

**Department of Health and Human Services
National Institutes of Health
Advisory Committee to the Director**

94th Meeting

June 8, 2007

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EXECUTIVE SUMMARY

The 94th meeting of the Advisory Committee to the Director (ACD) of the National Institutes of Health (NIH) was held on June 8, 2007, on the NIH campus. NIH Director Elias A. Zerhouni, M.D., announced that Barbara Alving, M.D., was recently appointed Director of the National Center for Research Resources; Griffin P. Rodgers, M.D., was appointed Director of the National Institute of Diabetes and Digestive and Kidney Diseases; and Alan M. Krensky, M.D., was selected to be the first Deputy Director of the Office of Portfolio Analysis and Strategic Initiatives.

Dr. Zerhouni reported that Congress approved and President Bush signed the 2007 NIH reauthorization and operating budget, which included a strong increase in NIH funding. The bill allocated \$48 million for the Innovator Awards program, \$91 million for the Bridge Awards, and \$58 million for the NIH Children's Study. The bill established direct support for the NIH Common Fund. The House Subcommittee on Labor and Human Services recently completed markup of the FY 2008 appropriations bill, recommending an increase of \$1,027 billion over the President's budget.

Raynard S. Kington, M.D., Ph.D., NIH Deputy Director, reported that the NIH Reform Act of 2006 reauthorizes the NIH for 2007 and 2008, and includes increases of \$30.3 billion for 2007 and \$32.8 billion for 2008. It features new processes for facilitating trans-NIH research. Dr. Kington heads a working group to develop plans to implement the legislation, which calls for a new Division of Program Coordination, Planning, and Strategic Initiatives within the Office of the Director.

Dr. Zerhouni reported that the number of NIH grant applications has been stabilizing after years of large growth. For FY 2007, the grant application success rate will rise to an average of 22 percent (it was 19.8 percent in FY 2006). The NIH Roadmap for Medical Research program was recently evaluated and will move forward in four areas—epigenetics, the human microbiome, protein-capture tools, and a genetic connectivity map.

The ACD members discussed a broad range of NIH issues, agreeing that the new authorization by Congress represented a vote of confidence in the policies and direction of the NIH. This

includes the priorities of transparency and support for young investigators and high-risk, high-impact research.

Vivian Pinn, M.D., Associate Director for Research on Women's Health and Director of NIH's Office of Research on Women's Health, who co-chairs, with Dr. Zerhouni, the NIH Working Group on Women in Biomedical Careers, provided an update of the working group's progress. It has been investigating issues identified in a recent National Academies' report on women in science careers and reviewing federal policies associated with, for example, child care, parental leave, time extensions, and temporary replacement health. A committee is planning a "best practices" conference to take place on the NIH campus in March 2008. In discussion, the ACD members suggested actions to advance women's science careers, such as expanding K and F research award programs and developing better mentoring programs.

Antonio Scarpa, M.D., Director, Center for Scientific Review (CSR), reviewed processes and changes at the CSR, including increased communication and transparency, efficiency and effectiveness, consistency, and more recruitment of administrators. The CSR is developing plans to improve the peer review process by increasing the alignment of study sections; shortening the review cycle; increasing the quality of reviewers and lessening their burden; and better identifying of significant, innovative, high-impact research. Larry Tabak, D.D.S., Ph.D., Director, National Institute of Dental and Craniofacial Research, described a self-study being planned by the NIH in partnership with the scientific community to strengthen peer review.

Jeremy Berg, Ph.D., Director, National Institute of General Medical Sciences, reviewed progress in the NIH Director's New Innovator Award Program, which seeks to identify and fund exceptionally innovative research with the potential for high impact. The response to the first award was surprisingly strong—more than 2,100 applications.

Norka Ruiz Bravo, Ph.D., Deputy Director for Extramural Research, presented an update on the NIH Director's Bridge Awards, which provide bridge funding to R01 investigators who just miss the payline on a competing renewal application and have little or no additional research support.

