Einstein-Montefiore ICTR External Advisory Committee Meeting
November 20th, 2025

Attendees:

UM1 External Advisory Committee	
Martin Zand, MD PhD, Chair	University of Rochester
Barry Coller, MD	Rockefeller University
Lori Carter-Edwards, PhD MPH	Kaiser Permanente Bernard J. Tyson School of Medicine
Donald Nease, Jr, MD	University of Colorado
Jomol Mathew, PhD	University of Wisconsin
Sarah Ratcliffe, PhD	University of Virginia
Cathleen Kane, MPA	New York University
Devin Heyward, PhD	Bronx Community Research Review Board

Overview

EAC Feedback

The External Advisory Committee (EAC) commends the Montefiore–Einstein ICTR leadership and team for exceptional progress during a year of multiple leadership changes and unprecedented changes in federal priorities, institutional transitions, and financial stress. Committee members emphasized that the ICTR's ability to "build the plane while flying it" reflects extraordinary resilience, strategic focus, and alignment with institutional values. The EAC noted that virtually all recommendations from the prior year were addressed with seriousness and impact: an unusually high level of responsiveness among CTSA hubs.

The Committee highlighted the ICTR's growing strengths in portfolio management – that is, management of resources and time, and alignment of services with need and demand. This has been enabled by the ICTR's careful consideration of aligning services offered with institutional strategies, data collection, and dashboards to demonstrate impact, and is something to which all CTSA hubs aspire. The EAC was very impressed with the ICTR retreat outcomes, and the attention to aligning individual passions, organizational values, community priorities, and ICTR activities, which is infused through everything the ICTR does.

Recommendations

1. **Continued attention to financial sustainability**, particularly given projected institutional constraints, and to the importance of maintaining the institutional commitments articulated in the UM1 proposal. EAC members noted two critical areas at risk: workforce development, including institutional support for K scholars, and sustained investment in data science infrastructure (e.g. for AI and omics cores which need to leverage powerful computing clusters). The EAC supports explicit advocacy for these needs.
2. **Developing structured approaches to staff and investigator wellness and resilience** during this time of uncertainty, including town halls, transparent communication, and micro-grants for faculty facing personal crises. Members encouraged the ICTR to explore similar initiatives in addition to what the ICTR has already implemented such as online resources, seminars, and huddles addressing the changes in federal priorities and support.
3. **Documentation of cross-module and cross-institutional engagement and collaboration** efforts which will be important interdisciplinary models for the CTSA network.
4. **Continued focus on the following areas, across all modules:** 1) linking excellent CQI and activity tracking to outcomes and impact measurement where feasible and appropriate; 2) additional cross-module integration, 3) alignment with community priorities, and 4) sustainability.

Dissemination and Implementation Science/Learning Health System Research (Sharon Rikin)

EAC Feedback

Committee members noted that learning health systems (LHS) is an emerging area of strength under Dr. Rikin's leadership. They praised the integration of learning health system (LHS) work with clinical operations, noting enhanced coordination between Montefiore and Einstein leadership. They emphasized the importance of balancing acute care and primary care perspectives, integrating PBRN resources, and expanding evaluations of digital health interventions across patient groups, including differences in literacy levels (general, health, digital, and economic). They encouraged a combination of top-down and bottom-up approaches, ensuring that new knowledge is linked to the issues that front-line clinicians care about.

Dr. Nease asked how PBRN infrastructure is incorporated into LHS initiatives. Dr. Rikin responded that PBRN leaders work collaboratively with LHS leadership and that the NYC RING PBRN maintains regular practice-facilitator relationships with clinics, attends monthly provider meetings, and provides embedded research support through coordinators and research assistants.

