

MFMU Network Named One of the Best

The NICHD MFMU Network was recently named as a Network with Best Practices by the Inventory and Evaluation of Clinical Research Networks (IECRN) project at its National Leadership Forum held in Rockville, Maryland. The IECRN is part of the NIH Roadmap, charting new directions for accelerating medical discoveries to improve health and to speed translation of these discoveries into practice. In particular, the IECRN is related to Reengineering the Clinical Research Enterprise, a Roadmap component which seeks to enhance the efficiency and productivity of clinical research by promoting clinical research networks that can rapidly conduct high quality studies capable of addressing multiple research questions.

Best practices are defined by the IECRN as “practices or sets of practices (broadly understood to include sets of attitudes, approaches, organizational structures, as well as practices per se) promoting successful achievement in one or more of eleven outcome areas.” The MFMU Network was selected based on demonstrated success in three of these areas: 1) changing clinical practice, 2) increasing network efficiency, and 3) using informatics, recruitment, and/or training approaches that promote network productivity and clinical research quality.

Over 700 organizations around the world were initially identified as possible clinical research networks with 262 eventually classified as a research network. Ultimately, 249 were included in the final inventory and database, based on surveys by the ICERN. Of these, 40 were contacted for intensive follow-up interviews and 29 were selected as networks with best practices.

The methods, findings, and highlighted best practices of the IECRN project were presented at the National Leadership Forum (NLF) which was held May 31 – June 1, 2006. Dr. Elias A. Zerhouni, Director of the NIH, was the kick-off speaker. The NLF provided a unique opportunity for attendees to provide input into findings and best practice models used by the NIH Roadmap Initiative through ongoing discussions of specific clinical research areas of interest. *(continued on page 2)*

Company Asks FDA to Approve Progesterone

On June 5, Adeza announced that it had submitted a New Drug Application (NDA) with the U.S. Food and Drug Administration (FDA) for



Gestiva™, the same progesterone drug that was used in the MFMU Network’s clinical trial of progesterone in women with a prior history of preterm birth.

Adeza has requested Priority Review for the NDA that, if granted, would set a six month goal for review by the FDA. Adeza has also submitted an application to the FDA requesting Orphan Drug designation.

If Gestiva™ is approved, Adeza will have the only commercially available, NIH-studied, ACOG-recommended and FDA-approved therapeutic for the prevention of recurrent preterm birth. Adeza is the same company that manufactures the Fetal Fibronectin Test.

Network Study Nets Utah Ob-Gyn Department the Pitkin Award

The publication resulting from the MFMU Network’s Factor V Leiden study, which was published in the September, 2005 issue of *Obstetrics and Gynecology*, captured one of the four annual Roy M. Pitkin Awards from the American College of Gynecology (ACOG). The award, which recognizes academic departments that promote and demonstrate excellence in research, was given to Dr. Donna Dizon-Townson, lead study investigator for the study, from the Department of

Obstetrics and Gynecology at the University of Utah. Recipients are chosen based on articles submitted to, and published in, the journal.

The Roy M. Pitkin Award was established in 1999 and consists of a \$5,000 grant to support research in obstetrics and gynecology. The award was founded by the editorial board of *Obstetrics and Gynecology* and is jointly sponsored by ACOG and Elsevier Science, Inc.



Did you know?...

According to the IECRN survey, clinical research networks (CRNS) range in age from 6 months to 50 years old, with a median of 6 years (the MFMU Network is 20 years old!); 60% are government funded; 39% perform clinical trials; 28% do observational studies; 52% do research only in the U.S., 16% outside the U.S., and 32% do research both in the U.S. and abroad.

Best Network *(cont'd from page 1)*

Westat, under contract to the NIH, is conducting the IECRN along with Lockheed Martin Aspen Systems, Social & Scientific Systems, and Borland. The complete IECRN project report is available through the IECRN's home page at

<https://www.clinicalresearchnetworks.org/default.asp>.

Highlights of the MFMU Network are covered in Chapter 2 of the Best Practices Study Report (available on the IECRN web site). Of particular note is the Network's "effective institutional" approach to changing clinical practice. As stated in the report: "One respondent summed up the MFMU's approach to changing clinical practice in a nutshell: 'You have to find the things that are important to do'."

