

The View from Funding Agencies: What Areas Are Being Funded?



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Overview

- National Institutes of Health
- National Heart, Lung & Blood Institute
- Research Priorities
- Funding Opportunity Announcements
- Questions



Welcome to the Birthplace of the NIH: Circa 1887



Located in a small attic room in the Marine Hospital; Staten Island, New York



...And to National Institutes of Health: Circa 2012



 The largest source of funding for medical research in the world

One of 12 agencies under the Department of Health and Human Services



National Institutes of Health





The Nation's Medical Research Agency

Science in pursuit of fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to extend healthy life and reduce the burdens of illness and disability.



National Institutes of Health

NIH-funded research uncovers new knowledge that leads to better health for everyone:

- Conducts research in its own laboratories
- Supports research of non-federal scientists in universities, medical schools, hospitals, and research institutions throughout the United States and overseas
- Translates scientific information into clinical guidelines and community programs
- Trains research investigators
- Fosters communication of medical information



Most NIH Funds Are Spent Beyond Bethesda



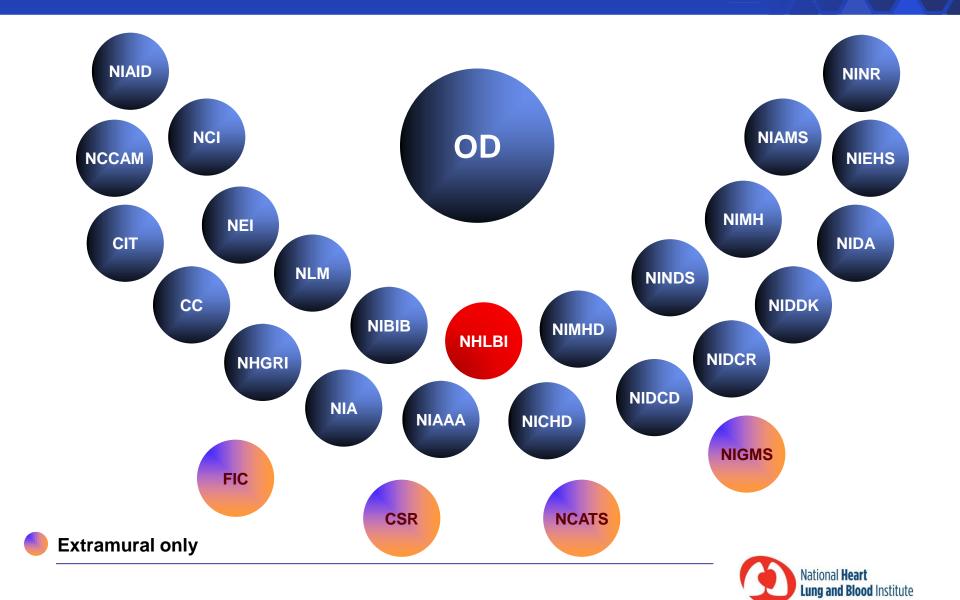
NIH Budget, FY 2010: \$30.759 B

At NIH (intramural): \$3.22 (11%)

Outside NIH (extramural): \$26.3 B (89%)



Structure of the NIH: 27 Institutes and Centers



NHLBI Is the Third Largest NIH Institute

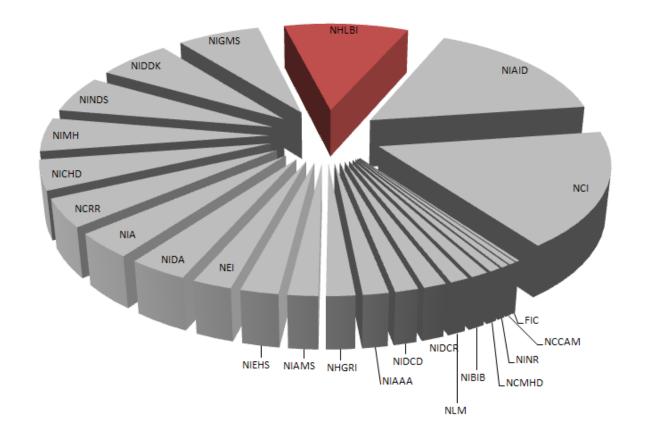
NCI \$5 B

NIAID \$4.7 B

NHLBI \$3 B

NIGMS \$2 B

NIDDK \$1.8 B





National Heart, Lung, and Blood Institute



Mission:

Provide global leadership for research, training, and education programs to promote the prevention and treatment of heart, lung, and blood diseases and enhance the health of all individuals so that they can live longer and more fulfilling lives.

