Marshfield Clinic
Research Foundation

Research Matters **November 2016**

Research Matters is an internal monthly newsletter published by Marshfield Clinic Research Foundation.

Director's Report

Frederick Wenzel, Interim Executive Director

Reflections on Mel Laird, a good friend and colleague

I was fortunate to have had a conversation with Mel a week before he passed away. He said the same thing he did when he ended conversations with me and that was "if there's anything that I can do for you, the Clinic or research please let me know". I heard that statement often and as I reflect, over the years he did just that so many times. He opened doors to government, legislatures and donors. He was an advisor and at times "a Socratic gadfly" who urged us to action.

My relationship with Mel goes back to the early 1950's when as a college student revolutionary I was protesting the State's elimination of a radio station from the University of Wisconsin at Stevens Point. Mel was in the State Senate at the time and several of us met with him to express our concern. We did not win the debate but a fortuitous result of the meeting was that he asked me to campaign with him when he ran for the United States House of Representatives. We became fast friends and I regarded him as a mentor introducing me to the world of politics and the campaign trail.

When I joined the Marshfield Clinic I found that he was a strong supporter of the Clinic, influenced significantly by Dr. Stefan Epstein, the Father of the Research Foundation. Having an opportunity to work on research projects with Dr. Epstein, I found myself working again with Mel who invited a number of us to Washington, DC to visit the National Institute of Health and its director, Dr. Jim Shannon. That visit resulted in two RO1 grants, awarded to Dr. Epstein and Dr. Emanuel, the first of many NIH grants that followed.

Mel continued to support the work of the Clinic and the research group urging the group in the early 1970s to participate in the federal programs related to Health Maintenance Organizations or HMOs. The result was the development of the Greater Marshfield Community Health Plan now Security Health Plan and the Family Health Center (FHC). I don't remember how many times we visited Washington and Mel's office but when there was a need he was always available. When the tax exemption for the Research Foundation was stuck somewhere in the IRS, he freed it up in a matter of days.

When the decision was made to construct a new research building which was to bear his name, I had the privilege of working with Bob Froehlke on the fundraising for the building. It was Mel who opened the doors to the donors who made the building possible. We traveled around the country visiting many of his influential friends and they were pleased and honored to participate.

He also brought many national figures to Marshfield Clinic over the years including President Jerry Ford, Congressman John Fogarty, NIH Director Dr. Jim Shannon, Secretary of State Henry Kissinger, HHS Secretary Louis Sullivan, MD and many others too numerous to mention. Virtually every Secretary of Health and Human Services is included in that number.

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Director's Report (*continued from previous page*)

Over many years Mel remained very interested in what was happening at the Clinic especially in its research efforts. He worked with us most recently on the NIH sponsored Precision Medicine Initiative in which he had great interest. He also provided an opportunity for us to make a major contribution to a National Library of Medicine blog dedicated to his work.

His work and influence in healthcare and medical science over many decades will not be forgotten. That history will be found in his replica office and along the walls of Laird South. Even in his passing, he remains a patron and a staunch supporter of the Marshfield Clinic and its research program.

Associate Director's Report

Steve Ziemba,
Associate Director

This is the time of year when we reflect on what we have, but I think it's more likely that we give thanks throughout the year. I have many that I am fortunate to have…my family, the people I work with, our research, and friends. Sometimes events occur that place what we have into an even brighter light, and it is at those times that place what we may have everyday takes on a great significance. The Holiday season can be stressful. We have travel, preparing meals, and this year especially, engaging in political discussions with our extended families. Don't let what should be an enjoyable time of the year add to the stress we already experience. Take the time to reflect. To that end, again, my thanks to each of you for your commitment for outstanding research and work you do, and have a wonderful Holiday season!

MCRF On The Move

"MCRF On The Move" is a recurring section of *Research Matters* where you can find information about the new roles, new locations, and new opportunities for MCRF staff.

