

CTSA Clinical & Translational Science Awards Program

CTSA Program Steering Committee meeting
January 8, 2018, 2:30-4:00pm
Webinar

Steering Committee Attendees:

Christopher Austin	Robert Clark	Alan Green	Tim Murphy
Kathleen Brady	Barry Collier	Phil Kern	Reza Shaker
Ebony Bouleware	Bradley Evanoff	Donald Lloyd-Jones	Susan Smith
David Center	Dan Ford	George Mashour	Joel Tsevat

NCATS Attendees:

Mike Kurilla	Patricia Jones	Samantha Jonson	Erica Rosemond
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Session	Summary Discussion	Action Item
Introduction of New Steering Committee Members (Coller, Evanoff, Kern)	<p>Barry Collier- Rockefeller University</p> <ul style="list-style-type: none"> • Functions as Physician in Chief at Rockefeller University Hospital, Vice President for Medical Affairs and serves as PI of CTSA Program hub <p>Bradley Evanoff- Washington University, St Louis</p> <ul style="list-style-type: none"> • Director of Division of General Medicine, practicing Internist, co-directed CTSA Program hub since 2007 inception and became director in 2010. He also serves on the Common Metrics committee <p>Philip Kern- University of Kentucky</p> <ul style="list-style-type: none"> • He serves as Associate Provost, practicing Endocrinologist and has been PI of CTSA Program hub since 2009 	
NCATS Update (Austin)	<p>NCATS updates will be recurring on meetings going forward. Christopher Austin provided an overview of the federal budget process. For any questions, please contact NCATS or your Program Officer.</p> <p>Senator Roy Blunt, head Appropriations Committee in the Senate, visited NCATS in late December. Goal of visit:</p> <ul style="list-style-type: none"> • Inform Congress of other NCATS supported programs and initiatives in addition to the CTSA program • Generate enthusiasm about potential Biomedical Research to impact medical needs <p>Key Dates:</p> <ul style="list-style-type: none"> • NCATS Council and Cures Acceleration Network Review Board, January 11th, 8:30-3:00 PM ET • CTSI Program PI Town Hall Webinar, January 24th, 2-3:00 PM ET <ul style="list-style-type: none"> ○ Open Forum format with Q & A from the floor ○ Potential to occur regularly; could replace PI calls contingent on feedback 	<p>Inform Congress about other components of NCATS</p> <p>SC to explore if Forum model will advance communication and programmatic goals for PIs</p>
Clinicaltrials.Gov Presentation and Discussion (Reyes, White)	Clinical trials group evolved from a working group within the CTSA program to focus on Clinical Trials. After the release of the IOM report and streamlining committees, the group sustained a working relationship.	

	<p>Highlights of presentation:</p> <ul style="list-style-type: none"> • Institutional designated responsible party liable for daily fine and institution is at risk for losing all NIH funding <ul style="list-style-type: none"> ◦ Not all institutions elect PIs as responsible party • Results must be reported within one year of completion of study, irrespective of publications and independent of IRB and federal guidelines enforced by NIH • Compliance response rates increased with inclusion of PI on email notices • Registering Investigators prior to patient enrollment could prevent noncompliance <p>Discussion topics regarding Results Report Taskforce:</p> <ul style="list-style-type: none"> • Support for FTE Biostatistician justified within certain institutions • Reporting could assist with reducing institutional risk and enhance quality of research • Potential for Clinicaltrials.gov to craft a “2.0” version to accommodate evolving demands • Tools embedded in IRB application to be disseminated to taskforce members at institutions to capture studies triggering FDAAA or NIH policy requirements • Behavioral Study designs can vary and education required due to delayed exposure • Registration could affect faculty whom do not associate themselves as clinical trial scientists • Cohesion of the CTSA Program and compliance group would be beneficial 	<p>Mobilize PIs and Study Coordinators to be proactive in meeting regulatory requirements?</p> <p>Schedule CT.gov presentation for consortium presentation.</p>
<p>Consent Workgroup Update (Brady)</p>	<p>Identified next steps:</p> <ul style="list-style-type: none"> • Identifying resources for training clinical staff • Working with Collaboration & Engagement DTF in developing toolkit to support stakeholder engagement 	<p>Requesting ideas from SC around significant next steps</p>
<p>Opioid Workgroup Update (Brady)</p>	<p>Taskforce focusing on Opioid issue and response of CTSA Program hubs</p> <ul style="list-style-type: none"> • Looking to develop a white paper by conducting a landscape analysis by identifying available networks at CTSA Program hubs • G. Mashour project: extension of best practices for surgeons for Opioid prescription • A. Green/K. Brady project: -data query of the phenotype of people admitted to EDs with Opioid overdose <p>NIDA expressed interest in co-funding a portion of Collaboration Innovation Award (CCIA)</p> <p>Meeting between NIH and NIDA to discuss explicit needs not being met that the consortium could address.</p>	<p>List of potential projects will be posted to CLIC website</p> <p>Solicit CTSA Program Hub participation in projects</p>
<p>Communications Working Group update (Brady)</p>	<p>Taskforce mission:</p> <ul style="list-style-type: none"> • To develop an efficient comprehensive multi-modal, multi-directional plan with synchronous and asynchronous components to optimize communication among NCATS, SC and PI group 	<p>Will post assembled Pod survey results on CLIC website</p>