Re: Search for research

Philip Sherman MD¹, Paul C Adams MD², Editor-in-Chief

Dr Philip Sherman is a professor of pediatrics, microbiology and dentistry at the University of Toronto, based at the Hospital for Sick Children (Toronto, Ontario). He is the new Scientific Director of the Canadian Institutes of Health Research (CIHR) – Institute of Nutrition, Metabolism and Diabetes (INMD).

PA: Can you remind us of where we have been before we discuss where we are going?

PS: In 2002, the CIHR INMD, which encompasses hepatology and gastroenterology (GI) as well as endocrinology and nephrology, launched its first strategic plan, naming 'Obesity and Healthy Body Weight' as a single strategic initiative. This was a controversial move, but this focused approach did build research capacity in the field. The INMD has commissioned an independent study to measure the influence of this initiative, which should help us to quantify the effectiveness and impact of strategic funding on the targeted research community. My task – and my privilege – is to now move forward with the Institute, while respecting the foundation that has been established.

PA: The GI community was disappointed that there was not a separate institute for GI and hepatology. Are we at a disadvantage compared with other specialties that have their own institutes?

PS: Although it is true that the INMD has a diverse mandate, there are many opportunities for partnering among specialties and with other institutes. I recognize that some members of the GI and hepatology community may have felt left out, but the mandate has attracted a wide range of researchers to the Institute. Such diversity can bring a fresh perspective to research. Our task for the future is to strengthen links between each of the specialties, thereby facilitating collaboration within INMD communities. Remember also, that each of the 13 CIHR Institutes has had to respond to the needs and aspirations of diverse research communities; this is not peculiar to the INMD. I am hopeful that over time and with regular two-way communication, individual investigators will feel better represented by the virtual institutes that comprise the CIHR.

PA: The previous focus on obesity did not suit all GI-related researchers. Where are we headed in the future with the strategic objectives of the Institute?

PS: It is recognized that the Obesity Strategic Initiative did not resonate with all GI-related researchers, but the fact

Dr Philip Sherman is a professor of pediatrics, microbiology and dentistry at the University of Toronto, based at the Hospital for Sick Children (Toronto, Ontario). He is the new Scientific Director of the Canadian Institutes of Health Research – Institute of Nutrition, Metabolism and Diabetes

remains that obesity is a major global public health concern. In 2008, the INMD commissioned a researcher and stakeholder survey, the responses to which indicated that although respondents believed that obesity remains an important strategic priority for INMD, the time has come to also address other research themes. During the next 12 months, I will be consulting with researchers, partners and stakeholders across Canada to seek views and recommendations on other possible strategic priorities. The product of these discussions will be an updated INMD Strategic Plan for 2010 to 2014 that will be launched in December, 2009.

PA: Does your Institute include liver disease-related research?

PS: Yes, the mandate for INMD includes research on hepatobiliary disorders. The mandate includes addressing the causes, prevention, screening, diagnosis, treatment, support systems and palliation for the wide range of conditions and problems associated with liver dysfunction. The current Chair of the INMD Institute Advisory Board is Dr Eve Roberts who, as you

know, has herself studied innovative therapies to optimally manage a variety of liver disorders in children, including Wilson disease and nonalcoholic fatty liver disease.

PA: Clinician scientists in GI are becoming rare. This is partly because of the gaps between a lucrative endoscopy practice and the frustrations and salary of a clinician scientist.

PS: This is definitely a concern for me as a scientific director and as a 'card-carrying' clinician scientist. INMD has partnered with the Canadian Association of Gastroenterology to help fund the training of clinician scientists. The CIHR recognizes the worrying trend in the disappearance of clinician scientists and has recently announced a new National Strategy for Patient-Oriented Research (NSPOR), which is designed to broaden the work being done under the CIHR's Clinical Research Initiative (CRI). For more information regarding NSPOR, visit <www.cihr-irsc.gc.ca/e/38311.html#2>.

PA: The CIHR has had a large number of directed competitions for small amounts of money. The recipients are unlikely to finish their work without additional funding. What are the budget projections for the future? Will salary support and institutional overhead become part of future CIHR grants, similar to the National Institutes of Health?

¹Hospital for Sick Children, Toronto; ²University Hospital, London, Ontario

Correspondence: Dr Philip Sherman, Hospital for Sick Children, 555 University Avenue, Room 8409 Black Wing,

Toronto, Ontario M5G 1X8. Telephone 416-813-7734, fax 416-813-6531, e-mail sd.inmd@sickkids.ca

Received and accepted for publication January 30, 2009

PS: The ultimate goal of these smaller pilot project programs is to provide a springboard with which grantees can launch themselves into the open operating grant competition. The CIHR receives its budget yearly, so I cannot provide a long-term budget projection. However, it is fair to say that the CIHR is actively building a case for additional resources for all of the funding programs regardless of whether they are targeted initiatives or investigator-initiated operating grants.

PA: Should GI doctors partner all of their applications with basic scientists to be competitive?

PS: GI researchers should partner with basic scientists when it makes sense for the project being proposed. It has been my personal experience that this can be an immensely rewarding experience that is of benefit to everyone concerned. Ultimately, the CIHR is committed to funding innovative research and excellence in science.

PA: Where does clinical research fit into the funding picture?

PS: The CIHR recognizes the real need to strengthen clinical research in Canada. The CRI page on the CIHR Web site (www.cihr-irsc.gc.ca/e/22113.html) acknowledges the "widespread consensus that clinical research has not kept pace with the advances in biomedical research and that there is an increasing gap between basic discoveries and their application to the understanding, treatment and prevention of human disease". With the CRI and the INMD-Canadian Association of Gastroenterology partnership to support the training and funding of

clinician scientists as concrete examples, the CIHR is working steadily toward building the clinical research profile in the funding portfolio.

PA: How would you advise a GI resident who may be considering a career track as a clinician scientist?

PS: I would strongly encourage all GI residents to connect with a clinician scientist and seek mentorship from multiple sources, including locally and at national meetings such as the Canadian Digestive Diseases Week and the annual meeting of the Canadian Association for the Study of the Liver. Trainees should not be afraid to ask questions and, thereby, learn more about what is a richly rewarding and extremely fulfilling professional career in medicine.

Personally, involvement in research allows me to be surrounded by stimulating science on a daily basis and engage in creative thinking by working to find innovative solutions to the daily challenges of medical research. Clinical practice can provide a clear target for research endeavours and provide satisfaction in helping patients overcome health challenges and improve their quality of life. Finally, as you well know, training the next generation of researchers and clinician scientists is both rewarding and inspiring. Their enthusiasm and dedication assures me that the solid foundation laid by veterans in the Canadian GI and hepatology research community will be built by tremendous advances in current knowledge that will improve the digestive health and the lives of Canadians in the years to come. As we plan for the future, I am eager to hear from all interested parties.