HIV/AIDS Ethics Research at NIH

Richard A. Jenkins PhD

Prevention Research Branch
Division of Epidemiology, Services & Prevention Research
National Institute on Drug Abuse

Presentation at 2011 Fordham HIV Prevention Research Ethics Training Institute, Fordham University
August 1, 2011
Overview

• AIDS Research Context at NIDA
• Announcements & Funded Research in Ethics
• Other Funding Mechanisms: Research & Training
• How to Succeed in Making Your Application
• Processes of Funding & Review
• Q&A
Division of Epidemiology, Services and Prevention Research (DESPR): *NIDA’s Public Health Division*

DESPR promotes epidemiology, services and prevention research to understand and address the range of problems related to drug abuse, in order to improve public health.
AIDS Research at NIDA

- AIDS Research Program plans, develops and coordinates priority research in HIV/AIDS

- NIDA workgroups provide direction, leadership, and grants administration across specific target areas (e.g., prevention, medical conseq, int’l, special pops)

- Website: www.drugabuse.gov/about/organization/arp
AIDS Research Program (ARP)

Contents:

- Message from the ARP Director
- Mission Statement
- Current AIDS Research Priorities
- Workgroups
- HIV/AIDS Program Announcements (PAs) and Requests for Applications (RFAs)
- NIDA Avant-Garde Award Program for HIV/AIDS Research
- Upcoming Events
- Websites of Interest, Meeting Reports, and Other Resources
- Contact Us
## NIDA’s FY08 Funding by OAR Research Areas of Emphasis

<table>
<thead>
<tr>
<th>Area of Emphasis</th>
<th>Funding ($M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural History and Epidemiology</td>
<td>45</td>
</tr>
<tr>
<td>Etiology and Pathogenesis</td>
<td>34</td>
</tr>
<tr>
<td>Microbicicides</td>
<td>1.8</td>
</tr>
<tr>
<td>Vaccines</td>
<td>2.4</td>
</tr>
<tr>
<td>Behavioral and Social Science</td>
<td>195</td>
</tr>
<tr>
<td>Therapeutics</td>
<td>7.4</td>
</tr>
<tr>
<td>Training, Infrastructure, and Capacity Building</td>
<td>6.6</td>
</tr>
<tr>
<td>Information Dissemination</td>
<td>1.6</td>
</tr>
</tbody>
</table>
NIDA’s AIDS Research Domestic Priorities

- Reducing racial/ethnic disparities
- Access, utilization, adherence, & effectiveness of HIV treatment
- Reducing HIV transmission among drug users & networks
- Non-injecting drug use & its relation to sexual risk
- Prevention in the criminal justice system
- Structural interventions
- Integrating tx & services for HIV, drug abuse, & co-morbid conditions (e.g., HCV)
- Medical consequences of HIV/AIDS, drug use, co-morbid conditions
- Research on adolescent development, impulsivity
International Research Priorities

• Prevention interventions addressing non-injection drug users among high prevalence populations
• Prevention interventions in emergent IDU epidemics (Russia, China, India, E/C Europe)
• Develop regional research networks
• New methods for gathering epi data & tracking HIV diffusion
• Immigration & migration in drug use & HIV transmission
• HIV & co-infections (TB, HCV)
• Drug abuse prevention & tx as HIV prevention
HIV/AIDS Ethics Research
Funded by NIH
Ethics Research Funded by NIH

• NIHReporter Search:
  – “HIV” and “ethics” = 1000s of entries
  – “Ethics” in title search = Many fewer entries, from 2 non-AIDS FOAs

• PubMedCentral Search:
  – Applies only for newest studies under Public Access
  – “HIV” and “ethics” = 1000s of entries
    • But, searches of abstracts, titles, terms = 0
  – “HIV” and “trials”
    • 7 entries, one specifically about participation
Ethics Research Funded by NIH

• PubMed Search:
  – “HIV” and “ethics” = 1000s of entries
    • Limiting to titles to “consent”, “participation”, etc. = 100s of entries
  – Topics include: consent, participation in trials; knowledge about trials; public education about trials; commentaries, case studies; RPAs including ministries, IRBs
  – So….there’s a lot of research that gets published, along with commentary
Ethics Research Funded by NIH

