National Institute of Dental and Craniofacial Research

National Advisory Dental and Craniofacial Research Council

Minutes of Meeting
September 10, 2025

Via Videoconference

DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL INSTITUTES OF HEALTH
NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH

MINUTES OF THE
NATIONAL ADVISORY DENTAL AND CRANIOFACIAL RESEARCH COUNCIL

September 10, 2025

The 240th meeting of the National Advisory Dental and Craniofacial Research Council (NADCRC) was convened on September 10, 2025, at 12:01 p.m., via videoconference. The meeting was open to the public from 12:01 p.m. until 2:56 p.m.; it was followed by the closed session for Council business and consideration of grant applications from 3:07 p.m. until adjournment at 4:22 p.m. Dr. Jennifer Webster-Cyriaque presided as Acting Chairperson.

OPEN SESSION

Members Present

Dr. Terry Dickinson
Dr. Luisa DiPietro
Dr. Stephany Duda
Dr. Hyun Koo
Dr. Paul Krebsbach

National Institute of Dental and Craniofacial Research

Dr. Jennifer Webster-Cyriaque, Acting Director
Dr. Sanoj Suneja, Executive Secretary, Division of Extramural Activities (DEA)
Dr. Yasaman Shirazi, Designated Federal Official, DEA
Dr. Zhong Chen
Dr. Ioana Ghita
Dr. Jill Mattia
Dr. Zubaida Saifudeen
Dr. Scott Verbridge
Dr. John Chiorini
Dr. Chantel Fuqua
Dr. Shoba Thirumangalathu
Dr. Leila Khaki
Mr. Paul Newgen
Dr. Shuang Li
Dr. Noffisat Oki
Ms. Pamela Farley
Dr. Orlando Lopez
Ms. April Harrison
Dr. Margaret Grisius
Dr. Vidhya Venkateswaran

Dr. Lorena Baccaglini
Ms. Alicia Chou
Dr. Michele McGuirl
Ms. Amy Mhatre-Owens
Dr. Tamara McNealy
Ms. Julie Orban
Dr. Melissa Ghim
Dr. Jason Wan
Dr. Preethi Chander
Dr. Hiroko Iida
Dr. Jamie Kugler
Ms. Mable Nee
Ms. Vivian Pham
Dr. Janice Lee
Dr. Gina Thornton-Evans
Dr. Fatemeh Movaghari Pour
Ms. Kimberly Gruber
Dr. Michelle Cortes-Salva
Dr. Wendy Knosp
Dr. Enidza Nicole Arroyo
Mr. Dandre Amos
Dr. Dena Fischer
Ms. Jennifer Jackson
Dr. William Elwood
Dr. Lu Wang
Ms. Ashley Smith
Ms. Jennifer Chi
Dr. Tyrone Spady
Mr. Gabriel Hidalgo-Castro
Ms. Anna Nicholson

Guests

Dr. Jayanta "Jay" Bhattacharya, Director, National Institutes of Health
Dr. David Kohn, University of Michigan
Dr. Yang Chai, University of Southern California
Ms. VyVy Nguyen, University of Southern California
Ms. Allegra Chilstrom, Neal R. Gross & Co.

I. WELCOME AND INTRODUCTIONS

Dr. Sanoj Suneja, Advisory Council Executive Secretary, called the open session of the 240th Advisory Council meeting to order at 12:01 p.m. He noted that members of the public may submit written comments until October 1, 2025, at NIDCRCouncilMail@nidcr.nih.gov. Members of the Advisory Council introduced themselves.

II. APPROVAL OF MINUTES FROM PREVIOUS MEETING

Dr. Suneja asked Advisory Council members if they had corrections or comments regarding the minutes of the May 2025 Advisory Council meeting. There were no comments, and the Council voted unanimously to approve the minutes.