Dr. Carter-Edwards asked whether there are plans to create opportunities to engage in dissemination and implementation science efforts across the institution and build out the Community Health Worker (CHW) Institute. Dr. Tomer noted that Einstein is expanding Implementation Science programs with dedicated philanthropic funds and that K scholars are engaging with the Community Health Worker Institute and Dr. Perez noted that the Community Collaborative Core is expanding collaborations with the CHW Institute. She also raised the importance of addressing digital and economic literacy gaps and ensuring equitable access to digital tools. Dr. Rikin and Dr. Kahn described plans to address these issues through LHS evaluations, extended telehealth outreach, and a new Element E project focused on improving AI and research literacy in the community. Dr. Heyward raised the question of where research is being disseminated, how it's being disseminated, and who are the target audiences; more generally, what is the accessibility of this information?

Recommendations

1. **Strengthen integration of the PBRN with LHS efforts**, including shared facilitators, joint planning meetings, and cross-training. It is important that NYC RING be seen as the primary care arm of the LHS work, integrated as a full partner, utilizing the expertise of NYC RING leaders.
2. **Develop a list of bottom-up research priorities**, by utilizing the NYC RING annual meeting to convene a priority setting session with representation from community practice providers, staff and patients.
3. **Formalize a literacy-informed implementation framework** (general, health, digital, and economic literacy) for digital health and age-friendly health systems.
4. **Enhance trust-building around AI/ML tools**, including prompt engineering education for patients and community members.
5. **Continue tracking engagement by patient characteristics** to identify and mitigate disparities in remote monitoring and other digital strategies.
6. **Continue to incorporate ethical considerations into the LHS framework**, especially AI-based clinical decision support.
7. **Incorporate research participant feedback assessments in this work**; e.g. were they prepared for the research study by the informed consent, did they trust the researchers, would they recommend research participation to others.

Community Collaborative Core (CCC) (Hector Perez)

EAC Feedback

The EAC strongly praised the CCC's collaborative approach and its leadership amid changes in the CTSA and other nationally funded programs affecting community-engaged research. The ICTR continues to be a leader in the CTSA program in community engagement, while being highly responsive to community input and

concerns. Members requested more detail on the pivot strategies and encouraged linkages across ICTR modules. The Committee looks forward to hearing the results and impact of the ICTR changes.

The Committee commends the ICTR leadership plans to integrate CCC efforts with BERD, Health Informatics, and the AI/omics core, especially regarding social needs data collected by the CHW Institute. Similarly, the Committee suggested the CCC continue to expand their work with the Einstein-Montefiore healthcare system, looking for ways to collaborate with the community on social needs data to inform potential healthcare delivery and policies. Dr. Perez and colleagues noted that CHW workflows, language, and screening tools are co-developed with community input.

The CCC noted a growing number of consultations for community engaged research. Dr. Carter-Edwards emphasized measurement of community relationships beyond consultation counts, recommending the National Academy of Medicine's (NAM) Assessing Meaningful Community Engagement framework. She asked how longitudinal relationships, social needs data, and community-engaged research impacts would be tracked and replicated. Discussion again emphasized efforts to strengthen evaluation of impact in this area.

Recommendations

1. **Ensure the research facilitated by the CCC is disseminated** to the community.
2. **Consider how to build longitudinal relationships with the community** and disseminate strategies for successfully doing this. **Adopt or pilot the NAM "Meaningful Community Engagement" framework** to guide CCC metrics and longitudinal relationship evaluation.
3. **Consider a mixed-methods social network analysis** to assess collaboration patterns, trust, and cross-module engagement.
4. **Leverage community-informed social needs screening data** to catalyze translational research and inform pilot solicitations.
5. **Increase visibility of CCC-supported models** (e.g., contingency management, CHW workflows) for cross-CTSA dissemination.
6. **Expand training opportunities in community-engaged research methods** and consider integrating training into the upcoming micro-grant program.
7. **Tap into other ICTR cores and CTSA network efforts to track TS impact** to measure CCC's impact.

