

**U.S. Department of Health and Human Services
National Institutes of Health
National Center for Advancing Translational Sciences
38th Meeting of the
Advisory Council**

**Minutes of Virtual Meeting
April 17, 2025**

The National Center for Advancing Translational Sciences (NCATS) Advisory Council held a meeting in open session on April 17, 2025, from 1:00 p.m. to 2:23 p.m. ET, via National Institutes of Health (NIH) [VideoCast](#) and in the combined Rooms 1E032 and 1E034, 9609 Medical Center Drive, Rockville, Maryland. Joni L. Rutter, Ph.D., NCATS Advisory Council Chair, led the meeting. In accordance with Public Law 92-463, the session was open to the public.

Prior to the meeting, the NCATS Advisory Council met in closed session on April 17, 2025, from 11:05 a.m. to 12:32 p.m. ET, for the review and consideration of grant applications.

NCATS ADVISORY COUNCIL MEMBERS PRESENT

Chair

Joni L. Rutter, Ph.D., Director, NCATS

Executive Secretary

Anna L. Ramsey-Ewing, Ph.D., Director, Division of Extramural Activities, NCATS

Council Members

Sergio A. Aguilar-Gaxiola, M.D., Ph.D.

Paul A. Harris, Ph.D.

Jonathan Himmelfarb, M.D.

Kelly Marie McVearry, Ph.D., Ed.M.

Robin J. Mermelstein, Ph.D.

Keith J. Mueller, Ph.D.

Paula K. Shireman, M.D., M.B.A.

***Ad Hoc* Council Members**

None present

***Ex Officio* Members**

None present

Others Present

NCATS leadership and staff

I. CLOSED SESSION OF THE NCATS ADVISORY COUNCIL

This portion of the Advisory Council meeting was closed to the public in accordance with the provisions of Public Law 117-286.

Advisory Council members discussed procedures and policies regarding voting and the confidentiality of application materials, committee discussions, and recommendations. Members did not participate in the discussion of and voting on applications from their own institutions or other applications in which there was a potential conflict of interest, real or apparent.

Review of Grant Applications

The Council reviewed 389 research, research-related, and training grant applications with primary assignment to NCATS for a requested amount of \$161,175,973 in first-year direct costs. The Council concurred with the recommendations of the initial review groups. For the record, it is noted that applications with secondary assignment to NCATS were also considered.

II. ADJOURNMENT OF CLOSED SESSION OF THE NCATS ADVISORY COUNCIL MEETING

Joni L. Rutter, Ph.D., adjourned the closed session of the NCATS Advisory Council meeting on April 17, 2025, at 12:32 p.m. ET.

III. CALL TO ORDER, OPEN SESSION

Joni L. Rutter, Ph.D., called the meeting to order and welcomed members and guests to the 38th meeting of the NCATS Advisory Council. Anna L. Ramsey-Ewing, Ph.D., conducted the roll call and reviewed the meeting agenda. She noted the meeting logistics and reminded attendees that the open session was being livestreamed on NIH VideoCast.

IV. CONFIRMATION OF DATES FOR FUTURE NCATS ADVISORY COUNCIL MEETINGS: Anna L. Ramsey-Ewing, Ph.D., Director, Division of Extramural Activities, NCATS; Executive Secretary, NCATS Advisory Council

Anna L. Ramsey-Ewing, Ph.D., confirmed the schedule for the meetings of the NCATS Advisory Council for 2025 and 2026:

- June/July 2025 (TBD)
- September 18–19, 2025
- January 29–30, 2026 (virtual meeting)
- May 21–22, 2026
- September 17–18, 2026

V. DIRECTOR'S REPORT: Joni L. Rutter, Ph.D., Director, NCATS; Chair, NCATS Advisory Council

Joni L. Rutter, Ph.D., began by reminding the Council members that this meeting was originally scheduled for January 2025. She summarized the discussions from the September 2024 Advisory Council meeting. At that time, new NCATS leadership was in place, and a continuing resolution for fiscal year (FY) 2025 seemed probable. Dr. Rutter noted that discussions on the FY26 budget likely will occur within the next several months. She reminded the members of several congressional briefings involving NCATS staff. Dr. Rutter also noted that during this meeting, a formal written request of the Council had been shared, where the Council requested that NCATS transition to an institute. She expressed appreciation to the Council members for their engagement in advancing translational sciences.

