

Clinical Trials Networks Speed Medical Advances

BENEFITS of NETWORKS

COORDINATION OF PRIORITIES

Addressing prioritized research gaps saves time and money spent on redundant and unnecessary studies.

CONSOLIDATION OF EFFORT

A steady funding stream ensures that multiple researchers and institutions spend less time chasing limited research grants.

HIGHER RETURN ON INVESTMENT

Sharing data is an opportunity to expand the significant investment of the clinical trial beyond its original goals at minimal cost.

HIGHER STATISTICAL SIGNIFICANCE

Multi-site studies enable medical centers to combine patient populations to enroll enough subjects to conduct studies with significant statistical power.

UNIFORM INVESTIGATOR QUALITY

Coordinated studies are conducted using best practices and seasoned investigators; emerging investigators are exposed to superlative role models.

VALIDATION OF PROVEN FINDINGS

Studies encompass different regions and demographics, representing a cross-section of the population, clinical outcomes have wider acceptance.

ADVANCES IN PATIENT SAFETY

Network resources can be used to coordinate timely and comprehensive safety reviews of adverse event data within and across studies.

SCIENTIFIC COLLABORATION

Multiple center participation fosters input on key clinical and scientific questions and allows for collaboration between centers with different areas of expertise.

DECREASED HEALTH CARE COSTS

Networks standardize treatment, and decreasing variability improves health quality and lowers costs.

Clinical Trials Networks are public-private partnerships involving multiple medical centers that consolidate resources, focus priorities and can lead to medical breakthroughs.

SUCCESSFUL CLINICAL TRIALS NETWORK MODELS

ACUTE RESPIRATORY DISTRESS SYNDROME NETWORK (ARDS NETWORK) –



NHLBI ARDS Network

Created by the NIH in 1994, this is the first time the federal government funded a clinical trials network devoted to Phase III

testing of important, non-pharmacologic therapies. The ARDS Network introduced factorial design into critical care research, provides ongoing mentoring for young critical care researchers, has conducted testing on an enormous store of biological samples, and improved subject protection.

CYSTIC FIBROSIS FOUNDATION THERAPEUTICS DEVELOPMENT NETWORK

(CFF TDN) – With support from the NIH, the CFF TDN was established in 1998. Clinical trials networks are necessary for the study of rare diseases like Cystic Fibrosis to enable the rigorous, safe and definitive evaluation of new therapies that will not be pursued by commercial interests. The CFF TDN is credited with advances in outcome measures development, data and specimen banking, and novel approaches to enhance study design efficiency.



RESUSCITATION OUTCOMES CONSORTIUM (ROC) –

The ROC was created in 2000 to address issues surrounding cellular injuries, shock and bleeding, multiple organ failure, and other fairly rare medical conditions in civil life. It was difficult for



any one hospital or trauma center to study these challenges because of the low number of cases at any given center. This collaboration is the first between NIH and the Department of Defense.

NATIONAL DRUG ABUSE TREATMENT CLINICAL TRIALS NETWORK –

Begun in 2006, the network produced more than 27 clinical trials by 2012 and populated a Data Share website that has seen nearly 1,700 downloads from individuals in 31 countries, resulting in at least 13 publications derived from analysis of the data. Secondary analyses of data files have informed the design and conduct of addiction treatment studies and have helped to reveal comorbidities and substance-abuse patterns of CTN participants.

ARMED FORCES INSTITUTE OF REGENERATIVE MEDICINE (AFIRM) –

Formed in 2008, AFIRM develops new products and therapies to treat severe injuries suffered by U.S. service members. A multi-institutional, interdisciplinary clinical trials network, it is managed and funded through the US Army Medical Research and Materiel Command (MRMC); with additional public and private funding. Already, AFIRM teams are advancing biological therapies, tissue and biomaterials engineering, and transplantation methods.



AFIRM

The **NATIONAL TRAUMA INSTITUTE** advocates for a federally funded Trauma Clinical Trials Network to accelerate the development of evidence-based guidelines for improved treatment of trauma -- a major cause of death and disability in the U.S. Visit NationalTraumaInstitute.org for more information.