BERD (Melissa Fazzari)

EAC Feedback

Members praised the BERD team's progress and noted strong alignment with consortium-wide innovations such as BERD House models. BERD has developed a centralized request portal and been conducting introductory workforce training in data science and AI. Key questions focused on:

- Strategies for expanding and measuring the impact of data science training especially when the training in this area tends to be generic
- Better integrating BERD and Informatics
- Providing methodological support for EHR-based research
- Managing the rise of self-service and AI-assisted analysis

A specific discussion also ensued about the need for increased attention to responsible use of AI in study design and analysis, especially among early-stage investigators and trainees. The Committee noted the absence in the BERD presentation of discussion of the rapid rise in popularity and nearly ubiquitous use of AI tools for research analysis and design among researchers, especially trainees. The Committee emphasized the importance of responsible use of large language models (LLMs), noting that "working code and correct analysis are two different issues." There was a strong recommendation to examine this issue, and how it is affecting BERD consultations, over the next year.

Dr. Carter-Edwards encouraged a triage model for consultations and suggested showcasing methods

collaborations through investigator presentations. Dr. Nease offered to connect ICTR with Colorado's pragmatic EHR trials group.

Recommendations

1. **Adopt a formal triage system** for consultation workflows, prioritizing complexity and investigator readiness.
2. **Develop explicit guidelines and disclaimers** for responsible and ethical AI-assisted analytic work and how to ensure a human is "kept in the loop."
3. **Expand data science training impact metrics**, including pre/post assessments, portfolio tracking, and vignettes about individuals who have used services.
4. **Continue** using joint informatics–BERD teams to support EHR-based studies.
5. **Showcase methodological partnerships** through seminars, case studies, or "methods spotlights."
6. **Consider social network analysis** to demonstrate how you are making connections, who is connecting with who, and what is resulting from that networking.

Health Informatics (Pavel Goriacko)

EAC Feedback

The External Advisory Committee commends the Health Research Informatics Core for its transformative progress during a period of leadership transition. Members praised the improved integration of informatics across the ICTR including with BERD, increased coordination with institutional IT, and the construction of new self-service and AI-assisted tools. The Committee noted that the Informatics Core has made tangible strides in addressing recommendations issued during prior EAC reviews.

Dr. Zand emphasized the value of terminology mapping not only for analytic readiness but also as a mechanism for identifying upstream data quality issues. He highlighted the experience at his own institution, where mapping work revealed documentation problems and clinical data anomalies. He encouraged ICTR Informatics to pursue structured collaborations with clinical informatics to surface and remediate such issues at the source. ICTR leadership agreed, noting that while the mapping project initially aimed to expand concept coverage, it is already revealing broader issues in EHR documentation. Dr. Goriacko acknowledged that formalizing a strategy to propagate data-quality findings back to clinical informatics would be highly valuable and welcomed discussions on how to operationalize this.

Dr. Coller raised concerns about recruiting and retaining data science and informatics professionals amid the current AI hiring boom. He asked how ICTR appeals to talent who may receive offers with far higher compensation in the private sector. Dr. Goriacko described that mission-driven work, advancing human health, improving clinical care, and contributing to meaningful research, is a strong attractor. Additionally, the ability for analysts to choose projects aligned with their interests and maintain creative freedom has been a powerful retention tool. Yet he confirmed that competing with private sector offers remains a major challenge. Dr. Coller encouraged deliberate strategies to "re-win" faculty and staff every day, through recognition, mentorship, moral support, and cultivating an environment where technical staff feel valued and intellectually energized.

Dr. Mathew asked about ICTR's processes for collecting user feedback and continuously improving self-service tools. Pavel described extensive qualitative and rapid-cycle feedback during early rollout phases but noted that formal qualitative evaluation has not continued due to resource demands. The team now relies primarily on quantitative usage metrics, informal user group meetings, and direct communication from investigators. Dr. Mathew recommended leveraging emerging AI tools to analyze qualitative feedback efficiently and suggested incorporating metrics tied to clinical trial recruitment and retention, particularly if Informatics tools are used to support trial operations.

