

Big Win Offers Big Opportunities for Cardiac Genomic Research

A boost to cardiac research is on the way for Cincinnati Children's. A team of our researchers has been awarded a [\\$32.5 million, five-year grant](#) to serve as the Administrative Coordinating Center and data hub for the National Institutes of Health's [Bench to Bassinet Program](#). The grant is believed to be the largest single award ever received by the medical center.

Launched in 2010 and renewed in 2015, the national, multi-site Bench to Bassinet program aims to accelerate research into the molecular basis of congenital heart disease, from discovery and translational research to clinical testing.

Eileen King, PhD, Peter S. White, PhD, and James Cnota, MD, MS, will head up work on the new project, which offers the medical center a lead role in determining new directions for pediatric heart research. The award also offers a chance to develop better data tools and methods, create closer ties with the national cardiac research community, and ensure that discoveries at the bench are translated to the bedside—or in this case, the bassinet.

Congenital heart defects are the most common type of birth defect and a major cause of infant death. Nearly 40,000 children are born with congenital heart defects each year in this country, and experts estimate that approximately 1 to 2 million adults and 800,000 children in the United States currently live with the disease.

Coordinating Research, Aiming for New Discoveries

Cincinnati Children's will be coordinating activities for two components of the project: the Cardiovascular Development Consortium, which conducts basic



research with laboratory models to discover which genes are turned on and off during heart development, and the Pediatric Cardiac Genomics Consortium, which uses genomic data from thousands of individuals born with congenital heart disease to uncover genes that may cause the disease and study how those genes influence clinical outcomes.

[Eileen King, PhD](#), associate professor in the division of biostatistics and epidemiology, will be leading efforts of the coordinating center to provide infrastructure to enhance collaborations among program members. Her team, including Rachel Akers, MPH and Nicholas Ollberding, PhD, will be responsible for operations, protocol development, core facilities oversight and support, and data management.

“Our goal is to support efforts across the project's nine sites to create reliable data and reproducible results,” she says. “We want to be strategic partners, not just a pair of hands. We want to help set the strategic direction of the research team and help determine the research priorities that are the most important to the clinicians, patients and their caregivers.”

King says that the NIH funders chose Cincinnati Children's in part because they were looking for a strong academic partner to help lead the project into its next phase. The medical center is responding by gathering clinical experts [\(continued next page\)](#)

IN THIS ISSUE:

[Progressive People](#)

[Professional Development](#)

[ClinCard Policies & Education](#)

[Sharing Research Results](#)

[Ebsco Discovery Service](#)

[Dates & Deadlines](#)

[ORCRA Move](#)

[Accent Reduction Program](#)

[Expanded EPIC Access](#)

[New NIH Cost Allowances](#)

[Meet Your SPO Analysts](#)

[CHAMP Pilot Funding Available](#)

[Pediatric Genomics Funding](#)

[Research Week 2016](#)

[Design Thinking Awards](#)

[Trivia Corner](#)

[New BMI Rotation Elective](#)

[Now Enrolling](#)



Spring 2016

Bench to Bassinet (*continued*)

from across the institution into an advisory board that will help focus the research and lead the project in new directions.

“In research, as you reach the end of a study, the question is always, ‘Where do I go next?’” says King. “Our goal is to make sure those next steps are clear, by facilitating information sharing, joint meetings, and always keeping an eye on the big picture. I hope everything we do leads to changing the outcomes.”

Big Win Means Big Data

As the program’s new genomic data hub, Cincinnati Children’s will collect, integrate, and provide over 150 terabytes of molecular data to the cardiac research community. A team of experts led by [Peter S. White, PhD](#), director of the division of biomedical informatics, will manage the genetic and clinical data developed across the project.

“This is truly big data,” says White. “We will be pushing the limits on effectively managing, integrating, and analyzing this data. The goal is to design technologies and computational methods that will allow researchers to understand a very complex combination of molecular and patient observational data.”

His team will expand the project’s current information architecture to accommodate new types of data, integrate data from inside and outside the project, and provide that data to the broader research community for enabling new discoveries.

White’s team, including Michael Wagner, PhD and Michal Kouril, PhD, are already working on new methods for storing and computing on large and complex data sets through cloud technologies. The team is also further developing HeartsMart, a data application for querying and reporting cardiac data that will be adapted to the cloud and expanded with a user-friendly public interface.

