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Online bios of each member of the board available at
www.woundheal.org/mc/page.do?sitePagId=100291&orgId=whs
President’s Message
by Luisa Ann DiPietro, DDS, PhD

Dear Members and Colleagues,

The past several months, the first of my term as President of WHS, have provided me with many delightful opportunities to interact with our talented and motivated members, directors, officers and management team. As I write this, summer is here, and I would guess that very few of you want to read a lengthy presidential letter. If you have a moment, though, please read on, as there is much to report in this brief summary of the latest WHS news.

• New Board Members and Officers elected. Please join me in welcoming the new members of Board of Directors, Dr. Andrew Baird, Dr. Joyce Stechmiller, and Dr. Paul Liu, as well as our new officers, Vice President Dr. Bob Diegelmann and Secretary Dr. Lisa Gould. Special thanks goes to retiring BOD members Dr. Oluyinka Olutoye, and Dr. Chandan Sen for their extraordinary efforts and service on the Board. Biographies of all of our BOD members as well the officers can be found on our website (www.woundheal.org).

• Our very successful WHS 2010 Annual Meeting was held jointly with the Society for Advanced Wound Care in April in Orlando. A record number of abstracts (177) were submitted to WHS, and an outstanding program of speakers presented the latest on topics ranging from oxygen dynamics to inflammation to tissue regeneration. A personal highlight of the meeting for me was the WHS booth, where current, new, and prospective members could meet BOD members and pick up a free WHS lapel pin. Thanks go to Lyn Henderson of our management team for organizing this booth for the 3rd year in a row.

• Congratulations go to Dr. Paul Ehrlich, the 2010 recipient of the WHS Lifetime Achievement Award. This honor recognizes an individual who has provided leadership or made significant discovery in the field of wound healing and furthered the advancement of wound care and research or done significant work as an advocate for research in the field of wound healing. Dr. Ehrlich is a founding member and the 2nd president of WHS, as well as an accomplished and respected scientist in the field of fibroblast function in wound healing. A tribute to Dr. Ehrlich can be found in the July/August 2010 issue of Wound Repair and Regeneration.

• The first WHS Yearbook “Advances in Wound Care” was released in April 2010, coincident with our annual meeting. Kudos go to WHS member Chandan Sen, who serves as the Editor-in-Chief for the Yearbook. This volume represents the outstanding efforts of the contributing authors who produced 49 chapters that summarize the very latest findings in the field of wound healing. Revenues from the book will be used to support WHS awards and initiatives that encourage young scientists to be active in the field. Look for Volume 2 to be released at our 2011 Annual Meeting.

Continued next page
• Wound Repair and Regeneration, the official journal of WHS, has reached a new high with an impact factor of 2.781. Thanks and congratulations go to Dr. Pat Hebda, who is both the Editor in Chief of WRR and the immediate Past President of WHS. If you know Pat, you already realize that her capacity to take on difficult tasks and yet remain unconditionally pleasant is inspiring. Dr. Hebda is directly responsible for the stellar success of our journal, so thank you Pat!

• Educational Podcasts – Free to WHS members. The WHS Education Committee recently produced a new podcast by Dr. Randall Wolcott. The podcast outlines the definition of a biofilm and provides current evidence-based strategies for diagnosis and treatment. If you are a WHS member, you can view this podcast, as well as another entitled “Wound Healing in the Elderly: Clinical Pearls” presented by Dr. Lisa Gould, free on the WHS website.

The achievements above highlight just a few of the things that WHS is doing to support our mission of advancing the science and practice of wound healing. If you take a moment to look around our new website, you will see that our hardworking committees also continue to lead the way by enhancing our membership and educational activities, supporting member-industry and member-government interactions, and maintaining a vibrant website. If you are not a WHS member, or are a member but are not yet very active, please consider becoming more involved with WHS. On our website, you can either join or renew your membership. Also on the website, current members can submit a Get Involved form to indicate their desire to join a committee or take on another role in the Society. The vibrancy of WHS depends upon members, and we welcome and encourage your involvement.

It is truly an honor to serve as the President of WHS. Please forward any comments or suggestions for the Society to me at Ldipiet@uic.edu anytime. I promise a prompt reply, and I look forward to hearing from you.

