

**NATIONAL DEAFNESS AND OTHER COMMUNICATION DISORDERS
ADVISORY COUNCIL**

May 31, 2012

**National Institutes of Health
Bethesda, Maryland**

MINUTES

The National Deafness and Other Communication Disorders Advisory Council convened on May 31, 2012 in Building 31, Conference Room 6, National Institutes of Health (NIH), Bethesda, MD. Dr. James Battey, Director, National Institute on Deafness and Other Communication Disorders (NIDCD), served as Chairperson. In accordance with Public Law 92-463, the meeting was:

Closed: May 31, 2012: 8:30 a.m. to 10:20 a.m. for review of individual grant applications; and

Open: May 31, 2012: 10:30 a.m. to 1:35 p.m., for the review and discussion of program development needs and policy.

Council members in attendance¹:

Dr. Lauren Bakaletz
Ms. Brenda Battat
Dr. Gerald Berke
Dr. William Brownell
Mr. Richard Ellenson
Dr. Karen Friderici
Ms. Tisha Kehn
Dr. Paul Manis

Dr. Charlotte Mistretta
Dr. Mabel Rice
Dr. Tommie Robinson
Dr. James Schwob
Dr. Robert Shannon
Dr. Anne Smith
Dr. Carolyn Stern
Dr. Bevan Yueh

Council members absent:

Dr. Saumil Merchant

Dr. John Niparko

Ex-Officio Members Participating:

Dr. Kyle Dennis for Dr. Lucille Beck

Ex-Officio Members Not Participating:

Dr. Michael E. Hoffer

Dr. Rickie Davis

¹For the record, it is noted that members absent themselves from the meeting when the Council is discussing applications (a) from their respective institutions or (b) in which a real or apparent conflict of interest might occur. This procedure applies only to individual discussion of an application and not to "en bloc" actions.

CLOSED SESSION

I. Call to Order and Opening Remarks Dr. James F. Battey

The meeting was called to order by Dr. Battey, Director, NIDCD, who expressed appreciation to the entire Council for their service and advice.

II. Council Procedures..... Dr. Craig A. Jordan

Procedural Matters

Dr. Jordan discussed important procedural matters, including requirements imposed by the Government in the Sunshine Act and the Federal Advisory Committee Act. The necessity of members to avoid conflict of appearance thereof was stressed, as was the need to maintain confidentiality concerning the proceedings and materials related to the closed portion of the meeting. Dr. Jordan announced that the Council meeting would be closed for consideration of grant applications during the morning session, but would be open to the public at approximately 10:15 a.m.

III. Council Consideration of Pending Applications

A. Research Project Grant Awards

1. Consideration of Applications: On the Council's agenda was a total of 114 investigator-initiated research grant applications; 90 applications had primary assignment to NIDCD, in the amount of \$27.7 million first-year direct costs. It is anticipated that, of the applications competing at this Council, NIDCD will be able to award grants to R01 applications scoring up through the 15th percentile.

B. Special Programs Actions

1. NIH Clinical Investigator Award (K08): The council recommended support of one application.
2. NIH Mentored Career Enhancement Award for Established Investigators (K18): The Council recommended support of one application.
3. NIH Pathway to Independence (PI) Award (K99): The Council recommended support of two applications.
4. NIH Small Grants (R03): The Council recommended support of twelve applications.
5. NIH Support for Conferences and Scientific Meetings (R13/U13): The Council recommended support of two primary applications with various recommendations for secondary assignments.
6. NIH Academic Research Enhancement Award (AREA) (R15): The Council recommended support of one application.
7. NIH Exploratory/Development Research Grant Award (R21): The Council recommended support of nine applications.
8. Research Core Center Grants (P30): The Council recommended support of two applications.
9. NIH Small Business Technology Transfer Awards (STTR): The Council recommended support of one Phase I (R41) application.

10. NIH Small Business Innovation Research Awards (SBIR): The Council recommended support of six Phase I (R43) applications.
11. NIH Small Business Innovation Research Awards (SBIR): The Council recommended support of two Phase II (R44) applications.
12. RFA-HD-12-195 Autism Centers of Excellence (P50): The Council recommended support of one application.
13. RFA-HD-12-196 Autism Centers of Excellence (R01): The Council recommended co-funding support of one application.
14. PAR-11-103 NIDCD Community-Wide Scientific Resources Limited Competition (R24): The Council recommended support of two applications.
15. PAR-12-806 NIH/NSF Collaborative Research in Computational Neuroscience (R01): The Council recommended support of two applications.