Sally Rockey, Ph.D., Deputy Director, Office of Extramural Research, described a new Web-based outlet of NIH extramural research information that is being developed. This "Facts and

Figures” site will be presented as a series of slides that can be downloaded by users.

Wendy Chaite, J.D., reported on activities of the NIH Director’s Council of Public Representatives (COPR). At its April 2007 meeting, the COPR focused on consensus building and priority setting, discussing issues within four categories—community engagement, diversity/disparities, disenfranchised areas, and emerging issues.

NIH DIRECTOR'S REPORT

The 94th meeting of the Advisory Committee to the Director (ACD) of the National Institutes of Health (NIH) was held June 8, 2007, on the NIH campus in Bethesda, Maryland, and Webcast globally. The next meeting is scheduled for December 6–7, 2007. NIH Director Elias A. Zerhouni, M.D., welcomed the ACD members and other participants and guests.

Dr. Zerhouni introduced two special experts who joined the meeting—Mary Beckerle, Ph.D., Director of Huntsman Cancer Institute, University of Utah, and Keith R. Yamamoto, Ph.D., Executive Vice Dean, School of Medicine, University of California, San Francisco. ACD members Annelise E. Barron, Ph.D.; Alexander R. Lerner; Christine E. Seidman, M.D.; Barbara L. Wolfe, Ph.D.; and Tadataka Yamada, M.D., were unable to attend.

Dr. Zerhouni reviewed the meeting agenda, which included updates on topics developed in a teleconference held in February 2007. The NIH Reform Act of 2006 was passed by Congress and signed by President Bush in January, reauthorizing the NIH, preserving its core authorities, and adding new tools to maximize effectiveness. Congress expressed strong support for the NIH, in part by increasing the budget. Raynard S. Kington, M.D., Ph.D., Deputy Director of NIH, is heading an ad hoc working group to study changes that will occur as a result of the reauthorization terms.

The agenda also featured a session on issues raised by a recent report by the National Academy of Sciences on women in science. In response to the report, Dr. Zerhouni created a NIH working group on women's biomedical careers, which is co-chaired by Vivian Pinn, M.D., Associate Director for Research on Women's Health and Director of NIH's Office of Research on Women's Health (ORWH).

Dr. Zerhouni noted that the meeting would include a report on changes in the NIH peer review process to ensure that the best science is funded, a discussion of efforts to set budget priorities to maximize the scientific enterprise (for example, to protect young investigators), and feature a description of a Web-based system to report data on NIH-funded research. There also would be a report from the NIH Director's Council of Public Representatives (COPR).

Dr. Zerhouni reported that Barbara Alving, M.D., was recently appointed Director of the National Center for Research Resources. He praised her leadership in guiding the Clinical and Translational Science Award (CTSA) program. Griffin P. Rodgers, M.D., was appointed Director of the National Institute of Diabetes and Digestive and Kidney Diseases. Alan M. Krensky, M.D., was selected to be the first Deputy Director of the Office of Portfolio Analysis and Strategic Initiatives (OPASI).

Dr. Zerhouni asked for a moment of silence to honor Stephen E. Straus, M.D., former Director of the National Center for Complementary and Alternative Medicine (NCCAM), who died on May 14, 2007. As the first director of the NCCAM, Dr. Straus was instrumental in establishing it as a credible, rigorous scientific center. He helped to define the NIH's efforts to reengineer clinical research and was an advocate of high-risk, high-impact research.

Congress and President Bush approved the 2007 NIH operating budget, which included direct funding for the NIH Common Fund (rather than requiring contributions from the Institutes and Centers [ICs]). Congress allocated \$40 million for the Innovator Awards program and \$91 million for the Bridge Awards. The NIH Children's Study will receive \$58 million in new funds.

The House Subcommittee on Labor and Human Services recently completed markup of the FY 2008 appropriations bill, recommending an increase of \$1.027 billion over the President's budget request. This is welcome news. The Senate markup has yet to occur. The new House bill features continued direct funding of the Common Fund and support for the Children's Study, Bridge Awards, and New Innovator Award. The bill makes public access to NIH-funded research information mandatory and requires all NIH-funded investigators to submit electronic manuscripts of their scientific work to the National Library of Medicine (NLM).

