

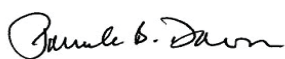
connections

directors' perspective

The Clinical and Translational Science Collaborative (CTSC) is becoming established at Case and the partner institutions, and has proven successful in streamlining some of the core facility operations, as well as providing services in several new and important areas. We are able to provide pilot funding in modest amounts to get faculty members started in using cores, and also in larger amounts for actual projects to encourage interdisciplinary research. However, we wanted to take a moment to tell you about the strong emphasis from the NIH/NCRR on looking outward from the CTSC into collaborations with other NIH institutes, and with other Clinical and Translational Science Awards (CTSA) nationally.

The NIH is eager for national clinical research networks to form through the CTSA's. Recently, CTSA's were asked to participate in a study of ancillary treatments for H1N1 influenza patients in the ICU, utilizing some CTSA resources, because it was felt that the epidemic would be upon us before the usual funding sources could be tapped. All three of our Clinical Research Units participated in this study, as did many CTSA sites around the country. It was clear that this was an unusual opportunity. Additional studies proposed for such support were all industry-supported or potentially benefiting industry or the tech transfer offices of individual CTSA's and the issues of conflict of interest have not seriously been addressed in this context. It was noted that the greatest utility of CTSA's would be for rare diseases, or for rapid responses.

The NIH is also eager for the CTSA's to share best practices for reducing the time from idea to enrollment, though who will adjudicate which practices are best is not yet clear. Moreover, some examples of well-oiled networks, such as the CF Foundation's Therapeutics Development Network, are not being considered in this context. Since the main idea is to accelerate approvals that get ideas into patients, and investigators contend that the delays are often at the level of the Institutional Review Board or contracting, that is, not under the control of the CTSA, it may be difficult for the CTSA's to influence the process. However, this is a very big issue and we will need to keep it on our radar screen. Even collecting good data on the locus of delay is problematic. Initial efforts, therefore, may be directed at reporting where the time is spent in achieving study readiness. Stay tuned for further developments.



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collaborative cores

A wide variety of professionals who hold primary positions in the School of Medicine, The Cleveland Clinic, MetroHealth and University Hospitals, devote a portion of their time to the Clinical and Translational Science Collaborative. Organized into 11 groups by their area of expertise or interest, these people are at the core of the initiative, providing services to:

- help design research studies and research tools
- facilitate clinical-investigator interfaces and community outreach
- educate everyone involved
- administer and track all CTSC activities.

Please visit our website for more details.

Featured Core: Translational Methodologies

This core is co-directed by Michael Kattan, PhD and Sunil Rao, PhD. The group develops new biostatistical infrastructure to help researchers solve complex tasks. They write software, and develop theory and algorithms to solve problems that lack off-the-shelf solutions. Their products are meant to be generalizable so that future researchers benefit, not just those with the particular problem at hand. The expertise of the team includes statistical modeling, medical imaging, health outcomes research, informatics, business administration, statistical genetics, and genomics.

Examples of their work include 1) a generic web-based risk calculator system, 2) a JAVA platform for gene selection from microarray data and an R-software package for high-dimensional variable selection and prediction with applications to genomic and proteomic data analysis, and 3) a functional data mining procedure with multi-channel high-density scalp electroencephalogram with generalized mixed models to discover neural mechanisms.

To learn more about the Translational Methodology core group's interesting and important work, please attend their Seminar Series presentation December 15th.

building collaborations

A common perception of clinical and translational science is that it represents a continuum of medical discovery from “bench (basic science) to bedside (clinical application).” But, it is much more of a cycle than a one-way path. The Community Partnership core group of the collaborative sees many opportunities for applying research to successful clinical programs with a goal of medical discovery from “bedside to bench.” Currently, they are working with Dr. Jean Stevenson of MetroHealth Medical Center and her team to help them quantify, analyze and publish data related to two innovative programs that are dramatically improving low-income and minority women access to healthcare.

