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alzheimer's association®

Francis S. Collins, MD, PhD
Director
National Institutes of Health
9000 Rockville Pike
Bethesda, Maryland 20892

May 17, 2015

Re: Request for Information: Optimizing Funding Policies and Other Strategies to Improve the Impact and Sustainability of Biomedical Research

Dear Dr. Collins,

The Alzheimer's Association appreciates the opportunity to respond to the National Institutes of Health's (NIH) Request for Information entitled "Optimizing Funding Policies and Other Strategies to Improve the Impact and Sustainability of Biomedical Research" (NOT-OD-15-084). As the largest non-profit funder of Alzheimer's research, the Association is committed to accelerating the progress of new treatments, preventions and, ultimately, a cure for the disease, and we applaud NIH for its efforts to continue to improve the health of all Americans. The Alzheimer's Association recommends the following in order to further maximize the investment of taxpayer resources as it pursues its mission.

Recommendation #1: Prioritize biomedical research funding rather than proposing budget increases on a proportional basis across institutes and centers.

Historically, appropriators have followed a formula allocating budget increases for each institute and center proportionally to the increase provided to NIH as a whole. This approach, while allowing appropriators to allocate funds "fairly" across institutes and centers, fails to recognize research advances that have a significant positive impact on lifespan. Alzheimer's disease is one such example.

Today, an estimated 5.3 million Americans are living with Alzheimer's disease — the most common form of dementia — and that number will rise to as many as 13.8 million by 2050. It is the only cause of death among the top 10 without a way to prevent, cure, or even slow its progression.[1] In 2015, Alzheimer's and other dementias will cost the nation $226 billion; by 2050, these costs could rise as high as $1.1 trillion. [2]

[1] Alzheimer's Association (2015) *2015 Alzheimer's Disease Facts and Figures.*

[2] Ibid.

The greatest risk factor for developing Alzheimer's disease is increasing age.[3] Funding for Alzheimer's disease research in 1960s, when the average American's life expectancy was 69.7 years,[4] may have been proportionate to the burden of the disease. However, life expectancy has increased and was 78.8 years in 2013.[5] With this increased life expectancy comes an increased risk of developing Alzheimer's disease or other dementias. A static budgeting mechanism does not proportionately address diseases that are affecting increasing numbers of people and that significantly complicate other health conditions. With strategic, targeted funding for these diseases, NIH can much more effectively enhance Americans' health, lengthen lives, and reduce illness and disability.

Recommendation #2: Increase utilization of Program Announcements (PAs) and Requests for Applications (RFAs) in areas in which experts have identified specific unanswered questions that underpin new advances.

Too often, the NIH system of funding grant applications to the payline has the potential to ignore groundbreaking and innovative science that may fall just below the payline. For example, the *National Plan to Address Alzheimer's Disease*,[6] which is updated regularly by the research community, includes scientific milestones to prevent and effectively treat Alzheimer's disease by 2025. Additionally, recommendations from the 2015 NIH Alzheimer's Disease Research Summit have pointed toward a more targeted approach.[7] Significantly faster progress toward these milestones could be achieved if NIH were to dedicate some degree of its Alzheimer's funding to PAs/RFAs, which can be more targeted in their design. A greater use of PAs and RFAs will help to ensure that funding is available to answer the most pressing questions the scientific community agrees should be answered.

Recommendation #3: NIH should confine its funding decisions to research proposals that directly advance its core mission.

NIH regularly acknowledges that it does not have the resources to support all of the meritorious proposals that researchers submit. However, NIH also funds research that more closely aligns with the missions of other agencies, such as health economics research. Such efforts may duplicate the mission of the Agency for Healthcare Research and Quality (AHRQ), which is to "to produce evidence to make health care safer, higher quality, more accessible, equitable, and affordable, and to work within the U.S. Department of Health and Human Services and with other partners to make sure that the evidence is understood and used."[8] Federal agencies' adherence to their missions and

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[3] U.S. National Library of Medicine, http://www.nlm.nih.gov/medlineplus/alzheimersdisease.html.
[4] Centers for Disease Control and Prevention, Detailed Tables for the National Vital Statistics Report, http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf.
[5] Ibid.
[6] National Plan to Address Alzheimer's Disease, http://aspe.hhs.gov/daltcp/napa/#Plan.
[7] Recommendations from NIH AD Research Summit 2015, http://www.nia.nih.gov/research/recommendations-nih-ad-research-summit-2015.
[8] Agency for Healthcare Research and Quality, http://www.ahrq.gov/cpi/about/index.html.

careful coordination among agencies allows for more efficient use of taxpayer dollars and advancement of those missions.

Thank you for your consideration. The Alzheimer's Association looks forward to its continued partnership with NIH and is glad to serve as a resource. Please contact Laura Thornhill, Manager of Regulatory Affairs, at lthornhill@alz.org or 202/638-7042 if we can be of assistance.

Sincerely,

Robert Egge
Executive Vice President, Government Affairs