Sincerely,
Luisa A. DiPietro, WHS President, 2010-11

PS. Don’t forget to mark your calendars for our next annual meeting, which will take place on April 14-17, 2011 in Dallas Texas. A preliminary program will be posted on our website soon.

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**Upcoming Meetings**

American Society for Cell Biology  
December 11-15 • Philadelphia, Pennsylvania  

Australian Wound and Tissue Repair Society  
March, 2012 • New South Wales  

Canadian Association of Wound Care  
November 4-7 • Calgary, Alberta  

European Society for Tissue Repair  
September 15-17 • Gent, Belgium  

Japanese Society for Surgical Wound Care  
September 2-7, 2012

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**The Wound Healing Society Program Committee Plans to launch the 2011 abstract submission site around mid September and close either late October or early November.**

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**Awards Given By WHS**

- Anita Roberts Award  
- Blue Ribbon Poster Awards  
- Distinguished Service Award  
- Lifetime Achievement Award  
- Young Investigator Awards
Paul Ehrlich was born in Hawaii the only boy in a family of four girls and just in time to experience Pearl Harbor. He and his mother were evacuated in a convoy shortly after the attack. The family migrated to Brooklyn NY where he is said to have “attended” PS 102, and later to Napa California from where he entered UC Berkeley. Education was a theme of the family, and the girls grew up to be highly educated, one recently nominated for an academy award, one a nurse, one a teacher and one currently the Deputy Director of the ACLU in New York. (This detail becomes significant below.)

My first contact with Paul, about 1965, was a brief letter asking, “What do you know about vitamin A and wound healing?” It was illegibly signed, and I still remember the erasure marks. I almost tossed it thinking it was from a grade school kid, but, instead, I wrote, “I know nothing.” on the same sheet and stuffed it back into the same envelope that fortunately had a legible return address, marking it “return to sender.” Besides, it was true. I knew nothing. A few days later he replied! “I still want to know about vitamin A and wound healing,” and I answered, “I still know nothing.” A week or so later, he asked if we could talk. Fortunately, I agreed. He now denies the correspondence saying that he would never have written to me to make the first contact because it would have exposed his illiteracy too early in the game. (Whatever happened to Freshman English in UC Berkeley?) He recalls the Nobelist Gunter Stent of UC Berkeley making a personal effort to improve his writing by assigning and correcting weekly essays. What Paul carried away was better but a sort of hybrid of English and Hungarian—“Hunglish.” The job fell next to me, became “Huntglish,” and thereafter to others to complicate further.

When we met, he confessed that he had recently graduated from UC Berkeley and was doing a masters thesis at San Francisco State University largely to correct his serious lack of writing skills, but he loved science and took a lab course to raise his morale. He looked about the same as he does now—less white in the hair, but the sincerity, charm, and enthusiasm that we know him for, were all there. When I asked about his interest in Vitamin A, his reply sent me sinking down in my chair. “My God,” I said to myself, “I might have missed this,” He had set out on his master’s thesis with the hypothesis that vitamin A would activate lysosomal enzymes. He had adrenalectomized 20 rats. If memory serves, he gave prednisone to all. By the tenth day, every operative wound had fallen open. He reclosed them and gave vitamin A systemically to half. By 20 days, all of the animals that were given vitamin A were securely healed and all of the controls were wide open, looking as if they had just been made! He recognized that he might have observed something important.

As it happened, I had two patients in hospital with steroid retarded wounds, and I had no insight into what to do for them! It was a Friday afternoon. The snow had come, and I was in a hurry to get to the mountains, but I simply had to show him one patient (this was before HIPPA, of course), a young woman taking large doses of prednisone for lupus erythematosis who had a 4th degree avulsing leg injury, into muscle, about 6 or 8 sq. inches in area, that had not even begun to heal in almost three weeks. We could see the muscle cells contract when she moved her toes. I couldn’t resist. We found some vitamin A cream on the ward and dressed her wound with it. I promised to keep him informed.

Continued next page
Monday afternoon, when I came back, the wound had almost closed, but by epithelization, not contraction or granulation! It had epithelized over 4 square inches in three days! I had never seen anything like it! Needless to say, I called Paul and offered my help. In accepting it, Paul jump-started two careers, his and mine, and a life-long friendship. The youngsters in WHS may not realize the miracle he had created. At that time we surgeons were inculcated with the conviction that healing could not be accelerated—allowed to run its own best course, “yes,” but accelerated, “no,” and what we saw that day was Acceleration! I had never seen epithelium form that rapidly. It was, indeed, a minor miracle!

