

Meeting Minutes June 12, 2007

In Attendance:

Skip Smith	Melissa Ralston
Andrea Morscheck	Natalie Ottenweller
Anne Lynn	Peter Richardson
Ester Bailey	Sihoun Hahn
Gordon Cohen	Wei Li
Heather Carmichael Olson	Ken Schenkman
Jared Roach	Heather Lindemann
Kathleen Bongiovanni	Delila Katzka
Lincoln Smith	

Introduction:

Skip explained that since the last meeting the vision statement that was accepted by the group was reviewed and we received input that it needs to be more descriptive. As part of our commitment to servicing the institution we want to take this feedback and make adjustments.

There was some discussion about the organizational structure and how it relates to the center strategy. Having a sense of common purpose is a good exercise in order to get people discussing who we are and what we are and it is also important to communicate to people in many areas.

Keeping with the concept that poetry is important; Skip submitted a draft for the team to consider as they move forward.

Devoted to Discovery
Center for Developmental Therapeutics
6/11/2007

Devoted to discovery
Our Center we will build.
With each Developmental twist
On Therapeutic plans,
For safer, more effective drugs
And other therapies
That in our work we seek and test.
We'll teach and learn from all
Who share our goals of happy kids,
Their futures bright and long,
With health and joy beyond this day
And on beyond the next.
Environmental chemicals,
Lifestyle, and DNA,
Through exercise and surgery,
Their bodies and their minds,
We'll learn to treat, or best, prevent

Each illness in each child.
Devoted to discovery,
We'll give them better lives.

Also, new, for your reading enjoyment:

070613

Developmental
Therapeutics, our Center
Name and research goal.

Therapies as safe
And effective as can be.
Our research center.

Once was a doc from Olympia
Who studied polycythemia
S/he worked in the Center
And with his her mentor
Cured that and also leukemia.

[[author's note: I tried seattle, but how many words meet meter and rhyme with seattle AND fit within theme?]]

Vision refinement:

VISION STATEMENT (at present):

“Devoted to discovery, we’ll improve our children’s lives.”

Of the drugs prescribed for use in children, 80% are not licensed for use in children, meaning that the safety and effectiveness of these drugs have not been studied in children in sufficient detail.

Children are not small adults, and the scope of developmental changes that occur during childhood means that differences among children can be as important as are differences between children and adults. Developing the safest and most effective treatments for children and identifying the major hazards to children from environmental exposures present some difficult challenges, as well as some unique opportunities to avoid problems later in their lives through early intervention and prevention strategies.

The unifying goal of the investigators in the Center for Developmental Therapeutics is to improve the safety and efficacy with which therapies, including drugs, devices, and procedures, can be used to give our children happier, healthier lives.

Further refinement:

It was suggested that we could use this as a “tag line” statement and then add a second paragraph. As we develop this additional material, we need to be sure to keep it broad enough to be inclusive. The team talked about adding a couple of more sentences to further clarify the center’s purpose. Some discussion and suggestions follow:

Children are not small adults, and children can differ enormously in their response to therapies. However, 80% of all drugs prescribed for the treatment of children have not been licensed for use in children. Efficacy and safety need to be a part of this statement in some way. Therapies, preventive measures, exercise, and genetic predisposition are also important.

Other ideas to consider were brought forward: environmental exposure; therapeutics devices; differentiating ourselves from other centers; and, spell out what developmental therapeutics means.

Ester suggested that taking into account a potential donors point of view it would be useful to think in terms of 1. Identify the problem, 2. Identify what we are doing to solve the problem.

Developing Priorities:

Folks, two things before next meeting. think about priorities in the two contexts we discussed yesterday, and do your sentence or four on what you do. Also, your bio pages.

The team went on to brainstorm priorities (random ideas – w/o ranking).

1. Imaging core (institutional.)
2. Catalyze opportunities for collaboration (the center organization is a conduit to this.)
3. Research administrator, grant support (business manager is part of the plan already.)
4. Set up infrastructure to take discoveries from “this building” to the bedside (CRC kind of studies and beyond) - take advantage of opportunities for observations using a bedside to bench to bedside approach.
5. Be willing to do anything to raise money that you are willing to do to save the life of a child.
6. What can this center offer to clinician investigators to help them get their study done?
7. Be active in developmental investigation.
8. To provide samples for clinical trial.
9. Drug tolerance.
10. Access to services or cores.
11. Scientific editing, help with images and tables.
12. Proteomics core

This is the list of ideas from the previous meeting (included here for convenience):

Priorities (w/o ranking):

1. Develop a PharmaGenomics core.
2. Create a Cath Lab.
3. Establish an Animal Intensive Care Unit (ICU)
4. Provide access to Cardiopulmonary Exercise lab.
5. Create a Proteomics core.
6. Recruit a Genetic epidemiologist or foster collaborations.
7. Develop a core with molecular, cellular, tissue, and whole animal imaging capabilities.
8. Organize to enhance collaborations and cross institutional barriers.
9. Improve the service and turn-around-time from support services such as the Institutional Review Board (IRB) and the Institutional Animal Care and Use Committee (IACUC.)

Program Ideas:

1. Mechanisms of drug-induced toxicities in experimental animals.
2. Premature birth, causes and approaches to prevention.
3. Molecular Biology of Glutathione Reductase. This one is not so common for CDT, just cvs.
4. Diabetes.
5. Lung function.
6. Gastrointestinal.

Next steps: Participate in an e-mail discussion to refine vision and review and add to the random list of priorities. Skip also asked that each member write 2-4 sentences that describe their individual activities. (See action items below)

The final meeting will be used to rank the priorities that are developed via electronic discussion.

Action: To further refine the vision, give Skip 2-4 sentences of what you are doing and why – (speaking in donor language). Keep these grounded in current activities, but also look forward. **(Committee members)**

Action: Send your ideas for priorities via e-mail. Consider directions for growth, infrastructure development both for the center and institutionally. **(Committee members)**

Also, Natalie, pls get this to others who are active in our work group.

Submitted by:

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[Reviewed by cvs]