

The West Virginia Clinical and Translational Science Institute contracts the WVU Program Evaluation and Research Center to staff the WVCTSI Tracking and Evaluation Core and provide external formative and summative evaluation services pursuant to National Institutes of Health Award No. U54GM104942-02.

West Virginia Clinical and Translational Science Institute (WVCTSI) Tracking and Evaluation Quarterly Report

3rd Quarter of Fiscal Year 2018-2019

Reporting Period: Jan 1, 2019 – March 31, 2019

Statewide Distribution of WVCTSI Partner Organizations and Practice-Based Research Network Sites



CAMC / WVU Charleston



Marshall University



West Virginia School of
Osteopathic Medicine



WV Veterans Affairs



National Institute for
Occupational Safety and
Health



West Virginia
University



WVU Medicine



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West Virginia Clinical Translational Science Institute
Tracking and Evaluation Quarterly Report
 (Jan 1, 2019 – March 31, 2019)

Contents

Executive Summary.....	3
Quarterly Reporting Annual Timeline Targets	5
Administrative Core	6
<i>Table 1. CTR-linked Publications by Year and Quarter per Official NCBI Data.....</i>	7
<i>Figure 1. Author network by publication for Q3 WVCTSI linked publications.</i>	7
<i>Figure 2. External funding proposals dollar amount requested and category per core.</i>	8
<i>Figure 3. External funding awards dollar amount per core.</i>	8
Clinical Research Design, Epidemiology & Biostatistics Core	9
<i>Figure 4. CRDEB iLab Core Management System services logged by month and service type.</i>	9
Clinical Research Resources & Facilities Core	11
<i>Figure 5. CRRF iLab Core Management System services logged by month and service type.</i>	11
Community Engagement & Outreach Core	12
<i>Figure 6. CEO iLab Core Management System services logged by month and service type.</i>	12
Pilot Projects Core.....	14
Professional Development Core	15
<i>Figure 7. Investigator development services per service category as logged in iLab.....</i>	15
Technology and Resources for Core Laboratories Core.....	17
Tracking and Evaluation Core	18
Marshall University	19
West Virginia School of Osteopathic Medicine (WVSOM)	19
Veteran Affairs Medical Centers (VAMC)	19
National Institute for Occupational Safety and Health (NIOSH).....	20
Charleston Area Medical Center (CAMC).....	20

Executive Summary

This is the quarterly tracking and evaluation report of the WV Clinical and Translational Science Institute (WVCTSI) for the 3rd quarter (Q3) of fiscal year 2018/2019 (Y7), which covers a reporting period from January 1st, 2019 through March 31st, 2019. The WVCTSI received verbal approval for year 7 renewal funding dated July 23, 2018 with an annual award of \$4,000,000 for the budget period from July 1, 2018 through June 30, 2019 and a total project period from August 15, 2012 through June 30, 2022.

This report prepared by WVCTSI Tracking and Evaluation Core staff is organized by specific aim within each key component area/core plus information from partner institutions as available. Charleston Area Medical Center did not report any quarterly evaluation data for this cycle. This report does not describe every tracking and evaluation metric in each core, rather key elements and recommendations are summarized and readers are referred to the Quarterly Data Sheet (Excel) distributed with this report for information on all metrics for all cores and partners included.

There were 33 peer-reviewed publications officially linked¹ to WVCTSI funding, 69 external funding proposals (\$56 million), and 11 funded awards (\$1.97 million) this quarter. These numbers demonstrate productivity and return on investment. The amount of external funding was down for a second consecutive quarter. The number of linked publications has reduced each quarter since quarter 3 of year 6, and does not appear to be on track to hit the Annual Target of 300.

Overall recommendations from Tracking and Evaluation Core

- Work to revise core metrics such that partner activity is communicated clearly within each core;
- Ensure transparent and consistent utilization of iLab across cores and partners;
- Continue to increase partner engagement outside of Morgantown; and
- Maintain focus on priority health areas when allocating resources and effort.

Key Recommendations to Administrative Core

- Identify barriers to partner participation and engagement; work to increase membership and service utilization across partner sites.
- Work with Tracking and Evaluation to clarify and streamline reporting of linked publications utilizing NCBI as official data source.
- Ensure utilization of funds to reach annual target of 100% with consistency across cores.

Key Recommendations to Clinical Research Design, Epidemiology & Biostatistics Core

- Identify barriers and work to increase service utilization across partner sites.
- Implement and report activity related to the Appalachian Research Consortium (ARC).

Key Recommendations to Clinical Research Resources & Facilities Core

- Review TriNetX study activation rates and determine whether action is warranted to facilitate accepted studies being activated in a timely fashion.
- Identify appropriate metrics for Specific Aim 2 and report data on those metrics in upcoming quarterly report cycles.

Key Recommendations to Community Engagement & Outreach Core

- Continue and expand efforts to disseminate research results through publication in high-quality journals and other outlets.

¹ Publications are officially linked if they appear in NCBI as published (excluding Epub ahead of print) and are associated with quarterly reporting periods based on their official NCBI publication date (not ahead of print date).

Key Recommendations to Pilot Projects Core

- Identify Year 7 annual targets for all appropriate metrics.
- Identify barriers and work to increase submissions of pilot project applications from partner institutions outside of WVU.
- Consider tracking proposals with ESIs separately from proposals without ESIs so that ESIs per institutional partner are specified.

Key Recommendations to Professional Development Core

- Set year 7 annual targets for relevant Investigator Development/Service Delivery metrics.
- Identify barriers and work to increase engagement with partner institutions outside of WVU Morgantown.

Key Recommendations to Technology and Resources for Core Laboratories Core

- Identify barriers and work to increase CAMC biospecimen sample collection and utilization.
- Consider opportunities to facilitate patentable projects.

