Abstract: Modern clinical trials take their origins as single center efforts in the scientific, administrative and commercial environments of the mid-20th century. Shortly after the start of these developments, multi-center clinical trials and their special needs for Coordinating Centers came to the fore. After experiences with early multi-center clinical trial organizations Coordinating Centers differentiated into the universal Clinical Coordinating Center and Data Coordinating Center components along with a variety of other components that are crucial to individual clinical trial operations but not necessarily universal – e.g., Core Laboratory, Pharmacy Coordinating Center, Administrative Coordinating Center, Imaging Coordinating Center/Imaging Core (Laboratory), Diet Coordinating Center. This presentation will review the timelines and accomplishments of Coordinating Centers, in the past and current operations and speculate about the possibilities for Coordinating Center developments and opportunities in the future. Different Coordinating Center models will be considered. Important concerns include advances in information technology, broadening applications of laboratory and imaging techniques, regulatory requirements, the economics of the pharmaceutical and medical device industries, and federal funding agency, academic institution and peer-reviewed journal missions for creation of new knowledge and for sharing of data.

Objectives:

- Attendees will learn how Coordinating Centers developed.
- Attendees will learn what Coordinating Centers can do for multi-center research.
- Attendees will have an opportunity to join in speculation as to opportunities that may be available to new entrants into the corps of Coordinating Centers.

Speaker's bio: Dr. Michael Terrin is an internist with subspecialty certification in pulmonary medicine, and an MPH in Epidemiology. Dr. Terrin has directed or been deputy director of Coordinating Centers for more than 20 studies with emphases on clinical trials and cohort studies. In 1979-1982, he held a cardiovascular epidemiology training grant at the Johns Hopkins University School of Hygiene and Public Health. He was recently contact Principal Investigator for the NIA-sponsored Non-Invasive Treatment of Abdominal Aortic Aneurysm Clinical Trial (N-TA3CT) and Principal Investigator for the NICHD-sponsored Azithromycin to Prevent BPD in Ureaplasma-Infected Preterms (AZIP3), and is Principal Investigator for the NHLBI-sponsored Progenitor Cell Translational Consortium (PCTC) Administrative Coordinating Center and the Regenerative Medicine Innovation Catalyst (RMIC) In-depth Cell Characterization Hub. Dr. Terrin has dedicated his career to the responsible conduct of clinical investigations, to translational research, and to data integrity. In 2010, the University of Maryland, Baltimore (UMB), Institute for Clinical and Translational Research (ICTR) accorded him its award for excellence as a mentor.