

# Research News Quarterly

**MARCH 2015**

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## Letter from the Editor

The March Research News Quarterly continues our interview series with NIH institute and federal program heads with a conversation with the new Director of the Veterans Administration's Research and Development program, Timothy O'Leary, M.D., PhD. Dr. O'Leary explains his vision for the VA Research program and the VA's research portfolio on pulmonary, critical care and sleep research. Moving to updates from NIH, the Research Advocacy Committee and the ATS Stem Cell Working Group provide an analysis of NIH's new proposals to enhance the transparency and public availability of clinical trials results.

In 2014, the ATS Foundation has its 10th anniversary and this month's Quarterly provides a tribute to the success of the Foundation in supporting over 183 young investigators in pulmonary, critical care and sleep medicine. The article features a listing of the twenty-nine awardees for 2014 and their projects.

Next, we have a report from the ATS's recent Capitol Hill briefing with the NHLBI and LAM Foundation on Women's Lung Health, which educated congressional staff on NHLBI's scientific advances in LAM and COPD. The March Quarterly is rounded out with an update from our Washington office on the Administration's proposals for research funding in 2016.

Sincerely,

**Linda Nici, MD**  
Editor



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## INTERVIEW WITH TIMOTHY O'LEARY, MD, PHD, Chief, Research and Development Office, Veterans Health Administration

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**Q: Congratulations on your appointment. What is your vision for the VA R&D Program?**

A: The vision is unchanged: Enhance Veterans Health through research. We will have a focus on developing a learning health care system through greater system-wide engagement in clinical trials and health services studies, improving research informatics, bringing Precision Medicine to VA through the Million Veteran Program (MVP) and other activities, and more effectively using our resources by more effective coordination with other federal agencies, particularly the Department of Defense.

**Q: You have been with the VA for over 10 years, mostly serving as Director of Biomedical Research and Development in the VA Research and Development Program. Do you feel the current balance of support for BLR&D, HSR&D, Clinical Science R&D, and Rehabilitation R&D is appropriate? What measures will you use to decide the appropriate amounts of resources that should be devoted to each of these 4 programs?**

A: Each of these is vitally important to the VA, and each of them would benefit by more resources. We hope to increase research in each of these areas by leveraging MVP and health informatics resources, which will not be restricted to investigators traditionally funded by any specific research service. Support for the various services will depend upon Service Directors bringing forth specific plans for how any change in resources will affect our ability to effectively support the President's Precision Medicine Program, our efforts to further develop VA as a learning healthcare system, as proposed in the President's FY 2016 budget, and to execute the VHA Blueprint. It is likely, therefore, that we will see an increase in funding for personalized and precision medicine, for medical informatics, measurement science, operations research, provider decision making, and program evaluation. It is not clear how this will affect specific research service budgets.

*(Continued on page 3)*

**Timothy O'Leary Interview** *(Continued from page 2)*

**Q: The ATS has always considered the VA Research Career Development Program as one of the most successful among the VA research programs. Indeed, several of our past presidents at the ATS got their careers started by virtue of support from this program. Do you foresee any changes in this part of the VA's portfolio? Are there ways to leverage the dollars that go for this program into more support for young investigators in the VA?**

A: It is increasingly difficult to maintain the level of support that has been traditional for the career development program, particularly as clinician salaries have escalated over the past few years. The research services are working together to see how to stretch our dollars in order to maintain a strong program in the face of falling success rates for merit review projects.

**Q: ATS members in the VA have benefitted greatly from the VA's Merit Review Program. Do you foresee changes in this program? One of the potential problems with this form of research support is that physician scientists in the VA may be overwhelmed by clinical obligations and not have time for research. Are there any prospects for physicians' salary support coming from VA Merit Review awards?**

A: I do not see any significant changes in the merit review program, except to note that increasing competition for funding across the Office of Research and Development (ORD) has caused success rates to fall significantly over the last ten years. ORD strongly believes that the VA Merit Review awards (VERA) must remain the source of funds for clinician salaries unless Congress redirects resources to enable direct funding; were we to pay clinician salaries from the Medical and Prosthetic Research appropriation at current funding levels, success rates for merit review would fall to the single digits.

