President’s Message

NEI and NAEVR/AEVR – Each Setting Audacious Goals

I offer my congratulations to NAEVR/AEVR Board member Sally Atherton, Ph.D. for being selected by the ARVO Board of Trustees as the new Executive Director. Dr. Atherton has been a tireless advocate for medical research funding, and I know that she will inspire ARVO members to make their voices heard on Capitol Hill. I also want to acknowledge ARVO’s Chief Operating Officer Iris Rush, who has worked closely with NAEVR/AEVR Executive Director Jim Jorkasky during 2012 to ensure that ARVO has been engaged in all of the Alliances’ activities.

Stephen Ryan, M.D.

In late August, Jim, NAEVR’s David Epstein, and Iris met with National Eye Institute (NEI) Director Paul Sieving, M.D., Ph.D. and his senior team to review NEI’s priorities. I am pleased that Dr. Sieving commented that, despite funding challenges, NEI continues to fund research that moves vision science forward significantly. In that regard, he also spoke about the launch of NEI’s Challenge to Identify Audacious Goals in Vision Research and Blindness to stimulate innovation in establishing a national vision research agenda and how NAEVR and ARVO could promote this initiative to the community. NEI is using innovative new methods, such as prizes for challenge winners, to seek input from a variety of disciplines, including those not typically engaged in vision research. I look forward to NEI’s release of the most audacious goals at its February 24-26, 2013, meeting in the Washington, D.C. area.

NAEVR has acted in an equally audacious manner, characterized most recently by its efforts with Blinded Veterans Association (BVA) to get $10 million in Fiscal Year (FY) 2013 Vision Trauma Research Program (VTRP) funding despite the six-month Continuing Resolution (CR) that funds the government at the FY2012 level. NAEVR and BVA have been adamant that these eye injuries related to deployment in Afghanistan warrant special research funding. To make the case, AEVR’s Dr. Sieving commented that, despite funding challenges, NEI continues to fund research that moves vision science forward significantly. In that regard, he also spoke about the launch of NEI’s Challenge to Identify Audacious Goals in Vision Research and Blindness to stimulate innovation in establishing a national vision research agenda and how NAEVR and ARVO could promote this initiative to the community. NEI is using innovative new methods, such as prizes for challenge winners, to seek input from a variety of disciplines, including those not typically engaged in vision research. I look forward to NEI’s release of the most audacious goals at its February 24-26, 2013, meeting in the Washington, D.C. area.

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Decade of Vision 2010-2020 Initiative recently released at the Fifth Military Vision Symposium on Ocular and Vision Injury held by Schepens Eye Research Institute and Massachusetts Eye and Ear a Value of Defense-Related Vision Research brochure that details the importance of the VTRP in addressing Department of Defense (DOD)-identified research gaps. NAEVR is using the brochure in meetings with key Congressional leaders and in reaching out to the media.

At the Schepens meeting, DOD’s Telemedicine and Advanced Technology Research Center (TATRC) announced $14 million in awards to 21 investigators—significant funding during such tight fiscal times. Due to the quality and responsiveness of the grant proposals, TATRC is able to garner additional funding from “sister” DOD agencies to support many more grants than that possible with just the Congressionally appropriated amount. Those transfers are not guaranteed, however, so NAEVR advocates for the highest possible VTRP appropriation.

The AEVR brochure joins the Silver Book*: Vision Loss Volume II (released in March) and NAEVR’s first-ever Cost of Military Eye Injury and Blindness study (released in May)– reflecting more Alliance deliverables than in any other year. Depending on the outcome of the election, as well as potential Congressional action on the sequester, the Alliances may need to ratchet up the audacious factor even further to make the case for adequate funding for vision research.

NAEVR’s efforts are being recognized on Capitol Hill and within our own community. Since this is the last edition of the Report for 2012, I want to acknowledge that Jim will receive an Honorary Fellowship Award at the American Academy of Optometry Annual Meeting in Phoenix in late-October, and NAEVR will receive the Distinguished Service Award at the American Academy of Ophthalmology Annual Meeting in mid-November in Chicago.

