Department of Veterans Affairs

GERIATRIC RESEARCH, EDUCATION AND CLINICAL CENTER

Annual Report: Fiscal Year 2008

Part II: Accomplishments

NOTE: The **GRECC Annual Report** reflects status and accomplishments of **GRECC Core Staff** * (as defined below) only. The **"Report Year"** is from October 1, 2007 through September 30, 2008.

You are welcome to use this report format for your own internal reporting purposes, in which case you may exceed the recommended limits of numbers of responses and their length ("list no more than..." "Describe the three most important..." "limit your response to five lines or fewer")

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Please limit to ten pages or fewer the version SUBMITTED TO VACO.

***GRECC Core Staff** is limited to either **Primary Core, Affiliated Core,** or **Research Core:**

- **Primary Core** = positions authorized by the original GRECC allocation plus any addition in ceiling from VA Central Office specifically designated for GRECC.
- **Affiliated Core** = Staff who work full- or part-time in direct support of the GRECC's research, education or clinical activity.
  - May be either "contributed" by the VA Medical Center or
  - May have been acquired through centralized enhancements/awards for programs (e.g., Home-Based Primary Care, Geriatric Evaluation and Management Program, etc.)
  - To be considered Affiliated Core, staff must be organizationally aligned under the GRECC or specifically identified by the Medical Center as **"GRECC-affiliated staff."**
- **Research Core** = Full-or part-time staff who devote 51% or more of their total time to GRECC research and whose salaries are supported by research funds (either VA or non-VA). Includes all GRECC staff whose salaries are paid from research funds, e.g.:
  - Associate Investigator
  - Assistant Research Scientist
  - Senior Research Career Scientist
  - Research Career Scientist
  - Advanced Research Career Scientist.

IMPORTANT: Throughout this report, please AVOID/MINIMIZE JARGON. Each response is much more likely to be included in secondary communications derived from the Annual Reports if it can be readily understood by a non-technical readership.

1. GRECC NAME/LOCATION

a. **GRECC Name:** VA Puget Sound GRECC
b. **Location** *(facility, VISN)*: VA Puget Sound Health Care System, VISN 20

2. CONTACT PERSON

a. **Name:** Elizabeth Aigbe
b. **Position:** Acting Administrative Officer
c. **Phone, e-mail:** (206) 764-2842, Elizabeth.Aigbe@va.gov

3. GRECC FOCUS AREA(S)

NOTE: Please succinctly list your GRECC's Focus Area(s), one per line below. After each focus area listed, please indicate with a check mark (✓) which of the research type(s) suitably describes the work conducted (including planning, implementation, analysis, and dissemination/publication) within that focus during the Report Year. Add additional lines by positioning your cursor at the lower right side of the table and striking the "Tab" key.

GRECC Focus Area	Research Type			
	Basic Biomedical	Applied Clinical	Health Seervices	Rehabilitation
Neurobiologic and Neuroendocrine aspects of aging	X	X		
Metabolic diseases and cognitive/sensory impairment	X	X		
Bioethical aspects of palliative and end-of-life care			X	

4. ADMINISTRATION

a. **GRECC Impact on Host VAMC in Report Year:** *list the most important ways in which the GRECC has had specific impact on host VAMC's research, staff education, program evaluation, or clinical care improvements for elderly veterans (i.e., how the GRECC has "made a difference" in these areas within the entire host VAMC) during the Report Year. Please limit your response to 5 or fewer "ways"; and please limit your description of each of the five "ways" to five lines or fewer.*

- 1) The GRECC increased its consultative services for the host VAMC by providing both geriatric psychiatry services and neuropsychological assessments for primary care patients.
- 2) GRECC AD for Clinical Centers, Dr. Alvin Matsumoto served as Director of the Clinical Research Unit and Director of the Special Fellowship Program in Advanced Geriatrics.
- 3) GRECC Investigators Dr. Cyrus Zabetian and Suzanne Craft served on the R&D Scientific Review Subcommittee.
- 4) GRECC Investigator Chang-En Yu, PhD, Stephen Plymate, and LeBris Quinn served on the R&D Recombinant DNA Committee and/or Biosafety Committee.
- 5) The GRECC hosted a series of V-tel seminars aimed at educating VAPSHCS allied health services in recent advances in the care of elderly veterans, and a workshop of the integrated care management of veterans with diabetes, hypertension, and cognitive impairment under the direction of AD for Education Suzanne Craft, PhD.

