

VA CAREER DEVELOPMENT ENHANCEMENT AWARD OPPORTUNITIES THROUGH THE VA COOPERATIVE STUDIES PROGRAM

1. PURPOSE

The Department of Veterans Affairs Cooperative Studies Program announces opportunities for established clinician scientists to train at one of three Cooperative Studies Program centers: the Coordinating Center at West Haven, CT and Epidemiologic Research and Information Centers at Boston, MA and Durham, NC. Application for this training program follows policies established for the VA Career Development Enhancement Award. The purpose of this program is to support established investigators who wish to secure training time to learn about the conduct of cooperatives studies and epidemiologic research. The future success of the Cooperative Studies Program, and of VA research in general, depends on having experienced, well-trained clinical investigators. The Career Development Enhancement Award program provides a mechanism for educating clinical investigators to participate in the Cooperative Studies Program as a trained investigator.

2. APPLICATION

The application process for the VA CSP training program follows that for the VA Career Development Enhancement Award (VHA Directive 1201.8) with some minor modifications, as described below.

a. Eligibility

The CDEA is designed to support established clinician scientists who wish to secure time to enter a new area of research specialization, especially in areas of importance to the VA mission. To be eligible for this award, individuals must have been employed by VA for at least 6 years. The applicant must be an established clinical investigator who either has had or currently has a VA peer-reviewed and funded research program. The VA CSP will sponsor the training at one of its centers, so applicants must be able to relocate to the center offering training.

b. Salary and Requirements

The CDEA provides salary, including fringe benefits, for up to 6 months. This award must be matched by equal time and salary from educational leave granted by the applicant's VA medical center. The award also provides for tuition fees, but does not provide relocation costs. Since control over educational leave has been decentralized, awards are contingent on decisions made at the local VA medical center. CDEA applicants are required to submit documentation from their local medical center indicating contingent approval of educational leave in time and amount. The awardee must devote 100 percent time to research training. CDEAs are not renewable beyond the award period of one year.

c. Policy

A research investigator may submit only one application for a CDEA, either to VA CSP or to one of the other R&D Services, in each review cycle. The VA CSP awards are open to fully trained clinicians with doctoral degrees. Applicants must hold an academic position above the rank of Assistant Professor.

d. Action

Awardees will be accepted from among candidates with a complete application. All applicants must be evaluated by the VA medical center R&D Committee and approved by the Dean=s Committee and medical center Director prior to submission. Review of all applications will be done by the Board of Directors of the Cooperative Studies Program. Applications will be evaluated on the following criteria:

- (1) Qualifications of the applicant (i.e., previous training and accomplishments)
- (2) Career goals of the applicant and how the training will achieve those goals as well as satisfy the mission of VA CSP: “To advance the health and care of veterans through education, training, and collaborative research studies that produce innovative and effective solutions to national healthcare problems.”
- (3) Long-term commitment of the local VA to the applicant (e.g., salary support when applicant returns to facility)
- (4) Clarity of the written application.

Applicants are required to submit an application by November 1 to:

**Cooperative Studies Program (125)
VHA Headquarters
810 Vermont Avenue, NW
Washington, DC 20420**

e. Application Process

The application must include:

- (1) A cover letter stating the career goals of the applicant and how the training will achieve those goals and the mission of VA CSP. The letter must also include the name of the center the applicant wishes to train at and how that center will meet the applicant=s educational objectives.
- (2) Curriculum vitae

- (3) Letter from medical center Director indicating long-term commitment by the local VA to the applicant
- (4) Letter from the medical center R&D committee, approved by the Dean=s committee, supporting the application
- (5) Documentation from Human Resource Management office of applicant=s appointment eligibility.
- (6) Approved Extended Educational Leave Request. Use VA Form 10-5503, Extended Educational Leave Request Briefing Slip, and VA Form 10-5503a, Extended Educational Leave Checklist

