

**Research/Disease Areas
(Dollars in millions rounded)**

(Dollars in millions and rounded)

	Actual 2005	Actual 2006	Actual 2007	Actual 2007	Actual 2008	FY 2009 Est	FY 2010 Est
			Historical Meth	Revised Meth			
Acute Respiratory Distress Syndrome	\$72	\$74	\$48	\$87	\$82	\$84	\$85
Agent Orange & Dioxin	\$20	\$17	\$18	\$15	\$13	\$14	\$14
Aging	\$2,415	\$2,431	\$2,462	\$1,879	\$1,965	\$2,019	\$2,045
Alcoholism	\$512	\$511	\$521	\$443	\$452	\$466	\$473
Childhood Leukemia	\$60	\$53	\$55	\$50	\$39	\$40	\$41
Chronic Fatigue Syndrome	\$5	\$5	\$4	\$4	\$4	\$4	\$3
Chronic Liver Disease and Cirrhosis	\$410	\$408	\$379	\$253	\$241	\$248	\$251
Chronic Obstructive Pulmonary Disease	\$63	\$67	\$91	\$72	\$75	\$78	\$79
Climate Change	\$57	\$50	\$47	\$4	\$4	\$4	\$4
Clinical Research	\$8,719	\$8,785	\$9,116	\$9,862	\$9,629	\$9,931	\$10,086
Clinical Trials	\$2,863	\$2,767	\$2,949	\$3,422	\$3,562	\$3,663	\$3,719
Colo-Rectal Cancer	\$284	\$269	\$282	\$273	\$274	\$282	\$290
Complementary and Alternative Medicine	\$306	\$301	\$299	\$426	\$430	\$443	\$450
Conditions affecting unborn children	\$108	\$103	\$110	\$81	\$81	\$83	\$84
Dystonia	\$19	\$19	\$16	\$18	\$15	\$16	\$16
Emerging Infectious Diseases	\$1,872	\$1,857	\$1,816	\$1,733	\$2,098	\$2,156	\$2,179
Emphysema	\$21	\$17	\$21	\$30	\$29	\$29	\$30
Endometriosis	\$10	\$12	\$12	\$12	\$15	\$15	\$16
Epilepsy	\$105	\$103	\$105	\$145	\$145	\$150	\$152
Estrogen	\$183	\$153	\$164	\$283	\$245	\$252	\$256
Eye Disease And Disorders Of Vision	\$715	\$705	\$714	\$800	\$796	\$818	\$827
Facioscapulohumeral Muscular Dystrophy	\$2	\$2	\$4	\$3	\$3	\$3	\$3
Fetal Alcohol Syndrome	\$28	\$29	\$34	\$32	\$34	\$35	\$35
Fibroid Tumors (Uterine)	\$15	\$15	\$14	\$20	\$16	\$17	\$17
Fibromyalgia	\$10	\$9	\$9	\$11	\$12	\$13	\$13

PARTIAL

Research Project Success Rates by NIH Institute for 2008

NIH Institute/Center	# Apps Reviewed	# Apps Awarded	Award Amount	Success Rate	FY
FIC	157	43	\$3,904,500	24.40%	2008
NCCAM	589	71	\$21,601,700	12.10%	2008
NCI 3	6,236	1,284	\$456,594,137	20.60%	2008
NCMHD	18	0	\$256,568	N/A 1	2008
NCRR	204	31	\$8,148,709	15.20%	2008
NEI	946	279	\$102,578,216	29.50%	2008
NHGRI	252	81	\$41,021,246	32.10%	2008
NHLBI	4,492	999	\$467,991,623	22.20%	2008
NIA	1,929	393	\$153,467,207	20.40%	2008
NIAAA	738	195	\$61,206,378	26.40%	2008
NIAID	4,776	1,090	\$438,739,593	22.80%	2008
NIAMS	1,210	253	\$78,822,225	20.90%	2008
NIBIB	929	175	\$63,735,876	18.80%	2008
NICHHD	2,702	455	\$138,612,861	16.80%	2008
NIDA	1,798	437	\$153,623,687	24.30%	2008
NIDCD	666	192	\$62,424,980	28.80%	2008
NIDCR	863	171	\$57,289,261	19.80%	2008
NIDDK	2,829	711	\$270,610,296	25.10%	2008
NIEHS	746	134	\$53,568,659	18.00%	2008
NIGMS	3,449	937	\$329,936,489	27.20%	2008
NIMH	2,681	581	\$216,424,528	21.70%	2008
NINDS	3,268	698	\$270,318,476	21.40%	2008
NINR	384	78	\$24,627,713	20.30%	2008
NLM 2	134	28	\$7,608,091	20.90%	2008
ROADMAP	1,471	144	\$105,206,742	9.80%	2008
FY TOTALS	43,467	9,460	\$3,588,319,764	21.80%	2008

1. NCMHD, the Success Rate for applicable fiscal years are considered not applicable (NA) because of joint funding by other institutes & Centers.

2. Beginning in FY , National Library of Medicine (NLM) dollars are separately distinguished.

3. Beginning in 2007, the National Cancer Institute's (NCI) Cancer Control dollars are included in the Research Projects Grants (RPG) portion of Success Rate table. Included in NCI's RPG total are 49 Applications in success rate base, 18 obligated applications and \$5,479,917 related to cancer control records.

NIH Success Rate Definition Last Updated February 2009

DEFINITION:

Success rates are defined as the percentage of reviewed grant applications that receive funding. They are computed on a fiscal year basis and include applications that are peer reviewed and either scored or unscored by an Initial Review Group. Success rates are determined by dividing the number of competing applications funded by the sum of the total number of competing applications reviewed and the number of funded carryovers. 1. Applications having one or more amendments in the same fiscal year are only counted once. Some grants are jointly funded by two or more NIH Institutes or Centers (ICs). Usually, the IC that contributes the most dollars to the grant receives the award count. NIH Institutes and Centers: Beginning in Fiscal Year 2007, the success rates for the Research Project Grants category included grants funded by the National Library of Medicine and the National Cancer Institute's Cancer Control budget category.

Excluded from the calculation of success rates are those applications that are withdrawn by an applicant prior to review, or returned or administratively withdrawn by the NIH Center for Scientific Review, or a NIH IC2 and not peer reviewed by an Initial Review Group.

1. Funded carryovers are those applications which were reviewed and not funded in the review year, but were funded in the next year. In the review year, the application is counted only in the success rate denominator (reviewed), but in the next year when the application is funded it is included in the success rate numerator (awarded) and denominator (reviewed).

2. Reasons for returning or withdrawing an application prior to review include, but are not limited to, the application was late or its budget request exceeded guidelines, or the applicant or his or her institution was ineligible.

REPORTING CATEGORIES:

Budget Mechanism and Activity Codes: Success rates are shown by specific activity codes (e.g., R01, T32) and budget mechanisms (e.g., Research Project Grants, Other Research). Award types: Success rates are shown for all competing grants combined, and broken down by new, continuation and supplements grants. New competitive awards (Type 1) are comprised of projects that have not yet been funded. The continuation category includes competitive renewal awards (Type 2), the subset of extension awards (Type 4) that were competitive, and competitive renewals that had a change of NIH IC or Division from one competitive segment (or time period) to the subsequent segment (Type 9). Change of grantee or institutions awards (Type 7) that occurred in the same year as competitive new awards (Type 1) are classified as new grants. Change of grantee or institutions awards (Type 7) that occurred in the same year as a competitive renewal award are classified as continuation grants. The supplements category (Type 3) include only the subset that were competed.

