ACTS Leadership Profile: Michael J. Lichtenstein, MD, MSc

Establishing successful sustainable research and science education programs is Dr. Michael Lichtenstein’s career focus. Dr. Lichtenstein serves as the co-Principal Investigator for the San Antonio Institute for the Integration of Medicine and Science (IIMS), the academic home for the University of Texas (UT) Health Science Center at San Antonio’s NIH-funded Clinical and Translational Science Award.

Within the IIMS Dr. Lichtenstein is responsible for the Research Education, Training, and Career Development programs and directs the Office of Research Education and Mentoring (OREM). In 2010 Dr. Lichtenstein rejoined the Board of the Association for Clinical Research Training as the President-Designate – in this role he was intimately involved with the leadership teams from the Association for Patient Oriented Research and the Society for Clinical and Translational Science to successfully merge the three organizations into the Association for Clinical and Translational Science (ACTS) in 2013.

The past year has been one of continual change for the clinical and translational science community. The Institute of Medicine report and shifts in CTSA program direction have required ACTS to remain nimble, responsive, and proactive. The new ACTS Board of Directors has invested its time in norming, reaching out, and providing opportunities for clinical and translational scientists to convene, collaborate, and move their fields forward. Looking ahead to the next 12 months it is imperative for ACTS to diversify its membership base and activate its committees – we need to effectively engage in our core mission “to improve the efficiency with which health needs inform research and new therapies reach the public.”

Dr. Lichtenstein’s primary accomplishments have been in establishing graduate research education programs in San Antonio. In 2001 he led the team that created the San Antonio Masters of Science in Clinical Investigation Degree, the first non-departmentally based program at the UT Health Science Center. Over the past thirteen years, 114 research professionals from diverse backgrounds have earned the Masters Degree. In 2011, Dr. Lichtenstein coordinated development of a joint Translational Science PhD between the UT Health Science Center and three other academic components of the UT System (UT San Antonio, UT Austin, and UT School of Public Health). The Translational Science PhD has been very competitive, and will have 15 students as of the Fall 2014 semester. The PhD program opens up the graduate catalogues of the four UT components, allowing students and supervising committees to tailor training experiences to support the dissertation research beyond discipline specific bounds. It has been a joy to work with the Masters and PhD students and observe their careers creatively unfold.

For Dr. Lichtenstein, the annual Translational Science meeting has been an essential forum to network with and learn from other Research Education and Career Development professionals. Discussions, workshops, and poster presentations regarding format and delivery of curriculum, competencies, and education evaluation are keys to assuring San Antonio’s continued program success. As technologies and learning platforms/methods rapidly evolve, it’s exciting to contribute to the growing experience and body of knowledge focused on how to prepare a diverse workforce for successful clinical and translational science careers. Through ACTS membership, research educators actively work together, assuring that their programs are pace setters, not just aligning with, but leading change in training the nation’s bioscience investigative workforce.

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Translational Science 2014 Wrap-Up

Thanks to our members for making Translational Science 2014, held in Washington, DC on April 9 - 11, 2014 such a success. This year, over 800 attendees gathered to share their research and network with each other to create the ultimate meeting experience.

Attendees listened to keynotes by speakers including Dr. Christopher Austin, Dr. Lisa Guay-Woodford and Dr. Victoria Seyfert-Margolis, participated in Mock Study Sections, Meetings with Program Officers, Advocacy Training, Hill Visits, as well as many other educational and networking opportunities.

Plans for Translational Science 2015 are underway! Let us know what would make this meeting even more valuable to you by sending comments to info@actscience.org.

Visit the Translational Science website for additional information on this year’s program, including important CME information

Translational Science 2014 Highlight Video

What did you miss at Translational Science 2014? View highlights from our annual meeting featuring first-time attendees, plenary speakers and leadership.

Attendees, please send any photos/videos you would like to share with us to info@actscience.org.

Please note names and credentials of those depicted in the photos.

Washington Update

On Wednesday, April 9th, over 120 grassroots clinical and translational research advocates participated in Translational Science 2014’s Capitol Hill Advocacy Day. After receiving advocacy training and reviewing contemporary legislative issues, over 120 grassroots advocates traveled to Capitol Hill for meetings with the offices of key members of Congress. In total, 22 states were represented and advocates met with the offices of scores of legislators, particularly legislators with authority over federal medical research programs.

While the grassroots advocates represented varying geographic areas and levels of professional development, they brought a single message to Capitol Hill. By telling their personal stories, they called on legislators to support the full spectrum of medical research and reinvigorate the research training and career development pipeline. Based on feedback from meeting participants and congressional offices, advocates were highly successful in explaining the value and importance of clinical and translational research activities to key decision makers.