Key Recommendations to Tracking and Evaluation Core

- Complete iLab data analysis and report out to stakeholders.
- Support continued refinement of partner dashboards and/or more integrative inclusion of partner evaluation data within appropriate core reports.
- Complete and implement system for reporting linked publications directly from NCBI.
- Implement next steps for PBRN evaluation

Key Recommendations to Marshall University, National Institute for Occupational Safety and Health, Veterans Affairs, and West Virginia School of Osteopathic Medicine

- Work to implement and/or increase utilization of iLab.
- Continue efforts to increase WVCTSI membership.
- Work toward increasing awareness and utilization of WVCTSI core services.
- Work with relevant cores to refine evaluation metrics and reporting within each core related to activity at specific partner institutions.

Quarterly Reporting Annual Timeline Targets

1st quarter Reporting Period = July 1 – Sept 30

Sept 18	1 st quarter report task assigned to each KCA/Partner via email to key contacts
Oct 1	TEC begins data acquisition from repositories (e.g., iLab)
Oct 7	Quarterly data submission due from key contacts to TEC
Sept-Oct	Pre/post submission meetings (TEC and key contacts)
Oct 28	1 st quarter formative evaluation report and metric data distributed by TEC
Nov-Dec	Steering Committee discusses 1 st quarter formative evaluation

2nd quarter Reporting Period = Oct 1 – Dec 31

Dec 18	2 nd quarter report task assigned to each KCA/Partner via email to key contacts
Jan 1	TEC begins data acquisition from repositories (e.g., iLab)
Jan 7	Quarterly data submission due from key contacts to TEC
Dec-Jan	Pre/post submission meetings (TEC and key contacts)
Jan 28	2 nd quarter formative evaluation report and metric data distributed by TEC
Feb-Mar	Steering Committee discusses 2 nd quarter formative evaluation

3rd quarter Reporting Period = Jan 1 - Mar 31

Mar 18	3 rd quarter report task assigned to each KCA/Partner via email to key contacts
Apr 1	TEC begins data acquisition from repositories (e.g., iLab)
Apr 7	Quarterly data submission due from key contacts to TEC
Mar-Apr	Pre/post submission meetings (TEC and key contacts)
Apr 28	3 rd quarter formative evaluation report and metric data distributed by TEC
May-June	Steering Committee discusses 3 rd quarter formative evaluation

4th quarter Reporting Period = Apr 1 – June 30

June 18	4 th quarter report task assigned to each KCA/Partner via email to key contacts
July 1	TEC begins data acquisition from repositories (e.g., iLab)
July 8	Quarterly report data due to TEC from each core
June-July	Pre/post submission meetings (TEC and key contacts)
July 29	4 th quarter formative evaluation report and metric data distributed by TEC
Aug-Sept	Steering Committee discusses 4 th quarter formative evaluation

Administrative Core

Specific Aim 1. Implement an effective operational structure that facilitates attainment of all proposed WVCTSI Specific Aims and projects.

WVCTSI Administration Core reported 37 publications, 69 external funding proposals (\$56 million), 11 funded awards (\$1.97 million), 9 presentations, and 1 provisional patent for Q3. The number of WVCTSI staff increased by 4 to 42. The iLab Core Management System launched Y6 Q2 to streamline service delivery across WVCTSI. The number of iLab users continued to increase from 524 (Y7 Q2) to 552 (Y7 Q3).



Tracking and Evaluation Core pulled linked publications from NCBI utilizing all appropriate grant numbers to accurately identify which publications should be considered linked to the grant in this and all previous quarters (see Table 1). Subsequent analyses revealed 33 publications officially linked to this CTR award for Q3. Of those 33, only 8 were reported by Administration Core for Q3 with the differential either Epubs ahead of print or associated with a different quarterly reporting period. Table 1 displays officially linked publications associated with each quarterly reporting period. Figure 1 displays an author network for Q3 linked publications where colors denote which core contributed to each publication and uncolored nodes are publications for which core contributions were not reported this quarter. Figures 2 and 3 display core contributions to external funding proposals and awards.

Specific Aim 2. Create policies and procedures to drive performance, transparency, constructive communication and collaboration among multiple, diverse stakeholders (i.e., investigators, rural providers, community members).

WVCTSI added 91 new members this quarter (2273 total, of which 377 affiliated with partner institutions outside WVU Morgantown inclusive of 194 community members). WVCTSI website traffic decreased by 3 average hits per day (total average hits for 32 = 352), and WVCTSI's social media engagement increased: Facebook (+9 likes), Twitter (+14 followers), and Listserv (+56 subscribers).

Specific Aim 3. Provide sound fiscal and resource management, ensuring appropriate resourcing of cores, flexibility to meet changing needs and environments, and sustainability of services.

WVCTSI supported 69 external funding proposals and 11 external awards were funded this quarter (see Figures 2 and 3). Overall percent NIH award expended was 62%, with core percent funding expended ranging from 20% (Pilots) to 100% (CRRF). There were two cost transfers or corrections to ensure accounting standards.

Specific Aim 4. Recruit talented, committed investigators addressing research questions relevant to the WVCTSI priority health areas.