OPEN SESSION

IV. Opening Remarks Dr. Battey

Dr. Battey welcomed additional staff and visitors to the open session of the meeting.

Recognition of Retiring Members

Dr. Battey thanked the following retiring members for their service on the Advisory Council and presented them with certificates of appreciation. He also invited each one to provide parting remarks:

- *Dr. Mabel Rice*
- *Dr. Anne Smith*
- *Dr. Carolyn Stern*

Consideration of Minutes of the Meeting of January 27, 2012

Dr. Battey called members' attention to the minutes of the January 27, 2012 meeting of the Advisory Council. The minutes were approved as written.

Confirmation of Dates for Future Council Meetings

Dates for the Council meetings through September 2014 have been established. A list of these meetings was distributed to the Council members and posted on the web site prior to this meeting. The next meeting of Council is scheduled for Friday September 7, 2012, in Building 31, Conference Room 6 on the NIH campus, Bethesda, Maryland.

V. Report of the Director, NIDCD Dr. Battey

Budget Update

Dr. Battey began his presentation with a breakdown of the FY 2012 budget. He directed Council members' attention to the NIDCD's plans for utilizing the Research Project Grant (RPG) portion of the appropriation. Once the other components of the NIDCD budget are considered there would be \$298.4 million available for RPGs. From this total, \$10.5 million is reserved for Small Business Research grants, \$1.4 million for administrative supplements, \$225.5 million for commitments to noncompeting grants, \$750 thousand for carryover commitments from prior Council meetings, \$10.3 million for program requirements, \$231 thousand for the Neuroscience Blueprint, and there is an addition of \$3.9 million applied from FY11 funds. Twenty percent of the remaining \$53.7 million is designated for High Program Priority (HPP). Consequently, there is \$42.9 million available for the initial pay line across the year's three Council meetings. This should allow funding of applications up through the 15th percentile. The \$10.7 million for HPP applications will be available to support additional applications. A copy of the slides Dr. Battey used for this budget presentation is included in Appendix 3.

VI. Report of the Director, Division of Scientific Programs Dr. Cooper

Dr. Cooper turned the podium over to Dr. Daniel Sklare, Division of Scientific Programs, NIDCD.

Bridging the Chasm to Research Independence: A Preliminary Review of the K99/R00 Award Program

The NIH Pathway to Independence (K99/R00) initiative was launched by NIH in FY07 to help develop the Nation's biomedical research workforce by fostering transition of the most promising postdoctoral researchers to the independent investigator career stage. Its inception was driven by a recommendation

of the National Research Council (NRC) in a 2005 Report, "Bridges to Independence." Specifically, the NRC recommended that the NIH foster the transition of such postdoctoral researchers to the junior faculty stage through creating a dual-phase mentored and independent NIH career transition award program. The NIDCD Division of Scientific Programs conducted a preliminary review of our Institute's five years of experience with the K99/R00 Program, yielding the following findings. Eleven of twelve (92%) of FY07-08 NIDCD K99 awardees have transitioned to R00's, all but one moved to a new institution in conjunction with their transition to independent support. The trans-NIH data showed the same trend.

NIDCD K99 awards have become increasingly competitive, with more applications and fewer awards in recent years. While K99 awardees NIH-wide are successfully transitioning to tenure-track faculty positions and to R00 funding in new institutional settings, it is still uncertain whether the K99/R00 Award is: 1) enabling the top-tier candidates to obtain their academic positions; and, 2) enhancing their success obtaining Early-Stage Investigator (ESI) R01 funding, albeit, R01's may be won slightly earlier. Identified needs of the K99/R00 Program include: 1) vigilant monitoring over the years ahead; 2) comprehensive NIDCD and NIH-wide program evaluations in 3-5 years; and, 3) stepped-up, ongoing communications between Central NIH and Extramural university leadership to ensure that the K99/R00 Program is used by all stakeholders to meet the intended goals.

