



# Research Administration Newsletter

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## Funding Opportunities

### **Shared Instrumentation Grant Program (S10)**

The NCRP Shared Instrument Grant (SIG) program solicits applications from groups of NIH-supported investigators to purchase or upgrade commercially available instruments that cost at least \$100,000. The maximum award is \$500,000. Types of instruments supported include confocal and electron microscopes, biomedical imagers, mass spectrometers, DNA sequencers, biosensors, cell sorters, X-ray diffraction systems, and NMR spectrometers among others. - Mechanism of Support. This funding opportunity will use the NIH S10 mechanism. -Funds Available and Anticipated Number of Awards. The NCRP intends to commit approximately \$43 million in FY2009 to fund approximately 125 new awards. Since the cost of the various instruments will vary, it is anticipated that the size of awards will also vary. The total amount awarded and the number of awards will depend on the funds available for the SIG program.

Click link for details:  
<http://www.grants.gov/search/search.do?&mode=VIEW&flag2006=true&oppld=16122>

### **Nanoscience and Nanotechnology in Biology and Medicine (R01)**

This funding opportunity (FOA) is aimed at enhancing nanoscience and nanotechnology research focused on problems in biology and medicine. Nanoscience and nanotechnology refer to research and development on the understanding and control of matter at a length scale of approximately 1 - 100 nanometers, where novel properties and functions occur because of the size.

A major challenge facing medicine is to develop novel and more sophisticated approaches for the diagnosis, treatment and management of an array of diseases and traumatic injuries. Nanotechnology and nanoscience have the capacity to drive a new wave of medical innovation through the engineering of bioactive nanoscale structures, processes and systems based on the advancement of our understanding of biology at the nanoscale.

Click links for details:

(R01) <http://grants.nih.gov/grants/guide/pa-files/PA-08-052.html>

(R21) <http://grants.nih.gov/grants/guide/pa-files/PA-08-053.html>

### **Innovative Ophthalmology Research Award**

The objective of the Innovative Ophthalmology Research Award is to encourage researchers to undertake investigative work in critical areas of ophthalmology.

Click link for details:  
<http://ophthalmologyaward.com/secure/index.html>

## Doheny News

### **Grant Submission Policy Change**

Doheny is considering a major policy change to support sponsored research proposals from DEI postdoctoral fellows and associate research fellows, i.e., those individuals who do not have USC faculty appointments. More detailed information will follow in the next issue. If you have questions or comments, please contact Linda Little, ext. 26600.

## Articles

### **Most read in December 2007**

#38. **Ameri H, Chader GJ, Kim JG, Sadda SR, Rao NA, Humayun MS.** The effects of intravitreal bevacizumab on retinal neovascular membrane and normal capillaries in rabbits. *Invest Ophthalmol Vis Sci* 2007;48:5708-5715.

### **Most read between July and Sept 2007**

#3 Qiu G; Seiler MJ; **Thomas BB**; Wu K; Radosevich M; **Sadda SR.** Revisiting nestin expression in retinal progenitor cells in vitro and after transplantation in vivo. *Exp Eye Res* 2007;84:1047-1059.

#15 Joeres, S.; Kaplowitz, K.; Brubaker, J.W.; **Updike, P.G.**; Collins, A.T.; **Walsh, A.C.**; Romano, P.W.; **Sadda, S.R.** Quantitative comparison of

optical coherence tomography after pegaptanib or bevacizumab in neovascular age-related macular degeneration. *Ophthalmology* Epub 2007 Jul 12.

#20 Wu Z; Vazeen M; **Varma R**; **Chopra V**; **Walsh AC**; LaBree LD; **Sadda SR**. Factors associated with variability in retinal nerve fiber layer thickness measurements obtained by optical coherence tomography. *Ophthalmology*, 2007;114:1505-512.

**Most cited thru Jan 1, 2008**

#5. Lopez PF, Sippy BD Lambert HM, Thach AB, **Hinton DR**. Transdifferentiated retinal pigment epithelial cells are immunoreactive for vascular endothelial growth factor in surgically excised age-related macular degeneration-related choroidal neovascular membranes. *Invest Ophthalmol Vis Sci* 1996;37:855-368.

