

**From:** Concannon, Thomas W [<mailto:tconcannon@tuftsmedicalcenter.org>]  
**Sent:** Tuesday, November 23, 2010 5:06 PM  
**To:** SMRB (NIH\OD)  
**Subject:** TMAT Working Group Recommendations

NIH Scientific Management Review Board:

I have read with interest the Scientific Management Review Board's *Report on Deliberating Organizational Change and Effectiveness* and the Translational Medicine and Therapeutics Working Group's *November 10 presentation* recommending a new IC for translational medicine and therapeutics with strong functional ties to Clinical Centers. I am writing to offer my comments on the proposal.

In general, I believe this is the right approach to meet emerging demands for improved and speedier translation of basic science discoveries to application in clinical medicine. I believe that the establishment of a new IC within NIH to meet these demands is critical.

However, the recommendations are focused solely on early stage translation of basic science discoveries into clinical applications, without any discernable attention to translation into effective health care practice. As we know from clinical and health services research, the appearance of new clinical interventions in the health care marketplace does not guarantee appropriate translation into the practice of medicine. Research into improvements in the translation of clinical interventions into clinical practice has substantial promise for improving the nation's health, and this latter stage translational activity should be a key part of any effort to improve translational research at NIH.

I believe that the TMAT working group recommendations need substantially more attention to latter stage translational activities. Specifically, I recommend that TMAT revisit the decision to locate functional responsibilities for translation solely in the Clinical Center. This functional responsibility should be shared with CTSA's (option 2 on slide 27 in the November 10 presentation). The CTSA's have demonstrated expertise on latter stage translation activities, as evidenced by their active engagement in comparative effectiveness research (CER), and the establishment of the CTSA CER Forum on NIH's main campus on December 1, 2010 (next week). In order to assure that research into new pipeline drugs is conducted with the health care marketplace in mind, CTSA's should play an active role in IC for translational medicine.

Thank you for the opportunity to comment on the proposal.

Sincerely,

Thomas Concannon

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*Thomas Concannon, PhD, Assistant Professor  
Institute for Clinical Research and Health Policy Studies  
Tufts Medical Center  
800 Washington Street #63  
Boston, MA 02111  
617-636-8441*

Website: <http://www.thomasconcannon.com>

Institute Website: <http://160.109.101.132/icrhps/default.asp>