NCATS Improving Health Through Smarter Science

CTSA Program PI Webinar

Wednesday, June 27, 2018

2:00 – 3:00 ET

National Center for Advancing Translational Sciences

Agenda

Time	Topic	Presenter
2:00	Welcome	Michael G. Kurilla and Christopher P. Austin (NCATS)
2:05 - 2:30	NCATS and CTSA Program Updates	
2:30 - 3:00	Center for Leading Innovation and Collaboration (CLIC) Updates	Martin Zand and Deborah Ossip (CLIC)

NCATS and CTSA Program Updates

Michael G. Kurilla

NCATS Director's Update – FY 2019 Budget

- **House** - Appropriations Subcommittee on Labor/HHS/Educ
  - June 14 - passed Bill (https://appropriations.house.gov/files/?CatagoryID=34777)
    - Bill Details:
      - NIH: $38.3 billion (+ $1.25 billion)
        - NCATS: $751,219,000 (+ $8.9 million)
          - CAN: $30,000,000 (+ $4.2 million)
          - CTSA: $542,771,000 (+ $0)
    - Report Details:
      - "The Committee expects NIH to fund CTSAs at not less than the level provided in FY 2018."
      - "Rural Health Outcomes and Health Disparities--…The Committee requests an update on the actions within the CTSA program to improve rural health outcomes and health disparities in the FY 2020 [budget request]."
  - July ?? - Full Appropriations Committee to vote on Bill
    - Originally scheduled for June 26, but postponed until after July 4 recess
    - Multiple amendments expected to be proposed by Democrats
- **Senate -** Appropriations Subcommittee on Labor/HHS/Educ
  - June 26 - passed Bill (details not released)
    - Senator Blunt's press release (link):
      - NIH: $39.1 billion (+ $2.0 billion)
      - CTSA: $560 million (+ 17.3 million)
  - June 28 - Full Appropriations Committee to vote on Bill

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Helping To End Addiction Long-term (HEAL) Initiative

- Launched by NIH in April, 2018
- Led by Francis Collins (NIH), Walter Koroshetz (NINDS) and Nora Volkow (NIDA)
- Appropriation of $500 million in the FY18 Consolidated Appropriations Act
  - $250 million to NIDA
  - $250 million to NINDS
- Emphasis on “all hands on deck” / Trans-NIH effort
- Overarching priority areas:
  1. Treatments for opioid misuse and addiction
  2. Pain management

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Announcement of Research Plan

VIEWPOINT

Helping to End Addiction Over the Long-term
The Research Plan for the NIH HEAL Initiative

Francis S. Collins, MD, PhD
National Institutes of Health, Bethesda, Maryland.

Walter J. Koroshetz, MD
National Institute of Neurological Disorders and Stroke, National Institutes of Health, Bethesda, Maryland.

Nora D. Volkow, MD
National Institute on Drug Abuse, National Institutes of Health, North Bethesda, Maryland.

Extraordinary focus by all segments of society is required to respond to the nation's opioid crisis. Now is the time to channel the efforts of the scientific community to deliver effective—and sustainable—solutions to this formidable public health challenge. Recognizing this opportunity, Congress added $500 million to the base appropriation of the National Institutes of Health (NIH), starting in fiscal year 2018.[1] The NIH will invest these much-needed resources to support science that advances national priorities for addiction and pain research[2] with a bold new trans-NIH initiative called Helping to End Addiction Long-term (HEAL).[3] In this Viewpoint, we outline the initial components of this cross-cutting, interdisciplinary program.

More than 25 million US adults are affected by daily pain.[4] More than 2 million individuals in the United States have an opioid use disorder (OUD), most starting with opioid analgesics prescribed to them or procured from diverted medications, but once addicted, often shifting to illicit heroin or synthetic opioids.[5] The scope of this crisis is staggering, but scientific advances offer strategies that can help the nation overcome it.

At the National Rx Drug Abuse and Heroin Summit in April 2018, leaders from both the public and private sectors affirmed that research is essential to the effort to end this public health crisis. It will take "all hands on deck" to make this happen, which is why HEAL seeks to foster innovative partnerships with other government agencies, academic institutions, industry, communities, and patient advocates. Through a year-long series of engagements with individuals from these groups, the NIH has developed an innovative, action-oriented research plan for HEAL that is focused on 2 primary areas: improving treatments for opioid misuse and addiction as well as enhancing strategies for pain management (Table).

Although there are effective medications for OUD (methadone, buprenorphine, and naltrexone), only a small percentage of individuals in the United States who would benefit receive these medications. Even among those who have initiated these medications, about half will relapse counter opioid-induced respiratory depression, and novel medications and immunotherapies to treat OUD and prevent and reverse overdoses.

HEAL will also support services and implementation research to develop new models of care for OUD within the health care and criminal justice settings that can expand access to medications and improve treatment retention. For example, HEAL will test how integrated evidence-based interventions can improve OUD outcomes through the multisite HEALing Communities Study. This study will

Table. Research Plan for the NIH HEAL Initiative

Opportunities	Components
Improving Treatments for Opioid Misuse and Addiction	
New treatments for addiction	Identify new targets, develop new medications/immunotherapies; reformulate existing medicines
	Improve overdose reversal medicines
	Develop new therapies for opioid-induced respiratory depression
Optimization of effective treatments for addiction	Enhance NIDA Clinical Trials Network for opioid research
	Establish Justice Community Opioid Intervention Network
	Initiate HEALing Communities Study
NOWS	Expand ACT NOW pilot study; use results to conduct clinical trials to determine best practices for clinical care of NOWS
Enhancing Pain Management	
Better understanding of chronic pain	Establish Acute to Chronic Pain Signatures program
New nonaddictive pain treatments	Identify new targets for pain treatment
	Engineer preclinical testing platforms to profile potential nonaddictive treatments
Public-private HEAL Partnership to speed movement of nonaddictive treatments through clinical pipeline	Enhance data and asset sharing
	Validate biomarkers to inform neurotherapeutic and pain clinical research
	Establish clinical trials network to support and accelerate trials of nonaddictive pain therapies

Abbreviations: HEAL, Helping to End Addiction Long-term; NIDA, National Institute on Drug Abuse; NIH, National Institutes of Health; NOWS, neonatal opioid withdrawal syndrome.

