

THE IOWA CENTER FOR TRANSLATIONAL & CLINICAL RESEARCH

Kendall Reed, DO

The Iowa Center for Translational and Clinical Research is a collaborative affiliation of four institutions which provide the infrastructure for clinical and translational research programs at the community level. The ICTCR operates as a virtual research institute in which key partners blend their individual assets to complete a meaningful research project and then re-assemble and re-configure those assets for subsequent projects. This allows all partners to make contributions to medicine that otherwise might have been impractical or even impossible. Because of its reliance on synergies created through collaboration and emphasis on practical research results, the ICTCR adopted the tag line “partnerships for discovery and application.”

Busy physicians who practice in small to medium sized cities can easily develop the notion that medical research is the province of major academic research centers where the medical staff has protected time for original studies and where the environment is rich in infrastructure. But in 2004, these notions were challenged when the National Institutes of Health (NIH) launched its roadmap initiative – essentially a national strategic plan for biomedical research.

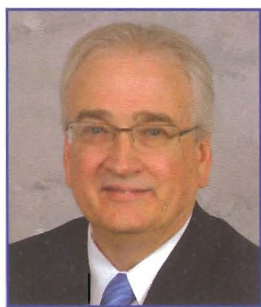
This roadmap has seen slight modifications over the past several years, but key tenets have remained the same. And while “big science” is still a key part of what NIH does, it has also encouraged the development of more collaboration through interdisciplinary teams. Moreover, the roadmap gave a new level of significance to studies conducted on community-level populations and has encouraged research to take on a more translational flavor in which discoveries are made relevant to clinical medicine.

Still, it was not clear if the NIH roadmap was a message to large academic medical centers or to the medical community at large. But a small group of researchers in Des Moines were convinced that the message of the NIH roadmap could apply to them and participants only needed to develop some strategies to become participants in this roadmap.

Another striking pronouncement around the same time from the American Association of Medical Colleges further propelled thinking that ultimately resulted in the creation of the ICTCR. In a white paper, the AAMC indicated that all physicians should be trained to be conversant with and competent in research and that all residency training programs should involve research, emphasizing to an unprecedented extent, the need for educators, preceptors, attending physicians, residents and medical students to be part of the research process.

The founders of the ICTCR, Bryan Larsen, PhD & Ted Rooney, DO, in partnership with Mercy Medical Center, Des Moines, believed more physicians could participate in meaningful research if the right resources could be marshaled and made available to them, allowing them to pursue research goals that were not primarily commercial in nature.

Recognizing that hospitals and clinics may not have the support of biostatistics and methodology experts, may lack a well-developed sponsored programs office and that physicians may not have ready access to assistants to help with the considerable uncompensated work needed to participate in research, an effort was made to see how these needs might be met. Des Moines University developed an answer by providing this infrastructure, including



Kendall Reed, DO, FACOS, FACS, is a Professor of Surgery and Dean of the College of Osteopathic Medicine at Des Moines University.

basic scientists and research laboratories, while simultaneously responding to a pent up demand among our medical students to be involved in clinical research.

The ICTCR was launched in 2008 because the concept of the research teams of the future emphasize interdisciplinarity. Drake University College of Pharmacy and Health Sciences and Mercy College of Health Sciences also became a critical part of the ICTCR. This allows the creation of multidisciplinary research teams that function in a way that parallels how care is provided; namely, a clinical problem is addressed from the standpoint of multiple professions and disciplines.

By its nature, the ICTCR is most effective in encouraging community investigator-initiated research, the kind of investigation propelled by the intellectual curiosity of physicians rather than by industry which mixes profit motive with a quest for information.

This initiative has been especially beneficial for medical students who have been able to enjoy early exposure to physicians and the way in which physicians think. By working in teams, the medical students are able to pursue clinical research projects more efficiently than might otherwise be possible without the team concept. In addition, each team has a basic science mentor who provides methodologic and statistical

guidance for the student and assists the team with scientific presentation of the results. It has been a true synergy.

Early accomplishments of the ICTCR have included students and residents who have been able to present their work at national meetings and have gotten peer reviewed publications. And while the ICTCR has an emphasis on investigator-initiated research, it has been instrumental in attracting new sponsored research as well. Collaborations are growing beyond the Des Moines community as Mercy Medical Center

has begun to participate as a satellite center with the University of Iowa's Neonatal Research Network grant through the National Institutes of Health.

Although it remains to be seen how the synergies and

the compounding of opportunities for the medical community develop into a more vibrant community-based research environment, we are confident that ICTCR will provide important advances that are meaningful to the people of Iowa.

For more information, please go to their Web site at www.iowatranslationalresearch.org.

