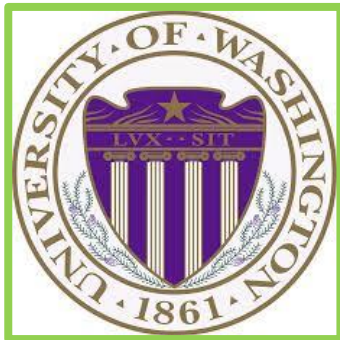


Identifying Research Possibilities in Your Practice

Gale L. Tang, MD

PNEC Fellows Course 5/23/19



Disclosures

- The opinions are my own and do not necessarily reflect the position or policy of the Department of Veterans Affairs or the United States government.

Introduction: Why Do It?

Too busy!



Keeps me thinking!



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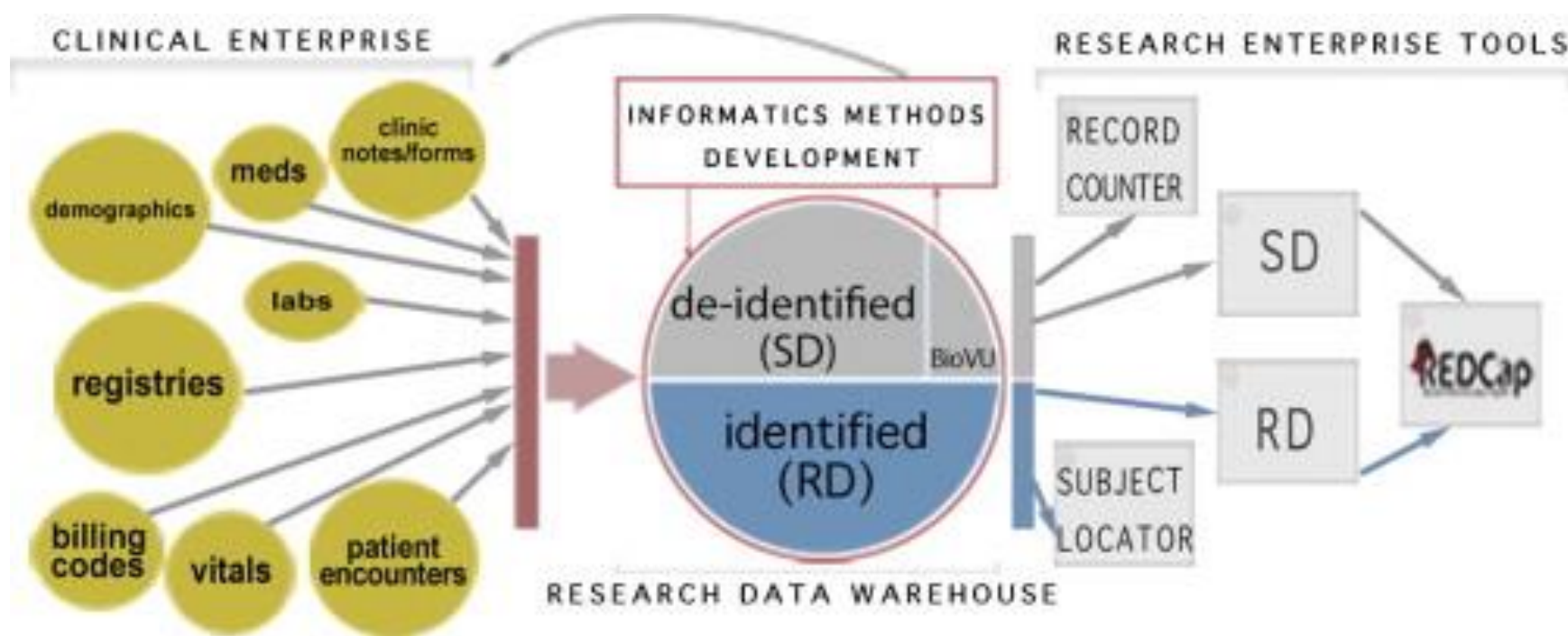
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Basic Science



