Maryland Pediatric Cancer Research Commission
Meeting 5 | September 4, 2025 | Time 3:00 p.m. - 4:30 p.m.
Virtual Meeting

MEETING MINUTES

Attendees:

Members Present
Dana Christo
Ruth Hoffman
Dr. Kathryn Ruble
Beth Siever
Dr. John Shern
Dr. Piotr Walczak
Dr. Curt Civin
Dr. Jeffrey Dome
Dr. Aziza Shad
Dr. Donald Small

Members Absent
Dr. Elizabeth Kromm

Maryland Department of Health (MDH) Staff Present
Katherine Natafgi
Pamela Williams
Dr. Sadie Peters
Tyra Hudgens
Dr. Ken Lin Tai
Jody Sheely

Others Present
Pansy Watson
Michelle Urzynicok

1. **Welcome, Agenda Review, and Roll Call**
   Dr. Peters convened the meeting at 3:01PM. Commission Co-chair Ruth Hoffman reviewed the agenda which included approving minutes from Meeting #4, discussion of regulatory requirements and items for Commission consideration from RFA Subcommittees. Kate Natafgi called roll and noted that a quorum was present (7 members). Ms. Hoffman also noted members of the public present at the meeting.

   Co-Chair Curt Civin reviewed the minutes from Meeting #4 and asked if there were any edits needed. Citing no edits to the minutes, Dr. Civin requested a motion to approve the minutes as written. Dr. Walczak moved to approve the minutes, Ms. Seiver seconded the motion. The meeting minutes were passed by a voice vote with no objections. The minutes from Meeting #4 will be posted on the Commission's webpage.

2. **Progress on Requests for Applications (RFAs)**
   a. **Regulations requirements**
      Sadie Peters initiated a discussion on the regulations, noting their statutory importance for guiding the Commission's and the Pediatric Cancer Fund's

processes, including recusal procedures. Dr. Peters emphasized that key elements (ex: disclosure and recusal requirements for Commission members) would need to be established in the regulations. She further explained that the regulations must be finalized before the release of the scientific grant RFA to ensure transparency for applicants. Given the lengthy regulations promulgation process, Dr. Peters recommended dedicating the October 2025 full Commission meeting to finalizing the language for these recusal provisions and other necessary elements of the regulations.

b. Items for Full Commission from Peer Review RFA Subcommittee

Who can serve as a reviewer?

Ms. Hoffman reported on the discussions held by the Peer Review RFA Subcommittee. Regarding National Institutes of Health (NIH) participation as reviewers for the Peer Review Organization, the subcommittee wanted input as to whether someone employed by NIH could serve as a reviewer in the scientific RFA review process. Following brief discussion about NIH staff limitations (including NIH policies for compensation for scientific grant review), the Commission decided that PRO contracted reviewers would be limited to people who a) work at institutions based outside of the state of Maryland, or b) who work at a federal institution, ***and*** c) who are not currently collaborating on any of the projects submitted for review in the current grant cycle. For easier vote taking and record keeping the Commission deferred a final vote on this rule until the RFAs have been drafted.

Progress reports

Regarding progress reports, the subcommittee wanted input from the full Commission about page limits and invited discussion about whether the reviewing entity should be the PRO or MDH. The subcommittee also discussed whether the PRO should assign the interim progress reviews to the original reviewers. Dr. Civin recommended a one-page progress report, similar to NIH, with the PRO handling reviews and attempting to assign them to original reviewers. Dr. Dome questioned whether progress reports needed to go back to original reviewers, suggesting administrative review instead. Dr. Peters agreed there may be issues having the original reviewer review progress reports, but emphasized the need for MDH to receive progress reports that have been carefully evaluated by subject matter experts and that demonstrate appropriate progress for auditing purposes. Dr. Small and Dr. Civin supported the idea of the PRO assigning a single scientist to review all interim project reports to avoid delays and conflicts of interest. Commission members agreed that the timeline for reviews would be 1 month.

Logo

Ms. Hoffman proposed developing a logo to brand the Maryland Childhood Cancer Research Commission, suggesting designs consistent across states with

state flag backgrounds. Dr. Peters noted that other state-established councils and commissions use logos and confirmed she would seek approval from the MDH Office of Communications before the Commission holds a final vote on whether to have a logo or whether the logo proposed by Ms. Hoffman is the one the Commission adopts.

c. Items for Full Commission from Scientific Grant RFA Subcommittee

Definition of 'institution'

Dr. Civin reported that during discussions about who was eligible to apply for a grant, this subcommittee reached consensus to define "institution" broadly and singularly, treating entities such as the University System of Maryland and Johns Hopkins University as single institutions for grant application purposes. This approach was intended to simplify the process of receiving applications, evaluating them and awarding grants, particularly during this first iteration of the grant program. The Commission's consensus was that each institution would have to make choices internally about which applications they submit.

