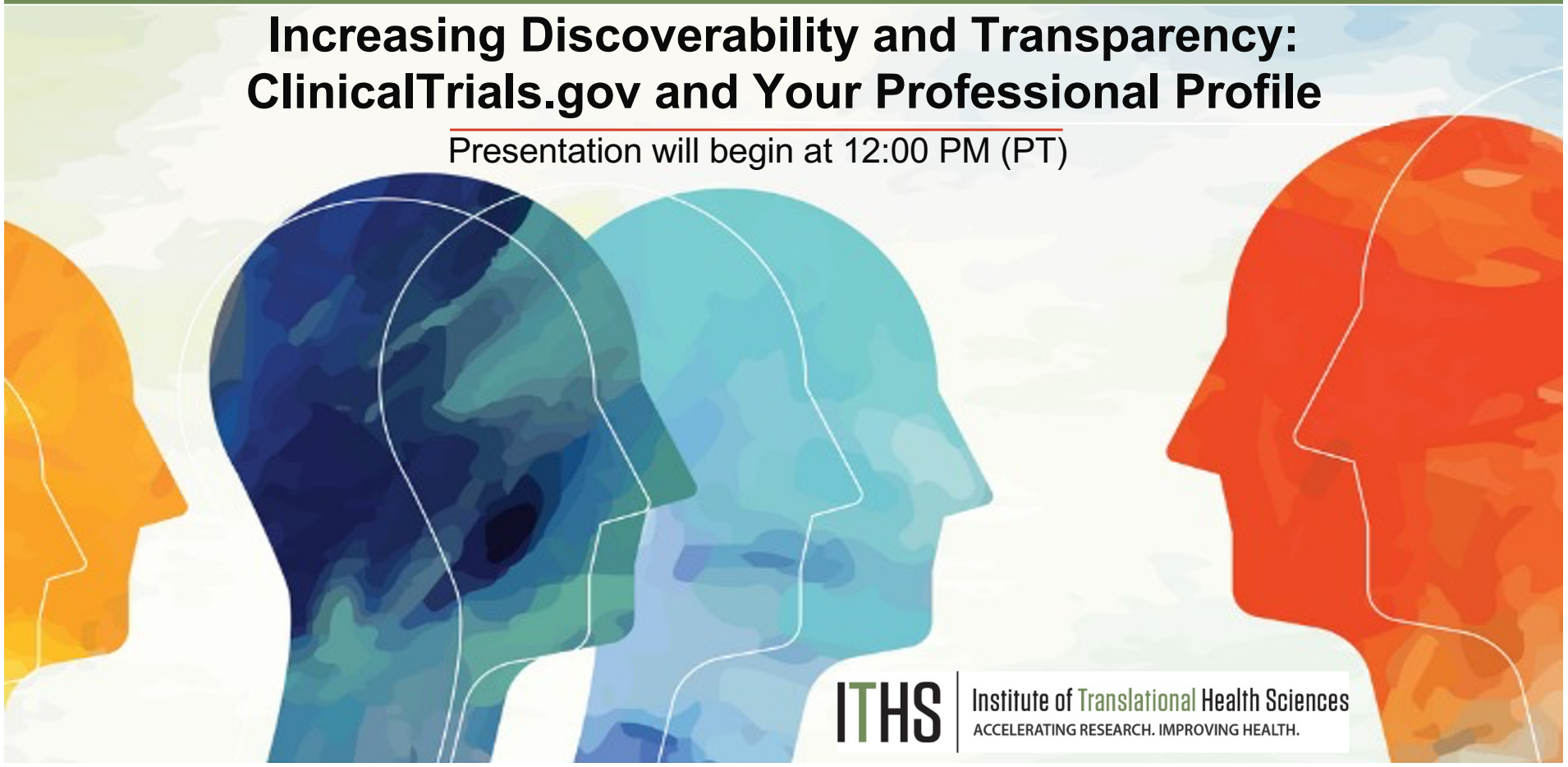
Career Development Series 2022

Increasing Discoverability and Transparency: ClinicalTrials.gov and Your Professional Profile

Presentation will begin at 12:00 PM (PT)



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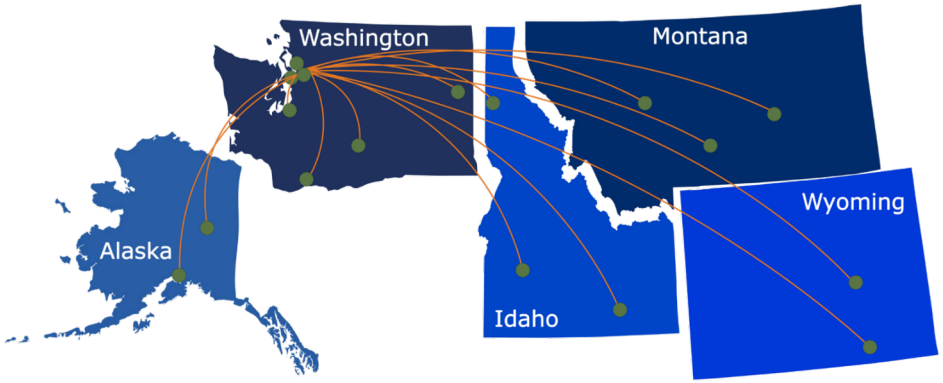

What We Offer:

1. **Research Support Services:** Members gain access to the different research services, resources, and tools offered by ITHS, including the ITHS Research Navigator.

2. **Community Engagement:** Members can connect with regional and community based practice networks

3. **Education & Training:** Members can access a variety of workforce development and mentoring programs and apply for formal training programs.

4. **Funding:** Members can apply for local and national pilot grants and other funding opportunities. ITHS also offers letters of support for grant submissions.

Contact ITHS

Director of Research Development

- Project Consultation
- Strategic Direction
- Resources and Networking

Melissa D. Vaught, Ph.D.
ithsnav@uw.edu
206.616.3875

Scientific Success Committee

- Clinical Trials Consulting
- Guidance on Study Design, Approach and Implementation
- Feedback on Design and Feasibility

https://www.iths.org/investigators/services/clinical-trials-consulting/

Feedback

At the end of the seminar, a link to the feedback survey will be sent to the email address you used to register.

Career Development Series 2022

Increasing Discoverability and Transparency: ClinicalTrials.gov and Your Professional Profile

Presented by:

Leslie Gascon, MBA, MS(LIS), AHIP
UW Health Sciences Library

Lynly Beard, MLIS
UW Health Sciences Library

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Learning Objectives

At the end of the session, attendees will be able to:

1. Describe the role of ClinicalTrials.gov in increasing the transparency of clinical research
2. Describe the legal, NIH, and publisher requirements for submitting data
3. Know where and how to build an ORCID profile
4. Know how to create a profile in Google Scholar, and how to claim it in Web of Science, Semantic Scholar and Dimensions

Why is a Librarian Talking About This?

- We provide support throughout the research lifecycle.
- We help people find, use, manage, & share information.
- ClinicalTrials.gov is hosted by the National Library of Medicine.

Image credit: Brian Dewey

ClinicalTrials.gov

Database Contents

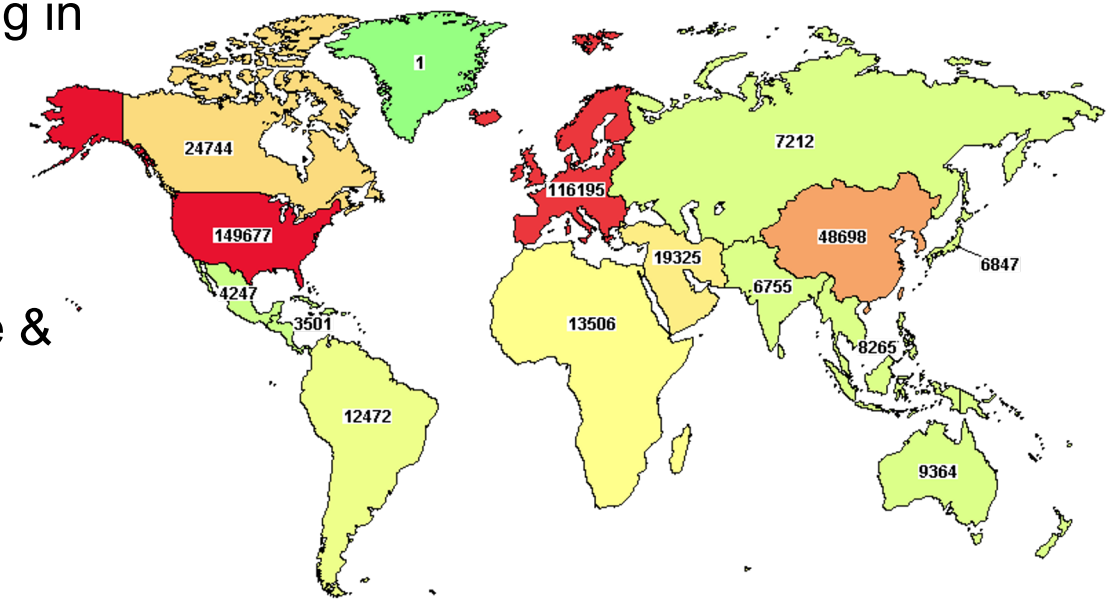
- Clinical trial registry (starting in 2000)
- Trial results (starting in 2008)

Data Submitters

- Trial sponsors, both private & public

Audiences

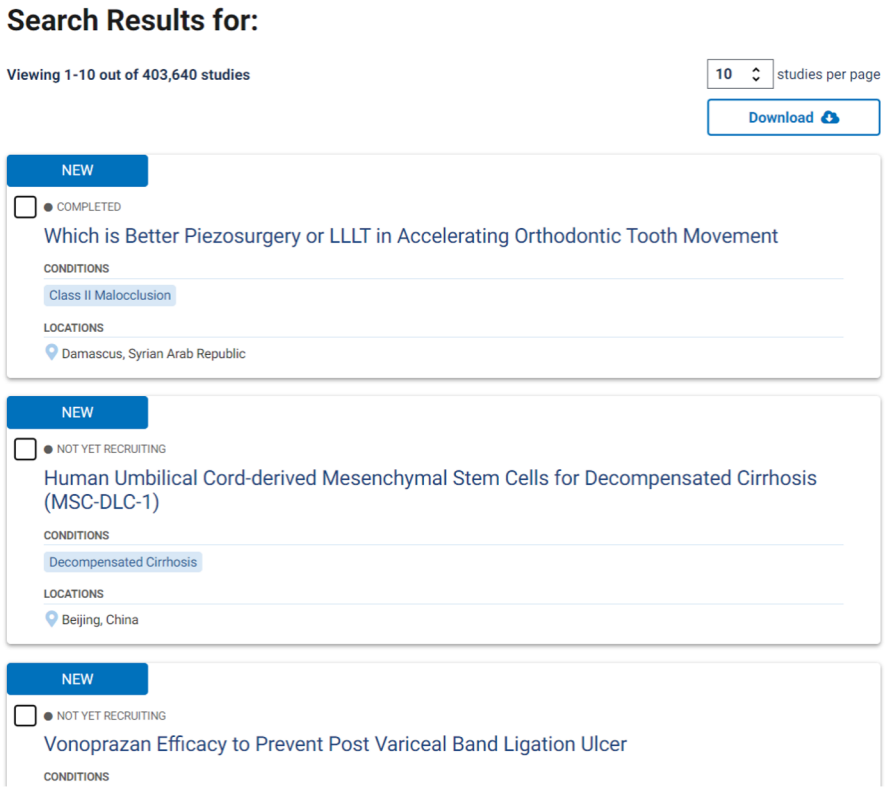
- Patients & families
- Researchers & clinicians
- Study record managers