Paul got his Master’s degree, and after some eventful discussions with senior faculty that dealt with whether studying wounds could be construed as biochemistry or pathology or even “science,” and whether something a non-surgeon did in the surgery lab could qualify for an academic degree, he was accepted into the UCSF biochemistry graduate program and successfully defended his thesis, The mechanism of the antagonism of vitamin A on steroid retarded repair (1970). Dr J E Dunphy, my Chairman, the guru of the wound at that time, who also saw Paul’s promise, suggested that he go on to the University of Washington in Seattle where Paul Bornstein would take him in and teach him some connective tissue science (and, hopefully, more English). I was terribly sorry to see him go, but it was good for both of us. He arrived in Seattle just as the Bornstein lab announced the isolation and chemistry of procollagen. From there he went to Strangeways Laboratory in Cambridge, England with John Dingle and Alan Barrett. Next came Harvard, Bob Trelstad and Jerry Gross at the Shriners’ Burn Hospital at the Massachusetts General Hospital where he met Nancy. When he left, he was Associate Professor of Pathology, and he and Nancy were married. They finally settled in at Hershey in Penn State College of Medicine where he is Professor of Surgery and Neurosciences (!).

Paul attended every organizational meeting of the Wound Healing Society during its establishment, and more than earned the award for Distinguished Service by organizing and editing this newsletter with Bob Diegelmann. They named it “Scars and Stripes.” A year after our formation, he became our second President.

Meanwhile, back in San Francisco, even before he got his PhD, he had published his original observation, leaving him just out of college, not even planning medical school, challenged in English expression, and the first author of a groundbreaking paper in an important Surgical Journal (Annals of Surgery) that drew a lot of publicity. His subsequent findings on vitamin A, anabolic steroids, vitamin E, and...

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**Blast From The Past**

*by Bob Diegelmann*

As the Wound Healing Society began to take shape it became apparent that we needed a means to communicate with our new members. Paul Ehrlich took on the responsibility to organize our first newsletter and he wanted a name for the newsletter that would catch people’s attention. Hence, “Scars and Stripes” was born. Here is the cover from one of the first editions announcing our first official meeting that was organized by Marty Robson in Galveston Texas. The meeting was held in February and was a big success in spite of the fact that it rained during the entire meeting. The Mardi Gras parade never happened because of the weather but a good time was had by all.
salicylates, on wound contraction brought us the excitement of controlling surface healing. We learned to create open wounds, treat the animal with an anti-inflammatory steroid, and then, by adjusting the timing and dose of topical medications, we became able to control the day on which the wound would heal and the final percent of healing that would occur by epithelization as opposed to contraction. We went on to use the principle successfully in several children who had systemic inflammatory diseases, to prevent re-contraction of their tracheal anastomoses. There was no grand prize for this. At that time it probably aroused more hostility and disbelief than awe, but it was heady stuff for me, a young surgeon who had been brought up on the belief that wound healing was immutable. And here was Paul deliberately and knowingly regulating the rate and form of healing! For the first time we saw visions of rationally and deliberately treating failed repair–human sculpture! The clinical results of the vitamin A/corticoid effect have been so remarkable that no Cochran study has ever even been requested. Wounds that fail to heal due to steroid therapy literally never fail to improve under vitamin A therapy though sometimes it is again stopped farther down the line by other limitations. No statistics have been necessary to demonstrate its usefulness, and I doubt that any other confirmation will ever be attempted. The finding is imbedded!

To me, Paul’s major contribution was to have broken the myth of the immutability of healing, and he did it in many ways, altering inflammation, metabolism several ways of modifying cell motility, and showing that contraction is a function of collagen reorganization rather than contraction of myofibroblasts.

Conquering steroid retarded repair became the test of choice for proof of would-be healing modifiers. The optimism that he spawned set the scene for momentum change when in the late 60s and early 70’s, growth factors raised hopes further and attracted unprecedented amounts of money. Wound healing was up for grabs! We wish that the growth factors had been as effective as Vitamin A on steroid-retarded healing.

