Recommendations

CTSA/NCATS Integration Working Group

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Working Group Chair

Advisory Committee to the NIH Director
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Working Group Membership

- Stephen Katz
  (Chair)

- James Anderson

- Hugh Auchincloss, Jr.

- Josephine Briggs

- Alan Guttmacher

- Kathy Hudson

- Richard Hodes

- Walter Koroshetz

- Rajesh Ranganathan

- Griffin Rodgers

- Susan Shurin

Working Group Charge

- Enumerate the roles and capabilities of the CTSAs that can support and enhance the mission of NCATS;

- Identify CTSA needs and priorities; and

- Propose processes for ensuring a smooth transition from NCRR to NCATS.

Working Group Consultations

- NIH Director

- NCRR and CTSA Leadership

- CTSA Program Officers

- CTSA Consortium Executive Committee (CCEC)
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Working Group Consultations *(cont.)*

- ## CCEC members include:

Bruce Cronstein, MD *(co-chair)*
New York University School of Medicine

Gordon Bernard, MD
Vanderbilt University Medical Center

Harry Greenberg, MD
Stanford University School of Medicine

Rebecca Jackson, MD
Ohio State University

Jill Joseph, MD, PhD, MPH
Children's National Medical Center

Curtis Lowery, M.D. *(co-chair)*
University of Arkansas for Medical Sciences

Don McClain, MD, PhD
University of Utah

Hugh Sampson, MD
Mount Sinai School of Medicine

Harry Selker, MD, MSPH
Tufts University

Harry Shamoon, MD
Albert Einstein College of Medicine

CCEC Inquiry – Essay Component

- **Identify CTSA research areas that are:**

  - Strongest and ideally suited to supporting the NCATS mission.

  - Relevant to the NCATS mission that you would like to enhance or further develop.

  - Not directly in support of the NCATS mission but are critical to be preserved.

Working Group Findings

- Numerous entities are invested in CTSA program - many goals are shared, but at times, have competing interests

- CTSA resources are highly leveraged by institutions – requires a balance between supporting local institutional needs and creating a national network of information, resources, and expertise

- CTSA infrastructure supports a broad range of translational research - specific strengths vary across CTSA sites

Working Group Recommendation #1

> Continue to provide infrastructure supporting the full spectrum of research while encouraging CTSA institutions to develop their unique strengths.

- There are essential core components that are critical to the conduct of translational science – these should be baseline requirements for all CTSAs.

- Above and beyond the core infrastructure, each CTSA should be encouraged to cultivate unique strengths to foster innovation.

Working Group Recommendation #2

Strengthen CTSA consortia activities.

- Encouraging CTSAs to cultivate individual strengths can minimize redundancy and facilitate the formation of a Consortium stronger than the whole.

- A portion of CTSA program funds should be dedicated to supporting:
  - Regional and national consortia activities; and
  - CTSA consortium activities in support of the NCATS mission.

Working Group Recommendation #3

Strengthen mechanisms for enabling IC-CTSA interactions.

- Widespread utilization of CTSA resources to facilitate IC-supported research has yet to be achieved.

- Mechanisms that allow ICs to invest funds in project-specific research at CTSA sites should be developed.

Working Group Recommendation #4

Evaluate each institutional award on its performance and allocate funds accordingly.

- Funds allocated to each CTSA are determined by a legacy formula based on prior number of GCRCs, training programs, and institutional K awards and not on the success of the CTSA.

- Funding levels should be based on performance measures that align with the goals of NCATS.

Working Group Recommendation #5

Allow current CTSA awardees to submit revisions to current awards prior to their anticipated renewal date.

- To prepare for merit-based review, CTSA should be able to revise current grants in order to reallocate resources to enhance their strengths.

- Revised applications will be subjected to review.

Working Group Recommendation #6

Develop an explicit process for exchanging information.

- CTSAs will continue to seek guidance about priorities, functions, and expectations of NCATS.

- The CCEC should remain a point of contact for engaging the CTSA community.

Working Group Conclusions

- NCATS must be linked not only to basic and translational research in the ICs, but to the broader resources available at academic and health care organizations.

- Flexibility in the application process in tandem with set-aside funds for NCATS projects afford CTSAs the ability to highlight strengths while contributing to the success of the enterprise in its entirety.

QUESTIONS AND DISCUSSION