CAPPS Passes 6000 Mark

As of the first week of June, 6142 patients have been randomized to the CAPPS trial and nearly 1000 patients enrolled in the CAPPS observational cohort! Recruitment has remained steady despite the results of two antioxidant and preeclampsia studies that have been recently published. Both studies administered the same dosage of vitamins E (400 mg) and C (1000 mg) to pregnant women and concluded that the vitamins did not reduce the risk of preeclampsia.

However, research investigators for the CAPPS trial have stated that the results of these two trials are not particularly relevant to the Network's trial for at least two reasons. The patients in the VIP trial (Vitamins in Preeclampsia), conducted in Great Britain, had pre-existing risk factors such as diabetes and chronic hypertension. These high risk conditions might be associated with oxidative stress prior to pregnancy. The patients in the CAPPS trial do not have any of the health conditions that were studied in the VIP trial and are considered low risk pregnancies.

The other main difference is that treatment begins much earlier in the CAPPS trial than in both of these trials. Findings in the VIP study suggest that oxidative stress, as defined by reduced vitamin C, was present at randomization in some women. The group with the highest quartile of vitamin C at randomization also had fewer low birth weight babies and a lower rate of preeclampsia. According to the MFMU Network investigators, it is biologically plausible that earlier therapy, for example at 9 to 12 weeks as in the CAPPS trial, when the onset of intervillous blood flow is associated with a burst of oxidative stress, might be especially beneficial.

The MFMU Data and Safety Monitoring Committee has reviewed both studies in relation to the CAPPS trial and concluded that the Network's trial should continue without modification. Their reports have been sent to the Network Centers for submission to their IRBs.

Scandinavian Countries Ranked Best for Mothers

As part of its "State of the World's Mothers 2006", the U.S.-based global humanitarian organization, *Save the Children*, has ranked Scandinavian countries as the best place for mothers and sub-Saharan African countries at the bottom of the list. Of the 125 countries studied, the United States ties along with the United Kingdom for tenth place.

The evaluations are based on ten indicators pertaining to health and education. The report also says that 2 million die each year during the first 24 hours of life, making the first day the most dangerous day of life. Based on the indicators that deal with children, Somalia is ranked last.

MOMS Trial Nears Half-way Mark

Sometime next month, the NICHD Management of Myelomeningocele Study (MOMS) expects to have randomized its 100th patient! Dr. Shaer, the Program Manager for the trial at the GWU Biostatistics Center and a pediatrician specializing in spina bifida, has fielded nearly 700 enquiries about the trial. She assesses patients' eligibility for the trial and counsels many of them about available resources and potential outcomes. Sixty eight percent of the patients who are consenting and eligible for the trial after central screening are ultimately randomized to the trial at one of three clinical centers. The study seeks to determine whether prenatal or postnatal surgery is the best procedure for mother and baby.

In 2005, Dr. Shaer participated in the development of a questionnaire that was distributed by the American College of Obstetrics and Gynecologists (ACOG) Collaborative Ambulatory Research Network (CARN) regarding obstetrical knowledge of spina bifida. Responses to the questionnaire indicated that the profession lacks information, especially regarding stillbirth rates, life expectancy, Chiari malformations, and prenatal ultrasonographic signs of open neural tube defects. In addition, a significant number of responders said they do not routinely refer women carrying a fetus with spina bifida to specialists.

Data from the questionnaire have been analyzed and Dr. Shaer has co-authored a manuscript that will be published by the *American Journal of Perinatology*. Dr. Shaer encourages the general obstetrical community to gain knowledge about spina bifida and the MOMS trial. Interested obstetricians can request a set of training slides from her by calling 1-866-ASK MOMS, or by going to the www.spinabifidamoms.com website.



Trial of Thyroid in Pregnancy Nears Start-up

The Clinical Laboratories of the University of Minnesota Medical Center, Fairview, has been selected to function as the central laboratory for all thyroid and urine testing for the Network's new *Randomized Trial of Thyroxine Therapy for Subclinical Hypothyroidism or Hypothyroxinemia Diagnosed During Pregnancy*. Eminent Services, Inc. which supplies the study drug for other Network trials, will also supply the study drug for this trial. Both organizations have been busy gearing up to provide the required services, which include all supplies, shipping and testing.

A full day of training for the new protocol was held for the Network's research nurses in April. An additional half-day of training will be held July 20. The final version of the protocol was approved by the Network's Steering Committee in late June. Centers have begun to submit draft consent forms and preparing their IRB submissions.