As we approach 2013, I want to remind all of you that AEVR will celebrate its 20th anniversary, and Jim is already planning a number of low cost/high impact events to recognize that milestone within the context of delivering the Alliances’ messages to Congress, the media, and the public about the value of federally funded vision research.

Stephen J. Ryan, M.D.
President, NAEVR/AEVR Boards
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Contributor Report

The vision community’s continued financial support is more important than ever in this upcoming anniversary year, and I ask for your commitment when NAEVR and AEVR issue the 2013 renewals in late November. I wish you all a happy and healthy holiday season.

New ARVO Executive Director Sally Atherton, Ph.D.
contacting Congress from the NAEVR Central Booth at the ARVO Annual Meeting

In late August, Jim, NAEVR’s David Epstein, and Iris met with National Eye Institute (NEI) Director Paul Sieving, M.D., Ph.D. and his senior team to review NEI’s priorities. I am pleased that Dr. Sieving commented that, despite funding challenges, NEI continues to fund research that moves vision science forward significantly. In that regard, he also spoke about the launch of NEI’s Challenge to Identify Audacious Goals in Vision Research and Blindness to stimulate innovation in establishing a national vision research agenda and how NAEVR and ARVO could promote this initiative to the community. NEI is using innovative new methods, such as prizes for challenge winners, to seek input from a variety of disciplines, including those not typically engaged in vision research. I look forward to NEI’s release of the most audacious goals at its February 24-26, 2013, meeting in the Washington, D.C. area.

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Left to right: NAEVR’s David Epstein and James Jorkasky, NEI Director Paul Sieving, M.D., Ph.D., and ARVO Chief Operating Officer Iris Rush

National Alliance For Eye And Vision Research
Alliance For Eye And Vision Research

Poster Management

Celebrating the National Eye Institute’s
50th Anniversary
CR Funds VTRP at $3.2 Million, House Bill Requested $10 Million

As with NIH/NEI funding in the six-month Continuing Resolution, NAEVR estimates funding for the Vision Trauma Research Program (VTRP) in Defense appropriations at $3.2 million, the FY2012 level. The Department of Defense’s (DOD) Telemedicine and Advanced Technology Research Center (TATRC), which manages the VTRP, will need to determine if it proceeds with a Program Announacement or awaits final FY2013 appropriations.

The House’s FY2013 Defense Appropriations bill proposes VTRP funding at $10 million. Although the Appropriations Subcommittee reported out a bill that funded VTRP at $5 million, on July 18 during House floor debate, Cong Tim Walz (D-MN), the highest ranking enlisted veteran to serve in Congress and a member of the Veterans Affairs Committee, was joined by Cong. Rodney Frelinghuysen (R-NJ) in supporting a successful amendment to increase VTRP funding by $5 million to a total of $10 million. Cong. Walz had previously served as the chairman of the “Dear Colleague” letter to fellow House members urging VTRP funding at that level. On August 2, the Senate Appropriations Committee approved a bill that includes vision in a $50 million pool of funds, not as a separate line item despite intense NAEVR advocacy.

Schepens Military Eye Symposium: AEVR Releases Defense Vision Brochure, DOD Announces $14 Million in Awards

On September 18, at the Fifth Military Vision Symposium on Ocular and Vision Injury held by the Schepens Eye Research Institute/ Massachusetts Eye and Ear in Boston, Massachusetts, AEVR’s Decade of Vision 2010-2020 Initiative released a new brochure entitled Value of Defense-related Vision Research. Summarizing the last seven years of AEVR education and NAEVR advocacy to address deployment-related eye injuries from combat operations, the brochure describes how the VTRP budget line in Defense appropriations funds DOD-identified research gaps. AEVR will distribute the brochure to all Congressional offices. A downloadable version is available at www.eyeresearch.org.