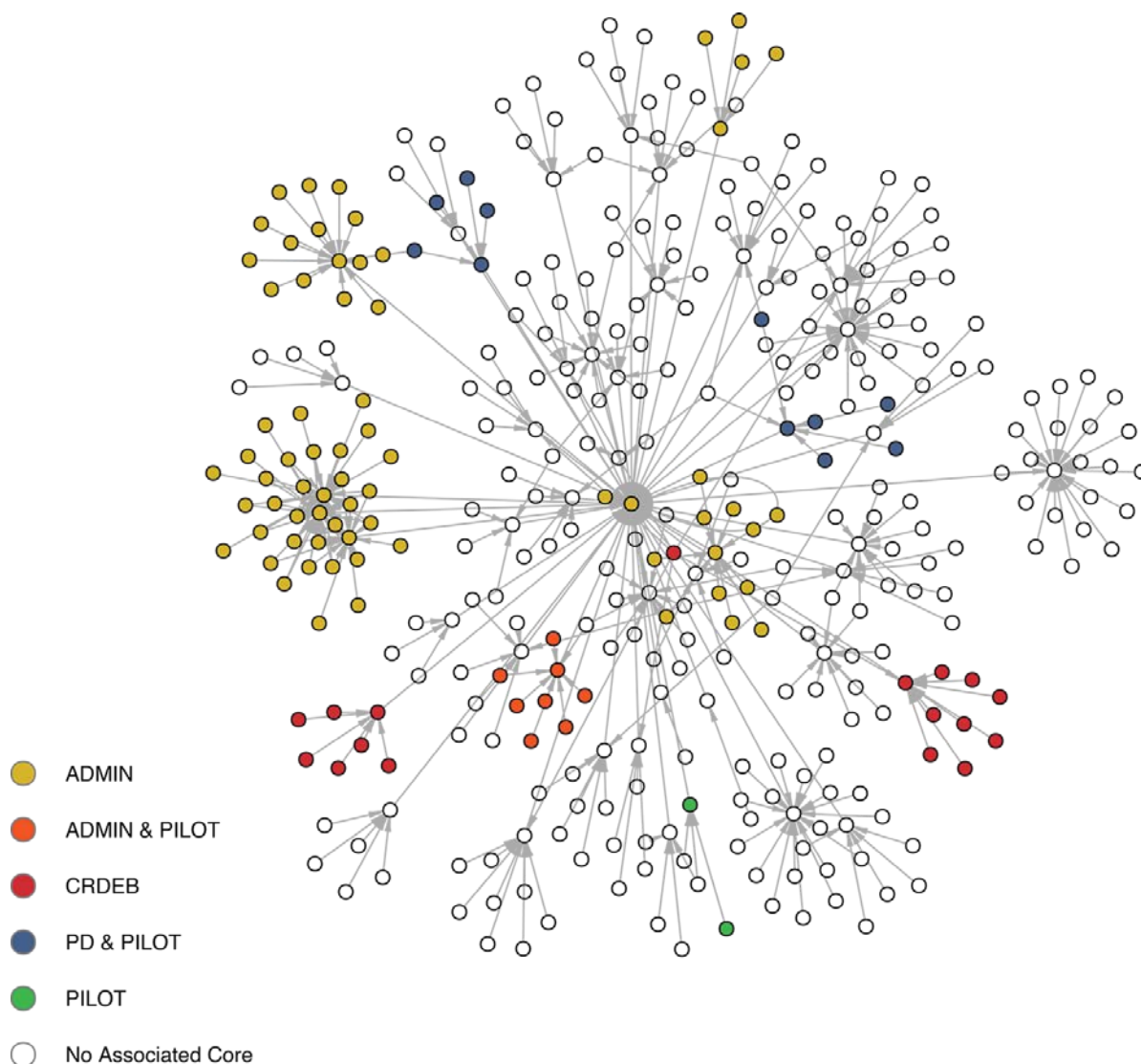
One new investigator recruited at WVSOM in Q3.

Key Recommendations to Administrative Core

- Identify barriers to partner participation and engagement; work to increase membership and service utilization across partner sites.
- Work with Tracking and Evaluation to clarify and streamline reporting of linked publications utilizing NCBI as official data source.
- Ensure utilization of funds to reach annual target of 100% with consistency across cores.

Table 1. CTR-linked Publications by Year and Quarter per Official NCBI Data.

	Q1	Q2	Q3	Q4	Totals
Years 1 – 5					679
Year 6	54	63	64	58	239
Year 7	48	43	33	5	124
					1042

**Figure 1. Author network by publication for Q3 WVCTSI linked publications.**

External Funding Proposal Amounts by Core

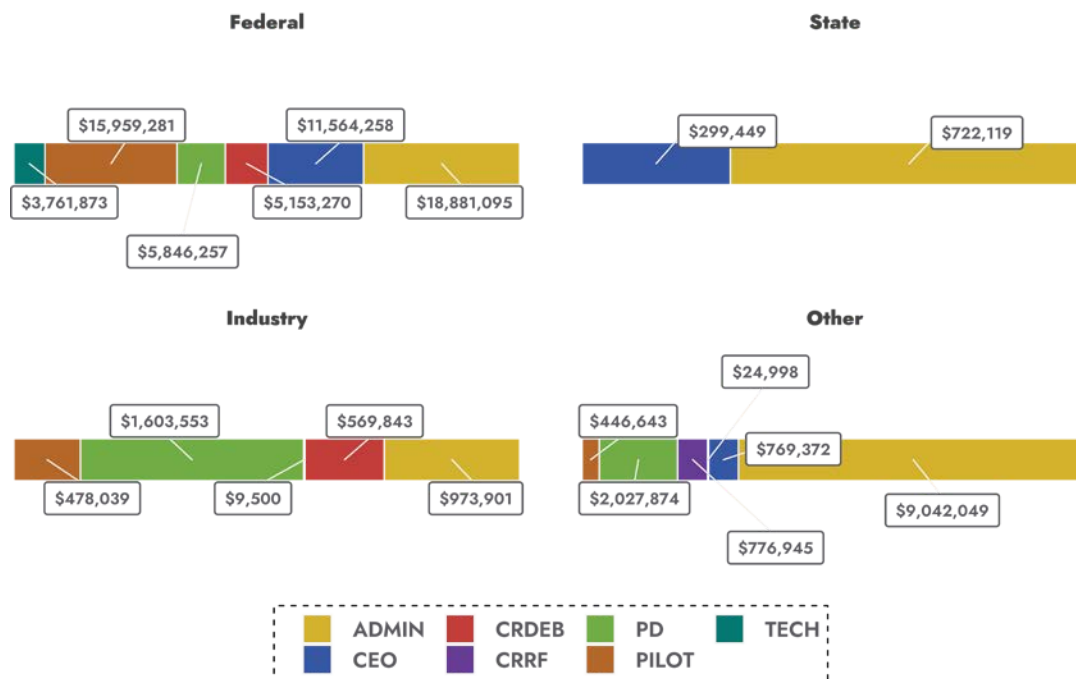


Figure 2. External funding proposals dollar amount requested and category per core.

