### **OFFICE OF PORTFOLIO ANALYSIS**

### **September 5, 2012**



# The Office of Portfolio Analysis (OPA)

### **OPA was established in 2011 to provide multiple services:**

- Scientific portfolio analysis...
  - $_{\odot}$  of all Common Fund initiatives
  - $\circ$  in response to requests by senior leadership
- Coordinate portfolio analysis activities across NIH
- Train NIH staff to promote the effective use of analytical tools

   Regularly scheduled courses
   Ad hoc consultations
- Improve portfolio analysis at NIH (see next slide)



- Solve NIH-wide limitations in cross-referencing databases
- Build new computational tools that address specific NIH needs
- Model NIH output and health impact accurately
   O Advanced bibliometrics
- Track progress in the new field of "science of science" and find useful methods and synergies among the parallel efforts in…
  - $\circ$  Academia
  - Other government agencies
  - Private sector
- Adopt new methods that meet NIH needs and provide training opportunities for portfolio analysis stakeholders at NIH



Data-driven approaches to program development

What is the best way to accelerate scientific progress?

#### An example:

➢OPA analysis of 38 Metabolomics Centers in the US, most of which receive funding from NIH (~\$70M in 2010)



### **\$225M Global Investment in Metabolomics in FY10**



- Netherlands Metabolomics Center: \$67M\*
- BBSRC, UK Plant and Microbial Metabolomics: \$10.4M
- Canadian Human Metabolome Database: \$8.1M



### **Scientific Portfolio Analysis at NIH**

#### What is the best way to accelerate scientific progress?

- OPA analysis of 38 Metabolomics Centers in the US, most of which receive funding from NIH (~\$70M in 2010)
- These Centers have overlapping goals, yet operated in isolation with little coordination or collaboration
- Portfolio analysis shaped a new Metabolomics RFA aimed at improving coordination and leveraging existing resources



### **Coordination of Portfolio Analysis Efforts at NIH**

- ✓ Portfolio Analysis Workshop (February 6, Natcher Conf. Ctr.)
- ✓ Portfolio Analysis Symposium (July 23-24, Natcher Conf. Ctr.)
- Build a computer lab to tailor existing and new computational tools to NIH needs, and to train NIH staff in their use
- Centralized web-based repository to disseminate computational tools <u>o http://dpcpsi.nih.gov/portfolio\_analysis/</u>
- Standing trans-NIH Working Group



### Goals of the Portfolio Analysis Workshop Feb 5-6, 2012

Discuss perceived needs in portfolio analysis

Use needs assessment to plan the Portfolio Analysis Symposium (July 23-24, Natcher Conf. Ctr.)

Cover topics of broad interest to NIH decision-makers, including:

- Strategic planning
- Uses of portfolio analysis
- Overlap in NIH portfolios
- Measuring impact
- New portfolio analysis tools
- Identification of emerging areas

# **Outcomes of the Portfolio Analysis Workshop**

o Full registration within 48 hrs of the announcement

>500 participants – approved for ESA training credit





# **Outcomes of the Portfolio Analysis Workshop**

#### Survey results

Topics included:	Highest priority:
<ul> <li>Measuring impact</li> </ul>	47%
$\circ$ Gaps and overlap in NIH portfolios	<b>30%</b>
$\circ$ Identification of emerging areas	18%
<ul> <li>Categorizing portfolios</li> </ul>	5%
What needs should OPA try to address	s?
$_{\odot}$ Build better tools / easier to use to	ols 65%
<ul> <li>Provide training and support</li> </ul>	50%
$_{\odot}$ Develop targeted case studies	15%

# Goals of the Portfolio Analysis Symposium July 23-24, 2012

- Bring outside experts from academia, government, and the private sector to discuss and demo state-of-the-art approaches in scientific portfolio analysis
- Choose those with expertise in areas identified as critical and of greatest interest to portfolio analysis stakeholders at NIH
  - Measuring Impact
  - $\circ$  Identifying Gaps and Impact
  - Identifying Emerging Areas
- Facilitate the development of collaborations that address NIH needs in scientific portfolio analysis



## **Outcomes of the Portfolio Analysis Symposium**

- Links to the Symposium agenda and archived videocast are available on the OPA web site: <u>http://dpcpsi.nih.gov/opa/index.aspx</u>
- Outside experts presented new tools and approaches in each topic; one of these tools (Sci<sup>2</sup>) was particularly well received by Symposium attendees and is being added to QVR
- The Symposium resulted in several collaborations. Examples include OPA initiatives in building tools for co-author network analysis, analysis of patent development, and tracking of patent licenses



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### **Build Computational Tools and Train NIH Staff**

12 laptops Two workstations Smartboard Linux server Videoconferencing capabilities





# **OPA Consultations with NIH Staff**

IC	Contact	Activity
NCCAM	John Williamson	Consult
NCI	John Hewes	Consult & Collaboration
NCI	Tanya Agurs-Collins	Consult
NHLBI	Marc Charette	Consult & Collaboration
NIAMS	Faye Chen	Consult
NIAMS	Anita Linde	Consult
NIDDK	Lisa Spain	Consult
NIGMS	Michelle Hamlet	Consult
NIGMS	Ward Smith	Consult
NIGMS	Kelley Smith	Consult & Training
NIMH	Yancy Bodenstein	Consult & Collaboration
NIMHD	Ligia Artiles	Consult & Training
NLM	Alan Vanbierlet	Consult & Training