VII. Report of the Director, Division of Extramural Activities Dr. Jordan

Staff Update

Dr. Jordan introduced the newest member of the Scientific Review Branch, Dr. Andrea Kelly, to the Council and invited staff and Council members to welcome her to the team.

NIH's Special Council Review (SCR) Pilot

Dr. Jordan introduced the Council to the proposed Special Council Review (SCR) of Applications from Investigators with >\$1.5M (TC) Research Support. The NIH announced this pilot program in a Notice published May 18, 2012. The SCR process asks Council members to take a careful look at competing applications from well-funded investigators and recommend consideration of funding for applications that afford a unique opportunity to advance research which is both highly promising and distinct from other funded projects to the PD/PI. Feedback on this initiative will assist NIH in refining policies for managing limited grant resources. NIDCD's Grants Management Chief, Chris Myers, served on the NIH committee to develop this pilot activity.

The details of the pilot as described in the May 18th Notice were presented in a series of slides. Dr. Jordan included an overview of a similar process used by the National Institute on General Medical Sciences (NIGMS). They view well-funded investigators to be those with >\$750,000 (DC) including the pending application. There are three components of the NIGMS considerations: 1. Renewal grant applications (Type 2s); 2. New grant applications (Type 1s); and 3. Budget considerations.

Dr. Jordan noted that it is rare for NIDCD PIs to exceed \$1.5M (<1.5%) in research support. He presented NIDCD's proposal if SCR were implemented for future meetings. NIDCD would provide a list to the Council of any SCR applications with the following staff recommendations:

- Renewal (type 2) applications for ongoing research projects: staff will tend to recommend for support; to build on prior investment.
- Revision (type 3) application for additional \$ to ongoing research: staff will tend to recommend for support to facilitate prior investment.
- New (type1) applications for new area of research: staff will tend to evaluate more carefully; looking for promising/contributory efforts.

- Clinical Trial applications: staff will tend to recommend for support; an area of emphasis for NIDCD.
- Budget considerations: staff will exercise reasoned budget reductions when appropriate.

Dr. Jordan invited the Council to share their thoughts on this pilot and proposed approach which led to a lively discussion. Council members recognized the need to carefully administer research dollars during tight budget periods; however there was strong sentiment that the proposed SCR Pilot was not the best approach. A number of concerns were raised including:

- This process would disadvantage NIH-supported investigators when compared to other funding sources, such as Howard Hughes Medical Institute investigators.
- Highly successful PIs may be the best place to invest limited resources.
- SCR is a very bureaucratic process, is not cost effective, and Advisory Council isn't the appropriate place in the funding process to make such judgments.
- It would be inappropriate to focus the SCR process on Type 1 applications since this is an important source of new ideas/directions.

VIII. NIH RePORT Presentation Dr. James Onken

Dr. Onken started his presentation with the five major goals that the NIH's Research Portfolio Online Reporting Tool (RePORT) helps address:

- Centralize NIH reporting and reduce burden on ICs
- Make the information we provide more useful
- Facilitate communication with NIH stakeholders
- Explore and adapt new methods of reporting
- Streamline reporting

Dr. Onken illustrated the rapid growth in capabilities since the inception of RePORT in FY 2008. He highlighted some of the new features on RePORT, including multiple mapping tools, customizable project and publication alerts in one of the RePORT tools (RePORTER), and visualization tools (e.g., interactive charts). Dr. Onken used a number of NIDCD specific examples to demonstrate the types of queries and data available through RePORT and provided glimpses of new directions being pursued. He emphasized that the new features and developments in RePORT have been aimed at creating transparency in government required by the NIH Reform Act of 2006. The transparency of RePORT data is even being capitalized upon by HIRO (Heads of International Research Organizations) to provide a public view to their broad international support of research.

IX. Scientific Presentation Dr. Richard Mattes

Dr. Battey introduced Dr. Richard Mattes from Purdue University's Department of Nutrition Science. Dr. Mattes accepted our invitation to discuss his research in a presentation entitled 'The Mechanisms and Functions of Fat "Taste" in Humans'.