Marshfield Clinic's **Employee Referral Program (ERP)** is intended to reward employees who refer candidates for open positions. This program promotes the referral of candidates from external sources and provides employees who refer such candidates with the opportunity to earn a referral bonus in accordance with the program guidelines. Visit HR's Employment Center website to learn whether any ERP-bonus eligible positions currently available are appropriate for a qualified candidate you would like to refer.

Recent Publications, Grants, and Awards

This column is to highlight recent accomplishments of MCRF researchers and MC clinical investigators.

Please select the hyperlink to view recent publications and grants.

If you have recently published an article or received a grant or an award and want it included in the next issue of *Research Matters*, please contact Patti Baer at baer.patricia@mcrf.mfldclin.edu

In memoriam: Remembering the Honorable Melvin R. Laird, 1922-2016

This following article originally appeared in the November 17th issue of *Pulse*.

The Honorable Melvin R. Laird, former United States Secretary of Defense, health care champion and long-time Marshfield Clinic supporter, died Wednesday. He was 94.

Laird was born Sept. 1, 1922, and grew up in Marshfield. He served in the U.S. Navy during World War II in the Pacific Fleet with Task Force 38 and 58, from 1942-46. He was wounded during a Japanese kamikaze attack in January 1945 while serving aboard the U.S.S. Maddox and was awarded the Purple Heart for his service. He was later awarded the Presidential Medal of Freedom in 1974 and The Harry S. Truman Award for distinguished service in defense in 1985.

In 1945, he married Barbara Masters, who later died. In 1993, he married Carole Fleischman. He has four children - John O. Laird, Alison Laird-Large, David Laird and Kimberly Dalgleish; and five grandchildren, Rady Large, John David Large, Connor Laird, Harrison Laird and Carly Dalgleish.

Funeral arrangements have not been announced.

An impressive career in U.S. government
While he served in the Navy, Laird's father died near the war's conclusion. Laird returned home to fill his father's state senate seat. At age 24, he was the youngest senator ever to be elected in Wisconsin. While a state senator, Laird chaired the Military and Veterans Affairs Committee, Joint Finance Committee and Legislative Council; and was a member of the Wisconsin Educational Commission.

In 1952, he was elected to the 7th District of the U.S. Congress for the first of nine consecutive terms. During his congressional career, Laird was a ranking member of a number of committees. Between 1956-67, Laird was appointed as an expert on the treatment of mental illness to the U.S. Delegation to the World Health Organization (WHO) in Geneva, Switzerland, by three presidents - Dwight Eisenhower, John Kennedy and Lyndon Johnson. He also was the ranking minority member of the subcommittee on Health, Education, Welfare and Labor Appropriations and subcommittee on Defense Appropriations.

One testimonial to his capability was voiced by President Eisenhower when he named Laird one of the 10 men in America best qualified to serve as president of the United States.

Secretary of Defense under President Nixon
Laird served as Secretary of Defense in the first administration of President Richard Nixon. He was voted, in the department, in a poll of reporters covering defense and national security issues, "the most effective, likeable, trustworthy, strong and forthcoming Secretary of Defense."

While Secretary of Defense, Laird withdrew 20,000 U.S. ground combat forces from Korea and
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In Memorium (*continued from previous page*)

ordered a race relations task force be created to develop a program for racial harmony in the military. He became the architect of the Vietnamization plan, whereby the American role in Vietnam was to be gradually replaced by the South Vietnamese military. When Laird resigned, he had established the all-volunteer military force, presided over the end of the draft and reduced the military budget.

In 1973, after completing his term as Secretary of Defense, he was asked to become President Nixon's top Counselor for Domestic Affairs. President Nixon felt Laird's talents were needed to provide an effective liaison between the White House and Capitol Hill during a critical period.

