QUESTION 7: WHAT OTHER INFRASTRUCTURE AND SURVEILLANCE NEEDS MUST BE MET?			
IACC Strategic Plan Objectives	Planning Group Summary	Total	
		Funding	
7A. Conduct a needs assessment to determine how to merge or link administrative and/or surveillance databases that allow for tracking the involvement of people living with ASD in health care, education, and social services by 2009.	The Planning Group is not aware of any efforts (projects or funding) that have been made to address this objective since it was created. A needs assessment remains necessary due to issues surrounding patient privacy in linked databases and to determine how this connection is possible with existing tools and resources. It remains to be decided whether this should be a government led effort or a public/private partnership. Such resources could be utilized by both the research and services provision community.	\$0 \$0	
IACC Recommended Budget: \$520,000 over 1 year			
7B. Conduct an annual "State of the States" assessment of existing State programs and supports for people and families living with ASD by 2011.	The recommended budget was partially met. Centers for Medicare & Medicaid Services (CMS) is working on this project and anticipates release of the report in 2014. <u>Autism Services Across America</u> by Dr. Peter Doehring also reviews existing programs and services.	<mark>\$604,013</mark>	
IACC Recommended Budget: \$300,000 each year (revised in 2010) 7C. Develop and have available to the research community means by which to merge or link databases that allow for tracking the involvement of people in ASD research by 2010.	The recommended budget was met. The Interactive Autism Network (IAN) and Group Health Cooperative Autism Registry are two examples of projects that are responsive to this objective. This objective should be considered to be met, with funding exceeding the recommended budget and a large number of diverse projects addressing this issue. NDAR, IAN and SFARI are all publicly available. To advance this objective we need to encourage patients and families to join the registry compared to registry numbers for cystic fibrosis (100%) Autism is behind at $^{4\%}$ of patients enrolled in a registry. A table of the numbers of registrants by year would be an informative figure.	<mark>\$13,590,660</mark>	
IACC Recommended Budget: \$1,300,000 over 2 years			
 7D. Establish and maintain an international network of biobanks for the collection of brain tissue, fibroblasts for pluripotent stem cells, and other tissue or biological material, by acquisition sites that use standardized protocols for phenotyping, collection, and regulated distribution of limited samples by 2011. This includes support for post-processing of tissue, such as genotyping, RNA expression profiling, and MRI. Protocols should be put into place to expand the capacities of ongoing large-scale children's studies to collect and store additional biomaterials, including newborn bloodspots, promoting detection of biological signatures. Support should also be provided to develop an international web-based digital brain atlas that would provide high-resolution 3-D images and quantitative anatomical data from tissue of patients with ASD and disease controls across the lifespan, which could serve as an online resource for quantitative morphological studies, by 2014. 	The recommended budget was partially met. While progress has been made, this is still an area of enormous need. There may be fewer samples available for study currently than there were at the inception of the Strategic Plan due to the freezer failure in 2012. NIH funded 5 brain banks in a new biobank initiative in 2013. The \$5M effort encompasses autism and other brain disorders, and thus may not be reflected in the portfolio analysis in 2013. A private effort is also underway, the Autism Brain Net with several sites governed by a scientific board which awards samples based on scientific merit but overall, more work is needed to fill the gap. The Brainspan Atlas provides a useful source of information on gene expression in the brain during development, but the project is not reflected in the 2008-2012 funding figures because it is not autism specific. In 2009, NIH funded the atlas with \$18.4 million dollars and in 2010, NIH provided \$16.5 million. This atlas is the most important project completed recently and with public access to the data, it will be transformative. Need to contact Thomas Lehner for numbers of samples (brains, DNA, fibroblasts).	\$24,752,287	
IACC Recommended Budget: \$82,700,000 over 5 years (revised in 2011) 7E. Begin development of a web-based toolbox to assist researchers in effectively and responsibly disseminating their findings to the community, including people with ASD, their families, and health practitioners by 2011.	The recommended budget was met but few projects were categorized to this objective. This objective has been partially achieved in terms of projects funded, but not through a web-based toolbox. Dissemination of findings has taken place through other efforts." Data from papers" through NDAR, connects readers from the Pubmed citation of a study to the actual data deposited in the database. Several organizations and groups (Simons, Autism Speaks, ASF, IAN, CDC) publish lay-friendly versions of their reports and advances online. There remains the issue of lack of comprehensive internet access in some communities and lack of open access publications.	\$1,254,150	
IACC Recommended Budget: \$400,000 over 2 years			
7F. Create funding mechanisms that encourage rapid replication studies of novel or critical findings by 2011.	The recommended budget has not been met and there are no projects categorized to this objective. The Planning Group discussed the issue that creation of funding mechanisms is not likely to be achieved through grant funding, and therefore would not be reflected in the grant portfolio. The consensus of the group was that it is not too early to begin replication studies. In	<mark>\$0</mark>	

