

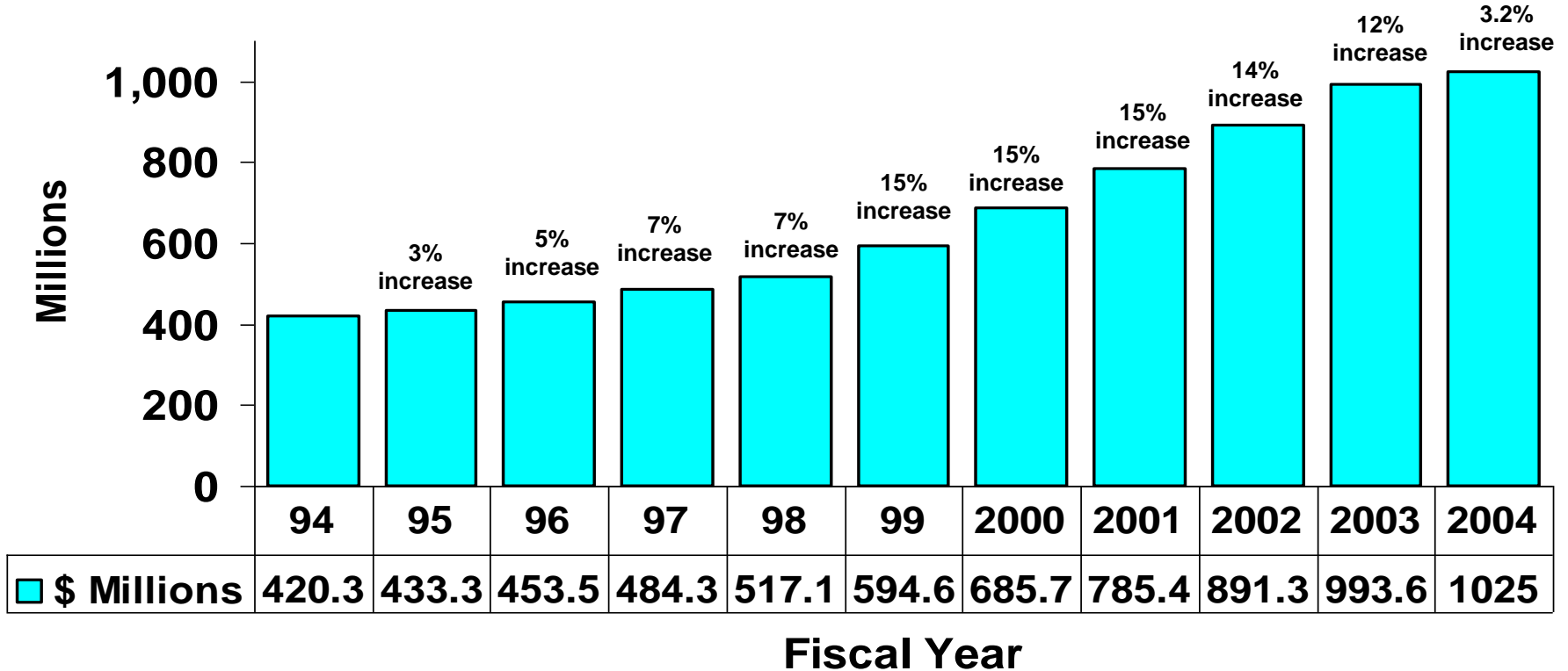
National Institute on Aging

ADC Meeting April 2004