All Studies on ClinicalTrials.gov as of February 8, 2022

Contents of ClinicalTrials.gov

- ClinicalTrials.gov now
  - https://clinicaltrials.gov/
- Beta Clinical Trials.gov
  - https://beta.clinicaltrials.gov/



Trial Details

- Study design
- Outcome measures
- Inclusion & exclusion criteria
- Status and relevant dates

Thrive, a Computerized Cognitive Behavior Therapy Program to Treat Depression Among Rural Montanans

ClinicalTrials.gov Identifier: NCT03244878

Study Design Go to

Study Type:	Interventional (Clinical Trial)
Actual Enrollment:	464 participants
Allocation:	Randomized
Intervention Model:	Parallel Assignment
Intervention Model Description:	Participants are randomized to either the wait-list controlled group or intervention group. Intervention period is 8 weeks. Data collection occurs at baseline, 4 weeks, and 8 weeks, with longer-term follow-up assessments.
Masking:	None (Open Label)
Primary Purpose:	Treatment
Official Title:	Randomized Controlled Trial of a Culturally-adapted Version of Thrive, a Computerized Cognitive Behavior Therapy (cCBT) Program to Treat Depressive Symptoms, Syndromes, and Disorders Among Rural Montanans
Actual Study Start Date:	May 1, 2017
Actual Primary Completion Date:	January 31, 2018
Actual Study Completion Date:	January 31, 2018

Resource links provided by the National Library of Medicine NIH NLM

MedlinePlus Genetics related topics: Depression

Drug Information available for: Nicotine tartrate Nicotine polacrilex

U.S. FDA Resources

Study Overview
Contacts and Locations
Participation Criteria
Study Plan
Sponsor and Collaborators
More Information
Return to Top

Study Overview

Brief Summary:
This study evaluates a culturally-modified version of Thrive, a computerized Cognitive Behavior Therapy program to treat depressive symptoms, syndromes, and disorders among rural Montanans. Study participants will be randomized to either a wait-list treatment as usual or the Thrive program.

Show more

Detailed Description:
Montana ranks high among states on mental health disorder prevalence and low on access to mental health care. It has the highest suicide rate in the nation. Of Montana's 56 counties, 10 are classified as rural and 45 as frontier, accentuating distance challenges in accessing care. New

Show more

OFFICIAL TITLE
Randomized Controlled Trial of a Culturally-adapted Version of Thrive, a Computerized ... Show more

CONDITIONS	TYPE OF STUDY	ENROLLMENT (ACTUAL)
Depressive Symptoms	Interventional	464
INTERVENTION / TREATMENT	**PHASE**	**OTHER STUDY ID NUMBERS**
Behavioral: Thrive	Not Applicable	MS033017-FC
STUDY START (ACTUAL)	**PRIMARY COMPLETION (ACTUAL)**	**STUDY COMPLETION (ACTUAL)**
May 1, 2017	January 31, 2018	January 31, 2018

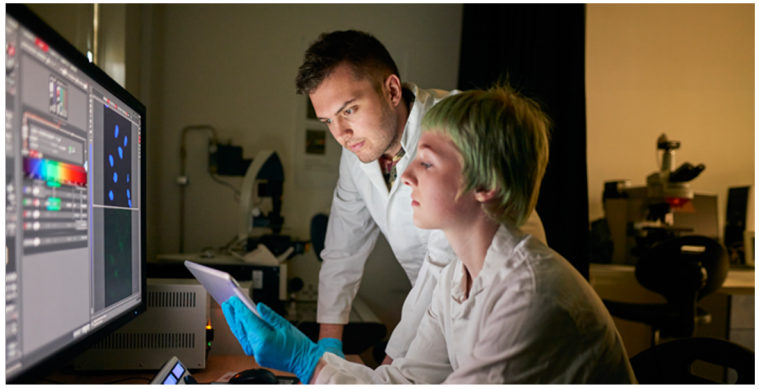
Benefits to the Public

- Meet **ethical obligation to human subjects**, i.e., that results will be used to help others/inform science.
- Enhance **patient access** to enrollment in clinical trials.
- Increased **transparency** of clinical research being conducted by pharmaceutical companies and with federal funding.
- May contribute to increased **public trust** in clinical research.

Image credit: U.S. Air Force photo/ Airman 1st Class Kyle Johnson

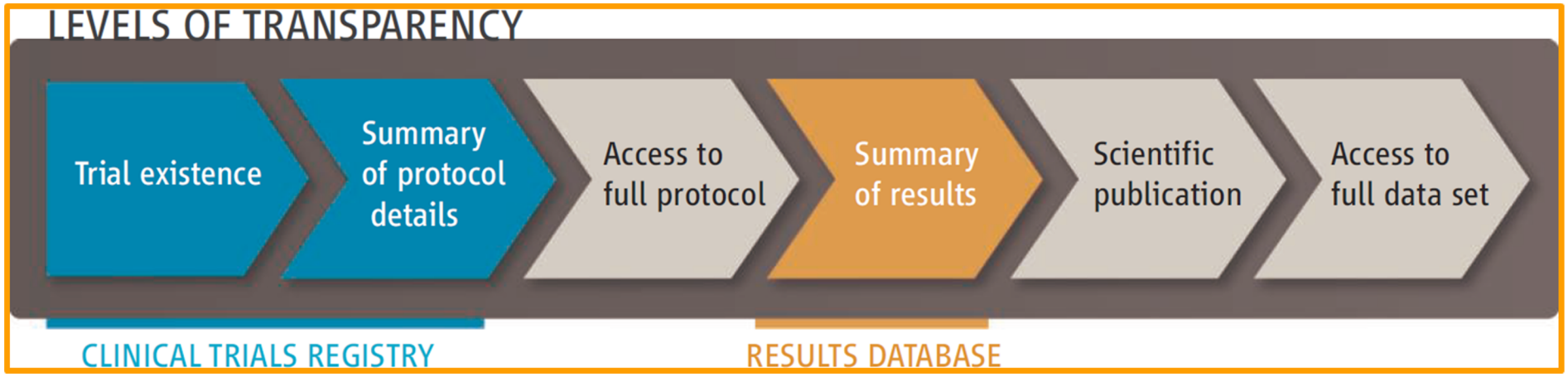
Benefits to the Clinical Research Process

- Inform future research and research funding decisions.
- Mitigate information bias (e.g., non-publication).
- Evaluate research integrity (e.g., adherence to protocol).
- Prevent duplication of trials of unsafe or ineffective interventions.
- Provide access to data to support evidence-based medicine.



Levels of Transparency

"Transparency exists along a continuum from documentation that a trial exists to full disclosure of the results data set at the end of the trial."



Zarin DA, Tse T. Moving toward transparency of clinical trials. Science. 2008 Mar 7;319(5868): 1340-2

Illustrating the Benefits of a Trial Registry and Results Database

Photo by bongkarn thanyakij from Pexels

Diana's imaginary clinical trial:

JAVA

Java's **A**ssociation with **V**irus **A**nxiety

How does drinking coffee affect anxiety in telecommuting workers during the COVID-19 pandemic?

What Do You Think?

Assuming this is a well-designed, IRB-Approved, NIH-funded trial…

How does registration of this trial benefit other clinical researchers?

How does registration of this trial benefit the public?

If this trial doesn't demonstrate a clear association between coffee drinking and anxiety during a pandemic, what is the benefit of reporting the results in ClinicalTrials.gov?

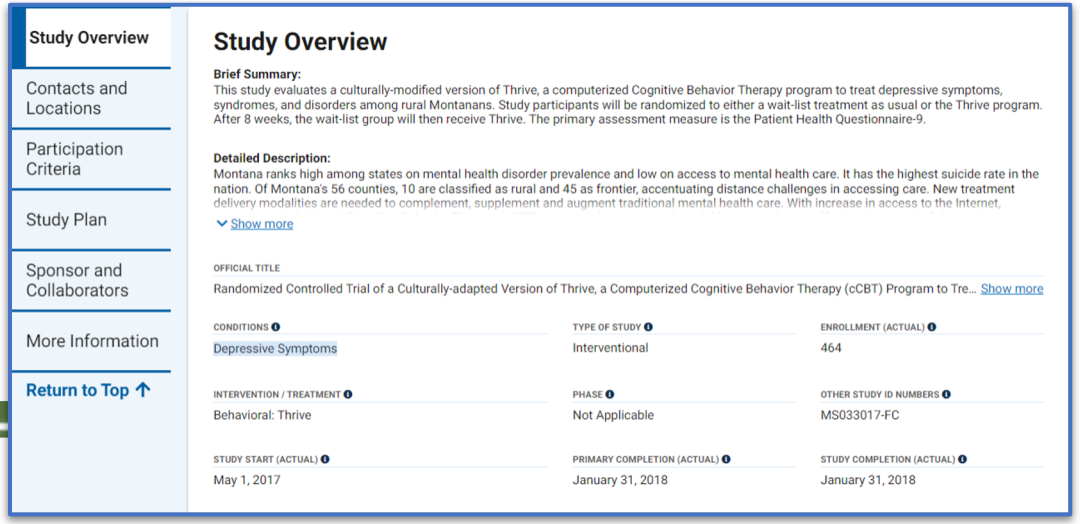
JAVA: How does drinking coffee affect anxiety among telecommuting workers during the COVID-19 pandemic?

Photo by bongkarn thanyakij from Pexels

Information Should Be Complete & Discoverable

To fulfill its purpose, the information in ClinicalTrials.gov should be complete and discoverable.

- Consider the **users** of the information.
- Record formats & terminology need to be **standardized**.
- Data needs to be **high quality**.



Who Requires Trial Registration?

- ICMJE policy applies to many scientific journals, such as American Journal of Nursing, Pediatrics, & Transplantation
- Trial registration is a condition of consideration for publication.

- FDAAA 801 and 42 CFR Part 11 “The Final Rule” require that Applicable Clinical Trial data be submitted no later than 21 days after enrollment of 1st participant.
- Results must be reported no later than 1 year after primary completion date.

- Trial registration and results reporting are requirements for NIH-funded trials, whether or not they are FDA regulated.

- Organizations such as the Gates Foundation, Wellcome Trust, & PATH require trial registration & results reporting.

- Trials submitting claims to the Centers for Medicare & Medicaid Services must include the NCT number from ClinicalTrials.gov.

ICMJE = International Committee of Medical Journal Editors
FDAAA 801 = Section 801 of the Food and Drug Administration Amendments Act of 2007

Global Perspective

Joint Statement on Public Disclosure of Results from Clinical Trials (2017)

"In addition to the ethical imperative, poor allocation of resources for product development and financing of available interventions, and suboptimal regulatory and public health recommendations may occur where decisions are based on only a subset of all completed clinical trials."

https://www.who.int/news/item/18-05-2017-joint-statement-on-registration

Are 100% of Applicable Clinical Trials Registered?

