ENDOCRINE Insider
THE ENDOCRINE SOCIETY
Your Connection to Health & Science Policy

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Society Set to Launch Pilot Bridge Grant Program

The Endocrine Society will begin accepting applications for bridge grants in October, and will award the first round of grantees in February, 2007. This pilot program is open to members conducting basic or clinical research anywhere in the world who have experienced an interruption of funding.

As many as ten one-year grants of up to $50,000 each will be awarded in 2007. The funds are approved for direct research costs and are expected to provide investigators the ability to continue working on promising projects and to retain key personnel while seeking outside funds. Bridge funding should provide researchers the means with which to strengthen their research proposals for resubmission to national agencies or major foundations, thus improving the chances of the proposal being re-funded.

Eligibility requirements of the Bridge Grant include, but are not limited to, the following:

- Must have been a member of The Endocrine Society for three consecutive years immediately prior to grant application and maintain membership throughout the award period.
- Must be a full time faculty member and have an established history of funding from a federal agency or other source for at least three years prior to application for a Bridge Grant.
- Must have been denied funds for a grant application submitted to a federal agency or other large funding source, while ranking within the top quartile of applications.

The Bridge Grant Program will assist members during this period of limited funding opportunities; however, it is not a permanent solution. Congress is likely to approve an NIH budget for FY2007 that, adjusted for inflation, is an effective decrease in the overall budget for the institution. This funding cut leaves our basic and clinical scientists in a funding crisis with no immediate end in sight. The Endocrine Society will continue advocating for all members, researchers and practitioners alike, to ensure that they are able to advance the science and medicine of endocrinology and to provide the best possible care to patients with endocrine disorders.

Please visit The Endocrine Society's Web site for detailed eligibility requirements and application materials. http://www.endo-society.org/publicpolicy/bridge-grants/index.cfm.

Society Comments on Transition from GCRCs to CTSAs

The Endocrine Society has submitted comments to Elias Zerhouni, Director of NIH, regarding the reissuance of the institutional clinical and translational science award (CTSA) request for applications. The letter states the Society's support for transforming the clinical research enterprise of this country from the current system of general clinical research centers (GCRCs) to centers that will operate under CTSAs. However, the letter also states the Society's concerns about the logistics of the transition and calls on NIH to give ample consideration to making the transition as smooth as possible. Developed by the Society's Clinical Research Subcommittee of the Research Affairs Committee, the comment letter emphasizes the need to protect the careers and research of investigators who are currently working in GCRCs.

As reported in *Endocrine Insider* last year (October 20, 2005), NIH GCRC grants will be phased out by 2010, and clinical and translational research will transition to CTSAs. The executive summary of the CTSA RFA states that the purpose of CTSAs is to foster the development of institutes or centers that will serve as academic homes for scientists engaged in clinical and translational science. Whereas the current system supports the separate enterprises of translational research and clinical investigation, the vision for the new system is to streamline the process by which new discoveries are translated into improved patient care. The hope is that by providing researchers a collaborative home, CTSAs will provide an opportunity for translational science and clinical research to merge, and that a cohesive, more efficient system will evolve to enhance the translation of basic discoveries into clinical practice.

During the transition, GCRC applications will continue to be accepted such that no GCRC will be in danger of losing funding until 2010. It is expected that most institutions that are now operating as GCRCs will, over the course of the next several years, be part of a CTSA application. Many of them will be funded under the CTSA RFA and would therefore no longer need to be funded as a GCRC. NIH hopes that by phasing out GCRC grants gradually, there will be minimal attrition. The Society acknowledges this attempt to minimize hardship, but urges NIH to give further consideration to additional innovative ways to achieve the goal of minimal attrition.

The Society's letter was submitted to the Office of the Director on September 12, 2006. http://www.endo-society.org/publicpolicy/legislative/letters/upload/Signed_CTSA_Letter_9.pdf.

Society Teams with FASEB on Breast Cancer *Breakthroughs*

The Endocrine Society has again collaborated with the Federation of American Societies for Experimental Biology (FASEB) to produce a new article in the *Breakthroughs in Bioscience* series. "Breast Cancer, Tamoxifen and Beyond: Estrogen and Estrogen Receptors," released by FASEB in August, describes how decades of basic research have led to the current treatment paradigms for breast cancer. Several Society members took active roles in writing the article, including Donald P. McDonnell, who served as the scientific advisor for the project, and Richard Santen and V. Craig Jordan, both of whom served as scientific reviewers.

This is the second time the Society has teamed with FASEB to create an article with an endocrine focus for the *Breakthroughs* series. The illustrated articles in this collection tell the stories of the development of treatments for various diseases from basic seminal discoveries through the definitions of biological pathways involved in disease. The articles highlight the contribution of basic science to the improvement of public health, emphasizing the somewhat serendipitous nature of events that ultimately prove to be transforming to health and well-being.

The narrative format of the *Breakthroughs* articles provides an effective means of advocating for federal research funding, and the series was designed for advocacy, as well as educational, purposes. "Breast Cancer, Tamoxifen and Beyond: Estrogen and Estrogen Receptors" tells the intertwining stories of the discovery of estrogen and estrogen receptors, their connection to breast cancer, and modern treatments of breast cancer that affect the action of estrogen. Tamoxifen and Raloxofene, both originally designed as contraceptives, are highlighted as estrogen modulators that are effective in the fight against both breast cancer and osteoporosis.