An advocate for health care and research in Marshfield and across the country

Besides his career in politics, Laird also had a legacy in promoting health care, especially research. He co-authored legislation to finance construction of the National Library of Medicine and important centers for medical research on many university campuses, and the major institutes of the National Institutes of Health. With Congressman John Fogarty (D-Rhode Island) and Senator Lister Hill (D-Alabama), he also provided for the building of the Centers for Disease Control and Prevention in Atlanta.

He instituted MEDIHC, Military Experience Directed in Health Careers, a program to help medically-trained servicemen find meaningful civilian careers in health professions.

Not only was he involved in national health care, but he played a key role in furthering the mission of Marshfield Clinic, including helping secure medical research grants. He was a member of Marshfield Clinic's National Advisory Council from its inception in 1982 and became an emeritus member in 1998.

The Melvin R. Laird Center was officially dedicated Sept. 12, 1997. Hundreds of Laird's friends and friends of the Clinic turned out, including President Gerald Ford, to help dedicate the building named in his honor, while still over a thousand more toured the facility. The theme of building a safer, healthier future in which medical discoveries move quickly from research to applied patient care permeated the Sept. 8, 2006, groundbreaking ceremony for a significant addition to the Laird Center for Medical Research.

Laird knew the Clinic's founding fathers and expressed his appreciation in recent months of the Clinic celebrating its milestone 100th anniversary. During the 2008 dedication ceremony for the Laird Center expansion, he spoke about the importance of the work Marshfield Clinic does and what it meant to him:

"All the research in the world is not worth very much if you don't get it to patients. This is an example of the best way of getting research to patients. I'm very proud of what the Clinic has done and what they're promoting all over the United States."

Today, health system leaders, staff and community members are grateful for Laird's dedication to health care, medical research and support of Marshfield Clinic and the community.

"Mr. Laird left an indelible mark on the Clinic and we are so very grateful," said Susan Turney, M.D., Marshfield Clinic Health System CEO. "As we continue to celebrate our 100th anniversary and reflect on Mr. Laird's impact on the Clinic, we need to keep the spirit instilled by our founders and health care champions like Mr. Laird alive by continuing to enrich lives and healthy communities through compassionate health care."

MCRF Welcomes New Staff Members

Aloksager (Alok) Panny was recently recruited as a **Research Assistant – Graduate Student** for **IOSH** and started in that role on October 31st. In March 2013, Alok obtained a Bachelor of Dental Surgery (B.D.S.) from Dr. NTR University of Health Sciences, India. In May 2016, he earned a Master of Science in Medical Informatics and in August 2016, a Graduate Certificate in Health Care Data Analytics – both from George Mason University, Virginia. During his final semester at George Mason University, Alok was an Intern at the National Institutes of Health - where he worked with Dr. Huser Vojtech (who was previous a Postdoctoral Fellow at BIRC/MCRF).

Alok's current goal is to obtain a doctorate in the field of clinical research informatics (CRI); thus, he feels that this position with IOSH will not only allow him to gain a better understanding of the protocols and various processes involved in oral-systemic health research but also give him the opportunity to interact with the researchers from various departments which will ultimately broaden his overall knowledge in the field of clinical research.

Angela Harless joined **CCEPH** as an **Administrative Secretary** last month. Angela comes to MCRF with over 15 years of administrative assistant/secretarial experience and a Bachelor's degree in Business Administration from the University of Wisconsin – Stevens Point. Previously Angela worked as an Administrative Assistant for Ministry Health Care in Marketing, Home Care and most recently in Administration at Saint Joseph's Hospital. Angela also works as a personal caregiver. In her spare time, Angela enjoys spending time with her two daughters Hannah and Jasmyn, gardening, reading and scrapbooking.

Compliance Notes

Linda Jaros, Research Compliance Officer

Research Compliance Orientation to be Required of New MCRF Staff
Beginning in January 2017, the Office of Research Compliance will provide orientation to all new hires at MCRF. Such orientation has been provided in the past at the request of managers, but not comprehensively to all new staff.

