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**RECORDED MINUTES**  
**Research Policy Committee**  
**February 11, 2008**  
**3:30 PM**

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**PRESENT**

Kathleen Campbell, Ph.D., Chair	Lydia Arbogast, Ph.D. (proxy for Peter
Rod Weilbaecher, Ph.D. (proxy for Suresh	Patrylo, Ph.D.)
Bhaumik, Ph.D.	Louis Premkumar, Ph.D
M. Steven Evans, M.D	Sophia Ran, Ph.D
Mark Johnson, M.D.	Laura Rogers, M.D.
Patricia Hopkins-Price (proxy for Teresa	Don Scott, M.D.
Liberati, Ph.D., D.V.M.)	Steven Verhulst, Ph.D.
Mary McAsey, Ph.D.	
Prema Narayan, Ph.D.	

**Ex-Officio Members:**

Sandra Puczynski, Ph.D., Director of  
Clinical Research Development  
Linda Toth, Ph.D., Associate Dean for  
Research and Faculty Affairs  
Ko Watabe, Ph.D., Chair, Central Research  
Committee

**ABSENT:**

Paula Mackrides, D.O.  
Joseph Milbrandt, Ph.D.

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The meeting was called to order at 3:30 pm. by Dr. Campbell.

**Approval of January 14, 2008 Minutes**

Dr. Sophia Ran moved and Dr. Don Scott seconded that the January 14, 2008 minutes be approved as presented. The committee voted unanimously to approve the minutes.

**Announcements:**

1. Chair for March 3, 2008 RPC Meeting.

Dr. M. Steven Evans will chair the March 3, 2008 RPC meeting as Dr. Campbell will be out of the country and Dr. Ran will be unavailable.

2. Subcommittee Chairs are reminded that at the March 3, 2008 RPC Meeting, a rough draft of the faculty impediments to research survey will be presented by the subcommittee chairs for RPC consideration. All subcommittee chairs will determine the content of the survey, Dr. Verhulst and Dr. Rogers will be responsible for the final mechanics of the survey. It is anticipated that the subcommittee chairs will meet again before the March 3 meeting. Because Dr. Campbell cannot attend the March 3, 2008 meeting, Dr. Rogers, Dr. Verhulst, and Dr. Ran were asked to review the draft form with Dr. Campbell prior to the March 3 meeting.
3. At the March 3, meeting, subcommittee chairs will update the RPC on the progress of their subcommittees in evaluating current infrastructure needs and suggestions for future development. Dr. Campbell stated there seems to be an abundance of information coming in and the analysis has been good.

#### **Items for Discussion:**

##### **RPC Subcommittee Chairs for Strategic Plan Tasks:**

**Laura Rogers, M.D. Clinical Research** – Dr. Rogers presented her subcommittee's report in oral format only. Dr. Rogers reported her subcommittee conducted structured interviews and focus group within the various departments. Her subcommittee will meet again on March 7<sup>th</sup>. Dr. Rogers said her subcommittee was focusing on the barriers to and what they would need in a core center. The information her subcommittee determines does not need to be included in the faculty survey will be put into a specific document by the April RPC meeting. Dr. Campbell suggested that it would be beneficial if Dr. Rogers included her data collection methods in her April document.

**Teresa Liberati, Ph.D., DVM Translational Research** (Report presented by Dr. Kathleen Campbell) Dr. Liberati's written report is provided as an addendum at the end of the minutes. Dr. Campbell reported that Dr. Liberati's subcommittee has had several meetings focusing on prioritization of in-house grant mechanisms, infrastructure needs at SIU, Carbondale and Springfield and developing potential survey questions. (See addendum) In reviewing strengthening infrastructure needs and developing a biotech

corridor in Springfield, Dr. Ran suggested we consider the need of having a faculty pathologist on board. There is some concern as to whether we have the infrastructure in place to handle bench to bedside translational research without gaps in between.

Dr. Verhulst suggested it might be helpful to provide a definition of translational research in the survey. Dr. Ran said there was a definition on the NIH website which we might use.

Dr. Puczynski suggested that question #9 on the survey needs to distinguish between investigator initiated vs. industry sponsored drug trials.

Dr. Rogers asked that Dr. Liberati prioritize the survey questions developed in her report for consideration in the final faculty survey.