3. PARTICIPATING VA CSP CENTERS

Three VA CSP centers are available for the educational leave and training program. One of the centers is a Cooperative Studies Program Coordinating Center (CSPCC) and two are Epidemiologic Research and Information Centers (ERICs). The CSPCC is located at West Haven, CT and the two ERICs are located at Boston, MA and Durham, NC. A detailed summary of the sabbatical programs at each of these centers is provided in the attached appendix. The names of the contact individuals and their telephone numbers for these three centers are:

Peter Peduzzi, Ph.D., Director, CSPCC, West Haven, CT, Tel: (203) 937-3440

Michael Gaziano, M.D., Director, MAVERIC, Boston, MA, Tel: (617) 323-7700 x6248

Ronnie Horner, Ph.D., Director, ERIC, Durham, NC, Tel: (919) 286-6936

APPENDIX

SABBATICAL PLANS

COOPERATIVE STUDIES PROGRAM COORDINATING CENTER WEST HAVEN, CT

EXECUTIVE SUMMARY

The West Haven program is an intensive one-year training program, beginning in July of each year, in methods of clinical research based at the Cooperative Studies Program Coordinating Center (CSPCC), VA Connecticut Healthcare System, West Haven, CT. The specific aim is to train (each year) up to two awardees in the principles and practice of clinical epidemiology and health services research.

The program is conducted in collaboration with the Clinical Epidemiology Unit at the West Haven VA, and the Robert Wood Johnson Clinical Scholars Program (RWJCSP) and Division of Biostatistics at Yale University School of Medicine. Additional links to Yale University exist via research activities at the Program on Aging, Claude D. Pepper Older Americans Independence Center, and the Clinical Trials Office. The training program is co-directed at West Haven by the Director at CSPCC (Peter Peduzzi, PhD), and the Director of the Clinical Epidemiology Unit (J. Concato, MD, MS, MPH).

For each awardee, the program consists of three components: formal course work, practical experience at CSPCC, and the development of a research proposal. The formal coursework includes several curricula (offered in conjunction with the RWJCSP and the Department of Public Health) in clinical epidemiology, health policy, and clinical trials. The practical experience involves participating in meetings discussing the planning, conduct, and analysis of cooperative studies at CSPCC. The development of a research proposal in the awardee's area of interest will culminate in submission of a proposal to VA sources of grant funding. To facilitate this process, each awardee will be assigned to two mentors-- a clinical investigator and a biostatistician -- selected from among the program's directors and participating faculty.

PROGRAM OF STUDY

The program of study consists of three components: formal course work (in research architecture, biostatistics and data processing); practical experience at CSPCC; and development of a research proposal.

Formal Course Work

Curricula include the RWJCSP Quantitative Clinical Epidemiology (QCE) course; the RWJCSP seminars in Health Policy and Delivery; and one-semester course on clinical trials taught by the Division of Biostatistics at the School of Public Health. Awardees may choose all or only selected components of these courses for their needs, depending on past training and experience.

QCE is an intensive yearlong (July to June) course, with small group interaction, including three main components: research architecture, biostatistics and data processing. The section on research architecture provides rigorous training in the "basic science" of clinical research, and also includes exposure to specific techniques and models, such as meta-analysis and decision analysis. The training in biostatistics includes traditional strategies taught in a way that is understandable and useful for clinicians, and also introduces newer and more pertinent methods. The section on data processing deals with the strategies, formats, and criteria used to transfer raw information to coded data; this section also includes an introduction to computer programs, statistical application of established standard "packages" (such as SAS and BMDP), and experience in the use of both a personal computer and a local computer network.

The seminars in Health Policy and Delivery introduce awardees to important issues related to the organization of health care. Recent seminars have presented topics on Medicare data bases, strategies for measuring patient satisfaction, cost-effectiveness research, and ethical issues in research.

A one-semester course on clinical trials taught by the Division of Biostatistics each academic year is an intensive review of the design and analysis of clinical trials. The major topics covered in the course are: types of study design (e.g., parallel, factorial, and equivalence designs), sample size and power, ethical issues, monitoring, and data analysis.

Practical Experience

The practical experience at CSPCC involves four components: experience with the Cooperative Studies Program; access to large VA databases; opportunity to analyze data from completed CSP studies; and exposure to non-CSP studies, such as Merit Review and ERIC projects.

