PUBLIC-PRIVATE PARTNERSHIP PROGRAM

PPP ADVISOR

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MESSAGE FROM THE DIRECTOR

Dr. Barbara B. Mittleman

This newsletter marks the conclusion of the 2009-2010 season of activities and ushers us into the summer—a season of vacations, difficulty in aligning schedules for meetings, and time to process what has been going on and what needs to happen next. We have had a busy spring in the National Institutes of Health (NIH) Public-Private Partnership (PPP) Program office, plans for the upcoming mHealth Summit are proceeding apace, and momentum is building.

Dr. Audie Atienza, on detail from NCI to the PPP Program, is coordinating speakers and discussions within the new mHealth Inter-Institute Interest Group, attending and speaking at meetings and conferences on NIH's mHealth (mobile health) activities, and working hard on integrating a diverse set of perspectives and interests that converge within the mobile technologies and health interface. Dr. Wendy Smith is working with him to assess NIH's investments in mHealth and to make sense of how this investment can dovetail with interests in the private sector and academic community and across the various disease and global health foundations and NGOs (nongovernment organizations), as well as with other United States and foreign government agencies. Over the summer these activities will, we hope, coalesce into focused partnerships to leverage NIH mHealth investments and expertise together with outside partners, always serving our public health and research mission.

In this issue, Dr. Shawnmarie Mayrand-Chung reports on The Biomarkers Consortium front, and also on PPP Program attendance at the 2010 Biotechnology Industry Organization (BIO) International Convention held in Chicago in early May. At this meeting, she moderated a panel on PPPs—from the perspectives of academia, large and small companies, regulators, and researchers—and participated in numerous conversations and meetings with potential partners. I also participated in several panels at BIO, one highlighting a novel project of The Biomarkers Consortium, an adaptive clinical trial for adjuvant treatment for breast cancer; and a panel on what we can all expect in the biotechnology and pharmaceutical industries after the recession. A key point raised by the panel and substantiated by research findings collected by the panel's moderator—Nigel Holloway from the Economist Intelligence Unit—is that company executives are certain that future success rests on a robust research and development (R&D) foundation within the company and that the vast majority of companies are reducing or eliminating spending on R&D. NIHers were also represented elsewhere during the BIO meeting: members of the NIH Office of Technology Transfer presented several times and Technology Development Coordinators from several NIH Institutes and Centers (ICs) participated in panels and in business partnering meetings and engaged in active networking with our private sector colleagues in the biotechnology industry. Other relevant sessions at the meeting focused on Comparative Effectiveness Research and Regulatory Science.

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SPOTLIGHT

The National Institutes of Health (NIH) Public-Private Partnership Program (PPP) is pleased to include in this issue a guest feature article by the Office of Technology Transfer (OTT), Office of the Director. This article, the third in a three-part series, provides information about the Rare Diseases and Conditions Technologies Web site that has been developed to track the technologies available for licensing for the development of products for rare diseases and conditions.

Also in this issue are some highlights from the recent 2010 Biotechnology Industry Organization (BIO) International Convention that was held in Chicago.

The PPP Program is also pleased to include in this issue a guest feature article authored by Richard Scarfo, Director of Marketing, Communications and Strategic Alliances, Foundation for the National Institutes of Health (FNIH). The article provides the FNIH overview of mobile health and the upcoming mHealth Summit planned for November 2010. Taken together with the article by Dr. Atienza, readers will get a sense of some of what NIH is engaged in around mHealth.

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We also continue to be busy "taking the show on the road." In addition to the presentations at BIO, we have presented or are going to present, information regarding general and specific PPP guidelines and experience to a variety of audiences including SCRA (South Carolina Research Authority), Global Innovation in Drug Discovery Forum, Clinical Biomarker Development, Cambridge Healthtech Institute's 9th Annual Bio-IT World Conference & Expo in Boston, the Mobile Health 2010 Conference at Stanford University (www.mobilehealth2010.org), the Burrill Consumer Digital Health Meeting (http://www.burrillandco.com/digital_health/), and the Congressional Briefing – Policy, Technology and Research Developments in Mobile Health.

