fyi from the NHLBI

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NIH's New RCDC System – A Brief Overview

The NIH is preparing to launch the new RCDC (Research, Condition, and Disease Categorization) public reporting Web site, which will provide a detailed account of NIH funding in 215 categorical areas.

The RCDC system uses a computerized process to identify grants, contracts, and intramural research projects that are relevant to specified research areas, conditions, and diseases. The system applies consistent definitions across all of the NIH's 27 Institutes and Centers (ICs), in contrast to the previous approach in which each IC categorized the research it funded according to its own definitions. Congress mandated the system change, which has been enabled by advances in data- and text-mining computer technology. The RCDC system generates an NIH-wide report for Congress and the public on the 215 categories.

You may notice differences from previous years in the reported funding for your area(s) of interest. If so, please keep in mind that the difference is a reflection of the change in the reporting approach rather than a sudden change in NIH appropriations or priorities. Also please note that as with the previous reporting approach, the numbers generated by the RCDC system will not add up to (and will almost certainly exceed) the total NIH budget because research projects typically fall under more than one category.

RCDC system benefits include consistent, transparent funding figures and a more useful organization of research projects. In addition, visitors to the RCDC Web site will be able to see all of the research projects in a particular category as well as detailed information about each project, such its funding level, title, NIH support mechanism (i.e., grant, contract, or intramural project), principal investigator(s), research institution at which it is to be conducted, NIH project identifier number, and funding IC.

The RCDC Web site (http://report.nih.gov/rcdc/) contains more information on the categorization process, frequently asked questions, and a contact email where you may direct questions. The RCDC funding data will be found on the new RePORT (Research Portfolio Online Reporting Tool) Web site (http://report.nih.gov/).

Inside

Upcoming NHLBI Workshops and Working Groups*

Workshop or Working Group	Date / Location	Contact for More Information
Working Group: Respiratory Medicine Related Research Training for Adult and Pediatric Fellows	March 3-4, 2009 Bethesda, MD	Herbert Y. Reynolds, M.D. reynoldh@nhlbi.nih.gov 301-435-0222
Workshop: Developmental Aspects of the Upper Airway	March 5-6, 2009 Bethesda, MD	Carol J. Blaisdell, M.D. blaisdellcj@nhlbi.nih.gov 301-435-0222
Primary Care Management of Sickle Cell Disease - Review of Treatment Guidelines	March 11-13, 2009 (May be delayed until Summer) Bethesda, MD	Harvey Luksenburg, M.D. luksenburgh@mail.nih.gov 301-435-0050
Workshop: Sleepiness and Health-related Quality of Life	April 13-14, 2009 Bethesda, MD	Michael Twery, Ph.D., twerym@nhlbi.nih.gov 301-435-0199
Converging Concepts in Cellular Therapy	April 23-24, 2009 Bethesda, MD	Traci Mondoro, Ph.D. mondorot@nhlbi.nih.gov 301-435-0052
Thalassemia: Clinical Priorities/Clinical Trials	May 20-21, 2009 Bethesda, MD	Harvey Luksenburg, M.D. luksenburgh@mail.nih.gov 301-435-0050

* PIO representatives will be accommodated on a space-available basis and will be responsible for their own travel expenses.

Our Website Gets a New Look

The NHLBI website has been redesigned with the goal of creating a visual brand with a higher level of consistency for the Institute; one that we hope will allow us to communicate more effectively with our constituents.

Several enhancements have been incorporated into the latest version. The Disease & Conditions Index (our most trafficked website) search box appears right on the homepage – so finding your answers is faster and easier, a new banner on the homepage highlights important public health initiatives and newsworthy events, and we have begun a larger initiative to continue to make improvements to the site.

As always, we welcome any feedback you have about the new website. If you have any comments, please send them to nhlbi_webinfo@nhlbi.nih.gov.

Mark Your Calendar . . .