After this review of the previous meeting, Dr. Rutter detailed new administration and leadership changes and discussed the NCATS FY25 budget. She provided a brief update on NCATS staff changes and recruitments and highlighted recent news and announcements. Dr. Rutter shared NCATS division updates, described the implementation of the *NCATS Strategic Plan 2025–2030*, highlighted recent NCATS training program outcomes, and previewed the third edition of *Principles of Community Engagement*. Dr. Rutter concluded by providing a brief update on the inquiry into transitioning NCATS to an institute.

New Administration and Leadership Changes

Robert F. Kennedy, Jr., was sworn in as the 26th secretary of the U.S. Department of Health and Human Services (HHS) in February 2025. Mr. Kennedy has outlined his vision for the health of the American people. Jayanta “Jay” Bhattacharya, M.D., Ph.D., assumed the role of NIH director in April 2025. Dr. Rutter highlighted Dr. Bhattacharya’s accomplishments as a physician, researcher, and health economist. She noted that his expertise includes population aging and chronic disease, particularly regarding the health of vulnerable populations.

Diverse perspectives will be central to Dr. Bhattacharya’s approach as the NIH director. He will leverage NIH researchers’ expertise and innovative approaches in the pursuit of scientific progress, with a goal of fulfilling NIH’s mission. Dr. Rutter noted that during a recent meeting with Dr. Bhattacharya, she had been impressed by his commitment to advancing knowledge on human health and disease. Dr. Rutter outlined the NIH director’s top priority areas: diseases and conditions that affect people (chronic and rare), reproducibility, and innovation. She noted that these priorities span the levels of basic, translational, and clinical research. Dr. Rutter emphasized that NCATS is well positioned to support each of the priority areas.

- **Diseases and conditions that affect people.** NCATS supports various programs for studying chronic and rare diseases: the [Clinical and Translational Science Awards \(CTSA\) Program](#), [Rare Diseases Clinical Research Network \(RDCRN\)](#), [Biomedical Data Translator](#) program, and [National Clinical Cohort Collaborative \(N3C\) Program](#). NCATS investigators are also developing new models for human health and diseases.
- **Reproducibility.** Many of NCATS’ programs require independent validation as part of the award, which is aligned with larger NIH efforts to improve the reproducibility of scientific studies. Testing centers also play a role in developing new approach methodologies. Furthermore, NIH-funded investigators are spearheading the Translation Together program, which is focused on understanding variability across different laboratories. NCATS also oversees the [Assay Guidance Manual Program](#), which disseminates best laboratory practices and supports tools for data analysis and standards in preclinical drug discovery.
- **Innovation.** NCATS focuses on innovation as a key aspect of its programs; several NCATS divisions include “innovation” in their names. The CTSA, within the Division of Clinical Innovation (DCI), drive innovation through clinical trial innovation networks, as well as the N3C Data Enclave. The Division of Rare Diseases Research Innovation provides innovative leadership on rare diseases research in various areas (e.g., clinical trials, biomarkers). These efforts involve studying many diseases at a time, as well as developing platform approaches for precision medicine. The NCATS Division of Preclinical Innovation (DPI) has contributed to new drug approvals, with a focus on such areas as artificial intelligence/machine learning (AI/ML), high-throughput screening, and assay development.

