

Read Me, Please!

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Introduction

The reason for the request in the title is simple: we want and need the article to be read, because it presents what, in our opinion, are 2 important advances in the research of the Spanish Society of Pulmonology and Thoracic Surgery (SEPAR), namely, the integrated research programs (*programas integrados de investigación* or PII) and the Breathe Network (Red Respira or RR).

Even though both have been presented in various special sessions during recent annual meetings of SEPAR, many members still lack a clear understanding of what these 2 initiatives contain, why they are important, or most importantly, how to participate in them. For this reason, kind reader, we earnestly beg that you read the following paragraphs carefully. It is not our aim here to explain in depth each and every one of the details of the 2 projects; for this, we suggest that you consult the SEPAR web page (www.separ.es) for information on the integrated research programs, or the Breathe Network's own web site (www.redrespira.net).

Reasons for a Change

Improving research in the field of respiratory diseases is one of the founding objectives of SEPAR, which has traditionally dedicated a significant part of its annual budget (close to 50% in the last 10 years) to funding research projects proposed by its members. Although this strategy has unquestionably produced positive results, as we enter the 21st century new research incentives should be established in order, ideally, to achieve the following:

1. Strategic planning of the research financed by SEPAR. As an institution, SEPAR must be able to decide what its research priorities are. This entails the adoption of a proactive attitude towards promoting research into health problems that it considers most pressing, and clearly, the dedication of resources to research in these areas.

2. Overcoming the idea that research must only generate knowledge and adopting instead a position that the understanding generated should in fact alter respiratory health in Spain. This implies knowing how to transfer knowledge to practice (translational research) and improving multidisciplinary and multicenter investigation through the promotion of cross-domain research (participation in more than one area of work) within SEPAR and collaboration with external organizations (to include scientific societies and research organizations in the public or private sector, within or outside Spain).

3. Securing increased funding (SEPAR's resources alone are currently clearly insufficient). New funds must be sought from sources external to SEPAR, such as the Health Research Fund (Fondo de Investigación Sanitaria or FIS), the Inter-ministerial Commission of Science and Technology (Comisión Interministerial de Ciencia y Tecnología or CICYT), the European Commission, and the pharmaceutical industry, amongst others.

4. Facilitate participation of SEPAR members in research projects funded by the society and, in this way, contribute to their continuing professional development in research.

5. Increase the influence of Spanish pulmonology and thoracic surgery on society in general and among public health authorities. This will require not only generation of knowledge but also its transfer into clinical practice and the periodic evaluation of results.

Both the integrated research programs and the Breathe Network have arisen from the desire to achieve these objectives.

Integrated Research Programs

In agreement with the definition approved by the board of directors of SEPAR, an integrated research program is a "*coordinated grouping of lines of investigation, each of which must be addressed through specific scientific projects, whose medium-term objective (approximately 5 years) is to generate scientific knowledge in relation to topics that are complementary in addressing a significant health problem, such that this knowledge will eventually allow improvements in clinical practice related to that problem.*"

We would like to draw the reader's attention to the words in italics, since an integrated research program is

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not a research project in the traditional meaning of the term. It is much more! It refers to a defined and complementary group of projects, organized into lines, that approaches an important health problem from a multidisciplinary, complementary perspective, with the aim of changing the current health situation. Consequently, by definition, the following apply:

1. All integrated research programs must begin with the identification of the “important health problem,” for which the board of directors of SEPAR will evaluate aspects such as its prevalence and social, health, scientific, and economic importance. These factors will be considered alongside other, similarly important, “strategic” aspects, such as the potential to receive funding, the availability of a critical mass of investigators within SEPAR and/or the possibility of establishing strategic links with other research organizations, within or outside Spain, and its relevance to government objectives.

2. In contrast to traditional scientific projects, which are by nature more restrictive, the objectives of all integrated research programs must be the following: *a)* generate knowledge, *b)* transfer it into clinical practice, and *c)* evaluate the suitability and tailoring of the transfer.

