NICHD Director's Report to Council

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Eunice Kennedy Shriver National Institute of Child Health and Human Development



Outline for Today's Talk

Budget Update

- Continuing Resolution and Budget Update
- Update on 21st Century Cures Activities
- Staff Updates
- Vision Update
 - Building Bridges
 - Communicating the Message
 - Strategic Planning



Why Start With Congress?



- Congress appropriates and passes the budget
- BREAKING NEWS: government shutdown averted
- Government will operate through December 8th with a Continuing Resolution, allowing NIH to continue to operate until the regular appropriations acts are enacted



Sept 7, 2017 Breaking News: Senate Approves Increase for NIH's FY18 Budget

- US Senate's appropriations committee approved a funding bill to increase NIH's FY18 budget to \$36.1 billion (a \$2 billion increase from FY17)
- Includes an approximately \$50 million increase for NICHD
- Total NICHD budget, if approved by the house and signed by the president, will be \$1.426 billion
- No change in overhead (indirect) costs



Where Does the Money Go?

- RCDC stands for "Research, Condition and Disease Categorization"
- NIH keeps the public informed as to how tax dollars are spent
- RCDC is a database NIH has maintained since 2009 to categorize and report the amount of funding on more than 280 topics
- Data are generated using the following process:
 - Scientific experts develop definitions and lists of terms for each category
 - Sophisticated text mining is used to apply definitions to the NIH portfolio
 - Final curation and validation by scientific experts
- NIH does not budget by research category used to <u>report</u> spending
- Categories are not mutually exclusive



https://report.nih.gov/categorical_spending.aspx

RCDC Example

SEARCH RESEARCH/ DISEASE AREAS				Q	PRINT	r 🖨 🔀 E	XPORT ?	
Research/Disease Areas (Dollars in millions and rounded)	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Actual	FY 2017 Estimated (Continuing <u>Res.</u>)	FY 2018 Estimated	<u>2014</u> <u>US Mortality</u> <u>19/</u>	2014 US Prevalence (Standard Error) 19/
Aging	<u>\$2,429</u>	<u>\$2,556</u>	<u>\$2,698</u>	<u>\$3,150</u>	\$3,166	\$2,503	-	-
Alcoholism, Alcohol Use and Health 1/	<u>\$437</u>	<u>\$475</u>	<u>\$473</u>	<u>\$486</u>	\$482	\$375	60,442	-
Allergic Rhinitis (Hay Fever)	<u>\$9</u>	<u>\$6</u>	<u>\$5</u>	<u>\$7</u>	\$7	\$5	76	8.0% (0.22%)
ALS	<u>\$39</u>	<u>\$48</u>	<u>\$49</u>	<u>\$52</u>	\$52	\$42	-	-
Alzheimer's Disease	<u>\$504</u>	<u>\$562</u>	<u>\$589</u>	<u>\$929</u>	\$929	\$790	115,766	-
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Autism	<u>\$186</u>	<u>\$188</u>	<u>\$208</u>	<u>\$232</u>	\$227	\$181	202	2.2% (0.18%)**



21st Century Cures Act

Task Force on Research Specific to Pregnant and Lactating Women (PRGLAC)

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	and Human Developmen oughout the lifespan	t	Connect wit	th us: f 🎔 P 🖼
Health & Research	Grants & Funding	Training & Career Development	News & Media	About NICHD
lome > <u>About NICHD</u> > <u>Advis</u>	ory Groups		⊠ <u>Ema</u>	i <u>il Page</u> 🖶 <u>Print Pa</u>
About NICHD		esearch Specific to Pregnant W	omen and Lactating V	Vomen
Institute Overview	(PRGLAC)		Sh	are this: 🖬 🔽 📴 🛙
Organization	The 21st Century C	ures Act established PRGLAC to adv		
Budget & Appropriations		Services regarding gaps in knowledge and research on safe and effective therapies for pregnant women and lactating women. PRGLAC is tasked with identifying these gaps and will report its		
Advisory Groups	findings back to the		, , , , , , , , , , , , , , , , , , , ,	
• <u>Council</u>		nclude the Directors of NIH, NICHD,		
FOIA		ice on Women's Health, and the Nat of Food and Drugs. Non-federal me		
Jobs at NICHD		ocieties, non-profit organizations, an		dives nom
Meetings, Conferences & Events	Meetings			
Partnering & Donating to the NICHD	<u>August 21-22,</u> <u>November 6-7</u>	7, 2017		
Staff Directory	 February 26-2 May 14-15, 20 			
Interviews & Selected Staff Profiles	More Information			
Promes	 <u>PRGLAC Chart</u> <u>Federal Regist</u> <u>Federal Regist</u> 	<u>ter Notice – July 13, 2017</u> <u>ter</u> (PDF - 73 KB) <u>ter Notice - April 18, 2017</u> <u>ter Notice - March 21, 2017</u> <u>horizing PRGLAC (42 USC 289a-2)</u>		