Dr. Nease raised concerns about the limitations, completeness, and trust issues inherent in social SDOH data. Dr. Goriacko acknowledged the challenges and described ongoing initiatives, including robust social needs screening and plans to triangulate SDOH information using Z codes and geocoding. He emphasized the need

for a clear understanding of what inferences the data can support, and what they cannot, given completeness and representativeness constraints. Dr. Kim noted that one of the ICTR's planned CQI projects will focus on facilitating access to and analysis of SDOH data in partnership with the Community Collaborative Core and BERD.

Ms. Kane asked about approaches for tracking the volume, quality, and satisfaction associated with AI-assisted and self-service informatics tools. She highlighted the importance of understanding guardrails for AI use, defining best practices, and educating the next generation of investigators in ethical and rigorous use of such tools. Dr. Goriacko noted that most tools still keep a human analyst in the loop and that self-service capacity has expanded access to users lacking analytic support. Tracking reach and equity of access will be increasingly important. Ms. Kane emphasized the shared challenges across ICTR modules, including BERD, and encouraged joint efforts and SOPs to define guardrails, quality standards, and educational programs.

Recommendations

1. **Establish a formal collaboration with clinical informatics to address data-quality issues** uncovered through terminology mapping and warehouse analytics, with processes to escalate and resolve upstream documentation problems.
2. **Develop recruitment and retention strategies for informatics and data science personnel**, including non-monetary incentives such as professional development opportunities, recognition programs, flexible project selection, and protected innovation time.
3. **Reinstate periodic structured qualitative assessments of user experience** for informatics self-service tools, potentially using AI methods to reduce analytic burden.
4. **Define specific metrics evaluating informatics contributions to clinical trial operations**, including effects on participant identification, recruitment, and retention.
5. **Develop an institutional approach to SDOH data governance and interpretability**, including guidelines on analytic limitations, recommended use cases, and multi-source triangulation.
6. **Create cross-module guardrails and best-practice frameworks for AI-assisted analytic and informatics tools**, in partnership with BERD, Evaluation, and Workforce Development.
7. **Track equity and reach of self-service and AI-assisted services**, ensuring that investigators without dedicated analytic staff benefit from informatics innovations.
8. **Develop educational programs on responsible and rigorous use of AI and self-service tools**, particularly for early-career investigators, aligned with national CTSA efforts.

Workforce Development (Aileen McGinn)

EAC Feedback

The ICTR Workforce Development module is to be congratulated in conceptualizing the integration of educational, mentoring, and professional development across a wide spectrum of health professionals, spanning undergraduates to junior faculty. The CRTP remains the centerpiece with a long tradition of excellence, now totaling more than 30 graduates, who have gone on to very distinguished careers. The new course on real world data is maintaining CRTP's leadership role in leveraging Einstein's expertise in data science for novel educational programs. The TRANSCEND program's recent focus on the practical aspects of grant writing, budgeting, and staffing is ever more important as the external environment has become more challenging to navigate successfully. It may be valuable to also focus on developing team leadership skills as trainees are poised to assume leadership roles soon after graduation.

The outcome data on the Einstein Discover Research Program are very impressive, with the graduates moving into important research positions. The Bronx-MEETS program is an important pipeline initiative that provides translational research opportunities to undergraduates and Master's degree students that complements the Discover Research program in offering Bronx students important opportunities to develop careers in biomedical research.

The ICTR has a robust mentoring training program in collaboration with CIMER, with more than 150 faculty

already trained. The program is being extended to graduate school and postdoctoral mentors who work with undergraduates and Master's degree students under a SPARK grant from LifeSci NYC. The initial responses from participants have been very positive.

ICTR has partnered with the Alda Center at Stony Brook to enhance communication skills and is expanding offerings through focused workshops in response to positive assessments. It also offers a twice yearly 7-session workshop on preparing an R01 grant application. 28 investigators have taken the workshop and there has already been an ~30% success rate!

