Board Meeting - July 28, 2015 - 8:00 AM
St. Paul Hotel, St. Paul, MN

Attending: Roberta King, Ven Manda, André Terzic, Jakub Tolar
Absent: Margaret Anderson Kelliher
Guests: Nancy Morgan, Mike Pfenning

Meeting was called to order at 8:00 AM

The Board was asked to redefine, reimagine, rethink what RMM has been charged with and how to grow the program.

In the first year, RMM awarded ~$4.5 million to 32 projects.

Before year two, the Board should examine/change/adapt format of funding and funding timeline.

It was proposed that the year two timeline be chosen to avoid overlapping with NIH in order to enlarge the pool of potential reviewers. Proposed schedule – research grants (9/1/2015 release, 2/2/2016 awards) and then the Education/Biobusiness/Patient care grants (1/4/2016 release, 5/23/2016 awards).

It was proposed that the research awards be broken into three categories: Discovery Science, Translational Research, and Clinical Trials; however, grants will still be funded by quality, not rigidly by category.

Suggestions were made:

- In future consider multiple PIs to offer opportunities to younger investigators.
- For Clinical Trials RFP, request that the applicant state the hypothesis being tested in the page requirements section.
- Remove “late-stage preclinical trials or” from Clinical Trials RFP.
- In Clinical Trials RFP, change language to include having contingency plan for financial risk.
- In Clinical Trials RFP add criteria that investigators have a recruitment strategy for the diverse Minnesota population.

It was agreed that the RFPs were acceptable, but that Board members would review again to ensure that the language matched the agreed-upon changes. Amended versions will be circulated with comments due August 4.

It was suggested that if there are three categories, there should be three groups of reviewers. It was unanimously agreed that reviews would be better balanced with a closer match of reviewer to type of research.

It was noted that the first research grants overloaded the reviewers. It would be more manageable to assign about 10 grants per reviewer. The Board was asked to look at the current list of reviewers. Additional potential reviewers are needed, particularly with expertise in clinical trials/statistics and biobusiness. The Board was asked to review the list of reviewers and to suggest additional people with the appropriate expertise. It was confirmed that reviewers must come from outside Minnesota. It was suggested that the more international reviewers should be added. The reviewers should have a balanced geographic presence across the US, and add government, FDA, EU agency, professional organizations, patient support groups, etc. A master Board-approved list of reviewers will be created and maintained.

The next question was if PIs can hold more than one research grant at a time. The response was no, they could only hold one research award at a time. Educational awards were only one year, so they are invited to reapply. Top priority is to spread the wealth.

The Board was asked to speak about RMM ideology and what the future should look like. What was the endgame for the decade? What differentiates RMM from others (CIRM, NYSTEM, etc.) and what can we learn from them?

The following points were made:

- RMM has the opportunity to be more than a granting agency, we can help guide an effective direction for the state. For example, goals could be: Building RM as a new model of care. No state has declared that. Declare that as ambition. Or building RM industry in a broad sense – MN becomes a state recognized for its RM industry.
- What would success look like to the legislature? There is a model with MN as a center of excellence for medtech, one of the three largest pivotal hubs. Can RMM be the catalyst to create a center of excellence in regenerative medicine here? Can RMM promote job growth?
- Minnesota has clinical medicine in close proximity to medical research. Work to solve a common problem and have a clear goal for industry. Avoid silos. All it takes is one profound success to lead by example. The standard of care for one disease, will lead a convergence. Focus versus diffusion.
- Regenerative medicine could make medical devices obsolete in next 10-20 years. MN has advantages of location to be a center of excellence. Increase opportunities for partnering with RMM.

The Board was asked to think about the second wave of funding. It was noted that, surprisingly, the greatest impact in education came from the programs. Should funding be converted from individual scholarships to education programs? The Board agreed to consider this for next year.

One of the scholars received NIH funding and has returned the RMM scholarship. Should this be awarded to next person on the list (grant had excellent score)?

The question was called and and a motion made to accept the RFPs, the plan for review process, the business plan, and the reallocation of funds to the new scholar. The motion was seconded and unanimously accepted.

The next in-person meeting will between 1/4/2016- 2/2/2016 to discuss research awards.

The business of the meeting concluded, the meeting was adjourned at 9:48 AM.