III. DIRECTOR'S REPORT AND DISCUSSION

Dr. Webster-Cyriaque began the Director's Report with an update on the appropriations and budget for the National Institutes of Health (NIH) and the National Institute of Dental and Craniofacial Research (NIDCR). As of September 9, 2025, the U.S. House of Representatives and U.S Senate Committee on Appropriations have advanced their respective Fiscal Year 2026 (FY2026) appropriations bills for several departments, including the U.S. Department of Health and Human Services (HHS). The Senate bill proposes a $400M increase to the NIH budget, while maintaining the NIDCR budget at the FY2025 level. The House bill proposes a $650M decrease to the NIH budget and a $5M increase for NIDCR. Both bills allocate NIH funding according to the current agency structure and contain language addressing indirect costs and potential future agency restructuring. Next steps include full House and Senate floor consideration, votes, and reconciliation of differences between the two versions. The final appropriations bill must then pass both chambers and signed into law by the President.

Both the Senate and House appropriations reports highlighted oral cancer and medical-dental integration as key areas of concern. The Senate report emphasized temporomandibular disorders (TMD), while the House report highlighted community water fluoridation. Dr. Webster-Cyriaque outlined several NIDCR initiatives that directly address these priorities, including: community-based participatory research to Advance Data and Practice Transformation (ADAPT), which leverages cross-sector collaborations/partnerships across sectors, including medicine, to optimize oral health for all across the lifespan; Advancing Head and Neck Cancer Early Detection Research (AHEAD), a collaboration with the National Cancer Institute (NCI) to develop biomarkers for early oral cancer detection; and the TMD Collaborative for Improving Patient-Centered Translational Research (TMD IMPACT), which advances research to improve outcomes for individuals affected by TMD.

On September 9, 2025, the White House Make America Healthy Again (MAHA) Commission, released the *Make Our Children Healthy Again* Strategy Report, a national initiative aimed at ending childhood chronic disease by advancing research, realigning incentives, fostering private-sector collaboration, and increasing public awareness. The strategy references oral health several times, specifically the need for NIH to conduct comprehensive research examining the connection between pediatric oral health and chronic diseases, early childhood cavities' impact on nutrition and cognitive development, and oral microbiome relationships with gut health and immune function in children.

Dr. Webster-Cyriaque highlighted several NIH-wide policy updates and announcements. As of July 1, 2025, authors are required to submit all published manuscripts resulting from NIH funding to PubMed for public availability without an embargo period. Effective October 1, 2025, Notices of Funding Opportunities (NOFOs) will no longer appear in the NIH Guide for Grants and Contracts. Grants.gov will serve as the single official source for grant and cooperative agreement funding opportunities. The NIH Guide will continue to be used for policy and informational notices.

Dr. Webster-Cyriaque summarized updates to several key NIH policies, including revisions to the policy and guidelines on the inclusion of women and minorities as subjects in clinical research, updated policy implementation guidance for gain-of-function research, and a Request for Information (RFI) on maximizing research funds by limiting allowable publication costs. She also reviewed several changes related to NIH grants and awards, including: a new policy stating that NIH will not consider applications that are substantially developed by artificial intelligence (AI); a limit on the number of applications that an individual Principal Investigator (PI), Program Director (PD), or Multiple Principal Investigator (MPI) may submit per calendar year; the indefinite extension of the period of delayed enforcement for registration and results reporting of prospective basic experimental studies with human participants (BESH); and an update to the policy on awards to domestic or foreign entities with subawards to a foreign entity, allowing NIH Institutes, Centers, and Offices (ICOs) to renegotiate award structures or remove foreign subawards from primary awards as needed.

Effective October 1, 2025, NIH award recipients must provide training to all Senior and Key Personnel on the requirement to disclose all active and pending research activities and affiliations in Other Support. Dr. Webster-Cyriaque also reminded the Council that electronic Research Administration Commons (eRA Commons) users are prohibited from sharing passphrases and must each use a unique, individual passphrase. As part of the effort to streamline and simplify the funding application process, all Notices of Special Interest (NOSIs) were centrally expired in the NIH Guide on September 9, 2025. NIH is transitioning toward NIH-wide Parent Announcements (PAs) to reduce the number of IC-specific NOFOs and to encourage more investigator-initiated applications. Related grant mechanisms will be consolidated under these new PAs, with Highlighted Topics identifying areas of scientific priorities. Non-parent notices will continue to be issued for specific initiatives or areas not covered by the broader PAs.