We also conclude this year's series of PPP Coordinating Committee meetings with a panel in June directed at some of the practical issues, barriers, and strategies required in taking a partnership idea from the realm of abstraction into real-time implementation. We are working to finish up the roster of presentations for the autumn, with a focus on various perspectives on dealing with foundations and advocacy groups.

Other activities that are "warming up" include conceptualizing new partnerships for translational research, new models for drug/device/diagnostic development, as well as our academic collaborations to build a framework for thinking about partnerships. And, as always, we continue to respond to IC requests for advice, document review, and partnership assistance. Please call and we'll help you, too! Best to all for a wonderful and productive summer. ❖

PPP Program Staff
Barbara B. Mittleman, M.D., Director
Shawnmarie Mayrand-Chung, Ph.D., J.D., NIH Program Director for The Biomarkers Consortium
Wendy B. Smith, M.A., Ph.D., BCIAC, NIH Program Director for Clinical Research Partnerships
Audie A. Atienza, Ph.D., Scientific Advisor for Technology Partnerships
Marjorie A. Bonorden, Program Analyst

National Institutes of Health Mobile Health (mHealth) Research Update

Dr. Audie A. Atienza

Interest in mobile health (or mHealth) continues to gain steam both in the United States (U.S.) and internationally, with the National Institutes of Health (NIH) fully engaged in the discourse around the research and implementation agendas. This update provides a summary of three NIH activities related to mHealth: (1) the NIH mHealth Inter-Interest Group (mHealth IIIG); (2) mHealth relevant meeting; and (3) dialogue in the mHealth landscape. This update complements the article on the 2010 mHealth Summit by the Foundation for the NIH in this newsletter, which, taken together, reflect some of the diversity in the mHealth landscape, as well as the importance of establishing partnerships with various stakeholders to address the complex issues relevant to mHealth.

NIH mHealth IIIG

Over the past several months, the NIH mHealth IIIG led by Dr. Audie Atienza has invited various mHealth stakeholders to give presentations at NIH:

- In March 2010, Robert Jarrin, Director of Government Affairs at Qualcomm Incorporated, gave a presentation that focused on mobile/wireless technology and policy from an industry perspective, highlighting international projects using technology supported by Qualcomm. Qualcomm is a wireless telecommunications research and development company, as well as the largest fabless chip supplier in the world (http://en.wikipedia.org/wiki/Qualcomm).
- Dr. Kristin Tolle, Director of Devices, Sensors and Mobility for Healthcare at Microsoft External Research, gave a presentation to the NIH mHealth IIIG in April 2010.
- In May 2010, the NIH mHealth IIIG meeting featured Dr. Mohit Kaushal, Digital Healthcare Director of the National Broadband Plan for the Federal Communications Commission (FCC), to give FCC's perspective on mobile health.

While each of the speakers highlighted the activities in each of their respective organizations, common themes across the presentations were the rapid proliferation mobile and wireless technologies and how these technologies have significant potential for enabling improvements in health and

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increasing access to health care. In addition to the mHealth IIIG meetings where NIH staff share information with one another, a Listserv and SharePoint Site have been established to facilitate communication among interest group participants. The mHealth IIIG meets monthly and is open to all NIH staff.

mHealth Meetings

Mobile health has been a topic of discussion at several meetings and conferences, with NIH actively participating. These meetings include the Mobile Health 2010 Conference at Stanford University (www.mobilehealth2010.org), the Burrill Consumer Digital Health Meeting (http://www.burrillandco.com/digital_health/), and the Congressional Briefing – Policy, Technology and Research Developments in Mobile Health sponsored by the Institute for e-Health Policy, Capitol Hill Steering Committee on Telehealth and Healthcare Informatics. Dr. Atienza spoke about NIH's activities and interests in mHealth at each of these meetings. These are but a few of the meetings relevant to mHealth that are occurring in 2010. In June 2010, the NIH Office of Behavioral and Social Sciences Research (OBSSR), National Heart, Lung, and Blood Institute (NHLBI), National Institute on Drug Abuse (NIDA), and Public-Private Partnership Program (PPP), Office of the Director, Office of Science Policy, will cosponsor a workshop entitled "Reducing Barriers to Mobile Technology Usage in Behavioral and Social Science Research" with key experts and stakeholders from academia, government, and industry discussing solutions to logistic, technological, and policy barriers in mHealth. The issues and ideas discussed in this workshop will help to inform the broader policy dialogue that will take place at the 2010 mHealth Summit (www.mhealthsummit.org) in November.

