Harnessing Machine Learning to Improve Clinical Trial Recruitment

Scientists at Cincinnati Children’s are teaching computers to figure out why people accept or decline invitations to participate in clinical trials, tapping into the power of technology to help clinical trials succeed. Recruiting sufficient numbers of participants in clinical trials is an ongoing problem in medical research that can compromise results or stop some studies altogether.

Yizhao Ni, an instructor in Biomedical Informatics, and Judith Dexheimer, an assistant professor in Emergency Medicine, and their colleagues teamed up to develop an automated algorithm to predict patient participation responses. Read the full paper here.

“The ultimate goal of our research is to impact patient recruitment strategies to increase participation in clinical trials and to help ensure that studies can be completed and the data are meaningful,” says Ni.

To recruit patients, clinical trial staff typically first conduct a chart review of electronic health records (EHRs) to identify eligible candidates. They will then approach the patients for enrollment. Approximately 30% of the time in patient recruitment is spent in chart review.

“One of the most frequent questions clinical trial recruiters ask is, ‘Can we predict patients' willingness to participate in a trial before we approach them?’ This is the motivation of our current study,” says Ni.

The researchers first reviewed previous studies that identified factors that influence successful patient recruitment, and then used so-called “machine learning” technologies to predict whether patients will participate based on these factors. They found that their machine learning algorithm was significantly better at predicting patient participation response than a program that simulates current recruitment practices.

The algorithm identified several significant factors that could impact patients’ participation willingness. By analyzing these factors for a particular patient, the clinical trial staff would be able to recommend proper clinical trials to the patient in order to increase the success rate of patient recruitment, or tailor their recruitment messages to address specific factors. Significant factors identified include:

- Patients were more likely to participate in disease-specific trials; they were less likely to participate in randomized and multi-center trials, more complex trials and trials that required follow-up visits.
- Caucasian patients were more likely to participate than African Americans. In addition, patients from extremely poor areas were less likely to participate.

(continued next page)
Harnessing Machine Learning (continued)

- Medical factors could affect their response to a trial invitation. Better clinical status (e.g., discharge disposition) would have a positive effect on the patients’ decision-making, while increasing pain and certain chief complaints were physical barriers to trial participation.

Study authors found that about 60 percent of patients approached with traditional recruitment practices ultimately agree to participate, but that the new automated algorithm could push acceptance rates up to about 72 percent. Their goal is to ultimately achieve acceptance rates in the range of 80 to 90 percent.

What is the eReg Initiative and Who Will Win the Biggest Loser Challenge?

The eReg initiative began several years ago and is right on target with our institutions’ 2020 goals. It is a pioneering use of electronic document storage to eliminate paper regulatory binders throughout CCHMC. We have been sharing resources, tools and templates, collaborating, standardization, and decreasing costs.

The eREG team effort began meeting in 2014 to address the mountains of paper that are required for regulatory documentation of research studies. The team has been led by Michelle Deutsch, Project Manager, Research Administration. What sparked the interest in 2014, was the preparation for the move to the T building. The new building had a more compact footprint for document storage space in research areas. It was a perfect time to bring more resources to the table to look critically at research document storage. This was mission critical to the T Building move because one large multi-site study could require massive storage of regulatory documents. For example, the CHAMP Study, a migraine prevention trial with 34 sites, required forty-four binders and which took up 14 linear feet of binder storage. Each binder also contained about a ream of paper. This was just one study of hundreds ongoing at CCHMC. It was definitely time to decrease the cost for paper, binders, and storage space so that research dollars could be spent more effectively.

