

Minutes

**UW School of Medicine and Public Health
Medical Education and Research Committee
5:00 PM January 14, 2008 – Room 4201 Health Sciences Learning Center**

Members Present: Sanjay Asthana, Bill Busse, Molly Carnes, Cindy Czajkowski, Paul DeLuca, Norm Drinkwater, Jeff Grossman, Tom Grist, Cindy Haq, Rick Moss, Javier Nieto, Mary Beth Plane, Patrick Remington, Jeff Stearns, Rod Welch, George Wilding

Members Absent: Susan Goelzer, Greg Nycz, Gordon Ridley, Susan Skochelak

Guests: Kevin Wymore, David Kindig, Bridget Booske (project director)

Staff: Tracy Cabot, Cathy Frey, Tonya Mathison, Ken Mount, Karla Thompson, Eileen Smith

The Committee was called to order by Chair Paul DeLuca at 5:09 p.m.

1. The draft minutes from the December 10, 2007 MERC meeting were presented. The minutes were approved unanimously without modification.

2. Announcements:

- a. DeLuca reminded the group to sign and return the conflict of interest policy.
- b. Eileen Smith reported that about 50 faculty and research coordinators attended the Collaborative Health Sciences Program information session. She added that Dr. Busse was particularly helpful in responding to questions.
- c. Smith noted that the subcommittees exploring the major themes of the Strategic Planning Retreat have begun to work through the Overview and Outcomes document. The Research subcommittee has met once, and will meet again to finalize their document. Initial meetings for the Education and Service / Outreach groups are coming up soon.

3. Progress report: In accordance with MERC policy regarding annual progress reports DeLuca introduced David Kindig, who reported on his project, “Making Wisconsin the Healthiest State.”

Kindig began by describing the major tasks of the project, which are to characterize the population health of Wisconsin and compare it to other states, to identify evidence regarding cost-effective programs and policies to improve outcomes, and to develop recommendations of policies and interventions to guide Wisconsin in becoming the healthiest state and contribute to priority setting for the WPP five-year plan. So far, his group has produced seven issue briefs and reports. Kindig cited data from “The Burden of Excess Deaths in Wisconsin” report, showing that 28% of the excess deaths are in the

city of Milwaukee. He also showed results from the “Health of Wisconsin Report Card” including mean health (B-) and health disparities (D)—which includes racial and ethnic disparities as well as disparities caused by socio-economic status, geography, and gender. Perhaps most striking were the mortality rates for working age adults, broken down by various groupings of gender, education, and geography. Kindig’s data show that if we are able to lower the mortality rate in Milwaukee to the state average, the health of Wisconsin will approach that of the best state (Minnesota). Furthermore, if educational levels are improved such that most adults graduate from high school and have some college education, the health of Wisconsin would surpass that of Minnesota.

To improve the grades, Kindig’s group has identified 19 possible programs and policies in the areas of individual behaviors, health care, governmental public health, and social and physical environment. One example from the Smoking Programs and Policies worksheet is the implementation of a cigarette tax. Kindig’s group will begin a priority setting process this spring related to activities in the areas of individual behaviors, health care, and social and physical environment, and he invited MERC members to participate in that process. Final recommendations for a balanced portfolio report will be available by late summer.

Kindig described the challenges as limitations of evidence for improving the mean health, lack of evidence about reducing disparities, and little evidence on cost-effectiveness.

Kindig described a recent paper in the Journal of the American Medical Association entitled “Beyond Type 2 Translational Research?” which states that practitioners other than health care professionals can also translate research into practice. Examples of these other practitioners include employers, schools officials, product designers, and the food industry.

Kindig concluded by saying that he will develop a dissemination strategy for his recommendations, which he plans to roll out later this summer or fall. This could be a 10, 20, or 30 year process to improve the grades, and will impact the Wisconsin Partnership Program’s five-year plan, the State Health Plan 2020, the federal health plan, and will contribute to the transformation of the SMPH.

Bill Busse asked about the indication that educational level is a bigger factor for good health than biomedical intervention, and Kindig explained that we need to have balance by making changes in each category. Busse asked why Minnesota is so far ahead of Wisconsin, and Kindig replied that Minnesota is doing a lot of things right in a variety of areas, including progressive healthcare systems, strong social policies, strong economic policies and growth. Kindig concluded by reminding MERC members that they will an email invitation to participate in the feedback sessions.