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the databases there are 70,000 subjects, 7,000 exomes and 2,500 MRIs, these resources are primed for replication analysis. The intent of the objective was to quickly replicate potential treatments, however, mechanisms to serve that function do not yet exist.

No recommended budget assigned by the IACC

7G. Develop a web-based tool that provides population estimates of ASD prevalence for States based on the most recent prevalence range and average identified by the ADDM Network by 2012.

7H. Create mechanisms to specifically support the contribution of data from

90% of newly initiated projects to the National Database for Autism Research

IACC Recommended Budget: \$200,000 over 2 years

Autism tracking data is captured in CDC's environmental tracking tool and is not reflected in the autism grant portfolio figure because it is a general tool that encompasses multiple disorders and conditions. The intent of this objective has been accomplished through the CDC project and can be considered completed.

The recommended budget has been met for this objective. The

objective to create mechanisms to support the contribution of data

\$0

\$9,583,653

\$23,810,274

<mark>\$1,369,963</mark>

\$24,702,276

<mark>\$3,681,460</mark>

(NDAR), and link NDAR with other existing data resources by 2012.	from newly initiated projects to NDAR has been met, and NDAR has linked with several other existing data sources such as the ATP, AGRE and IAN. In 2012, 81% of NIH-funded extramural studies were contributing data to NDAR. All NIH grants have terms that require linking of data to NDAR. Infrastructure will need continued development to move the pipelines, software and data into the cloud. Dan Hall (NDAR) can provide a table of the participation numbers across the years. Could expand IAN data collection to include locations of residence to improve monitoring of environmental exposures.	
IACC Recommended Budget: \$6,800,000 over 2 years		
71. Supplement existing ADDM Network sites to use population-based surveillance data to conduct at least five hypothesis-driven analyses evaluating factors that may contribute to changes in ASD prevalence by 2012.	The recommended budget has been met and the research goals in the objective have been achieved. Initially supplements were needed to support these analyses, but now the ADDM sites are well established and are conducting some analyses using funds from the	
	ADDM grants themselves, outside supplements are supporting some additional analysis. Supplements remain an opportunity to capitalize on this infrastructure. Note that the funding amount reflects the full funding of the ADDM sites and not just the supplements.	
IACC Recommended Budget: \$660,000 over 2 years	· · · · · · · · · · · · · · · · · · ·	
7J. Develop the personnel and technical infrastructure to assist States, territories, and other countries that request assistance describing and investigating potential changes in the prevalence of ASD and other developmental disabilities by 2013.	The recommended budget was partially met. The Autism Speaks Global Health Initiative projects have been coded to their specific scientific areas and are not represented in this funding amount, but they also contribute toward this objective. The CDC provides personnel and help to States, territories and countries as requested but the budget for that assistance is not reflected in the portfolio analysis figures because this work is not done through grants. While progress has been achieved, ongoing efforts are needed in this area. Autism Speaks does fund projects on surveillance by sites outside of the ADDM network	
IACC Recommended Budget: \$1,650,000 over 3 years		
7K. Encourage programs and funding mechanisms that expand the research workforce, enhance interdisciplinary research training, and recruit early-career scientists into the ASD field by 2013.	The recommended budget was met for this objective. Many of the fellowships are coded according to the specific topic of the research conducted and thus are not represented in this funding figure. In 2008, NIH supported 46 autism related training/fellowship grants (\$5.1 million dollars), and in 2012 NIH supported 78 such grants (\$7.7 million dollars). This objective should continue to be	

IACC Recommended Budget: \$5,000,000 over 3 years

7L. Expand the number of ADDM sites in order to conduct ASD surveillance in children and adults; conduct complementary direct screening to inform completeness of ongoing surveillance; and expand efforts to include autism subtypes by 2015.