• Who funds all this work?
  – NIH, often indirectly
    • Rs and Ks concerned with stigma, discrimination, research issues, etc.
    • Rs and Ks for which this might be related, but not central
    • NIH Clinical Trial networks (HPTN, HVTN, etc.)
    • NIH-funded Centers (e.g., CFARs)
    • Fogarty International Center training programs
  – UNAIDS
  – National or Provincial authorities in other nations
  – Non-profits like IAVI, Gates, etc.
  – Sometimes no funding is acknowledged
Ethics Specific FOAs at NIH
Research on Ethical issues in Biomedical, Social & Behavioral Research

- Initiated by OBSSR, with multiple ICs participating
  - PA11-180 (R01)
  - PA11-181 (R03)
  - PA11-182 (R21)

- Predecessor: PA07-277
  - 59 Applications
  - 14 Funded (Almost all on resubmission)
  - No Specifically HIV/AIDS applications

- Special review has been used, but not designated PAR
Research on Ethical issues in Biomedical, Social & Behavioral Research

Content Areas

- Ethical Considerations of New & Emerging Technologies
- Research Study Design Issues
- Therapeutic Misconception and the Interface of Treatment & Research
- Research that Involves Vulnerable Populations
- Specimens, Data &/or Health Information
- Dissemination & translation of Research Findings
- Research Oversight (IRB, DSMP, Cofl)
Research on Ethical issues in Biomedical, Social & Behavioral Research

• Topics funded include:
  – Assessment of Understanding of Certificates of Confidentiality
  – Informed Consent for Invasive procedures
  – Promoting Public Dialog
  – Protections in Underserved geographic Areas
  – Consent Procedures
  – How Stakeholders Interpret Vulnerability
Ethical, Legal & Social Implications of Genomic Research

– New FOA
– Initiated by National Human Genome Research Institute (participating ICs include NICHD, NIA)
  • PA11-250 (R01)
  • PA11-249 (R03)
  • PA11-251 (R21)
– No HIV/AIDS
International Research Ethics Education and Curriculum Development Award (R25)

- Initiated by Fogarty International Center
  - PAR10-174 (R25) (Replaced PAR08-002)
- Focuses on new or further development of Master’s level programs for ethics education in “developing countries”, and pre-development activities
- Many sites include or focus primarily on HIV/AIDS
- Typically integrated with other Fogarty training activities at sites
HIV/AIDS Ethics Research Funded by NIH

• Take Home Messages:
  – FOAs exist for ethics research exist, but often are not used
  – Much work is supported by mechanisms that support developmental work but not large projects (e.g., CFAR)
    • Larger scale projects are needed to move the field forward
  – Work does get funded through typical R and K mechanisms
    • Absent specific RFAs and PAs better use needs to be made of these mechanisms
Career Development Plan

- Predoctoral Fellowship - F31
- Institutional Predoctoral Fellowship - T32

Postdoctoral Fellowship - F32
- Institutional Postdoctoral Fellowship - T32

Do I need more training or am I changing career emphasis?
- Yes
  - Apply for Mentored K
- No
  - Do I have Pilot Data?
    - Yes
      - Apply for R03, B/START or I/START
    - No
NIH Offers Funding Programs to Support Scientists at Every Stage of Their Career

Research Supplements to Promote Diversity: mentored research support for HS, UG, PostBac, Pre&Post Docs, Faculty

Small Grant (R03)
Research Project Grant (R01)
Exploratory/Developmental Grant (R21, R34)

Approx. Stage of Research Training and Development
- Graduate/Medical Student
- Postdoctoral
- Early Career
- Middle Career
- Senior Career

Mechanism of Support
- Predoctoral Institutional Training Grant (T32)
- Predoctoral Individual NRSA (F31)
- Predoctoral Individual MD/PhD NRSA (F30)
- Postdoctoral Institutional Training Grant (T32)
- Postdoctoral Individual NRSA (F32)
- NIH Pathway to Independence (PI) Award (K99/R00)
- Mentored Research Scientist Development Award (K01)
- Mentored Clinical Scientist Development Award (K08)
- Mentored Patient-Oriented RCDA (K23)
- Mentored Quantitative RCDA (K25)
- Independent Scientist Award (K02)
- Midcareer Investigator Award in Patient-Oriented Research (K24)
- Senior Scientist Award (K05)

