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**RECORDED MINUTES**  
**Research Policy Committee**  
**January 14, 2008**  
**3:30 PM**

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**PRESENT**

Kathleen Campbell, Ph.D., Chair

M. Steven Evans, M.D

Teresa Liberati, Ph.D., D.V.M.

Mary McAsey, Ph.D.

.Prema Narayan, Ph.D.

Joseph Milbrandt, Ph.D.

Sophia Ran, Ph.D

.Laura Rogers, M.D.

Steven Verhulst, Ph.D.

Jodi Hugganvik, Ph.D. (proxy for Peter Patrylo)

**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:**

Sukesh Bhaumik, Ph.D.

Mark Johnson, M.D.

Louis Premkumar, Ph.D.

Don Scott, M.D.

Paula Mackrides, D.O.

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The meeting was called to order at 3:35 pm. by Dr. Campbell.

**Approval of Minutes**

Dr. Mary McAsey moved and Dr.Sophia Ran seconded that the December 10, 2007 minutes be approved as presented. The committee voted unanimously to approve the minutes.

**Announcements:**

**Space Allocation Subcommittee:** The documents have been revised and a subcommittee meeting will be scheduled in early February for further discussion.

**Responsible Conduct of Research Training:** Dr. Campbell is still working with Gary Fifer on accessing the Responsible Conduct of Research (RCR) training through the CITI modules for faculty that are not currently involved in human research. Currently to access the modules, each individual has to complete the basic human subjects research training.

**RPC Appointment:** Dr. Paula Mackrides, MD of Family and Community Medicine has been appointed to the RPC to replace Dr. Schwartz. The RPC thanks Dr. McAsey, Dr. Arai, and Dr. Dorsey for expediting this appointment.

**Bridge Funding:** The Bridge Funding issue will be further discussed at a future RPC meeting after the RPC Subcommittees for the Strategic Plan have had an opportunity to discuss priorities in allocating internal funding.

**Shared Instrumentation Grant:** Dr. Toth reported she had spoken with Tom Brozoski, who has published fMRI images collected at UIUC, about the feasibility of applying for an fMRI by March. His view was that the technical and scientific expertise necessary to use this instrumentation are so demanding that we would be unlikely to convince a study section that we have the necessary expertise without a dedicated scientist who was experienced at fMRI. In addition, the equipment requires a lot of space and substantial shielding.

Toth reported in a subsequent unrelated meeting with Andy Wilbur, the discussion of microPet arose. He is a new faculty member who has used this equipment extensively, particularly for detection of thymidine kinase activity in vivo for cancer applications, and so could provide preliminary data and in-house expertise.

Dr. Toth will take the lead on arranging a brief presentation on the microPet instrument.

## **I. Five Minute Updates from RPC Subcommittee Chairs for Strategic Plan Tasks:**

### **A. Laura Rogers MD, Clinical Research**

The RPC clinical research subcommittee will carry out structured small group interviews and open forums with faculty to efficiently obtain as much information as possible from the faculty. We will meet on Feb 8th to discuss our findings. The information will be used to inform the need for and content of a survey.

## **B. Teresa Liberati, PhD, DVM Translational Research**

The RPC Translational Subcommittee Meeting met January 7 regarding the impediments and infrastructure related to translational research. Discussions included what the ideal would be, prioritization of ideas for improvement, and a review of current systems including problems and shortfalls.

The subcommittee also discussed various definitions and components of translational research including the concepts of drug testing, drug development, and animal models.

The subcommittee decided to include all bench to bedside research including:

- 1) animal model development
- 2) drug development
- 3) physiologic parallels between animal models and humans

The subcommittee also discussed relative capabilities in Carbondale and Springfield for biotechnology, incubators, some biomedical engineering, devices, drug development and patents and subcontracts? The subcommittee noted a definite need for formulation and drug synthesis.

### **The subcommittee divided the areas of Need into Four Areas:**

#### **Collaborations/Grants:**

Mechanism grants and pre IND studies

1. Large number of people that work in diverse areas at both SIU campuses so could take drug from industry and look for multiple indications
2. Collaborative team – multiple disciplines, defend and protect intellectual property. Roadmap – how to put it forward in development. Use project team concept similar to large pharmaceutical companies.
3. Individuals who can write manuals and date safety management procedures including the NIH “Manual of Operating Procedures” for U01 grants.
4. Currently SIUSOM conducts primarily Phase III clinical trials with some Phase II clinical trials, and no Phase I clinical trials.
5. Different grant mechanisms were discussed including ROIs, and UOIs

The subcommittee also discussed matching up clinical and basic scientists into teams but recognized that is not the only model; because individuals can also do translational bench to bedside research.

### **Education:**

1. Educate faculty on what and how to do translational – successful models
2. Educate faculty, students and clinicians on how to do drug development – how to move potential therapies from bench to bedside
3. Animal model – pathophysiology – translate to human condition
4. Educate about grants available
5. Seminars, courses (website)
6. Individual specialties – how to identify who does what and where?
7. Do uniform training across departments
8. Biosketch –file these (ADRFA website?)
9. Retreats that would be useful – cell/molecular and Neurology incorporate translational workshop
10. Patents, research, grant opportunities include in retreat agendas

### **Individuals Needed:**

1. Genetics lab – pharmacogenetics = need individual then teach medical students how to use these resources.
2. Clinicians – need to free up their time to participate; begin to get awards; can help cover salaries.
3. Licensure Office – someone who knows biotechnology, and pharmaceutical companies, knows their pipelines and development specialties. Someone who can lead due diligence visits

