

Alzheimer's Disease Centers Program

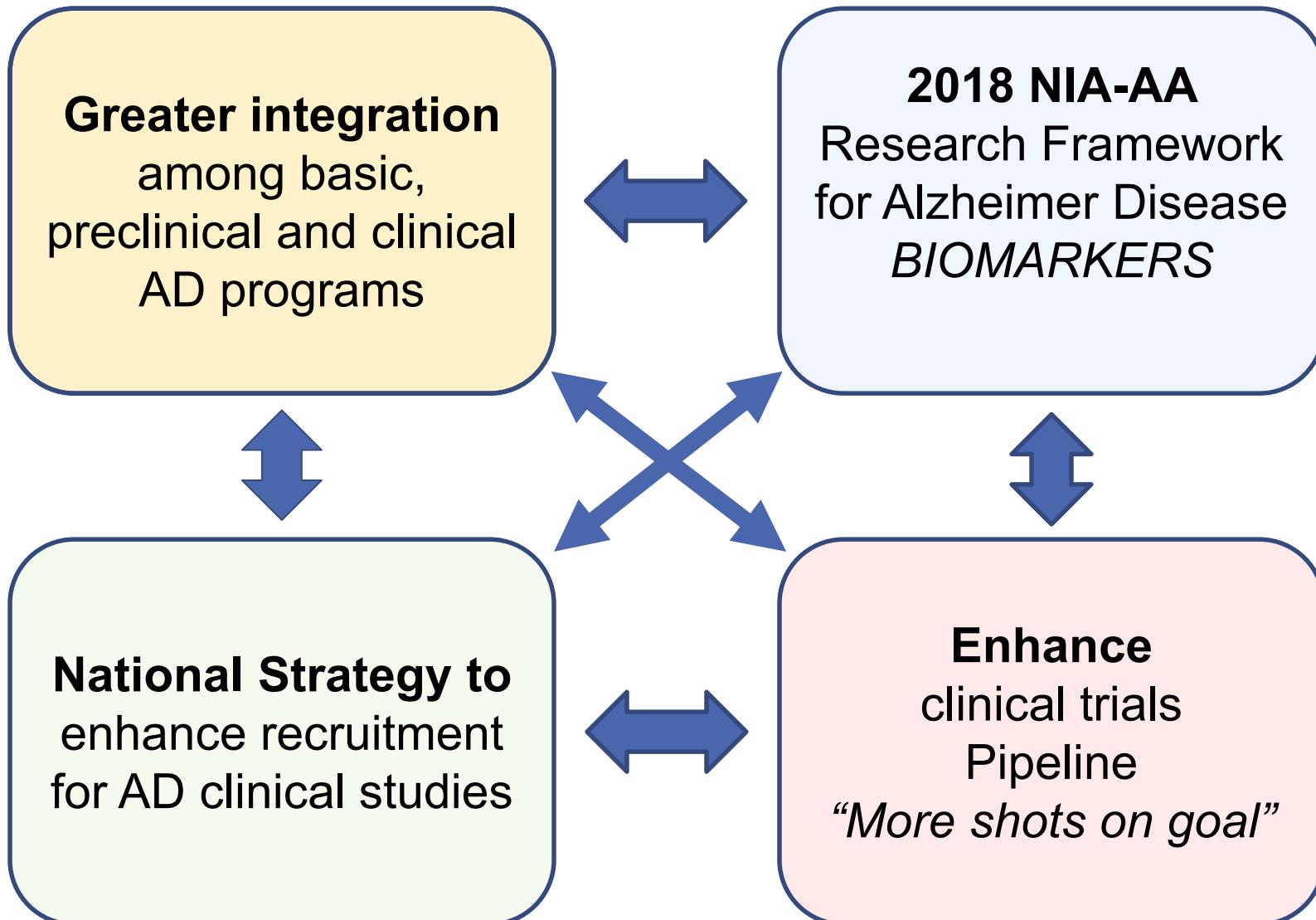
Fall Meeting

Atlanta, Georgia
October 20, 2018

” Division of Neuroscience Update”

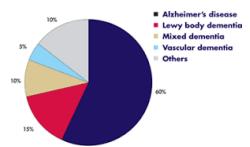
Eliezer Masliah, M.D.
Division of Neuroscience,
National Institute on Aging, NIH

Some NIA-AD Research Priorities



Alzheimer's Disease and Related Dementias FOAs

<http://www.nia.nih.gov/AD-FOAs>

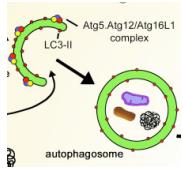
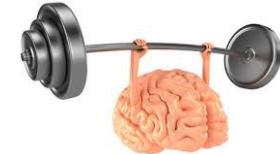


MOLECULAR BASIS FOR AD HETEROGENEITY
and mixed pathology

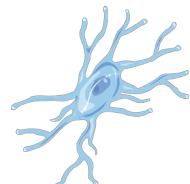
DYNAMIC INTERACTION BETWEEN PERIPHERAL SYSTEMS AND BRAIN AGING/AD

UNDERSTANDING NEURODEGENERATION IN THE CONTEXT OF AGING

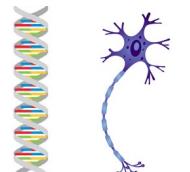
COMPLEX BIOLOGY OF RESILIENCE



PROTEOSTASIS



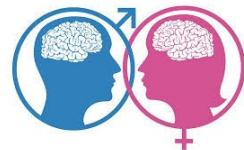
INFLAMMATION



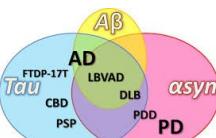
FUNCTIONAL VALIDATION OF GENETIC RISK FACTORS FOR AD

UNDERSTANDING THE COMPLEX BIOLOGY OF AD/ADRД

SEX DIFFERENCES AND AD RISK



COMMON MECHANISMS OF NEURODEGENERATION



MECHANISMS OF NPS IN AD



Initiatives in development:

- Microbiome in Aging;
- AD/Sleep and Circadian Rhythm;
- Selective neuronal vulnerability
- Amyloid fibril strains; glycobiology, endosome pathways,

New cryo-EM structure of amyloid fibrils might help develop new drugs and PET radioligands

RFA-AG-18-025 Consequences of amyloid protein polymorphisms in Alzheimer's disease (R01) NIA lead; Austin Yang

Science

Lorenz Gremmer^{1,*}, Daniel Schütz¹, Carla Schenck², Elke Reimartz³, Jörg Labuhn^{1,4}, Raimond B.-G. Raveil⁵, Martin Träuble⁶, Carmen Lopez-Iglesias⁷, Wolfgang Hoyer^{1,8}, Henrike Heine^{1*}, Dieter Willbold^{1,9}, Gunnar F. Schneider^{1,10}

¹Institute of Computer Systems, Structural Biochemistry (C2-S6), Forschungszentrum Jülich 52425 Jülich, Germany; ²Institut für Physikalische Biologie (C2B6), University of Cologne, 50205 Düsseldorf, Germany; ³Centre for Structural Biology (C2B6), DESY, 22607 Hamburg, Germany; ⁴The Max-Planck-Institut für Kognitions- und Neurowissenschaften (MPI-CBS), 04109 Leipzig, Germany; ⁵Proteostasis Research Center (PRC), 04109 Leipzig, Germany; ⁶Protein Structure Research Group, Institute of Molecular Medicine, 04109 Leipzig, Germany; ⁷Department of Biochemistry, University of Valencia, 46100 Burjassot, Valencia, Spain; ⁸Proteostasis Research Center (PRC), 04109 Leipzig, Germany; ⁹Department of Biochemistry, University of Cologne, 50205 Düsseldorf, Germany; ¹⁰Protein Structure Research Group, Institute of Molecular Medicine, 04109 Leipzig, Germany

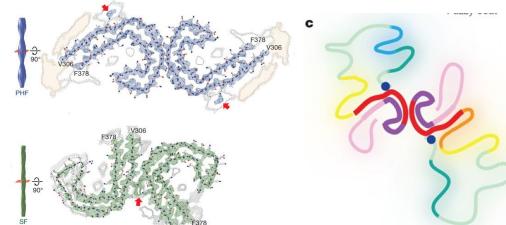
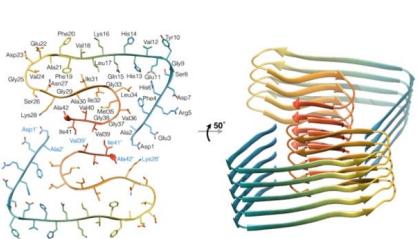
Cite as: L. Gremmer et al., Science (10.1126/science.aac325) (2017).

