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UNIVERSITY of WASHINGTON

SCHOOL OF PUBLIC HEALTH

NIH Diversity Supplement: Eligible Grant List

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Grant Title (Award Number)	Principal Investigator	Start – End Dates	Preferred Candidate-Level	Study Summary
Person-centered decision making: Developing a choice-based preference tool for transitions in dementia care 1R01AG066957-01 NIA	Anne Turner amturner@uw.edu	4/1/2020 – 3/31/2025	Graduate Post-doc Junior faculty	As older adults with Alzheimer's disease and related dementias (ADRD) decline, they are increasingly omitted from decisions regarding care. The goal of this research is to keep older adults with dementia involved in decision-making through better understanding their decision-making processes and creating a novel tool to identify preferences related to transitions in care.
Systems Analysis and Improvement Approach to Optimize the Task-Shared Mental Health Treatment Cascade (SAIA-MH): A Cluster Randomized Trial 5R01MH123682-02 NIMH	Bradley Wagenaar bwagen@uw.edu	4/1/2021 – 3/31/2026	Graduate Post-doc Junior faculty	This implementation research project aims to test the effectiveness of an implementation strategy entitled: "Systems Analysis and Improvement Approach" for use in global mental health systems improvement (SAIA- MH). This approach targets helping health workers in low-resource settings globally improve the delivery of outpatient mental healthcare. For example, helping workers improve patient retention in care, medication adherence, and improvement of function.
Expanding and scaling Two-way texting (2wT) to reduce unnecessary follow-up and improve adverse event identification among voluntary medical male	Caryl Feldacker cfeld@uw.edu	6/12/2020 – 3/31/2025	Graduate Post-doc Junior faculty	Through a randomized control trial and subsequent stepped-wedge designed study in high- volume facilities providing male circumcision (MC) in South Africa, we will demonstrate that two- way texting (2wT) between providers and patients increases adverse event (AE) ascertainment while reducing provider workload as compared to routine, in-person follow-up. Implementation science methods and costing analysis will rigorously evaluate 2wT, determining how to

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circumcision (VMMC) clients in the Republic of South Africa 1R01NR019229-01 NINR				optimize 2wT-2-SCALE within routine MC program settings. It is expected that 2wT-2-SCALE will be a cost-effective method to improve MC efficiency and AE ascertainment at scale, enabling rapid, sustainable improvement in the quality of MC services at the population level.
Two-way Texting (2wT) to Improve Patient Retention While Reducing the Healthcare Workload in High-Burden Public HIV Clinics in Malawi 3R33TW011658-03S1 FIC	Caryl Feldacker cfeld@uw.edu	9/11/2020 – 6/30/2025	Graduate Post-doc Junior faculty	In the parent R33 study, we aim to demonstrate that interactive, two-way texting (2WT) can increase antiretroviral therapy retention in a routine setting while providing distinct advantages in terms of data quality, costs, and reduced healthcare worker burden over routine retention efforts. In direct response to Ministry of Health request, this supplement application requests funds to definitely show the impact of 2wT via an embedded randomized control trial (RCT), leveraging established 2wT system and operations team to minimize costs while maximizing evidence generation. This small supplement brings large gains in demonstrating impact and strengthened MoH partnership without changing the proven 2wT intervention or the R33 timeline.
Applying Critical Race Theory to investigate the impact of COVID-19-related policy changes on racial/ethnic disparities in medication treatment for opioid use disorder 1R01DA056232-01 NIDA	Emily Williams emwilli@uw.edu	4/1/2022 - 1/31/2027	Graduate Post-doc Junior faculty	With the rise in opioid use disorder (OUD) and overdose, racialized disparities in buprenorphine access and use are a significant concern nationally—studies estimate that Black patients with OUD are 50-60% less likely to access buprenorphine compared to White patients, and similar disparities have also been observed for Hispanic/Latinx patients. COVID-19-related policy changes increased flexibility in the provision of buprenorphine and other effective medications for OUD over telehealth and present an unprecedented opportunity to examine impacts of a structural intervention—relaxed MOUD restrictions—on disparities that result from structural racism and discrimination (SRD). The proposed study, guided by Public Health Critical Race Praxis, will

