

# NIH Director's Update

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Director, National Institutes of Health

**Council of Councils**  
**June 20, 2014**



# Topics

- Recent Hearings and Budget Update
- BRAIN Update
- Accelerating Medicines Partnership
- AIDS Portfolio Review

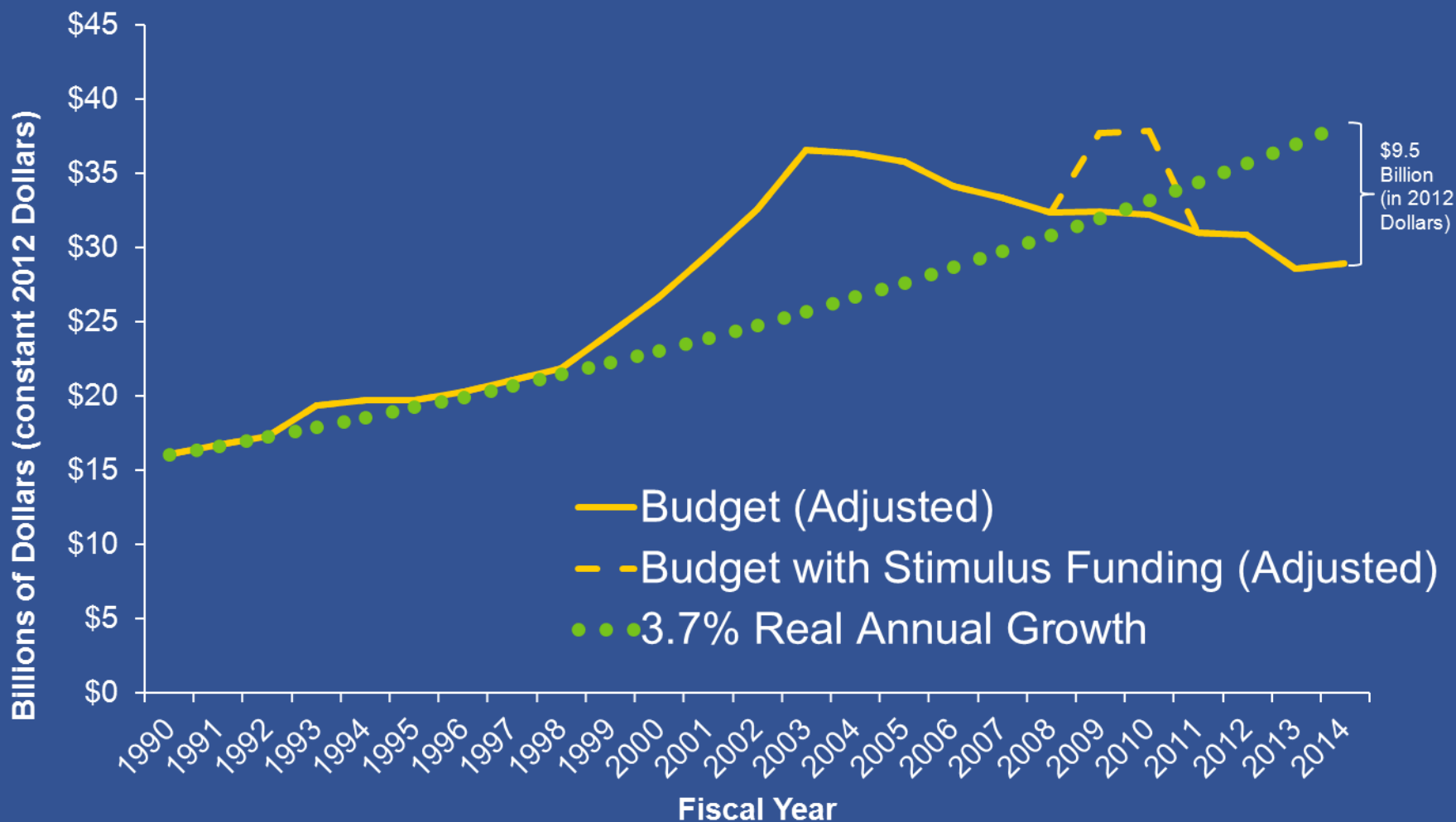


# 2014 Congressional Hearings

- **February 26:** Senate L/HHS Appropriations Subcommittee hearing about Alzheimer's disease
- **March 26:** House L/HHS Appropriations Subcommittee hearing on the future of biomedical research
- **April 2:** Senate L/HHS Appropriations Subcommittee hearing on FY15 budget request
- **April 29:** Senate full Appropriations Committee hearing on innovation
- **May 6:** *House Energy and Commerce Committee roundtable on 21st century cures*