Source: https://clinicaltrials.gov/ct2/resources/trends#RegisteredStudiesOverTime

“Missed Deadlines” Reporting Trial Results

“Science analyzed ClinicalTrials.gov records of all clinical trials with results legally required to be reported between 18 January 2018 and 25 September 2019.”

Piller, Charles.
FDA and NIH let clinical trial sponsors keep results secret and break the law.

Science Jan 2020

doi:10.1126/science.aba8123

Expanded FDA Regulation and New NIH Policy

Significant Changes in Trial Registration as of 2017

A summary table describes the changes. Three especially noteworthy changes (highlighted by the UW Human Subjects Division) are:

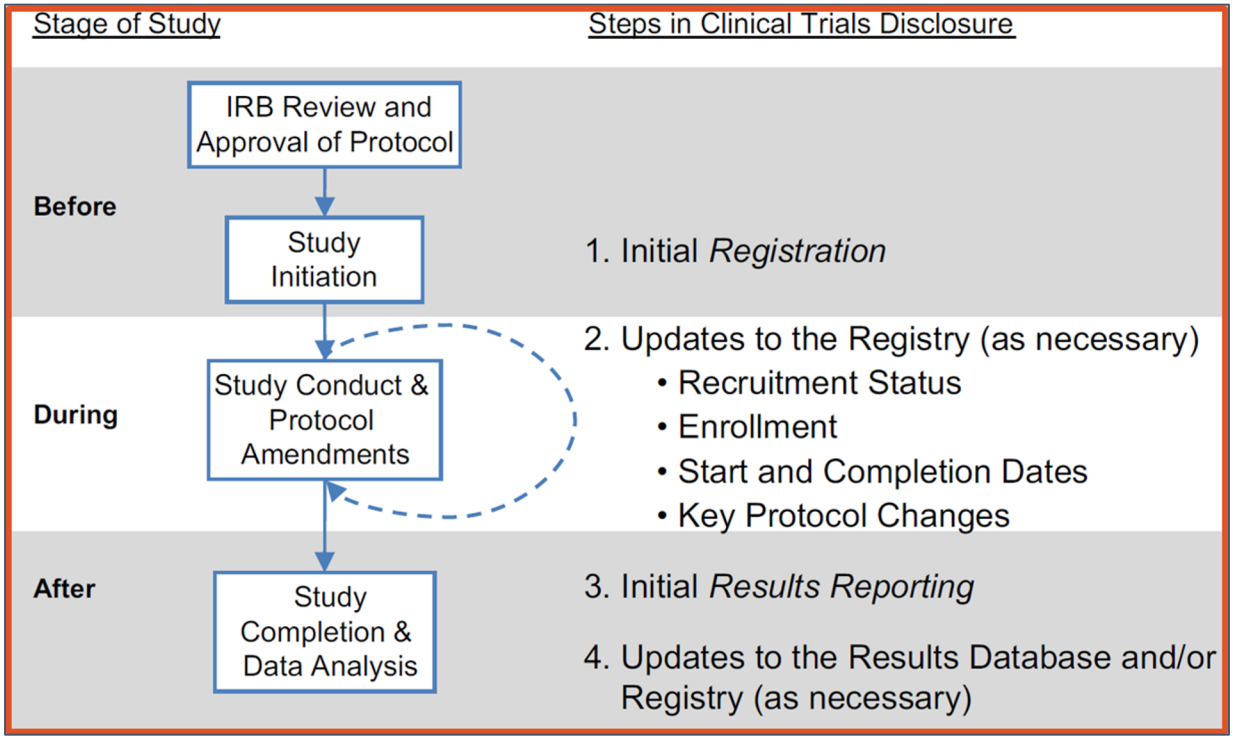
1. All clinical trials funded in whole, or in part, by NIH must be registered, regardless of study phase or type of intervention.
2. Study consent forms must contain a sentence about the trial registration, using the words provided by the FDA and NIH.
3. Penalties for non-compliance may include:
    - Identifying the clinical trial record as non-compliant in ClinicalTrials.gov
    - Suspension or termination of grant or contract funding, if required registration and reporting cannot be verified
    - Consideration of the non-compliance in future funding decisions
    - Civil monetary penalties to the "responsible party" (PI) of up to $10,000/day

Roles & Legal Responsibilities at UW

Who	What	Why
Lead PI	• Register the trial • Update the record • Report the results • Consent statement	42 CFR 11 NIH Policy
Site PI	Consent statement	42 CFR 11 NIH Policy
IRB	Consent form has the statement	21 CFR 50.25(c) 21 CFR 56.111(a)(4,5)
UW → HSD	• Institutional contact for ClinicalTrials.gov • Help with researcher account	ClinicalTrials.gov requirement

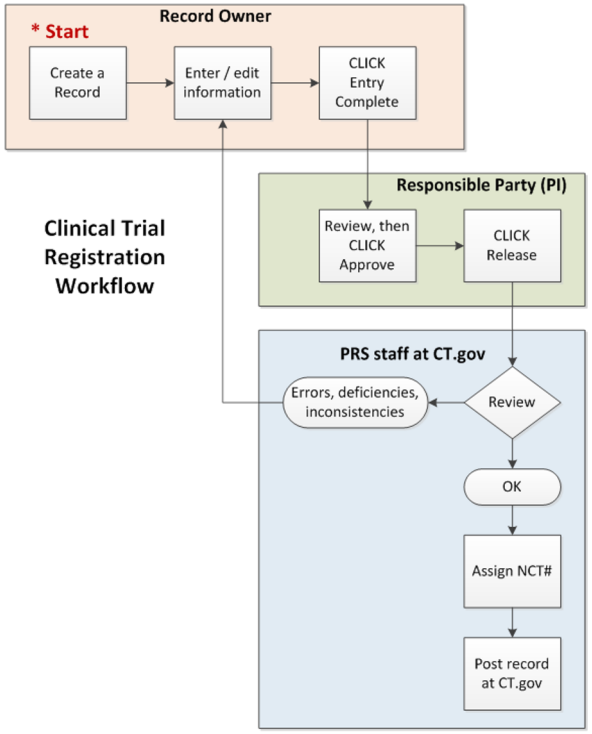
Thank you to the UW Human Subjects Division.

When Do Registration & Results Reporting Occur?



Tse T, Zarin DA, Williams RJ, Ide NC. The Role and Importance of Clinical Trial Registries and Results Databases. In: Gallin JI, Ognibene FP, editors. Principles and Practice of Clinical Research. London: Academic Press; c2012. p. 171-181.

Clinical Trial Registration Workflow



Record Owner

Responsible Party (Principal Investigator)

Protocol Registration & Results System (PRS) Staff at ClinicalTrials.gov

Source: https://www.washington.edu/research/forms-and-templates/clinical-trial-registration-work-flow/

Help Is Available

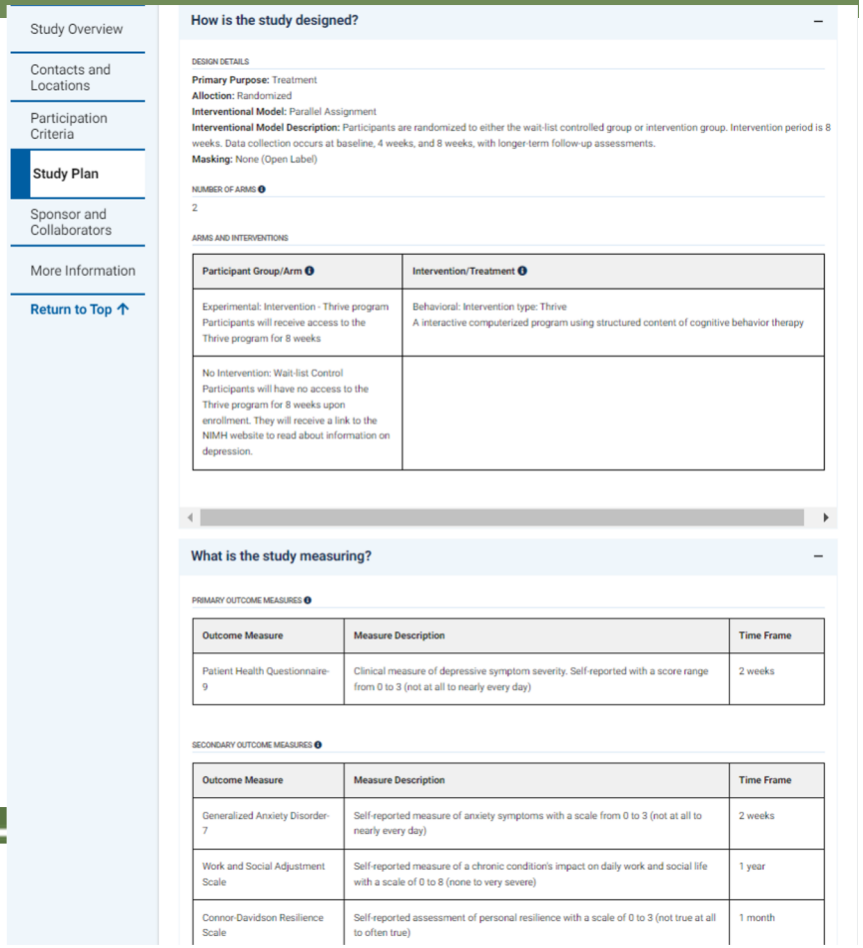
- Help from your institution's human subjects department.
- Tools to help you determine if your study is considered a clinical trial under the NIH's revised definition.
- Possible to upload study data to ClinicalTrials.gov from within the NIH's eRA Human Subjects System
- ClinicalTrials.gov user support materials.
  - "How to" information
  - Policies of VA, National Cancer Institute, PCORI, etc.

Submitting High Quality Information: Specificity and Consistency

- Required Data Elements
- Internal Consistency
- Appropriate Level of Specificity
- Standardized Terminology When Appropriate

ClinicalTrials.gov Results Data Element Definitions for Interventional and Observational Studies:

prsinfo.clinicaltrials.gov/results_definitions.html



ClinicalTrials.gov Protocol Registration Quality Control Review Criteria Examples

- Refer to interventions by the **same name** throughout the study record.
- If more than one name is used for the same drug (e.g., a generic name and a brand name), clearly indicate in the study record that the drugs are the same.
- In the Arm Description or Group/Cohort Description include details about the intervention strategies administered (e.g., dosage, dosage form, frequency of administration, duration of administration) or groups evaluated.
- Use, if available, appropriate descriptors from NLM's Medical Subject Headings (MeSH) thesaurus.

Quality Control Review Criteria for Registration and Results

JAVA: Java's Association with Virus Anxiety

Population: regular coffee drinkers who are working from home during the COVID-19 pandemic.

Study Design: 360 people, randomized to pre-pandemic level of coffee consumption or increased coffee consumption.

Protocol: Participants drink either their pre-pandemic amount of coffee consumption or consume an additional cup of coffee each day for 60 days.

Outcomes: Anxiety measured with the Generalized Anxiety Disorder (GAD-2) screening measure

Photo by bongkarn thanyakij from Pexels

Some Required Data Elements for Trial Registration

Brief Summary; Condition or Disease; Outcome Measure Title; and Time Frame Fields Are Highlighted

Study Description Go to

Brief Summary:

This prospective, randomized, double-blind study will enroll nonsmoking female subjects undergoing laparoscopic bariatric surgery under general anesthesia. The hypothesis of this study is that female nonsmokers who receive nicotine via nasal spray immediately before waking up from anesthesia will need less pain medications 24 hours after the surgery compared to the subjects who receive placebo spray.

