

MESSAGE FROM THE DIRECTOR

Dr. Barbara B. Mittleman

Spring has sprung and summer is upon us. We in the Public-Private Partnership (PPP) Program are thinking about what changes will make the Program better and more useful in the coming year, at the same time following up on the many contacts and activities during recent meetings and conferences, in consulting with the Institutes and Centers (IC) staff, and as we await the appointment of a new National Institutes of Health (NIH) Director.

The 2009 BIO International Convention (BIO) concluded recently in Atlanta, home of the Centers for Disease Control and Prevention (CDC), and PPP program staff was busy promoting partnerships with NIH. Dr. Shawnmarie Mayrand-Chung, working together with a number of representatives of NIH's technology transfer community, joined CDC in a "Discover Federal Health Sciences" Day on CDC's campus. Four hundred attendees at BIO signed up for a chance to hear presenters discuss a variety of topics, including CDC's Chief Science Officer, Tanja Popovic, discussing CDC's mission, partnerships in the community, and emergency preparedness, as well as presenters from CDC's Foundation and the Foundation for the NIH (FNIH) and our staff on creative PPPs; on personalized health care and the U.S. Food and Drug Administration (FDA); and leveraging Federal opportunities to build commercial success. At the BIO meeting proper, the PPP program had the opportunity to meet with members of the European Union (EU) regarding international partnership opportunities, with several companies, with representatives of several academic institutions, and with others as we explore the motivations, needs, and barriers with respect to partnership development among various sectors.

On the more abstract front, we continue to discuss principles of partnership development and stakeholder alignment with people at the University of Illinois and in Deloitte Consulting. Look for manuscripts and case studies exploring these topics, along with upcoming presentations at several meetings focusing on biomarkers, drug development, and partnerships.

The Biomarkers Consortium (BC) continues apace, with both ongoing projects and projects in development. NIH ICs with thoughts about biomarker needs and/or opportunities should consider whether the BC is a useful and appropriate venue in which to develop these biomarker projects, and Dr. Shawnmarie Mayrand-Chung is also available for discussions to help focus or develop projects toward this end. One bit of BC news worth emphasizing is that the FNIH has taken on the ongoing management of an increasing number of BC projects. Some of the early projects involved the FNIH raising funds for biomarker projects that were "piggybacked" onto existing

SPOTLIGHT

The NIH Public-Private Partnership Program is pleased to announce the first guest feature article of its quarterly newsletter by a group or entity outside the National Institutes of Health (NIH). Featured in this issue is an article from the Foundation for the National Institutes of Health (FNIH), which was established as a 501(c)(3) foundation by the U.S. Congress to support the mission of the NIH. The FNIH works closely on both developing and facilitating partnerships with the NIH Institutes and Centers in the promotion of public health. Additionally, individuals, corporations, and foundations can also bring projects to the FNIH, which will then work with donors to assess which programs would be most relevant to NIH's priorities and interests. In addition to the support that FNIH provides to the NIH through fund-raising activities and initiatives, the NIH values their close relationship and dedication to the NIH mission. Dr. Shawnmarie Mayrand-Chung, NIH Program Director for The Biomarkers Consortium (BC), has been on a part-time detail from the NIH to the FNIH assisting with the BC, an FNIH-managed initiative, since January 2008. Dr. Mayrand-Chung works with the NIH investigators on biomarker-related projects and is the coordinator for the NIH BC-related efforts with the FNIH.

INSIDE THIS ISSUE

MESSAGE FROM THE DIRECTOR.....1

ARTICLES:

THE BIOMARKERS CONSORTIUM:
AN EYE TOWARD BIGGER
PROJECTS AND POLICY2

CLINICAL RESEARCH
PARTNERSHIPS3

THE FOUNDATION FOR THE
NATIONAL INSTITUTES
OF HEALTH 4

PUBLIC-PRIVATE PARTNERSHIP
PROGRAM: INSIDE THE PPP
PROGRAM..... 6

CALENDAR 8

CONTACT US 8

(continued on page 2)

MESSAGE FROM THE DIRECTOR (CONTINUED FROM PAGE 1)

NIH projects, with the funds being conveyed to NIH for the management of the biomarker activity as well. Recently approved projects including one focusing on circulating tumor cells in prostate cancer and looking for plasma biomarkers of Alzheimer's disease are examples of FNIH-managed activities. FNIH management is a very useful and flexible means of accomplishing BC projects in a timely and streamlined manner and is an excellent adjunct to the opportunity to "piggyback" onto NIH projects.