*Graph represents a small sample of NIH funding mechanisms available.*
Standard Funding Mechanisms

• **Investigator Initiated Research Grant (R01)**
  – research plan proposed by the applicant institution/organization must be related to the stated program interests of NIH
  – Up to five years support - no cap on proposed budget

• **Small Grant Program (R03)**
  – Pilot or feasibility studies
  – Secondary analysis of existing data
  – Small, self-contained research projects
  – Development of research methodology or new research technology
  – $50K Direct cost for each of two years

• **Exploratory/Developmental Research Grant Award (R21)**
  – Test feasibility of a novel area of investigation
  – Studies may involve considerable risk but may lead to a breakthrough that could have major impact on a field.
  – $275K Direct Cost for combined 2 years
R34: Pilot Intervention Trials

- Building System Capacity for Implementing Evidence-Based Practices in Substance Abuse Treatment and Prevention (R34) PA-09-105
- Pilot and Feasibility Studies in Preparation for Drug Abuse Prevention Trials (R34) PA-09-146
B/Start: Behavioral Science Track Award for Rapid Transition

- Behavioral science research related to drug abuse.
- Research must be primarily focused on behavioral processes and research questions.
- Two $25,000 modules, or $50,000 for the one-year project duration.

Areas of interest include, but are not limited to:
- Behavioral genetic approaches either in animal models (e.g., transgenic animals, development of simple high-input behavioral screens) or human subject studies (e.g., establishment of pedigrees, twin studies).
- Studies of innovative theory-based prevention approaches including interventions to mitigate or ameliorate adverse consequences associated with drug abuse.
- Studies of risk reduction strategies to reduce HIV and other infectious diseases among drug abusers.
A/Start: AIDS-Science Track Award for Research Transition

- Drug abuse research on HIV/AIDS.
- Feasibility, secondary data analysis, and small, self-contained studies on drug abuse and HIV/AIDS.
- $100,000 per year, up to two years; maximum of $200,000 direct costs over a two-year project period.

Areas of interest include, but are not limited to:

- Drug Abuse and HIV Prevention
- Drug Use and HIV/AIDS Treatment
- Epidemiology and Natural History of HIV/AIDS Among Drug Using Populations
- Drug Abuse Related HIV/AIDS and Its Consequences
Mentored Career Development Awards

- Mentored Research Scientist Development Award (K01)
- Mentored Clinical Scientist Development Award (K08)
- Mentored Patient-Oriented Research Career Development Award (K23)
- Mentored Quantitative Research Career Development Award (K25)
- NIH Pathway to Independence (PI) Award (K99/R00)
Midcareer Ks - K02 and K24

• Associate Professor level, to provide protected time for research and mentoring
• K02 Independent Scientist (75% effort)
• K24 Patient Oriented Research (25-50% effort)
• Salary support (up to $90,000)
• 3-5 years, 1 renewal
• Expected to have peer-reviewed research support (e.g., R01) at the time of award
Review Criteria for Mentored Career Development Awards

- **Candidate:**
  - Quality of candidate's research, academic, and/or clinical record
  - Potential to develop as an independent Researcher, and commitment to a research career

- **Career Development Plan:**
  - The content, phasing, and duration of the plan
  - Consistency with the candidate's career goals
  - Likelihood the plan will lead to achieving scientific independence

- **Research Plan:**
  - Methodology
  - Relevance to the candidate's career objectives
  - Appropriateness of the plan to the stage of research development
  - As a vehicle for developing research skills for career development.
Review Criteria for Mentored Career Development Awards

• **Mentor/Co-Mentor:**
  - Research qualifications
  - Quality and extent of Mentor’s role in providing guidance
  - Previous experience in fostering Researchers
  - History of research productivity
  - Adequacy of support for the research project

• **Environment and Institutional Commitment:**
  - Adequacy of research facilities and training
  - Quality of the environment for applicant development
  - Institution's commitment to candidate —
    - assurances that the institution intends for the candidate to be an integral part of its research program
  - Institution's commitment to balance of research and other responsibilities, including 75% effort to K Award.
Features of the Mentored Career Awards

• **Purpose:**
  – Provide applicant who has professional degree with 3-5 years of *additional supervised research*
  
  – **Training must be in an area new to the applicant**, and/or one where add’l supervised research experience will substantially add to their research capabilities
  
  – Focus on progression to independence — candidate must provide a plan for achieving independent research support by the end of the award period

• **Allowable Costs:**
  – Annual Salary of $48,000-$90,000
  
  – Research Development Support up to $50,000 per year.
NIH Loan Repayment Programs

Up to $35,000 per year

- The next extramural application cycle will open September 1, 2006. Click here to receive additional information.

