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About ▾
 News & Events ▾
 Research Resources ▾
 Training & Education ▾
 Grants & Funding ▾
 Community Engagement ▾
 Volunteer for Research ▾
 Tools ▾

Indiana CTSI provides \$500,000 to support cancer research at IU, Purdue

Sept. 11, 2011

Using additional grant support received from the Clinical and Translational Sciences Award of the National Institutes of Health, the Indiana Clinical and Translational Sciences Institute will provide \$500,000 to expand the fight against colorectal cancer from the state's urban center to suburban and rural Indiana.

Indiana CTSI will partner with the [Cancer Care Engineering Program](#)—a collaboration between the Indiana University Melvin and Bren Simon Cancer Center (IUSCC) and the Oncological Sciences Center (OSC) at Purdue University—to expand technical and human resources in the fight against cancer to IU Health Arnett Hospital in Lafayette. The half-million-dollar grant will establish a volunteer network to educate patients about participation in research studies as well as expand the technical infrastructure required to manage the clinical data that fuels new discoveries. The initial focus of the project is to support research on colorectal cancer.

“As a partnership between the state's three largest research universities, and with strong ties to Indiana University Health, the state's most comprehensive health system, I consider the Indiana CTSI uniquely positioned to support this sort of large-scale, collaborative project,” said Anantha Shekhar, M.D., Ph.D., director of the Indiana CTSI, which includes Indiana University, Purdue University and the University of Notre Dame. “Our technical expertise, patient recruitment knowledge and sample storage capabilities all align with the resources needed to bring this already successful project to the next level.”

Patrick Loehrer, M.D., director of the IU Simon Cancer Center, says his organization's collaboration with Purdue was established to create a new model of tissue collection and analysis in the fight against cancer. All samples stored by the project are subjected to multiple high-tech analyses—including global proteomic/glycoproteomic, lipidomic, metabolomic, focused SNP, oxidative stress and vitamin D status analysis, and “next-generation” DNA sequencing—performed by analysts at the IU School of Medicine, IU-Bloomington, Purdue and Notre Dame, with additional out-of-state support provided by the University of Texas MD Anderson Cancer Center. The data that results from these analyses are deposited into a single “cyber-environment” accessible to investigators working on the project.

“There's so much information out there now it's difficult for researchers to navigate,” says Loehrer. “We feel the key to the future isn't generating more and more studies focusing on very small sample populations or a single form of analysis—it's performing all the key analyses on many samples and using computer models to predict individual risk factors or treatment benefits.”

Nearly 300 physical samples have already undergone analysis, he adds, with plans to collect more than 500 additional specimens. These samples, including many collected at IU Health Arnett, will be stored in the Indiana Biobank, a high-tech sample storage facility managed by the Indiana CTSI. They will be a vital resource for increasing knowledge about colorectal cancer in rural and suburban communities, as individuals who seek treatment from community health centers such as IU Health Arnett tend to represent a more geographically diverse population than referrals to the IU Simon Cancer Center.



Patrick Loehrer, M.D.



Marietta Harrison, Ph.D.

Additional support from the Indiana CTSI for the cancer care engineering project will include a campaign to raise awareness about colorectal cancer research in the local community led by Mary Lou Smith and Elda Railey, co-founders of the Research Advocacy Network (RAN), a non-profit organization. RAN will create a patient advocate training program expected to recruit 30 to 50 community members. This will provide participants access to education on the medical research system, clinical trials and “hands-on” laboratory experience. As part of its support, Indiana CTSI will contribute to developing additional community education materials and sponsor a workshop on colorectal cancer research and the Indiana CTSI’s contribution to that research.

“There’s not nearly the same numbers of research advocates in colorectal cancer as there are for other cancers like breast cancer,” says Railey. “Colorectal cancer patients are diagnosed at a later stage and a later age. Many have a difficult experience with this disease; no one really wants to talk about it because it’s seen as an uncomfortable topic. The colorectal cancer community has very different needs.”

Railey says she’s confident RAN can overcome these challenges by recruiting local representatives to educate their neighbors about the disease, and encourage positive actions in the fight against it.

“We’ve got a real opportunity to teach the community about research to fight colorectal cancer and how they can rally around this project as an important way to fight the disease,” she says, noting they ultimately want to create a framework for increasing community participation in research not only at IU Health Arnett but also the other almost 20 community-based hospitals in the IU Health system.