ARTICLE

doi:10.1126/science.aac325

Fibril structure of amyloid-β(1-42) by cryoelectron microscopy

Abstract: We report the structure of an Aβ(1–42) fibril by cryoelectron microscopy (cryo-EM). The structure consists of two intertwined protofibrils, which are composed of nonparallel helical and straight tan filaments, whereas tan filaments are associated with different morphologies characteristic of other neurodegenerative diseases. No high-resolution structures of tan filaments are available. Here we present cryo-electron microscopy (cryo-EM) maps at 3.4–3.5 Å resolution and corresponding atomic models of paired protofibrils. The backbone of all 42 residues and nearly all sidechains are well resolved in the model. The structure reveals a cross-β fold motif, in which the β-sheets are formed by the interface of two identical protofibrils comprising residues 306–378 of tan protein, which adopt a combined cross-β/β-helix structure. The β-sheets are aggregated around a parallel helical straight tan filament, resulting in a compact packing, showing that they are ultrastructural polypeptides. These findings demonstrate that cryo-EM allows atomic characterization of amyloid fibrils from patient-derived material, and pave the way for investigation of a range of neurodegenerative diseases.



LETTER

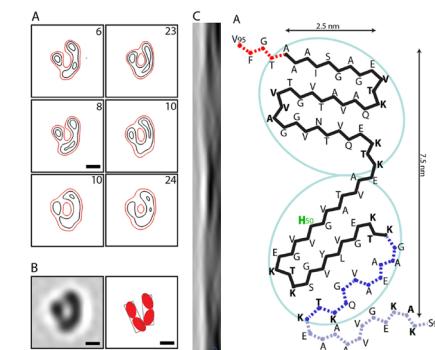
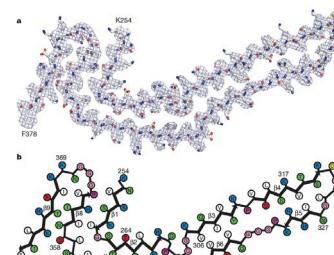
https://doi.org/10.1126/science.aac325

Structures of filaments from Pick's disease reveal a novel tau protein fold

Benjamin Falcon¹, Mirjam Zampieri¹, Alexey G. Murzin², Garib Marshukov³, Holly J. Garringer², Ruben Vidal², R. Anthony Crowther², Bernardino Ghetti⁴, Sjors H. W. Scheres^{1,3*} & Michel Goedert^{2,5*}

α-Synuclein Amyloid Fibrils with Two Entwined, Asymmetrically Associated Protofibrils*

Altaira D. Dearborn¹, Joseph W. Nairajad Cheng¹, J. Bernhard Heymann¹, Andrey V. Kajava¹, John Varkey^{1,2,3}, Ralf Langen⁴, and Alaaqaid C. Steven^{1,2}
From the ¹“Lodish” Lab of Structural Biology Research, National Institute of Arthritis and Musculoskeletal and Skin Diseases, National Institutes of Health, Bethesda, MD 20892, USA; ²Department of Cell Biology, New York University School of Medicine, New York, NY 10016, USA; ³Center de Recherches de Biomolécules Macromoléculaires, CNRS, University of Montpellier, Montpellier 34321, France; ⁴the University ITMO, Institute of Bioengineering, 197107 St. Petersburg, Russia; the ⁵Zilkha Neurogenetic Institute, University of Southern California, Los Angeles, California 90033, and ⁶Karolinska University, Stockholm, Sweden 171 75, Sweden

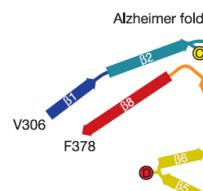


Aβ

4RTau (AD)

3RTau (Pick's)

α-synuclein



Pick fold



Seeding and spreading of amyloids involved in AD/ADRD

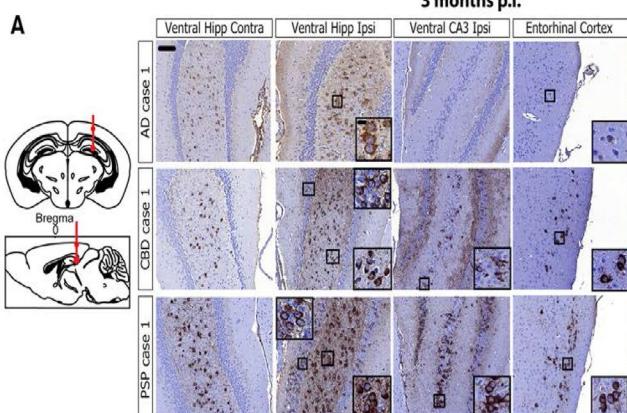
Tau

Neurobiology of Disease

The Journal of Neuroscience, March 11, 2017 • 37(12):XXXX–XXXX • 1

Pathological Tau Strains from Human Brains Recapitulate the Diversity of Tauopathies in Nontransgenic Mouse Brain

Sneha Narasimhan, Jing L. Guo, Lakshmi Changolkar, Anna Stieber, Jennifer D. McBride, Luisa V. Silva,
Zhuohao He, Bin Zhang, Ronald J. Gathagan, John Q. Trojanowski, and Virginia M.-Y. Lee
Department of Pathology and Laboratory Medicine, Institute on Aging and Center for Neurodegenerative Disease Research, University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania 19104



nature
medicine

A β + Tau (AD)

Amyloid- β plaques enhance Alzheimer's brain tau-seeded pathologies by facilitating neuritic plaque tau aggregation

Zhuohao He¹, Jing L. Guo¹, Jennifer D. McBride¹, Sneha Narasimhan¹, Hyesung Kim¹, Lakshmi Changolkar¹, Bin Zhang¹, Ronald J. Gathagan¹, Cuiyong Yue², Christopher Dengler², Anna Stieber¹, Magdalena Nitla¹, Douglas A Coulter^{2,3}, Ted Abel⁴, Kurt R Brunden¹, John Q Trojanowski¹ & Virginia M.-Y. Lee¹

DOI: 10.1038/s41591-018-06548-9

TDP-43

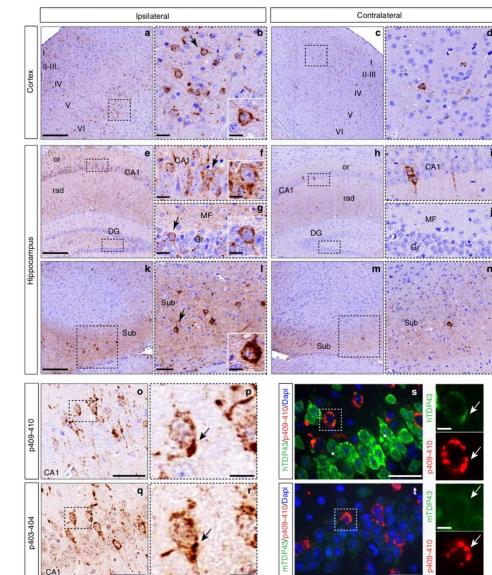
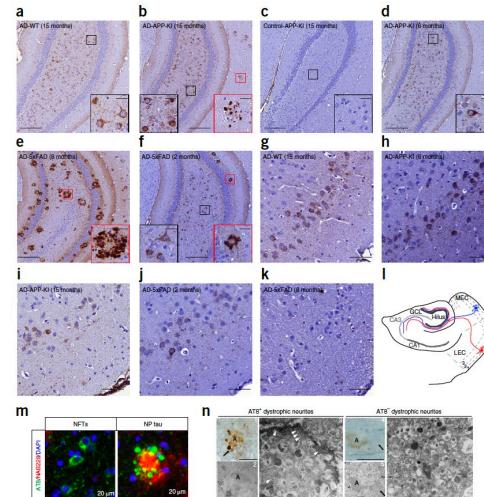
nature
COMMUNICATIONS

