MINUTES

The National Deafness and Other Communication Disorders Advisory Council convened on September 17, 2010 in Building 31, Conference Room 10, National Institutes of Health (NIH), Bethesda, MD. Dr. Craig A. Jordan, Division of Extramural Activities Director, National Institute on Deafness and Other Communication Disorders (NIDCD), served as interim Chairperson. In accordance with Public Law 92-463, the meeting was:

Closed: September 17, 2010: 8:30 a.m. to 10:30 a.m. for review of individual grant applications; and

Open: September 17, 2010: 10:40 a.m. to 2:00 p.m., for the review and discussion of program development needs and policy.

Council members in attendance

- Dr. Lauren Bakaletz
- Dr. Gerald Berke
- Dr. William Brownell
- Dr. Karen Cruickshanks
- Dr. Karen Friderici
- Dr. Saumil Merchant
- Dr. John Niparko
- Dr. Randall Reed
- Dr. Mabel Rice
- Dr. Anne Smith
- Dr. Carolyn Stern (teleconference)
- Dr. William Yost
- Dr. Bevan Yueh

Council members absent:

- Ms. Brenda Battat
- Mr. Richard Ellenson
- Dr. Charles Greer

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.
Ex-Officio Members Participating:

Dr. Rickie Davis

Ex-Officio Members Not Participating:

Dr. Lucille Beck  Dr. Michael E. Hoffer

The Council roster is found as Appendix 1.

Various members of the public, as well as NIDCD staff and other NIH staff, were in attendance during the open session of the Council meeting. A complete list of those present for all or part of the meeting is found in Appendix 2.

CLOSED SESSION

I. Call To Order and Opening Remarks ................................................... Dr. Craig A. Jordan

The meeting was called to order by Dr. Jordan, Division of Extramural Activities Director, NIDCD, who expressed appreciation to the entire Council for their service and advice. He shared the information that both Dr. James F. Battey, Jr. and Dr. Judith Cooper would be unable to attend today’s Council meeting and that he and Dr. Amy Donahue would be serving in their roles. Drs. Bakaletz, Berke, Merchant, Stern and Yueh were welcomed to the group with the promise of a more formal introduction in the Open Session. Ms. Battat, Mr. Ellenson, and Dr. Greer had scheduling conflicts which prevented them from attending this meeting.

II. Council Procedures ............................................................................................. Dr. 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 interest, or the 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 10:30 a.m.

III. Council Consideration of Pending Applications

The Council gave special attention to applications involving issues related to protection of human subjects, animal welfare, biohazards and/or women/minority/children representation in study populations as identified by the initial review groups. The Council individually discussed applications being considered for High Program Priority, from New Investigators, and whenever additional discussion was required.
A. Research Project Grant Awards

1. Consideration of Applications: On the Council’s agenda was a total of 102 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 22nd percentile.

B. Special Programs Actions

1. Mentored Patient-Oriented Research Career Development Award (K23): The Council recommended support of two applications.

2. NIH Pathway to Independence (PI) Award (K99/R00): The Council recommended support of two applications.


4. NIH Support for Conferences and Scientific Meetings (R13): The Council recommended support of two applications with budget adjustments and partial support of two applications with dual assignments.

5. NIH Exploratory/Development Research Grant Award (R21): The Council recommended support of six applications.

6. Research Core Center Grants (P30): The Council recommended support for one application.

7. Small Business Innovation Research Awards (SBIR): The Council recommended support for three Phase I (R43) applications.

IV. Pre-Council Voting

Council members were invited to vote on the following staff recommendations via e-mail ballot on Blueprint, ARRA and SBIR funding prior to the meeting.

- Neuroscience Blueprint applications (R25) – Council voted to support 5 applications with the contingency to support additional applications if funds allow
- ARRA applications (R01, R21) – Council voted to support 3 applications
- SBIR applications (R43) – Council voted to support 1 application

V. Report of the Board of Scientific Counselors ........................................ Dr. Andrew Griffith

Next, Dr. Jordan welcomed Dr. Andrew Griffith, Director of NIDCD’s Division of Intramural Research. As stipulated by law, each Institute, Center or Division must provide annually to its National Advisory Council an overview of the Intramural Research Program. The overview includes reports of the Board of Scientific Counselors (BSC), and the responses of the Scientific Director. This presentation is strictly informational; Council members are not asked to recommend approval or disapproval of the reports or to modify them in any way. However, the Council may make recommendations to the Director, NIDCD regarding such research on the basis of the materials provided.
Dr. Griffith presented the Report of the BSC regarding the review of several intramural laboratories. He then presented his response to the report and responded to questions from Council.