This latest effort by The Endocrine Society and FASEB explains the path to one of the most successful cancer treatments of modern medicine, and highlights the value of endocrine research. You may access the new article at: http://opa.faseb.org/pdf/Breast_Cancer_Breakthru.pdf. To obtain a professionally printed copy of either of the *Breakthroughs* that The Endocrine Society co-sponsors, please contact Lisa Marlow at lmarlow@endo-society.org.

House Energy and Commerce Committee Passes NIH Reauthorization Bill

Capitol Hill has been largely focused this week on improving the federally funded scientific enterprise. Congressman Joe Barton (R-Tx), Chairman of the House Committee on Energy and Commerce, has introduced The National Institutes of Health Reform Act of 2006, a bill that calls for reauthorization of the National Institutes of Health (NIH). Chairman Barton has pushed to have the bill considered during this session of Congress, and there has been considerable movement of the legislation. The Energy and Commerce Committee held a hearing on the bill on Tuesday, September 19. The panels' comments and a web cast of the hearing may be accessed at http://energycommerce.house.gov/108/Hearings/09192006hearing2031/hearing.htm. The committee considered the bill on Wednesday, September 20, and voted 42-1 to pass the legislation.

Reauthorization of federal programs serves dual purposes. First, it is the official means by which Congress allows programs to continue receiving tax dollars from appropriators. Second, reauthorization often entails some reorganization of the program, ostensibly to improve efficiency. In the case of the NIH Reform Act of 2006, the reauthorization is intended to make NIH more transparent, and to strengthen cross-disciplinary or trans-institute research ventures. The bill calls for increased funding for, and the restructuring of, the agency.

Chairman Barton engaged the scientific community in the crafting of the final bill. The Endocrine Society collaborated with many other societies through our membership in the

Federation of American Societies for Experimental Biology (FASEB) to present a unified voice and make sure that our concerns were heard.

Barton's bill proposes an overall increase in the NIH budget of up to 5 percent per year for the next three years. The language of the bill is stated in dollar amounts, rather than percentage, so that if there is a less than 5 percent increase one year, there can be an increase of more than 5 percent the following year to make up for it. In other words, stating the increase in dollar amounts rather than percentages eliminates the propagation of a slight increase that might occur during a lean fiscal year.

One of the other major provisions of the bill is the establishment of a Common Fund, which would be managed by the Office of the Director of NIH. The spirit of the Common Fund is to provide research dollars to projects that have broad reaching impact and address a pressing need in the biomedical community. The original concept was to rapidly increase the Common Fund to 15 percent of the overall NIH budget in a matter of a few years, regardless of whether the overall NIH budget increases, and to have the funds dispersed at the discretion of the NIH Director. These stipulations were not received well by the scientific community, which understands the value of investigator initiated research.

During the course of discussions, Barton agreed to limit the Common Fund to 5 percent of NIH's overall budget, a percentage that will be reached gradually. Also, the percentage of the overall budget that will go to the Common Fund will only increase if the overall NIH budget increases. He also agreed to include language in the bill to indicate that a large portion of the Common Fund should be used to fund investigator initiated research.

Another of Barton's original ideas was to reward institutes for engaging in trans-NIH research by adjusting appropriations based on the number of inter-disciplinary projects each institute supports. This was another sticking point among scientists, as there was concern about collaboration for the sake of collaboration, rather than for the sake of advancing science. Barton yielded on this point as well, removing this provision from the bill. The bill language now states that there will be no change to appropriators' ability to provide funds for individual institutes.

Two other new provisions of the NIH Reform Act of 2006 are the establishment of a formal public review process to take place every seven years to examine the organizational structure of NIH and the implementation of an agency-wide reporting system. Both of these processes are intended to increase the transparency of NIH, to improve the day-to-day operations of the agency, and ultimately to improve communications among distinct scientific disciplines to encourage and support collaborative research endeavors.

Few Endocrinologists Available to Treat the Rise in Diabetes

In a recent issue of Philadelphia Inquirer, endocrinologist and member, Dr. Arthur Chernoff, was quoted, "There are lots of diabetics in the city (Philadelphia) and very few of me to take care of them." Dr. Chernoff was referring to the fact that in Philadelphia, 10.9 percent of the population has diabetes, but there are only 55 endocrinologists in the city.

Philadelphia, which has one of the highest concentrations of hospital beds in the nation, has experienced a drop in the number of endocrinologists available to treat this growing patient demand. The increased vacancy rate within this specialty can be attributed to retiring doctors and salaries that fall below those of other specialties, such as cardiologists. According to the Medical Group Management Association, the median salary for a non-invasive cardiologist in the Northeast is almost $143 thousand more than an endocrinologist in that same area.

Dr. Chernoff was quoted as saying that "he does not think every diabetic needs an endocrinologist, but some certainly do. This is a chronic disease and you need someone who understands systematic implications for the disease over time. Endocrinologists are more likely to understand the patchwork of new medications doctors are beginning to prescribe."

To read the entire article from the Philadelphia Inquirer go to: http://www.philly.com/mld/inquirer/15504073.htm?template=contentModules/printstory.jsp

For questions regarding articles listed in *Endocrine Insider* or information on advocacy and policy activities within The Endocrine Society, contact the Government & Professional Affairs department:

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