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				use data from the nation's largest provider of substance use care and quantitative and qualitative methods to examine the impact of these policy changes on racialized disparities for Black and Hispanic/Latinx patients to inform future policy and interventions to improve equitable care for OUD.
Drug, microbiome, and immune determinants of birth and neurodevelopmental outcomes in children with exposure to HIV infection 1P01HD107669-01 NICHD	Grace John Stewart gjohn@uw.edu	9/9/2022 - 8/31/2025	Graduate Post-doc Junior faculty	Children exposed to but uninfected with HIV (HEU) have evidence of growth and neurocognitive compromise that may relate to biologic or social factors. This P01 Program will include 3 longitudinal birth cohorts that examine biologic factors that may contribute to adverse birth or neurodevelopmental outcomes in HEU, specifically evaluating the role of dolutegravir exposure in-utero, maternal and infant stool microbiome in early life and breastmilk human milk oligosaccharides, maternal/infant immune activation and early infant CMV in 3 parallel and complementary Projects that will use standardized neurodevelopmental assessments. Together, we anticipate this P01 Program will help to identify factors that influence neurodevelopment in HEU infants and infants in general.
HEU outcomes: population-evaluation and screening strategies (HOPE) 1R61HD103079-01 NICHD	Grace John Stewart gjohn@uw.edu	7/1/2020 – 6/30/2025	Undergraduate Graduate Post-doc Faculty	Globally there is an increasing number of HIV-exposed but uninfected children and adolescents (HEU). We propose to evaluate HEU in Kenya, spanning from infancy to adolescence using different epidemiologic approaches to determine whether HEU have increased risk of adverse neurodevelopmental or mental health outcomes. We plan to screen a large population of HEU nationally and work collaboratively with stakeholders to review this data to inform approaches to screen, identify, and refer HEU with adverse outcomes, that could be used programmatically.

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Impact of Universal Free Meals on Childhood Obesity Risk and Obesity Disparities 1R01HD105666-01 NICHD	Jessica Jones-Smith jjoness@uw.edu	7/1/2021 – 6/30/2025	Graduate Post-doc	This study will assess the impact of a major change to school food policy—the Community Eligibility Provision—which allows high-poverty schools to provide free meals to all children regardless of individual income. We will assess whether the universal free meals under this policy impact child obesity and obesity disparities.
Integrating expedited partner STI therapy during PrEP delivery for young women 1R01AI155000-01A1 NIAID	Jennifer Balkus jbalkus@uw.edu	9/22/2020 – 8/31/2025	Graduate	Sexually transmitted infections (STIs) are highly prevalent in adolescent girls and young women and, in many regions of the world, diagnostic testing is not widely available; therefore, women only receive treatment if they report symptoms. However, the majority of women with an STI do not experience symptoms, resulting in persistent infections that can have serious consequences for reproductive health. In this proposal, we will assess the acceptability of point-of-care STI testing plus expedited partner treatment and its impact on the incidence of common curable STIs among women at risk for STIs and HIV, providing critical information to national policy makers and reducing the burden of STIs in women.
mWACh-PrEP: A SMS-based support intervention to enhance PrEP adherence during pregnancy and breastfeeding 1R01NR019220-01A1 NINR	Jillian Pintye jpintye@uw.edu	9/18/2020 – 6/30/2025	Any level	Pregnancy and breastfeeding are periods of high HIV acquisition risk for African women. Oral pre-exposure prophylaxis (PrEP) can prevent HIV infection, yet PrEP adherence during pregnancy and postpartum is sub- optimal due to specific issues women face during this period that could be addressed by real-time SMS communication with a health worker. We propose a randomized trial to determine the effect of a bidirectional SMS communication tool (mWACh-PrEP) on PrEP adherence during pregnancy and postpartum and we will collect data on implementation and cost to expedite translation into routine practice.

