

Tyi from the **NHLBI**

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NHLBI Will Host the 12th Annual PIO Meeting

The NHLBI will hold its Twelfth Annual Public Interest Organization (PIO) meeting on May 23–24, 2011, at the Bethesda Marriott on Pooks Hill Road in Bethesda, Maryland. PIO attendees of the previous annual meetings have praised the events for providing unique opportunities to interact with other PIO representatives, to learn more about the NIH and the NHLBI, and to meet NIH and NHLBI leadership as well as NHLBI staff members.

The upcoming meeting, with its focus on timely, important topics, promises not to disappoint. This year’s meeting program will again encourage significant networking time with members of fellow PIOs as well as with NHLBI staff.

The meeting will begin Monday afternoon, May 23, with registration at 4 pm. At 5 pm, opening remarks will be followed by the keynote address delivered by Dr. Lawrence A. Tabak, Deputy Director, NIH.

On Tuesday, May 24, registration resumes at 7:30 am.

Tuesday’s program will begin at 8:30 am with a presentation by Dr. Susan B. Shurin, Acting Director, NHLBI, and will feature an array of speakers from PIOs, the NHLBI, and the NIH.

Following Dr. Shurin’s presentation, PIO representatives will have an opportunity to meet NHLBI staff members who have expertise in heart development and diseases, vascular diseases, lung diseases, airway diseases, blood diseases and resources, and sleep and sleep disorders. This portion of the meeting has been very well received in the past.

After lunch, the meeting will continue with presentations about the NIH Undiagnosed Diseases Program offered by Dr. Cynthia Tift, Deputy Clinical Director, National Human Genome Research Institute, NIH, and Dr. Robert Balaban, Scientific Director, NHLBI.

A session on Dietary Supplements will be presented by Dr. Paul Coates, Director, Office of Dietary Supplements, NIH, and Ms. Caroline Kruse, Executive Director, Platelet Disorder Support Association.

The concluding session will focus on Collaboration, Resources, and Information Sharing and will be presented by Mr. James O’Leary, Chief Innovation Officer, Genetic Alliance, Dr. Stephen Groft, Director, Office of Rare Diseases Research, NIH, and Ms. Audrey Gordon, Executive Director, Progeria Research Foundation.

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Upcoming NHLBI Workshops and Working Groups*

No activities are scheduled for the period covering May through October 2011.

Research Advances from the NHLBI

Modified Surgical Approach Benefits Infants with Congenital Heart Defects

Hypoplastic left heart syndrome and related anomalies are severe congenital heart defects that require three-stage surgical reconstruction. The initial operation—the Norwood procedure—which is usually performed within the first week of life, carries the highest mortality risk of all congenital heart defect surgeries. The Single Ventricle Reconstruction (SVR) trial compared the standard Norwood procedure with a recently developed variation—the Sano modification—and found significantly higher survival to one year of age with the newer approach. Infants who participated in the SVR continue to be followed so that researchers can compare the long-term effects of the two surgeries. In addition, the trial collected a wealth of clinical data that will facilitate identification of other therapeutic and supportive strategies for fragile infants with congenital heart defects and suggest new directions for future comparative effectiveness trials.

Study Validates Alternate Therapy for Adults with Uncontrolled Asthma

Many adults with asthma experience poor symptom control with inhaled corticosteroids (ICS) alone. Increasing the dose of ICS or adding a long-acting beta agonist (LABA) are options for “stepping-up” treatment to relieve symptoms. However, higher ICS doses are not effective for all patients and often cause side effects, and LABAs are under FDA scrutiny for possible safety concerns. The Tiotropium Bromide as an Alternative to Increased Inhaled Corticosteroid in Patients Inadequately Controlled on a Lower Dose of Inhaled Corticosteroid (TALC) trial found that patients who received tiotropium bromide, a drug used to treat chronic obstructive pulmonary disease but not approved for asthma, achieved control as good as those given LABA and better than those whose ICS dose was doubled. Adverse effects did not differ significantly among the three treatments. The TALC trial results suggest that tiotropium bromide may be a satisfactory step-up treatment for adults whose asthma is not well controlled by low-dose ICS.