4. OAC report: Smith reported that the December OAC meeting was devoted to making the fourth round of Community-Academic Partnership Fund (CAPF) awards. The group made 21 awards totaling \$5.3 million. Since 2004, the CAPF has made over 100 community grants totaling \$22 million. Smith explained that the grants fall into two

categories: development grants provide funding for one to two years to enable community organizations to develop collaborations that may lead to larger projects, and implementation grants which provide funding for larger projects for up to three years. Smith added that the MERC executive subcommittee had some discussion about these awards, and made a number of suggestions of ways to attract more faculty partners.

5. Evaluation Team report: Cathy Frey reported that the Joint OAC/MERC Evaluation Implementation Subcommittee met in November and will meet again this month. She announced that the group has contracted with the UW Survey Center to interview 50-60 stakeholders about the WPP. Frey noted that some MERC members may be asked to participate in the interviews.

6. Executive Subcommittee report: DeLuca explained that much of the meeting was devoted to discussion of the Biobank and WisCID proposals.

DeLuca said that the Executive Subcommittee also discussed a draft policy regarding the review of progress reports and final reports, shown as agenda item 10 tonight. That policy was circulated to MERC members with the endorsement of the Executive Subcommittee. To summarize, interim progress reports for competitive grants will be reviewed by WPP staff and any issues will be brought to the MERC Executive Subcommittee for discussion. Final progress reports will be reviewed by two Executive Subcommittee members, who will present a summary of the accomplishments to MERC. MERC may decide to ask grantees to make a formal presentation as well. DeLuca suggested developing a final report booklet to publicize the results from NIP awardees. Progress reports for non-competitive grants will be reviewed by two Executive Subcommittee members. For awards greater than \$500,000, PIs will be expected to make presentations to MERC annually or no later than 18 months. Busse moved approval of the policy; Pat Remington seconded the motion, which was approved unanimously.

Prior to the presentations of proposals, DeLuca reminded the group of the conflict of interest policy, which states that those in conflict may listen to the discussion, but will need to leave the room prior to any vote.

7. Biobank: Catherine Leith presented a proposal for the “Development of a Centralized UWCCC Biobank.” The purpose of the Biobank is to systematically and prospectively collect tissue and blood samples needed for a broad spectrum of research. This requires standardized collection and storage procedures, a cataloging system, and adherence to HIPAA, IRB, and OHRP rules. Furthermore, there must be procedures in place to make specimens accessible to researchers.

Leith explained that her proposal has two aims: to establish a central UWCCC biobank, and then to use that as a model to develop a broader SMPH biobank to include non-cancer diseases. This would include the storage of samples from SHOW, ICTR, and WiNHR.

Right now, the UWCCC has IRB approval to collect residual tissues from cancer surgeries and clinical biopsies, as well as blood samples from surgical and chemotherapy patients. However, more staffing is needed to collect samples. The knowledge gained from this “pilot” program will be used to optimize protocols for sample collection and processing. They are working to optimize the Percipenz database to catalog specimens. Leith explained that the group has developed protocols for rapid dissemination of samples to researchers, including review of proposed studies, etc.

The second aim is to develop a plan to broaden the UWCCC biobank to a single SMPH biobank. Leith presented an overview of the budget categories. The detailed budget covers two years, and includes cost sharing from the UWCCC and UWHC.

Javier Nieto asked about the location of the facility, and Leith explained that for the short term, the freezers are located in the UWCCC, but long term storage will be in MSC. Marybeth Plane inquired about the timeline for allowing other investigators across the state to contribute to the biobank, and Leith said that she is meeting with Marc Drezner and Howard Bailey to discuss this issue, but that it will likely take about a year of planning. Plane suggested adding people from across the state and from a variety of disciplines to the advisory board as the biobank expands.

Cindy Haq noted the high need for and value of this type of activity, but asked about the plans for long-term sustainability. Leith responded that it is unlikely that the biobank will ever be self-sufficient. There will be a charge to take specimens out, but no charge to store them. There is a tissue handling fee for tissues that are not stored, but are simply taken out of the operating room for immediate use. She expressed hope that the biobank could perhaps reach as much as 70% cost recovery. Nieto asked if ICTR had funds for biobanking, and DeLuca responded that Leith’s proposal is designed to be a pilot project to find answers to a lot of these types of questions.

Tom Grist asked if we can draw on the experience from other cancer centers, and Leith said that there are a number of examples, such as Case Western Reserve, Vanderbilt, and Minnesota, but each has a different model. Our biobank is likely to evolve according to how the tissues are used. DeLuca added that the school’s position is to put an end to private tissue banks held in individual labs.