**Publications**

1. **Ameri H, Chader GJ, Kim JG, Sadda SR, Rao NA, Humayun MS**. The effects of intravitreal bevacizumab on retinal neovascular membrane and normal capillaries in rabbits. *Invest Ophthalmol Vis Sci* 2007;48:5708-5715.
2. **Chang TS, Bressler NM, Fine JT, Dolan CW, Ward J, Klesert TR, Marina Group (Sadda SR.)** Improved vision-related function after ranibizumab treatment of neovascular age-related macular degeneration - results of a randomized clinical trial. *Arch Ophthalmol* 2007;125:1460-1469.
3. Chiang MF, Wang L, Busuico M, Du YE, Chan P, Kane SA, **Lee TC**, Weissgold DJ, Berrocal AM, Coki O, Flynn JT, Starren J. Telemedical retinopathy of prematurity diagnosis - accuracy, reliability, and image quality. *Arch Ophthalmol* 2007;125:1531-1538.
4. Cotter SA, **Tarczy-Hornoch K**, Wang Y, **Azen SP**, Dilauro A, **Borchert M, Varma R**. Visual acuity testability in African-American and Hispanic children: The Multi-Ethnic Pediatric Eye Disease Study. *Am J Ophthalmol* 2007;144:663-667.
5. **Flaxel CJ**, Dustin L, Kim J, Bekendam P, Row P. Outcome of diabetic vitrectomy in Latino population. *Retina* 2007;27:1274-1278.
6. Gupta V, Gupta A, **Rao NA**. Intraocular tuberculosis: An update. *Surv Ophthalmol* 2007;52:561-587.
7. Huang CC, Zhou Q, **Ameri H**, Wu DW, Sun L, Wang SH, **Humayun MS**, Shung KK. Determining the acoustic properties of the lens using a high-frequency ultrasonic needle transducer. *Ultrasound Med Biol* 2007;33:1971-1977.
8. Khurana RN, **Humayun MS**. Untitled - reply. *Retina* 2007;27:1321-1321.
9. Krebs I, Brannath W, Guttenberg C, Zeiler F, **Sebag J**, Binder S. Posterior vitreomacular adhesion: A potential risk factor for exudative age-related macular degeneration? *Am J Ophthalmol* 2007;144:741-746.
10. Lee J, Freeman WR, **Azen SP**, Chung EJ, Koh HJ. Prospective, randomized clinical trial of intravitreal triamcinolone treatment of neovascular age-related macular degeneration: One-year results. *Retina* 2007;27:1205-1213.
11. Liu BH, Wu GK, Arbuckle R, **Tao HW**, Zhang LI. Defining cortical frequency tuning with recurrent excitatory circuitry. *Nat Neurosci* 2007;10:1594-1600.
12. O'Hearn T M, **Fawzi AA**, He S, **Rao NA, Lim JI**. Early onset vitreous amyloidosis in familial amyloidotic polyneuropathy with a transthyretin glu54gly mutation is associated with elevated vitreous vegf. *Br J Ophthalmol* 2007;91:1607-1609.
13. O'Hearn TM, Khurana RN, Javaheri M, **Humayun MS**. Untitled - reply. *Retina* 2007;27:1315-1316.
14. Reddy HS, Li Y, **Yiu SC, Irvine JA, Huang D**. Optical coherence tomography of corneal and scleral melts. *Ophthalmic Surg Lasers Imaging* 2007;38:514-517.
15. **Sadun AA**, Patel V. Neuroophthalmology. *Neurosurg Focus* 2007;23:l.
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17. **Tsong JW**, Persaud TO, Mansour SE. Quantification of sedimented triamcinolone for intravitreal injection. *Retina* 2007;27:1255-1259.
18. Wang Y, Chiu CT, Nakamura T, Walker AM, Petridou B, **Trousdale MD, Hamm-Alvarez SF, Mircheff AK, Schechter JE**, Huang CC, Zhou Q, **Ameri H**, Wu DW, Sun L, Wang SH, **Humayun MS**, Shung KK. Traffic of endogenous, transduced, and endocytosed prolactin in rabbit lacrimal acinar cells: Determining the acoustic properties of the lens using a high-frequency ultrasonic needle transducer. *Exp Eye Res* 2007;85:749-761.
19. **Yiu SC**, Thomas PB, Nguyen P. Ocular surface reconstruction: Recent advances and future outlook. *Curr Opin Ophthalmol* 2007;18:509-514.