ARTICLE

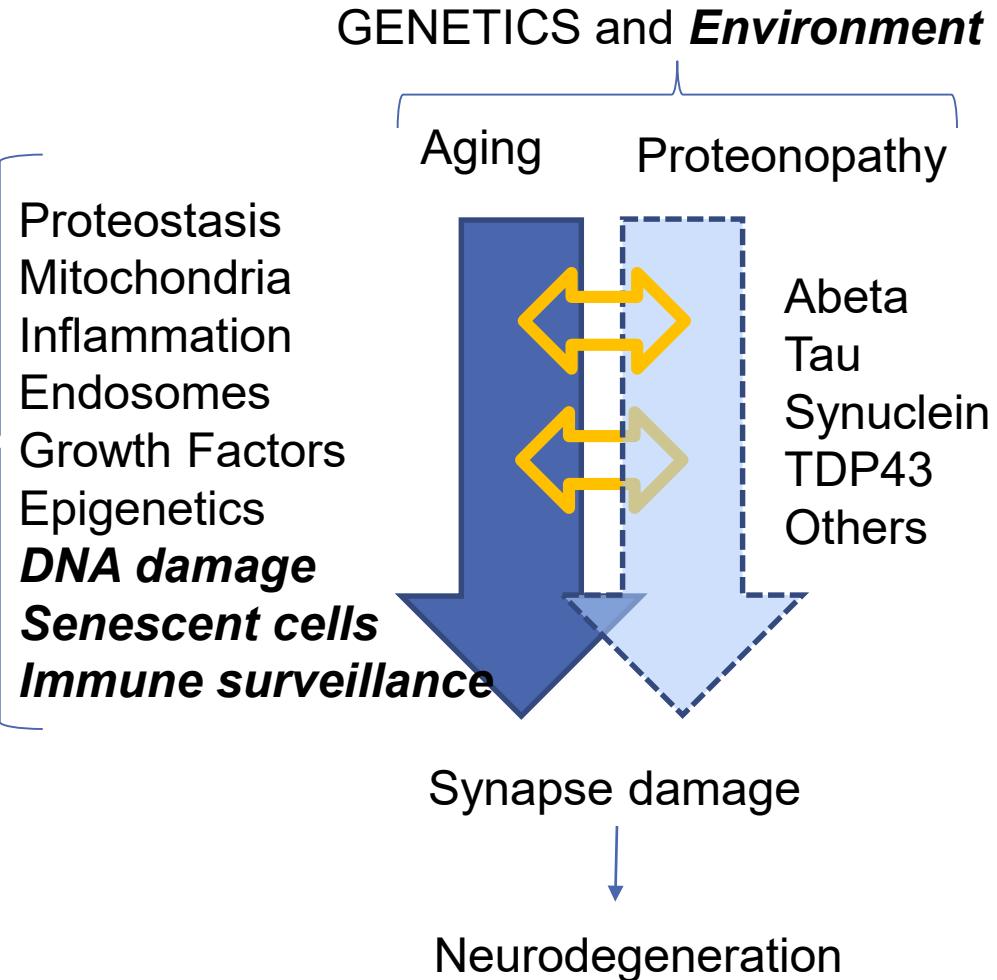
OPEN

Patient-derived frontotemporal lobar degeneration brain extracts induce formation and spreading of TDP-43 pathology in vivo

Silvia Porta¹, Yan Xu¹, Clark R. Restrepo¹, Linda K. Kwong¹, Bin Zhang¹, Hannah J. Brown¹, Edward B. Lee^{2,3}, John Q. Trojanowski¹ & Virginia M.-Y. Lee¹

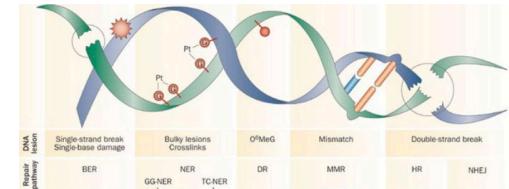


Understanding AD in the context of Aging



Trauma, chemicals radiation, radicals, stress, metabolic, viruses

DNA damage

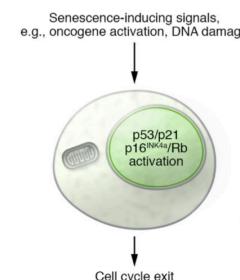


Transposable elements

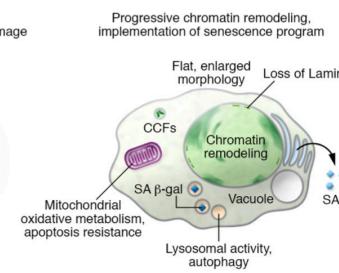


senescence/immune surveillance

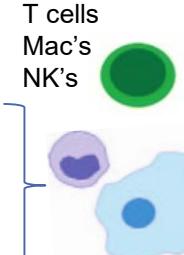
Senescence initiation



Early senescence



T cells
Mac's
NK's



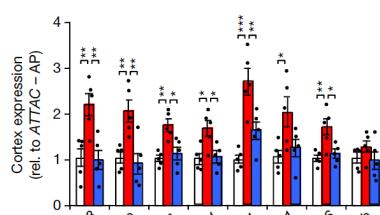
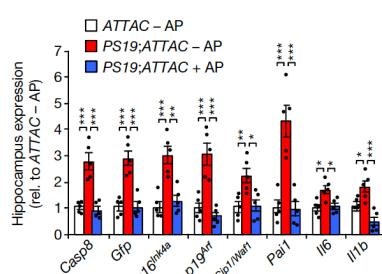
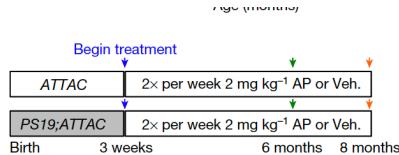
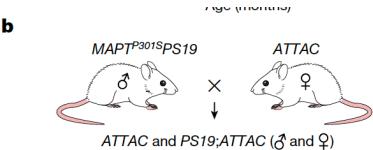
Eliminating senescent cells in Tau models

LETTER

<https://doi.org/10.1038/s41586-018-0543-y>

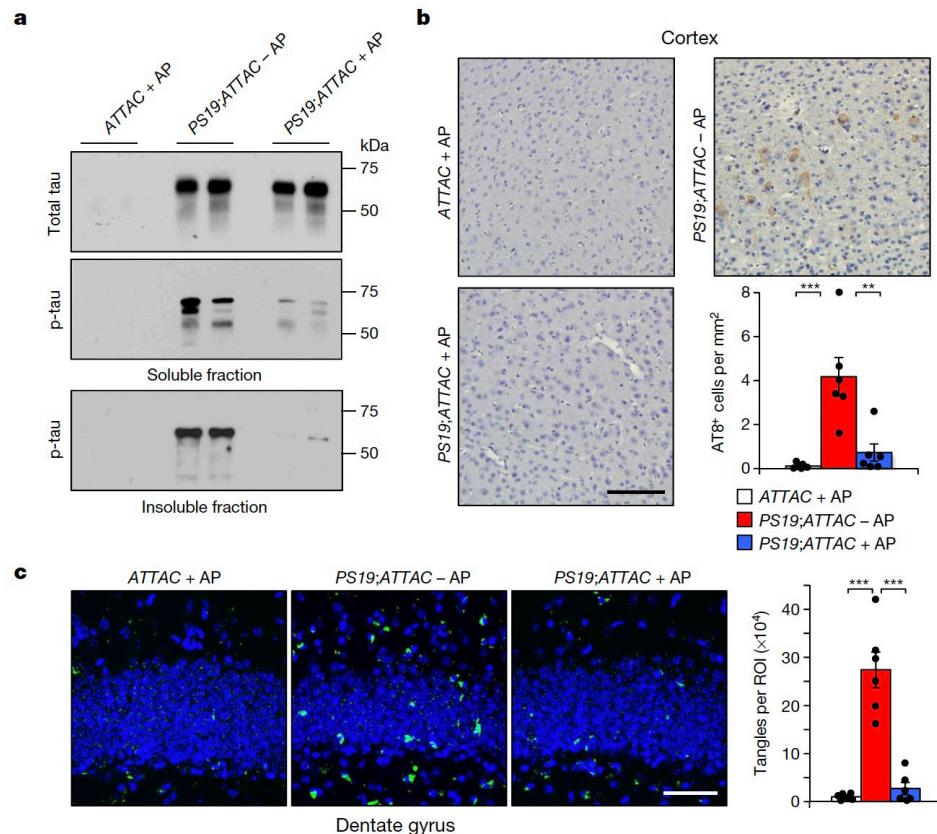
Clearance of senescent glial cells prevents tau-dependent pathology and cognitive decline

Tyler J. Bussman^{1,3}, Asef Aziz^{2,3}, Charlton F. Meyer², Barbara L. Swenson², Jan M. van Deursen^{1,2} & Darren J. Baker^{1,2*}



INK-ATTAC (apoptosis through targeted activation of caspase), a transgene expresses the p16 promoter-driving **ATTAC** fusion protein (caspase 8 fused to the FK506-binding protein).

Upon the administration of the inducer **AP20187**, the fusion protein dimerizes, activating caspase 8, and p16-positive senescent cells are specifically killed by apoptosis.