The Science of Health continues in development: We are working on a white paper that will lay out the need for a scientific basis for the study of health and are also planning for several workshops to be held this fall. Broad interest in the topic seems to be welling up and we look forward to helping coordinate a robust partnership in this area.

To conclude, we hope to have a PPP Coordinating Committee (PPPCC) schedule to you soon that will span several months or more of meetings and will reflect a thematic arc connecting several meetings. You will also note a new feature in this issue: news from the FNIH. We also hope to enlist members of the PPPCC as well as others from the ICs to include notes relevant to PPPs in this newsletter. As always, we are open to and welcome your ideas. ❖

Best regards,
Barbara

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

MARJORIE A. BONORDEN, PROGRAM ANALYST

THE BIOMARKERS CONSORTIUM: AN EYE TOWARD BIGGER PROJECTS AND POLICY

Dr. Shawnmarie Mayrand-Chung

As the next Executive Committee (EC) meeting approaches, The Biomarkers Consortium (BC) is busy putting final touches on two new project plans from the Neuroscience Steering Committee that are being proposed for EC approval:

- **Use of Targeted Multiplex Proteomic Strategies to Identify Cerebral Spinal Fluid-Based Biomarkers in Alzheimer's Disease (AD)** will utilize the samples from the Alzheimer's Disease Neuroimaging Initiative (ADNI), a 5-year longitudinal study designed to identify imaging and biochemical biomarkers for disease state and disease progression. ADNI is collecting cerebral spinal fluid (CSF), serum, and plasma from AD patients and controls. This targeted proteomics proposal is a follow-on to the ongoing plasma-based study (being conducted within the BC) and will seek to qualify a CSF-based multiplex panel in the same group of patients. The CSF-based project seeks to address the following three aims: (1) to qualify a 151 analyte multiplex immunoassay panel as a tool to diagnose and monitor disease progression in the ADNI cohort using baseline and 1-year CSF samples, (2) to examine BACE

(Beta site APP Cleaving Enzyme) levels and enzymatic activity in CSF in the ADNI baseline and 1-year CSF samples, and (3) to qualify a 30 analyte mass spectroscopy MRM panel and BACE assays as tools to diagnose and monitor disease progression in the ADNI cohort using baseline and 1-year CSF samples. If validated, these CSF biomarkers might have utility in assessing the effects of pharmacological intervention in subsequent AD disease modifying clinical studies.

- **Placebo Data Analysis in Alzheimer's Disease and Mild Cognitive Impairment Clinical Trials** will involve combining placebo data from large clinical trials performed by multiple pharmaceutical companies, with the goal of creating datasets of 3,000-5,000 subjects for AD and Mild Cognitive Impairment (MCI) groups separately. The long-term goal of such analyses is to develop better measures and analysis of cognition and disease progression-outcome measures that have both low variability and sensitivity to change, for use in future clinical trials. The

(continued on page 3)

THE BIOMARKERS CONSORTIUM: AN EYE TOWARD BIGGER PROJECTS AND POLICY (CONTINUED FROM PAGE 2)

project brings together a large collaborative effort between academic investigators and pharmaceutical partners to address a set of critical questions for the conduct of clinical trials in AD and MCI. This proposal also offers the benefit of statistical input from leading statisticians in the field and public dissemination of the data. The specific aims include (1) to collect and merge into a combined dataset the placebo group data from all available long-term MCI and mild AD trials, (2) using these datasets, to determine the contributions of administration, scoring and training methods, site characteristics, and subject characteristics to longitudinal change and variance, (3) to use item analysis methods for improvement of cognitive measures, and (4) to compare various methods of analysis of longitudinal cognitive data. The development of better cognitive measures not only would improve the conduct of clinical trials but also may provide improved diagnosis and prognosis.

Both projects, if approved, will be managed by the Foundation for the National Institutes of Health.

Additional projects are under development within the BC steering committees, including a complex adaptive breast cancer trial being developed within the Cancer Steering Committee. This project, titled Investigation of Serial Studies to Predict Your Therapeutic Response With Imaging

and Molecular Analysis (ISPY): An Adaptive Breast Cancer Trial Design in the Setting of Neoadjuvant Chemotherapy, is designed to accelerate the pace of identifying effective novel agents for breast cancer by targeting high-risk women with locally advanced (stages 2 and 3) breast cancer, using an adaptive design in the neoadjuvant treatment setting with intermediate markers (complete pathologic response [pCR], MR imaging, and biomarkers) as a way to measure drug efficacy and move successful regimens and biomarkers to focused Phase III trials. Because of the complexity of this project, the BC has spent much time reviewing and evaluating current BC policies to confirm that these policies are optimized to accommodate these complex and very important biomarker studies. To this end, there have been conversations about whether the existing policies governing confidentiality, conflict of interest, and intellectual property are adequate to protect the interests of all founding as well as participating organizations.