Condition or disease	Intervention/treatment	Phase
Pain, Postoperative	Drug: Nasal Nicotine Spray Drug: Nasal Normal Saline Spray	Phase 4

Primary Outcome Measures :

1. Postoperative Opioid Use During the Postanesthesia Care Unit (PACU) Stay, and the First 24 Hours Postoperatively [Time Frame: During PACU stay (approximately 94 minutes after operation), 24 hours after operation]

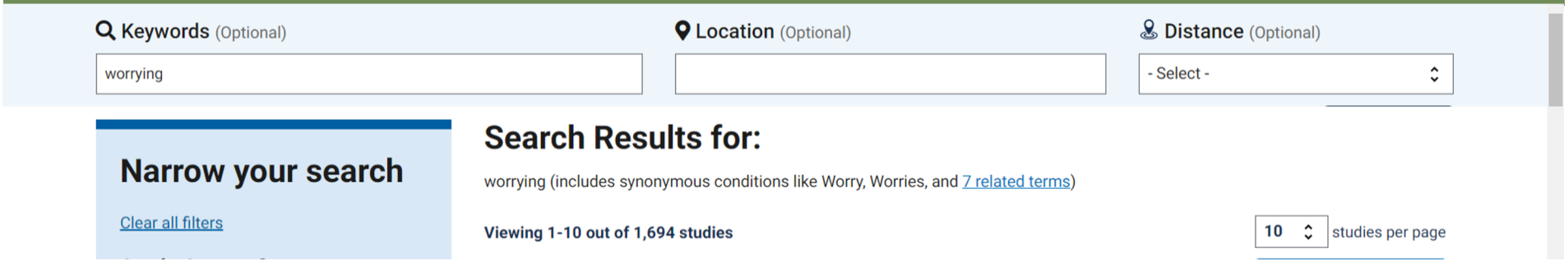
   Opioid use was calculated in intravenous morphine equivalents (iv MEQ) according to the Mayo Clinic Pharmacy opioid conversion calculator based on the recommendations from the American Pain Society. Specifically, the following conversion was used: 10 mg in MEQ=100mcg iv fentanyl=1.5 mg iv hydromorphone=20mg oral oxycodone=30mg oral hydrocodone.

More Suitable Documentation: A or B?

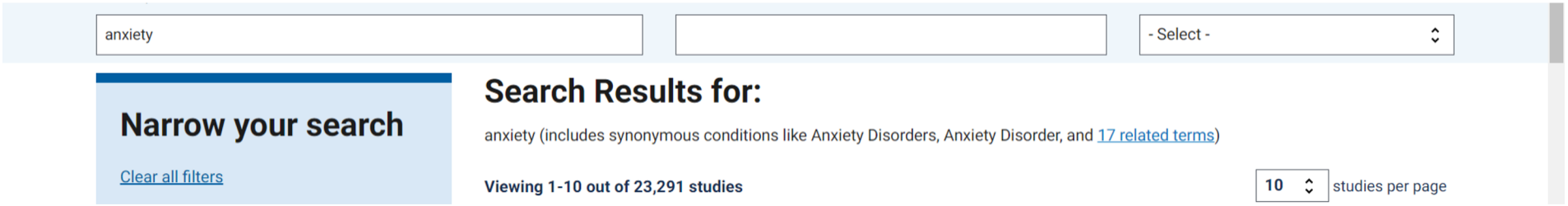
<u>Data Element</u>: Primary Disease or Condition Being Studied in the Trial

A	B
Worrying	**Anxiety [a Medical Subject Heading]**

Test Searches



worrying (includes synonymous conditions like Worry, Worries, Worried, Did you worry, Have Worried, Worry Frequency, Frequency of Worrying, Had Worrying, Worry About What Will Happen)



anxiety (includes synonymous conditions like Anxiety Disorders, Anxiety Disorder, anxiety symptoms, Anxiety Scale, anxious, anxiety symptom, symptoms anxiety, anxieties, Angst, Feeling anxious, Anxiousness, Feel anxious, Anxious behavior, Anxiety Visual Analogue Scale, Unspecified anxiety disorder, Visual Analogue Anxiety Scale, Anxiety NOS, Anxiety reaction, Reaction anxiety)

More Suitable Documentation: A or B?

Data Element: Study Description: Brief Summary

Objective: study the association between the amount of coffee consumption and level of anxiety

Data Element: Arm Title (Used for Interventional Studies)

A	B
Experimental Arm 1: Pre-pandemic amount of coffee daily	Experimental Arm 1: Pre-pandemic amount of caffeine daily

More Suitable Documentation: A or B?

<u>Data Element</u>: Outcome Measure Title

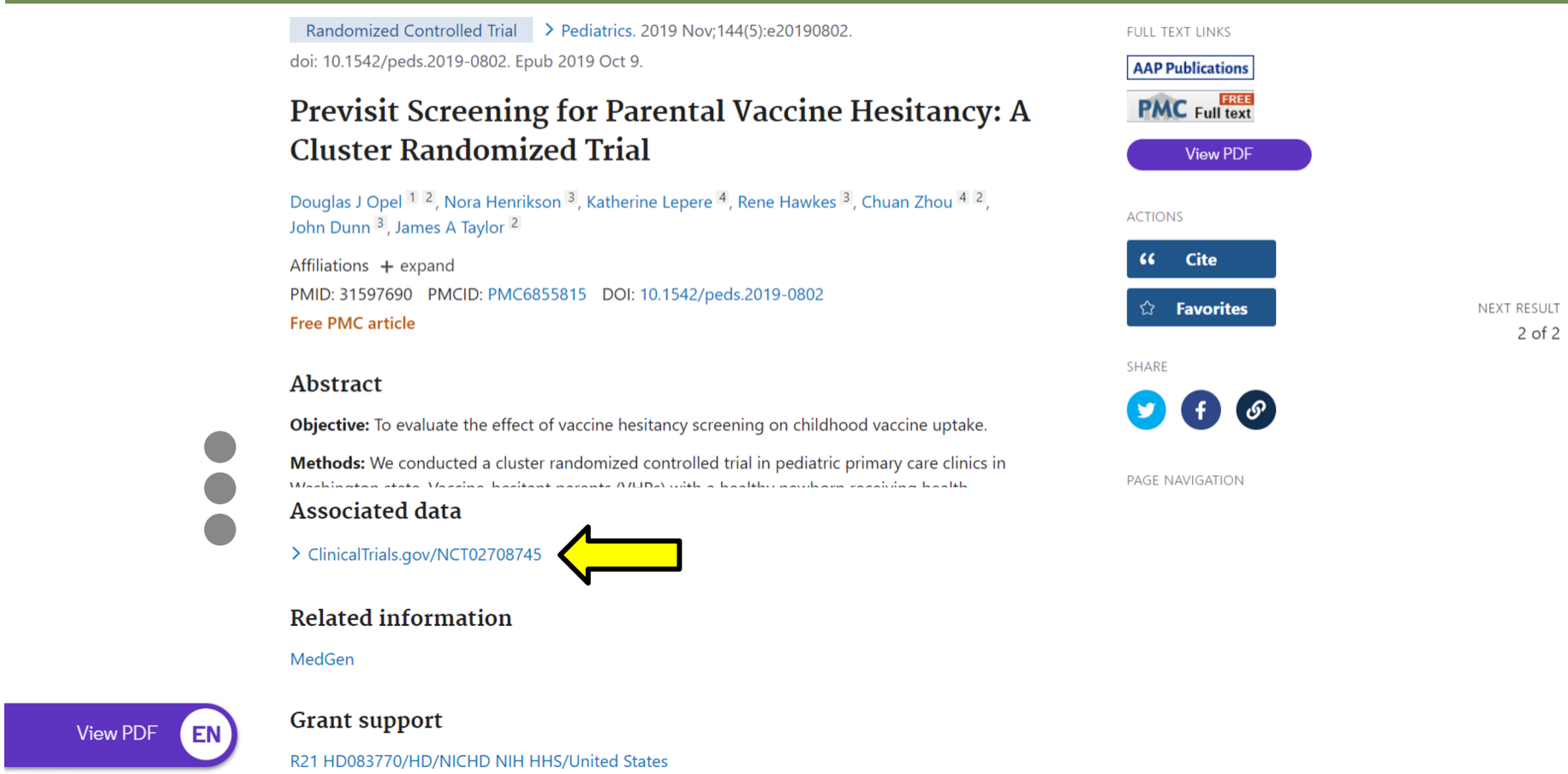
A	B
Anxiety	Mean change from baseline in scores on the Generalized Anxiety Disorder (GAD-2) screening measure

More Suitable Documentation: A or B?

<u>Data Element</u>: Outcome Measure: Time Frame

A	B
Daily through study completion	Daily for 60 days

Improved Access to Trial Details for Researchers & Clinicians



Randomized Controlled Trial > Pediatrics. 2019 Nov;144(5):e20190802.
doi: 10.1542/peds.2019-0802. Epub 2019 Oct 9.

Previsit Screening for Parental Vaccine Hesitancy: A Cluster Randomized Trial

Douglas J Opel [1 2], Nora Henrikson [3], Katherine Lepere [4], Rene Hawkes [3], Chuan Zhou [4 2], John Dunn [3], James A Taylor [2]

Affiliations + expand

PMID: 31597690 PMCID: PMC6855815 DOI: 10.1542/peds.2019-0802

Free PMC article

Abstract

Objective: To evaluate the effect of vaccine hesitancy screening on childhood vaccine uptake.

