Indiana CTSI support helps postdoctoral fellow advance research on opioid prescribing patterns

January 2017

When it comes to translational research, Patrick Quinn has found that working with an interdisciplinary team is critical.

That's why he's glad he came to Indiana University.

Quinn, PhD, is a postdoctoral fellow in the Department of Psychological and Brain Sciences at IU Bloomington. He credits working with mentors through the Indiana CTSI and a pre-doctoral internship at the IU School of Medicine with enabling him to establish a research group with clinical and basic research expertise.

"I came from being a grad student in a psychology department in Texas with no medical school at the time," Dr. Quinn said. "Coming to IU has allowed me to make connections with pain clinicians and pain researchers."

Dr. Quinn is first author of a study on opioid prescribing patterns published this month in Pain. His interdisciplinary research team—including mentors Kurt Kroenke, MD, Indiana CTSI associate director, and Brian D'Onofrio, PhD, professor in the Department of Psychological and Brain Sciences—studied a nationwide database of more than 10 million patients who filed private insurance claims for opioid prescriptions between 2004 and 2013.

Patrick Quinn, PhD

They found patients with behavioral and psychological conditions, such as substance use disorders, suicidal or self-injurious behavior, motor vehicle accidents, and depressive, anxiety, and sleep disorders, were more likely than patients without these conditions to be prescribed long-term opioid therapies of at least six months in duration.

"What this study tells us is that the people who are getting prescribed long-term opioids are more likely to have pre-existing mental health conditions, and that's a patient population that is perhaps at greater risk of negative consequences from opioids," Dr. Quinn said.

These results replicate prior findings using smaller datasets.

Dr. Quinn said the findings reinforce calls to integrate psychiatric or psychological services into the care of patients with chronic pain.

"Our results provide further support for prescription monitoring programs and other methods of alerting clinicians to patients with higher risk opioid prescription quantities and medication combinations, particularly when multiple providers are involved in a patient's care," he said.

The study was funded in part by a postdoctoral fellowship award to Dr. Quinn from the Indiana CTSI, which helped him secure external funding through the National Institutes of Health to continue the research.

--By Andrea Zeek, anzeek@iu.edu

Contact:
info@indianactsi.org

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Informatics Report from Bill Barnett

January 2017

Bill Barnett, PhD, Indiana CTSI chief research informatics officer

This report comes at the end of my first 18 months as Chief Research Informatics Officer (CRIO) for the Indiana CTSI and Regenstrief Institute.

For this report, I'd like to focus on our participation in the Patient Centered Outcomes Research Institute's (PCORI) PCORnet initiative. This program connects us to medical records data from sites across the country, and gives us access to funding opportunities for outcomes research, and participation opportunities for ongoing multi-site trials. We have provided summary information on the PCORnet and GPC pages on the Indiana CTSI HUB.

The Indiana CTSI is part of the PCORnet Greater Plains Collaborative (GPC) Clinical Data Research Network (CDRN). The GPC is a network of 12 leading medical centers across 8 states committed to a shared vision of improving healthcare delivery through ongoing learning, adoption of evidence-based practices, and active research dissemination. We contribute data on over 4 million patients from the IU Health system and Eskenazi Health. You can also access our local data through the Indiana CTSI i2b2 service, or by making data requests to the Regenstrief Data Core.

Across the 12 GPC sites we collect de-identified data on over 25 million patients, including cancer registry data and some CMS data. This represents a significant corpus of healthcare data that are available to Indiana CTSI researchers for randomized trials and observational comparative effectiveness studies. The GPC is one of 13 PCORnet CDRNs across the nation. The greater PCORnet CDRN 'network of networks' represents medical records data from over 90 medical centers across the nation.

You can request access to the GPC data by visiting its Research Opportunity Assessment page for feasibility reviews and data requests. PCORnet has also recently created a PCORnet "Front Door" for research requests. This "Front Door" provides a forum which investigators, patient groups, healthcare organizations, clinicians and clinician groups, government, industry scientists, and sponsors can use to enable collaboration on patient-centered studies. The "Front Door" has only been active for a couple of months, and Indiana has already received numerous requests for collaboration for specific projects.