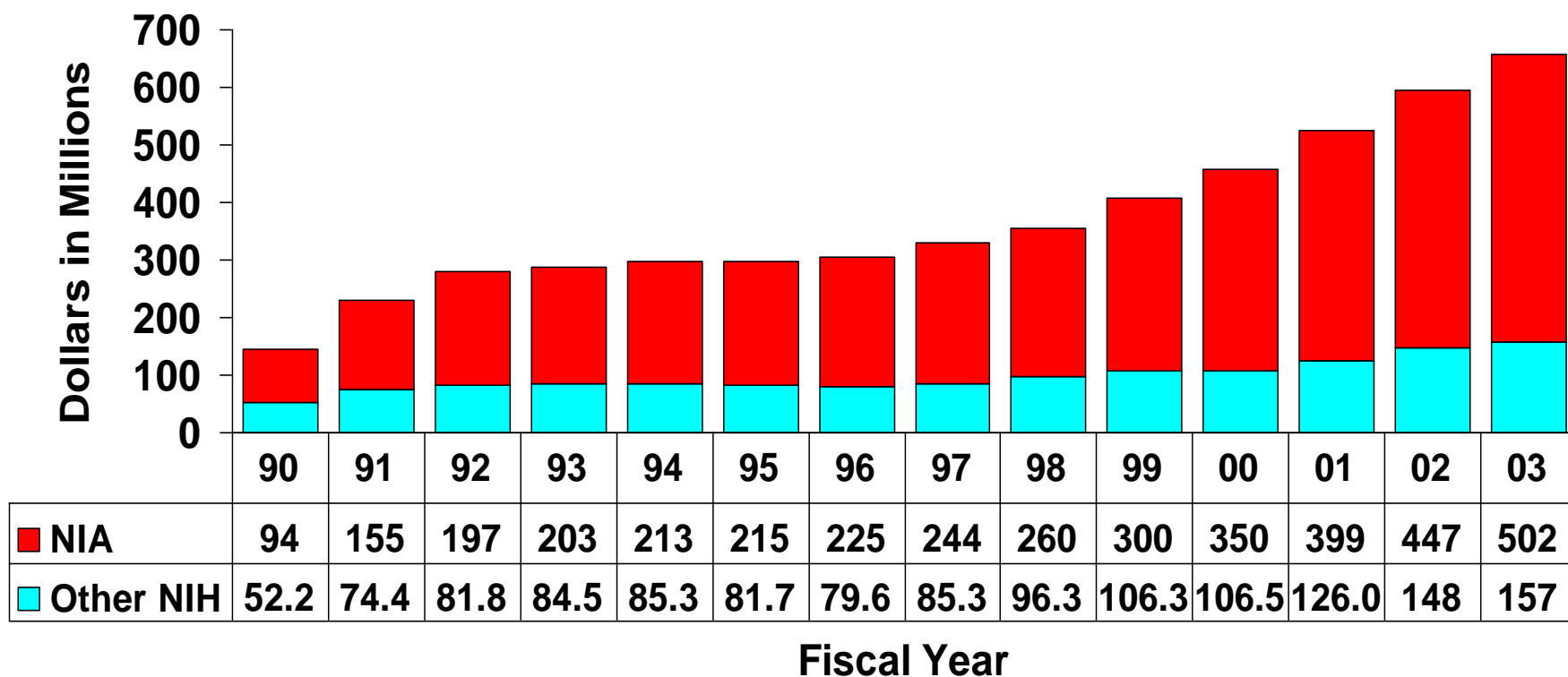
Judith A. Salerno, M.D., M.S.
Deputy Director
NIA/NIH/DHHS