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SOLAir: Environmental Factors and Diabetes Development in Latinos 1R01ES030994-01A1 NIEHS	Joel Kaufman joelk@uw.edu	9/22/2020 – 6/30/2025	Graduate Post-doc Faculty	The link between adiposity and the development of Type 2 diabetes (T2DM) is well characterized, but less is known about the impact of environmental factors on risk of T2DM. Research increasingly implicates traffic-related air pollutants (TRAP) with increased risk of T2DM. Other community-scale environmental factors, including aspects of the built and natural environment are also potential risk or protective factors for T2DM and may act through interactions with physical activity, diet and visceral adiposity. This study will incorporate state-of-the-art environmental exposure assessment with detailed health measures and data on potential confounders, including genetic susceptibility, to study these relationships---in a comprehensive framework—focusing on a fast-growing population at disproportionate risk of T2DM risk, through the Hispanic Community Health Study/Study of Latinos (HCHS/SOL) cohort.
University of Washington Interdisciplinary Center for Exposures, Diseases, Genomics & Environment 2P30ES007033-26 NIEHS	Joel Kaufman joelk@uw.edu	5/31/2021 – 2/28/2026	Graduate Post-doc Junior faculty	The Center for Exposures, Diseases, Genomics, and Environment (EDGE) fosters novel research on molecular signatures associated with toxicant exposures using modern molecular and systems biology approaches to explain interactions between genetic, epigenetic and environmental factors and how these contribute to both acute and chronic diseases of public health importance. The EDGE Center is dedicated to contributing to evidence-based changes in regulatory policy and public health or medical practice that result in a reduction in the burden of environmentally related diseases.
PrEP adherence-concentration thresholds associated with HIV protection among	Kenneth Mugwanya mugwanya@uw.edu	2/1/2021 – 1/31/2025	Undergraduate Graduate Post-doc Faculty	The minimum protective tenofovir diphosphate (TFV-DP) concentrations, the active form of tenofovir-based PrEP, in the blood and the level of adherence required to achieve those concentrations may differ depending on the route and frequency of exposure to HIV. Using our combined complementary expertise in HIV prevention

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African women 5R01AI155086-02 NIAID				research in women and antiretroviral pharmacology, we will define cisgender women-specific adherence- concentration-efficacy benchmarks for TFV moieties in a novel directly observe study of TDF/FTC PrEP in African women, a priority population for HIV prevention. We will then link the newly defined thresholds to the Partners PrEP Study clinical cohort to estimate TFV-DP concentrations associated with HIV protection for women and the minimum adherence level (doses per week) required to achieve these levels.
Integrating PrEP delivery in family planning clinics in Kenya 1 R01MH123267-01 NIMH	Kenneth Mugwanya mugwanya@uw.edu	4/1/2020 – 3/31/2025	Undergraduate Graduate Post-doc Faculty	Pre-exposure prophylaxis (PrEP) is a highly effective user-controlled HIV prevention strategy, with tremendous potential for high impact to reduce incident HIV infections among at-risk African women if delivered with high coverage and taken with sufficient adherence. In this highly innovative study, we propose to catalyze integration of optimized universal screening and counseling for HIV risk behaviors and PrEP provision for at-risk women accessing public health family planning clinics in Kisumu, Kenya – a region with an HIV prevalence of up to 28% among young women– using step-wedged randomized design. We hypothesize that family planning clinics will offer a cost- and time-efficient, less stigmatizing, and sustainable woman-centered 'one-stop' access point for PrEP and FP services, with culminating in great reach and impact for PrEP of reducing incident HIV infection in this setting.
Polygenic Risk Score Diversity Consortium Coordinating Center 1U01HG011697-01	Kenneth Rice kenrice@uw.edu	6/1/2021 – 5/31/2026	Graduate Post-doc Faculty	Polygenic Risk Scores (PRS) combine information across numerous genetic variants to improve disease prediction; however, lack of diversity in PRS research to date threatens applicability in non-European ancestry individuals. The NHGRI Polygenic Risk Score Diversity Consortium will conduct collaborative data integration, analysis, and methods development in existing research cohorts to