b. **GRECC Impact on VISN in the Report Year:** *list the most important ways in which the GRECC has had specific impact on the host VISN's research, staff education, program evaluation, or clinical care improvements for elderly veterans (i.e., how the GRECC has "made a difference" in these areas within the entire host VISN) during the rating period. Please limit your response to 5 or fewer "ways"; and please limit your description of each of the five "ways" to five lines or fewer.*

- 1) The GRECC continued to have a major role in the VISN Ethics Advisory Board, providing key input and consultation to the Network Director and VISN Executive Leadership Council.
- 2) GRECC Investigator Dr Cyrus Zabetian continued to collaborate with the VISN PADRECC on several Parkinson related research programs.
- 3) GRECC investigator Gerry Schellenberg, PhD, collaborated on several research projects with the Northwest MIRECC located at the Portland VAMC.
- 4) GRECC AD for Education, Suzanne Craft, PhD, GRECC HSR&D specialist Laura Bonner, PhD, and GRECC education specialist Julie Moorer, RN, have developed a protocol for integrated care management of veterans with diabetes, hypertension, and cognitive impairment in VISN20 that will be implemented in a clinical demonstration project in FY09.

c. **GRECC Trend-Setting Innovations since October 1, 2003:** *list the most significant GRECC research, education or clinical innovations in the past five years. For each item, provide date or date range, GRECC core staff responsible, and a description. Please limit your response to 5 or fewer innovations; and please limit each of the five innovation descriptions to five lines or fewer.*

- 1) **Ethics Program.** Dr. Pearlman and his Ethics Program staff completed the development, testing and administration of the IntegratedEthics Staff Survey for the National Center for Ethics in Health Care (VHA). The survey was administered nationally from August 4 through September 12, 2008. This staff survey assesses

staff perceptions of local ethics practices, knowledge of ethics standards, and perceptions of institutional factors that influence ethics practices, and ethics culture. Five reports have been developed for leadership at various levels of the organization: national, VHACO program office, VISN office, VISN, and facility. The staff survey is intended to provide information to leadership for quality improvement initiatives to improve ethics practices. At the facility and VISN levels performance measures address IntegratedEthics and the staff survey. This project started several years ago and is continuing with support for quality improvement projects and dissemination of reports and publications.

- 2) **Electronic Informed Consent.** Dr. Pearlman and his Ethics Program staff have been working with Ethics Center (VHA) staff and Dialog Medical modified an electronic consent software package for application in VHA. The software program aids the informed consent process by (a) providing guidance to the process, (b) ensuring that the process and documentation matches VHA policy and ethical standards, (c) providing standardized educational materials for patients, (d) permitting electronic signatures, and (e) simultaneously developing a progress note that accompanies the consent form. The results of the pilot testing were sent to the National Leadership Board (NLB) in 2004. The NLB subsequently approved national roll-out of electronic informed consent and it is currently the preferred approach to obtaining signature informed consent. Use of electronic informed consent is currently being monitored through the EPRP/SCIP quality assurance process. Post implementation site visits are scheduled for FY 09.
- 3) **Memory Disorders Clinic/Memory Wellness Center.** GRECC Associate Director for Education, Suzanne Craft, PhD, has been instrumental in establishing the GRECC Memory Disorder Clinic (MDC). The MDC has been located at the American Lake campus and developed as part of Dr Craft's clinical research in memory disorders. The MDC provides Gero-psychology consultation to the VAMC and provides a platform for continued clinical research by Dr Craft and associates. Now with the addition of a new VA Neuropsychologist in the GRECC in fy08, the MDC has expanded its operations to the Seattle campus. A new clinical demonstration project, "Detection and Management of Co-Morbid Cognitive Impairment, Diabetes, and Hypertension in Older Veterans in Non-Specialty Settings", was initiated with specific focus on the identification and management of cognitive impairment.
- 4) **Diagnosing Dementia using Telemedicine Technology:** Dr. Shores conducted a pilot study completed in 2004 to see if telemedicine could provide reliable, accurate geriatric consultative services to evaluate veterans for dementia who were residing at remote sites at Veterans Homes. We found that the telemedicine examination was as accurate as an in-person clinical examination in establishing the diagnosis of dementia. Moreover, the subjects reported a high degree of satisfaction with the telemedicine experience and that they would like to have further care through telemedicine in the future. Another benefit of the project was that the medical staff at the Residential Veterans Homes had improved communication and increased accessibility to physicians at the VA Puget Sound Health Care System.
- 5) **GRECC Osteoporosis/Andrology Clinic:** This clinic was fully operational in October 2004 and is ongoing. This multi-disciplinary subspecialty referral clinic was initiated to provide evaluation and management of osteoporosis, male hypogonadism and erectile dysfunction, with staff from the GRECC (geriatric medicine, psychiatry and nursing), and non-GRECC subspecialties, including endocrinology, nephrology, general internal medicine, and rheumatology. It served as a program from which a number of clinical demonstration projects emanated. Over the years, with the loss from the VA of all key non-GRECC faculty/staff in endocrinology, nephrology, general internal medicine and rheumatology, only GRECC staff remain. However, the clinic continues to provide evaluation and treatment of osteoporosis and a springboard for clinical demonstration projects. Recently, the clinic identified important deficiencies in evaluation and management of veterans at high risk for fractures, including patients with recent hip fracture, those on chronic glucocorticoid and anti-androgen therapy and men older than 70 years of age. A clinical demonstration project has been initiated to evaluate the use of CPRS-based event monitors and prescriptions, and initial evaluation by a nurse to improve evaluation and management of these high risk groups of veterans.