Center administrators will be asked to notify Linda Jaros of new hires so that compliance orientation may be scheduled within their first month of work. Research Compliance will also work with IRB staff to identify any physicians (including residents) who have submitted applications and are new to research in order to meet with them as well. The content of the orientation will cover regulated areas of research such as conflicts of interest, scientific misconduct, protocol compliance, non-compliance reporting, human subjects protections, institutional bio-safety, HIPAA research privacy, time and effort reporting, etc. Orientations will be preventive in nature and tailored to be relevant to the individual's research responsibilities.

Dr. Amit Acharya elected to serve on the Dental Quality Alliance's Implementation and Evaluation Committee

Dr. Amit Acharya, Director of IOSH was recently elected by the Dental Quality Alliance (DQA) to serve on the newly established Implementation and Evaluation Committee (IEC). Dr. Acharya was nominated to serve on this committee by Dr. Fred Eichmiller, Vice-President and Science Officer, Delta Dental of Wisconsin and member of the DQA Measurement Development and Maintenance Committee. "Dr. Acharya has the perfect skillset for this Committee and I can't think of a better laboratory for implementation and evaluation than the integrated medical-dental electronic health record at Marshfield."

As a result of the first IEC meeting, two workgroup areas were identified to move the charge forward: a. Data-evidence workgroup, and b. System-wide performance improvement project. Dr. James Crall, Chair of the IEC, identified Dr. Acharya to lead the data-evidence workgroup.

"It is a great opportunity for IOSH and Marshfield Clinic to positively impact the development and implementation of a quality improvement culture in dentistry," said Dr. Acharya.

The DQA was established by the American Dental Association (ADA) to develop performance measures for oral health care. The DQA is an organization of major stakeholders in oral health care delivery that will use a collaborative approach to develop oral health care measures. The DQA IEC is charged with developing resources to enable use of DQA measures within quality and performance improvement projects. This committee will also evaluate current use of DQA measures for accountability and transparency purposes and develop best practices for appropriate use of DQA measures for such endeavors. The Implementation and Evaluation Committee will have three main focus areas:

1. Data Infrastructure for future measurement
    a. HIT standards
    b. Coding standards
    c. EHR, Information Exchanges, Registries, Data Warehouses and Analytics
2. Supporting Improvement
    a. Care Goals
    b. Change packages
    c. Example projects/ resources/ best practices
3. Evidence from current measurement to improve practice (feedback loop)

CCEPH Scientists Contribute to International Influenza Symposium

MCRF scientists Ed Belongia, MD, and Huong McLean, PhD were among 45 scientists worldwide invited to attend an international symposium hosted by the BC Centre for Disease Control to discuss influenza repeat vaccination effects (I-ReV). Recent studies have suggested that repeated annual vaccination might affect vaccine effectiveness in some seasons. The I-ReV issue exposes many gaps in influenza knowledge that still exist and are of pressing concern to basic scientists and applied public health researchers alike. The broad spectrum of scientists met to gain a better understanding of the issue and some initial ideas on how to investigate it in a more integrated immuno-epidemiological way. The most important outcomes of this meeting were the linkages established to advocate and advance the I-ReV research agenda. Dr. Belongia was a member of the symposium planning committee and presented an overview of epidemiologic findings related to repeat vaccination effects, highlighting the work conducted by MCRF. A summary report and manuscript are being prepared as the foundation for subsequent scientific discussion.

MCRF Center Directors Present at World Precision Medicine Congress USA 2016

Murray Brilliant, Center for Human Genetics Director, and Peggy L. Peissig, BIRC Director and Chief Research Informatics Officer, MCRF presented at the World Precision Medicine Congress USA 2016 November 14 – 15 in Washington DC. The World Precision Medicine Congress USA brings together big pharma, big data, and healthcare providers to discuss the scientific, economic, and policy goals towards producing precise and genomic-based medicines.

Dr. Brilliant presented “Personalized to precision – moving from anonymized data to actionable individual results for implementing pharmacogenomics markers in the clinic.”

