Cardiovascular News

Fiscal Year 1994
Great Expectations

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Fiscal year 1994, which began last October 1st, has presented the National Heart, Lung, and Blood Institute (NHLBI) with both familiar difficulties and unique challenges that may be of interest to the readership of Circulation. The strategies and initiatives described below reflect the institute’s commitment to maintaining the stability and momentum of the research enterprise while taking full advantage of compelling new scientific opportunities.

With regard to its policies for funding investigator-initiated research grants, the institute is once again pursuing an approach that aims to avoid across-the-board reductions yet holds cost increases to a modest level. Generally speaking, new research project grants are being awarded at the level recommended by the National Heart, Lung, and Blood Advisory Council, with appropriate programmatic adjustments for overlap with other support, evaluation of equipment needs, and other considerations specific to a particular application.

Competing renewal grants are limited to a 10% increase over direct costs awarded for the last year of the preceding project period or the Council’s recommended level, whichever is less. If the proposed award represents a reduction from Council-recommended costs of more than 25%, the institute may negotiate commensurate revisions in the work scope with the applicant institution. In light of this restriction on the growth of grants, it should be clear that investigators who contemplate a significant expansion of their research program would be well advised to develop and submit the expanded project as a new grant application.

Generally, future year commitments listed on the Notice of Grant Award reflect an annual 4% escalation over the previous year or the Council’s recommended amount, whichever is less. The institute may adjust this amount for programmatic needs in selected cases. Similarly, noncompeting renewal grants are being awarded at the level indicated on the previous award notice except for specifically identified adjustments based on such factors as programmatic reasons, unbudgeted balances, or overlapping support.

When necessary, the institute will continue to use its value function model (see September 1993 Circulation) to aid decisions on selecting competing grants that will receive funding. It is worth noting that the fiscal year 1994 establishment of a “set-aside” for program project grants (see November 1993 Circulation) made it unnecessary to use the value function to prioritize grants considered at the October 1993 Council meeting; that is, we were able to fund the required number of research project grants, within the allocated budget, according to scientific merit ratings. In making funding decisions about program project grants, the institute reviews each subproject’s priority score and its relationship to the overall program. Subprojects having less favorable priority scores than the payline for regular research grants are deleted from the program project grant.

As with regular research grants, the institute has imposed restraints on the growth of program project grant budgets. New program projects awarded in fiscal year 1994 may not exceed $1,040,000 in direct costs; competing renewals within the confines of the Council’s recommended level can receive the larger of a 10% increase over the last year of the preceding project period or $1,040,000. Investigators planning to submit new program project grant applications for funding in fiscal year 1995 (application due dates of February 1, June 1, and October 1, 1994) should bear in mind that direct costs requested may not exceed $1,080,000 for the initial year of the grant and that annual cost increases for subsequent years are limited to 4%. Competing renewal applications may request the larger of $1,080,000 or a 10% increase over the last noncompeting year.

The funding policies described above reflect the overall goals of the National Institutes of Health Financial Management Plan. We believe they represent a fair and reasonable approach to providing support for investigator-initiated research.

Turning to the subject of NHLBI-initiated research, I would like to highlight several of the new programs included in our implementation plan for fiscal year 1994.

Gene therapy is an area of great interest to the institute because it holds considerable promise for cure of diseases that come under our mandate. Two in particular, hemophilia and sickle cell disease, are the focus of special solicitations this year. At the same time, the institute is encouraging basic research studies aimed at using stem cells as vehicles for gene therapy as well as development of methodologies for in utero hematopoietic stem cell transplants to cure genetic diseases that are currently amenable to treatment by conventional marrow transplantation. Another planned initiative will use gene targeting to develop animal models of cardiovascular diseases.

Major new clinical research activities include a clinical trial to determine whether the addition of β-blockers to standard therapy reduces mortality and left ventricular function decline among patients with congestive heart failure.
heart failure. In the lung disease program, a network of clinical centers is being established to facilitate timely, high-quality assessment of new pharmacological therapies for adult respiratory distress syndrome.

Diagnosis of ischemic heart disease in women is a difficult clinical problem that will be addressed by research to improve the reliability, safety, efficiency, and cost-effectiveness of approaches to evaluating women with chest pain. Another program is designed to uncover the role of sex hormones in the physiology and pathophysiology of the coronary vasculature. The insights gained from this basic research are expected to suggest new approaches to reduce the higher incidence of coronary diseases in men and postmenopausal women compared with premenopausal women.

The institute’s long-standing interest in behavioral approaches to disease prevention and control is also reflected in its fiscal year 1994 plans. A multicenter clinical trial will determine whether interventions to promote physical activity can improve the cardiovascular health of sedentary men and women at elevated risk for coronary heart disease. Demonstration projects will be supported to evaluate whether public health education can improve early recognition of symptoms of acute myocardial infarction and reduce delay time in seeking treatment. A new asthma management research program will develop and evaluate innovative, school-based programs to ensure optimal school participation and performance for children with uncontrolled asthma. Model programs will be developed with special emphasis on rural minority and inner-city populations.

We look forward to the community’s enthusiastic and thoughtful response to these and other NHLBI-initiated research programs. They represent a range of timely research opportunities that will require the dedicated effort of experts in a wide variety of basic and clinical disciplines. We have great expectations that the discoveries they yield will provide important new tools for improving the public health.
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