

# **NIH COUNCIL OF COUNCILS DPCPSI UPDATE**

JANUARY 31, 2014

**JAMES M. ANDERSON, MD, PHD**

DIRECTOR

DIVISION OF PROGRAM COORDINATION, PLANNING,  
AND STRATEGIC INITIATIVES



# PLAN FOR THE DAY

- Announcements and Updates
- Remarks by the NIH Director
- Council Photo
- Closed Session: Review of Grant Applications
- Updates on Phase 2 Common Fund Planning
- Report from the Science of Behavior Change (SOBC) Program
  - Scientific Presentation on: Emotions and Choice: Mechanisms of Behavior Change
- Update from the Common Fund Planning and Management Working Group

# Chimpanzee Research Use Panel (CRUP)

Barbara J. Guthrie, RN, PhD, FAAN  
Yale University  
Co-Chair



Gilbert C. White, II, MD  
BloodCenter of Wisconsin  
Co-Chair



James G. Else, DVM, MPVM  
Emory University



*“...to consider whether requests to the NIH to use chimpanzees in research are consistent with IOM principles and criteria and to provide their findings to the Council of Councils for further consideration.”*



James H. Wendorf  
National Center for Learning Disabilities

Paul A. Garber, PhD  
University of Illinois

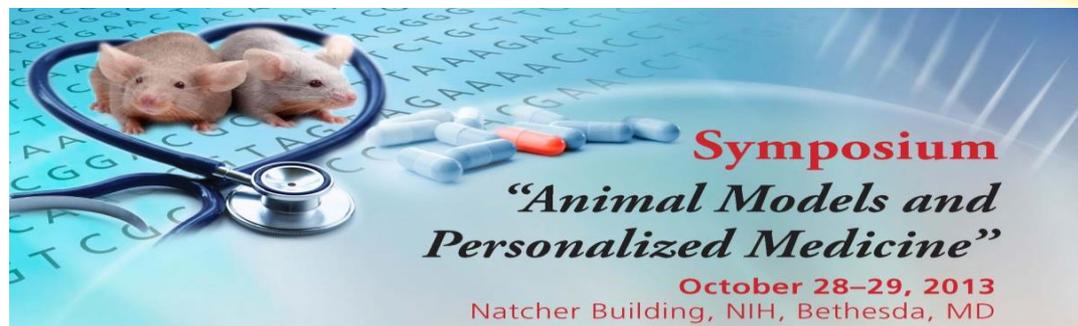


Sarah J. Ratcliffe, PhD  
University of Pennsylvania

Amye L. Leong, MBA  
Healthy Motivation



Karen J. Maschke, PhD  
The Hastings Center



## Conclusions and Recommendations

- The symposium evaluated the status of precision modeling of phenotypes closely analogous to that of human patients.
- Recommended to support specialized research projects that facilitate broad use of existing resources for personalized medicine needs.
- There is a need for centralized services to collect and process genetic and omics information, improve phenotype-disease ontologies and create precision animal models.

## Outcomes

- Workshop report on the ORIP web site.
- Journal publication in progress.
- New Program Announcements are considered in collaboration with other NIH ICs.
- Potential joint projects with FDA to increase validity of personalized animal models, especially based upon *Drosophila* and Zebrafish.



From Tank to Bedside:

October 29–30, 2013

# Zebrafish and Translational Research

Natcher Conference Center, NIH, Bethesda, MD

Division of Comparative Medicine • ORIP/DPCPSI • National Institutes of Health, OD

Photos courtesy of Monte Westerfield (DRC and ZFIN, University of Oregon), Albert Pan (Georgia Regents University), Alex Schier (Harvard University)



## Purpose

- Provide information on the current status of technologies using zebrafish that will impact translational research.
- Provide recommendations to the NIH for new initiatives.

## Organizing Committee

- DCM (ORIP) staff (organizers), extramural and intramural thought leaders, co-chairs of the trans-NIH Zebrafish Coordinating Committee.

## Recommendations

- Centers for chemical screening and for confirmation of human GWAS “hits,” respectively.
- New tools that will enhance utility for translational research, e.g., next generation morpholinos, CRISPR/Cas, automation for high throughput screening, etc.
- Communication and training, e.g. “matchmaking” with clinicians, standardized protocols for phenotyping, workshops, etc.

## Next Steps

- Final report in preparation.
- NIH will consider recommendations.