**Q: ATS applauded the release in August, 2012 of the "Final Report of the VA Research Infrastructure**

**Program." Members of our Research Advocacy Committee met with members of Congress here in Washington last April to urge Congress to provide more funds to address the needs that came to light as a result of that report. Has conducting the audit had an impact on the quality of the research infrastructure in the VA? How do you view the status of research laboratories at this time in the VA?**

A: The audit provided many facility directors with a first understanding of the significant deficiencies in research infrastructure, and in some cases has resulted in a considerable expenditure and improvement. This has not been uniform across the system, however, and in aggregate, the physical infrastructure of many VA facilities is in poor condition. We are in the process of conducting a second, smaller round of infrastructure assessment, to develop a better understanding of the impact of the first round and to enable us to develop insight into the funding required to prevent further deterioration, system wide. It is clear, however, that Congress would have to appropriate significantly more funds over a long period of time to enable VA researchers to work within an infrastructure comparable to that of the NIH or a major research university.

**Q: Are there prospects for the VA releasing a new RFA to support research related to COPD, lung cancer, and sleep apnea? Also, are there ways for ATS investigators interested in VA research programs to have more access to information about these programs? Specific types of information that would be helpful include more information about what other VA-funded investigators are doing (e.g. opportunities for collaboration) and how to find information on the website about specific programs that pulmonary investigators might be interested in applying to.**

A: It seems unlikely that we will issue a new RFA specifically for pulmonary research, since current

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## Timothy O'Leary Interview *(Continued from page 3)*

mechanisms support this research. We believe that RFAs that will be issued for use of MVP resources may prove to be a new avenue for investigation and support – improving our understanding of gene-environment interactions in determining susceptibility to pulmonary disease and response to treatment is critical for the success of our efforts to personalize medical care through an improved understanding of genomics. In addition, there are several existing RFA's, in areas such as Gulf War Illnesses, in which we believe that sound research by experienced surgeons and pulmonologists can build upon preliminary findings related to sleep apnea and exercise intolerance, moving our understanding of the veterans suffering from these illnesses and improving their quality of life.

Information is available on the research website – [www.research.va.gov](http://www.research.va.gov). In addition, we hope to deploy a new tool for searching VA research efforts – PCRT – within a few months. In the meantime, investigators or the public can find currently funded VA research on the NIH Reporter website. There is a large epidemiologic investigation of pulmonary consequences of service in Southwest Asia under development by the Cooperative Studies Program; this effort could begin in early FY 2016.

**Q: We're impressed that Secretary McDonald has approached his new job with boundless energy. How does he view the importance of the VA research programs?**

A: The Secretary expresses his support for VA research at every opportunity. ■

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## NEWS FROM NIH

### NIH Proposes Changes to Clinical Trials Requirements

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*By Laertis Ikononou, Ph.D., Robert Freishtat, M.D., Daniel Weiss, M.D., the ATS Stem Cell Working Group & the Research Advocacy Committee*

The National Institutes of Health (NIH) recently proposed an expanded set of requirements regarding registration and results information at ClinicalTrials.gov, the NIH-managed clinical trial registry. A summary of the proposed changes can be found at: [http://www.nih.gov/news/health/nov2014/od-19\\_summary.htm](http://www.nih.gov/news/health/nov2014/od-19_summary.htm). These rules essentially implement certain provisions of the Public Health Service Act, added by the Food and Drug Administration Amendments Act (FDAAA) of 2007 to improve public access to information pertaining to clinical trials. The main changes that the proposed requirements entail can be summarized as follows:

- A new streamlined process to submit clinical trial results information by a responsible party (sponsor or designed principal investigator)
- Expanded requirement for data deposition regardless of the status of the biological products, drugs or devices under study
- New time frames for a clinical trial registration with ClinicalTrials.gov (21 days after the enrollment of the first participant) and subsequent submission of trial results (no later than 1 year after the completion date of the trial)
- Appropriate updating of submitted information (at least once annually) and timely correction of errors to ensure the accurate, up-to-date content of the database

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## News from NIH *(Continued from page 4)*

- Detailed reporting of adverse effects (both serious adverse effects and all adverse effects that occurred with a frequency of 5 percent or more)

The Research Advocacy Committee welcomes the proposed changes as they are intended to increase the transparency of clinical trial data reporting and to improve decision making by patients and clinicians by enhancing access to up-to-date clinical trial data. This is an important and necessary step towards correcting existing problems with the current ClinicalTrials.gov website and to encourage and attract a positive reporting attitude globally.

However, there are certain ambiguities in terminology and formulation of these new proposed regulations that may continue to allow or facilitate the registration of unregulated or poorly regulated clinical trials as well as stem-cell and medical tourism types of activities to the ClinicalTrials.gov website. This may result in public dissemination and visibility of misleading information. For example, the use of various terms in the proposed new regulations such as “certain clinical trials”, “applicable clinical trials”, and “specified clinical trials” to stipulate what needs to be listed in the registry is a potential source of confusion. A well-defined terminology that would unequivocally identify the type of clinical trials to which the new regulations apply would be preferable.

