September 2006

ACCELERATE
Clinical and translational research news from the AHC Office of Clinical Research

Career Advancement Program (CAPS)

Supporting the next generation of clinical researchers

A new Academic Health Center program provides training and career development for the next generation of clinical researchers. Supported by a $13.8 million NIH K12 Roadmap grant—one of only 12 nationwide—the Career Advancement Program for Clinical Research Scholars, or CAPS, emphasizes a team approach in multidisciplinary mentoring and training.

In addition to courses and seminars, the program provides protected time, allowing scholars to focus on research over the course of three to five years. Each scholar also works with a multidisciplinary mentoring team of experienced clinical investigators, including a biostatistician.

“This innovative program is designed to produce committed clinical investigators skilled in the design, implementation, and evaluation of clinical research,” says program director Russell Luepker, M.D., M.S., professor in the (continued on page 2)

Welcome to the inaugural issue of Accelerate, a monthly newsletter about clinical and translational research published by the AHC Office of Clinical Research. The aim of this newsletter is to provide information on a wide range of resources available to clinical and translational researchers at the University of Minnesota, incorporating news from the Research Services Organization, the General Clinical Research Center, and the newly funded NIH K12 program, CAPS.

With the founding of the Office of Clinical Research in September 2005, there is a greater commitment than ever across the Academic Health Center to provide investigators with training and support services for conducting clinical and translational research. A long-term goal of the Office of Clinical Research is to provide a “one-stop shop” for services, to remove barriers and transform the research enterprise.

This process has already begun through new programs such as the NIH funded Careers Advancement Program for Clinical Scholars (see feature on page 1), twice-monthly clinical research conferences, and a visiting scholars series. Other initiatives include providing added biostatistical support through the new Biostatistical Design and Analysis Center (BDAC), addressing health disparities through partnerships with community members and organizations, and providing additional space for clinical and translational research with the addition of approximately 30,000 square feet in the renovated building at 717 Delaware Street in fall 2007. These and other initiatives were outlined in our response to the NIH’s (continued on page 2)

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School of Public Health’s Division of Epidemiology and Community Health.

Scholars are selected through a competitive application process and represent a wide range of interests and backgrounds. A deliberate goal of the program is to increase clinical research across disciplines. Joining the first group of seven scholars are recipients of the AHC-sponsored Clinical Research Scholars Program, a pilot program introduced last year prior to the funding of the K12 grant.

CAPS is funded through 2010, and applications are being accepted for next year’s scholars (deadline: October 1). For more details on the program and application process, go to: www.epi.umn.edu/CAPS

The scholars are:
Mukta Arora, M.D.
Lisa Chow, M.D.
Sarah Cooley, M.D.
Mark Kirstein, Pharm.D.
Michael Kotlyar, Pharm.D.
Kamakshi Lakshminarayan, M.D., Ph.D.
Daniel Mulrooney, M.D., M.S.
Marcie Tomblyn, M.D.
Diane Treat-Jacobson, Ph.D.
Heather Vezina, Pharm.D.

Update, continued.
Institutional Clinical and Translational Science Award (CTSA) grant, one of the largest and most challenging solicitations ever put forth by the NIH. In its first year, the NIH will fund between five and seven institutions. Although we will not receive funding on the first round, the “pink sheets” will be helpful to decide on the next steps.

Looking back on the Office of Clinical Research’s first year, we have made important progress to advance clinical and translational research at the University of Minnesota. Looking ahead, there is still much to be done. As we strive to transform the research enterprise, Accelerate will you keep abreast of new initiatives and resources aimed at building a robust pipeline of skilled investigators and future leaders in clinical and translational research. I hope you find this newsletter useful, and welcome any feedback or suggestions you may have. Please contact us at ahcocr@umn.edu.

NEWS

There is still time to register for Current Issues in Clinical Research, a major conference to be held October 4-5 at the Minneapolis Convention Center. This conference will focus on emerging trends and provide a comprehensive review of clinical research performance. Registration is required; University of Minnesota faculty, research staff, and AHC students and trainees receive a highly discounted rate of $25. More information and the registration form can be found at: www.mayocts.com/education/conferences.

October 1 is the deadline for the next cohort of CAPS (see page 1). Eligible to apply for these awards are senior fellows and junior faculty from all schools in the AHC and other departments that conduct clinical research (human research), as well as affiliated institutions, including HCMC and VAMC. For more information and application forms, go to: www.epi.umn.edu/CAPS.

