

August 16, 2024

The Honorable Cathy McMorris Rodgers  
Chair, Energy and Commerce Committee  
United States House of Representatives  
Washington, DC 20515

Submitted electronically via [NIHReform@mail.house.gov](mailto:NIHReform@mail.house.gov)

Re: Reforming the National Institutes of Health Framework for Discussion

Dear Chair Rodgers:

The Society of Gynecologic Oncology (SGO) appreciates the opportunity to provide feedback in response to your proposed framework for reforming the National Institutes of Health (NIH). Significant advances have been made in gynecologic oncology at the NIH through groundbreaking research and the development of novel therapeutics. As the leading researchers in gynecologic oncology, our members are best equipped to assess how your proposed reforms could impact efforts to improve the lives of those affected by gynecologic cancers.

The SGO is the premier medical specialty society for healthcare professionals trained in the comprehensive management of gynecologic cancers. Our more than 3,000 members include physicians, advanced practice providers, nurses, and patient advocates who collaborate with the SGO's foundation, the Foundation for Women's Cancer, to increase awareness of gynecologic cancers and improve the care of those diagnosed with gynecologic cancers. Our mission focuses on supporting research, disseminating knowledge, raising the standards of practice in the prevention and treatment of gynecologic malignancies, and collaborating with other organizations dedicated to gynecologic cancers and related fields, all with the ultimate vision of eradicating gynecologic cancers.

The incidence of certain gynecologic cancers, like endometrial cancer, is increasing, and affecting a broad range of populations. Significant advances have been made in the field of gynecologic oncology, through research and collaboration with patients eager to be involved. However, there is still much more work to do to improve prevention, early detection, and treatment of these devastating diseases. This is why it is essential to ensure that the NIH has the necessary resources and support to maintain its role as a global leader in biomedical research, allowing it to continue pioneering research and addressing the evolving healthcare needs of all Americans.

SGO recognizes that the NIH has been operating under an expired authorization and we welcome the opportunity to work with the Energy and Commerce Committee to engage in a thorough review and reauthorization process to ensure continued support for critical medical

research and advancements in gynecologic oncology. We believe that the reauthorization of a \$48 billion agency warrants a more comprehensive evaluation and final policy decisions should not be based solely on comments received regarding a preliminary framework. Therefore, we strongly encourage this Committee to work with the Senate Health, Education, Labor and Pensions Committee to engage in a bipartisan, bicameral process supported by hearings and multiple opportunities for feedback from societies like SGO, patient advocacy organizations, universities and other research organizations, and NIH leadership.

### **Proposal to Collapse 27 Institutes and Centers in 15**

SGO understands the need to break down silos between NIH institutes and centers to promote more inter-institute collaboration and advance basic, translational, and clinical science. However, we are concerned that collapsing the 27 institutes and centers into 15 will have unintended consequences. SGO recognizes that the National Cancer Institute, our members' home institute, is not changed in this framework. However, other institutes that support the training of surgeon-scientists in gynecologic oncology and other women's health topics are affected. Specifically, we believe that combining the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD) and National Institute on Deafness and Other Communication Disorders (NIDCD) into a National Institute for Disability Related Research will undermine women's health in the United States.

Understanding and improving women's health is a central part of NICHD's mission as the institute supports research focusing on a variety of topics unique to women and females, including gynecological health, pregnancy, conditions that affect fertility, reproductive health, and more. NICHD is the primary source for funding research in pediatrics and obstetrics and gynecology. Neither of these specialties overlap significantly with disability research. Although NICHD has worked to include research on disabilities in its portfolio, that is not the major thrust of the institute. Training grants supported by NICHD, such as the Reproductive Scientist Development Program, a K12 training program in pediatrics and obstetrics and gynecology, have a history of training the most capable next-generation physician-scientists in our field. This, and so much more, would be compromised by consolidating NICHD and other institutes and centers at the NIH.

SGO has a longstanding interest in addressing the issue of women being understudied and underrepresented in health research, which has resulted in substantial gaps in our understanding of women's health needs and disparities. We are concerned that this proposed policy will erode the already insufficient focus on women's health issues, as investigators who wish to submit a women's health-focused research proposal may not know which institute or center to choose for submission. Thus, an unintended consequence could be fewer researchers joining the field.