Paul and his wife, Nancy, live on a horse farm outside of Hershey. She joined him in the award ceremony. He is good with his hands and has made major changes in several houses. Nancy is a warm, wonderfully wise and beautiful woman, a nurse until a tragic accident left her mostly dependent on a wheelchair from which she, nevertheless, leads an active civic life including producing plays and raising art skills for children.

One last item -- Paul has published 188 papers! There is always hope! He tells me that he gave out headaches to a lot of editors, but I don’t believe it.
Annual Meeting Recap

Our Booth

Our booth in the Exhibitors Hall was a great hit. It was a local area where people congregated to discuss the issues of the moment, join the Society in membership, perused the Year Book, chatted with Lyn and ate chocolates.

Lyn Henderson with Doug Mitchell, from Liebert Publications, exhibit the Year Book edited by Chandan Sen on “Advances in Wound Care.” The proceedings from the year book contribute to the Anita Roberts Award.

Visitors at the WHS booth examine the various goodies available.

The Program

This session is designed to “increase visibility of WHS to international and sister societies and enhance leadership role of WHS and the WRR journal in the wound healing community.” The three speakers, from left, Joon Pio Hong from Korea, Sadanori Akita from Japan, Edward Tredget from Canada, Laura Parnell, the chair of the session (center) and Anie Philip the co-chair for the program committee.

Meet the mentor session where many different topics such as “Selecting Research Mentor; Publishing & Authorship,” “Getting Started with Clinical Research,” “Problematic Patients,” “Taking Research Projects from the Bench to the Bedside”; Commercialization of Scientific Discoveries; “Research Funding; Navigating through the NIH Grant Review Process,” were discussed.

Three table leaders, Paul Liu, Lisa Gould, Stephanie Bernatchez happily await the participants to discuss the topic “Career Paths; Negotiating Start-Up Packages.”
Annual Meeting Recap

In the Poster Hall

At the poster session a presenter attentively listening to suggestions from an interested meeting participator.

Awards Ceremony

Paul Ehrlich receiving the Lifetime Achievement Award for 2010 with Pat Hebd, President of the Society (right) and Manuela Martins-Green, Chair of the Awards Committee.

Wound Healing Foundation 3M Health Care 2010 Fellow awardee, Celeste Finnerty (left) from the University of Texas Medical Branch of Galveston with Eric Bennett from 3M and Annette Wysocki, President of the Wound Healing Foundation.

Meeting participant attentively listening to a poster presenter during the poster session.

Eric Roche receives the second place for the Blue Ribbon Poster Awards.

Novera Pharmaceutical Travel Awardees with Chair of the Awards Committee, Manuela Martins-Green (Center). From the left: Tracy Wilgus, Lata Satish, Manuela Martins-Green, Priya Krishna, Xiaofeng Lin. This award is for junior faculty who are members of WHS and assists them with traveling to attend the WHS annual meeting.

Young Investigator Awardees: From left to right: Bianca Chin, James Crawford, Anne Han & Michelle Naylor, Bianca Chin will represent WHS at the European Tissue Regeneration Society (ETRS) meeting this year.
Annual Meeting Recap

Year Book 2010

The signing of books at the Year Book reception. From the left Chandan Sen (the editor), Braham Shroot (WHS treasurer), Stephanie Bernatchez from 3M and exhibitor Cathy Harley.

The Liebert Publications Team who published the WHS Year Book.

Our Staff

The incredible Crow-Segal staff at the meeting. They are still smiling. Many thanks to all of the Crow-Segal team in particular Phil Pyster, CEO, Mindy Hoo (left), Bobby Davis (middle) and Lyn Henderson (right)

The Social

Jeffrey Davidson, Marjana Tomic Canic (one of the 2011 Program Committee Chairs) and a WHS member enjoying the beautiful evening of the social.

Paul Liu and Joie Whitley enjoying the delicious Shu Mai appetizers.

