

ICARE: Interagency Collaborative to Advance Research in Epilepsy

March 24, 2014

NIH epilepsy research funding decreased by \$27M in FY2013

Estimates of Funding for Various Research, Condition, and Disease Categories (RCDC)

http://report.nih.gov/categorical_spending.aspx

| | FY 2010 | <i>FY 2010 ARRA</i> | FY 2011 | FY 2012 | FY 2013 |
|------------------|---------|-------------------------|---------|--------------|--------------|
| Epilepsy* | \$134 | \$27 | \$152 | \$156 | \$129 |

*(Dollars in millions and rounded)

NINDS epilepsy funding decreased by \$14M

FY2013: \$106M

FY2012: \$120M

What accounts for this decrease?

Big Projects (>\$1M)

Projects no longer in Epilepsy category in 2013

- NCATS Bridging Interventional Development Gaps (BrIDGs) program (\$12.1M)
 - FY2013: BrIDGS program funded, but not listed under any RCDC categories
- NIMH intramural project on Clinical Evaluation of PET Radiotracers (\$2.5M)
 - FY2013 project aims no longer include work with epilepsy patients
- Updates to the Epilepsy category ‘fingerprint’
 - 11 projects dropped (\$3.2M in FY2012, including basic research and DBS projects)

Projects terminated in FY2013

- Radiosurgery vs. lobectomy for temporal lobe epilepsy (ROSE): Phase 3 Trial (\$2.2M)
- NINDS Intramural project Neuropsychological And Cognitive Studies In Epilepsy (\$1M)

Funding decreases in ongoing projects

- Initial Therapy and Response on Long Term Outcome in Children w/ CAE (\$2M)
- Neurological Emergencies Treatment Trials (NETT) coord. and data centers (\$4.2M)
- One core w/in Epi4K, NINDS Center without Walls (\$1M)

Other funding decreases

- Non-competing grants funded at lower level (\$4M)
- Fewer projects funded overall: 417 vs 438 (\$12M)
 - including fewer new and competing projects (type 1 and 2s): 87 vs. 124

Career development awards for epilepsy

| NIH | FY2008 | | FY2009 | | FY2010 | | FY2011 | | FY2012 | | FY2013 | |
|----------------------------|---------|----|--------|----|--------|----|--------|----|--------|----|--------|----|
| | \$(M) | # | \$(M) | # | \$(M) | # | \$(M) | # | \$(M) | # | \$(M) | # |
| <i>Fellowships (F)</i> | \$1.04 | 25 | \$1.29 | 35 | \$0.95 | 24 | \$1.24 | 32 | \$1.40 | 35 | \$1.38 | 34 |
| <i>Career Awards (K)</i> | \$9.13 | 54 | \$6.74 | 42 | \$5.38 | 33 | \$6.55 | 40 | \$6.31 | 40 | \$5.70 | 37 |
| <i>Training Grants (T)</i> | \$0.24 | 1 | \$0.23 | 2 | \$0.24 | 1 | \$0.46 | 2 | \$0.48 | 2 | \$0.36 | 2 |
| <i>Total</i> | \$10.41 | 80 | \$8.26 | 79 | \$6.57 | 58 | \$8.25 | 74 | \$8.19 | 77 | \$7.44 | 73 |

- The decrease in K awards is consistent with a general trend across NINDS
- Are similar trends apparent outside of NIH?
- If so, what are the reasons, and how can we address them?