

AIDS and Related Research Study Sections Reorganization

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AARR History

1987	HIV/AIDS immunology and virology applications assigned to Special Study Section A
1988	Congress mandated expedited review and grant awards within six months of application receipt. Three study sections were established (immunology, virology, and epidemiology)
1989	Two study sections added (drug discovery and clinical research)
1990	Seven study sections were formally chartered (aforementioned, behavioral, and neuroscience)
2003	Study sections were given current names to reflect scientific areas and content



AARR Chartered Study Sections

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	ACE	AIDS Clinical Studies and Epidemiology
	ADDT	AIDS Discovery and Development of Therapeutics
	AIP	AIDS Immunology and Pathogenesis
	AMCB	AIDS Molecular and Cellular Biology
	AOIC	AIDS-Associated Opportunistic Infections and Cancer
	BSCH	Behavioral and Social Consequences of HIV/AIDS
	BSPH	Behavioral and Social Science Approaches to Preventing HIV/AIDS
	NAED	NeuroAIDS and other End-organ Diseases
	VACC	HIV/AIDS Vaccines



Current AARR Study Sections

Translational Population Basic Clinical AIDS Molecular and Cellular **Biology Study Section (AMCB)** Behavioral and Social Consequences of HIV/AIDS (BSCH) **AIDS Discovery and Development of** Therapeutics (ADDT) Behavioral and Social Science approaches to **HIV/AIDS Vaccine Development (VACC)** Preventing HIV/AIDS (BSPH) AIDS Immunology and Pathogenesis (AIP) **AIDS-Associated Opportunistic Infections and** AIDS Clinical Studies and Epidemiology (ACE) Cancer (AOIC)



NeuroAIDS and other End-Organ Diseases (NAED)

Why Reorganize

- 1. Scientific: Realign with the current state of the science
 - AARR IRG last scientifically reorganized in 2003
- 2. Administrative: Realign to support scientific breadth, competition, and meeting management.
 - ~60-80 application per study section
 - Incorporate emerging scientific areas and special topics into study sections.



Scientific realignment

HIV/AIDS from acute disease to chronic infection

- Cure
 - Persistence and reservoir elimination
- Prevention interventions
 - Vaccines and therapeutics
 - PrEP and TasP
- Living with HIV
 - Comorbidities and co-infections,
 - care continuum and service delivery

Scientific scope is interdisciplinary and overlapping Bench to bedside approach



Process

- Internal review and assessment
- Input and recommendations from external Working Group committee (May 2017)
- Refinements and tentative feasibility assessment-original plan
- Input from ICs
 - Program officers IAM meeting August, 2017 (broad input)
 - IC Working Group September, 2017
- Reassessment of original plan-Plan 2
- CSR advisory panel approval (September, 2017)
- Develop new study section descriptions and names (March 2018)
- Continuing Feedback



Clinical

Population

HIV Molecular Virology, Cell Biology, and Drug Development **HVCD**

HIV Immunopathogenesis and Vaccine

Development **HIVD**

HIV Comorbidities and Clinical Studies HCCS

HIV Coinfections and Associated Cancers HCAC

HIV/AIDS Individual Level Determinants and Behavioral Interventions **HIBI**

Epidemiologic, Population and Public Health Approaches to HIV/AIDs **EPPH**



Proposed Reorganized Study Sections

HVCD	HIV Molecular Virology, Cell Biology, and Drug Development
HIVD	HIV Immunopathogenesis and Vaccine Development
HCCS	HIV Comorbidities and Clinical Studies
HCAC	HIV Coinfections and Associated Cancers
HIBI	HIV/AIDS Individual Level Determinants and Behavioral Interventions
EPPH	Epidemiologic, Population and Public Heath Approaches to HIV/AIDS



Implementation

- Finalize new study section descriptions and names (April)
- Communicate changes (beginning in April)
 - Reviewers (April)
 - Advertise new study section descriptions broadly (beginning in May)
- Rosters and membership assignment (August)
- Full implementation: 2019/01 Council round (September 2018 receipt date, November 2018 study sections)