Budget Authority: NIH receives a majority of its budget authority through multiple appropriations provided annually under the jurisdiction of the Labor/HHS/Education Appropriations Subcommittee. NIH also receives resources from the Superfund Research account under the jurisdiction of the Interior Appropriations Subcommittee as well as the Special Type 1 Diabetes mandatory appropriation and reimbursements from other federal agencies. Beginning in Fiscal Year 2008, success rates for grants funded from the Superfund Research appropriation are reported separately from success rates calculated for grants funded from Labor/HHS/Education appropriations. Prior to Fiscal Year 2008, the success rates for the "Other Research" budget mechanism category included grants funded from reimbursable agreements. This treatment is no longer used beginning in Fiscal Year 2008.

SOURCE: http://report.nih.gov/UploadDocs/NIH_Success_Rate_Definition.pdf

One of these 9 is not like the others....

Musculoskeletal, Oral and Skin Sciences IRG [MOSS]

Scientific Areas of Integrated Review Groups (IRGs)

Arthritis, Connective Tissue and Skin Study Section [ACTS]

-Inheritable, inflammatory and degenerative diseases of joints and connective tissues.

-Rheumatic diseases such as systemic lupus erythematosus, rheumatoid arthritis, Sjogren's syndrome, osteoarthritis, scleroderma, psoriatic arthritis, spondyloarthropathies, vasculitides, polymyalgia rheumatica, *fibromyalgia*, palindromic arthritis, Lyme arthritis, septic arthritis, juvenile arthritis, polymyositis, dermatomyositis, crystal-induced diseases, and undifferentiated connective tissue diseases.)

Study sections with most closely related areas of similar science listed in rank order:

Hypersensitivity, Autoimmune, and Immune-mediated Diseases [HAI]

Skeletal Biology Structure and Regeneration [SBSR]

Skeletal Biology Development and Disease [SBDD]

Skeletal Muscle Biology and Exercise Physiology [SMEP]

Innate Immunity and Inflammation [III]

Musculoskeletal Rehabilitation Sciences Study Section [MRS]

Study sections with most closely related areas of similar science listed in rank order:

Skeletal Biology Structure and Regeneration [SBSR]

Skeletal Muscle Biology and Exercise Physiology [SMEP]

Aging Systems and Geriatrics [ASG]

Motor Function, Speech and Rehabilitation [MFSR]

Musculoskeletal Tissue Engineering Study Section [MTE]

Study sections with most closely related areas of similar science listed in rank order:

Biomaterials and Biointerfaces [BMBI]

Skeletal Biology Structure and Regeneration [SBSR]

Oral, Dental and Craniofacial Sciences [ODCS]

Skeletal Biology Development and Disease [SBDD]

Skeletal Muscle Biology and Exercise Physiology [SMEP]

Oral, Dental and Craniofacial Sciences Study Section [ODCS]

Study sections with most closely related areas of similar science listed in rank order:

Skeletal Biology Development and Disease [SBDD]

Arthritis Connective Tissue and Skin [ACTS]

Skeletal Muscle Biology and Exercise Physiology [SMEP]

Bacterial Pathogenesis [BACP]

Hypersensitivity, Autoimmune, and Immune-mediated Diseases [HAI]

Skeletal Biology Development and Disease Study Section [SBDD]

Study sections with most closely related areas of similar science listed in rank order:

Skeletal Biology Structure and Regeneration [SBSR]

Development-2 [DEV2]

Arthritis Connective Tissue and Skin [ACTS]

Oral, Dental and Craniofacial Sciences [ODCS]

Neurological, Aging and Musculoskeletal Epidemiology [NAME]

Skeletal Biology Structure and Regeneration Study Section [SBSR]

Study sections with most closely related areas of similar science listed in rank order

Skeletal Biology Development and Disease [SBDD]

Arthritis Connective Tissue and Skin [ACTS]

Musculoskeletal Tissue Engineering [MTE]

Musculoskeletal Rehabilitation Sciences [MRS], Biomedical Imaging Technology [BMIT]

Skeletal Muscle Biology and Exercise Physiology Study Section [SMEP]

Study sections with most closely related areas of similar science listed in rank order

Cell Mechanisms in Aging and Development [CMAD]

Cellular Aspects of Diabetes and Obesity [CADO]

Cardiac Contractility, Hypertrophy, and Failure [CCHF]

Respiratory Integrative Biology and Translational Research [RIBT]

Musculoskeletal Tissue Engineering [MTE]

Chronic Fatigue Syndrome/ Fibromyalgia Special Emphasis Panel [CFS SEP]

Specific areas covered by CFS:

-Etiopathogenesis and diagnosis

-Ameliorative and therapeutic interventions

-Health Services

Disciplines involved/evaluated, include aspects of Allergology, Alternative Medicine, Behavioral Sciences, Chiropractic Medicine, Diagnostic Laboratory Sciences, Epidemiology, Homeopathic Medicine, Immunology, Infectious Diseases, Internal Medicine, Medicinal Chemistry, Microbiology, Neurology, Occupational Therapy, Osteopathic Medicine, Pharmacology, Physical Therapy, Psychiatry, Psychology, Psychopharmacology, Rheumatology, and Virology

CFS has the following shared interests outside the MOSS IRG:

Since the etiology of CFS, FMS and the related conditions remains undefined, the applications reviewed by this group range over the wide array of disciplines listed above, and individually are frequently multidisciplinary. Since there is the potential for overlap with many other study sections, the principal determining factor for referral to this panel should be the major emphasis of the application being on the study of one of the chronic **polysystemic morbidity syndromes** identified in this group.

Musculoskeletal, Oral and Skin Sciences Small Business Special Emphasis Panels

Integrated Review Groups with most closely related areas of similar science in rank order are:

Surgical Sciences, Biomedical Imaging, and Bioengineering

Biological Chemistry and Macromolecular Biophysics

Cardiovascular Sciences

Brain Disorders and Clinical Neuroscience

Integrative, Functional, and Cognitive Neuroscience

The NIH organizational component responsible for a particular grant program or set of activities.

Acronym	Org Code IC	Full Name
CLC	CL	<u>Clinical Center</u>
CSR	RG	<u>Center for Scientific Review</u>
FIC	TW	<u>John E. Fogarty International Center</u>
NCCAM	AT	<u>National Center for Complementary and Alternative Medicine</u>
NCI	CA	<u>National Cancer Institute</u>
NCMHD	MD	<u>National Center on Minority Health and Health Disparities</u>
NCRR	RR	<u>National Center for Research Resources</u>
NEI	EY	<u>National Eye Institute</u>
NHGRI	HG	<u>National Human Genome Research Institute</u>
NHLBI	HL	<u>National Heart, Lung, and Blood Institute</u>
NIA	AG	<u>National Institute on Aging</u>
NIAAA	AA	<u>National Institute on Alcohol Abuse and Alcoholism</u>
NIAID	AI	<u>N National Institute of Allergy and Infectious Diseases</u>
NIAMS	AR	<u>National Institute of Arthritis and Musculoskeletal and Skin Diseases</u>
NIBIB	EB	<u>National Institute of Biomedical Imaging and Bioengineering</u>
NICHHD	HD	<u>National Institute of Child Health and Human Development</u>
NIDA	DA	<u>National Institute on Drug Abuse</u>
NIDCD	DC	<u>National Institute on Deafness and Other Communication Disorders</u>
NIDCR	DE	<u>National Institute of Dental and Craniofacial Research</u>
NIDDK	DK	<u>National Institute of Diabetes and Digestive and Kidney Diseases</u>
NIEHS	ES	<u>National Institute of Environmental Health Sciences</u>

Partial



**CFS SEP Peer reviewed
Awards FY 2007 - 2009
NEW**

3/10/09 **FOIA ONE**
(sorted, sum, color PF)

NIH OFFICE OF EXTRAMURAL RESEARCH
Office of Research Information Systems [ORIS]
Division of Information Services [DIS]
Reporting Branch
<http://report.nih.gov>