“The vision is that with this data, we will eventually be able to perform a genetic profile on a new patient with heart disease and use those results to better predict the course of their illness, as well as to target surgical and postsurgical interventions,” says White. “We want to improve the life course of patients with heart defects.”

Promise of Personalized Medicine

The Bench to Bassinet Program ultimately aims to blend genomic and clinical research. In addition to the two genomic research projects, it includes a third flagship project: the [Pediatric Heart Network](#). Established in 2001, this network represents a group of pediatric cardiovascular centers conducting clinical research. Cincinnati Children’s has been a research site for this project since 2006.

[James Cnota, MD, MS](#), an associate professor and clinician-scientist within the Heart Institute, leads the hospital’s work on the Pediatric Heart Network project and will now also be serving as medical director for the Administrative Coordinating Center. In that role, he aims to bring the perspective of the “users of research” (clinicians, patients, and caregivers) to inform research programs and study designs.

Genomic research is already impacting the treatment of heart disease today. The Heart Institute utilizes teams of physicians and three dedicated genetic counselors to provide clinical services to patients with a range of cardiovascular diseases such as cardiomyopathy, long QT syndrome, and Marfan syndrome. However, genomic research into causes and treatments of congenital heart disease is at a much earlier stage.

“We need a better understanding of the causes of heart defects, but we also need to understand the role of the genome in predicting medical and surgical outcomes and the long-term course of disease,” says Cnota. “We see a lot of variation in the response to standard treatments across patients with the same anatomic diagnosis. The hope is that, with a better understanding of these differences, we can tailor treatments to individuals in a way that is more personalized.”

[\(continued next page\)](#)

Project Aims:

1. Partner with the National Institutes of Health and steering committees from the Cardiovascular Development Consortium, the Pediatric Cardiac Genomics Consortium, and the Pediatric Heart Network to establish and direct a strategic and integrated scientific agenda that transforms Bench to Bassinet into a resource for the broader pediatric cardiovascular community.
2. Accelerate the advancement of the integrated scientific agenda by facilitating the coordination of efforts across the Bench to Bassinet consortium.
3. Increase the value of the research in pediatric cardiovascular disease by facilitating the research process through excellence in operational support.

Progressive People: Julie Wijesooriya



*You can find Julie on T2
in the CCTST space*

What a good fit! When Cincinnati Children's began their initiation of a Research Participant Advisory Council (RPAC), we thought it would be great to get someone with community experience to lead the endeavor after it got off the ground. In January, the Center for Clinical and Translational Science and Training (CCTST) hired Julie Wijesooriya as a Research Community Liaison. Julie's got community engagement in spades!!

In case you're wondering, her last name is Sri Lankan and is pronounced "wee-jay-sor-REE-yuh".

Julie was born and raised in Cincinnati (Mount Lookout). Her years away from the Queen City began in DC where she earned her undergraduate degree in Economics from George Washington University. From DC, she went on to Texas where she gained teaching experience through the Teach for America program. She returned back East, attending New York University to obtain her graduate degree in Public Administration while working for the New York Public Housing Authority. All these experiences contributed to Julie's passion for Urban Community. While in NY, she also had a stint in New York working in the stock market. This affirmed her awareness of the "Haves" and "Have Nots" across America and instilled an increased fire for community service.

So, when Julie and her husband, Niro, returned to Cincinnati in 2002, she put her passion and interest in public service to work as Chief of Staff for then-councilmember (now Mayor) John Cranley. She later focused her efforts back in the education realm, consulting with KnowledgeWorks Foundation in education policy and helping to grow parent and community engagement at her children's neighborhood public school, Pleasant Ridge Montessori. She has been very involved in Pleasant Ridge as a whole and has been instrumental in establishing various programs and opportunities for kids in the community.

Julie has two children...a son (age 11) and daughter (age 9). And, no surprise, their family pet is a rescue dog!

In her role as Research Community Liaison, Julie sees lots of potential to expand and realize benefits from the RPAC. She's looking forward to helping expand our research to become more community-involved.