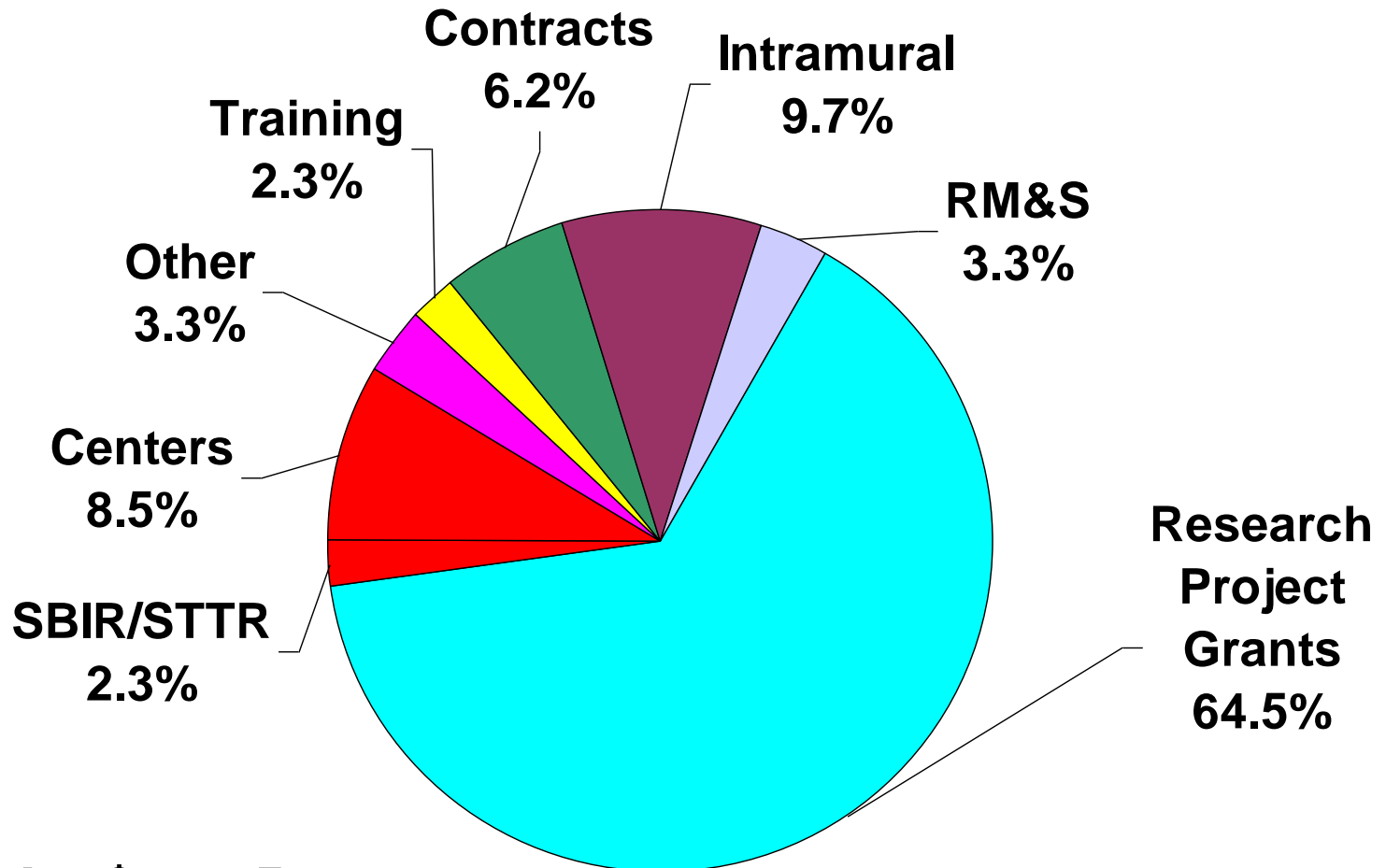
National Institute on Aging Trends in Appropriations Fiscal Years 1994 - 2004



National Institutes of Health Alzheimer's Disease Research Fiscal Years 1990 – 2003



National Institute on Aging Distribution of Obligations by Budget Category: Fiscal Year 2003