January	National Blood Donor Month *(www.aabb.org)*
February	American Heart Month *(www.americanheart.org)*
6th	National Wear Red Day *(www.nhlbi.nih.gov/health/heart-truth)*
7-14th	Congenital Heart Defect Awareness Week *(tchin.org/aware)*
14th	National Donor Day *(www.organdonor.gov)*

NHLBI Research Initiatives

From time to time, the NHLBI invites investigators to submit grant applications or contract proposals for specific research programs. We are soliciting applications for the following new programs. Please visit the URL listed with each program to obtain information about important application dates and deadlines. For full descriptions of these and other current research initiatives, visit www.nhlbi.nih.gov/funding/inits/index.htm.

Summer Institute for Training in Biostatistics (SIBS) II (HL-09-009)
http://grants.nih.gov/grants/guide/rfa-files/RFA-HL-09-009.html
Objective: Develop, conduct, and evaluate six-week summer training courses in biostatistics using data from recent, highly visible studies of heart, lung, and blood diseases.

Translating Basic Behavioral and Social Science Discoveries into Interventions to Reduce Obesity: Centers for Behavioral Intervention Development (U01) (HL-08-013)
http://grants.nih.gov/grants/guide/rfa-files/RFA-HL-08-013.html
Objective: Establish up to eight research centers to translate findings from basic research on human behavior into more effective interventions to reduce obesity and promote cardiovascular health.

Airway Smooth Muscle Function and Targeted Therapeutics in Human Asthma (R01) (HL-09-007)
http://grants.nih.gov/grants/guide/rfa-files/RFA-HL-09-007.html
Objective: Investigate the complex role that airway smooth muscle plays in the development of human asthma and identify new therapeutic targets.

The Role of Cardiomyocyte Mitochondria in Heart Disease: An Integrated Approach (R01) (HL-10-002)
http://grants.nih.gov/grants/guide/rfa-files/RFA-HL-10-002.html
Objective: Develop an integrated understanding of cardiomyocyte mitochondria and their contributions to myocardial adaptations and heart disease progression.

Innovative Toxicity Assays of Pollutants, Therapeutics, and Drugs (STTR [R41/R42]) (PA-09-006/007)
http://grants.nih.gov/grants/guide/pa-files/PA-09-007.html
Objective: Develop, standardize, and validate new and innovative assays that determine or predict cardiotoxicity, pulmonary toxicity, or hematotoxicity resulting from exposures to chemicals, environmental pollutants, biologics, and drugs.

Circadian-Coupled Cellular Function in Heart, Lung, and Blood Tissue (R01) (HL-09-012)
http://grants.nih.gov/grants/guide/rfa-files/RFA-HL-09-012.html
Objective: Elucidate the molecular basis of circadian cycles in cellular function and gene expression, and determine the role of circadian timing in the organization of cellular pathways.

NHLBI Cardiac Development Consortium (U01) (HL-09-002)
http://grants.nih.gov/grants/guide/rfa-files/RFA-HL-09-002.html
Objective: Conduct collaborative basic research leading to a comprehensive understanding of the regulatory networks controlling cardiovascular development.

NHLBI Pediatric Cardiac Genomics Consortium (U01) (HL-09-003)
http://grants.nih.gov/grants/guide/rfa-files/RFA-HL-09-003.html
Objective: Conduct clinical and translational research on the genetic causes of congenital heart disease and on genetic contributions to outcome in individuals with congenital heart disease.

NHLBI Pediatric Translational Consortium Administrative Coordinating Center (U01) (HL-09-011)
http://grants.nih.gov/grants/guide/rfa-files/RFA-HL-09-011.html
Objective: Operate an Administrative Coordinating Center to serve the NHLBI Cardiac Development Consortium and the NHLBI Pediatric Cardiac Genomics Consortium.

Characterizing the Blood Stem Cell Niche (R01) (HL-09-010)
http://grants.nih.gov/grants/guide/rfa-files/RFA-HL-09-010.html
Objective: Characterize the cellular components and factors involved in the microenvironment that interacts with blood stem cells to regulate their fate.

Cardiac Translational Research Implementation Program (C-TRIP) (P20) (HL-10-001)
http://grants.nih.gov/grants/guide/rfa-files/RFA-HL-10-001.html
Objective: Accelerate the translation of recent research discoveries for the treatment and prevention of heart failure and arrhythmias into well-designed clinical trials that demonstrate the efficacy and safety of new therapeutic interventions.