CSPCC staff will provide the awardees with first hand experience about the planning, conduct, and analysis of cooperative studies. The awardees will participate in regular staff meetings about studies of interest and attend planning, data monitoring board, evaluation committee and investigator meetings, whenever feasible and appropriate. This experience will give awardees an intensive exposure to the program and prepare them for possible future participation.

CSPCC has access to large VA administrative databases (located in Austin, TX) that are commonly used in research (e.g., Patient Treatment File, Outpatient Clinic System File, Beneficiary Identification and Records Locator Subsystem). The program provides training in the content, potential uses and limitations of these databases for research purposes. In addition, the programming staff at the center will provide tutorials about techniques for accessing these databases.

Many databases from completed CSP studies reside at West Haven and are available to formulate and test hypotheses of interest. These databases include landmark studies such as the trial of coronary artery bypass surgery for stable and unstable angina, angioplasty versus medical therapy for stable coronary disease ("ACME"), aspirin for treatment of myocardial infarction,

corticosteroids for treatment of sepsis, endoscopy for treatment of esophageal varices, and AZT for treatment of AIDS and AIDS-related complex. In addition, West Haven has the database of all randomized trials of bypass surgery versus medical therapy for stable coronary artery disease that were "pooled" in a recent meta-analysis sponsored by the VA and National Institutes of Health. The Biostatisticians involved with these trials at CSPCC will serve as mentors for research initiatives involving these completed studies.

In collaboration with West Haven-based HSR&D investigators Drs. John Concato, Terri Fried, Richard Marottoli and Cary Reid, the new program provides access to observational studies supported by Merit Review, ERIC, and Career Development Awards funding. Ongoing projects are related to prostate cancer, alcohol use among elderly subjects, driving and the elderly, and end-of-life care.

In addition, the awardees will have access to the Yale Clinical Trials Office under the direction of Michael Ezekowitz, MD, PhD. As an accomplished expert in VA and non-VA sponsored clinical trials, he will provide awardees with additional opportunities to learn about clinical trials.

Research Activities

A major focus of the year-long program will be experience in developing a research proposal in the awardee's area of interest. Each awardee will be assigned to two mentors--a clinical investigator and a biostatistician--selected from among the program's directors and participating faculty (listed below). Although Drs. Peduzzi and Concato need not be the primary research mentors for each awardee, they will monitor the progress of all awardees monthly to ensure that satisfactory progress is being made. The role of the mentors will be to assist the awardees in the formulation of appropriate objectives and hypotheses, and proper study design. For example, the biostatistician will help with sample size and power considerations, methods for data collection and management (forms design), and plans for analysis. When applicable, the programming staff at CSPCC will assist the awardees in conducting searches of the VA databases (e.g., to determine the numbers of patients being treated in the VA for the disease under investigation and thereby assess the feasibility of conducting the study). Thus, for each awardee a research team will be assembled to promote the successful development of a research proposal. This component of the program will be initiated in the first month of the training program and will end with submission of a written proposal.

FACULTY

Co-Directors

The program will be co-directed by Peter Peduzzi, PhD and John Concato, MD. Both Co-Directors are full-time VA employees and members of the Yale faculty. Each of these investigators brings considerable strengths to the program that when combined will provide awardees with a comprehensive training experience.

Dr. Peduzzi is Director of the Cooperative Studies Program Coordinating Center at West Haven

and is Associate Professor Adjunct in the Departments of Epidemiology and Public Health (Biostatistics) and Internal Medicine. He is associated with the Claude D. Pepper Older Americans Independence Center and the RWJCSP at Yale University. Dr. Peduzzi also gives lectures on clinical trials at the School of Public Health and at RWJCSP. His major area of academic interest is multicenter clinical trials.

John Concato, MD, MS, MPH, is a VA Career Development Award recipient and Director of the Clinical Epidemiology Unit at VA Connecticut Healthcare System, West Haven campus. At Yale University, Dr. Concato is an Associate Professor in the Department of Internal Medicine and Associate Director of the RWJCSP. He has an ongoing Merit Review entitled Effectiveness of Screening for Prostatic Cancer@ and a funded ERIC project ARisk of Mortality in Prostate Cancer.@ In addition, Dr. Concato has extensive training and experience in clinical epidemiology and methods of observational research.

