

EXAMPLES OF POSSIBLE MARCH COLLABORATIONS

ETHNIC DIVERSITY AND DEMOGRAPHIC VARIETY

- Provider characteristics and health system delivery variation to be representative of entire regional area in a proposed qualitative study assessing health literacy and the role of clinical providers in communicating the impending need for liver transplantation in patients with liver disease.
- Sponsor designing a new assay to improve Chronic Kidney Disease (CKD) prognostication has an aggressive timeline for the collection of 1000 urine samples from patients with CKD and requires 25% diversity representation.

LARGE SAMPLE SIZE REQUIRING MULTIPLE SITES

- Rural/urban reach, necessary ethnic diversity, and 1500 severe asthma patient sample size requirement in comparative effectiveness study of two therapies sponsored by pharmaceutical company, assessing health-care utilization, accessibility of care, impact of ethnicity and insurance as factors in seeking care, and quality of life.
- Grant requiring 400 neonates enrolled and local investigator clinical practice feasibility analysis yields only 50 patients annually. Multisite study enables the evaluation of the effect of a drug on uterine, renal, and umbilical vasculature resistance when used in the setting of hypertension in pregnancy.

RARE DISEASES

- Study proposed by pediatric endocrinologist in 40 children and sibling controls less than 10 years of age with rare disease (one in 10,000 babies test positive in U.S.) of phenylketonuria (PKU) to test the effect of a low-acid protein glycomacropptide (GMP) diet versus the traditional, highly acidic synthetic amino acid diet on skeletal fragility and bone biomechanics.
- Nephrologist proposes 30 subject investigator-initiated pharmaceutical sponsored pilot study assessing the safety and effectiveness of a drug for the treatment of calciphylaxis, a rare, debilitating, and potentially life-threatening condition affecting approximately 2% of patients with End Stage Renal Disease.



MARCH PROVIDES AN ESTABLISHED INFRASTRUCTURE

for investigators and external sponsors who want to conduct collaborative clinical research at academic institutions across the Midwest.

The MARCH central administrative office is located at the University of Wisconsin School of Medicine and Public Health in the Institute for Clinical and Translational Research (ICTR). For more information, please contact:

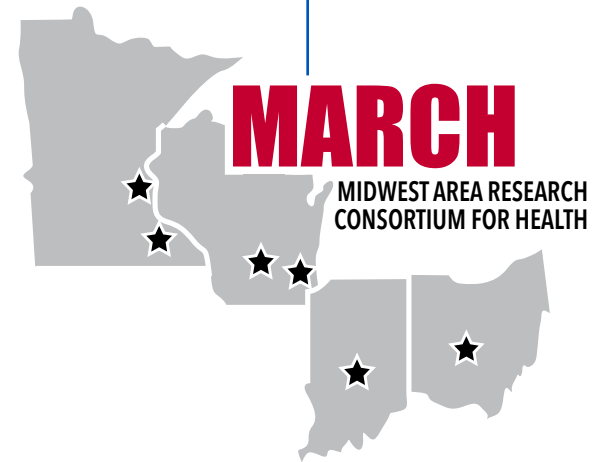
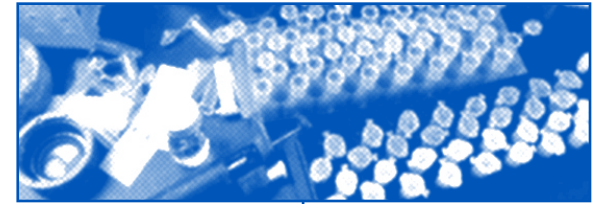
Debra Kruser, Administrative Director
 2112 Health Sciences Learning Center
 750 Highland Avenue
 Madison, WI 53705
 Phone: (608) 262-7217
 Email: djkruser@wisc.edu



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CTSA Clinical & Translational[®] Science Awards

Accelerating and transforming the clinical and translational research process is a top priority for the National Institutes of Health (NIH) sponsored National Center for Advancing Sciences (NCATS). As part of its mission to break down research barriers and to catalyze improved processes for bringing treatments, preventions, and diagnostics to patients more quickly and more economically, NCATS has funded the Clinical and Translational Science Awards (CTSA) program, a national consortium of approximately 60 medical research institutions across the country.

Beyond enhancing the efficiency and quality of research, accelerating the process of translating laboratory discoveries into treatments for patients, engaging communities in clinical research efforts, and training a new generation of clinical and translational researchers, CTSA sites have also been urged to think boldly about improving collaborative research processes and to prioritize cross-CTSA collaborations.

The creation of the Midwest Area Research Consortium for Health (MARCH) represents an innovative approach to combining existing regional CTSA infrastructures and resources into a cohesive partnership. MARCH provides opportunities for the conduct of efficient, effective, and demographically balanced research by a robust force of collaborating investigators supporting the facilitation of translational discoveries across multiple national health issues.

The mission of MARCH is to improve health through collaborative multidisciplinary clinical research and integration of evidence into clinical practice.



MARCH

MIDWEST AREA RESEARCH CONSORTIUM FOR HEALTH

POTENTIAL INTERNAL AND EXTERNAL STAKEHOLDERS AND COLLABORATORS



EFFICIENCY IN CONDUCTING RESEARCH

- Opportunity for more efficient subject recruitment through implementation of research at multiple network sites (e.g. studies in rare diseases and large populations)
- Use of reciprocal IRB deferral agreements and Clinical Research Management tools at each site to enhance efficiency of regulatory process and to streamline data management
- Simplified fiscal management – one contract, one budget, one contact

DIVERSITY IN POPULATIONS

- Geographic (urban/rural) reach and ethnic and socioeconomic representation enabling study of the differences in the causes, occurrence, and characteristics of diseases across populations

NOVELTY OF NETWORKS

- Proposed vision and mission of MARCH consistent with national goals of regionalization of research

- Collaboration with an existing regional network provides advantage in the competition for clinical/translational funding opportunities currently not feasible at single sites

ADMINISTRATIVE STRUCTURE

- Network model utilizing administrative conduit via regular Coordinator, Operations, and Advisory Committee meetings
- Dedicated leadership and study personnel at each site to enhance communication, continuity, and to assist with coordination

RELATIONSHIP BUILDING

- Collaboration among research institutions and their affiliated providers, resulting in long-term co-investigator research partnerships
- Opportunity to collaborate with academic researchers with multifactorial expertise