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Help to End Addiction Long-term (HEAL) Initiative

- Under the Help to End Addiction Long-term (HEAL) Initiative, NIDA has been allocated funds to support medications development to prevent and treat opioid use disorders and overdose
- NIDA is currently accepting grant applications for up to $3 million dollars per year (or more with prior NIDA approval) for up to five years under the RFA DA-19-002
- This RFA is designed to review and fund grant application in an expedited fashion with a rolling acceptance of applications and expedited review by NIDA Council
- The next cutoff date to review the next group of applications will be **July 1st, 2018**.
- More information about the RFA can be found at *https://grants.nih.gov/grants/guide/rfa-files/RFA-DA-19-002.html*
- For any questions please contact Dr. Iván Montoya, M.D. at imontoya@mail.nih.gov

NIH
National Institute on Drug Abuse
The Science of Drug Abuse & Addiction

NIH
National Center for Advancing Translational Sciences

Other Resources

Director's Corner

June 6, 2018: Translating Translation

NCATS is unique at NIH in that the name in the Center's mission — "translation" — has a firmly established meaning that is generally associated with languages, not biomedical research. By contrast, other NIH components are named for widely known medical problems, such as cancer, diabetes and stroke. NCATS' outreach and education efforts are therefore especially complex. First, we must define what "translation" means as a biomedical research term. Second, we must convey why it matters. And third, we must explain what NCATS is doing to improve it.

To understand NCATS' definitional challenge, imagine for a moment that neither you nor anyone you know, including your scientist and physician friends, had ever heard of cancer. But you knew it to be an enormous and deadly problem, and you were working hard to find a cure for it. You would have a difficult time garnering interest in your work until your colleagues understood what "cancer" was. Substitute "translation" for "cancer" and you can better understand NCATS' challenge as well as its potential.

To help bridge this gap, I recently published a brief about three related terms — translation, translational research and translational science — in *Nature Reviews Drug Discovery*. I hope you will take a look at this freely available commentary and send me feedback.

"Translation" is firmly established as meaning the conversion of a message from one language into another. Biomedical translation, by analogy, is the process of converting a scientific or clinical observation into an intervention (e.g., drug, device, surgical procedure, behavioral change) that is shown to improve health.

Scientific translation is an exceedingly complicated process that involves dozens of steps. (See our Drug Discovery, Development and Deployment (4DM) Maps for a glimpse of just how complicated translation can be.) Imagine the child's game of "telephone," in which a message is translated into one person's language, and then another, and so on a dozen or more times. The likelihood that the original meaning of the message would be successfully delivered in the final person's language would be very small. Welcome to the world of biomedical translation!

Send Feedback

Share your thoughts about this message.

Director's Biography

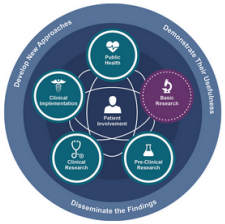
Read more about Christopher P. Austin, M.D.

More Messages

View past messages from the NCATS director:

- 2018 Director's Messages
- 2017 Director's Messages
- 2016 Director's Messages
- 2015 Director's Messages
- 2014 Director's Messages
- 2013 Director's Messages
- 2012 Director's Messages

Translating Translation



NCATS Director Christopher P. Austin, M.D., defines, distinguishes and explores the promise of translation, translational research and translational science.

•https://ncats.nih.gov/director

COMMENT

Translating translation

Christopher P. Austin

The term 'translation' has emerged as a dominant concept in biomedical science over the last decade, but confusion around what the term means, and how it differs from translational research and translational science, is common. This article aims to help address this issue by clarifying the distinctions.

As director of the leading US public agency focused on translational science, the National Center for Advancing Translational Sciences (NCATS), I speak frequently to diverse audiences about translation and its relatives, translational research and translational science. Despite the widespread use of these terms, I have found widespread variation in their intended meaning, and frequent confusion among scientists, physicians, patients and policy makers about what translation is, how it differs from translational research and translational science, and how each relates to areas of biomedical research with which they may be more familiar. With the hope of advancing scientific and public discourse on translation and its potential and challenges, I offer here some definitions and distinctions.

Linguistically, the word 'translation' is derived from the Latin *trans* and *latus*, meaning 'to carry across'. Unlike terms that describe other areas of biomedicine (for example, 'cancer', 'diabetes' and 'musculoskeletal'), 'translation' has not only widely used non-medical meanings, such as the process of rendering one language

Several words or phrases in this definition are worth expanding on further. 'Process' reflects that unlike linguistic translation, biomedical translation is not a one-step event, but multistep and recursive. 'Observations' reflects that translation starts with the first-time perception of phenomena, which must be demonstrated to be reproducible and robust. 'Laboratory, clinic and community' reflects that (contrary to frequent parlance), translation need not start with a basic science observation and move towards the clinic and eventually public health; in fact, until relatively recently, most successful translation began with a clinical or public health observation that led to basic discoveries. Thus translation is bidirectional. Finally, with regard to 'interventions', translation is modality-agnostic; the translational process is conceptually similar whether its intended result is a small-molecule drug, a biologic (such as an antibody, oligonucleotide or aptamer), a device, a medical or surgical procedure, or a behavioural change (such as diet, exercise or smoking cessation). Thus 'translation' refers to an overarching conceptual and practical multistep process.