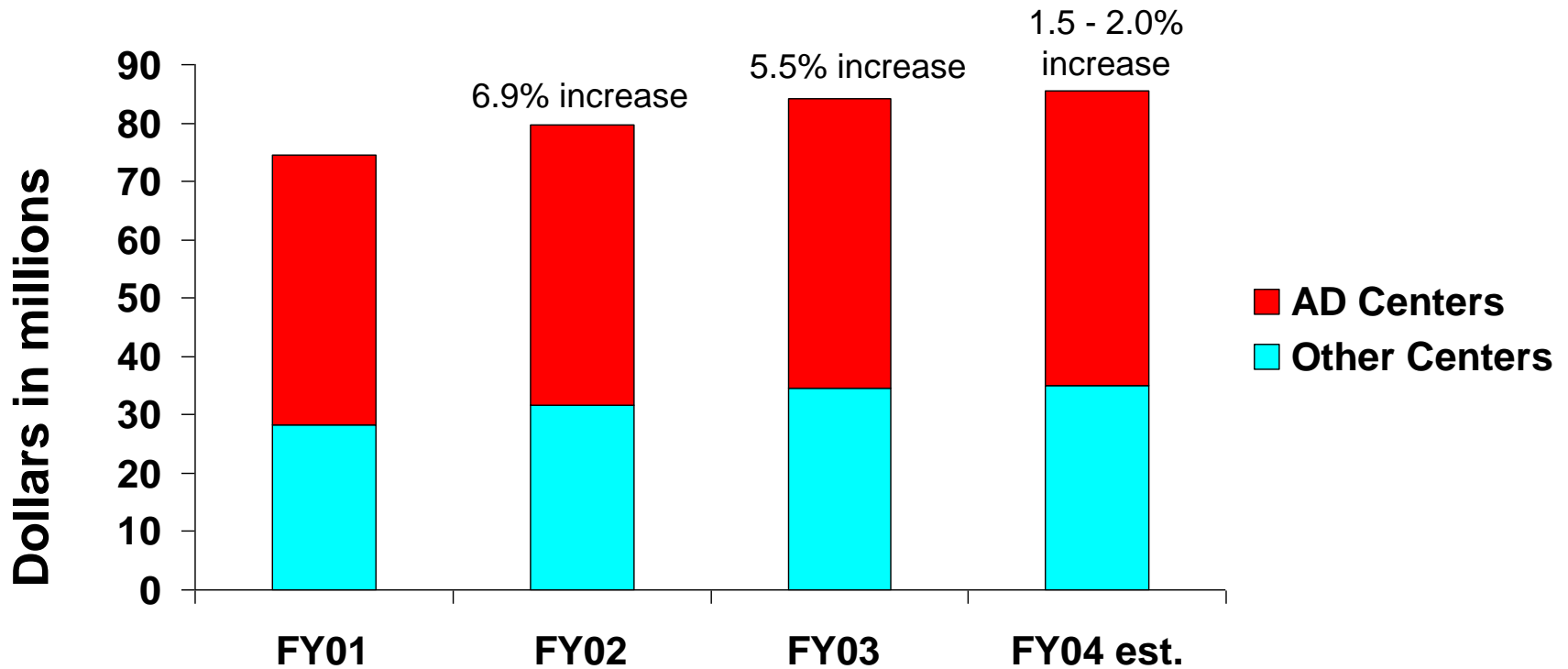


Total NIA: \$993,598,000

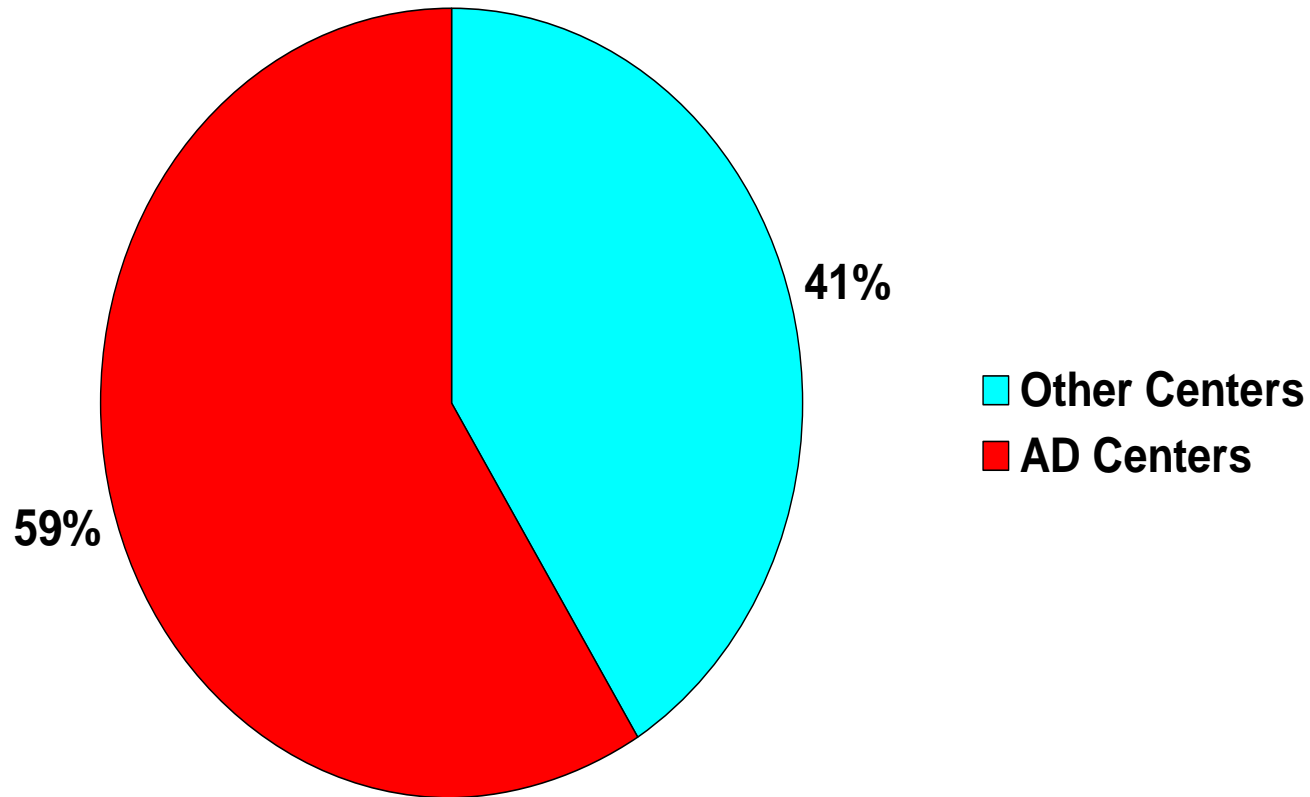
FY 2003 appropriations post rescission

NIA Budget Sept. 2003

NIA Centers Fiscal Year Obligations



Alzheimer's Disease Centers FY 2004 (est.)



Total NIA Centers FY 04: \$85.4M

Additional Sources of Support for Alzheimer's Disease Centers

- ❖ National Alzheimer's Coordinating Center
 - \$3.222 M in FY03 RPG funds
 - Re-competing in FY 04
- ❖ NIA Centers Reserve
 - Additional \$1.2 M in FY 03; little or no reserve in FY 04
- ❖ NIA Director's Reserve
 - RFA on Collaborative Studies on AD and Other Neurodegenerative Diseases Associated with Aging: \$1.5M for FY 03
 - RFA on the Alzheimer's Disease Neuroimaging Initiative: NIA will commit \$8M (U01) for FY 04; additional support from non-government sources anticipated.

NIA Funding Policy for RPGs FY 2004

- ❖ NIA has experienced a 38% increase in the number of new and competing applications received from FY 2003 to FY 2004 and a 40% increase in total funds requested by these applications.
- ❖ At the same time, the FY 2004 NIA extramural budget has increased by approximately \$28 million or 2.9%.

NIA Funding Policy for RPGs

FY 2004 – Cont'd

- ❖ To manage its resources, consider program priority areas and to support a full range of excellent research, NIA announces the following funding policy:
 - In FY2003, NIA funded 411 competing Research Project Grants (RPGs) at a total cost of \$159 million. In FY2004, NIA plans to support a similar number of grants at a total cost of \$165 million.
 - NIA expects to fund Research Project Grants (R01, P01, U01, R03, R21, R15) to approximately the 15th percentile at this time.
 - To reach this pay line, NIA will reduce competing grants by an average of 18% below levels recommended in peer review.
 - Reductions for other non-RPG mechanisms will be negotiated on a case-by-case basis. Further adjustment in the pay line may be made as the fiscal year proceeds.

New Funding Policy for Program Project (PO1) Applications

- ❖ To continue to fund a diverse research portfolio, new and competing PO1 applications will be limited to no more than \$1.5 million in direct costs in first year. Budget increases in non-competing years will be at the standard NIH adjustments.
- ❖ Policy effective with applications submitted for June 1, 2004 receipt date.
- ❖ Exceptions to the cap will be rarely allowed and only after approval of NIA-wide Planning Group.

Outlook for

FY 2005:

? ? ?



The Roadmap:

Where are we going?

