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Prof. Dr. Dr. Tobias Banaschewski, Central Institute  
of Mental Health  
Prof. Dr. Marcel Romanos, University Hospital  
Würzburg

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Subject  
Letter of intent for collaboration with CHILDhealth

Dear Professors Banaschewski and Romanos, dear Tobias and Marcel,

I am writing this letter to let you know that I am deeply impressed by your planned network CHILDhealth on major early transdiagnostic risks (preterm birth, childhood adversity), and on how these shape development and longitudinal adverse mental and somatic outcomes.

In particular, the focus of CHILDhealth on early risks and interactions between mental and physical health across development through large cohorts and deep phenotyping seems unique and absolutely critical. The four integrated research platforms are well-chosen and tailored to meet the aims of CHILDhealth. They cover cohort integration, preclinical developmental disease models, therapy and prevention, and pharmacovigilance, as the essential building blocks to advance child health and alleviate the high burden and cost of mental disease.

Given this outstanding plan and our long and history of fruitful collaborations, I am very interested in collaborating with the CHILDhealth network. I can envision promising collaborations on multiple levels. An obvious option is linking to own cohorts including genetic imaging and lifespan samples, which often focus on brain, genes and behavior but contain additional information on somatic phenotypes. Also, I expect the integrative longitudinal CHILDhealth data to provide a boost for large-scale international brain imaging initiatives (especially ENIGMA, for which I am leading the ADHD Working Group) and for international genetics initiatives, such as the Psychiatric Genomics Consortium, where I lead the ADHD Working Group. In addition, your data will enrich our other already established fruitful collaborations on neurodevelopmental disorders and transdiagnostic traits, such as emotion dysregulation/irritability. Considering the partly changing roles of genetic, metabolic, and brain imaging markers across development, it would also be excellent to be able to compare your CHILDhealth findings with those from other lifespan networks that I co-founded and coordinate, such as the International Multicentre persistent ADHD Collaboration (IMPACT) and the ECNP Network ADHD across the Lifespan.

Your impressive interdisciplinary research group combines developmental somatic and psychiatric expertise on child health covering the translational chain from basic to epidemiological and clinical science. From our various collaborations in networks and EU-projects over the years, I am also aware that you succeed in



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creating a highly motivating and constructive atmosphere for integrating basic and clinical science in those developing their careers in your groups, and successfully recruit, mentor, and promote junior clinicians and scientists with brilliant young group leaders that now are part of the network. I am delighted to see that you put specific effort into diversity and equal opportunities (especially gender diversity) and internationalization in your education and career development plans. I would be very happy to contribute to those efforts through mutual visits, organizing junior meetings as part of our networks, and supporting the mentoring of your young talents.

To summarize, I wish you all the best for the second round of evaluation towards successful realization, and look very much forward to the exciting collaboration opportunities with this truly unique and urgently needed translational network in child health.

With kind regards,



Barbara Franke, PhD  
Professor of Molecular Psychiatry  
Donders Institute for Brain, Cognition and Behaviour  
Radboud University Medical Center