Further clarification of what constitutes a well-conceived and designed clinical trial would also be particularly relevant for future revisions of the existing rules and practices for listing trials on the ClinicalTrials.gov website. Mandating that all trials have regulatory approval (whether at pre-market stages or market having authorization) may be one way to mitigate this. The ISCT considers that all clinical trials, with reference to the respective regulatory approval in their respective jurisdiction, could be reported in the database, including Phase I trials which may fall outside the current

“applicable trials” definition. This would also ensure that international trials which are often listed on ClinicalTrials.gov at least meet the regulatory requirements of their jurisdiction. In addition this complete listing of approved trials, mandatory and voluntary according to geographies, would provide an opportunity for a more complete picture of genuine clinical trials for products in development or in the market.

Furthermore, the voluntary submission of information is allowed for certain types of non-applicable clinical trials, such as Phase I trials under the proposed rule §11.60. This may include information on trials of unapproved, unlicensed, and unregulated products (<http://www.nih.gov/news/health/nov2014/od-19.htm>). We are concerned that this provision may dilute the reliability and integrity of the information submitted. In particular, the possibility remains that unproven stem cell and cell-based therapy interventions that lack solid preclinical data may be advertised to the public and clinicians under the guise of registered Phase I trials.

The potential for abusing the mechanism of voluntary submission is illustrated by the observation that of the 182,821 trials listed on ClinicalTrials.gov only 34,413 trials (18.8%) are actively recruiting patients (information current as of January 27 2015). Of those, 52% are based outside of the United States and are most likely voluntary submissions. A possible safeguard against the listing of medical tourism-like activities is the requirement of “U.S. FDA Approval, Licensure, or Clearance Status”, or similar from Competent Authorities operating in countries to carry out clinical trials in compliance with ICH Clinical Trial Requirements, for each intervention by rule §11.60. We believe that introducing a request for the name of the regulatory agencies that have already reviewed the preclinical data as part of an authorized clinical trial application, and reference to peer-reviewed scientific publications may further protect patients and clinicians from promotional and deceptive information.

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## News from NIH *(Continued from page 5)*

A suggestion is that clinical trials published in Medline-indexed journals should be linked to the ClinicalTrials.gov posting. There could also be a requirement to include non-US investigational filing registration numbers/identifiers, similar to IDEs/INDs as well as a place for the sponsor to add URLs to similar clinical databases (i.e. EudraCT) where the same product is being studied.

With regards to the reporting of adverse events, we recommend that the NIH revisit the attribution requirements as the goal is to identify (as best as possible) what is attributable to the therapy and not the disease. We suggest that the same major category be kept, with two subcategories to delineate between the therapy versus disease. A stratification around the 5% threshold could be considered for expected versus unexpected adverse events.

The proposal for inclusion of a lay (non-technical) summary of clinical trial results is a positive and welcome development as it will make understanding of complex information more accessible to the general public. Although there are real risks of oversimplification of complex outcome measures or of inclusion of promotional and misleading material, as pointed out in the full text of the proposed rules, we strongly believe that both technical and non-technical summaries of the clinical trial results should be submitted for each trial.

To ensure the veracity and integrity of these documents, stringent criteria and penalties should be established similar to the ones for noncompliance. We encourage the NIH to consider developing a strategy to deter non-compliance. ■

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## ATS FOUNDATION

### ATS Foundation Celebrates a Decade of Support for Young Investigators

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*by Linda Nici, M.D., Chair, Research Advocacy Committee*

The ATS Foundation was established in 2004 to provide seed grants to young investigators in respiratory medicine whose careers are threatened by severe federal funding cutbacks for research. By funding promising research and researchers, the Foundation is working on behalf of the millions of people struggling with respiratory diseases.

Since 2004, the Foundation has awarded over \$11 million in grants to over 183 young investigators in pulmonary, critical care and sleep medicine. The return on investment of the program has been tremendous: The initial \$11 million awarded has resulted in \$143 million in federally funded grants won by our awardees following their ATS Foundation award.