[Executive Secretary Note: During the BSC presentation, attendance was restricted to the Council members; the Executive Secretary and a few senior NIDCD administrators.]

OPEN SESSION

VI. Opening Remarks .................................................................................................................... Dr. Jordan

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

Recognition of New Members

Dr. Jordan welcomed the following new members to the Advisory Council:

- **Dr. Lauren Bakaletz** is Professor at the Department of Otolaryngology, Ohio State University and Vice-President for Basic Science Research at The Research Institute at Nationwide Children’s Hospital. She received her doctoral degree in microbiology from Ohio State University. Her research interests include understanding the pathogenic mechanisms operating in the polymicrobial disease, otitis media particularly the roles of bacterial adhesives and biofilm formation. Dr. Bakaletz is a member of several professional organizations, including the Association for Research in Otolaryngology and American Society for Microbiology.

- **Dr. Gerald Berke** is Chief of Head and Neck Surgery at the University of California at Los Angeles, School of Medicine. He received his medical degree from the University of Southern California. His research interests include voice disorders, swallowing problems, snoring, parathyroid, septum deviated/perforated, thyroid and trauma. Dr. Berke is a member of several professional organizations, including the American Academy of Otolaryngology-Head and Neck Surgery and the American Laryngological Association where he served as president in 2002.

- **Dr. Saumil Merchant** is The Gudrun Larsen Eliasen and Nels Kristian Eliasen Chair in Otology and Laryngology at Harvard Medical School. He received his medical degree from Ramnarain Ruia College in Bombay, India. His research interests include pathology of the ear and middle ear mechanics with a goal to better understand sound transmission through normal, diseased and reconstructed middle ears, so that better diagnostic tests and therapeutic procedures can be offered to patients with middle ear disease. Dr. Merchant is on the editorial board of many leading scientific journals, including Otology and Neurotology, and Audiology-Neurotology and is on the Board of Directors of the NIDCD National Temporal Bone, Hearing and Balance Pathology Resource Registry.

- **Dr. Carolyn Stern** is a partner of DeafDoc.org a website that covers healthcare issues using American Sign Language (ASL) as well as captions. She is also an Urgent Care Physician in the Unity Health System and Medical Director at the Rochester School for the Deaf. She received her medical degree from Northwestern University. Her interests include providing health care for hearing and deaf individuals of all ages. Dr. Stern is a member of various professional organizations, including the Alexander Graham Bell Association for the Deaf and has served as a consultant to many organizations including
the National Center for Deaf Health Research, FDA, National Association for the Deaf, and NIDCD.

- **Dr. Bevan Yueh** is Chair of the Department of Otolaryngology/Head and Neck Surgery at the University of Minnesota. He received his medical degree from Stanford University and his MPH from Yale University School of Epidemiology and Public Health. Dr. Yueh’s interests include head and neck surgery, clinical epidemiology, head and neck tumors, salivary gland tumors and thyroid tumors. He is a member of various professional organizations, including the American Academy of Otolaryngology/Head and Neck Surgery and American Head & Neck Society and serves on the editorial board of several respected clinical journals.

Dr. Jordan reported that Dr. Robert Davila recently retired from service on the Advisory Council and that a replacement member is being actively pursued.

**Consideration of Minutes of the Meeting of May 14, 2010**

Dr. Jordan called members’ attention to the minutes of the May 14, 2010 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 2012 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, January 28, in Building 31, Conference Room 6 on the NIH campus, Bethesda, Maryland.

**VII. Report of the Division of Intramural Research**

NIH policy requires that the National Advisory Council for each Institute review the activities of their respective intramural program once a year. Dr. Andrew Griffith, Scientific Director of NIDCD’s Division of Intramural Research (DIR) presented the 2010 report.

**Personnel**

There are currently 13 tenured investigators and one tenure-track investigator. A new investigator with expertise in the areas of Hearing and Balance, Dr. Lisa Cunningham has been hired and will be starting in the next few months.