The recommended budget was partially met, but it is noted that the full funding of the ADDM sites is reflected in Objective 7I and thus there may be underrepresentation in this category. While supplements have been provided to 6 ADDM sites by CDC to add 4 year olds; 2 other ADDM sites have received supplements from CDC to conduct surveillance studies among 15 and 18 year olds; and one

encouraged with a possible future emphasis on services-based

research.

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IACC Recommended Budget: \$16,200,000 over 5 years	ADDM site has received a supplement from Autism Speaks for population-based screening, further work is needed to better understand prevalence in younger and older populations. While subtypes were included in earlier analysis, with the changes in the DSM to eliminate subtypes, this part of the objective may no longer be relevant. In the future it may be more useful to collect data on characteristics of children or other adults with ASD who participate in studies. Currently at UNC there is a reassembly of those who participated in TEACCH. Also, Paul Shattuck's work has focused on large datasets regarding adults with disabilities seeking services. In addition, the Utah cohort (mentioned in Question 6) also addresses issues related to adults with autism.	
7M. Support 10 "Promising Practices" papers that describe innovative and successful services and supports being implemented in communities that benefit the full spectrum of people with ASD, which can be replicated in other communities, by 2015.	The recommended budget was not met for this objective based on projects reported. Information about this program was requested from CMS; it is possible that the program is no longer funded and that priorities have shifted to other methods of disseminating best practices information.	\$0
 TACC Recommended Budget: \$75,000 over 5 years 7N. Enhance networks of clinical research sites offering clinical care in real-world settings that can collect and coordinate standardized and comprehensive diagnostic, biological (e.g., DNA, plasma, fibroblasts, urine), medical, and treatment history data that would provide a platform for conducting comparative effectiveness research and clinical trials of novel autism treatments by 2012. IACC Recommended Budget: \$1,850,000 over 1 year 	The recommended budget was met/exceeded for this objective, and several projects were categorized to this objective. The ATN is not broadly shared like other repositories. Initially, the ATN was populated with large amounts of undirected data, however, now it is has ha d a strong focus on developing clinical guidelines.	\$19,353,505
 70. Create an information resource for ASD researchers (e.g., PhenX Project) to share information to facilitate data sharing and standardization of methods across projects by 2013. This includes common protocols, instruments, designs, and other procedural documents and should include updates on new technology and links to information on how to acquire and utilize technology in development. This can serve as a bidirectional information reference, with autism research driving the development of new resources and technologies, including new model systems, screening tools, and analytic techniques. 	The recommended budget was met, with a small number of projects funded. NDAR has developed a data dictionary that is now widely used across the research community to standardize data terminology so that researchers know what they are accessing. Funding for this project is not reflected in the total for this objective because NDAR is coded elsewhere. NDAR has a common subject identifier that is now broadly used. Funding is necessary to establish methods standards and developing standardized protocols. This is a long term project and will need to be approached carefully.	<mark>\$2,404,279</mark>
7P. Provide resources to centers or facilities that develop promising vertebrate and invertebrate model systems, and make these models more easily available or expand the utility of current model systems, and support new approaches to develop high-throughput screening technologies to evaluate the validity of model systems by 2013.	The recommended budget was met for this objective. When mouse models are made, they are shared via Jackson Labs. Other model organisms are shared even more widely. Emphasis on this objective is still required. A discussion at the workshop with those who use animal models would be informative.	\$1,588,780
Not specific to any objective		\$43,431,065
Total funding for Question 7		\$158,028,308