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Subject: Letter of Intent for Collaboration

I am writing this letter to confirm that I am looking forward to extend the full range of our longstanding excellent collaborations to your exciting planned network CHILDHealth, which focuses on the early transdiagnostic risks of preterm birth and childhood adversity and on how these shape development and longitudinal adverse mental and somatic outcomes.

CHILDHealth strikes me as unique in concentrating on major early risks, and on interactions between mental and physical health across development. Approaching this through assessing large cohorts early with deep phenotyping in accelerated longitudinal design fits particularly well with our joint work in increasingly transdiagnostic multicenter projects with child cohorts, and critically extends them. Our joint child cohorts that also contain longitudinal imaging and omics - together with our colleagues at the Donders Institute for Brain, Cognition and Behaviour - include TACTICS (on Obsessive Compulsive Disorder, OCD, and Autism Spectrum Disorder, ASD), and AIMS-2-TRIALS (on ASD). Our ongoing joint in the EAT2beNICE project on the gut-brain axis further prepares the ground for understanding mental and physical health interactions in children. Obviously, you already have privileged access to these cohort data including your site. Still, this common basis will allow us to more rapidly share further cohorts and tools, and adapt our complementary expertise in modeling and integration.

This certainly holds for the normative modeling approach with my colleague Christian Beckman that we will pursue together with you, and extends to the age adapted prevention programs, and to the preclinical platforms with animal models and IPSC addressing brain development and early adversity.

Besides sharing cohorts, samples and tools, we will intensify the excellent exchange along our research axis at all levels from junior to senior researchers and clinicians. To his end, we will have the unique opportunity to organize cross-site internship, fellowship and mentoring and training programmes. These highly acknowledged and



successful programs will hopefully soon again include visits and research exchanges to advance and consolidate junior careers.

The way you support understanding and preventing the adverse consequences on child health in your network is by essential research platforms, which seem perfectly tailored to meet the aims of CHILHealth. Cohort integration, preclinical developmental disease models, therapy and prevention, and pharmacovigilance are all critical elements towards preventing or at least reducing the high burden and cost of compromised child health. Based on our previous joint work and our agenda, we believe we can contribute to all of them.

In short, I am highly interested to cooperate with the CHILHealth network on established and new levels to extend the strategic alliance between our centers. Our joint portfolio is also strong on prevention and guideline work in Child Health. We also share a strong commitment to motivate and promote basic and clinical junior researchers. Both of us personally care for the constructive open atmosphere and creative in-depth discussions in our departments and networks, and for facilitating successful mentoring and exchange within our extended networks all their career stages.

To summarize, your focus on early starting physical and mental health interactions in your longitudinal translational CHILHealth network is essential and timely, and should critically advance our common agenda in the interest of child health.

I wish you and your great team a most successful network realization, and look very much forward to this unique cooperation opportunity.

Warm regards

Professor Jan Buitelaar

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