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NHGRI				improve PRS prediction across diverse populations. As Coordinating Center for the Consortium, we will perform genotype and phenotype data harmonization, lead collaborative analysis, contribute to methods development, help identify Ethical, Legal, and Social Implications (ELSI) of PRS, facilitate data sharing, and coordinate program logistics and outreach.
CHV-NEO: Community-based digital communication to support neonatal health 5R01HD103581-02 NICHD	Keshet Ronen keshet@uw.edu	4/15/2021 - 2/28/2026	Undergraduate Graduate Post-doc Faculty	In Kenya, like many other resource-limited settings, neonatal mortality remains unacceptably high. Community health volunteers (CHVs) are a large cadre of lay health workers whose role includes conducting home visits to pregnant and postpartum women to promote neonatal health. This study will develop an interactive SMS text messaging intervention that remotely connects mothers with CHVs, and evaluate the intervention's effect on clinical outcomes (neonatal mortality, facility visits and essential newborn care), service outcomes (CHV and supervisor workflow), and implementation outcomes (acceptability, uptake and fidelity of implementation), when implemented as part of routine CHV workflow in Western Kenya.
Cumulative burden of *Chlamydia trachomatis* and *Mycoplasma genitalium* in the US: implications for screening guidelines and antimicrobial resistance 1R01AI161019-01 NIAID	Lisa Manhart lmanhart@uw.edu	4/1/2021 – 3/31/2026	Graduate	Defining the lifetime risk of *Chlamydia trachomatis* in men and characteristics associated with infection in the US population will provide critical information to either support or change current chlamydia screening guidelines. Determining the lifetime risk of *Mycoplasma genitalium* in the US, whether it is associated with pelvic inflammatory disease, and the extent of antimicrobial resistance in the population will guide nascent national testing and treatment recommendations for *M. genitalium*.

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Towards Cervical cancer elimination: Implementation and scale-up of a single-visit, screen-and-treat approach with thermal ablation for sustainable cervical cancer prevention services in Kenya 1R01CA258590-01 NCI	Nelly Mugo rwamba@uw.edu	9/21/2021 – 8/31/2026	Graduate Post-doc Junior faculty	The proposed work leverages implementation science methods to develop, pilot and cost an effective and sustainable facility level-based implementation and dissemination strategy for single visit screen and treat with thermal ablation (SVA-SAT+TA) approach for cervical cancer prevention and inform national program scale up.
The role of enteric pathogens and antimicrobial resistance in driving clinical and nutritional deterioration, and azithromycin's potential effect, among children discharged from hospital in Kenya 5R01AI150978 NIAID	Patricia Pavlinac ppav@uw.edu	3/15/2020 – 2/28/2025	Any level	To reduce the risk of death, re-hospitalization, and growth faltering following hospitalizations among children living in Sub-Saharan Africa, it is critical to understand mechanisms underlying this risk, including how azithromycin affects these outcomes. Utilizing samples and data from an ongoing placebo-controlled RCT of azithromycin for post-discharge morbidity and mortality, we will characterize enteric pathogens and antibiotic resistance utilizing highly sensitive molecular diagnostic tools to determine the role of these enteric pathways on post-discharge outcomes and azithromycin’s effect.

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Lactoferrin and lysozyme to promote nutritional, clinical, and enteric recovery: A factorial placebo-controlled randomized trial among children with diarrhea and malnutrition (LACTOLYZE) 1R01HD103642-01 NICHD	Patricia Pavlinac ppav@uw.edu	1/1/2021 - 11/30/2025	Any level	To improve the long-term consequences of diarrhea, including malnutrition, recurrent diarrhea, and enteric dysfunction, it is critical to identify new, non-antibiotic interventions to reduce underlying intestinal damage and enteric pathogen carriage. This placebo-controlled, four-armed randomized control trial aims to determine the efficacy and mechanisms of action of two safe and inexpensive milk-derived nutritional supplements, lactoferrin and lysozyme, administered for 16-weeks to Kenyan children recovering from medically attended diarrhea and wasting.
A novel REverSe Transcriptase Chain Termination (RESTRICT) assay for near-patient, objective monitoring of long-term PrEP adherence 1R01AI157756-01 NIAID	Paul Drain pkdrain@uw.edu	9/9/2020 – 10/31/2025	Undergraduate Post-bac Graduate Post-doc Faculty	The lack of an objective PrEP adherence monitoring tool has led to inefficient counseling and poor supportive care. We recently developed a novel enzymatic assay that semi-quantitatively measures the concentration of TFV-DP by measuring inhibition of reverse transcriptase, which is the cellular target of oral PrEP drugs. In this proposal, we will optimize the REverSe TRanscrIptase Chain Termination (RESTRICT) assay to measure TFV- DP concentrations in PrEP clients, validate the assay to meet CLIA requirements, and conduct a feasibility and acceptability study among PrEP clients and providers.
****NEW**** Seattle Tuberculosis Research Advancement Center - Clinical and	Paul Drain pkdrain@uw.edu	3/21/2022 - 2/28/2027	Undergraduate Post-bac Graduate Post-doc Faculty	The CTSC will strengthen clinical and translational TB research through training and consultation in clinical science methodology and support of local collaborations; strengthen TB clinical research by developing and expanding partnerships with national and international collaborators conducting clinical and translational research in TB; and