# National Institutes of Health Funding 1990-2014



The 3.7 % Real Annual Growth is based on average real growth between 1971–1997. Dollar values are adjusted to 2012 Dollars using the Biomedical Research and Development Price Index, <http://officeofbudget.od.nih.gov/gbiPriceIndexes.html>.  
Source: NIH Office of Extramural Research and Office of Budget source data (March 29, 2014)

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# BRAIN 2025: A scientific vision

## Final report of the ACD BRAIN working group

**Cornelia Bargmann, PhD**

*Investigator, HHMI*

*Torsten N. Wiesel Professor*

*The Rockefeller University*

*Co-Chair, ACD BRAIN Working Group*

**William Newsome, PhD**

*Investigator, HHMI*

*Harman Family Provostial Professor*

*Stanford University*

*Co-Chair, ACD BRAIN Working Group*



# BRAIN Working Group Process

## Spring/Summer 2013

- Reviewed neuroscience landscape
- 4 workshops, 48 expert participants, public commentary
- Presented interim report with FY2014 research priorities

## Autumn/Winter 2013

Conversations, presentations, feedback:

- Society for Neuroscience leadership and general membership
- Presidents of major clinical neuroscience professional societies
- NAS neuroscience members, NAS general membership, AAAS
- Public and private partners (NSF, DARPA, HHMI, AIBS, Kavli)

## Spring 2014

Deliverables, milestones, implementation, budgets

**BRAIN 2025, A Scientific Vision**

# The Scientific Plan



FIRST FIVE YEARS

Emphasize technology  
development

SECOND FIVE YEARS

Emphasize discovery  
driven science

# Seven High Priority Research Areas

1. **Discovering diversity:** Identify and provide experimental access to the different brain cell types to determine their roles in health and disease.
2. **Maps at multiple scales:** Generate circuit diagrams that vary in resolution from synapses to the whole brain.
3. **The brain in action:** Produce a dynamic picture of the functioning brain by developing and applying improved methods for large-scale monitoring of neural activity.
4. **Demonstrating causality:** Link brain activity to behavior with precise interventional tools that change neural circuit dynamics.

# Seven High Priority Research Areas

5. **Identifying fundamental principles:** Produce conceptual foundations for understanding the biological basis of mental processes through development of new theoretical and data analysis tools.
6. **Advancing human neuroscience:** Develop innovative technologies to understand the human brain and treat its disorders; create and support integrated human brain research networks.
7. **From BRAIN Initiative to the brain:** Integrate new technological and conceptual approaches produced in goals #1-6 to discover how dynamic patterns of neural activity are transformed into cognition, emotion, perception, and action in health and disease.

# How To Accomplish These Goals: Principles

- 1 Pursue human and non-human animal studies in parallel
- 2 Cross boundaries in interdisciplinary collaborations
- 3 Integrate spatial and temporal scales
- 4 Establish platforms for sharing data and tools
- 5 Validate and disseminate technology
- 6 Consider ethical implications of neuroscience research
- 7 Accountability to NIH, taxpayers, and the scientific community