VA Connecticut Healthcare System

Lawrence Brass, M.D., Neurology

David Coleman, M.D., Infectious Disease

Michael Ezekowitz, M.D., Ph.D., Cardiology; Director, Clinical Trials Unit at Yale University

Liana Fraenkel, M.D., Rheumatology

Terri Fried, M.D., Geriatrics

Jack Hughes, M.D., General Internal Medicine

Thomas Kosten, M.D., Psychiatry

Richard Marottoli, M.D. Geriatrics

Cary Reid, M.D., General Internal Medicine

Michael Rigsby, M.D., Infectious Disease

Robert Rosenheck, M.D., Psychiatry; Director of Northeast Program Evaluation Center (NEPEC)

Yale University School of Medicine

Alvan Feinstein, M.D., Internal Medicine

Mark Cullen, M.D., Environmental and Occupational Medicine

Ralph Horwitz, M.D., Internal Medicine

Sharon Inouye, M.D., Geriatrics

Stanislav Kasl, Ph.D., Epidemiology

Harlan Krumholz, M.D., Cardiology

Robert Makuch, Ph.D., Biostatistics

Harvey Risch, M.D., Ph.D., Epidemiology

Mary Tinetti, M.D, Geriatrics

CSPCC Staff

The biostatistical and computer programming staff at CSPCC will be directly involved in the training of the awardees, serving as a resource about completed CSP studies, providing training in the use of the large VA databases, and collaborating in the design of research proposals. For

example, Pam Hartigan, PhD, Gary Johnson, MS, Terry O'Connor, PhD, and Peter Guarino, MPH, offer expertise based on participation more than 20 cooperative trials during their nearly 40 years of combined experience. Administrative staff at the center will be available to support the awardees during their training, e.g., travel and hotel arrangements, faxing and duplication of documents, and word processing.

SPACE AND EQUIPMENT

CSPCC will provide each awardee with office space, a personal computer and administrative support during the year of training.

**MASSACHUSETTS VETERANS EPIDEMIOLOGY RESEARCH
and INFORMATION CENTER (MAVERIC)
BOSTON, MA**

*AA center to promote the health and enhance the quality of health care of
veterans through a better understanding of disease in populations*

EXECUTIVE SUMMARY

The Massachusetts Veterans Epidemiology Research and Information Center (MAVERIC) sabbatical program is a one-year program designed to provide research training and experience in the conduct of epidemiologic studies. In addition awardees will be exposed to existing databases available for this type of research in the VA. The program consists of formal training in epidemiology, biostatistics and study design; practical experience in data collection, analysis, and manuscript preparation; and development of a research proposal.

Activities are based at the MAVERIC at the VA Boston Healthcare System with campuses in Boston and West Roxbury. There are several options for formal training at affiliated institutions, which include the Boston University and Harvard University Schools of Public Health. The sabbatical program is co-directed by J. Michael Gaziano, MD, MPH and David Gagnon, MD, PhD.

ABOUT MAVERIC

The primary mission of the Massachusetts Veterans Epidemiology Research and Information Center (MAVERIC) is to enhance health care delivery in the VA system by promoting the conduct of VA-based population research relevant to the needs of veterans and to facilitate the transfer of vital epidemiologic information to VHA providers and administrators. To achieve these goals, resources and expertise have been assembled from the VA Boston Healthcare System and the Bedford and Brockton VAMCs as well as their affiliated academic institutions, Harvard University and Boston University Schools of Medicine and Public Health. MAVERIC is a national center of excellence in epidemiologic research, training, and information transfer within VHA. The Center draws from the vast epidemiologic and biostatistical expertise, and the well-developed research infrastructure of our combined VAMCs, Medical Schools and Schools of Public Health.

