

School of Medicine Research Coordinating Council (RCC)

Minutes for Thursday, June 15, 2006

8:00-9:00 a.m., 301 BRB II/III

Present: Gaulton, Drebin, Lazar, Rader, Schnall, Sehgal, Strom, Gocke

Absent: Gur, Johnson, Kaestner, Metlay, Winston,

Agenda

- Discussion of the Presentation of Type II Center/Institute for Digestive, Liver and Pancreatic Medicine (Anil Rustgi, MD)

RCC members reviewed the Type II Center/Institute proposal for Digestive, Liver and Pancreatic Medicine distributed by Dr. Anil Rustgi, and noted the major emphasis in longitudinal studies from neo-natal ages through adulthood, as well as the excellent educational and training programs. Dr. Gaulton cited Dr. Rustgi's conscientious attention to the program structure and especially in his strong relationship with the Children's Hospital of Philadelphia (CHOP).

In questioning why this entity should be a Type II center, Dr. Lazar and others RCC members noted the difficulty of selecting those centers and institutes that should become or continue as Type II centers, and how each might be resourced within the SOM strategic plan. The relative roles of departments and centers/institutes were also raised. The suggestion was made that ideally this general question needed to be addressed before individual centers were recommended to become Type II centers.

In response, Dr. Strom summarized his perception of the RCC's prior discussions on these questions. First, in some cases, the current departmental structures are an historical artifact rather than how one might otherwise organize departments if they were to be reorganized today. For example, in the clinical departments, it might make more sense to administratively unite cardiovascular medicine with cardiac surgery, than for example with rheumatology as is now the case in the Department of Medicine. Similarly, it might make more sense to join gastroenterology to GI surgery, than to endocrinology. In sum, the activities of clinical care and of the clinical residency programs, largely dictate the maintenance of the current clinical departments. Dr. Gaulton pointed out that it is much the same among the basic science departments, where multiple different departments now use similar scientific techniques and often have overlapping interests in biological disciplines: in this sense it is reasonable to suggest that these entities might also be reorganized just as easily in multiple other ways. Thus, in many ways; the centers/institutes structure is a rational means to bridge existing departmental organizational structures to ensure that cross-disciplines are supported.

The RCC has previously noted the existence of two, complementary types of centers/institutes: one is disease oriented, and is typified by the Cancer Center, CVI, and IDOM; the other is disciplinary/methodologic, and is typified by the CCEB and ITMAT. The latter often need to be accompanied by closely related departments. In either case, whether a center/institute is more appropriately Type I or Type II depends on breadth, scale, and institutional impact as outlined in the 2004 Center and Institute Review Committee report.

The RCC members then discussed resources, and whether a multiplicity of centers/institutes dilutes resource allocations. Dr. Strom pointed out that, assuming fixed resources, the answer is yes, however, the question for the RCC to consider is how resources are to be distributed, and whether we believe any particular center/institute is a logical organizational structure. While this theoretically means fewer resources for departments, departments are secure in their resources by existing faculty lines and may benefit from a center approach via new shared recruitment and program opportunities. RCC members pointed out the desirability of enforcing this even more, perhaps by expecting joint resource contributions toward recruitment from both a center and a department.

RCC members then decided they were indeed comfortable making a decision about individual centers, including the one proposed for discussion today.

Dr. Rustgi presented an overview of the proposed Type II Center for Digestive, Liver and Pancreatic Medicine. When asked why the center should be granted Type II status, Dr. Rustgi stated he was looking for resources that would provide a transition for the center from basic to clinical and translational science that transcends its current position in the GI division and Department of Medicine. He also noted that Type II status would provide a paradigm for clinical care and research across SOM and CHOP. Dr. Rustgi noted that he has had positive discussions with CHOP research leadership, and noted strong support for this joint center. He stated that he will ask for significant parallel financial support from CHOP for this center.

When asked about what resources he expects from the SOM Dean, he indicated that he is looking to finance the infrastructure necessary to conduct translational research and longitudinal studies in this area; for example, pilot projects, as well as resources for personnel and specific equipment for the center. He was not looking to duplicate the activities of ITMAT, IDOM, or the Cancer Center, but rather to complement them. Dr. Rustgi noted that he hoped the center would be self-funded at some future date. Dr. Rustgi also noted that he would like to bring "core" investigators together in designated center wet laboratory space, but noted that this might not be practical until the new SOM research building is complete.

Following Dr. Rustgi's presentation, RCC members discussed their support of the center, and will recommend Type II center status. The RCC was particularly impressed by the planned integration with CHOP. This could become the first center that is truly joint between the SOM and CHOP, both because of the diseases under study, the center focuses on progression from child to adults, and the unique leadership talents of Dr. Rustgi. In order for this to occur, it would be important to assure significant political and financial support from the SOM and CHOP. Drs. Gaulton, Strom, Rubenstein, Rustgi and Johnson will meet to discuss this joint structure and proposed funding. Another option would be to bring these investigators together in the new CHOP research building, within which the SOM hopes to lease space.

Respectfully submitted,

Joan Gocke

The next RCC meeting will be held on Thursday, July 27, 2006 in 301 BRB II/III from 8:00-9:00 am.