Dr. Webster-Cyriaque highlighted NIDCR’s participation in several recent public meetings and events, including: a Food and Drug Administration (FDA) public meeting on the use of orally ingestible, unapproved prescription drug products containing fluoride in the pediatric population; the NIH Research Festival, featuring a workshop on health in rural America and the Anita B. Roberts Lecture Series, "Distinguished Women Scientists," with Dr. Kelly Ten Hagen as the featured speaker; and a Congressional Lunch and Learn webinar held in June 2025 to raise awareness of National Oral Health Month and NIDCR's contributions to the field. Dr. Webster-Cyriaque also noted that she will be featured in an upcoming episode of the NIH Director's podcast, The Director's Desk, to share NIDCR's research highlights and role in advancing the health of Americans.

Dr. Webster-Cyriaque presented several NIDCR staff updates, notices, and initiatives. Dr. Amanda Melillo has been named Acting Director of the Division of Extramural Research (DER), following her previous service as Deputy Director of DER. NIDCR is currently participating in six Research Project Grant (RPG) opportunities with upcoming application deadlines and is preparing six new research funding opportunities, including ADAPT, while also planning to join five future funding opportunities led by NIH colleagues. Regarding workforce and training opportunities, an NIDCR T Awardee virtual PI meeting will take place on September 16, and F and K Award pre-application webinars will held in October. Individuals interested in participating in the pre-application webinars are encouraged to contact NIDCRtraining@nidcr.nih.gov. NIDCR is also engaged in four active institutional training grant opportunities and nine career development funding opportunities, including two specifically for dentist-scientists. In addition, NIH has announced an automatic eligibility extension for the NIH Pathway to Independence Award (K99/R00) program for prospective applicants whose eligibility period would have ended between October 2024 and January 2026. Dr. Webster-Cyriaque noted that NIDCR is currently participating in five fellowship award opportunities; the parent National Research Service Awards (NRSAs) now use new review factors; and NIDCR will accept F30 applications from all dual-degree students proposing research aligned with the dental, oral and craniofacial (DOC) mission.

Dr. Webster-Cyriaque highlighted NIDCR's efforts to address areas of public concern. In response to calls for additional research on fluoride and health, NIDCR is strengthening its research efforts and interagency collaborations by utilizing existing public health surveillance data, leveraging ongoing longitudinal studies, encouraging the reuse of large data sets for new analyses, and supporting investigator-initiated research. Through these efforts, NIDCR aims to generate high-quality, evidence-based data to strengthen public trust in science. NIDCR is employing similar strategies to address concerns related to dental amalgam, and is collaborating with partners such as the Defense Health Agency, the FDA, and other NIH Institutes, including the National Institute of Biomedical Imaging and Bioengineering (NIBIB), to accelerate the development of new dental materials.

Dr. Webster-Cyriaque emphasized how NIDCR's efforts to translate research into practice align closely with the NIH Director's priorities. NIDCR is working to identify targetable mechanisms of underlying disease and conducting foundational science to improve population health; leveraging existing data and integrating new technologies to ensure NIH-funded research is replicable and generalizable; improving the understanding of disease risk to foster innovation and embrace new approaches; and underpinning clinical guidelines with established research findings to maintain the highest ethical standards. In addition, NIDCR is developing personalized medicine approaches; improving healing and regeneration strategies; creating medical-dental integration models to prioritize human-based research technologies; streamlining intramural publication processes to maintain respect for dissenting perspectives; and supporting clinical decision making to help restore public trust in science.