Understanding AD in the context of resilience

J Neuropathol Exp Neurol
Vol. 76, No. 6, June 2017, pp. 458–466
doi: 10.1093/jnen/nlw030



ORIGINAL ARTICLE

Resistance to Alzheimer Disease Neuropathologic Changes and Apparent Cognitive Resilience in the Nun and Honolulu-Asia Aging Studies

Caitlin S. Latimer, MD, PhD, C. Dirk Keene, MD, PhD, Margaret E. Flanagan, MD, Laura S. Hemmy, PhD, Kelvin O. Lim, MD, Lon R. White, MD, MPH, Kathleen S. Montine, PhD, and Thomas J. Montine, MD, PhD

Published Ahead of Print on March 28, 2018 as 10.1212/WNL.0000000000005303

IEWS & REVIEWS

Resistance vs resilience to Alzheimer disease

Clarifying terminology for preclinical studies

Eider M. Arenaza-Urquijo, PhD, and Prashanthi Vemuri, PhD

Neurology® 2018;0:1-9. doi:10.1212/WNL.0000000000005303

Correspondence
Dr. Arenaza-Urquijo
eiderarenaza@gmail.com

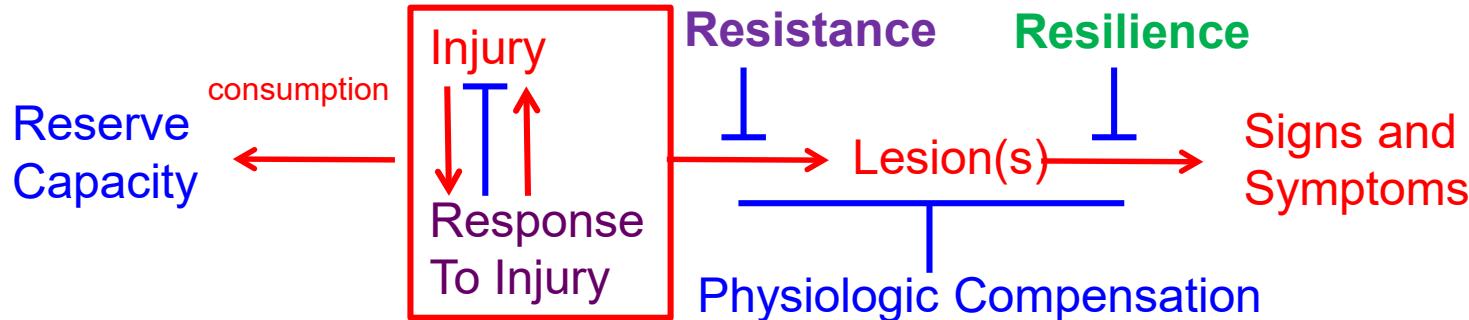
Acta Neuropathologica (2018) 136:377–388
<https://doi.org/10.1007/s00401-018-1872-5>

ORIGINAL PAPER



Non-Alzheimer's contributions to dementia and cognitive resilience in The 90+ Study

John L. Robinson¹ · Maria M. Corrada² · Gabor G. Kovacs^{1,3} · Myrna Dominique¹ · Carrie Caswell⁴ · Sharon X. Xie⁴ · Virginia M.-Y. Lee¹ · Claudia H. Kawas⁵ · John Q. Trojanowski¹



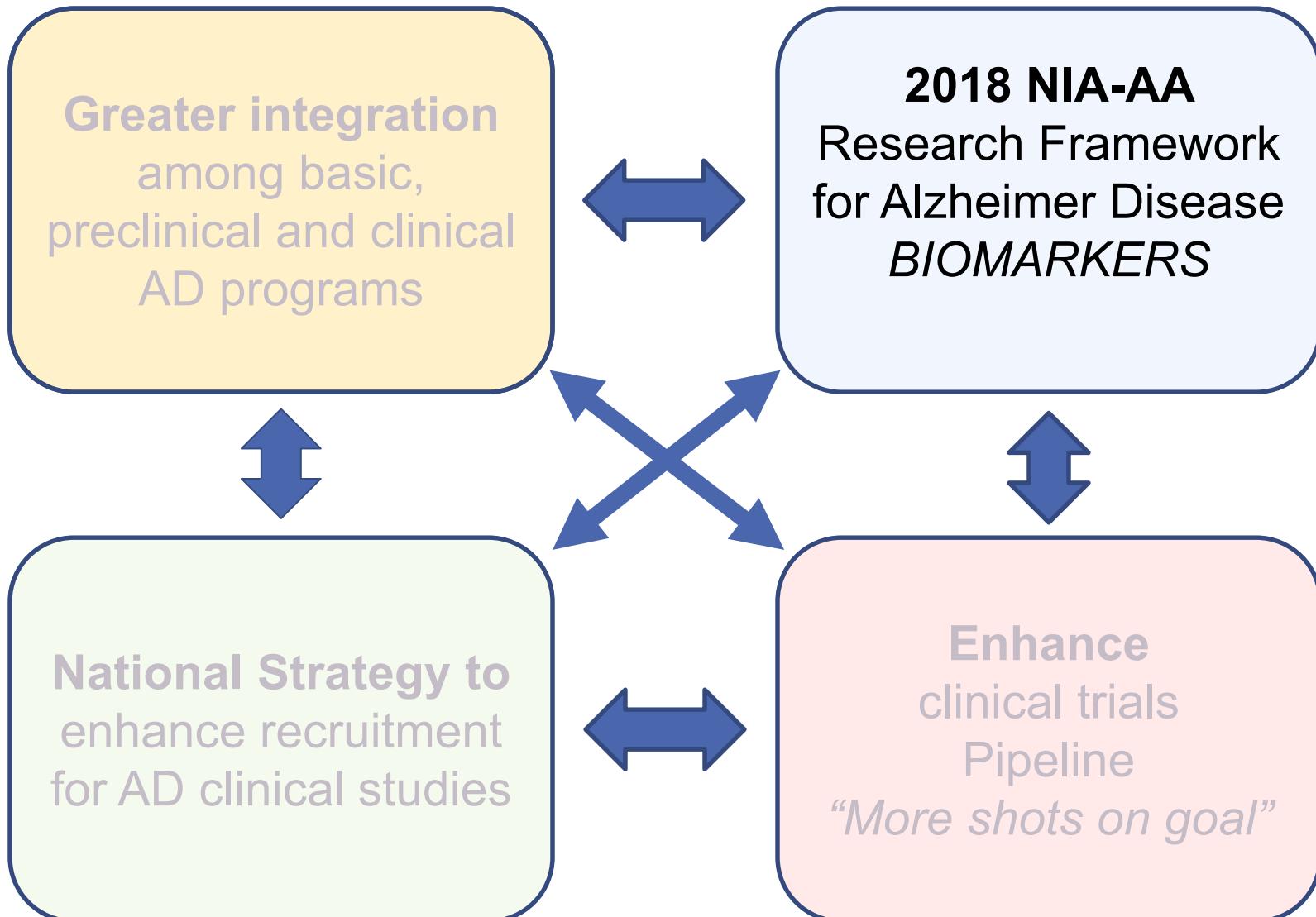
Montine and Keene

Resistance (High cog perform; no/low AD path)

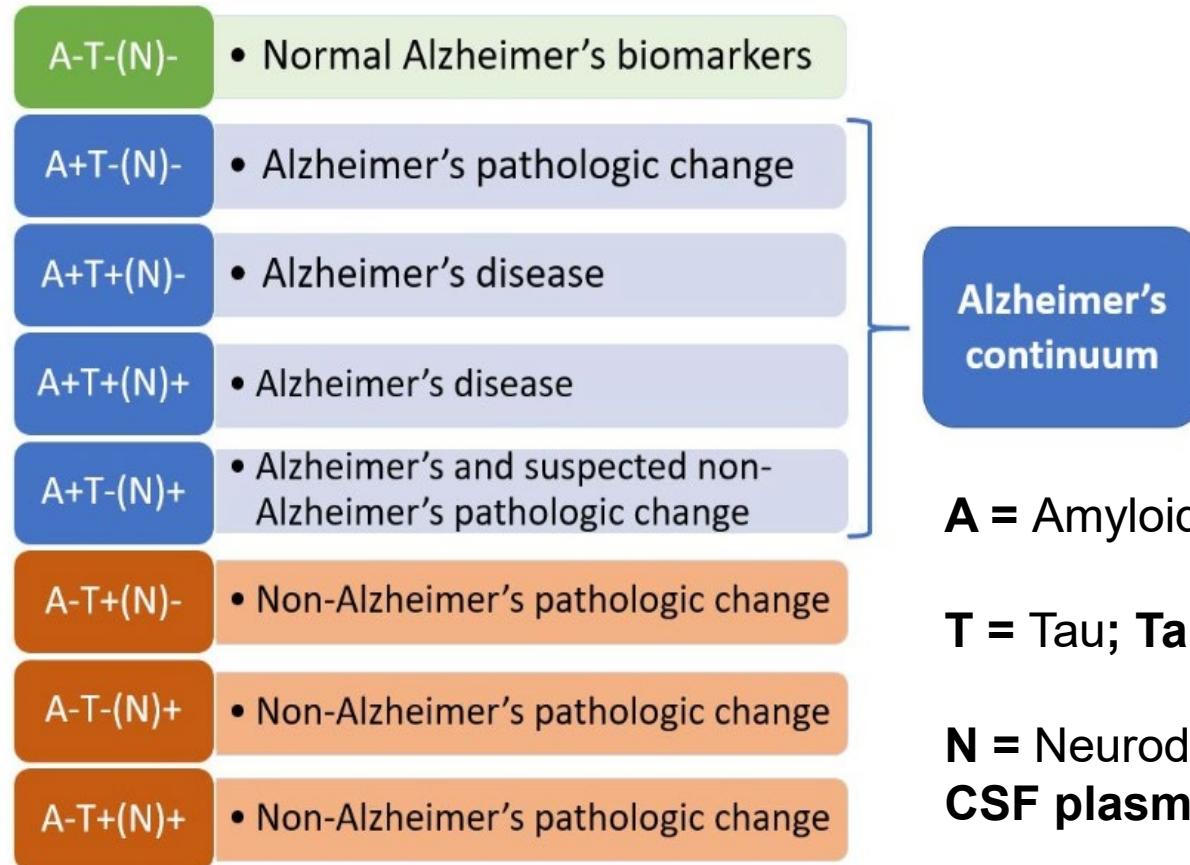
Resilient (High cog perform, high AD path)

