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**Director’s Corner by Ronald J. Sokol, MD**

As we move into the summer months the CCTSI team has been busy planning and strategizing for the upcoming year and the grant renewal process. In fact, we recently announced our CCTSI RFA for Pilot Grants and Novel Methods Grants in which Letter of Intent are due Friday, August 26, 2011. More than $1 million of pilot grant and new methods development funds are available this year to CCTSI members. So become a member if you are not already.

There are several upcoming meetings and events that we want to make certain you have on your calendar, including the CCTSI Town Hall on Tuesday, July 26, 2011 from 12-1pm (lunch provided) at AMC in Hensel Phelps East. The CCTSI All-Staff meeting, Monday, September 19, 2011 from 8-11am. We look forward to having all CCTSI paid personnel attend this meeting as we’ve tried to incorporate the feedback we received from last year’s meeting into this year’s agenda. Also the dates and the speakers for this year’s CCTSI Grand Rounds Series have been set, the first being on Thursday, October 13, 2011, 12-1pm (lunch provided) with James O. Hill, PhD presenting his ground-breaking work on obesity research.

WE ARE NOW ON FACEBOOK AND TWITTER. For all you social networkers, you may have noticed that the CCTSI is now on Facebook and Twitter! “Like” us on Facebook and “follow” us on Twitter for updates on pilot funding opportunities, educational events and seminars, Grand Rounds announcements, CCTSI Member Research News, and pictures from CCTSI events!

Lastly, I would like to strongly encourage any of you who have received an email survey from Westat requesting your input for the CTSA program at our institution to take the time to respond. NIH has contracted with Westat to conduct a National Evaluation of the CTSA programs at the 55 currently funded institutions. The Westat evaluation is an important study designed to assess whether, and in what ways, the CTSA program is achieving its goals of enhancing institutional capacity for conducting clinical and translational research and advancing scientific knowledge. The outcomes of the evaluation will be shared with Congress and may play an important role in decisions to continue or modify the CTSA program. The CTSA grant provides important support for the University of Colorado Denver and our affiliates; your input will be valuable. We need to do all that we can to increase our response rates to make the study valid and to demonstrate our willingness to help with this important survey.

So please respond to any emails regarding a “CTSA Survey” if you have been chosen for this survey.

**REMINDER:** PLEASE REMEMBER TO CITE THE CCTSI GRANT NUMBER (UL1 RR025780) ON ALL PUBLICATIONS WHICH RECEIVED ANY SUPPORT FROM ANY OF THE MANY CCTSI PROGRAMS AND CORES. For example, if you used REDcap, you **must** cite our grant, which underwrites the cost and maintenance of REDcap. The CCTSI’s productivity will be evaluated by NIH based in part on the number of publications that cite the grant, so please remember to “cite the grant!”

**Upcoming Events & Important Dates**

**CCTSI All-Staff Meeting**  
The CCTSI All-Staff meeting is designed for all personnel that have any portion or all of their salary supported through the CCTSI. All CCTSI employees are required to attend Monday, September 19, 2011; 8-11am at AMC room: TBD. Food and incentives will be provided.

For question regarding this meeting please contact natascha.palmer@ucdenver.edu.

**CCTSI Grand Rounds Series**  
The CCTSI Grand Rounds Series kicks off this year on Thursday, October 13, 2011; 12-1pm at AMC room: Nighthorse Campbell Native Health - M24-110 Shore Family Forum. James O. Hill, PhD, University of Colorado Denver |
Anschutz Medical Campus Center for Human Nutrition Director will be the guest speaker presenting his ground-breaking work in obesity research.

The series highlights cutting-edge translational research or biotechnology and takes place three times a year (fall, winter and spring) from 12-1pm with lunch provided. Other dates for the series are as follows: Thursday, February 16, 2012; James Downing, MD, St. Jude Children’s Research Hospital and Tuesday, April 10, 2012; Donald Leung, MD National Jewish Hospital.

CCTSI RFA for Pilot Grants and Novel Methods Grants

The CCTSI is proud to announce the 2011-2012 annual CCTSI Pilot Grants Program Request for Applications (RFA) and the Novel Clinical and Translational Methods Development Program RFA. This Award program consists of the 1) CO-Pilot Awards for Clinical and Translational Research which now include potential product development funding from the Technology Transfer Office and Translational Neuroscience Awards funded by the new Center for NeuroScience (CNS); 2) Child and Maternal Health Pilot Awards; 3) Community Engagement Pilot Awards for encouraging Community-Academic Partnerships; and 4) Novel Clinical and Translational Methods Development Awards. These pilot grants will provide more than $1 million of funds for translational research and methods development.