NIH Roadmap Strategy

Interdisciplinary Research
Pioneer Award
Nanomedicine

Training
National Clinical Research
Associates

Public Private
Partnerships

Bench

Bedside

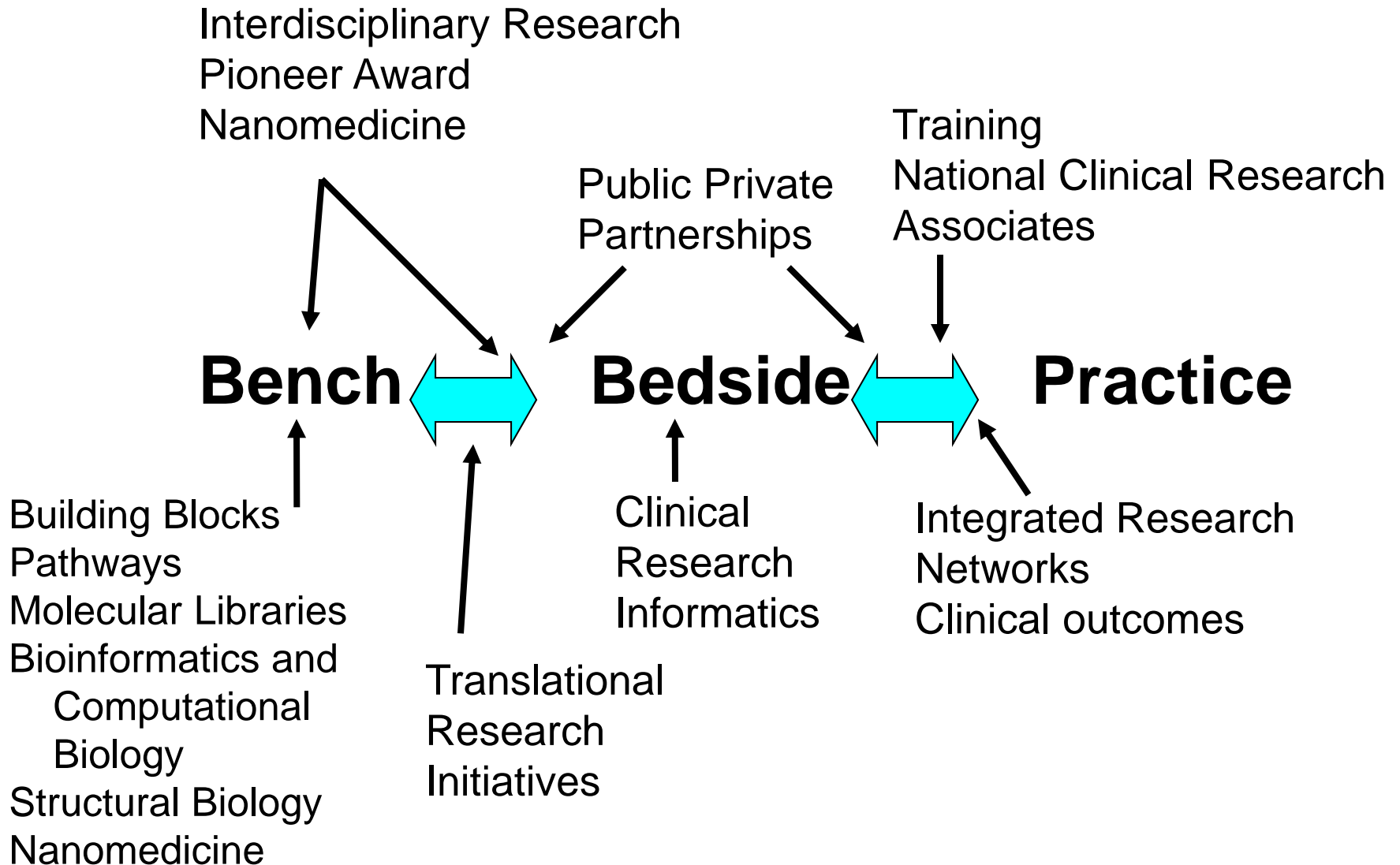
Practice

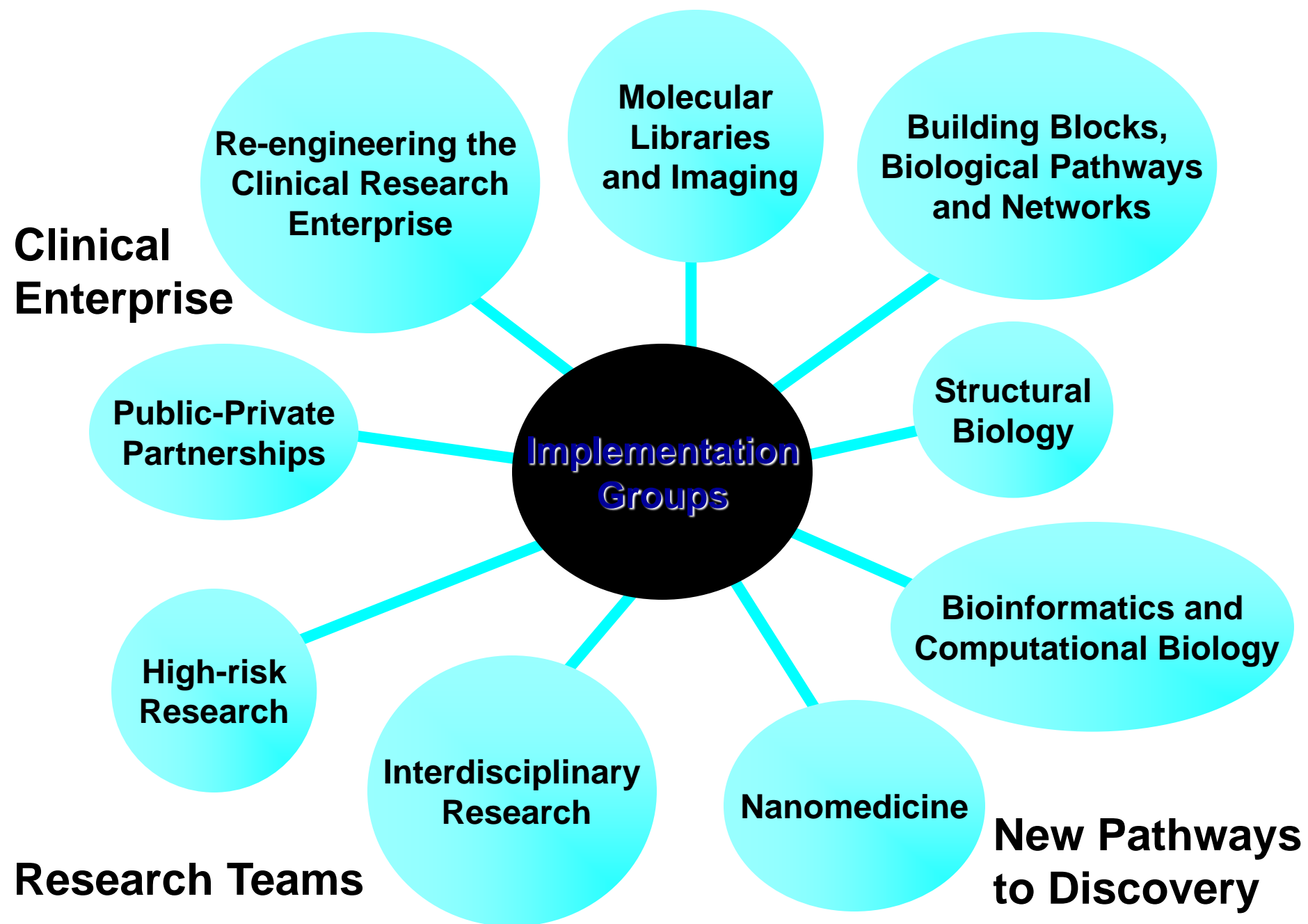
Building Blocks
Pathways
Molecular Libraries
Bioinformatics and
Computational
Biology
Structural Biology
Nanomedicine

Translational
Research
Initiatives

Clinical
Research
Informatics

Integrated Research
Networks
Clinical outcomes





Key Elements of Roadmap Funding and Management

❖ All Institutes:

- Participate with their scientific community in defining all components of the Roadmap
- Contribute equally and proportionately
- Participate directly in decision making and have a direct liaison to the Roadmap

❖ All Roadmap initiatives are offered for competition to researchers from all fields