5. RESEARCH

a. Key Findings Published in the Report Year on projects for which GRECC Core Staff was PI or Co-PI: *list five or fewer; for each item provide GRECC Core Staff name(s), journal reference, and description of topic/ method/results/clinical significance. Please limit each response to 5 lines or fewer.*

- 1) **GRECC Core Staff:** Dr. Matsumoto (PI)
  Journal reference(s):
  a) Amory JK, Coviello AD, Page ST, Anawalt BD, Matsumoto AM, Bremner WJ. Serum 17-hydroxyprogesterone strongly correlates with intratesticular testosterone in gonadotropin-suppressed

normal men receiving various dosages of human chorionic gonadotropin. Fertil Steril 2008 Feb;89:380-386.

b) Page ST, Marck BT, Tolliver JM, **Matsumoto AM.** Tissue selectivity of the anabolic steroid, bolandiol (19-nor-4-androstenediol-3β-17β-diol) in male Sprague Dawley rats: selective stimulation of muscle mass and bone mineral density relative to prostate mass. Endocinology 2008 Aug;149:1987-1993.

Description of topic/method/results/clinical significance:

This is the first careful pre-clinical characterization of the tissue selectivity of a novel androgenic steroid, 19-nor-4-androstene-3β-17β-diol (3β-19NA), in both an intact and orchidectomized adult rat model. This steroid was found to fully stimulate muscle growth and bone mineral density with little to no stimulation of the prostate gland, properties suggesting that 3β-19NA is a steroidal selective androgen receptor modulator. If 3β-19NA has similar anabolic effects without significant prostate stimulation in humans, it would provide a highly favorable therapeutic profile for use in older men with sarcopenia, osteoporosis and/or androgen deficiency.

- **2) GRECC Core Staff:** Lebris Quinn (PI)

Journal reference(s):

Quinn LS, Anderson BG, Plymate SR. 2007 Dec Muscle-specific overexpression of the type-1 IGF receptor results in myoblast-independent muscle hypertrophy via PI3-K, and not calcineurin, signaling. Quinn, LS. Am. J. Physiol. Endocrinol.Metab. 293:E1538-E1551.

Description of topic/method/results/clinical significance:

Using a cell culture model, this study determined that IGF-mediated signaling in skeletal muscle can mediate hypertrophy without inducing proliferation of skeletal muscle precursor cells. The signal transduction pathway underlying this effect was also defined. These findings indicate that overexpression of the type-1 IGF receptor in skeletal muscle is a viable strategy to prevent age-associated muscle wasting without risking induction of neoplastic growth or other pathologic sequelae.

- **3) GRECC Core Staff:** Stephen Plymate (PI)

Journal reference(s):

Plymate, SR Haugk, K Coleman, I Woodke, L Vessella, R Nelson, PS Montgomery, RB Ludwig ,DL and Wu, JD. An Antibody Targeting the Type 1 Insulin-like Growth Factor Receptor Enhances the Castration-Induced Response in Androgen-Dependent Prostate Cancer. Clin Cancer Res. 2007 Nov;13(21):6429-39.