Translational Research



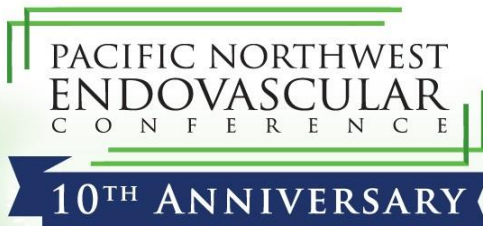
Education



Database Analysis



NIS

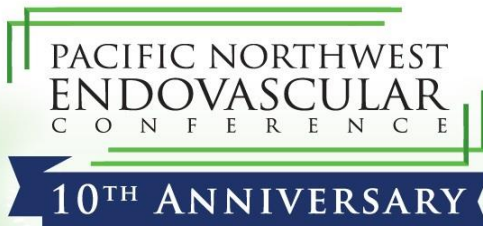


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Clinical Trials



ClinicalTrials.gov



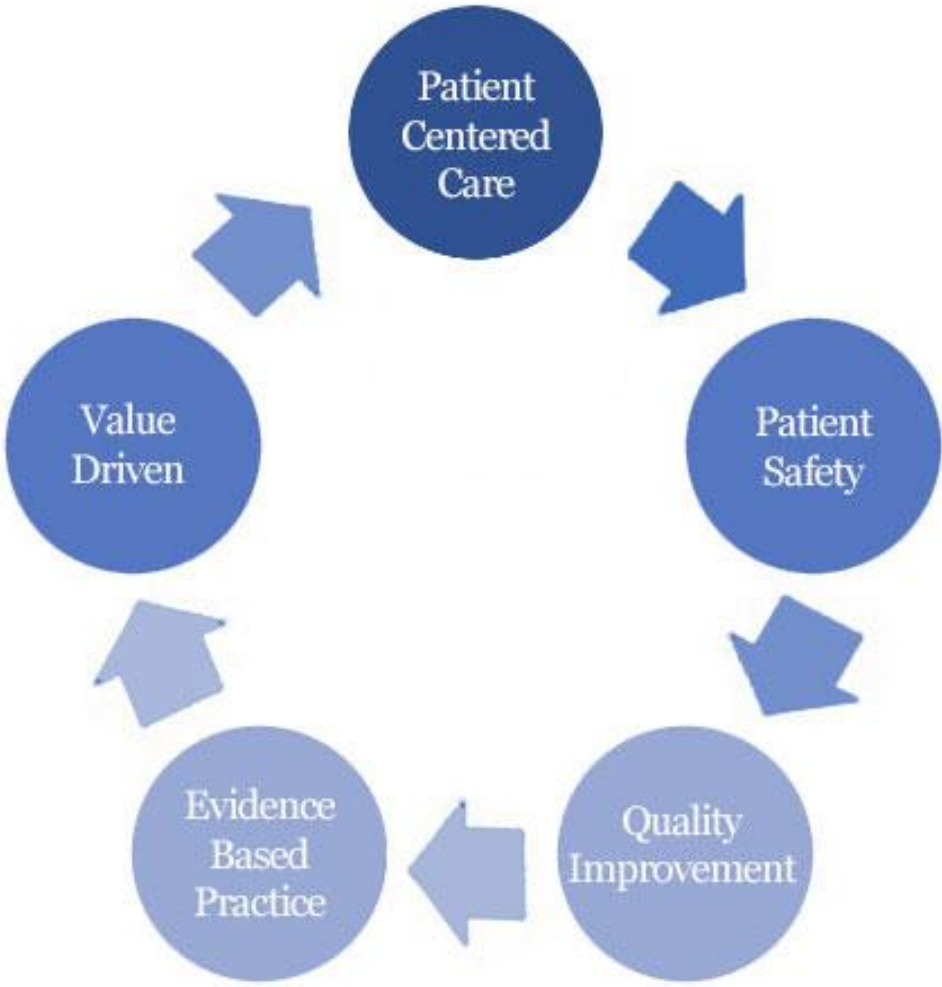
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Device Design