IC MTG DATE	FY	IC	PROJECT NUMBER	Project Title	PI Name	Org.	AMOUNT		
200610	2007	AR	R01AR053541-01A1	Peripheral and Central Mech of Pain in Patients with FM	Staud, R	U OF FLORIDA	\$314,975		
200610	2007	AI	R01AI065723-01A2	Immunologic Mechanisms, Biomarkers and Subsets(CFS)	Fletcher, M	U MIAMI SCH OF MED	\$381,875		
200701	2007	AR	R01AR053207-01A2	Development of a Fibromyalgia Responder Index	Arnold, Lesley	UOF CINCINNATI	\$378,279	Council	# Reviewed
200701	2007	AR	R01AR053245-01A2	FM: Interventions for pain and mood regulation	Davis, Mary	AZ SU-TEMPE	\$644,798	200610	13
200705	2007	AR	R01AR054324-01A1	Exercise-based Motivational Interviewing for FM	Ang, Dennis	U-PURDUE - INDIANAPOLIS	\$493,750	200701	17
200705	2007	AR	R21AR053963-01A1	Transcranial Magnetic Stim Treat of Chr Widespread Pain	Avery, David	U OF WASHINGTON	\$167,700	200705	15
200705	2007	NR	R21NR010539-01A1	Behavioral Insomnia Treatment in CFS NOT ALLOWED	Krystal (was Carney)	DUKE	\$229,990	200710	10
200710	2007	AR	R01AR053821-01A2	HERV-K18 as a Risk Factor for CFIDS CFS	Huber, B	TUFTS BOSTON	\$328,115	T 2007 = 42	
200710	2008	NR	R01NR010229-01A1	Fatigue Self-Management in Primary Care: Efficacy, Credibility, and Economics CFS	Friedberg, Fred	ST UN NY STONY BROOK	\$230,603	200801	17
200710	2008	HL	R01HL087803-01A1	Vascular Dysfunction in CFS	Stewart, J	NY MEDICAL COLLEGE	\$376,313	200805	14
200801	2008	AR	R21AR053597-01A2	Couple Perceptions of Fibromyalgia Symptoms	Lyons, Karen	OREGON HEALTH & SCI U	\$169,400	200810	14
200801	2008	AR	R01AR054895-01A1	Mechanisms of Sensory Processing in Fibromyalgia	Gracely, R	U OF N C CHAPEL HILL	\$386,805	T 2008 = 45	
200805	2008	HL	R01HL059459-09A1	Orthostatic Intolerance in CFS NOT ALLOWED	Freeman, R	BETH ISRAEL DEACONESS	\$412,046	IC 07/08 Total IC= 87	
200805	2008	AI	R01AI080576-01A2	Mechanisms of Fatigue in a Chronic Viral Disease	Toth, Linda	S IL U SCH OF MED	\$380,710	3 CFS Awards \$935,031	
200805	2008	NS	R01NS060735-01A1	Glial-cytokine-neuronal interactions in mech persistent pain	Ren, Ke	U OF MD BALTIMORE	\$328,125	200901	10
200810	2008	AR	R01AR056328-01A1	Genetic Predictors of Acute and Chronic Musculoskeletal Pain After Minor MVC	McLean	U OF NC CHAPEL HILL	\$678,578	200905	14

2007 - 2008 CFS SEP reviewed Awarded by IC for new Project = 14 of 87

\$5,902,062

See attached Info on Carney/Krystal & Freeman (MY 09 FER0)

Freeman, Roy Professor of Neurology, Beth Israel Deaconess
Orthostatic Intolerance in CFS HL059459-09

Grant history: 1998 NIH Funded CFS Research NLBI TITLE ORTHOSTATIC INTOLERANCE IN CFS

P.I. FREEMAN, ROY GRANT NO. R01HL059459-01

The over-all objectives of this proposal are: (1) to delineate the pathophysiology and pathogenesis of orthostatic intolerance in the chronic fatigue syndrome (CFS) (2) to investigate the role of orthostatic intolerance in producing the symptoms of CFS and (3) to use this information to apply physiologically appropriate therapeutic interventions and thereby decrease the symptoms of fatigue. The investigators plan to determine the physiological characteristics of orthostatic intolerance in CFS patients and healthy controls, characterize the differences in functional exercise capacity among CFS patients and between CFS patients and controls; and identify the relationships between the physiological measures of orthostatic intolerance, measures of functional exercise capacity, symptoms of orthostatic intolerance and symptoms of fatigue. Cardiovascular autonomic functions are to be assessed using standard tests of the sympathetic and parasympathetic nervous system; arterial baroreflex gain is to be measured using the heart rate and muscle sympathetic nerve activity response to pharmacological provocations; the cardiopulmonary baroreflex functions is to be assessed in response to graded central hypovolemia elicited by lower body negative pressure; plasma volume will be measured using the Evans Blue dye method; venous compliance assessed with venous occlusion plethysmography, Assessment of neurohumoral status and the functional exercise capacity is also to be included. These measures, which comprise the elements of orthostatic tolerance, will be compared with matched healthy controls. The relationships between these variables and the role of covariates such as the level of physical activity and psychiatric state, determined with standardized instruments, are to be analyzed using multivariate statistics.

Dr. Freeman is in his 11th year of this award. He competed in 2008 and was awarded \$412,000 for 2008 and \$412,000 for 2009.

WHY? Millions of dollars in 11 years. Why?

MOST RECENT Publications Pub Med:

- 1:Quantification of sweat gland innervation: a clinical-pathologic correlation. (**diabetic**) Gibbons CH, Illigens BM, Wang N, Freeman R. Neurology. 2009 Apr 28;72(17):1479-86.
- 2:Antibody titers predict clinical features of autoimmune autonomic ganglionopathy Gibbons CH, Freeman R. Auton Neurosci. 2009 Mar 12;146(1-2):8-12.
- 3: Antecedent hypoglycemia impairs autonomic cardiovascular function: implications for rigorous **glycemic** control. Adler GK, Bonyhay I, Failing H, Waring E, Dotson S, Freeman R. Diabetes. 2009 Feb;58(2):360-6.
- 4:Phantom sweating: a novel autonomic paresthesia. Lair L, Gibbons C, Freeman R. Clin Auton Res. 2008 Dec;18(6):352-4. .
- 5:Efficacy, safety, and tolerability of pregabalin treatment for painful **diabetic** peripheral neuropathy: findings from seven randomized, controlled trials across a range of doses. Freeman R, Durso-Decruz E, Emir B. Diabetes Care. 2008 Jul;31(7):1448-54.
- 6:QDIRT: quantitative direct and indirect test of sudomotor function. Gibbons CH, Illigens BM, Centi J, Freeman R. Neurology. 2008 Jun 10;70(24):2299-304.
- 7:**Hypoglycemia** increases serum interleukin-6 levels in healthy men and women. Dotson S, Freeman R, Failing HJ, Adler GK. Diabetes Care. 2008 Jun;31(6):1222-3.
- 8: A treatment for neurally mediated syncope? (Don't) hold your breath. Freeman R. Ann Neurol. 2008 Mar;63(3):265-7.
- 9:Current pharmacologic treatment for orthostatic hypotension. Freeman R. Clin Auton Res. 2008 Mar;18 Suppl 1:14-8.
- 10 :Clinical practice. Neurogenic orthostatic hypotension. Freeman R. N Engl J Med. 2008 Feb 7;358(6):615-24.
- 11:Combined immunomodulatory therapy in autoimmune autonomic ganglionopathy. Gibbons CH, Vernino SA, Freeman R. Arch Neurol. 2008 Feb;65(2):213-7.
- 12:Two styles of acupuncture for treating painful **diabetic** neuropathy--a pilot randomised control trial Ahn AC, Bennani T, Freeman R, Hamdy O, Kaptchuk TJ. Acupunct Med. 2007 Jun;25(1-2):11-7.
- 13:Sympathetic neural activity, sex dimorphism, and postural tachycardia syndrome. Bonyhay I, Freeman R. Ann Neurol. 2007 Apr;61(4):332-9.
- 14:Surgical decompression for **diabetic** sensorimotor polyneuropathy. Cornblath DR, Vinik A, Feldman E, Freeman R, Boulton AJ. Diabetes Care. 2007 Feb;30(2):421-2.
- 15:Autonomic peripheral neuropathy. Freeman R. Neurol Clin. 2007 Feb;25(1):277-301.
- 16: Randomized study of tramadol/acetaminophen versus placebo in painful **diabetic** peripheral neuropathy. Freeman R, Raskin P, Hewitt DJ, Vorsanger GJ, Jordan DM, Xiang J, Rosenthal NR; CAPSS-237 Study Group. Curr Med Res Opin. 2007 Jan;23(1):147-61.