# SEPA: Science Education Partner Awards

## **Background:**

- President's FY 2014 Budget Proposal directed reorganization of federal STEM program, including defunding SEPA
- FY 2014 appropriations report language directs funding of SEPA

## **Plans:**

- Non-competing SEPA grants will be funded in FY14, subject to any reductions guided by NIH/DPCPSI final budget policies
- New awards will be funded from applications recommended by the Council of Councils in January 2013
- A SEPA FOA will be reissued in time to allow funding of new awards in FY15



NIH Leadership Forum (January 6, 2014)

**MAXIMIZING EFFICIENCIES OF  
CORE FACILITIES**

# Core Facilities

- Centralized shared research resources that provide access to instruments, technologies, services, expert consultation and other services to laboratory and clinical investigators
- Dedicated personnel, equipment, and space for operations
- Recover their cost, or a portion of their cost, of providing service in the form of user fees
- Supported by institutional funds, Federal funds, external revenue, other funding, or any combination of these
- NIH cores are funded through many mechanisms
  - Presentation today is focused on core services in P30, P50, P60, and U54

# Organization of Core Resources

- Core Facilities show significant variability at different institutions
  - Institution-wide Cores
  - Center Cores
  - School/Department/Division Cores
  - Investigator-group specialized Cores
  - Dedicated foundation or agency Cores
  - Commercially Funded Cores
- Institutions show wide variability in their management
  - Centralized management, space allocation, billing, planning
  - Distributed oversight

# Efficient Management and Utilization of Core Facilities

2009/2010, RFI and NIH WS coordinated by NCRR and OER. ~ 400 participants

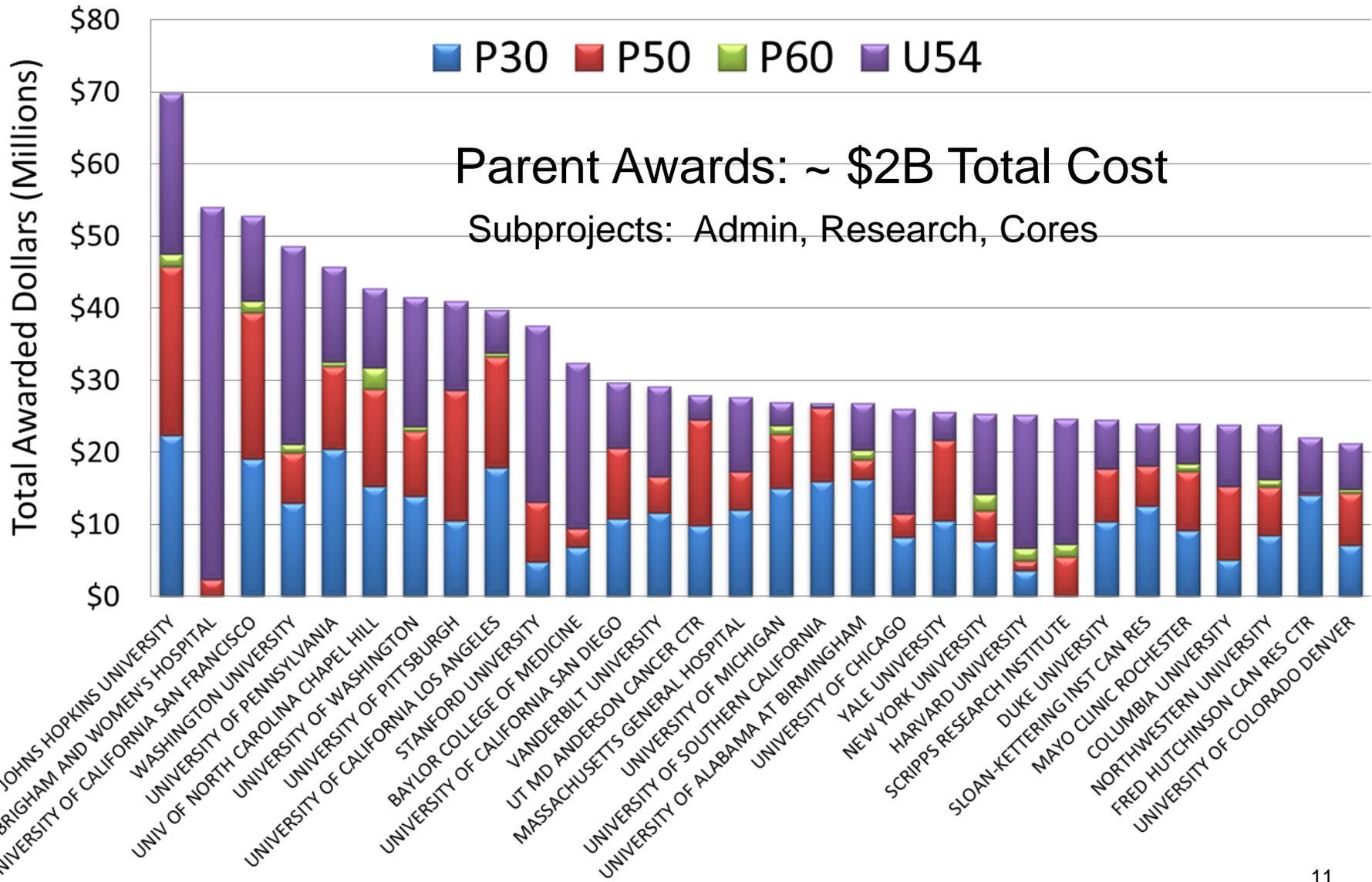
[http://dpcpsi.nih.gov/orip/documents/final\\_workshop\\_report\\_july09%20\(1\).pdf](http://dpcpsi.nih.gov/orip/documents/final_workshop_report_july09%20(1).pdf)