Dialogue Among Stakeholders in the mHealth Landscape

The mHealth landscape consists of many organizations from various sectors, each with particular interests and roles in mobile health. Opportunities for dialogue between NIH and stakeholder organizations on how to move mHealth forward has led to conversations within the Federal sector, between NIH and industry, and with private foundations. Federal government agencies with which NIH PPP staff have interacted over the past few months include the White House Office of Science and Technology Policy, U.S. Department of Health and Human Services (HHS) Office of National Coordinator for Health Information Technology, HHS Indian Health Service, HHS Centers for Disease Control and Prevention, HHS U.S. Food and Drug Administration, and Federal Communications Commission (FCC), to name a few. Industry stakeholders with whom NIH PPP staff have spoken include Qualcomm Incorporated, Intel Corporation, Microsoft Research, Fujitsu Laboratories of America, VerizonWireless, T-Mobile, AT&T, Sprint/Nextel Corporation, and Google Incorporated. We have also started conversations with nonprofit organizations and professional organizations, including Gary and Mary West Wireless Health Institute, Internet2, American Telemedicine Association, mHealth Alliance (composed of the United Nations Foundation, The Rockefeller Foundation, and Vodafone Foundation), GSM Association, and the Society of Behavioral Medicine. Clearly, mHealth has broad appeal across organizations in many sectors, although discussions on how to partner and collaborate with other organizations in this new research area have just begun. As the conversation continues up to, during, and following the mHealth Summit in November, we anticipate numerous opportunities for the development of PPPs, large and small, to meet the NIH Institutes and Centers' missions, leverage the many ongoing activities and resources already dedicated to this field, and improve the public health. ❖

Expanded 2010 mHealth Summit Designed to Spur Action and Results

Mr. Richard Scarfo, Director of Marketing, Communications and Strategic Alliances, Foundation for the National Institutes of Health

Building on the success of the inaugural mHealth (Mobile Health) Summit last fall, the Foundation for the National Institutes of Health (FNIH) is working to ensure that the 2010 event will further advance the exciting field of mobile health in tangible ways. The mHealth Summit, scheduled for November 8-10 at the Walter E. Washington Convention Center in Washington, D.C., will bring together more than 2,000 international leaders representing stakeholders from across the mHealth spectrum.

The FNIH has developed the mHealth Summit in conjunction with the National Institutes of Health (NIH) Public-Private Partnership Program office and the NIH mHealth Inter-Institute Interest Group and is in the process (continued on page 4)

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of forming a steering committee comprising foundations; government agencies; medical, pharmaceutical, and technology firms; insurance companies; and others to broaden the research agenda to encompass both policy and technology components. The mHealth Summit will pave the way for new private-sector partnerships and funding opportunities for NIH mHealth priorities and help NIH drive the field forward.

The FNIH's role is to bring together all the insights, expertise, and resources critical to advancing mHealth. It is uniquely able to draw the participation of the public, private, and nonprofit sectors, raise funds, and organize this complex event. With the addition this year of topical breakout sessions, an exhibit floor showcasing commercially available technologies, posters, and varied networking opportunities, the 2010 mHealth Summit will create a richer experience for all participants, fostering improved understanding and collaboration.

With its focus on harnessing mobile and wireless technologies to advance biomedical research and deliver solutions in new and innovative ways, the mHealth Summit is a model in support of NIH Director Dr. Francis Collins' five primary themes during his tenure at the NIH: In addition to *Exploring New Technologies,* which can increase understanding of disease and putting *Discovery Into Practice* by encouraging feasible applications of wireless technologies, the mHealth Summit and its work hold huge promise for improving *Global Health*, by delivering state-of-the-art diagnostics and training to remote corners of the world. By injecting the entrepreneurial dynamic of technology pioneers and private companies into the mHealth field, the summit also works to *Support Scientists* by demonstrating the innovation and creativity their career path holds. Finally, with its potential to help rein in costs and improve outcomes, mHealth and the mHealth Summit support the goal of *Health Care Reform*.

