The Clinical Research Forum and Association of American Physicians disagree with criticism of the NIH Roadmap

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As representatives of 50 leading academic medical centers focusing on clinical research and many of academic medicine’s scientific leaders, the Clinical Research Forum and Association of American Physicians disagree with the JCI’s recent editorials on the NIH Roadmap, Elias Zerhouni’s leadership, and the future directions of biomedical research.

Following an unprecedented doubling, all agree that the flattening of the NIH budget in the last 3 years has dampened momentum in our nation’s medical research. The doubling of our nation’s investment in biomedical research occurred as deficits became surpluses, support became bipartisan, and the nation’s imagination was fueled by remarkable achievements such as the Human Genome Project and treatments for HIV. Flat budgets have now emerged as entitlement programs increase, and balancing annual budget deficits reemerge. Predictably, bipartisan support for science and the future directions of biomedical research are untimely investments. Again, we disagree. The NIH director’s concern for the integrity of the clinical research enterprise arises directly from numerous well-documented Institute of Medicine studies over 2 decades (3–5). Their most recent Clinical Research Roundtable clearly reidentified many of the same problems beleaguering clinical research and outlined potential solutions (5, 6). The NIH director appropriately incorporated many of these issues into the NIH Roadmap.

We believe Dr. Zerhouni is vitally concerned with helping Congress and the public to understand the return in public health they get from their investment in medical research. He is visionary and correctly emphasizes that medical science is on the brink of transforming medicine. He is not burdened with sustaining the issues specific to academic science. Rather, such matters are largely left to the NIH and academic medical centers to address. Industry is not burdened with sustaining the issues but is focused on profit-generating opportunities, the fundamental covenant with their investors. Industry is not burdened with sustaining the issues; rather, industry is focused on profit-generating opportunities, the fundamental covenant with their investors. Industry is not burdened with sustaining the issues specific to academic science. Rather, such matters are largely left to the NIH and academic medical centers to address.

We do not expect the current funding crisis to abate soon. Therefore, we suggest that our colleagues consider carefully how to conduct this dialogue. These discussions are not restricted to the science community but must involve the government, the media, patients, and the public. We must redouble our collective efforts to assist the NIH director in documenting the return on investment from publicly supported research. We should not pit basic science against clinical science. Rather, we must advocate collectively and effectively for a balanced investment that serves the relevant needs of both and continue our advocacy for adequate support for the entire medical research enterprise. Our nation deserves nothing less than our collective and collegial efforts.

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Letters

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Conflict of interest: W. Crowley Jr. served on the NIH Roadmap Planning Committee. L. Jameson has served on the Advisory Council for the National Institute on Aging, NIH. H. Pardes was director of the National Institute of Mental Health from 1978 to 1984. J. Moskowitz was principal deputy director, deputy director, and associate director in the NHLBI and NIH; he was also the interim director of the National Institute of Deafness and Other Communication Disorders for 18 months and has participated in recent activities initiated by NIH and the Association of American Medical Colleges related to the Roadmap and the NIH reauthorization. E. Orringer serves on 2 NIH advisory committees: the Advisory Committee on Research on Women’s Health (ACRWH) and the Sickle Cell Disease Advisory Committee. D. Ausiello was appointed to the National Council on Aging by Harold Varmus and served from 2000 to 2004 during Dr. Zerhouni’s term. F. Collins has served as director of the National Human Genome Research Institute, NIH, since 1993. J. Elias has served on long-range advisory committees for the NIH. R. Horowitz was appointed to the Advisory Council to the Director of the NIH. C. Thompson served as chairman of the Board of Scientific Counselors for the National Cancer Institute from 2001 to 2003. J.L. Swain served on the National Center for Research Resources Council from 1998 to 2004 and has attended one of the Roadmap Roundtable discussion groups.