1. The community had a strong desire for a centralized directory of information about cores.
2. A need was identified to train core facility directors in basic business practices.
3. Vigorous discussions were had about the benefit of centralized versus decentralized management of core facilities at an institution.
4. There is a never ending problem finding resources to support the staff who work at core facilities – especially as NIH funding becomes intermittent.
5. ICs at NIH establish very similar cores at a single institution to ensure that the researchers associated with that IC have access to instruments. This can lead to duplication and underutilization of the separate cores.
6. OMB Circulars A21/A122 are hard to understand, and the institution often applies rules that are far beyond what the Circulars call for to make sure they are in compliance

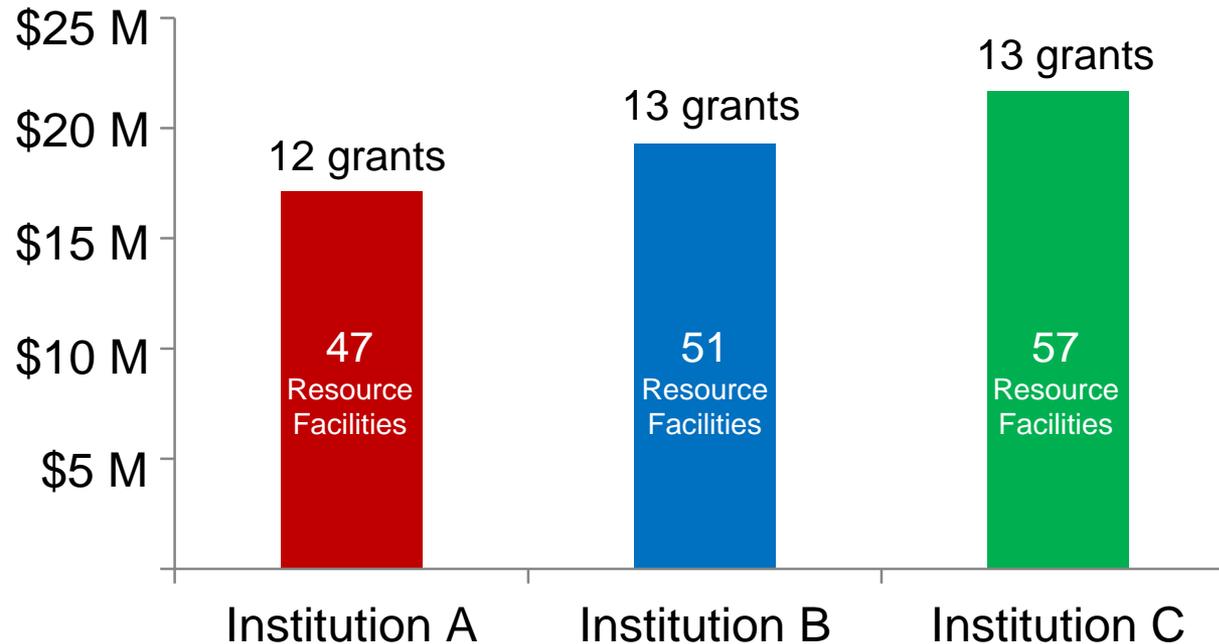
FAQs <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-13-053.html>

# FY13 Funding by Institution

## Core Mechanisms By Institution



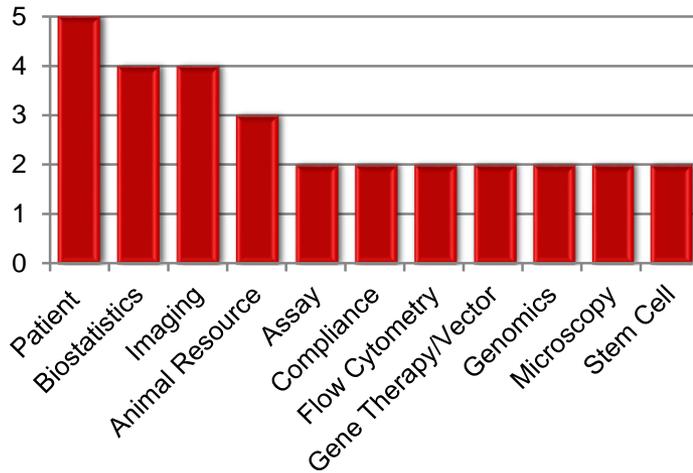
# NIH P30 Investment (FY12) at 3 Representative Universities