Methods: We conducted a cluster randomized controlled trial in pediatric primary care clinics in

Associated data

> ClinicalTrials.gov/NCT02708745

Related information

MedGen

Grant support

R21 HD083770/HD/NICHD NIH HHS/United States

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Data for Large-Scale Analysis

Table. Sex Bias in Clinical Studies Determined From Published Articles and Clinical Trial Records[a]

Disease Category	Global Female Prevalence Fraction	Measurement Unit	Published Articles			AACT Records		
			Studies or Participants, No.	Female Participant Fraction	Sex Bias (95% CI)	Studies or Participants, No.	Female Participant Fraction	Sex Bias (95% CI)
Cardiovascular	0.51	Studies	14 371	0.37	−0.14 (−0.14 to −0.13)[b]	2164	0.41	−0.10 (−0.11 to −0.09)[b]
		Participants	540 050 700	0.49	−0.02 (−0.06 to −0.01)	2 229 071	0.39	−0.12 (−0.15 to −0.08)[b]
Diabetes	0.48	Studies	3727	0.45	−0.03 (−0.03 to −0.02)[b]	1420	0.46	−0.03 (−0.03 to −0.02)[b]
		Participants	38 420 434	0.48	0.00 (−0.05 to 0.04)	4 823 058	0.47	−0.01 (−0.08 to 0.02)
Digestive	0.60	Studies	1282	0.49	−0.11 (−0.12 to −0.10)[b]	348	0.54	−0.06 (−0.08 to −0.04)[b]
		Participants	8 519 928	0.51	−0.09 (−0.13 to −0.07)[b]	147 821	0.56	−0.03 (−0.06 to −0.01)
Hepatitis A, B, C, and E	0.44	Studies	1131	0.34	−0.09 (−0.10 to −0.09)[b]	632	0.37	−0.06 (−0.07 to −0.05)[b]
		Participants	1 833 724	0.37	−0.06 (−0.17 to 0.06)	243 846	0.39	−0.05 (−0.07 to −0.03)[b]
HIV/AIDS	0.50	Studies	1741	0.33	−0.17 (−0.18 to −0.16)[b]	387	0.27	−0.23 (−0.25 to −0.21)[b]
		Participants	30 459 386	0.53	0.02 (−0.09 to 0.06)	155 531	0.35	−0.15 (−0.20 to −0.11)[b]
Kidney, chronic	0.57	Studies	2554	0.40	−0.17 (−0.17 to −0.16)[b]	476	0.42	−0.15 (−0.16 to −0.13)[b]
		Participants	18 747 970	0.44	−0.13 (−0.18 to −0.09)[b]	201 763	0.42	−0.15 (−0.17 to −0.12)[b]
Mental	0.48	Studies	3635	0.47	−0.01 (−0.02 to 0.00)[b]	1650	0.44	−0.04 (−0.05 to −0.03)[b]
		Participants	58 097 584	0.48	−0.01 (−0.19 to 0.07)	463 645	0.49	0.00 (−0.01 to 0.02)
Musculoskeletal	0.56	Studies	2418	0.66	0.10 (0.09 to 0.11)[b]	983	0.70	0.14 (0.13 to 0.15)[b]
		Participants	5 898 338	0.60	0.03 (0.00 to 0.08)	438 112	0.65	0.09 (−0.05 to 0.18)
Neoplasms	0.51	Studies	11 121	0.40	−0.11 (−0.11 to −0.11)[b]	3179	0.41	−0.10 (−0.11 to −0.10)[b]
		Participants	54 377 430	0.49	−0.03 (−0.04 to −0.01)[b]	2 946 236	0.50	−0.02 (−0.09 to 0.03)
Neurological	0.59	Studies	3431	0.50	−0.09 (−0.10 to −0.09)[b]	1338	0.52	−0.07 (−0.08 to −0.06)[b]
		Participants	10 576 242	0.53	−0.06 (−0.09 to −0.03)[b]	497 964	0.65	0.06 (−0.01 to 0.12)
Respiratory, chronic	0.48	Studies	2800	0.43	−0.04 (−0.05 to −0.04)[b]	1161	0.44	−0.03 (−0.04 to −0.02)[b]
		Participants	116 410 829	0.48	0.00 (−0.05 to 0.02)	1 231 162	0.47	−0.01 (−0.04 to 0.01)
Total[c]	0.54	Studies	48 211	0.42	−0.12 (−0.12 to −0.11)[b]	13 738	0.45	−0.09 (−0.09 to −0.08)[b]
		Participants	883 392 565	0.49	−0.05 (−0.06 to −0.03)[b]	13 378 210	0.48	−0.06 (−0.09 to −0.03)[b]

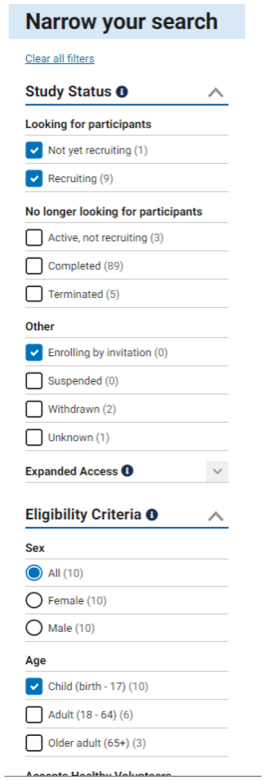
Feldman S et al. Quantifying Sex Bias in Clinical Studies at Scale With Automated Data Extraction. JAMA Netw Open. July 03, 20192(7):e196700.

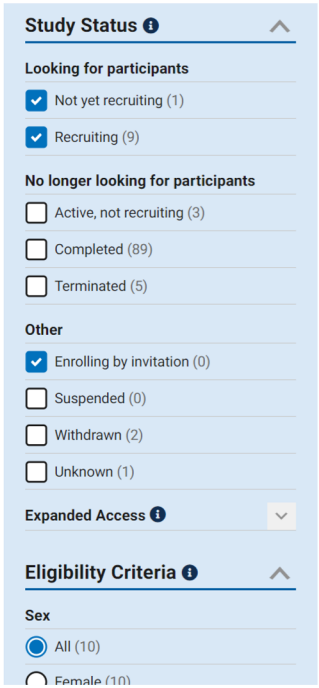
Improved Access to Information for Patients & Families

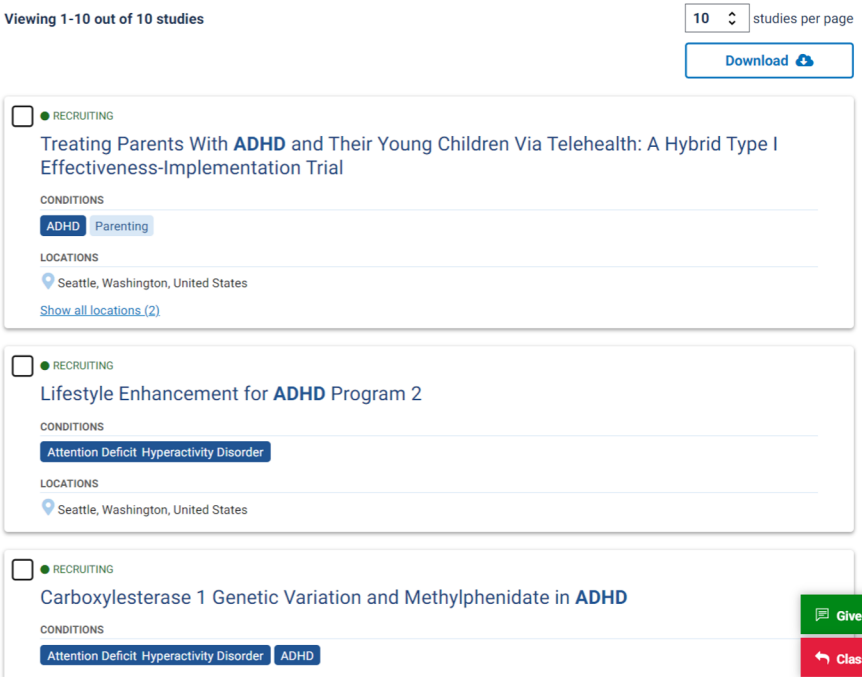
Search for ADHD

Filtered for Not yet recruiting, Recruiting, Enrolling by invitation, Child (birth - 17)

adhd (includes synonymous conditions like Attention deficit, hyperactivity disorder, Attention-deficit hyperactivity disorder, Attention Deficit Disorder, Attention Deficit Disorder with Hyperactivity, Attention Deficit Hyperactivity Disorders, Attention Deficit Disorders with Hyperactivity, disorder hyperactivity, Attention deficits)







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"Access to more information about clinical trials is good for patients, the public and science. The final rule and NIH policy…will help maximize the value of clinical trials…and help us honor our commitments to trial participants, who do so much to help society advance knowledge and improve health."

~NIH Director Francis Collins

https://www.nih.gov/news-events/news-releases/hhs-takes-steps-provide-more-information-about-clinical-trials-public

Resources and Further Reading

- PRS User's Guide: Instructions for using the Protocols Registration & Results System (PRS) to submit clinical study information to ClinicalTrials.gov
- Quality Control Review Criteria for Registration and Results. ClinicalTrials.gov.
- Frequently Asked Questions on ClinicalTrials.gov & FDAAA. National Institutes of Health.
- FDAAA 801 and the Final Rule. Summary of Food and Drug Administration (FDA) requirements relating to ClinicalTrials.gov
- Summary Table of HHS/NIH Initiatives to Enhance Availability of Clinical Trial Information. National Institutes of Health.
- NIH Definition of Clinical Trial Case Studies.
- Steps to Compliance for NIH Awardees.
- Clinical Trial Registration Policy. International Committee of Medical Journal Editors
- ClinicalTrials.gov staff email: register@clinicaltrials.gov

Resources and Further Reading, cont.

- University of Washington Human Subjects Division: Clinical Trials Registration and Reporting
- Fred Hutch Clinical Research Support: CTRP & ClinicalTrials.gov
- Seattle Children's Clinical Research Support Office: Registration of Clinical Research Trials on ClinicalTrials.gov
- Friedman, L., Furberg, Curt, DeMets, David L., Reboussin, David, & Granger, Christopher B. (2015). Fundamentals of clinical trials (Fifth ed.). New York: Springer. Chapter 20 "Reporting and Interpreting of Results." [*ebook version available to UW affiliates*]
- Piller C. (2020). FDA and NIH let clinical trial sponsors keep results secret and break the law. *Science.* doi:10.1126/science.aba8123
- FDAAA Trials Tracker. Evidence Based Medicine DataLab, University of Oxford.

Acknowledgements

- Diana Louden, MLS, Life Sciences Librarian, UW Libraries
- Kristina Elliott, MLS, Web Content and Outreach Coordinator, ClinicalTrials.gov
- Elaina Vitale, MLIS, formerly Academic Coordinator at the National Network of Libraries of Medicine, Middle Atlantic Region
- Emily Patridge, MLS, Assistant Director of Clinical Research & Data Services, University of Washington Health Sciences Library
- University of Washington Human Subjects Division Staff

Questions

Leslie Gascon, MBA, MS(LIS), AHIP

Pronouns: she/her/hers

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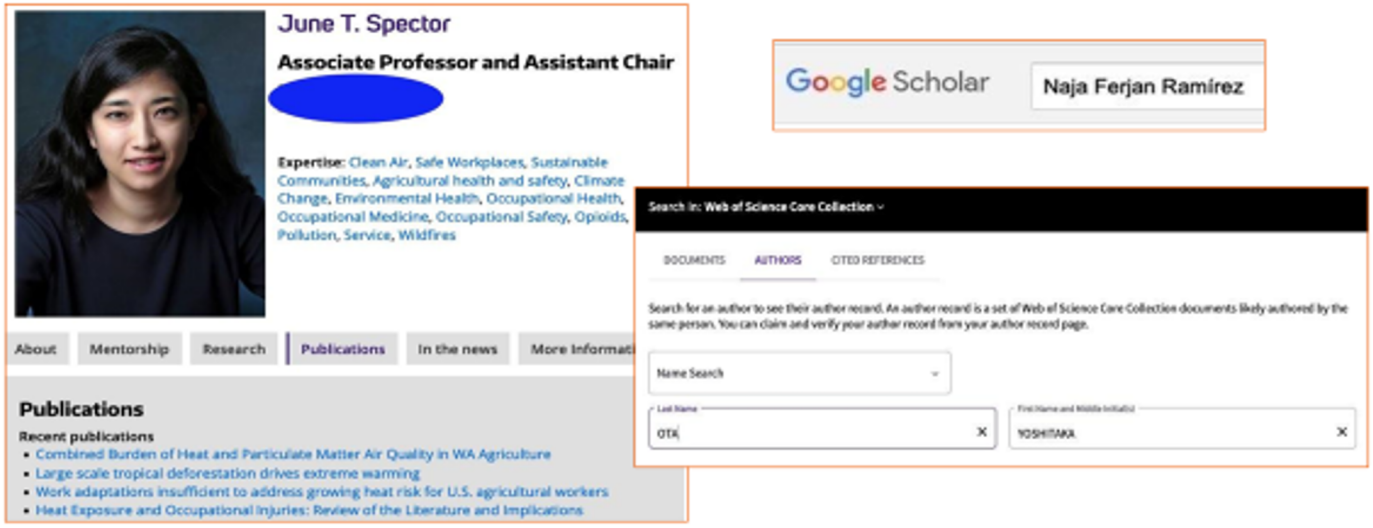