**Board of Scientific Counselors**

Dr. Griffith updated the Council on the membership of the Board of Scientific Counselors (BSC). Membership changed in July 2010. Dr. Wayne Frankel of Jackson Laboratory became the chair. New members include Dr. Marci Lesperance from the University of Michigan and Dr. Steven Rauch from the Massachusetts Eye and Ear Infirmary. Other members include Dr. Robin Davis of Rutgers University, Dr. Ronald Hoy of Cornell University, Dr. Gabriel Corfas of Harvard University, Dr. Peter Gillespie of Oregon Health and Science University, and Dr. Neil Segil of the House Ear Institute. Retiring members include Dr. Richard Chaney of the University of North Carolina and Dr. Richard Chole from Washington University.

**Porter Neuroscience Research Center**

Dr. Griffith concluded his report with the exciting news that Phase II for the Porter Neuroscience
Research Center was scheduled to break ground in early October 2010. This ARRA-funded project will bring under one roof the Intramural scientists who are currently in 3 different locations in the Bethesda/Rockville area. Planned completion is in 2012 with a move estimated in 2013.

VIII. Report of the Director of NIH................................................................. Dr. Francis Collins

Dr. Collins expressed his pleasure in speaking to the NIDCD and Council. He appreciated everyone’s support during the past year that he has served as NIH Director. In September 2009, he had the opportunity to tell the NIH story to President Obama and HHS Secretary Sebelius when they visited the NIH campus. Although this administration clearly believes in science, economic stresses continue, and the NIH leadership is concerned about current and future resources.

Dr. Collins gave a brief statement on the state of the federal funding for human embryonic stem cell (hESC) research. On August 23 Judge Royce Lamberth issued a temporary injunction blocking federal funding for hESC research in the matter of Sherley et al. v. Sebelius et al. (2010). The U.S. Government responded through the Department of Justice making an appeal first to Judge Lamberth who refused to lift the injunction and then to the U.S. District Court of Appeals who stayed the injunction, pending further order from the court. NIH’s investment in hESC includes 199 grants for a total of $131M funded in FY2010. The injunction was set to halt the continuation of funds for 24 extramural grants after 9/30 ($54M), 8 intramural research grants ($9.5M) as well as funding for 20 promising new hESC applications ($24M). As of Friday, 9/10 suspension of all pending grants, contracts, applications and proposals was temporarily lifted and applications on hold for Council Review may proceed. Dr. Collins invited the group to “stay tuned” for future updates on this case as it proceeds.

Dr. Collins recognized two broad categories contained in the NIH Mission Statement. The first relates to the fundamental knowledge of science which biomedical research brings to light and the second, an application of that knowledge to enhance the health of the nation and all of humanity throughout the world. He went on to identify one example from each category from current NIDCD research programs. The first, “An Ear in a Test Tube,” highlights a NIDCD-funded team of scientists who developed a system for making functional hair cells in vitro. Inner ear hair cells are essential to hearing and balance, are among the rarest human cells, and do not regenerate when damaged or destroyed. Using stem cells from mouse embryos the team replicated conditions of fetal development, added growth factors and the stem cells differentiated into hair cells. He noted the great potential of future work to restore hearing loss by regenerating hair cells. Next, Dr. Collins highlighted a NIDCD Signature Project which develops specialized procedures to improve communications. Certain disorders can damage the connection between motor control areas of the brain and targets in the brainstem; such as Amyotrophic lateral sclerosis or a brainstem stroke. A brain-computer interface has been developed to restore communication. A small electrode array is implanted into the motor cortex. The patients’ thoughts are relayed via a small electrode array in the motor cortex to a computer-based processing system to control a cursor on the computer screen. The pilot clinical research is promising.

Dr. Collins identified major opportunities for NIH research, including: applying high throughput technologies to understand fundamental biology, and to uncover the causes of specific diseases; translating basic science discoveries into new and better treatments; putting science to work for the benefit of health care reform; encouraging a greater focus on global health; and reinvigorating and empowering the biomedical research community.

The NIH traditionally has played a role in the earlier stages of the therapeutic development continuum. Dr. Collins said that the advancements in science have allowed the NIH to play a
greater role in translation. It is now possible to have an integrated therapeutic pipeline that transverses from disease identification through assay development and clinical trial testing to Food and Drug Administration Review. The NIH Molecular Libraries initiative involves high throughput screening on assays provided by the research community, against a large library of small molecules maintained in a central molecule repository. The initiative also includes optimization chemistry required to produce useful in vitro chemical probes and technology development. The NIH Therapeutics for Rare and Neglected Diseases (TRND) and Rapid Access to Interventional Development (RAID) programs concern preclinical therapy development. The NIH Clinical Center, pharmaceutical and biotechnology industries, and Clinical and Translational Science Awards (CTSAs) are active from the FDA Investigational New Drug application submission through all phases of clinical trials and the FDA review. To facilitate the drug pipeline activities, new NIH-FDA partnerships have been established through the NIH FDA Joint Leadership Council, which will improve translational research, make science “regulatory review ready,” and speed the development of new medical products.