Together with its range of interdisciplinary partners—including NIH, United Nations Foundation, and the mHealth Alliance—the FNIH, through the 2010 mHealth Summit, will help further the NIH mission by fostering new partnerships with the very real prospect of transforming domestic and international health diagnosis, monitoring, intervention, and health management, at any time and virtually anywhere in the world.

Sponsors include the Abbott Fund, mHealth Alliance, Microsoft Research, Pfizer Inc, Qualcomm Incorporated, Robert Wood Johnson Foundation, and The Rockefeller Foundation. Verizon Wireless has joined this year as the Partnering Sponsor for the Summit.

In an effort to support all aspects of the expanded format, there will be a charge to attend this year, and a discounted Federal rate will be available to NIH staff and other Federal employees. Register today at www.mhealthsummit.org. ❖

The Biomarkers Consortium: *Opportunities and Obstacles*

Dr. Shawnmarie Mayrand-Chung

As the summer months quickly approach, The Biomarkers Consortium (BC) heads into its fourth year of activity and continues to grow and develop. The number of projects spawned by the BC is 15: 1 project completed, 9 projects funded and launched, 3 project plans approved and waiting for funding, and 2 promising project concepts in the near-term development pipeline.

Not only has the number of projects increased, but also the complexity of the biomarkers questions being addressed has matured as well. Each BC project approved for development and execution by the BC is aimed at addressing a relevant and important question for advancing biomarker research, and the BC is uniquely poised to address those questions that require multi-stakeholder support. It is essential, however, to capture the interest and support – both scientific and financial – from many different sectors (e.g., industry, academia, nonprofit organizations, patient advocacy groups, the United States Food and Drug Administration [FDA] and, of course, the National Institutes of Health [NIH]).

Project plan development is an initial hurdle in the evolution of a successful biomarker project in the BC. Moving a project from conception to approval requires time and effort, as well as the balancing of timelines and expectations on the parts of the various sectors and partners with very different business practices and cultures. The BC represents a unique effort to unite researchers (NIH and academia), regulators (FDA), and payors (Centers for Medicare & Medicaid Services [CMS]) with commercializing entities

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(biotechnology and pharmaceutical industries), and there have been few models or examples to draw from as the BC has evolved from paper to practice. Much has been learned over the last 4 years as the originally drafted policies and procedures were implemented around actual biomarker projects. As expected, the BC has had to adapt.

One example of where the BC has faced some challenges and adaptation is with respect to the interpretation of its intellectual property policies. Given that the BC is an avowedly precompetitive activity, there is no deliberate attempt to generate intellectual property (IP). However, there remains the need to explore and understand any preexisting IP being utilized in BC projects, as well as potentially new IP that may be generated in the conduct of a BC project. As such, there is always the need to carefully evaluate whether each project fits within the IP policy of the BC, and whether the precompetitive spirit of the BC is upheld. This evaluation is conducted by the NIH Public-Private Partnership (PPP) Program, with input and guidance from the NIH Office of Technology Transfer and Office of the General Counsel, and the BC staff at the Foundation for the National Institutes of Health (FNIH). These results of analysis are shared with FDA representatives, who also conduct their own assessment.

Because some very important biomarker project proposals come encumbered by either preexisting IP constraints or may provide significant commercial advantage to one company or a small group of companies, and because each biomarker project is unique in the design and composition of its members/funders, it has proved challenging to ensure that the evaluation of projects is as consistent, fair, and inclusive as possible. In an effort to streamline the IP review process, a "Balancing Test" was designed and approved for implementation in order to help standardize the required IP analysis for each proposed project. The design and implementation of the IP Balancing Test has aided in efficient review of project concepts.