Preliminary work had been done on this effort by the Office for Clinical and Translational Research, the group which manages and develops large investigator-initiated multi-site studies for CCHMC. OCTR regulatory staff began to look into innovative ways to reduce storage needs, paper usage and binder costs. This group looked at a number of vendor products and did not find a commercial solution which fit the bill. Concurrently, the regulatory team for CBDI was investigating ways to be more efficient with their regulatory time and looking into some of the same issues. Preliminary work to answer this document storage question began in earnest in 2014 with an assessment of the status of electronic regulatory documentation. Two teams, one from CBDI Regulatory Staff with Teresa Latham, Clinical Research Manager, Jan Englehart, Sr. Quality Assurance Specialist and Renee Doughman, Sr. Regulatory Specialist, and one from the Office for Clinical and Translational Research with Stephanie Hotze, Sr. Project Specialist and Leslie Korbee, Consultant began developmental work in collaboration with ORCRA staff, led by Dawn Lowe-Goodeen, Sr. Director, and Adrienne Perez, Sr. Compliance Specialist.

More commercial solutions were examined, and record retention policies and regulatory requirements were confirmed. Regular meetings of the group began and tools and templates were developed and vetted through a committee process. An SOP was developed and plans for a research enterprise-wide launch of the new methodology. An eREG team was convened to offer ongoing training and support. Jeanine Dahlquist, Regulatory Specialist and monitoring lead for OCTR, and Susan McMahan, BSRN, Research Nurse II from OCTR joined to expand the teaching team. Gajra Arya, Application Specialist III, joined to support informatics issues around electronic storage and secure storage.

eReg was successfully launched at the monthly CRP meeting in March 2015, after a year of study. To date, the eREG team has presented more than 20 training opportunities plus individual and team coaching sessions. There is a frequently updated webpage on Centerlink devoted to electronic document storage with FAQ’s, tips and tools. Members of the eREG team have presented nationally on the roll out of the program at CCHMC. A publication about the efforts to reduce regulatory paper and storage costs and our operating results is in development now.

Many departments and individual coordinators have made the switch to eREG during the previous year. The eREG team is continuing to innovate by building on the momentum and success of the initial eREG roll out and exploring other innovations in the use of electronic storage for research studies. To highlight the success of the program, a “Biggest Loser Challenge” is ongoing to recognize the staff who have been most successful at eliminating paper regulatory document storage.
Join us Thursday, October 6, for our annual human subject protection conference. Entitled Human Subject Protection: Changes, this year’s event will address issues of critical importance to human subject protections, including:

- Healthcare and technology
- Research reviewed by the NASA IRB
- Patient-centric research
- Patient engagement
- Updates on FDA expectations for human subject protections

Our 2016 conference promises to be another engaging and informative event for members of the research and regulatory communities. Continuing education opportunities will be available.
Save the Date: Appalachian Translational Research Network Health Summit

The Center for Clinical and Translational Science and Training (CCTST) will host the 2016 Appalachian Translational Research Network (ATRN) Health Summit November 17-18 on the Academic Health Center campus.

Composed of CTSA-funded centers including the University of Cincinnati, Ohio State University, University of Kentucky, and West Virginia University, along with other area institutions, the ATRN is committed to addressing the significant health challenges and disparities specific to Appalachia by enhancing research collaborations to speed the translation of scientific discoveries to health improvements for this region.

The theme for this year’s event is Transforming Health in Appalachia through Cross-cutting Collaboration. Keynote speaker is Judith Feinberg, MD, department of behavioral medicine and psychiatry, West Virginia University, who will discuss Drug Use & Intervention in Appalachia.

Also featured are presentations from ATRN member institutions on best practices in biomedical informatics and community-engaged research. Poster submissions are encouraged; prizes will be awarded. Online registration and abstract submission will be available soon.

The CCTST welcomes Interact for Health as an event co-sponsor. For more information and additional sponsorship opportunities, go to the CCTST website or contact Emma Jones.

Poster Preview: Clinical Research Professionals

The poster “Supporting Healthcare Transition for Teens Emancipating from Foster Care” won first place at the CRP State of the Union poster competition and was shared on Centerlink. The runner-up posters will be shared in this and the next edition of Research Forward.
# Dates and Deadlines

## NIH Grant Deadlines SEPTEMBER 25, 2016 through DECEMBER 13, 2016 (CYCLE III)

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<td><strong>F31 Diversity Fellowships</strong></td>
<td>Individual Predoctoral (F31) Fellowships to Promote Diversity in Health-Related Research</td>
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**Standard due date falls on weekend or federal holiday. Deadline extended to next business day.**
Research Horizons Update: To Harness a Whirlwind

To Harness a Whirlwind
The Spring 2016 issue of Research Horizons focused on the expanding work of our new Center for Pediatric Genomics. Learn more about the center’s work:

**Cyclone of Discovery:** The cycle of discovery fueled by the revolution in genomic science is more like a cyclone. This is why we launched our Center for Pediatric Genomics.