Dr. Collins described the Cures Acceleration Network (CAN), which was included in the recently passed Health Care Reform Bill. The CAN provides an additional NIH framework for therapeutic agents by dramatically advancing the development of new treatments and cures for debilitating and life-threatening diseases by reducing barriers between laboratory discoveries and clinical trials. The CAN’s House Appropriation for FY 2011 is up to $50M. The program is situated in the NIH Office of the Director (OD) and will provide flexible funding mechanisms, including grant, partnership, and flexible research awards.

Dr. Collins said that the FY 2011 President's Budget request totals $32.2 billion for the NIH. During FY 2003 through FY 2008, the NIH budget struggled with a loss of purchasing power. The majority of the ARRA funds, which were a one-time infusion, were awarded for short-term grants. The NIH success rate in funding grant applications has varied each year but has declined overall since 1979.

Dr. Collins expressed the NIH’s commitment to advocating for investment in biomedical research. He encouraged fellow scientists to: educate others about the importance of biomedical research, inspire passion for science in the next generation, contact the NIH with suggestions and comments (NIH-LISTENS@nih.gov) and encourage innovation. Dr. Collins entertained questions from the Council.

IX. Report of the Director, NIDCD .......................................................... Dr. Jordan

Budget Considerations:

Dr. Jordan presented on behalf of Dr. Battey. He began his presentation with a breakdown of the President's NIDCD Budget Request for FY 2011. Once the other components of the NIDCD budget are considered there would be $301 million available for research project grants. From this total, $10.1 million is reserved for Small Business Research grants, $1.5 million for administrative supplements, $225 million for commitments to noncompeting grants, $1.6 million for carryover commitments from prior Council meetings, and $13 million for program requirements. An additional estimated $10 million is available from end of year FY10 funds. Twenty percent of the remaining $51.5 million is designated for High Program Priority (HPP). Consequently, there is $41.2 million available for the initial pay line across the year’s three Council meetings. This should allow funding of applications up through the 22 percentile. The $10.3 million for HPP applications will be available to support additional applications. A copy of the slides Dr. Jordan used for this budget presentation is included in Appendix 3.
Strategic Plan Update

Dr. Jordan informed the Council that the NIDCD Strategic Plan serves as a guide to the NIDCD in prioritizing its research investment and helps the NIDCD keep current with the state-of-the-science and advances in the field of communication disorders. NIDCD will change from a 3-year to a 5-year plan. The plan will undergo a major rewrite this time and the rewrite effort will be organized along the three main NIDCD programmatic areas: hearing/balance, smell/taste, voice/speech/language through the development of three corresponding working groups. At least one Council member will be included on each working group. A timeline of events was presented with future NIDCD Council meetings serving as the focus of working group reports and feedback from Council. NOT-DC-10-001 is a Request For Information from the community seeking input on these questions:

1. What are the most significant scientific discoveries in the communication sciences that have occurred in the past decade?
2. What are the gaps in current research and training in the communication sciences?
3. What pressing needs of individuals with communication disorders can be helped with additional research?
4. What are the greatest challenges or barriers to progress in the communication sciences?

Comments will be accepted through November 5, 2010 and must be submitted electronically at http://www.nidcd.nih.gov/about/plans/strategic/publiccomments.htm

X. Report of the Division of Scientific Programs ........................................Dr. Amy Donahue

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

Dr. Sklare:

Dr. Sklare updated the Council on the status of the NIDCD Mentored Career Development (K08/K23) Programs in a presentation entitled, “Nurturing Clinician-Investigators Through the NIDCD Mentored K-Award Program”. The presentation covered a 10 year period from FY 2000 through FY 2009. A brief historical perspective was followed by statistics detailing the number of applications received, success rates for the NIDCD K08/K23 and the success rate for K08/K23 grantees converting to R01 awards. For comparison purposes success rates were also presented for individuals that went directly to R01 awards, without utilizing the K08/K23 route. Council expressed considerable interest and support for the K08/K23 during the subsequent discussion.