Professional Development

ePAS IRB Submissions Training

April 14th; 8:45 – 11:45am

Core Clinical Research Training

May 3rd–5th; 8:00am – 12:30pm

Clinical Research Orientation

May 16-17th; 8:00am – Noon

EPIC Research Registration

May 18th; 8:00am – 5:00pm

Clinical Research Skills Training

May 19th; 8:00am – Noon

Clinical Research Phlebotomy Training

May 19th; 12:30pm – 5:00pm

Informed Consent Role Play

May 19th; 9:00am – 11:30

These are all registered for via the ELM.

Bench to Bassinet (*continued*)

New research directions are being pursued in this latest funding round, such as the high incidence of neurodevelopmental disabilities in children with severe heart defects. The researchers will closely characterize congenital heart disease patients to identify those with poor neurological outcomes who can then undergo more focused genetic studies. The goal is to uncover genetic mutations that affect both heart and brain development. "With clinically-oriented questions like this, we should see research outcomes that are more readily medically actionable," says Cnota.

Cnota believes that our leadership role in this project will drive new research directions across the medical center. "Our work will create connections that can lead to future collaborations and new teams," he says.

This project is a great example of the impact of team science, Cnota says. "Developmental biologists who study animal models, geneticists, and clinicians all complement each other, as each looks at problems differently. When our abilities are combined, we can achieve novel insights. We need to learn each other's languages and work together to make progress and take advantage of all those strengths."

Ultimately, the project leaders believe that success from the Bench to Bassinet project will extend into greater participation with professional organizations, parent groups and healthcare learning networks. "We want to evolve the project to ensure it is better aligned with the clinical priorities and research agenda of the overall cardiology community," says Cnota.

ClinCard Policies and Education

ClinCard became the primary method of compensation for research participants at Cincinnati Children's about a year ago. Over the past several months a team of Business Directors and representatives from Sponsored Programs Accounting has worked together with the representatives from the Sponsored Programs Office (SPO), Internal Auditing, Legal, the Office for Clinical and Translation Research (OCTR), and Accounting to create policies and procedures designed to standardize the use of ClinCard and gift cards for research. The new policies establish roles for system users, provide information on utilization of the ClinCard system, set participant and compensation documentation requirements, and formalize the review and auditing process. New ClinCard education is in development, and will be required for all current and new system users. Both the policies and education will be made available in April of this year to allow enough time for review and training completion prior to the start of the next fiscal year on July 1, 2016. The guidance documents located on the ClinCard CenterLink page will also be updated to reflect these changes. Additional information on the ClinCard updates will be communicated over the coming months.



Sharing Results: What Am I Missing Here?

Who? You were in one of our studies? If we expect anybody to participate in clinical studies for altruism, shouldn't we tell them whether their participation helped someone? The least we can do is tell them the results of their study and, later, if the product reaches the market, thank them for their contribution.

Everyone knows that good word-of-mouth is the best advertising for a product. Well, our product is clinical research, most of our "customers" are study participants, and many of them just want to help.

By Norman Goldfarb, Chairman, MAGI Managing Director, First Clinical Research LLC, Editor, The Journal of Clinical Research Best Practices; Used with permission

Introducing EDS: Ebsco Discovery Service

What is EDS: Ebsco Discovery Service? The Pratt Library has recently purchased and implemented a new discovery software called EDS: Ebsco Discovery Service. EDS is a new search interface used to find books, articles and more located both in the library and beyond. It's simple, fast and easy to use.

When should I use EDS: Ebsco Discovery Service? EDS is a good place to search for full text of articles that the Pratt Library and affiliates make available to you. EDS is also a good place to search for e-books to access immediately, physical books to request, streaming videos, images, and government documents- without having to search in multiple catalogs! For some, EDS may be a good *starting* place for a literature search. While EDS does not replace a traditional literature search, it is a great way to quickly see what types of information are available on a topic. EDS should *not* be used to replace searches within subject specific databases such as PubMed, CINAHL, ERIC, etc. Nor should EDS replace clinical tools such as UpToDate or Dynamed.

Will the library catalog be replaced? EDS searches across content from the University of Cincinnati Library catalog, Pratt Library resources, and the OhioLink catalog. EDS will not be replacing any of the other library catalog interfaces. You can continue to search the University of Cincinnati Libraries catalog as well as the OhioLink catalog if you choose.