As ATS covers all of the Foundation's administrative expenses, 100% of all donations received are used to support programs. **We hope you will consider supporting the Research Program and other mission-related Foundation programs described below:**

- **MECOR** (Methods in Epidemiologic, Clinical and Operations Research) courses in developing countries in Africa, India, Latin America, Turkey, and Vietnam fill the gap in many physicians' education by training them in clinical and epidemiological research. MECOR graduates influence health policy at home and contribute to enhanced global understanding of respiratory diseases.
- **Ziskind Clinical Research Scholar Award** is named after Morton Ziskind, MD, a legend in medical

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## ATS Foundation *(Continued from page 6)*

education. The award recognizes the best and the brightest pulmonary and critical care fellows in clinical research providing them with an opportunity to network with and learn from their mentors and their peers at ATS International Conferences.

- **ATS Assembly Projects** supports Assembly and Committee initiated clinical practice guidelines (CPGs) and documents that are published in the AJRCCM. They provide evidence-based recommendations influencing the medical practice of physicians treating patients with pulmonary diseases, critical care illnesses and sleep disorders.
- **Medical Education** supports the design, implementation, and evaluation of novel curricular approaches and strategies focused on the training of medical residents, fellows and junior faculty. ■

## The ATS Foundation's 2014 Awards

Twenty-nine new grants were awarded this year providing crucial support of early stage investigators from around the world. This year, the ATS Board of Directors recommended that funds be allocated for five unrestricted grants, in addition to one unrestricted grant in each of the ATS's three pillars—pulmonary, sleep, and critical care medicine. Six Recognition Awards for Outstanding Early Career Investigators were also presented to researchers whose National Institutes of Health (or international equivalent) applications came close to, but did not meet, the government deadline.

The following investigators received grants and awards through the ATS Foundation Research Program:

Avelino Verceles, MD  
University of Maryland

### **2014 ATS Foundation/AAIM-ASP Career Development Award in Geriatrics – \$25,000**

*The Multimodal Rehabilitation of Older Ventilated Survivors of Critical Illness*

Monica Goldklang, MD  
Columbia University

### **2014 ATS Foundation/Alpha-1 Foundation Research Grant – \$80,000**

*The Role of MMP-13 in COPD Exacerbations & Implications on Alpha-1 Antitrypsin Activity*

Harry Rossiter, PhD

LA Biomed Research Inst at Harbor-UCLA Med Cntr

### **2014 ATS Foundation/Breathe California of Los Angeles Research Grant – \$80,000**

*Pulmonary Rehabilitation Responsiveness in an Underserved Population*

Nathan Sandbo, MD  
University of Wisconsin

### **2014 ATS Foundation/Pulmonary Fibrosis Foundation/Coalition for Pulmonary Fibrosis Research Grant – \$100,000**

*Mechanisms Facilitating Enhanced Fibronectin Assembly by Myofibroblasts*

Ankit Desai, MD  
University of Arizona

### **2014 ATS Foundation/Pulmonary Hypertension Association Research Fellowship – \$80,000**

*Risk Profiles of Sickle Cell-related Pulmonary Hypertension-Integrating Genomics & Imaging*

Alexander Misharin, MD, PhD  
Northwestern University

### **2014 ATS Foundation/Scleroderma Foundation Research Grant – \$80,000**

*Alternative Activation of Lung Macrophages & the Development of Scleroderma-related Lung Fibrosis*

### **2014 ATS Foundation Recognition Award for Outstanding Early Career Investigators – \$40,000**

Robert Guzy, MD, PhD  
Washington University School of Medicine  
*Mechanism of Fibroblast Growth Factor 2-Mediated Alveolar Epithelial Repair*

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The ATS Foundation's 2014 Awards *(Continued from page 7)*

Praveen Mannam, MD  
Yale University

**ATS Foundation Recognition Award for Outstanding  
Early Career Investigators – \$40,000**

*Mitochondrial Quality Control as a Therapeutic  
Target in Sepsis*

Nuala Meyer, MD  
University of Pennsylvania Perelman School of Medicine  
**ATS Foundation Recognition Awards for Outstanding  
Early Career Investigators – \$40,000**  
*Interleukin-1 Receptor Antagonist in ARDS*

Xavier Soler, MD, PhD  
University of California San Diego  
**ATS Foundation Recognition Awards for Outstanding  
Early Career Investigators – \$40,000**  
*Pathophysiology of Obstructive Sleep Apnea affecting  
COPD*

Neeta Thakur, MD  
University of California, San Francisco  
**ATS Foundation Recognition Awards for Outstanding  
Early Career Investigators – \$40,000**  
*Allostatic Load & Asthma: Chronic Stress &  
Asthma in Minority Children*

