Minutes
Health Research Advisory Committee
November 23, 2009
Bureau of Health Statistics and Research, 6th Floor Forum Place Building
Harrisburg, Pennsylvania

Committee Members Present:

Dwight Davis, MD, Professor, Pennsylvania State University College of Medicine and Director of Cardiac Rehabilitation, Hershey Medical Center (via teleconference)
Donna Gentile O'Donnell, PhD, Managing Director, Life Sciences Portfolio, Eastern Technology Council (via teleconference)
Lewis Kuller, MD, DrPH, Professor of Epidemiology and University Professor of Public Health, Graduate School of Public Health, University of Pittsburgh (via teleconference)
Arthur Levine, MD, Senior Vice Chancellor for Health Sciences and Dean of the School of Medicine, University of Pittsburgh (via teleconference)
Michael Parmacek, MD, Herbert C. Rorer Professor of Medical Sciences and Director of the Penn Cardiovascular Institute, University of Pennsylvania School of Medicine (via teleconference)
Michael V. Seiden, MD, PhD, President and Chief Executive Officer, Fox Chase Cancer Center (via teleconference)
Kim Smith-Whitley, MD, Assistant Professor, Department of Hematology, The Children's Hospital of Philadelphia (via teleconference)
Lisa Staiano-Coico, PhD, Provost and Senior Vice President for Academic Affairs, Temple University (via teleconference)

Department of Health (DOH) Staff:

Cathy Becker, MPH, Health Research Program Manager, Bureau of Health Statistics and Research
Christine Dutton, Esq., Chief Legal Counsel
Diane Kirsch, RHIA, CTR, Public Health Program Administrator, Health Research Program, Bureau of Health Statistics and Research
John Koch, Program Analyst, Health Research Program, Bureau of Health Statistics and Research
Patricia W. Potrzebowski, PhD, Director, Bureau of Health Statistics and Research
Robert Torres, JD, Deputy Secretary for Administration

Others in Attendance:

John T. Anthony, Project Associate, Pennsylvania State University
Christine C. Christ, Research Associate, Pennsylvania State University
Paul Cribbins, Esq, Assistant Vice President, Commonwealth Relations, University of Pennsylvania
Hildegund C.J. Ertl, MD, Professor, Wistar Institute

Gladys Escobar, Clinical Research Coordinator, Department of Pharmacology, Pennsylvania State University
Ian Frank, MD, Associate Professor of Medicine, University of Pennsylvania
Philip Lazarus, PhD, Professor, Pennsylvania State University
Joshua Muscat, PhD, Professor, Pennsylvania State University
Trevor M. Penning, PhD, Director, Center of Excellence in Environmental Toxicology, University of Pennsylvania
Tammy Rider, Clinical Interviewer, Pennsylvania State University
Alexander Steven Whitehead, DPhil, Professor of Pharmacology, University of Pennsylvania School of Medicine

Call to Order

Deputy Secretary Robert Torres called the meeting to order at 9:35 a.m. on Monday, November 23, 2009 in the 6th floor conference room of the Forum Place Building in Harrisburg, Pennsylvania. A quorum of members was present, via telephone. Mr. Torres welcomed Committee members and others to the meeting and stated that he had been designated by the Secretary to chair the meeting and represent the Secretary in the Secretary's absence. Mr. Torres indicated that the purpose of the meeting was to hear presentations from the 2006 nonformula grantees and to discuss and finalize the nonformula research priorities for the 2010-2011 state fiscal year.

Minutes of the October 8 and 9, 2009 Meeting

A motion was made by Dr. Levine and seconded by Dr. Davis to accept the minutes of the meeting held on October 8th and 9th meeting. The minutes were approved by all Committee members.

2006 Nonformula Grant Presentations

Researchers from the four 2006 nonformula grants were invited to present information on the progress of their grants to date. PowerPoint slides were used to provide the presentations.