Contact Principal Investigator (PI)

The group discussed that only one Contact PI would be accepted for each application and that submission would count toward their institution's submission. This frees people to participate on other grants at their own institution or at other institutions.

Revision of number of applications acceptable from each institution

The group then revisited the decision made in the Ad Hoc Meeting in August 2025 to cap the number of applications from each institution at 7 applications. The Commission members present (a quorum) had voted to limit institutional applications to 7 based on financial considerations. One key consideration was the PRO's capacity to review approximately 20–21 proposals within a $50,000 budget. Dr. Small, who was unable to attend the Ad Hoc meeting and thus was unable to participate in the vote for the cap of 7, expressed concern about capping institutions at 7 because of a disproportionate disadvantage to larger institutions with more laboratory-based researchers, such as Johns Hopkins. He suggested raising the limit to 9. Dr. Shad noted that Sinai would not reach the cap of 7, as it lacks laboratory-based research.

Dr. Shad asked about eligibility of collaborators, citing Children's National in Washington, D.C., which serves many Maryland patients. Dr. Civin clarified that the Commission had previously voted to require the Contact PI and research to be based at a Maryland institution (thus excluding federal institutions), and collaborators outside Maryland are not eligible to receive funding from this source directly, but could be compensated for the collaboration by the Maryland institution through other means that are not the Maryland Pediatric Research Fund. Drs. Dome and Walczak reminded the group that during the Ad Hoc

meeting and subsequent discussion, the seven-application limit was also influenced by uncertainty about potential submissions from pharmaceutical companies.

Following the discussion, Dr. Civin requested a motion to change the application limit from 7 to 9 per institution. Dr. Small moved to raise the limit Dr. Dome seconded the motion. The Commission voted and the motion was carried with 8 members in favor (Dr. Ruble, Ms. Hoffman, Dr. Shern, Dr. Dome, Dr. Small, Dr. Walczak, Ms, Siever, Dr. Shad) and 1 member opposed (Dr. Civin).

Further examples of eligible research and researchers
The Commission agreed that the Contact PI must be a pediatric cancer researcher, with flexibility for diverse degrees as reviewers will evaluate their relevance. Dr. Civin reminded the group that the Contact PI must conduct the funded research in Maryland, and funds will not be allocated to multiple PIs, (MPIs), or collaborators outside the state. Dr. Dome asked whether other PIs who are not physically in Maryland (those whose work is primarily at one of the Washington, D.C.-based research institutions, for example) may be supported if the research is conducted in Maryland, particularly for studies involving Maryland patients treated at Washington, D.C. based institutions. Dr. Peters reiterated that according to the Commission's previous vote, while funds cannot be distributed out of state, collaborations between Maryland-based researchers and out-of-state institutions on projects involving Maryland patients are permissible. She noted that the Commission previously voted explicitly to exclude non-Maryland researchers from directly receiving direct grant funding. The group deliberated whether a proportionate amount of funds should be allocated to a collaborator based in Washington, D.C. whose patients lived and were treated in Maryland. There was discussion that about a third of childhood cancers in Maryland are treated at D.C.-based Children's National.
The consensus was that the Contact PI must be in Maryland, but could subcontract with D.C.-based researchers and that the final language in the RFA and the regulations should be broad enough to allow for this.

Budgeting and budget modifications
The Commission agreed to allow flexible budgeting post-award, permitting investigators to adjust personnel or other components within the maximum limits set by Maryland Department of Health. Dr. Peters noted the Maryland Human Services Manual outlines specific requirements for budget modifications, which will be incorporated into the draft for review. The subcommittee will continue developing tailored guidelines for applicants and reviewers that reflect the pediatric cancer focus while maintaining consistency. Dr. Small stressed the importance of ensuring reviewers understand that funded research must specifically address pediatric cancer.

Reviewer ineligibility and secondary review process
The Commission discussed peer reviewer eligibility, confirming that reviewers cannot serve as key personnel or collaborators on the current year's RFA. Dr. Civin raised questions about the level of detail to include in describing the Commission's secondary review process and how to address grants with similar scores. Ms. Hoffman emphasized the need to resolve regulatory issues such as recusal rules for conflicts of interest in secondary reviews. Dr. Peters reminded members that decisions requiring a full Commission vote must comply with the Open Meetings Act, and subcommittees, because they are meeting without full membership, cannot make final decisions.

3. **Public Comment**
   There was no public comment.

4. **Adjournment**
   Citing no more time allotted to the meeting, Dr. Civin requested a motion to adjourn the meeting. Dr. Ruble moved to adjourn the meeting, Dr. Shad seconded the motion. The meeting was adjourned at 4:32PM.