Yong Zhou, PhD  
University of Alabama at Birmingham  
**ATS Foundation Recognition Awards for Outstanding  
Early Career Investigators – \$40,000**  
*The Role of Biomechanical Signaling in Lung Fibrosis*

Amy Pastva, PhD  
Duke University  
**ATS Foundation Unrestricted Research  
Grants (Critical Care) – \$40,000**  
*Early Rehabilitation in Critical Care: Supine Cycling &  
Functional Electrical Stimulation*

Ursula Smole, PhD  
Bloomberg School of Public Health  
**ATS Foundation Unrestricted Research  
Grants (Pulmonary) – \$40,000**  
*The Danger Receptor FPR2 Controls the Initiation of  
Allergic Immune Responses*

Jessie Bakker, PhD  
Brigham & Women's Hospital; Harvard Medical School  
**ATS Foundation Unrestricted Research  
Grants (Sleep) – \$40,000**  
*Group-based Peer-support to Maximize  
Adherence to CPAP*

Yael Aschner, MD  
University of Colorado Denver  
**ATS Foundation Unrestricted  
Research Grants – \$40,000**  
*Regulation of TGF-beta Responsiveness in the  
Pathogenesis of Pulmonary Fibrosis*

Xiaoyong Bao, PhD  
The University of Texas Medical Branch, Galveston  
**ATS Foundation Unrestricted  
Research Grants – \$40,000**  
*Respiratory Syncytial Virus Utilizes a tRNA 5'-end  
Fragment to Suppress the Host Antiviral Response*

Merry-Lynn McDonald, PhD  
Brigham & Women's Hospital  
**ATS Foundation Unrestricted  
Research Grants – \$40,000**  
*Gene Expression & Metabolomics of  
Muscle Wasting in COPD*

Angela Rogers, MD, MPH  
Stanford  
**ATS Foundation Unrestricted  
Research Grants – \$40,000**  
*Metabolic Response to Acute Injury in  
Alveolar Epithelium & ARDS*

Jennifer Wambach, MD, MS  
Washington University School of Medicine  
**ATS Foundation Unrestricted  
Research Grants – \$40,000**  
*Mechanisms of Surfactant Dysfunction In Infants with  
ABCA3 Mutations*

Michael Iroezindu, MD, MPH, FWACP  
University of Nigeria  
**ATS Foundation MECOR Research Grants – \$5,000**  
*The Burden of Severe Sepsis in Nigeria*

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The ATS Foundation's 2014 Awards *(Continued from page 8)*

Godsent Isiguzo, MD

Federal Teaching Hospital Abakaliki

**ATS Foundation MECOR Research Grants – \$5,000***Docial Support & Tuberculosis Outcome*

Herve Lawin, MD

University of Abomey Calavi

**ATS Foundation MECOR Research Grants – \$5,000***Biomass Fuel Use & Resp. Health in Rural & Urban Homes in Benin*

Violet Ongaya, PhD

Kenya Medical Research Institute

**ATS Foundation MECOR Research Grants – \$5,000***Effects of HIV infection on the Antibacterial Function of Memory cd8+t Cells*

Rebecca Kameny

University of California, San Francisco

**Grants-for-Hire Program (Robyn J. Barst, Pediatric Research & Mentoring Fund)***Right Ventricular Performance in Ped. Pulmonary Hypertension & Congenital Heart Disease*

Frances de Man

VU University Medical Center Amsterdam

**Grants-for-Hire Program***A New Tool to Obtain Novel Insights in PAH-Induced Right Heart Failure?*

Marc de Perrot

University Healthy Network

**Grants-for-Hire Program***Photodynamic Therapy for the Treatment of Pulmonary Arterial Hypertension*

Daniel Fox

University of Colorado

**Grants-for-Hire Program***SSc-PAH Risk Score:Early Identification of Scleroderma-associated PAH by RV Strain, GDF-15, & IL7r*

*From right to left, Rep. Rosa DeLauro (D-CT), Kat Steele, LAM Patient, Susan Sherman, LAM Foundation, Gary Gibbons, M.D., Director, NHLBI, MeiLan Han, M.D.*

## ATS Convenes Congressional Briefing on Women's Lung Health with NHLBI & Patient Partners

On January 28, the ATS, the National Heart, Lung and Blood Institute (NHLBI) and its patient partners the LAM Foundation and the COPD Foundation sponsored a successful educational briefing for congressional staff, entitled Women's Lung Health: Advances & Challenges. The event was held in cooperation with Representative Rosa DeLauro (D-CT) and House COPD Caucus co-chairs Representatives David Joyce (R-OH) and John Lewis (D-GA).