Dr. Webster-Cyriaque shared several examples of priority-aligned NIDCR research activities, including studies in the following areas: small RNA (sRNA)-mediated host-pathogen interactions within the context of microbiome-host dynamics; the association

between HIV infection or exposure and dental caries risks in children; a novel bone regeneration strategy that leverages a customized microporous microribbon scaffold; and patient-specific tumor models designed to better characterize head and neck cancers and support the development of targeted therapies. She also described a floss-based vaccine delivery platform capable of inducing both mucosal and systemic immune responses, and a third-line treatment for chronic graft-versus-host disease (cGVHD) that rebalances the immune system, mitigates inflammation, and promotes tissue remodeling to improve patient outcomes. Additional efforts include policy and practice innovations that promote medical-dental integration and targeted caries prevention for underserved pediatric populations; identification of a shared metabolite linking periodontitis, gingivitis, and subclinical atherosclerosis, suggesting overlapping metabolic pathways and common disease mechanisms; and a machine learning (ML) model that enhances the efficiency of clinical periodontal diagnosis through automated landmark identification and clinical index measurement. Dr. Webster-Cyriaque also emphasized recent progress involving the NIDCR-funded FaceBase repository, including integration of data from CranioRate, an online clinical interface that collects craniosynostosis patient data from surgical centers nationwide, and the application of AI/ML tools to integrate and visualize complex data types related to hearing. FaceBase employs a reproducible ML pipeline to minimize risk, ensure reproducibility, and enable scalability across research applications.

NIDCR is also developing a Translation Browser to assess the impact of its funded research investments. This tool will track multiple measures of translational impact, including the development of therapeutics, the progression of grant funding to resulting publications, patents citing those publications, and drugs supported by those patents. Currently, 176 drugs across multiple fields of medicine trace their origins to NIDCR-funded research—demonstrating the broad scientific and societal impact of NIDCR's research portfolio within and beyond the DOC complex.

Dr. Webster-Cyriaque presented several examples of NIDCR-supported research advancing clinical practice. In collaboration with the American Dental Association (ADA), NIDCR is leveraging evidence across the translational spectrum to inform and strengthen clinical guidance for dental practitioners. In 2016, the Institute launched the Dental, Oral, and Craniofacial Tissue Regeneration Consortium (DOCTRC) to develop strategies for regenerating and restoring the function of DOC tissues, including those intended for clinical trials and first-in-human use. Of the 16 currently active DOCTRC interdisciplinary projects, 63% have engaged with the FDA, and 94% have either been issued patents or have pending applications. DOCTRC has successfully leveraged federal investments to attract private-sector funding, fostered partnerships with the National Center for Translational Sciences (NCATS) Clinical and Translational Science Awards (CTSAs), institutional incubators, and industry partners, and created pathways for junior researcher participation. Building on this foundation, NIDCR's Accelerating Product Excellence in Innovation and for Clinical Adoption (APEx) initiative will expand DOCTRC's success by further accelerating preclinical product development and potentially extending into diagnostic or therapeutic innovations beyond tissue regeneration and the DOC complex.

IV. COUNCIL SPEAKER

Dr. Jay Bhattacharya, NIH Director, underscored the fundamental importance of NIDCR's work to the NIH mission and highlighted the economic and public health burden of poor oral health in the United States. He noted that approximately $173B is spent annually on dental care nationwide and that tooth decay remains the most prevalent chronic disease among children. Dr. Bhattacharya emphasized the critical role of science in informing policy and fostering evidence-based public dialogue, using fluoride as a key example. He explained that data confirm fluoride's essential role in preventing dental caries and supporting oral health at recommended levels. However, recent studies conducted outside the U.S. have reported associations between fluoride exposure in drinking water above 1.5 milligrams per liter (mg/L) and lower IQ scores. Although community water fluoridation is common in many regions of the United States, fluoride exposure levels vary across the country. To better understand this variability, NIDCR conducted an exploratory analysis of National Health and Nutrition Examination Survey (NHANES) data, examining home tap water fluoride levels in 8,087 homes of U.S. children and adolescents aged 0-19 years. The analysis found that U.S. home water fluoride levels ranged from 0.07 to 7.32 mg/L. Seventy-two percent (72.7%) of homes had home water fluoride levels below 0.7 mg/L, the current U.S. Public Health Service recommended level for community water fluoridation. Across U.S. homes, the mean home water fluoride level was 0.52 mg/L; 40.42% of U.S. homes received 0.35 mg/L or less, and fewer than 1.5% of homes demonstrated home water fluoride levels above 1.5 mg/L. Dr. Bhattacharya emphasized that as public debate over fluoride continues, the goal remains to maximize the well-established benefits of caries prevention while minimizing potential risks, taking into account the heterogeneity of fluoride exposure in U.S. drinking water.