PCORI announces, at a fairly regular interval, funding opportunities for patient-centered research, and has already launched a number of multi-site research studies. Through PCORnet, Indiana currently participates in the following:

- ADAPTABLE (The Aspirin Study) — A nationwide study hoping to recruit 20,000 patients in an effort to determine whether low dose or high dose aspirin is better long term for patients with heart disease.
- INVESTED — A study aimed as assessing the effects of the influenza vaccine on cardiovascular events
- NEXT-D — A study assessing the effects of Medicaid expansion, as a result of the Affordable Care Act, on diabetes diagnosis, treatment and outcomes.
- RESDAC Project — A study that will link patient level EMR data from GPC institutions with Medicare/Medicaid claims data for three separate disease cohorts.

I hope you'll take the time to look through these resources and opportunities, and that they will benefit your research! If you have questions or need more information, please feel free to reach out to Dan Hood at danhood@regenstrief.org.

I also want to report on our progress and plans.

Over the past 6 months, we have:

- Almost(!) completed the migration to the new Indiana CTSI HUB that will provide improved access to our services and better tools for communication and engagement. That site will be live by January 31.
- Kicked off a project to integrate our OnCore clinical trials system to the Kuali Coeus eIRB system. This will greatly reduce duplicate data entry, saving time and reducing errors for standing up trials. This phase of the project should be complete before the end of 2017.
- Created the Regenstrief Privacy and Security Council, whose mission is to accelerate access to data for research while still protecting patient privacy. This group will work closely with a committee of privacy and security officers from IU, IU Health, and Eskenazi Health to accelerate the use of healthcare data for research.
- Begun hiring three key new roles for the Indiana CTSI and Precision Health: a Director of Precision Health Systems, a Director of Knowledge Integration, and a Director of Online Engagement. These positions will be key to advancing our technical capabilities for

translational research and precision health.
- Improved the data quality of data in our i2b2 data repository, and put the data on a new, faster, server. Those of you who use i2b2 for feasibility studies will see improvements both in data quality and in speed.

Plans upcoming in the next six months include:

- Implement the Regenstrief Patient Generator (RPG) tool in partnership with IU Health and the Clinical Trials Office. This tool will provide much more rapid and accurate patient lists for recruitment into trials. The first phase of this project will be completed by March 31.
- Submit our CTSA renewal.
- Migrating the CTSI HUB grants administration system to a new, more functional and sustainable system on the WebCAMP platform already in use by the Indiana CTSI CRC. That migration will be complete this spring.
- Develop and disseminate clear policies and procedures, in collaboration with IU Health, to improve access to their data warehouse for research.
- Continue working with Eskenazi Health to put in place new services to improve research support there following their transition to the Epic medical records system.

I'd like to understand your needs, and where we need to improve what we're doing. Please feel free to ask me how informatics can help your research.

Bill Barnett, Ph.D.
Chief Research Informatics Officer, Indiana CTSI
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Indiana CTSI featured in 2017 BioIndiana Hotbed Map

January 2017

The Indiana CTSI is featured in BioSpace's new BioIndiana Hotbed Map highlighting leading life sciences organizations in Indiana.

BioSpace is a digital hub for life sciences news and careers, and the company's Hotbed Maps identify top academic and research institutes as well as organizations in the biotechnology, pharmaceutical and medical device industries.

The Indiana CTSI is a premier sponsor of the BioIndiana Hotbed Map. The map also includes Indiana University, IU School of Medicine, Purdue University and the University of Notre Dame.

View the BioIndiana video on YouTube.

BioIndiana Hotbed Map

This website is supported by Indiana and Purdue universities. Design by IUPUI; concept by Tufts CTSI.

Contact:
info@indianactsi.org

NIH issues policy on Good Clinical Practice Training

January 2017

The National Insitutes of Health (NIH) has visit the Office of Research Compliance website for NIH awardees involved in NIH clinical trials.

According to the NIH's announcement, the policy applies to NIH-funded investigators and clinical trial site staff who are responsible for the conduct, management and oversight of NIH-funded clinical trials.

The policy went into effect January 1, 2017.

For more information regarding GCP training requirements at IU, visit the Office of Research Compliance website.