External Funding Award Amounts by Core

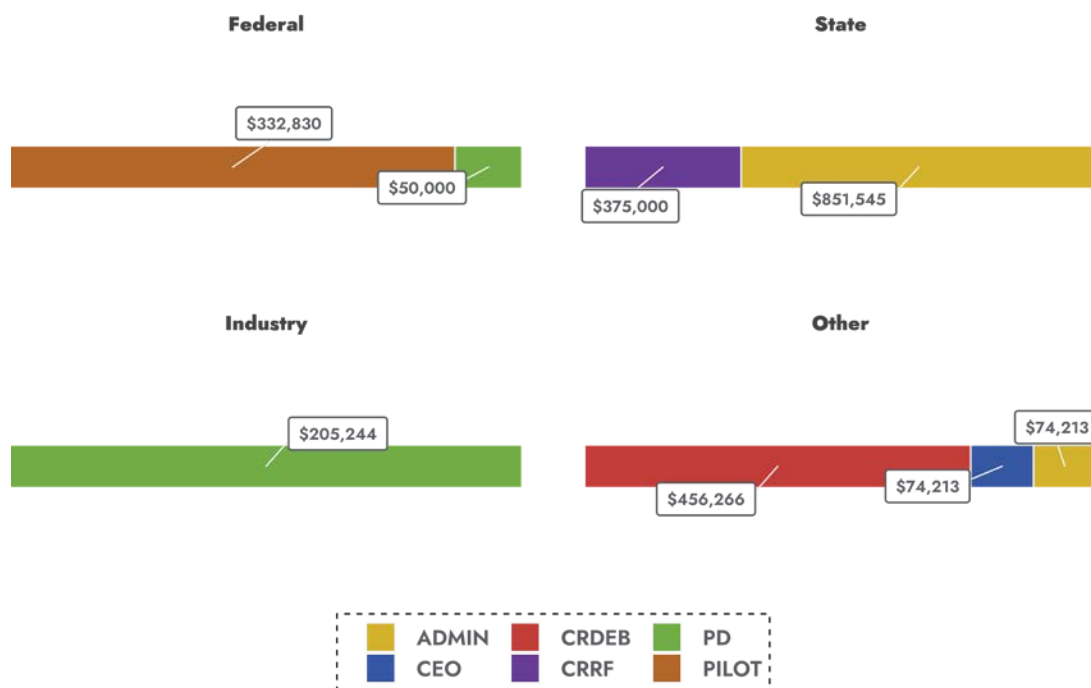


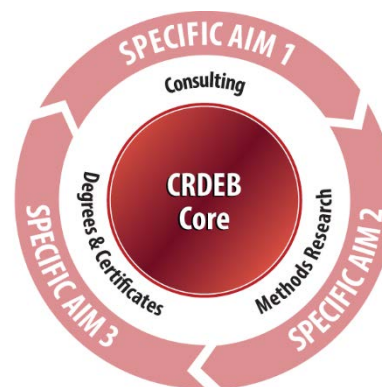
Figure 3. External funding awards dollar amount per core.

Clinical Research Design, Epidemiology & Biostatistics Core

Specific Aim 1. Effectively engage investigators throughout WV by providing traditional services in biostatistics and epidemiology.

Investigators engage through the CRDEB core utilizing available resources including the Integrated Data Repository (IDR), REDCap, and TriNetX. There were 64 new REDCap users, with a total of 1579, of which there were 1,173 from WVU, 13 from CAMC, 10 from WVSOM, and 383 not affiliated with the above entities. There was 1 REDCap project built for a non-CTSI-funded investigator.

Additionally, 17 hours were spent updating existing REDCap projects and providing project follow-up meetings. The total number of current TriNetX users was 275 in Q3, and there were 1,179 new TriNetX inquiries, with 35 new TriNetX logins and 1 data set request. There were 36 new unique CRDEB consultations in Q3. CRDEB reported no professional development events or practice/policy changes.



By the Numbers: Clinical Research Design, Epidemiology and Biostatistics Core Services

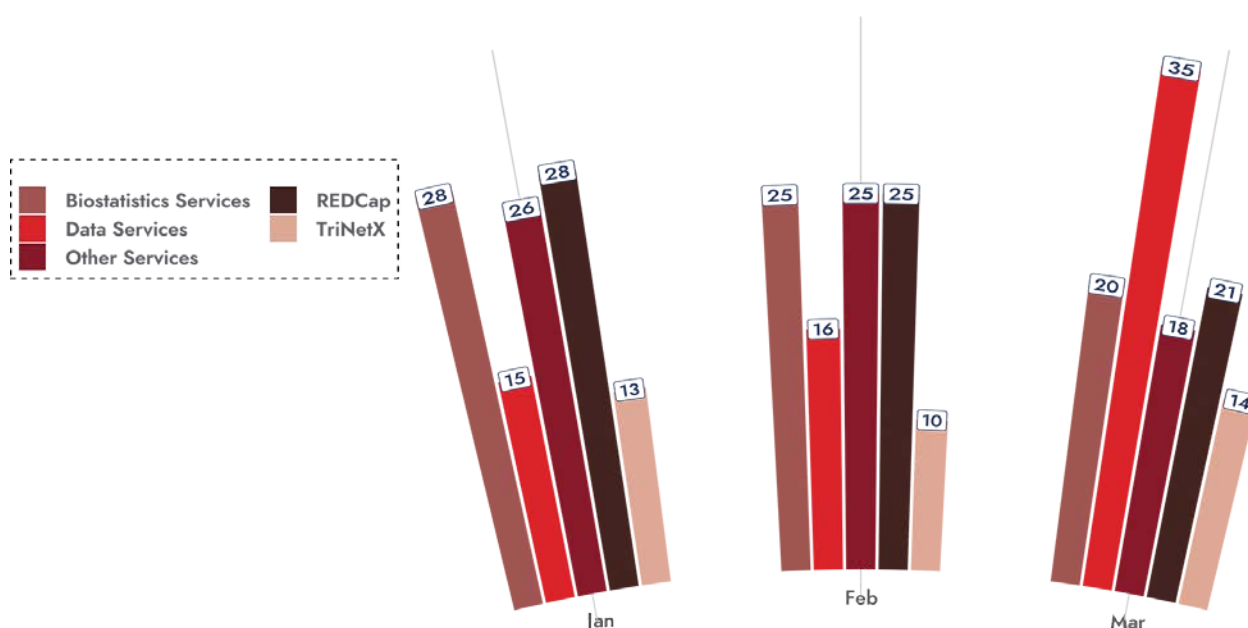


Figure 4. CRDEB iLab Core Management System services logged by month and service type.