Dr. Bhattacharya outlined his vision for NIH, emphasizing alignment of the agency's research portfolio with the MAHA agenda to improve population health, ensure the generalizability and reliability of NIH-funded research, foster innovation to drive transformative advances, uphold safety and transparency, and protect academic freedom. He highlighted three current priority areas: the Gold Standard Science Plan, support for early-career investigators, and a Unified Strategy for funding projects. The Gold Standard Science Plan is a comprehensive effort to embed scientific integrity throughout NIH operations. It builds upon NIH's longstanding commitment to rigorous, credible research and aligns with broader HHS and federal frameworks for scientific excellence. Key components of the plan include expanded training on rigor and reproducibility, the launch of a replication initiative through the NIH Common Fund, and regular public updates to promote transparency and accountability. Dr. Bhattacharya emphasized the importance of early-career scientists, noting that researchers are most likely to develop new ideas early in their careers. However, in recent decades, the career trajectories of NIH fellowship recipients have become increasingly foreshortened. Providing young investigators the opportunities to test new ideas early is critical to retaining scientific talent. Finally, under NIH's new unified grant funding policy, paylines will no longer serve as the sole determinant of funding decisions. Instead, ICs will consider a combination of factors, including scientific scores, alignment with the IC's mission and strategic priorities, portfolio balance, and investigator career stage, and overall biomedical research workforce sustainability.

Discussion

Dr. Hyun Koo commended Dr. Bhattacharya's focus on early-career investigators and asked how NIH could help ensure that young investigators continue to innovate and remain on a sustainable research career path. In response, Dr. Bhattacharya underscored the importance of investing in F and T training mechanisms, and particularly institutional K Awards, which play a critical role in fostering research independence. He also suggested adding a new criterion to R Awards that would evaluate how well postdoctoral scientists working on R Awards advance their training goals. Dr. Koo noted that the funding gap following K Awards is a major source of anxiety for many emerging investigators and suggested creating dedicated funding mechanisms for scientists transitioning from K programs, possibly by pairing them with mid-career and senior investigators.

Dr. Paul Krebsbach commented that the suspension of grant funding at institutions nationwide poses a challenge to sustaining young scientists' interest in science. He asked how NIH could help maintain a sense of excitement and discovery among early-career investigators during this time. Dr. Bhattacharya emphasized that NIH investments must remain nonpartisan and mission-focused, avoiding divisiveness or mission creep. He acknowledged that the transition to better align institutional research portfolios with NIH's goals may be challenging but stressed that the ultimate outcome will be stronger partnerships with universities that share NIH's mission to advance health and longevity.

Dr. Stephany Duda inquired about Dr. Bhattacharya's vision for the role of dental data in the NIH Real-World Data (RWD) Platform. Dr. Bhattacharya explained that the platform's core philosophy is to leverage existing data resources to address key scientific questions. He affirmed his commitment to ensuring that all clinical data, including dental data, be available through the RWD Platform.

Dr. Luisa DiPietro inquired if NIH plans to revise its training programs to reflect the renewed emphasis on Gold Standard Science. Dr. Bhattacharya responded that the culture of science must evolve, noting that researchers should be rewarded not solely for publishing in high-impact journals, but for advancing ideas that meaningfully change practice and improve health and longevity in replicable ways. He emphasized that NIH training programs should embody this shift as well. Dr. Krebsbach then inquired about the proposed restructuring of ICs and whether NIDCR would retain the leadership, expertise, and capacity needed to continue its work if merged with other Institutes. Dr. Bhattacharya explained that the primary goal of restructuring is to enhance collaboration across NIH. While he acknowledged that opportunities remain to further reduce barriers, he noted that during his tenure at NIH, he has already observed significant scientific collaboration across Institutes within the existing structure.