Contact:
info@indianactsi.org

New ClinicalTrials.gov regulatory, policy changes in effect

January 2017

Changes to ClinicalTrials.gov compliance for both the Food and Drug Administration (FDA) and the National Institutes of Health (NIH) are effective as of January 18, 2017.

The FDA requires completion of new registration data elements for all clinical trials meeting the Applicable Clinical Trial definition with a Study Start Date on or after January 18, 2017. Completion of new results reporting data elements is required for Applicable Clinical Trials with a Primary Completion Date on or after January 18, 2017. All Applicable Clinical Trials with a Primary Completion Date on or after January 18, 2017 will be required to complete results reporting regardless of the drug, biologic or device status with the FDA.

The NIH requires registration and results reporting for NIH funded clinical trials meeting the NIH clinical trial definition. NIH clinical trials funded by the NIH Intramural Program and initiated on or after January 18, 2017 are required to comply with the NIH policy. NIH clinical trials funded by the NIH Extramural Program with an application for funding submitted on or after January 18, 2017 and initiated on or after January 18, 2017 are required to comply with the NIH policy.

For more information, read the full announcement from the IU Office of Research Compliance.

Contact:
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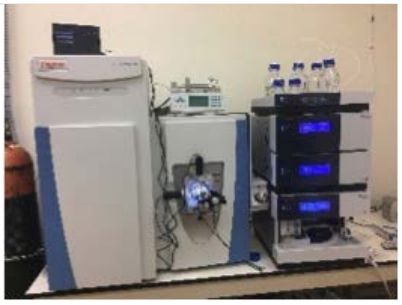
Access Technology Programs news

January 2017



Q-Exactive HF spectrometer

Starting in 2016, the National Institutes of Health (NIH) requests all proposals to include an attachment of the authentication of key biological materials such as cell lines, and more journals have guidelines for cell line authentication before accepting a research article.

To facilitate grant proposals and publications in Indiana, the Biophysical Analysis Laboratory (BAL) in the Bindley Bioscience Center at Purdue University, in collaboration with the Purdue Genomic Core Facility, is going to offer the cell line authentication service in 2017.

The BAL cell line authentication service follows the standard protocol (ASN-0002-2011) published by ATCC and approved by American National Standards (ANS). The cell lines are authenticated by creating a Short Tandem Repeat (STR) profiling and comparing the profiling to the ATCC STR database. The STR profiling report prepared by BAL fulfills the requirements for grant proposals and publications. To learn more about the cell line authentication service, please email the BAL at ma420@purdue.edu.

PURDUE PROTEOMICS FACILITY ADDS TWO NEW MASS SPECTROMETERS TO ITS CORE LAB

By Uma Aryal, PhD, director of Purdue Proteomics Facility

Thanks to the generous support from the Office of the Executive Vice President for Research and Partnership (EVPRP) and the Purdue Institute of Inflammation, Immunology and Infectious Disease (PI4D), Purdue Proteomics Facility (PPF) recently obtained two high-resolution mass spectrometers: the Thermo Scientific Q Exactive HF hybrid quadrupole-Orbitrap and the TSQ Endura Triple Quadrupole (QQQ) mass spectrometers in its core lab.

PPF is located in the Bindley Bioscience Center (BBC) at the Purdue Discovery Park. Both instruments are coupled to a new Dionex UltiMate 3000 nano LC systems for high throughput LC-MS/MS analyses.

The Q-Exactive features an ultra-high-field Orbitrap mass analyzer which doubles the speed and resolution compare to other instruments in this class. The high-resolution allows resolving closely spaced spectral peaks, which will otherwise appear as a broad single peak at low resolution. The Q-Exactive is designed for a large scale proteomic analysis, and the combination of high speed, high resolving power, and high mass accuracy ensures highest performance for collecting the highest quality data.

The TSQ Endura QQQ also offers best sensitivity, unprecedented usability and robustness for enhanced quantitative performance. It is suitable for ultrafast selected-reaction monitoring (SRM)-based protein assays. Both instruments are currently operational and available for the investigators.

The mission of the PPF core is to provide investigators with cost-effective access to high-throughput proteomic analysis. The sensitivity and high throughput of the LC-MS/MS system is pivotal to successful proteomic analyses. The core also houses multiple other mass spectrometers, as well as FPLC and HPLC systems for protein/peptide separations.