Description of topic/method/results/clinical significance:

IGF-IR inhibition with castration prolongs time to tumor recurrence compared to castration alone/Topic-prostate cancer/ method- human prostate xenograft mouse model/IGF-IR inhibition with a fully human monoclonal antibody prolongs time to tumor regrowth five-fold/ these findings have lead to a clinical trial of neoadjuvant therapy in men with high-grade prostate cancer.

- **4) GRECC Core Staff:** Chang-En Yu (PI), Gerard Schellenberg

Journal reference(s):

Bekris, L.M., Millard, S., Galloway, N.M., Vuletic, S., Albers, J.J, Li G., Galasko, D.R., DeCarli, C., Farlow, M.R., Clark, C.M., Quinn, J.F., Kaye, J.A., Schellenberg, G.D., Tsuang, D., Peskind, E.R., Yu, C.E. Multiple SNPs within and surrounding the Apolipoprotein E Gene Influence Cerebrospinal Fluid Apolipoprotein E Protein Levels. 2008. Journal of Alzheimer's Disease. 13: 255-266.

Description of topic/method/results/clinical significance:

We performed genotype-phenotype correlation study to detect genetic loci within and surrounding APOE gene that can influence APOE expression levels in the cerebrospinal fluid (CSF). When the statistical regression models were tested, we identified novel loci up-stream of APOE gene, in the TOMM40 gene, have strong effect in modulating the APOE expression levels in CSF. This finding suggests that other genetic loci outside of APOE gene may also have biological consequences on the risk of Alzheimer's disease.

- **5) GRECC Core Staff:** Suzanne Craft (PI), John C.S. Breitner, Stephen Plymate, Charles Wilkinson

Journal reference(s):

Reger, M.A., Watson, G.S., Green, P.S., Wilkinson, C.W., Baker, L.D., Cholerton, B., Fishel, M.A., Plymate, S.R., Breitner, J.C., DeGroodt, W., Mehta, P., Craft, S. Intranasal insulin improves cognition and modulates beta-amyloid in early AD. Neurology. 2008 Feb;70(6):440-8.

Description of topic/method/results/clinical significance:

Reduced brain insulin signaling and low cerebrospinal fluid-to-plasma insulin ratios have been observed in

patients with Alzheimer's disease (AD). Furthermore, intracerebroventricular or intravenous insulin administration improve memory, alter evoked potentials, and modulate neurotransmitters, possibly by augmenting low brain levels. We tested the hypothesis that daily intranasal insulin treatment for a three-week period would facilitate cognition in patients with early AD or its prodrome, amnestic mild cognitive impairment (MCI). Twenty-five participants were randomly assigned to receive either placebo (n=12) or 20 IU bid intranasal insulin treatment (n=13) The insulin-treated group retained more verbal information and showed improved attention and functional status. The results of this pilot study results support further investigation of the benefits of intranasal insulin for patients with AD, and suggest that intranasal peptide administration may be a novel approach to the treatment of neurodegenerative disorders.

b. Key Findings Published in the Report Year on work in which GRECC Core Staff served as Co-Investigators to a Non-GRECC PI: *list five or fewer; for each item provide GRECC Core Staff name(s), journal reference, and description of topic/method/results/clinical significance. Please limit each response to 5 lines or fewer.*

- **1) GRECC Core Staff:** Dr. Matsumoto (Co-Investigator to a Non-GRECC PI, Dr. Donald Brambilla, New England Research Institutes for this project)

  Journal reference(s):

  a) Page ST, Kalhorn TF, Bremner WJ, Anawalt BD, **Matsumoto AM**, Amory JK. Intratesticular androgens and spermatogenesis during severe gonadotropin suppression induced by male hormonal contraceptive treatment. J Androl 2007 Oct;28:734-741.

  b) Brambilla DJ, O'Donnell AB, **Matsumoto AM**, McKinlay JB. Lack of seasonal variation in serum sex hormone levels in middle-aged to older men in the Boston area. J Clin Endocrinol Metab 2007 Nov;92:4224-4229.

  c) Brambilla DJ, O'Donnell AB, **Matsumoto AM**, McKinlay JB. Intra-individual variations in serum testosterone and other reproductive and adrenal hormone levels in men. Clin Endocrinol Oxf 2007 Dec;67:853-862.