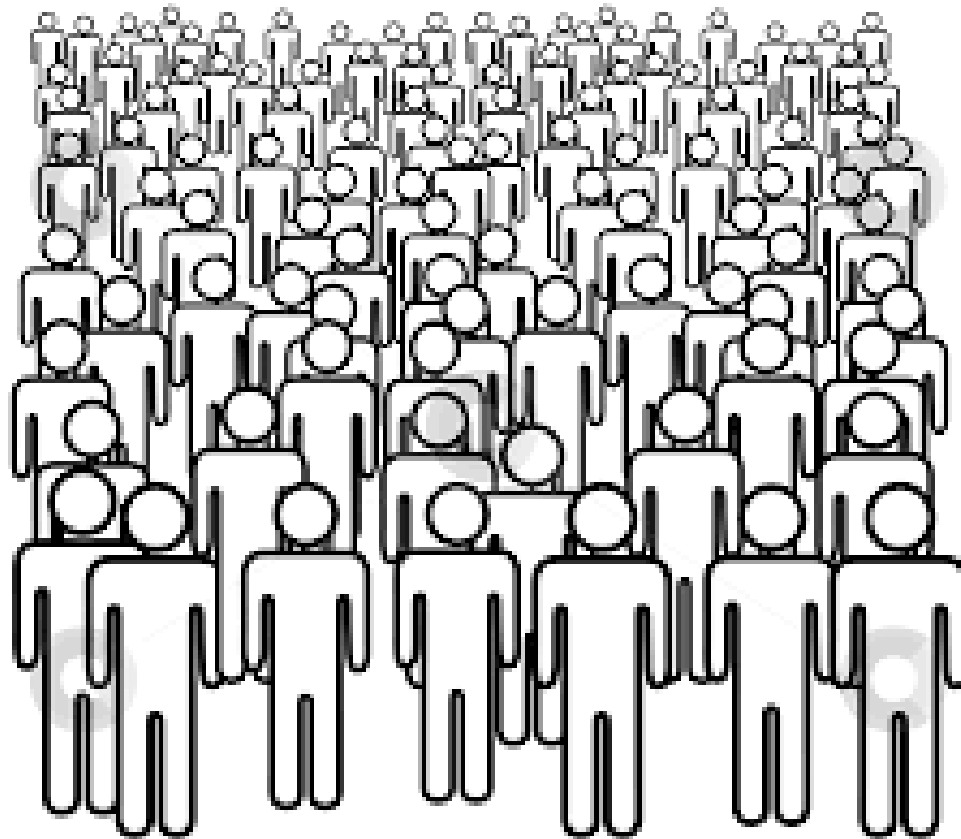


IDE = Investigational Device Exemption

Quality Improvement



Environment



Environment



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MONEY TALKS

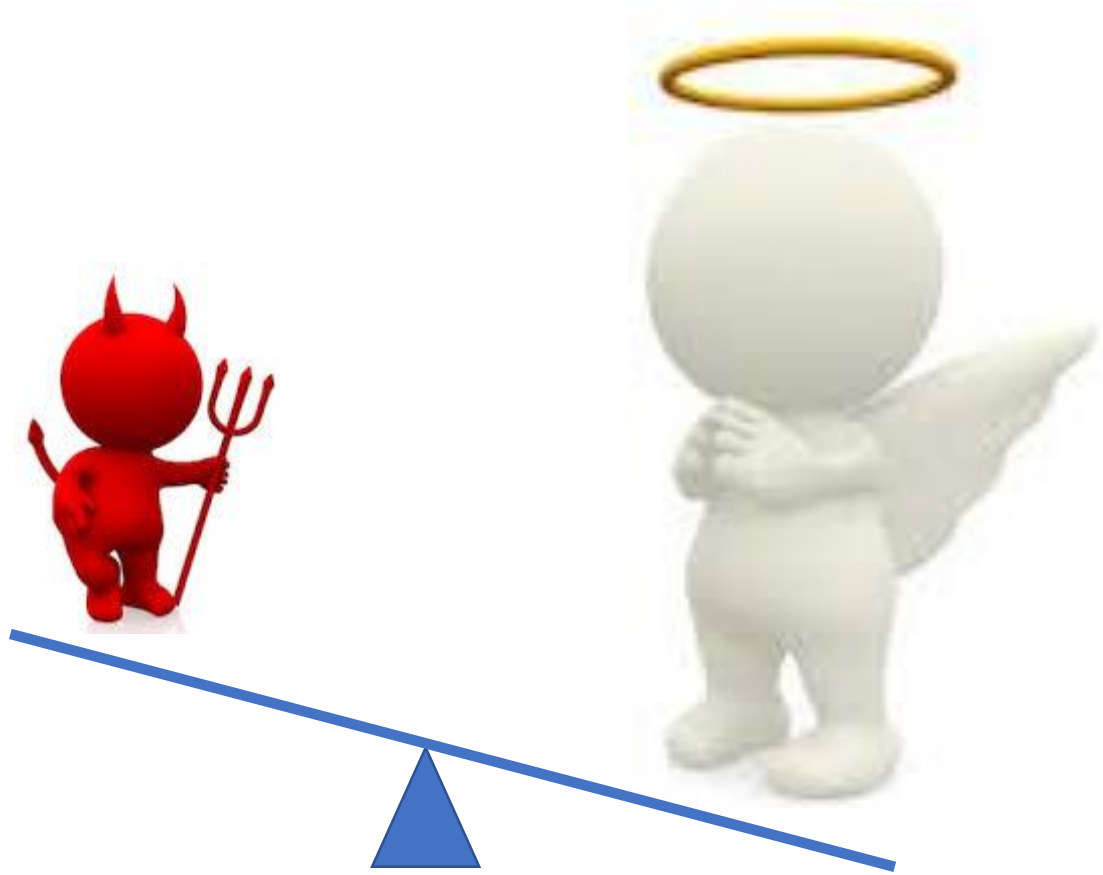


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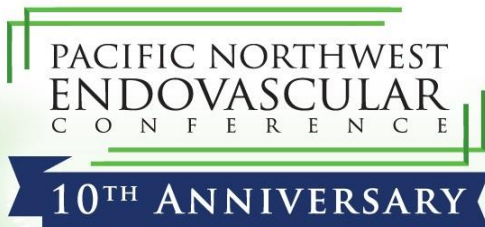
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Conclusions: Just Do It!



Resources

- <https://www.medscape.org/viewarticle/517031>



Wikipedia: Translational Research

- Translational research is broken down into different stages, including two-stage (T1 and T2), four-stage (T1, T2, T3, and T4), and five-stage (T1, T2, T3, T4, and T5) schemes. In a two-stage model, *T1 research*, refers to the "bench-to-bedside" enterprise of translating knowledge from the basic sciences into the development of new treatments and *T2 research* refers to translating the findings from clinical trials into everyday practice.^[3] In a five-stage scheme, T1 involves basic research, T2 involves pre-clinical research, T3 involves clinical research, T4 involves clinical implementation, and T5 involves implementation in the public health sphere. Waldman et al. propose a scheme going from T0 to T5. T0 is laboratory (before human) research. In T1-translation, new laboratory discoveries are first translated to human application, which includes phase I & II clinical trials. In T2-translation, candidate health applications progress through clinical development to engender the evidence base for integration into clinical practice guidelines. This includes phase III clinical trials. In T3-translation, dissemination into community practices happens. T4-translation seeks to (1) advance scientific knowledge to paradigms of disease prevention, and (2) move health practices established in T3 into population health impact. Finally, T5-translation focuses on improving the wellness of populations by reforming suboptimal social structures.^[11]