



**American Brain Foundation
Research Advisory Committee Meeting**

April 22, 2022

3:00 p.m. ET / 2:00 p.m. CT / 1:00 p.m. MT / 12:00 p.m. PT

Zoom Call

Meeting Minutes

In Attendance: Robert Griggs, MD, Chair; Jose Biller, MD; Jacqueline French, MD; James Grotta, MD; Walter Koroshetz, MD; Mark Mehler, MD; Ronald Petersen, MD, PhD; Eugene Scharf, MD; Gordon Smith, MD; MMSc; David Dodick, MD; Paul George, MD, PhD; Mary Post, MBA, CAE

Staff: Jane Ransom; Julia Miglets-Nelson, PhD; Samantha Ross; Michelle Maxwell; Sue Rodmyre

Excused: Jose E. Cavazos, MD, PhD, FAAN, Reisa Sperling, MD, Na Tosha Gatson, MD, PhD; Bruce Ovbiagele, MD, MSc, MAS; Phyllis C. Zee, MD

The meeting was called to order by Dr. Robert Griggs at 2:07 p.m. CT. The meeting minutes of February 25, 2022 were approved.

1. 2022 Strategic Plan Review – Presented by Jane Ransom

ABF is undertaking strategic planning this year and is looking to the RAC for advice and input. Jane Ransom presented an overview of the ABF's activities and performance in order to provide context. Last strategic plan expired in 2021, so we're looking to set up a plan for 2024-2030 that aligns with our business plan.

Strategic Goals: Research, Fundraising, Public Awareness, and Aligned Leadership.

Biggest questions: What is our niche in the "marketplace of brain disease research? What could the ABF as an accelerator/influencer of research look like?

ABF has been growing steadily, but there's always further room for more ambitious expansion. Looking to have a written plan with budget forecast ready by the November 18th, 2022 Board Meeting.

Robert Griggs, MD: Historically the RAC's purpose has been to advise, primarily on Cure One, Cure Many grants, and Next Generation Research Grants, as well as starting to focus more on inclusivity and disparities in neurology. Strategic advising is new for the RAC.

Jane Ransom: The RAC's current focus of advising on research will remain its primary role, but we are now looking for the committee's input into the future growth of the ABF, as our plans now will affect our future will look. The RAC is welcome to "blue-sky" and dream big, while the staff and board will be focusing more on the practical side.

2. Strategic Discussions: Next Generation Research Grants (Clinical Research Training Fellowships) – Presented by Robert Griggs, MD

By 2030:

- What will the Next Generation Research Grants (CRTS) program be known and valued for, and by whom?
- What are the current and future areas of opportunity?
- What will diversity look like?
- How do we measure success?
- What data will we track?
- How will the program advance the mission and vision of the ABF?

At this point, we have more interest from applicants than we have awards available, so we need to continue supporting and finding these grants. Awards that are more general tend to receive more application than those that are disease specific. In 2022, the ABF and AAN jointly granted 26 awards.

In 2022, the ABF also piloted a CRTS in neurological healthcare disparities, and a seed grant in health disparities in autism, both of which were well received. How might the ABF expand these offerings to awards for underrepresented groups in research, and later-stage career awards?

There is also a need for more awards because we are turning down many worthy applicants. According to the AAN's Research Program Subcommittee chair, Paul George, MD, PhD, there are at least two times the number of worthy applicants as there are awards available, and we could easily award double our current awards and not reduce the quality of the science we are funding. How many awards should we be giving out? We're turning down many worthy applicants. Practically, however, the ABF has to fund each of these awards; each award that the ABF pays to the AAN pays out \$155,000 (150k in award, 5k for admin expenses). That amount doesn't typically cover the ABF's expenses in fundraising for and administering these awards. Funding has come in via partnerships with disease-specific organizations (who normally support 2/3 of the cost of the award), with the remainder coming from individual fundraising or other smaller grants. We've also started to receive funding from pharmaceutical companies, who are often willing to pay for the full cost of an award, plus additional administrative costs; for example, Amgen supports an annual CRTS in migraine, which includes general operating support for the ABF.

This raises a key question: why should a pharmaceutical company work with the ABF, as opposed to working with a more specific organization, like the American Epilepsy Society? ABF has gravitas due to our relationship with the AAN that other organizations might not. We also have an exceptional track record: over 80% of our CRTS awardees end up receiving K or R awards or other high-level grants.

The ABF also needs to consider what diversity looks like within the Next Generation program, especially if we look to expand the number of awards given. For example, we potentially lose applicants because the grants do not cover 75% protected time. Is it worth considering increasing the amount of the award in order to make it feasible for more applicants? Outside of this program, the pay scale for clinician scientists has increased significantly. How can we prioritize our efforts? Underrepresented communities, gender balance, geographical distribution are all areas in need of support. Paul George, MD, PhD noted that the review process for these awards is currently colorblind, although the AAN has recently started tracking demographic information on our applicants for our own information.

The ABF often has two often-competing priorities: studying the area of health in the best way we can, but also providing opportunities to diverse and often underrepresented populations. One of the best ways to address health equity issues is to make sure that there are health professionals present that represent the populations they serve. It is certainly a very complex task, and worthy of continued

focus. We could potentially look into organizations who are very much focused on diverse scholars and health equity as partners in this endeavor. Creating partnerships with universities (or, as Mark Mehler, MD mentioned, even some high schools) could also be an interesting avenue for exploration.

Finally, how might we harness the experiences of our recent awardees in order to pay things forward? Creating a stronger alumni network could be another pathway for support, both financial and in terms ambassadorial stewardship.

Take-home points:

- Target pharmaceutical organizations
- Target research on equity/disparities
- Increase pool of applicants
- Tap more into our alumni network
- Look more into orgs offering scholarships focusing on diversity/equity
- Potentially award prize amounts
- Creation/expansion of minority CRTS fund.

Meeting adjourned at 3:16 pm.