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CVI SEMINAR SERIES

The next CVI Seminar will be held on **Thursday, March 20, 2008 at 4:00 pm** in **The Van Kampen Conference Center, Building 110, Room 6294**. Our speaker is:

John Auchampach, Ph.D.
Professor of Pharmacology and Toxicology
Medical College of Wisconsin
Milwaukee, WI

The title Dr. Auchampach's talk will be circulated in a subsequent e-mail. For further information about the CVI Seminar Series, contact Dr. Leanne Cribbs at x72817.

CVI JOURNAL CLUB

March 13.....Dr. M. Prechel
March 27.....Dr. J. Walenga

CVI Journal Club is held at 12:00 noon in the CVI Research Division Conference Room, Rm 5215. For further information, contact Dr. Ken Byron at x72819.

CARDIOLOGY – CVI RESEARCH DIVISION BASIC SCIENCE SEMINAR

The Cardiology Division and the CVI Research Division are sponsoring a series of joint seminars by Loyola Faculty. The following seminar is scheduled at **7:30 am** in the **Van Kampen Conference Center**:

March 13.....Dr. J. Walenga

The title of Dr. Walenga's talk is:

"Catheter-Related Thrombosis: Biological and Clinical Evidence for Risk with Currently Available Anticoagulants"

For more information about this seminar series, contact Dr. Samarel at x72821.

COLLATAMP G CLINICAL TRIAL

Dr. Jeffrey Schwartz of the Department of Thoracic and Cardiovascular Surgery is the principal investigator conducting the Collatamp G clinical trial on behalf of Innocoll Technologies. This is a randomized, controlled, Phase 3 study to establish the efficacy of the gentamicin-collagen sponge (Collatamp G) in the prevention of sternal wound infections in high-risk patients undergoing coronary artery bypass surgery and/or valve repair or replacement surgery.

Post-operative sternal wound infections can be a devastating complication after open-heart surgery and are associated with significant suffering, cost, increased hospital stay, morbidity, and mortality. Risk factors found to increase considerably the risk of sternal wound infections include diabetes and obesity. The use of an antibiotic-impregnated collagen sponge applied directly to the sternal borders wound allow a high concentration of the drug to be delivered locally to the areas of potential infection and avoid the systemic untoward effects of systemic antibiotic administration. If effective, this would be a welcome addition to the armamentarium to decrease the incidence of sternal wound infections and their associated morbidity.

For more information or to alert the Thoracic and CV Surgery team of potential participants, please contact the project's coordinator, Sally Botkin, at 708-327-2494.

