School of Medicine Research Coordinating Council (RCC)

Minutes for Thursday, May 4, 2006 8:00-9:00 a.m., 301 BRB II/III

<u>Present</u>: Gaulton, Drebin, Gur, Kaestner, Lazar, Metlay, Rader, Schnall, Sehgal, Strom, Winston, Gocke <u>Absent</u>: Johnson

Agenda

- Discussion of presentation of proposed Center of Excellence in Environmental Toxicology (CEET)
- Presentation of the requested conversion for the Center for Neurodegenerative Disease Research from Type I Center to a Type II Center (V. Lee)

RCC members continued the discussion of the Center of Excellence in Environmental Toxicology (CEET) presented by Dr. Trevor Penning at the last meeting. Dr. Gaulton noted that CEET was initially positioned as a Type I center in the Department of Pharmacology, with modest space and financial resources, and is the recipient of a recently announced \$4 million NIH grant. RCC members agreed that CEET is indeed best positioned as a Type I center in Pharmacology, in view of the currently limited focus in environmental toxicology by a small but highly dedicated group of faculty. The expectation of the RCC is that with time, CEET might expand in mission and size, and evolve into a SOM Type II center.

Dr. Virginia Lee next presented a request for conversion for the Center for Neurodegenerative Disease Research (CNDR) from a Type I to a Type II center. Dr. Lee presented an overview of the CNDR, and noted that the center has been, in many ways, operating as a Type II with broad interdisciplinary collaboration for several years, and would accordingly like to receive the resources that are generally associated with Type II centers. Dr. Lee discussed the neurodegenerative disease research conducted at CNDR, and specifically noted the development and use of a relational database for the collection and study of tissue and fluids in the search of bio-markers for neurodegenerative diseases, and the option of genetic counseling for patients are examples of clinical research out reach. Dr. Lee stated that the lack of significant SOM funding has prevented senior-level recruitment, for example in the field of neurogenetics.

RCC members commented on the recognized excellence and achievements of the CNDR, including Dr. Lee's world-renowned expertise in the field of neuropathology. With regard to new recruitment, although the CNDR is accomplishing cutting-edge research, it was noted that Dr. Lee will continue to face significant obstacles unless additional resources are realized. RCC members also noted that the organizational structure and goals of CNDR appears to be closely aligned to the Institute for Aging (IOA), and that much of the CNDR operating budget is realized through the grants of Drs. Lee and Trojanowski, and not SOM funds. RCC members questioned why the CNDR is not part of the IOA. Dr. Lee noted that this was a clear misconception: the IOA

does not hold as a primary focus neurodegenerative diseases whereas CNDR does. It also was unclear what the role of the CNDR should be, vis-à-vis the INS, and the newly proposed Comprehensive Neuroscience Center (CNC). The RCC determined that it was best to first meet with the CNC leadership before finalizing a recommendation on the CNDR. That should be clearer after the presentation of that institute in a few weeks.

The Committee will also request that Dr. Trojanowski present the status of the IOA at a future meeting. In addition regardless of structural outcome, the RCC members clearly felt the need to provide Dr. Lee with increased resources for CNDR. The discussion will continue at the next meeting on May 18, 2006.

Respectfully submitted,

Joan Gocke

The next RCC meeting will be held on Thursday, May 18, 2006 in 301 BRB II/III from 8:00-9:00 am.