In the past year, the NIH has taken large steps toward the fully electronic submission of research grant applications. About 80 percent of applications are now submitted electronically. Systems are performing well. A few complex programs are still in transition.

Dr. Zerhouni reported that the NIH has evaluated its Roadmap for Medical Research program and identified four areas in which it will move forward. Epigenetics and the human microbiome will be implemented as 5-year programs. Protein-capture tools and phenotyping services and

tools implementation will follow a staged approach. A pilot study will also be supported for a connectivity map to discover linkages between diseases, drugs, and genetic manipulation.

Dr. Zerhouni reported that the number of grant applications has been stabilizing after years of large increases. The NIH estimates that, as a result, the FY 2007 success rate will rise to an average of 22 percent (from 19.8 percent in FY 2006). For the individual ICs, success rates likely will range from 15 percent to 29.9 percent.

Discussion

In discussion, Dr. Zerhouni raised the recurring phenomenon of funding oscillations as it affects the budget over time, and expressed his intention to lessen that effect and to stabilize funding levels. He emphasized that the ACD is helping the NIH management do the public's work.

Nancy E. Adler, Ph.D., suggested that the NIH staff study shifts in the types of grant applications that might be occurring with the recent leveling off in numbers. In 2007, the NIH will fund about 170 K99/R00 awards, which serve to bridge an investigator's transition from fellow to faculty.

David Botstein, Ph.D., cited institutions at which the effort to explain the cyclical nature of funding has stimulated policies for bridging certain grants.

Dr. Botstein noted the acceptance of and positive spirit that surrounded the decision to eliminate inflation increases in grant funding. Mary-Claire King, Ph.D., characterized Congress's recent increase in funding for the NIH as a strong vote of confidence in its current policies. She cited the new epigenetics Roadmap initiative as a well-thought-out program.

Dr. Yamamoto stated that investigators have noted the NIH's interest in supporting high-risk research and supporting young researchers. He suggested that the NIH create a clearinghouse of information about efforts by institutions to offer bridge funding to investigators and about ways to leverage NIH funding. Dr. Zerhouni stated that programs that provide bridge funding help to ensure that good research programs/investments are not lost and that the long-term outlook for science is achieved. To receive strong future funding from Congress, the NIH must continue to realize and describe benefits.

Dr. Beckerle cited the issue of highly skilled scientists who finish postdoctoral positions and need to assume faculty positions. How does the NIH define a faculty position? Story C. Landis, Ph.D., Director of the National Institute of Neurological Disorders and Stroke, responded by listing the allocation of space, an ability to apply for R01 grants, the availability of students and postdocs to teach, salary support from an institution, and long-term opportunities. About 40 percent of the K99/R00 awardees are women. Dr. Botstein emphasized that faculty jobs can vary widely in worthiness. Joan Y. Reede, M.D., M.P.H., M.S., gave an example of an award program that requires a career-development plan.

Ralph I. Horwitz, M.D., wondered whether the increases in research physical infrastructure and capacity are continuing and if they are being monitored. Dr. Zerhouni responded that the growth is continuing. Firm figures are hard to come by, because of, for example, difficulties in determining indirect costs. It is too early to measure the effects of the CTSAAs (which feature a consortium approach) in the clinical research arena. Dr. Yamamoto predicted that the CTSAAs will lead to the spread of best practices.

Yvonne Maddox, Ph.D., Deputy Director of the National Institute of Child Health and Human Development, described the National Children's Study, which involves all NIH Institutes and now receives funding through the Office of the Director. Nine vanguard sites have been launched, and there will be 105 sites eventually. The study will observe children from preconception to age 21, with emphases on disorders such as asthma, autism, diabetes, and obesity. Recruitment will begin in 2008.