Treatment for Depression Benefits Heart Disease Patients

Two recent studies have demonstrated that innovative stepped-care approaches to depression treatment can benefit heart disease patients. Although depression is quite common in people suffering from heart disease, past research found that standard antidepressive treatments only modestly improved their mood and quality of life. One of the new studies, in patients who had undergone coronary artery bypass surgery, tested an approach that involved telephone monitoring of depressive symptoms coupled with as-needed behavioral counseling and antidepressant medication. Compared with usual care, the new approach resulted in substantial improvements in quality of life and reductions in depressive symptoms. The second study, in people with acute coronary syndromes, found that a stepped-care treatment focused on alleviating depressive symptoms not only reduced them but also improved cardiac prognosis. Effective methods for treating depression in heart disease patients could lengthen survival and reduce health-care costs, while improving quality of life.

Mark Your Calendar . . .

May	National High Blood Pressure Education Month (www.nhlbi.nih.gov/about/nhbpep/)
8th-14th	National Women's Health Week (www.womenshealth.gov/whw)
June	National Scleroderma Awareness Month (www.scleroderma.org)

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 application dates and deadlines. For full descriptions of these and other current research initiatives, visit www.nhlbi.nih.gov/funding/inits/index.htm.

Research on Ethical Issues in Biomedical, Social, and Behavioral Research (R01 and R21)

(PA-11-180 and PA-11-182)

<http://grants.nih.gov/grants/guide/pa-files/PA-11-180.html>

Objective: Study high-priority bioethical challenges and issues associated with biomedical, social, and behavioral research.

Ruth L. Kirschstein National Research Service Award (NRSA) Institutional Research Training Grants (Parent T32 and T35)

(PA-11-184 and PA-11-185)

<http://grants.nih.gov/grants/guide/pa-files/PA-11-184.html>

Objective: Enhance research training opportunities for predoctoral and postdoctoral level individuals interested in careers in biomedical, behavioral, and clinical research.

Nutrition and Diet in the Causation, Prevention, and Management of Heart Failure (R21)

(PA-11-165 and PA-11-166)

<http://grants.nih.gov/grants/guide/pa-files/PA-11-165.html>

Objective: Develop nutritional management and preventive measures for patients in various stages of heart failure and for high-risk individuals.

The Effect of Racial and Ethnic Discrimination/Bias on Health Care Delivery (R01 and R21)

(PA-11-162 and PA-11-163)

<http://grants.nih.gov/grants/guide/pa-files/PA-11-162.html>

Objective: Improve the measurement of racial/ethnic discrimination in health-care delivery systems, enhance understanding of its influence, and reduce its prevalence in the United States.

Nanoscience and Nanotechnology in Biology and Medicine (R01 and R21)

(PA-11-148 and PA-11-149)

<http://grants.nih.gov/grants/guide/pa-files/PA-11-148.html>

Objective: Support cutting-edge nanoscience and nanotechnology research for the diagnosis, treatment, and management of an array of diseases and traumatic injuries.

Phase II Clinical Trials of Novel Therapies for Lung Diseases (UM1)

(RFA-HL-12-022)

<http://grants.nih.gov/grants/guide/rfa-files/RFA-HL-12-022.html>

Objective: Test novel interventions that could change significantly the clinical management of a lung disease or a sleep-related cardiopulmonary disorder.

Development and Testing of a Case Finding Methodology in COPD (R01)

(RFA-HL-12-011)

<http://grants.nih.gov/grants/guide/rfa-files/RFA-HL-12-011.html>

Objective: Design and test tools to identify individuals at high risk for chronic obstructive pulmonary disease and its exacerbations.

Life After Linkage: The Future of Family Studies (R01)

(RFA-HL-12-007)

<http://grants.nih.gov/grants/guide/rfa-files/RFA-HL-12-007.html>

Objective: Integrate new molecular data with existing genotype and phenotype data in families to identify and characterize genes influencing complex disorders.