Indiana CTSI’s support also will fuel technical integration between its electronic collaboration environment, the Indiana CTSI HUB, and the cancer care engineering project’s data repository, cceHUB, developed by the OSC. Bill Barnett, Ph.D., director of information architectures at the Indiana CTSI, says connecting the two institutes electronically will provide Indiana CTSI investigators easy access to the clinical cancer samples collected by the cancer prevention project. This will accelerate research advancement by providing a single, secure electronic environment in which researchers from both institutes may share, store, analyze and annotate information. Also key to the project will be creating an interface that “talks to” the statewide electronic medical records system at IU Health.

“Everything we’re trying to accomplish with this project matches perfectly with the mission of the Indiana CTSI,” said Marietta Harrison, Ph.D., director of the OSC and associate vice president for research at Purdue, pointing to the project’s focus on growing collaboration, accelerating research and building capacity.

These goals all mirror the project’s own development as collaboration between many groups—universities, hospitals and government—coming together to fight a single form of disease.

“There may be no greater goal in medicine than trying to eradicate cancer, and with this project we have so many groups working together towards that common goal,” adds Loehrer. “This level of cooperation across academic and community institutions is unique in cancer research—but it’s the future.”

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About ▾
 News & Events ▾
 Research Resources ▾
 Training & Education ▾
 Grants & Funding ▾
 Community Engagement ▾
 Volunteer for Research ▾
 Tools ▾

Indiana CTSI offers new master's degree in translational science

Sept. 11, 2011

To further its mission to strengthen research by providing new opportunities to educate trainees and engage faculty in translational science, the Indiana Clinical and Translational Sciences Institute (CTSI) will offer a Master's program in Translational Science. The 30-credit hour program will begin spring 2012.

The objective of this new program is to jointly train scientists, engineers, and physicians or clinicians in the methodology of translational research (basic science and medicine working to advance care for patients). This interdisciplinary program targets individuals, including clinical fellows and junior faculty, who've completed a terminal degree or equivalent in a clinical science area (e.g., M.D., D.N.S., D.D.S., D.V.M). Participants will be prepared to seek academic and industry careers as translational scientists—as well as enhance their ability to participate in multi-disciplinary teams pursuing translational research projects.

"Employers in the field of research and development need new scientists and physicians with the skills necessary to design and conduct basic and translational research focused on human health issues," said R. Mark Payne, MD, professor of pediatrics and medical and molecular genetics at the IU School of Medicine, who serves as degree program director.

"This program will provide our graduates with an edge by providing them with needed experience and a greater training in translational research."

Courses include "Tools and Techniques in Translational Research" (GRAD-G667 - Fall), an advanced class designed to expose students to some of the many components necessary for translational research. Experts representing a wide spectrum of sciences will walk trainees through the process of moving a novel concept from the lab to a patient. Trainees will learn about multiple research techniques as well as how other sciences view this process.

The curriculum also features a weekly seminar series, "Quantitative Aspects in Translational Research" (GRAD-G668 - Spring), that provides participants the opportunity to work together in learning both the key concepts and principles required to develop medically relevant solutions. Additional degree requirements include courses in biostatistics, research ethics, grant writing and electives deemed relevant by the program director. Enrollees may select electives from graduate courses at IUSM, IUPUI or IU-Bloomington.

The program's final component is an organized translational research project conducted under dual mentorship (MD and PhD) by faculty. This capstone experience requires completion of a thesis based upon the research conducted during this project.

"This program is a natural outgrowth of the Indiana CTSI," said Dr. Payne. "An overall goal of this training program is to produce exceptional translational researchers in a fashion that saves both time and expense when compared to more conventional training routes."

To review the complete course requirements, see www.indianactsi.org/site/courses/mstranssciprogram081211.pdf.

To apply, contact Carrie Hansel, program coordinator, at cahansel@iupui or (317) 278-5842.

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Newsletter

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Needing Help?

About ▾
 News & Events ▾
 Research Resources ▾
 Training & Education ▾
 Grants & Funding ▾
 Community Engagement ▾
 Volunteer for Research ▾
 Tools ▾

CHEP leader to highlight community partnerships

Sept. 11, 2011

The Indiana CTSI Community Health Engagement Program (CHEP) will participate in Indiana's premier nonprofit and community leadership conference, "Indiana Nonprofit Capacity Building Conference," Sept. 28 in the IUPUI Campus Center.

John Parrish-Sprowl, PhD, professor of communication studies, co-director of the IUPUI Global Health Communication Center and member of the CHEP Community Coordinating Committee, will present. He notes the group's invitation to participate owes partly to CHEP's notable success establishing partnerships within the community.