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- Google Scholar
- Web of Science
- Dimensions
- Semantic Scholar
- Scopus Preview

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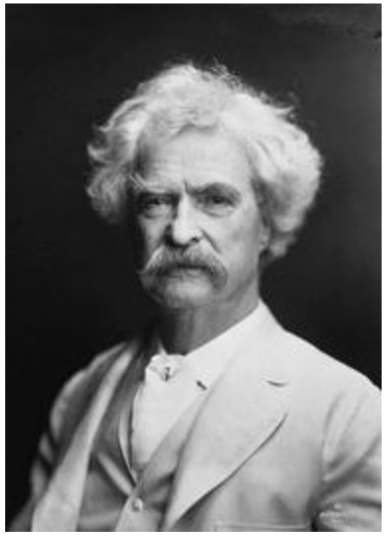
Mark Twain



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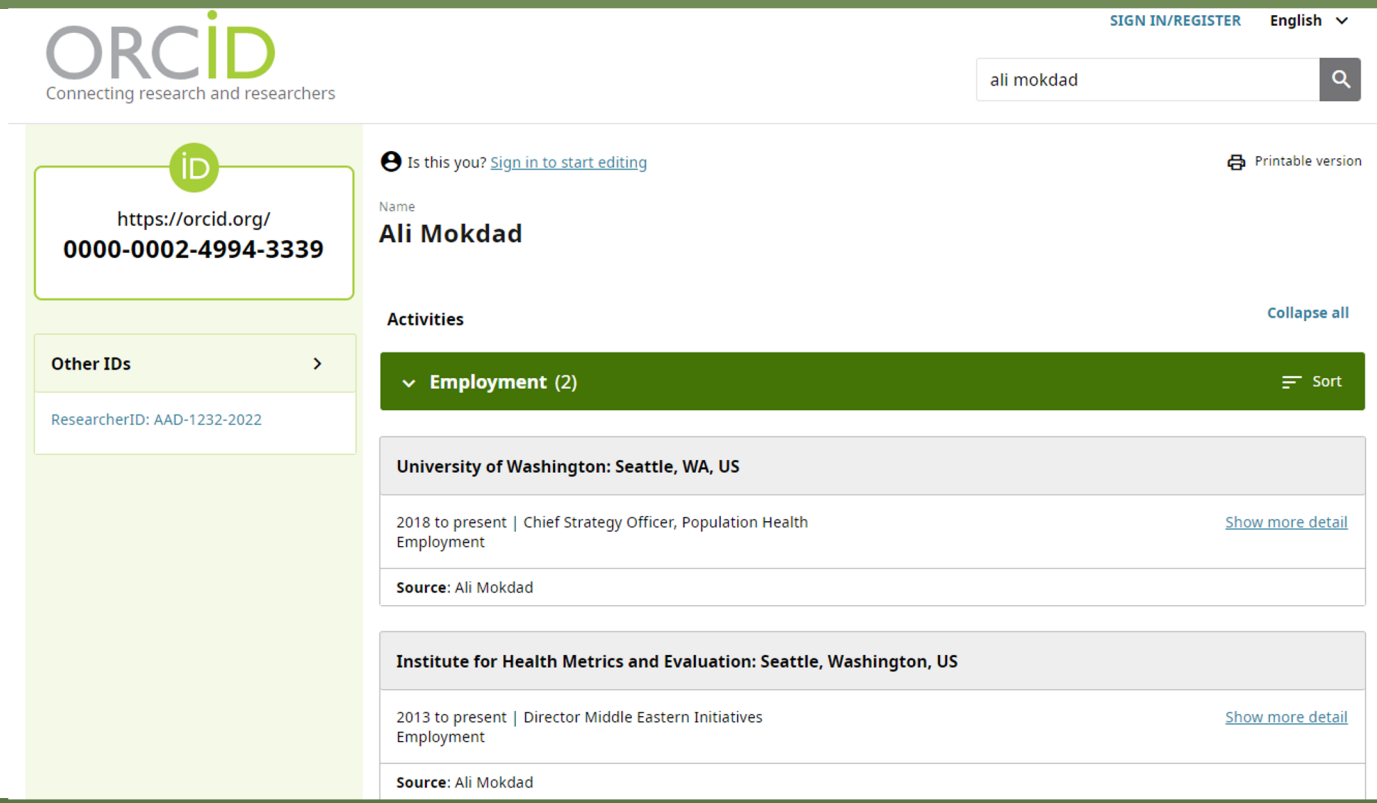
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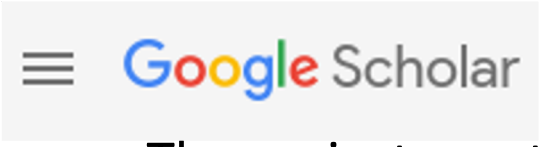

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The association between self-reported racial discrimination and 12-month DSM-IV mental disorders among Asian Americans nationwide GC Gee, M Spencer, J Chen, T Yip, DT Takeuchi Social science & medicine 64 (10), 1984-1996	525	2007
A nationwide study of discrimination and chronic health conditions among Asian Americans GC Gee, MS Spencer, J Chen, D Takeuchi American journal of public health 97 (7), 1275-1282	516	2007
The relationship between knowledge of recent HbA1c values and diabetes care understanding and self-management M Heisler, JD Piette, M Spencer, E Kieffer, S Vijan Diabetes care 28 (4), 816-822	457	2005
An examination of the African American experience of everyday discrimination and symptoms of psychological distress KH Banks, LP Kohn-Wood, M Spencer Community mental health journal 42 (6), 555-570	423	2006
Race, stress, and physical health: the role of group identity. DR Williams, MS Spencer, JS Jackson Oxford University Press	348	1999
Effectiveness of a community health worker intervention among African American and Latino adults with type 2 diabetes: a randomized controlled trial MS Spencer, AM Rosland, EC Kieffer, BR Sinco, M Valerio, G Palmisano, ... American journal of public health 101 (12), 2253-2260	338	2011
Racial and Ethnic Approaches to Community Health (REACH) Detroit partnership: improving diabetes-related outcomes among African American and Latino adults	275	2005

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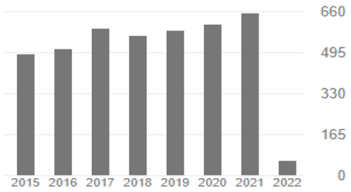

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2008-2022	University of Washington
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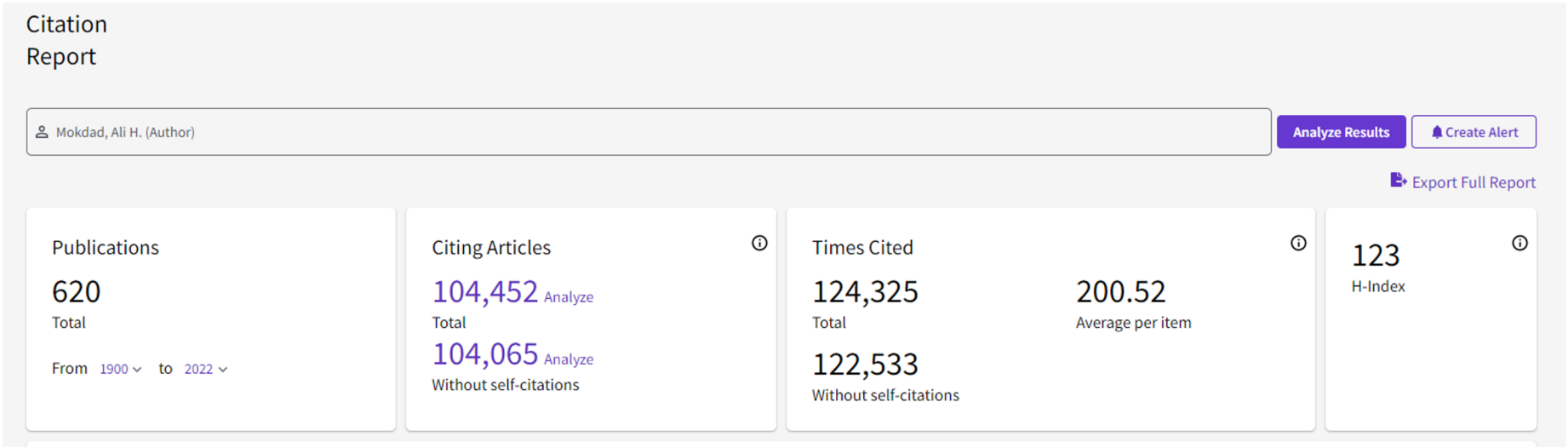
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123
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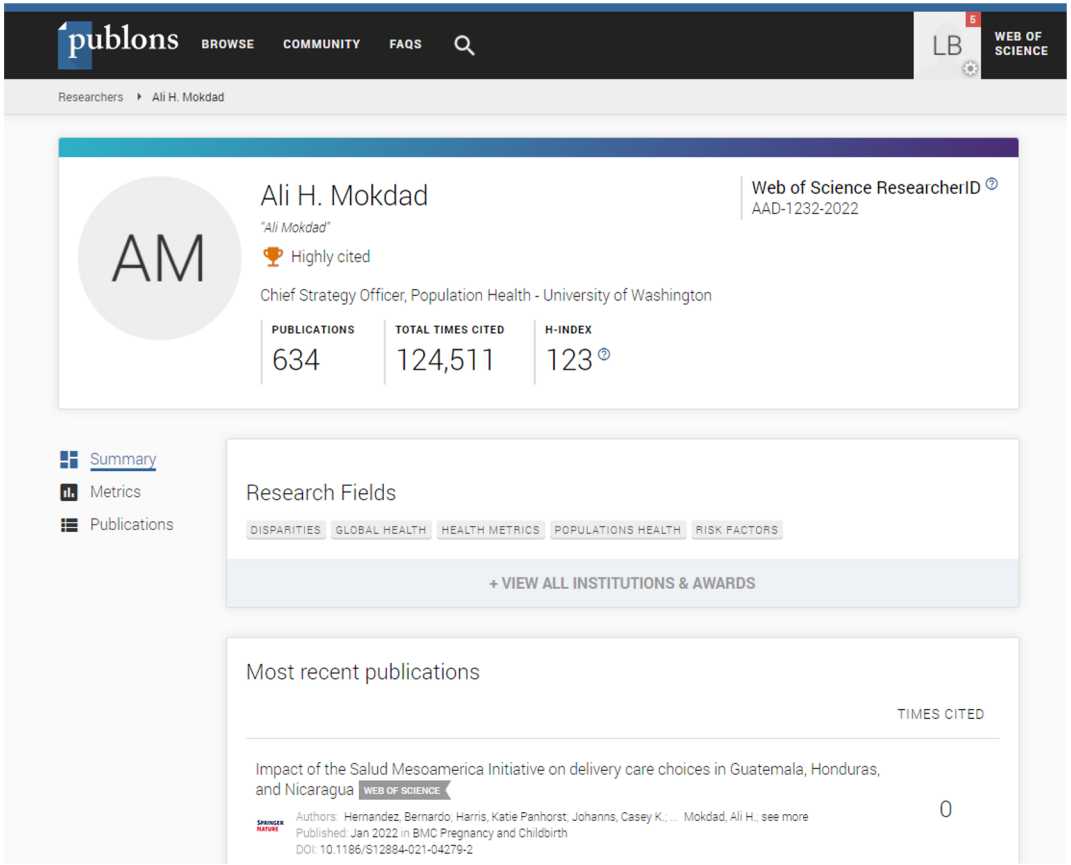
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University of Washington
Harborview Injury Prevent & Res Ctr
SEATTLE, WA, USA