Dr. Rutter remarked that NCATS is working with NIH in making changes to align its efforts with HHS and NIH priorities. This involves centralizing NIH peer review and strengthening conflict-of-interest safeguards. She emphasized that while NIH's peer review processes are changing, she is hopeful that this transition will be seamless from the community's perspective. Another notable change was the pause on meetings convened under the Federal Advisory Committee Act; these meetings are now resuming. The NCATS Advisory Council is one such meeting.

Awards and notices of funding opportunities (NOFOs) are being revised to reflect new HHS and NIH priorities. Some NOFOs have been discontinued. Dr. Rutter encouraged applicants to read NOFOs carefully prior to submission. Dr. Rutter emphasized that the edits do not significantly alter the overarching goals and purpose of the NOFOs. She encouraged grantees to reach out to their program officers or submit questions to the NOFO mailbox. Dr. Rutter also provided links to information on [NIH grants and funding information status](#), as well as a list of NIH's terminated grants.

Dr. Rutter noted that reductions in force and consolidations within the federal government occurred recently, and further consolidations may be implemented as needed. To date, 36 staff have departed NCATS. Dr. Rutter acknowledged the difficulties associated with these staff reductions. She briefly highlighted NCATS leadership departures and underscored their importance in advancing the center's mission.

Due to logistical challenges and ongoing changes, the [2025 U.S. Food and Drug Administration \(FDA\)–NIH Rare Disease Day](#) was canceled. Dr. Rutter stated that although the event did not take place this year, NCATS' dedication to the rare diseases community remains unchanged. NIH and FDA remain committed to accelerating the development of treatments and cures for rare diseases, as well as offering resources that provide hope and support to the rare diseases community. She also shared that NIH participated in the "Light Up for Rare" campaign and Building 1 on the NIH main campus was illuminated in honor of the event.

NCATS FY25 Budget

Dr. Rutter provided an update on the NCATS FY25 budget. She reminded the members that NCATS is currently operating under a full-year continuing resolution at \$928 million. The details regarding the FY26 budget still are unknown. Dr. Rutter shared a link with additional information on [NCATS appropriations](#).

NCATS Staff Changes and Recruitments

Dr. Rutter outlined recent key additions to NCATS leadership. Rebekah E. Geiger, M.S.W., Associate Director for Administration, Executive Officer; Elizabeth A. Ottinger, Ph.D., Director, Therapeutic Development Branch, Division of Preclinical Innovation; Erica K. Rosemond, Ph.D., Deputy Director, Division of Clinical Innovation; Mark F. Miller, Ph.D., M.B.A., Acting Deputy Scientific Director, NCATS; Stephen G. Seidel, Acting Director, Office of Policy, Communications and Education; and Nam H. Ngo, Acting Chief Information Officer, Information Systems Security Officer, recently were named to leadership positions within NCATS.

News and Announcements

Dr. Rutter highlighted several recent NIH-wide and NCATS-specific announcements and events such as:

- **Cure SMA's Hope on the Hill.** The 13th annual Hope on the Hill event was held November 19, 2024, to raise awareness about Spinal Muscular Atrophy (SMA) with key government officials. Dr. Rutter presented a keynote lecture at the event. She underscored the impact of Cure SMA's

activities, which have led to three approved therapeutics for SMA; other therapeutics are in development currently. She noted that Cure SMA maintains a translational science advisory council, and other advocacy groups could consider similar approaches as a best practice.