The prevailing view holds that the sense of taste is comprised of a small number of primary qualities. However, recent evidence challenges this perspective. Increasing recognition that non-esterified fatty acids (NEFA) are important signaling molecules throughout the body has prompted study of whether NEFA may serve this function in the oral cavity of humans and represent another basic taste. Psychophysical studies that attempt to control non-gustatory cues (e.g., visual, odor, irritancy, tactile) indicate humans can detect and scale the intensity of NEFA varying in chain length and saturation. Given the ligand specificity of currently identified putative NEFA receptors, the data indicate that humans either have multiple transduction mechanisms and/or a non-specific mechanism (e.g., diffusion). Non-normal threshold distributions are suggestive of a genetic basis for fat detection. Oral exposure to NEFA also elicits a biphasic rise in plasma triacylglycerol (TG). The TG rise is most

robust with oral exposure to dietary fat (compared with non-fat or fat-modified stimuli) and it occurs after a single 10 second exposure. The lipid in the first phase TG response is primarily comprised of lipid consumed at the prior eating event indicating there is substantial lipid storage in the gastrointestinal (GI) tract, presumably in jejunal enterocytes. Thus, there is coordination between NEFA signaling in the oral cavity physiological processes in GI tract. The nutritional and other health implications of oral fat detection are largely uncharacterized. While TG is likely tasteless, the other sensory properties it contributes to foods are generally viewed as positive and orexigenic. In contrast, NEFA are aversive (anorexigenic), so may serve as a warning signal to avoid rancid foods with high concentrations. The effects of oral fat detection on lipid trafficking in the GI tract and metabolism in the periphery hold clinical, public health, food product development implications that may vary with individual characteristic (e.g., Body Mass Index).

X. Certification of Minutes

We certify that, to the best of our knowledge, the foregoing minutes and attachments are accurate and correct.

June 22, 2012



Craig A. Jordan, Ph.D.
Executive Secretary
National Deafness and Other Communication
Disorders Advisory Council

June 21, 2012



James F. Battey, Jr., M.D., Ph.D.
Chairman
National Deafness and Other Communication
Disorders Advisory Council

Director
National Institute on Deafness and
Other Communication Disorders

Ginger Webb
Council Assistant
NDCD Advisory Council

APPENDICES

APPENDIX 1	NDCD Advisory Council Roster	10
APPENDIX 2	List of Meeting Attendees	12
APPENDIX 3	NIDCD Director's Report Slides.....	14

Appendix 1

Roster

National Deafness and Other Communication Disorders Advisory Council

(Terms end May 31 of the year indicated)

Chairperson

James F. Battey, Jr. M.D., Ph.D., Director
National Institute on Deafness and Other Communication Disorders
Bethesda, MD

BAKALETZ, Lauren O., Ph.D. Professor Departments of Pediatrics and Otolaryngology College of Medicine Ohio State University Columbus, OH	2014	MANIS, Paul B., Ph.D. Director of Research Training and Education Department of Otolaryngology/Head and Neck Surgery University of North Carolina Chapel Hill Chapel Hill, NC	2015
BATTAT, Brenda, M.S., MCSP Executive Director Hearing Loss Association of America (HLAA) Bethesda, MD	2013	MERCHANT, Saumil N., M.D. Gudrun Larsen Eliassen and Nels Kristian Eliassen Professor Department of Otolaryngology Massachusetts Eye and Ear Infirmary Harvard Medical School Boston, MA	2014
BERKE, Gerald S., M.D. Chief, Division of Head and Neck Surgery Center for Health Sciences School of Medicine University of California at Los Angeles Los Angeles, CA	2014	MISTRETTA, Charlotte M., Ph.D. William R. Mann Professor Department of Biologic and Materials Sciences Associate Dean for Research and Ph.D. Training School of Dentistry University of Michigan Ann Arbor, MI	2015
BROWNELL, William, Ph.D. Jake and Nina Kamin Chair Bobby R. Alford Department of Otolaryngology – Head & Neck Surgery Baylor College of Medicine Houston, TX	2013	NIPARKO, John K., M.D. George T. Nager Professor Department of Otolaryngology Head and Neck Surgery School of Medicine Johns Hopkins University Baltimore MD	2013
ELLENSON, Richard, M.B.A. President Ellenson Interaction New York, NY	2013	RICE, Mabel L., Ph.D. Fred and Virginia Merrill Distinguished Professor of Advanced Studies Department of Speech-Language-Hearing The Merrill Advance Studies Center University of Kansas Lawrence, KS	2012
FRIDERICI, Karen H., Ph.D. Professor Department of Microbiology and Molecular Genetics Michigan State University East Lansing, MI	2013	KEHN, Patricia A. Executive Director Association for Chemoreception Sciences Minneapolis, MN	2015