Oldest publications

- 50: The chronic fatigue syndrome is a disease of the autonomic nervous system. Sometimes. Freeman R. Clin Auton Res. 2002 Aug;12(4):231-3.
- 51: Limb venous compliance in patients with idiopathic orthostatic intolerance and postural tachycardia. Freeman R, Lirofonis V, Farquhar WB, Risk M. J Appl Physiol. 2002 Aug;93(2):636-44.
- 52: Vascular and neural mechanisms of ACh-mediated vasodilation in the forearm cutaneous microcirculation. Berghoff M, Kathpal M, Kilo S, Hilz MJ, Freeman R. J Appl Physiol. 2002 Feb;92(2):780-8.
- 53:Blood volume and its relation to peak O₂ consumption and physical activity in patients with chronic fatigue. Farquhar WB, Hunt BE, Taylor JA, Darling SE, Freeman R. Am J Physiol Heart Circ Physiol. 2002 Jan;282(1):H66-71.

Behavioral Insomnia Therapy With Chronic Fatigue Syndrome CARNEY/ KRYSTAL DUKE 2007 NR010539

This study is currently recruiting participants. Received: October 3, 2007 Updated: March 3, 2009 _ Sponsored by: National Institute of Nursing Research (NINR) Information provided by:(NINR) ClinicalTrials.gov Identifier: NCT00540254

Purpose: The purpose of this study is to determine how best to manage the sleep problems of people with **Chronic Fatigue Syndrome**. This study is being conducted to determine how improvements in sleep affect other **Chronic Fatigue** symptoms including pain, **fatigue**, and mood as well as a person's sense of general well-being.

Criteria

Inclusion Criteria:

Chronic Fatigue Syndrome and Insomnia:

Meet diagnostic criteria for insomnia

Be diagnosed with CFS by the Study Physician using CDC criteria **

Must be in current treatment for CFS (we can provide referrals if needed).

Under medical care for a minimum of 6 weeks with a stable medication regimen for > 1 month.

Study patients can have comorbid depression (as long as it is not bipolar, melancholic or psychotic) or fibromyalgia. They can be taking sleep medications.

Exclusion Criteria:**

Those with untreated medical disorders that could account for the fatigue, or affect sleep. Medical conditions that would exclude a participant include:

Organ failure resulting from conditions such as emphysema, cirrhosis, cardiac failure, chronic renal failure

Chronic infections, including AIDS, and hepatitis B or C

Rheumatic and chronic inflammatory diseases that could account for the fatigue: including systemic lupus erythematosus, Sjogren's syndrome, rheumatoid arthritis, inflammatory bowel disease, chronic pancreatitis

Major neurologic diseases (e.g., multiple sclerosis, neuromuscular diseases, epilepsy or other diseases requiring ongoing medication that could cause fatigue, stroke, head injury with residual neurologic deficits)

Diseases requiring systemic treatment (e.g., organ or bone marrow transplantation, systemic chemo, radiation of brain, thorax, abdomen, or pelvis)

Untreated major endocrine diseases (e.g., hypopituitarism, adrenal insufficiency)

Being on medications with known fatigue side effects or medications that have not been stable for at least one month

Inadequately-treated hypothyroidism

Untreated or unstable diabetes mellitus

Active infection

Pregnancy, 1-3 months post-partum or breast feeding

Within 6 months post-operation for a major surgical procedure

Within 3 months post-operation of minor surgery

Major infections, such as sepsis or pneumonia until 3 months post-resolution

Major conditions whose resolution may be unclear for at least 5 years (e.g., myocardial infarction, heart failure)

Terminal conditions

Severe obesity as defined as a body mass index (weight in kilograms/height in meters)² > 40

Elective surgery planned during the trial

We will exclude those who meet DSM-IV criteria currently or in the past 5 years for psychotic or melancholic

Major Depression, bipolar disorders, schizophrenia, or eating disorders, alcohol or substance abuse or dependence (e.g., dependence on benzodiazepines or any other substance)

We will exclude those meeting criteria for Narcolepsy, Restless Legs Syndrome, a Circadian Rhythm Disorder, or sleep apnea and/or hypopnea.

We will exclude those with a medication change within the last month to ensure participants are on a stable dose and regimen of medication. *Once potential patients have had a stable medication regimen for > 1 month, participants can enter the trial.

***Thank you for your comments and questions about our trial. This is an ongoing pilot study so we are not able to consider any changes to the study. You have highlighted some important controversies in the area of CFS and our criteria are, as you note, imperfect. Nonetheless, the inclusion/exclusion criteria were informed by the literature (e.g., Reeves et

al., 2003) and also by engaging experts in the field during the grant peer review process. As you know, there is no accepted diagnostic test for CFS. Our Study Physician ultimately makes the final determination for entry. He had this to say about these issues: "Inflammatory markers like CRP are only done to rule out acute pathology (the 2007 UK NICE guidelines recommend in addition to the CDC panel , the CRP, Creatinine Kinase and Serology" Source- Study director on questions about being a participant.)

Publications listed on clinical trials site:

[Waters WF, Hurry MJ, Binks PG, Carney CE, Lajos LE, Fuller KH, Betz B, Johnson J, Anderson T, Tucci JM. Behavioral and hypnotic treatments for insomnia subtypes. Behav Sleep Med. 2003;1\(2\):81-101.](#)

[Carney CE, Edinger JD. Identifying critical beliefs about sleep in primary insomnia. Sleep. 2006 Apr 1;29\(4\):444-53.](#)

[Edinger JD, Wohlgenuth WK, Krystal AD, Rice JR. Behavioral insomnia therapy for fibromyalgia patients: a randomized clinical trial. Arch Intern Med. 2005 Nov 28;165\(21\):2527-35.](#)

PUB MED 5/2009

1: Assessing depression symptoms in those with insomnia: an examination of the beck depression inventory second edition (BDI-II).Carney CE, Ulmer C, Edinger JD, Krystal AD, Knauss F. J Psychiatr Res. 2009 Feb;43(5):576-82. Epub 2008 Oct 26. PMID: 18954876 Department of Psychology, Ryerson University Toronto, Ontario, Canada M5B 2K3.

BACKGROUND: Due to concerns about overlapping symptomatology between medical conditions and depression, the validity of the beck depression inventory (BDI-II) has been assessed in various medical populations. Although major depressive disorder (MDD) and primary insomnia (PI) share some daytime symptoms, the BDI-II has not been evaluated for use with insomnia patients. **METHOD:** Participants (N=140) were screened for the presence of insomnia using the Duke structured clinical interview for sleep disorders (DSISD), and evaluated for diagnosis of MDD using the structured clinical interview for DSM-IV-TR (SCID). Participants' mean BDI-II item responses were compared across two groups [insomnia with or without MDD] using multivariate analysis of variance (MANOVA), and the accuracy rates of suggested clinical cutoffs for the BDI-II were evaluated using a receiver operating characteristic (ROC) curve analysis. **RESULTS:** The insomnia with depression group had significantly higher scores on several items; however, the groups did not differ on insomnia, fatigue, concentration problems, irritability, libido, increased appetite, and thoughts relating to suicide, self-criticism and punishment items. The ROC curve analysis revealed moderate accuracy for the BDI-II's identification of depression in those with insomnia. The suggested BDI cutoff of 17 had 81% sensitivity and 79% specificity. Use of the mild cutoff for depression (14) had high sensitivity (91%) but poor specificity (66%).