Dr. Peissig chaired a session on “Personalized Healthcare – Advances in Healthcare IT for Precision Medicine,” presenting “Enabling the integration of drug-related genetic findings into clinical practice” and led a round table on “Precision vs personalized: what's the difference in a clinical setting?”

Summer Research Internships Offered at MCRF

The Marshfield Clinic Research Foundation (MCRF) is currently accepting applications for the 2017 Summer Research Internship Program. The primary goal of the program, which started in 1974, is to provide a mentored, hands-on research experience for college undergraduate, graduate, dental, and medical students considering a career in research.

Students work with research scientists on an independent project and contribute to all aspects of the research process. Students also lead a journal club discussion, prepare an abstract describing their research, and present their research findings at the annual Research Symposium on August 10th. Opportunities to attend medical Grand Rounds, scientific seminars, and shadow clinicians are also available.

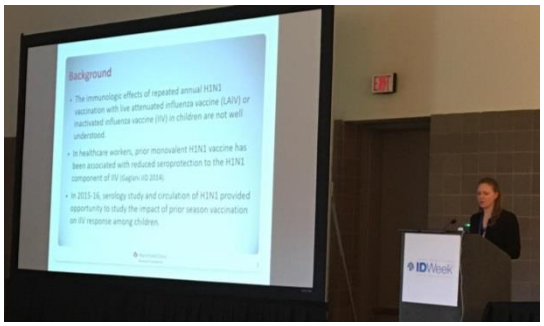
Applicants must be a full- or part-time continuing college or university junior or graduate student (including graduating seniors intending to go on to graduate/medical/dental school). Students are expected to work full-time for the duration of the program. In addition to earning an hourly wage, student interns are provided housing in Marshfield.

Research areas include Biomedical Informatics, Clinical/Laboratory Research, Cultural/Medical Anthropology, Epidemiology, Genetics, Interactive Clinical Design, and Oral and Systemic Health.

For information about specific projects available this summer or to read more about the application criteria, please visit the Summer Research Internship Program website.

Application deadline is January 16, 2017.

CCEPH Scientists Present Research at ID Week



CCEPH researchers presented findings from recent studies at ID Week in New Orleans, Oct 26-30. Jennifer King, MPH, gave an oral presentation on the impact of prior season influenza vaccination on immune response to the pandemic H1N1 component of the 2015-2016 season's vaccine among school aged children. Huong McLean, PhD presented a poster on provider factors associated with increasing HPV vaccination coverage in the Marshfield Clinic Health System.

IDWeek is an international infectious disease meeting sponsored by the Infectious Disease Society of America (IDSA) and three other professional organizations. Presentation presenters and associated Marshfield Clinic authors include:

Children's Serologic Response to H1N1 Component in Inactivated Influenza Virus (IIV) Vaccine is Dependent on Prior Season Vaccination Status

- Authors: Jennifer King, Huong McLean, Edward Belongia

Health Care Providers Attitudes and Barriers Regarding HPV Vaccination: Factors Associated with Increasing HPV Vaccine Coverage Before and After an Intervention Program

- Authors: Huong McLean, Becky Birchmeier, Brian Chow, Elizabeth Vickers, Edward Belongia, Jeffrey VanWormer

CSCRA Letter of Intent Due December 30

MCRF is currently accepting Letters of Intent for the Clinician-Scientist Collaborative Research Award (CSCRA). Supported by donations designated by contributors for disease-specific or general medical research, the CSCRA is designed to pair a practicing Marshfield Clinic clinician as project leader with an MCRF scientist for collaborative research. Funding from the award is designated to cover clinician salary as a means to provide 'protected time' for their project.

"Integrating research into clinical practice has always been crucial to our role in improving patient care," states MCRF Executive Director, Fritz Wenzel, "As the Marshfield Clinic looks to its future as a leader in health care innovation, it is essential that we encourage Clinicians to participate in the research process. Research also offers the physician an opportunity to pursue scholarly work and challenges."