Top Journals: Pain Management Nursing, Health Equity, Suicide and Life-threatening Behavior

2020-2021
Years

Documents: 6

Moore, Megan
University of Washington
Sch Social Work
SEATTLE, WA, USA

Top Journals: Trauma Surgery & Acute Care Open, Health Equity, Contemporary Clinical Trials

Recent publications

2019-2021
Years

Documents: 4

Moore, Megan
Harborview Injury Prevent & Res Ctr
Sch Social Work
SEATTLE, WA, USA

Top Journals: Journal of Immigrant and Minority Health, International Journal of Occupational and Environmental Health

Recent publications

2018-2020
Years

Documents: 2

Nghiem, Paul T (Nghiem, Paul T.)

Fred Hutchinson Cancer Center
Clin Res Div,Dept Med
SEATTLE, WA, USA

Web of Science ResearcherID: A-9210-2011

Published names: Nghiem, Paul T. Nghiem, Paul more...

Top Journals: Journal of Investigative Dermatology, Journal of the American Academy of Dermatology, Journal of Clinical Oncology

Recent publications

1990-2021
Years

Documents: 277

Nghiem, Paul

Fred Hutchinson Cancer Center
Seattle Canc Care Alliance
SEATTLE, WA, USA

Top Journals: Journal of the National Comprehensive Cancer Network

Recent publications

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Years

Documents: 1

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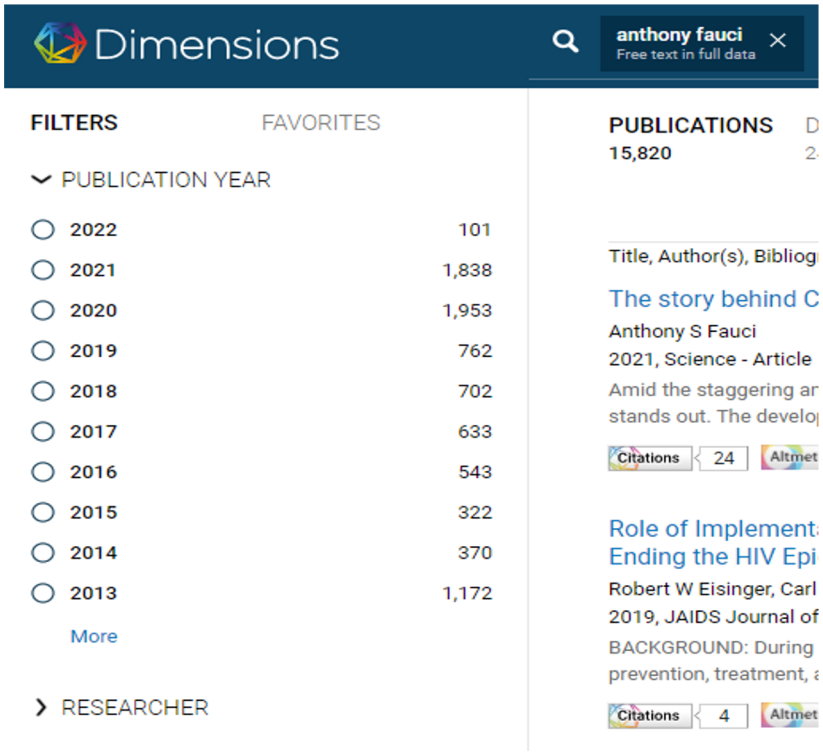

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National Institute of Allergy and Infectious Diseases - Bethesda, United States

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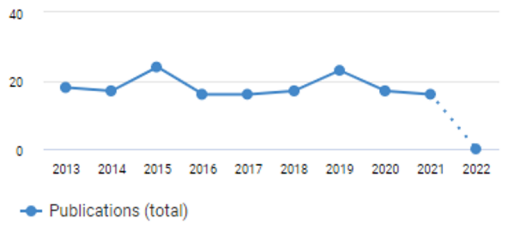

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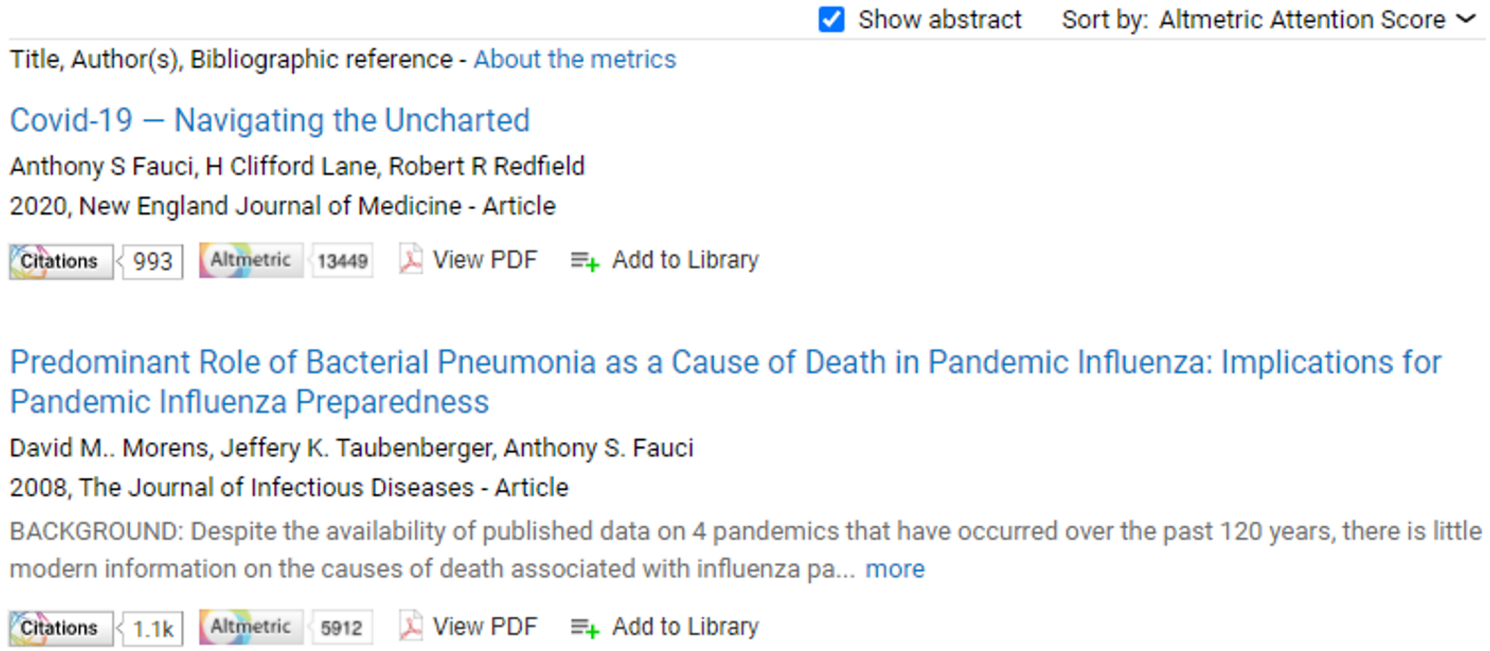

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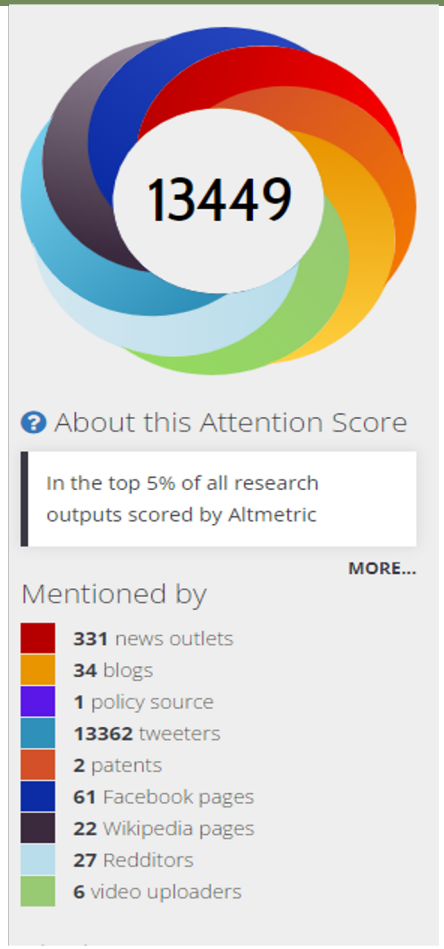

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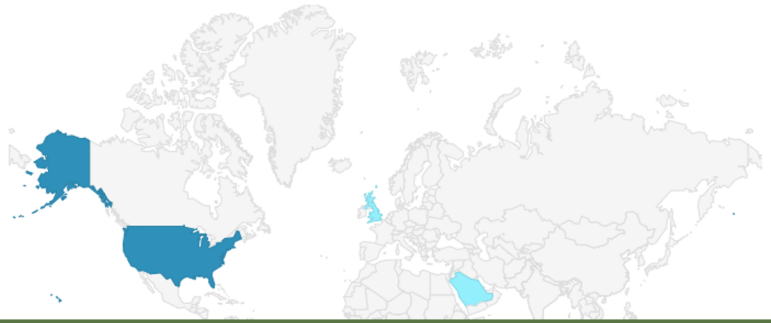

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Overview of attention for article published in New England Journal of Medicine, June 2016

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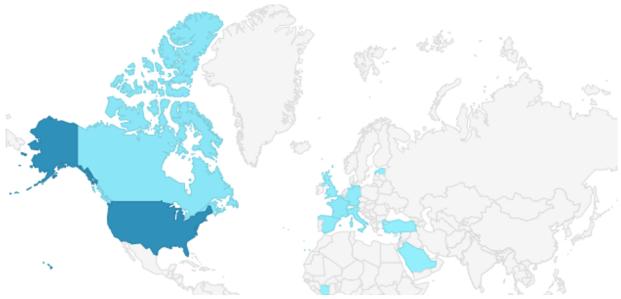