Sanjay Asthana stated that there is a tissue bank for brain samples that has been funded through the state. Since most of the tissues are recovered after death, protocols have been developed for tissue retrieval at remote sites. He suggested that these protocols could be adapted for the biobank.

There being no further discussion, Leith left the room.

8. WisCID: Bruce Klein began his presentation with a summary of a 2004 Nature article underscoring the importance of infectious disease—25% of 57 million annual deaths worldwide are caused by infectious disease. He noted that the microbial sciences at UW-Madison are ranked in the top three programs in the United States, along with

Stanford and Harvard. This ranking is based on our outstanding, diverse faculty, the historically strong State Health Department, and the State Lab of Hygiene. However, our faculty are fragmented by distance and departmental boundaries. His proposal for a Center for Infectious Disease, housed in the new Microbial Sciences Building, seeks to cross boundaries and bridge disciplines to attack specific problems. The Center will include faculty from five schools or colleges on campus, plus researchers at the State Division of Health, the State Lab of Hygiene, and Marshfield Clinic.

Klein outlined the objective of WisCID to promote research and training in microbiology and infectious disease in a way that connects diverse disciplines and fuels rapid translation of discovery to patients. Other outcomes include defining the beneficial roles of microbes, and creation of a pre- and post-doctoral training program on “Microbes in Health and Disease.” Klein’s request, which was modified in response to comments from the Executive Subcommittee, is for seed funding to ramp up this center over four years, plus dedication of one CHSP award per year to a WisCID pilot project. This timeline will allow the center to compete for sustainable external funding.

Klein showed a diagram of the governance structure for the center, which includes a number of advisory committees, and four research units (New Drug Discovery, Vaccines / Immunity & Inflammation, Clinical / Translational, and Symbiotics / Probiotics), with the addition of a fifth unit (Epidemiology of Infectious Disease) as faculty expertise is added. Each unit has a diverse faculty of clinical, basic, and population researchers and ties to state agencies. Klein also described five core services (Administration, Clinical / Translational, Shared Equipment, Biotechnology, and Experimental Animals).

The pre- and post-doctoral training program will include faculty from Bacteriology, Medical Microbiology & Immunology, Internal Medicine, and Pediatrics. Klein will serve as PI and director of the program. The program will be administered through Medical Microbiology. The timing is optimal to take advantage of three new developments on campus: a community of investigators in the Microbial Sciences Building, incorporation of a new theme (microbes in health), and incorporation of postdoctoral training for PhDs and MDs.

Klein concluded by stating that MERC support will be rewarded with new advances and applications, in the tradition of the mass production of penicillin during World War II. This proposal addresses a health need, advances transformation, synergizes with CTSA/ICTR, and fosters the Wisconsin Idea.

Rick Moss asked about potential synergies between WisCID and ICTR. Klein responded that he envisions that small molecule candidates could be advanced for possible drug development and moved into clinical trials, although this is a long-term prospect. He also suggested that the center could respond to RfPs for clinical trials on new antimicrobials, possibly in collaboration with ICTR.

Nieto asked why the epidemiology core is on the back burner, and Klein responded that although this is a central feature of the center, there is an issue of critical mass right now.

Recruitments are underway, but there is no one on board right now to lead this core. We have a dearth of global infectious disease experts on this campus. Rod Welch added that the Department of Medical Microbiology has received funds from Promega to hire a faculty member in global biological threats.

There being no further questions, Klein left the room.

Prior to further discussion, DeLuca announced that he has conflicts of interest with both proposals, and asked Grossman to chair the discussion. Moss asked about the nature of DeLuca's conflicts, and DeLuca explained that he has worked with George Wilding and Norm Drinkwater to push the development of the biobank. WisCID is also a longstanding issue, affecting several faculty lines in three different departments. Busse noted that he also has a conflict, due to promoting the collaboration between Welch and Klein. Welch is obviously in conflict.

Grossman asked for discussion of the WisCID proposal. Moss moved approval of WisCID, seconded by Plane. Moss expressed his enthusiasm for further development of drug discovery, including antimicrobials as well as in other drug areas. Drinkwater liked the development of a center to foster integration, but was concerned about specific budget issues with the proposal as it stands. Some of the proposed investments go beyond what the SMPH typically supports for a center. He noted the importance of infrastructure support for leadership; but said that there are other options for support of post-doctoral fellows. Busse countered that there are fewer funds available for postdoc support in clinical departments.

Haq suggested that MERC require the Center to establish the Epidemiology area right away, and not wait for campus recruitments, because creation of this center could escalate the recruitment process. Remington said that the epidemiology area was added based on Executive Subcommittee input. Haq suggested an amendment to the motion: to recommend funding contingent upon the inclusion of epidemiology during the startup of the center.