Business Meeting

Outgoing President Pat Hebda (right) with incoming President Luisa DiPietro accepting a plaque of recognition

Co-Chair of the 2010 Program Committee Anie Philip accepting a plaque of recognition from President Pat Hebda

Outgoing WHS Secretary Harriet Hopf accepting a plaque of recognition from President Pat Hebda
HR 3590, The Patient Protection and Affordable Care Act (PPACA) recently signed by President Obama on March 23, 2010 is primary health reform legislation and outlines many areas of change (e.g., insurance, payment, coverage evidence development). It also includes a notable investment in comparative effectiveness research (CER) which will impact Wound Healing Society (WHS) members. There are several provisions of PPACA that WHS members should remain apprised of (only one of which is addressed below) but questions that should be asked are:

- How will aspects of comparative effectiveness affect the types of wound care research that will be conducted in the future? and
- How will the results of comparative effectiveness research of various provisions within PPACA impact coverage, coding and payment of procedures and devices that WHS members research, develop and use?

In this piece, we will examine a particular aspect of the legislation and provide a brief perspective from a policy, clinician and industry perspective.

It is important to first know how HR 3590 defines “comparative clinical effectiveness research”—which is “…to include…research evaluating and comparing health outcomes and the clinical effectiveness, risks, and benefits of two or more medical treatments, services, and items...[defined as] health care interventions, protocols for treatment, care management and delivery, procedures, medical devices, diagnostic tools, pharmaceuticals (including drugs and biologicals), integrative health practices, and any other strategies or items being used in the treatment, management, and diagnosis of, or prevention of illness or injury in individuals.”

CER Implications from a Policy Perspective

To help implement CER, HR 3590 establishes a non-profit corporation, the Patient-Centered Outcomes Research Institute, whose purpose is to identify national priorities for research and to establish and update a research project agenda. The governance will be based on a stakeholder-comprised board whose chairs will be directors from two agencies influential in CER, the Agency for Health Care Quality and Research (AHRQ) and the National Institutes of Health (NIH). There will be 17 appointed seats, three of which are reserved for industry. This Institute will develop standards for CER (meta-analysis, randomized control trials (RCTs) and novel approaches) within guidance from expert advisory panels. Their priorities also must account for “…relative value determined based on the cost of conducting research compared to the potential usefulness of the information produced by research....” It also limits the use of research to make Medicare coverage decisions.

There are potential impacts of health reform on evidence for the wound care market. For example, the focus will be larger than simply device vs. device comparisons since others could be: drug vs. device; device vs. procedure and payment system versus system. Currently, there are different treatment methods and modalities inappropriately lumped together by payers. In addition, the “gold standard” of care is not effectively identified or agreed upon between manufacturers, researchers and payers. Furthermore, it is unclear the extent to which the focus will be on creating new evidence versus the more effective use of existing evidence (RCTs vs. systematic reviews). One would need to take into consideration both the cost of evidence generation versus the value of evidence in the marketplace.

CER Implications from a Clinician Perspective

One measure thought to represent quality or value is homogeneity of care. For a variety of reasons, it is not currently clear whether a patient being treated by different physicians, different specialties, or in different regions of the country, receives the same care. With better and more research, it is envisioned that the homogeneity of care and its correlate, quality of care will be improved. This section was written by Rob. There is data to show that homogeneity of care does raise the quality, mostly related to emergency room assessments of heart attacks and strokes (for examples of this see: http://harvardscience.harvard.edu/medicine-health/articles/surgical-safety-checklist-drops-deaths-and-complications-more-one-third ). I’m not sure that you would do better and more research to establish a lower quality of
care, which may be fine, particularly in the instance of preventative medicine – this is exactly what CER is getting to don’t disagree- we’ve tried to cover this in the last paragraph before the conclusions We could do a piece on this if you’d like – unfortunately the legislation is not about increasing the level of knowledge of physicians. If does look to establishing standards of care by virtue of homogeneizing the care to the “appropriate level” A question arises to why current wound healing research fails to provide clinicians with enough data to improve patient care. Part of the reason is that there are often disconnects between the researchers performing the work, the work they perform and the end users. Comparative effectiveness research hopes to bridge this gap between the work being performed and the questions the end users desire to be answered. In this way evidence can be used to augment clinical judgment to a greater extent in clinically relevant ways. Another reason is that comparative effectiveness research also aims to provide data from ‘real life’ settings as opposed to the idealized settings of strict randomized clinical trials. To provide this information a different set of research techniques are needed. One important tool in this endeavor will be the use of high quality clinical databases. While sounding simple, these databases in wound care are currently limited or lacking and these will be critical to answering a variety of important questions. While infrastructure development is costly, in the long run the ability to query these databases for reliable and valid answers will be one of the most important advances in the field.

