One of the main goals of the University of Wisconsin School of Medicine and Public Health (UWSMPH) and the UW Carbone Cancer Center (UWCCC) is to foster continued, productive interactions with the excellent health care systems and providers throughout Wisconsin. This is valuable on multiple levels. First, Wisconsin’s residents want it. Ten years ago, during the public forums on the pending privatization of Blue Cross & Blue Shield United of Wisconsin, attendees repeatedly shared that they wanted broader access to the health innovations of the state’s medical schools. Second, health care leaders recognize that regionalization of health care discovery/clinical research is an important goal for the following reasons:

- Research regionalization is more efficient in terms of accrual time due to the larger pool of potential participants and because it incorporates “real world” providers in the design and performance of health care interventions.
- More inclusive research participation leads to more efficient dissemination and wider application of the knowledge gained, insuring that clinicians provide the most current standard of preventive and therapeutic care.
- Regionalization of health care research, in general, is more amenable in Wisconsin due to advantageous characteristics of our state, including:
  - a stable population with limited out-migration.
  - the excellent clinical/translational research originating in the state.
  - a history of overwhelming acceptance and participation in clinical research by Wisconsin residents, which is exceptionally high compared to other regions of the country.
  - a rich diversity of populations, eg, rural, urban, and underserved minority populations (African-American, Hispanic, Native American, Hmong).
- Specific to cancer, statewide collaboration offers major benefits because health care research findings (mammography screening and breast cancer mortality) in Wisconsin most closely represent and model results in the United States. Our rich history of research demonstrates the value of state and/or community participation. Examples of Wisconsin residents’ willingness to participate in health care research are evidenced by:
  - The Wisconsin Longitudinal Study—This project involved collecting extensive health and social information from a random sample of 10,317 men and women who graduated from Wisconsin high schools in 1957 and from their randomly selected brothers and sisters. As the first large-scale, longitudinal investigation of American adolescents, this provided an opportunity to study participants’ life course from late adolescence through their early- to mid-60s. This study continues to provide access to important health and social data for researchers worldwide.
  - The Wisconsin Epidemiological Study of Diabetic Retinopathy (WESDR)—Initiated in 1979 by Drs Barbara and Ronald Klein, this study was designed to describe the frequency and incidence of complications associated with diabetes; identify risk factors that may contribute to the development of these complications; and assess health care delivery for people with diabetes. Data from WESDR has been used in developing national and international guidelines for eye care for people with diabetes. This work also led to the following Wisconsin studies of international importance: The Beaver Dam Eye Study, the Epidemiology of Hearing Loss Study, and the Wisconsin Epidemiologic Study of Cardiovascular Disease in Diabetes.
  - The Survey of the Health of Wisconsin—This statewide study, which combines public health and biomedical perspectives, was
launched in 2008 and has already enrolled more than 4500 subjects. Supported by the Wisconsin Partnership Program, it will provide important epidemiologic and clinical data that will identify risk factors for a wide variety of diseases and offer insights into ways we can promote health.

UWCCC researchers recognize the value of collaborating with health care systems and community-based providers in improving accrual rates, providing greater access to “cutting edge” health care research, and improving knowledge dissemination based on evidence that health care providers who participate in clinical trials are more likely to incorporate new knowledge into their practice.10

For example, the advent of the Department of Family Medicine and Community Health’s Wisconsin Research and Education Network has led to cancer-related studies in primary care practices throughout Wisconsin.11 In 1998, the UWCCC initiated a network of clinical researchers (Wisconsin Oncology Network, or WON) to perform federal- and industry-sponsored translational research principally in cancer therapeutics.12 WON is composed of approximately 20 oncologic practices and more than 100 oncologists throughout the state who have performed at least 40 clinical cancer studies and accrued greater than 1000 cancer patients in therapeutic cancer studies.

WON’s success directly led to another recent research endeavor: the Wisconsin Oncology Network for Imaging Xcellence (WONIX). This partnership among the state of Wisconsin, UWCCC, UWSMPH, the school’s Departments of Radiology and Medical Physics, and statewide clinics aims to increase the availability of advanced molecular imaging agents, improve imaging standards and establish an informatics highway for high- and low-volume clinical outcomes data.

The history of many successful applications of statewide health research related to cancer and other fields continually shows that Wisconsin citizens are committed to participating in clinical investigations. Their participation will help improve the diagnosis, treatment, and prevention of major, burdensome diseases.

We remain committed to continuing and enhancing our collaboration throughout the state. Serving the state through health-related research is an important manifestation of the “Wisconsin Idea” and holds great promise for promoting the health of our citizens.

REFERENCES

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