Specific Aim 2. Implement cutting-edge tools and methods in biostatistics and epidemiology, with a particular focus on the needs of WV researchers.

CRDEB reported 54 BMIR-related inquiries in Q3: 6 sample size/power consultations, 12 new statistical analysis consultations, 15 new clinical study design consultations, and 0 GIS analysis consultations.

Specific Aim 3. Disseminate current and classical information in biostatistics and epidemiology.

CRDEB contributed to 5 publications reported by Admin Core, 1 of which was collaborative with PD and a research scholar. There were 10 externally funded proposal supported by CRDEB submitted, totaling over 5 million dollars. One of the proposals was a joint effort with PILOTS for \$450,009. Additionally, there was 1 externally funded project reported for \$456,266.

Specific Aim 4². Leverage the newly enhanced Integrated Data Repository (IDR2) and partnership through the Appalachian Research Consortium (ARC) to facilitate outcomes research, predictive modeling, and geospatial analysis.

There were 14 new custom IDR set requests in Q3, 7 requests for updates to previous IDR datasets, and 19 IDR projects reported as complete. This accumulated 315 hours spent on new data requests, 122.5 hours spent on updates to previous data sets, and 11.75 hours spent on data request consultations. No ARC information was reported.

Key Recommendations to Clinical Research Design, Epidemiology & Biostatistics Core

- Identify barriers and work to increase service utilization across partner sites.
- Implement and report activity related to the Appalachian Research Consortium (ARC).

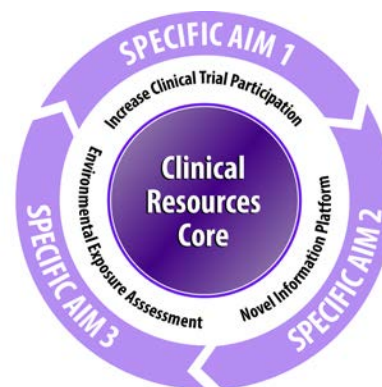
² CRDEB Specific Aim 4 was previously CRRF Specific Aim 2. This revision was specified by letter to NIH dated November 27, 2017 and subsequently approved.

Clinical Research Resources & Facilities Core

CRRF contributed to over \$750,000 of external funding proposals, and \$375,000 in externally funded awards.

Specific Aim 1. Create a Clinical Trials Center of Excellence (CTCOE) with connection to rural communities and practitioners, thereby providing access to cutting-edge trials addressing health disparities affecting West Virginians.

There were 2 Early Stage PI's with industry or CTSI-initiated funding. CRRF increased nearly all annual targets for project accrual and CTCOE metrics from the previous quarter. Participant recruitment and completion is making good progress. The total projected accrual annual target was increased from last quarter to 2126 (+681), 512 total subjects were enrolled, and 210 completed across all studies this quarter. The CTCOE provided regulatory (24), study coordination (9), quality assurance (4), and accounting assistance (30) for non-WVCTSI clinical studies. Four quality audits were completed. TriNetX offered 34 studies to WVU this quarter, with 10 being accepted by WVU researchers, and 0 activated.



By the Numbers: Clinical Research Resources Facilities



Figure 5. CRRF iLab Core Management System services logged by month and service type.

Specific Aim 2. Establish the Environmental Exposures Unit to stimulate environmental health research in collaboration with the National Institute for Occupational Safety and Health (NIOSH).

There were no data provided this quarter related to the Environmental Exposures Unit.

Key Recommendations to Clinical Research Resources & Facilities Core

- Review TriNetX study activation rates and determine whether action is warranted to facilitate accepted studies being activated in a timely fashion.
- Identify appropriate metrics for Specific Aim 2 and report data on those metrics in upcoming quarterly report cycles.

Community Engagement & Outreach Core

Specific Aim 1. Actively engage patients and other community stakeholders as research partners.

The WVPBRN reported 95 sites in Q3, including 1 new site this quarter, exceeding the annual target to grow to 90 sites this year. There were 87 ECHO sites, including 11 new sites, exceeding the annual target to grow to 80.



