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In This Issue

- Welcome to the Update
- Drake joins ICTCR
- Practice-Based Research Networks
- Clinical Research News

About Us

The ICTCR facilitates patient-centered research through the combined strengths of its founders—Mercy Medical Center and Des Moines University—along with partners—Drake University College of Pharmacy and Health Sciences and Mercy College of Health Sciences—and welcomes inquiries from interested clinicians and scientists.

For more information, please call
(515) 247-4435.

Welcome to the inaugural edition of the *ICTCR Update*

The Iowa Center for Translational and Clinical Research (ICTCR) is a new addition to the Des Moines Research scene. But being new, the purpose and programming of the ICTCR may not yet be familiar to the clinical research community we are trying to engage. So to help spread the word about the ICTCR we are launching this newsletter.

The *ICTCR Update* will be published periodically and distributed by email. Its purpose will be:

- to enhance communication and collaboration between clinicians and scientists
- to disseminate news about the people who contribute to the activities of the ICTCR
- to share information about research trends and opportunities
- to provide information about the research accomplishments of the ICTCR partners and
- to serve as a forum for feedback from individuals interested in ICTCR activities

As the *ICTCR Update* takes its first steps, we encourage you to tell us what topics you would like to have covered and what will make this a useful and interactive newsletter.

Drake College of Pharmacy joins ICTCR



Drake University's College of Pharmacy and Health Sciences is the newest partner in the Iowa Center for Translational and Clinical Research (ICTCR), with Drake's Dr. Ron Torry (left), professor of pharmacology and Windsor professor of science, will serve as liaison to the center.

"This partnership provides the platform for all four institutions to demonstrate how interdisciplinary health profession education and research can benefit direct-patient care," said Dr. Raylene Rospond, dean of the College of Pharmacy and

Health Sciences.

The College has been involved with Mercy Medical Center and Des Moines University in the past through shared classroom instruction, student clinical experiences and research collaborations between individual faculty members. Inclusion of the College as a partner in the ICTCR represents a next step in collaboration.

This partnership provides unique expertise that will contribute to the interdisciplinary approach to research and health care -- a major goal of the ICTCR. Drake faculty members are knowledgeable in drug informatics, drug literature evaluation, pharmacotherapeutics, pharmacokinetics, pharmacy social/administrative sciences and basic science research.

Anyone interested in using the resources of the ICTCR is encouraged to consider how the expertise of Drake's faculty may help create more expansive and robust research projects.

"This collaboration should enhance inter-professional and translational research opportunities for faculty as well as students at the participating academic institutions," said Dr. Torry. "We look forward to a productive collaboration."

**ICTCR Update
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Should Mercy Medical Center physicians be interested in PBRNs?

Mercy, through its existing health network, has a natural opportunity to build practice partnerships that can contribute to the goals of better health care for the patients we serve, and to do so with staggeringly large numbers of patients.

As an added benefit beyond advancing medical knowledge and improving practice, participation in PBRN-based research will expand the visibility and reputation of Mercy Medical Center.

PBRN research will expand the number of physicians who are actively engaged in improving the fundamentals of medical care, policy and organizational structure, even if they have not previously been directly involved in the research enterprise.

The ICTCR is interested in facilitating discussions with individuals who have medical questions that might be addressed through the creation of new PBRN-based projects. The concept is solid and proven.

Please contact the ICTCR (BLarsen@mercydesmoines.org) to begin the discussion.

PBRNs are not new but still offer exciting possibilities

Practice-based research networks were created with the idea that one of the best ways to develop medical knowledge that is quickly translatable to practice is by having physicians and their staff members practicing in primary care clinics collect information related to a specific problem and aggregate their findings in scientifically valid ways with other clinics participating in the same practice based network. Many of these networks did not emanate from universities or academic health centers and are highly focused on a carefully crafted clinical or organizational question and have contributed significantly to medical knowledge.

Although the PBRN movement did not start with the federal government, the Agency for Healthcare Research and Quality (AHRQ) administered a program that funded several of PBRN-based research consortia after Congress passed a bill providing specific funding for this approach to improving health care. Details about the federal role in PBRNs may be found at this reference: *AHRQ Practice-Based Research Networks (PBRNs)*. Fact Sheet, June 2001 (revised May 2006). AHRQ Publication No. 01-P020. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/research/pbrn/pbrnfact.htm>.