How do I use EDS: Ebsco Discovery Service? You can get started by visiting the Pratt Library website prattlibrary.cchmc.org (please do not use Internet Explorer). Check out the Pratt Library [EDS Libguide](#), or watch this [helpful EDS orientation video](#) for more information on how to use the new EDS: Ebsco Discovery Service! Also, mark your calendars to attend an ORCRA Chat dedicated to EDS: Ebsco Discovery Service on March 18th at 9am. And if you need more help or have further questions before then, feel free to contact the Pratt Library 636-4320 or email PrattLibrary@cchmc.org.

Dates & Deadlines

NIH Grant Deadlines May 18, 2016 through August 15, 2016 (CYCLE II)

Activity Code	Program Description	SPO Due Date	CYCLE II Due Date
P Series <i>New, renewal, resubmission, revision</i>	Program Project Grants and Center Grants	May 18	May 25
G07, G08, G11, G12, G13, G20, R10, R24, S06, S11, S21, S22, SC1, SC2, SC3, UG1, U10, S06, U19, U2C, U41, U42, U45, U54, U56 <i>New, renewal, resubmission, revision</i>	Other Activity Codes	May 18	May 25
R18/U18 R25 <i>New, renewal, resubmission, revision</i>	Research Demonstration Education Projects	May 18	May 25
C06/UC6 <i>New, renewal, resubmission, revision</i>	Construction Grants	May 18	May 25
T Series D Series <i>New, renewal, resubmission, revision</i>	<i>Institutional</i> National Research Service Awards Other Training Grants	May 18	May 25
R01 <i>New</i>	Research Grants	May 30	June 5
U01 <i>New</i>	Research Grants – Cooperative Agreements	May 30	June 5
K Series <i>New</i>	Research Career Development	June 5	June 12
R03, R21, R33, R21/R33, R34, R36 <i>New</i>	Other Research Grants	June 9	June 16
R15 <i>New, renewal, resubmission, revision</i>	Academic Research Enhancement Award (AREA)	June 20	June 25
R01 <i>renewal, resubmission, revision</i>	Research Grants	June 28	July 5
U01 <i>renewal, resubmission, revision</i>	Research Grants – Cooperative Agreements	June 28	July 5
K Series <i>renewal, resubmission, revision</i>	Research Career Development	July 5	July 12
R03, R21, R33, R21/R33, R34, R36 <i>renewal, resubmission, revision</i>	Other Research Grants	July 11	July 16
R41, R42 R43, R44, U43, U44 <i>New, renewal, resubmission, revision</i>	Small Business Technology Transfer (STTR) Small Business Innovation Research (SBIR)	December 29, 2015	January 5, 2016
F Series Fellowships <i>New, renewal, resubmission</i>	<i>Individual</i> National Research Service Awards (Standard)	August 1	August 8
R13, U13 <i>New, renewal, resubmission, revision</i>	Conference Grants and Conference Cooperative Agreements	August 5	August 12
F31 Diversity Fellowships <i>New, renewal, resubmission</i>	<i>Individual</i> Predoctoral (F31) Fellowships to Promote Diversity in Health-Related Research	August 6	August 13

** Deadlines Falling on weekends or holidays move to the next business day

ORCRA Has Moved!

The Office of Research Compliance and Regulatory Affairs (ORCRA) is now located on S10. We have taken over the space vacated by the CCTST office. The move included all ORCRA groups except the Sponsored Programs Office which is still located at Vernon Manor. Stop by and check out our new digs!

Accent Reduction Program

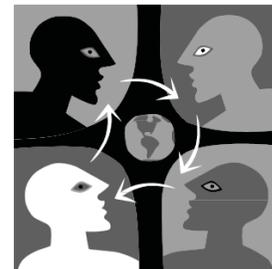
CCHMC's Division of Speech-Language Pathology is offering an Accent Reduction Program to help employees increase the clarity of their speech when using English. This program is designed to help those employees who are proficient ESL speakers, but have a strong "accent," making their speech hard to understand at times. The goal of the program is to reduce the accent and improve English language usage to help the individual communicate more effectively with colleagues, patients and families. The participant will receive individual instruction with a speech-language pathologist. The program has been designed to be 12 sessions total.

Cost: Free to current CCHMC employees

Where: 3430 Burnet MOB in the Division of Speech-Language Pathology.