The CSCRA is a single award of $125,000 maximum for up to 24 months of support. A Marshfield Clinic clinician must serve as the lead Principal Investigator for the study and commit a minimum of 20% of their time to the project.

Those interested in submitting an application for funding should review the RFA and submit a Letter of Intent (LOI). The due date for the LOI is December 30, 2016.

Updates from ORIP/IRB

Lori Scheller,
IRB Administrator

IRB Satisfaction Survey Results

As part of the AAHRPP accreditation requirements, an IRB satisfaction survey is conducted to identify the strengths and weaknesses of the IRB. The first survey was completed in 2013 followed by a second survey in 2016. Since the questions changed from the 2013 to the 2016 survey, it was not possible to compare the results directly, however as we continue to move forward, questions will remain consistent when feasible which will allow us to better look at trends over time.

The 2016 survey was disseminated to 190 internal personnel, (investigators, coordinators, research nurses, etc.) who have been involved in research within the past 15 months. There were 65 respondents which provided a response rate of 34%, with investigators being the largest respondent group. All respondents had a different way of interacting with the IRB (email, telephone, submitted paperwork, in-person, etc.).

Respondents overall, were satisfied with our communication and helpfulness. Comments from those not as satisfied mentioned that the forms are very lengthy and not applicable to their non-clinical research, that the amount of paperwork for minimal risk projects and forms are confusing. The survey also indicated that respondents would like a better connection to the IRB forms/resources and more education.

Constructive feedback both positive and negative is appreciated and helpful in making adjustments to better serve those who use the IRB. In response, we have addressed the forms concern by revising/rewording some of the questions to provide clarity and capture information applicable to all types of research. An IRB link has been added to the newly-developed MCRF center websites for easier access to forms/resources. It is also hoped that our electronic IRB submission system (iRIS) will address many of the comments, thus creating a more user friendly process and less paperwork. Implementation of iRIS along with its training are anticipated to begin in early 2017. The plan to provide more education will occur through Research Matters, presentations at Full Foundation meetings and/or monthly Research Café (brown bag) sessions.

Thank you to those who completed the IRB Satisfaction survey. We will continue to focus our efforts on providing satisfaction and address areas that need improvement.

Understanding the difference between a 'Waiver or Alteration' of Consent versus 'Waiver of Documentation' of Consent

The IRB frequently receives questions on which request to use and how each request differs. A Waiver of Informed Consent or Alteration of Consent per DHHS regulations 45 CFR 46.116(d) is a consent procedure which does not include, or which alters, some or all of the 8 elements of informed consent…or waive(s) the requirements to obtain informed consent.

The DHHS regulations allow for a waiver or alteration of the consent procedure under certain requirements. This involves the researcher providing evidence to the IRB for consideration, that these 4 elements are met:

1) the research involves no more than minimal risk to subjects
2) the waiver or alteration will not adversely affect the rights and welfare of the subjects

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Updates from ORIP/IRB (*continued from previous page*)

3) the research could not practicably be carried out without the waiver or alteration and
4) whenever appropriate, the subject will be provided with additional pertinent information after participation.

Alteration of Informed Consent requires protocol-specific justification to alter one or more of the 8 required elements of consent based upon the above 4 criteria. Alterations mostly occur in non-medical studies, but can occur in medical studies.

Of note, Food and Drug Administration (FDA) regulated studies are NOT eligible for a waiver or alteration of consent except for emergency use or planned emergency research meeting the requirements of 21 CFR 50.23 and 21 CFR 50.24

Waiver of Documentation (signature) of Consent is when there is a consent process and information is communicated to the potential subject, (sometimes referred to as verbal consent), but there is no signature by the subject on a consent document.

DHHS regulations allows for a waiver of documentation of consent under two different conditions (45 CFR 46.117 (c)). FDA regulations (21 CFR 56.109(c) (1) allow for waiver of only the second condition.

