

Making Cancer History\*

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Mr. Norman Augustine, Chair Scientific Management Review Board, OD, NIH Building 1, Room 103 9000 Rockville Pike Bethesda, MD 20892 smrb@mail.nih.gov

Dear Mr. Augustine:

In the November 2010 meeting of the Scientific Management and Review Board (SMRB), a report was presented by the Translational Medicine and Therapeutics (TMAT) Working Group to create a new National Institutes of Health (NIH) categorical institute of Translational Medicine and Therapeutics. This plan included a recommendation to take current programs supported within the National Center for Research Resources (NCRR) and move them into this new institute. While there may be considerable merit in organizing multiple translational medicine programs supported by NIH into one institute dedicated to translation medicine, this recommendation carries very serious issues and implications that could threaten the national biomedical research infrastructure.

The NCRR was established to provide a means for NIH to create and maintain national research resources intended to meet the needs of NIH intramural research programs and extramural grantees of multiple categorical institutes. Thus, NCRR's programs within the divisions of Clinical Research Resources, Comparative Medicine, Biomedical Technology, and Research Infrastructure provide most of the federal support for creating and maintaining our nation's research infrastructure. A few examples include grants from these divisions that have provided the funding to train veterinarians to meet national biomedical research needs, to construct and renovate research facilities in research institutions across the country, and to create and maintain research resource centers that are utilized by grantees from all of NIH's categorical institutes.

The recommendation of the TMAT Working Group addresses only the Division of Clinical Research Resources while all of the other programs contributing to biomedical research infrastructure remain in doubt and possibly in jeopardy. Of additional concern is the possibility that these programs will be re-organized into other categorical institutes on a "best fit" basis. The missions of these institutes do not include creation of research resources that meet needs outside that respective institute. Therefore, if each institute is forced to create its own mission relevant resources, the efficiencies created by the multi-categorical nature of NCRR's programs will be lost.

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The concept of organizing all Translational Medicine resources within one institute is very attractive. However, this recommendation should not come at the expense of the national biomedical research infrastructure or the multi-categorical mission of the resources currently supported by the NCRR. For these reasons, we urge the SMRB carefully reconsider this recommendation to make certain that our nation's research infrastructure is not compromised.

Sincerely,

Christin R. Abr

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