CONCLUSION: Several items on the BDI-II might reflect sleep disturbance symptoms rather than depression per se. The recommended BDI-II cutoffs in this population have some support but a lower cutoff could result in an overclassification of depression in insomnia patients, a documented problem in the clinical literature. Understanding which items discriminate insomnia patients without depression may help address this nosological issue.

2: A compendium of placebo-controlled trials of the risks/benefits of pharmacological treatments for insomnia: The empirical basis for U.S. clinical practice. Krystal AD. Sleep Med Rev. 2009 Jan 17

3: Modeling slow-wave activity dynamics: does an exponentially dampened periodic function really fit a single night of normal human sleep? Preud'homme XA, Lanquart JP, Krystal AD, Bogaerts P, Linkowski P.Clin Neurophysiol. 2008 Dec;119(12):2753-61.

4 Effects of antipsychotic medications on sleep in schizophrenia. Krystal AD, Goforth HW, Roth T. Int Clin Psychopharma. 2008 May;23(3):150-60.

5: Psychomotor performance deficits and their relation to prior nights' sleep among individuals with primary insomnia.

Edinger JD, Means MK, Carney CE, Krystal AD. Sleep. 2008 May 1;31(5):599-607. PMID: 18517030

This is not about chronic fatigue syndrome. IT IS NOT going to help ME/CFS pts. Why was this grant prioritized?



Search terms Chronic Fatigue Syndrome **Received by CSR** and Awarded FY

Report #1337 FOIA
TWO data drawn from frozen file d

NIH OFFICE OF EXTRAMURAL RESEARCH
Office of Research Information Systems [ORIS]
Division of Information Services [DIS]
Reporting Branch
<http://report.nih.gov>

FY award	IC	FULL PROJECT NUMBER	PRINCIPAL INVESTIGATOR	INSTITUTION	PROJECT TITLE	AWARD AMOUNT	CFS SEP	FOIA TWO **
2006	AA	AA016636-01	FLETCHER, MARY	U OF MIAMI SCH OF MED	Neuropeptide Y and dipeptidyl-peptidase IV (CD26) in CFS	\$200,321	X	CFS apps received 2006
2006	AA	AA016701-01	THEOHARIDES, TC	TUFTS BOSTON	Mast cells, antidepressants and CFS	\$275,906		61
2006	AR	AR052640-01A1	COLLINGE, WILLIAM	COLLINGE ASSOC.	Web-Based Prog for Sympt Management in FM	\$100,000	X	Awards 8
2006	AR	AR054647-01	LORTON/LUBAHN	SUN HEALTH RES	Human Spinal Cord Glial Cytokines & Chr Pain	\$296,311	X	
2006	ES	ES015382-01	BARANIUK, JAMES	GEORGETOWN	Proteomics of Cerebrospinal Fluid in CFS	\$379,720	X	
2006	ES	ES015382-01	BARANIUK, JAMES	GEORGETOWN	Proteomics of Cerebrospinal Fluid in CFS	\$379,720		
2006	NS	NS055670-01	BIAGGIONI, ITALO	VANDERBILT	Autonomic Nervous System in CFS	\$382,500	X	
2006	NS	NS055672-01	ANTONI, MICHAEL	U MIAMI CORAL GABLES	Cognitive Behavioral Stress Mngmt CFS	\$343,219	X	
2006	NS	NS057821-01	LIGHT, KATHLEEN	Univ OF UTAH	Stress and Neuroimmune Dysregulation in CFS	\$154,395		
2006	NS	NS057821-01	LIGHT, KATHLEEN	Univ OF UTAH	Stress and Neuroimmune Dysregulation in CFS	\$154,395	X	
2007	AI	AI065723-01A2	FLETCHER, MARY	U OF MIAMI SCH OF MED	Immunologic Mechanisms, Biomarkers and Subsets in (CFS)	\$381,875	X +	
2007	AR	AR053821-01A2	HUBER, BRIGITTE	TUFTS BOSTON	HERV-K18 as a Risk Factor for CFIDS	\$332,184	X+	CFS Apps received 2007
2007	MH	MH080957-01	MIGNOT, E	STANFORD	Molecular Genetics of Kleine-Levin Syndrome	\$554,243		36
2007	NR	NR010496-01A1	FRIEDBERG, FRED	WARREN STRESS MANAGEMENT	Feasibility of a Home-based Self-Management Program for Chronic Fatigue	\$99,885	X+	Awards 5
2007	NR	NR010539-01A1	CARNEY/ Krystal	DUKE UNIVERSITY	Behavioral Insomnia Treatment in CFS	\$229,990	X	
2008	NR	NR010229-01A1	FRIEDBERG, FRED	ST U NY STONY BROOK	Fatigue Self-Management in Primary Care: Efficacy, Credibility, and Economics	\$230,603	X+	CFS SEP reviewed by IC 2007
2008	HL	HL087803-01A1	STEWART, JULIAN	NY MEDICAL COLLEGE	Vascular Dysfunction in CFS	\$376,313	X+	42
2008	AI	AI080576-01A2	TOTH, LINDA A	SO IL U SCH OF MED	Mechanisms of Fatigue in a Chronic Viral Dis	\$380,710		CFS Apps received 2008
2008	AR	AR053597-01A2	LYONS, KAREN S	OREGON HEALTH & SCI	Couple Perceptions of Fibromyalgia Symptoms	\$169,400	X	33
2008	AR	AR054895-01A1	GRACELY, RICHARD	U NC CHAPEL HILL	Mechanisms of Sensory Processing in FM	\$386,805	X	Awards 7
2008	HL	HL059459-09A1	FREEMAN, ROY	BETH ISRAEL DEAC.	Orthostatic Intolerance in CFS	\$412,046	X	CFS SEP reviewed by IC 2008
2008	NS	NS060735-01A1	REN, KE	U OF MD BALTIMORE	Glial-cytokine-neuronal interactions in the mechanisms of persistent pain	\$328,125		45

** Applications received in one FY may be granted the next FY depending on the date of the IC meeting. APPS received are FOIA numbers Applications reviewed by council round appear on FOIA number ONE.