- **Speeding Innovation through the National Clinical Cohort Collaborative.** On March 21, 2025, Dr. Rutter spoke with staff representing Sen. Martin Heinrich (D-NM) and Sen. Mike Rounds (R-SD) about the N3C program, as well as NCATS' AI-focused initiatives.
- **Division of Preclinical Innovation Research Day.** On March 12, 2025, DPI celebrated the work of NCATS intramural trainees and postdoctoral fellows through poster sessions and short talks. Dr. Rutter underscored the value of trainees' efforts in carrying out NCATS' mission.
- ***In Silico* Drug Discovery Workshop.** The NCATS *Assay Guidance Manual* serves as a world-class source of guidelines and best practices for advancing preclinical and translational sciences. As a part of this effort, NCATS supports webinars and workshops featuring specific programs for the research community. The [In Silico Drug Discovery Workshop](#), held October 23–24, 2024, focused on the role of AI in accelerating drug discovery. NCATS teams are applying AI/ML to enhance high-throughput screening by detecting assay artifacts and optimizing compound properties (e.g., metabolic stability, absorption, toxicity). These methods can be applied to many diseases, including cancers, rare diseases, and infectious diseases. She emphasized that this field is fundamentally reshaping biology and is opening new doors for therapeutic development.

NCATS Division Updates

Dr. Rutter highlighted recent clinical successes resulting from DPI's program activities. These outcomes include more than 56 Investigational New Drug (IND) applications and approval of four drugs: Sargmalin, Upstaza, Vivjoa, and aGamree. She emphasized that these drugs encompass a broad range of modalities, including small-molecule therapies and gene therapies. NCATS has published a [webpage](#) to capture and communicate these successes.

NCATS Strategic Plan

The [NCATS Strategic Plan 2025–2030](#) was published in September 2024 and changes have been made as needed to align with new HHS and NIH priorities. Dr. Rutter briefly highlighted NCATS' implementation plan for the Strategic Plan. In October 2024, NCATS convened its first roundtable series with researchers, patient advocates, community advisors, and the public. The first NCATS leadership retreat was held in November 2024. During the retreat, NCATS staff discussed approaches for moving forward in a coordinated and unified manner. An internal implementation team was established in January 2025.

NCATS is legislatively restricted from directly supporting most clinical trials beyond Phase 2. Dr. Rutter explained that this restriction limits NCATS' ability to meet its mission of turning research observations into health solutions through translational science. Impacts include underutilization of the CTSA Program, lost opportunities to address urgent needs through the New Therapeutic Uses (i.e., drug repurposing) Program, and delays to rare diseases research. Dr. Rutter spoke on the importance of overcoming these barriers for future development.

NCATS Training Program Outcomes

- **Innovation Corps™ (I-Corps) @NCATS.** A recent paper entitled "[Training T-shaped Translational Scientists](#)" evaluates I-Corps@NCATS as a translational scientist training program. I-Corps@NCATS is a short course that trains clinical and translational scientists to assess the real-

world impact of their research through customer discovery. The authors concluded that I-Corps @NCATS is effective in cultivating the mindset of translational scientists through systems thinking, communications, and team science. The program also cultivates intellectual humility and cognitive flexibility.

- **NCATS K scholars.** Dr. Rutter shared data depicting the grant activity of NCATS K award trainees. She noted that higher percentages of NCATS-supported scholars apply for and receive awards after their K training compared with other NIH-supported scholars. She noted that these results likely reflect the CTSA's robust career development programs.

Principles of Community Engagement

The third edition of *Principles of Community Engagement* is a practical guide for community engagement written by more than 165 renowned practitioners across the country. Dr. Rutter noted that this edition expands upon the previous editions. The third edition emphasizes a new 10th principle of trustworthiness in community engagement. This edition also incorporates emerging community engagement models and frameworks. It includes recent examples of successful community engagement initiatives, including content from Indigenous communities and community leaders in rural areas. Dr. Rutter emphasized that the work of the CTSA Consortium's Community Committees helped develop the initial editions.

National Clinical Cohort Collaborative (N3C) Pilot

The N3C Data Enclave began as an NIH/NCATS funded publicly available electronic health record (EHR)–based limited data sets of COVID-19 patients and controls for low-level data access; this effort has shifted into research on Long COVID. Dr. Rutter remarked that NCATS recognizes the value of real-world data and EHR information. NCATS has conducted a series of pilot studies using the enclave infrastructure to compile information on other areas that can be pursued. These areas include training, kidney disease, and cancer.