How: CCHMC employees may register for the Accent Reduction Program through ELM.

Contact: Tania Tobar at (513) 803-3091 or via email at AccentReductionProgram@cchmc.org



Expanded Epic Access for Research Nurses

The opening of the Schubert Research Clinic has resulted in many positive changes in research being conducted at CCHMC including expanded access to documentation for research. Late last fall, 2015 representatives from Patient Services and The Research Foundation formed a small committee to determine appropriate users for elevated access in Epic and the training requirements needed to obtain this expanded access. Viewing this collaboration as an opportunity to align with institutional standards, mandatory minimum core clinical competency standards will now be required for all new and existing research nurses at CCHMC. It was determined that this initiative would be carried forward through the Research Nurse Forum (RNF). Additional clinical competencies required throughout the year by Patient Services (i.e. Mosby) will continue to be sent and tracked to the research nurses by the clinical research nurse practice leader.

The core clinical competency standards include Epic trainings developed for clinical nurses, clinical nurse orientation through Patient Services, and hands-on competencies. Research nurses who have not completed the clinical nurse orientation when they were originally hired will need to complete this training through Patient Services. Plans for implementation are currently being addressed. The training will be tracked by the nurse providing oversight for competency and maintenance in one of four areas:

- CTRC – Rebecca Harper
- OCTR – Anita Fritsch
- Gamble – Michelle Dickey
- All other departments – Dana Raab

Once mandatory training is complete, the research nurse will be able to use expanded access to Epic granted through a system access request form at epicresearch@cchmc.org. Research nurses can document information in Epic that the study PI determines to be clinically relevant.

Approximately 78 research nurses, which include all Research Nurses I, II, and III, will be affected by this change and documentation of this training will be required. Nearly half have already met the required competencies. In addition to these core competencies, completion of individual competencies specific to a department/division will not change. Divisions will still be responsible for overseeing and tracking specific competencies. All *research* competencies (not clinical care) will continue to be the responsibility of the individual department/division and will be tracked accordingly.

Business Directors will be informed of the mandatory requirement at an upcoming Business Director's meeting. Anticipated rollout for this new initiative is early March, 2016, and future communications will be coordinated through the Research Nurse Forum.

New Salary and Research Cost Allowances for K08 and K23 Career Development Awards *(first in a new SPO series)*

Effective with New (Type 1) K08 and K23 applications due on **February 12, 2016** Several NIH Institutes and Centers will contribute up to \$100,000 toward the awardee's salary to offset the requested effort. (example : 9 person months) that will be devoted to research and career development. Some ICs already contribute salary at this level or higher and this does not affect the way they operate. This applies to new (Type 1) applications as well as continuation (Type 5) applications submitted for FY 2017.

IC's may, at their discretion, annually increase their salary and research contributions for their K08 and K23 awards.

Please consult each funding opportunity and contact the program officer if needed to determine the salary and research costs to determine the salary and research cost contribution.

Excerpt from **NOT-OD-16-054**

NOTICE ON SALARY LIMITATION ON GRANTS, COOPERATIVE AGREEMENTS AND CONTRACTS

FROM NOT-OD-16-045

Individual with Full-Time Appointment (based on grant award/contract issued on or after January 10, 2016 with salary limitation of \$185,100)

This update has been incorporated into the ePAS forms.

NOTICE OF CLARIFICATION OF ELIGIBILITY FOR K99/R00 APPLICATIONS

NOT-OD-15-153

Revised Instruction

Eligible Individuals (Program Director/Principal Investigator)

Effective with applications for the February 12, 2016, due date and beyond, K99/R00 applicants must have no more than 4 years of postdoctoral research experience as of the relevant application due date regardless of whether it is a new or resubmission application. Individuals must be in mentored, postdoctoral training positions to be eligible to apply to the K99/R00 program.

REVISED RUTH L KIRSCHSTEIN NATIONAL RESEARCH SERVICE AWARD (NRSA) STIPENDS, TUITION/FEES, AND OTHER BUDGETARY LEVELS EFFECTIVE FOR FY 2016

NOT-OD-16-062

Stipends

Effective with all Kirschstein-NRSA awards made on or after October 1, 2015, the following annual stipend levels apply to all individuals receiving support through institutional research training grants or individual fellowships, including the Maximizing Access to Research Career (MARC) and Building Infrastructure Leading to Diversity (BUILD) programs.

