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# FOCUS ON PUBLIC AFFAIRS

## President Obama Emphasizes Importance of Biomedical Research in State of the Union

President Obama delivered his eighth and final State of the Union (SOTU) address on January 12 (read the full address at: [www.whitehouse.gov](http://www.whitehouse.gov) > Briefing Room > Speeches & Remarks). The president highlighted advances in biomedical research as well as future opportunities, including the establishment of a new “moonshot” effort to work toward a cure for cancer.

During his address, Obama announced that Vice President Joe Biden would be in charge of this “new national effort to get it done.” Biden launched the cancer initiative on January 15 at the Penn Medicine Abramson Cancer Center in Philadelphia, a venue selected “to call attention to the institute’s pioneering efforts on immunotherapy” (see: <http://abcnews.go.com/Technology/wireStory/biden-sees-politics-cancer-world-obstacle-cure-36307857>).

The establishment of this new program follows remarks made by Biden last October when he officially announced that he would not seek the Democratic nomination for president. In those remarks (read his full statement at [www.whitehouse.gov](http://www.whitehouse.gov) > Briefing Room > Speeches & Remarks), Biden spoke of his desire to see, and bipartisan support for, “a moonshot in this country to cure cancer.”

The president made several other notable statements about biomedical research during the SOTU address. Calling medical research “critical,” he praised Biden for working with Congress “to give scientists at the National Institutes of Health the strongest resources that they’ve had in over a decade.” Looking forward, the president said that “we’re on track to end the scourge of HIV/AIDS ... and we have the chance to accomplish the same thing with malaria – something I’ll be pushing this Congress to fund this year.”

## AAI Letter Expresses Concern About Congressional Efforts to Re-allocate Funding at NIH

AAI sent a letter to Senator Bill Cassidy (R-LA) in early December expressing concern about his “recent efforts to legislate the re-allocation of funding within the NIH portfolio.” Cassidy has repeatedly said that he believes a disproportionate share of NIH funding is devoted to HIV/AIDS research and recently offered a legislative solution to address that concern.

The AAI letter (see: [www.aai.org](http://www.aai.org) > Public Affairs > Letters and Comments), sent by AAI Committee on Public Affairs (CPA) Chair Clifford Harding, states that AAI “recognizes that Congress has oversight authority over NIH, and agrees that NIH has an ongoing responsibility to reevaluate its research portfolio,” but also that “AAI believes that scientific discovery most quickly advances when NIH leadership, in consultation with the scientific community, is able to decide how to allocate funds.”

During an October hearing on NIH, Cassidy challenged NIH Director Francis Collins, M.D., Ph.D., regarding the percent of funding (about 10 percent of its budget) that NIH continued to allocate (after expiration of the Congressional mandate) to HIV/AIDS research, asking whether NIH would allocate 10 percent of any funding increase to this disease category. After describing a recent NIH decision to limit HIV/AIDS funding to only the highest priority research, Collins conceded that NIH would likely reduce the percentage allocated to HIV/AIDS research in the event of a significant funding boost.

# FOCUS ON PUBLIC AFFAIRS (CONTINUED)

In June, during full committee consideration of the Senate Labor, Health and Human Services, Education, and Related Agencies (Labor-HHS) appropriations bill, Cassidy offered an amendment to cut more than \$200 million in funding from the National Institute of Allergy and Infectious Diseases (NIAID) and to re-allocate the funding to several other NIH institutes that focus on neurodegenerative diseases. Cassidy believed that the amendment would force NIH to re-prioritize funding away from HIV/AIDS research. Although the amendment failed by a vote of 6-23, Senate Labor-HHS Appropriations Subcommittee Chair Roy Blunt (R-MO) agreed that this issue warranted additional consideration.

The recently enacted omnibus appropriations bill for fiscal year (FY) 2016 does not directly cut funding for HIV/AIDS research at NIH. It is, however, accompanied by report language that addresses the issue of NIH priority setting: "NIH should consider burden of disease when setting priorities and developing strategic plans across its ICs to address conditions (such as Alzheimer's disease, diabetes, heart disease, and cancer) with significant opportunity to improve the current or future health of the American population by targeting funding toward cures and better treatment."

## NIH Submits Strategic Plan to Congress

### Plan Includes AAI Suggestions

In December, NIH submitted a strategic plan to Congress that describes the framework that NIH will use to address challenges and opportunities over the next five years. The strategic plan incorporates suggestions from the public, NIH institute and center directors and staff, and the NIH Advisory Council to the Director. Its development was mandated by Congress in the FY 2015 appropriations law, which set a development and submission deadline of December 2015.

The plan framework includes an overview and four main objectives: advancing opportunities in biomedical research; setting priorities; enhancing stewardship; and excelling as a federal science agency by managing results. NIH identified three main opportunities in biomedical research: fundamental science, health promotion/disease prevention, and treatments/cures. Each section of the plan contains past examples of each objective and issues that NIH intends to focus on in the future.