The addition of these two new instruments has increased our ability to identify and quantify proteins from a small quantities of individual proteins, and simultaneously to analyze very complex samples. This has also enhanced our ability to characterize post-translational modifications and mapping protein complex assemblies and interactions. This would open new opportunities to study biological pathways, and to discover molecules of novel therapeutics and diagnostic applications.

Major services include:

- Consultation for designing proteomics experiment and SRM assay development
- Protein identification, label and label-free quantification
- Post-translational modifications
- Analysis of protein complexes and interactions using protein chromatography and quantitative MS profiling
- Bioinformatic analysis

For more details about the instruments and services, visit the Purdue Proteomics Facility website. For further inquiries or to schedule a meeting or equipment usage, please contact Dr. Uma Aryal, director, at uaryal@purdue.edu or Victoria Hedrick, research scientist, at vhedrick@purdue.edu or (765) 494-4960.

ACCELERATED DISCOVERY OF SMALL MOLECULE BIOMARKERS BY MRM-PROFILING MASS SPECTROMETRY

Multiple reaction monitoring (MRM)-profiling is a novel mass spectrometric method for accelerated discovery of molecular features which has been developed by Christina Ferreira and Graham Cooks for Parkinson's disease diagnostics.

This method is proving to be generally useful, as it allows relative quantification of hundreds of molecules in complex samples. It is currently offered as a service by the Bindley Metabolite Profiling Facility at Purdue University.

MRM-profiling is characterized by its speed, the absence of chromatographic separation and ‘big data’ acquisition and reduction. The workflow involves separate discovery and screening steps.

MRM-profiling is fast and simple because a) chromatography is not performed, i.e. samples are directly injected into the mass spectrometer ionization source; b) discovery of molecules present in the sample is based on a limited number of chemically specific neutral loss and/or precursor ion MS/MS scans; and c) no internal standards are used. The discovery step is a supervised method based on chemical inputs based on some prior knowledge of the chemical functional groups likely present in the sample. Prec and NL scans are chemical functional class specific in contrast to product ion MS/MS scans, which are specific to particular individual chemical compounds. Traditional metabolic screens record product ion spectra of all the abundant fragment ions in the single stage mass spectrum.

The output of the discovery phase is organized into fast methods for interrogating multiple samples-based MRM measurements (hence the name MRM-profiling). Multivariate statistical approaches are performed on the resulting data.

MRM-profiling is useful inter alia for healthy/disease discrimination based on small molecules, for better understanding and characterizing gene knockout models, and for observation of dynamic metabolic states such as the impact of a specific diet.

In more technical detail, for the discovery step of the MRM-profiling, molecules present in representative samples (usually one sample per experimental group) are detected by a molecular feature specific of their chemical class. To detect specific molecular features, a triple quadrupole mass spectrometer (or other tandem instrument) is set to run different experiments looking for fragmentation features related to specific chemical classes using the Prec and NL scan modes. Traditional metabolomics discovery methods are based on product ion scans, which are typically performed over the entire mass range creating of huge dataset (the 2D data domain) containing all ions detected in the full scan mode and all of their respective fragments.

As an example, membrane lipids from the phosphotidylcholine (PC) class have a choline headgroup. When lipids from this class are fragmented, a fragment ion characteristic of PC occurs at mass-to-charge ratio (m/z) 184. Therefore instead of looking at thousands of mass spectra for molecules that might include the fragment of m/z 184, the precursor ion scan shows only molecules having this fragment. For the screening step, molecular features detected in the discovery step (usually hundreds of them) are organized into tailored methods and used to interrogate all samples of interest by MRM scans. Diverse multivariate statistical methods (principal component analysis, cluster analysis) as well as univariate methods (t-test or ANOVA, fold-change, Volcano plot) are used to interrogate the data. Data visualization is by heat maps and methods recommended for biomarker discovery such as receiver operating characteristic (ROC) curves are also used.

Even though there are simpler, chemically broader, and faster than LC-based discovery metabolomics, MRM-profiling allows sample complexity to be preserved during analysis, a feature that is in line with systems biology approaches where a single molecule is rarely enough for the diagnosis or for understanding metabolic conditions.