For too long, Dr. Stevenson saw many women dying of breast cancer who could have been saved had their disease been discovered sooner. Realizing a disconnect between available screening, and use by a largely uninsured, largely Latina community, she and her staff members Ami Peacock and Jasmin Santana initiated two programs, BRinging Education, Advocacy, and Support Together (BREAST) to bring women information and screening about breast cancer, and Amigas Unidas to reach out to find these women - in their churches, their schools, and at home - in a culturally-sensitive, Spanish-speaking voice. Through these programs, volunteer doctors, nurses, social workers and Latina survivors set up mobile clinics in community settings to reach uninsured women who are rarely or never screened with clinical breast examinations and mammograms. Bilingual ‘system navigators’ help patients arrange comprehensive follow-up services. So far, BREAST and Amigas Unidas programs have screened more than 2,093 women and educated 12,000 on breast self awareness and screening guidelines while linking them to services available in the community.

The Community Partnership core is consulting with Dr. Stevenson’s group to map the programs, formulate effective research questions, and streamline data collection methods, data use, and maintenance of information about insurance status, funder resources, and patient reminders for care. Their consultative work is making connections that will help these successful programs become more efficient in their use of data and generating reports and publications, and also contribute knowledge of an underserved population in such a way to advance health.

ac-ro-nyms /'ækrənɪm/ pronounced [ak-ruh-nim]
–noun 1. a word formed from the initial letters or groups of letters of words in a set phrase or series of words/

Love them or hate them, we use a lot of them. How well are they understood? Test yourself here.

1.CCI 2.BRIM 3.BERD 4.RMS 5.IRB 6.NIH
(answers below)

1. Center for Clinical Investigation 2. Biomedical Research Information Management System 3. Biostatistics, Epidemiology, and Research Design core group 4. Research Concierge Request Management System 5. Institutional Review Board 6. National Institutes of Health

frequently asked questions

Q: What happened at the CTSC Retreat on September 2nd?

A: More than 80 people from partner institutions attended the all-day retreat at Dively and felt the day was well worth the time. Drs. Davis and Rudick presented an overview of the CTSC, followed by breakout sessions to discuss three important areas:

- identify transformative accomplishments that can be achieved within the next 18 months
- improve communications to enhance core effectiveness and support research collaboration
- engage and energize the community, including CTSC faculty.

At the end of the day, groups from each breakout session presented action items. Later, a summary document of all ideas was developed and distributed to Drs. Davis and Rudick. During October’s CTSC Executive Committee meeting, key actions items were identified for priority implementation; some are already underway.

Toward engaging the community, we are co-sponsoring New-Wellness, looking to engage the Health Department in community collaborations, and connecting to public schools’ health education programs and the National Children’s Health Study. Toward improving communications, we are developing a welcome packet for new faculty, looking at making changes to the website, and creating other vehicles that will help us share information and facilitate the myriad of individual, group, and public conversations that take place around CTSC activities.

Q: What is the role of the Research Concierge?

A: Just as visitors to a new city turn to their hotel’s concierge for advice about the best neighborhoods to visit or events to attend, researchers who are new to the Clinical and Translational Science Collaborative turn to our research concierge service for advice and assistance on proposal development and accessing the many resources the initiative makes available. The office also has other responsibilities administering the CTSA grant. Carolyn Apperson-Hansen is the director of the research concierge office (and the current solo concierge!). She may be reached at cva9@case.edu and welcomes your questions or ideas.

Q: Does the CTSC fund research?

A: Our focus is to help investigators design studies and prepare proposals that are awarded grants from other sources, including Pilot Grants from the CTSC. Please contact us through Ginny Petrie, Executive Director, if you have questions or ideas for funding of a planned study. Call her at 216-368-5666 or email at gabby.petrie@case.edu.

Q: How can I learn more about the CTSC?

A: Explore our website or attend our Seminar Series the third Tuesday of the month in the Frohring Auditorium, 105 Biomedical Research Building at 4:30 p.m.