Research coordinator training has been initiated via workshops and monthly webinars. The program has trained 16 coordinators, which is almost 60% of the coordinator workforce. An ongoing virtual Research Coordinator Forum augments the training, encouraging sharing of best practices and valuable resources.

A tool to assist investigators with protocols that include human subjects was inaugurated. It provides valuable information on regulatory requirements and institutional policies.

The EAC is extremely impressed with the quality and creativity of the workforce development programs, which reflect a deep understanding of the needs of trainees, mentors, research professionals, staff members, and the full range of investigators. It would be valuable to have an update on the impact of the newest initiatives at next year's EAC meeting.

The EAC expressed concern about reduced institutional support for K scholars and broader workforce development pressures. Members recommended strategies to support morale, improve attendance, and create sustainable training models. Ms. Kane noted cultural shifts affecting attendance ("not showing up is a valid choice"), suggesting more flexible, asynchronous or hybrid formats. Department-specific presentations that are brief and meet people where they are can be helpful. The EAC supported enhanced attention to wellness, resilience, and transparent communication, particularly given anticipated financial constraints.

Recommendations

1. **Advocate for restored institutional support for K scholars**, emphasizing long-term ROI.
2. **Use hybrid/asynchronous formats** with structured discussion components and consider changing the time of educational offerings to enhance attendance.
3. **Pilot resilience and wellness initiatives**, including town halls, coping resources, or micro-grants (modeled on Kentucky and Doris Duke programs).
4. **Develop CRTP tuition strategies** that mitigate departmental burden (e.g., partial subsidies, phased implementation).
5. **Create translational science and research certificates** with consortium-aligned competencies.

Evaluation and Continuous Quality Improvement (CQI) (Ariel Fishman, David Lounsbury, Claudia Lechuga)

EAC Feedback

The Committee commended the evaluation team for the sophistication and responsiveness of its work, highlighting in particular the evaluation content and exercises at the retreat and the thoughtful integration of consensus-building approaches such as the Delphi method.
Members emphasized the importance of the following:

- **Avoiding midstream metric changes where feasible.** While the participatory CQI approach appropriately allows for refining or developing new indicators, excessive turnover or divergent metrics across programs conducting similar work may hinder longitudinal assessment and hub-wide comparability. Ms. Kane stressed that this point reflects the need for balance within an otherwise strong approach, not a critique of the current methods.
- **Sustaining the high-quality intra-program work demonstrated at the retreat**, especially efforts to tie measures clearly back to hub-level and program-level goals. The Goal Mapping Table and the

interactive “Speed Dating” activity were cited as exemplary practices that blend rigor with meaningful participation around tracking and evaluation.

- **Considering opportunities to present ongoing work and/or initiate additional efforts to:**
    - Codify cross-module consistency in metric definitions (e.g., through SOPs).
    - Clarify frameworks that distinguish activity tracking from outputs, outcomes, and impacts, building upon the existing logic model.

Ms. Kane encouraged maintaining a “balanced portfolio” of evaluation activities and metrics (see recommendation below). She also recommended tapping into consortium resources to further explore frameworks such as the Translational Science Benefits Model (TSBM) as potential tools that may help categorize longer-term outcomes and align with emerging CTSA consortium practices. Ms. Kane also noted Ms. Lechuga’s involvement in the CTSA Impacts Working Group as an excellent way to identify and leverage available best practices in this area,

Dr. Zand encouraged explicit consideration of appropriate time horizons for impact measurement to support expectations, planning, and the visualization of the ICTR’s impact portfolio. Increasing the ability to manage the ICTR’s portfolio, linked to demonstrable impact, is likely to be a major strategic asset during the coming years.

Dr. Carter-Edwards encouraged the use of organizational change theory to evaluate ICTR-wide cohesion, readiness, and overall functioning to complement content-driven outcomes and inform ICTR-wide functioning. Incorporating measures such as cohesion, readiness, and network functioning would help identify organizational strengths and/or gaps.