Dr. Reede asked about efforts to support investigators in earlier stages, prior to their becoming postdocs. Dr. Alving noted that the CTSA program has a committee investigating ways to support diverse and community-based young researchers within the program. Dr. Zerhouni cited wide discussions about early science education (K–12) within the Federal Government. Dr. Botstein raised the concern of substantial loss of science students to other disciplines during the undergraduate years. Dr. Adler encouraged the CTSA program to emphasize the bedside-to-community aspect of the research. Dr. Alving ensured her that such an emphasis is being pursued.

Dr. Adler noted that the R21 grants have been increasing while R0ls have been decreasing. She expressed concern that this trend could reduce the amount of high-risk research. Dr. Botstein noted that the instructions to peer-review study sections play an important role in the funding of high-risk projects.

THE NIH REAUTHORIZATION

Dr. Kington provided details of the NIH Reform Act of 2006, which was passed by the Congress in December 2006 and signed by President Bush in January 2007. The Act reauthorizes the NIH for 2007 and 2008, and includes funding increases of \$30.3 billion for 2007 and \$32.8 billion for 2008. Dr. Kington heads a working group to develop plans to implement the legislation, which calls for new processes for facilitating trans-NIH research. The legislation establishes a Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI) within the Office of the Director, which will identify trans-NIH research and will have embedded within it the Office of Disease Prevention, the Office of AIDS Research, the Office of Behavioral and Social Sciences Research (OBSSR), and the ORWH. The DPCPSI will oversee the OPASI.

The legislation creates a Council of Councils to advise the NIH Director on areas included within the DPCPSI, and a Scientific Management Review Board, composed of IC Directors and nonfederal representatives, will advise the Director on organization of the NIH. The Act also establishes the Common Fund to support trans-NIH research and calls for a large biennial report on the state of biomedical and behavioral research, including the priorities and plans of the ICs. Other terms include a public process for reorganizing NIH programs, two demonstration programs (bridging sciences and high-risk/high-reward research), and a requirement that funded institutions inform doctoral applicants of the average length of time to degree completion and the percentage of students who attain doctoral degrees.

Discussion

Wendy Chaite, J.D., suggested that the new Scientific Management Review Board include public representatives. Federal requirements for diverse representation will apply. Dr. Kington stated that revisions to the role of OPASI in light of the new governing DPCPSI have yet to be

determined. Responding to questions about the future of the Common Fund, Dr. Zerhouni stated that future funding levels cannot be known and will depend in part on the progress of science. David B. Abrams, Ph.D., Director of OBSSR, noted that the Common Fund represents an opportunity for integration at the scientific level. Dr. Zerhouni expressed his belief that the new Scientific Management Review Board, with its wide participation of experts and regular processes, can lead to change.

WOMEN IN SCIENCE

Dr. Pinn, who co-chairs, with Dr. Zerhouni, the NIH Working Group on Women in Biomedical Careers, provided an update of the working group's progress. The NIH co-sponsored a study by the National Academies Committee on Women in Academic Science and Engineering. The resulting report pointed to a need to help women see a career path that allows them to reach their full intellectual potential. It concluded that unintentional biases and institutional structures have hindered the access and advancement of women in the sciences.

The NIH working group examined concerns raised in the National Academies' report that relate to women in science and engineering in academia; in addition, the scope was expanded to include the NIH intramural research community and the broader context of girls and women in science. Dr. Pinn presented data on sex and gender in the NIH extramural biomedical research community, obtained by the working group. They show, for example, that the average female funding request for research grants is less than the average male funding request and that the number of research project grants per principal investigator (PI) is higher for males. The working group found that many career mentoring and development programs exist at NIH for both the intramural and extramural communities and posted a list of them on the its Web site (<http://womeninscience.nih.gov>).

One subcommittee is planning a best-practices conference, which will take place on the NIH campus in March 2008. The working group reviewed federal policies associated with child care, parental leave, time extensions, and the availability of temporary replacement personnel. A subcommittee which studied the efficacy of programs sponsored by foundations and other government agencies to reduce gender bias found little objective evidence for their success. A subcommittee on mentoring found a lack of trained mentors familiar with issues important to women, including female members of underrepresented groups. Another subcommittee focused on career challenges for women in bioengineering fields and, as one result, found few female mentors and role models.

