Increased Funding for Stroke Research

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It is an exciting time for stroke research. Over the last couple of years with the use of tPA, and now at the most recent International Stroke and Cerebral Circulation Conference meeting, the announcement of 2 promising new thrombolytic agents (Ancrod and Pro-urokinase) for acute stroke treatment, it is an exciting time indeed. Neuroprotective agents are still being investigated, and while an effective neuroprotective agent has not yet been identified in humans, almost assuredly one will come to light soon. The American Heart Association/American Stroke Association (AHA/ASA) is making significant efforts to provide dollars for stroke research for both clinical and basic science areas. The AHA/ASA for 1997–98 provided some $6 million for stroke-specific research, with a projection for the year 2001 of $11.3 million. Another $33.7 million was provided for research that was related in some way to stroke. In addition, there is a very exciting new commitment of $7.5 million from the Henrietta B. and Frederick H. Bugher Foundation and $3.7 million from the AHA for a new research program targeted to stroke. The AHA-Bugher Foundation Awards for the Investigation of Stroke are intended to stimulate the development of better stroke preventive measures, better stroke interventions, and a greater understanding of the cerebrovasculature. These awards will be made for the study of any aspect of brain vascular function related to stroke, and these investigations will include both clinical and basic science research in these areas. The Bugher Award will provide $100,000/year for a total 4-year maximum of $400 000, and up to 35% of this award may be used for the Principal Investigator’s salary and fringe benefits. The application deadline for the AHA-Bugher Awards will be June 15, 1999, with an award activation of January 1, 2000, and the AHA/ASA expects to fund up to 10 awards.

We would like to take this opportunity to remind you that there are 3 other types of grants one can apply for from the AHA: the Established Investigator (EI) Grant, the Grant-in-Aid Award (GIA), and the Scientist Development Grant (SDG). These are excellent awards, and we request that more stroke-oriented individuals apply for these types of awards. The GIA Awards will be increased to $71,500 for the June 15, 1999, application deadline. For the first time, up to $15 000 of this total amount can be used specifically for salary for the Principal Investigator. The AHA National Center awarded 80 SDGs, 69 EIs, and 129 GIAs this past year. This represented funding percentiles of 25, 22, and 18, respectively. The stroke community also should be aware that for the AHA’s special Patient Care and Outcomes Research Program offered in 1998, there were 216 grants submitted, of which 69 were actually scored. The others were triaged, and of the 69 scored, 21 have been funded. In our study section, the Brain Research Review Committee, we reviewed some 70 applications for funding this year, an increase of 19% from last year. This was one of the largest increases in submitted grants in any Study Section of the AHA. It is important to point this out because we would like to continue to increase the number of grant submissions to this Study Section. The greater the number of grants submitted, the greater the number of awards that will be made directly to stroke research. For informational purposes, 5% of the GIAs funded for 1997–1998 were directly related to stroke, and another 20% could be considered stroke related. Of the SDG awards made, 7% were directly made for stroke research and another 38% were for stroke-related projects. And finally, in the EI category, 9% were directly stroke related and another 31% could be considered stroke related. Thus, the AHA is making important strides to fund stroke and stroke-related proposals. We want to see that this trend continues for stroke and stroke-related grants into next year as well as the long-term future. So we again request further submissions to increase these numbers appropriately.

The American Heart Association has made a strong commitment to stroke, and the stroke community is grateful. However, stroke still remains an important unresolved disease, and this commitment must be continued and increased over the following years so that understanding mechanisms of this disease can lead to efficacious treatment strategies.
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