

Biomedical Translation is Aided by Collaborations

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Editorial

Whereas the term "translational research" rolls off the tongue easily, the activity itself is sometimes harder to achieve by. Partnerships, I suggest, can significantly help the translation of laboratory findings into clinical advancements. I concentrate on "horizontal" and "vertical" collaborations, respectively. Relationships between laboratory investigators and more patient-centered or clinically-oriented actors in the biomedical sector are referred to as "horizontal" collaborations. Interactions between academic researchers and biotechnology and pharmaceutical companies are known to as "vertical" partnerships.

In most "horizontal" translational research partnerships, an individual committed mostly to laboratory research who has discovered discoveries with clinical application potential and clinical trialists are involved. Few laboratory researchers are equipped to take a laboratory finding through all phases of clinical study and development in order to establish a new medicine or indication in the clinic. What critical factors can promote collaboration amongst these frequently diverse groups of people? One of the most important elements is mutual respect. Laboratory-based researchers must hold their clinically focused colleagues in the same regard as their peers in the fundamental research community. Many of the same qualities that permit success in laboratory endeavours are required for clinical medicine and investigation at the highest level. Intelligence, investment in training, judgement, and, of course, hard effort are among these attributes. Maintaining clinical contact for laboratory-based physician-investigators can help them appreciate the talents and passion of their more clinically-oriented colleagues. Taking turns caring for hospitalised patients keeps the laboratory-based partner informed about the issues that patients face in the real world.

In contrast to the laboratory, patient care necessitates making decisions and judgements in the lack of exact prior information, rigorous controls, or a wealth of data relevant to the patient in front of them. While clinical guidelines and trial findings serve as touchstones for the practitioner, in practise, the individual face-to-face with the physician frequently does not satisfy the entry criteria for crucial clinical trials, and each patient's care necessitates a great deal of individual judgement. Confronting the uncertainties and ambiguities of actual practise can create humility in the laboratory-based physician, as well as deep regard for the seasoned clinician and clinical investigator whose collaboration is critical to effective translation. A shared language can encourage translational relationships, in addition to mutual respect. In

translational partnerships, more clinically oriented partners are frequently trained in some area of more fundamental research. Individuals who have struggled with the delayed gratification that is prevalent in the laboratory can better understand the trials of the experimental investigator. Furthermore, knowledge of research concepts beyond what can be learned from textbooks gives a common language: a Rosetta stone that improves communication in translational partnerships [1-5].

Partnerships between academic investigators and their institutions and the biotechnology or pharmaceutical industries are viewed with suspicion by many. I contend that such collaborations can not only facilitate or accelerate translation, but can also have a significant societal benefit through improving public health. Partnerships between academia and industry, with proper safeguards in place, can speed up the development of new medicines while also providing opportunities for physician investigators to further their careers. The vast information generated by modern clinical trials should not only inform the primary aim, but also lead to numerous subsidiary studies that can develop hypotheses and provide mechanistic insight or expanded pathophysiology knowledge. As a result, both horizontal and vertical collaborations can aid translational medicine. These connections, like many human endeavours, necessitate a great deal of attention and curation. Nonetheless, at the end of the day, they contribute to human disease knowledge and comprehension, as well as breakthroughs in clinical care that can reduce suffering and lengthen life.

References

1. Ganguly, Keya, Dinesh K. Patel, Sayan Deb Dutta and Woo-Chul Shin, et al. "Stimuli-responsive self-assembly of cellulose nanocrystals (CNCs): Structures, functions, and biomedical applications." *Int J Biol Macromol* 155 (2020): 456-469.
2. Swan, Jacky, Mike Bresnen, Sue Newell and Maxine Robertson. "The object of knowledge: The role of objects in biomedical innovation." *Hum Relat* 60 (2007): 1809-1837.
3. Hata, Yuuki and Takeshi Serizawa. "Self-assembly of cellulose for creating green materials with tailor-made nanostructures." *J Mat Chem B* 9 (2021): 3944-3966.
4. Tian, Hua and Junhui He. "Cellulose as a scaffold for self-assembly: from basic research to real applications." *Langmuir* 32 (2016): 12269-12282.
5. Myneni, Sahiti and Vimla L. Patel. "Organization of biomedical data for collaborative scientific research: A research information management system." *Int J Info Manag* 30 (2010): 256-264.

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