Dr. Pinn noted that the National Institute of Allergy and Infectious Diseases established its Primary Caregiver Technical Assistance Supplements (PCTAS) Program, which provides

technical assistance to postdocs (men and women) with young children and ailing parents. Few postdocs have taken advantage of it. The NLM is developing a modification of the PCTAS program for its own grants. The ORWH established the Reentry Supplement Program in 1992 as a pilot to help fully trained scientists (men and women) reestablish careers after taking time off for familial responsibilities. A 2007 reissuance of the program announcement explicitly states that postdoctoral fellows can take part. The ORWH will coordinate efforts to develop a National Leadership Workshop on Mentoring Women in Biomedical Careers, to be held at the NIH campus. The ORWH intends to disseminate the findings and recommendations of the NIH Working Group on Women in Biomedical Careers to the public, using a series of meetings across the nation.

Discussion

Dr. Reede thanked Dr. Pinn and the working group for being proactive. Dr. Adler noted that the ORWH-sponsored Interdisciplinary Careers in Women's Health Research program has been successful in supporting young female investigators. The ACD members agreed that the result of women asking, on average, for lower funding for grant total costs may be the result of distributive factors (types of grants). Michael Gottesman, M.D., Deputy Director of Intramural Research, suggested that the NIH intramural programs could serve as incubators for efforts to advance women's science careers. About half the intramural postdocs today are women.

Antonio Scarpa, M.D., Director, Center for Scientific Review (CSR), noted that the applications of female investigators have been scoring well. Dr. King proposed expanding the Use of K and F awards, recognizing their importance for young female investigators. Dr. Botstein noted that awards such as the K and F—especially independent awards—can provide a young investigator with great confidence. Ruth L. Kirschstein, M.D., Acting Director of the NCCAM, stated that mentoring for young female investigators must focus on issues such as the scientific culture. Dr. Zerhouni noted complexities with the programs and their intended goals—for example, the K99/R00 grant program had a career-planning component that was not well received. Dr. Adler suggested that when pink sheets are sent to applicants informing them of a failure to receive a grant, they should include, where appropriate, encouragement to reapply.

NIH PEER REVIEW

Dr. Scarpa reviewed processes and changes in peer review at the CSR. He began by noting that the NIH's peer review process is envied around the world. Key factors of its success can be found in three fundamental tenets:

- Individual scientists must have freedom in developing and conducting their research.
- Reviews should be conducted by outside experts essentially without compensation.
- Program management and scientific review functions should be separated.

Despite its continued successes, the peer review system faces a number of challenges that have led to calls for change. In the last 10 years, the number of grant applications submitted to and reviewed by CSR has doubled. In 2006, CSR received 80,000 grant applications, 52,000 of which were reviewed by over 18,000 reviewers in 2,000 CSR review meetings. Other challenges include a decrease in the number of applications reviewers are willing to review, CSR budget pressures, and a 60-year-old review platform.

In response to complaints (slow process, lack of senior reviewers, the favoring of predictable research, the burdens on applicants and reviewers), CSR has initiated changes, or improvements, in consultation with the scientific community. These include increasing communication and transparency, increasing efficiency and effectiveness, increasing consistency, and increasing the recruitment of administrators.

In particular, CSR intends to improve the alignment of study sections; shorten the review cycle; do more to recruit and retain more high-quality reviewers and lessen their burden; and better identify significant, innovative, high-impact research. Dr. Scarpa reviewed current initiatives, such as hosting workshops with study section chairs, shortening of the review cycle (conducting a pilot), adding new technologies (asynchronous electronic reviewing), and requiring shorter applications. Because of time-saving efforts, by November, all new investigators submitting R01 applications will have the opportunity to have their applications reviewed three times in a year if necessary and desirable. Future changes under consideration include the continuous receipt of applications, the use of reviewer rewards, and editorial board reviews.