XI. Scientific Presentation.............................................................................Dr. Dennis Drayna

Dr. Jordan introduced Dr. Dennis Drayna, Section Chief, Systems Biology of Communication Disorders Branch of the Laboratory of Molecular Genetics at NIDCD. Dr. Drayna accepted our invitation to discuss his research in a presentation entitled “Progress on the Genetic Studies of Stuttering.”

Stuttering is a poorly understood disorder characterized by repetitions, prolongations and interruptions in the flow of speech. Genetic factors have been implicated in this disorder, and previous studies have identified significant genetic linkage of stuttering to markers on chromosome 12. In this region, we identified a mutation in the GNTPAB gene, encoding the catalytic subunits of Glc-Nac phosphotransferase (EC 2.7.8.17), associated with stuttering in a large consanguineous Pakistani family. This mutation occurs in affected members of approximately 10% of Pakistani stuttering families, and this and other mutations in GNPTAB occur in unrelated affected individuals of South Asian and European descent. We also identified
mutations in the GNPTG gene, encoding the regulatory subunit of this enzyme, in affected individuals of Asian and European descent. Further, we have identified mutations in the NAGPA gene, encoding the so-called uncovering enzyme in other affected individuals. Together these three genes encode enzymes that function to generate the mannose-6-phosphate signal that targets a diverse group of hydrolases to the lysosome. Failures in this function have been previously associated with the mucolipidoses, rare lysosomal storage disorders most commonly associated with symptoms displayed in bone, connective tissue, brain, liver, and spleen. Clinical examination of an initial group of stuttering subjects carrying mutations in these genes failed to identify any of the symptoms of mucolipidosis. These findings demonstrate that ostensibly non-syndromic stuttering can have its origins as an inherited metabolic disorder, and indicate that medical attention to stuttering can be warranted.

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

Dr. Jordan presented the Report of the Director, Division of Extramural Activities. He began by sharing that the information he was presenting was prepared by staff of the NIH Office of Extramural Research to illustrate changes in the peer review process and how criterion scores influence the overall impact score for NIH peer reviewed applications. He noted that these items were being shared at all Councils this fall.

Enhancing Peer Review

Dr. Jordan reminded the group that the Enhancing Peer Review effort was motivated by the goal of funding the best science by the best scientists with the least amount of administrative burden. There were three waves of changes announced in December 2008 (NOT-OD-09-023) and Council has seen three rounds of reviews reflecting the changes made in 2009 effecting FY2010. This Council meeting is the first where the 2010 changes are reflected in the reviews which impacts FY2011 funding decisions. Dr. Jordan noted several caveats to remember. Criterion scores are: only entered by assigned reviewers; not modified after the group discussion, not mathematically linked to priority/impact score voted on by entire study section after discussion; and only entered for Significance, Investigator, Innovation, Approach and Environment. Other factors, in addition to criterion scores, are usually included in the Impact Score determination.

How Criterion Scores Influence the Overall Impact Score for NIH Peer-Reviewed Applications

Dr. Jordan reviewed with Council the summary of the relationship between the 5 criterion scores and the overall impact score after controlling for NIH institutional factors on applications reviewed using FY2010 data from the October, January and May Councils. Both the descriptive statistics and the correlation analysis indicated that Approach had the highest correlation with the overall impact score of applications. The other criteria scores had less impact in the following sequence Significance > Innovation > Investigator > Environment. The factor analysis demonstrated that criterion scores tend to cluster into two groups. The first group clustered Approach, Significance and Innovation while the second cluster included Investigator and Environment. The results show that there is strong interaction between Approach and Significance while the effect of Environment is not statistically significant. Although preliminary, the authors conclude that the results indicate that Impact scores are largely driven by scientific and technical merit, as measured by criterion scores.