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21. **Chopra V**, **Varma R**, **Francis BA**, Wu J, Torres M, **Azen SP**. Type 2 diabetes mellitus and the risk of open-angle glaucoma: the Los Angeles Latino Eye Study. *Ophthalmology* 2008;115:227-232.
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24. Fang SY, DeBoer CMT, **Humayun MS**. Performance analysis of new-generation vitreous cutters. *Graefes Arch Clin Exp Ophthalmol* 2008;246:61-67.
25. Fraser-Bell S, Wu J, Klein R, **Azen SP**, Hooper C, Foong AW, **Varma R**. Cardiovascular risk factors and age-related macular degeneration: The Los Angeles Latino Eye Study. *Am J Ophthalmol* 2008;145:308-316.
26. Hoki SL, **Varma R**, Lai MY, **Azen SP**, Klein R. Prevalence and associations of asymptomatic retinal emboli in Latinos: The Los Angeles Latino Eye Study (LALES). *Am J Ophthalmol* 2008;145:143-148.
27. Joeres S, Kaplowitz K, Brubaker JW, **Udike PG**, Collins AT, **Walsh AC**, Romano PW, **Sadda SR**. Quantitative comparison of optical coherence tomography after pegaptanib or bevacizumab in neovascular age-related macular degeneration. *Ophthalmology* 2008;115:347-354.e342.
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29. Su DH, Friedman DS, See JL, Chew PT, Chan YH, Nolan WP, Smith SD, **Huang D**, Zheng C, Li Y, Foster PJ, Aung T. Degree of angle closure and extent of peripheral anterior synechiae: An anterior segment oct study. *Br J Ophthalmol* 2008;92:103-107.
30. **Varma R**, Hwang LJ, Grunden JW, Bean GW. Inter-visit intraocular pressure range: An alternative parameter for assessing intraocular pressure control in clinical trials. *Am J Ophthalmol* 2008;145:336-342.
31. Reddy HS, **Chang E**. Penetrating orbital trauma. *N Engl J Med* 2008;358:e3.

## NIH Announcements

### NIH Fiscal Policy for Grant Awards – FY 2008

**Non-Competing Research Awards:** The FY 2008 appropriation as specified in P.L. 110-161 provides NIH a 1 percent inflation allowance to NIH investments in research supported by research grants. Implementation requires a reduction to previously established commitments, based on a 3 percent inflation allowance. Accordingly, each Institute and Center (IC) will use its own discretion to allocate the adjustment among its non-competing research grants (modular and non-modular) to ensure compliance with the 1 percent inflation allowance provided in its FY 2008 committed level. Future year commitments will be adjusted accordingly, as consistent with the FY 2007 fiscal policy.

**Competing Research Awards:** Each NIH Institute and Center (IC) will manage its competing portfolio using funds that have not been committed for non-competing awards. Consistent with the FY 2008 Congressional action, the FY 2008 average cost of competing grants is allowed to increase by 1 percent over FY 2007 when compared to similar policies.

Click link for details:

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-08-036.html>

### Salary Limitation on Grants, Cooperative Agreements, and Contracts

Every year since 1990 Congress has legislatively mandated a provision limiting the direct salary that an individual may receive under an NIH grant. For FY 2008, Public Law 110-161: *Consolidated Appropriations Act, 2008* restricts the amount of direct salary to Executive Level I of the Federal Executive Pay scale. The Executive Level I annual salary rate was \$186,600 for the period January 1 through December 31, 2007. Effective January 1, 2008, the Executive Level I salary level increased to \$191,300.

Click link for details:

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-08-035.html>

## Registration Open for 2008 NIH Regional Seminars in Program Funding and Grants Administration

The NIH Regional Seminars encompass two full days, providing information about the NIH funding process, from opportunity identification and application preparation through post award administration.

