

Original AAMC comment letter was submitted to NCRRC on September 10, 2007.

<http://www.aamc.org/advocacy/library/research/corres/2007/091007.pdf>

The AAMC recognizes the complexity of the National Center for Research Resources' (NCRRC) programs and their unique ability to generate and facilitate the creation and transfer of new knowledge. We appreciate especially Center's devotion and capabilities to guide research community through the entire continuum of translational biomedical research.

The AAMC commends the NCRRC for its leadership role in the NIH effort to re-engineer the clinical research enterprise and its support of innovative approaches and emerging partnerships and collaborations.

While fully endorsing the NCRRC Strategic plan 2009-2013, the AAMC would like to reiterate two points of concern that were originally expressed in the Association's comment letter of September 10, 2007 but were not addressed in the current NCRRC draft:

1. *"NCRRC should ... clarify expectations for the CTSA programs in addressing the so-called "second translational block" (T2), referring to the organizational and socio-cultural barriers that inhibit the transfer of validated findings from clinical research into actual medical practice and public health. The NIH's expectations for T2 research within the CTSA's appear less clearly articulated than other elements for clinical and translational research and training."*

We commend NCRRC for its dedication to promote and encourage greater community involvement in the biomedical research. Nevertheless, AAMC constituents would like to see more evidence of NCRRC's commitment to provide resources **both** for community based research and for addressing the so-called "knowledge translation block", that is, to facilitate the **implementation of successful discoveries and practices into clinical and preventive care**. We are concerned about the signal sent by the lack of an itemized strategy and specific action items in the draft Strategic Plan to address this "block," which has been variously dubbed the "T2" or "T3" block by different commentators. If NCRRC believes that this challenge should not appropriately be part of its portfolio, then that should be clearly stated.

2. *"NCRRC strategic planning should also provide more detail on the anticipated phase-out of the General Clinical Research Centers, and how this will coincide with full implementation of the CTSA program, to help institutions avoid unnecessary disruption and dislocation in many clinical studies."*

The NCRRC should re-assure the scientific community that services currently provided to clinical and translational researchers by General Clinical Research Centers (GCRCs) would be preserved and enhanced within the CTSA programs. The Strategic Plan should include a commitment to optimizing a transition from the existing array of GCRC structures (e.g. Pediatric, Outpatient, Inpatient, etc.) into CTSA's Clinical Research Units (CRU). Such a plan must also outline options for GCRCs that, for variety of reasons, will fail to fold into CTSA awards.

If you have questions concerning these comments, please feel free to contact Irena Tartakovsky at [itartakovsky@aamc.org](mailto:itartakovsky@aamc.org) or Stephen Heinig at [sheinig@aamc.org](mailto:sheinig@aamc.org).