3. To be able to approach the identified significant health problem from a multidimensional perspective, all integrated research programs will include at least the following 4 lines of investigation: *a)* basic, in the sense of research with the aim of knowledge transfer (translational research), rather than simply knowledge generation; *b)* clinico-epidemiological (operational); *c)* technological innovation/clinical management; and *d)* evaluative (standards, transfer).

Other aspects that need to be emphasized in the context of an integrated research program are the following:

4. The specific proposal to initiate a given integrated research program can come from the committee of any member group of the society (scientific committee, work areas) or from an individual member or group of members.

5. There is no official call for integrated research program proposals to the board of directors of SEPAR. Proposals can be made throughout the year, although in all cases they must be made in writing in a document that contains the strategic reasons that support the introduction of the program and its principal lines of work. The format for this document is available on the SEPAR web page.

6. The final decision on which programs should be implemented and which rejected, as well as on the composition of the executive committee for the specific program, is the exclusive responsibility of the board of directors of SEPAR.

7. Approval by the board of directors of an integrated research program from within SEPAR involves the assignment of a specific annual budget allocation to

finance necessary operating costs (secretarial support, costs of meetings, teleconferences, travel, etc). The level of this support will be established by the board of directors for each approved program. However, funding for the various scientific projects contained within a program must be obtained from sources external to SEPAR, such as the Health Research Fund, the pharmaceutical industry, etc. It is the responsibility of the executive committee for each program to find the necessary sources of funding.

8. One of the key elements in the integrated research program strategy is to favor the participation of the various work areas and of SEPAR members. Consequently, following its approval by the board of directors, it must be guaranteed that all members of SEPAR will be informed of the content of a program, so that any member may express an interest in participating in one or more of the projects contained within it, and that any member may propose additional new projects that may enrich it. To this end, the scientific committee of each specific project will establish individual mechanisms of participation that it considers pertinent to that project.

Greater detail and specific information relating to all aspects of the integrated research programs can be found on the SEPAR web page (www.separ.es).

Breathe Network

In April 2002, the Spanish Ministry of Health and Consumer Affairs, through the Carlos III Health Institute (Instituto de Salud Carlos III or ISCIII), approved a new strategy for the promotion of biomedical research in Spain: the creation of thematic networks for cooperative research (*redes temáticas de investigación cooperativa* or RTIC). SEPAR set into motion the generation of a

TABLE
Breathe Network (RTIC C03/11) of the Carlos III Health Institute (Spanish Ministry of Health and Consumer Affairs)

Autonomous Community	Center
Andalusia	Hospital Virgen del Rocío
Balearic Islands	Hospital Son Dureta*
Canary Islands	Hospital Dr. Negrín
Castille-León	University of Valladolid
Catalonia	IDIBAPS (Hospital Clínic)
	IMIM (Hospital del Mar)
	Hospital de Sant Pau
	Hospital Prínceps d’Espanya
	Hospital Germans Trias i Pujol
	Hospital Vall d’Hebron
	Hospital Joan XXIII
Basque Country	Hospital de Cruces
Madrid	Hospital Universitario 12 de Octubre
	Hospital Clínic San Carlos
	Hospital de Getafe
	Fundación Jiménez Díaz
	Hospital Universitario de La Princesa
Valencia	Hospital Universitario La Fe

*Coordinating center.

proposal to participate in this initiative and the fruit of this effort was the presentation of an RTIC project entitled "Molecular and physiological bases of respiratory diseases. Diagnostic and therapeutic implications," better known in Spain by the abbreviation RR, denoting the Breathe Network. The requirements imposed in the call for proposals announced in the Spanish government's newsletter (BOE April 3, 2002, order SCO/709/2002) limited the final number of centers involved in the Breathe Network to 18, distributed in 8 autonomous communities in Spain (Table). These 18 centers embrace 63 research groups and more than 500 researchers, the majority, but not all, of which are members of SEPAR. At the end of 2002, a panel of international experts evaluated the proposal and finally approved and funded it for a 3-year period, 2003-2005. The responsibility for the funding, management, and evaluation of the Breathe Network falls in its entirety on the Health Research Fund of the Carlos III Health Institute.