Last August, AAI submitted suggestions (see: [www.aai.org](http://www.aai.org) > Public Affairs > Letters and Comments) to NIH in response to its request for public comment. AAI

encouraged NIH to emphasize the importance of basic research and to include examples of how fundamental biological discoveries "led to unexpected improvements in human or animal health." In addition, AAI urged NIH to include vaccines, immunotherapeutics, and the immune system as cross-cutting concepts that will be important to the advancement of the NIH mission. Most of the AAI suggestions were incorporated in the strategic plan; AAI was particularly pleased to see included an excellent example of basic research leading to the development of cancer immunotherapy: "...it must be emphasized that cancer immunotherapy owes its success to decades of NIH-funded fundamental science. In fact, a recent analysis of a cancer immunotherapy approach ... documented the contributions of 7,067 scientists over more than a century, with many working on basic research with no clear connection to cancer" (<http://www.nih.gov/sites/default/files/about-nih/strategic-plan-fy2016-2020-508.pdf>).

## NIH Implements New Reproducibility Guidelines

### Delays Implementation for Select Grant Mechanisms

In October 2015, NIH announced changes for grant applications that are designed to improve rigor and transparency in research. This announcement addressed four areas: "1) the scientific premise of the proposed research, 2) rigorous experimental design for robust and unbiased results, 3) consideration of relevant biological variables, and 4) authentication of key biological and/or chemical resources." The revised guidelines went into effect on January 25, 2016, for most grant mechanisms, including the investigator-initiated research project grant (R01).

Implementation of these guidelines has been delayed for institutional training grants (T), individual fellowships (F), and institutional career development awards (K12). The changes will instead go into effect "as early as FY 2017."

More information on rigor and reproducibility in research and on the new grant application guidelines can be found on the NIH Office of Extramural Research website (<http://grants.nih.gov/reproducibility/index.htm>).

## FASEB Releases Report on Enhancing Reproducibility

The Federation of American Societies for Experimental Biology (FASEB) recently released a report, entitled "Enhancing Research Reproducibility," which outlines factors that impede reproducibility

and suggests actions that can be taken to reduce the effect of these variables. The report focuses on general scientific issues, as well as two areas of specialization (mouse models and antibodies), and recommends using uniform definitions, reporting important experimental details, and improving training in rigor and experimental design.

The report is the product of four FASEB-hosted meetings that featured discussions among invited experts, NIH officials, FASEB board members, and FASEB member society representatives. AAI CPA member Jonathan Harton, Ph.D.; former AAI CPA Chair William Green, Ph.D.; and AAI Science Policy Analyst Monika Schneider, Ph.D., represented AAI at one or more of the meetings. The final document can be found at [www.faseb.org](http://www.faseb.org) > Science Policy & Advocacy > Science Policy & Research Issues > Research Reproducibility.

## NCI Implements New Grant Mechanism to Retain Early Cancer Researchers

The National Cancer Institute (NCI) released a Request for Applications in December for a Predoctoral to Postdoctoral Fellow Transition Award (F99/K00).

The purpose of this award is “to encourage and retain outstanding graduate students who have demonstrated potential and interest in pursuing careers as independent cancer researchers.” This grant mechanism was first approved during the NCI Board of Scientific Advisors meeting in March 2015.

The Predoctoral to Postdoctoral Fellow Transition Award would be implemented in two phases: the F99 phase would cover one to two years of dissertation research during graduate school, and the K00 transition phase would provide support for up to four years of mentored postdoctoral research.

This award would incentivize talented graduate students to continue cancer studies through their postdoctoral appointments by providing a salary stipend that is higher than the NIH National Research Service Award; the salary during the first year would be up to \$50,000 and could increase over four years to \$59,000. Individuals may receive up to six years of combined support.

NCI plans to fund up to 30 awards in FY 2016. The submission period for this award opened on January 19, 2016, and will close on February 19, 2016.

# GRIP

## Grant Review for Immunologists Program

### Get a GRIP: An AAI program designed to help new investigators prepare their NIH grant proposals

The AAI Grant Review for Immunologists Program (GRIP) offers new principal investigators (PIs) access to established PIs for guidance in preparing grant proposals as they embark on their independent careers. Early-career PIs (assistant professors or equivalents) are invited to submit their grants' "Specific Aims" pages to the GRIP coordinator who, with the assistance of a small volunteer subcommittee, will attempt to match each topic of the proposal with the research experience of an established PI. Matches will be made as quickly as possible to allow participants to meet upcoming NIH grant deadlines. Participation is open only to AAI regular members and is strictly voluntary. The program is not intended to supplant internal mentoring programs at applicants' institutions.

**To apply, please send your CV and the grant's "Specific Aims" page to [infoaai@aai.org](mailto:infoaai@aai.org). (please write "GRIP" in the subject line)**

**To volunteer as a mentor, please send your CV and a brief description of your grant-reviewing experience to [infoaai@aai.org](mailto:infoaai@aai.org). (subject line "GRIP")**



Program details at [aai.org/Education/GRIP](http://aai.org/Education/GRIP)