Microbiome of the Lung and Respiratory Tract in HIV-Infected Individuals and HIV-Uninfected Controls (U01) (HL-09-006)
http://grants1.nih.gov/grants/guide/rfa-files/RFA-HL-09-006.html
Objective: Characterize the microbiome in the lung of HIV-infected individuals and matched uninfected controls.

Exploratory Studies in the Neurobiology of Pain in Sickle Cell Disease (R01) (HL-09-008)
http://grants.nih.gov/grants/guide/rfa-files/RFA-HL-09-008.html
Objective: Apply investigative modalities used by neuroscientists in the field of pain research to the understanding of pain in sickle cell disease.

National Heart, Lung, and Blood Advisory Council Meetings

September 9, 2008

Dr. Nabel welcomed members to the 231st meeting. Because the meeting was to be brief, most members participated via video-conference or telephone.

Dr. Nabel announced that Dr. Keith Hoots will join the Institute in January as Senior Advisor to the Director in the Division of Blood Diseases and Resources. He is currently Professor of Pediatrics and Division Head of Pediatric Hematology at the University of Texas Medical School at Houston, Section Head of Pediatric Hematology at the University of Texas M.D. Anderson Cancer Center, and Medical Director of the Gulf State Hemophilia and Thrombophilia Treatment Center.

In response to the recommendations of an advisory group convened by Dr. Nabel to review the Institute's global health program in light of the major impact of chronic disease worldwide, the Institute has embarked on several activities: requesting that the Institute of Medicine update its report on the epidemiology of cardiovascular disease worldwide; supporting bilateral training programs through partnerships with the Fogarty International Center and other NIH Institutes/Centers; and looking into a role for the Institute in programs that target chronic cardiovascular and pulmonary diseases in developing countries, focusing on training, surveillance, risk assessment, and primary prevention.

Dr. Nabel discussed the Institute's payline, noting that the Institute's funding scores have remained fairly stable over the last 3 to 4 years.

Dr. Nabel reported on two policy issues recently reviewed at the NIH. First, the NIH has decided to consider phasing out second amendments (A2s) to competing RPG applications. Secondly, the NIH is discussing how to focus support more effectively toward early-stage investigators, having found that a substantial portion of the "new investigators" it has recently supported were actually experienced researchers already established in other fields of science. Council members offered opinions and suggestions regarding both issues.

October 21, 2008

Dr. Nabel welcomed members to the 232nd meeting and acknowledged representatives of two NHLBI Advisory Committees: Dr. Robert Wise, representing the Heart, Lung, and Blood Program Project Review Committee, and Dr. Pamela Ouyang, representing the Clinical Trials Review Committee.

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News from Capitol Hill

Appropriations for Fiscal Year (FY) 2009

On September 30, 2008, the President signed H.R. 2638 the Consolidated Security, Disaster Assistance, and Continuing Appropriations Act (P.L. 110-329), as a short-term measure to continue funding for most of the government, including the NIH, until March 6, 2009. The continuing resolution provides temporary funding for FY 2009, which began on October 1, 2008, for the NIH at the FY 2008 level. It does not include the supplemental FY 2008 funding provided in June to the NIH in the amount of $150 million by P.L. 110-252 (see below).

On June 30, the President signed into law H.R. 2642 (P.L. 110-252), a Supplemental Appropriations Act, which provided additional funds for the 2008 fiscal year. The supplemental appropriation included $150 million for the NIH.

The Prenatally and Postnatally Diagnosed Conditions Awareness Act

On October 8, 2008, the President signed into law S. 1810 (Public Law 110-374), a measure that increases the provision of information and support services to families affected by Down syndrome or another prenatally or postnatally diagnosed condition, and authorizes the Secretary of the Department of Health and Human Services, acting through the Director of the NIH or the CDC, or the Administrator of HRSA, to award grants or contracts to coordinate the provision of evidence-based information regarding support services for those conditions.