Acknowledgements:

We thank the support from the Michael J. Fox Foundation of Parkinson's Research (MJFF Grant 8617) and the Purdue Institute of Inflammation, Immunology and Infectious Disease (PI4D).

UPDATES FROM THE IU BLOOMINGTON ELECTRON MICROSCOPY CENTER

Things are changing at the IU Bloomington Electron Microscopy Center (IUB EMC). This past year has brought changes to the facility that are continuing well into 2017.

A little more than a year ago, we hired Dr. Che-Yen (Joe) Wang to enhance our expertise in the area of cryo electron microscopy. Joe’s background is cryoEM and image reconstruction of viruses and protein complexes, and he has helped bring a number of new biological users and projects to the EMC. Joe has been a tremendous asset for the EMC and a great colleague for our staff and users.

Around the same time that we hired Joe, we started working with HHMI fellow professor Craig Pikaard in the IU Bloomington Department of Biology to obtain a direct electron detecting camera for our 300kV JEOL JEM 3200FS. Single-particle cryo-electron microscopy was named the 2015 Method of the Year in Nature Methods, and much of the recent success of this field can be attributed to this new generation of cameras that provide significantly better images of frozen samples than have been available in the past.

We obtained funds from HHMI and have purchased a DE-64 camera (a next-generation device from Direct Electron that uses an 8k x 8k sensor and that is not yet commercially available). Until the DE-64 arrives in late winter, we are using a current-generation DE-20 camera with its 4k x 5k sensor. We expect data from this camera to result in a number of publications in the coming months, and fully expect that the larger sensor on the DE-64 will enhance our capabilities even further.

While all this was happening in the area of cryoEM, we were also able to obtain funding from the Department of Chemistry and the College of Arts and Sciences at IU Bloomington to purchase a new electron microscope for the EMC.

Our JEOL JEM 1400plus is scheduled to be installed in the middle of January, and we expect it to be available to users by early to mid-February. This Transmission Electron Microscope (TEM) will function as a bridge between the heavily used but much older 100kV JEOL JEM 1010 and the state-of-the-art 3200FS, and spans the gap between the capabilities of these instruments.

The 120 kV 1400plus will be equipped with a Gatan OneView CMOS camera capable of acquiring images at up to 25 frames per second and an Oxford X-Max 65T energy-dispersive X-ray spectroscopy (EDX) system. In addition to its general use as a lower voltage TEM comparable to our 1010, the 1400plus will also be used for some cryoEM work (sample screening and initial studies at low resolution), tomography of thin specimens and the materials science applications that do not need higher voltages or the STEM capability of the 3200FS.

The addition of the 1400plus will allow us to accommodate the expected increase in facility use both due to new faculty hires in Chemistry and Biology and due to our technological advances such as the direct electron camera mentioned above and the liquid cell specimen holder described below.

The funds to purchase the 1400plus were part of a larger package designed to upgrade EM on the IU Bloomington campus. This package also allowed us to upgrade the 3200FS in several significant ways. In the coming months, we will replace our last-generation EDX system with an Oxford X-Max 100 TLE state-of-the-art EDX system that records spectra both faster and using a larger sensor. We are also in the

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process of adding a hardware upgrade to the 3200FS that will give us the ability to collect bright field (BF) and high angle annular dark field (HAADF) STEM images simultaneously.

ORAL MEASLES VACCINE SUCCESSFULLY TESTED IN SWINE

The Purdue Translational Pharmacology successfully tested an orally administered measles vaccine in swine.

For more details, see the publication "Physicochemical and Preclinical Evaluation of a Novel Buccal Measles Vaccine" online in the AAPS PharmSciTech journal.

The research was partially funded by the Indiana CTSI. Please contact director Gregory Knipp for help with your pre-clinical translational research needs at gknipp@purdue.edu.

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Bioethics and Subject Advocacy Program offers new course on Responsible Conduct of Translational Research

January 2017

Kimberly Quaid, PhD

Do you or your students need a one-credit course to fulfill the National Institutes of Health (NIH) requirements for instruction in Responsible Conduct of Research (RCR)? The Center for Bioethics will begin offering a new course G506 during spring semester 2017. This one-credit course provides a basic introduction to RCR related to translational research and fulfills the NIH requirements for instruction in RCR for trainees and students in this area.