In the current budget environment, medical research funding, and by extension medical researchers, face unprecedented challenges. Grassroots advocates participating in Hill Day seek to build a critical mass of legislators who understand that investing clinical and translational research in a worthwhile investment in America’s future. Not only do critical research projects improve health and healthcare, they also create good jobs and economic activity on a local level. The advocates participating in our 2014 Hill Day had the opportunity to personally tell their representatives in Congress just how meaningful clinical and translational research and training and career development is to communities across the country.

The ACTS Connection Editors Want Your Feedback
ACTS Connection Editor, Dr. Satish R. Raj, MD, MSCI, and Associate Editor, Dr. Quinn Wells, MD, PharmD, MSCI, are interested in hearing about ways that ACTS Connection could provide even more value to our readers.

Please feel free to email Dr. Raj or Dr. Wells with your comments or suggestions.

Translational Science News

PCORI App Challenge Seeks ‘Matchmaking Tools’ to Connect Health Researchers With Patient Partners

The Patient-Centered Outcomes Research Institute (PCORI) wants to use technology to empower patients, clinicians, and other “end users” of study results when it comes to research partnerships. PCORI views technology serving as a matchmaker for scientists and end-users, who also should be able to initiate ideas for studies and contact with potential study participants. PCORI has launched the PCORI Matchmaker App Challenge, which will award $150,000 to the developers of the best apps that make this possible. “We’re frequently asked by clinical scientists, ‘how can they find potential partners with relevant interests and willingness to be part of a research team?’” says Jean Slutsky, PCORI’s chief engagement and dissemination officer. “Meanwhile, patient groups united by a disease or condition frequently seek research partners who can support their mission to find better prevention, diagnosis, and treatment options.” The first prize is for $100,000, while the second prize is $35,000 and third prize is $15,000. Developer app submissions will be judged by a panel of technology experts, PCORI staff members, and members of PCORI’s multi-stakeholder Advisory Panels.

From “PCORI App Challenge Seeks ‘Matchmaking Tools’ to Connect Health Researchers With Patient Partners”
Patient-Centered Outcomes Research Institute (03/24/2014)

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Long, Winding Road to Approval for New Drugs

Some doctors, scientists, and companies believe that the U.S. Food and Drug Administration (FDA)’s lengthy process for clinical trials is a burden that keeps patients from getting potentially life-saving treatments. It is not uncommon for a biotechnology company to go decades without selling a product while they navigate the process to meet FDA standards for safety and efficacy. A group of academic medical centers and hospital systems in California, however, is collaborating to change the ethics review board. Under the new Partnership to Accelerate Clinical Trials, a single ethics board would serve multiple test sites in a clinical trial, when each site traditionally has had its own ethics committee. The partnership is under the banner of the Bay Area BioEconomy Initiative and includes organizations such as Stanford University, UC Davis, Children’s Hospital Oakland, Sutter Health, and California Pacific Medical Center. When clinical trials are geographically centralized, this will help companies test drugs faster. It also could help companies save time and money by dropping ineffective therapies sooner.

From "Long, Winding Road to Approval for New Drugs"
San Francisco Chronicle (03/23/14) Lee, Stephanie M.

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Proposed Law Would Require More Drug-Trial Transparency

The European Parliament is scheduled to vote in April on legislation that would require drug companies and researchers to publish the results of all trials plus a full clinical-study report within a year of the trial ending. The measure is expected to clear the European Parliament and would take effect as law in 2016. Current estimates indicate about half of all trials are not published. Glenis Willmott, the member of the European Parliament who drafted the bill, notes that without the measure, trials could be needlessly repeated. Also, the new rules should benefit the European Medicines Agency, which is engaged in a legal battle with two drug companies for attempting to publish clinical study reports; the drug firms are seeking to prevent data on their drugs that they consider commercially confidential from being released. Some rare disease experts are concerned that publishing the clinical study reports could compromise patient confidentiality, particularly for diseases where there are very few patients.

From "Proposed Law Would Require More Drug-Trial Transparency"
Wall Street Journal (03/21/14) Plumridge, Hester

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Technology Transfer: Industry-Funded Academic Inventions Boost Innovation

Corporate-sponsored research is valuable for further innovation. Researchers analyzed data collected over 20 years at nine campuses and three national laboratories administered by the University of California. Of the 12,516 inventions that were disclosed to the university’s offices of technology transfer from 1990 to 2005, nearly 1,500 were supported, at least in part, by corporate funds. The data show that corporate-sponsored inventions resulted in licenses (29 percent) and patents (35 percent) more frequently than federally sponsored ones (22 percent and 26 percent, respectively). Overall percentage of corporate-sponsored inventions licensed exclusively (74 percent) is not higher than for those with solely public funding (76 percent). Half of the exclusive licenses for corporate-sponsored inventions seem to be to third parties, and corporate-sponsored inventions spurs more "knowledge spillovers," on average.

