Focus On NIH Structure, Translational Research
SMRB Recommends Precedent-Setting NIH Structural Change

On September 14-15, the NIH’s Scientific Management Review Board (SMRB) held its fifth meeting to address NIH management and structure issues, which is its charter, as set forth by the NIH Reform Act of 2006. At the meeting, the SMRB considered a report and recommendations from its Substance Use, Abuse, and Addiction (SUAA) Working Group and recommended to abolish the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) to create a new “Addiction” Institute.

The SUAA offered two options in its report. The first reflected a structural change, which would abolish NIDA and NIAAA and establish a new “Addiction” Institute to include drug addiction research from NIDA, alcohol addiction research from NIAAA, tobacco addiction research from the National Cancer Institute (NCI), and gambling addiction research from the National Institute of Mental Health (NIMH), with non-addiction research portfolios from NIDA and NIAAA being transferred to other I/Cs. The second option reflected a functional change in which NIH would create a trans-Institute Addiction Initiative, not unlike the NIH Neuroscience Blueprint. After lengthy discussion, the SMRB voted to recommend the structural option to Dr. Collins. If Dr. Collins accepts the recommendation, it will start a legislatively mandated series of reporting events within a specific timeframe, including notifying Congress of this change.

Although the final SMRB recommendation reflects an action more complex than a simple “merger” of the two Institutes and addresses a long-standing desire within some in the research community for an entity on addiction, NAEVR opposed “merging” Institutes in its public comments at the SMRB’s May meeting and at the September 15 meeting due to its concern that there may be greater pressure on NIH to merge or “cluster” the budgets of other Institutes. In 2001, then-NIH Director Harold Varmus, M.D. (who has subsequently returned to the NIH as the NCI Director) proposed to cluster the budgets/programs of the 27 I/Cs into six units, including a “Brain Institute” which would have incorporated the NEI. NAEVR has consistently opposed this action, including fighting a similar provision in the draft NIH reauthorization legislation in the 2004-2006 timeframe, since it feared that “front of the eye” corneal research could be minimized in a “Brain Institute.” During the SMRB’s discussions, Dr. Varmus supported the concept of an Addiction Institute and commented that “he’d be happy to see his 2001 proposal back on the table for consideration.” As a result, NAEVR will stay vigilant on this issue.

SMRB Considers an NIH Strategy for Translational Research

Per Dr. Collins’ request at the SMRB’s May meeting, it has established a Translational Medicine and Therapeutics (TMAT) Working Group, chaired by Arthur Rubenstein, M.B.B. Ch. (Dean of the University of Pennsylvania School of Medicine). Most of the SMRB’s September meeting was spent in initial discussions of how NIH coordinates it numerous initiatives regarding clinical and translational research—not only internally, but with other Department of Health and Human Services (DHHS) agencies [such as the FDA], with other government agencies, with the private biomedical research sector, and with the patient and advocacy community. Representatives from these various sectors participated in a series of panels to address the challenges that NIH faces in this regard. Much of the conversation focused on how the NIH would implement the Cures Acceleration Network (see NIH funding story) and use it as a means by which to foster translational research. As many panelists commented, the exact role for CAN in accelerating the development of new therapies (especially drugs) needs to be determined, as its initial proposed $50 million funding level in FY2011 appropriations pales in comparison to the $1 billion cost to bring a new drug therapy to market. Several panelists also emphasized that translation not only applies to drug therapies, but to devices and biological and combinations thereof, as well as gene therapy approaches.

The TMAT set an ambitious goal of year-end 2010 for development of a recommendation to Dr. Collins, as it next meets December 7–8. However, many SMRB members questioned whether this timeframe was realistic considering the complexity of this subject. Since Dr. Rubenstein also chairs the SMRB’s NIH Intramural Program (IRP) Working Group, which was charged with developing recommendations regarding funding, structure, and interactions with the extramural community for the NIH Clinical Center, he recommended and the SMRB agreed to defer any action on the IRP’s recommendations since they could be affected by the more comprehensive strategy recommendations for translational research.

NAEVR Testifies on Translational Vision Research

Since none of the panelists represented the vision space, NAEVR provided public comments about NEI’s collaborations trans-NIH, trans-DHHS, with other government agencies, with private funding organizations, and internationally to “smartly and effectively expand its research dollars to develop a rich repertoire of patient solutions.”

The SMRB heard from a series of panels as it began its discussions about the development of an NIH translational research strategy.

Dr. Collins speaks to the SMRB