❖ All research communities can compete for all initiatives

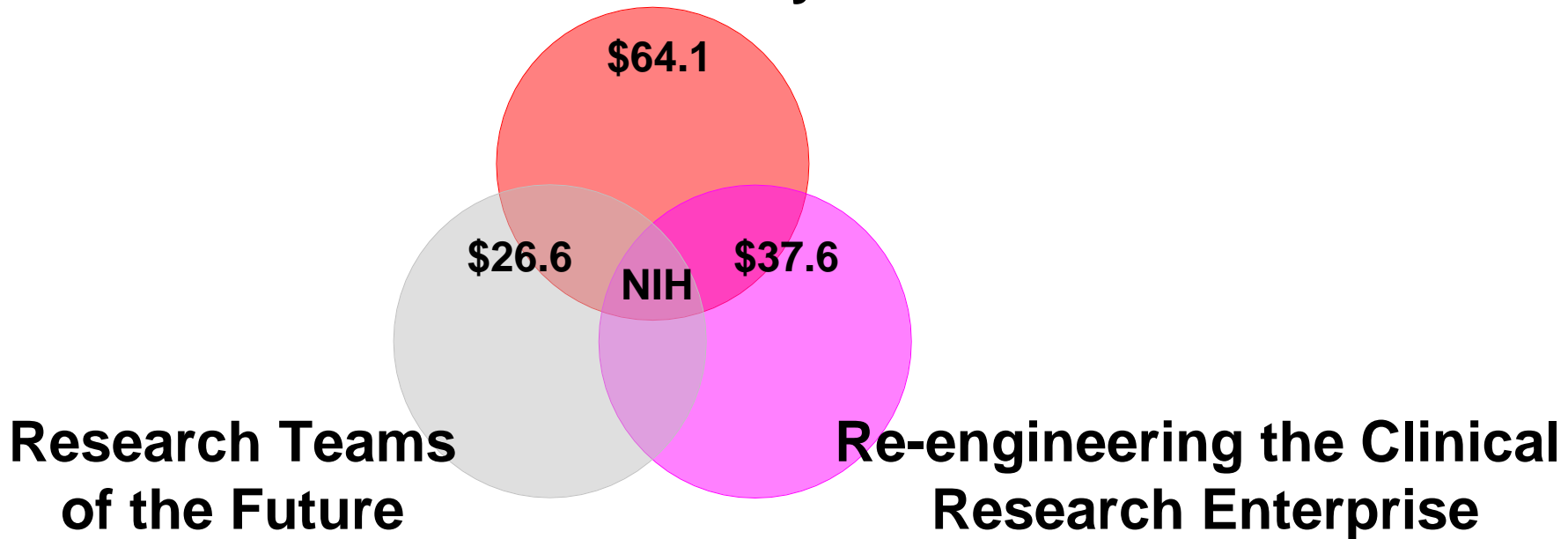
❖ The peer-review process will ensure appropriate expertise

Roadmap Funding

(dollars in millions)

FY 2004 Funding = \$128.3 (dollars in millions)

**New Pathways
to Discovery**



Roadmap Funding

(dollars in millions)

	FY04	FY05	FY06	FY07	FY08	FY09	Total
Pathways to Discovery	64	137	169	182	209	188	948
Research Teams	27	39	44	92	96	93	390
Clinical Research	38	61	120	174	214	227	833
Total	128	237	332	448	520	507	2,172

0.34% 0.63%

~0.9%

**To be competed for in a common pool
of initiatives by all researchers from every discipline**

NIH Roadmap Goals

- Accelerate basic research discoveries and speed translation of those discoveries into clinical practice
- Explicitly address roadblocks that slow the pace of medical research in improving the health of the American people

“How does the NIH Roadmap benefit my research area?”

- ❖ Speeding removal of major and fundamental roadblocks common to all diseases
- ❖ No Institute can solve these issues alone
- ❖ THIS IS A COMMON TRANS-NIH POOL OF TRANSFORMING INVESTMENTS OPEN TO ALL DISEASE AREAS FOR COMPETITION

“Yes, but we’re already doing those things. What’s new?”

THE NIH ROADMAP POOLS RESOURCES FOR SPECIFIC ENABLING INVESTMENTS THAT INDIVIDUAL INSTITUTES COULD NOT UNDERTAKE

- ◆ **Expanding molecular probe libraries publicly available to researchers by a factor of 7**
- ◆ **Increasing the number of publicly available molecular probes from less than 100,000 to over 500,000**
- ◆ **Developing a common national research informatics platform allowing interoperability for data for all patients whether seen at a research hospital or in their own community (NECTAR)**
- ◆ **Improving the implementation of Breakthrough research trials through the creation of INTEGRATED research partnerships**

MORE RAPID DIFFUSION OF BEST PRACTICES TO PATIENTS

**Keep up-to-date on the
Roadmap activities:**

www.nihroadmap.nih.gov