Undergraduates in the MARC and BUILD Programs: For institutional training grants (T34, TL4), two stipend levels may be used for undergraduate candidates: Freshmen/Sophomores and Juniors/Seniors.

Career Level	Stipend for FY 2016	Monthly Stipend
Freshmen/Sophomores	\$8,808	\$734
Juniors/Seniors	\$12,336	\$1,028

(continued next page)

New Salary and Research Cost Allowances (*continued*)

Predoctoral: For institutional training grants (T32, T35, T90, TL1) and individual fellowships (F30, F31), one stipend level is used for all predoctoral candidates, regardless of the level of experience.

Career Level	Years of Experience	Stipend for FY 2016	Monthly Stipend
Predoctoral	All	\$23,376	\$1,948

Postdoctoral: For institutional training grants, (T32, T90, TL1) and individual fellowships (F32), the stipend level for the entire first year of support is determined by the number of full years of relevant postdoctoral experience when the award is issued. Relevant experience may include research experience (including industrial), teaching assistantship, internship, residency, clinical duties, or other time spent in a health-related field beyond that of the qualifying doctoral degree. Once the appropriate stipend level has been determined, the fellow must be paid at that level for the entire grant year. The stipend for each additional year of Kirschstein-NRSA support is the next level in the stipend structure and does not change mid-year.

Career Level	Years of Experience	Stipend for FY 2016	Monthly Stipend
Postdoctoral	0	\$43,692	\$3,641
	1	\$45,444	\$3,787
	2	\$47,268	\$3,939
	3	\$49,152	\$4,096
	4	\$51,120	\$4,260
	5	\$53,160	\$4,430
	6	\$55,296	\$4,608
	7 or More	\$57,504	\$4,792

Other relevant spending guidance can be found in the notice posted by the NIH **NOT-OD-16-062**.

Meet Your SPO Analysts (*first article in a series*)

Aren Enderle has worked at CHMC since 2000. He graduated from NKU with a Bachelors in Finance. Aren is responsible for reviewing grants, setting up grants, and completing the pre award stats each year. Some of his divisions include Hematology, Cardiology, and Pulmonary Biology. While not at work Aren enjoys playing sports, cooking, and spending time with his wife, Elizabeth and 2 kids, Mitchell and Lyla.



Kathleen Sullivan joined the Sponsored Programs Pre-Award Office in March of 2011. A native of Seattle, Washington, she



graduated with a B.A. in Liberal Arts from The Evergreen State College before moving to Cincinnati in 2004. Kathleen has worked in the field of grants and contracts administration for the past twenty years, with eight of those years spent in sponsored programs administration. Kathleen also has extensive private sector experience in industry and

government contracts, contract manufacturing, financial analysis and business management. Prior to CCHMC, Kathleen previously worked for University of Cincinnati, L-3 Communications, Aerojet Corporation, and General Dynamics. She is currently the primary sponsored programs point of contact for the divisions of Allergy and Immunology, Neurology, Rheumatology, CAGE, Critical Care, CTRC, Sports Medicine, Infectious Diseases, and Global Health Center.

CHAMP Pilot Funding Available for Multisite Projects

The new Child Health Research Acceleration through Multisite Planning (CHAMP) program is accepting applications from each of 3 “pods” of 5 Clinical and Translational Science Award (CTSA) sites for pilot projects that represent novel, relevant, and high-impact topics in child health. Cincinnati’s pod includes the University of Alabama at Birmingham, Medical College of Wisconsin, New York University, and University of Massachusetts. Proposals (up to \$50,000) must include collaboration from all 5 sites.

Studies focused on child health almost invariably require multisite designs to ensure that participant accrual and retention goals are met. Cooperation among the CTSA hubs provides a unique opportunity to achieve this goal with the added benefit of coalescing the immense talent and experience among child health researchers in a wide range of areas of interest. CHAMP provides an existing infrastructure to organize, select, and manage this catalytic funding opportunity.

Application deadline has been extended to March 31 (previously March 15). For more information, see the [request for proposals](#) or contact [Scott Powers, PhD](#).