•https://bit.ly/2sIfBZC

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Steering Committee Taskforce on the DTFs

- **Charge:**
  - To assess the DTFs so that they meet the current needs of the CTSA Program consortium and the translational science community.
- **Members:**
  - Kathleen Brady (SC Co-Chair)
  - Dan Cooper (Lifespan DTF SC Co-Chair)
  - Donald Lloyd-Jones (Informatics DTF SC Co-Chair)
  - Joel Tsevat (Collaboration & Engagement DTF SC Co-Chair)
  - Susan Smyth (Workforce DTF SC Co-Chair)
  - Brad Evanoff (Methods & Processes DTF SC Co-Chair)
  - Ebony Boulware
  - Martin Zand (CLIC)

Domain Task Force Survey Overview

Date	Task
July 2	Survey disseminated to PIs, administrators, DTF Teams and DTF workgroup members; targeted reminders will be sent out twice
July 27	Survey closes
August 13	Report prepared by CLIC and NCATS
August - September	Taskforce and NCATS deliberates and assesses
October 8	Presentation to SC
October 23	Presentation at CTSA Program Meeting

Guidance for Prior Approval of New Studies with live Vertebrate Animals

- Any new study involving animal subjects that was not reviewed in the competing application, must be submitted for prior approval. Applies to:
  - Studies to be conducted by KL2 scholars, if supported by NCATS funding,
  - TL1 projects (if the protocol is not covered under the mentor's grant), and
  - UL1 pilot projects supported by NCATS funding or by voluntary committed cost share
- Must be submitted in writing to NCATS no later than 30 days before the proposed implementation of research involving live vertebrate animals.
- Contact: Your Program Official
- https://ctsa.ncats.nih.gov/governance-guidelines/guidelines/prior-approval-of-planned-research-involving-live-vertebrate-animals/

NCATS CTSA PROGRAM INSTRUCTIONS FOR SUBMITTING PRIOR APPROVAL REQUESTS FOR PLANNED RESEARCH INVOLVING LIVE VERTEBRATE ANIMALS

Requests for prior approval of planned research involving live vertebrate animals conducted through NCATS UL1 pilot studies and KL2 scholar projects must be submitted in writing to NCATS at least 30 days before the proposed implementation of research involving live vertebrate animals. Documentation must be submitted by an Authorized Organization Representative (AOR) (NIH Grants Policy Statement, chapter 8.1.3). This requirement applies to:

1) Studies to be conducted by KL2 scholars, if supported by NCATS funding, and
2) UL1 pilot studies supported by NCATS funding or by voluntary committed cost share.

Prior approval requests should include this checklist and should be submitted to the appropriate NCATS Grants Management Specialist via e-mail, with a copy to the appropriate NCATS Program Official. E-mailed requests should include the complete grant number in the subject line. The Vertebrate Animals Section and the IACUC approval documents must be attached to the e-mail request as individual files (either PDF or Word documents) and follow the naming convention below:

"CTSA hub_InvestigatorLastNameFirstInitial_ProtocolShortTitle_VAS_YYYYMMDD"

"CTSA hub_InvestigatorLastNameFirstInitial_ProtocolShortTitle_IACUC_YYYYMMDD"

Type of Proposed Research	☐ Pilot Study ☐ KL2 Project
CTSA Institution	
CTSA Grant #	
Animal Welfare Assurance # (required for approval)	
IACUC Approval Included? (required for approval)	☐ Yes
Vertebrate Animals Section Included? (see below for checklist)	☐ Yes
Title of Proposed DO Research Protocol (*Title must match the title submitted to the IACUC for approval)	
Title and PI of Parent Research Protocol (if proposed DO research is ancillary to another research protocol)	
PI Name on the IACUC-Approved Research Protocol	
Name of Pilot Study Investigator or KL2 Scholar	
Contact Information for Pilot Study Investigator or KL2 Scholar	
Name of Authorized Organizational Representative (AOR)	
Contact Information for AOR	
NCATS Grants Management Specialist	
NCATS Program Official	
Date Submitted to NCATS	

Require:

1) IACUC Approval

2) Vertebrate Animals Section

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REQUIRED Vertebrate Animals Section:

Prior approval requests involving live vertebrate animals must address the criteria (#1-4) below. See NIH Worksheet for Applications Involving Animals for guidance and an example of a Vertebrate Animals Section. The instructions and checklist are provided to assist applicants in ensuring that all elements of their Vertebrate Animals Section are addressed:

1. Description of Procedures: Provide a concise description of the proposed procedures to be used that involve live vertebrate animals in the work outlined in the Research Strategy section. Identify the species, strains, ages, sex, and total number of animals by species to be used in the proposed work. If dogs or cats are proposed, provide the source of the animals.	
Are the following addressed for all species?	
☐	Species
☐	Strains
☐	Ages
☐	Sex
☐	Total number of animals by species
☐	Concise description of proposed procedures on live animals (i.e., sufficient information for evaluation)
☐	Source, only if dogs or cats are proposed
2. Justifications: Provide justification that the species are appropriate for the proposed research. Explain why the research goals cannot be accomplished using an alternative model (e.g., computational, human, invertebrate, in vitro).	
Are justifications provided?	
☐	Choice of species is appropriate for proposed research
☐	Why research goals cannot be accomplished using an alternative model (e.g., computational, human, invertebrate, in vitro)
3. Minimization of Pain and Distress: Describe the interventions including analgesia, anesthesia, sedation, palliative care, and humane endpoints to minimize discomfort, distress, pain, and injury.	
Are interventions to minimize discomfort, distress, pain, and injury described? (Examples below)	
☐	Circumstances relevant to the proposed work, when animals may experience discomfort, distress, pain, or injury
☐	Procedures to alleviate discomfort, distress, pain, or injury
☐	Identify (by name or class) any tranquilizers, analgesics, anesthetics, and other treatments (e.g., antibiotics) and describe their use
☐	Provisions for palliative care or housing that may be necessary after experimental procedures
☐	Plans for post-surgical care, if survival surgeries are proposed
☐	Indicators for humane experimental endpoints, if relevant
4. Method of Euthanasia: Provide a justification for methods of euthanasia that are not consistent with the American Veterinary Medical Association (AVMA) Guidelines for the Euthanasia of Animals. If answer is "No" to the question "Is method consistent with AVMA guidelines?", describe the method and provide scientific justification in the text field provided.	
☐	If answer is "No" to the question "Is method consistent with AVMA guidelines?", is the method described and a scientific justification provided?