The briefing featured an overview of NHLBI research on women's lung health by institute Director Gary Gibbons, MD. Kathryn Steele, a LAM patient, spoke movingly of her experience being diagnosed with LAM and living with the disease. NHLBI scientist Joel Moss, MD, PhD, outlined how research on LAM over the past decade has transformed patient lives and MeiLan K. Han, MD, MS, associate professor of medicine at the University of Michigan, discussed the burden of COPD among women. ■

## RESEARCH FUNDING

### Administration Proposes NIH Funding Increase

On February 2, the President released his proposed budget for fiscal year (FY) 2016. The President's budget serves as a guideline for the congressional appropriations committees, who will begin drafting FY2016 spending bills within the next few months. The budget includes a significant 5.5% funding increase for research and development overall, including an approximately \$1 billion funding increase for the NIH. The budget also proposes \$1.2 billion across the NIH, CDC, FDA, VA and other research programs for antibiotic resistance. Below are proposed funding levels for all other programs that the ATS monitors, including NIH institutes, CDC programs, EPA and some additional proposals, including tobacco taxes:

#### NIH Institutes

- Proposed funding level of \$31.3 billion for the NIH, a \$1 billion or 3.3% funding increase over the FY2015 level of \$30.3 billion.
- Proposed funding of \$3.072 billion for the NHLBI, a \$76 million or 2.5% funding increase over the FY2015 level of \$2.996 billion.
- Proposed funding of \$4.615 billion for NIAID, a \$197 million or 4.4% funding increase over the FY2015 level of \$4.418 billion
- Proposed funding of \$2.434 billion for NIGMS, a \$61 million or 2.5% funding increase over the FY2015 level of \$2.372.
- Proposed funding of \$682 million for NIEHS, a \$14 million or 2.1% funding increase over the FY2015 level of \$667 million.
- Proposed funding of \$1.318 billion for NICHD, a \$31 billion, or 2.4% funding increase over the FY2015 level of \$1.287 billion.
- Proposed funding of \$145 million for NINR, a \$4 million or 2.8% funding increase over the FY2015 level of \$141 million.

Included in the proposed FY2016 budget for NIH is \$215 million for the "Precision Medicine" Initiative rolled out in the President's State of the Union address. The centerpiece of the initiative is the creation of a research consortium across the U.S., funded through NIH to study and sequence the DNA of a million patient volunteers. The project will begin by studying genes that contribute to cancer risk.

#### Centers for Disease Control & Prevention

- Proposed funding level of \$7.010 billion for the CDC, a \$141 million or 2% funding increase over the FY2015 funding level of \$6.869.
- Proposed funding level of \$135 million for CDC's domestic TB program, minus the Capital Working Fund (CWF), which is flat with FY2015
- Proposed funding of \$24.7 million for CDC's asthma program, which is flat with FY2015.
- Proposed funding of \$215.492 for CDC's tobacco program, which is flat with FY2015.
- Proposed funding of \$283.4 for CDC's National Institute of Occupational Health (NIOSH), a \$51.4 million or 15.3% funding cut over the FY2015 level of \$334.8. The budget proposes to eliminate NIOSH's Education & Research Centers, which include a focus on occupational medicine.

#### Antibiotic Resistance

- \$1.2 billion to combat antibiotic resistance, which breaks down to:
  - \$650 million for the NIH and the Biomedical Advanced Research & Development Authority (BARDA) for research on antibiotic resistance & new treatments.

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## Research Funding *(Continued from page 10)*

- \$280 million for the CDC for surveillance, antibiotic stewardship and research
- \$47 million for FDA to support evaluation of new antibiotics
- \$85 million for the VA and \$75 million for Department of Defense to address antibiotic resistance in these healthcare settings.

The President's budget serves as a guideline for the congressional appropriations committees, who will begin drafting FY2016 spending bills within the next few months. We will keep you updated as the appropriations committees begin work on the FY2016 spending bills. ■

### VA Research

- Proposed funding of \$622 million for VA Medical and Prosthetic Research. An increase of \$33 million over FY15 funding. It also marks the first time the Obama Administration has recommended above inflation increases for the VA research program.

**“Reach, Treat, Cure Everyone”**

**WORLD TB DAY**

***March 24, 2015***

Visit the ATS website to learn what you can do to help stop TB:

[www.thoracic.org](http://www.thoracic.org)