Conclude that: Sex, ethnicity, and lifestyle factors may significantly influence resistance to developing brain injury with age.

Some NIA-AD Research Priorities



2018 NIA-AA Research Framework



A = Amyloid; Abeta PET, CSF, plasma

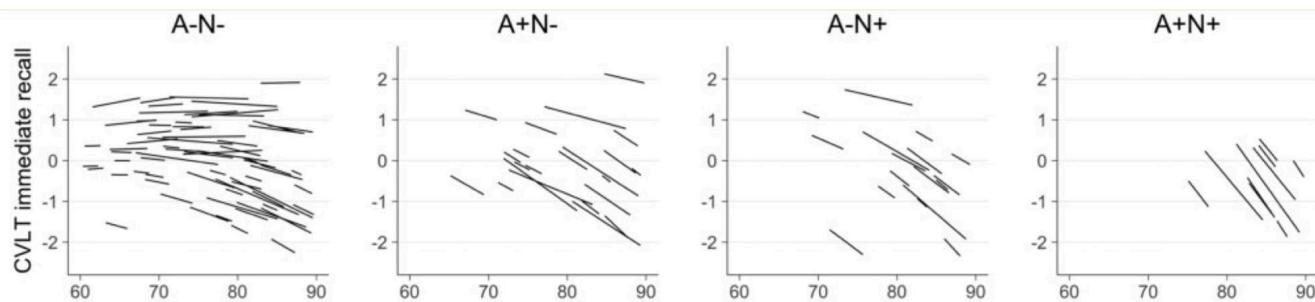
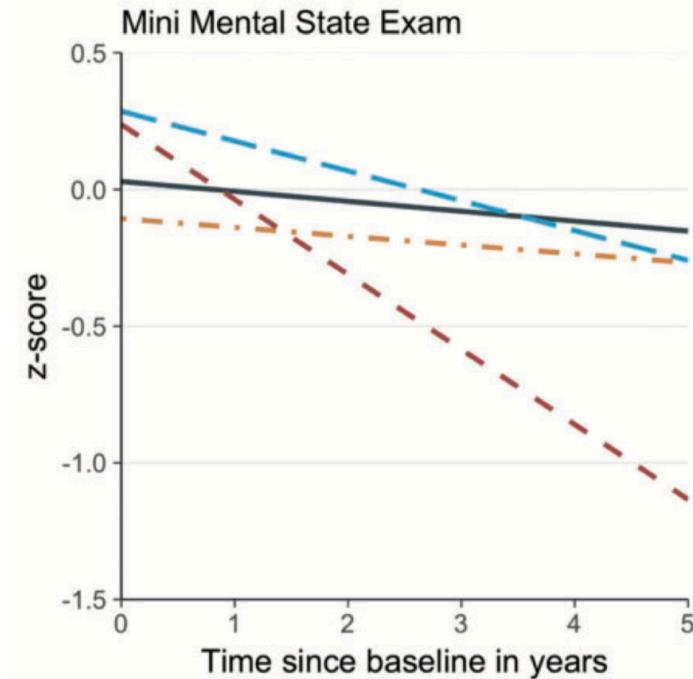
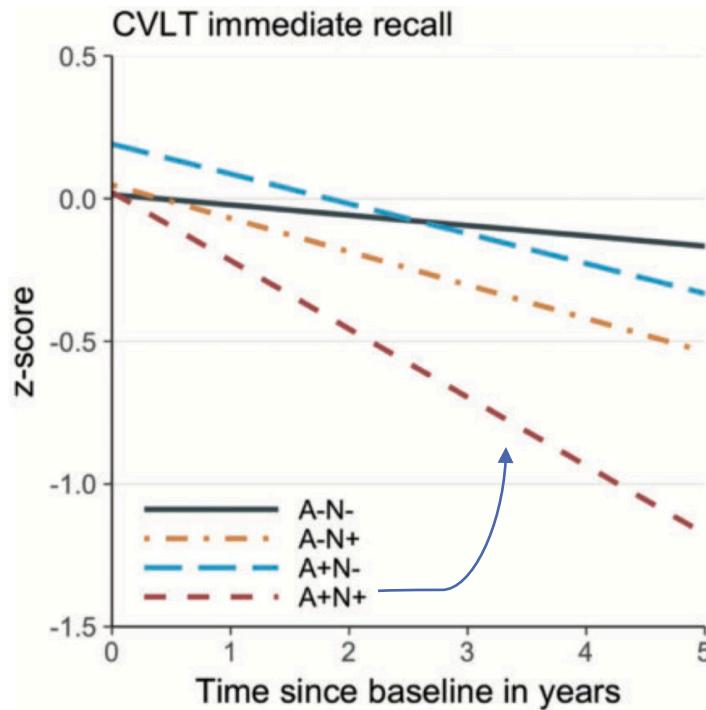
T = Tau; Tau PET, pTau CSF

N = Neurodegeneration; FDG-PET, MRI, CSF plasma Neurofilament

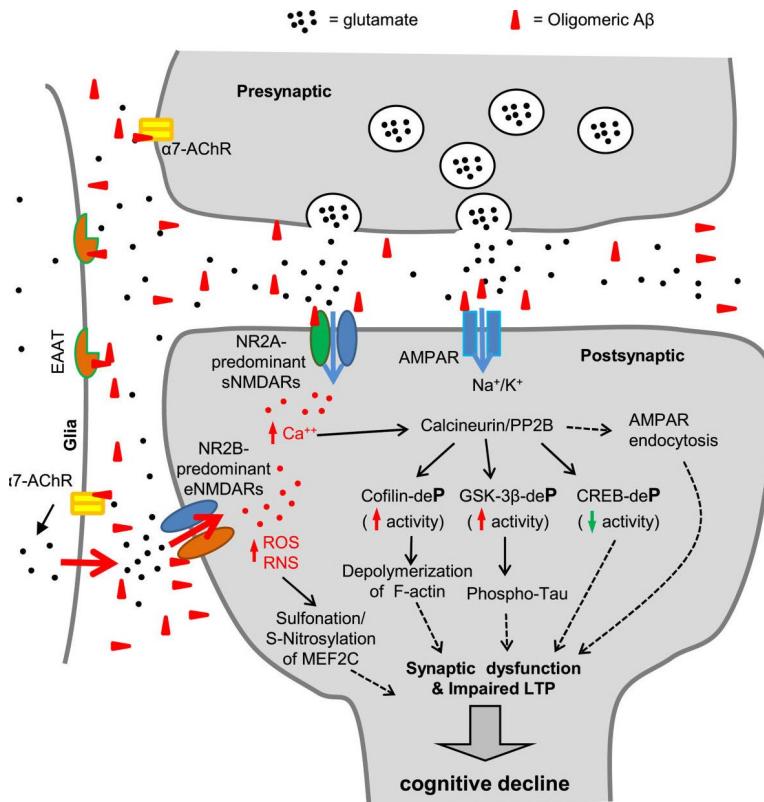
X = synapses, vascular, synuclein, TDP43, inflammation

Adapted from Jack et al., *Alzheimer's & Dementia* (2018) 14(4): 535-562.