Robert Read, the Vision Program Manager at DOD’s TATRC which manages the VTRP, announced $14 million in awards to a total of 21 vision researchers in its FY2011-2012 funding cycle. NAEVR will post awardee abstracts on its Web site when released by TATRC. The $14 million reflects Congressional appropriations of $4 million in FY2011 and $3.2 million in FY2012, plus $7 million transferred over from other DOD agencies due to the quality and responsiveness of the vision grants.

At the Symposium, researchers and clinicians addressed a variety of defense-related eye injury issues, including eye blast injuries, visual dysfunction as a result of TBI, inflammation and infection, ocular pain, and regenerative medicine. Meeting attendance included ophthalmologists and optometrists from the Army, Navy, Air Force and Department of Veterans Affairs (VA), vision researchers, and advocates for research, such as NAEVR and BVA. Meeting attendees were welcomed by Cong. Michael Capuano (D-MA), a champion for vision, who spoke about the importance of the research and advocacy for its funding in a tight fiscal environment.

Spirit of Project Gemini Lives Year Long

In the Spring edition, NAEVR summarized its participation in the late May exchange between blind U.S. soldiers and United Kingdom (UK) soldiers, called Project Gemini, which is a joint initiative between BVA in the U.S. and Blind Veterans UK. The spirit of that initiative lives year long, as evidenced by these photos:

At its late-August Annual Meeting in Galveston, Texas, BVA hosted many of the UK soldiers who participated in Project Gemini. Billy Baxter, a UK soldier blinded in Bosnia, views the NASA Mission Control near Houston.

Left to right: Cong. Chris Van Hollen (D-MD, Ranking Member, Budget Committee), Cong. Nancy Pelosi (D-CA, Minority Leader), Cong. Tim Walz (D-MN, Veterans Affairs Committee), and Cong. Sanford Bishop (D-GA, Ranking Member, Military Construction and Veterans Affairs Appropriations Subcommittee). VTRP champion Cong. James Moran (D-VA, Defense Appropriations Subcommittee) also attended the session and heard the VTRP request.

On September 19, BVA presented its National Legislative Recognition Award to Cong. Tim Walz (D-MN). Left to right: Tom Zampieri, Ph.D., Cong. Walz, Active Duty Marine Corps 1st Lt. Tim Fallon, and Steve Baskis, a veteran who lost his sight in Iraq and participated in Project Gemini. Steve, who is from Illinois, spent two days on Capitol Hill advocating for defense-related vision research, including meeting with staff from the office of Senator Richard Durbin (D-IL), Senate Majority Whip and member of the Defense Appropriations Subcommittee.

Past ARVO President Mark Petrasch, Ph.D. (University of Colorado at Denver) views the poster presented by NAEVR consultant Kevin Frick, Ph.D. (Johns Hopkins Bloomberg School of Public Health) summarizing the Cost of Military Eye Injury and Blindness study.

TATRC Vision Program Manager Robert Read announced $14 million in awards to 21 researchers in the FY2011-2012 VTRP funding cycle.

Left to right: Former Optometric Consultant to the U.S. Air Force Colonel Ray Santullo, O.D., Acting National Program Director for VA Ophthalmology Glenn Cockerham, M.D. (Stanford University), and Chief of the Visual Services Branch of the U.S. Army’s Aeromedical Research Lab Lieutenant Colonel Jose Capo-Aponte, O.D., Ph.D.
Legislative Scorecard: Issues—FY2013 NIH/NEI Funding

Impact of Six-Month CR on NEI Still Uncertain

<table>
<thead>
<tr>
<th>FY2012 FINAL</th>
<th>FY2012 Net of 0.19% Rescission</th>
<th>FY2013 President’s Budget</th>
<th>FY2013 Senate Bill</th>
<th>FY2013 House Bill</th>
</tr>
</thead>
<tbody>
<tr>
<td>NIH*</td>
<td>$704.04M</td>
<td>$702.71M</td>
<td>$693.01M</td>
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<td>$30.78M</td>
<td>$30.64M</td>
<td>$30.68M</td>
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* Program Level—Net of Transfers
+ $8.2M cut due to dissolution of CMS retinitis study and transfer of funds; Senate adds $2M
+ House BLR adds CMS trial transfer
+ Six-Month Continuing Resolution (CR) funds NEI at FY2012 level net of 1.9% rescission; assumes no transfer of NEI-CMV trial funding.

