

**Maryland Pediatric Cancer Research Commission**  
Meeting 4 | August 11, 2025 | Time 3:00 p.m. - 4:30 p.m.  
Virtual Meeting

**MEETING MINUTES**

**Attendees:**

**Members Present**

Ruth Hoffman  
Dr. Kathryn Ruble  
Beth Siever  
Dr. John Shern  
Dr. Piotr Walczak  
Dr. Curt Civin  
Dr. Jeffrey Dome

**Members Absent**

Dr. Elizabeth Kromm  
Dana Christo  
Dr. Aziza Shad  
Dr. Donald Small

**Maryland Department of Health (MDH) Staff Present**

Katherine Natafgi  
Pamela Williams  
Dr. Sadie Peters  
Tyra Hudgens

**Others Present**

Pansy Watson

**1. Welcome, Agenda Review, and Roll Call**

Dr. Peters convened the meeting at 3:02 PM and Kate Natafgi called roll. Seven members were present. No members of the public were present. Co-chair Ruth Hoffman presented the agenda, which included approving minutes from Meeting #3 and the Ad-Hoc meeting in July 2025, discussing the ideal number of grants, exploration of a letter of intent (LOI), and creation of subcommittees for the peer review organization (PRO) and application form.

Beth Seiver identified a minor typo in the minutes from Meeting #3, which Dr. Peters corrected during the meeting. Citing no other edits to the minutes, Beth Seiver moved to approve the minutes from the July Ad-Hoc meeting, which Dr. Walczak seconded. Citing no additional edits to the Meeting #3 Minutes, Dr. Walczak moved to approve the minutes, Beth Seiver seconded the motion. Both meeting minutes were passed by a voice vote with no objections. The minutes

from Meeting #3 and the Ad-Hoc meeting will be posted on the Commission's webpage.

## **2. Institutional Grant Allocations**

### **a. Review of Ad Hoc Meeting discussion**

Co-Chair, Dr. Civin outlined expected funding, planning considerations, and financial constraints. The Commission anticipates reviewing 20 proposals and funding 12 grants with a cap of \$200,000 per grant. The total allocation for grants is anticipated at \$2.4 million per year for two years. Additional funds were budgeted for peer review, promotional activities, and staff support, while maintaining flexibility to redirect unspent funds toward ongoing projects or a symposium.

Dr. Civin reviewed the financial framework, noting \$52,900 per year for Maryland Department of Health staff salaries, \$25,000 annually for promotional activities in the first two years, and a cap of \$50,000 for the PRO to reduce the likelihood of a longer state contracting process. Sadie Peters added that fixing the PRO budget at \$50,000 or less allows eligibility for both for-profit and non-profit organizations. The PRO costs include reviewer fees, interim reviews, and administrative overhead, with the cap ensuring efficiency and adherence to administrative requirements.

A discussion followed on whether to introduce a LOI process for grant applications. LOIs could help screen for proposal appropriateness, reduce reviewer workload, and decrease review-associated costs. However, concerns were raised about the potential for overrepresentation from certain institutions, receipt of many LOIs for which no application is submitted, and the risk of needing Commission members' involvement early in the proposal decision-making process. Dr. Curt Civin suggested that the Commission avoid being tempted to re-rank grants beyond the top 20, as it could jeopardize the program's integrity because of a perception of conflict of interest.

Dr. Dome moved that the Commission forgo the LOI process. Dr. Walczak seconded the motion. The Commission voted unanimously to forgo the LOI process for grants.

### **b. Decision on number of full proposals per institution to PRO**

The Commission discussed the possibility of implementing an institutional cap of seven grant applications per institution as an alternative to a LOI process. Dr. Civin noted this approach would mainly affect the University of Maryland and Johns Hopkins and those institutions are accustomed to managing such limits. A cap of seven grants per institution would ensure

fairness and prevent a single institution from receiving all the available grants. Dr. Kathy Ruble raised questions about whether institutional size should be factored into the cap and whether applicants outside of the major pediatric oncology programs would be significantly impacted.

Concerns were also voiced that the absence of an LOI process could potentially lead to an overwhelming number of applications, especially from small businesses and nonprofits not subject to institutional limits. Dr. Shern cautioned that this could result in 30 or more applications, and Dr. Walczak highlighted the broader uncertainty of application volume given the current research funding climate. While acknowledging these risks, the group conceded that a seven-application limit per institution would provide a manageable and equitable solution.

Citing the consensus of the group, Dr. Civin requested a motion to approve the seven proposal limit for all institutions applying for grant funding. Dr. Dome moved to approve the measure, Dr. Shern seconded the motion. The Commission approved the measure unanimously.

### **3. Time Sensitive Issues and Next Steps**

The Commission formed two subcommittees: one to draft the Scientific Grant RFA and one to draft the PRO RFA, with both aiming for release by February 2026. Kathy Ruble, Dr. Walczak, Dr. Shern, and Dr. Dome volunteered for the grant RFA subcommittee, while Ruth Hoffman volunteered for the PRO RFA subcommittee. Dr. Peters emphasized that the work of these groups is essential to developing the regulations that must be finalized before the Scientific Grant RFA can be issued. Dr. Peters will email individual members who were not present at the meeting to encourage them to join a subcommittee and will then send Doodle Polls to schedule bi-weekly subcommittee meetings.

### **4. Public Comment**

There was no comment from the public.

### **5. Adjournment**

Citing no more items on the agenda, Curt Civin requested a motion to adjourn the meeting. Dr. Dome moved to adjourn the meeting, Dr. Shern seconded the motion. The meeting was adjourned at 4:02PM