President Signs Comprehensive Tuberculosis Elimination Act of 2008

On October 13, 2008, the President signed into law H.R. 1532 (Public Law 110-392), the Comprehensive Tuberculosis Elimination Act of 2008. The law amends the Public Health Service Act with respect to making progress toward eliminating tuberculosis and authorizes the NIH Director to expand, intensify, and coordinate tuberculosis research and development in the NIH institutes and centers.

Upcoming Events

Activity	Date/Location	More Information
National Heart, Lung, and Blood Advisory Council 233rd Meeting	February 10, 2009 Bethesda, MD	http://www.nhlbi.nih.gov/meetings/nhlbac/index.htm
National Sleep Foundation Pain & Sleep: A Clinical and Scientific Conference	March 1-2, 2009 Washington, DC	http://www.sleepfoundation.org/site/apps/nlnet/content2.aspx?c=huIXKjM0IxF&b=4440439&ct=6236981
Hemophilia Federation of America 2009 Educational Symposium	March 13-14, 2009 East Indianapolis, IN	http://www.hemophiliafed.org/site192.php
Daniella Maria Arturi Foundation The 10th International Consensus Conference 2009	March 14-16, 2009 New York, NY	http://www.dmaf.org/html/icc_meeting.html
Hereditary Hemorrhagic Telangiectasia 8th HHT Scientific Meeting	May 27-31, 2009 Santander, Spain	http://www.hht2009.com/GBR
Mended Hearts 57th Annual Convention	June 6-10, 2009 Orlando, FL	http://www.mendedhearts.org/frame-events.htm
Scleroderma Foundation 2009 National Patient Education Conference	July 17-19, 2009 St. Louis, MO	http://www.scleroderma.org/national_conference.htm
Histiocytosis Association of America National Conference on Histiocytic Disorders	August 1-2, 2009 Milwaukee, WI	http://www.histio.org/site/c.kiKTL4PQLvF/b.4764623/
Cardio-Facio-Cutaneous Syndrome International 2009 CFC International Conference	August 2-4, 2009 Berkeley, CA	http://www.cfcsyndrome.org/conference.shtml
Narcolepsy Network 2009 Annual Patient Conference	October 23-25, 2009 Jacksonville, FL	http://www.narcolepsynetwork.org

Science Advance from the NHLBI: Findings Hold Promise for Improved Diagnosis of Peripheral Arterial Disease

Peripheral arterial disease (PAD)—reduced or blocked blood flow, usually to the legs, due to buildup of plaque in the arteries—affects 8 to 12 million people in the United States, many of them elderly. Smokers and people with diabetes are especially prone to PAD. Patients can experience debilitating pain that inhibits their ability to walk, and they are at especially high risk of developing heart disease or stroke. Because many persons with PAD do not experience identifiable symptoms, diagnosis and treatment are often delayed, with serious consequences that can lead to leg amputation or even death.

Researchers recently identified substances in blood that could potentially be used as biomarkers for improved diagnosis of PAD. Analyzing blood samples from study participants, the researchers discovered that blood levels of three substances (sTie2, Ang2, and VEGF) known to promote angiogenesis (the growth of new blood vessels) were significantly higher in participants with PAD than in healthy controls. Moreover, severely affected participants had significantly higher levels of two of the substances (sTie2 and VEGF) than patients with mild PAD.

The findings raise the possibility that a blood test based on these angiogenic biomarkers may provide an additional, reliable diagnostic measure of PAD—one that can identify patients early and distinguish between mild and severe PAD. Such a test would allow doctors to begin treatment earlier and could also help them monitor and evaluate a patient's response to treatment.

Constituents' Corner

Vlady Rozenbaum, Ph.D., Founder-Administrator, COPD-ALERT, was a featured speaker at the Polish-U.S. Symposium on Reducing the Burden of COPD, held October 10, 2008, in Warsaw, Poland. The event was sponsored by the Polish Academy of Sciences and the Warsaw Medical University. Professor Jan Zielinski, an eminent Polish pulmonologist and a member of COPD-ALERT was one of the Polish speakers. Drs. Bartolome Celli, Richard Casaburi, and Richard ZuWallack were the other members of the U.S. delegation.