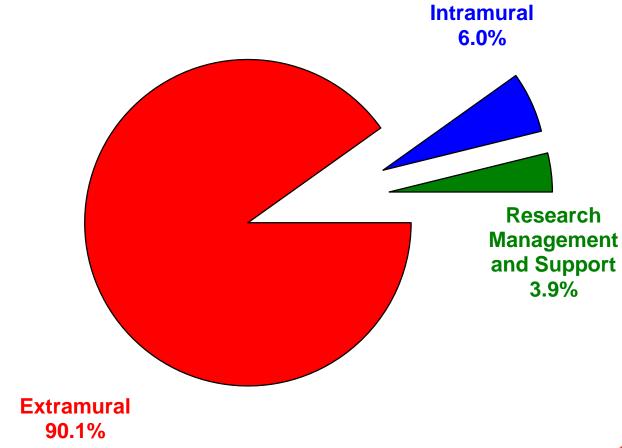


Achieving the Mission

- Stimulates basic discoveries about the causes of disease, enables the translation of basic discoveries into clinical practice, fosters training and mentoring of emerging scientists and physicians, and communicates research advances to the public.
- Creates and supports a robust, collaborative research infrastructure in partnership with private and public organizations, including academic institutions, industry, and other govt agencies.
- Collaborates with patients, families, health care professionals, scientists, professional societies, patient advocacy groups, community orgs, and media to promote the application of research results and leverage resources to address public health needs.
- Collaborates with international organizations to help reduce the burden of heart, lung, and blood diseases worldwide.

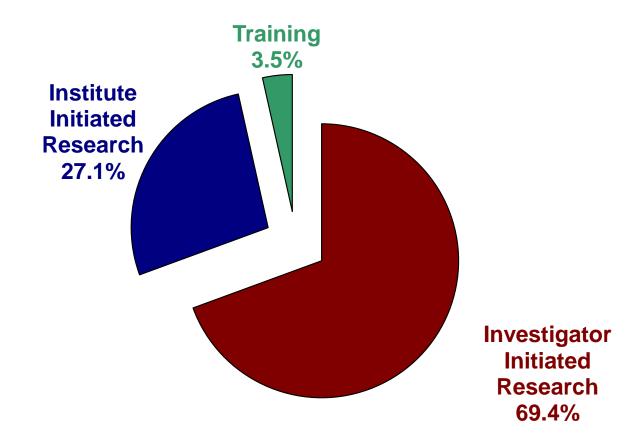


Distribution of NHLBI Budget - FY 2010



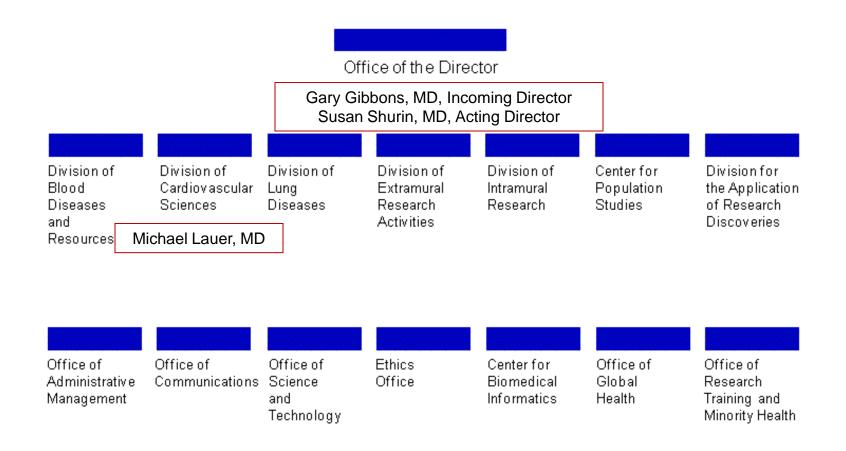


Distribution of NHLBI Extramural Budget - FY 2010





NHLBI Organizational Chart





Dr. Collins' Major Opportunities

- Applying high throughput technologies to understand fundamental biology, and to uncover the causes of specific diseases
- Translating basic science discoveries into new and better treatments
- Putting science to work for the benefit of health care reform
- Encouraging a greater focus on global health
- Reinvigorating and empowering the biomedical research community





NHLBI Strategic Plan Goal 1

Improve understanding of the molecular and physiologic basis of health and disease. Use that understanding to develop improved approaches to disease prevention, diagnosis and treatment.

