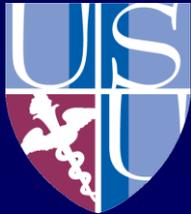


# Center for Neuroscience and Regenerative Medicine

## USU Discussion Group

November 19, 2009



---

*A Catalyst For Brain Injury Research*



# Topics

- Administrative support
- Space
- Research team management principles
- Faculty recruitment
- Seminars (faculty candidates and special events)
- Commercial interactions
- Annual retreat
- Progress reports
- Planning future funding opportunities

# CNRM

Director (acting), Dr. Regina Armstrong  
Co-Director, Dr. Walter Koroshetz

## Administrative

Executive Manager, Hastings  
(AD position)  
Program Manager, Cook  
(GS Intern)

Henry M. Jackson  
Foundation  
(Shewell, Dir PM)

## Diagnostics

Smirniotopoulos  
Bluemke  
Koretsky

## Rehabilitation

Pasquina  
Chan

## Neuroprotection

McCabe  
Hallenbeck

## Neuro- regeneration

Armstrong  
Cameron

## Neuroplasticity

Juliano  
Grafman

## Biomarkers

Cox  
Dionne

Program Manager, Fitzsimmons-Molina  
(Senior, HJF)

Program Manager, Youngren  
(Senior, HJF)

Program Manager, Sawyers  
(Senior, HJF)

Program Manager, Matto  
(GS Intern)

Program Manager, Dhandu  
(GS Intern)

Program Manager, Eftekhari  
(GS Intern)



**CNRM Leased Space**  
12725 Twinbrook Parkway in Rockville, MD

# CNRM Research Team Management Principles:

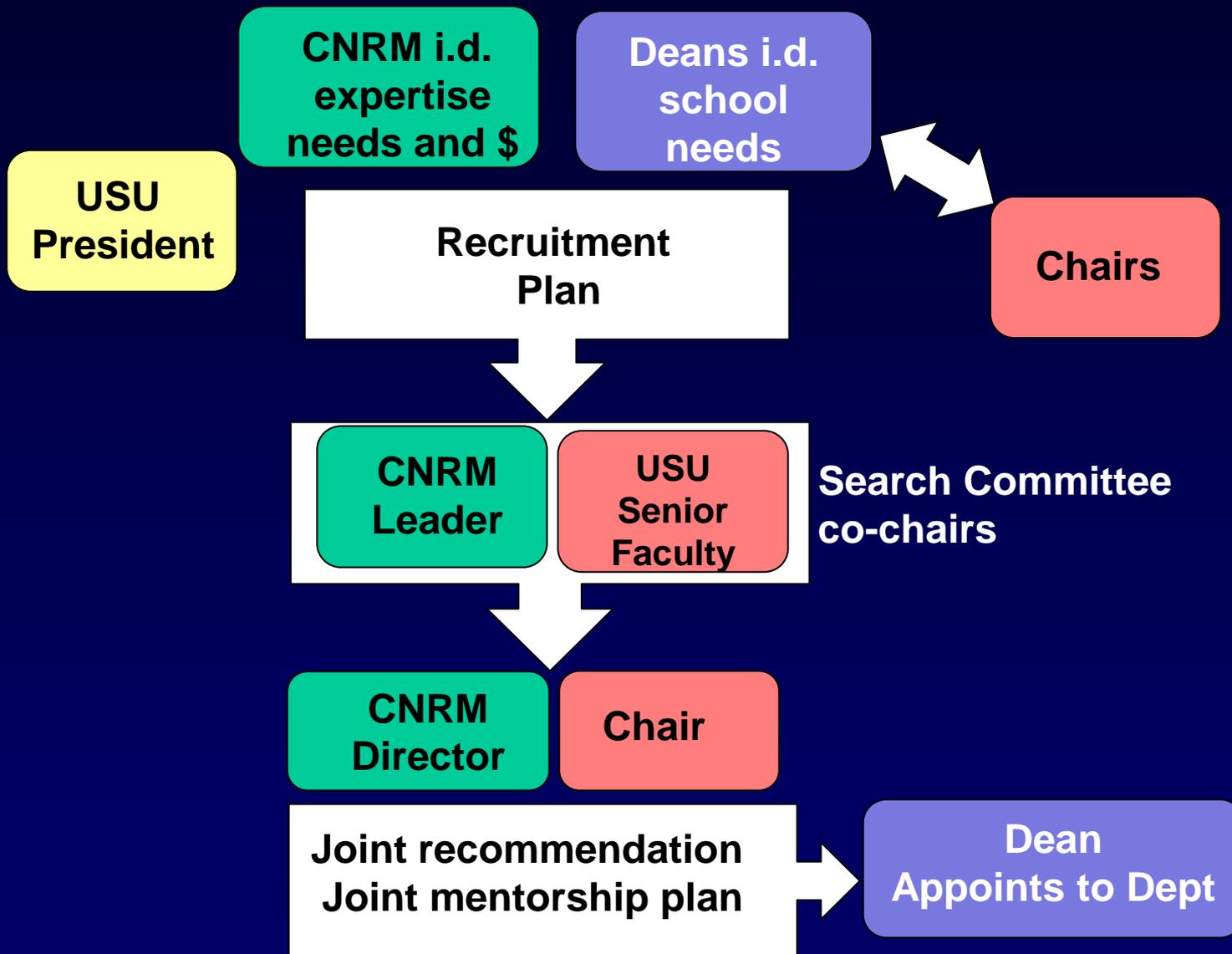
- Confidentiality regarding project ideas
- Non-competition between projects; data sharing expected
- Regular participation of principal investigator in research discussions and coordination meetings, including a mandatory annual retreat
- Cooperation with administrative policies and procedures (standard administrative procedures – sent with award notice; approval for change of scope)

# USU Faculty Recruitment – Open Positions

## Initial Set:

1. Clinician (M.D.) with (acute) head injury expertise and ability to lead a strong, collaborative clinical research program. SOM, Neurology Department.
2. Neuropathologist (M.D.) to lead research program that can interface with AFIP, NIH, and USU investigators. SOM, Pathology Department.
3. Nurse researcher (Ph.D.) with head injury expertise and ability to lead a strong, collaborative research program. GSN.