Additionally, Maryland Governor Martin O'Malley issued a proclamation declaring November 19, 2008, as Chronic Obstructive Pulmonary Disease Day. To view the proclamation, please visit http://www.copd-alert.com/MdGov.pdf.

Submitted by COPD-ALERT

We invite you to use this space that we reserve for you to share your successes and opinions. You may submit your ideas and articles to nhlbi.listens@nih.gov or Public Interest News, Office of Science and Technology, Building 31, Room 5A07, 31 Center Drive, MSC-2482, Bethesda, MD 20892-2482.

Please send your Constituents' Corner submissions no later than the second week of April, August, or December for inclusion in the May, September, or January issues of FYI from the NHLBI, respectively.

October 2008 Advisory Council Meeting

Continued from page 4

Dr. Nabel noted two upcoming changes in NHLBI personnel: Dr. Marvin Konstam, Senior Advisor to the Director for Cardiovascular Diseases, is returning to Tufts University and Dr. Keith Hoots will join the Institute in January as the Director of the Division of Blood Diseases and Resources (DBDR). Dr. Nabel acknowledged the efforts of Dr. Susan Shurin, Deputy Director, NHLBI, who has been serving as DBDR Acting Director.

Dr. Nabel thanked the five Council members who are retiring: Dr. Charles Esmon, Dr. Katherine High, Ms. J. Hoxi Jones, Dr. Jeffrey McCullough, and Dr. Patricia Wahl.

Dr. Nabel announced that the NIH is operating under a Continuing Resolution, in effect through March 6, 2009, and may have to operate under the Continuing Resolution for the entire fiscal year. She assured Council that the Institute will do its best to continue its support of research project grants as well as other innovative programs.

Dr. Nabel discussed new NIH policies being developed to foster new and early stage investigators and updated the Council on progress in implementing recommended actions resulting from the recent NIH-led study of the NIH peer review system. She also discussed the new policy regarding applications, which will permit only a single amendment (A1) and will eliminate second amendments (A2s).

Dr. Carl Roth, Associate Director for Scientific Program Operation, NHLBI, presented an analysis of funding patterns for initial (A0) and amended (A1 and A2) applications and estimates of the benefits of eliminating A2s.

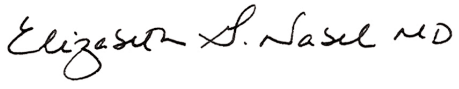
Dr. Jeremy Nicholson, Head of the Department of Biomolecular Medicine, Imperial College, London, described his model of the complex human biological system, including genetics, environment, diet, and the microbiome (i.e., the entire set of microbes living in a person's body). He suggested that the microbiome is a potential new target for drugs and that various diseases (e.g., hypertension and obesity) may be related to microbiome activity.

Dr. Keji Zhao, Senior Investigator, Laboratory of Molecular Immunology, NHLBI Division of Intramural Research, discussed his research in the area of epigenomics—a field that involves the study of changes in the regulation of gene activity and expression that are not dependent on gene DNA sequence.

NHLBI staff presented 7 new initiatives and 8 renewals, all of which had been reviewed in October by the Board of External Experts. The Council was supportive, but made some specific recommendations for consideration prior to their release.

Need More Information?

We are always interested in receiving comments and suggestions from the community. If you or your organization have questions for me or for the Institute, please contact me at nabele@nhlbi.nih.gov or Dr. Carl Roth at rothc@nhlbi.nih.gov.



Elizabeth G. Nabel, M.D.
Director, NHLBI

For information on specific issues, the following contacts may be helpful:

- For health-related questions and publications, please contact the trained information specialists at the NHLBI Information Center (NHLBIinfo@nhlbi.nih.gov) or write to the Information Center at P.O. Box 30105, Bethesda, MD 20824-0105.
- For communications pertaining to NHLBI policies and priorities, contact the NHLBI Office of Public Liaison (nhlbi.listens@nih.gov).
- For additional information regarding NHLBI events, consult the references provided or www.nhlbi.nih.gov/calendar/nhcal.htm. Most other NIH Institutes and Centers also maintain calendars on their Web sites. Links to their Web pages are at www.nih.gov/icd.