**Sophia Ran, Ph.D. – Basic Science Research** – Dr. Ran's written report is included at the end of the minutes as an addendum. Dr. Ran has received 13 reports from faculty and they are still collecting additional surveys. The subcommittee has not constructed specific survey questions at this time. Prioritization of internal funding is this subcommittee's biggest concern. Dr. Ran stated that the primary focus should be on maximizing the highest chances to bring in external NIH funding. In addition, communication issues are a large area of concern. Ran said that her subcommittee has identified some areas that do not need to be included in a survey because they already know they are problems. She felt there would only be a small portion of material to go into the faculty survey from this subcommittee.

**Steve Verhulst, PhD Humanities and Medical Education Research** – Dr. Verhulst presented his report in oral format only. Key topics discussed in this subcommittee centered on the notions of establishing and maintaining an externally recognized leadership position for the research agenda of this group or, more generally, the school. It was felt that a generalized term for this combined area of research could be Social and Behavioral Research. Several systematic issues that were discussed included: 1) centralization of services, 2) involvement of junior faculty, 3) promotion, and 4) collaboration. In addition, several detailed issues arose that included: 1) a clinical epidemiology core, 2) library shortages and accessibility, 3) long range recruitment plans, and 4) a coordinator of philanthropy specifically for research.

Dr. Campbell thanked the subcommittee chairs for their hard work and said they should not hesitate to contact her if she can be of assistance.

## **II. Remaining issues from CRC/RPC meetings from November 28,2007**

Whether a PI should be permitted to have funding for two sequential years: This issue was discussed in regard to both CRC and EAM grant mechanisms. It was the unanimous opinion of the CRC/RPC subcommittee that the policy of CRC (2 years out of 4 years) should be kept as it is. Regarding EAM, it was a general feeling that EAM should not have too much restriction and that the potential for NIH funding should remain the priority. However, some suggestions were discussed. First, funding will not be allowed for more than 3 years consecutively. Second: funding should not be allowed no more than 3 years out of any 4 years. Third: 2 years continuous funding is allowed. But at the third year the applicant needs to justify the 3<sup>rd</sup> year funding and a subcommittee will review such request. Fourth: if one applies for the 3<sup>rd</sup> year, he/she must attach a critique of NIH application. A consensus of the committee was not reached, and it was decided to bring the topic to the RPC meeting in January. Following a lengthy discussion, Dr. Campbell suggested this topic be a part of a larger discussion on internal funding at the April or May RPC meeting.

## **III Update on Faculty Achievement Award in Research (FAAR)**

The Committee again expressed concern that this information had not been disseminated to all faculty. In some cases the information has not trickled down past the department chairman. Dr. Toth stated that the information has been distributed to all department chairs and business managers and all pertinent information is on the web site. She said she would be willing to attend department faculty meetings if asked to explain the program.

On a motion by Dr. Mary McAsey and seconded by Dr. Tricia Hopkins-Price, the meeting was adjourned at 5:00 p.m.

### **Addendums:**

#### **RPC Subcommittee Meeting – Translational Research January 28, 2008 3pm**

Present: Teresa Liberati, Kathy Campbell, Peter Patrylo  
Absent: Louis Premkumar, Paula Mackrides

### **Prioritization of In-House Grant Mechanisms:**

Members discussed the grants available through the office of the ADRFA and placed them in the following priority list. Grants supporting faculty who had already demonstrated the ability to receive outside funding but were in a short term need situation were considered of high priority. The Clinician Scientist award was considered lower priority as clinicians could potentially seek funding through K awards that often have less competition. Also, it was asked if monies acquired by clinical departments from the conduct of Phase II-III trials could be earmarked for clinician research projects? The opinion that Concept Development awards are important was expressed, but that the project should clearly have a target of submission for a U award through NIH or be out licensed to industry.

#### **High Priority**

- EAM Near-Miss
- CRC Near-Miss
- Bridge
- Concept Development Award

#### **Moderate Priority**

- CRC – useful to help acquire preliminary data to support an R grant through NIH

#### **Lower Priority**

- EAM – may not go to an R01, consider giving less than \$50,000
- Clinician Scientist Award
- FAAR

### **Infrastructure Needs at SIU, Carbondale and Springfield**

1. Administrative Core – people who have been on review panels for many years and have expertise in grant preparation. Special office that conducts in-house review prior to submission. Also will help with proper paperwork, forms, etc. These are commonly found in other academic settings.
2. Office to liaison with biotech companies and major pharmaceuticals for out licensing, R&D, development, etc. Someone who knows how to tap into these resources and keeps abreast of company profiles, pipelines, market trends, etc. Someone who knows how to handle due-diligence visits.
3. Public Relations – individuals to get the information and research out into the mainstream. Taking little strengths of individual scientists and finding venture capitalists to make investments. Need to be sure correct areas for information sharing are being targeted so can attract the outside investments. Areas of venture capitalists – East and West coast. “Pride solicits Money”.