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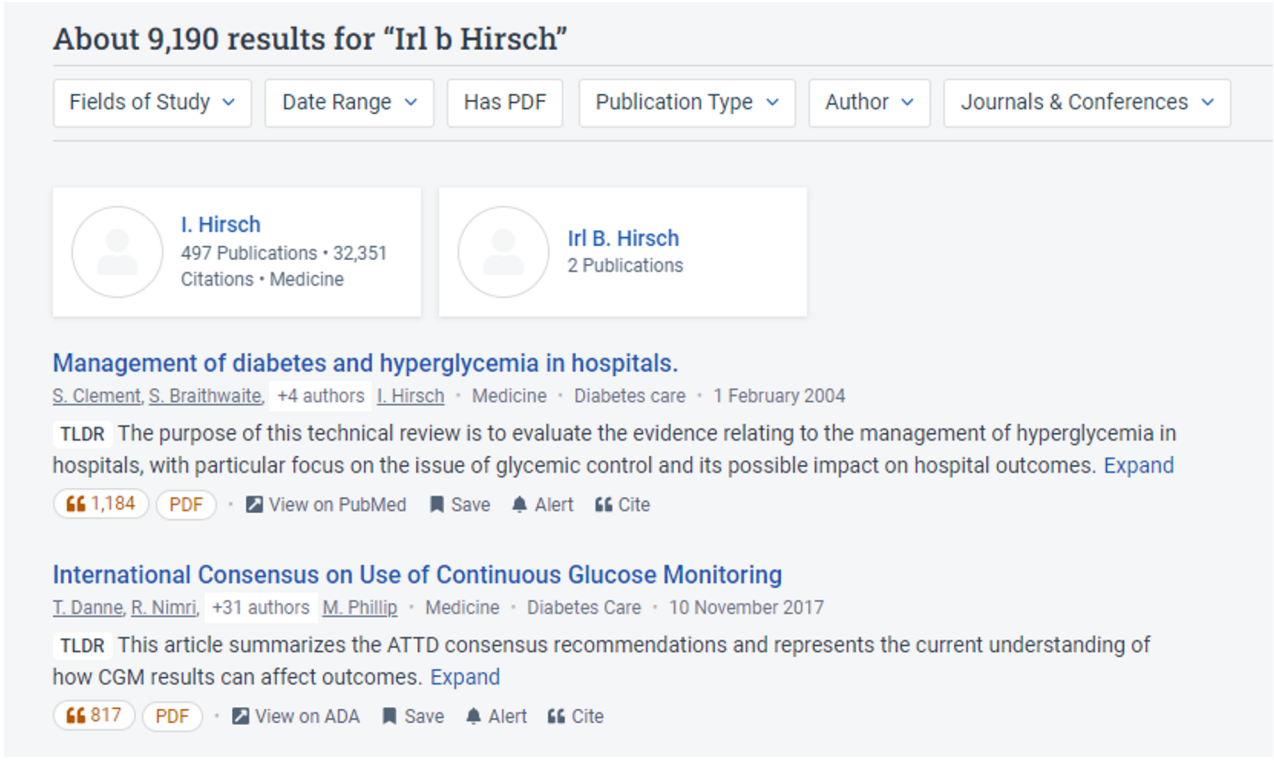
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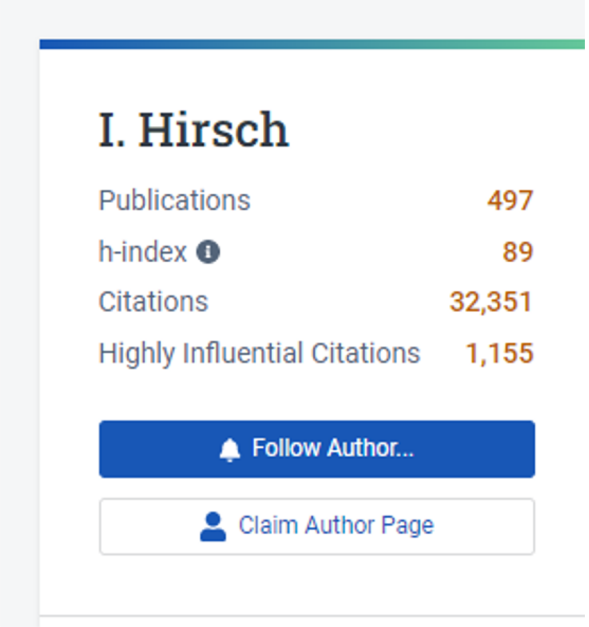

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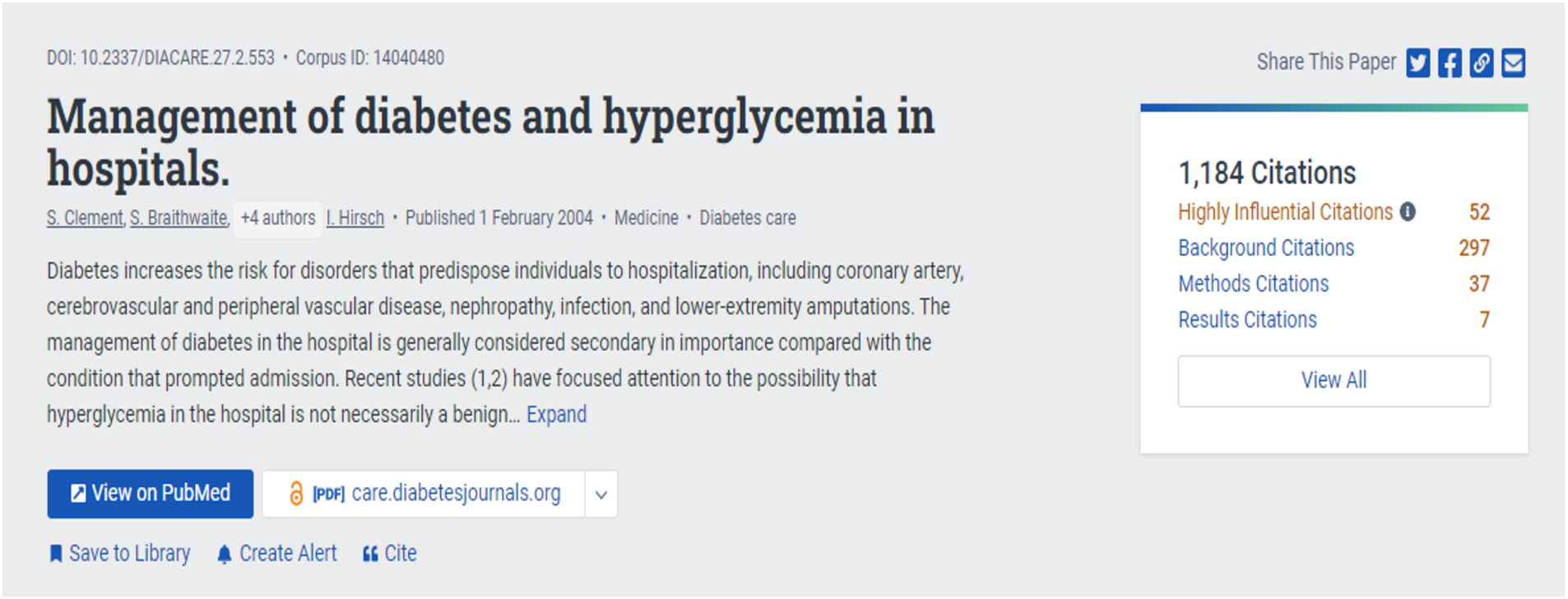

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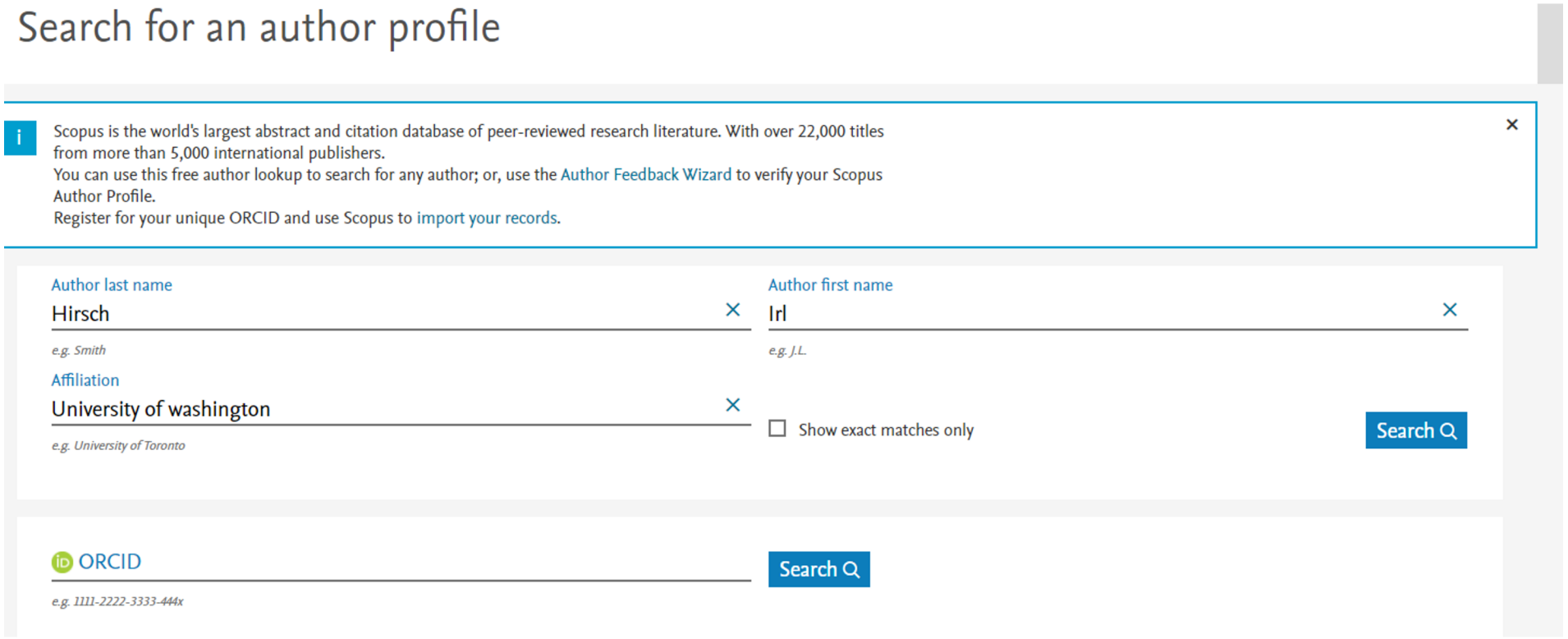

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	View last title					

CORRECTIONS

All of these databases have places to ask for corrections or for help.

Please claim your profile! Make yourself findable.

It used to be “Who you knew”. Now it’s “Who Knows You”.

Put it on your calendar!!

Plan one hour a month to update your CV and your ORCID!

Research Impact is a story you create - not something that simply happens to you!

Please contact me for assistance!

Lynly Beard
lynly@uw.edu
https://calendly.com/lynly for zoom appointments

Thank You!

Open for Questions

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ACCELERATING RESEARCH. IMPROVING HEALTH.

Feedback Survey

A link to the feedback survey has been sent to the email address you used to register.

Please get out your device, find that email, and spend a few moments completing that survey before you leave today.

Tip: If on a mobile device, shift view to landscape view (sideways) for better user experience.