NICHD Director’s Report
June 8, 2017

Diana W. Bianchi, M.D.
Director, NICHD
Outline of My Talk Today

- Budget Update
- Vision Update
  - Communicate the Message
  - Building Bridges
  - Training Scholars
  - Shared Data and Resources
- Other Items of Interest
  - Grant Support Index
  - Implementation of Cures Act
  - Pediatric Inclusion
  - RCDC
• FY 2017 Omnibus Budget $1.38 billion (+40.5 million for NICHD)
• President’s Proposed FY 2018 Budget
  • NIH congressional justification for FY 2018 requests a little over $1 billion for NICHD
  • The proposed NICHD budget for FY 2018 is approximately $345 million (or nearly 25 percent) less than NICHD’s FY 2017 appropriation
  • NICHD leadership is working to soften the impact of any cut to our budget
FY 2018: Case for Optimism

May 2, 2017

“What we did once, and we did twice, we can surely do thrice.”
Staffing Update

• Hiring freeze is still in effect, including special government employees (Council members)
A Review of My Vision from January’s Council Meeting
My Vision for NICHD-I

- Define “our brand” (what is our focus?)
  - Communicate the message
- Listen to the Voice of the Patient
- Advocate for personalized medicine in pediatrics, obstetrics and rehabilitative medicine
- Build bridges between other NIH Institutes, external organizations
- Integrate obstetrics and pediatrics research at NICHD; take the long view (DoHaD)
My Vision for NICHD-II

• Analyze best way to identify and support trainees most likely to succeed
• Stress the importance of data science and sharing to leverage our investments
• Increase access to clinical trials for pediatric and obstetric patients, extramurally and intramurally
• Catalyze innovation
• Emphasize the “A” (for “Advice”) in the Advisory Council
What Has Been Done Since January?
Communicate our Message

- Website Update
- Advocacy
  - Friends of NICHD
  - Congressional Visits
  - Voice of the Patient
Draft Web Site Design
Friends of NICHD

Breakfast meeting on Capitol Hill
Congressional Visits
Listen to the Voice of the Patient

Welcome to Mrs. Kristine Ribas!
Building Bridges

• **Internal**
  - NICHD and NHGRI
  - *All of Us*, various IC Directors
  - Integrate obstetric and pediatric research
  - Established lab at NHGRI

• **External**
  - Visits to area hospitals
  - Gates Foundation
    - Discovery and Translation Panel
    - G-CAPR
    - BMGF
  - Professional Societies
  - Academic Leaders
Held a meeting on May 18 with NICHD and NHGRI to discuss additional collaboration opportunities.
Ensure Representation of NICHD Populations in Trans-NIH Initiatives

- Meetings held with Eric Dishman, Director and former VP at Intel & Stephanie Devaney, PhD, Deputy Director
- NICHD’s representatives include Alison Cernich, Germaine Buck Louis and Cathy Spong
- Tina Cheng, MD, Chair of Pediatrics at Hopkins is on Advisory Committee
Integrate Obstetrics and Pediatrics Research at NICHD

Spoke at meetings of the NRN and the MFMU to encourage piloting approaches to integrating data.
Established Prenatal Genomics and Therapy Section at NHGRI
Visiting Area Hospitals

• **Goal**: to identify opportunities for collaboration, including sub-specialists to help us with pediatric clinical research at NIH’s Clinical Center

• **Visits to date**:
  - Walter Reed National Military Medical Center
  - Children’s National Medical Center
  - Johns Hopkins visit is scheduled for June
NIH-Bill and Melinda Gates Foundation Partnership

Working groups with NICHD participation:

• Maternal, newborn and child health
• Contraceptive research
• Met on June 2, 2017

G-CAPR

Discovery and translation expert panel
Training Scholars to Ensure Success

• Investing our training dollars in the people most likely to succeed

• Training and Career Development as a % of Extramural Budget 1983-2015

Essentially stable over 30 years: no changes planned
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Relative % of Funds Committed to Individual vs. Institutional Training by NIH Institute (FY2014)
Funding Rates for NICHD K08 and K23 Awards
Application and Funding Rates for K and K12 Scholars Supported in 1999-2001 and applying for subsequent NIH grants

*Significantly different from Indiv EC K only
\textit{OR}: 4.9, 95\% \textit{CI}: 1.8-13.6; Fisher’s exact test: \( p < .001 \).