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### DATABASE MANAGEMENT

#### Our current ability to track awards, output, and health impact is limited

- Funding of clinical trials
  - $_{\odot}$  Inadequate linkage between ClinicalTrials.gov and IMPAC II data
  - $_{\odot}$  NCI and CIT are collaborating to address this problem
- Patents and licensing of intellectual property
  - $\circ~$  No database exists for NIH-funded patents and university licensing
  - $\circ~$  OPA is addressing this in collaboration w/ NIH tech transfer officers

### Output of awards

- $_{\odot}$  Inadequate linkage between NIH awards and literature/citation data
- OPA is developing a next-gen disambiguation tool

### **TOOL DEVELOPMENT**

New tools are needed to provide NIH staff, grant applicants, et al., with a current and accurate picture of NIH investments

In collaboration with Calvin Johnson's group at CIT, OPA has developed several new tools

Examples include the Hierarchical Clustering & Classifier tools

- Comparative Effectiveness Research (CER)
- NIGMS Technology Development
- $_{\odot}$  Disruptive Proteomics Common Fund Analysis
- Similarity Matrix of Standing Study Sections (SRGs)
  - Characterize the assignment of applications to SRGs
  - Evaluate how SRGs are presented to PIs

# Cancer Genetics Study Section vs. All 165 Study Sections 2011, 3 cycles

Study Section	Code	Match Score
Cancer Genetics	CG	1.000
Cancer Molecular Pathobiology	CAMP	9.509
Tumor Cell Biology	TCB	0.452
Molecular Oncogenesis	MONC	0.445
Tumor Progression and Metastasis	TPM	0.405
Basic Mechanisms of Cancer Therapeutics	BMCT	0.397
Developmental Therapeutics	DT	0.394
Genetics of Health and Disease	GHD	0.394
Tumor Microenvironment	TME	0.393
Genomics, Computational Biology and Technology	GCAT	0.365
Cancer Biomarkers	CBSS	0.364
Molecular Genetics B	MGB	0.362
Chemo/Dietary Prevention	CDP	0.360
Epidemiology of Cancer	EPIC	0.353
Radiation Therapeutics and Biology	RTB	0.346
Drug Discovery and Molecular Pharmacology	DMP	0.339
Molecular Neurogenetics	MNG	0.331
Cancer Etiology	CE	0.326
Molecular Genetics C	MGC	0.321
Molecular Genetics A	MGA	(0.288)



### Neural Basis of Psychopathology, Addictions and Sleep Disorders Study Section vs. All 165 Study Sections

2011, 3 cycles			
Study Section	Code	Match Score	
Neural Basis of Psychopathology, Addictions, and Sleep Disorders	NPAS	1.000	
Adult Psychopathology and Disorders of Aging	APDA	0.528	
Pathophysiological Basis of Mental Disorders and Addictions	PMDA	0.493	
Cognition and Perception	CP	0.398	
Biobehavioral Regulation, Learning and Ethology	BRLE	0.378	
Cognitive Neuroscience	COG	0.368	
Clinical Neuroscience and Neurodegeneration	CNN	0.363	
Child Psychopathology and Developmental Disabilities	CPDD	0.353	
Neurobiology of Motivated Behavior	NMB	0.341	
Molecular Neuropharmacology and Signaling	MNPS	0.339	
Developmental Brain Disorders	DBD	0.326	
Neurotoxicology and Alcohol	NAL	0.294	
Genetics of Health and Disease	GHD	0.189	







### **MODELING NIH OUTPUT**





### **MODELING NIH OUTPUT: Advanced Bibliometrics**





### **Citation Profile for 12 Selected Biomed Journals**

> Four journals from each 1200 category: High impact factor >25 Total # of citations 800 Medium IF 13-17 Low IF 1-6 400 > All papers in those 12 journals in a single year: 2007 0 1000 2000 5000 3000 4000 6000 0 > All citations of those papers since 2007 Rank order of 2007 papers (least to most cited)



### **Averages Apply Only to Gaussian Distributions**



Rank order (smallest to largest)



### **Power Law Distribution for a High IF Journal**

#### **HIGH IMPACT FACTOR JOURNAL: 2007**



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### **Power Law Distribution for a Medium IF Journal**

#### **MEDIUM IMPACT FACTOR JOURNAL: 2007**





### **Power Law Distribution for a Low IF Journal**

#### LOW IMPACT FACTOR JOURNAL: 2007





### **Modeling NIH output: Advanced Bibliometrics**



For NIH R01 awardees who published in those 12 journals in 2007:

- Most of the projects have been resubmitted (T2 applications)
- > What is the relationship, if any, between prior output and review outcomes?



### Journal IF Affects R01 Fate More Than # of Citations

R01 T2 renewal applicants who published in selected 2007 journals (N = 1631)





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#### THE OPA TEAM

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### The Citation Pattern is Established Soon After Publication



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