March 7: Deadline for Preliminary Proposals for Funding from the Center for Pediatric Genomics

If you have an idea for a research project focused on genomics, then you could qualify for funding from the Center for Pediatric Genomics (CpG). Preliminary project proposals, up to three pages in length, are due on March 7.

Each year, CpG gives away \$1 million to foster and incubate innovative scientific and translational genomics projects. In the past two years, CpG has funded 21 projects.

CpG encourages multidisciplinary collaboration between clinicians, basic scientists, genetics experts, and informaticists. Projects can range from scientific discovery – such as investigating gene expression – to translational genomics, such as creating diagnostic tools.

Applications are limited to Cincinnati Children’s faculty. Those with early-stage ideas should contact a CpG team member for guidance and support prior to the deadline.

For more information, visit CpG/Funding Opportunities on CenterLink:

<http://centerlink.cchmc.org/content1/175912/>.

Get Ready for Research Week 2016, April 18-22!

Join in the festivities for Research Week 2016 April 18-22, as we celebrate research progress, increase resource networks and strengthen team science, improving health with cutting-edge research. The week is co-sponsored by UC, CCHMC, the Center for Clinical and Translational Science and Training (CCTST), Cincinnati VA Medical Center (VAMC), Cincinnati Education and Research for Veterans (CERV) Foundation and UC Health, and presented by Assurex Health.

Each day has a specific theme and is packed with events including guest speakers, poster sessions, symposia, a “Shark Tank” style research competition, and more! [The complete schedule is available here](#) for details, times and locations. The themes are:

April 18: *Celebrating Our Research Accomplishments*

April 19: *Research Works: Improving Health Together*

April 20: *Innovation, Entrepreneurialism and Technology*

April 21: *Impacting Health Across the Lifespan*

April 22: *The Interface Between Practice and Research*



For updates and more information, follow [@UC_COMResearch](#) on twitter, CoM Office of Research on Facebook, or go to <http://med.uc.edu/research/news/research-week-2016>. Contact [Brienne Sheehan](#) if you have questions.

CCTST Design Thinking Research Award: Letters of Intent Due March 28

Design thinking has been described as “*devising courses of action aimed at changing existing situations into preferred ones.*” Toward that end, the [CCTST](#) and [Live Well Collaborative \(LWC\)](#) offer the [Design Thinking Research Awards](#). The LWC is a nonprofit founded in 2007 by the University of Cincinnati (UC) and Procter & Gamble (P&G) which specializes in the development of products, services and system solutions for living well across the lifespan. It is a unique academic-industry innovation center that leverages the vitality and unbiased innovation capability of multi-disciplinary teams of UC faculty and students. LWC uses a design thinking approach to translate consumer research into innovative products and services.

Grants available: This grant opportunity provides partial support for a Studio project. You identify a healthcare challenge and the LWC works with UC to form a design lead multi-disciplinary team (from faculty and students). The team will utilize design thinking tools and a “co-invention” model with stakeholders (e.g. patients) to develop products or services with a focus on innovation to address the healthcare challenge.



The Studio structure facilitates ideas that are actionable and can be implemented faster. Your team walks away with design methodologies that can be used to address future challenges and sustainable tools/prototypes that can be readily evaluated. The LWC has a track record of completing more than 50 studio projects that have involved almost 600 students and greater than 40 faculty members from UC.

The maximum allowable grant is \$10,000 in support for a 14-week project which ranges in cost from \$29,000-\$78,000, depending on staffing levels of faculty, graduate, and co-op students and supplies needed to complete deliverables. The applicant’s department/division or grant funds from another source must be used to cover the remaining costs.

Eligibility: The principal investigator (PI) must be a CCHMC faculty member. Clusters of investigators spanning disciplines, programs and institutions are strongly encouraged. Faculty based at UC or the Cincinnati VA Medical Center are encouraged to collaborate with CCHMC investigators. **CCTST membership is required ([join here free of charge](#)).**

Process: A letter of intent (LOI) consisting of an application face page and 2 additional pages is required for each funding round. Selected investigators will be invited to submit a full application.

Deadlines for 2016 Fall Semester Projects

LOI due: March 28, 2016 by 5pm

Invitation to apply: April 11, 2016

Final invited applications due: May 9, 2016 by 5pm

Notification of award: May 30, 2016

Project Timeframe: August 22–December 9, 2016

Details: See the [application instructions](#) and [program webpage](#), or contact [Sandra Geideman](#). For questions about the LWC, contact executive director [Linda Dunseath](#).