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Translational Science Core 1P30AI168034-01 NIAID				foster and catalyze collaborations with investigators with established cohorts, robust clinical databases, and biospecimens for advancing basic, translation, and clinical TB research.
The CASCADE CLIMB: Cervical cancer prevention in women Living with HIV research Mobilization Base 1UG1CA275402-01 NCI	Rachel Winer rlw@uw.edu	9/20/2022 - 5/31/2027	Graduate Post-doc Junior faculty	We anticipate that the successful completion of our aims will advance clinical practice guidelines for cervical cancer prevention for WLWH in diverse geographic settings, influence public health policy, and ultimately reduce healthcare disparities.
A sequential, adaptive model of differentiated service delivery to reach persons living with HIV who are lost-to-follow-up or who have detectable viral load 1R01MH124465-01A1 NIMH	Ruanne Barnabas rbarnaba@uw.edu	9/1/2020 – 8/31/2025	Undergraduate Graduate Post-doc Faculty	Globally there is an increasing number of HIV-exposed but uninfected children and adolescents (HEU). We propose to evaluate HEU in Kenya, spanning from infancy to adolescence using different epidemiologic approaches to determine whether HEU have increased.

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Integration of genetic, gene expression and environmental data to inform biological basis of mammographic density 5R01CA244670-02 NCI	Sara Lindstroem saralind@uw.edu	2/4/2021- 1/31/2025	Graduate Post-doc Junior faculty	We propose to conduct a series of large-scale genetic association studies to identify genetic risk factors for mammographic density and breast cancer. The proposed research will highlight underlying biological mechanisms and identify novel targets for breast cancer risk prediction and prevention.
The impact of lifestyle and genetic factors on mammographic density in a cohort of Hispanic women 1R01CA255082-01A1 NCI	Sara Lindstroem saralind@uw.edu	2/8/2022 - 1/31/2027	Graduate Post-doc Junior faculty	Mammographic density is one of the strongest known risk factors for breast cancer, but previous studies have almost exclusively been limited to non-Hispanic White women. The proposed research sets out to study non- genetic and genetic risk factors of high mammographic density in a large, diverse population of Hispanic women. Completion of the study aims will advance our understanding of mammographic density and provide insights into racial disparities in breast cancer.
Air pollution exposures in early life and brain development in children 1R01ES032153-01 NIEHS	Sarah Benki-Nugent benki@uw.edu (contact) Grace John-Stewart gjohn@uw.edu	6/1/2020 – 5/31/2025	Undergraduate Graduate Post-doc	Research in high income countries demonstrates the neurotoxicity of ambient and household air pollution on brain development, yet data are lacking from sub-Saharan Africa (SSA) where exposure magnitudes are among the highest worldwide. We develop a prospective cohort and capacity building to understand early life exposure sources and impacts on child healthy neurodevelopment in Nairobi. We leverage a foundation of linkages between the University of Washington and academic and governmental stakeholders in Kenya to establish a sustained program to inform future clinical trials, screening tools, program and policy.