**Of Mice and Men:** Emerging use of mouse avatars accelerates precision medicine.

**Bridging the Pathways of TMA:** A dangerous complication of stem-cell transplants appears rooted in genetic variants that had long eluded researchers - until now.

**Predicting Surgical Outcomes:** Genomic research may help identify best candidates for anti-seizure surgery.

**When Diagnosis Brings Relief:** Genomic data helps family understand son's mysterious symptoms.

**An eMERGING Field of Study:** Massive, multicenter project seeks to combine genomic research with electronic health records.

If you do not already regularly receive Research Horizons, you can subscribe here.

Meet your SPO Analysts (second in a series)

**Brenda Slaughter**, who lives in the Dayton area, joined the Sponsored Programs Pre-Award Office in December, 2012. She received her Bachelor of Science in Accounting from Wright State University. Prior to working in Sponsored Programs Brenda worked in the manufacturing industry for over 20 years as both a General Accountant and a Cost Accountant. She has worked in Sponsored Programs for 11 years, working at Central State University and then the University of Cincinnati before coming to CCHMC. Brenda has received certifications, from the Research Administrators Certification Council (RACC), as both a Certified Research Administrator and a Certified Pre-Award Research Administrator. She is currently the primary sponsored programs point of contact for the following divisions: Pastoral Care, Education & Training, Perlman Center, Audiology Speech Pathology, Communication Sciences Research Center, Neurosurgery, Plastic Surgery, Pediatric Surgery, Bariatric Surgery, Fetal Therapy, Radiology, Radiology Informatics, Imaging Research Center, Pediatric Neuroimaging Research Consortium, Anesthesia, Emergency Medicine, Pulmonary Medicine, Asthma Center, and Endocrinology.

**Heather Pez Kinsman** joined CHMC’s Sponsored Programs Office in February of 2013 after working in the Sponsored Research Services (SRS) office at the University of Cincinnati from 2007-January 2013. She received her B.S. in Special Education from Jacksonville State University in Alabama in 1998 and her Master of Public Administration degree from San Francisco State University in 2005.

As a sponsored research specialist, Heather understands the balance required to ensure compliance with research regulations while at the same time providing customer support to the numerous divisions she assists. It is a goal of hers to be an encouraging resource to divisions navigating the gray areas of research compliance.

Heather currently lives close to CHMC in the community of Northside with her husband, two children and two dogs in a LEED certified home they built 4 years ago. When not working or schlepping her children to extra-curricular activities, she enjoys playing soccer, running, sewing, gardening and sleeping in on the weekends.

Heather is the SPO research specialist for the following CHMC research divisions: the Anderson Center, Nephrology, Dermatology, Gastroenterology, Psychiatry, General Pediatrics, Physical Medicine and Rehabilitation, Hospital Medicine and Developmental Biology.
OCTR Graduates Class of 2016

This month the Office for Clinical and Translational Research had a major graduation party to recognize the new degrees now sported by 6 of our 40 staff. This surge in new graduates from OCTR is right in line with the CCHMC 2020 plan to invest in our people and grow the skills needed for today and tomorrow. Every graduate has mentioned the teamwork and support from OCTR co-workers as attributing to their success. This provides a new twist on changing the outcome together, and the entire department proudly celebrates the success of these grads.

Four OCTR Research Nurses were proud to add BSN to their names. Sandi Bechtol, Mary Fisher, Anita Fritsch, and Susan McMahan, all toiled countless hours to achieve their Bachelor of Science in Nursing. Sandi, Mary and Anita, participated in the Mount St. Joseph program, with many of their classes offered onsite at CCHMC. The program was a 30-month series of classes with a capstone project at the completion.