### **Biotech:**

1. Development of incubator → biotech corridor.
2. Translational seminar series → informational series
3. Drug development → outside speakers
4. Phase I studies – site, need infrastructure

### **C. Sophia Ran, PhD, Basic Science Research**

Drs. Ran and McAsey composed the preliminary survey that probes possible impediments for conducting basic research at SIUSM. The survey was sent to other subcommittee members who were asked to provide their input and ask their colleagues in their respective departments. They also arranged to conduct personal interviews with the faculty members performing research in the Departments of MMICB (Ran), SCCI (Ran), OBY-GYN (McAsey) and Pharmacology (Premkumar). The Carbondale members of the sub-committee are encouraged to do the same. The interviews are scheduled for January to the end of February. Presently, four interviews were conducted in person and two completed survey forms were received through e-mail. Drs. Ran and McAsey also plan to visit Physiology and Biochemistry Departments in Carbondale to get first-hand impressions on problems identified by faculty in the Carbondale campus. They expected to collect most information by the end of February or March. The subcommittee will meet after that to discuss the findings and synthesize them in one document.

### **D. Steve Verhulst, PhD Humanities and Medical Education Research**

The key topics that were discussed at this meeting 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.

As was noted at the January RPC meeting, several of these topics were also discussed at other subcommittee meetings and the pooling of ideas for the final instruments and discussions should only be beneficial.

Dr. Campbell asked that Subcommittee Chairs forward their comments to Shari Mulvany for inclusion in the minutes. Dr. Campbell stated that she would then share each committee's input with the other committees.

## **II Update on Faculty Achievement Award in Research (FAAR) Dr. Toth**

Dr. Toth reported that the FAAR program has been approved by the Chancellor and the President and will be implemented in FY08, effective July 1, 2007. FAAR is a pilot program that will be operational for the next two years. It will be evaluated at the end of that period for consideration of continuation. The goals of the program are to:

- Increase research and scholarly productivity, of which the generation of external funds is an outcome.

- Reward productive faculty members and provide incentives for all faculty members through achievement awards that can be granted either as salary or program support.

- Be entirely funded and sustained through faculty research productivity.

- Increase the total external funding generated within SIUSOM, consistent with the goals of Southern@150.

The Committee expressed concern that this information had not been disseminated to all faculty. Dr. Toth will take the lead and see that the information is distributed to all faculty members and that all pertinent information is on the web site.

## **III. Issues from CRC/RPC meetings from November 28, 2007.**

At the December RPC meeting we eliminated the requirement that faculty be at SIUSOM for at least 6 months prior to applying for grants through the CRC. In addition, the CRC/RPC subcommittee asked the RPC to also consider the following:

- A. Whether "secondary criteria (collaboration, clinical significance, integration of systems, contribution to Medicare etc) should be eliminated. The unanimous recommendation of the CRC/RPC subcommittee was that these secondary criteria should be eliminated as separate entities in the grant application and review process. As moved by Dr. Rogers, and seconded by Dr. Ran, the recommendation was approved unanimously.

B. Whether supplemental data for grant applications should be allowed. It was the unanimous opinion of the CRC/RPC subcommittee that no supplementary materials should be accepted after the grant application deadline. As moved by Dr. Rogers, and seconded by Dr. Evans, the recommendation was approved unanimously.

C. Whether salaries outside of SIU can be allowed on CRC or EAM grants. It was the unanimous opinion of the CRC/RPC subcommittee that while consultant and technical service fees should be allowed in the budgets, no salary support for personnel outside of SIU should be allowed. As moved by Dr. Ran, and seconded by Dr. Rogers, the recommendation was approved unanimously.

D. Progress/final report requirement for CRC and EAM: It was the unanimous opinion of the CRC/RPC subcommittee that the existing progress report form should be eliminated. Instead, a simpler final report form should be developed which requests only measurable information relevant to the previous grant funding (eg external grant applications, grants funded, patents and patent applications, publications, presentations). Applicants who submit for a second year of funding should explicitly state the progress made for the first year project using the "Introduction Page". As moved by Dr. McAsey, and seconded by Dr. Verhulst, the recommendation was approved unanimously.

E. 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 should 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. However, because the CRC/RPC subcommittee did not come to a consensus, it was decided to bring it to RPC meeting in January. Due to time constraints, this agenda item was postponed until the February RPC meeting.

F. Dr. Toth has suggested that the following statement from the CRC RFP is difficult to evaluate and administer: "Faculty with total external funding of \$75,000 or more (direct costs) are ineligible for a CRC award unless they can clearly document that the external funding and CRC support are unrelated projects." She suggested that it be revised to "Faculty members with total external funding of \$75,000 or more (direct costs) are ineligible for a CRC award". However that could restrict a successful investigator from obtaining pilot data in a new direction. The input of the RPC was requested. After a lengthy discussion of the proposed language change, the consensus of the committee was that the language revision could eliminate new and innovative studies and recommended there be no change to the language. Dr. Verhulst proposed that we collect data going forward on faculty members that have external funding of \$75,000 or more who apply for CRC funding.

G. Other issues that were discussed at the CRC/RPC subcommittee meeting that do not need formal action by the RPC were: any suggested revisions to forms or checklists for CRC or EAM grant submissions should be sent to Dr. Watabe, sometimes the CRC membership does not have sufficient reviewer expertise for each grant submitted, and the EAM no cost extension deadlines should be sent to investigators earlier.

Dr. Campbell thanked the subcommittee chairs for their concise reports and Dr. Toth for her update on the FAAR program and information relating to either an fMRI or microPet shared implementation grant opportunity.

On a motion by Dr. Mary McAsey and seconded by Dr. Laura Rogers, the meeting was adjourned at 5:00 p.m.