An example of the IP challenges met in the BC is the recently launched I-SPY 2 (Investigation of Serial Studies to Predict Your Therapeutic Response with Imaging and Molecular Analysis) project (detailed in the spring 2010 PPP newsletter, Issue 8). I-SPY 2 involves multiple pharmaceutical companies and proprietary agents and requires a means for those companies to recapture the preexisting IP rights to the drugs that each donates to the trial. To that end, an agreement was reached by which the FNIH will act as a trusted third party to ensure fair and appropriate licensing of new inventions arising from I-SPY 2.

I-SPY 2 is only one example of the challenges that have been faced by the BC, and there will no doubt be more to come as the BC develops larger and further reaching projects. However, all BC stakeholders share the recognition that the BC is a one-of-a-kind effort as well as a commitment to advance the BC's potential to do great things for biomarkers research. In this context, the BC will continue to adapt as needed so that biomarkers research can reach its promise to facilitate the development of new interventions and therapeutics to improve patients' lives. ❖

Biotechnology Industry Organization Convention, Chicago, Illinois, May 3-6, 2010

Drs. Barbara B. Mittleman, Lynn D. Hudson, and Shawnmarie Mayrand-Chung*

The Biotechnology Industry Organization Convention (BIO) 2010 is the largest gathering of large and small biotechnology companies. Participating companies include not only biomedically oriented concerns, but also those working in agriculture, biofuels, as well as devices and diagnostics. Attendance numbers around 14,000 and the attendees represent the global reach of biotechnology. Many national, state, and local government representatives were present as were regulators from across the globe. National Institutes of Health (NIH) participation drew from a number of Institutes and Centers (ICs) and included technology transfer professionals from the ICs, leadership from several ICs, and members of several Office of the Director offices (Office of Technology Transfer, Office of Science Policy Analysis, and the Public-Private Partnership Program [PPP]). NIH was represented in a number of symposia and presentations, as well as in the business partnering forum. Short summaries of several sessions of particular interest to NIH and the PPP Program follow.

Aftermath of the Global Recession

There is general agreement that the current model of drug development is broken; it takes, on average, 10-15 years, more than a billion dollars, and a failure rate of more than 90% to bring a new drug to market. In the face of a global recession; decreasing numbers of companies in the pharmaceutical and biotechnology sectors as a result of consolidation due

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to mergers and acquisition as well as companies failing and closing down; and an overall reduction in industry research and development, what future is there for the industry and, more importantly, for translating scientific discovery into marketed products that improve patients' lives? These questions were addressed in a panel entitled "The Future of the Life Sciences Industries Beyond the Global Recession," moderated by Nigel Holloway of the Economist Intelligence Unit, and including Pete Mooney, who heads Deloitte Consulting's life science consulting practice; Dan Zabrowski from Roche; and Barbara Mittleman from the National Institutes of Health. Data were presented and discussed that reflected the view of heads of many pharmaceutical and biotechnology companies who feel that their long-term future is dependent on robust research and development (R&D) pipelines, but that there is near universal pulling back from funding R&D. With the demise of many small biotechnology companies due to a lack of available capital, the ability of large companies to fill their pipelines by buying small companies and/or their technologies is also diminished. Furthermore, a manpower crisis is likely to result because of both the contraction of jobs in the current period and the perceived and/or real lack of opportunity in the future. Panelists agreed that, among possible solutions, developing a new and broader sense of the precompetitive space in which consortia and other joint efforts can share risk and share cost across the industry; more effective and better leveraging of the Federal investment in basic, translational, and clinical research; and the generation of new partnerships across government, industry, and the advocacy groups will serve to support the discovery, development, and qualification of new therapies, drugs, devices, and diagnostics in the future.