XIII. Adjournment: The meeting was adjourned at 2:00 p.m. on September 17, 2010.
XIV. Certification of Minutes

We certify that, to the best of our knowledge, the foregoing minutes and attachments are accurate and correct.\textsuperscript{2}

10/29/2010
Craig A. Jordan, Ph.D.
Executive Secretary
National Deafness and Other Communication Disorders Advisory Council

10-28-2010
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

\textsuperscript{2} These minutes will be formally considered by the NDCD Advisory Council at its next meeting; corrections or notations will be incorporated in the minutes of that meeting.
APPENDICES

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Roster
National Deafness and Other Communication Disorders Advisory Council

Chairperson
James F. Battey, Jr., M.D., Ph.D., Director
National Institute on Deafness and Other Communication Disorders
Bethesda, Maryland 20892

BAKALETZ, Lauren O., Ph.D. 2014
Professor
Departments of Pediatrics and Otolaryngology
College of Medicine
Ohio State University
Columbus, OH

BATTAT, Brenda, M.S., MCSP 2013
Executive Director
Hearing Loss Association of America (HLAA)
Bethesda, MD

BERKE, Gerald S. MD 2014
Chief, Division of Head and Neck Surgery
University of California at Los Angeles
School of Medicine
Center for the Health Sciences
Los Angeles, CA

BROWNELL, William, Ph.D. 2013
Jake and Nina Kamin Chair
Bobby R. Alford Department of
Otolaryngology – Head & Neck Surgery
Baylor College of Medicine
Houston, TX

CRUICKSHANKS, Karen J., Ph.D. 2011
Professor
Department of Ophthalmology and Visual Sciences
University of Wisconsin
School of Medicine and Public Health
Madison, WI

ELLENSON, Richard, MBA 2013
Consultant
New York, NY

FRIDERICI, Karen, Ph.D. 2013
Professor
Department of Microbiology & Molecular Genetics
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East Lansing, MI

GREER, Charles A., Ph.D. 2011
Professor of Neuroscience
Department of Neurosurgery and Neurobiology
Yale University School of Medicine
New Haven, CT

MERCHANT, Saumil N., MD 2014
Gudrun Larsen Eliasen and Nels Kristian Eliasen Professor
Harvard Medical School
Department of Otolaryngology
Massachusetts Eye and Ear Infirmary
Boston, MA

NIPARKO, John K., M.D. 2013
George T. Nager Professor
Director, Division of Otology, Neurootlogy, & Skull Base Surgery
Department of Otolaryngology – Head & Neck Surgery
The Johns Hopkins Hospital
Baltimore, MD

REED, Randall, Ph.D. 2011
Director, Center for Sensory Biology
Professor, Department of Molecular Biology and Genetics
Department of Neuroscience
Department of Otolaryngology - HNS
Johns Hopkins School of Medicine
Baltimore, MD

RICE, Mabel L., Ph.D. 2012
Fred and Virginia Merrill Distinguished Professor of Advanced Studies
Department of Speech-Language-Hearing
The Merrill Advance Studies Center
University of Kansas
Lawrence, KS
SMITH, Anne, Ph.D. 2012
Distinguished Professor
Department of Speech, Language and Hearing Sciences
Purdue University
College of Liberal Arts
West Lafayette, IN

STERN, Carolyn R, M.D. 2012
Partner
DeafDOC.Org
Rochester, NY

YOST, William A., Ph.D. 2011
Chair of Speech and Hearing Science
Department of Speech and Hearing Science
Arizona State University
Tempe, AZ

YUEH, Bevan, M.D., MPH 2014
Professor and Chair
Department of Otolaryngology - Head & Neck Surgery
University of Minnesota
Minneapolis, MN

EX-OFFICIO MEMBERS:

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

DAVIS, Rickie, Ph.D.
Team Leader
Hearing Loss Prevention Team
National Institute for Occupational Safety and Health
Centers for Disease Control and Prevention
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
Hubert H. Humphrey Building
Washington, DC

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

EXECUTIVE SECRETARY:

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

Rev. 10/2010
Appendix 2

ATTENDANCE LIST

Other than Council members, attendees at the September 17, 2010 Council meeting included:

NIDCD Staff:

Office of Administration
Kerr, Dave, Executive Officer
Wysong, Chad,

Financial Management Branch
Mark Rotariu, Budget Officer
Lee, Mimi, Budget Officer

Science Policy and Planning Branch
Wong, Baldwin, Chief
Cole, Laura, Ph.D., Science Policy Analyst
Reuss, Reaya, Health Science Policy Analyst
Kennedy, Lisa, Ph.D., Science Writer

Office of Health Communication and Public Liaison
Blessing, Patricia, Chief
Miranda-Acevedo, Robert, MPA, Science Writer/Public Liaison Office
Latham, Robin, Science Writer

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
McNamara, Castilla, Ph.D., M.P.A., Grants Management Specialist