As an alternative approach to consolidation, this committee should encourage the NIH to promote interdisciplinary science through joint meetings, workshops, and other methods to facilitate communication and collaboration between different institutes and centers. Strengthening alignment across diverse research areas is essential to foster a comprehensive

approach, ultimately leading to more impactful advancements in women's health. Additionally, establishing joint Program Announcements and Requests for Applications (RFAs) can encourage researchers from different institutes to collaborate on projects that span multiple disciplines. These funding mechanisms should establish clear goals and be designed to target topics that span multiple areas of expertise. Fostering better collaboration within the NIH will provide for a future where women's health research receives the attention and resources it deserves.

Additionally, it is not clear what would happen to the Office of Women's Health Research (ORWH) under this framework. This office is charged with coordinating women's health research across NIH and supports important research training programs. SGO would welcome the opportunity to work with you to strengthen ORWH's role and increase collaboration in women's health across the agency.

### **Supporting Innovation**

To better support innovation within the NIH's research portfolio, policies should focus on expanding funding mechanisms that genuinely promote innovative research. Most NIH grants require a significant amount of preliminary work to be completed before researchers can be competitive, which can stifle creativity and groundbreaking ideas. Grant mechanisms like the R35 award, which offer longer-term funding and more flexibility for researchers, should be expanded to truly promote innovation.

### **Introducing Term Limits for IC Leadership**

SGO understands the committee's interest in implementing term limits for NIH institute and center directors. We see several advantages to imposing term limits, including preventing biases and resistance to new ideas and encouraging new perspectives and innovative approaches. Instead of imposing a limit of two five-year terms, SGO suggests that institute and center directors serve renewable five-year terms subject to regular reviews. This proactive approach would enhance accountability and ensure the NIH can maintain its leadership in advancing innovative medical research for generations to come.

### **Reexamining Indirect Costs**

The committee's proposed framework contemplates alternative mechanisms to limit indirect costs, such as 1) tying the indirect cost rate to a specific percentage of the total grant award, either universally or for certain designated entities, 2) capping indirect costs at a graduated rate dependent on a recipient's overall NIH funding, or 3) providing incentives or preferences to recipients with established and proven lower indirect costs. To address concerns that the current indirect costs associated with NIH grant awards are insufficient and vary widely between institutions, implementing policies that create a transparent, more equitable, and consistent indirect rate is crucial. The current system rewards institutions that are already prominent. Therefore, policy changes should prevent prominent institutions from demanding disproportionately high rates and provide smaller institutions with the opportunity to compete on a level playing field.

## Limiting Grants

The proposed framework recommends limiting grants and awards only to primary investigators that do not have more than three ongoing concurrent NIH engagements. SGO believes this could potentially undermine biomedical research and may unfairly restrict experienced researchers. It's important to note that investigators typically need to piece together multiple grants to sustain a full workload, often more than three. It would be problematic for investigators to have to wait for one grant to finish before being able to apply for another.

We caution the committee from considering this policy change and urge you to consider how it may lead to unintended consequences. Specifically, the committee should consider how engagements are counted and whether roles such as co-investigator (co-I) or multiple principal investigator (MPI) are included in the count. Co-Is and MPIs involvement brings valuable expertise and guidance to research initiatives, and limiting participation can impede the progress and collaboration essential to advancing biomedical research.

To support early-stage investigators beyond capping the number of awards each primary investigator can receive, we encourage you to consider implementing grant mechanisms specifically designed for early-stage investigators to provide them with opportunities to gain experience and test their innovative ideas. For example, the NIH offers grants like the R50, which encourages the development of stable research career opportunities, and the R35, which is designed to promote scientific productivity and innovation by providing long-term support and increased flexibility. These grant mechanisms can be tailored to suit early-stage researchers, helping them establish their careers and contribute to the advancement of biomedical research.

Thank you again for the opportunity to provide comments on this draft framework. We look forward to working with you to reauthorize the NIH and strengthen the agency's capabilities and impact on scientific research and innovation. Should you have any questions, please contact Erika Miller at [emiller@dc-crd.com](mailto:emiller@dc-crd.com).

Sincerely,

A handwritten signature in black ink that reads "Amanda Nickles Fader". The signature is written in a cursive, flowing style.

Amanda Nickles Fader, MD  
President, Society of Gynecologic Oncology  
[amanda.fader@sgo.org](mailto:amanda.fader@sgo.org)