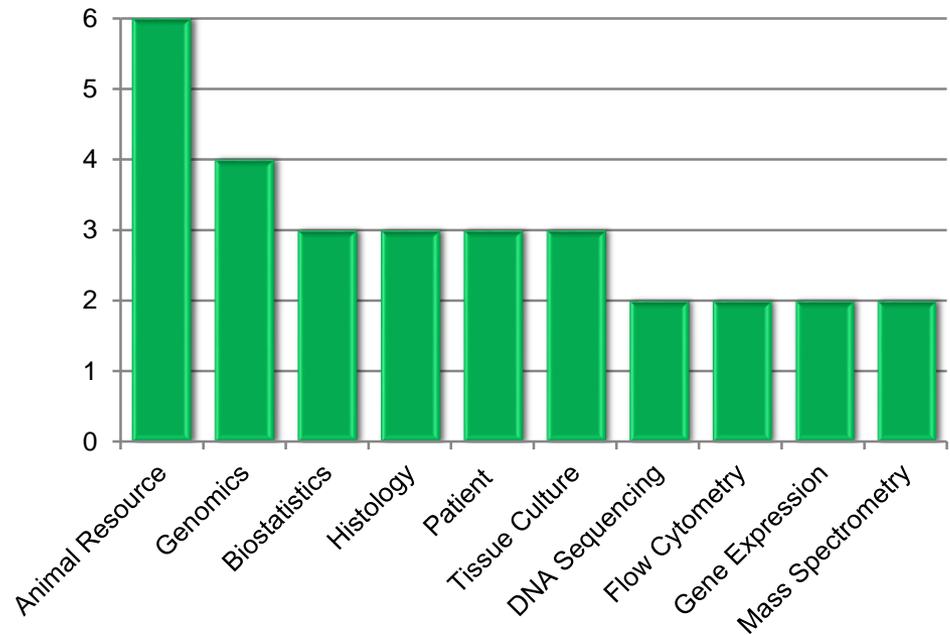
- 38 P30s awarded by 13 NIH ICs
- 155 Shared Resource Facilities

# P30 Shared Core Facilities at 3 Representative Universities

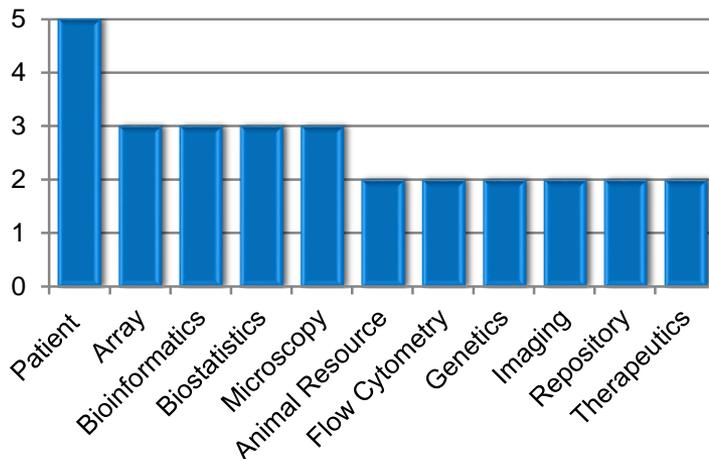
## Institution A



## Institution B



## Institution C



# NIH-Supported Histology Core Resources Institution B

## P30 Histology Cores-subprojects in IMPAC II



Other Histology Cores: institution website, core websites, GOOGLE, RePORTER

- 4: P30 Not detected, no cost extension
- 5&6: P30 Not detected, ambiguous Core title
- 7&8: CTSA supported
- 9: P50 Comprehensive Cancer Center
- 10: Pathology Department

# Observations

1. A significant level of NIH support goes to Core facilities.
2. Redundancy may exist but the level is difficult to document.
3. NIH does not systematically collect data that could inform opportunities for sharing.
4. Not all Cores can and should be shared.
5. Anecdotally, informed institutions are motivated to manage and share Cores. Management practices vary.

# Questions for the Council of Councils

1. Do opportunities for sharing core facilities exist?
2. What is your experience with sharing or consolidating cores?
3. Are there disincentives to sharing?
4. Can we incentivize sharing?
5. Does your institution have a centralized or distributed model for Core planning and management?



# **QUESTIONS / DISCUSSION**