Susan McMahan graduated from Chamberlain College of Nursing, working steadily towards her graduation over 5 years. “I stopped when I was traveling for the CAE study, then six months ago I decided to just get it done. The time crunch was the hardest part for me, being in an online program takes a tremendous amount of time in addition to research and writing papers. I learned that I really enjoy school and writing and will be starting my Master’s program in a few weeks.” Susan graduated with her BSN 6 days before her oldest boy graduated from college.

Mary Fisher was inspired to create an informative letter for the educator of children/adolescents dealing with Chronic Migraine at school, from her work on the CHAMP migraine prevention study. Mary was mentored by Susan LeCates, APN, from the Headache Center, who served as a sub-investigator on the study. Mary reported that, “I thought because my sons were away at school that the timing would be perfect, but the RN-BSN program is a challenge at any stage of life. I am happy that I am finished, but it was definitely a group effort. I could not have done it without the support of my family, friends, and co-workers.”

Sandi Bechtol completed a social justice capstone project about Human Trafficking – a form of modern day slavery- and the effects on a local, national and global level. Sandi was extremely proud of her accomplishment and commented, “I credit my success to the unending support of family, friends, coworkers and classmates.” Her supervisor, Anita Fritsch, Research Nurse II, completed the program at the same time. With a capstone project on the importance of vaccinations in preventing the spread of communicable diseases, Anita stated that, “I’m glad I am finished and feel it was a great accomplishment at my age. I met a lot of other nurses that work at CCHMC and formed many friendships that will last a lifetime. I couldn’t have made it through those 30 months without the support on my co-workers (especially those that were in school at the same time), friends and family for which I am very grateful.”

In addition to the BSN grads, two OCTR CRC’s received Master’s degrees this year. Angela Mendell, CRC III, and Shane McKee, CRC IV, both completed MS degrees. “Grad school is easy,” said Shane. “It’s like riding a bike. And the bike’s on fire!” Shane received a Master of Science in Experimental Psychology from Capella University. His graduate school mentor nominated him for a scholarship for his PhD based on his thesis work. He hopes to secure grant funding to conduct some studies focusing on his research interests in fibromyalgia and Alzheimer’s disease. We congratulate Shane as he plans his path forward from CRC to investigator.

Angela Mandell’s path was unique, completing an Executive Leadership and Organizational Change Master’s at Northern Kentucky University, which included an international trip to Korea, China and Japan to learn about their business culture.

The atmosphere of continuous learning and stretching for personal achievement is strongly supported by OCTR Leadership, Leslie-Sullivan Stacey, Director of OCTR and Sheri Selk, Clinical Research Manager. “I could not be more proud of these individuals, the sacrifices they have made to achieve their degrees, and the value they add to OCTR every single day,” said Sullivan-Stacey. Their enhanced skills will bring increased benefit to those using OCTR services.
The week of August 22, we will go live with the first phase of the Epic research module. As part of this go-live, we will begin to use new functionality in Epic that will help support both our research team and our clinicians who provide clinical care for our research participants.

As part of this go-live, we will continue to support research billing and compliance as we do today and also implement standard tools to support communication between study staff and clinicians that a patient is a participant on a study. The August go-live will focus on creating more robust research study profiles in addition to allowing patient and encounter associations to studies in order to maintain patient safety and provide new reporting tools for study teams.

**Studies required to be in Epic** include one or more of the following criterion:

1) Include research procedures  
2) Are supported by or conducted in Schubert, IRC, and/or CICRL  
3) Are “Greater than Minimal Risk” as determined by the IRB

To support this change, we will implement an automated process to extract initial study information from ePAS into Epic and revise the existing Research Profile Form (RPF) to capture the additional information needed that is not located in ePAS.