CER Implications from an Industry Perspective

Clinical studies in the area of wound healing have been notoriously difficult to perform due to the chronic nature of these wounds, the many co-morbidities commonly associated with this patient population, extended follow-up times, limited intermediate or surrogate endpoints, and difficulties in standardizing portions of study protocols, such as extent of debridement. For these reasons, most of the reported studies have had strict inclusion/exclusion criteria, resulting in their being performed on very limited patient sub-populations that are generally, younger, healthier and more compliant than those seen in the day-to-day. This has, therefore, limited the ability to (1) readily translate the results from a given study to the general population and (2) compare the effectiveness of a given regime or product against others. Comparative Effectiveness studies offer the potential for better patient clinical outcomes through collaborations between governments, payers, clinical institutions and manufacturers. Utilization of registries and electronic medical records (EMRs) should offer the opportunity to provide particularly rich data analysis of well performed and documented studies. This will be particularly beneficial if treatment effects on subpopulations can be further examined and transformed into improvements in either products or protocols for these subpopulations.

One of the benefits of being able to perform these types of analyses will be the improvement of standards of care. As these standards of care progress, demonstrating improvements relative to them will become more difficult. This is a particularly notable challenge, with respect to product and protocol innovation, since it may result in the requirement of large studies with broad inclusion/exclusion criteria in order to determine effectiveness for regulatory approval and reimbursement coverage. If these studies are prohibitively expensive, they may create destructive pressures on continued innovation, thereby threatening progress in the development of wound care. This may, however, offer opportunities for partnerships that are aligned with the overall goals of improving clinical and cost outcomes to come together in sharing the costs and benefits of novel technologies and methodologies.

Conclusion

The impact of CER on wound healing research as well as on impact of coverage, coding and payment of wound care procedures, devices and drugs, remains to be seen. Only time will tell since the regulations still need to be written on many of the provisions within HR 3590 and it will depend on the importance of how such organizations such as the Patient-Centered Outcomes Research Institute view wound care on its research agenda.

If you would like to make suggestions or comments on how the Wound Healing Society can utilize its expertise and credibility to have an impact on CER or if you are interested in becoming further involved in WHS assuming a leadership position in this process, please let us know by providing your input on this specially created comment page:
http://www.woundheal.org/mc/bulletinBoard/viewForumList.do

For more information on CER

http://www.effectivehealthcare.ahrq.gov/index.cfm/what-is-comparative-effectiveness-research1/
http://www.mwe.com/index.cfm/fuseaction/publications.nldetail/object_id/e5f8cb44-ed6e-4290-bb3a-de9008115409.cfm
The Education Committee
By Aamir Siddiqui, Chair

The Education Committee continues to build on momentum generated by Lisa Gould. The Basics of Wound Healing annual pre-conference course remains the cornerstone of our mission. We recently presented the full course to a sold out audience at the 2010 American Geriatric Society Annual meeting. Our goal is to advance the WHS as the premier up to date unbiased source for wound care teaching. For advanced learners we are developing podcasts which bring specific topics from renowned experts. The first one on Biofilms by James Wilcox, RN is available on the members section of the website. More topics are forthcoming. Anyone interested in the work of the education committee should check our link on the WHS website or contact Aamir Siddiqui (asiddiq1@hfhs.org).

The Awards’ Committee
By M. Martins-Green, Chair

The Awards Committee has developed a new timeline for award announcement and selection. We did so to ensure that all of the awardees are informed of their selection well in advance to registering for the Annual Meeting. The Committee will be putting out requests for nominations no later than the first week of October for all of the awards for which a nomination is needed (e.g. Life Achievement Award). Six weeks will be allowed for the nominators to assemble the nomination packages according to the guidelines for each award and to submit them by the deadline. The Awards Committee will then follow the appropriate procedures to ensure that all of the awardees are notified by no later than the 31st of January. It is expected that awardees will attend and receive the award in person at the meeting.