The GCRC is expanding capacity. With funding from the Office of Clinical Research, the GCRC is hiring two research nurses and a certified medical assistant, as well as exercise and ultrasound coordinators. In addition, its Body Composition Human Performance Laboratory is acquiring an additional ultrasound machine with support from MMF, OCR, and principal investigators. This will increase capacity for research allowing the GCRC to support even more than the 350 vascular studies conducted in the past year. For more information, contact Don Dengel, Ph.D., at 626-9701.
SPOTLIGHT

PERIPHERAL ARTERIAL DISEASE: WALKING TOWARD HEALTH

Walking has many health benefits, from facilitating weight loss to reducing the risk of cancer, stroke, and diabetes. For those with an atherosclerotic illness, such as peripheral arterial disease (PAD), walking has been shown to improve debilitating symptoms of the disease. Yet, because of the nature of the disease, walking can be difficult.

A new clinical trial aims to determine if self-managed walking can improve ambulatory function for patients with symptomatic PAD and diabetes mellitus. (Diabetes mellitus is one of the strongest atherosclerotic risk factors for PAD.)

“Risk factor modification is a core component in the management of PAD,” says principal investigator Tracie Collins, associate professor in Division of General Internal Medicine in the Medical School’s Department of Medicine and the Program in Health Disparities Research, “but an additional and underutilized component of care is exercise therapy.” While walking has specifically been shown to benefit patients with symptomatic PAD (intermittent claudication and atypical leg discomfort), almost all trials evaluating the benefit of exercise for these patients have focused on supervised exercise therapy. And, although the prevalence of diabetes mellitus in patients with PAD is as high as 55 percent, many of these patients have been excluded from prior trials involving exercise therapy.

Collins will soon be recruiting patients for the trial, where participants will be randomized to self-managed walking therapy plus routine care or to routine care alone. The intervention arm includes a combination of individual and group behavioral change counseling along with reinforcement of behavior.

Focusing on a self-managed program is important for translation of research findings into patients’ real-life situations, says Collins. “Exercise therapy should not be a burden. It should be something that the patient can routinely perform without the need for regular supervision, a treadmill, or reporting to the hospital.”

For more information on this clinical trial, or to discuss enrollment, please contact Tracie Collins, M.D., at tcc@umn.edu.

UPCOMING EVENTS

Clinical Research Conference
8-9 a.m. in 1-450G Moos Tower

Sept. 18, Ranjit John, M.D., assistant professor of surgery, Medical School

Oct. 16, Lisa Chow, M.D., assistant professor of medicine, Medical School

Nov. 6, Mark Kirstein, Pharm.D., assistant professor, College of Pharmacy

Nov. 20, Sarah Cooley, M.D., assistant professor of medicine, Medical School

Dec. 4, Mukta Arora, M.D., assistant professor of medicine, Medical School

Dec. 18, Kamakshi Lakshminarayan, M.D., Ph.D., assistant professor of neurology, Medical School

More Upcoming Events on page 4.
CAPS Profile: Sarah Cooley, M.D.

Sarah Cooley’s commitment to research began during her second year in medical school when her interest in oncology and immunology led her to the laboratory of Jeffrey Miller, M.D. There, she studied the mechanisms by which natural killer (NK) cells fight breast cancer, and became intrigued by the potential clinical applications.

Today as an assistant professor in the Department of Medicine’s Division of Hematology, Oncology, and Transplantation in the Medical School, Cooley continues to research the role of NK cells and other parts of the innate immune system in treating cancer. She also is one of seven scholars in the University’s Career Advancement Program for Clinical Research Scholars (see page 1).

Cooley is grateful for Miller’s mentorship during medical school. “I was lucky to have a mentor early in my career,” she says. “From the beginning, he stressed the importance of excellence and of securing protected time to do research.” After completing her internal medicine residency at the University of California, San Francisco in 2003, she returned to Minnesota to continue working in Miller’s lab. In 2005, she published results of her work on NK cell recovery, as first author, in the journal *Blood*.

Miller encouraged her to apply to the CAPS program, and along with Daniel Weisdorf, M.D., director of the adult blood and marrow transplant program, and Chap Le, Ph.D., director of biostatistics at the Cancer Center, agreed to provide mentorship to Cooley.

Cooley believes that tapping into the expertise of successful, established researchers is an invaluable aspect of the program. “I’m also looking forward to working as a group and learning from the other scholars. Even though we’re working in different areas, I’m sure there will be common concerns among us,” she adds.

Under the program, Cooley will be principal investigator for two clinical trials examining the clinical efficacy and the underlying mechanisms of two related therapies involving stimulation of the innate immune system to treat cancer.

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