

June 14, 2018
3:00 PM to 4:00 PM



Conference call # (888) 670-3525
Conference code 5311418626

Biomedical Research Advisory Council
Meeting Minutes

Board Members Present:

Daniel Armstrong (Chair)
Richard Nowakowski (Vice Chair)
Michael Fradley
Richard Houghten
David Decker
Tushar Patel
Conor Lynch
Allison Eng-Perez
Charles Evans Wood

Board Members not in Attendance:

Abubakr Bajwa

CCRAB Representative:

Chris Cogle was in attendance representing CCRAB.

PCAC Representative:

Thomas Stringer was in attendance representing PCAC.

Department of Health Staff:

Bonnie Gaughan-Bailey, MPA, ASQ-CQIA, Administrator, Biomedical Research Section
Teresa Mathew, MA, MSW, MPA, Advisory Council Liaison, Biomedical Research Section

A quorum was present. The meeting was called to order at 3:05 p.m. Board members received all pertinent meeting materials. Board members participated via conference call and could actively and equally participate in the discussion.

I. Meeting Minute Approval

Dr. Armstrong called for a vote on the prior meeting minutes. Dr. Nowakowski made the motion to approve the February 27, 2018 minutes. Allison Eng-Perez seconded the motion. Total votes for approval: (Total members voting: 9) Affirmative: 9, Negative: 0, Recusal: 0.

II. Discussion of Required Changes to the Funding Opportunity Announcements RE: travel, graduate student tuition, research participant incentives, and subcontracts

Teresa Mathew and Bonnie Gaughan-Bailey explained the changes and provided background on these issues. Most of the changes focus on required documentation to be submitted in by grantees in deliverables packets and what would be considered allowed or disallowed costs. Dr. Wood asked what the long-term impact of these changes would be. Bonnie Gaughan-Bailey explained that for projects that involve research participant incentives, the Florida Department of Health IRB will likely need to be the IRB of Record. For grantees who wish to issue out-of-state subcontracts, they will need to provide justification showing that the services cannot be found in the state of Florida. For tuition, the Department is trying to make the argument that statute supports education and development for new researchers. Travel will likely need to be documented similar to how state employees document their travel.

III. Discussion and Vote on Research Priorities and Mechanisms of Support for the FY 2018-2019 Bankhead-Coley, James and Esther King, and Live Like Bella FOAs

The BRAC discussed whether the FY 2018-2019 FOAs should continue to cover a broad range of priorities, or if some priorities should be the focus. Another option that was considered was to keep the range broad, but give certain research priorities special consideration.

For the Bankhead-Coley FOA, the BRAC came to consensus on the following language to be added to the section on Research Priorities:

In order to balance the number of grants awarded across Research Priorities, this year the Department will prioritize applications that address the following:

1. Reduction of mortality and morbidity as related to health disparities;
2. Improve screening accuracy and detection in high risk groups;
3. Resistance to front-line treatments in recurrent disease in the five cancers listed;
4. Research focused on sarcomas, or leukemia and other blood cancers.

In addition, the following language will be struck from the Bankhead-Coley and James and Esther King FOAs:

Applications for the Technology Transfer Feasibility priority are encouraged.

Dr. Armstrong called for a vote on this language. Dr. Nowakowski moved to approve the language. Dr. Lynch seconded the motion. Total votes for approval: (Total members voting: 9) Affirmative: 9, Negative: 0, Recusal: 0.

For the James and Esther King FOA, the BRAC came to consensus on the following language to be added to the section on Research Priorities:

In order to balance the number of grants awarded across Research Priorities, this year the Department will prioritize applications that address the following:

1. Reduction of mortality and morbidity as related to health disparities;
2. Improve screening accuracy and detection in high risk groups;

3. Prevention and treatment research evaluating programs for tobacco use reduction and prevention.

Dr. Armstrong called for a vote, Dr. Decker moved to approve this language. Dr. Nowakowski seconded the motion. Total votes for approval: (Total members voting: 9) Affirmative: 9, Negative: 0, Recusal: 0.

Dr. Armstrong directed the discussion toward the mechanisms of support for the Bankhead-Coley and James and Esther King Programs. Dr. Decker said that it would be good to keep the categories as they are. Dr. Nowakowski suggested that the programs keep the existing mechanisms, but add smaller versions of the Discovery Science and Clinical Research options. For example, the Discovery Science mechanism could have a maximum budget of \$900,000 over 3 years, or \$300,000 over 3 years. This could increase the number of projects that the Department could fund.

Applications for high-risk, high-reward, innovative pilot projects will also be considered for funding at \$100,000/year for three years for Discovery Science and \$150,000/year for five years for Clinical Research.

Dr. Armstrong called for a vote to include this language in the FOAs for the Bankhead-Coley Cancer Research Program, the James and Esther King Biomedical Research program, and the Live Like Bella Pediatric Cancer Research Initiative. Dr. Nowakowski moved to approve this language. Dr. Lynch seconded the motion. Total votes for approval: (Total members voting: 9) Affirmative: 9, Negative: 0, Recusal: 0.

The Live Like Bella priorities will remain the same as in the previous year.

III. Public Comment

No public comment.

The meeting adjourned at 4:05 p.m.