The RFAs for the pilot programs are found on the CCTSI Funding Opportunities website page and are also attached. Please note that in order apply for any of the pilot grants, CCTSI membership is required. Registration is fast and easy, and allows you access to training, funding and other resources and tools.

You can obtain more information about CCTSI and this funding opportunity by visiting http://cctsi.ucdenver.edu/Funding.

The Deadline for the required Letter of Intent is Friday, August 26, 2011.

If you have specific questions regarding the pilot programs please contact the point people listed below. For other questions, feel free to contact the CCTSI office at 720-848-7100.

- For questions regarding the CO-Pilot Awards for Clinical and Translational Research contact Sarah Stallings at 720-848-5519 or sarah.stallings@ucdenver.edu
- For questions regarding the Child and Maternal Health Pilot Awards contact Bonnie Savone at 303-724-1602 or bonnie.savone@ucdenver.edu
- For questions regarding the Community Engagement Pilot Awards for encouraging Community-Academic Partnerships contact Montelle Tamez at 303-724-5736 or montelle.tamez@ucdenver.edu
- For questions regarding the Novel Clinical and Translational Methods Development Grants contact Claudia Diaz-Byrd at 303-724-4419 or claudia.diaz-byrd@ucdenver.edu

Research Features

Merging Researchers and Communities to Improve Outcomes

Abstracted from AAMC Reporter: May 2011 —By Sarah Mann

It was an unlikely scenario. In a small town in the eastern Colorado plains, a group of men embroiled in the task of auctioning cattle and ranch equipment suddenly got to talking about colonoscopies. There had been a series of talks recently at local clubs and churches to raise awareness about colon cancer and encourage people to be screened. The local newspaper published articles about the disease and tips to help patients discuss their risk with their doctors. All of a sudden, it was nearly impossible to avoid hearing about colon cancer. One by one, the men made the rather sensitive admission that they had recently visited their doctor for a colonoscopy. Eventually, the entire group realized that every man there had just undergone the procedure, largely in response to the awareness campaigns.

This, of course, was not simply a town with a strong interest in colon cancer. A few years before, Jack Westfall, MD, MPH, co-director for community translation at the Colorado Clinical and Translational Sciences Institute (CCTSI), had received a grant to improve colon cancer education in the area. But rather than implement the standard education program, Westfall worked with community members and learned that people living in the area would most likely respond better to talks, newspaper articles, and discussions with neighbors and friends. The intention to get tested for colon cancer significantly increased among people who were exposed to the campaign, according to a study published last year in BMC Public
This merging of academic research and community perspectives is a prime example of community-based participatory research (CBPR). In CBPR, researchers and community members identify a local health issue and work together to determine why the problem exists and how to address it. A hallmark of CBPR is that research is tailored to local health needs. If the community has a high rate of diabetes, for example, a CBPR project might focus on how to increase diabetes screenings or self-care. Because of its local focus, a CBPR effort to increase the number of colon cancer screenings in the Deep South may look entirely different from a similar effort in inner-city New York. For that reason, those involved must rely on one another’s expertise to develop interventions that will work in a given set of circumstances.

“Community-based research will not be sustainable if the community and academics are not on equal footing,” said Westfall, who is also a professor of family medicine and associate dean for rural health at the University of Colorado School of Medicine. “Both groups have expertise. Academics have expertise in research and scientific inquiry. Community members are experts on living in their community and understanding what is culturally relevant, what has been tried before, and what is successful.”

CBPR has been touted by health experts and organizations as a way to address health disparities and improve outcomes. The National Institutes of Health (NIH) and Agency for Healthcare Research and Quality are both funding CBPR projects. The NIH’s Clinical and Translational Science Awards, which funds the Colorado institute, emphasize community engagement. The Affordable Care Act had CBPR in mind when it established the National Centers of Excellence for Depression, in which researchers are required to work with community organizations to develop depression treatment programs.

On Colorado’s eastern plains, Westfall created a community advisory council of ranchers, retired administrators, teachers, and other people in the community. The council’s first order of business was to draw up a list of health problems members had heard friends and family discuss. That exercise is precisely the appeal of CBPR, said Maret Felzien, a reading specialist and associate professor at Northeastern Junior College in Sterling, Colo., who serves on Westfall’s advisory council. “It is pretty rare for a normal individual to be involved in a research question,” Felzien said. “Research happens in the big city or the university. …But when it becomes a question in my small-town newspaper, and there is an article about someone I know, and a talk at my club, all of a sudden it is a whole community event. The research is not out there in the big cities anymore.”