On September 28, President Obama signed the six-month Continuing Resolution (CR, House Joint Resolution 117) that funds most government operations at the FY2012 level until March 27, 2013. The CR, which avoided the threat of a government shutdown when FY2013 began on October 1 since Congress had not passed appropriations bills, was passed by the Senate on September 22 and the House on September 13. The CR does not alter the looming sequester—the automatic budget cuts to both defense and nondefense discretionary spending that are set to take effect on January 2, 2013 (see next page).

The Office of Management and Budget (OMB) also issued spending guidance on September 28. Although the CR had an across-the-board spending increase of 0.612 percent, the OMB guidance indicates that each federal agency will only receive that increase if a request is made. At this time, it is unclear whether the Department of Health and Human Services (DHHS) plans to make such a request on behalf of some or all of its agencies, including the National Institutes of Health (NIH). Absent that request, NIH and the NEI would be funded during the six-month CR at the FY2012 level (per the funding chart, the net of a 0.189 percent rescission) of $30.64 billion and $702.7 million, respectively. This assumes that the NIH’s Office of AIDS Research will not transfer $8.2 million from the NEI due to the dissolution of the Cytomegalovirus (CMV) retinitis clinical trials, as proposed in the President’s FY2013 budget. The House bill cuts NEI funding by $8.9 million (1.2 percent) due primarily to an $8.2 million transfer of AIDS funding reflecting dissolution of the Cytomegalovirus (CMS) retinitis clinical trials. The Senate bill cuts NEI funding by $8.9 million but then adds back $2 million for a net funding level of $695.1 million (0.9 percent cut). There is a net $6.7 million difference in NEI funding between the bills.

Although Congress could pass another six-month CR in March 2013 and avoid finalizing appropriations bills—which depends heavily on the elections results—NAEVR has analyzed the FY2013 Senate bill (S. 3295) approved June 14 by the Senate Appropriations Committee and the House bill (approved July 18 by the House LHHS Appropriations Subcommittee) for differences in funding and management oversight. The House bill did not move prior to the August recess since many considered it unworkable due to its elimination of funding for all Patient Prevention and Affordable Care Act of 2010 (P.L. 111-148) provisions.

Per the funding chart above, the House bill flat-funds NIH at $30.6 billion, per the President’s budget request, but is $100 million below that in the Senate bill. The House bill funds NEI at $701.8 million, reflecting a minimal 0.01 percent cut from the FY2012 level of $702.7 million, unlike the President’s budget proposal which cuts the NEI by $8.9 million (1.2 percent) due primarily to an $8.2 million transfer of AIDS funding reflecting dissolution of the Cytomegalovirus (CMS) retinitis clinical trials. The Senate bill cuts NEI funding by $8.9 million but then adds back $2 million for a net funding level of $695.1 million (0.9 percent cut). There is a net $6.7 million difference in NEI funding between the bills.

The bills also significantly differ in the provisions that relate to NIH management and oversight, with the House bill having a significant number of policy riders—see the comparison chart below. Highlights include:

- **Salary Cap:** The House proposes to reduce it to Executive Level III ($165,300) from Executive Level II ($179,700), which was the level proposed in the Senate bill and that in FY2012 funding, where it was reduced from Executive Level I ($197,900) for the first time.

- **Program Evaluation Transfer:** Since the House bill proposes the elimination of the Agency for Healthcare Research and Quality (AHRQ), the program evaluation transfer that all DHHS agencies pay would decrease to 1 percent from the current 2.5 percent of budgets. The Senate bill maintains AHRQ and the transfer at 2.5 percent, rejecting the President’s proposal to increase it to 3.2 percent.