By the Numbers: Community Engagement Core

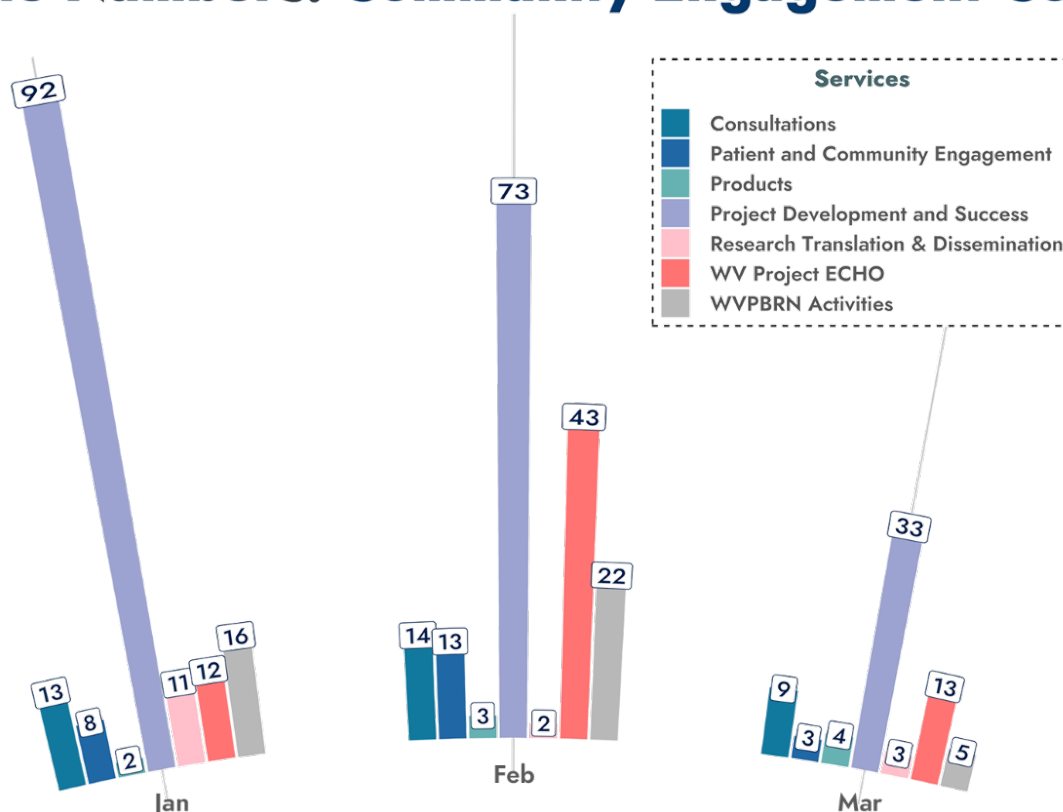


Figure 6. CEO iLab Core Management System services logged by month and service type.

During Q3, 3 specific networking opportunity examples were listed as ECHO and AHEC collaboration, Obesity Medicine Group, and MetaECHO Conference in New Mexico.

Specific Aim 2. Transform community-identified research questions into externally-funded projects that improve health outcomes in WVCTSI health priority areas.

There were 19 new, 26 ongoing, and 8 completed WVPBRN projects in Q3. The 198 Project Development and Success category iLab services, as well as several other iLab categories are evidence of activity related to this specific aim. CEO contributed to multiple external funding proposals (total requested \$12.6M) and one funding award (total funded \$74k).

Specific Aim 3. Translate and disseminate research results to inform West Virginia health policy and practice.

In Q3 there were 16 Research Translation and Dissemination services provided in the context of an annual target of 20. No CEO contributions to publications and no Community/Project Policy Briefs were reported in Q3.

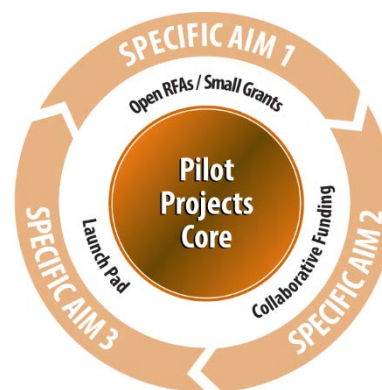
Key Recommendations to Community Engagement & Outreach Core

- Continue and expand efforts to disseminate research results through publication in high-quality journals and other outlets.

Pilot Projects Core

Specific Aim 1. Provide infrastructure supporting competitive pilot funding opportunities for early stage (ESI) and new investigators (NI) with subsequent mentored progression to project completion, publication, and external funding application.

ESIs were PI on 9 Open pilot applications (6 of which were funded), 2 Collaborative Grant and 2 Launch Grant letters of intent (LOIs). Funding also was awarded to 6 Small pilot projects this quarter with 4 of those having ESI PIs. One workshop / training and 12 services or consultations were provided. Consultations occurred with WVU (12) and WVSOM (1) collaborative partners.



Specific Aim 2. Advance collaborative research endeavors to address WVCTSI priority health areas within WV as well as throughout the Appalachian region.

The Pilot Projects Core hosted a NIH Applications Clinical Trials Presentation in January. The Pilot Projects Core reported 18 ongoing projects that address critical health issues within WV including obesity, respiratory disease and smoking, cancer, and opioid treatment, prevention, and education. The Pilot Core contributed to over \$12.6 million in external funding proposals, \$300,000 in external funding awards, and 5 publications reported by Admin Core in Q3.

Specific Aim 3. Implement the Launch Pad Pilot Program to maximize opportunities for commercialization of novel science.

Letters of intent were submitted for 2 Launch Pad Pilot projects this quarter. Both PI's were clinicians affiliated with WVU.

Key Recommendations to Pilot Projects Core

- Identify Year 7 annual targets for all appropriate metrics.
- Identify barriers and work to increase submissions of pilot project applications from partner institutions outside of WVU.
- Consider tracking proposals with ESIs separately from proposals without ESIs so that ESIs per institutional partner are specified.

Professional Development Core

Specific Aim 1. Create the Scientific and Career Success (SACS) program to provide access to formal mentoring for C/T researchers of all career stages.

Figure 7 shows the number of services for investigator development recorded in iLab, including a large increase in pre-award services provided by new WVCTSI staff. Additionally, there were 23 internal and 8 external active members in the SACS program in Q3. There were 3 special events/programs for women in science, which included “Strategies for a Sustainable Research Program”, “Increasing Visibility of Your Research Program and Building a National Reputation”, and “FACTS: Effectively Speaking: Research in a Nutshell.”