Common infrastructure components are in place across the enclave; these components include governance, common data formats, data cleaning and harmonization, data quality, data linkage, granular and purpose-based access controls, identification, AI/ML environment, code workbooks, and analytical tools. Tenants, which can be research institutions or individual citizen scientists not affiliated with an institution, sign a Data Use Agreement with NCATS to cover the terms of how data are accessed or used within the N3C Data Enclave. The enclave includes data sets from the Centers for Medicare & Medicaid Services (CMS); clinical sources; social determinants of health research; viral variant studies; mortality reports; vaccine studies; the Medical Imaging and Data Resource Center; the Surveillance, Epidemiology, and End Results Program; and the Scientific Registry of Transplant Recipients.

Dr. Rutter highlighted recent successes of the N3C program, which include significant scholarly productivity, authorship and collaborations, transformed care guidelines, evidence-based disease definitions, and complex risk-prediction models. Dr. Rutter commented that these outcomes serve as proof of principle and underscore the value of applying this type of approach across various diseases.

N3C clinical pilots will help NCATS more accurately understand the financial, infrastructure, and community resources needed to develop and maintain future tenants. Pilots will facilitate refining operations, governance, and technical architecture. NCATS also is pursuing a transformative partnership with CMS, and next-generation health care interoperability is being developed. Dr. Rutter emphasized that these new capabilities will expand the scope of scientific questions that can be asked and answered.

NIH Quantum Biomedical Innovations and Technologies (Qu-BIT) Program

NCATS launched the [Qu-BIT prize challenge competition](#) to further the application of innovative novel quantum-enabled sensing technologies and quantum computing approaches for biomedical and translational use cases. This competition involves multidisciplinary, multi-institutional teams. Quantum computing topics include quantum algorithms for drug discovery; quantum machine algorithms for clinical risk predictions, diagnosis, and therapeutics; and quantum algorithms for biomedical imaging and genomic data analysis. Quantum sensing topics include quantum sensing approaches to advance biomedical applications, quantum-enabled approaches for early detection and diagnostics, and quantum-enabled biosensing and imaging devices for diagnostics and monitoring.

The competition was launched in September 2024. Stage 1 (May, July 2025) involves ideation and selection of the top teams. Stage 2 (June, July 2027) involves developing, demonstrating, and delivering prototype technology and selecting final winners. Two reviews will occur at each stage, and the winners' presentations will take place in September 2027. Dr. Rutter noted that this program involves collaborations across NIH institutes, centers, and offices, including the National Eye Institute, National Institute of Biomedical Imaging and Bioengineering, Center for Information Technology, and Office of Data Science Strategy. Dr. Rutter expressed appreciation to Geetha Senthil, Ph.D., Deputy Director, Office of Special Initiatives, NCATS, for her efforts in leading this effort across NIH.

Newborn Screening by Whole Genome Sequencing Collaboratory

An NIH Common Fund Venture Initiative, the [Newborn Screening by Whole Genome Sequencing \(NBSxWGS\) Collaboratory](#) has been launched. The award budget is \$4.8 million in total costs per year for one meritorious Other Transaction award, with a maximum 3-year project period. The program represents a partnership involving the National Human Genome Research Institute, the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development, and NCATS.

The final report will highlight the feasibility of incorporating whole genome sequencing (WGS) into the U.S. newborn screening program; findings from an ethical, legal and social implications research study; and recommended best practices for state programs. If successful, this study will demonstrate the feasibility of adding WGS to an existing public health resource available to all babies born in the United States, regardless of social, racial, ethnic, or other factors. The initiative will provide federal and state partners with critical data needed to inform sustained implementation of NBSxWGS.