LOAN REPAYMENT PROGRAMS
- Clinical Research
- Clinical Research for Individuals from Disadvantaged Backgrounds
- Contraception and Infertility Research
- Health Disparities Research
- Pediatric Research

LOAN REPAYMENT PROGRAMS FOR NIH EMPLOYEE - RESEARCHERS
- AIDS Research
- Clinical Research for Individuals from Disadvantaged Backgrounds
- General Research

http://www.lrp.nih.gov/
NIH Loan Repayment Programs (LRPs) are a vital component of our nation’s efforts to attract health professionals to careers in research.

**How they work:**

**You:** Commit to perform research for 2 years

**NIH:** Repays up to $35,000 per year of your qualified educational debt and covers the resulting taxes

Increase the number of biomedical and behavioral research scientists
Eligibility

- Doctoral degree (M.D., Ph.D., or equivalent)
- Funding for research at *any* domestic nonprofit, university, or government organization
  - **NIH grant or award support NOT required**
- Educational loan debt must be at least 20% of applicant’s annual salary
- U.S. Citizen or permanent resident
- Must conduct qualifying research for at least 20 hours/week
The Application Process

Principal Investigator
Initiates Research Idea

School or Other Research Center
Submits Application

National Institutes of Health

Center for Scientific Review

Assign to IC and IRG

Scientific Review Group
Review for Scientific Merit

Institute
Evaluate for Relevance

Advisory Council or Board
Recommend Action

Program staff

Research is Conducted

Allocates Funds
Planning Guide

PLANNING PHASE

- Months before receipt date:
  - 8: Assess yourself, your field, and your resources
  - 7: Brainstorm; research your idea; call NIH program staff
  - 6: Set up your own review committee; determine human and animal subject requirements

WRITING PHASE

- 5: First outline your application's structure; then write your application
- 4: Get feedback; edit and proofread
- 3: Meet institutional deadlines
- 2: Receipt date

SUBMISSION PHASE

- 1
Before You Apply

Talk with NIDA Staff about…

• Funding Mechanisms
• Program Priorities
• Grant Process
• Application Procedure
• Review Process and Review Committee
• New Initiatives-
  • RFAs, PAs
• Research Interests
• Career Development Plan
Who do I talk to?

NIDA Staff

- Program Officer
- Scientific Review Officer
- Grants Management Officer
Who/What is a Program Officer?

- A Program Officer
  - is a Scientist and Administrator
  - manages grants, contracts, and cooperative agreements
  - identifies needs in scientific areas
  - identifies scientific areas of special interest and communicates interest
  - monitors research progress
  - advocates for the best science
  - attends Study Section
  - listens to grant reviews
  - observes review process
Who/What is a Scientific Review Officer (SRO)?

• An SRO
  – is a Scientist and Administrator
  – manages the review of grants, contracts, and cooperative agreements
  – appoints members to Initial Review Groups/Study Sections/Special Emphasis Panels
  – responds to questions about reviews at Advisory Councils and Board meetings
  – prepares summary statements reflecting Initial Review Group recommendations.
Who/What is a Grants Management Officer?

- A Grants Management Officer
  - implements the funding process
  - watches over the budget
  - ensures compliance of grantee with Institute policies and regulations.
Writing Your Application

■ Develop your idea!
  ◦ Contact NIH to reach people who can help you finalize your concept
  ◦ Look to PAs and RFAs; Colleagues; Mentors; NIH Staff to develop the idea and concept further
  ◦ Determine funded grants related to your idea (CRISP data base)

■ Generate preliminary data — most important for R01

■ Enlist collaborators
  ◦ Include letters from them
  ◦ Clearly spell out the collaborations in your proposal
  ◦ Must demonstrate active, appropriate, and significant involvement in the proposal
  ◦ Help write and provide feedback on application, as necessary
Writing Your Application

