

# Letters to the UMB Community

## Transforming Clinical and Translational Research

Aug. 5, 2019

Dear Colleagues:

During my State of the University Address in May, I announced that, with Johns Hopkins University as our partner, UMB had just won a coveted Clinical and Translational Science Award (CTSA) from the National Institutes of Health. These awards support a nationwide network of top-tier medical research institutions, called “hubs,” that work together to improve the translational research process so that more treatments can get to more patients more quickly. There are about 60 of these hubs across the country, a testament to the selectivity of the program and to the outstanding quality of our application.

The CTSA brings a significant amount of money into UMB—around \$9 million over five years—but it’s virtually impossible to capture the full impact of this award and this partnership with Hopkins. The program amplifies clinical and translational research across campus. It doesn’t target a specific disease or a specific patient population. Rather, it targets the very capabilities we need to more efficiently get our best science out of the lab and into patient care. This means that *every* UMB school will benefit from a better clinical translational research infrastructure and better informatics, from more training opportunities for junior faculty and for pre- and postdoctoral investigators, and from deeper cross-school collaboration on some of our biggest questions of scientific translation.

But *internal* collaboration is just part of it. Together the University of Maryland Medical System and Johns Hopkins Medicine serve three-quarters of the state’s citizens. Our collaboration means we can improve the care these citizens receive, but it also means we can shape practice and policy so that, ultimately, people far beyond Maryland are made healthier. Already, we’re working with Hopkins to integrate some of our research training. We’re exploring joint faculty appointments and shared facilities. We’re synthesizing our electronic health records, so that we can aggregate and analyze patient and population data in a way that sheds light on those we serve and how we might serve them better.

And now that we’re in this most prominent group of clinical research universities, there’s an accumulating effect in terms of expertise and resources: We can secure grants for which only CTSA-funded institutions are eligible; we can form partnerships with fellow CTSA hubs and learn from each other’s work; we can watch our influence grow as we drive clinical and translational innovation on a national scale.

The CTSA supports our [Institute for Clinical & Translational Research](#) (ICTR), formed in 2017 to steer an interdisciplinary clinical and translational research enterprise at UMB—one that relies on active partnership with our patient communities at every stage of the research process—and to support investigators across our schools with grants and with no- and low-cost resources in research infrastructure, environment, training, and career development.

I thank and congratulate the principal investigators who led this ambitious CTSA effort: From UMB, **Stephen N. Davis, MBBS**, Dr. Theodore E. Woodward Chair in Medicine in the School of Medicine, vice president for clinical translational science, and ICTR director; and from

Hopkins, **Daniel E. Ford, MD, MPH**, David M. Levine Professor of Medicine, vice dean for clinical investigation, and director of the Johns Hopkins Institute for Clinical and Translational Research.

The CTSA is one of the most prestigious multi-investigator awards a U.S. medical research institution can win. It brings enviable acclaim to our University, and to our city and state. For all of that, I'm grateful. But I'm more grateful still to know that with this award—and with the partnership of Johns Hopkins University—we'll help millions of people who need our very best work, and who need it now.

Sincerely,

**Jay A. Perman, MD**  
*President*