PBRNs do not have to receive federal funding to valid. PubMed indicates that currently there are 193 reports matching the PBRN search term and of these, 34 were published in 2008. The American Academy of Family Physicians maintains a membership organization for PBRNs and offers free membership to duly constituted PBRNs regardless of federal funding. In addition, this organization also provides seed grants for the founding of PBRNs (see the AAFP website for details).

The advantages of PBRNs have been discussed extensively by L. A. Green who has been a leader in the PBRN movement and has written extensively on the topic. PBRNs are likely to reach a larger segment of the population than studies conducted out of university medical centers and their populations have been shown to be representative. As Green indicated (NEJM 2001 344:2021) for every 1000 persons, 800 report symptoms and while 113 of these seek attention by a primary care physician, only 1 of the 1000 arrive at a university medical center where clinical studies have traditionally been pursued.

PBRNs also bring clinicians who practice within communities into the research process and allow them to be participants in the creation of medical knowledge. There is reason to believe that these community-based physicians are exquisitely positioned to make observations that will elicit change in how medicine is practiced. A presentation by Kurt C. Stange MD, PhD, Case Western Reserve University, noted 11 PBRN studies that have changed medical practice, three that have changed medical policy, and five that have changed methodology (<http://www.chrp.org/pdf/HSR090602.pdf>).

A review of the literature on PBRNs also reveals that practice networks do not have to be limited to family practice. A significant number of important findings have come from collaborations among dentists, for example, and other groups have included school nurses, visiting nurses, psychologists and others.

The way to capitalize on this opportunity is to organize a PBRN around a particular medical question. This type of question flows naturally from practice, and the distance to the answer is not terribly far away.

The curious physician, collaborating with equally curious colleagues, seeks the answer in their own practices. As L. A. Green opined, "if we want evidence-based practice, we need more practice-based evidence."

This article contributed by Bryan Larsen

Dr. Jan Franko



Did you know that the Mercy Medical Center's Institutional Review Board currently lists 107 active, approved clinical studies of which approximately one-quarter were investigator-initiated (not initiated by an outside industrial sponsor)? Mercy College of Health Sciences was responsible for generating 10 of 37 investigator initiated studies.

Dr. Michael Jacoby



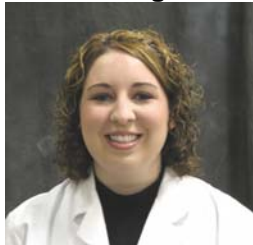
Dr. Jan Franko was the first author on a paper published this summer in the Journal of Gastrointestinal Surgery. His research, conducted in collaboration with investigators at the University of Pittsburgh School of Medicine, investigated the relationship of *KRAS* gene mutations in pancreatic cancer tissues and was able to show a significant decrease in survival when the tissues showed loss of heterozygosity, or mutation, at known marker sites in the gene of interest. Dr. Franko has been at Mercy Medical Center for five months and will be making a presentation on colorectal cancer at Grand Rounds on December 16 (see the announcement in the Medical Staff Newsletter).

Dr. Pat Finnerty



Dr. Michael Jacoby's collaboration with Dr. E.P. (Pat) Finnerty of Des Moines University has taken research all the way to Athens, Greece. In late October at the "Controversies in Neurology" meeting, Dr. Jacoby presented their work on The Assessment of Neuroimaging in the Diagnosis of Cerebral Venous Thrombosis. Their study covered data looking back over 13 years of experience and concluded that CVT is most often presaged by headache and that the condition was more prevalent in younger and female patients, and underscored the effectiveness of MRI as a key element in diagnosis. This study was also important because it included as an author, DMU medical student Leslie George, Class of 2010. One of the key goals of the ICTCR is to include medical and other health care professions students in MMC/DMU collaborations, and Drs. Jacoby and Finnerty have been leaders in this arena.

Leslie George OMSIII



Statement of Purpose

The ICTCR is a research enterprise that facilitates productive research collaboration between its partners through sharing of intellectual and infrastructure resources for the purpose of advancing patient-centered research that seeks better health for our communities and education and research opportunities for our faculty, staff, students and trainees. We believe the comprehensive training of medical students, residents and other health care professionals must be accompanied by a working knowledge of clinical research methods and best practices and that the best way to accomplish this is through active research endeavors. The ICTCR is dedicated to ethical and compassionate care for all individuals who participate in clinical research studies and actively supports the principles of autonomy, beneficence and justice in clinical research programs.