

Translational Advisory Committee Draft Meeting Notes November 10, 2020

Members Present: TAC Chair Dr. Robert Coker, Dr. Kelly Drew, Dr. Stacy Rasmus, Dr. Katherine Tuttle, Dr. Nicolaas Deutz, and Denise Daniello (ex officio)

Meeting Purpose: To increase translational clinical research capacity at UAF and for TRiM.

Discussion Points:

- Focus TRiM's research on problems that are unique to Alaska and find solutions using local resources/strategies to address those needs. Stay focused and on track. (Dr. Deutz)
- Growth of clinical research is stymied by a lack of infrastructure and partnerships with local health care facilities/clinicians that must be filled in order to promote translational research in AK. (All spoke to that need.)
- Engage CTR and UA investigators in clinical trials to disseminate interventions to health care professionals and the community that address local health needs.
- Our research strengths include pre-clinical work in hibernation, emerging clinical studies in metabolism, and identifying health inequities in substance abuse and suicide.
- Strengths of the Translational Advisory Committee members include expertise in Alaska Native health and community participatory research (Dr. Stacy Rasmus, CTRP); implementing clinical trials to the community with a focus on rural health and chronic kidney disease (Dr. Katherine Tuttle); and a focus on translating pre-clinical metabolic studies to small clinical trials (Dr. Robert Coker and Dr. Nicolaas Deutz).
- Explore possible connections between metabolism and cognition; subsistence and mental health. Are there metabolic interventions available to address cognition (brain health) and mental health?
- Talk with clinicians (our customer) to learn about health problems they see in the community. Clinicians are the voice of their patients.
- Two focus areas for TRiM's clinical trials were proposed: (1) Metabolism and Mental Health and (2) Challenging the concept of "healthy obesity" by identifying other factors that increase risk for Alaska Native populations.
- Hire a research health care clinician to build clinical research capacity (long-term goal).

Identified Barriers

- Limited existing faculty and ability to hire new faculty due to budget constraints.
- Difficult to engage local clinicians to do investigative clinical research because of increasing patient loads (rising senior population with complex medical needs) and workforce capacity (number of retiring providers exceeds number of new providers going into practice).
- Geographic barriers limit access to health care for rural-based patients.

- Limited relations with providers including Southcentral Foundation, Chief Andrew Isaac and Providence.
- Lack of partnerships with local medical providers and heath care institutions, particularly those with clinical research capacity.

Proposed Action Steps:

- TRiM and CTRP work to develop partnerships and collaboration with Providence clinicians.
 Providence has a medical research program. Dr. Tuttle may be able to help us connect with Providence clinicians.
- Build relationships with WWAMI in order to promote awareness and interest among medical students in clinical translational research.
- Educate administrators and providers about the benefits of doctors engaging in clinical research
 that can both benefit the institution (by supporting recruitment, training, and retention
 strategies) and benefit the patient by offering access to improved quality care through
 participation in clinical trials.
- CTR and TRiM to host a series of clinical trial trainings (January-February 2021) to promote awareness and interest among investigators.
- Based on a recommendation from our EAC member Dr. Lathrop, TRiM planning to host a seminar in May highlighting the work of our research targeting clinicians to provide us with feedback about this work particularly how well this work addresses health issues they observe in the community and how we can build stronger working relationships going forward.
- Work to address study section bias against support for clinical trials outside of large urban centers. Robert Coker's recent experience with his R01 submission is offered as a case in point.
- Organize an opportunity for input from clinicians to understand their interests and priorities for research. Potentially coordinate with INBRE and CTRP to organize an event to get feedback and discussion from potential Alaskan clinical partners.
- TRiM to continue making stakeholder presentations. An upcoming presentation is being developed for Fairbanks Memorial Hospital (February) and one statewide presentation has been conducted for Alzheimer's Resource Agency (November).
- Schedule a TAC meeting in January as requested by TAC members.

<u>Overall Message</u>: Establish clinician partnerships locally to grow our pipelines of exploration for new faculty and to increase clinical trial capacity at UAF. Clinicians are our primary customers who serve their patients (our secondary customers).

The meeting also included self-introductions of TAC members and an overview of TRiM's program activities in its first year.

The meeting was adjourned.