Hartz grant not recorded. Mignot needs explanation. Freeman, Krystal not accepted (FERO MY 09)

Awards FY 07/08/ = 12
CFS specific = 5

Chronic Fatigue Syndrome
5/21/09

Category	Funding IC	Project Number	Project Title	PI Name	Org Name	State	Amount	CFS SEP
CFS	OD	5R01NS055672-03	Cognitive Behavioral Stress Management for CFS	ANTONI, MICHAEL	U OF MIAMI CORAL GABLES	FL	\$327,582	
CFS	NIEHS	5R01ES015382-03	Proteomics of Cerebrospinal Fluid in CFS	BARANIUK, JAMES	GEORGETOWN U	DC	\$366,587	
CFS	OD	5R01NS055670-03	Autonomic Nervous System in Chronic Fatigue Syndrome	BIAGGIONI, ITALO	VANDERBILT U	TN	\$365,169	
CFS	NIAID	5R01AI065723-02	Immunologic Mechanisms, Biomarkers and Subsets in (CFS)	FLETCHER, MARY	U OF MIAMI SCH OF MED.	FL	\$375,233	
CFS	NHLBI	2R01HL059459-09A1	Orthostatic Intolerance in CFS ***** <u>competing</u>	FREEMAN, ROY	BETH ISRAEL DEACONESS	MA	\$412,046	X
CFS	NINR	1R01NR010229-01A1	Fatigue Self-Mgmt in Primary Care: Efficacy, Credibility, and Economics <u>NEW</u>	FRIEDBERG, FRED	STATE U NY STONY BROOK	NY	\$230,603	X NEW
CFS	NCRR	5M01RR010710-11	CLINICAL TRIAL: PSYCHIATRIC COMORBIDITY IN CFS	FRIEDBERG, FRED	STATE U NY STONY BROOK	NY	\$940	
CFS	NCRR	5P20RR011145-14	CLIN TRIAL: USE OF VIAGRA TO ALTER SYMP. IN PTS CFS	FRIEDMAN, THEO	DREW U OF MED & SCI	CA	\$19,164	
CFS	NCCAM	1R21AT004537-01	Pilot Study of Alt Treatments of Unexplained CF <u>NEW</u>	HARTZ, ARTHUR	UNIVERSITY OF UTAH	UT	\$188,125	
CFS	NIAMS	5R01AR053821-02	HERV-K18 as a Risk Factor for CFIDS	HUBER, BRIGITTE	TUFTS U BOSTON	MA	\$149,538	
CFS	OD	5R01AR053821-02	HERV-K18 as a Risk Factor for CFIDS	HUBER, BRIGITTE	TUFTS U BOSTON	MA	\$160,777	
CFS	NINR	5R21NR010539-02	Behavioral Insomnia Treatment in CFS*****	KRYSTAL, ANDREW	DUKE UNIVERSITY	NC	\$188,345	
CFS	NCRR	5M01RR000071-45	MRS Neurometabolites in CFS, GAD & Healthy Volunteers	MATHEW, SANJAY	MT SINAI SCH OF MED OF NYU	NY	\$14,840	
CFS	NHLBI	1R01HL087803-01A1	Vascular Dysfunction in CFS <u>NEW</u>	STEWART, JULIAN	NY MED COLLEGE	NY	\$376,313	X NEW
CFS	NIDDK	1U01DK082345-01	Pain and Sensory Processing in IC/PBS and Fibromyalgia (Multidisciplinary Approach to the Study of Pelvic Pain) MAPP GRANT <u>NEW</u>	WILLIAMS, DAVID	U OF MI AT ANN ARBOR	MI	\$328,680	
15 grants, 1 New BIO, 1 behav, 1 clinical = 3 new							\$3,503,942	

5/2009 - sorted by PI name

****NOTE ATTACHED PUBLICATION GRANT HISTORY

In January 2009, the NIH added the new Research, Condition, and Disease Categorization (RCDC) reports to the RePORT site. RCDC is a computerized process the NIH uses at the end of each fiscal year to sort and report the amount it funded in each of 215 historically reported categories of disease, condition, or research area.

CRISP DATA BASE 2009

CHRONIC FATIGUE SYNDROME

2009 CFS ALL IRGS non expired grants

You had 21 hits for the query: (chronic fatigue syndrome), 17 are CFS SEP ZRG1 reviewed

<u>Grant Number</u>	<u>PI Name</u>	<u>Project Title</u>
5R01HD043301-05	TAYLOR, RENEE	Prospective Study of CFS in Adolescents
5R01NS055670-03	BIAGGIONI, ITALO	Autonomic Nervous System in Chronic Fatigue Syndrome
5R21AA016636-02	FLETCHER, MARY	Neuropeptide Y and dipeptidyl-peptidase IV (CD26) in CFS
5R21NR010539-02	KRYSTAL, ANDREW	Behavioral Insomnia Treatment in Chronic Fatigue Syndrome
5R01AI054478-05	NATELSON, BENJAMIN	Sleep and Cytokines in Chronic Fatigue Syndrome
5R01NS055672-03	ANTONI, MICHAEL	Cognitive Behavioral Stress Management for CFS
5R01ES015382-03	BARANIUK, JAMES	Proteomics of Cerebrospinal Fluid in CFS
1R13DE019079-01	COWLEY, ALLEN	Can Studies of Co-Morbidities with TMJDs Reveal Common Mechanisms of Disease?
1R41NR010496-01A1	FRIEDBERG, FRED	Feasibility of a Home-based Self-Management Prog for Chronic Fatigue
1R21AT004537-01	HARTZ, ARTHUR	Pilot Study of Alternative Treatments of Unexplained Chronic Fatigue
5R01AI055735-03	JASON, LEONARD	Risk Factors Associated with CFS and CF Prognosis
5R01AI065723-03	FLETCHER, MARY	Immunologic Mechanisms, Biomarkers and Subsets in (CFS)
5R01AR053168-03	FONTAINE, KEVIN	Lifestyle Physical Activity for Fibromyalgia
2R01HL059459-09A1	FREEMAN, ROY	Orthostatic Intolerance in CFS
5R01AR053821-02	HUBER, BRIGITTE	HERV-K18 as a Risk Factor for CFIDS
5R21NS057821-02	LIGHT, KATHLEEN	Stress and Neuroimmune Dysregulation in CFS
5P01AI055789-050003	LIPTON, STUART	Neurodegenerative Effects of Botulinum Toxins
5R01AR054647-03	LUBAHN, CHER	Human Spinal Cord Glial Cytokines and Chronic Pain
5R21AR054181-02	MALUF, KATRINA	Effect of psychosocial stress on intrinsic activation of human motor neurons
5R01AR053541-02	STAUD, ROLAND	Peripheral and Central Mechanism of Pain in Pts with FM
5R01NS038767-08	STAUD, ROLAND	Mechanism of Pain in Patients with Fibromyalgia Syndrome

Grant numbers: The first number indicates what type of grant was funded.

Type 1 - New grant - requires peer review

Type 2 - Competing continuation (a.k.a. renewal, recompeting application) - requires peer review

Type 3 - Application for additional (supplemental) support - may or may not require peer review

Type 4 - Application for additional support beyond that previously recommended - may or may not require peer review