One goal of CBPR is not only to further research but to advance the successes of community organizations or programs. CBPR can present unique challenges because it is so different from biomedical research. Researchers in a lab have some control over what is happening when they combine substances or chemicals, but with CBPR, it can be hard to form partnerships and recruit participants who will stay with the study, said Jeanette South-Paul, MD, medical director of the Center for Primary Care Community-Based Research at the University of Pittsburgh Medical Center (UPMC). In a CBPR project that involved teenage mothers, South-Paul had to account for the teenagers’ school or work schedules, child care arrangements, and transportation problems. She added, however, that although CBPR can be challenging, it is critical to build partnerships and work with communities to develop a health system focused on prevention.

“We actually ask the people who are being affected what sorts of things we could do,” South-Paul said. “CBPR is really important if we are going to prioritize prevention as our theme and not just disease treatment. We would like to work with folks to prevent them from getting those high-cost, devastating conditions that we have been researching for a long time. Wouldn’t it be nice to have less of that?”

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**CCTSI Program Spotlight**

**Education and Career Development Training TL1 Awardees**

The CCTSI grant includes TL1 (T32) fellowship support for PhD students electing to complete the requirements of the Clinical Translational Science Certificate for PhD students. This program will allow students enrolled in the existing Basic Science, Behavioral Science, Clinical Science, Analytical Health Science, Nursing, and Pharmaceutical Sciences PhD Programs at all University of Colorado campuses to obtain expertise in the clinical and translational applications of their research. The program is designed to provide integration between current training in molecular, cellular, and/or behavioral science and whole body physiology and disease processes, to provide joint mentorship by basic and clinician investigators, and to provide students with a clinical experience relevant to their field of study.

This year (2011-2012) we are able to continue the support for eight TL1 awards funded by the CCTSI. Awards were received by: Sarah Williams, a PhD candidate in Pharmacology with mentors Timothy McKinsey, PhD and Peter Buttrick, MD; Caleb Kelly, a PhD candidate in Immunology with mentors Sean Colgan, PhD and Glen Furuta, MD at The Children’s Hospital; Claire Gustafson, a PhD candidate in Immunology with mentors Edward Janoff, MD and Edwin DeZoeten, MD at The Children’s Hospital; Kristina Stoeumer, a PhD candidate in Immunology who is mentored by Thomas Morrison, PhD and Edward Janoff, MD; Adrianne Stefanaki, a PhD candidate in Reproductive Sciences with mentors Virginia Winin, MD, PhD and Joann Zell, PhD at National Jewish Health; Daniel Raible, a PhD candidate in Neuroscience with mentors Amy Brooks-Kayal, MD at The Children’s Hospital and Lauren Frey, MD; Previously unfunded participant Dana Judd, a PhD candidate in Clinical Science whose mentors include Magaret Schenkman, PhD and Jennifer Stevens-Lapsley, MPT, PhD; A second year of funding was also awarded to Van Willis, a PhD candidate in Molecular Biology with mentor support provided by Michael Holors, MD and Kevin Deane, MD.

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**Bulletin News**

**CCTSI Receives Recognition**
The CCTSI is proud to announce that the Clinical & Translational Research Center, Inpatient Unit at the Children's Hospital Colorado received a Patient Perception Awards (PRC) as part of the 2011 PRC National Excellence in Healthcare Awards. Congratulations to Jeryl McGaw, MS, ND, RN and Diane Branham, RN, BSN and the fantastic Nursing Staff of this unit. The CCTSI is honored to receive this recognition.

More Recognition
KC Clevenger, nurse manager at the Children's Hospital Colorado CTRC Outpatient Unit recently was awarded the 2011 “Outstanding Dissertation Award” at the College of Nursing graduation on May 27, 2011. KC started her PhD program in late 2008 part-time with the support of the CTRC. Her dissertation focus is on the identifying risk factors for post-thrombotic syndrome in children especially those that are modifiable such as obesity.
Congratulations KC!

Highlights from a Comprehensive Needs Assessment
In March 2011, a survey was administered to obtain data regarding investigator research needs and to help inform the CCTSI competitive grant renewal. Results from the over 600 completed surveys showed that access to pilot funding, affordable research services and resources, assistance with regulatory issues, and access to data to be the areas of greatest need. In response, the CCTSI has increased this year’s pilot grant funds that will be available to investigators. When asked what services have been most helpful in supporting one’s research, investigators most frequently mentioned access to research technologies, personnel support (particularly those provided through the CTRCs) and the variety of educational offerings provided by the CCTSI.