*Significantly different from Indiv EC K only
\textit{OR}: 3.1, 95\% \textit{CI}: 1.5-6.3; Fisher’s exact test: \( p = .001 \).
Proportion of NICHD Expenditures by Fiscal Year and Grant Type
Shared Data and Resources

NICHD’s Commitment to Shared Resources

• Data and Specimen Hub (DASH)
• Placenta Atlas Tool
• Bio Specimen Repository and Clinical Data Task Force
Centralized resource for researchers to store and access de-identified data from studies supported by NICHD

Can help investigators meet NIH’s data sharing requirements for their own studies and find others’ study data for secondary analyses

Aims to accelerate scientific findings and improve human health

Launched in August 2015 and governed by the NICHD DASH Committee

**Study Topics Represented in DASH**

(Number of studies in parentheses; some studies with overlapping topics)

- Autism Spectrum Disorder (1)
- Children’s Bone Health and Calcium (1)
- High Risk Pregnancy (2)
- HIV/AIDS (21)
- Infant Care and Infant Health (3)
- Infant Mortality (1)
- Labor and Delivery (2)
- Necrotizing Enterocolitis (1)
- Pharmacology (2)
- Preconception Care and Prenatal Care (1)
- Preeclampsia and Eclampsia (2)
- Pregnancy (9)
- Preterm Labor and Birth (6)
- Rehabilitation Medicine (1)
- Stroke (1)
- Sudden Infant Death Syndrome (1)
- Women’s Health (1)

**Summary**

- **41** Studies Available
- **17** Study Topics
- **8,300+** Users
- **47** Data Requests

Questions? Contact supportdash@mail.nih.gov.

For NICHD studies not archived in DASH, visit: https://dash.nichd.nih.gov/Resource/LinksToOtherArchives.

Last Updated 05/31/2017
First Publication That Used the DASH Resource

ORIGINAL ARTICLE
Racial and social predictors of longitudinal cervical measures: the Cervical Ultrasound Study

EW Harville¹, KS Miller² and LR Knoepp³

OBJECTIVE: To evaluate whether the racial and socioeconomic disparities are present in adverse cervical parameters, and, if so, when such disparities develop.

STUDY DESIGN: A prospective cohort study was conducted. 175 women with a prior preterm birth had up to four endovaginal ultrasounds between gestational weeks 16 and 24 (Cervical Ultrasound Trial of the MFMU). Each sociodemographic factor (race/ethnicity, marital status, insurance funding and education) was examined as a predictor of short cervix or U/funnel shape, using multiple logistic and linear regression. Changes in the cervical length and shape across pregnancy and after pressure were also examined.

RESULTS: The strongest associations were seen between race and government-funded insurance and short cervix and U shape per funnelling (race and length < 25 mm per funnel: adjusted odds ratio (OR) 5.52, 2.24 to 13.63; government-funded insurance and length < 30 mm per funnel: adjusted OR 3.10, 1.34 to 7.15). Changes in cervical length were not associated with sociodemographics.

CONCLUSION: African-American race and, to a lesser extent, insurance funder, are associated with cervical length and shapes that have been associated with preterm birth, and those properties are present largely early in pregnancy.

Journal of Perinatology advance online publication, 12 January 2017; doi:10.1038/jp.2016.240
Other Items of Interest
Principal NIH Deputy Director Dr. Larry Tabak will present detailed information later today.

• Inclusion of Children in Clinical Research
• Task Force on Research Specific to Pregnant and Lactating Women
• National Pediatric Research Network
• Global Pediatric Research
• Medical Rehabilitation Research
Summary of Pediatric Inclusion Data at NIH

Presented at Inclusion Across the Lifespan Workshop on June 1, 2017

• Analysis of What Researchers Originally Planned to Do (Grants)
• Review of a Major Publication as Indication of Actual Participant Cohort
Summary of Key Results

• **Inclusion**: ~65% of all NIH grants plan to include children <21; about half of those plan to include children <18.

• **Analysis**: In 60% of NIH phase III clinical trial grants that planned to include children, researchers did not plan to analyze results by age.

• Over 80% of NIH phase III clinical trial grants published results within 5-7 years of the start of funding.

• **Inclusion**: ~25% of grants stated they intended to include subjects <18, but did not include children <18 in published results.

• **Analysis**: 36% of grantees differed from their original analysis plan in their published results.
Questions?