# Budget Development

Funding base of \$40M in FY 2014 and \$100M in FY 2015

## Project budgets FY 2016-2025

FIRST FIVE YEARS

Emphasize technology  
development

SECOND FIVE YEARS

Emphasize discovery  
driven science

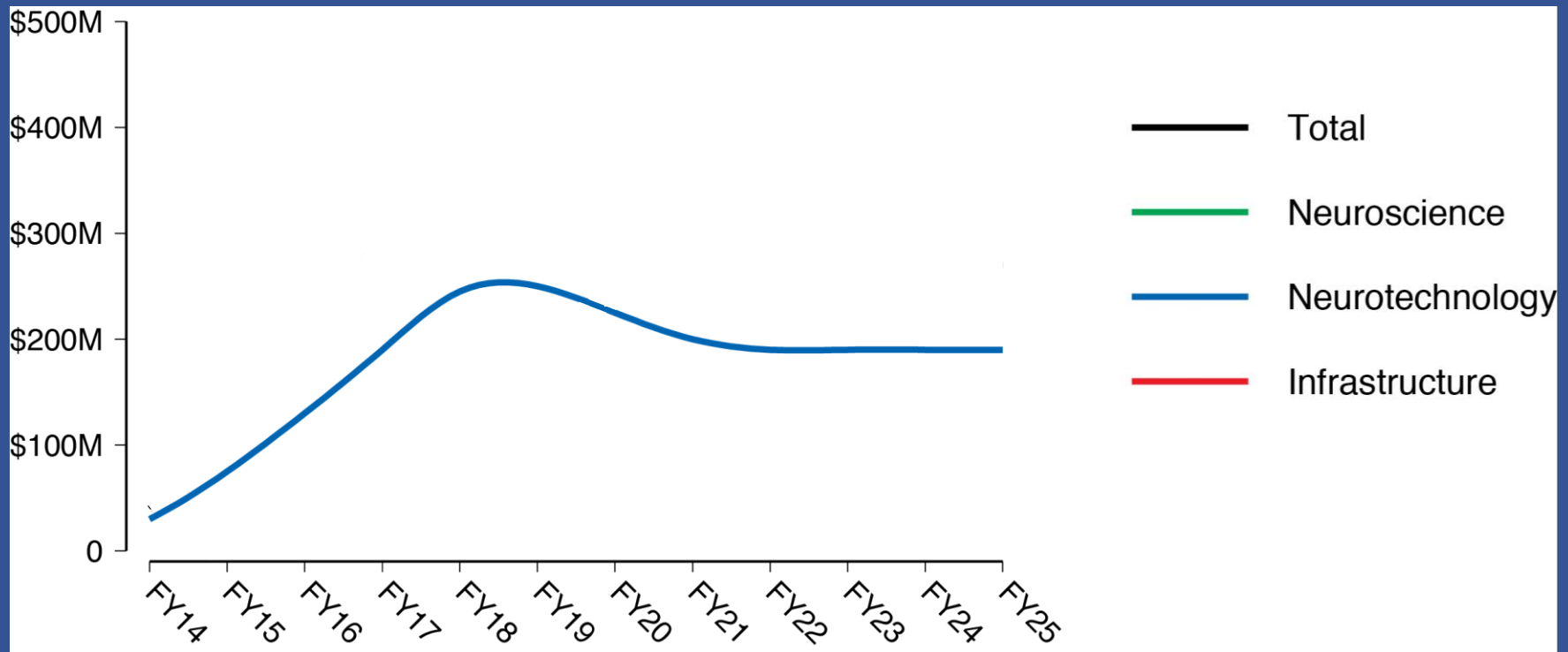
Working Group considered:

What would it cost to implement individual goals?

What number and types of grants could be supported?

What do similar ongoing projects cost?