Vertebrate Animals Section 4 points:

Checklist for each instruction

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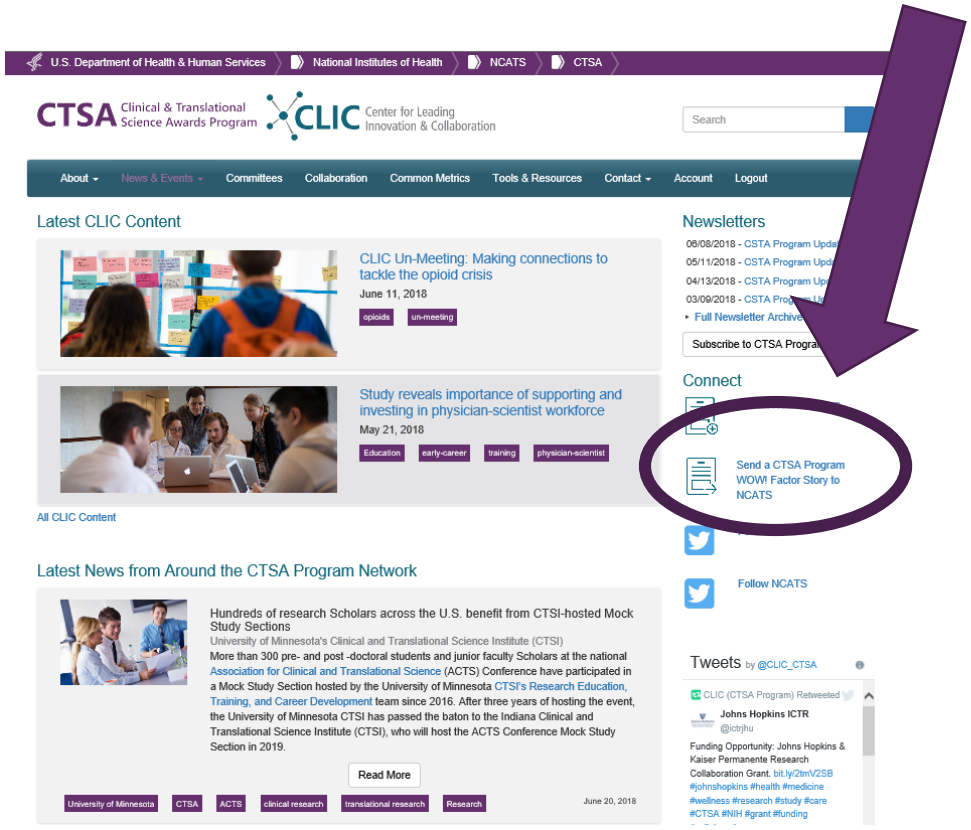
New WOW! Form: Share your Success Stories

- WOW! Form on:
  - CLIC website:
    - https://clic-ctsa.org/news
- Dissemination of WOWs!:
  - NCATS May Council – CTSA Program Highlights:
    - 4 KL2 Scholars
    - 2 CTSA Program pilots
    - 3 Scientific highlights from hub support



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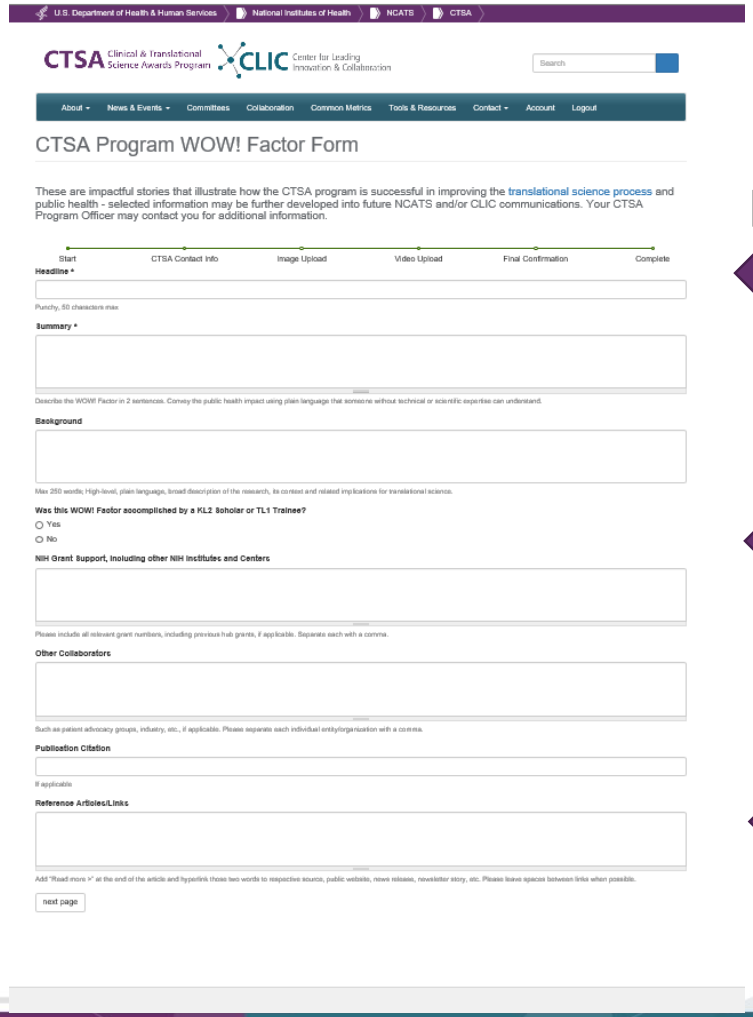
New WOW! Form: Share your Success Stories



U.S. Department of Health & Human Services › National Institutes of Health › NCATS › CTSA

CTSA Clinical & Translational Science Awards Program · CLIC Center for Leading Innovation & Collaboration

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CTSA Program WOW! Factor Form

These are impactful stories that illustrate how the CTSA program is successful in improving the translational science process and public health - selected information may be further developed into future NCATS and/or CLIC communications. Your CTSA Program Officer may contact you for additional information.