**Patient association** to a study will be required for all patients in research studies required to be in EPIC (based on criteria listed above). Patient association will do four things:

1) Allow you to document the patient’s relationship to a study (e.g., interested, active-screening, enrolled, completed, or declined).  
2) Provide clear indication that the patient is active on a study to all CCHMC staff who access EPIC. Through a hyperlink in the Patient Header, staff may link directly to the study profile which includes additional information on the study (e.g. contact information or emergency considerations).  
3) Notify study staff when a patient enrolled on their study is seen in the ED or is admitted; quickly identify any potential reportable events.  
4) Permit you to run study reports in Epic to identify all patients and their statuses on a study. This has the potential to be used to facilitate enrollment reporting.

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In 2008, we rolled out our “Greater Cincinnati Academic and Regional Health Centers” CITI curriculums. This involved a detailed set of courses that are assigned based on how you answer the affiliation questions about the nature of the research you’re involved with. The program included the initial coursework (stage 1 in CITI-speak) and two refresher cycles (stage 2 and 3).

In preparation for these enhancements and changes, we are committed to providing ongoing communication, training, and go-live preparation. Through emails and presentations we are live strategy to Divisions Chiefs, and CRPs and we will provide through the Research tab on activities. Training will be required for all research study staff who currently access Epic. Classes will be offered from 7/18-8/12 and will consist of a single four-hour course. Registration for classes is now available in ELM and can be found by searching for ‘Epic: Research Module Rollout Phase 1’.

Further efforts for Go-Live success include working with the Business Directors to identify Divisional Research Epic Super Users and Divisional Research Contacts for each division. We will work with the Divisional Research Contact to identify/verify users in each division, collect study details, and patient association information in the months leading up to go-live.

Thank you for your support of this next chapter in our Epic Adventure! We are very excited about the opportunities that these additional features will provide CCHMC to support research and clinical care both now and in the future. If you interested in more information or have any questions, please plan to attend a special Epic Research Implementation presentation on June 22 from 11-12:30 in the Research Auditorium or contact us at epicresearch@cchmc.org.

### EPIC Research Module (continued)

**Encounter association** to a study will continue to be required as it is today (research registration). However, we will be transitioning to a new field that will make it easier to select the appropriate study. The information populated in the new field will provide a snapshot of the patient encounters associated with a study in Epic and provide us with a foundation to explore additional support for future research workflows and activities in Epic.

In preparation for these enhancements and changes, we are committed to providing ongoing communication, training, and go-live preparation. Through emails and presentations we are live strategy to Divisions Chiefs, and CRPs and we will provide through the Research tab on activities. **Please join us for a special presentation**

“Epic Research Implementation Overview for CRPs, PIs, Faculty, and All Interested”
June 22 from 11-12:30 in the Research Auditorium

Training will be required for all research study staff who currently access Epic. Classes will be offered from 7/18-8/12 and will consist of a single four-hour course. Registration for classes is now available in ELM and can be found by searching for ‘Epic: Research Module Rollout Phase 1’.

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### What's in a (nick)Name?

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In 2017, we will be hitting the end of our 9-year cycle and the full program will be required anew. We are working with UC to define what this will look like (new affiliation questions, new courses, etc.) and will announce further once more details are known.

In the interim, we wanted to start getting it on our researchers’ radar that this is coming and will be announced by the end of 2016. Stay tuned!

According to an article in the Journal of Clinical Research Best Practices, ClinicalTrials.gov had close to 206K studies listed as of January, 2016. Of these, 23% had an entry in the “acronym” field. Many of these aren’t acronyms (words formed from the (initial) letters in words), but rather...**nicknames**.

Some of the very appealing nicknames were words that encourage participation or imply a significant impact. These may raise ethical issues if the name (e.g. CURE, HEAL, BEAT-HIV) somehow suggests a direct benefit from participation in the study.

A study nickname communicates a message about your study, and as a result, can influence its success. Consider a nickname’s appeal to potential participants. How does it sound when a participant wants to share that they’re in the (**insert nickname here**) study?