WHS 2011 Program Committee Report
by Marjana Tomic-Canic, PhD and George A. Perdrizet, MD, PhD, FACS; Co-Chairs

The 2011 WHS Annual Meeting will be held in conjunction with the Symposium on Advanced Wound Care (SAWC) in Dallas, Texas, USA, April 14-17. The WHS 2011 Meeting will feature two pre-conference workshops. The first, Pre-clinical Models to Study Wound Healing, will focus on formulating recommendations of acceptable models to study wound healing. The second, From Discovery to Therapy, will cover essentials of technology transfer and drug/product development from investigators’ perspective. Keynote and General Plenary Sessions will cover the Hot Topics in Regenerative Medicine including successful translational applications for Hair, Eyes, Bones and Heart. Plenary sessions will cover: Biology of Chronic Wounds; Aging, Cellular Senescence and Wound Healing; Biofilms and Mechanisms of Host Response; Progenitors in Wound Healing: Repair vs. Regeneration. In addition, WHS has teamed up with Cell Stress Society International and will present a joint session on the topic of Cellular Response to Stress and Wound Healing. The list of speakers includes Angela M. Christiano, Michaele DeLuca, Rocky Tuan, Ian McNiece, Aristides Veves, Sabine Eming, Matthew Hardman, Judith Campisi, Richard Galo, Julie Segre, Wei Li, Pampee Young, Georg Wondrak and many others. As always, WHS will recognize the efforts of young researchers and will feature Young Investigators Plenary Session. In conjunction, there will be a panel discussion “Grantsmanship: Do’s and Don’ts” in which senior scientists will interactively discuss various aspects of grant submission. An International Session, will welcome top scientists from other sister societies and focus on Pain and Neural Impact on Wound Healing. We are looking forward to welcoming you all in Dallas!
The Industry Advisory Committee
By Tom Serena, Chair

The Industrial Advisory Committee has partnered with other wound care societies and the Panel on Wound Care Evidenced Based Research (POWER) in supporting the creation of a guidance document for clinical research on wounds. The key objective is to provide policy makers, payers, professionals, and patients with direction on the conduct of clinical research in patients with acute and chronic wounds. The committee was invited to participate in a modified Delphi survey designed to gain consensus on seventeen principles believed to be essential in wound healing research. The attached consensus statements address issues such as surrogate end points and inclusion and exclusion criteria for RCTs. Several industry members have offered financial, logistic and educational support. Once the Delphi process is completed, the panel intends to present the results to the committee and at the Wound Healing Society meeting in 2011 with the ultimate goal of publishing the findings in peer-reviewed journals. The committee welcomes input and support from the membership of the Wound Healing Society.

Alliance of Wound Care Stakeholders’ Panel on Wound Care Evidence-Based Research (POWER™) Draft Preliminary Consensus Statements

Statement 1
There is a need for a guidance document in the field of wound care research.

Statement 2
Wound care researchers, product developers, manufacturers, policy makers, payers, clinicians, and consumers should be educated on wound care research guidelines.

Statement 3
All human wound care research should follow good clinical practice (GCP).

Statement 4
A wound care study design should be matched to its purpose.

Statement 5
Research should include interprofessional studies evaluating multiple interventions (simultaneous and/or sequential interventions).

Statement 6
Research design should include parameters that are appropriate for the type of the study.

Statement 7
Primary endpoints in wound care research need to be matched with both the function of the intervention and clinical practice.

Statement 8
Study design should be independently reviewed and open for amendment or modification.

Statement 9
Quantitative wound care studies should include a run-in period as part of the initial assessment.

Statement 10
The rationale for inclusion and exclusion criteria in wound care research should be reasonable.

Statement 11
Vulnerable populations are under-represented in clinical wound care research practice and should be included.

Statement 12
The definitions for intervention(s) provided to the comparator groups in any clinical study, typically defined as “moist wound care” or “usual care,” need to be explicit.

Statement 13
An appropriate but comprehensive dataset should be included in the research design to describe the participants.

Statement 14
An appropriate but comprehensive dataset should be included in the research design for any study that involves wound evaluation.

Statement 15
Wound care research should include appropriate follow up to determine rates of recurrence.

Statement 16
National or formal wound registries should be developed with practice-based evidence data collection, which may be made possible by the mandated use of electronic health records.

Statement 17
Cooperative groups, composed of multiple researchers working in concert, should be formed in order to facilitate and optimize wound care research.