- **NCATS/CAN:** The House bill reduces funding for NIH’s new National Center for Advancing Translational Sciences (NCATS) by funding its Cures Acceleration Network (CAN) at $10 million versus $40 million as in the Senate bill. It also precludes CAN funding until NIH seeks public comments on the potential for it to “create duplication, redundancy, or competition with industry.” The House also specifies funding for the Clinical and Translational Science Awards (CTSA) program within NCATS at $487.7 million (not specified in Senate bill) and states that changes cannot be made to the CTSA program until the Institute of Medicine (IOM) review of NIH changes to its clinical trials programs, per previous IOM recommendations.

- **Institutional Development Awards (IdeA) Program:** The House bill funds the program, which is managed by the National Institute of General Medical Sciences (NIGMS), at “not less than” $376.4 million, a full $100 million greater than that in the Senate bill. The IDeA program, which provides funding to institutions that typically do not receive NIH funding or do at a very low percent, was the subject of extensive discussion at the House LHHS Appropriations Subcommittee’s March 20, 2012, hearing.

- **Grants Management:** Although the Senate bill was generally silent on grants management issues, the House bill specifies a minimal number of training grants and requires that NIH’s allocation of funding should be 90 percent to extramural activities, 10 percent for intramural activities, and at least 55 percent toward basic science activities. The House bill also precludes NIH from using any funds for “economic research programs, projects, or activities.”

NAEVR and ARVO have joined with 200-plus organizations as signatories on an October 1 letter to Congressional LHHS appropriations leaders expressing concern about several issues in the House bill. Regardless of the fate of the bills, the management oversight and policy riders in the House bill could become important in future negotiations on funding legislation or in an NIH reauthorization bill.

Visit the NIH/NEI funding section of NAEVR’s Web site at www.eyeresearch.org for full details.
Sequestration Still Looms Large

**OMB Estimates $2.5 Billion NIH Cut**

Congress recessed for the elections without taking any action to avoid the sequester. On September 14, the OMB issued the report mandated by the Sequestration Transparency Act (STA, P.L. 112-155) on the potential impact, noting that actual results could differ based on further guidance.

Under the assumptions required by the STA, the sequestration would result in a 9.4 percent reduction in non-exempt defense discretionary funding and an 8.2 percent reduction in non-exempt nondefense discretionary funding. The sequestration would also impose cuts of 2.0 percent to Medicare, 7.6 percent to other non-exempt nondefense mandatory programs, and 10.0 percent to non-exempt defense mandatory programs.

For NIH, the report states that $30.711 billion would be subject to the 8.2 percent sequester, equal to $2.518 billion, and an additional $150 million in mandatory budget authority (for diabetes research) would be subject to a 7.6 percent cut, equal to $11 million. The total cut to NIH would equal $2.529 billion, which is greater than the $2.4 billion (or 7.8 percent cut) initially estimated by the Congressional Budget Office (CBO). An 8.2 percent cut to NEI’s FY2012 funding level of $702.7 million would result in a $57.6 million cut.

In discussing the impact of the sequester, OMB notes, “The NIH would have to halt or curtail scientific research, including needed research into cancer and childhood diseases.”

**Sequester “Devastating to NIH”**

From the late March House and Senate LHHS Appropriations Subcommittee hearings to the June meeting of the House Energy and Commerce Committee with authorizing jurisdiction over NIH, as well as at all NIH Advisory Committee meetings, Dr. Collins has been consistent in describing the sequester as a “dark cloud on the horizon.” He has especially cautioned legislators about the impact on new and competing grants, since NIH is already financially committed to an extensive portfolio of ongoing grants.

