

A Recommendation to the NCRR Taskforce from the Academic Primate Centers

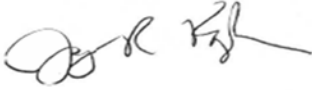
It has been proposed that the National Center for Research Resources (NCRR) be disaggregated, with its various components distributed across the NIH according to the principle of scientific adjacency. The largest single element of the NCRR, the Clinical and Translational Science Award Program, will move to the new National Center for Advancing Translational Sciences. The rationale for this move is the belief that a dedicated translational center will hasten development and application of new therapies and preventive strategies aimed at improving public health. Part of the provisional plan also calls for all programs involving nonhuman primates (the National Primate Research Centers [NPRCs], the Chimpanzee Resource Centers, and the other primate model resources) to be placed in the Director's Office in an 'interim infrastructure unit'. The rest of what was formerly included in the NCRR's Division of Comparative Medicine (DCM) will be assigned to other NIH Centers and Institutes in a manner yet to be decided.

As representatives of some of the nation's most prominent academic primate centers – that is, centers within academic institutions that have extensive research programs using nonhuman primates but are not part of the NPRC program – we strongly believe that fragmentation of the DCM's research, resource, and training programs will be detrimental to the advancement of both translational and discovery research. It is true that the proposed interim infrastructure unit will maintain the contiguity of primate research resources. However, the academic discipline of comparative medicine represented by programs at our institutions and other universities and medical centers is not species specific. Rather, comparative medicine comprises scientists dedicated to the premise that suitable animal models can be discovered, developed, and applied to investigate virtually all diseases of public health relevance. Importantly, comparative medicine research is inherently translational because it enables the movement of hypotheses derived from basic science and clinical and epidemiological investigations into animal platforms that can model human outcomes, elucidate underlying mechanisms of disease, and identify potential therapeutic targets. Not surprisingly, the history of comparative medicine research and its translational contributions reflect a range of model organisms of many types, from non-mammalian species to nonhuman primates.

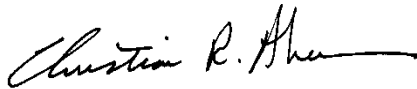
The programs contained within the currently configured DCM include resource grants that facilitate the development and application of a broad spectrum of animal models, informatics resources that increase the utility of the large genetic and genomic databases required to make systems biology a reality, and research grants that improve animal resources and thereby enhance the ability of the NIH categorical institutes to conduct disease-specific investigations. Additionally, the DCM supports the training grants necessary to educate and provide research experience to each new generation of comparative medicine scientists, whose expertise, participation, and clinical understanding are central to the conduct of translational and basic research using animal models. History demonstrates that DCM programs and activities have enabled the NIH's categorical institutes and centers to take advantage of the full translational continuum of animal models and thereby enhance human health and well-being.

Accordingly, we urge that you maintain within a single administrative home the infrastructure, all animal model resources (including the entire nonhuman primate portfolio), resource-related research, and comparative medicine training activities that are currently within the DCM. We strongly believe that this strategy will help accomplish the NIH leadership's goal to expedite the translation of biomedical

research discoveries into therapeutic and preventive solutions for the diseases threatening public health.



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