Partnerships in Comparative Effectiveness Research

At the session on "Building Healthier Nations: Partnerships in Comparative Effectiveness Research (CER)," chaired by Scott Evangelista of Deloitte Consulting LLP, Dr. Lynn Hudson (Office of Science Policy Analysis, Office of Science Policy, National Institutes of Health [OSPA/OSP/NIH]) emphasized that this is a good time for partnering in CER. Apart from partnerships in the precompetitive realm, which could include research areas such as developing better methods for CER, the recently legislated Patient Centered Outcome Research Institute (PCORI) offers new opportunities. PCORI, which will include industry representation on the governing board, may fund clinical trials in which industry and academia join forces. Session participants spoke of CER as a double-edged sword, since each trial will identify treatments that are "winners" or "losers." But the fact that CER studies can also identify subpopulations that benefit from a particular drug – so a drug that may be a "loser" for the general population could be a "winner" for a subpopulation—is a plus for the manufacturer as well as for NIH's vision of CER as a path to personalized medicine.

Cost and Risk Sharing to Advance Drug Development: A Unique Opportunity

This panel discussion focused on the drug discovery and development process, how the financial climate has forced a change in the traditional paradigm, and how the various stakeholders are adapting to and structuring new ways of interacting. Dr. Joel Cutcher-Gershenfeld (University of Illinois) opened the session with thoughts on "stakeholder alignment"; the dimensions of partnerships that enable alignment and misalignment of stakeholders; and the life cycle of partnerships together with the dynamics of partnerships and the need to establish and sustain trust. With this backdrop, Ralph Marcello (Deloitte Consulting LLP) discussed the possibilities for bridging stakeholders via (1) public/private interactions, (2) pharma/biotech interactions, and (3) industry/academia interactions, as well as the logistical hurdles and opportunities that exist in establishing partnerships among each of the pairs. The panel then turned to perspectives regarding the potential for collaborative efforts from the vantage point of a large pharmaceutical company, Dr. Ted Torphy (Johnson & Johnson), and a small biotechnology perspective, Dr. O. Prem Das (Das Advisors). The questions raised and discussed included:

- What kind of collaborations with academia add the most value to both the pharma and academic partners?
- Should more "discovery engines" be built in academia?
- What role should venture capital groups be playing in this process?

The session closed with a presentation by Dr. Vicki Seyfert-Margolis (United States Food and Drug Administration [FDA]), who discussed how the FDA can participate in public-private partnerships, and current FDA partnership activities and challenges.

Although almost as many (if not more) questions were raised than answers presented, it was a very lively and robust dialogue about a very relevant and important concept that is sure to receive much more attention in the near future. ❖

*Dr. Barbara B. Mittleman, Director, PPPP, OSPA, OSP, OD, NIH; Dr. Lynn D. Hudson, Director, OSPA, OSP, OD, NIH; Dr. Shawnmarie Mayrand-Chung, NIH Program Director for The Biomarkers Consortium, PPPP, OSPA, OSP, OD, NIH

NIH Public-Private Partnership Coordinating Committee: *Looking Ahead*

Ms. Marjorie A. Bonorden

The 2009-2010 National Institutes of Health (NIH) Public-Private Partnership (PPP) Coordinating Committee Meeting speaker series, Industry Relations and Partnerships, included an array of viewpoints, all relevant to the partnerships in which NIH engages. Included were the perspectives of NIH Institutes and Centers (ICs) staff from the Office of the General Counsel and the Office of Technology Transfer addressing legal and technology transfer/intellectual property issues; other Federal agencies such as the United States Food and Drug Administration; Foundation for the NIH; and industry representatives from the pharmaceutical industry's trade organization, PhRMA (Pharmaceutical Research and Manufacturers of America), and the biotechnology trade organization, Biotechnology Industry Organization (BIO). We also heard from academia, addressing how partnerships can be conceptualized and studied. The series concluded in June with a panel that provided a multiperspective discussion and covered some of the challenges and approaches to developing partnerships. Panelists responded to questions posed by PPP staff and the audience and also interacted with one another to provide a nuanced and deep view of partnership practicalities surrounding NIH partnerships.