Australian Trial of Repeat Steroids Reported

The preliminary results of the Australian Collaborative Trial of Repeat Doses of Corticosteroids for the Prevention of Neonatal Respiratory Disease (ACTORD) Trial have been reported. The aim of this multicenter randomized controlled trial was to determine the effect of repeat doses of prenatal corticosteroids to women who remained at risk of preterm birth more than seven days of an initial corticosteroid dose on neonatal morbidity. Prenatal corticosteroids substantially reduce the risk of respiratory distress syndrome (RDS) in babies born within 7 days of maternal treatment.

In Australian clinical practice, there has been a tendency to repeat the dose after 7 days if women remained at risk of preterm birth. Like the Network's BEARS trial, this trial was conducted to evaluate the beneficial and adverse effects of repeated steroids.

The initial conclusions reported a decrease in RDS and also in infant birthweight, like the BEARS trial. However, the weight discrepancies resolved by the time the babies were discharged. There were no other harmful effects noted. The study's final recommendations regarding repeat courses of corticosteroids will not be available until the 2-year follow-up of infants for neurodevelopment is evaluated.



Record Number of Research Proposals Submitted for SMFM 07

Almost 50 proposals for secondary analyses of 11 completed Network studies were submitted by MFMU investigators to the respective subcommittees for approval by the April 15 deadline. A total of 28 were ultimately approved and ranked by the Network's Publications Committee. These include 5 secondary analyses of BEARS data, 11 of C-Section data, and 2 of FOX data.

The results are expected to be submitted for the 2007 annual meeting of the Society for Maternal-Fetal Medicine (SMFM). In addition, the primary analysis of the STTARS trial will be submitted. If all of these are not completed by the August 11 deadline, some of the remaining analyses may be done for the annual meeting of the Society for Gynecologic Investigation (SGI).

Only seven of the 28 approved analyses were proposed by Network PIs and NICHD officials (Drs. Wapner, Leveno, Klebanoff and Spong). The remaining proposals were submitted by 17 MFM Fellows and other investigators associated with the Network. Thus, it should be noted that the large amount of data collected from the Network's studies *do* provide research training experiences for younger investigators. These opportunities are in line with the IECRN's best practices goals for clinical research networks, as described in another article in this newsletter.

People in the News

- ❖ Farewell and good luck wishes go to **Jennifer Cromwell**, BCC research assistant for the Omega-3 trial. Jen graduated from GWU this spring with a MPH in Global Health Promotion and has been given a fellowship with the Global Immunization Division of the Centers for Disease Control (CDC). Later this summer she is moving to New Delhi, India, where she will be working on a polio surveillance program.
- ❖ Congratulations to **Jo-Ann Tillinghast**, coordinator at Brown, who has been elected to be the new Chair of the Nurse Coordinators' Committee. Many thanks to **Karen Dorman**, past Chair, who served in this position for the past three years.

Brain Teaser Contest

.....And... the winner of the March contest is: **Donna Allard**, research nurse at Brown, for the second time! Others submitting correct answers (but too late!) were: Drs. Alan Peaceman (Northwestern) and David Colombo (OSU).

New Puzzle

Solve this “cross-number” puzzle:

Across


- 1. Familiar Area Code
- 4. A Square
- 5. A Multiple of Seven

Down

- 1. A Cube
- 2. Well-known Agent
- 3. First Course

1	2	3
4		
5		

The first person to submit the correct answers will receive special recognition. Email: Lucy_L@biostat.bsc.gwu.edu

MUFMU CALENDAR 

2006 – 2007 Steering Committee Meetings
 July 20-21, 2006 April 26-27, 2007
 October 19-20, 2006 July 12-13, 2007
 January 18-19, 2007 October 11-12, 2007

Nurse Training
 July 20, 2006 – TSH protocol

Professional Meetings
 SMFM.....February 5-10, 2007, San Francisco
 SGI.....March 14-17, 2007, Reno

2006 Publications
 August 4, 2006 – SMFM abstracts due to Chair, Publications Comm.
 August 8, 2006 – Publications call to approve SMFM abstracts
 August 11, 2006 – Abstracts due at SMFM
 August 15, 2006 – Publications call - SGI abstracts
 December 15, 2006 – SMFM manuscripts due