Recommendations

1. **Develop and/or share SOPs for cross-module metric definitions** to enhance consistency, clarity, and hub-wide comparability (essentially an extension of the work you shared around goals across programs).
2. **Keep maintaining a “balanced portfolio of metrics”** linking activities to outputs, outcomes and impact measures. Your Logic Model is already so well wrought and clearly used. Perhaps “hang measures” across the model at our next meeting to illustrate the breadth of your work (and working measures) in each area.
3. **Consider refining your existing evaluation framework and data collection methods** to potentially integrate TSBM elements relevant to translational science and your hub goals.

Clinical and Translational Science Pilot Program (Sofiya Milman)

EAC Feedback

The ICTR has been a leader in the CTSA program in advancing the understanding of translational science through their pilot program. The active screening of candidate pilot applications, and meeting with candidates to assist in crafting the translational science, as opposed to translational research, aspects of the pilot awards is commendable, and the prior publication of the ICTR experience has been closely watched, and emulated, by the CTSA community. The Committee looks forward to ongoing results of tracking each year of the pilot awards, outcomes, and the iterative improvements being made to the application process.

As noted in the CRR section, the Committee strongly recommends considering prioritization of pilot projects that use the ICTR research resources and services (e.g. BERD, clinical research center, biobank, etc.). This would continue to build a user base familiar with ICTR services, and potentially ensure high quality pilots with excellent outcomes.

The Committee members praised the innovation of the TRANSIT tool and encouraged deeper integration of ICTR services into the tool. The TRANSIT tool has the potential to greatly broaden the reach, and increase the impact, of the ICTR across the institution. Ms. Kane suggested including active links to BERD, CCC, and other cores within the tool to function as a passive marketing strategy.

A key discussion centered on verifying feasibility and translational science alignment. The ICTR described requiring applicants to identify their translational science roadblock and involving content experts at full application review. While time intensive, this process appears to have led to a better alignment of projects with translational science aims.

Dr. Mathew recommended analyzing the trajectory of pilot projects across the translational spectrum, noting Montefiore-Einstein's unique breadth from preclinical to clinical work.

Recommendations

1. **Prioritize pilots using ICTR resources** (e.g., CRC, biorepository, informatics) to enhance sustainability; use the pilots to bring T and K scholars and other investigators into the ICTR orbit, highlighting those who have leveraged ICTR resources and having them speak with others about the ICTR.
2. **Embed direct links to ICTR services** within the TRANSIT tool based on self-assessment scores.
3. **Expand training on articulating translational science roadblocks**, such as through TS Town Hall exercises.
4. **Develop a "trust but verify" feasibility check**, including asking applicants to provide evidence of feasibility for claims.
5. **Conduct a longitudinal analysis** of pilot project progression across translational phases, given that Einstein is a hub in which research can progress from basic/mechanistic to implementation.

Clinical Research Resources (Matthew Abramowitz)

EAC Feedback

The Committee acknowledged significant progress and noted the outstanding Clinical Research Coordinator Resources.

During the past year the Clinical Research Center, located in units on the Einstein and Montefiore sites, supported 50 research protocols with 1,641 visits. A concerted effort has been made to increase utilization, including expanding the hours of operation and exploring collaborative efforts with other centers. The span of studies is wide, and they have led to important papers. A user survey has been deployed and will guide future planning. Most impressive has been the deployment of a pool of study coordinators to assist investigators with a wide range of services related to protocol preparation, approval, and execution. The coordinators are also important for peer-to-peer training and career development support for junior investigators, with 7 of the 11 studies supported in the past year led by junior investigators. In addition, the coordinators contributed to 14 grant submissions, with three already funded. The extremely positive comments by investigators in the user survey reinforce the major success of this initiative.