As the BC moves toward supporting complex, multisector projects, the need to revisit existing BC policies will be an integral part of the project approval process to ensure that the interests of all parties are protected and the mission of the BC is upheld. Stay tuned for further developments on this front in our next issue. ❖

CLINICAL RESEARCH PARTNERSHIPS

Dr. Wendy B. Smith

We would like to bring you news of several recent activities and programs as well as an update on some of our ongoing projects.

As mentioned in the last newsletter, the PPP Program is in the process of drafting a white paper to lay out the background for a Science of Health and how research related to a changing focus from disease to health can be the basis for clinical, regulatory, and policy decision-making. This paper will be divided into sections with three related and interpenetrating parts: individual

determinants of health, relationship-based determinants of health, and environmental determinants of health. For example, the section of this paper that will be focusing on relationships and their role as determinants of health will include the following: How can relatedness be defined and described? What qualities of relationship are relevant to health? To what extent can this be modulated to optimize health? How can the relationship of the individual to the intervention or the provider of that intervention influence or control the outcome? Reviews of the

scientific literature and other sources covering the impact of relationships in early childhood, the influence of the nature of relationships between adults, and issues related to spirituality and health will be included as well.

Pain is a topic of high trans-Institute/Center interest, and several pain activities have occurred recently:

- The NIH Pain Consortium, established to enhance pain research and promote collaboration within the NIH, hosted its annual research

(continued on page 4)

CLINICAL RESEARCH PARTNERSHIPS (CONTINUED FROM PAGE 3)

symposium on May 27 presenting the latest research focusing on pain and genetics. Two additional co-chairs of the Consortium were welcomed, Dr. Josephine Briggs, Director, National Center for Complementary and Alternative Medicine, and Dr. Nora Volkow, Director, National Institute on Drug Abuse, who joined the Consortium's current co-chairs: Dr. Story Landis, Director, National Institute of Neurological Disorders and Stroke, Dr. Patricia Grady, Director, National Institute

of Nursing Research, and Dr. Larry Tabak, Director, National Institute of Dental and Craniofacial Research. For more information about the NIH Pain Consortium, see <http://painconsortium.nih.gov>.

- The National Cancer Institute (NCI) along with the NIH Pain Consortium hosted a Neuropathic Cancer Pain Symposium on April 28 to bring together a multidisciplinary group of researchers, clinicians, and patient advocates. Critical focus

areas included defining pain through the patient's eyes, assessment and outcome measures of neuropathic pain, evidence-based treatments, behavioral research, emerging therapeutic models, and future research directions.

PPP Program staff members are always available to assist in the development of interdisciplinary and inter-IC PPPs. ❖

THE FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH

Amy M. Porter, Executive Director

Since its inception 12 years ago by Congress, the Foundation for the National Institutes of Health (FNIH or Foundation) has grown into a mature, full-service organization well positioned to advance the mission of the NIH – to improve human health through scientific discovery. The FNIH has grown to become an innovative coalition-builder and problem-solver in the broad arena of human health by developing and facilitating public-private partnerships and collaboration and by convening stakeholders across multiple disciplines including industry, academia, and the philanthropic community with their relevant NIH counterparts.

The Foundation manages a variety of large, complex, innovative scientific endeavors involving scores of diverse partners and many millions of dollars. In addition to bringing together a wide range of stakeholders, the Foundation's expertise also includes structuring programs, making and managing research grants, holding meetings and symposia, and fundraising. To date, the Foundation has raised over \$450 million and currently supports a broad portfolio of over 100 projects.

The Foundation's proven project-management skills enable it to deliver on defined objectives and deliverables within predictable timelines and budgets. Below is a sampling of its capabilities. These include, but are not limited to:

FOUNDATION
FOR THE
National Institutes of Health

PARTNERS FOR INNOVATION, DISCOVERY, LIFE

- **Collaborative Relationships Help to Expedite the NIH's Institutes and Centers (ICs) Objective.** The Foundation has built an extensive network of public and private partners, from biomedical scientists and researchers, government entities, corporations, and academia, to health care foundations, nongovernment organizations (NGOs), other nonprofits, and philanthropists. The Foundation leverages these resources and puts them to work for its NIH partners in the greatest and most effective way possible.
- **Fundraising.** The Foundation has built an experienced fundraising staff that is able to reach companies, associations, foundations, and individuals who are interested or engaged in biomedical research and education. The FNIH is able to draw on these resources and relationships to raise funds for specific public-private partnerships.