Anchoring Metabolomic Changes to Phenotype (P20)

(RFA-HL-12-009)

<http://grants.nih.gov/grants/guide/rfa-files/RFA-HL-12-009.html>

Objective: Conduct metabolomic phenotyping of existing cohorts to gain mechanistic understanding of the molecular determinants contributing to cardiovascular and lung disease phenotypes.

Basic Research in Calcific Aortic Valve Disease (R01)

(RFA-HL-12-015)

<http://grants.nih.gov/grants/guide/rfa-files/RFA-HL-12-015.html>

Objective: Encourage innovative molecular and physiological research leading to early diagnosis or effective medical therapy for calcific aortic valve disease.

Short-Term Institutional Training Grant for Clinician Scientists in Pediatric Respiratory, Sleep and Hematology/Transfusion Medicine (T35)

(RFA-HL-12-017)

<http://grants.nih.gov/grants/guide/rfa-files/RFA-HL-12-017.html>

Objective: Develop and enhance research training opportunities in basic or clinical research in pediatric respiratory, sleep, hematology, and transfusion medicine.

Pulmonary Vascular-Right Ventricular Axis Research Program (R01)

(RFA HL-12-021)

<http://grants.nih.gov/grants/guide/rfa-files/RFA-HL-12-021.html>

Objective: Study right ventricular function/dysfunction in order to improve diagnostics and therapeutics.

National Heart, Lung, and Blood Advisory Council Meeting

February 15, 2011

Dr. Susan B. Shurin, Acting Director of the NHLBI, welcomed members to the 241st meeting of the National Heart, Lung, and Blood Advisory Council.

Dr. David Barker, Professor of Clinical Epidemiology, University of Southampton, and Professor of Cardiovascular Medicine, Oregon Health and Science University, discussed his research on the origins of chronic disease, the long-term effects of childhood compensatory growth (growth at above-normal rates after a period of retarded growth), and fetal nutrition and placental growth.

Dr. Lawrence A. Tabak, Principal Deputy Director, NIH, updated the Council on the activities of the NIH Scientific Management Review Board (SMRB), established by the

NIH Reform Act of 2006 to advise the NIH Director regarding the use of certain organizational authorities.

The SMRB recommended that a new translational medicine and therapeutics Center be established, and that the NIH evaluate the impact of the new Center on existing programs at the NIH, including the National Center for Research Resources.

The SMRB also recommended the creation of a new Institute focusing on research on substance use, abuse, and addiction that would integrate relevant research portfolios from the National Institute on Drug Abuse, National Institute on Alcohol Abuse and Alcoholism, and other Institutes and Centers.

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News from Capitol Hill

Appropriations for Fiscal Year (FY) 2011

The fiscal year (FY) 2011 appropriations process was completed on April 15, 2011, when the President signed the Department of Defense and Full-Year Continuing Appropriations Act, 2011 (H. R. 1473) into law (Public Law 112-10). The law provides \$30.7 billion for the NIH, a 1 percent decrease from its FY 2010 appropriation.

Pulmonary Hypertension Legislation Introduced

On April 8, 2011, Senator Robert Casey (D-PA) introduced S. 775, the Tom Lantos Pulmonary Hypertension Research and Education Act of 2011, to encourage research and carry out an educational campaign on pulmonary hypertension. Provisions related to research would direct the Secretary of Health and Human Services, through the NHLBI Director, to continue to encourage basic research on the causes of pulmonary hypertension, including the relationship between scleroderma and sickle cell anemia and pulmonary hypertension, clinical research, and training of new clinicians and investigators with expertise in pulmonary hypertension. S. 775 would also require the NIH to include information on the status of NIH pulmonary hypertension research in the NIH biennial report. The bill was referred to the Senate Committee on Health, Education, Labor, and Pensions.

Scleroderma Research and Awareness Legislation Introduced

On March 17, 2011, Senator Kristen Gillibrand (D-NY) introduced S. 649, the Scleroderma Research and Awareness Act, to authorize the Director of the National Institute of Arthritis and Musculoskeletal and Skin Diseases

to expand, intensify, and coordinate scleroderma activities. The bill would also require the NIH to include information about the status of scleroderma research in the NIH biennial report. The bill was referred to the Senate Committee on Health, Education, Labor, and Pensions.