Scientific Review Branch
Stick, Melissa, Ph.D., M.P.H., Chief
Livingston, Christine, Ph.D., Scientific Review Officer
Moore, Christopher, Ph.D., Scientific Review Officer
Sullivan, Susan, Ph.D., Scientific Review Officer
Yang, Shiguang A., Ph.D., Scientific Review Officer
Division of Scientific Programs
Donahue, Amy, Ph.D., Deputy Director

Program Officers
Bainbridge, Kathy, Ph.D., Epidemiology
Cyr, Janet, Ph.D., Training/Hearing and Balance
Davis, Barry, Ph.D., Smell and Taste Program
Freeman, Nancy, Ph.D., Hearing and Balance
Hoffman, Howard, M.A., Epidemiology and Statistics
Hughes, Gordon, M.D., Clinical Trials
Miller, Roger, Ph.D., Neural Prosthesis
Platt, Christopher, Ph.D., Hearing and Balance
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

Center for Scientific Review, NIH
Rudolph, Joe, Ph.D., Chief ETTN Science Review Officer
Crutcher, Keith, Ph.D., Scientific Review Officer
Melchior, Christine, Chief, Integrative Function & Cognitive Neuroscience IRG
Ni, Weijia, Ph.D., Scientific Review Officer
Tian, Biao, Ph.D., Scientific Review Officer
Bennett, M. Catherine, Ph.D., Scientific Review Officer
Carstea Gene, Ph.D., Scientific Review Officer
Bennett, Yvonne, Ph.D., Scientific Review Officer
Luo, Yuan, Ph.D., Scientific Review Officer

Office of Director, NIH, and Others
Taylor, Steve, American Academy Audiology
Thomas, Kate, Manager, American Academy Audiology
Appendix 3

NIDCD Director’s Report Slides

As Presented By

Craig A. Jordan, Ph.D.
Director, DEA, NIDCD

NIDCD Advisory Council Meeting

September 17, 2010
## September 2010 Council
### Budget Mechanism
(Dollars in thousands)

<table>
<thead>
<tr>
<th>Budget Mechanism</th>
<th>FY 2010 Appropriation</th>
<th>FY 2011 President's Request</th>
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<td>287,053</td>
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<tr>
<td>SBIR/STTR</td>
<td>33</td>
<td>9,880 *</td>
</tr>
<tr>
<td>Subtotal, RPG's</td>
<td>850</td>
<td>296,933</td>
</tr>
<tr>
<td>Research Centers</td>
<td>22</td>
<td>18,100</td>
</tr>
<tr>
<td>Other Research</td>
<td>54</td>
<td>7,900</td>
</tr>
<tr>
<td>Total Research Grants</td>
<td>926</td>
<td>322,933</td>
</tr>
<tr>
<td>Individual Training</td>
<td>130</td>
<td>4,950</td>
</tr>
<tr>
<td>Institutional Training</td>
<td>206</td>
<td>9,100</td>
</tr>
<tr>
<td>R &amp; D Contracts</td>
<td>47</td>
<td>23,698</td>
</tr>
<tr>
<td>Intramural Research</td>
<td>38,437</td>
<td></td>
</tr>
<tr>
<td>Research Mgmt. &amp; Support</td>
<td>19,715</td>
<td></td>
</tr>
<tr>
<td>NIH Roadmap</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>$418,833</td>
<td></td>
</tr>
</tbody>
</table>

* reflects the latest SBIR/STTR allotment
## September Council Funds for FY 2011 Competing R01's

*Assumes President's Budget Request*

(Dollars in thousands)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total RPG budget</td>
<td>$300,968</td>
</tr>
<tr>
<td>Less SBIR/STTR budget</td>
<td>-10,100</td>
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<tr>
<td>Less Administrative Supplements budget</td>
<td>-1,530</td>
</tr>
<tr>
<td>Less Noncompeting updated estimate</td>
<td>-224,926</td>
</tr>
<tr>
<td>Less FY11 &quot;Carryover&quot; Commitments from prior Council meetings</td>
<td>-1,600</td>
</tr>
<tr>
<td>Less FY11 Program Requirements</td>
<td>-13,000</td>
</tr>
<tr>
<td>Plus FY10 funds</td>
<td>1,700</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$51,512</strong></td>
</tr>
</tbody>
</table>

20% HPP: $10,302  
80% Regular: $41,210

Per Council Round: $3,434  
Per Council Round: $13,737