The mission of the Breathe Network is to "generate and transfer into clinical practice high quality, socially relevant research in the field of respiratory diseases and, by extension, respiratory health," from a translational research perspective. This strategy is based on the employment of "basic" knowledge and methodology, such as cellular and molecular biology, to approach clinically relevant problems.

To achieve this objective, the Breathe Network has identified 4 areas within which to develop specific research projects:

1. Inflammation and repair in pulmonary disease.
2. Molecular bases of respiratory infections.
3. Biopathology of lung cancer.
4. Respiratory insufficiency and tissue hypoxia.

In addition, and in agreement with the principles of the program, the Breathe Network must develop a research training program that facilitates the development of new research groups. Information on Breathe Network research projects that are currently underway and on the research training program can be obtained from the web page of the network (www.redrespira.net).

Those members of SEPAR who do not belong to one of the 18 official Breathe Network centers (Table) and who nevertheless wish to participate in one of the research projects can do so as "associate investigators," of which there are currently more than 80. To do so, interested parties must contact the principal investigator of the project in question and indicate their interest and potential options for their involvement. Likewise, participation, although not funding, in the research training program is also open to all interested members of SEPAR. The Breathe Network will hold yearly research symposia in February that will be open to all SEPAR members.

Current Situation and Future Perspectives

The Breathe Network has been running since 2003. At the end of 2005 it will have to produce an evaluation and seek possible reaccreditation. As yet, the administrative rules are unavailable that will regulate this whole process, which, logically, should allow the incorporation of new centers as well as the exit of those whose achievements have been inadequate.

In parallel, the board of directors of SEPAR is currently evaluating the importance and strategic viability of various integrated research programs (COPD, sleep apnea, respiratory infections, tuberculosis, and asthma). It is foreseeable that before the end of 2004 the majority, if not all, of these programs will have been initiated.

Although both SEPAR initiatives—the integrated research programs and the Breathe Network—have irrefutable points in common (area of interest, cooperation, multicenter design, simultaneous participation of a number of researchers in both initiatives, etc), they also have clear points of separation, particularly in terms of their management, depending on the board of directors of SEPAR in the case of the integrated research programs, and on the Health Research Fund (Carlos III Health Institute) in the case of the Breathe Network. Nevertheless, the similarities are much greater than the differences, and the desire that the 2 initiatives be mutually beneficial through the greatest possible number of scientific and economic synergies has consistently been made a priority by both SEPAR and the Carlos III Health Institute. This strategy of cooperation between SEPAR and the Spanish government is intimately linked to the fact that, for the first time in history, the National Plan for Scientific Research, Development, and Technological Innovation for the period 2004-2007 (www.mcyt.es) includes respiratory diseases in its strategic priorities. The authors are convinced that the development of the integrated research programs and the Breathe Network, in many cases in collaboration, will represent a significant leap forward, as much in quantity as in quality, for respiratory research in Spain. Don't miss this train dear reader, consult the web pages of SEPAR and the Breathe Network regularly and participate in 2 exciting projects. If, after reading this article, any doubts remain, please express them through ARCHIVOS DE BRONCONEUMOLOGÍA so that your question and the answer received serve to improve the understanding of SEPAR members in relation to these 2 projects.

Of course, we hope that having read this article you will think that the title was in fact justified!

Acknowledgments

Many individuals and members of SEPAR have, through their work and comments, contributed to the development of both the integrated research programs and the Breathe Network. Nevertheless, the authors would like to emphasize 2 in particular, both of them presidents of SEPAR: Dr V. Sobradillo and Dr J.L. Álvarez-Sala. The first had the courage and political vision to begin the process, and the second consolidated it. Both have fulfilled, and continue to fulfill an extremely important role that, in the authors' opinion, marks the beginning of a new era in Spanish pulmonology and thoracic surgery.