Larry Tabak, D.D.S., Ph.D., Director, National Institute of Dental and Craniofacial Research, described a self-study being planned by the NIH in partnership with the scientific community to strengthen peer review. The study will respond in part to the increasing breadth, complexity, and interdisciplinary nature of biomedical sciences, which challenge the peer review process. The study will focus on the context of scientific research and seek to answer the following questions:

- Does peer review consistently identify the best science?
- Are we engaging the best reviewers?
- Should we increase program flexibility to enhance peer review?
- Should we increase review flexibility to enhance peer review?

Dr. Tabak listed major CSR initiatives under way, including shortening the review cycle, assigning applications to institutional review boards immediately, realigning study sections, and shortening the size of the applications. Two working groups are aiding the process—an ACD Working Group on Peer Review, featuring outside experts, and the Steering Committee Working Group on Peer Review, featuring NIH-internal experts. During 2007, these groups are contributing to a diagnostic phase of the process. In 2008, the NIH will determine next steps, including pilots, full implementation, and various briefings.

In discussion, Alan I. Leshner, Ph.D., cautioned that the NIH must ensure the changes are labeled as an improvement rather than a response to a problem. In fact, the NIH's peer review system is a great success and the envy of the world. Ms. Chaite expressed the hope that revisions to the process would encourage representation of newer scientific fields. Dr. Kington envisioned a system that can make adjustments quickly. Dr. Tabak added that this is a reason for focusing on context as the system is improved.

NIH DIRECTOR'S INNOVATOR AWARD

Jeremy Berg, Ph.D., Director, National Institute of General Medical Sciences, described the NIH Director's New Innovator Award Program and reviewed its progress. The program's goal is to fund exceptionally innovative research with the potential for high impact. The application does not require preliminary data, and the proposed research need not be in a conventional discipline, although it must be relevant to the NIH's mission. The application includes a 10-page essay

about the qualifications of the investigators, the scientific problem and its innovativeness, and its suitability for this award rather than the R01 award. The program was launched in February 2007. The NIH expects to fund up to 14 awards for up to \$1.5 million for 5 years.

The program defines a new investigator as a person who recently received a doctoral degree or completed a medical internship and residency in 1997 or later. The investigator must not have been a PI on an R01 or equivalent grant. He or she must hold an independent research position at a United States institution as of September 20, 2007. Dr. Berg noted that the initial response to the first awards was surprisingly strong—more than 2,100 applications were received. The IC Directors and program staff will develop a funding plan.

Discussion

Dr. Berg noted that the application will not feature an interview. He also pointed out that the applications represented a wide spectrum of the sciences, including much clinical research. The ACD members applauded the program's potential to fund innovative research and wondered if additional funds might be secured. Dr. Yamamoto suggested that the strong response might have been because of a backlog of innovative ideas. Dr. King expressed concern that the large number of applicants who are not successful (no more than 14 applicants will be funded) will experience great frustration. Ms. Chaite noted that this might be an opportunity to apply the idea of connecting worthy but unsuccessful applicants with other funding organizations.

NIH DIRECTOR'S BRIDGE AWARD

Norka Ruiz Bravo, Ph.D., NIH Deputy Director for Extramural Research, presented an update on the NIH Director's Bridge Awards (NDBA). The purpose of the awards is to provide bridge funding to R01 investigators who just miss the payline on a competing renewal application and have little or no additional research support. The NDBA program responds to a downward trend in success rates for R01-equivalent applications that occurred in the past few years as the total number of applications rose sharply.

The award for an investigator for 1 year can be up to \$333,000 in direct costs plus associated indirect costs. The program converts an R01 to an R56, maintaining the original serial number.

Amendments to the R01 can then be resubmitted using the original serial number. In the first phase of the program, each applicant was required to have less than \$133,000 in other research support (direct costs). In the second phase, each applicant was required to have less than \$266,000 in other research support, and acceptable applications were extended to a lower payline percentile. The recently passed congressional resolution gave \$91 million to support the program in FY 2007.