BACKGROUND

Value of Epidemiologic Research for the VA: VA-based epidemiologic research will not only provide valuable information for the health of the general public but also will provide VA specific estimates relevant to the delivery of health care to veterans. For example, the health care needs of the general public do not represent the needs of veterans because the veteran population is older and generally sicker than the general public. Currently, more than a third, and by 2005 approximately half of all veterans will be older than 65 years. As a result of the aging of the veteran population, it is logical to conclude that health care expenditures per veteran will be

increasingly directed toward the treatment of diseases that occur more frequently in an aging population. This Center provides VA decision-makers with a rational basis to allocate scarce health care resources in the VHA for the aging VA population.

Epidemiologic Research Opportunities in the VA. The VA Healthcare System provides a unique opportunity to develop population-based studies that will ultimately aid in optimizing patient care for both VA and the non-VA populations. The VA is an ideal setting for population research for a number of reasons. First, a large portion of the veteran population that uses the VA for health care is relatively stable. In the private sector individuals change health care plans, on average, every 18 months. Their employer may change providers or they may change jobs resulting in new health care coverage. While many veterans also use private insurance plans or Medicare to supplement the care they receive at the VA, many of them maintain contact with the VA on a regular basis. Even if veterans move to a different part of the country they may still use the VA for all or some of their health care needs. This enables patients to be followed longitudinally enhancing the ability to do epidemiologic studies. Information on hospitalization, medication prescriptions, laboratory results, demographics and mortality are readily available in various databases. Thus, clinical and demographic data systems in place at the VA provide a unique opportunity to identify and follow large numbers of patients at relatively low cost.

PROGRAM OF STUDY

Both didactic and hands on research opportunities for investigators who come to spend a year at the MAVERIC are available.

Formal Course Work: There are two nationally known intensive epidemiology courses sponsored by the Harvard or Boston University School Schools of Public Health in Boston. These several weeklong summer courses provide intensive course work in epidemiology, biostatistics, decision and cost analyses, and health policy. The MAVERIC will support the application of one or two awardees annually. In addition to the formal course work available at the affiliated schools of public health, on site practical courses in SAS programming are available at MAVERIC. For those who are so inclined it is possible to continue formal course work at the Harvard School of Public Health and the Boston University School of Public Health.

Research Activities: Awardees would be encouraged to work with a mentor on a defined research project to gain hands on experience in the conduct of epidemiologic studies, including data analysis, manuscript preparation, grant writing and database development projects. During the course of the year awardees will be asked to develop a research proposal. There is ample expertise in obtaining VA data from Austin and Medicare data from HCFA. A number of databases are available for use in research projects. These include the Normative Aging Study, Dental Longitudinal Study, National Surgical Quality Improvement Program, VA Acute Myocardial Infarction Study, Vietnam Era Twin Registry, and National Vietnam Veterans Readjustment Study. Listed below are a number of ongoing projects conducted by MAVERIC investigators.

Cholesterol Reduction in the Elderly: seeks to better define the association of hyperlipidemia

with risks of coronary heart disease and the role of lipid-lowering therapy in primary prevention of CAD.

A Prospective Study of Respiratory Function and Illness in Chronic Spinal Cord Injury: is studying predictors of pulmonary function decline and respiratory illness in 400 individuals with chronic spinal cord injury.

Prevalence and Determinants of Osteoporosis in Male Veterans: is establishing a cohort of 1000 older male veterans in order to describe patterns of age-related bone loss, determine the prevalence of osteoporosis, and evaluate predictors of level and trend in bone mineral density and, ultimately, in risk of osteoporotic fracture.

Prospective Cohort Study of Early Stage Prostate Cancer: is establishing a large prospective cohort of individuals with latent prostate cancer to enable evaluation of lifestyle, biochemical and genetic predictors of the transformation for latent to clinically aggressive prostate cancer.

Myocardial Infarction and CABG Long-Term Follow-up Study: utilizes three existing baseline data sets and VA patient tracking expertise and infrastructure to establish three longitudinal cohorts designed to evaluate factors predicting cardiovascular events among high risk individuals.

