

Q&A with Research Innovators

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A conversation with Alan T. Tita, MD, PhD, Associate Dean, Global and Women's Health, University of Alabama at Birmingham Heersink School of Medicine

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Top 10 Clinical Research Achievement Awards Q & A

This article is part of a series of interviews with recipients of Clinical Research Forum's Top 10 Clinical Research Achievement Awards. This article is with Dr Alan T. Tita, MD, PhD, Associate Dean, Global and Women's Health, University of Alabama at Birmingham Heersink School of Medicine. Dr Tita specializes in obstetrics and gynecology/maternal-fetal medicine and perinatal epidemiology. He received the 2023 Herbert Pardes Clinical Research Excellence Award for *Treatment for Mild Chronic Hypertension during Pregnancy*, which demonstrated that treating non-severe high blood pressure with appropriate medications during pregnancy was beneficial and safe for women and their babies. These results have had an immediate impact on treatment in the United States. *The interview has been edited for length and clarity.*

How Did You Become Interested in a Career in Medicine and Clinical Research?

I grew up in Cameroon where my mom was a nurse, or “doctor” to family and neighbors. Exposure to her work and the medical team at the local hospital and to her books influenced me. It became clear to me that I wanted to be a physician. Once I was in medical school, I learned about major health issues and the huge disparities that exist between regions and countries. I also became aware of the high rates of maternal and infant mortality and that evidence-based interventions against it were needed. All of this came together and evolved to where I knew that my career path was going to be to contribute to reducing major public health problems including maternal and infant morbidity and mortality.

And so, after Medical School, You Decided to Pursue Training in Public Health?

Yes. I worked for two years in deep rural Cameroon and saw the challenges associated with maternal health firsthand. When you see young girls dying from complications around their pregnancies, well, those images don't just go away. I wanted to make a difference and I realized that addressing a problem of this magnitude needs public health tools. That led to my master's and PhD training in public health and epidemiology, where I learned that doing clinical trials and other research could have an impact not just on individual patients, but also on populations. Subsequently, I also trained in obstetrics and gynecology – all to have the foundation to be able to develop questions and a methodology for answering them as relevant to women's health.

Which Brings us to Your Award-Winning Research. Why Did You Decide to Focus on Maternal Hypertension?

The causes for maternal morbidity and mortality are diverse. There's infection, hemorrhage, complications with labor and delivery, cardiovascular events – most commonly, and so on. Hypertension is on this list but it's one that we see every day in clinic, and it causes several complications for both mom and baby. For decades, there's been the question of whether we should treat mild chronic hypertension in pregnancy or not and the research has not provided a clear answer. So together with many collaborators, our team started to work on developing a protocol to address this question. Ultimately, we ended up putting together a consortium across more than 70 recruiting sites and nearly 10 years altogether, from concept to publication of the Chronic Hypertension and Pregnancy (CHAP) trial.

The Multicenter Approach Was One of the Hallmarks of This Research. How Did You Achieve This Level of Cooperation?

The collaborative effort is the most amazing thing and the reason why this project was successful. It's all because people were willing to come to the table and work with others and push through challenges including COVID. We leveraged existing networks University of

Alabama at Birmingham (UAB) was part of such as the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD) Maternal Fetal Medicine Units Network. We also worked with the UAB Clinical and Translational Science Awards hub to reach out to other program hubs. It took a collaborative “village.”

Looking Back on Your Career, What Advice Do You Have for Someone Just Starting Clinical Research?

Perseverance and persistence. Yes, it helps to review carefully to identify an important question that can move the field forward and an approach that is innovative. But then what really makes the difference is that you have to stick with it. When there are challenges, figure out alternative solutions to keep moving forward. Having the right mentors helps. Everyone – even those at the very senior level— – needs a mentor, a colleague, somebody they can bounce around ideas with. Lastly, I’d say that it helps to have training in research methods and be able to strike up collaborations with people across disciplines.

Will Your Research on Hypertension during Pregnancy Continue?

Yes, CHAP changed practice in the United States and likely in other countries, based on the short-term findings. We want to

continue the research so we can learn what happens to the mothers and babies long term. With additional NIH funding, we will continue to follow the women for up to 10 years since childbirth. These are patients who had mild hypertension so we want to know if they develop more severe hypertension or cardiovascular complications. We are also studying preeclampsia epigenetics because this may lead to ways to innovate diagnosis and treatments for this hypertensive complication of pregnancy. In addition, we’d like to follow up the kids at 7–10 years, to monitor their neurodevelopment, growth, and any cardiometabolic outcomes related to treatment.

That’s Potentially another 10 years of Study. How Do You Maintain Your Commitment and Stay Motivated About This Research?

It is motivating to do research that changes policy and to be able to provide tools that can improve outcomes not only for my own patients but also for others. However, I really look to family, friends, and my colleagues and environment for inspiration. Those relationships are invaluable and I am thankful for them. Full circle, I am honored to have the opportunity to lead our global health programs which allows our team to develop initiatives that address shared global health priorities in the US and other countries.