Presentations and Discussion:

- Ian Frank, MD, University of Pennsylvania, stated that they are collaborating with Cheyney University, Albert Einstein Medical Center, Children's Hospital of Philadelphia, the Philadelphia Department of Public Health (PDPH), the Family Planning Council and Geisinger Health System. A total of 33 students have participated in the project. The aim of their project was to evaluate the effects of community- and provider-based interventions on the rates of human papillomavirus (HPV) vaccination in 9-18 year old girls in two areas – north eastern Pennsylvania and Philadelphia neighborhoods which are predominantly African American and low income and. The vaccination rates obtained from the Philadelphia vaccine registry were lower (18%) than the vaccination rates obtained from the electronic medical records of adolescents in the Geisinger health system. Intervention messages and methods will differ somewhat in the two sites based on the findings of focus groups and interviews with adolescents and parents in these communities. The interventions in the Philadelphia

sites consist of small group and community outreach interventions with a message focusing on the prevention of sexually transmitted diseases (STD). The Geisinger intervention will test two delivery methods, a nurse community educator vs. an electronic media, and two messages, cancer prevention alone vs. a message including both cancer prevention and STD prevention themes. Discussion: Dr. Davis was impressed with the level of understanding that the investigators obtained about the communities and populations and asked why recruitment was more of a challenge is one of the Philadelphia neighbourhoods. Dr. Frank responded that the recruitment challenges likely stemmed from that fact that the community had more single family homes, was more geographically dispersed and residents relied less on public transportation. Dr. Kuller asked about the accuracy of the vaccine registry data, the outcome measures and role of the public health department. Dr. Frank indicated that they are undertaking a study to validate the registry data. The outcome measure is the vaccination status of the participants in the interventions, but that they will also investigate the vaccination rates in the neighbourhoods where the interventions are being undertaken and in the control neighborhoods. There was no attempt to change vaccination efforts by the Philadelphia Department of Public Health (PDPH) or other health providers, but they are working with epidemiologists in the PDPH on the data aspects of the project. Dr. Frank was not aware of any outreach programs by the PDPH to increase HPV vaccination.

- Hildegund C.J. Ertl, MD, Wistar Institute, summarized progress on their wet lab project aimed to develop a universal influenza vaccine. They developed two viral vaccines and two peptide vaccines (Aim 1). For Aim 2, the viral vectors and peptides were tested to determine how well they protected mice from influenza. Mice were protected by the vaccines and all the responses were significant. For Aim 3, the project is testing human subjects for cross-reactive immunity to influenza A virus strains. 157 healthy adults have been screened and, of these, 26% had detectable influenza. A total of 128 acutely infected children have been identified and samples take for antibody analysis. Subjects who were exposed to avian influenza were identified and samples taken for analysis. Preliminary data were presented on the pediatric cohort and adult poultry workers who were likely to be exposed to avian influenza virus. Aim 4 is to develop a cocktail of human monoclonal antibodies to M2e for passive immunization against influenza A virus infections. There were technical problems with this aim, which are being addressed. Thus far the project has led to the submission of one publication and 3 grants. Minority training is being conducted with Cheyney University. Four undergraduate students and 1 faculty member participated in the program during the summers.
- Philip Lazarus, PhD, Pennsylvania State University, summarized their study hypothesis, i.e., there is genetic and environmental variability in the population which contributes to the risk for colorectal cancer. Colorectal cancer mortality is higher in Pennsylvania when compared to the rest of the nation, and the incidence of colorectal cancer is higher in their 19-county study area in north eastern Pennsylvania than in the rest of the state. They have undertaken a case control study to investigate genetic and environmental risks. Controls were identified from a random-digit dialling method. Accrual of cases to the study increased significantly when they started identifying cases from the Pennsylvania Cancer Registry and they are now well ahead of schedule and will exceed their original study goals. This study will be one of the largest case control studies for colorectal cancer in North America. Preliminary data showed higher estimated intakes of processed meat in the study population as compared to a nationally representative sample. Preliminary analysis of cases and controls in the study also

show a trend towards increased red meat intake and an increased risk of colorectal cancer. They have worked with faculty at Lincoln and trained two minority students as part of the minority research training program. Discussion: Dr. Davis asked whether the interviews were conducted in person or over the telephone. Dr. Lazarus explained that the interviews were conducted in person at the subject's home or at research offices so researchers can collect tissue samples. The quality of data derived from face-to-face interviews is likely to be better than data collected via telephone. Dr. Kuller observed that the questions used in the national survey were not identical to the questions used in the study population and raised the issue that the data may not be comparable. Dr. Kuller asked about the statistical power to detect gene environment interactions. Dr. Lazarus responded that the proposal was powered for 900 cases and 900 controls. However, they expect to collect data on 1200 cases and 1200 controls and so they should be able to study multiple alleles.