The 80+ Hemorrhagic Cohort Study: will measure the bleeding rate of octogenarians on warfarin by utilizing the VA Hospital Network as a giant consortium to prospectively gather this cohort.

Mental Health Outcomes Associated with Peacekeeping Duty for US Military Personnel: is a longitudinal comparison of two large cohorts of veterans of two recent peacekeeping missions: Somalia and Bosnia. Mental health outcomes and treatment needs of peacekeepers (Bosnia) and peace-enforcers (Somalia) will be evaluated prospectively.

The Comorbidity of PTSD & Antisocial Personality Disorder: An Epidemiological & Genetic Study: will apply twin study and co-twin control methodology to explain the relationship between PTSD and anti-social personality disorder in the Vietnam Era Twin registry.

General Life Adjustment in a National Sample of Vietnam Veterans: uses the existing National Vietnam Veterans Readjustment Study database to examine features of general life adjustment among Vietnam veterans and to document pre-military, military, and post-military factors that appear to modify or contribute to positive or negative adaptation within this population.

DOD Joslin Diabetes Center Diabetes Management Project: This project is exploring new techniques in the long-term management of diabetic patients

Persian Gulf Sleep Study: This study is currently recruiting subjects into a cohort that will explore the prevalence of sleep disorders among Persian Gulf Veterans.

FACULTY

Sabbatical Co-Directors:

Michael Gaziano, MD, MPH, Sabbatical Program Co-Director, is a chronic disease epidemiologist with 10 years of research experience. He is Program Director at MAVERIC. His interests include lifestyle, biochemical and genetic determinants chronic disease with a particular interest in cardiovascular disease.

David Gagnon, MD, Ph.D., Sabbatical Program Co-Director, serves as Director of Biostatistics at MAVERIC and holds an appointment in the Department of Epidemiology and Biostatistics at the Boston University School of Public Health where he received his doctorate in biostatistics. His interests included repeated measures and imputation of missing data. Research activity at MAVERIC includes work in the Normative Aging Study and the National Surgical Quality Improvement Program.

Other Faculty:

Louis Fiore, MD, Co-Director of MAVERIC, is a full time hematologist/oncologist at the Boston VA. He has been active in clinical trials for 9 years and currently Co-Chairs a large prospective study (CHAMP Trial) and directs the Low Prevalence Disease Study Group. He serves on various VA and non-VA clinical trial committees.

Theodore Colton, Ph.D. is the Chair of the Department of Epidemiology at the Boston University School of Public Health. Dr. Colton has served as a member of the VA Cooperative Studies Evaluation Committee and several of the Data Monitoring Boards for clinical trials within that program. He has served on several peer review committees of the VA, including one that led to the establishment of the Vietnam Era Twin Registry. Since its inception he has served as a member of the initial Veterans' Advisory Committee on Environmental Hazards (VACEH) in which he was the chair of the Agent Orange Subcommittee.

Eric Garshick, MD, MOH, MAVERIC Director of Projects, is a pulmonary Epidemiologist with expertise in the health effects of diesel exhaust exposure and its the relationship with lung cancer. Current research has been a study of alcohol as a risk factor for chronic lung disease, occupational exposures and respiratory symptoms and the prevalence of sleep-disordered breathing, and risk factors for pulmonary disease in spinal cord injury.

Donald R. Miller, ScD, MAVERIC Director of Databases, brings his years of experience as a VA epidemiologist in serving as the primary resource for epidemiological database related information. Dr. Miller has expertise in chronic disease epidemiology, drug and nutritional epidemiology, health status measurement, and health services research. He has served the VA since 1991 at the Center for Health Quality, Outcomes, and Economic Research (CHEQUER) in Bedford, MA.

Steve Wright, MAVERIC Director of Data Systems, is a health services researcher with extensive experience in VA and non-VA, including Medicare, databases. He is currently involved in the establishment of a cohort of veterans at risk for prostate cancer.

Mary Brophy, MD, MAVERIC Blood Laboratory Director, coordinates and manages the laboratory component of the MAVERIC including the collection, processing and storing of blood specimens. She is a board-certified hematologist and co-directs the special coagulation laboratory at the Boston VAMC. She currently serves as the blood laboratory director for a large (5000 subject) VA Cooperative Study (#387).