Web page created to inform the public: https://www.nichd.nih.gov/about/advisory/PRGLAC/Pages/index.aspx



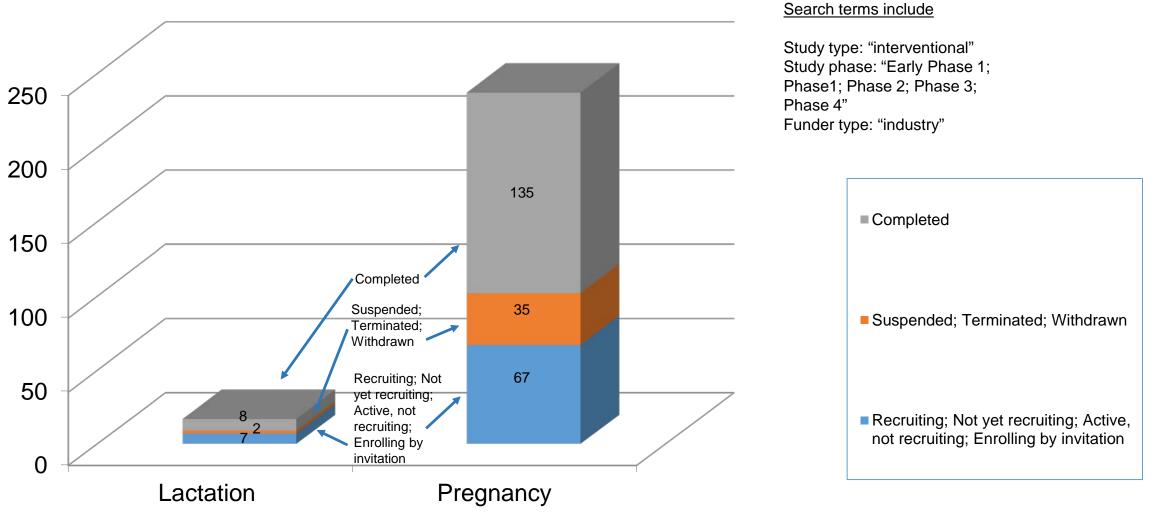
NICHD Pregnancy and Lactation Literature Analysis 2006-2017: Results for Pregnancy

- RCTs rare in almost all areas
- 5 Exceptions:
 - Gestational diabetes
 - Hypertension
 - Preterm labor
 - Labor pain medication
 - Opioids and tobacco

	Condition	Basic	PK/PD	Pop/DB	RCT
Hypertension	Hypertension	127	9	18	40
Mental Health	Anxiety	16	0	3	2
	Bipolar	1	0	1	0
	Depression	21	4	21	4
	Schizophrenia	11	0	1	0
Pain	Labor Pain	5	0	7	49
rain	Headache/migraine	0	0	5	1
Preterm labor	Preterm labor	152	21	35	169
Substance Abuse	Alcohol	26	0	0	0
	Cocaine	6	0	1	0
	Meth/amph	10	3	1	0
	Opioids	22	3	9	25
	Tobacco	22	3	16	27

Interventional Trial Status in the US

Industry sponsored



Source: <u>www.clinicaltrials.gov</u> (Site accessed 09 Aug 2017)

Slide courtesy of Christina Bucci-Rechtweg, MD, Novartis Pharmaceuticals Corporation

21st Century Cures Act: Next Generation of Researchers Initiative

- 21st Century Cures Act Section 2021. Investing in the Next Generation of Researchers
- Dr. Tabak spoke at June's Council Meeting about the Grant Support Index (GSI)
- Next Generation of Researchers Initiative (NGRI) eliminates the GSI
- NIH Guide notice (NOT-OD-17-101) published August 31, 2017: Policy Supporting the Next Generation Researchers Initiative