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Cardiometabolic risk development and management in changing neighborhoods: The Jackson Heart Study 1R01HL148431-01A1 NHLBI	Stephen Mooney (contact) sjm2186@uw.edu Sharrelle Barber smb483@drexel.edu	8/4/2020 – 6/30/2025		The overarching goal of this project is to use the Jackson Heart Study— a state-of-the-art cohort study of African American adults—to investigate longitudinal associations between features of the neighborhood physical, social, and healthcare environment and cardiometabolic risk development and management over a 20-year period. Understanding these associations independently and synergistically is critical for the prevention and management of cardiovascular disease risk factors in African Americans and the reduction of racial health inequalities.
National Alzheimer's Coordinating Center 1U24AG072122-01 NIA	Walter Kukull kukull@uw.edu	7/1/2021 – 6/30/2026	Graduate Post-doc Junior faculty	Narrative NACC (as U01 AG016976, at University of Washington — now seeking renewal as a U24) has been active since 1999, and has established a standardized, longitudinal clinical database of over 42,000 individuals (with neuropathology data on over 6,100), as well as cross-sectional, retrospective data on roughly 66,000 individuals seen at ADRCs between 1984 and 2005. NACC has made these data freely available to researchers worldwide, resulting in hundreds of publications. We will modernize and intensify our informatics approach, making data access and use more efficient; will grow communication and coordination capabilities with the ADRCs and collaborating NIA projects; will develop and apply big-data research tools for the field; and will provide competitive, peer-reviewed research support for several new investigators each year. Together with the field's leaders, NACC will innovate, develop, and drive solutions to meet the changing needs of the field as well as the NIA ADRC program.

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Understanding and Improving Inequities in Palliative Care for Older Adults with Advanced Dementia and Limited-English Proficiency: A Mixed-Methods Evaluation 1R01AG074253-01 NIA	Rashmi K. Sharma rasharma@uw.edu	8/15/2021 – 4/30/2026	Graduate Post-doc Junior faculty	This study utilizes mixed methods to identify targets for intervention to improve palliative care for Latinx, Chinese, and Vietnamese older adults with dementia and limited-English proficiency (LEP). The long-term goal of this work is to develop, evaluate, and disseminate multi-level interventions to facilitate culturally-sensitive palliative care for older adults with dementia and LEP and their families. Aim 1 utilizes quantitative methods to compare the quality of care received by decedents with advanced dementia and LEP to those with English proficiency in four key palliative care domains using EHR-based quality metrics and novel machine learning methods. Aim 2 utilizes qualitative interviews with key stakeholders (older adults with dementia and LEP and their family members, caseworker-cultural mediators and interpreters, and clinicians and administrators) to identify modifiable targets for intervention across multiple levels (individual, clinical encounter, healthcare system, community). Aim 3 utilizes qualitative interviews with leaders of community-based organizations to assess community-level resources and capacity to support high quality palliative care for older adults with dementia and LEP.

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Optimizing Response to Chronic Pain Treatments in Veterans: Identifying Key Moderators R01AT011012 NCCIH	Mark Jensen mjensen@uw.edu	9/15/2021 – 6/30/2026	Undergraduate	While behavioral treatments for chronic pain are effective on average, some people benefit greatly from treatment while others benefit very little, and the same person may respond much more to one type of treatment than another. This project aims to better understand the patient factors that could be used to identify – before treatment –who will benefit the most from each of three different chronic pain treatments: cognitive behavioral therapy, Hypnotic Cognitive Therapy, and Mindfulness-Based Cognitive Therapy. The knowledge gained from this research will provide an essential platform for developing algorithms to effectively match patients with chronic pain to treatments that are most likely to be benficial for them.
The High-Intensity Exercise to Attenuate Limitations and Train Habits (HEALTH) in Older Adults with HIV 1R01AG066562-01 NIA	Allison Webel allison.webel@case.edu	4/15/2020 – 3/31/2025	Post-doc Faculty	Aging with HIV may be associated with a greater impairment in physical function and worse fatigue, contributing to an impaired health span; few therapies are effective in slowing physical function decline or improving fatigue in people with or without HIV. Here we propose to test two exercise regimens of varying interval and intensity (high-intensity interval training vs continuous moderate-intensity exercise) on changes in physical function, fatigue, and mitochondrial bioenergetics. Furthermore, we will explore the impact of a biobehavioral coaching intervention vs control on adherence to physical activity following the supervised exercise intervention.