From “Technology Transfer: Industry-Funded Academic Inventions Boost Innovation”
Nature (03/19/14) Wright, Brian D.; Drivas, Kyrakos; Lei, Zhen; et al.

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Add to Sequestration’s Human Toll 1,000 Fewer Funded Science Researchers

To assess the impact of federal budget cuts on scientists, American Society for Biochemistry and Molecular Biology President Jeremy Berg turned to publicly available grants data. He discovered that budget cuts stemming from sequestration had resulted in 1,001 fewer investigators who had National Institutes of Health (NIH) grants. Berg examined other types of grants in order to estimate the 1,001 figure, noting that the number of investigators with funding from all R-series grants awarded by the NIH, for instance, declined from 26,362 in fiscal year 2012 to 25,361 in fiscal year 2013.

From "Add to Sequestration’s Human Toll 1,000 Fewer Funded Science Researchers"
Huffington Post (03/17/14) Stain, Sam

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Billionaires With Big Ideas Are Privatizing American Science

The U.S. private sector is playing a key role in the funding of scientific endeavors in the United States as government’s budget cuts affect the government’s research infrastructure. As affluent individuals use their money to combat diseases, among other things, divisions between academia and industry are disappearing in the path to turn basic discoveries into effective treatments. Martin A. Apple, a biochemist and former head of the Council of Scientific Society Presidents, believes today’s billionaires are helping to accelerate the overall pace of science. A New York Times analysis reveals that the 40 or so wealthiest science donors who have signed a pledge to give most of their fortunes to charity have assets exceeding a quarter-trillion dollars. In 2013, a coalition of leading science foundations announced a campaign to double private spending on basic research over a decade to $5 billion a year to balance the public’s growing interest in other popular fields like the arts and science. Eli Broad, who generated his money in housing and insurance, donated $700 million for a venture between Harvard University and the Massachusetts Institute of Technology to explore the genetic basis of disease, while investor Ronald D. Perelman gave more than $330 million to study women’s cancers, which among other donations helped lead to the development of the drug Herceptin.

From "Billionaires With Big Ideas Are Privatizing American Science" New York Times (03/16/14) P. A1 Broad, William J.

The Coming Perfect Storm in Medical Innovation: Can FDA Be a Life-Boat?

Academic medical centers and institutes nationwide are facing potential reductions to their research programs amid declining philanthropic support, slashed reimbursements under the Affordable Care Act, and smaller research grants from the National Institutes of Health. In response, academic research centers can turn to licensing revenue from patents linked to their research. By updating and simplifying the Food and Drug Administration’s (FDA) drug development process, academic labs would be more likely to generate licensing revenues from their discoveries. These funds would provide a “virtuous cycle” of new medical research while curbing dependence on the federal government’s budget cycles. Government data indicates that retail sales of medical products totaled roughly $338 billion in 2010, while licensing revenues of all inventions at all universities totaled just $6 billion in the same year. The National Centers for Translational Science is working to develop new tools for drug development. Meanwhile, the FDA needs to adopt new steps for drug development, such as smaller and faster adaptive clinical trials and the use of post-market surveillance. There is also a need for the prompt development of new biomarkers for diseases such as Alzheimer’s. An accelerated FDA can help academic centers obtain more market based rewards, allowing prices to rise from their abnormally low levels set by the FDA.

From "The Coming Perfect Storm in Medical Innovation: Can FDA Be a Life-Boat?" Forbes (03/05/14) Philipsen, Tomas; van Eschenbach, Andrew

Grant Opportunities

CHEST 2014 Grants and Awards Program

The CHEST Foundation, the philanthropic arm of the American College of Chest Physicians, has announced funding of a number of clinical and translational research, leadership, and volunteer community service grants. The programs, for CHEST members, include the GlaxoSmithKline Distinguished Scholar in Thrombosis Grant; the CHEST Foundation Clinical Research Grant in Lung Cancer; the CHEST Foundation Clinical Research Grant in Pulmonary-Arterial Hypertension; the CHEST Foundation and The Pulmonary Fibrosis Foundation Grant in Pulmonary Fibrosis; Diversity Committee Young Investigator Faculty Scholar in Pulmonary, Cardiovascular, Critical Care, or Sleep Research Grant; the CHEST Foundation and Alpha-1 Foundation Clinical Research Grant in COPD and Alpha-1 Antitrypsin (AAT) Deficiency; the CHEST Foundation/Respiratory Association Clinical Research Grant in Women’s Lung Health; and McCaffree Community Service and Humanitarian Grants. The deadline for all of these grants is May 31, 2014.