4. Statisticians – large need for more PhD level individuals with specialties in basic, clinical and translational. Both campuses or could share across campuses.
5. Technology Advancement Office – individuals whose job it is to go out to clinicians and/or faculty and ask what do you need to do your job better? Solicit ideas and match with faculty working in those areas or capable of developing the idea.
6. Increased presence of the Patent Office – offer services to help smaller companies and biotechs develop their idea or file for provisional patents if they are working with SIU. Expand offerings. Add expertise.
7. Develop the capabilities to conduct all pre-IND development studies as well facilities for Phase I clinical trials. Grow area to be a comprehensive site for taking products from bench to bedside by having the ability to complete development to the point it is more attractive as an out licensing for industry.

## Potential Survey Questions

For the translational research group survey questions were envisioned to revolve around four main areas: collaboration/grant mechanisms, education, biotechnology corridor development and individuals/infrastructure needs.

Format of interest to the group to use for the survey is to ask a question and have it followed by check boxes. Check boxes could be ranked so that priorities to faculty could be identified instead of just potential interest.

1. How could SIU help you best to apply for translational research opportunities?
  - Aid in the identification of potential collaborators
  - Provide seminars discussing translational research opportunities
  - Hire an individual specializing in the coordination of this type of research
2. Are you aware of the following NIH funding for translational research?
  - U01
3. If the following opportunities to learn about translational research were offered which would you plan on attending?
  - Translational grant workshop
  - Basic Drug Development
  - Patent Filing
  - FDA and IND/NDA filing
  - Technology Transfer
  - Project Teams/Program Projects
4. Do you think having an office for grant application help, i.e. an Administrative Core, that would review all grants, aid in paperwork completion including approvals for

human subject inclusion or animal use, would be an asset to your grant submission process?

- Extremely helpful
- Not helpful
- Would not have time to Use
- Current help is sufficient

5. Identify factors that would enable you to have the time to participate in translational research in a meaningful fashion?

- Better financial incentives
- Less clinical cases/clinic responsibilities
- Less teaching responsibilities
- Greater student involvement in research
- More resources such as an Administrative Office
- Other \_\_\_\_\_

6. Do you know how and when to apply for a patent?

- Yes, I am very familiar and hold patents
- Yes, I am moderately familiar
- I do not know where the patent office is
- No, not interested

7. Are you familiar with technology transfer?

- Yes, I am very familiar and have participated in
- Yes, I am moderately familiar
- No, unfamiliar
- Not interested

8. Are you aware that for clinical development of a potential product, mechanistic studies are not necessary but could be treated in a separate grant mechanism?

- I am aware of this and would be interested in learning more
- I am aware of this and actively participate in this type of research
- I was not aware of this and would be more interested in participating in translational research
- I was not aware of this, but still would not be interested in translational research or in drug development

9. Do you agree that there is currently a gap at SIU between basic research and Phase III drug trials that needs to be filled?

- No, I am not aware that such a gap exists
- No, I do not feel that such a gap exists
- Yes, but I do not feel it is necessary for SIU to have the capabilities to complete pre-IND, Phase I and Phase II trials
- Yes, I feel that SIU should work toward filling this gap and increasing infrastructure to that end

## Summary of Basic sub-committee meeting convened on Thursday, January 31, 2008

### I. List of topics: Infrastructure and Services

#### 1. Library issues:

- a. Access to essential articles online
- b. Access to electronic versions of methodology/protocol textbook chapters—The specific methodology books that would be useful are Current Protocols in Protein Science and Current Protocols in Molecular Biology.
- c. Access to Morris Library from Springfield campus and to SIU Springfield Library from Carbondale
- d. Outdated method to track journal use, hard copy and electronic, in both libraries
- e. Lack of electronic titles in particular recently developed research areas (e.g., virology)
- f. Lack of technology to access library resources from outside of SIU campus
- g. Classes on bibliography management, statistical software (in conjunction with biostatisticians), Photoshop and Adobe Illustrator. Another request from Carbondale is File Maker Pro.