Testing the 2018 NIA-AA Research Framework (A) and (N) are associated with cognitive decline



Live imaging of synapses in AD with the SV2A radioligand ^{11}C -UCB-J

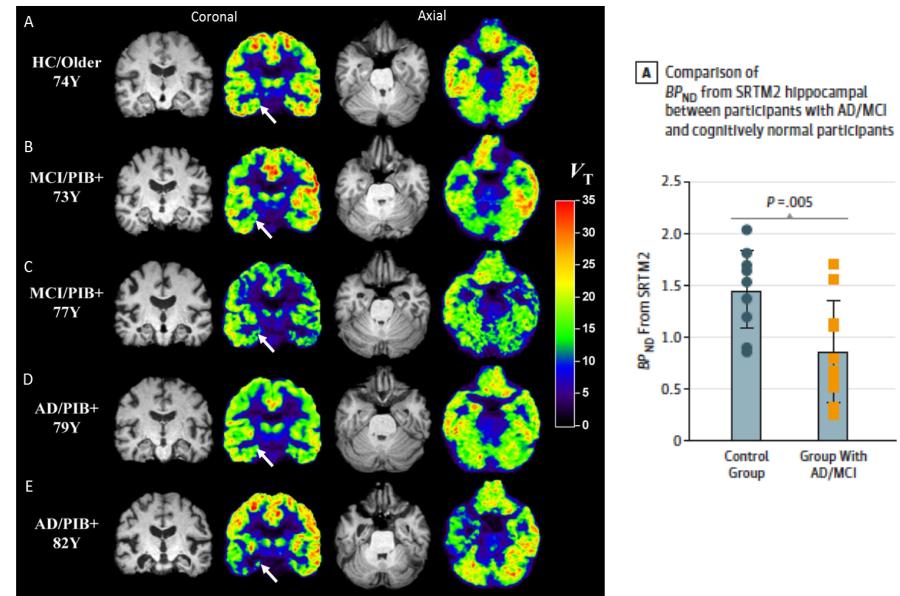


Tu et al. Molecular Neurodegeneration 2014, 9:48
<http://www.molecularneurodegeneration.com/content/9/1/48>

JAMA Neurology | Original Investigation

Assessing Synaptic Density in Alzheimer Disease With Synaptic Vesicle Glycoprotein 2A Positron Emission Tomographic Imaging

Ming-Kai Chen, MD, PhD; Adam P. Mecca, MD, PhD; Mika Naganawa, PhD; Sjoerd J. Finnema, PhD; Takuwa Toyonaga, MD, PhD; Shu-fei Lin, PhD; Soheila Najafzadeh, MS; Jim Ropchan, PhD; Yihuan Lu, PhD; Julia W. McDonald, BA; Hannah R. Michalak, BA; Nabeel B. Nabulsi, PhD; Amy F. T. Arnsten, PhD; Yiyun Huang, PhD; Richard E. Carson, PhD; Christopher H. van Dyck, MD

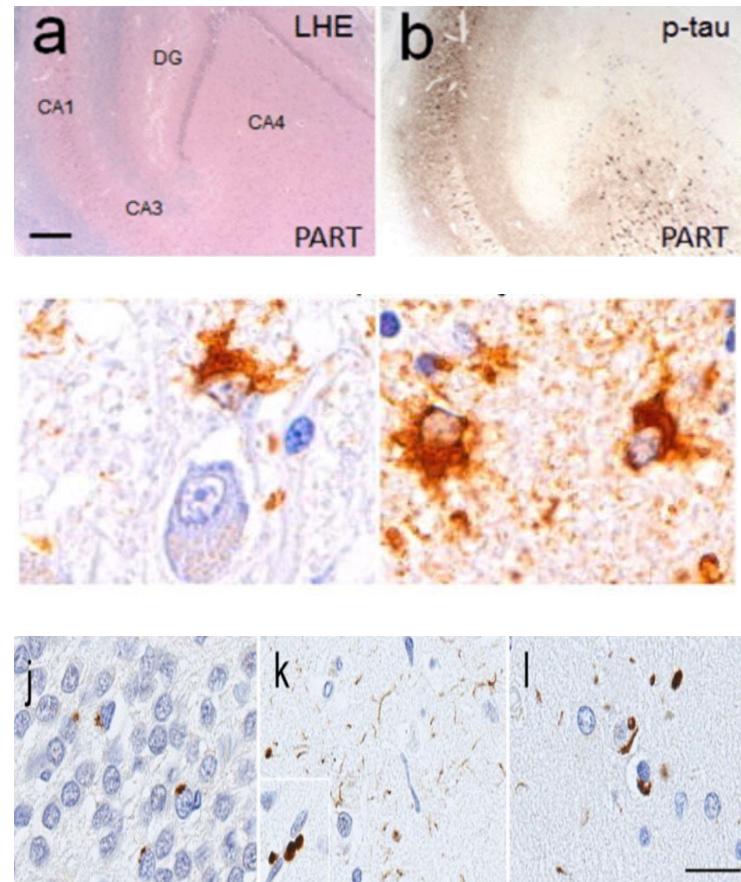


*in vivo Synaptic Function in AD/ADRD
 (NIA Contact; John Hsiao) (PAR-18-596)*

Emerging neuropathological entities relevant to the 2018 NIA-AA Framework

- A (-), T (-/+), N (+)

- PART, primary age related taupathy
- ARTAG, aging related tau astroglialopathy
- Limbic predominant Age related TDP disease (LATE)



Meeting report 10/18 to 10/19 2018

Limbic-predominant age-related TDP disease (LATE)

Diagnostic autopsy results:

LATE Neuropathologic Change (LATE-NC)

- Study of community-based autopsy cohorts show that LATE-NC is the second-largest associative contribution (among neurodegenerative conditions) to amnestic cognitive impairment in the aging population, with the same order of magnitude as AD plaques and tangles.
- Autopsied individuals with LATE-NC tend to have been diagnosed as AD in the clinical setting -- the disease preferentially affects episodic memory but may culminate in dementia.
- This disease is probably a large component of “SNAP” (suspected non-amyloid pathology) and in particular cases with “T-N+” biomarker profile. Hopefully, future studies will develop specific biomarkers for LATE-NC.

Planning committee

Pete Nelson (co-chair); Nina Silverberg (co-chair); Dennis Dickson, Julie Schneider, John Trojanowski, Helena Chui

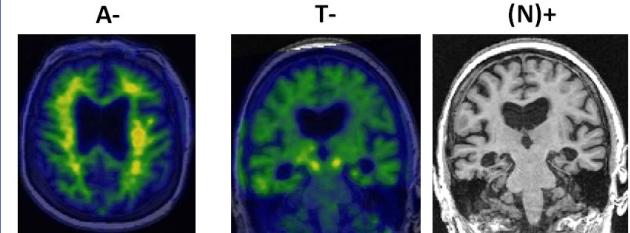
Meeting participants

Rosa Rademakers, Clifford Jack, Eliezer Masliah, Bud Kukull, C. Dirk Keene, Gabor Kovacs, Gregory Jicha, Irina Alafuzoff, Konstantinos Arfanakis, Linda Van Eldik, Patricia Boyle, Tom Montine, William Seeley, Melissa Murray, Robert Rissman, Margaret Flanagan, Allan Levey

Off-site participants

Su Nag, Lei Yu, Dave Fardo, Reisa Sperling, Shigeo Murayama, Keith Josephs, Claudia Kawas