Form → Function

Example: Using echo and advanced imaging to uncover the pathophysiology of atrial fibrosis or valvular heart disease

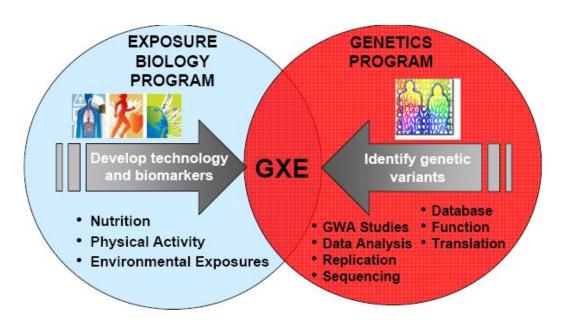




NHLBI Strategic Plan Goal 2

To develop personalized preventive and therapeutic regimens for cardiovascular, lung, and blood diseases.

Function -> Cause



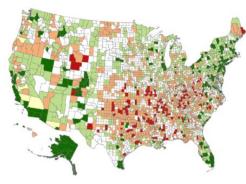
NHLBI Trials

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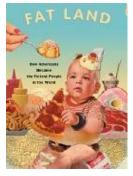


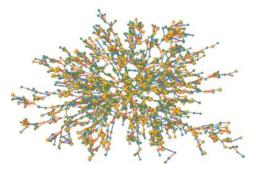
NHLBI Strategic Plan Goal 3

Generate an improved understanding of the processes involved in translating research into practice and use that understanding to enable improvements in public health and to stimulate further scientific discovery. Cause \rightarrow Cures















How NHLBI Establishes Scientific Priorities

- NIH Goals
- Mission statement
- Strategic Plan
- Portfolio Analysis
- Gaps in Science
- Professional society recommendations
- Workshops
- Advisory groups

Other Factors

Feasibility

Innovation

Likelihood that entity outside Institute would support

Multidisciplinary Nature

Potential impact on individual health

Potential impact on national health care expenditures

Potential impact on population health

Qualifications and track record of the proposer

Quality of proposed methods

Quality of writing and organization of proposal

Relevance to global agenda

Relevance to mission and strategic plan

Research need/Lack of studies

Study cost

Uniqueness or timeliness of opportunity



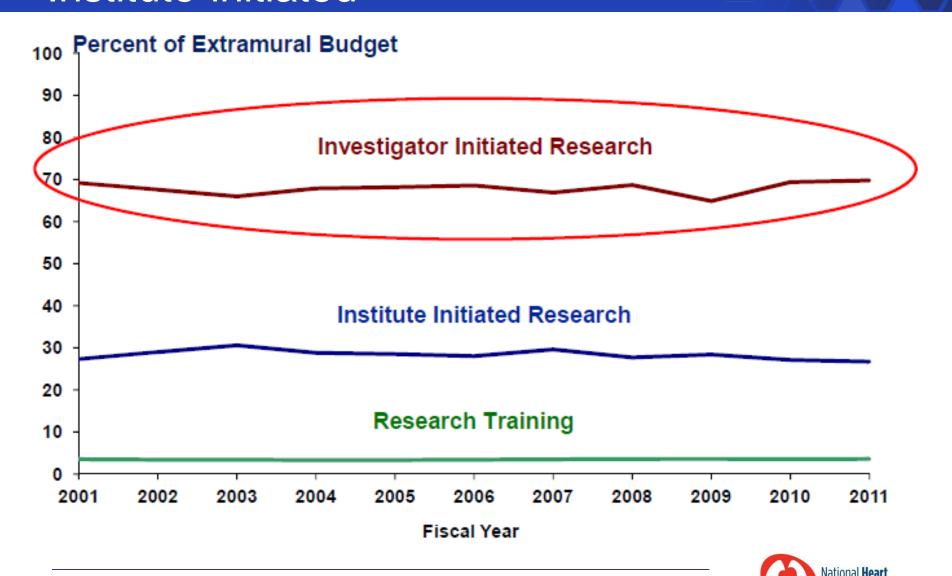
Opportunities for Extramural Research

- Investigator-initiated
 - Majority of NHLBI budget
 - Research Project Grants (e.g. R01s, R21s)
 - Less than \$500K vs. >\$500K

