



Statements from Coalition Member

Broad Institute of MIT and Harvard

“Now, more than ever, the US is in need of innovative new approaches to streamline clinical trials and lower their costs. We are honored to participate in this coalition by helping create software platforms to support trial operations, as well as machine learning tools to help select patients that will benefit most from therapeutic interventions.”

**Anthony Philippakis, M.D., Ph.D.,
Chief Data Officer, Broad Institute of MIT and Harvard**

C-PATH

“The [Cure Drug Repurposing Collaboratory](#), a public-private partnership led by [Critical Path Institute](#) and funded by the FDA, is looking forward to partnering with the Coalition to assist in advancing the efficiency and inclusivity of clinical trials while reducing costs and additional time commitments from clinicians in community settings.”

Kristen Swingle, Interim President and COO, C-Path

“The incorporation of adaptive platform trial protocols in clinical practice will be made possible by the inclusion of tools being developed by CDRC. This will allow the automated extraction and curation of de-identified data from electronic health records, across different health systems and standards.”

Klaus Romero, Chief Science Officer, C-Path

Emory Morningside Center for Innovative and Affordable Medicine

“We believe the sweet spot for testing of repurposed drugs lies in community studies. The railroad tracks which this initiative will lay down will be critical for unleashing the full potential of repurposed drugs and other interventions, which are often not developed clinically because of a lack of financial incentive.”

Vikas P. Sukhatme MD, ScD,
Dean and Woodruff Professor, Emory School of Medicine
Chief Academic Officer, Emory Healthcare
Director, [Emory Morningside Center for Innovative and Affordable Medicine](#)

Vidula V. Sukhatme, MS,
Co-founder of the Morningside Center and CEO of [GlobalCures](#)

Intermountain Healthcare

“Among all the terrible havoc it has created, the COVID-19 pandemic has made two things crystal clear about our clinical trials infrastructure in the United States: it needs to improve, and it can improve. Intermountain Healthcare is excited to join with other leading health systems and providers as part of this pace-setting coalition to improve the ways we serve patients and our shared communities through accessible, relevant, and inclusive clinical trials.”

**Samuel M. Brown, M.D.,
Senior Medical Director for Clinical Trials,
Intermountain Healthcare**

University of California, Irvine

“This coalition will advance data collection methods to greatly expand the number of sites and patients participating in clinical studies, especially for more diverse populations and underserved communities. The coalition also will be able to employ advanced analytical tools and methodologies for real-world evidence that can bring timely insights not just for the research setting but all the way back to frontline clinical practice.”

**Tom Andriola, Vice Chancellor of Information,
Technology and Data and Chief Technology Officer,
University of California, Irvine**

“Academic health centers like those in ACT@POC are uniquely suited to lead improvements in clinical trials so they are inclusive and more rapidly employed to improve patient outcomes. I am proud that [UCI Health Affairs](#) – which is advancing holistic approaches to supporting wellness and providing evidence-based, patient-centered, team-based healthcare – is a founding member of this national effort to make large-scale clinical trials in frontline settings accessible and responsive to the great diversity of patients and stakeholders across the nation.”

**Steve A.N. Goldstein, M.D., Ph.D., FAAP,
Vice Chancellor for Health Affairs, University of California, Irvine**