

# Tables, What are the Good for?

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# Absolutely.....

# Something





- Introduction to the Administrative Core Tables
- What are the tables used for?
- Summary of concerns, areas for improvement
- Timeline for implementing changes and discussion

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## Introduction

They Administrative Tables A1 through A6 were created to display the breadth of research that the ADCs are supporting through the use of participants, tissue, and/or data.

They include:

A1. Federal Funded Grants Supported by Resources of the ADC

A2. Non-Federal Funding Supported by Resources of the ADC

A3. Funding for Therapeutic Trials and other Grants from Industry

A4. Training Awards

A5. ADC Collaborations

A6. Underrepresented Group Related Grants



Table A1 – Federally Funded Grants Supported by Resources of the ADC

• This table includes federally funded grants that use any resources of your ADC. Resources include participants for any projects, tissue (autopsy tissue, blood, DNA, cell lines, etc.) from these participants, or data from these participants. The Role of the ADC should include the numbers of participants, autopsy cases, etc...



Table A2 – Non-Federal Funding Supported by Resources of the ADC

• This table is exactly the same as the previous table – with funding from non-federal sources. The Role of the ADC should include the numbers of participants, autopsy cases, etc.



Table A3 – Funding for Therapeutic Trials and Other Grants from Industry

• This table is for clinical trials, regardless of their funding source. The role of the ADC should include the numbers of participants.

Table A4 – Training Awards

• This table includes fellowships, Physician Scientist Awards, Underrepresented group Fellowships, etc. Personnel listed here should be involved in the ADC in some capacity.

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#### Table A5 – ADC Collaborations

• This table includes the NACC Projects and other collaborations, relationships with industry, Alzheimer's Association chapters, and other institutions. There is bound to be some overlap with this table and some of the other tables. Try to be as complete as possible.

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#### Table A6 – Underrepresented Group Related Grants

• The main focus should be underrepresented group/diversity/health disparities. A study that is about something else but which attempts to recruit a large number of underrepresented groups would not be included. If you have more detailed information you would like to include, please do so.

## 2015 Microsoft Study.....

Average human attention span less than that of a goldfish...so welcome back.





# Medicine<sup>®</sup> What is the purpose? A Center's Search for Meaning

They Administrative Tables A1 through A6 were created to display the breadth of research that the ADCs are supporting through the use of participants, tissue, and/or data.

- Summary view of the Center for all of our constituents
- Shows NIA our productivity
- Expected to be summarized in the prose
- Used internally to support arguments for space and to show productivity

### It Takes a Whole Village



### To build accurate Admin Core Tables



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## It Takes a Village

- The tables are a collective effort between all cores and collaborators, but......
- Best practices are to update the tables throughout the year. Ensure all stakeholders are aware of the importance.
- Collaboration form collects data electronically simplifying the reporting process
- NIH reporter



## Common Concerns

- Be explicit to ensure comparing ADCs on similar data
- Cumulative totals vs. project periods
- Total amount vs. direct costs
- Accuracy
- Are amounts important, especially for clinical trials?
- Is there important information that we are not capturing?

What do Administrators do when unsure?

# Leave it Blank!













### **Examples of Tables**

Common areas of concern

Table 3. Funding for Therapeutic Trials and Other Grants from Industry –Year 16-20							
Principal Investigator/ Project Director	Grant Title/Number Multi-Center Trial to Evaluate	Source & Amount	Project Period	Role of ADC			
Smith, Jane	Home-Based Assessment Methods for Alzheimer Disease Prevention Research in People over 75 Years Old	NIA/ADCS \$212,350	9/1/2007- 12/31/2012	23 subjects			
Smith, John	A Prospective, Randomized, Multi-Center, Double-Blind, 26 Week, Placebo-Controlled Trial of Memantine (10mg BID) for the Frontal and Temporal Subtypes of Frontotemporal Dementia	Forest Research Institute; ADCS Collaboration \$242,891	1/5/2009- 3/31/2012	14 subjects			



## **Examples of Tables**

Open for interpretation

Table 1. Federal Funded Grants Supported by Resources of the Northwestern -ADC, Year 17							
Principal Investigator/ Project Director	Grant Title/Number	Source & Amount	Project Period	Role of ADC			
Kane, P.	Abeta oligomers (ADDLs) in Alzheimer's disease pathology (R01- AG047621)	NIH \$205,000/year Directs	4/01/08- 3/31/11	Provided whole hemisphere sections from 4 cases			
Toews, J.	R01 NS065782. Progranulin: Mutation and Regulation in neurodegenerative disease	NINDS \$218,000/year	6/01/09 – 5/31/13	Provided samples for genetic studies			
Keith, D.	Language in Primary Progressive Aphasia (R01 DC004789)	NIDCD \$622,995	09/2007 – 4/30/17	18 participants this cycle; 138 total			



### **Timeline for Changes**

- Updated guidelines in December of 2016
- Gather information from the reviewers, center directors, and administrators
- This is a great opportunity to enact change
- Simplify the process, optimize the data
- Ensure usability, eliminate confusion, reduce burden





## **Questions and Discussion**