Acquired Bone Marrow Failure Disease Legislation Introduced

On February 10, 2011, Representative Doris Matsui (D-CA) introduced H.R. 640, the Bone Marrow Failure Disease Research and Treatment Act of 2011, to enhance Federal efforts to address bone marrow failure disease. One of the bill's provisions would establish an Advisory Committee on Acquired Bone Marrow Failure Diseases through the CDC. The bill would require the committee to include a representative from the NHLBI. The bill was referred to the House Energy and Commerce Committee.

Senate Recognizes Rare Disease Day

On February 17, 2011, the Senate passed by unanimous consent S. Res. 74, introduced by Senator Sherrod Brown (D-OH), to designate February 28, 2011, as Rare Disease Day. The resolution recognizes the importance of improving awareness and encouraging accurate and early diagnosis of rare diseases and disorders; and supports a national and global commitment to improving access to, and developing new treatments, diagnostics, and cures for rare diseases and disorders.

Upcoming Events

Activity	Date/Location	More Information
Hereditary Hemorrhagic Telangiectasia Foundation, Inc. 9th HHT Scientific Conference	May 20 – 24, 2011 Kemer, Turkey	http://www.hht2011.org/
Sarcoidosis Network Foundation, Inc. 19th Annual Conference	May 21, 2011 Cerritos, CA	http://www.sarcoid-network.org/meetings.html
Mended Hearts 59th Annual Convention	June 1 – 5, 2011 New Orleans, LA	http://www.mendedhearts.org
Alpha-1 Association 20th Annual National Education Conference	June 10 – 12, 2011 St. Paul, MN	http://www.alpha1.org/education/nateduconf.php
Aplastic Anemia and MDS International Foundation, Inc. 2011 Patient and Family Conferences	June 11, 2011 Cleveland, OH	http://www.aamds.org/aplastic/conferences/
National Heart, Lung, and Blood Advisory Council 242nd Meeting	June 15, 2011 Bethesda, MD	http://www.nhlbi.nih.gov/meetings/nhlbac/index.htm
Tuberous Sclerosis Alliance 2011 International TSC Research Conference	July 6 – 9, 2011 Washington, DC	http://www.tsalliance.org/pages.aspx?content=564
Take Off Pounds Sensibly Club, Inc. International Recognition Days	July 7 – 9, 2011 Milwaukee, WI	http://www.tops.org/Events/IRD2011.aspx
Parent Project Muscular Dystrophy 2011 Connect Conference	July 7 – 10, 2011 Baltimore, MD	http://www.parentprojectmd.org/site/PageServer?page-name=Connect_conference_2011
Platelet Disorder Support Association ITP Conference 2011	July 8 – 10, 2011 Boston, MA	http://www.pdsa.org/resources/annual-conference.html
Scleroderma Foundation 2011 National Patient Education Conference	July 8 – 10, 2011 San Francisco, CA	http://www.scleroderma.org/national_conference.htm
Primary Ciliary Dyskinesia Foundation PCD Family Day 2011	July 15 – 16, 2011 Atlanta, GA	http://www.pcdfoundation.org/NewsItems/FamilyDay2011/FamilyDayInfo.html
Cardio-Facio-Cutaneous Syndrome International 6th International CFC Family Conference & Clinic Program	July 28 – 30, 2011 Rosemont, IL	http://www.cfcsyndrome.org/conference.shtml
Noonan Syndrome Support Group, Inc. 10th International Conference	July 28 – 30, 2011 Rosemont, IL	http://www.noonansyndrome.org/2011needtono.htm
Histiocytosis Association of America 2011 National Conference	July 30 – 31, 2011 Hollywood, CA	http://www.histio.org/site/c.kiKTL4PQLvF/b.6606019/k.CEOE/NCHD_2011.htm
National Heart, Lung, and Blood Advisory Council 243rd Meeting	September 9, 2011 Bethesda, MD	http://www.nhlbi.nih.gov/meetings/nhlbac/index.htm
Vascular Disease Foundation Current Issues in Vascular Disease	September 14 – 15, 2011 Washington, DC	http://www.vdf.org/professionals/annualmeeting.php
Nontuberculous Mycobacteria Info & Research, Inc. Patient Conference	September 19 – 20, 2011 Denver, CO	http://ntminfo.org/index.php
Sudden Cardiac Arrest Association 2011 Annual Meeting and Continuing Medical Education Program	September 23 – 25, 2011 Minneapolis, MN	http://associationdatabase.com/aws/SCAA/pt/sp/annualmtg
Sickle Cell Disease Association of America, Inc. SCDAA 39th Annual Convention	September 27 – October 1, 2011 Memphis, TN	http://www.sicklecelldisease.org/index.cfm?page=annual-convention
Iron Disorders Institute 2011 Conference for the Patient and Physician	October 1 – 2, 2011 Charlotte, NC	http://www.irondisorders.org/2010-iron-conference
Narcolepsy Network 26th Annual Patient Conference	October 13 – 15, 2011 Las Vegas, NV	http://www.narcolepsynetwork.org/news-and-events/conferences/

