

Full Committee Print

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standing the genetics and immunology of psoriasis, including how genetic variation gives rise to differences in treatment responses and mechanisms that link skin and joint inflammation. The Committee encourages the NIMH to conduct research to identify any underlying biologic reason for mental health issues associated with psoriasis and to understand how negative social and psychological effects impact psoriasis. The Committee encourages the NIEHS to study these associations to better understand psoriasis and psoriatic arthritis in order to treat and prevent these diseases.

Sex Differences.—For many disorders, the sex of the patient influences disease etiology, natural history, diagnosis and treatment alternatives and outcomes. One of the fields where such differences are most pronounced is neuroscience. The Committee encourages each of the 15 institutes involved in the NIH Neuroscience Blueprint to carefully analyze their Blueprint research portfolio to ensure sex is included as a variable, when appropriate, and to require that all reported results include sex-specific analysis.

Spina Bifida.—The Committee encourages the NIDDK, NICHD, and NINDS to study the causes and care of the neurogenic bladder in order to improve the quality of life of children and adults with spina bifida; to support research to address issues related to the prevention and treatment of spina bifida and associated secondary conditions such as hydrocephalus; and to invest in understanding the myriad co-morbid conditions experienced by children with spina bifida, including those associated with both paralysis and developmental delay.

Spinal Muscular Atrophy [SMA].—Given the near-term scientific opportunity for an effective treatment, the Committee urges the Director to expeditiously establish a trans-NIH working group on SMA to include the NINDS, NICHD, NIAMS and NIGMS, as well as other relevant Institutes, to ensure direct and ongoing support of SMA research and drug development, including the establishment of a clinical trials network for SMA that will be needed to support each stage of drug development. With respect to the work of individual Institutes, the Committee notes that the NICHD has supported several new projects on SMA in 2007 but that collectively these efforts fall short of what is needed and that previously funded efforts have lapsed. The Committee urges the NICHD to support large-scale pilot studies that support the development of a national newborn screening program for SMA. The NINDS is strongly encouraged to plan and budget for each of the successive stages of the SMA Project, including for preclinical testing of multiple compounds and the necessary clinical trials infrastructure on a national and coordinated level and to begin a multicenter trial with leading drug candidates. Finally, the Committee urges the NIAMS to take an active role in research that would provide a better understanding of the effects of SMA-linked mutations on muscle as well as research that could provide therapeutic benefit through actions on muscle.

Toxicity Testing of Chemicals.—The Committee applauds the memorandum of understanding between the NIH and the EPA titled “High Throughput Screening, Toxicity Pathway Profiling and Biological Interpretation of Findings,” and it encourages the NIH to provide funding to implement the goals under its jurisdiction.