BIOMEDICAL RESEARCH	
NIH abandons g	
new help to you	0
After controversy, agency aim "next-generation" fund	s to build \$1 billion
By Joeelyn Kaiser fter fierce pushback from many re- scarchers, the National Institutes Indi, is dropping a 1-month-old pian to spread funds to more in- vestigators by capping the amount of support any individual scientist could receive. Instead, NHI is creating a new fund that will eventually devote \$1 billion a year-about 3% of the agency's current \$34 billion budget-specifically to funding proposals from early- and	NIH will set aside \$210 million this year to fund proposals from early- and midstage investigators who score well in peer review but fall short of the funding cutoff. In par- ticular, the program will target early-stage re- searchers seeking their first grant, midcareer scientists who are about to lose all of their support, and midcareer "rising stars" who are seeking a second grant that would stabilize their careers. (NIH is defining the midcareer researchers as those who have been an NIH principal investigator for 10 years or less.) For researchers in these categories, NIH
midcarer scientist. The new plan, unvelled on 8 June, is a stunning and the cap and nounced on 2 May. The caller obly would have tallied a researcher's NIH called the Grant Support in called the Grant Support is a stanting p.578). The agency plannel with a principal investigators of 21 points, p. 578). The agency plannel research grants. Agency officials said the cap would have affected about 6% of NIH's granter pool, or about 1950 of 33,000 lead investigators, and freed up enough money to fund 1960 additional grant. Many researchers feared that such a rigid cap would have facted about 6% of NIH's granter pool, or about 1950 of 33,000 lead the quivelences fracer dhat such a rigid cap would have leabs to downsize. Critics also attacked an underlying analysis that NIH cited in justifying the plan. It suggested that, in bigger labs, productivity gains alow with each additional grant, and that the agency could wove funds from large labs somall ones without lowering overall pro- ductivity (Science, 9 June, p. 997). Responding to the "apprehension" cre- ated by the cap and dowbts about the approximation of the state the sub end the sub the sub sub the sub the chart of the "apprehension" cre- ated by the cap and dowbts about the sub sub the chart and sub a sub the the sub sub the cap and dowbts about the sub sub the sub performance or the sub sub the sub adowbts about the sub sub the cap and dowbts about the sub sub sub sub sub sub sub sub sub sub	ttors who going dided and will." is National is st. National
GSI plan, NIH officials said last week at a meeting of the NIH Advisory Committee to the Director (ACD). It is replacing the cap with what Director Francis Collins calls an "even more hold" program, called the Next Generation Researchers Initiative.	The new plan will go into effect imme- diately for researchers who are now avaii- ing a funding decision. That means, Collins told reporters, that "there are investigators who were not going to get funded and who now will."

Definitions

- An early stage investigator (ESI) is a Program Director / Principal Investigator (PD/PI) who has completed their terminal research degree or end of post-graduate clinical training, whichever date is later, within the past 10 years and who has not previously competed successfully as PD/PI for a substantial NIH independent research award.
- An early established investigator (EEI) is an investigator who is within 10 years of receiving their first substantial, independent competing NIH research award as an ESI and who will no longer retain their ESI status because they received a substantial award).



Best Wishes to NICHD Staff Who Are Retiring

- Dr. Germaine Buck-Louis, Director of the Division of Intramural Population Health Research (DIPHR), will begin a new adventure as Dean of the College of Health and Human Services at George Mason University on October 1st. Dr. Constantine Stratakis will serve as Acting Director of DIPHR.
- Dr. Mike Weinrich, Senior Advisor for Device Development, Biotechnology and Bioengineering, will retire at the end of September. He also served as Director of the National Center for Medical Rehabilitation Research at the NIH from 2000 to 2014.







Vision Update

Building Bridges

- NICHD/ECHO/NIDA (Opioids)
- Human Placenta Project
- All of Us
- Johns Hopkins Children's Center Visit
- Perinatology Research Branch in Detroit
- Communicate the Message
 - Voice of the Patient
- Strategic planning process in early 2018

Building Bridges: Neonatal Opioid Withdrawal (NOW) Syndrome

- Funding from Dr. Francis Collins for Advancing Clinical Trials in Neonatal Opioid Withdrawal Syndrome (ACT NOW)
 - Builds a bridge between NICHD/ECHO/IDeA states network/NIDA/NIGMS
- Breakfast session with Chairman Sessions and Dr. Collins at the US Capitol
- Upcoming: Women's Congressional Policy Institute Briefing on September 26
- Concept presented to Council later this morning



Building Bridges



4th Annual Human Placenta Project Meeting



July 24-25, 2017 Grantee updates, poster session and demos



Building Bridges





https://grants.nih.gov/grants/guide/notice-files/NOT-PM-17-004.html

- Request for information from the public. Due SEPT 22
- What are the most significant precision medicine research questions that could be addressed by inclusion of pediatric populations?
- What are key gaps in pediatric study designs that might be appropriate to address through enrollment of children?
- What are the research resources that the inclusion of children into the All of Us program could generate?

Building Bridges: Johns Hopkins Children's Center Visit

- Visit on August 30 to Johns Hopkins Children's Center
- Continuing efforts to identify opportunities for collaboration with local partners in clinical care, intramural research and education
- Tina Cheng, M.D., Chair of Pediatrics at Hopkins, is on the All of Us Pediatric Advisory subcommittee



Building Bridges: Perinatology Research Branch in Detroit



Detroit Mayor Mike Duggan



Congresswoman Debbie Dingell

Communicating the Message: Voice of the Patient



- Welcome Voice of the Patient speaker, Ms. Megan Connolly!
- She will be speaking about her experience in the NICHD-supported Oncofertility Consortium.

What's Ahead? Strategic Planning Process

- Strategic planning process in early 2018
- Group of ~50 people
- Will include both internal and external stakeholders
- More information will be forthcoming