Constituents' Corner

No constituents' submissions were received for this issue.

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.

February 2011 Advisory Council Meeting

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Dr. Tabak also discussed how the NIH is addressing diversity/health equity issues. The NIH is working to enhance the framework by which diversity-related programs are implemented. It has broadened the eligibility criteria for its Minority Supplement Program to include individuals who are disadvantaged due to race/ethnicity, socioeconomic status, or disability, and it continues to promote consistency with these eligibility criteria in its other diversity programs.

The NIH is also reviewing program data on the diversity of its workforce, and has established a Diversity Task Force to facilitate NIH-wide strategic planning.

Dr. Shurin informed the Council that the search for a new NHLBI Director is continuing.

Dr. Shurin stressed that the NHLBI is working to maintain its funding paylines during this stringent economic period.

At the time of the Council meeting, the NIH was operating on a Continuing Resolution for FY 2011, which allowed the federal government to operate at budget levels enacted for FY 2010. The FY 2012 President's Budget for NHLBI is not significantly different from FY 2011 Continuing Resolution levels (1.7 percent increase overall).

The Institute is continuing efforts to minimize adverse effects on grantees during this lengthy period of budgetary

constraint. Institute policy comprises making strategic cuts, but fully funding those applications it selects to award, rather than making across-the-board cuts that hurt all investments.

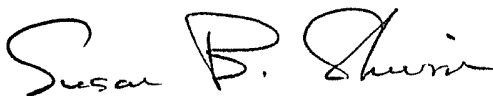
The Institute continues to look carefully at budget justification, project overlap, and opportunities for alternative support. In addition, the Institute will limit new initiatives; defer funding of some large projects until later in the year; enhance accountability by funding few (or no) administrative supplements and by carefully considering performance measures, especially in large projects and clinical trials; and accept no applications transferred from other Institutes or Centers.

Council members expressed appreciation for the Institute's efforts during this difficult period and offered additional suggestions and comments.

Dr. Carl Roth, Acting Deputy Director of the NHLBI and Associate Director for Scientific Program Operation, presented the Institute's biennial report on its procedures for, and results of, implementing the NIH policy for inclusion of women and minorities in clinical studies. The biennial report is mandated by the NIH Revitalization Act of 1993. The Council found the Institute to be in compliance.

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 shurinsb@nhlbi.nih.gov or Dr. Carl Roth at rothc@nhlbi.nih.gov.



Susan B. Shurin, M.D.
Acting Director, NHLBI

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

- For health-related questions, information about publications, or communications pertaining to NHLBI policies and priorities, please contact the trained information specialists of the NHLBI Information Center at 301-592-8573, or write to the Information Center at P.O. Box 30105, Bethesda, MD 20824-0105, or email inquiries to nhlbiinfo@nhlbi.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.