

The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

LFIR # 1925

1. Projec	ct Title	Baptist Health R The Florida Fam		ıte Fa	milial Screening for	Brain Aneurysms:			
2. Senat	e Sponsor	Clay Yarborough	1						
3. Date o	of Request	12/12/2023							
4. Projec	ct/Program De	scription							
The Baptist Health Research Institute Familial Screening for Brain Aneurysms: The Florida Familial Brain Aneurysm Project Family Members aims to evaluate intracranial aneurysms' incidence and potential genetic markers. Early brain aneurysm detection before rupture is essential to prevent aneurysm bleeding (subarachnoid hemorrhage) and its deadly or incapacitating sequelae. Additionally, early detection and treatment of brain aneurysms may reduce the economic burden associated with aneurysm bleeding. Our goal is to continue our study to understand better the incidence of aneurysms in patients with a positive family history in Florida. Additionally, we aim to analyze genetic profiles and biomarkers associated with this disease. Ideally, this study will provide information that can contribute in the future to developing a blood test that could increase access to screening for the population, preventing aneurysm ruptures and decreasing the costs associated with subarachnoid hemorrhage.									
5. State	Agency to rec	eive requested fu	nds Den	artme	ent of Health				
	Agency contac	•							
6. Amoui ———	nt of the Nonre	ecurring Request	for Fiscal Yea	ar 202	24-2025		7		
Type (of Funding				Amount				
Opera					750,000				
Fixed	Capital Outlay					0			
Total	Total State Funds Requested 750,000								
7. Total F	Project Cost fo	or Fiscal Year 202	4-2025 (includ	ding r	natching funds ava	ilable for this proj	ject)		
Type	of Funding				Amount	Percentage			
Total S	State Funds Re	equested (from que	estion #6)		750,000	100%			
Match	ning Funds								
Federa					0	0%			
State	(excluding the a	amount of this requ	uest)		0	0%	1		
Local					0	0%	1		
Other					0	0%			
Total	Project Costs	for Fiscal Year 20)24-2025		750,000	100%			
8. Has th	nis project pre	viously received	state funding	?	No				
	scal Year	Amount			Specific	Vetoed			
()	/ууу-уу)	Recurring Nonrecurring		ing	Appropriation #				
9. Is futu	ıre funding lik	ely to be requeste	ed?		Yes				
a. If yes, indicate nonrecurring amount per year.				250,000					
b. Des	scribe the sou	rce of funding tha	at can be used	d in li	eu of state funding				
				••			7		
N/A									



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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

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	No							
	If yes, indicate the amount of funds received and what the funds were used for.							
	The institution received no federal assistance related to the COVID-19 pandemic.							
Complete questions 11 and 12 for Fixed Capital Outlay Projects								
11.	Status of Consti	ruction						
a. What is the current phase of the project?								
	Planning	O Design	Construction	O N/A				
	b. Is the project '	"shovel ready" (i	i.e permitted)?					

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

13. Details on how the requested state funds will be expended

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Clinical Consultant Specialist, Consultant • Project oversight • Protocol revision and adjustments • Manuscript elaboration and revision	10,000
Other Salary and Benefits	 Subject screening and scheduling, Research Coordinator (100h) Consenting subjects, Research Coordinator (40h) Interviewing/Questionnaire, Research Coordinator (400h) Blood drawing and storage, Research Coordinator (80h) 	60,000
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study	Facilities and administrative costs (including IRB costs and compliance costs)	10,000
Operational Costs: Other		
Salary and Benefits	Medical researcher Research assistant • Coordinating research tasks • Data optimization and maintenance • Data reports assembling • Conference abstracts and manuscript writing	20,000
Expense/Equipment/Travel/Supplies/ Other	 Magnetic Resonance Angiography (200-400 scans) DNA blood tubes RNA blood tubes Vacuum blood collection tube Additional supplies (alcohol pads, office supplies, printer supply) Blood bank maintenance 	250,000



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Consultants/Contracted Services/Study Genetic analysis of blood samples (1000 samples) • Genome, genotyping, or specific aneurysm Single Nucleotide Polymorphism (SNPs) • Bioengineering/geneticist consultant		400,000
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	750.000

14. Program Performance

- a. What specific purpose or goal will be achieved by the funds requested?
- To allow the screening of intracranial aneurysms among first-degree relatives of patients affected by this condition.
- To study the incidence and associated factors associated with brain aneurysms
- To study the genetic profile and biomarkers of patients with intracranial aneurysms
- b. What activities and services will be provided to meet the intended purpose of these funds?

Patients diagnosed with intracranial aneurysms will be inquired regarding their interest in recruiting first-degree relatives (siblings, children, and parents) for screening with Magnetic Resonance Angiography without contrast (MRA).

- Patients and relatives enrolled for screening will be requested to consent to the collection of blood samples.
- · A blood bank will be maintained for analysis of genetic factors associated with brain aneurysms.
- c. What direct services will be provided to citizens by the appropriation project?

First-degree relatives will undergo aneurysm screening using noninvasive radiological imaging (Magnetic Resonance Angiography without contrast)

- Patients with intracranial aneurysms and first-degree relatives will consent to the study and collection of blood samples
- A blood bank will be maintained for the analysis of genetic factors associated with intracranial aneurysms
- Data will be collected in electronic forms on RedCaps using IPads (HIPAA compliant)
- d. Who is the target population served by this project? How many individuals are expected to be served?
- Target population would be first degree relatives of patients who had intracranial aneurysms.
- In the State of Florida, the outcomes of this study will have a potential to serve 1000 subjects.
- e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

Potential immediate benefits include:

- Diagnosis of intracranial aneurysms
- Further our understanding of the incidence and associated risk factors of intracranial aneurysms in families
- Proper referral to qualified personnel, education, and counseling about intracranial aneurysms.

Potential future benefits include:

- The development of a blood test to increase access to screening for the population, preventing aneurysm rupture and decreasing the morbidity and economic burden associated with subarachnoid hemorrhage.
- Maintenance of blood blank with blood samples of patients with intracranial aneurysms and first-degree relatives for genetic analysis.
- f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for the contract?

Standard agency contract	penalties are sufficient.

15	Requester	Contact	Inform:	ation
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a. First Name	Ricardo	Last Name	Hanel
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	c. E-mail Address	Ricardo.Hanel@bmcjax.com					
	d. Phone Number	(904)861-0315	Ext.				
16.	6. Recipient Contact Information						
	a. Organization	Baptist Health Research Ir	nstitute				
	b. Municipality and	d County Duval					
	c. Organization Ty	ре					
	□For Profit Entity						
	☑Non Profit 501(d	c)(3)					
	□Non Profit 501(d	501(c)(4)					
	□Local Entity						
	□University or Co	llege					
	□Other (please sp	pecify)					
	d. First Name	Smitha	Last Name	Gubbi			
	e. E-mail Address	Smitha.Gubbi@bmcjax.co	m				
	f. Phone Number	(904)202-7069					
17.	17. Lobbyist Contact Information						
	a. Name	None					
	b. Firm Name						
	c. E-mail Address						
	d. Phone Number						