From "CHEST Foundation 2014 Grants and Awards Program" CHEST Foundation (03/28/14)

National Niemann-Pick Disease Foundation Peter G. Pentchev Research Fellowship

The National Niemann-Pick Disease Foundation is accepting applications for research fellowships examining the biology of Niemann-Pick Type C (NPC), a lethal neurodegenerative disease for which there are no effective therapies. Eligible applicants include predoctoral students with a lab selected and an approved thesis; M.D., Ph.D and M.V postdoctoral researchers; and early career investigators. Research projects that seek to develop new treatments for NPC and translational research projects that improve our understanding of the biology, pathogenesis, and potential treatment of NPC disease will be given preference. The fellowships provide $50,000 per annum for two years ($30,000 per annum for three years for predoctoral fellowships) and are renewable based on performance. Applications are due by May 1, 2014.

From "National Niemann-Pick Disease Foundation Peter G. Pentchev Research Fellowship" National Niemann-Pick Disease Foundation (03/28/14)

Consortium for Food Allergy Research (U19)

The National Institute of Allergy and Infectious Diseases is soliciting applications from single institutions to administer a multi-project multi-institution program to continue the mission of the Consortium for Food Allergy Research (CoFAR). CoFAR focuses on immune and other intervention strategies for the prevention and treatment of food allergies, including food allergen-associated severe allergic reactions and anaphylaxis, and food allergen-associated eosinophilic esophagitis. The consortium will conduct interventional trials with associated mechanistic studies, and observational/natural history and/or genetics studies with associated mechanistic studies, in order to understand better the immunopathogenesis of these conditions. A letter of intent is due by May 19, 2014, with the application due on June 19, 2014.

From "Consortium for Food Allergy Research (U19)" NIH Grants (03/26/14)

Exploratory Clinical Trials of Novel Interventions for Mental Disorders (R21/R33)

The National Institute of Mental Health has announced a funding opportunity to test novel interventions for mental disorders in adults and children through an experimental therapeutics approach. Trials must be designed to ensure that results will provide information of high scientific utility and will support go/no-go decisions about further development or testing of the intervention. Studies of novel interventions include behavioral, pharmacological, biologics-based, cognitive, device-based, interpersonal, physical, or combined approaches. Support will be provided for up to two years.
(R21 phase) for preliminary milestone-driven testing and validating of the intervention's mechanism of action, possibly followed by up to three years of support (R33 phase) for studies that relate the mechanism to functional or clinical effects. Applications for the next round of funding are due by June 17, 2014.

From "Exploratory Clinical Trials of Novel Interventions for Mental Disorders (R21/R33)"
NIH Grants (03/24/14)

Translational Research to Help Older Adults Maintain their Health and Independence in the Community (R01)

The National Institute on Aging and the National Institute of Biomedical Imaging and Bioengineering have issued a funding opportunity announcement (FOA) for translational research that furthers evidence-based research findings toward the development of new interventions, programs, policies, practices, and tools that can be used by community groups to help older adults remain healthy and independent, engaged, and living in their own homes and communities. Applications are encouraged for a wide range of topics related to the translation of evidence-based behavioral and social science research on aging. The approaches proposed should be based on tested and effective research, and the applications should also show that the proposed solution has reasonable potential for practicability and scalability. Applications are due by June 5, 2014. A second FOA, Translational Research to Help Older Adults Maintain their Health and Independence in the Community (R21), has a deadline of June 16, 2014.

From "Translational Research to Help Older Adults Maintain their Health and Independence in the Community (R01)"
NIH Grants (03/20/14)

Funding for Implementing PCOR in Primary Care Practices

The Agency for Health Care Research (AHRQ) released two funding opportunity announcements (FOAs) to boost the use of patient-centered outcomes research (PCOR) in primary care. The first FOA will fund up to eight regional cooperatives to help primary-care practices build up their capacity to implement PCOR findings, particularly to improve heart health. The second companion FOA asks for a robust, external evaluation of the same initiative, to discover how practice support can best be used to implement PCOR findings in primary care. Applicants must specifically work with primary-care practices, with a comprehensive approach that uses quality improvement strategies to improve a practice’s capacity to implement new PCOR evidence. Grant recipients also must propose rigorous evaluation of their initiatives and agree to contribute to a broader evaluation. AHRQ will invest up to $120 million over three years. Letters of intent are due May 23, and applications are due by July 3. The grants are expected to be funded in early 2015. The initiative is funded through the PCOR Trust Fund.

From "Funding for Implementing PCOR in Primary Care Practices"
Agency for Healthcare Research and Quality (03/14/2014)