The NIH defines responsible conduct of research as “the practice of scientific investigation with integrity.” It involves the awareness and application of established professional norms and ethical principles in the performance of all activities related to scientific research.” Integrity is a requirement of all research, and special principles and issues arise when humans are being studied, as in translational and clinical research. NIH requirements include the following topics: conflicts of interest, policies on research with human subjects, mentor/mentee relationships, collaborative research including research with industry, peer review, data acquisition, research misconduct policies, issues in authorship and publication, and the role of science in society.

The course is team taught by faculty members of the Bioethics and Subject Advocacy Program (BSAP) of the Indiana CTSI. Students in this class will develop an interest in and a positive attitude toward lifelong learning in matters of scientific integrity and the responsible conduct of research.

Class meetings/structure: The class meets for 90 minutes per week for eight weeks, starting in early February. The course is listed as G506 – Responsible Conduct of Translational Research.

If you have any questions, feel free to contact the course director Kimberly Quaid, PhD, at kquaid@iu.edu; BSAP program manager Gary Brackett at gkbracke@iu.edu; or BSAP director Peter Schwartz at phschwar@iu.edu.

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Walk-in clinic open for research consultations with biostatistician

January 2017

The Department of Biostatistics (Indianapolis campus) holds a no-cost, weekly walk-in clinic from noon to 2 p.m. on Mondays in the Rotary Building, Room 130 (immediately to the right and down the hall, after entering through the main entrance).

During the clinic, a biostatistician is available to provide brief consultations on study design, sample size and power calculations, data analysis advice, interpretation of results and statistical software. If more in-depth (or potentially fee-based) support is needed, a biostatistician will guide you to the appropriate person.

No reservations are required. The clinic is provided courtesy of the Department of Biostatistics and the Indiana CTSI Design and Biostatistics Program.

In 2017, the clinic will be held every remaining Monday except: May 29, September 4, and December 25.

Contact:
info@indianactsi.org

Office hours open for REDCap consultations

January 2017

Indiana CTSI is offering office hours for Research Electronic Data Capture (REDCap) at Regenstrief Institute, 1101 W. 10th St. in Indianapolis. All current users are encouraged to drop by during the posted time to discuss questions with the REDCap Administrator.

No appointment is necessary. And help is available on a first-come, first-served basis.

Upcoming sessions at Regenstrief Institute from 3 to 4:30 p.m. in RF 322:

• Wednesday, February 1
• Wednesday, February 8
• Wednesday, February 15
• Wednesday, February 22

REDCap consultations are also available by appointment. Contact hubsupport@indianactsi.org to request an appointment.

REDCap is a secure, web-based application for building and managing online data capture for research studies. IU is a member of the REDCap consortium.

How can REDCap help you?

Key features:
• Free, web-based, and user-friendly electronic data capture tools for research studies
• Databases can be quickly developed and customized for studies' needs

Useful for:
• Collecting and tracking information and data from research studies
• Scheduling study events (e.g. patient visits)
• Conducting surveys

Contact:
info@indianactsi.org

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Infectious Diseases T32 Training Program- 2017.03

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APPLICATION SUBMISSION DEADLINE - MARCH 07, 2017

This training opportunity is a collaborative effort between the Division of Infectious Diseases (ID), Department of Medicine; the Sections of Adolescent Medicine and Infectious Disease & Global Health, Department of Pediatrics; the Department of Dermatology and; the Department of Microbiology and Immunology.

The primary mission of this multidisciplinary training program is to train well qualified MD and PhD scientists for productive and sustainable careers in research. The scope of training ranges from bench science to implementation research. In addition, as team science is rapidly becoming the primary mode of operation for biomedical scientists addressing complex questions related to human health, this opportunity emphasizes training investigators who are familiar with the practices, procedures, and languages of collaboration necessary for creating and working within a productive team. This opportunity uses a broad based integrative approach, supported by excellent mentors, in order to achieve the goal of training superb researchers for the next generation.

Additional information and the application submission portal can be found on the T32 website http://medicine.iupui.edu/INFECTDZ/T32

Contact Information

Contact Name: Jillian Ryan
Contact Email: illryan@iu.edu

Submission Checklist

There is no checklist for this competition.