  Description of topic/method/results/clinical significance:

  This is the first systematic characterization of intra-individual variations in serum testosterone (and other reproductive hormone) levels in community dwelling middle-aged to older men that demonstrates definitively that a single testosterone measurement is insufficient to characterize an individual's serum testosterone concentration. These findings have important implications for the clinical diagnosis of testosterone deficiency and for clinical trials of testosterone replacement in this population, providing the evidence base for recent clinical guidelines for testosterone replacement (e.g. by The Endocrine Society) and for entry criteria for a large NIH multi-center, randomized trial of testosterone treatment in older hypogonadal men.

- **2) GRECC Core Staff:** Thomas Bird, Gerard Schellenberg, and Chang-En Yu (Co-Investigators to a Non-GRECC PI).

  Journal reference(s):

  Van Deerlin VM, Levernez JB, Bekris LM, Bird TD, Yuan W, Elman LB, Clay D, Wood EM, Chen-Plotkin AS, Lartinez-Lage M, Steinbart E, McCluskey L, Grossman M, Neumann M, Wu I-L, Yang W-S, Kalb R, Galasko DR, Montine TJ, Trojanowski JQ, Lee VM-Y, Schellenberg GD, Yu CE. TARDBP mutations in amyotrophic lateral sclerosis with TDP-43 neuropathology: a genetic and histopathological analysis. Lancet Neuro 2008 May;7(5):409-16.

  Description of topic/method/results/clinical significance:

  We applied DNA sequencing technology to screen for genetic variations in TDP-43 gene from a collection of amyotrophic lateral sclerosis (ALS) patients. We identified two novel mutations that lead to pathogenesis of ALS. This finding is among the first reposts to connect ALS to the TDP-43 gene, and to reveal a new molecular mechanism for the ALS pathogenesis. ALS is of particular importance to the VA in that there appears to be an increase in ALS in soldiers who participated in the first Gulf War.

- **3) GRECC Core Staff:** Charles Wilkinson (Co-Investigator to a Non-GRECC PI).

  Journal reference(s):

  Sanders NM, Wilkinson CW, Taborsky GJ Jr, Al-Noori S, Daumen W, Zavosh A, Figlewicz DP: The selective serotonin reuptake inhibitor sertraline enhances counterregulatory responses to hypoglycemia. *Am J Physiol Endocrinol Metab* 294:E853-E860, 2008 May.

  Description of topic/method/results/clinical significance:

  A limiting factor in the clinical management of diabetes is iatrogenic hypoglycemia. With multiple

hypoglycemic episodes, the collective neuroendocrine response that restores euglycemia is impaired. Selective serotonin reuptake inhibitors (SSRIs) are widely prescribed for patients with comorbid diabetes and depression, but clinical case studies suggest that SSRI therapy may exacerbate hypoglycemia. In an animal model of recurrent hypoglycemia, this study found that 6- or 20-day treatment with the SSRI sertraline did not impair, but enhanced hormonal counterregulatory responses to recurrent hypoglycemia. These findings rule out a potential mechanism, impaired hormonal CRRs, for explaining the association between SSRI therapy and hypoglycemia in clinical case studies.

- 4) **GRECC Core Staff:** Stephen Plymate (Co-Investigator to a Non-GRECC PI).
  Journal reference(s):
  Xu C, Graf LF, Fazli L, Coleman IM, Mauldin DE, Nelson PS, Gleave M, Plymate SR, Cox ME, Torok-Storb BJ, Knudsen BS. Regulation of Global Gene Expression in the Bone Marrow Microenvironment by Androgen: Androgen Ablation Increases Insulin-like Growth Factor Binding Protein - 5 Expression. Prostate. 2007 Nov; 67 (15):1621-9.
  Description of topic/method/results/clinical significance:
  In prostate cancer metastases to bone marrow IGFBP-5 enhances tumor growth/Topic-prostate cancer/ method- human prostate bone marrow model/androgen induced increases in IGFBP-5 stimulate prostate cancer growth by an IGF-dependent mechanism/ these findings have lead to clinical trials with anti-IGFBP-5 and IGF-IR therapies..
- 5) **GRECC Core Staff:** Cyrus Zabetian (Co-Investigator to a Non-GRECC PI).
  Journal reference(s):
  Healy DG, Falchi M, Sullivan SS, Bonifati V, Durr A, Bressman S, Brice A, Aasly J, Zabetian CP, Goldwurm S, Ferreira JJ, Tolosa E, Kay DM, Klein C, Williams DR, Marras C, Lang AE, Wszolek ZK, Berciano J, Schapira AH, Lynch T, Bhatia KP, Gasser T, Lees AJ, Wood NW (2008, Jun) *LRRK2* associated Parkinson's disease; phenotype-genotype data based on worldwide experience. *Lancet Neurol* 7:583-590.