(continued on page 5)

THE FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH (CONTINUED FROM PAGE 4)

- **Building and Managing Consortia.** The Foundation is practiced at organizing and managing large consortia. These consortia include diverse memberships and tackle important domestic or global issues, ensuring that many voices are heard. While addressing the complicated ethics and governance issues of public-private partnership, the Foundation can create flexible organizational structures that meet the needs of specific consortia.
- **Grant-Making and Project Management.** The Foundation has a proven track record for developing and managing the grant process, whether for large, complex grant programs or smaller focused programs where speed is an important factor. The FNIH is also experienced at awarding and managing grants over multiyear timeframes.
- **Events and Logistics Management.** The Foundation has a professionally staffed events management team that is experienced in organizing a broad range of domestic and international events and conferences.
- **Incubator for New Initiatives.** While a consortium with multiple partners may be in its initial phase, the Foundation can set in motion the consortium's initiative and administer grants until the consortium establishes its own independent status, for example, as a nonprofit entity.
- **Capacity-Building: Contributing to the Pipeline of Clinical Researchers and Clinical Research Education.** The Foundation has raised funds for a number of NIH educational, training, and fellowship programs.
- **Contractor Representative for the Congressionally Directed Medical Research Programs.** The FNIH can act as a contractor representative for NIH principal investigators (PIs) who wish to apply for grants from the U.S. Department of Defense (DOD) Directed Medical Research Program. The FNIH releases the funds to the PI as required by the research project, which is often over a longer timeframe than would be required by the DOD.

FNIH convenes and connects NIH with other stakeholders for Partnership Development. Partnership support is structured in two ways:

- **FNIH-Managed Programs.** The Foundation solicits input from multiple stakeholders, including NIH, industry, foundations, and academia. The Foundation's board of directors sets the policy and direction for the program, which is then staffed and actively managed by the Foundation.

- **NIH-Managed Programs.** The Foundation secures partners and/or funding for a program approved by the director of an NIH IC. Contracts and grants are awarded by NIH, and progress is reported to a scientific board or steering committee of the Foundation.

This Foundation's ability to facilitate the pooling of talents and resources enables increased efficiency, effectiveness, and accountability of a given project. The Foundation has become a proactive catalyst for scientific discovery by stretching beyond conventional partnerships to new paradigms to foster interdisciplinary research.

- **Grand Challenges in Global Health (GCGH)** is a groundbreaking, \$436.6 million initiative to address major health challenges of the developing world. Working with the various ICs and with funding from the Bill & Melinda Gates Foundation (BMGF), GCGH encompasses multiple projects focused on finding cures for the major diseases afflicting the developing world, including enteric infections, acquired immunodeficiency syndrome (AIDS), and malaria. The Foundation manages 20 GCGH projects in 25 countries.
 - **The Comprehensive T Cell Vaccine Immune Monitoring Consortium** is a \$33 million project administered by the Foundation on behalf of the Vaccine Research Center of the National Institute of Allergy and Infectious Diseases. This project's objective is to create, refine, and standardize laboratory tests to screen AIDS vaccine candidates.
 - **The Malnutrition and Enteric Diseases (MAL-ED)** program, supported by a \$30 million grant from BMGF, will study relationships between malnutrition and enteric infection, and their consequences.
- **The Biomarkers Consortium (BC)**, with 60 partners across multiple disciplines, is focusing on four major therapeutic areas: cancer, immunity and inflammation, metabolic disorders, and neuroscience. Work is being done to identify, develop, and qualify biomarkers to support new drug development, preventive medicine, and medical diagnostics for these four high-impact areas.
- **The Alzheimer's Disease Neuroimaging Initiative (ADNI)** is the largest public-private partnership focused on brain research, and recently began analyzing the data generated by this 5-year, \$60 million effort. Using magnetic

(continued on page 6)

THE FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH (CONTINUED FROM PAGE 5)

resonance imaging (MRI), positron emission tomography (PET) imaging, and laboratory and cognitive testing of 821 normal, mildly cognitively impaired, and Alzheimer-diseased patients, a goal of the study is to provide better tools for carrying out clinical trials and identifying biomarkers that can predict clinical outcome. To date, more than 25 papers stemming from ADNI have been published, with dozens more submitted and abstracts presented at meetings.