Files for Investigators

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- TRAINEE EXPECTATIONS

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MD/MS Fellowship Program: Year in Translational Research for Medical Students - 2017.03

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SUBMISSION DEADLINE - MARCH 07, 2017 (4:00 PM)

The Indiana Clinical and Translational Research Institute (CTSI) is seeking applicants for a special research fellowship in translational research. This fellowship program will be awarded through a competitive process. CTSI will provide an annual stipend and one year of health insurance coverage for as many as two IUSM medical students interested in taking a year out of medical school to pursue an M.S. in Translational Science.

Awards under this program are limited to stipends and student health insurance for (1) year, while enrolled in the MS program.

Tuition is the responsibility of the student. Students are responsible for tuition costs as well as for contacting their loan servicer (Direct Loans, etc...) to complete paperwork to defer loans for their fellowship year. The Office of Medical Student Affairs – Student Financial Services can assist with this process.

Eligibility requirements and restrictions:

- Applicants must be currently enrolled at IUSM as a medical student and have completed at least one year at IUSM
- Applicants may not be on academic probation for any reason.
- Combined degree students (MD/PhD) students are not eligible.
- Awardees will be required to make a commitment to complete the MS in Translational Science requirements within 12-18 months while conducting 12 months of continuous, full-time research.
- Previous research experience is not required, but advantageous.
- Only US citizens or permanent residents are eligible for the award.
- Applicants must identify two co-mentors that are faculty-investigators from different disciplines (one clinician-scientist and one non-clinician-scientist).

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MS PROGRAM SUBMISSION PROCEDURES

Contact Information

Contact Name: Carrie Hansel
Contact Email: cahansel@iu.edu

Submission Checklist

1. Submission to this program will not be done on this site. Application and program guidelines are being made available here for informational purposes only. All applications must be submitted via the OnCourse website established to manage the in-take of these applications. Interested candidates should submit their CV to Carrie Hansel, at the email address noted above. Candidates deemed eligible will be informed on how to proceed with the application on Canvas.
2. Interested candidates should e-mail their CV to Carrie Hansel (cahansel@iu.edu; phone: 317-278-5842) for prior approval. Eligible candidates will be informed on how to proceed with the application.

Files for Investigators

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Indiana CTSI presents distinguished speaker on leveraging cancer genomics

January 2017

The Indiana CTSI will present a distinguished speaker lecture and luncheon from noon to 1 p.m. Friday, January 27, at Walther Hall (R3) 303/305. You can also view a livestream of the lecture online.

Haian Fu, PhD

Dr. Haian Fu, PhD, professor and associate dean for innovation and international strategic at Emory University School of Medicine, will deliver the lecture, titled "Leveraging Cancer Genomics for Target Discovery and Chemical Biology."

Dr. Fu holds the Winship Partner in Research Endowed Chair, serves as Director of the Emory Chemical Biology Discovery Center, and leads the Discovery & Developmental Therapeutics Program at the Winship Cancer Institute. He serves on two national steering committees at the National Institutes of Health, including the National Cancer Institute's Chemical Biology Consortium (NCI CBC) Steering Committee (2009-2021) and the NCI Cancer Target Discovery & Development (CTD2) Network Steering Committee (2012-2017). He is a co-founder and has served as past president (2012-2013) and the current chair of the board of directors for the International Chemical Biology Society.

Dr. Fu's research focus is in the field of chemical biology. In 2014, he was elected as a Fellow of the American Association for the Advancement of Science (AAAS) in recognition of his "distinguished contributions to the field of chemical biology, particularly targeting protein-protein interactions in cell signaling networks for translational discovery." He is well-recognized for his work detailing the molecular mechanisms of 14-3-3 protein functions. He also actively collaborates with physician scientists to translate basic discoveries into the clinic.

Dr. Fu earned his PhD in biochemistry at the University of Wisconsin-Madison. He completed a postdoctoral fellowship in microbiology and molecular genetics at Harvard Medical School where he became faculty as an Instructor.

For more information, contact: Carrie Hansel (cahansel@iu.edu)

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info@indianactsi.org