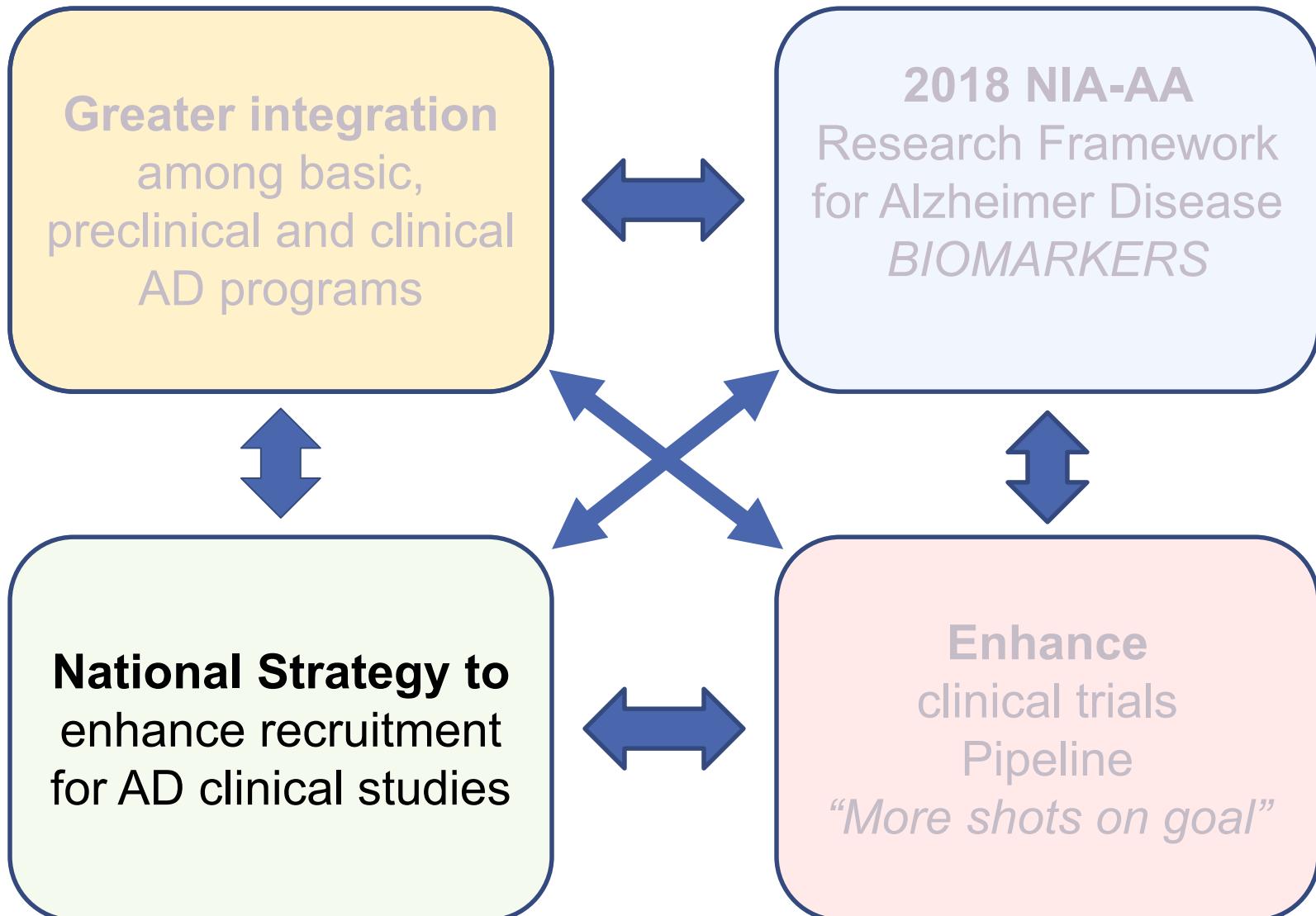
86 yo, F, progressive amnestic dementia. Clinic Dx “AD”.



New correct autopsy diagnosis:
LATE-NC with hippocampal sclerosis

Courtesy of Dr. Cliff Jack

Some NIA-AD Research Priorities



National Strategy for Alzheimer's Disease Recruitment and Participation in Clinical Research (ADRP)

- A. **National Efforts**- strategies that can lead to successful recruitment
- B. **Capacity building**- bolster infrastructure to enhance recruitment
- C. **Connecting at the local level**- best practices to build trusting relations

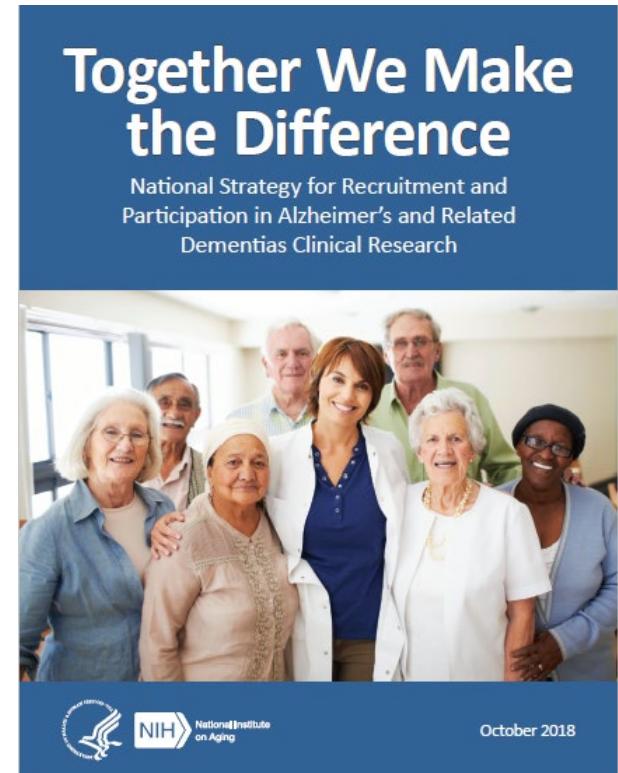
Funding Opportunity Title	Examining Diversity, Recruitment and Retention in Aging Research (R24 Clinical Trial Not Allowed)
Activity Code	R24 Resource-Related Research Projects
Announcement Type	New
Related Notices	None
Funding Opportunity Announcement (FOA) Number	PAR-18-749

NIA Contact: Cerise Elliott



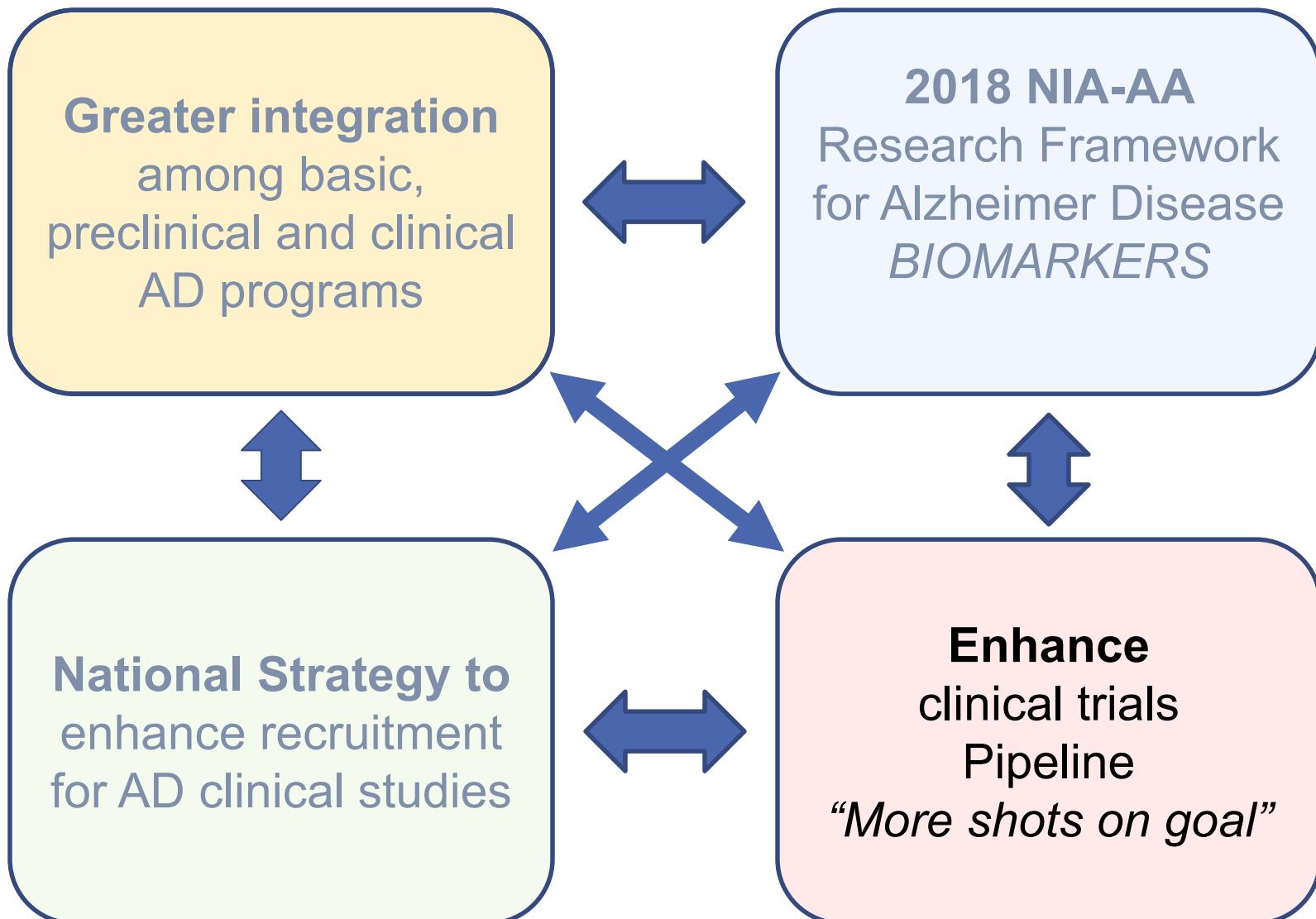
National Strategy for Recruitment & Participation in Alzheimer's & Related Dementias Research