Start · CTSA Contact Info · Image Upload · Video Upload · Final Confirmation · Complete

Headline *

Punchy, 50 characters max

Summary *

Describe the WOW! Factor in 2 sentences. Convey the public health impact using plain language that someone without technical or scientific expertise can understand.

Background

Max 250 words; High-level, plain language, broad description of the research, its context and related implications for translational science.

Was this WOW! Factor accomplished by a KL2 Scholar or TL1 Trainee?

- Yes
- No

NIH Grant Support, including other NIH Institutes and Centers

Please include all relevant grant numbers, including previous hub grants, if applicable. Separate each with a comma.

Other Collaborators

Such as patient advocacy groups, industry, etc., if applicable. Please separate each individual entity/organization with a comma.

Publication Citation

If applicable

Reference Articles/Links

Add "Read more >" at the end of the article and hyperlink those two words to respective source, public website, news release, newsletter story, etc. Please leave spaces between links when possible.

next page

Punchy Headline – 50 characters

WOW! factor – 2 sentences

Links to other references and videos/images

Novel Decontamination Strategy: The “Bug Zapper”

Team science approach to develop an unconventional intervention: Microbiology / Biomedical Engineering / Orthopedics

- Periprosthetic joint infections: projected to exceed $1.62 billion by 2020
- Cathodic voltage-controlled electrical stimulations inhibit bacterial attachment and subsequent biofilm development.
- Follow-on funding will advance animal model testing.

Canty M, Luke-Marshall N, Campagnari A, Ehrensberger M. (2017) Acta Biomaterialia 48:451-60; PMID: 27890730
University at Buffalo UL1TR001412

Supplements

Supplements – Responsive to NOT-TR-18-022 Priority Research Areas

- Priority Research Areas described on the consortium website that were considered for supplemental funding, but not limited to:
  - Planning / Pilot Grants to support:
    - Opioids
    - CTSA Program Collaborative Innovation Suite of Awards
  - Education and/or training materials/resources
  - Research Software Applications
  - Software Messaging Standards and Balloting
  - Rare Disease Research
  - Instrumentation

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Supplements – Responsive to NOT-TR-18-022 Earliest Anticipated Start Date

- Supplement project and budget periods are limited to the remaining active budget period that started in FY18 for the existing parent award.
  - Examples:
    - For parent awards with FY18 budget periods that started on April 1, 2018, supplement applicants could request a project period from July 1, 2018, through March 31, 2019.
    - For parent awards with FY18 budget periods that start on July 1, 2018, supplement applicants could request a project period from July 1, 2018, through June 30, 2019.
- Earliest anticipated start date is July 1, 2018
- Issuance of awards with be on a **rolling basis,** as funds become available (until end of September 2018), with earliest anticipated start date of July 1, 2018 and onwards
  - Issuance of some awards may occur AFTER July 1st

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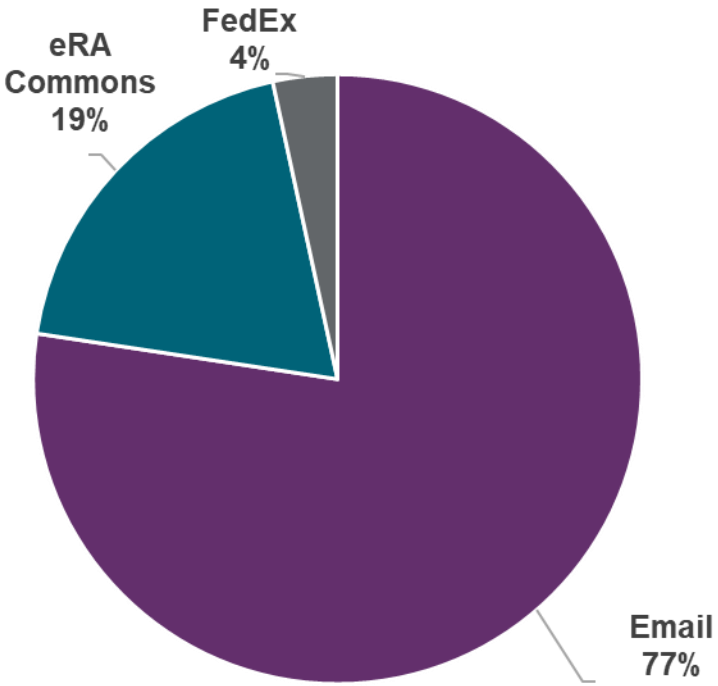
Supplements – Responsive to NOT-TR-18-022 Submission Process

- Process of submitting supplements
  - https://grants.nih.gov/grants/administrative-supplements.htm
- 3 ways to submit supplements:
  - × **Electronic requests submitted through Grants.gov**
  - ✓ **Electronic requests submitted through the eRA Commons**
    - eRA Commons Administrative Supplement Module User Guide
  - ✓ **Paper-based applications**
    - **This means EMAIL!**
    - **Use PHS 398 forms to create PDF to email**
- Troubleshooting:
  - eRA Help Desk: 1-866-504-9552
  - Web: http://grants.nih.gov/support (Preferred method of contact)
  - Email: commons@od.nih.gov (for Commons Support)



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Admin Supplements for Down Syndrome Objectives

- Administrative supplements for NIH grants that are NOT focused on Down Syndrome to address specific Down syndrome research objectives: NOT-OD-18-194 (https://grants.nih.gov/grants/guide/notice-files/NOT-OD-18-194.html)
- Administrative supplements for NIH grants focused on Down Syndrome to address specific Down syndrome research objectives NOT-OD-18-195 (https://grants.nih.gov/grants/guide/notice-files/NOT-OD-18-195.html)
- Due July 23, 2018
- Please see notices for the description of specific research objectives from individual ICs and Program Official Contacts at the ICs

