Call to Order

The meeting was called to order by the president, Dr. Ron Pfeiffer, at 11:15 AM on September 10, 2001, in the Patio on the 7th floor of the Wm. F. Bowld Hospital.

Attendance

The following members were present:

Allen S. Edmonson, MD
Peter D. Jones, PhD
Stanley Kaplan, MD
C. Bruce MacDonald, MD
E. Haavi Morreim, PhD
William R. Morris, MD
Linda K. Myers, MD
Ron Pfeiffer, MD
Rajendra Raghow, PhD
Kenneth D. Sellers, MD
Fran Tylavsky, DrPH
Christopher M. Waters, PhD
Robert S. Waters, PhD

The following guest(s) was (were) present:

Dr. Sherry Flax
Dr. Randy Nelson
Dr. Dianna Johnson

Approval of minutes

Minutes had previously been distributed by electronic means.

Old Business

New Business

The DFAC interviewed three candidates, for half hour each, for the new position of director of the Faculty Resource Center. Dr. Linda Nichols was unable to be present, but those who knew her described her activities as best they could. All candidates were thought to bring strengths, but Dr. Johnson was deemed to have the greatest breadth and depth of experience and interest for this particular position. Dr. Pfeiffer will write a letter to Dean Herrod summarising the DFAC’s findings.
Next Meeting

The next meeting of the committee will be held on October 1, 2001, at 12:00 Noon in the Patio on the 7th floor of the Wm. F. Bowld Hospital.

Adjournment

There being no further business, the meeting was adjourned at 1:10 PM.

Respectfully submitted,

E. Haavi Morreim, PhD

Secretary
minutes approved etc;
old business: they'll meet re the symposium

new business: Mike Doctor re the Mphs Biotech Foundation, Translational research
and new proposed clinical trials foundation

research enterprise should be: basic research -clinical trials -Intellectual Property-startups -
companies
65-70% of basic research money is federal; clinical trials are a mix of federal and private
funding;
if the incubator company works, it can lead to venture capital funding and pot'ly to revenue
(benefitting UT, the Memphis region, etc)

until a few years ago, virtually none of this was in place; UT has come far in just a few years
associated with each level is a unique infrastructure; different one required for basic science vs
for incubator/startup companies, etc; also, need very different types of partnerships at each level

Re Clinical Trials
prior to 1998, private and fed'ly funded trials were managed through the UT Research
Administration Office; they'd negotiate the contract, then the management of the contract was at
the dept level
-- in 1999 it was decided that privately funded trials would be moved into TriStar Inc.; from
then until 2001, only one contract actually went through TriStar;
-- in spring 2001, a limited number of clinical trials were moved to UTMG for contracting and
management (another independent entity, like TriStar);
reasons for going outside UT: UT's grants and contract admin office was unable to process
contracts in a timely fashion, thus leading to loss of some contracts; also, the Sunshine Law
pot'ly made trial data public (that problem was legislatively fixed this year)
Summer 2001: decision was made to keep all clinical trials within the UT system, as a UT
function

creation of new UT Clinical Trials Unit; responsibility for the organization was given to Drs.
Somes and Docktor; chancellor has guaranteed necessary financial support; Unit is to be self-
sustaining within three years via the "indirect" revenues coming in through grants; Unit will have
a storefront/factory design ("storefront": interface with faculty and clients; "factories": where
functions are preformed)

sections of the new Clinical Trials Unit:
*clinical research support office: first point of contact (how to start); consultation for
translational research, help for PI's, mentoring, student and house office training
*information management: central website development; informatics; PI links to research data
base; patient registries
*clinical trials and industrial relations: PI contacts; links to industry; strategy and mkt research;
help with budgets
*education unit: didactic courses to train people how to become clinical investigators; seminars;
study coordinator training; consultation/epidemiology; collaboration with degree programs
*epidemiology, outcomes, disease management:
*laboratories: including translational laboratory services; clinical laboratory services
Partnerships: this expansion of clinical research should be done, not just in UT, but through partnerships (eg, Med, Bowld, Methodist, VA, LeBonheur)

main job in the clinical trials pgm would be to provide training, support, etc, throughout these collaborative partners

University Medical Center (partnership noted above) may feature: eye institute, xplnt center, oncology center, Lung Center, Diabetes Center, Neurosciences Center; also Women's health Center; Pediatric preventive health center, etc

Infrastructure for Clinical Trials Growth:
space; equipment; core facilities; academic organization; administrative streamlining; faculty recruitment and retention; faculty salaries; workforce development; incentive programs; leadership; bridge funding, research computing, research administration; communication mechanisms; research databases; etc

Partnerships for Clinical Trial Growth: St. Jude, Med, LeBonheur, Methodist Hospital, Baptist Hospital, VA Hospital, Other Regional Hospitals, Private Physicians

Memphis Region Biomedical Initiative Update
re. entrepreneurial activities
*Mission is to establish Memphis as a center for biomedical technology*
*Purpose: create long-term economic growth potential*
   - develop an entrepreneurial biotechnology environment; provide for continuous business and job creation; stop the 'brain drain' and 'technology drain (recruit, retain good faculty); attract intellectual resources; secure local, national, and international investment capital
*Method: inventory stakeholders and available assets; identify strengths and weaknesses; create master plan
*Key Centers of Biomedical Initiative: St. Jude CRH; UT Health Science Ctr; Univ of Memphis
*Mission: create appropriate infrastructure
*Special focus: intellectual capital is key: intellectual capital drives intellectual property development; academic centers contain the core intellectual capital; an effective mix of IC and resources will create a more entrepreneurial environment
   --collectively among these 3 institutions, Memphis compares favorably with UAB, Vanderbilt, etc

UT is in a unique position, nationally, because of the Memphis Biotech Foundation (JR 'Pit' Hyde, Wm Rice, Steve Reynolds, Johnnie Amonette, Dean Jernigan, Fred Smith, Kenneth Robinson (Bd of Directors))
   UT Baptist Research Park will be an integral part of it

ongoing action: City of Memphis has hired lobbying firm in Wash'n DC to prepare for seeking fed'l assistance; city/city/state/fed'l govt officials have been briefed

funding strategy to support biomedical technology development in UT-Baptist Research Park:
donations; high-risk investment; venture capital; etc