. However, it remains unknown whether surgical excision of known pulmonary nodes improves survival in these patients. The first step towards understanding the potential role of surgery in this surgery in this disease is to determine whether relapse occurs at the site of known nodules, i.e., the focus of disease that might be amendable to surgical excision.
Q&A WITH TONY CALABRO

Meet Tony Calabro! Tony is the Program Coordinator here at RESURG and he has been helping our program since February 2021. Tony is also the Clinical Research Coordinator for the Trauma Division for the Department of Surgery at UCDMC. Tony has been an integral part of our program and we were fortunate enough to be able to talk to him about his professional career and his journey leading up to his position here at RESURG/UCDMC.

Q: Tell us a little bit about yourself and your career.

A: I’m originally from New York. I’ve lived in New York all my life until now. It was about a year ago that I moved from New York to Sacramento. For all my professional life, I’ve been working in clinical research. For most of it, I have been working in Oncology involving clinical oncology trials. Before I came to UC Davis Medical Center, I worked for Mount Sinai Hospital in Manhattan, New York, where I oversaw clinical research for the Department of Multiple Myeloma. I worked there for about 3 years and my job was very similar to the position I have here. I consented people for multiple trials, and in this specific case, multiple myeloma. I got my PhD in Pharmacology at St. John’s University in 2010. It took me about 6 years to receive my PhD, but I’m very proud of that. Then, about a year ago, in the middle of COVID, I was offered the position here in the Department of Trauma Research to oversee various clinical trials for the Department of Trauma Surgery.

Q: How would you describe your transition from living in New York to being out here in Sacramento?

A: My children live in the Bay Area and my son went to UC Davis. He graduated in 2019. I’ve been coming out to California for at least 10-12 years, so that’s why we decided to relocate out here. I admit there’s no place like New York. I’ve lived in the suburbs of New York - Long Island all my life. I worked about an hour train ride from Mt Sinai. Obviously, there’s a great climate change between here and New York. I’ve always enjoyed the weather here in California. Personally, if I never see another snowflake or dealing with shoveling snow again for the rest of my life, I will be happy. Since I’ve been coming here for many years, it wasn’t like I was coming into a strange new world or anything like that. Still, it has been challenging for my wife and I to make the transition from New York to California, but I think my wife and I have transitioned well.

Q: What is your role at UCDMC and what are your responsibilities?

A: I am the Clinical Research Coordinator (CRC) here. I oversee about 5 or 6 clinical studies here, run by Trauma Research. My job is very similar to the one I’ve always had: making sure all the regulatory things are up to date, all the data is collected, patients are consented in studies, everything that needs to be regulated with the IRB, etc.

Q: What has been your favorite part about working with RESURG?

A: I’ve always liked to pass on knowledge to other people – [especially] the next younger generation. To be able to pass on my knowledge and experience to another generation has always been something very satisfying to me. I like working with young people helping them along and show what kind of careers there are in research and what you can do as far as scientific research is concerned.

Q: What do you have to say about RESURG overall as a program, and research, in general?

A: There are many possibilities and careers available in research. You’ll have to be dedicated to be in this field. You’ll never become very rich in this field. If your goal is to have the life like the rich and famous scientific research is not for you. However, if your idea is help other people, it’s very satisfying. You see these people in clinical trials: people who are ill or have undergone traumatic emergencies and helping them get better, is very rewarding. Having been in clinical research for many years, I could tell you that what the cutting-edge technology or just a dream 20 years ago, is now reality. What we thought 20 years ago was cutting-edge technology is now considered dinosaur technology. The pace of research and scientific discovery has increased over the years and to be a part of that, is especially gratifying to me. The opportunities are there, especially here at UC Davis. This program provides the opportunity for young people to see the nuts and bolts of how clinical research and general research is conducted. You need to be willing to exploit these opportunities and see what’s available. It’s something that I can tell you has increased over the years, and I think it’s very important and something that I am very glad to be a part of.
Meet Brian Luong! Brian is new Research Assistant with RESURG, who just finished his first quarter in our program at the end of Fall 2021. We figured it would be a good idea to provide some insight into what a student’s first quarter in RESURG is like. Brian goes into detail about his first quarter and how he managed RESURG alongside his other responsibilities, and what he is currently working on now.

Q: What are some of your future career goals?

A: My current future career goals is to apply to medical school and become a physician in the future. While I am not too certain about my goals in the future, I do want to become a healthcare provider in the future and pursue research.

Q: Can you tell us your first quarter in RESURG? Did you have research experience beforehand?

A: My first quarter in RESURG was challenging, but it was also very rewarding at the same time. Compared to my other peers, I came into RESURG without any research experience at all. However, with my experiences working in a student-run clinic, I was able to adapt quickly to a lot of medical terminology in the trainings as well as the study I am working on. My first quarter in RESURG provided me with a lot of insight into the nuances and practices of clinical research. With it being my first exposure into research, I was impressed with the depth of understanding that I had gained by the end of my first quarter with RESURG. RESURG helped me gain a good grasp on the importance of clinical research in the healthcare field.

Q: Can you tell us about the studies you are currently working on and your current responsibilities?

A: As a research assistant, my current responsibilities involve working on clinical research studies, screening for patients, and reviewing patient charts for data collection. Right now, I am currently working with Dr. Kwong on her study titled, "Investigating the Role of Timing in Post-Operative Ankle/Toe Brachial Index." Right now, for the portion of the study I am working on, I am currently looking at patients with lower extremity wounds. I am extracting data for the size of their wound, ischemia, and level of foot infection. With this data, we are trying to identify how clinical intervention can affect the patient's wound outcomes and their extent of healing their wounds.