**NAEVR Rallies Against Sequestration**

NAEVR and ARVO joined nearly 3,000 other organizations as signatories on a July 12 Nondefense Discretionary (NDD) Coalition letter to Congress and the Administration urging leaders to avert sequestration by adopting a “balanced approach to deficit reduction that does not include further cuts to NDD programs.” NAEVR has also organized the vision research community to email letters from the Contact Congress section of its Web site to their Members, urging them to avoid sequestration. NAEVR will also urge attendees at the late-October American Academy of Optometry Annual meeting in Phoenix to do so from the NAEVR Central booth.

On July 25, NAEVR joined its colleagues from the education, health, and research communities at the Rally to Restore Balance and Protect America’s Families, which was sponsored by the NDD and hosted by Senate LHHS Appropriations Subcommittee Chair Tom Harkin (D-IA). Earlier that day, he released the first comprehensive report on the impact of sequestration on programs within his Subcommittee’s jurisdiction entitled Under Threat—Sequestration’s Impact on Nondefense Jobs and Services. Senator Harkin was joined by Senator Patty Murray (D-WA), a member of the Senate LHHS Appropriations Subcommittee, Cong. Rosa DeLauro (D-CT), the Ranking Member of the House LHHS Appropriations Subcommittee, and Cong. George Miller (D-CA), the Ranking Member of the House Education and Workforce Committee. The speakers urged their colleagues in Congress to work on a balanced and bipartisan alternative to sequestration that does not impose an undue burden on nondefense discretionary spending and does not put an additional burden on the middle class.

**Bipartisan Members Express Concerns**

At a September 20 press conference held by Research!America and United for Medical Research, Congs. Ed Markey (D-MA) and Brian Bilbray (R-CA) spoke about the high priority the nation must place on NIH, as well as a recent national public opinion poll showing that 61 percent of Americans say that across-the-board budget cuts are not the right way to reduce the deficit.
NIH Names Dr. Christopher Austin NCATS Director as NCATS and CAN Boards Meet

On September 14, Dr. Collins announced Christopher Austin, M.D. as NCATS Director. Dr. Austin, who previously served as Director of the NCATS Division of Pre-Clinical Innovation, received his medical degree from Harvard Medical School, where he performed a fellowship in developmental genetics of the retina. His first NIH grant was a Clinician-Scientist Award from the NEI. He succeeds NCATS Acting Director Thomas Insel, M.D., who continues to serve as the Director of the National Institute of Mental Health (NIMH).

The announcement was made at the first meeting of the NCATS Advisory Council, which was held jointly with the Cures Acceleration Network (CAN) Review Board—both entities were legislatively mandated. CAN, which was authorized by the Patient Protection and Affordable Care Act of 2010 [P.L. 111-148] as an NIH program to move research quickly from "bench to bedside," was put into NCATS when the latter was established as NIH’s centralized translational research authority in the FY2012 Appropriations Conference Agreement [P.L. 112-74]. FY2012 CAN funding is $10 million, while overall NCATS funding is $575 million, driven primarily by the CTSA program.

In its opening comments, Dr. Insel noted that NCATS’s mission is to find a “different way of doing business” as it relates to the translation of basic research into diagnostics and therapeutics, which includes drugs, devices, and biologics. Although NCATS will serve as a catalyst for collaborations and can develop the infrastructure and support for clinical trials, it may not conduct these past Phase IIA. Specific goals include addressing the bottlenecks in translation, developing collaborations within and outside of the NIH, and engaging the advocacy community, especially as it relates to the NCATS portfolio.

Dr. Collins welcomed the attendees, noting their participation in this process of “disruptive innovation.” Rather than provide prepared remarks, he addressed questions about NCATS and CAN implementation. Highlights included:

- **NIH Budget and Sequestration:** Although noting that the President’s FY2013 budget request increases NCATS funding to $639 million from $575 million, driven primarily by a $40 million CAN increase, he was uncertain of the outcome of the appropriations process since Congress was preparing to vote on the six-month CR to fund the government in FY2013 at the FY2012 level. Regarding sequestration, he reiterated his comments that it would have a “devastating” impact on NIH, cutting its budget by $2.5 billion and primarily affecting new and competing grants.