- Prepare your proposal early — *do not rush!*
- **Make your first proposal your best proposal — convey confidence and enthusiasm**
- Do your homework — know the literature and issues, questions, and controversies in your area
  - Place your work in perspective
  - Cite others, especially members of the review committee, if appropriate
  - If there are two camps, make sure you cite both sides
- Make your priorities clear
- Provide a timeline
- Be focused and use a clear and concise writing style
- *Know the relevant review criteria and address them in your proposal.*
Writing Your Application

• Discuss potential problems and pitfalls — describe alternate strategies

• Carefully consider your funding needs —
  – Keep in mind that the Reviewers will judge your competence, in part, by how well your funding request matches the scope of the project

• Proof read! — Reviewers and NIH staff have zero tolerance for tipografical errors, misspallings, or sloppy formatting.

• Critique your own proposal

• Have others read your final draft.
10 Fatal Flaws of NIH Grant Submissions (& How to Avoid Them)

An abridged version of a compendium assembled by Drs. Stephanie Strathdee & Tom Patterson at UCSD
10) Waiting Until the Last Minute
   – Allow time for feedback, proofing, etc.

9) Wrong Funding Mechanism
   – If no preliminary data, consider R21, R34, R03

8) Human Subjects Concern
   – May be a fatal flaw or bar to funding

7) Weak Statistical Plan or Study Power
   – Basic feasibility criterion; plan should fit aims and hypotheses

6) Lack of a Back-up Plan
   – Aims should be relatively independent; contingencies for negative outcomes
5) Gaps in Expertise
   - Have appropriate Co-Is, consultants, etc. for all areas

4) Proposal Poorly Organized
   - Emphasize Methods over Background; Write in operational language

3) Missing /Problematic Hypotheses or Weak/Absent Conceptual Framework
   - Aims should link to hypotheses & measures; Conceptual framework appropriate to the aims

2) Lack of Significance/Innovation
   - Should address a significant public health or clinical issue
“And now, for the #1 fatal flaw of NIH grant submissions...”
1) Overly Ambitious

- **Goal:**
  - Project is designed to be feasible within the time frame
  - Aims support one coherent project, not 2 or more
  - Provide enough detail for reviewers to understand novel methods and measures

- **Consequences:**
  - Threatens the ‘believability factor’
  - Projects with too much innovation viewed as *too ambitious*
  - Budget may not realistically support the aims
  - Makes PI appear inexperienced; possible fatal flaw
  - Reviewers may propose cutting an entire aim or 2, or may unscore the proposal after deciding they ‘cannot re-write it for the PI’
  - If you are funded, stand to risk not being able to meet aims, which can risk your reputation
The Review Process:
It is not a “Black Box”
Who Is a New Investigator?

New Investigator:

A Program Director or Principal Investigator (PD/PI) is considered a New Investigator if he/she has not previously competed successfully as a PD/PI for a “significant independent” NIH research grant (like an R01).
Who is an Early Stage Investigator?

A Program Director/Principal Investigator who qualifies as a **New Investigator** and is:

- within 10 years of completing his/her terminal research degree,
- within 10 years of completing medical residency (or the equivalent).

Note: NIH created a new ‘Early Stage Investigator’ (ESI) category designed to accelerate the transition of new scientists to research independence by receiving their first R01 earlier.


**New Investigators/Early Stage Investigators will receive additional consideration for grant funding of R01 applications only**
What You Can Do

- **Talk to a Program Officer before you apply**
  - Identify Funding Opportunity Announcement (FOA)
  - Identify an appropriate Study Section?
  - Do you match a priority for the Institute?

- **READ the FOA and follow the instructions!**

- **Include a cover letter**
  - Recommend review and Institute assignment(s)
  - Identify Conflict of Interest with any reviewer

- **Check application referral updates in eRA Commons**
  - Find time of your review
  - Find review panel roster
  - Questions? Call your Scientific Review Officer (SRO)
  - If you have post-submission additions, talk to your SRO
Applications are Assigned to:

- Scientific review groups, based on
  - Specific review guidelines

- Institutes, based on
  - Overall mission of the Institute
  - Specific programmatic mandates and interests of the Institute
The SRO Chooses the Reviewers

- Who are leaders in their fields
- Who are impartial: NO CONFLICT OF INTEREST
- Who have broad scientific perspective
1\textsuperscript{st} Level Review

- Standing study sections meet three times each year, face-to-face or electronically.
- Review 60 - 100 applications at each meeting.
What happens in Review?