  Description of topic/method/results/clinical significance:
  This multicenter international collaborative study resulted in a landmark paper on genotype-phenotype correlation and penetrance for mutations in the *LRRK2* gene. These results will play a critical role in guiding clinical genetic testing and counseling for both familial and sporadic Parkinson's disease.

6. EDUCATION

NOTE: DO NOT list trainee and conference data here--those data are reported in the GRECC Electronic Database.
NOTE: You may list educational activities here even if they were supported by funds that qualified for inclusion in the ePROMISE (RDIS) database if you wish.

a. **Innovations in Educational Activities Implemented during the Report Year** *(list five or fewer. Please limit each item to 5 lines or fewer and include clarification of how each activity is innovative.)*

- 1) During FY 2008 the VAPSHCS GRECC continued in a joint partnership with other facilities and programs to make educational outreach programs available to all eight VISN 20 medical centers through the use of V-Tels. The GRECC education staff worked closely with EES and representatives here at the Seattle VA to continue Category I CME, as well as CEUs for nursing, social work and psychology. In FY2008, a new "audio only" option of the V-Tel series was implemented which allowed facilities without V-Tel access to listen to the broadcast, access slides/handouts on the GRECC website, and also submit for CME. The "audio-only" option also allowed participants to interact with the presenter through real time question and answer periods during the broadcast.
- 2) During FY 2008 the VAPSHCS GRECC continued its comprehensive, online evaluation system that provides equivalent and congruent assessment of the diverse educational and clinical training activities provided by GRECC staff. This system is being used to evaluate the VTEL, training grant lecture series, research lecture series, and medical and allied health trainee experience in GRECC clinics.
- 3) New in FY 2008, Dr. Alvin Matsumoto led a GRECC National Audioconference whereby any VA staff that had access to the intranet could get the slides for handouts and listen via the telephone. Staff across a variety of disciplines from some 20 different VA facilities participated nationwide.
- 4) The GRECC national newsletter continued its increased focus on more in-depth coverage of outstanding research, clinical and education accomplishments by other GRECC facilities across the nation. The newsletter had been revised as a result of a survey on readership and interests, which was sent to 1000 recipients across the country in the Fall 2006 edition.

- 5) VAPSHCS GRECC continued to strengthen partnerships with local, regional, and national health care organizations by sponsorship and hosting conferences and lectures. These events include an Ethics Forum presented once per quarter, co-coordination of Grand Rounds and research seminars (i.e., Parkinson's disease) at several area teaching hospitals, and 44 community presentations with over 1650 attendees.

b. **Exportable Educational Products First Available for Distribution in Report Year** *List five or fewer of the most important products. For each item, limit the response to five lines summarizing content, target audience, format, and product evaluation plan and results. Include educational products developed in previous years ONLY if this is the first year they have been available for distribution.*

- 1) In conjunction with the University of Washington, the VAPSHCS GRECC offered a seminar series on Translational Research in Alzheimer's Disease and Neurodegeneration. This series was professionally videotaped and is currently available a stand-alone educational product consisting of DVDs, PowerPoint lecture slide decks, readings, resources, and evaluation forms.
- 2) The VAPSHCS GRECC website is fully on-line and offers access to a number of education-related materials, including streaming video of the VTEL lectures previously only offered to the VISN. The website also offers links to other area, regional, and national resources and connects users to current research, educational, and clinical services. This site also hosts the evaluation forms for clinical and educational activities.

c. **Educational programs offered by your GRECC during the report year that were evaluated for impact both immediately and at a later time, as described in "FY08 Instructions" for Performance Measure 7.** " *Describe at least TWO, each of which had at least 25 participants: one in which the majority of participants was from your GRECC's host facility; and one in which the majority of participants were from VAs other than your GRECC's host facility. For each, describe the educational intervention briefly and then the evaluations, including in your description of the latter the evaluation methodologies, findings, and conclusions. If the second evaluation has not yet occurred during the report year, describe your plans for it. Limit your description of each intervention and its evaluation to one-half page.*