# CNRM Governance for Faculty Recruitment



# Commercial Research Development Strategy - Coordination across CNRM

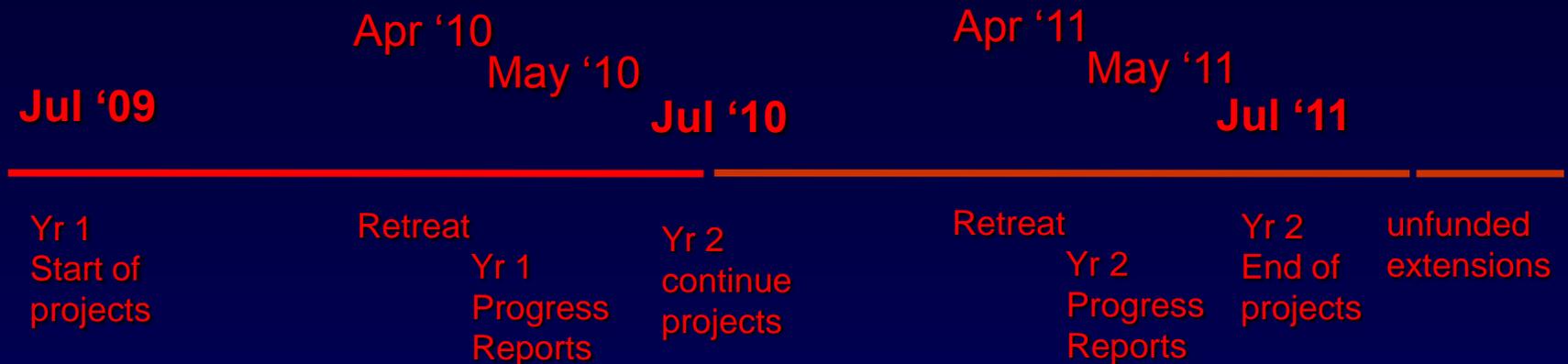
- CRADAs etc. to develop research further.
- Coordinated strategy across CNRM to optimize interactions of projects and cores with commercial interests.
- Lead investigator will present advance plan at a CNRM Program Leader Meeting, with expertise invited as needed, and respecting any non-disclosure agreements.

## CNRM Goal:

# Improve Recovery from TBI in Military Service Members

- **Optimize matching of TBI patients to available treatments** - Refine assessment tools to improve inclusion/exclusion criteria and more effectively match patients to treatment plans that are currently available
- **Develop TBI treatment outcome measures** - Develop a set of assessment tools that can serve as surrogate indicators of clinical outcomes to facilitate evaluation of new and existing treatments
- **Design novel therapeutic strategies** – Take advantage of pre-clinical models for mechanistic studies that can inform the design of novel treatments or more effective combinations of existing treatment plans.
- **Implement clinical applications for military patients across spectrum of TBI** - Identify promising interventional strategies and perform pre-clinical studies through clinical trials to bring improved treatment options for the range of injuries among military service members.

# '08 Supplemental Funding: 2 Year Plan



## Yr 1 (2009-2010)



- Do Science +
- Establish processes
  - Set up core resources
  - Recruit new expertise

## Yr 2 (2010-2011)



- Do Science +
- Build next research project plans
  - Seek external grants/partners
  - Recruit new expertise

# FY08 Supplemental to FY10 POM funding

Jul '08

Jul '09

Jul '11

---

plan  
science

start  
projects

end  
projects

Oct '09

Oct '10

Oct '11

Oct ???

---

plan  
science

start  
projects

end  
projects

# POM Funding: 5 Year Plan

Oct '09

Oct '10

Oct '11

Sept '13

---

plan  
science

start  
projects

end  
projects

Oct '12

Oct '13

Sept '15

---

plan  
science

start  
projects

end  
projects

**Example here is 2 year project periods but that may not be the final plan.**

**Annual retreats**

**Progress reports/evaluations for cores and projects**

**Programs hosting seminars with structured discussions**

**Programs and topic groups discussing research plans and results**

# Future Project Prioritization

- Gaps addressed for TBI, esp relevance to:
  - military National Capital Area patients
  - *neuroregenerative medicine*
- Scientific merit. Potential *innovation* and impact in the field *and across CNRM*.
- Collaborative USU/DoD-NIH efforts.
- Why us? What can CNRM do that other programs or centers could not?

Note: *Italics* denote changes from 2008-2009 criteria

Next steps? Which direction is best?



# Building Next Research Project Plans

- Increase emphasis on neuroregeneration
- Current focus on assessment – transition to evaluation in repair and recovery context
- Support coordination of investigators to secure non-CNRM funding for complementary projects
- Develop science across stages of translation from research projects to clinical applications
  - align projects across stages to synergize
  - develop partnerships to address funds and expertise needed across stages

# CNRM Program Review Process for initial projects and core – future funds would need to follow as well