NIBIB Supplements to NCATS CTSA KL2 Programs

- **Objective:** Support "**NIBIB Translational Research Scholars**", researchers with a PhD in engineering or the physical or computational sciences who partner with a clinician-scientist KL2 scholar on a translational research project. The collaborative research experience will advance each scholar's career to attain research independence under the guidance of basic and clinical mentors.
- **Selection Process:** The KL2 Program PI will select eligible candidates and **may submit up to two applications** per CTSA hub. NIBIB will review and select applications to be funded.
- **Eligibility:** Candidates must have a doctoral degree in engineering, computational science, or physical science (physics, chemistry, etc.) Both team members must have faculty appointments. The CTSA KL2 program must have 2 years remaining on the grant project period. The partnering clinician-scientist KL2 appointment must completely align with the duration of support requested for the NIBIB Translational Research Scholar. The proposed research must fit strictly under one or more of NIBIB's Scientific Program Areas.
- National Institute of Biomedical Imaging and Bioengineering (NIBIB) intends to re-issue PA-18-426 See: NOT-EB-19-017
- Contact: Zeynep Erim erimz@mail.nih.gov

Other Funding Opportunities

Collaborative Innovation Awards

- Extended Receipt dates NOT-TR-18-023:
  - PAR-18-244 (U01): July 11, 2018, **November 10, 2018**
  - PAR-18-245 (R21): July 30, 2018, **November 29, 2018**
- Collaborative Innovation Award – U01 NOT-TR-18-013 released Jan 16, 2018:
  - Purpose: To expand the list of high priority translational research opportunities to conduct novel clinical research studies intended to ***develop and test models of care for Opioid Use Disorders within medical settings including primary care, emergency departments, and neo-natal units***
- Contact: PJ Brooks pjbrooks@mail.nih.gov
- Approval received during May Council to renew CCIA opportunities

Small Business Innovation Research and Technology Transfer Opportunities

- Applicants to NCATS may address a range of its research priorities relevant to any stage of translational science, from target validation through pre-clinical and clinical evaluation, to intervention implementation and dissemination, including:
  - Drug Discovery & Development
  - Biomedical, Clinical & Health Research Informatics
  - Clinical, Dissemination & Implementation Research
- SBIR: PA-18-574 (R43/R44)
- STTR: PA-18-575 (R41/R42)
- Standard Dates: September 5 / January 5 / April 5
- Questions? NCATS encourages applicants to email NCATS-SBIRSTTR@mail.nih.gov to discuss potential project ideas and related questions.

SBIR · STTR
America's Seed Fund

NIH National Center for Advancing Translational Sciences

Funding Opportunities for Rare Diseases Clinical Research Network (RDCRN)

- Rare Diseases Clinical Research Consortia are intended to:
  - Advance the diagnosis, management, and treatment of rare diseases with a focus on clinical trial readiness.
  - Promote highly collaborative, multi-site, patient-centric, translational and clinical research with the intent of addressing unmet clinical trial readiness needs.
- Rare Disease Data Management and Coordinating Center components:
  - Administrative Core
  - Clinical Research Core
  - Data Management Core
  - Engagement and Dissemination Core
- Funding Opportunities – Due October 9, 2018:
  - Rare Diseases Clinical Research Consortia (RFA-TR-18-020)
  - Data Management and Coordinating Center (RFA-TR-18-021)
- Pre-Submission Webinar (NOT-TR-18-020)
  - Wednesday July 19, 2018 – 3-4PM Eastern Standard Time
- Contact Tiina Urv: urvtiin@mail.nih.gov

Thank you!

Next Call: Wednesday July 25, 2018

2:00 – 3:00 ET

Topic: Updates from CD2H

Suggestions for meeting topics to the CLIC Suggestion Box:

https://clic-ctsa.org/contact/suggestion-box

Connect With the NCATS CTSA Program:

Websites:

Consortium: ctsa.ncats.nih.gov/
CLIC: clic-ctsa.org/
CD2H: ctsa.ncats.nih.gov/cd2h/
TIN: trialinnovationnetwork.org/
ACT: actnetwork.us/National
SMARTIRB: smartirb.org/

Twitter:

NCATS: twitter.com/ncats_nih_gov
CLIC: twitter.com/CLIC_CTSA
CD2H: twitter.com/data2health
Hashtag: #CTSAProgram

Newsletters:

NCATS: https://ncats.nih.gov/enews

CTSA Program Newsletter: https://clic-ctsa.org/news/newsletter-subscribe

Submit WOW!s:

Login to submit WOW!s: https://clic-ctsa.org/news

National Center for Advancing Translational Sciences

Upcoming Meetings

Date (2018)	Institution/Organization	Event Name
June 25-27	Northwestern	Bibliometrics and Scientometrics for Research Evaluation
June 29	University of Michigan	FFMI fastPACE Informational Webinar
July 10-11	University of Michigan	"Mobilizing Computable Biomedical Knowledge" Meeting
July 16-20	UCLA	Micro- and Nanotechnologies for Medicine and Emerging Frontiers and Applications
September 27	NCATS	NCATS Advisory Council Meeting
October 22	CTSA Program	Face-to-Face CTSA Program Steering Committee Meeting
October 22	CTSA Program	Face-to-Face CTSA Program Administrator's Meeting
October 23	CTSA Program	2018 CTSA Program Fall Meeting

Add your events on the CLIC website here: https://clic-ctsa.org/event-list (login required)

CLIC Updates

Martin Zand and Deborah Ossip

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UNIVERSITY of ROCHESTER MEDICAL CENTER

Center for Leading Innovation & Collaboration

Serving the CTSA Program through coordination, transparent communication, actionable metrics, network analytics and innovative collaboration tools.

PI Call

6.27.18

The University of Rochester Center for Leading Innovation and Collaboration (CLIC) is the coordinating center for the Clinical and Translational Science Awards (CTSA) Program, funded by the National Center for Advancing Translational Sciences (NCATS) at the National Institutes of Health (NIH), Grant U24TR002260.

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CTSA Program WOW! Factor Form

- These are impactful stories that illustrate how the CTSA Program is successful in improving the translational science process and public health
- Selected information may be further developed into future NCATS and/or CLIC communications.
- Your CTSA Program Officer may contact you for additional information.