- 1) The VAPSHCS, in conjunction with the University of Washington, offered its seminar series on Translational Research in Alzheimer's Disease and Neurodegeneration. The goals of this 5 session series are: 1) to provide a common knowledge base and language for researchers in the area of Alzheimer's disease (AD); 2) to present the most recent evidence in critical areas of investigation; and 3) to foster ability to carry out translational research that will integrate clinical and basic science approaches to the study of AD. Background, methodology and research findings from clinical, biological, genetic and neurological approaches were covered. The series was required for all MD and PhD fellows currently being supported by the NIH training grant "Neurogenetics, Neuroendocrinology, and Neurobehavior of AD," and was also attended by other faculty and staff from within the VAPSHCS medical center and University of Washington. These video teleconferences are broadcast within VISN 20 with a majority of participants from VA Puget Sound HCS. The confidential, on-line evaluation form was available on the course website and was accessed via a link provided during registration or at the individual lectures. Participants were also sent a reminder email to complete the follow-up evaluation to gauge impact after attendance and return to their clinical or research worksite. Evaluation forms were based on EES materials and assessed relevance, quality, and congruence with overall program objectives as well as those for individual lectures. Based on the results of the evaluation forms, it was determined that the relevance and quality of the lectures was high, as was the overall expertise and level of knowledge of the presenters. Quality and applicability of the readings and other handouts were variable, and with little perceived relevance for select readings/lectures. Participants identified individual presenters who were more or less helpful in conveying information, as well as supplementary topics that would be important for inclusion for the next series to be held in 2009. The conclusions from the evaluations are that the series continues to effectively develop a common knowledge and language base for integrative, translational researchers in the area of Alzheimer's disease. Based on the evaluations, modifications to presenters, materials, and scope of topics will be made for the upcoming lecture series to be held in 2009.
- 2) Dr. Alvin Matsumoto, GRECC Associate Director for Clinical Centers, led a GRECC National Audioconference on Thursday, May 29, 2008 from Seattle. The title was, "Evaluation and Treatment of Hypogonadism in Elderly Males". This audioconference was broadcast nationally with a majority of participants from VAs other than our GRECC's host facility. Participants who had access to the intranet, could get the slides for handouts and listen via the telephone. The goals of this educational program were 1) to

provide a common knowledge base and language for researchers in the area of Hypogonadism, 2) to present the most recent evidence in critical areas of investigation; and 3) to foster ability to carry out evaluation and treatment that will integrate clinical and basic science approaches to the study of this condition. Background, methodology and research findings from clinical, biological, and endocrinological approaches were covered. The confidential, on-line evaluation form was available on the course website and was accessed via a link provided during registration. Participants were also sent a reminder email to complete the follow-up evaluation to gauge impact after attendance and return to their clinical or research worksite. Evaluation forms were based on EES materials and assessed relevance, quality, and congruence with overall program objectives as well as those for individual lecture. Follow-up evaluation to this audioconference is planned in fy09.

7. CLINICAL DEMONSTRATION PROJECTS

NOTE: A clinical demonstration program is defined as:

- an ongoing, clinical, cooperative collaboration between the GRECC and host VA medical center;
- that carries out and evaluates assessment strategies, management approaches and/or specialized investigations
- of a targeted or focused group of elderly patients
- with the intention that findings will be disseminated for the advancement of the field.

A clinical demonstration program is comprised of one or more clinical demonstration projects, each of which is defined as

- a set of one or more clinical activities
- integrated and coordinated under a specified protocol
- designed to permit evaluation(s) of processes and/or outcomes.

Evaluation of a clinical demonstration program may be a comprehensive assessment of the activity and/or the clinical outcomes. Alternatively, evaluation may concentrate on a prioritized and feasible set of more focused or specific, project-related questions, e.g. related to improved diagnosis, quality of care, patient satisfaction, drug compliance, functional status, etc. Ongoing and subsequent modifications of the care model may also be evaluated as may be the practicability and outcomes of exporting new clinical models or variations of models to general care settings and/or smaller, more resource-limited VA medical centers or outpatient facilities.

a. **Clinical Demonstration Projects Underway in Report Year**: *list all GRECC Clinical Demonstration Projects underway. For each item, indicate whether New or Ongoing in Report Year. You may include up to five lines of descriptive text for each Project.*

NOTE: The number of Projects listed should be equal to the number of Clinical Demonstration Projects you have listed and named in the GRECC Electronic Database.