Update on Inquiry for Transition of NCATS to an Institute

Dr. Rutter provided an update on the formal written request of the Council to [initiate the process of a transition of NCATS to an institute](#), which was discussed during the September 2024 Advisory Council meeting. In March 2025, the Physicians Committee for Responsible Medicine provided a letter expressing enthusiastic support for this elevation. Dr. Rutter explained that NCATS was directed to proceed with the request via a formal A-19 process for HHS and Office of Management and Budget approval. Dr. Rutter noted that the A-19 proposal currently is on hold, but NCATS hopes to pursue this matter in the future.

Summary

Dr. Rutter summarized her presentation, noting that NCATS' mission and goals are aligned with the new administration's priorities. She welcomed Dr. Jay Bhattacharya, the 18th NIH director, and highlighted recent NIH and NCATS staffing changes. The government is operating under a continuing resolution for the FY25 budget, and the President's FY26 budget is forthcoming. NCATS recently participated in

congressional briefings. Recent impactful advances by NCATS include the N3C Data Enclave, NCATS contributions to IND applications and new drug approvals, the NBSxWGS Collaboratory, and the Qu-BIT Program Challenge. The *NCATS Strategic Plan 2025–2030* is being implemented.

Discussion

Paul A. Harris, Ph.D., asked about the succession plan for the N3C program. Dr. Rutter stated that the N3C program is managed by a strong and talented team of leadership and support staff. She anticipates that the program's transition to its next phase will be seamless.

Jonathan Himmelfarb, M.D., remarked that NCATS has been nimble and agile in supporting cutting-edge technology and enabling innovation across NIH. He also noted that the CTSA's are well positioned for implementing Phase 3 trials. Dr. Rutter noted that new therapeutic modalities (e.g., gene editing, gene therapy, antibody development) will necessitate a novel approach to clinical trials. Additionally, the complexity of chronic and comorbid conditions could be considered in this context. NCATS offers special expertise in the area of rare diseases. NCATS could help maintain momentum by transitioning treatments for rare diseases from Phase 2 to Phase 3 trials.

Sergio A. Aguilar-Gaxiola, M.D., Ph.D., commented that the *Principles of Community Engagement* reflects a broad collaborative effort among members of the biomedical research community. He noted that this edition identifies trustworthiness as a new principle. He also noted that the edition features case studies illustrating the application of these principles. This work lists a new definition for community engagement, as well as conceptual models for community engagement that have been assessed by the National Academies of Sciences, Engineering, and Medicine.

Dr. Aguilar-Gaxiola commented on NCATS' new strategic plan and highlighted the value of NCATS' community listening sessions. Dr. Rutter agreed on the importance of these sessions and expressed appreciation to community members for their contributions.

Dr. Harris inquired about potential restructuring of NIH. Dr. Rutter explained that the OMB proposed draft has been released; this document is part of internal deliberations for the FY26 President's budget. She explained that this internal process will ultimately help shape the President's budget. The President's budget initiates the appropriations process in Congress, with the goal of determining a final budget by the beginning of the next fiscal year. The restructuring plan signifies that this process is likely to begin soon. She added that organizational and programmatic changes are common during administrative transitions. She also emphasized that NCATS will remain grounded in its mission of bringing more treatments to all people more quickly.

VI. TRIENNIAL INCLUSIONS REPORT: Joni L. Rutter, Ph.D., Director, NCATS; Chair, NCATS Advisory Council

Joni L. Rutter, Ph.D., presented the NCATS fiscal year 2022–2024 (FY22–FY24) Triennial Report on Monitoring Adherence to the NIH Policy on the Inclusion of Women and Minorities in Clinical Research. The Public Health Service Act requires NIH to include women and minorities in NIH-funded research in a manner appropriate to the scientific questions under study. NIH reports aggregate data to Congress in the NIH Triennial Report. As part of the report, each NIH institute or center (IC) presents the data to its Advisory Council. The NIH Office of Extramural Research requires certification by IC directors that data are acceptable for inclusion in the FY22–FY24 Triennial Report.

The majority of NCATS-supported clinical research takes the form of formal partnerships with other ICs. To avoid duplication of reporting, the partnering IC, not NCATS, reports the inclusion enrollment data.