V. PROGRAM HIGHLIGHTS - NIDCR SUPPORTING RESEARCH TO ACTION - DOCTRC: A SUCCESSFUL INFRASTRUCTURE FOR ACCELERATING REGENERATIVE THERAPIES FROM DISCOVERY TO CLINICAL IMPACT

Dr. David Kohn, Director of the DOCTRC Translational Resource Center (TRC), and Dr. Yang Chai, Director of the DOCTRC Center for Dental, Oral, & Craniofacial Tissue & Organ

Regeneration (C-DOCTOR), provided an overview of DOCTRC's mission and activities. The consortium was established in 2016 following a portfolio analysis showing that, although NIDCR invested approximately 10% of its annual budget in regenerative medicine, the translational return on investment remained low. Fewer than 25% of funded grants generated intellectual property (IP), and only a small number advanced to Investigational New Drug (IND)/Investigational Device Exemption (IDE) submissions and in-human studies. DOCTRC is composed of two resource centers (the TRC and C-DOCTOR) working in partnership with NIDCR. Together, they serve as the national consortium dedicated to accelerating the development of regenerative therapies for dental, oral, and craniofacial tissues, with the goal of advancing products towards clinical adoption and commercialization. While each center manages a distinct and diverse product and technology portfolio, they operate synergistically by harmonizing processes and sharing resources and expertise.

Through its work, DOCTRC bridges the "valley of death" that often separates proof of concept studies from the preclinical development required for regulatory approval. Central to this effort are the Interdisciplinary Translational Product (ITP) teams, which receive support from NIDCR, the two Resource Centers, the external advisory board, participating home institutions, contract research services, and consultants. Dr. Kohn emphasized that the management approach for ITPs differs from that of a traditional academic seed grant. Candidate ITPs are selected based on their potential to address unmet clinical needs, their anticipated market potential and patient value, and their likelihood of achieving clinical adoption. Once onboarded, each ITP is paired with customized advisory teams and works to establish milestones. These milestones align with a tailored industrial stage-gate process designed to guide projects toward FDA submission. Teams also evaluate requirements for clinical adoption and commercialization, incorporating these elements into ongoing project planning and management.

Dr. Kohn presented two TRC-supported projects. The first, led by GreenMark Biomedical Inc., focuses on a targeted remineralization treatment that uses mineral-loaded starch nanoparticles. Their CrystLCare product line aims to promote remineralization and address dental hypersensitivity. DOCTRC supported project advancement by advising a stepwise regulatory approach and connecting the team with industry experts and key opinion leaders to de-risk the technology and strengthen its market readiness. During the seven years of DOCTRC engagement, the company has launched one product, secured 510(k) premarket submission for another, and attracted substantial funding from investors, SBIR awards, and foundations. The second project highlighted was RevBio, Inc.’s Tetranite, a bone adhesive designed for dental bone grafting applications. Through the DOCTRC program, the team successfully submitted and received approval for an IDE, with a first-in-human clinical study planned for early 2026. An analogous product is currently in clinical studies for additional indications. DOCTRC’s support helped advance the technology from bench to bedside by guiding market assessment, material optimization, pre-clinical evidence generation, contract research organization (CRO) pre-qualification for regulated studies, and Good Laboratory Practices (GLP) training, as well as fostering intellectual property development.