<p>ROBINSON, Jr., Tommie L., Ph.D. 2012 Director, Scottish Rite Center for Childhood Language Disorders Children's Hearing and Speech Center Children's National Medical Center Washington, DC</p>	<p>SMITH, Anne, Ph.D. 2012 Distinguished Professor Department of Speech, Language and Hearing Sciences Purdue University Lafayette, IN</p>
<p>SCHWOB, James E., Ph.D., M.D. 2015 Bates Professor and Chair of Anatomy and Cellular Biology Tufts University School of Medicine Boston, MA</p>	<p>STERN, Carolyn R., M.D. 2012 Partner Deafdoc.Org Rochester, NY</p>
<p>SHANNON, Robert V., Ph.D. 2015 Director, Division of Communication and Auditory Neuroscience Head, Auditory Implant Research Laboratory House Research Institute Los Angeles, CA</p>	<p>YUEH, Bevan, M.D., M.P.H. 2014 Professor and Chair Department of Otolaryngology Head and Neck Surgery University of Minnesota Minneapolis, MN</p>

Ex Officio

BECK, Lucille B., Ph.D.
Director
Audiology and Speech Pathology Service
Department of Veterans Affairs
Washington, DC

COLLINS, Francis S., Ph.D., M.D.
Director
National Institutes of Health
Bethesda, MD

DAVIS, Rickie, Ph.D.
Team Leader
Hearing Loss Prevention Team
Division of Applied Research and Technology
National Institute for Occupational Safety
And Health (NIOSH)
Cincinnati, OH

HOFFER, Michael E., M.D.
Co-Director
Department of Defense Spatial Orientation
Center
Department of Otolaryngology
Naval Medical Center
San Diego, CA

SEBELIUS, Kathleen
Secretary
Department of Health and Human Services
Washington, DC

Executive Secretary

JORDAN, Craig A., Ph.D.
Director
Division of Extramural Activities
NIDCD

Appendix 2
ATTENDANCE LIST

Other than Council members, attendees at the May 31, 2012 Council meeting included:

NIDCD Staff:

Office of Administration

Wheeles, Timothy, Executive Officer
Wysong, Chad, Deputy Executive Officer
Carlsen, Chris, Management Analyst

Financial Management Branch

Rotariu, Mark, Budget Officer
Lee, Mimi, Budget Officer
Rosado, Chris, Budget Analyst

Science Policy and Planning Branch

Wong, Baldwin, Chief
Cole, Laura, Ph.D. Science Policy Analyst
Kennedy, Lisa, Ph.D. Science Policy Analyst

Office of Health Communication and Public Liaison

Wenger, Jenny, Acting Chief
Latham, Robin, Science Writer
Miranda-Acevedo, Robert, MPA, Science Writer

Information Systems Management Branch

Burch, Jeremy, IT Specialist
Schechter, Steve, IT Specialist

Division of Extramural Activities

Jordan, Craig A., Ph.D., Director
Stephenson, Nanette, Committee Management Specialist
Webb, Ginger, M.S., Program Analyst/Council Assistant

Grants Management Branch

Myers, Christopher, Chief
Dabney, Sherry, Grants Management Officer
Doan, Hoai, Grants Management Specialist
Garcia, Maria, Grants Management Specialist
Myrbeck, Edward, Grants Management Specialist

Scientific Review Branch

Stick, Melissa, Ph.D. M.P.H., Chief
Kelly, Andrea, Ph.D., Scientific Review Officer
Livingston, Christine, Ph.D., Scientific Review Officer
Ray, Kausik, Ph.D., Scientific Review Officer
Singh, Sheo, Ph.D., Scientific Review Officer
Sullivan, Susan, Ph.D., Scientific Review Officer
Yang, Shiguang A., Ph.D., Scientific Review Officer

Division of Scientific Programs
Cooper, Judith, Ph.D., Director
Donahue, Amy, Ph.D., Deputy Director