MAVERIC RESOURCES

Data Coordinating Center: Our data processing center utilizes an analytical network of four HP UNIX-based server/processors including a state-of-the-art HP-K450 machine. This network has been designed for large storage, rapid merging, and high-speed analysis of multiple large databases. Current on-line storage capacity is 120 gigabytes. Data may be archived using DAT tape, 9mm round tape, writable CD-ROM, or via network transport to PC storage devices. Access to these computers is available via local area network, VA wide-area network, Internet, and modem. Security is insured with a firewall, a PC-based Windows NT server, and a CISCO router that allows access and transfer of data only by authorized users. Multiple PC and Macintosh workstations and network printers are also connected directly to the local network. Multiple PC and Macintosh workstations and network printers are also connected directly to the local network.

Laboratory Facilities for Blood Storage: Laboratory capabilities of MAVERIC allow us to solicit, receive, process, catalog, and store blood specimens for studies conducted on both the local and national level. Mary Brophy, M.D., the laboratory director, is a board-certified hematologist and co-directs the special coagulation laboratory at the Boston VAMC. The core laboratory is currently collecting specimens from 5,000 subjects enrolled in VA Cooperative Study #387. The laboratory has also been contracted to collect specimens from 2,500 subjects in the VA Persian Gulf Veteran Study and is locally responsible for samples collected in the Veteran's Health Study as well as numerous other MAVERIC-supported projects. The laboratory is capable of fulfilling contractual arrangements for the performance of assays and procedures on stored samples including cost-effective DNA extraction. A secure and sophisticated system for data retrieval on archived specimens is in place.

Ad hoc Epidemiology Consultants: MAVERIC provides on-site expertise in population-based study design, implementation, and statistical analysis for all types of epidemiologic research. Our resources and services include funding opportunities, ad hoc consulting services in many disciplines, core computing facilities, blood storage capabilities, and educational opportunities for physicians and other researchers. The Center offers ad hoc consultants in a variety of disciplines. These include:

HIV/AIDS	Nutrition
behavioral sciences	occupational health
biostatistics	outcomes
cardiovascular disease	pharmacology
cancer	psychiatry
dental	pulmonary
economics/policy	renal
emergency medicine	reproduction/perinatal
general epidemiology	research administration
genetics	rheumatology
geriatrics	surgery
hematology	training
informatics	women and minority health
neurology	

Collaborating Institutions: MAVERIC has positioned itself as national leader in VA epidemiology research by establishing collaborations with leaders in the Boston epidemiology community.

Activities are supported by a wealth of local VA resources, including:

- \$ Bedford Center for Health Quality, Outcomes and Economic Research
- \$ Boston Environmental Hazards Center
- \$ Boston Informatics Training Program
- \$ Brockton/West Roxbury Health Services Research and Development Center
- \$ National Center for Post Traumatic Stress Disorder at Boston
- \$ VA Dental Longitudinal Study
- \$ VA Management Decision and Research Center
- \$ VA Normative Aging Study Program

Local non-VA collaborating institutions include:

- \$ Boston University School of Medicine
- \$ Evans Preventive Medicine Unit
- \$ Boston Collaborative Drug Surveillance Program
- \$ Section of General Internal Medicine

\$ The Arthritis Center
\$ Division of Gerontology
\$ Boston University School of Public Health
\$ Slone Epidemiology Unit
\$ Brigham and Women's Hospital
\$ Channing Laboratory
\$ Division of Preventive Medicine
\$ Harvard Medical School
\$ Harvard School of Public Health

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West Roxbury VAMC (152)

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**EPIDEMIOLOGIC RESEARCH and INFORMATION CENTER
DURHAM, NC**

EXECUTIVE SUMMARY

A major component of the ERIC at Durham, NC's mission is to promote the strategic growth of the epidemiological capacity of the Department of Veterans Affairs through education and training opportunities designed to develop and enhance epidemiological technical expertise. The Durham ERIC proposal outlines an intensive 6 month or 12 month training program focused on providing awardees with the research, clinical, and teaching skills to become successful investigators. Awardees will collaborate with MD and PhD investigators who have diverse and complementary backgrounds.

