An annual review of CTSC activities by an external advisory board is part of our evaluation practice. In early December advisors Gordon R. Bernard, MD (Vanderbilt), Daniel E. Ford, MD (Johns Hopkins), John Yates III, PhD (Scripps Research Institute), and David Wilde, MD, PhD (National Center for Research Resources) met with us, with Research Concierge Carolyn Apperson-Hansen and Executive Director Ginny Petrie, and with internal advisors to learn about our program activities, achievements, new ideas and goals.

They also heard presentations from leaders of various CTSC modules which revealed, among other things, a clear increase over 2008 of CTSC-facilitated connections within the Cleveland research community, as well as substantial progress toward our goal of all IRBs in the system working collaboratively on cross-institutional studies. Our Practice Based Research Networks have developed considerably, with clinical practices joining studies, fellowships and online resources enhancing clinician training, and a micro-pilot grant to provide assistance to clinical researchers - particularly those in rural areas.

A highlight achievement of our Community Partnership Program is the new Preventive Research Center which has great potential to improve community health through education and by providing data on which to base community action.

Our partner institutions (Case, UH, Metro, Cleveland Clinic) have tripled the pilot grant support coming from the CTSC budget; this funding was directed through our core resources to support investigators in many ways, and to enhance integration among those core resources and their programs. In the first partnership of its kind, we established a Coulter Foundation Partnership with the national CTSA which will offer funds through our pilot program mechanism to support research in biomedical engineering.

Our own presentation to the board included an update on the career paths of scholars who have recently completed our KL2 educational program, improved communications and awareness about the CTSC and education within Cleveland neighborhoods; and key transformative initiatives such as the IRB reciprocity/facilitated review between partner institutions (see the core resources column in this newsletter). A report on our proteomics research was considered stellar.

Overall, the advisory board’s reaction was very positive. It was noted that we have our infrastructure in place and are operating smoothly ahead of our upcoming, competitive CTSA grant renewal. The understandings acquired through their review leave us well prepared to develop our strategic goals for the next year, five years, and long term.

**core resources**

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 groups by their area of expertise or interest, these people are at the core of the initiative. They:

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

**Please visit our website for more details.**

**Featured Core: Bioethics, Regulatory Knowledge, and Support**

A core group of bioethicists, regulatory knowledge specialists, and research subject advocates helps CTSC researchers meet ethical and regulatory responsibilities, and maintain scientific and fiscal integrity. Co-directed by Richard Sharp, PhD and Patricia Marshall, PhD, this group works to assure responsible research is a primary consideration for every CTSC investigator and activity. Investigators are encouraged to consult them early in planning their research. Incorporating their advice can accelerate acceptance of research protocols by Institutional Review Boards (IRB) and regulatory agencies.

**Core resource regulatory specialist** Philip A. Cola, VP, Research and Technology, UH Case Medical Center spoke at the recent external advisory review meeting about the core’s facilitated and reciprocal IRB review. Their centralized process and basic protocol vetting simplifies review of human subject research involving two or more CTSC affiliated institutions. Once a protocol is determined to meet the requirements of all participating institutions, it is submitted simultaneously to the institution where the study’s principal investigator has their primary appointment and to the other institution(s) for facilitated review. The former becomes the “IRB of Record” responsible for meeting federal regulations pertaining to human subject protections including continuing review, amendments, serious adverse event review and UDs. (??spell out). The latter is responsible for local context review, oversight and internal adverse event review.

Visit our website for a more detailed eNewsletter and more information about the Clinical and Translational Science Collaborative of northeast Ohio.
With diabetes soaring to epidemic proportions in the U.S. and 1 in 11 people in northeast Ohio now having the disease, knowing and employing the most effective means of managing diabetes is of enormous interest to clinicians - especially those in Cleveland’s ‘safety net’ practices which offer care to low-income patients who are often at higher than average risk of developing diabetes and its complications. They called upon the CTSC’s Practice Based Research Network (PBRN) Core for help.

Cleveland’s safety net practices include Care Alliance Health Center, The Free Medical Clinic of Greater Cleveland, MetroHealth’s Primary Care Health Centers, Neighborhood Family Practice, NorthCoast Health Ministry, and NorthEast Ohio Neighborhood Health Services (NEON). With assistance from the PBRN Core, they formed their own practice based research network known as the Safety Net Providers Strategic Alliance (SNPSA). The PBRN Core helps SNPSA to refine ideas, pose questions in the context of what is already known, and conduct original diabetes research.

Together they developed several diabetes studies. The first examined patients’ and clinicians’ perceptions of barriers and enabling factors for successful diabetes self-management. Following chronic care visits by diabetic patients, clinicians collected information about patients’ self-management on pocket-sized cards. Data from 181 visits were entered into a protocol developed for data capture. The results of this study are in the process of being submitted to journals.

Continuing this line of inquiry, SNPSA clinicians are currently collaborating with a CTSC investigator to test the effectiveness of practice-level interventions in activating safety net patients’ to more effectively manage diabetes. The PBRN Core assisted SNPSA clinicians in analyzing and summarizing data from patient interviews, medical charts, and provider surveys. The results of this study are in the process of being submitted to journals.

These studies are examples of how the PBRN core facilitates scientific discovery for improved health at the front line of community practice.

**ac-ro-nyms** /əˈkrənəm/ 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. **PI**  
2. REDCap  
3. **CRU** or **CRUs**  
4. **NCRR**  

(answers below)