

Maryland Pediatric Cancer Research Commission
Meeting 2 | May 22, 2025 | Time 3:00 p.m. - 4:30 p.m.
Virtual Meeting

MEETING MINUTES

Attendees:

Members Present

Dana Christo
Ruth Hoffman
Kathryn Ruble
Beth Siever
Dr. John Shern
Dr. Curt Civil
Dr. Jeffrey Dome
Dr. Aziza Shad
Dr. Donald Small

Members Absent

Dr. Elizabeth Kromm
Dr. Piotr Walczak

Maryland Department of Health Staff Present

Jody Sheely
Katherine Natafji
Dr. Ken Lin Tai
Megan Sehr
Pamela Williams
Dr. Sadie Peters
Tyra Hudgens

Others Present

Pansy Watson

Dr. Sadie Peters, Medical Director of the Maryland Department of Health's (MDH) Center for Cancer Prevention and Control convened the meeting at 3:01 p.m. Dr. Peters notified attendees that the meeting was being recorded.

1. Welcome and Introductions

Dr. Peters reviewed the meeting agenda and called roll. Nine members were present. Staff from MDH and the Maryland State Ethics Commission introduced themselves. No members of the public were present. Dr. Civil asked if, to save time, roll call could be checked by reviewing the list of members who had signed on to the meeting.

Dr. Peters asked for questions or edits to the minutes from the first meeting. Dr. Civil

noted that Dr. Dome was not absent and that his late arrival was not recorded. The minutes were updated by MDH staff to reflect this change. Dr. Shad moved to approve the minutes with this correction. Ruth Hoffman seconded it. The minutes were passed by a voice vote with no objections. The amended minutes will be posted on the Commission's webpage.

2. Proposed Regulations and Grant Proposal Review

Dr. Peters reviewed the statutory responsibilities of the Commission. These include

- establishing criteria and procedures for evaluating pediatric cancer research grant applications,
- defining processes to verify application completeness,
- setting standards for conflict-of-interest disclosures and recusals,
- creating oversight protocols for awarded grants, and
- conducting regular progress reviews.

Dr. Peters presented three options for how proposals might be evaluated with these responsibilities in mind:

- outsourcing the reviews to a peer-review organization,
- having Commission members conduct the reviews themselves, or
- having MDH staff spearhead the review process by soliciting input from external stakeholders such as the American Cancer Society to find scientific experts to assist with proposal evaluation.

A majority of members expressed hesitation about outsourcing, citing concerns over turnaround time and the potential lack of specialized pediatric cancer expertise. Many favored internal review by Commission members. Dr. Civin suggested the possibility of a hybrid approach—using Commission members as primary reviewers while bringing in external experts who would be ineligible to apply for funding themselves, when needed. Others, however, pointed out that external review is a common and effective practice in cancer research funding, and supported its use.

The discussion also addressed potential conflicts of interest, particularly for Commission members whose institutions might apply for funding. Pansy Watson from the State Ethics Commission clarified that all members may help establish review standards, but if the Commission chooses to conduct reviews internally, members must follow strict recusal procedures if their institutions are involved. She explained that while members cannot evaluate applications from their own organizations, they may still contribute to setting up the review framework. Ms. Watson also noted a possible issue with maintaining quorum if several members must recuse themselves, though there is a limited exception if quorum cannot be met.

The Commission members voiced that they would indeed favor evaluating grant proposals themselves citing their expertise and the purpose of the Commission. As part of the discussion about navigating potential conflicts of interest, Ms. Watson outlined

the existence of a process whereby members could temporarily step aside and seek reappointment if their involvement in a grant application poses a conflict. During this interim, they would recuse themselves from relevant matters but remain in their role until formally replaced or reappointed.

Dr. Peters reminded the Commission members about their essential role in shaping the regulations required for the Maryland Pediatric Cancer Research Fund and the Commission's work. Dr. Peters then introduced the question about whether institutions based in Washington, D.C. could be eligible to apply for the grants from the Fund. While some Commission members had assumed only Maryland-based entities would qualify, Dr. Peters noted the statute could be interpreted to allow eligibility for D.C.-based institutions operating clinics in Maryland. This prompted a broader discussion about the implications of allowing out-of-state applicants, including concerns about limited funding, potential legislative scrutiny, and the value of collaborations between in-state and out-of-state institutions.

Finally, Dr. Peters presented the idea of a dual-document approach to guide the grant program's structure: formal regulations would address key definitions and core requirements, while a more flexible guidance document would outline eligibility, application review processes, and scoring criteria. This would allow the Commission to make updates more easily as needed. Members were generally in favor of this model, suggesting that the regulations remain concise and that detailed procedures be included in the separate guidance.

3. Selection of Chair and Vice Chair

Dr. Peters introduced the agenda item for selecting a chair and vice chair and reminded members that information about the responsibilities was previously distributed. One member suggested adding advocacy efforts and keeping the Commission informed on legislative matters to the chair's duties. Jody Sheely clarified that any policy positions the Commission put forth in the legislative process could be formally offered to the legislation only after the Commission discussed and voted to offer that policy position, as stipulated by the Open Meetings Act.

Dr. Shad nominated Ruth Hoffman for the position of chair and Beth Siever seconded. Dr. Small nominated Dr. Civin for chair and Dr. Dome seconded. The council took an initial vote to determine who would be chair and vice chair, but the vote was inconclusive. Dr. Shad proposed that the Commission have co-chairs instead of a chair and vice chair, which was met with broad agreement.

Beth Siever, Dr. Small, and Dr. Shad nominated Ms. Hoffman and Dr. Civin as co-chairs, Kathy Ruble seconded. The Commission unanimously approved Ms. Hoffman and Dr. Civin as co-chairs. Dr. Civin asked for the Commission roster so he could help share with members Request for Application (RFA) templates for proposal evaluation procedures.

4. Next Steps

- a. Ms. Sheely will check whether using Google to take attendance complies with the Open Meetings Act and report back at the next meeting.
- b. Ms. Hoffman will contact Senator Michael Jackson's office to gather their input on whether Washington, D.C. institutions should be eligible for the grants.
- c. Ms. Hoffman will prepare a brief document summarizing the advocacy role of the co-chairs and will also share the Kentucky RFA with the group.
- d. Dr. Peters will distribute a spreadsheet with contact information for all Commission members and relevant staff to help with email communication.

5. Public Comment

None

6. Adjournment

Dr. Peters adjourned the meeting at 4:32 PM