The EAC congratulates Dr. Abramowitz and Zoe Tsagaris on the success of their initiatives but remains concerned about the sustainability of the CRC. Additional initiatives will probably be needed to maintain a census adequate to justify the fixed overhead costs, although one could well argue that grant success and royalties from research performed by the CRC should be considered in cost accounting. The EAC discussed potentially giving priority to pilot grant requests that will use the CRC. In addition, it may be good for the ICTR leadership to systematically reach out to basic investigators to ask if they have any idea for studies they would like to conduct now that there is a pool of research coordinators to assist with protocol development and execution. Next year it would be valuable for the EAC to review the census in the CRC over the past several years (realizing the disruption produced by the COVID-19 pandemic) and the fixed costs and sources of support in the same years.

The CRC conducted an important user survey to assess how the services were perceived and to guide attempts to expand utilization. It would be good to survey the research participants to obtain outcome data on the effectiveness of the consent process, to guide interventions to address shortcomings in any of the

protocols, and to identify best practices that enhance the research experience for participants.

The Biomarker and Biorepository Core (BBC)

The Biomarker and Biorepository Core (BBC) is an extremely important clinical research resource that will inevitably grow in importance with time. The EAC recognizes that linking of specimens to the EHR data and the use of RFID are major advances that have required leadership and precise execution and so congratulate Dr. Abramowitz on this success. Initiatives to increase utilization has been undertaken and so next year it would be good for the EAC to have comparative data over the past several years.

As with the CRC, sustainability remains a key element for future planning, especially in view of anticipated reductions in academic medical center income. Members warned that reliance on institutional support may be risky amidst forecasted deficits and encouraged diversification of revenue streams. Dr. Abramowitz mentioned strategic efforts to increase revenue and diversify revenue streams. Providing biobanking access to biotech companies at a fee and allowing investigators from other institutions to have access to existing Einstein samples may be able to generate valuable streams of income, but the EAC recognizes the legal and regulatory challenges. Dr. Zand emphasized managing specimen aging and encouraging turnover to ensure sustainability of the biobank. Dr. Ratcliffe raised questions about data return requirements and sustainability through secondary use. Being able to recontact individuals would be especially valuable in the future and so a review and potential modifications of current informed consent forms may be considered.

Offering priority to pilot project applications that will utilize the biobank may be another way to enhance utilization and provide another stream of income. Dr. Zand suggested that integrating the Biorepository with the Health Informatics and BERD teams for experimental design would be highly desirable. Dr. Mathew noted that there may be increased use of the Biorepository given the increased NIH focus on human studies (vs. animal studies).

Dr. Carter-Edwards offered strategies for distinguishing CRC staff impact from study team activities. For example, a retrospective inquiry that assesses participant experiences timed to protocol changes made by the CRC staff or a "comparative effectiveness" assessment, of a pool of clinical trials that struggle with recruitment, comparing those that used clinical research resources to those who did not.

Recommendations

1. **Consider dedicating or prioritizing some pilot awards to CRC and biorepository users** to increase utilization and sustain operations.
2. **Develop a long-term sustainability plan** including external partnerships, biotech engagement, and novel fee-based services.
3. **Consider implementing a policy requiring return of analytic results** for all biorepository specimens, not only shared samples, which would expand the amount of data available to investigators.
4. **Enhance cross-core referral mechanisms**, especially for pilot applicants and K scholars.
5. **Consider indirect evaluation strategies** (e.g., comparing studies using CRC services to those that do not).

Conclusion

The External Advisory Committee commends the ICTR for its exceptional progress, thoughtful leadership, and resilience during a challenging year. The Committee remains impressed with the pace and depth of improvements and the ICTR’s commitment to aligning institutional values, community priorities, and translational science goals.

The EAC looks forward to continued collaboration and stands ready to support the ICTR in addressing sustainability challenges, advancing innovation, and strengthening its impact across Montefiore–Einstein and the broader CTSA consortium.