# Estimated Budget



Ramp up to \$400M/yr by FY 2018  $\implies$  Plateau at \$500M/yr by FY2021

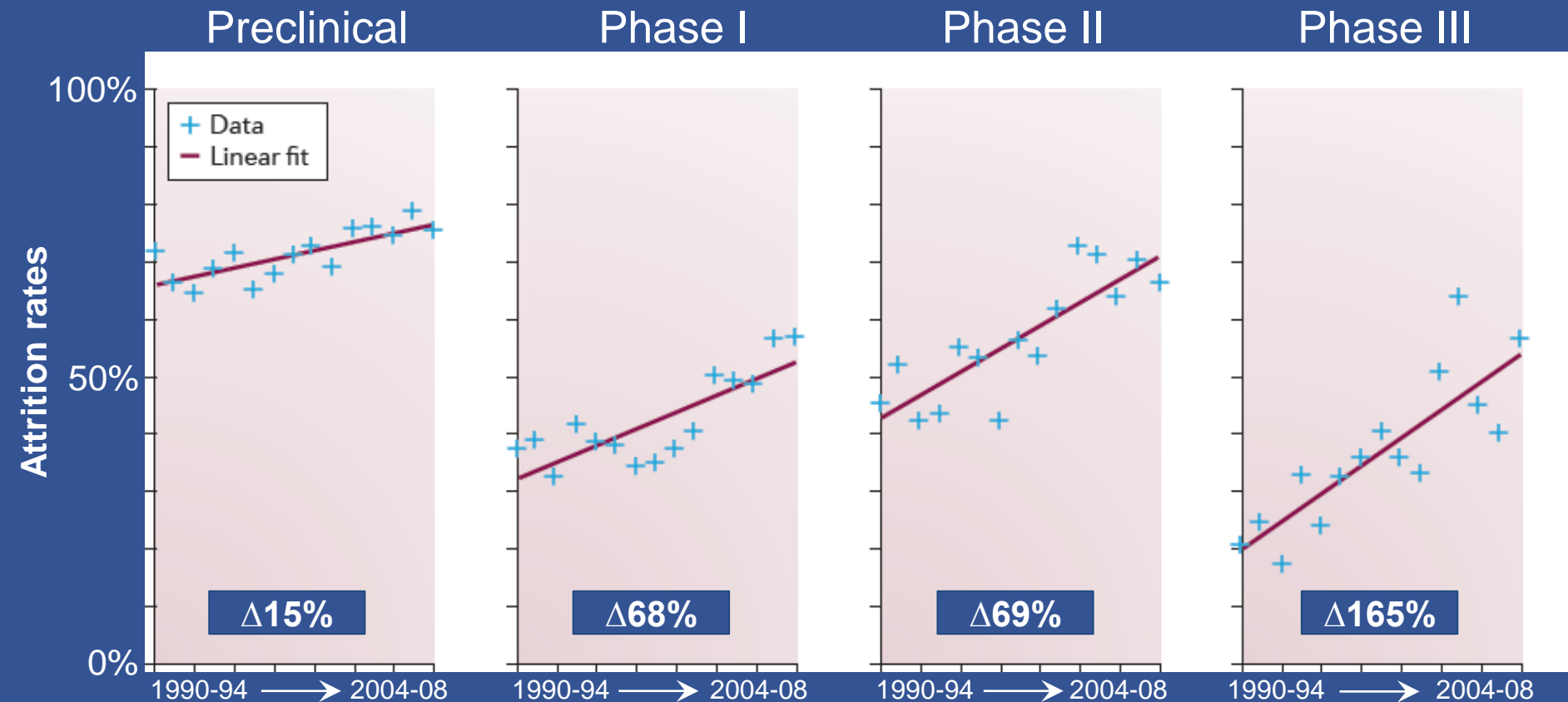
Total investment of \$4.5B by FY 2025

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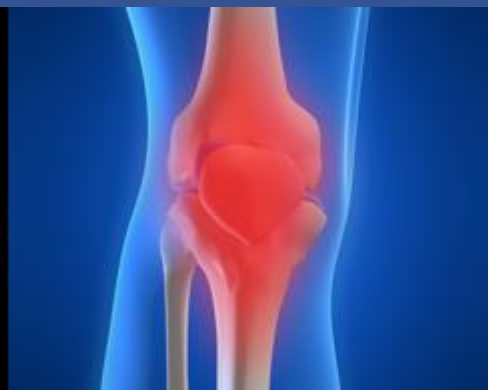
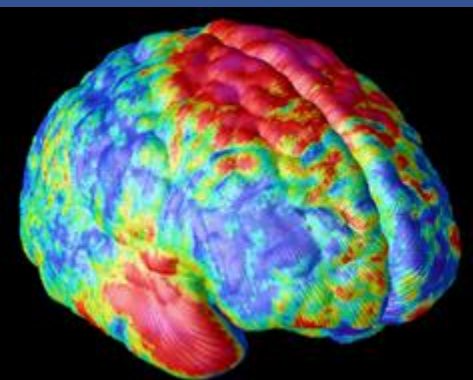