Consider, too, global implications. We’ve all heard the urban legend of the Chevy Nova (which supposedly means “no go” and therefore impacted sales). Don’t let this happen to you. Use Google Translate to check the meaning of your nickname in multiple languages.
This past February the Research Participant Advisory Council (RPAC) celebrated its 1-year anniversary, marking a year of providing guidance on how to improve the research participant experience across the academic health center. Established by a group led by Becca Harper DNP, RN, CTRC Director of Operations, the RPAC has provided invaluable feedback to Cincinnati Children’s Hospital Medical Center (CCHMC) over the past year on research participant issues such as consent/assent, Clinicards and genetic reports for families. As a result of their work, a more participant-friendly assent form has been created; changes have been made to the hospital provided Clinocard information sheet and process, and a participant-minded genetic pamphlet and video has been crafted.

The 30-member RPAC consists of research participants (children and adults) and parents/guardians of participants and range in age from 12 to 58 years. The objectives of the RPAC are to:

- Partner research participants and families with members of the research community to provide guidance on how to improve research across the academic health center, with a focus on participant experiences and building relationships of trust.
  - Establish best practices and improvement initiatives to implement these changes.
  - Provide a formal referral system for other patient and family advisory councils across the institution looking to engage in research.
- Humanize the face of research at the institution and in the surrounding communities.
- Provide an infrastructure for investigators wishing to include patients and families in their research and study design.

In January, Julie Wijesooriya, MPA, CTRC Research Community Liaison, came on board to CCHMC and is now facilitating the RPAC. In addition to working with the current RPAC at CCHMC, she has been working in partnership with Melinda Butsch-Kovacic, PhD, Associate Professor in Asthma Research and Alexis Kidd, Director of Seven Hills Neighborhood Houses, to create a community-based advisory board in the West End at Seven Hills. This 20-member West End Community Research Advisory Board will meet for the first time in June to address community research occurring in their neighborhood, with the following objectives:

- Engaging researchers to ensure they support the West End’s health goals in addition to collecting their study data
- Providing input on how to make research easier and more understandable for the West End community
- Guiding what research happens in the West End.

As part of their first meetings, they will have a 2-part training on participant research ethics, to better understand what protections are in place for research participants.

Need feedback for a Study/Project? The RPAC can help...

Need Research Participant Input or a focus group for your study or project? The RPAC and West End Research Community Advisory Board meetings are a great way to get that feedback. Staff that are interest in utilizing either the RPAC or West End Community Research Advisory Board for their research studies or other projects can contact Julie Wijesooriya. Both advisory groups meet monthly throughout the year.

The CCTST sponsors the RPAC and West End Research Community Advisory Board and provides monetary operations support.
Presentations, Recordings Now Available from Biomedical Informatics Services Series

Did you miss one of the Biomedical Informatics Services Series events this year? Now, you can access the full year of events via archived presentations and recordings at the BMI events web page: http://cincinnatichildrens.org/bmi-events.

The BMI Services Series features services provided to the research community. Here, Billy Shuman is describing an app he developed to support a research project.

The presentations and recordings feature the services BMI provides to researchers at Cincinnati Children’s and the University of Cincinnati, including:

- Biomedical informatics services for researchers: What we can do for you
- Application development: Custom study management tools
- Custom software development for research: When your needs go beyond standard tools
- Genomic analysis and high performance cluster computing
- Your research is safe with us: Data and software hosting through BMI
- Tools for researchers: AltAnalyze for microarray, RNA-Seq and metabolomics analysis
- Analysis of ChIP-Seq and RNA-Seq data in Biowardrobe
- Moving research data from your H: drive to OneDrive: Restrictions and concerns
- Introduction to data services

The BMI event series has concluded for the spring. Fall event schedules will be posted later this summer. To ask about upcoming events or becoming a speaker, contact jill.williams@cchmc.org. To learn more about BMI services, email help@bmi.cchmc.org.

Now Enrolling

Study for Adults 18 to 55 Years Old Who Have Asthma

CoNAC (Cockroach Nasal Allergen Challenge) Study

What
This research study will look at what amount of cockroach extract put in an adult’s nose will cause nasal symptoms.

Who
Adults 18 to 55 years old who have a history of asthma may be eligible to participate.

Pay
Participants will be reimbursed for their time and effort.

Contact
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