- **The Osteoarthritis Initiative (OAI)** is among the Foundation's oldest research partnerships. It combines the resources and expertise of seven NIH ICs and four major funders to track nearly 5,000 participants over time. The goal is to understand the natural progression of osteoarthritis and to identify biomarkers associated with the disease.
- **The Trans-NIH Summit: The Science of Eliminating Health Disparities**, on behalf of the National Center on Minority Health and Health Disparities, was organized by the Foundation team. In December 2008, more than 4,000 participants from many disciplines and communities across the United States came together to highlight work already done and to set a course for the future.

- **Clinical Research Training Program.** This is one of the oldest education/training programs developed by the Foundation. Over the past 12 years, this program has enabled 250 fellows and 30 promising medical and dental students per year to spend 1 year on the NIH campus engaged in clinical or translational research and attending clinical rounds, courses, and seminars, mentored by senior NIH clinician-scientists.
- **The Edmond J. Safra Family Lodge**, on the NIH campus, is a home away from home for families and loved ones of adult patients who are participating in clinical trials and receiving care at the NIH Clinical Center. Mrs. Lily Safra, along with the Edmond J. Safra Philanthropic Foundation, provided the principal private funding for its construction. Perpetual support for the Lodge is provided by a number of endowments.

These few programs are just a sampling of the broad portfolio of unique programs supported by the FNIH that complement and enhance NIH priorities and activities. If you would like to learn more about the FNIH or discuss a project, contact Andrea Baruchin, Ph.D., Associate Director for NIH Initiatives, at abaruchin@fnihi.org or 301-594-6649. ❖

PUBLIC-PRIVATE PARTNERSHIP PROGRAM: *INSIDE THE PPP PROGRAM*

Ms. Marjorie A. Bonorden

Since the Public-Private Partnership (PPP) Program was initiated as an outgrowth of the NIH Roadmap in 2005, it has grown in many directions. The information here will provide an inside view of the work being done behind the scenes in the PPP Program.

To track and monitor our growth, the PPP Program is designing and developing an in-house database to better organize and retrieve partnership information. The PPP database is critical to the PPP Program so that partnership information can be easily tracked for both reporting purposes and development analysis. The database is being created using Filemaker Pro, a software program that will allow for the ease of day-to-day use to input and track current information regarding all PPP projects. The database will allow us to

manage our contacts, produce customized reports, and access project details and associated tasks.

Some of you may not know that PPP Program staff had been in a temporary swing space in Building 31 for over a year while the office in Building 1 was undergoing renovations. We have officially moved back to Building 1, and, in spite of some boxes that still need to be unpacked, we are glad to be back "home."

We are in the process of planning for some changes to enhance the PPP Program as well as to augment programming and attendance for the PPP Coordinating Committee (PPPCC) meeting. We plan to reveal these new ideas to PPPCC members at the June 2009 meeting and will also include them in the next issue of our newsletter, *PPP Advisor*.

(continued on page 7)

PUBLIC-PRIVATE PARTNERSHIP PROGRAM:

INSIDE THE PPP PROGRAM (CONTINUED FROM PAGE 6)

In addition, we hope to write and publish a textbook that will be a partnership “how-to” guide as well as a representation of current thinking about partnerships.

We continue to work closely with Foundation for the NIH staff, especially with the NIH liaison, Dr. Andrea Baruchin, Associate Director for NIH Initiatives, and The Biomarkers Consortium team headed by David Wholley. And, as always, we work very closely with the Office of General Counsel, especially with Annette Levey, who has become an expert in issues related to PPPs, and both Mark Rohrbaugh and Ann Hammersla in the Office of Technology Transfer.

Looking ahead to meetings, PPP staff will attend and speak at:

- **Cambridge Healthtech Institute Collaborative Innovation in Biomedicine Conference** in Washington, DC, at the end of June. This conference is “aimed at addressing some of the key challenges facing the pharmaceutical industry today, including what has been described as the ‘Revenue Cliff’ that the pharmaceutical industry faces, as a number of key patents expire on major drugs, as well as how the industry confronts the additional challenges of declining pipeline productivity, declining availability of research and development (R&D) resources, and increasing regulatory and business practice pressures.”
- **Forum on Access, Innovation & Affordability of Medicines: Closing the Health Gap Through Innovation** in Warsaw, Poland, at the end of June regarding partnerships, current policy discussions in health and industry policy, and the link between public health and economic policy.
- **European Consortium Meeting** with the Directorate General for Research and the Directorate General for Enterprise in Brussels, Belgium, in July to discuss research partnerships in the United States and Europe, and innovation.
- **Drug Discovery & Development Week**, to be held in early August in Boston, Massachusetts. This is one of the largest meetings of its kind; 2,500 attendees are expected at the 5 colocated conferences that will take place during this week, which is titled Drug Discovery & Development Week. This meeting will be a great opportunity for the NIH, FDA, and other regulators to come face to face with industry to have an open exchange and dialogue. Specifically, PPP Program staff (representing The Biomarkers Consortium) will moderate a session during the Drug Safety Strategies to De-Risk Compounds conference.

Industry would like to change its R&D paradigm to align itself with the regulatory pathway, and is looking for guidance, and interaction with FDA, NIH, and other consortia that are charting the course for biomarkers.

- **Biomarkers in Clinical Trials** conference, which is taking place in London in late September and will include current examples of the use of biomarkers in clinical practice; toxicity biomarkers in clinical safety monitoring, translational research and the delivery of personalized medicine, and cost-effectiveness and regulatory issues in biomarker integration. Included in this forum will be a 1-day workshop about protein biomarkers in clinical development. This conference, attended by PPP Program staff (representing The Biomarkers Consortium), will be an important venue to explore and advance biomarker research. For additional information, please visit www.smi-online.co.uk/biomarkers-ct.asp.
- **Drug Discovery Partnership: Academia & Industrial Interactions** meeting in Boston, Massachusetts, in late October. This meeting will focus on partnerships and drug discovery such as government collaborations, the gap between academic research and applied discovery, funding, and strategic alliance between industry and academia.

Inside NIH, the PPP Program office has been asked to speak at various staff and committee meetings about partnerships. We also assist NIH Institutes and Centers with in-depth consultations on complicated partnerships. Recently, we have been working with colleagues from the Eunice Kennedy Shriver National Institute of Child Health and Human Development, the National Institute on Aging, the National Institute of Arthritis and Musculoskeletal and Skin Diseases, the National Institute of Neurological Disorders and Stroke, the National Institute of Nursing Research, the National Center for Complementary and Alternative Medicine, the National Center on Minority Health and Health Disparities, the National Cancer Institute, and the Clinical Center. PPP Program staff also participates on various trans-NIH committees. We have also participated in discussions with various community organizations, such as local hospitals, to help meet the needs of our partners.

As a reminder, the PPP Program is a resource to help you contact, connect, and partner to facilitate collaborations to improve public health. Whether it is a simple question or comprehensive assistance with partnership development, please call or e-mail us. We can help you through the partnership process to help your partnership succeed! ❖

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
National Institutes of Health
Building 1, Room 209
1 Center Drive, MSC 0166
Bethesda, Maryland 20892

301.443.YPPP (9777)

301.402.0280 fax

pppartnerships@od.nih.gov

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

Marjorie Bonorden, Editor
PPP Program
Building 31, Room 1C25
Bethesda, Maryland 20892

CALENDAR

DATE	MEETING	TIME	LOCATION	SPEAKER	SUBJECT
6.25.09- 6.26.09	Telehealth Workshop	*	NIH Campus Natcher Center	*	*
9.17.09	PPP Coordinating Committee	1 - 3 pm	NIH Campus Bldg 1/Wilson Hall	TBD	TBD
10.15.09	PPP Coordinating Committee	1 - 3 pm	NIH Campus Bldg 1/Wilson Hall	TBD	TBD
10.29.09- 10.30.09	mHealth Summit: The Mobile Phone as a Health Care Platform**	TBD	Ronald Reagan Building, Washington, DC	Host: FNIH	The Mobile Phone as a Health Care Platform
11.19.09	PPP Coordinating Committee	1 - 3 pm	NIH Campus Bldg 1/Wilson Hall	TBD	TBD

Please check the PPP Web site for updates and additions.

* *Future of Telehealth: Essential Tools and Technologies for Clinical Research and Care.* For more information and/or to register, visit www.ncrr.nih.gov/Telehealth/.

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

NIH PROGRAM ON PUBLIC-PRIVATE PARTNERSHIPS
NATIONAL INSTITUTES OF HEALTH
BUILDING 1, ROOM 209
1 CENTER DRIVE, MSC 0166
BETHESDA, MARYLAND 20892



NIH PUBLICATIONS
No. 08-6531
PRINTED JUNE 2009