"CHEP is a great example of how an organization might go about creating the infrastructure to support efficient and effective collaboration," says Parrish-Sprowl. "We've built a structure that really facilitates connectivity between groups who need each other but historically haven't necessarily had an effective and efficient pathway to find each other. This structure gives us the opportunity to accelerate our development and facilitate new ways of doing things."

Key infrastructure built by CHEP includes a community coalition with more than 280 local partners focused on research in Indiana—members range from non-profit organizations to social service agencies, state and federal groups, academic researchers and social clubs. This group, the CHEP [Community Advisory Council \(CAC\)](#), provides feedback to CHEP on health issues concerning local residents, informing decisions about research projects supported by the Indiana CTSI and laying the foundation for additional partnerships between CTSI researchers and the public.

The secret to success is using the collective resources of many groups to accomplish "broader and deeper" goals than may be achieved in isolation, says Parrish-Sprowl, noting this approach also applies to his experience as co-director of the IU Global Health Communications Center. He points to collaboration between that center and multiple entities within the World Health Organization and Indonesian Ministry of Health to reduce the impact of Avian Flu in that country with a behaviorally focused public health campaign.

"We're not only building capacity but making sure it's sustainable," he says. "We've got to make sure we're creating a solid infrastructure."

The same basic principles apply to CHEP; its strength derives from the power of its partnerships.

"We've achieved objectives that similar efforts have found difficult to match," says Parrish-Sprowl. "CHEP doesn't just boast a strong infrastructure, but a strong ethos."

For more information about non-profit capacity building in Indiana, visit www.savi.org/conference. For more information about the Indiana CTSI CHEP, visit www.indianactsi.org/CHEP.

[Return to the Indiana CTSI Newsletter](#)

{comments on}



John Parrish-Sprowl, Ph.D.

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About 

News & Events 

Research Resources 

Training & Education 

Grants & Funding 

Community Engagement 

Volunteer for Research 

Tools 

Disease and Therapeutic Response Modeling Symposium

The Indiana Clinical and Translational Sciences Institute (CTSI) Disease and Therapeutic Response Modeling Program will present the first Indiana CTSI Symposium on Disease and Therapeutic Response Modeling on Nov. 2-3 at the University Place Conference Center and Hotel, IUPUI.

This symposium will focus on disease and therapeutic response modeling as a means for understanding treatment of patients in an environment that encourages interaction among the participants. Keynote speaker will be Jamie Dananberg, M.D., vice president for translational medicine at Eli Lilly & Co., and Anantha Shekhar, M.D., Ph.D., associate dean for translational research at the IU School of Medicine and director of the Indiana CTSI.

This event also will be facilitated by plenary sessions conducted by leading academic, industrial and regulatory scientists; poster sessions for attendees to display and discuss their work with the community; and discussion groups.

For a complete list of speakers, see the [event brochure](#). To register, visit [this page](#). To reserve a hotel at the University Place Hotel and Conference Center, visit [this page](#) or call (317) 231-5160.

For more information, visit medicine.iupui.edu/clinpharm/CTSI. Questions to Rob Bies at rbies@iupui.edu, Eric Sherer at ersherer@iupui.edu, or Jasper Stevens at jassteve@iupui.edu.

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 [Newsletter](#)

 [Grants Login](#)

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About

News & Events

Research Resources

Training & Education

Grants & Funding

Community Engagement

Volunteer for Research

Tools

September 2011 Newsletter: Grant Opportunities

Fall Core Pilot Funding Program – Request for Applications

The Indiana Clinical and Translational Sciences Institute is accepting applications for its fall 2011 Core Pilot Funding Grant program.

This program will fund up to \$10,000 in services provided by Indiana CTSI-designated core facilities, with the specific goal of funding projects with outstanding scientific merit and potential to generate extramural funding or novel intellectual property. For more information on Indiana CTSI-designated cores, visit www.indianactsi.org/research/cores. (*Eligible cores marked by the Indiana CTSI logo.*)

Faculty at IUSM, IUPUI, IU-Bloomington, Purdue and Notre Dame are eligible to apply for core services from any of the CTSI partner institutions. The application deadline is **5 p.m. Wednesday, Oct. 12**.

For more information, including complete application guidelines and forms, visit www.indianactsi.org/grants and log in using your university ID.

Questions to Liliith Reeves, chief scientific officer, Indiana CTSI, at ictsi@iupui.edu.