- 3 reviewers are assigned to each application
- Each Reviewer writes a critique before the review meeting, including the 5 core criteria scores and a preliminary Overall Impact Score ranging from 1–9, in whole numbers
- The whole Committee discusses the application
- Each Committee member provides a final Overall Impact Score
Scoring an Application

- Applications may be scored, or not discussed
  - Applications are grouped into the top and bottom halves; the bottom half is not discussed
  - 50–60% of applications are not discussed

- All applications, discussed or not, receive a summary statement, that includes the reviewers’ critiques and the 5 core criteria scores

- The Overall Impact Score reflects how the reviewers think the work will move the field along
### Scoring Descriptions

<table>
<thead>
<tr>
<th>Impact</th>
<th>Score</th>
<th>Descriptor</th>
<th>Strengths/Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Impact</td>
<td>1</td>
<td>Exceptional</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Outstanding</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Excellent</td>
<td></td>
</tr>
<tr>
<td>Moderate Impact</td>
<td>4</td>
<td>Very Good</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Good</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>Satisfactory</td>
<td></td>
</tr>
<tr>
<td>Low Impact</td>
<td>7</td>
<td>Fair</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>Marginal</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>Poor</td>
<td></td>
</tr>
</tbody>
</table>

**Non-numeric score options:**
- NR = Not Recommended for Further Consideration
- DF = Deferred
- AB = Abstention
- CF = Conflict
- NP = Not Present
- ND = Not Discussed
Review Criteria

- **Significance**: Does the work address an important problem? Will scientific knowledge or clinical practice be advanced? What will be the effect of these studies on the field?

- **Approach**: Are the design, methods, etc., adequately developed, well integrated, reasoned, and appropriate to the project? Are potential problem areas considered and alternative tactics proposed?

- **Innovation**: Is the project original? Challenge existing paradigms; address an innovative hypothesis or critical barrier to progress in the field? Employ novel concepts, approaches, etc.?

- **Investigators**: Is the work proposed appropriate to the experience level of the Principal Investigator and other researchers? Does the team bring complementary and integrated expertise to the project (if applicable)?

- **Environment**: Does the scientific environment contribute to the probability of success? Do the proposed studies benefit from the scientific environment, or subject populations, or employ useful collaborative arrangements? Is there evidence of institutional support?
What’s In the Summary Statement?

- Overall resume and summary of review discussion for applications that are discussed
- Minimally edited critiques and 5 Core Criteria scores, in each critique for each application
- Impact score and percentile rank, if applicable. Discussed applications get a final score ranging from 10-90, in whole numbers –the number is the average of all reviewers impact scores X10
- Budget Recommendations
- Administrative comments about human and/or animal subjects, and other administrative notes
Dual Review System for Grant Applications

Scientific Review Group (SRG)
- Provides Initial Scientific Merit Review of Grant Applications
- Rates Applications and Recommends Level of Support and Duration of Award

Second Level of Review
National Advisory Council
- Assesses Quality of SRG Review
- Makes Recommendation to Institute Staff on Funding
- Evaluates Program Priorities and Relevance
- Advises on Policy
After Your Application is Reviewed,

Talk with Program Staff about....

- Your Priority Score
- Summary Statement
- Funding (?)
- Next Steps:
  - Revision
  - Other ideas and options.
Making Funding Decisions: 
*Who Gets Paid and Why*

- **Scientific Merit**
  - Impact/Priority score
  - Percentile score
  - Summary statement-- reviewers comments

- **Programmatic Relevance**
  - Gap area?
  - Submitted under an RFA?

- **Early Stage Investigator**

- **Availability of Funds**

- **Advisory Council Recommendations**

- **Congressional Mandates** (e.g., HIV/AIDS)
Percent Applications Funded by Score
May 2010 - May 2011 Council*

* Best fit trend line
NIH/ NIDA Funding Success Rates, FY10

Percent Funded

Funding Mechanisms

Mentored Fellowships
Mentored K Awards
Research Project Grants
NIDA Early Career Research Grants

NIH
NIDA
Success Rate for NIDA “NEW PI” R01 Investigators

% Success Rate

- 2008: (66)
- 2009: (67)
- 2010: (81)