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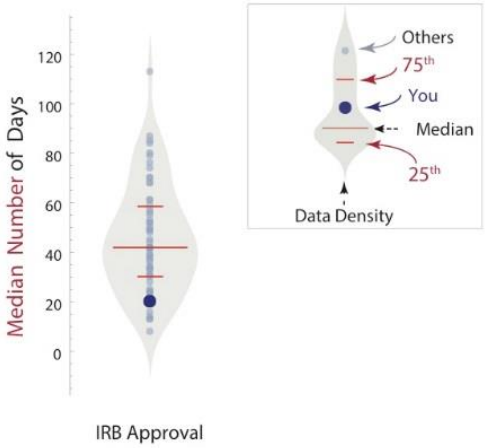
Common Metrics

- **Jul 31: Release Hub Reports**
- **Aug 30: Deadline 2017 CM Data**
  - Data entry must be complete
  - Including TTC plans
  - Upload any time until August 30
- **Sept: Informatics Metric Rollout**
  - Pre-planning materials to hubs July-Aug



Common Metrics Success Stories

Success stories derived from the common metric data and Turn the Curve plans developed by the CTSA Program hubs, as well as reports and visualizations.

Coming Soon

Help Desk

Are you looking for a quick answer to your common metrics questions, or a one on one consultation with the common metrics implementation team? Send a message to our Help Desk.

Ask for help

Common Metrics FAQ

The common metrics FAQ page displays recurrent questions that were raised by hubs during training and implementation calls, as well as questions submitted to the Help Desk.

View FAQs

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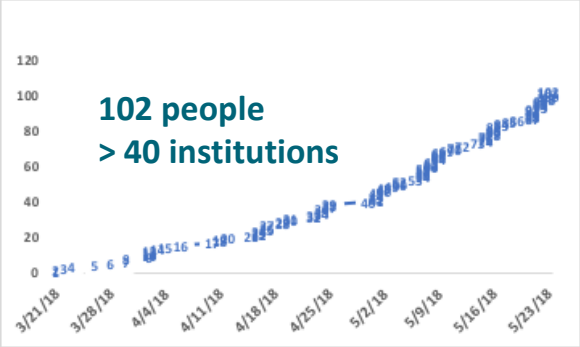
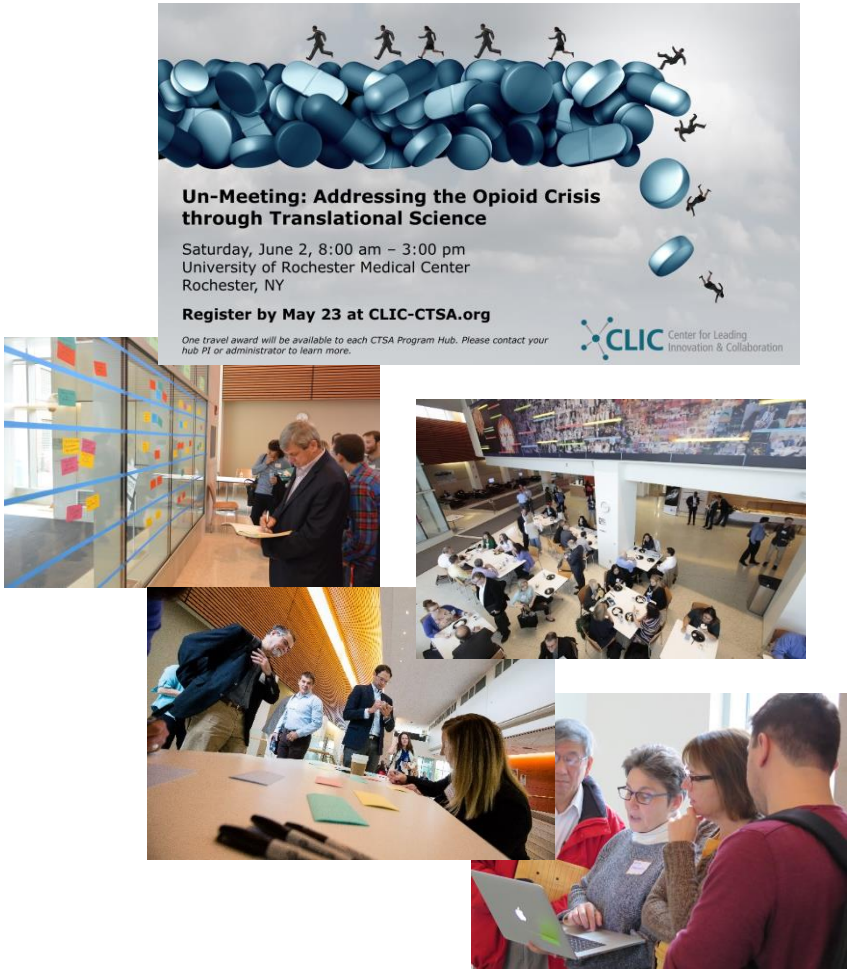
Un-Meeting

Speed dating for translational scientists:
"4 slides x 4 minutes, no exceptions"





RFA for future Un-Meeting proposals anticipated Fall 2018

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Unmeeting Video

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"There is more interest in community engagement than I expected. Also, participants reacted on a very emotional level to the opioid crisis."

"The NETWORKIN G was GREAT! It was the meeting."

"I learned a bit more about the landscape of opioid research and how it is getting framed."

"Met a number of great new contacts and gained insights for a data mining project. I learned a great deal from the meeting organization"

"Together we can educate each other and add to what we don't know."