#### 2. Large Equipment:

- a. Lack of a dedicated shared equipment room in some departments
- b. Aging or outdated shared equipment in some departments
- c. Lack of institutional or departmental designated funding to maintain large equipment and for service contracts
- d. Lack of proper supervision for maintenance of some shared equipment (e.g., some shared equipment in the Cancer Institute)
- e. Need to upgrade FACS (5 out of 8 responders) – Springfield
- f. Need to upgrade confocal microscope and accompanying software (4 out of 8) – Springfield. Upgrade of confocal is true for Carbondale as well.
- g. Need to purchase and upgrade ultra and high-speed centrifuges, film developer and autoclaves – both departments in Carbondale

#### 3. Core Facilities:

- a. Management of Flow Cytometry facility needs to be improved with regard to competence level of supporting personnel, billing for services and communication with faculty and staff.
- b. Very high vivarium fees in Carbondale will restrict ability to perform animal studies because of the high cost and will negatively affect our research programs
- c. Absence of designated personnel to operate autoclave/ lab washing facility (Springfield) impedes routine lab maintenance
- d. Research Services: lack of communication with faculty who request services; disproportional high fees; lack of appropriate training in many areas
- e. Need to include faculty feed-back on performance, customer relationship and technical competence for support staff of all major core facilities

**Note from Carbondale:** I would like to acknowledge that the Histology Core in Carbondale is excellent and a huge asset to our research. Costs are low while expertise,

reliability and willingness to help are high. Maureen Doran who manages this facility does a great job.

4. Other issues that retard faculty productivity:

- a. Graduate Program at SIU: number of school supported assistantship stipends has not been updated for years and is currently disproportionately low compared with increased number of faculty in the recent years. The low stipend that the Dept. of Physiology Ph.D. students get is a major problem in recruiting quality graduate students. We also think that there should be a more equitable distribution of research assistantships. Currently, the Physiology dept. in Carbondale gets none.
- b. Problems with Human Resources (inefficient communication, lengthy and frustrating hiring process, high rate of fringe benefits; lack of control of salary scale, etc)
- c. Problems with LACUC (delay in protocols' approval because of minute issues irrelevant to animal welfare)
- d. SCHRIS (communication with PIs and lengthy process for protocol approval)
- e. Need to maintain and increase the critical mass of productive research faculty – Number of faculty members is the key for improving research at SIU

## **II. List of topics: Medical Students and Residents**

1. Need to develop innovative approaches to recruit medical students and residents:

- a. Demonstration of institutional interest and support for participating students/residents and those who have interest to participate
- b. Acknowledgment and support of faculty who mentor students/residents in their lab
- c. Need to develop coordinated effort among administration, medical education and research faculty to identify both top interested students and faculty mentors
- d. Need to stress potential of bridging of clinical and basic research by investing in research education for medical students and residents

## **III. List of topics: Discussion on Mechanisms and Priorities for Internal Funding**

1. EAM & Near-miss EAM were identified as the highest priorities for internal funding mechanisms (highest chances to bring external NIH funding). Low priorities for internal funding were identified as CRC (not enough money to support serious work); Clinician Scientist program (pessimism about potential to bring external funding); Concept award (believed that should be supported from other resources). CRC funding is at least available to Carbondale faculty who have no other means of obtaining funding.

2. The highest priority for internal funding (by faculty rank and/or type of project) were identified as faculty of any rank with the strong likelihood to obtain NIH funds based on prior publication record and prior extramural support. The second priority – unestablished investigators. Pilot project, high risk/high reward – received the lowest priority.

3. Bridge fund: all acknowledge the importance but believe it should be combined with Near-miss EAM **Note from Carbondale**: The Carbondale faculty would disagree strongly with this statement. If CRC funding is given low priority and we do not have access to EAM funds unless we have a collaborator in Springfield, Carbondale faculty are at a big disadvantage. We would not be eligible for bridge funding and we have no other source of internal funding in Carbondale. ORDA funds seed

grants to junior faculty and is not a bridge funding mechanism. It is essential that bridge funding be a separate category that is available to all SOM faculty.

4. Development of tools to evaluate mechanisms of internal funding: 1) request for progress reports within 6 months after cessation of the funding to provide information on number of publications, number of submitted grants and number of awarded grants. 2) General support for CRC/RPC committee to monitor and annually assess performance of each mechanism based on PIs' productivity reports. 3) Support for the idea for the RPC to annually re-assess performance of each mechanism and make recommendations to ADRFA accordingly.