- Alexander Steven Whitehead, DPhil, University of Pennsylvania, indicated that their project is a collaborative endeavor of the University of Pennsylvania, Penn State University, Lincoln University and Fox Chase Cancer Center. Their research project was designed to study gene-environment interactions in lung cancer. They proposed to recruit 600 lung cancer cases and 600 controls from Philadelphia and Dauphin counties. The aims of the study were to identify genotypes and/or biomarkers associated with lung cancer in smokers living in areas of high air pollution (Philadelphia) and low pollution (Dauphin County) and lung cancer in Caucasian and African American populations. The proportion of African American cases was lower than expected; they have added sites to obtain approximately 300 African American cases by the end of the project. Plans for biomarker assays and genotyping were reviewed along with the Lincoln University internship program. All six African American student interns are planning to apply to medical school. A number of grants on biomarker research have been funded. These grants have used some of the methods that we developed early in the project. The grant led to publications on methods development and a patent application. Discussion: Dr. Davis complimented the investigators on the minority internship program and encouraged follow-up with the interns to determine their future career paths. Dr. Kuller recommended a recent paper in JAMA which found that folic acid (B12) intake was associated with increased risk of lung cancer. Dr. Seiden raised the issue of statistical power. Dr. Whitehead responded that the biomarker difference between individuals is likely to be quite significant and the effect size is sufficient to see if there is a genetic component. There is reasonable power to detect genes that contribute to lung cancer risk up to 1.5 fold. Also there is a potential to combine this dataset with those of other studies.

Discussion of Nonformula Research Priorities for State Fiscal Year 2010-11

Mr. Torres summarized the actions that the Committee has taken so far with respect to establishing the research priorities. On October 8th the Committee heard testimony concerning the research priorities followed by a workshop on nanotechnology. On October 9th, the Committee heard expert presentations on substance abuse research. After this workshop the Committee voted that the research priorities for the formula funds for the 2010-11 state fiscal year remain the same as in prior years; they also voted to combine the "clinical and health services" category of nonformula funding with the "other research" funding category; and they voted to put all of the funding into substance abuse and to draft a white paper on substance abuse for consideration and final vote by the Committee at the November 23rd meeting. Dr. Levine

volunteered to draft a white paper on substance abuse and Committee members were invited to provide input on the paper. The white paper was emailed to the Committee prior to this meeting.

Mr Torres stated that the objective for the remainder of the meeting is to consider Committee comments on the white paper and use that discussion to formulate the details of the research priority. Then he would ask for a motion for the Department to draft the language of the research priority and send it to the Committee for review and final revision. Mr Torres pointed out that after the Committee has agreed to the final language of the research priority, it will be posted on the Department's Web site and the Department's Legal Office reserves the right to make additional, nonsubstantive changes after the Committee has finalized the language. These changes would be similar to the type of changes made by the Legislative Reference Bureau to bills presented to them by legislators.

Dr. O'Donnell stated that she wanted it to be noted for the record that she emailed Committee members that morning a copy of a letter that she sent to the Governor requesting that the Committee delay a vote on the priorities today so that the Governor and Secretary might consider other issues.

Mr. Torres asked each Committee member to provide their comments on the white paper and whether they had received and reviewed Dr. O'Donnell's letter to the governor.

Dr. Davis stated that he forwarded his comments on substance abuse to Dr. Levine and he did not have the chance to review Dr. O'Donnell's letter.

Dr. Donnell commented that the white paper looked fine and on the subject of the letter she noted that the greenhouses received zero new investment dollars this year and that because the decision making process for awarding grants is contracted out, there is little opportunity for life science companies to be represented in the process. She asked that a separate meeting be held to review how the board makes decisions on the competitive grant awarding process and that the Committee defer its decision on finalizing the research priority.

Dr. Kuller read Dr. O'Donnell's letter. He commented that the white paper was well thought out. He noted that the problems of drug abuse and alcohol abuse are very different and suggested that the research focus on drug abuse rather than alcohol abuse. Mortality from alcohol has dropped dramatically. He also said that the focus is too broad.

Dr. Levine read Dr. O'Donnell's letter. He commented that the funds are encoded in the legislation and any changes that we would make would be subject to exhaustive legal and fiscal review. There is not enough time to do this review in this cycle and still have time to award funds. He recommended that the Committee hold a meeting within the next 1-2 months to take a careful and systematic look at this issue. He pointed out that federal stimulus funds will end in two years and research funding will be in worse shape in two years than now. NIH funding is not likely to increase by 33% in two years to cover the shortfall caused by the end of stimulus funding. Regarding the white paper, he agreed that alcohol and drugs are chemically distinct entities and that the research priority could be narrower in scope.

Deputy Secretary Torres commented that he had the opportunity to speak to the Secretary who indicated his support for holding a separate meeting dedicated to the nonformula grant award process.