- **Collaboration with Other DHHS Agencies:** Dr. Collins noted that DHHS “sister” agency, the Food and Drug Administration (FDA), was represented at the meeting by Commissioner Margaret Hamburg, M.D., who serves as an Ex-Officio member. Both Dr. Hamburg and Dr. Collins spoke about FDA’s crucial role in providing insights into the regulatory approval process, especially since NCATS’s purpose is to fast-track development of therapeutics. Dr. Collins noted the establishment in 2010 of a joint NIH/FDA Leadership Council which has already resulted in numerous collaborations. He also announced that he recently met at length with Centers for Medicare and Medicaid Services (CMS) Acting Administrator Marilyn Tavenner to engage the agency in identifying the data it needs to make coverage decisions for new therapies and to discuss cost-effectiveness and patient-centered outcomes research issues.

The remainder of the day’s meeting was spent discussing the CTSA and Pre-Clinical Innovation programs at NIH, seeking attendee comments about barriers in translational research.

NIH Council of Councils Meeting

At the September 5 NIH Council of Councils meeting, Dr. Collins announced Janine Austin Clayton, M.D. as the Director of the Office of Research on Women’s Health and the Associate Director of Research on Women’s Health. Formerly the Deputy Clinical Director at the NEI, Dr. Clayton has spoken on Capitol Hill on behalf of AEVR and the Vision 2020/USA initiative on aging eye research and the global burden of eye disease on women. At the meeting, Mae Gordon, Ph.D. (Washington University School of Medicine) concluded her three-year term as the National Advisory Eye Council’s (NAEC) representative to the Council. NEI will shortly announce the new NAEC representative.

Dr. Collins Briefs House Authorizers about NCATS, NIH’s “4 T’s”

On June 21, Dr. Collins testified before the House Energy and Commerce (E&C) Committee, which has authorizing oversight of NIH. Per the hearing notice, its intent was to review the implementation of the NIH Reform Act of 2006, the progress of NCATS implementation, and determination of NIH funding and research priorities.

In his testimony, Dr. Collins characterized the value of NIH investment in innovation through the four “T’s”—technology, translation, talent, and taxpayer return on investment. He also addressed specific actions NIH has taken in the past to meet the requirements of the 2006 reauthorization, including the creation of NCATS, as well as the creation of the Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI) and its role in portfolio review and management of the NIH Common Fund and the NIH Council of Councils.
On September 20, AERV and its co-sponsors hosted a Congressional briefing in recognition of International Age-related Macular Degeneration (AMD) Awareness Week 2012. Since AMD is the leading cause of blindness and low vision in the developed world due to the loss of central vision, events held globally this week recognize its impact in terms of decreased productivity, loss of independence, and reduced quality of life. However, with each year, there is encouraging new research into diagnostics and treatments for this disease.

**Research suggests that AMD is likely multiple diseases with substantial overlap and that it co-segregates with other major systemic diseases. – Dr. Hageman**

Reticular pseudodrusen are macular lesions that are similar in size and distribution to unique choroidal (a vascular layer next to the retina) capillaries called the choriocapillaris. Although the lesions had previously been thought to be AMD-related drusen, advances in imaging techniques have demonstrated it as a separate disease phenotype. In a Utah cohort, the reticular pseudodrusen phenotype is significantly associated with nearly 70 percent of all severe late-stage AMD, is female predominant, and can occur in the absence of both chromosome 1 and chromosome 10 gene variants, suggesting that it may be a new AMD disease entity.

Armed with these data, Dr. Hageman is directing a team of clinicians and researchers to identify and validate therapeutic targets for early-stage AMD and its co-segregating diseases, thereby shortening the drug-development process. “There is a compelling national need to develop diagnostic tests and therapeutics to treat and prevent this devastating condition,” he concluded.

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