- Released 10/19 at NAPA
- Developed with facilitation by Alzheimer's Association, input of working groups, & public
- Next steps: implementation – how can we work together?
- 10/23 #ResearchDiversity day on social media



www.nia.nih.gov/research/recruitment-strategy

Some NIA-AD Research Priorities



NIA- AD drug development pipeline toward 2025



	Drug Discovery		Drug Development		Early Stage Clinical Trials		Late Stage Clinical Trials	
Key	P8 (APP)	(NAC)-loaded DTDRN (Nitric oxide, ROS, IL1 β , TNF α)	NPT-440-1 (Amyloid Ion Channels)	NLRP3 inflammasome inhibitors	Posiphen (APP)	Vitamin D (Vit D receptor)	Solanezumab (Anti-A β antibody)	
A β	GAMMA-AApeptides (A β aggregation)	Nerve Growth Factor (TrkA receptor)	Tropisetron (F03) (APP)	CRAC Channel inhibitors	NGP 555 (γ -Secretase)	Valacyclovir (Anti-viral)	TBD (BACE1)	
Tau	CLR01 (A β clearance)	TrkB/TrkC ligand	THPI-244 (APP)	AAV2-BDNF (TrkB receptor)	ACI-24 (A β immunotherapy)		Gantenerumab (Anti-A β antibody)	
Neurotransmitter Receptor	CLR02 (A β clearance)	BDNF-Nanoparticles (TrkB receptor)	BNC-1 (γ -Secretase)	PEG-HCCs (Mitochondria)	CT1812 (Sigma-2 receptor)		CAD106 (Anti-A β antibody)	
Inflammation	Caspase-2 inhibitors	Human Neural Stem Cells	Tricyclic Pyrones (γ -Secretase)	EAAT2 activators	PTI-125 (Filamin A scaffold)		CNP520 (BACE1)	
Growth Factors and Hormones	HDAC61 SW-100 (Histone Deacetylases)	Interneuron Transplants	Amytrapper (A β clearance)	Tacrolimus (Calcineurin)	Nicotine (Nicotinic receptor)		Crenezumab (Anti-A β antibody)	
Neurogenesis	Inhibitors Tau oligomer formation	Parkin activators	ACU193 (A β immunotherapy)	CRAC Channel Inhibitors	LM11A-31 (p75 neurotrophin receptor)		Antihypertensive medicines	
Metabolism and Bioenergetics	Compounds increase Tau turnover	Hexa- & Octadecanamide (PPAR γ)	AV-1959 (A β immunotherapy)	Benzothiazole Amphiphiles (Spinogenesis)	T3D-959 (PPAR γ)		Aspirin	
Synaptic Plasticity/ Neuroprotective	Single domain Tau antibodies	Incretin receptor agonist	GISMO (Glycosaminoglycan)	Ryanodine receptor Modulatory compounds	Intranasal Insulin (Insulin receptor)		COX-1 receptor on platelets	
Oxidative Stress	pT231-Tau polyclonal antibodies	Cyclin A2 agonists	CT0093 (Sigma-2 receptor)	Furoxans (Cyclic GMP)	Benfotiamine (Synthetic Thiamine)			
ApoE, Lipids	GMF-Specific shRNA (Glia Maturation Factor)	Sigma-1 Receptor agonists	γ -Secretase Modulators	1,2,4-triazoles (Somatostatin receptor)	Nicotinamide Riboside (Mitochondria)			
Vascular	EP2 receptor antagonists	Compounds increase Klotho expression	Anti-Pyroglutamate-3 A β (Anti-A β antibody)	A03 (ApoE)	Levetiracetam			
Proteostasis/ Proteinopathies	CK2 inhibitors	Activators of Nrf2 translation	Cdk5 inhibitors	TFEB activators	Synaptic Vesicle Glycoprotein			
Multitarget	CD33 AD SNP mimic	A β 12-28P (ApoE)	EGCG (Dyrk1a)	Nomethiazoles (GABA, NO)	BPN14770 (Phosphodiesterase 4D)			
Other	NSAIDs (Kynurenone Pathway)	ApoE-antibodies and antisense oligonucleotides	Epothilone D (Microtubules)	JNK3 inhibitors	Allopregnanolone (GABA, PXR)			
	(NAC)-loaded DTDRN (Nitric oxide, ROS, IL1 β , TNF α)	Apo AI mimetic peptide (5A) Apo AI-HDL	YQW-036 (NMDA receptor)		2-hydroxybenzylamine (γ -ketoaldehyde)			
	Microglial Kv1.3 Channel Blocker	Proteosome agonists	MW151 (Cytokines)		Glutathione (Glutathione S-transferase)			
	CX3CR1 Agonist	α Syn aggregation inhibitors	Difluoromethylornithine (Ornithine Decarboxylase)		Gemfibrozil (Lipid)			
	CD59 (Complement)	LISPRO (GSK3 β , Inflammation)	PD2024 (TNF α)		DHA (Lipid)			
	TREM2 Modulator	IGP001 (JNK)	Lenalidomide (TNF α)		Candesartan (Angiotensin II receptor)			
					Lithium			



ACCELERATING MEDICINES PARTNERSHIP (AMP)

Progress over 4 years:

- Centralized data resource established- AMP-AD portal
- All data sharing deliverables met
- A variety of experimental validation models developed
- Novel biomarker discovery initiated
- Over 100 candidate targets nominated; currently undergoing data-driven prioritization for further preclinical validation

Candidate Targets

SNRNP70	TGFBR1	CCDC85C	RGS4
U1-A	TGFBR2	CIC	SCN2A
U1-C	BMPR1A	CSRPI	OLFM3
SNRPN	BMPR1B	DAB2IP	SLC22A10
SNRPB	CRHR1	FAM63A	ENAH
PLCD1	TREM2	FURIN	WVTR1
PTRHD1	TYROBP	HMG20B	LRP10
SFRP1	S100A8	IGFBP5	SYP
PPP1R7	S100A9	ISYNA1	PCSK1
DNNM3	P2RY2	KIF1C	KMO
RTN4	P2RK7	PAD12	PTTG1IP
EPB41L3	P2RY12	SLC38A2	MLIP
TUBB3	P2RY13	SNAP25	DLGAP1
PLEC	OSMR	STX1A	MOAP1
ANXA5	TLR4	STXBP3	PRKCB
MSN	CR1	SV2B	YAP1
CD44	CSF1R	SYT1	GNA13
LMNA	CX3CR1	SYT12	TRIM56
SP1	ZBTB47		
TNFRSF10A	VGF		
TNFRSF10B		PLXNB1	



agora.ampadportal.org

[View nominated target list](#)

A list of genes nominated by AMP-AD groups as targets of interest. Each AMP-AD team has deployed state of the art systems biology methods to integrate across genomic, transcriptomic, and proteomic data from over 2000 participant brains. Each target represents a gene with multiple lines of evidence and is a candidate driver of Alzheimer disease etiology.

[View all nominated targets](#)

Search for a gene

Please type a gene symbol in the search box below.

Search by gene name



Popular community searches

PIAS2

APC

SNX2



Open for business!

Partnerships with NGO's

Trans-NIH collaborations

Public private partnerships

Open science/data sharing

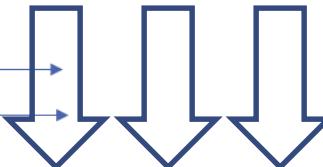
Enabling precision medicine

New PI's, early career,
junior faculty training



+\$425M for FY19

Pre-clinical to Phase I-II
(translation gap)



IIRG R21/R01's NIA-Drug discovery program R21/R01 NIA AD-Drug Development program (U01) NIA Clinical Trials program (R01)

Blueprint Neurotherapeutics (UH2/3)

SBIR (R43/44) Preclinical therapy development

New to the field



ADSP
AMP-AD
M²OVE-AD
Resilience-AD



MODEL-AD
AlzPED



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ADC/NACC
ADNI
NCRAD



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Health Scientist Administrator

Position Series/number: General Health Science Series, 0601

Grade Scale: GS-7, 9, 11 - 15, SES, Title 42, SBRS and Commissioned Corps

JOB DESCRIPTION

Health Scientist Administrators at the NIH are responsible for the initial administrative, scientific and technical review of NIH research grant applications pertaining to the scientific and technical fields. The duties and responsibilities of the Health Scientist Administrator include, but are not limited to; organizing and managing peer-review groups to evaluate research proposals on the basis of their scientific merit; managing extramural research and research training programs, and identifying research areas warranting either increased or decreased funding emphasis; developing requests for applications (RFAs) and Requests for Proposals (RFPs) designed to elicit research grant and contract proposals from the scientific community; providing technical assistance to applicants and grantees; serving as project officer on research contracts and program administrator/director on research grants; conducting site visits to applicant and grantee institutions to

Video Spotlight

Biologist

Health Science Administrator - Scientific Review Officer

Health Science Administrator - Program Officer