- 1) GRECC Osteoporosis/Andrology Clinic. This is a multidisciplinary (geriatric medicine and endocrinology) clinic directed by the GRECC AD / Clinical to evaluate and treat osteoporosis and other metabolic bone diseases, male hypogonadism, and erectile dysfunction. **"Evaluation and Management of Osteoporosis in Veterans at High-Risk for Fracture"** is a clinical demonstration project that was initiated in the larger clinical demonstration program. Status: Ongoing
- 2) Memory Disorders Clinic. This is a multi-disciplinary referral clinic directed by the AD / EE to evaluate and manage patients with dementia and other cognitive disorders. **"Detection and Management of Co-Morbid Cognitive Impairment, Diabetes, and Hypertension in Older Veterans in Non-Specialty Settings"** is a clinical demonstration project initiated in the larger clinical demonstration program with specific focus on the identification and management of cognitive impairment. . Status: New

b. **Evaluation of Clinical Demonstration Projects:** *for each GRECC Clinical Demonstration Project listed in 7a above, summarize the evaluation activity. If no evaluation results are available, be explicit as to the focus of the planned evaluation, and when it is anticipated to occur. If the project has been completed during the Report Year, provide key findings and their significance.*

NOTE: Do not list patient service use data here. Those data are reported in the GRECC Electronic Database.

- **1) "Evaluation and Management of Osteoporosis in Veterans at High-Risk for Fracture".**
  The long-term goal of this project is to improve identification, evaluation and management of osteoporosis

review.

We are currently working with VA nursing recruitment to complete the hiring process for a registered nurse care manager. We anticipate hiring this individual and beginning the intervention within the 2nd quarter of FY09.

c. **New Clinical Models developed at your GRECC that were exported in the Report Year** *(list up to five examples, up to two lines each; provide name of new clinical model, name of VA or non-VA facility to which it was exported, and method of export, such as "Falls Clinic protocol sent to X VAMC")*

- There were no new clinical models exported this year.

Comment [SC1]: Ask Al- I though his testosterone project generated n new protocol for assessing testosterone that is being used by other Vas or other medica centers.

8. COLLABORATION ACTIVITY

NOTE: Increasingly, VACO is seeking to characterize the GRECCs as not only isolated programs of excellence, but also, as a group, a potent and effective system for investigating issues, demonstrating efficacy, and implementing change. In order to assist the GEC office in building a resource set of examples of GRECCs working in complementary manners to advance their own goals and those of the Department, you asked to provide up to five (5) examples of collaborative activities you have underway with one or more GRECCs other than your own. If possible, please try to include at least one Clinical Demonstration, one Education, and one Research example. Be sure to specify the GRECC or GRECCs with whom you are collaborating; and a description, limited to 6 or fewer lines, of the collaborative activity.

- **1) Research collaboration (Type: Clinical Sciences)**
  Clinical Trial of Vitamin E and Memantine in Alzheimer's Disease (CSP #546)
  Host: Minneapolis GRECC
  Other current GRECC collaborator sites: Ann Arbor, Boston, Madison, PUGET SOUND
  Other current non-GRECC collaborator sites: Baltimore, Bay Pines, Charleston, Cleveland, Dallas, Iowa City, Miami, & San Juan
- **2) Research collaboration (Type: Biomedical Lab)**
  Alzheimer's disease, frontotemporal dementia, Human genetics, Animal models (mice and C. elegans)
  Host: Puget Sound GRECC
  Other current GRECC collaborator sites: Sepulveda
  Other current non-GRECC collaborator sites: UC San Diego, University of Pennsylvania, University of Pittsburgh, University of Michigan
- **3) Education collaboration.**
  Dr. Suzanne Craft chairs a collaborative Dementia Education Workgroup that includes members from the Palo Alto, St. Louis, Minneapolis, Boston, Salt Lake City, and Pittsburgh GRECCs. VAPSHCS GRECC investigator Stephen Thielke, MD and education specialist Julie Moorer, RN also serve on this workgroup. The workgroup meets biweekly. Ongoing projects include the dissemination and monitoring of the Dementia Training Catalogue, and the development of an educational tool to assist non-specialist clinicians in the differential diagnosis of delirium, depression and dementia.