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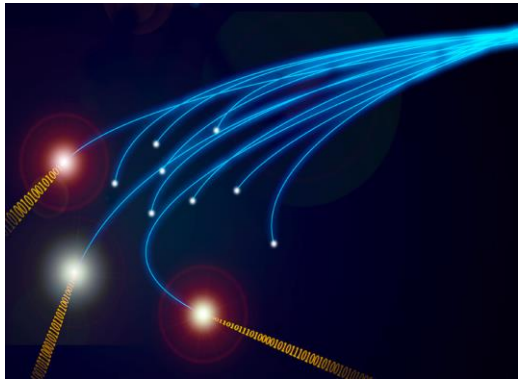
Update on Synergy Papers

- Rapid Response to opioid crisis
  - Synergy paper in process through Steering Committee Opioid Working Group writing team
- CLIC support for 2 papers/year
  - Next call: Summer-Fall 2018



Opioid Crisis ● Regulatory Science of Precision Medicine ● Translational Team Science

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Web / Social

Twitter Channel @clic_ctsa

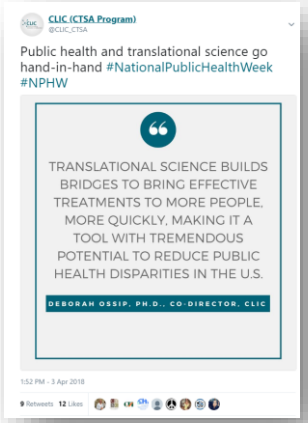
-Regularly share relevant network and field-related news and CLIC updates

‘CLIC Content’

-Blog posts and news stories curated for the CLIC site and distributed on social media

News & Events Submissions

- News page forms for Network News and CTSA Program Success Story
- Share and amplify your content!



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New Group Support

- TL1 PI Directors
- KL2 PI Directors
- CTSI Administrators
- Common Metrics Evaluators
- Quarterly Communications Calls

Coming This Fall!

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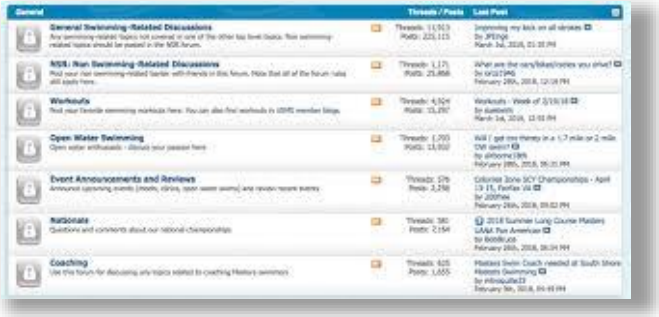
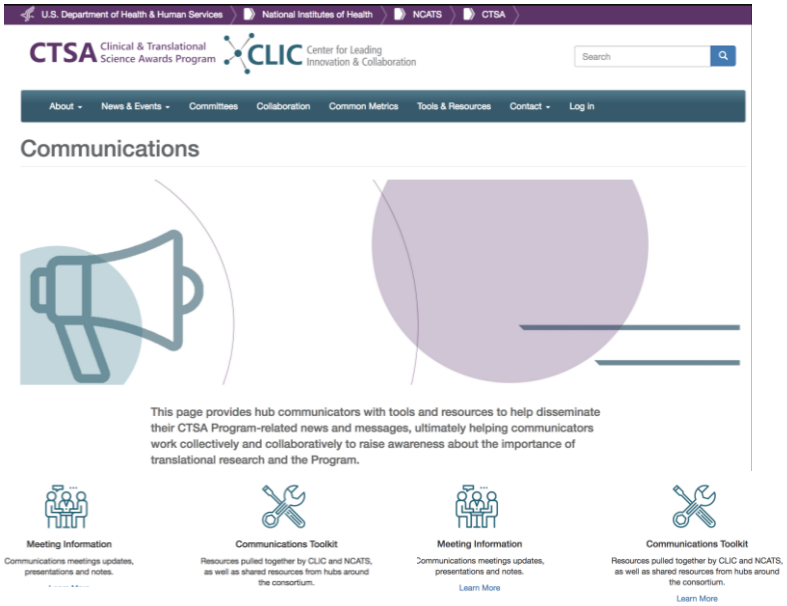
Planned Innovations



Moderated Forums

- Pilot with Communications Group
- “Ask the community for help”
- Topics could include meeting session ideas, guidance on policies, best practices

Coming This Fall!



Communications Toolkit

- Resources for effectively communicating about translational science and specific CTSA Program initiatives to lay audiences
- Press release templates, key messages, best practices, etc.

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Survey Updates

Survey	Status
POD Survey	Complete, posted
Hub Information Request	Complete, posted
Communications Environmental Scan	Complete, posted
Opioid Landscape Survey	Completed
Un-meeting Evaluation Survey	Final responses due July 1
POD Survey	Completed, posted
DTF Survey	In process

- Survey page in development - Coming on 6/30/2018
  - *Will host completed survey archive and resources*

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Diamond and Sequin Pages are Live

SEQUIN
PROJECT

DIAMOND

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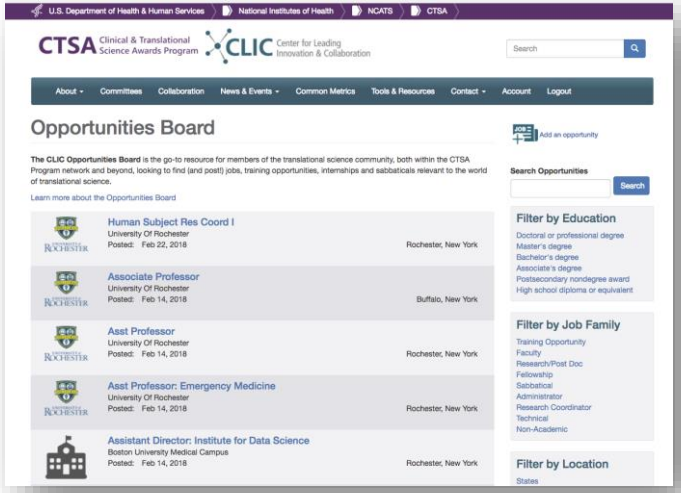
CLIC Resources

- **Suggestion Box:**
  Bidirectional, democratizes communication

- **Opportunities Board**
  Allows individuals and employers to find and post jobs, internships, sabbaticals and training opportunities related to translational science

- **CTSA Program Newsletter**
  Newsletter with new format
  Available on CLIC website



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Save the Date
CTSA Fall Program Meeting

October 22-23, 2018
Hilton Crystal City
Washington Reagan
National Airport