Program Officers

Bainbridge, Kathy, Ph.D., Epidemiology
Cyr, Janet, Ph.D., Training/Hearing and Balance
Freeman, Nancy, Ph.D., Hearing and Balance
Hughes, Gordon, M.D., Clinical Trials
Li, Chuan-Ming, M.D., Ph.D., Biostatistician
Miller, Roger, Ph.D. Neural Prosthesis
Platt, Christopher, Ph.D., Hearing and Balance
Shekim, Lana, Ph.D., Speech and Voice Program
Sklare, Daniel A., Ph.D., Training Officer/Hearing and Balance
Watson, Bracie, Ph.D., Hearing and Balance

Division of Extramural Administrative Support, OER, NIH

Holmes, Debbie, Extramural Support Specialist
Nunn, Eric, Extramural Support Specialist

Center for Scientific Review, NIH

Etcheberrigaray, Rene, Division Director, CSR
Melchior, Christine, Chief, Integrative Function & Cognitive Neuroscience IRG
Ni, Weijia, Ph.D., Scientific Review Officer
Tian, Biao, Ph.D., Scientific Review Officer
Luethke, Lynne, Ph.D., Scientific Review Officer
Bennett, Cate, Ph.D., Scientific Review Officer
Lee, Paek, Ph.D., Scientific Review Officer

Office of the Director, NIH, and Others

Bopp, Andy, HIA, Director of Government Relations
Cromartte, Carmen, CART Interpreter
Dulovich, Judy, Chief, BRI, OHR
Knox, Sherry, CART Interpreter
Manley, Hope, Interpreter
Mattes, Richard, MPH, Ph.D., R.D., Professor, Purdue University
Onken, James, Ph.D., MPH, OER
Outen, Deborah, ATA
Parady, Alissa, Government Affairs Manager, IHS
Snyder, Neil, ASHA Director of Federal Advocacy
Somaya, Sandeep, OER
Weglicki, Linda, Ph.D., Chief, Office of Extramural Programs, NINR

NIDCD Director's Budget

James F. Battey, Jr., M.D., Ph.D.
NIDCD Advisory Council Meeting
May 31, 2012

National Institute on Deafness and Other Communication Disorders

**May 2012 Council
Budget Mechanism
(Dollars in thousands)**

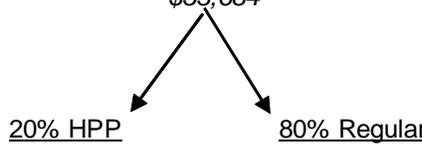
<i>Budget Mechanism</i>	FY 2011 <u>Actual Obligations</u>		FY 2012 <u>Appropriation</u>	
	<i>Number</i>	<i>Amount</i>	<i>Number</i>	<i>Amount</i>
Research Projects				
Noncompeting	640	\$221,421	638	\$225,489
Admin. Supplements	23	954	33	1,354
Competing	202	67,147	184	61,068
Subtotal	842	289,522	822	287,911
SBIR/STTR	24	9,948	25	10,500
Subtotal, RPG's	866	299,470	847	298,411
Research Centers	23	14,110	24	14,610
Other Research	54	7,949	60	9,448
Total Research Grants	943	321,529	931	322,469
Individual Training	127	4,963	130	5,163
Institutional Training	208	9,160	205	9,160
R & D Contracts	36	21,477	36	21,387
Intramural Research		38,000		38,000
Research Mgmt. & Support		19,975		19,975
TOTAL		\$415,104		\$416,154

National Institute on Deafness and Other Communication Disorders

May 2012 Council Competing Research Project Grants (Dollars in thousands)

January Council Funds for FY 2012 Competing R01's

Based on FY 2012 Appropriation of \$416.2 million
(\$ in thousands)

Estimated Total RPG budget	\$298,411	
Less estimated SBIR/STTR budget	-10,500	
Less estimated Administrative Supplements budget	-1,354	
Less estimated Noncompeting budget	-225,489	
Less FY12 "Carryover" Commitments from prior Council meetings	-750	
Less FY12 Program Requirements	-10,309	
Less FY12 Neuroscience Blueprint add'l	-231	
Plus FY11 funds (Sept 2011 Council)	3,906	
	\$53,684	
<i>Total</i>		
		
	<u>20% HPP</u>	<u>80% Regular</u>
For FY 2012	\$10,737	\$42,947
Per Council Round	\$3,579	\$14,316