# Drug Development: Late Stage Failures Related to Insufficient Target Validation



# Accelerating Medicines Partnership (AMP)

- Will invest >\$230M over five years on pilot projects:
  - Alzheimer's disease
  - Type 2 diabetes
  - Autoimmune disorders (systemic lupus erythematosus and rheumatoid arthritis)
- Costs are shared equally between NIH and the private sector



# Accelerating Medicines Partnership

Government	Industry	Non-Profit Organizations
NIH	AbbVie	Alzheimer's Association
FDA	Biogen Idec	American Diabetes Association
	Bristol-Myers Squibb	Arthritis Foundation
	GlaxoSmithKline	Foundation for the NIH
	Johnson & Johnson	Geoffrey Beene Foundation
	Lilly	Juvenile Diabetes Research Foundation
	Merck	Lupus Foundation of America
	Pfizer	Lupus Research Institute / Alliance for Lupus Research
	Sanofi	PhRMA
	Takeda	Rheumatology Research Foundation
		USAgainstAlzheimer's

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# Therapies Now Available for HIV

## 3) Integration

**Integrase strand transfer inhibitors (INSTI):** e.g. raltegravir

**Nucleoside reverse transcriptase inhibitors (NRTIs):** e.g. AZT, tenofovir, abacavir

**Nonnucleoside reverse transcriptase inhibitors (NNRTIs):** e.g. efavirenz

Reverse transcriptase

## 1) Virus Entry

**Fusion (entry) inhibitor:** enfuvirtide

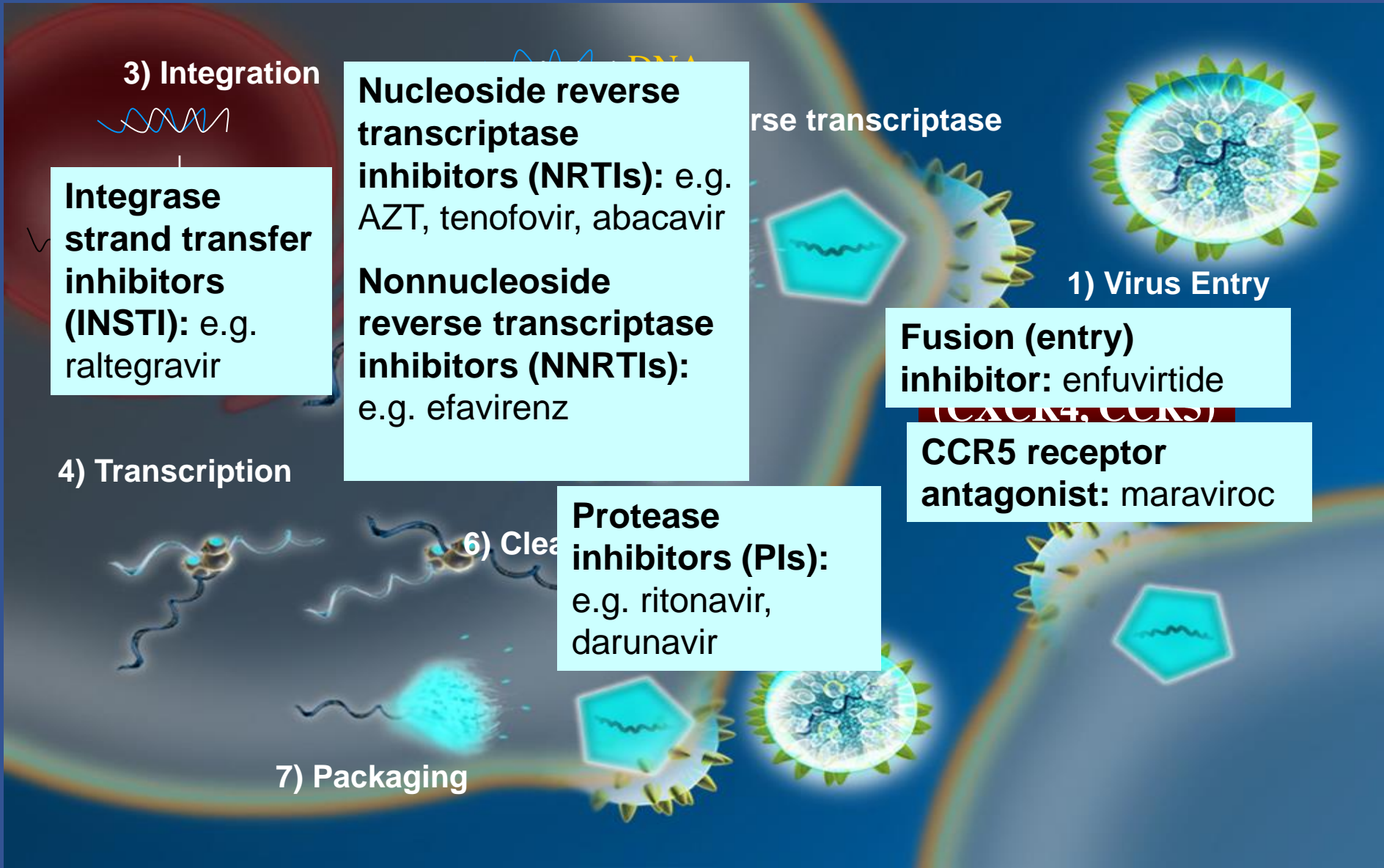
**CCR5 receptor antagonist:** maraviroc

## 4) Transcription

## 6) Cleavage

**Protease inhibitors (PIs):** e.g. ritonavir, darunavir

## 7) Packaging



# Priorities and Resources Have Shifted Over Time

- Funds shifted:
  - from research on opportunistic infections no longer important for AIDS patients to new complications
  - from Epidemiology to Prevention
  - from drug development to therapeutics as prevention
- Funds shifted to new initiative on cure research
- Funds shifted for new advances in vaccine research

# AIDS Research Priority Setting

## Annual Strategic Plan



# Charge to OAR Advisory Council (OARAC) November 14, 2013

- Develop a blueprint that identifies AIDS research priorities over the next 3 – 5 years.
- Outline highest priority AIDS research in 3 areas:
  - Prevention: including vaccines, microbicides, ARV-based prevention, behavioral research focused on risk reduction, stigma, and adherence
  - Treatment: including advances in therapeutic interventions and research toward a cure
  - Co-morbidities: neurologic, cardiovascular, oncologic, accelerated aging
- Identify high priority research in 3 cross-cutting areas: basic science, training (including capacity building), and information dissemination.
- Use whatever means necessary to obtain expert input

# Process to Carry Out New Charge

- Established Working Group of OARAC: eminent experts and 2 community representatives
- November OARAC meeting devoted to presentations and discussions of AIDS research priorities
- Several meetings; numerous teleconferences; many emails
- Considered multiple sources of information, including OAR Strategic Plan, reports of meetings and workshops, OARAC discussions, etc.
- April OARAC meeting devoted to further discussions of priorities
- AIDS advocacy/stakeholder organizations comments presented
- Report presented to Advisory Committee to the NIH Director, June 6, 2014

# OARAC Developed Priorities and Recommendations in the Following Areas:

- Basic research
- Prevention research
- Treatment: Anti-retroviral therapy, monoclonals
- The Prevention and Care Continuum
- Cure Research
- Behavioral and Social Science
- Co-infections, co-morbidities and complication
- Implementation Science
- Training, Infrastructure and Capacity-Building
- Information Dissemination

# Next steps

- Portfolio Analysis to determine current alignment of projects with the priorities for AIDS-designated dollars
- Enhance internal processes to assure alignment of funding with priorities
  - Implement pro-active strategy for making decisions about whether specific FOAs will be supported by AIDS funds
  - Develop an approach to identify unsolicited R01s that are appropriate for AIDS funding support -- at time of receipt
  - ICs will be informed of projects that cannot be supported with AIDS-designated dollars; funds will ultimately be shifted
- NIH will report back to ACD in December 2014



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