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Co-benefits of co-delivery of long-acting antiretrovirals and contraceptives 1R01AI155052-01A1 NIAID	Rena Patel rcpatel@uw.edu	4/14/2021 – 3/31/2026	Undergrad Post-bac Grad (Master's) Grad (PhD/MD) Post-doc Faculty	This research will contribute to public health efforts to improve treatment outcomes for adolescent girls and young women living with HIV in resource-limited settings by evaluating the impact of a novel long-acting HIV treatment. Findings from this study will have important implications for HIV care and treatment approaches and guidelines globally. This research has the potential to make important contributions towards addressing some of the key public health problems in sub-Saharan Africa, including attainment of the UNAIDS 90-90-90 targets; prevention of mother to child transmission of HIV; and maternal morbidity and mortality.
Washington National Primate Research Center P51OD010425 ORIP	Deborah Fuller (Co-PI) fullerdh@uw.edu Sean Sullivan (PI)	5/1/2021 – 4/30/2027	Undergrad Post-bac Grad (Master's) Grad (PhD/MD) Post-doc Faculty	The Washington National Primate Research Center provides necessary nonhuman primate models for a variety of diseases and conditions that affect humans such as HIV/AIDS, vision and other neurologic disorders, and issues related to reproduction and fetal/infant development. The availability of these models allows for the development of preventive and interventional medicine and medical techniques to improve public health.
Quantitative Analysis of Labile Metabolites in Biological Samples 1R01GM138465-01A1 NIGMS	G.A. Nagana Gowda ngowda@uw.edu	4/1/2021 – 3/31/2025	Grad (Master's) Grad (PhD/MD) Post-doc Faculty	Coenzymes and antioxidants mediate hundreds of biochemical reactions and are fundamental to the cellular and mitochondrial functions. In this proposal, using nuclear magnetic resonance (NMR) spectroscopy and mass spectrometry, we seek to develop methods to reliably measure the coenzymes and antioxidants in blood, cells, mouse tissue as well as subcellular components such as mitochondria and cytoplasm. We also seek to develop methods to measure these coenzymes in live cells and mitochondria in real time. Development of robust methods for analysis of metabolites fundamental to the cellular functions offers new avenues for investigations of human health and diseases.

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Genetic, Metabolic and Regulatory Control of MIC and Relapse in M. tuberculosis 5R01AI146194-02 NIAID	David. R. Sherman dsherman@uw.edu	3/10/2020 – 2/28/2025	Any level	We recently discovered that small differences in bacterial susceptibility to TB drugs are important predictors of treatment outcome, but what drives those differences is not known. This project unites three labs with highly complementary expertise to interrogate how M. tuberculosis clinical strains respond to treatment. We will apply with leading edge approaches in genetics, metabolism, gene regulation and network-based modeling to reveal fundamental new knowledge about TB that could lead directly to shorter treatment times and better treatment outcomes.
Understanding the role of TP53 mutation in genetic susceptibility to ovarian cancer 1R01CA259384-01 NCI	Rosana Risques rrisques@uw.edu	4/1/2021 – 3/31/2026	Grad (PhD/MD) Post-doc Faculty	The biological mechanisms that drive genetic susceptibility to ovarian cancer are not well understood. This grant will use ultra-sensitive sequencing to characterize with high resolution TP53 mutations in fallopian tube during normal aging and in women with susceptibility to ovarian cancer to determine whether elevated risk of ovarian cancer is associated with increased somatic TP53 clonal evolution. This research will increase our understanding of ovarian carcinogenesis and enable to develop better strategies for ovarian cancer prevention and prediction.

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Genetic requirements of Helicobacter pylori infection 2R01AI054423-16 NIAID	Nina Salama nsalama@fredhutch.org	12/2/2003 – 1/31/2026	Undergrad Post-bac Grad (PhD/MD) Post-doc Faculty	Helicobacter pylori infect the human stomach of 50% of the world's population where it can cause mild inflammation, ulcer disease and even gastric cancer, depending in part on the genetic diversity of the infecting strain. In this project we study the genes and mechanisms contributing to chronic colonization to identify the mediators of persistent infection. Our studies of genetic variation during stomach infection will show how these mediators adapt during the chronic inflammation that leads to severe disease (cancer).

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Multilevel Interventions to Increase Adherence to Lung Cancer Screening 1R01CA262015-01 NCI	Karen Wernli karen.j.wernli@kp.org	7/15/2021 – 6/30/2026	Pre-doc Post-doc	Screening for lung cancer has the potential for a profound public health benefit. Repeat annual screening is necessary for early detection of lung cancer. We will test two interventions which include patient education and reminders to improve adherence to lung cancer screening.