1) That the only record linking subjects and the research would be the consent document and the principal risk would be potential harm resulting from breach of confidentiality. Each subject will be asked whether the subject wants documentation linking the subject with the research, and the subject's wishes will govern; or
2) That the research presents no more than minimal risk of harm to subjects and involves no procedures for which written consent is normally required outside of the research context.

An information document or written statement to be given to subjects regarding the research may still be necessary unless the procedure does not normally require consent or the research presents no more than minimal risk of harm.

The IRB may waive the requirement for documentation of consent for parental permission, if the protocol meets the criteria for a waiver. The IRB could also waive the requirement for documentation of child assent. However, a waiver of documentation of parental permission may not be granted if federal or state law requires "written" parental permission.

In summary, request a waiver of documentation of consent if you plan to proceed with the consent process, have a consent document or information sheet but don't need a written signature/documentation. Request a waiver of consent when there is no consent process or document being provided. Request an Alteration of Consent when one or more of the 8 required elements are eliminated or altered yet there is a consent process along with a written/signed document being obtained.

Please keep in mind that when requesting these waivers you will also need to include requesting a Waiver of HIPAA Authorization, if applicable. If children are subjects, a Waiver of Assent will also be needed.

Upcoming Talks and Presentations

Scientific Seminars (Froehlke Auditorium)

Wednesday, December 7th
12:05pm-1:00pm
“eHealth Systems and Health Promotion: Online Communications for Agricultural Health and Safety”
Kang Namkoong, PhD, Assistant Professor of Community Communication, Department of Community and Leadership Development, University of Kentucky

PreventionGenetics Seminar Series
All seminars take place in Helix Hall at PreventionGenetics from 12noon-1pm.

Tuesday, December 6th
Speaker: Sharon Plon, MD, PhD, Professor, Baylor College of Medicine
Topic: "Results from Whole Exome Sequencing of Unselected Childhood Cancer Patients"

Thursday, December 20th
Speaker: Elizabeth McPherson, MD, PreventionGenetics and Marshfield Clinic
Topic: "Genetic Investigation of Stillbirth"

Grand Rounds (12:00 - 1:00 p.m. in the Froehlke Auditorium)
Friday, December 2nd
BP Measurement: New, Newer, Newest
Dr. Bruce Alpert, Retired Pediatric Cardiologist from University of Tennessee Medical School in Memphis, TN

December 9th
Health Policy in the 115th Congress under a new Administration
Brent Miller, MS, Director of Federal Government Relations, Marshfield Clinic Health System

December 16th
Prostate Cancer Screening and Treatment – Separating the Wheat from the Chaff
Balaji Kalyanaraman, MD

December 23rd and December 30th
No grand rounds.

In Addition:

- The next Full Foundation meeting is scheduled for January 19, 2016 at 9:00AM in the Froehlke Auditorium. Questions can be routed or emailed to Jeanette Normington at 1R3 or normington.jeanette@mcrf.mfldclin.edu.
- The next Board of Trustees meeting will be held on February 9, 2017 at 6PM in the Laird 50 conference room.
- For the latest issue of the UW-Madison newsletter, *ICTR Today*, please click here: https://ictr.wisc.edu/Newsletters.
- For updates on the Wisconsin Network for Health Research (WiNHR), please visit: https://ictr.wisc.edu/winhr
- The Marshfield Clinic Research Foundation website can be accessed through this link: http://marshfieldresearch.org/.
- Archived issues of *Research Matters* are available online.

Contributors to this issue: Patti Baer, Dr. Edward Belongia, Bobbi Bradley, Linda Jaros, Jennifer King, Dr. Huong McLean, Anne Nikolai, Bonnie Ohlsson, Lori Scheller, Dixie Schroeder, Michelle Wellsandt, Frederick Wenzel, Dr. Steve Ziemba

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