By the Numbers: Investigator Development Services

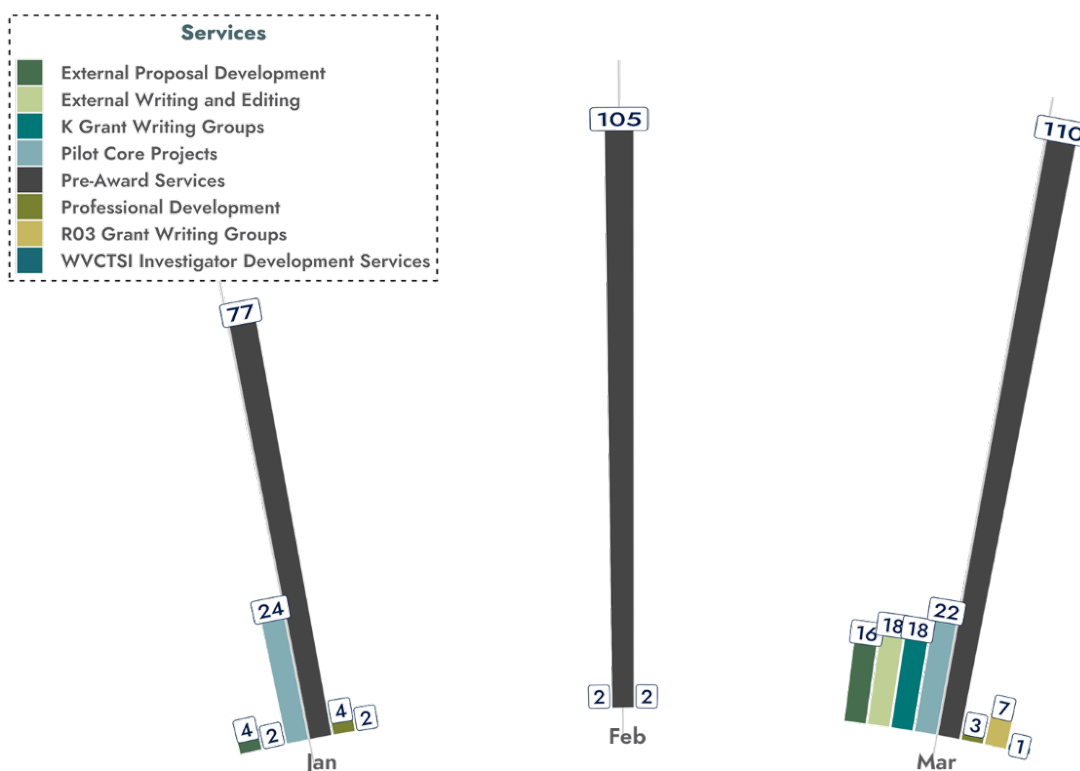


Figure 7. Investigator development services per service category as logged in iLab.

Specific Aim 2. Develop formal programs that serve as “on-ramps” to introduce C/T research to early or new investigators and trainees at different career stages.

The CTS Certificate program has 2 current students enrolled in Q3. WVU MS in CTS had 17 students enrolled (3 new). CTS PhD had 8 students enrolled (1 new). Education programming included 1 new academic course. Additional educational programming included 5 research seminars and 2 workshops/short courses with 38 unique participants (32 WVU, 1 MU, 2 CAMC, and 4 WVSOM).

Specific Aim 3. Develop educational opportunities to support and retain externally funded C/T researchers statewide.

The Professional Development core contributed to 21 external funding proposals (over \$9M total; 10 in collaboration with other cores), 3 externally funded awards (\$185k total), 22 publications reported by Admin Core (1 collaborative with CRDEB), and 3 presentations in Q3.

Key Recommendations to Professional Development Core

- Set year 7 annual targets for relevant Investigator Development/Service Delivery metrics.
- Identify barriers and work to increase engagement with partner institutions outside of WVU Morgantown.

Technology and Resources for Core Laboratories Core

The Technology and Resources for Core Laboratories core contributed to external funding proposals for over \$3.7 million.

Specific Aim 1. To establish a statewide biospecimen repository that collects patient and study participant samples in WVCTSI priority health areas (addiction and resultant emerging epidemics, cancer, cardiovascular disease, and chronic lung disease).

This was the fourth quarter in which samples were collected (began during Quarter 4 of Year 6), and MU and WVU continued to collect and utilize samples this quarter. To date, no sample activity reported from CAMC. There were 8 projects initiated and 29 open projects utilizing Biospecimens this quarter. Three new internal practice changes were made regarding destruction of samples, whole blood processing, and streamlining investigators' abilities to use iLabs to request tissues from the Edwards Cancer Center Tissue Collection (ECCC).

Specific Aim 2. To establish a statewide West Virginia University (WVU) - Marshall University (MU) genomics shared research facility for the efficient generation of genomic and related data for C/T studies that address WVCTSI priority health areas.

There were no genomics studies reported by MU or WVU this quarter. There were 5 WVU Illumina projects and 7 at MU. Of the 24 runs reported this quarter, 5 were at WVU and 19 were at MU.

Specific Aim 3. To establish a statewide WVU-MU shared Bioinformatics and Data Management (BDM) Facility for C/T studies that address WVCTSI priority health areas.

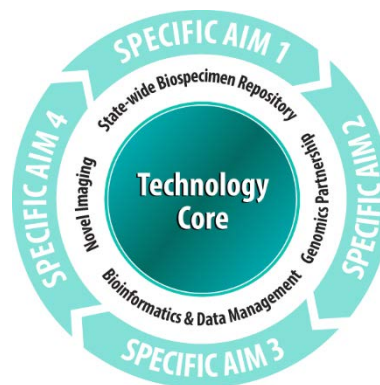
50 participants attended 2 educational workshops including Bioinformatics.

Specific Aim 4. To establish state-of-the-art imaging in support of biologically relevant modeling of disease.

Seven WVCTSI investigators received imaging-related services. 14 educational sessions related to imaging were provided to 7 unique attendees where these were often individual training sessions. Four MRI, 4 MicroCT, and 2 clinical research projects were reported.

Key Recommendations to Technology and Resources for Core Laboratories Core

- Identify barriers and work to increase CAMC biospecimen sample collection and utilization.
- Consider opportunities to facilitate patentable projects.



Tracking and Evaluation Core

Specific Aim 1. Develop Investigator Tracking and Support System (ITSS) utilizing quantitative and qualitative approaches to identify factors contributing to success or providing barriers to productivity.

TEC personnel continued work on a two-phase study with the aim of more clearly understanding 1) how personnel with different roles currently use iLabs and 2) the potential for the iLabs tool within the context of WVCTSI. Interviews were completed during Q3, concluding phase one of the study. Preliminary findings were discussed with members of the Clinical Research Design, Epidemiology & Biostatistics Core. The data has been analyzed, with the final report and presentation scheduled for completion during Q4. The core also continued its efforts in communicating with key contacts to refine metrics for increased accuracy in reporting, including specific CTCOE metrics in the Clinical Research Resources and Facilities Core.



Qualitative research methodologist consulted with an investigator on the qualitative portion of his K23 award proposal. TEC began work on a system to pull publications associated with the CTR grant number directly from NCBI to track linked publications more accurately and efficiently. TEC began creating Social Network Analysis visualizations to show collaboration among authors on linked publications (Figure 2).