Cindy Czajkowski questioned the request to assign one CHSP award per year to infectious disease. Drinkwater said that approving the center would not require MERC to make that award. DeLuca said that we would not make it an automatic allocation, but we could make it clear to applicants that we want to make awards in our priority areas. This would mean including a line in the CHSP instructions about giving priority to those applicants using MERC supported resources, such as SHOW, WinHR, or other programs.

At this point, DeLuca, Welch, and Busse left the room.

Grossman asked if there were any suggestions for changes to the budget, and Drinkwater amended the motion to reduce the budget by eliminating the amount proposed for subsidized core support and post-doctoral support. This amendment was approved unanimously. Grossman called the question about the addition of the epidemiology core,

which was approved unanimously. Finally, Grossman asked for a vote on the motion with the two amendments, and it was approved unanimously.

DeLuca, Welch, and Busse returned.

Grossman lead the discussion about the biobank proposal. Haq questioned the accuracy of the budget. Drinkwater explained that grants won't cover the majority of costs associated with storing tissue samples, but some grants require the applicant to have access to a biobank to be able to apply. It is likely that the SMPH will have to provide some on-going support. The biobank will likely never reach the point of zero institutional support, just like the IRB. Busse concurred with Drinkwater, noting that a biobank will make us more competitive. Haq suggested that it will be important to start this program correctly, with consideration of who will provide long-term infrastructure support.

Moss said that this proposal is meant to serve as a pilot project, so that we can develop the biobank in a thoughtful way. Centralized biobanks are a novelty, so we need to learn how to create the proper structure. Moss expressed his support for the proposal, and added that we will likely see a larger proposal for on-going support at the end of the pilot phase. DeLuca commented that they have looked at other schools. Most biobanks have been started in the past three to five years, and showed much evolution over the development period.

Asthana added that if this is the major biobank facility for the school, we need to expand the scope to include postmortem collection. Molly Carnes suggested exploring support from the Vilas trust.

Wilding commented that a tissue bank will be required for the next Cancer Center grant renewal. Furthermore, we are in a difficult regulatory environment—it took two years to get approval from the IRB. In the future, some support can come to the biobank as a shared service in the UWCCC core grant, but it needs to be functional. Wilding added that there is likely to be a similar tissue bank requirement for other center grants in the near future.

At this point, DeLuca, Drinkwater and Wilding left the room.

Ken Mount pointed out that we cannot support Leith's entire salary on a MERC award, because that would be supplanting. Some part of her salary must remain on UWCCC funds. Remington amended the motion to include a change in the compensation arrangements for Leith, which would reduce the overall budget. This amendment was approved unanimously. Grossman asked for a vote on the motion with the amendment, and it was approved unanimously.

DeLuca, Drinkwater and Wilding returned.

9. CHSP Review Process: DeLuca explained that we will be receiving pre-applications. We need four MERC members plus two other campus experts to read every pre-application, and group them into three categories: fundable, not fundable, or unsure. We will invite those in the fundable category to submit full proposals, which will be assigned to two faculty experts for independent review. Program staff will gather the written reviews and scores, and create rankings. The ranked set comes to MERC for decision regarding selection for oral presentations.

Drinkwater asked if the expert reviewers could be paid, and Smith said that there is precedent for paying OAC reviewers. DeLuca agreed in principle. Moss asked for clarification that the faculty experts will review the science, and MERC will make decisions based on programmatic relevance. DeLuca agreed, and added that the pre-applications will be judged on MERC relevance. Drinkwater stated that we need to determine in advance how high the bar should be set for program relevance, and Smith suggested that we discuss that at the Executive Subcommittee meeting on January 31.

DeLuca explained that the subcommittee to review the preliminary applications should have expertise from each area, and he nominated Drinkwater, Nieto, Haq, and Susan Skochelak. DeLuca will chair, and suggested Marsha Seltzer and Betty Craig as the outside members.

We also need workgroup to make assignment of full proposals to faculty experts. DeLuca suggested Marc Drezner, Drinkwater, Nieto, Haq, Skochelak, and Wilding. Drinkwater suggested that the workgroup assignments be brought to MERC for revision, and DeLuca agreed.

DeLuca closed the meeting by noting that the Strategic Planning Research Subcommittee meeting spent a lot of time discussing the CHSP, and will be making suggestions on how to rebuild the RfP.

There being no further discussion, the meeting was adjourned at 7:12 p.m.

Respectfully submitted by:
Tracy L. Cabot,
Recorder