Dr. Parmacek read Dr. O'Donnell's letter and agreed with holding a meeting in the future, but urged that the committee move forward with the substance abuse research priority. He commented that the white paper captured what was discussed and he would be agreeable to either including or excluding alcohol. He reiterated a concern about the precipitous drop off in NIH funding that will occur when the $10 billion in federal stimulus money ends.

Dr. Seiden put in another request that tobacco be considered for inclusion particularly if alcohol is included because tobacco is the drug that kills the most people.

Dr. Smith-Whitley commented that the white paper was well thought-out and stressed the importance of including a health services research outcome component. She reviewed Dr. O'Donnell's letter and agreed with holding a separate meeting to discuss the funding issues.

Dr. Staiano-Coico commented that the white paper was very comprehensive and agreed with the need to include outcomes assessment as part of the research priorities. She read the letter and supported a separate meeting, but did not want to stop the process of selecting a research priority now.

Motion on the research priority

Robert Torres asked for a motion on the draft priority. Dr. Kuller reiterated his concern that abuse of alcohol is very different from drug abuse and he preferred to exclude alcohol and tobacco and focus instead on drug abuse. Dr. Davis indicated that he preferred that alcohol not be included.

Dr. Levine moved that the research priority be focused on drug abuse and exclude tobacco and alcohol. He noted that we can work with the Department to narrow and focus the priority. Dr. Potrzebowski pointed out that many people who abuse one substance abuse others whether they are alcohol, tobacco or other drugs. She asked whether it was the intent to exclude studies of polydrug users. Dr. Levine responded he would not exclude studies of alcohol and tobacco use in the context of polydrug use, but alcohol and tobacco use should not be the primary focus of the research.

Dr. Staiano-Coico agreed that as long as co-morbidities including co-use of alcohol and other drugs were included, she would support a focus on substance abuse, rather than a focus on alcohol abuse. She seconded the motion.

Dr. Potrzebowski reiterated, for the purpose of clarification, that the topic area would be substance abuse. The focus would be primarily on drug abuse, but we would not exclude any other substances such as alcohol or tobacco use as co-morbidities and that studies of polydrug use would be in scope. Dr. Kuller added that the primary focus should not be tobacco.

Dr. Staiano-Coico commented that the priority should not be limited to illicit drugs because prescription drugs are abused. Dr. Levine pointed out that prescription drugs such as antibiotics are also misused and that is not the intended focus. With respect to prescription drugs, the focus should be on prescription painkillers (opiod analgesics).

Mr. Torres called for the vote on the motion. All committee members voted in favour of the motion except Dr. O'Donnell who opposed the motion.

Dr. Potrzebowski asked whether there were any other areas of research that should be excluded. Dr. Kuller recommended excluding any research on the health benefits of marijuana or any other drug or substance.

Dr. Potrzebowski mentioned that no more than 50% of the funds in a grant can be spent on biomedical research. She pointed out that a grant may not solely consist of biomedical research but may be focused entirely on clinical and/or health services research. Dr. Levine asked whether imaging and genomic research would be considered clinical research. Dr. Potrzebowski responded that imaging or any medical procedure or diagnostic test that involves human subjects would be considered clinical research.

The Department will draft the research priority and give Committee members at least one more opportunity to review and comment on the language. It typically takes several rounds of review until everyone is comfortable with the wording of the research priority.

Plans for Future Meetings

Mr. Torres stated that a separate meeting on Dr. O'Donnell's concerns will be held, probably in January or February. It was recommended that that meeting will be held via telephone conference call, to save travel costs and to avoid weather-related travel problems. Funding for the Advisory Committee does not come from tobacco settlement funds. Expenses are paid from the Commonwealth's general government operations, which are extremely tight. It was noted that the Philadelphia meeting cost three times as much as a meeting in Harrisburg generally costs. The additional costs were largely due to hotel costs and the expense to publish the meeting notice in the Philadelphia newspaper, which is a requirement of the law.

Dr. O'Donnell commented that there are many constituents including the greenhouses that are interested in attending the meeting. It was pointed out that the meeting would always be held in a meeting room accessible to the public, like today's meeting, in accordance with open meeting law provisions. Dr. O'Donnell said that she is opposed to opening up the legislation, but would like to examine the legislative intent. She added that the money spent on peer review is quite substantial. Dr. Potrzebowski clarified that the intent was not to invite the public to testify at this meeting. Mr. Torres reminded the Committee that Senator Orie's report is reflective of the type of comments made by parties interested in changing how research funds are invested.