Examples of NIH and NCATS programs for which other ICs report enrollment data include the Helping to End Addiction Long-term® Initiative, or NIH HEAL Initiative®; Clinical and Translational Science Awards Trial (CTSA) Program Innovation Network; and Rare Diseases Clinical Research Network. Examples of NCATS programs for which NCATS reports the enrollment data include the CTSA Program Collaborative Innovation Awards, Small Business Innovation Research/Small Business Technology Transfer awards, and CTSA pilot studies.

Dr. Rutter shared that 236, 223, and 196 awards involved human subjects in FY22, FY23, and FY24, respectively. She noted that the decrease in this figure over time likely reflects the transient increases in clinical trial studies during the COVID-19 pandemic. Dr. Rutter also commented that NCATS is prohibited from directly supporting clinical trials beyond Phase 2b, except for those involving rare diseases. The only NIH-defined Phase 3 record is for the ACTIV-6 (Accelerating COVID-19 Therapeutic Interventions and Vaccines) trial, which is managed by NCATS and funded through the ACTIV public-private partnership.

NCATS FY22–FY24 Inclusion Enrollment Data

Dr. Rutter presented enrollment data, examining sex by race and ethnicity. She noted that the percentage of minority enrollees remained constant for both males and females in FY22 and FY23 but that an increase in the percentage of female minority participants was observed in FY24. The percentage of Hispanic/Latino enrollees decreased dramatically in FY23, whereas it remained closer to 40 percent for female enrollees only in FY22 and FY24. Dr. Rutter commented that NCATS is interested in better understanding the causes and implications of these findings.

Key Takeaways

Dr. Rutter concluded by highlighting three key points from the Triennial Inclusion Report. First, NCATS will continue to grow and enhance the NCATS community of practice for inclusion-monitoring activities. Second, NCATS will highlight and support the role of inclusion of a broad range of participants in research in the *NCATS Strategic Plan* and its implementation. Third, NCATS will amplify existing and new training opportunities for study inclusion policies and practices. Dr. Rutter underscored the importance of short-term studies (e.g., pilots) that exhibit quality by design from the beginning.

Discussion

Sergio A. Aguilar-Gaxiola, M.D., Ph.D., remarked that the data on Hispanic/Latino enrollees highlight the critical importance of continued data collection. Dr. Rutter agreed and noted that these efforts will continue. She underscored the importance of collecting data across many racial and ethnic populations.

VII. PUBLIC COMMENTS

An attendee inquired about the timing of resuming the awarding of the backlog of Small Business Innovation Research/Small Business Technology Transfer grants for the current fiscal year. Anna L. Ramsey-Ewing, Ph.D., stated that reviews have resumed. NCATS anticipates that awards will be made, although they might be delayed.

An attendee asked about the countries that are participating in the Translation Together program. Dr. Ramsey-Ewing responded that the participants are as follows: Canada, Japan, Brazil, the United Kingdom, Australia, the United States, and 14 nations in the European Union.

Public comments were accepted until May 2, 2025 (15 days after the meeting), and will be appended to the minutes.

VIII. ADJOURNMENT OF THE OPEN MEETING

Joni L. Rutter, Ph.D., thanked the participants for their input. The next meeting will be scheduled for June or July 2025 and is planned to be an in-person session. Dr. Rutter adjourned the meeting on April 17, 2025, at 2:23 p.m. ET.

IX. CERTIFICATIONS

We hereby certify that, to the best of our knowledge, the foregoing minutes and supplements are accurate and complete.

Joni L. Rutter, Ph.D.
Chair, NCATS Advisory Council
Director, National Center for Advancing Translational Sciences, NIH

Date

Anna L. Ramsey-Ewing, Ph.D.
Executive Secretary, NCATS Advisory Council
Director, Division of Extramural Activities, NCATS

Date