Dr. Chai presented two ITP examples from C-DOCTOR. The first involves a focal adhesion kinase inhibitor (FAKI) hydrogel designed to treat hypertrophic scarring following burn injuries. DOCTRC supported this project by guiding the design and completion of non-GLP

animal studies, connecting the team with regulatory consultants to develop an IND strategy and clinical trial protocol, and negotiating with the original patent holder to secure access to existing GLP and Good Manufacturing Practice (GMP) data. This access reduced the time and cost to get the product to IND approval. The consortium is now assisting the ITP team in addressing FDA information requests and resolving clinical holds. A first-in-human clinical trial is planned for early 2026. The second example features Hydronovo's development of an injectable hydrogel aimed at regenerating salivary gland function following radiation therapy. DOCTRC helped the ITP team design and complete proof-of-concept studies, identify and establish agreements with CROs for manufacturing and regulatory strategy, and provide guidance during the formation of a new company. Under the DOCTRC program, Hydronovo has submitted a pre-IND and is targeting the third quarter of 2026 for its first-in-human clinical study.

To date, the consortium's work with ITPs has resulted in one product reaching the market, five IND/IDE/510(k) applications submitted, and an additional seven IND/IDE/510(k) submissions planned by May 2026. The ITP teams have received more than 65 follow-on grants and awards, leveraged over $68M in external funding, and achieved an 80% success rate in obtaining Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR) support. DOCTRC's success is driven by several factors: a flexible model for accelerating translational progress; unique funding mechanisms that yield a high return on investment; access to prequalified vendors and the ability to leverage resources from CTSAs and local institutions; a robust network of regulatory, clinical, and commercialization experts; and a well-developed pipeline for training the next generation of translational research scientists. The consortium is now scaling its infrastructure to broaden its impact and adapt its model to new areas, including technologies and products beyond DOC and beyond tissue engineering and regenerative medicine.

Discussion

Dr. Krebsbach asked who had access to the IP generated by ITP projects and whether the goal is for the programs to become self-sustaining. Dr. Chai explained that DOCTRC’s primary focus is to help ITP teams achieve successful FDA submissions, consistent with the consortium's mission. Several teams have already established companies capable of advancing their technologies and developing products. Dr. Kohn added that IP remains with the originating technology developers, not with DOCTRC, and is frequently leveraged to secure follow-on funding for clinical studies, which fall outside the consortium’s funding scope. Dr. DiPietro inquired about the geographical distribution of ITP projects. Dr. Kohn noted the national portfolio: approximately 30% originate from the consortium's partner institutions, 30-40% from other institutions across the country, and about 30% from small startup companies. Dr. Koo asked about training activities and the proportion of success of early-career versus senior investigators. Dr. Kohn explained that DOCTRC requires its ITP teams to complete coursework in translational science and also provides broader training through workshops and engagement with T32 programs. He acknowledged, however, that the intensive time and effort required for translational work may make the program less suitable for junior investigators, who must maintain competitiveness for R01 funding. Dr. Chai added that the consortium's workshops have drawn interest from researchers beyond the DOC fields, and that this broader training

environment can help prepare junior investigators who are considering careers in translational research.

CLOSED SESSION

This portion of the meeting was closed to the public in accordance with the determination that it was concerned with matters exempt from mandatory disclosure under Sections 552b(c)(4) and 552b(c)(6), Title 5, U.S. Code and Section 1009(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. §§ 1001-1014).

VI. REVIEW OF APPLICATIONS

NADCRC reviewed 472 Research and Training Grant applications requesting Total Project Costs (All Years) at $1,001,994,347 and Direct Costs (All Years) at $705,851,371. The Council recommended 253 Research and Training Grant applications requesting Total Project Costs (All Years) at $546,632,783 and Direct Costs (All Years) at $388,974,404.

VII. ADJOURNMENT – 4:22 PM

CERTIFICATION

I hereby certify that the foregoing minutes are accurate and complete.

/s/Jennifer Webster-Cyriaque/
_____
Dr. Jennifer Webster-Cyriaque
Chairperson
National Advisory Dental and
Craniofacial Research Council

/s/Sanoj K. Suneja/
_____
Dr. Sanoj K. Suneja
Executive Secretary
National Advisory Dental and
Craniofacial Research Council

ATTACHMENTS

I. Roster of Council Members