- NHLBI-initiated (special circumstances)
 - RFA Programs
 - Specialized Review
 - Set Aside Funds
 - RFPs (Contracts)



Investigator-initiated research far outnumbers Institute-initiated



Lung and Blood Institute

Exploratory/Developmental (R21) Bioengineering Research Grants

- Encourages innovation and high risk/impact bioengineering research in new areas
- Funding is for 2 years, with up to \$275,000 direct costs over the 2 year period
- http://grants.nih.gov/grants/guide/pafiles/PA-10-010.html



Bioengineering Research Grants (R01)

- Supports basic and applied multi-disciplinary research that addresses important biological, bioengineering or medical research problems
- Funding is for up to 5 years; generally less than \$500K direct costs per year
- Usually supports a single laboratory or a small number of investigators
- http://grants.nih.gov/grants/guide/pa-files/PA-10-009.html



Bioengineering Research Partnerships (R01)

- Supports basic, applied, and translational multidisciplinary research that addresses important biological or medical research problems
- Funding is for up to 5 years
- NHLBI allows up to \$1 million direct costs per year; other institutes may allow up to \$2 million direct costs per year
- Supports partnerships between 2 or more groups; industrial participation encouraged
- http://grants.nih.gov/grants/guide/pa-files/PAR-10-234.html



Small Business Support

- NIH SBIR and STTR programs
 - SBIR focused on small businesses
 - STTR technology transfer from academic institutions to small businesses
 - Phase I grants typically for \$100K for 6 months
 - Phase II grants typically up to \$750K per year for 2 years
 - Technology development through clinical trials
 - http://grants.nih.gov/grants/funding/sbir.htm
- NHLBI Phase II SBIR Competing Continuation grants
 - Research required to obtain FDA clearance or approval
 - Up to \$1 million total costs per year for up to 3 years
 - http://www.nhlbi.nih.gov/funding/sbir/index.htm



Ancillary Studies in Clinical Trials (R01)

- Supports time-sensitive ancillary studies related to heart, lung, and blood diseases and sleep disorders in conjunction with ongoing NIH- or non-NIH-supported clinical trials.
- Funding is for up to 4 years
- Up to \$250K in direct costs per year
- Example: Imaging studies to elucidate disease progression or mechanism of action of the intervention
- http://grants.nih.gov/grants/guide/rfa-files/RFA-HL-13-003.html



NHLBI Population Studies

- NHLBI Translational Imaging Research
- Framingham Heart Study
- Jackson Heart Study
- Atherosclerosis Risk in Communities Study
- Multi-Ethnic Study of Atherosclerosis
- Coronary Artery Risk Development in Young Adults Study
- Hispanic Community Health Study





RePORT: report.nih.gov





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News from the NHLBI

Most recent content is listed first. The collection includes content publis

Journal of the American College of Cardiology © 2009 by the American College of Cardiology Foundation Published by Elsevier Inc. Vol. 53, No. 12, 2009 ISSN 0735-1097/09/\$36.00 doi:10.1016/j.jacc.2009.01.010



News From The NHLBI | November 01, 2011

Population-Based Cohort Studies: Still Relevant?

Paul Sorlie, PhD; Gina S. Wei, MD, MPH

J Am Coll Cardiol. 2011;58(19):2010-2013. doi:10.1016/j.jacc.2011.08.020.

News From The NHLBI | August 24, 2010 FREE

The Cardiovascular Programs of the National Heart, Lung, and Blood Institute: From Vision to Action to Impact

Elizabeth G. Nabel, MD, Michael S. Lauer, MD

INTERMACS (Interagency Registry for Mechanically Assisted Circulatory Support): A New Paradigm for Translating Registry Data Into Clinical Practice

Marissa A. Miller, DVM, MPH; Karen Ulisney, MSN, CRNP; J. Timothy Baldwin, PhD

J Am Coll Cardiol. 2010;56(9):738-740.



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