

## **Minnesota Regenerative Medicine Funding Board Meeting**

February 19, 2015, 8:00 AM – 9:45 AM, St. Paul Hotel

### **Attending:**

Board:

Margaret Anderson Kelliher

Roberta King

Ven Manda

André Terzic

Jakub Tolar

Guests:

Nancy Morgan

Mike Pfenning

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The meeting adjourned at 8:00 AM with all members and two guests in attendance.

An overview of the response to the research grant RFP was presented with a description of the review process. Board was asked to refer to their summary of grant scores. The Board was charged to remember its responsibility to see and build the overall picture of regenerative medicine in Minnesota, with emphasis on considering how the citizens of Minnesota will benefit from these efforts, how grant resources could be used to propel something broader, and how this might be a foundation for investigators from which to get more funding. It was suggested that the Board learn from the experience of other states that have regenerative medicine funding and do things differently.

The question was raised asking what success of the regenerative medicine program would look like and what the metrics of measurement were.

It was proposed that the investigators be required to present their results to the Board at the end of the first year of funding, and that the second year of funding be based on adequate progress.

It was noted that the state of Ohio had initiated a \$60 million innovation program that did not succeed, perhaps due to lack of focus while being spread across too many entities. It was suggested that clinical practice was one metric of success, and that success breeds more support.

A clarification was requested as to the timeline in which the legislature expected to see a return on the investment. The response was that in discussions with legislators to date, they understood that this was a long-term commitment, and that it could be a concern to overpromise and under develop.

The Board then began to discuss the review process with the following ideas expressed:

- Reviews had been assigned to reviewers by bodily systems who were charged with scoring according to the NIH 9-point system. Some reviewers had given much higher scores than others. It was suggested to divide the awards equally among the three systems so that no group was penalized by the variation in scoring styles.
- There was concern that the decision was being made using scores only, and that a two-dimensional analysis could lead to the skewing of results.
- It was noted that clinical trials were not represented in the top 11 proposals and that the review could have been divided in terms of the stage of research rather than by bodily system. The Board discussed enriching the review criteria to emphasize the different stages of research development.
- Another viewpoint was expressed that if the reviews were based on the quality of science, this should be equal among all stages of development.
- It was noted that assigning reviewers grants that were outside of their areas of expertise could reduce the effectiveness of the review process.
- There was concern that revisiting the entire review process at this point in time and making decisions based on different criteria than those with which the reviewers were charged could make the Board's decisions appear capricious, and that transparency and accountability were paramount this year.
- The Board agreed that it would revisit the grant structure and review criteria before next year, and that it would also be important to clarify the definition of regenerative medicine.

The motion was made to accept the two highest ranked proposals in each system for funding. The motion was seconded. There was no discussion. The motion was carried unanimously.

The award process following the vote was outlined:

- The four responsible officials at the Mayo Clinic and the University of Minnesota would be sent a letter informing them of the decision.
- Government relations at Mayo and UMN would be notified.
- Letters would be sent to the applicants on the morning of Monday February 23.
- Grant awards would be announced on the MRM website, with Mayo and UMN also doing internal announcements.

It was noted that information about the review process should also be available on the website.

Monday, February 23, is also the deadline for applications for education, biotechnology, and clinical improvement. The next Board meeting will address the selection of these proposals. This meeting will be in March.

After discussion, the Board decided that their next steps after that should include a roundtable discussing the Board's and funding's mission, vision, and definition of regenerative medicine.

A visual model of success was proposed using maps:

- 1) showing where questions about the program/regenerative medicine were coming from
- 2) showing where actual applications were coming from
- 3) showing the actual portfolio of research

It was agreed that these maps would be an excellent tool for communication and measurement.

The Board discussed the idea of what success means for the program. It would be advisable to define the problem statement - what is the problem MRM is trying to solve? New therapies would be a good deliverable for research and that MRM needed deliverables in each category, e.g., highly qualified people being educated and going into the field of regenerative medicine, showing how the therapies are accessed throughout the state, etc.

The discussion was summarized and closed with the statement that people are the goal—not the grants—patients, employees, educators, investigators, etc.

The Board then discussed the contracts for creating and maintaining the website. Two applications have been received. Comments were made that it was critical to meet the prospective providers face-to-face, that the website is the face of MRM and needs to have something for everyone, to help the average person on the street know what regenerative medicine is and what it can do, and that eventually it should also include high-level science. Meetings will be arranged and a recommendation will be presented to the Board.

The Board that a business in Minnesota already uses the name Minnesota Regenerative Medicine and that the Board will need to address a name change. Various suggestions were made with no decision. The name change should be decided before 2/23/2015 so that it can be used in the next grant announcements.

The business of the meeting have been accomplished, the meeting was adjourned at 9:45 AM.