Copyright © 2010 Alliance of Wound Care Stakeholder’s Panel on Wound Care Evidence-Based Research (POWER™)
Wound Healing Society is Critical in Haitian Wound Care Relief Efforts
by Robert S Kirsner, MD, PhD

For the past 6 months the Wound Healing Society (WHS) has been an integral part of a sustained international effort in Haiti to help disaster relief efforts to assist victims of the earthquake. WHS and many of its members have been critical as part of trans-disciplinary and trans-organizational efforts and has paid great dividends for people of Haiti.

On January 12, 2010, a massive earthquake occurred directly beneath Port Au Prince, Haiti. A combination of the size and location of the earthquake as well as limited resources within Haiti, made this among the worst recorded natural disasters. Hundreds of thousands perished during and after the earthquake. For the past several decades, in part due to proximity, the University of Miami Miller School of Medicine (UM) and its faculty have developed outreach programs in Haiti. Among these were physicians such as Barth Green, MD, a neurosurgeon who helps direct the Miami Project to Cure Paralysis and created Project Medishare. In addition, members of the faculty in the Department of Family and Community Medicine created The Haiti Project, an effort to improve the health status of the Haitian population established in 1998, through a unique partnership with the Northern Health Department of Haiti and Hôpital Universitaire Justinien, the second largest public hospital of Haiti.

As a result of these relationships, the University of Miami was the first international medical team to be on site and by January 14, 2010, over 40 UM physicians were on the ground in Haiti. Among these was a member of the Department of Dermatology and Cutaneous Surgery, John Macdonald, MD, whose interest is wound care and particularly lymphedema, which also made him a frequent visitor to Haiti on medical missions. By the 8th day, a large Tent hospital was erected which eventually housed 240 beds, 4 operating rooms, and an intensive care unit. The University of Miami Hospital- Haiti was the largest functional hospital in Haiti and served as a major referral center throughout Haiti to care for the sickest patients and to arrange for patients to be transferred to the United States.

It was clear from the outset that wound care was a priority. Eighty percent (80%) of patients had wounds and in addition to inpatient adult and pediatric wound care, an outpatient wound center was also developed. The efforts I describe below are the first sustained and organized wound care relief efforts taken on by major wound care organizations in the United States. Broadly speaking, the efforts involved 2 major areas, 1) acquisition and deployment of supplies and 2) deployment of volunteers.

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THE WOUND CARE COMMUNITY RESPONDS

Over 450 wound care companies were contacted and they responded! Millions of dollars worth of supplies were sent. KCI, Molynecke, Convatec were among the companies that each contributed well over $1 million in supplies. Wound care manufacturing companies, large and small, all contributed to the efforts. In addition, wound care service companies such as National Healing Corporation and Diversified Clinical Services also played an integral part early on in providing supplies and volunteers and recognizing and supporting the efforts.

Beyond the generosity of the wound care ‘industrial complex’, were the efforts of organizational wound care. Major wound care societies such as WHS, the Association for the Advancement of Wound Care (AAWC) and Wound Ostomy and Continence Nurses Society were part of the efforts by the 3rd day. WHS President Pat Hebda, PhD, immediately saw the need for the relief efforts and began working within the WHS to assure members knew of the efforts and had the opportunity to participate in volunteer efforts. AAWC President Bill Ennis, DO, and WOCN President Phyllis Bonham, RN, PhD, were extremely supportive personally and through their organizations as well. Other organizations also joined the efforts. Very quickly the WHS went even further, setting up a travel fund for WHS members to use to help defer the costs of travel to Miami where they would meet up with deployment efforts there.

The true heroes of the effort were the volunteers, who gave of their time to come to Haiti to help. The UM had developed a deployment system whereby volunteers would be taken from Miami to Haiti and returned after the tour of duty. Tours lasted from 3 to 7 days with tours being slightly longer over time as conditions improved. Despite the heat, bugs, animals, security issues, personal grooming issues, major wound care was being performed in the hospital, ORs and clinics. Debridement under anesthesia, grafting, amputations were commonplace, as was the use of modern dressing such as negative pressure wound therapy.

Over 300 hundred wound care professionals volunteered and over 150 were deployed to Haiti through our program. WHS leaders (present and/or former board members) such as Tom Serena, MD, Adrian Barbul, MD, Paul Liu, MD, Allen Holloway, MD, and Oluyinka O. Olutoye, MB.ChB, PhD, all spent time in Haiti caring for the sick and wounded. Thousands of wound care patients have been cared for. Lives were saved and/or changed for the better!