Type 5 - Noncompeting continuation - does not require peer review

Type 7 - Change of grantee institution - does not require peer review

FIBROMYALGIA

Funding IC	Project Number	Project Title	PI Name	Org Name	St	Amount	CFS SEP
NIAMS	5R01AR051524-04	Twin Study of Chronic Widespread Pain	AFARI, NILOOFAR	U OF CA SAN DIEGO	CA	\$391,268	X
NIAMS	5R01AR054324-02	Exercise-based Motivational Interviewing for FM	ANG, DENNIS	IN U-PURDUE U AT INDIANAPOLIS	IN	\$430,648	X
NIAMS	5R01AR053207-02	Development of a FM Responder Index	ARNOLD, LESLEY	UNIVERSITY OF CINCINNATI	OH	\$346,745	X
NIAMS	5R21AR053963-02	Transcranial Magnetic Stim in the Treat of Chronic Widespread Pain	AVERY, DAVID	UNIVERSITY OF WASHINGTON	WA	\$197,215	X
NCCR	5M01RR023942-02	PROTEOMICS OF CEREBROSPINAL FLUID IN CFS	BARANIUK, JAMES	GEORGETOWN UNIVERSITY	DC	\$55,649	X
NCCAM	5K24AT000057-10	Ind Diff in CAM PT-Centered Outcomes: Research & Mentorship	BELL, IRIS	UNIVERSITY OF ARIZONA	AZ	\$157,945	
NIDDK	1U01DK082344-01	Painful Bladder & Assoc Chronic Pain Syndromes: Case Control Study (MAPP) <u>NEW</u>	BRADLEY, CATHERINE	UNIVERSITY OF IOWA	IA	\$145,650	
NIAMS	5R01AR046122-08	Neuroendocrine Alterations in Fibromyalgia and IBS	CHANG, LIN	U OF CALIFORNIA LOS ANGELES	CA	\$263,775	X
NIDDK	1U01DK082345-01	Descending Noradrenergic & Serotonergic Analgesic Activity IC/PBS (MAPP) <u>NEW</u>	CLAUW, DANIEL	U OF MI AT ANN ARBOR	MI	\$402,828	
NIAMS	2R44AR052640-02	Web-based prog for symptom management in FM Competing	COLLINGE, WILLIAM	COLLINGE AND ASSOCIATES	ME	\$432,247	X
NIAMS	5R01AR050969-04	Imaging the Cognitive Modulation of Pain in FM	COOK, DANE	U OF WISCONSIN MADISON	WI	\$297,443	X
NIAMS	5R01AR053245-02	FM: Interventions for pain and mood regulation	DAVIS, MARY	ARIZONA ST UTEMPE CAMPUS	AZ	\$580,099	X
NINR	1Z01NR000013-03	Exper. Therapeutics for Chronic Pain and Symp Mgmt <u>NEW</u>	DIONNE, RAYMOND	NIH		\$270,171	
NINDS	5R01NS059028-02	Descending modulation of behavioral hyperalgesia after injury	DUBNER, RONALD	U OF MARYLAND BALTIMORE	MD	\$324,844	
NIAMS	5R01AR052368-04	Behavioral Insomnia Therapy With FM	EDINGER, JACK	DUKE UNIVERSITY	NC	\$316,906	X
NINDS	5P01NS045685-05	Functional Imaging of CNS Regulatory Processes	ESSICK, GREGORY	U OF NC CHAPEL HILL	NC	\$256,385	
NIAMS	5R01AR053168-03	Lifestyle Physical Activity for Fibromyalgia	FONTAINE, KEVIN	JOHNS HOPKINS UNIVERSITY	MD	\$184,644	X
NIDCR	5R21DE018528-02	Central mechanisms of chronic trigeminal pain	GERSTNER, GEO	U OF MI AT ANN ARBOR	MI	\$225,492	
NIAMS	1R01AR054895-01A1	Mechanisms of Sensory Processing in FM <u>NEW</u>	GRACELY, RICHARD	U OF NC CHAPEL HILL	NC	\$386,805	X
NIAMS	1R03AR053266-01A2	Fibromyalgia and Sleep Treatments <u>NEW</u>	HAMILTON, NANCY	U OF KANSAS LAWRENCE	KS	\$65,726	
NINDS	5P01NS045685-05	Effects Central Sensitization on Sensory Inter Involving Pain	HOLLINS, MARK	U OF NC CHAPEL HILL	NC	\$212,622	
NIAMS	5R01AR050028-05	Randomized Clinical Trial in Juvenile Fibromyalgia	KASHIKAR-ZUCK, S.	CHILDREN'S HOSP MED (CINCINNATI)	OH	\$383,188	X
NINR	5F31NR010301-02	Investigating trans from chronic low back and neck pain to FM	KINDLER, LINDSAY	OREGON HEALTH AND SCIENCE U	OR	\$32,789	
NIAMS	5R01AR048821-05	Role of Subdiaphragmatic Vagus in FM	LEVINE, JON	U OF CA SAN FRANCISCO	CA	\$216,795	X
NIAMS	5R01AR054647-03	Human Spinal Cord Glial Cytokines and Chronic Pain	LUBAHN,C (WAS LORTON D)	SUN HEALTH RES INSTITUTE	AZ	\$339,520	X
NIDDK	1U01DK082344-01	HPA Axis Dysregulation and Inflammation in PTswith IC/PBS (MAPP) <u>NEW</u>	LUTGENDORF, SUSAN	UNIVERSITY OF IOWA	IA	\$172,200	
NIAMS	1R21AR053597-01A2	Couple Perceptions of Fibromyalgia Symptoms <u>NEW</u>	LYONS, KAREN	OREGON HEALTH AND SCIENCE U	OR	\$169,400	X

FIBROMYALGIA

NINDS	5P01NS045685-05	Physiologic & Psychosoc Fcts in Onset & Maint of TMD & FM	MAIXNER, WILLIAM	U OF NC CHAPEL HILL	NC	\$258,814	
NIAMS	1R01AR055160-01A1	Sleep- Pain Interv in FM: Hyperalgesia & Central Sensitizations <u>NEW</u>	MCCRAE, CHRISTINA	UNIVERSITY OF FLORIDA	FL	\$374,954	
NIDDK	1U01DK082315-01	Sensory Processing in Subj with Painful Bladder Syndrome (MAPP) <u>NEW</u>	NESS, TIMOTHY	WASHINGTON UNIVERSITY	MO	\$220,560	
NIAMS	5R01AR048888-05	BEHAVIORAL PREPARATION FOR TREATING FM	OKIFUJI, AKIKO	UNIVERSITY OF UTAH	UT	\$542,017	X
NINDS	5P01NS045685-05	Core--Clinical and biometric	PHILLIPS, CEIB	U OF NC CHAPEL HILL	NC	\$318,396	
NIDA	5R01DA012656-06	Mechanisms of Opioid Induced Hyperalgesia	PORRECA, FRANK	UNIVERSITY OF ARIZONA	AZ	\$294,366	X
NIAMS	1R03AR054571-01A1	Supraspinal Modulation of Nociceptive Reactions in FM <u>NEW</u>	RHUDY, JAMIE	UNIVERSITY OF TULSA	OK	\$62,162	
NCRR	2M01RR000043-48	Immunological & Genetic analysis Autoinflammatory Genes in FM	SHIVELY, JOHN	U OF SOUTHERN CA	CA	\$60,088	
NCRR	5M01RR001070-31	TMS EFFECTS ON PAIN/DEPRESSION IN PATIENTS WITH FM	SHORT, EDWARD	MEDICAL U OF S C	SC	\$3,487	
NIAMS	5R01AR052316-04	Central contributions to pathobiology of fibromyalgia	SLUKA, KATHLEEN	UNIVERSITY OF IOWA	IA	\$301,531	X
NIAMS	5R01AR053509-03	Role of ASIC3 in the etiology of fibromyalgia	SLUKA, KATHLEEN	UNIVERSITY OF IOWA	IA	\$461,128	X
NIDCR	1F32DE019057-01	Contribution of ADA1A polymorphism to persistent pain states <u>NEW</u>	SMITH, SHAD	U OF NC CHAPEL HILL	NC	\$48,262	
NIAMS	5R01AR053541-02	Peripheral and Central Mechanism of Pain in Patients with FM	STAUD, ROLAND	UNIVERSITY OF FLORIDA	FL	\$308,676	X
NINDS	5R01NS038767-08	Mechanism of Pain in Patients with Fibromyalgia Syndrome	STAUD, ROLAND	UNIVERSITY OF FLORIDA	FL	\$315,841	X
NIAMS	5R01AR044724-09	ogroups of FMS--Symptoms, Beliefs & Tailored Treatment	TURK, DENNIS	UNIVERSITY OF WASHINGTON	WA	\$519,674	X
NCCAM	5R21AT003621-02	Tai Chi for Fibromyalgia	WANG, CHENCHEN	TUFTS MEDICAL CENTER	MA	\$276,115	
NIDA	1K05DA024044-01A1	Immune and Glia Regulation of Pain & Analgesic Actions <u>NEW</u>	WATKINS, LINDA	U OF COLORADO AT BOULDER	CO	\$123,250	
NIAMS	5U01AR055069-02	A FM-Specific Extension of the PROMIS Network	WILLIAMS, DAVID	U OF MICHIGAN AT ANN ARBOR	MI	\$192,110	
NIDDK	1U01DK082345-01	Pain and Sensory Processing in IC/PBS and FM (MAPP) <u>NEW</u>	WILLIAMS, DAVID	U OF MICHIGAN AT ANN ARBOR	MI	\$328,680	
46 GRANTS, 9 Bio, 3 clinical , 1 Behav = 13 new						\$12,269,110	
2 overlap with CFS NIH Report							
MAPP:	(Multidisciplinary Approach to the Study of Pelvic Pain)						

In January 2009, the NIH added the new Research, condition, and Disease Categorization (RCDC) reports to the RePORT site. RCDC is a computerized process the NIH Uses at the end of each fiscal year to sort and report the amount it funded in each of 215 historically reported categories of disease, condition, or research area.