Presentations are targeted towards research administrators, new and experienced investigators, post docs and trainees. Opportunities for informal interactions between seminar participants and NIH grants management, program, policy, and review staff are incorporated into the program and such interactions are highly encouraged.

NIH electronic research administration (eRA) computer labs are offered on a day adjacent to the two day seminar. For 2008, the following eRA lab sessions are offered: Administration Basics, eRA Commons Status, Financial Status Report Status, X-Train, and eRA Commons for PIs and Delegates.

Click link for details:

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-08-022.html>

## Modified Application Submission, Referral and Review for Appointed NIH Study Section Members

The National Institutes of Health is implementing an alternate plan for submission and review of research grant applications from appointed members of chartered NIH study sections in order to recognize their outstanding service and to minimize disincentives to study section service. The timing of Study Section meetings and most standard due dates for grant applications overlap. Thus, reviewers are under pressure to review applications and prepare their own applications simultaneously.

Beginning February 5, 2008 the alternate submission and review procedures, described below, will be available for appointed members of NIH Study Sections. This alternate process is limited to 1) appointed members of chartered standing Study Sections and 2) applications that would normally be received on standard submission dates (but not special receipt dates). Depending on the timing of the submission and the number of other similar applications received during the pre-meeting time window, NIH staff will decide if the application will be reviewed in a different standing Study Section or in a Special Emphasis Panel (SEP). These applications will be processed and assigned to NIH Institute Review Offices or CSR Integrated Review Groups (IRGs) using the standard referral guidelines.

Click link for details:

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-08-026.html>

## Revised PHS 398 (DHHS Public Health Service Grant Application) Now Available

The newly revised "Application for a DHHS Public Health Service Grant" (PHS 398, rev. 11/07) instructions and forms are now available and will be accepted for due dates on or after January 25, 2008. All applications received for May 25, 2008 and subsequent due dates **must** use the new instructions and forms. During the transition period the previous version (interim revision 04/2006) will continue to be available, and applications using the previous version will be accepted. However, applications submitted using instructions and forms other than the PHS 398 (rev 11/07) for May 25, 2008 and subsequent due dates will be returned to the applicant.

Click link for details:

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-08-028.html>

## Revised Policy on Enhancing Public Access to Archived Publications Resulting from NIH-Funded Research

In accordance with Division G, Title II, Section 218 of PL 110-161 (Consolidated Appropriations Act, 2008), the NIH voluntary Public Access Policy ([NOT-OD-05-022](http://grants.nih.gov/grants/guide/notice-files/NOT-OD-05-022)) is now mandatory. The law states:

The Director of the National Institutes of Health shall require that all investigators funded by the NIH submit or have submitted for them to the National Library of Medicine's PubMed Central an electronic version of their final, peer-reviewed manuscripts upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication: *Provided*, That the NIH shall implement the public access policy in a manner consistent with copyright law.

Click link for details:

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-08-033.html>

## Announcing the FY 2008 NIH Director's Bridge Awards

This announcement updates and expands the NIH Director's Bridge Award (NDBA), which was initiated in FY 2007. The NDBA provides continued but limited bridge funding for meritorious investigators who just miss the funding cutoff and have minimal support from other sources. The continued funding will permit the Principal Investigator additional time to strengthen a

resubmission application. An NDBA recipient will receive R56 awards for a single year.

Click link for details:

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-08-037.html>

## Findings of Scientific Misconduct

Scott E. Monte, Huntington Memorial Hospital: Based on the findings of an investigation conducted by Huntington Memorial Hospital (HMH) and information obtained by the Office of Research Integrity (ORI) during its oversight review, the U.S. Public Health Service (PHS) found that Scott E. Monte, L.V.N., former Clinical Research Associate, HMH, engaged in scientific misconduct by knowingly and intentionally falsifying and fabricating clinical research records in HMH cancer prevention and treatment protocols supported by National Cancer Institute (NCI), National Institutes of Health (NIH), awards U10 CA69651, U10 CA12027, U10 CA32012, and U10 CA86004.

Click link for details:

<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-08-038.html>

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