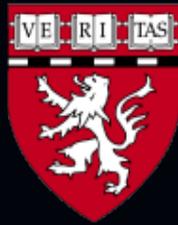


Building a Research Education Component for the Mass ADRC

Deborah Blacker, MD, ScD

**Professor of Psychiatry, Mass General Hospital/
Harvard Medical School**

**Professor and Deputy Chair in Epidemiology,
Harvard T.H. Chan School of Public Health**



OVERVIEW

- **Big picture**
- **Trainees**
- **Training elements**
- **Exchange program**
- **Pipeline program**

Big picture

A “T32 lite,” offering a year of the formal training elements without the stipend, so overlaid on existing formal and informal training programs (postdoc, clinical fellowship, pilot grant, K)

Modeled on local MD-PhD program, we select and foster a cohort of trainees each year:

“REC Scholars” (n=5) receive training plus \$5K and travel to ADC meetings

“REC Affiliates” (n~5) receive training only

Others in local environment also can attend and benefit from REC programs

New this year, so a work in progress

REC Scholars & affiliates

Formal application in spring, runs July-June

Two clinical “Growdon fellows” plus 3 others selected from local labs, quantitative program, and clinical research groups

Scholars typically more junior, citizen/green card holder; this year two clinical fellows (on doing lab research, one clinical), neuropath junior faculty, lab postdoc, and sociologist with minority fellowship in ORE core

Affiliates include electric engineer and pilot grant awardee, epidemiology post doc, computer science post doc , junior faculty in sleep research

Training Elements

Work with primary mentor on mentored research project(s)

Secondary mentor in a complementary field

**Lecture series in our memory clinic conference slot:
AD bootcamp in summer, rest interspersed**

Immersive experiences: clinic, research cohort visits, consensus conference, clinico-path conference, brain cutting, lab visits, community recruiting events and talks

Modular research training opportunities

Speaking and networking opportunities

Evening career development and social events

Formal career development plan 2x/year

Core Seminars

(*RCR)

| | |
|---|---|
| Syndromic and etiologic diagnosis of AD/ADRD | Models of AD/ADRD pathophysiology |
| Non-AD dementias | Vascular cognitive impairment and mixed pathology |
| Imaging and biomarkers and clinical disease | Standard and novel cognitive testing |
| Pathologic diagnosis quantitative measures | Limitations of clinico-pathologic diagnosis |
| AD/ADRD genetics and 'omics | Laboratory approaches to AD/ADRD |
| Approaches to clinical trials | Drug development for AD/ADRD: bench to FDA |
| Longitudinal cognition and other challenges | Big data approaches to understanding AD/ADRD |
| Grants and philanthropic support for AD/ADRD research | *Challenges in recruitment in aging populations and how to increase diversity |
| *Special issues in rigorous analyses of data for AD/ADRD (age, education, longitudinal change) | *Team science, data sharing, and public databases in AD/ADRD |
| *Special issues in human subjects for AD/ADRD (impaired decision-making, over 90 and HIPAA) | *Challenges in disclosing biomarker and genetic data in the research setting |

Research opportunities

| |
|--|
| Preclinical AD |
| FTD |
| LBD and Parkinson's' disease |
| Vascular cognitive impairment and cerebral amyloid angiopathy |
| Neuropsychological evaluation and sensitive cognitive markers |
| Behavioral measures and markers |
| AD/ADRD/Aging neuroimaging |
| AD/ADRC Biomarkers |
| AD/ADRD clinical trials / prevention trials |
| Longitudinal clinical research on AD/ADRD |
| Longitudinal epidemiologic studies in AD/ADRD |
| Resilience |
| AD/ADRD neuropathology, brain banking, and neuroanatomy |
| AD/ADRD pathophysiology and drug development |
| AD/ADRD genetics |
| Animal models of AD/ADRD |
| Laboratory models of AD/ADRD |
| Omics and Molecular strategies |
| Sampling and analysis of EHR data for AD/ADRD |
| Disparities in AD/ADRD |

Additional training and exchange program

A broad range of training resources for career development, RCR, and clinical research methods available through Harvard's CTSA, HSPH, and hospital-based programs

For more specialized training, have multiple research groups plus affiliated programs (e.g., Martinos Center for Biomedical Imaging, HSPH) to offer modular training to our own and others' trainees

Encourage modular structure to facilitate exchange

Formal exchange in place with UCSF, proposed for NYU, hope to extend throughout ADRC network

CONTACT: Liang Yap, PhD (lyap@mgh.harvard.edu)

Pipeline programs

To ensure strong URM representation, investing in pipeline programs

Piggy-backing on existing programs for URM college students at Mass General and Harvard Medical School/TH Chan School of Public Health, but with specific funding for AD-related research

Plan to start next summer

Aware that may not have specific yield for MADRC, but hope to contribute to overall pool of qualified and interested trainees through early engagement