Regarding the plans for the fall 2010 meetings, Mr Torres stated that staff will begin checking in February with Committee members concerning their availability for the fall 2010 meetings.

Mr. Torres asked whether the Committee would like to hear about the final results of the obesity research projects, which end in May 2010. The Committee agreed that presentations from the Principal Investigators would be valuable.

Mr. Torres asked whether the Committee would like to continue the same process for hearing testimony on research needs, that is, the Department would solicit written testimony and the Committee members would determine who should present at the Committee meeting. There was agreement that this process worked well and should be used next fall.

Mr. Torres asked whether the Committee would like to hear the mid-year reports on the 2007 nonformula grants on violence prevention and regenerative medicine. Dr. Davis commented that he appreciated the opportunity to hear the progress and findings made on the projects as a mechanism as informing the Committee of the decisions taken on research priorities. Other committee members agreed.

Mr. Torres asked the Committee about topics for seminars in the fall. Two Committee members voiced opposition to holding another workshop on nanotechnology. Dr. O'Donnell suggested translational research and the commercialization component. Dr. Levine commented that the University of Pittsburgh has hundreds of translational research projects alone and asked what the topic or focus should be. Dr. O'Donnell responded that she is interested in translational research that has a commercialization component. Dr. O'Donnell wants to determine how we can use our dollars to advance commercialization. Dr. Parmacek commented that he is unclear what is in the purview of the Department to do vs. what is in the purview of the legislature to do. He requested that the Department's legal counsel provide information to Committee members concerning what research can be and cannot be funded in terms of the existing legislation.

Dr. O'Donnell commented that in hospitals and universities there are persons who work on developing early stage companies, which, if properly supported, could turn into real companies. Using the tobacco settlement funds, the greenhouses have become angel investors and now the funds for these investment are not available.

Dr. Kuller asked why these companies don't respond to RFAs. Dr. O'Donnell responded that it was very difficult for companies to respond to narrow priorities. Dr. Kuller stated that the gene-environment interaction research priority was very broad and wondered why companies did not respond.

Dr. O'Donnell stated that the decision making process has been outsourced. Dr. Potrzebowski clarified that the logistics of the peer review process are contracted out, but the decision making regarding what nonformula grants are funded is made by the Department. The peer review process is only the first step of the process for determining grant awards. The peer reviewers score the proposals using NIH criteria and then the Department of Health has an internal review committee that makes recommendations to the Secretary as to which projects should be funded based on the scores and rankings thereof. The reason for that is that the statute very clearly states that we must select the highest ranked proposals. We must select the best scientific proposals. The Department does not outsource this process.

Dr. O'Donnell stated that the decision-making process is not structured for company participation; rather it is structured for institutional participation.

Chris Dutton stated that the law precludes the Health Research Advisory Committee from having any involvement in the decision-making process. The peer review panels are used deliberately to avoid an ethical conflict of interest entirely by keeping any potential grantee and applicant out of the process. She stated it is unlikely that the legislature would change this aspect of the law.

Dr. O'Donnell stated that she is not suggesting that the legislation be changed in this respect, instead she is proposing that there may be a way to change the decision making. For example, each of the greenhouses is structured for making decisions to give funding to companies. She asked whether the greenhouses could act as the agents for this decision making.

Robert commented we know that private companies have received nonformula funds and stated that the Department would provide information on formula funding given to private companies.

Returning to the issue of topics for workshops to be held during the fall 2010 meeting, Dr. Levine commented that testimony was presented at this fall's meeting on new imaging technologies and afflictions that are unique to minority populations such as sickle cell. Other possibilities for workshops, which were discussed, included stroke, models of care for specific disease processes in communities and the biology of aging. No projects on stroke were funded in response to RFA issued for the cardiovascular research priority (a 2002-03 research priority).

The focus of the fall workshop will be discussed at the next meeting of the Committee.

Other Business

Dr. O'Donnell sent an email to the Committee on October 18th asking about the impact of 2009 budget action in which $800 million was taken from the tobacco settlement's health endowment fund to meet state budgetary needs. Mr. Torres indicated that the endowment fund was targeted to help the various programs funded by the Tobacco Settlement Agreement continue after the tobacco settlement dollars decrease dramatically. He concluded that there may be long-term implications to the CURE program if the endowment fund continues to be tapped, but that there would be no immediate impact in the next few years.

Dr. O'Donnell asked about the allocation of funds for the CURE program for this year. Ms. Becker responded that the total amount of funding is close to $75 million.

Adjournment

The meeting adjourned at 1:50 p.m.