Phase I of the program produced 91 awards (nominated by the ICs) and allocated about \$32.7 million. Dr. Ruiz Bravo stated that the program will be evaluated, and success rates for follow-up applications from NDBA recipients will be compared to rates for similar amendments for non-recipients. Phase II provided approximately \$58 million to the ICs to fund approximately 160 additional awards. The total number of awards is expected to be approximately 250.

The ACD members applauded the program. Dr. Botstein remarked that the modest number of applicants suggests the situation in the research arena is not as dire as some have suggested.

HOW THE NIH MANAGES REPORTING OF EXTRAMURAL DATA

Sally Rockey, Ph.D., Deputy Director, Office of Extramural Research (OER), described a new Web-based outlet of NIH extramural research information being developed. "Facts and Figures on the National Institutes of Health Extramural Programs" is available on the NIH/OER Web site (http://grants1.nih.gov/grants/award/NIH_Investment.ppt) as a series of slides that can be downloaded by users. These slides give information on NIH extramural funding trends, numbers of grant applications, awards and success rates, mechanisms, and types of programs. Annual updates, based on frozen data from the last fiscal year, will begin in January.

Dr. Rockey also presented screen shots from a new OER Reporting Web site, which will become live for the public in January 2008. Dr. Rockey listed the following features of the improved OER Reporting Web site:

- Enhancements to current items.
- One-stop shopping for reports.
- Easier navigation.

- Tools to customize reports.
- Indications of most frequently visited reports.
- Report features such as PowerPoint slides, Excel worksheets, annotations, sources, and definitions.
- Links to other sources of information.

Dr. Botstein suggested that the site include records of success rates as they relate to amounts of funding requested by applicants. Dr. Yamamoto suggested including numbers for success based on review rounds. The ACD members agreed that such dynamic information will be very helpful to applicants. Dr. Rockey noted that the site will feature a “request report” function by which users can seek additional data that have not been displayed. Ms. Chaite recommended working with the Director’s Office of Communications and Public Liaison to publicize the site and its content.

NIH DIRECTOR’S COUNCIL OF PUBLIC REPRESENTATIVES LIAISON REPORT

Wendy Chaite, J.D., member of the COPR and liaison to the ACD, reported that the following six new COPR members were introduced at the April 2007 COPR meeting: Naomi Cottoms, a rural health care administrator; Elmer Freeman, M.S.W., a community-based research administrator; Elizabeth Furlong, R.N., Ph.D., J.D., a university faculty member; Anne Muñoz-Furlong, a patient-advocacy leader; Brent Jaquet, a government relations expert; and Matthew Margo, a CBS Television executive.

Ms. Chaite reported that the COPR will be submitting editorials on the value of public involvement in the research process to two periodicals—a science journal and a general-content publication. At the April COPR meeting, the members focused on consensus building and priority setting, discussing issues within four categories—community engagement, diversity/disparities, disenfranchised areas, and emerging issues. The COPR members approved the continuation of the Role of the Public in Research Work Group, charging it to identify ways to encourage researchers to involve the public.

Ms. Chaite reported on actions and ideas to increase the synergy and exchange between the COPR and the ACD. For example, a member of one committee might join a working group from

the other committee. (COPR member Marjorie Mau is on the ACD Peer Review Working Group.) Ms Chaite also encouraged that a retiring liaison and new (replacement) liaison attend a meeting of the other committee together. She welcomed suggestions from the ACD members.

John C. Nelson, M.D., M.P.H., noted that he attended the April COPR meeting and was very impressed by the scope and depth of the presentations and the intensity of the discussions. He remarked on the COPR's use of a meeting chair and procedures such as voting. Dr. Zerhouni proposed that the COPR and ACD hold a common meeting some time in the future.