FIBROMYALGIA

2009 ALL Fibromyalgia non expired grants

You had 60 hits for the query: (fibromyalgia), 30 are CFS SEP ZRG1 reviewed.

Grant Number	PI Name	Project Title
5R01AR053207-02	ARNOLD, LESLEY	Development of a Fibromyalgia Responder Index
1R01AR054895-01A1	GRACEY, RICHARD	Mechanisms of Sensory Processing in FM
5R01AR048821-05	LEVINE, JON	Role of Subdiaphragmatic Vagus in FM Syndrome
1R01AR055160-01A1	MCCRAE, CHRISTINA	Sleep and Pain Interventions in FM, Hyperalgesia and Central Sensitization
5R21AR053506-02	SHERMAN, CHRISTY	Simplified Tai Chi for Reducing Fibromyalgia Pain
5R01HD035047-07	STUIFBERGEN, ALEXA	Health Promotion for Women with Fibromyalgia
5R01AR053168-03	FONTAINE, KEVIN	Lifestyle Physical Activity for Fibromyalgia
5R01AR050028-05	KASHIKAR-ZUCK, SUSMITA	Randomized Clinical Trial in Juvenile FM
5U01AR055069-02	WILLIAMS, DAVID	A FM-Specific Extension of the PROMIS Network
5R01AR054324-02	ANG, DENNIS	Exercise-based Motivational Interviewing for FM
2R44AR052640-02	COLLINGE, WILLIAM	Web-based prog for symptom management in FM
5R01AR050969-04	COOK, DANE	Imaging the Cognitive Modulation of Pain in FM
5R01AR052368-04	EDINGER, JACK	Behavioral Insomnia Therapy With FM
1R03AR053266-01A2	HAMILTON, NANCY	Fibromyalgia and Sleep Treatments
5F31NR010301-02	KINDLER, LINDSAY	Investigating the transition from chronic low back and neck pain to fibromyalgia
5R01AR053732-03	LANGE, GUDRUN	Vagus Nerve Stimulation in Fibromyalgia
5R01AR048888-05	OKIFUJI, AKIKO	BEHAVIORAL PREPARATION FOR TREATING FM
1R03AR054571-01A1	RHUDY, JAMIE	Supraspinal Modulation-Nociceptive Reactions in FM
5R01AR052316-04	SLUKA, KATHLEEN	Central contributions to pathobiology of FM
5R01AR053541-02	STAUD, ROLAND	Peripheral and Central Mechanism of Pain in Pts FM
5R01NS038767-08	STAUD, ROLAND	Mechanism of Pain in Patients with FM Syndrome
5R21AT003621-02	WANG, CHENCHEN	Tai Chi for Fibromyalgia
5R01AR051524-04	AFARI, NILOOFAR	Twin Study of Chronic Widespread Pain
5R01AR046122-08	CHANG, LIN	Neuroendocrine Alterations in Fibromyalgia and IBS
1R13DE019079-01	COWLEY, ALLEN	Can Studies of Co-Morbidities with TMJDs Reveal Common Mech of Disease?
5R01AR053245-02	DAVIS, MARY	FM Interventions for pain and mood regulation
5R01NS059028-02	DUBNER, RONALD	Descending modulation of behavioral hyperalgesia after injury
5P01NS045685-050003	ESSICK, GREGORY	Functional Imaging of CNS Regulatory Processes
5P01NS045685-050002	HOLLINS, MARK	Effects of Central Sensitization on Sensory Interactions Involving Pain
1R21AR053597-01A2	LYONS, KAREN	Couple Perceptions of Fibromyalgia Symptoms
5P01NS045685-05	MAIXNER, WILLIAM	CNS Processes Underlying Pain Regulation and Persistence
5P01NS045685-050001	MAIXNER, WILLIAM	Physiologic & Psychosocial Fact in Onset & Maintenance of TMD & Fibromyalgia
5P01NS045685-059001	PHILLIPS, CEIB	Core--Clinical and biometric
1R01DA023513-01A1	PORRECA, FRANK	NGF-Depend Sensitization of Nociceptors by Opiates
5R21AT002751-03	RAPAPORT, MARK	A Model for the Mechanism of Action of Massage
5R01AR044724-09	TURK, DENNIS	Subgrps of FMS--Sympt, Beliefs & Tailored Treatment
5R01AR050044-04	WILLIAMS, DAVID	Locus of Pain Control: Neural Substrates & Modifiability
5R03DE016795-03	AMBALAVANAR, R.	Neural Mechanisms of Chronic Muscle Pain Disorders
5R01EB000812-08	AN, KAI-NAN	Characterization of Skeletal Muscle by MR Elastography
1U01DK082315-01	ANDRIOLE, GERALD	Multi-Disciplinary Evaluation of Chronic Pelvic Pain Syndrome (MAPP)
5R21AR053963-02	AVERY, DAVID	Transcranial Magnetic Stimulation in the Treatment of Chronic Widespread Pain
5R01ES015382-03	BARANIUK, JAMES	Proteomics of Cerebrospinal Fluid in CFS
5K24AT000057-10	BELL, IRIS	Individual Differences in CAM Patient-Centered Outcomes: Res & Mentorship
1SC1NS063939-01	CHABAN, VICTOR	Estrogen Receptors and Nociceptive Signaling in Primary Afferent Neurons
1U01DK082345-01	Multiple	Univ of Mich MAPP Research Network Discovery Site
5K23DE015298-03	DE LEEUW, RINSKJE	Central Pain Processing in Chronic Face Pain:fMRI Study
5K23DE015298-04	DE LEEUW, RINSKJE	Central Pain Processing in Chronic Face Pain:fMRI Study
5R21AT003619-03	GAYLORD, SUSAN	Mindfulness for Irritable Bowel Syndrome
5R21DE018528-02	GERSTNER, GEOFFREY	Central mechanisms of chronic trigeminal pain
1U01DK082344-01	KREDER, KARL	(MAPP)
5R21NR010539-02	KRYSTAL, ANDREW	Behavioral Insomnia Treatment in CFS
5R21NS057821-02	LIGHT, KATHLEEN	Stress and Neuroimmune Dysregulation in CFS
5R01AR054647-03	LUBAHN, CHERI	Human Spinal Cord Glial Cytokines and Chronic Pain
5R21AR054181-02	MALUF, KATRINA	Effect of psychosocial stress on intrinsic activation of human motor neurons
1U01DK082370-01	Multiple	Brain Bladder Interactions in IC/PBS (MAPP)
1R13AT004671-01	MCLEAN, MICHAEL	Bioelectromagnetics Society 30th Annual Conf
5R21AT002209-03	NAKAMURA, YOSHIO	Utah Ctr Exploring Mind-Body Interactions UCCEMB
5R01AR053509-03	SLUKA, KATHLEEN	Role of ASIC3 in the etiology of fibromyalgia
1F32DE019057-01	SMITH, SHAD	Contribution of ADA1A polymorphism to persistent pain states
1K05DA024044-01A1	WATKINS, LINDA	Immune and Glia Reg of Pain & Analgesic Actions