Sustainable and Collaborative Informatics Projects (SCIP)

The Indiana Clinical and Translational Sciences Institute, with support from the IU School of Informatics, is offering a new funding mechanism to create Sustainable and Collaborative Informatics Projects (SCIP) open immediately to receive applications.

SCIP grants require collaboration between two PIs—one PI from an IU health sciences school (medicine, dentistry, nursing, rehabilitation science, public health) and the other PI from the IU School of Informatics. This grant is open to PIs who are eligible to submit applications to NIH, NSF and other federal organization for funding. Additional collaborators are allowed and are not limited to these schools. Specific eligibility for IU's health sciences schools: All full-time faculty, regardless of tenure status, having a primary appointment within their school as an assistant professor or assistant scientist and above. This includes those faculty appointed as part-time assistant professor or above, if they are geographically full-time. Regional centers for medical education are eligible to apply (assuming they meet all other eligibility criteria) and are considered IU health sciences faculty for purposes of this RFA. Specific eligibility for the School of Informatics: All tenured or tenure-track faculty at or above the assistant professor level; faculty at all levels of the scientist or scholar tracks. Faculty in visiting ranks, at either school, are not eligible for funding.

The maximum amount awarded is \$100,000, with a maximum duration of two years. Two or three awards will be funded each year. These awards are part of the 'innovation initiatives series' within the bioinformatics program of the Indiana CTSI led by William Tierney, MD, professor of medicine and associate dean for clinical effectiveness research.

All applications will be peer reviewed. Investigators selected for funding will be expected to adequately address the reviewers concerns and refine their projects appropriately before being funded. All funds will be released in a milestone-based manner during the project period.

There is no application deadline. The applications can be submitted throughout the year. (This RFA expires after **Dec. 31, 2011**).

For more information, please download the [guidelines](#). To apply, visit www.indianactsi.org/grants.

Questions to the Indiana CTSI at 278-2874 or admin@indianactsi.org.

Indiana CTSI Program Project Planning (P3) Award

The Indiana Clinical and Translational Sciences Institute, with support from the IU School of Medicine, is offering a new funding mechanism to support the submission of Program Project Grant (PPG)-type extramural applications and similar multi-PI funding opportunities.

Indiana CTSI Program Project Planning (P3) Awards will range from about \$75,000 to \$100,000 and be granted through the Program Project Planning grant-development Team (P3T), a new group under the Indiana CTSI Project Development Team (PDT) program. P3 Awards are designed to support PPG-type grants spanning bench to bedside T1 research and clinic to population-based T2 studies at IUSM. They are also created to increase multidisciplinary collaborations, institutional competitiveness, opportunities for extramurally funded training positions and grants and overall institutional funding.

Program project grants eligible for P3 award support are broadly defined as any multi-PI, multi-project extramural grants with annual direct budgets of \$600K or higher in direct costs per year, including NIH P series, U series or other unique mechanisms from federal government agencies. These projects typically bring together two or more distinct scientific projects with appropriate administrative and technical 'core' supports.

The applications can be submitted throughout the year. (No application deadlines.) For more information, see the complete application guidelines at www.indianactsi.org/site/grants/p3-guidelines.pdf. To apply, visit www.indianactsi.org/grants/index.php/P3.

Questions to the Indiana CTSI at 278-2874 or ictsi@iupui.edu.

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About ▾
 News & Events ▾
 Research Resources ▾
 Training & Education ▾
 Grants & Funding ▾
 Community Engagement ▾
 Volunteer for Research ▾
 Tools ▾

Design and Biostatistics Program assists violence prevention initiative

Sept. 11, 2011

When workers from the level I trauma center at Wishard Hospital first learned about a young man nearly brought down by a violent shooting in downtown Indianapolis, he was failing school, on the verge of expulsion, and lacked reliable support network or safe place to stay. All but homeless since age 14, he's since acquired a driver's license, established a bank account, graduated high school and been accepted at Vincennes University, where he recently began his freshman year.

A participant in Prescription for Hope (RxH)—an innovative violence intervention/prevention program initiated by the IU/Wishard Trauma Center at Wishard Health Services in June 2009 that provides social services and positive lifestyle intervention to individuals affected by gun shots, stabbings and other violent crimes across eleven neighborhoods in Indianapolis—he is just one of 213 people whose path to rehabilitation has been supported by technology from the Indiana Clinical and Translational Sciences Institute (CTSI).