FINAL THOUGHTS AND ADJOURNMENT

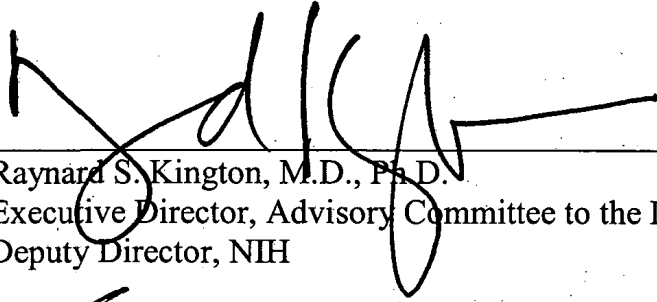
Dr. Zerhouni postponed the scheduled report on the Genetic Association Information Network (GAIN) because of Dr. Seidman's absence. His office will forward an update on the GAIN Workgroup via e-mail.

Dr. Zerhouni thanked the ACD members, invited speakers, and guests and adjourned the meeting.

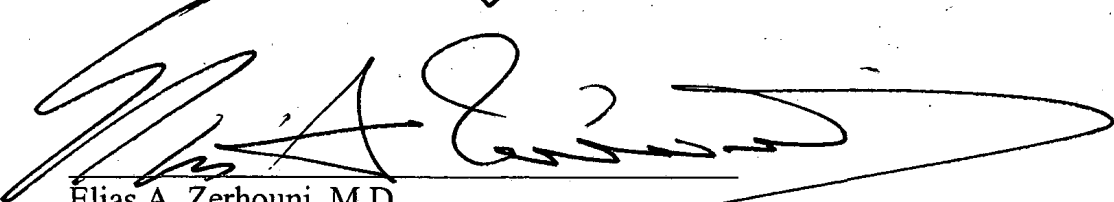
SUMMARY AND CONCLUSIONS

The Advisory Committee to the Director of the National Institutes of Health convened on June 8, 2007, 1) to receive updates on the FY 2007 NIH budget and reauthorization and the FY 2008 proposed NIH budget, 2) to receive updates on new efforts to advance the science careers of women, 3) to learn about efforts to improve the NIH peer review process for research grant applications, 4) to hear of the progress of the NIH Director's Innovator Award and NIH Director's Bridge Awards programs, 5) to learn about a new online presentation of data on NIH extramural research programs, 6) to receive a report on the recent meeting of the Director's Council of Public Representatives, and 7) to engage in a wide-ranging discussion of issues important to the NIH and United States biomedical research.

I hereby certify that, to the best of my knowledge, the foregoing minutes are accurate and complete.



Raynard S. Kington, M.D., Ph.D.
Executive Director, Advisory Committee to the Director
Deputy Director, NIH



Elias A. Zerhouni, M.D.
Chairman, Advisory Committee to the Director
Director, NIH

LIST OF ABBREVIATIONS AND ACRONYMS

ACD	Advisory Committee to the Director “
COPR	Council of Public Representatives
CSR	Center for Scientific Review
CTSA	Clinical and Translational Science Award
DPCPSI	Division of Program Coordination, Planning, and Strategic Initiatives
FY	Fiscal Year
GAIN	Genetic Association Information Network
HHS	U.S. Department of Health and Human Services
ICs	(NIH) Institutes and Centers
IRB	Institutional Review Board
NAS	National Academy of Sciences
NCCAM	National Center for Complementary and Alternative Medicine
NCRR	National Center for Research Resources
NDBA	NIH Director’s Bridge Awards
NHGRI	National Human Genome Research Institute
NIAID	National Institute of Allergy and Infectious Diseases
NICHHD	National Institute of Child Health and Human Development
NIDCR	National Institute of Dental and Craniofacial Research
NIDDK	National Institute of Diabetes and Digestive and Kidney Diseases
NIGMS	National Institute of General Medical Sciences
NIH	National Institutes of Health
NINDS	National Institute of Neurological Disorders and Stroke
OBSSR	Office of Behavioral and Social Sciences Research
OMB	Office of Management and Budget
OPASI	Office of Portfolio Analysis and Strategic Initiatives
ORWH	Office of Research on Women’s Health
PI	Principal Investigator

**Department of Health and Human Services
National Institutes of Health
Advisory Committee to the Director**

94th Meeting

June 8, 2007

NIH/IMOD/pb:07/11/07
Revised:ES:ka 07/13/07
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ES	Brown	7/13/07						