Interim Progress Report of 2010 Colorado Pilot and Collaborative Translational and Clinical Studies Program (CO-Pilot) Awards
The CCTSI evaluation team systematically collects information regarding outcomes of CCTSI-supported research and development efforts. In Fall 2010, the CCTSI evaluation team electronically administered the interim (6-month) progress report survey to the 24 Co-Pilot investigators awarded in the second round of pilot funding. Highlights of these projects, at the mid-point of their 12-month grant cycle, included the following:

- Nearly a third (n=7) of Co-Pilot awardees had secured additional funds within the first six months of their grant cycle; this funding had been obtained from a variety of sources and included federal and institutional support. Over 62% of awardees (n=15) reported that they planned to apply for additional funding to expand on their pilot project. Six of these investigators had already submitted applications. Two investigators (including one of the six who had already submitted a proposal) had (additional) grants in an active phase of development.
- All awardees noted the successful completion of major scientific steps in their projects. One project had already identified a new therapeutic target for the treatment of Crohn’s disease. Investigators examining Hypoplastic Left Heart Disease also reported a compelling finding that could potentially change the knowledge base of the associated field.
- Two awardees had already published a journal article, and 10 others indicated that they were currently developing manuscripts, to present findings emerging from their CCTSI-supported pilot projects. Fifty percent of awardees (n=12) had already submitted abstracts for presentations.

The Reach of the Network of Translational Technologies (NeTT)
The National Institutes of Health (NIH) have challenged Clinical & Translational Science Award sites (CTSAs) to accelerate the pace at which new scientific discoveries are made and translated to advance clinical and community-based practice. One strategy to achieve these lofty goals is to increase investigator access to the tools and technologies that will enhance and expedite the research process. The CCTSI evaluation team analyzed utilization data available for 2010 to examine the reach of the translational technologies available through NeTT. Key findings included the following:

- Genomics, the VC Rederivation Program, Advanced Light Microscopy, and Mass Spec/Proteomics were the most commonly utilized cores regardless of CCTSI membership or faculty rank. Together, these four core labs accounted for over 60% of NeTT utilization. The Genomics core lab was the single most heavily utilized core lab, accounting for a quarter of the total utilization.
- Those who utilized NeTT technologies were most often CCTSI members (64%), investigators who were primarily affiliated with the University of Colorado Denver (93%) and senior investigators (71%).
- Data emerging from the comprehensive needs assessment conducted by the CCTSI evaluation team in March highlighted the relative importance that investigators (particularly those conducting clinical research) placed on the translational technologies available through NeTT.

IF YOU USED ANY OF THESE NETT CORE RESOURCES, YOU MUST CITE THE CCTSI GRANT NUMBER (UL1 RR025780) ON ALL PUBLICATIONS.
The National Institutes of Health announced that it will provide $200 million over five years to five health research centers to speed scientific discoveries into treatments for patients. The grants were awarded as part of the Clinical and Translational Science Awards (CTSA) program, which is led by the NIH's National Center for Research Resources (NCRR). There are now 60 CTSA institutions, the target number set by NIH.

"The CTSA support the innovation and partnerships necessary to bridge the traditional divides between basic research and medical practice," said NIH Director Francis S. Collins, MD, PhD. "The combination of resources and collaboration made possible by these awards is essential for developing and delivering new treatments and prevention strategies."

Now in its fifth year, the CTSA consortium has generated resources that enhance the efficiency and quality of clinical and translational research, such as a searchable database of potential industry partners to aid scientists seeking public-private partnerships to take their research to the next level. Another example is a secure Web application designed to assist scientific teams with research data collection, sharing and management.

The 2011 CTSA expand consortium representation to two additional states — Kansas and Kentucky — extending the network to 30 states and the District of Columbia. With these most recent awards, the NIH is funding 60 CTSA institutions. The five new institutions are:

- Pennsylvania State University, Milton S. Hershey Medical Center, Hershey
- University of California, Los Angeles
- University of Kansas Medical Center, Kansas City
- University of Kentucky, Lexington
- University of Minnesota, Twin Cities

View descriptions of these CTSA awardees at [www.ncrr.nih.gov/ctsa2011](http://www.ncrr.nih.gov/ctsa2011)