The Durham ERIC sabbatical program will be conducted in collaboration with the Department of Community and Family Medicine at Duke University Medical Center (DUMC), the Division of General Internal Medicine at DUMC, and the Department of Epidemiology at the University of North Carolina (UNC) at Chapel Hill. Additional links will exist via research activities at the Health Services Research and Ambulatory Care Services at the Durham VA Medical Center, and the UNC School of Public Health. The training program will be co-directed at Durham by Ronnie Horner, PhD, ERIC Director, Eugene Oddone, MD, ERIC Deputy Director and Michel Ibrahim, MD, PhD, ERIC Director of Education.

PROGRAM OF STUDY

Awardees may receive formal didactic training through DUMC's one year AClinical Research Training Program@, or their six-week AComprehensive Introduction to Clinical Research@ session. Both programs target post-graduate faculty interested in clinical research and epidemiology. Courses include:

- Clinical Epidemiology
- Design of Clinical Trials
- Clinical Decision Analysis
- Biostatistics
- Health Economics
- Analysis of Genetic Data
- Psychometrics and Reliability

Through seminars and small group instruction, awardees develop computer proficiency, learn to appraise medical literature critically, and acquire skills for effective scientific writing. Awardees use these skills to develop and conduct an original research project.

In addition, beginning in July of 1999, the Duke University Department of Community and Family Medicine will offer a one month elective rotation in medical informatics that will be available to Durham ERIC sabbatical awardees. The rotation includes basic computer skills, advanced topics in informatics for health professionals, and practical application through projects. Developed by

faculty in the Division of Medical Informatics, the rotation builds on the strength of the National Library of Medicine funded Training Program in Medical Informatics at Duke University.

Durham ERIC awardees can also obtain training through courses offered in the Department of Epidemiology, School of Public Health at UNC. Beyond these courses, Dr. Ibrahim and his colleagues at UNC are developing Internet-based, self-paced tutorials on epidemiologic perspectives in research. The first of these tutorials was on cohort studies and uses Post-traumatic Stress Disorder (PTSD) as a case study. Three new modules are being developed using the following topics: the Gulf War syndrome, stroke and socioeconomic factors, and aging. By design, all illustrations for use of a particular method are diseases and conditions of high priority to the VA. The ERIC Epidemiologic Perspectives Course on the Internet offers continuing medical education (CME) credit at UNC.

To facilitate the required research project, numerous VA databases are accessible to sabbatical awardees at the ERIC at Durham, NC. Some of the databases are national and generally accessible by remote linkage, including the patient masterfile and utilization files. Observational study and randomized clinical trial databases created from local investigators= projects also exist, such as the VA data on acute stroke practice patterns, use of carotid endarterectomy, and hospital readmissions.

To learn to interact effectively with MD and PhD investigators, the Durham ERIC awardees will receive dual mentoring, whereby awardees have both an MD and PhD preceptor. In addition, awardees choose a three- to four-person research committee to review their proposal, monitor the progress of their project, and ensure that the resources required to complete the research in a timely fashion are made available.

The combination of dual-mentorship and a formal committee prepares Durham ERIC awardees for future success in their research endeavors. Awardees may select preceptors from throughout the VAMC, DUMC and UNC campus. Preceptors have diverse backgrounds and can accommodate any conceivable interest of Durham ERIC awardees.

COLLABORATIVE RESEARCH OPPORTUNITIES

DURHAM VA MEDICAL CENTER
Geriatric Research, Education & Clinical Center
Ambulatory Care Center
Women Veterans Comprehensive Health Center
Regional Medical Education Center
National Center for Health Promotion

UNC CHAPEL HILL
School of Public Health
Health Services Research Center

DUKE UNIVERSITY
Center for the Study of Aging and Human Development
Center for Clinical Health Research Policy
Center for Demographic Studies
The Biometry Training Program

Division of General Internal Medicine
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