"Violent injuries often constitute a real 'wake up call,'" says Diana Creasser, program manager for RxH. "It's when they're still in the trauma center that we approach people about enrolling in our program—when they're most likely to be ready to commit to real lifestyle changes. This is known as the teachable moment."

RxH accepts victims and perpetrators of violent injury, as well as friends and family. The program is also unique among its peers for accepting all ages—the oldest participant is over 60. Upon entering the program, RxH coordinates social services to create an individual "service plan" focusing on seven areas: support and post-trauma and mental health counseling, risk factor mitigation, substance abuse treatment, education, job skills, emotional issues, and health plan enrollment. RxH also provides assistance with essential needs, including obtaining shelter, transportation, childcare, food stamps, money management, legal services and court advocacy.

"For all diseases, including traumatic injuries, the best medicine has always been prevention," says Gerardo Gomez, M.D., chief of the division of trauma, surgical critical care and emergency surgical services and director of the IU/Wishard Level I Trauma Center. "If you prevent the disease you don't have to treat the disease. This is what makes the Prescription for Hope program so important and vital for what we do."

Adds Lisa Harris, CEO and medical director at Wishard Health Services: "A trauma center might be the last place one would expect to find preventive health programs, but prevention forms the basis for our entire model of care."

After more than two years, Creasser says that prevention model has yielded important risk factor management information on more than 360 participants and potential participants.

"Early on our team was very concerned about how to most effectively capture and track our enrollees' progress through a system involving so many moving parts," says Creasser. "We explored data capture systems through the hospital... but because this is a largely community-based project the 'real work' doesn't start until after they're discharged and no existing system was a good fit."

The solution? REDCap (Research Electronic Data Capture), a versatile, open-source online data capture system created by



Diana Creasser (center) manages the Prescription for Hope team at Wishard Hospital with Dr. Gomez Gerardo (right).



RxH participants are enrolled from the level I trauma center at Wishard

Vanderbilt University and made available to investigators at Indiana University, Purdue University and the University of Notre Dame by the Indiana CTSI HUB. The system is simple enough that RxH program support specialists—the 24/7 case workers who lend crucial support to enrollees—may submit information in real time via secure online interface, but powerful enough to store massive amounts of complex data. All customizations required to adapt the system to RxH needs were implemented by technical specialists from the Indiana CTSI [Design and Biostatistics Program](#) following extensive consultations with the program’s principal players. Among the paper forms integrated into the system were screening enrollment, assessment, service planning, ongoing plan documentation and closure forms.

“Indiana CTSI representatives provided true design expertise,” says Creasser. “The system allows us to quickly and easily access information on monthly activity. We’ve got data on violent injury rates, criminal activity, health care payers, substance abuse rehabilitation, participation in GED training, and how effective we are at helping individuals obtain and maintain employment. Tracking enrollee demographics also is very fluent.”

These statistics provide valuable documentation of strong outcomes and support reporting requirements for a community crime prevention grant from the City of Indianapolis. Moreover, Creasser says the program will soon launch the “next step” in its partnership with Indiana CTSI—developing a data management system to support long-term study on violent injury recidivism. This project matches 28 cohorts—everyone enrolled in the program over each month since June 2009—and compares their emergency diagnosis rates against a control group at Methodist Hospital tracked over the same period. RxH currently uses an Excel spreadsheet to maintain this massive data set.

“This tracking has been going on since the inception of the program,” says Creasser. “The information involved is huge.”

But one statistic from the program stands out among all others—and may be the key to a new partnership with several local crime prevention and rehabilitation organizations. RxH has experienced 98 percent success rate for violent injury recidivism among its participants. Since the program was created, only three participants have been retreated in the Wishard emergency department and none for gun violence or a major injury. The national average for violent injury recidivism is 34 to 50 percent.

Propelled by these numbers, RxH recently launched a sister project, the Youth Violence Reduction Team, an inter-agency collaborative focusing on reducing crime among youth ages 16 to 24 in four neighborhoods with high homicide and aggravated assault rates. Project partners are the Ten Point Coalition, Peace Learning Center and Indianapolis Metropolitan Police Department (IMPD). All data collection for the project will be supported by the Indiana CTSI through REDCap.

The expansion also includes two additional support specialists and several police officer partners from IMPD, who will work alongside RxH employees at Wishard.

REDCap is one of the important ways that we capture our data, analyze it and are able to share results and outcomes that contribute to this trend in trauma medicine playing a strong role in the prevention of violent injury and public safety,” says Creasser. “We’re extremely excited about our results with this program.”

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