Specific Aim 2. Create and implement systematic set of tools and measurements to drive continuous quality improvement and demonstrate impact of community stakeholder participation and engagement.

During Q3 TEC provided an evaluation plan that was incorporated into the ECHO “SuperHub” application. TEC continued to work with CEO related to WV PBRN network evaluation.

Specific Aim 3. Build focused research and evaluation demonstrating WVCTSI impacts on health outcomes in West Virginia.

The Tracking and Evaluation Report for the 2nd Quarter of Fiscal Year 2018-2019 was disseminated in Q3. Additionally, a TEC core member contributed to developing qualitative and quantitative measures for an NIH supplement designed with the following two specific aims: 1) describe community attitudes toward opioid use disorder and harm reduction services including syringe exchange, and 2) understand the multilevel syndemic factors that may contribute to development of opioid use disorder among young women for the purposes of informing future intervention studies. In Q3, pilot interviews were conducted, the interview protocol was revised, and over half of the community surveys were collected.

Key Recommendations to Tracking and Evaluation Core

- Complete iLab data analysis and report out to stakeholders.
- Support continued refinement of partner dashboards and/or more integrative inclusion of partner evaluation data within appropriate core reports.
- Complete and implement system for reporting linked publications directly from NCBI.
- Implement next steps for PBRN evaluation.

Marshall University

Marshall University, located in Huntington, WV in Cabell County, partners with the WVCTSI and is engaged in activities primarily related to research



and investigator development. The Joan C. Edwards School of Medicine at Marshall University is a community-based, Veterans Affairs-affiliated medical school dedicated to providing high quality medical education and postgraduate training programs to foster a skilled physician workforce to meet the unique healthcare needs of West Virginia and Central Appalachia. The Joan C. Edwards School of Medicine focuses on developing centers of excellence in clinical care, including primary care in rural underserved areas, focused and responsive programs of biomedical science graduate study, biomedical and clinical science research, academic scholarship, and public service outreach. Marshall University houses the WVCTSI's Associate Director, Dr. Gary Rankin.

For Q3, Marshall reported 1 peer-reviewed publication and 18 external funding proposals. Among the total 2,273 WVCTSI members, 33 are affiliated with MU. MU has worked collaboratively with many WVCTSI cores in Q3. Professional Development provided services to 4 MU personnel. TRCL core reported 8 biospecimen samples used by MU, as well as 67 biospecimen samples collected. Dr. Brandon Henderson joined the Early Stage Investigator Advisory Board.

West Virginia School of Osteopathic Medicine (WVSOM)

WVSOM, located in Lewisburg, WV in Greenbrier County, partners with the WVCTSI in activities related to research and community engagement. WVSOM focuses on educating students as lifelong learners in osteopathic medicine and complementary health related programs, supporting graduate medical education training, advancing scientific knowledge through academic, clinical, and basic science research, and promoting patient-centered, evidence-based medicine.



In Q3, WVSOM reported details for 6 proposals and 1 external funding award and had 1 ESI access WVCTSI services. Among the total 2,273 WVCTSI members, 75 were affiliated with WVSOM, but none were reported as receiving professional development services in Q3. However, several other activities were reported. Related to professional development, WVSOM members attended 2 workshops / courses / seminars / retreats this quarter. There were 10 REDCap users at WVSOM. Dr. Asano Shinichi joined the Early Stage Investigator Advisory Board this quarter.

Veteran Affairs Medical Centers (VAMC)

Addition of the VHA in WV as a partner in the WVCTSI is critical to improving health outcomes throughout the state. VHA operated medical



U.S. Department of Veterans Affairs

Veterans Health Administration
Martinsburg VA Medical Center

centers (Clarksburg, Huntington, and Martinsburg) participate in the WVCTSI. WV has one of the highest per capita percentages of veterans with over 9% of residents having served in the US Armed Forces,

making this partnership even more significant.

The West Virginia Veterans Medical Centers continue to disseminate information related to WVCTSI to increase engagement and collaboration between Veteran Affairs Medical Centers (VAMC) and WVCTSI. Email communication with local VAMC personnel continue to be used to increase awareness. To date, VAMC has 6 WVCTSI members but have not yet requested services.

In Q3, Dr. Abdul Haji, Chief of Cardiology at Martinsburg VAMC, was appointed to the Early Stage Investigator Advisory Board.

National Institute for Occupational Safety and Health (NIOSH)



NIOSH consists of a network of research facilities across the nation, including the Health Effects

Laboratory Division (HELD) located on the WVU campus in Morgantown, WV. NIOSH/HELD is a world-wide leader in the study of occupational lung diseases and actively collaborates with WVU. Several NIOSH researchers maintain joint appointments in departments at the Health Sciences Center, creating numerous research partnerships in the area of occupational health, biostatistics, and epidemiology.

Among the 2,273 WVCTSI members, 8 are affiliated with NIOSH and 5 NIOSH affiliates are registered as WVCTSI principal investigators, one of which requested services during Q3.

NIOSH reported progress on the PPS Stitzel and Ruffolo Graduate Student Awards. The call for applications was created and completed applications were reviewed by the Pharmaceutical and Pharmacological Sciences Graduate Student Performance Review Committee, 4 of which are WVCTSI members. Although this project is not a direct collaboration with WVCTSI it does demonstrate the successfulness of the partnership among NIOSH, WVU, and the Professional Development Core, through graduate studies.

Key Recommendations to Marshall University, National Institute for Occupational Safety and Health, Veterans Affairs Medical Centers, and West Virginia School of Osteopathic Medicine

- Work to implement and/or increase utilization of iLab.
- Continue efforts to increase WVCTSI membership.
- Work toward increasing awareness and utilization of WVCTSI core services.
- Work with relevant cores to refine evaluation metrics and reporting within each core related to activity at specific partner institutions.

Charleston Area Medical Center (CAMC)

Charleston Area Medical Center did not report any quarterly evaluation data this cycle so no recommendation is made beyond working with relevant cores to report evaluation data in future cycles.