The 2010-2011 speaker series, *Working with Foundations and the Not-for-Profit World*, will provide presentations that will focus on various perspectives on dealing with foundations and advocacy groups. The September meeting will kick off with a session on partnership principles and practices. We are finalizing the list of speakers and will announce the speakers and topics as soon as they are finalized. ❖

Rare Diseases and Conditions: *Part 2 of 3*

Marketing Operations, Office of Technology Transfer,
Office of the Director, National Institutes of Health

Did you know that more than 18,000 people in the United States are infected with active tuberculosis (TB)? In recent years, strains of the bacteria that cause TB (*M. tuberculosis*) have developed resistance to two or more drugs used in its treatment. This is called multidrug-resistant tuberculosis (MDR TB). MDR TB is a major health concern given that existing drug therapies are ineffective against these resistant strains. Rapid diagnosis and new drugs are necessary to combat outbreaks of MDR TB.

To take such discoveries and translate them into products, pharmaceutical and biotechnology companies need to be made aware of the myriad discoveries and inventions that are emerging around the world. In order to help the fight against TB and other "Rare Diseases" (those that affect fewer than 200,000 persons in the United States), the National Institutes of Health Office of Technology Transfer (OTT), Office of Rare Diseases Research (ORDR), and National Human Genome Research Institute (NHGRI) compiled a list of technologies available for licensing that implicate such diseases at http://www.ott.nih.gov/rd. Less than a year since its launch, the Rare Diseases and Conditions Technologies Web site has seen phenomenal growth. The Web site module was developed by OTT and ORDR in an attempt to provide a more collaborative, consolidated, and systematic approach to the development of products for rare diseases and conditions. Not-for-profit organizations, academic research centers, and foundations in the United States and abroad are encouraged to submit technologies available for licensing from their institutions.

There are now 22 participating institutions that have brought their 295 rare disease-related technologies to this exciting initiative. As of today, OTT has contributed 237 rare-disease technologies to this site and is constantly adding new ones as they become available. The Rare Diseases and Conditions Technologies Web site is just one example of the data tools, visualization tools, and search tools developed by OTT and its partners, representing additional means of making information broadly available as a means of translating scientific discovery into improvements in public health. ❖

Visit us at **http://ppp.od.nih.gov**

LOOKING FOR PPP INFORMATION?

Program on Public-Private Partnerships
Office of Science Policy Analysis
Office of Science Policy
Office of the Director
National Institutes of Health
Building 1, Room 209
1 Center Drive, MSC 0170
Bethesda, Maryland 20892

301.443.YPPP (9777)
301.480.1147 fax
pppartnerships@od.nih.gov

Please send your ideas and comments for future *PPP Advisor* articles/ publications to:

Marjorie Bonorden, Editor
PPP Program
Building 1, Room 209
Bethesda, Maryland 20892
or email: bonordenm@od.nih.gov

CALENDAR

DATE	MEETING	LOCATION & TIME	SPEAKER
6.22.10	mHealth IIIG Monthly Meeting*	NIH Campus Building 1, Wilson Hall 3 - 4:30 pm	TBA
7.27.10	mHealth IIIG Monthly Meeting*	NIH Campus Building 1, Wilson Hall 3 - 4:30 pm	TBA
9.16.10	PPP Coordinating Committee Presentation**	NIH Campus 2:30 - 4:30 pm	TBA *Working with Foundations and the Not-for-Profit World*
10.21.10	PPP Coordinating Committee Presentation**	NIH Campus 2:30 - 4:30 pm	TBA *Working with Foundations and the Not-for-Profit World*
11.8.10-11.10.10	mHealth Summit	Washington Convention Center, Washington, DC	For details and agenda: www.mhealthsummit.org
11.18.10	PPP Coordinating Committee Presentation**	NIH Campus 2:30 - 4:30 pm	TBA *Working with Foundations and the Not-for-Profit World*
12.16.10	PPP Coordinating Committee Presentation**	NIH Campus 2:30 - 4:30 pm	TBA *Working with Foundations and the Not-for-Profit World*

For more information on the mHealth Summit, visit www.fnih.org or www.mhealthsummit.org.

*Meets the fourth Tuesday of each month. If you need additional information, please contact Dr. Audie Atienza at atienzaa@mail.nih.gov.

**The PPP Coordinating Committee (PPPCC) meets the third Thursday of each month. If you need additional information, please contact Ms. Marjorie Bonorden at bonordenm@od.nih.gov.

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