Trivia Corner

Random Statistics:

CROs control almost 72% of the global clinical development outsourcing market (which is expected to top \$64Billion by 2020).

The top reason (28%) given for not participating in clinical research in North America is the difficulty of getting to the research center, followed closely (26%) by risk concerns.

In 2013, 99.7% of requests for expanded access INDs were approved (893 through CDER; 159 through CBER).

Between 2010 and 2012, a shift in community-based principal investigators occurred such that now most are independent Physicians vs. at university/hospital/government clinics.

New Rotation Elective Aims to Introduce Residents to Biomedical Informatics

Pediatric residents will have a new elective rotation option starting in July 2016 that will help them learn more about the emerging field of biomedical informatics. Organizers are currently seeking mentors and project ideas for the program, which is being developed through a partnership between the divisions of biomedical informatics (BMI) and hospital medicine.

“I think this is an incredibly important topic for our residents to learn about,” says Philip A. Hagedorn, MD, an instructor in hospital medicine who has led development of the program. “Literacy with basic informatics topics will be increasingly important for the medical practitioner and researcher as we learn to leverage data and technology in the delivery of healthcare and conduct of research.”

During the rotation, residents’ time will be spent learning through readings, participating in operational meetings and activities, and undertaking an informatics-related project of their choosing. Residents will also be encouraged to participate in BMI’s Clinical Informatics Focus Group and Biomedical Informatics Seminar Series.

Hagedorn is currently working with BMI’s educational team and clinical data analysts across Children’s to build a list of potential mentors and projects that would connect rotating residents with small, bite-sized experiences. Typical projects are expected to include building or analyzing clinical data sets, or starting an implementation/QI project.

“The hope is that a compelling project would draw these learners into our community to develop and improve long-term clinical and research projects,” says Peter White, PhD, BMI’s division director. “Educating clinical trainees means that, in time, we’ll have more fellows and attending physicians who understand basic concepts in the field of biomedical informatics and the strengths and limitations of information and technology. Ultimately, we will have more capable and knowledgeable collaborators.”

Hagedorn hopes to broadly involve the research community in this effort. His first goal: A list of active and engaged researchers who can be matched to a resident’s areas of interest and expertise. “The better the match, the better the chances for a longitudinal and productive project AND a foray into the field of biomedical informatics!”

To become a mentor or propose small project ideal for a learner, email Philip.Hagedorn@cchmc.org.

Send comments, story ideas or questions to:

Mina Busch

Program Manager, Education & Outreach
Office of Research Compliance and Regulatory Affairs (ORCRA)

Cincinnati Children’s
Hospital Medical Center
3333 Burnet Ave. MLC 7040
Cincinnati, OH 45229-3039
Mina.Busch@cchmc.org
513-636-3342

Contributors

Editor – Mina Busch
Writer – Heide Aungst
Writer – Beth Bloomberg
Writer – Jim Flessa
Writer – Kathy Goodin
Writer – Stephanie Hotze
Writer – Jane Howie
Writer – Katrina Purcell
Writer – Dana Raab
Writer – Holly Spindler
Writer – Jill Williams



Now
Enrolling

Healthy Adults 18 to 45 Years Old Needed

ETEC Vaccine Study



What
The purpose of this research study is to test how safe an investigational vaccine (dmLT) is, in preventing ETEC – E. coli infection. ETEC is a common cause of diarrhea in areas of the world where there are unclean conditions including poor sanitation and dirty drinking water.

Who
Healthy adults 18 to 45 years old who are willing to receive 3 vaccines against traveler’s diarrhea and come in for 12 study visits in our outpatient clinic may be eligible to participate.

Pay
Participants may receive up to \$900 for their time and effort to complete the entire study.

Contact
Gamble Program for Clinical Studies at Cincinnati Children’s
gambleprogram@cchmc.org | Study Line: 513-636-7699

CCHMC REG #2015-5449-V1



cincinnatichildrens.org/clinical-studies
facebook.com/cincinnatichildrensstudies
pinterest.com/cincykidsstudies

 Cincinnati
Children’s