



April 30, 2024

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Deputy Director
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National Institutes of Health
9000 Rockville Pike
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Re: NOT-DK-24-018 - Request for Information: Inviting Comments and Feedback on the National Institute of Diabetes and Digestive and Kidney Disease, Division of Kidney, Urologic, and Hematologic Diseases Institutional Network Award

Dear Dr. Rankin:

On behalf of the more than 37,000,000 Americans living with kidney diseases and the 21,655 nephrologists, scientists, and other kidney health care professionals who are members of the American Society of Nephrology (ASN), thank you for the opportunity to respond to NOT-DK-24-018 - Request for Information (RFI): Inviting Comments and Feedback on the National Institute of Diabetes and Digestive and Kidney Disease (NIDDK), Division of Kidney, Urologic, and Hematologic Diseases (KUH) Institutional Network Award (U2C-TL1).

To respond thoughtfully to NIDDK's RFI, ASN solicited feedback from its diverse membership, including members who have direct experience with the KUH Institutional Research Training Grant (T32) program and with the KUH U2C-TL1 program. ASN's response to the RFI, therefore, reflects perspectives of the society's members, leadership, and staff as well as the academic nephrology community at large.

Strongly supporting NIDDK's mission to "conduct and support medical research and research training and to disseminate science-based information on diabetes and other endocrine and metabolic diseases; digestive diseases, nutritional disorders, and obesity; and kidney, urologic, and hematologic diseases, to improve people's health and quality of life," ASN commends NIDDK's longstanding commitment to enhance the research workforce. In this context, ASN recognizes that the current KUH U2C-TL1 program was well intentioned by KUH.

Unfortunately, the kidney research community has significant concerns about the KUH U2C-TL1 program. The program has been poorly received by the community, decreased funding allocated to develop a reasonable number of kidney researchers and scientists, and demonstrated little evidence of being successful or meeting its goals (to date).

ASN believes that KUH should not continue the KUH U2C-TL1 program in its current form, as continuing this program will likely harm the next generation of kidney researchers and scientists. Instead, ASN encourages KUH either to pause or reset entirely, returning to the pre-U2C-TL1 state while fully engaging with the kidney community to develop the next iteration of the kidney research training program. This approach will further KUH's goals and the division's commitment to enhancing the kidney research workforce.

Valuing the Shared Commitment of KUH and ASN

Together, KUH and ASN have a longstanding commitment to developing the kidney research workforce. Established in 2012, KidneyCure (the ASN Foundation) funds the Ben J. Lipps Research Fellowship Program, the Transition to Independence Grants Program, the William and Sandra Bennett Clinical Scholars Program, the American Society of Nephrology-Harold Amos Medical Faculty Development Program, and the ASN Pre-Doctoral Fellowship Award Program. By helping to develop a community among kidney researchers and scientists, these programs support nephrology fellows and early career investigators as they gain research skills, experience, and talent.

Importantly, KidneyCure is the **largest** private funder of kidney research in the United States, providing more than \$3 million annually “to prevent and cure kidney diseases through research and innovation.” Since ASN began funding grants in 1996, the society and the foundation have awarded more than \$50 million to support kidney research, helping to strengthen the pool of potential kidney investigators. ASN and KUH are strongly aligned in our shared commitment to ensure a robust research pathway for the kidney research workforce.

Each year, ASN joins forces with the American Society of Pediatric Nephrology and the National Kidney Foundation (NKF, which represents the more than 37 million Americans living with kidney diseases) to co-lead an annual appropriations sign-on letter for the entire kidney research community. ASN helps convene the entire community to urge Congress annually to provide consistent, substantial funding increases to NIDDK, particularly for kidney research. Additionally, ASN hosts annual advocacy days in Congress to reinforce this messaging. When combined with grant funding through KidneyCure, this annual advocacy and other efforts highlight ASN’s role as an invested contributor to the kidney research community.

Presenting the Perspective of the Kidney Research Community

In responding to the RFI, ASN appreciates this opportunity to relay the perspectives of its members, leadership, and staff—including the academic nephrology community at large—to provide detailed feedback on the integration of kidney, benign urology, and benign hematology within NIDDK’s KUH U2C-TL1 program.

Indicative of an erosion of collaborative trust between KUH and its extramural applicants, many of these leaders—including some members of the ASN Council—are deeply apprehensive about making negative comments directly to NIDDK and KUH. These concerns stem from the reality that their professional futures depend on working effectively with NIDDK and KUH. When asked if they planned to respond to NIDDK’s RFI, several NIH-funded nephrologists noted that ASN should respond on behalf of the community because they “are fearful of commenting individually.”

As the largest medical specialty society in the world that represents nephrologists, scientists, and other kidney health care professionals, ASN has an obligation to maintain a strong, bidirectional relationship with NIDDK and KUH. Such a relationship depends on ASN providing constructive criticism about changes to KUH programs impacting the kidney research community, and vice versa.

While appreciating KUH's attempt to develop a collaborative environment within kidney research training, ASN wishes to use this opportunity to highlight specific concerns about the KUH U2C-TL1 program that have been relayed to ASN by the society's members. These concerns outweigh the positive, and intended, outcomes that resulted from KUH's decision to transition from the T32 program to the new KUH U2C-TL1 program.

Emphasizing Positive Outcomes of the KUH U2C-TL1 Program

As is often the case with making transformative changes to longstanding programs and soliciting feedback about those transformations, most of the responses ASN received about the KUH U2C-TL1 program were negative. Before summarizing those comments, however, ASN believes it is important to highlight several positive observations about the new program.

Some ASN members are enthusiastic that the KUH U2C-TL1 program creates more interactions with diverse types of people (particularly from the kidney, benign urology, and benign hematology communities). These interactions result in greater "cross pollination" among trainees. Additionally, this approach creates innovative opportunities to bring institutions and researchers together.

The KUH U2C-TL1 program also creates new opportunities to provide trainees with tools, skills, and experiences of tremendous value today, such as writing, communications, and public speaking; moderating panels and leading educational sessions; networking; and career development panels. This approach also creates new opportunities for mentoring and near-peer mentoring.

By helping to develop a pipeline that draws new investigators into kidney medicine, the KUH U2C-TL1 program offers the next generation of kidney researchers and scientists a platform to consider topics, career pathways, and opportunities across the KUH portfolio.

Highlighting Concerns about the KUH U2C-TL1 Program

ASN and the kidney research community—including the academic nephrology community—identified several concerns about the KUH U2C-TL1 program. These concerns span the process through which the U2C-TL1 was initially developed to the program's implementation and, finally, to what the society's members (and the broader community) believe are unintended, but grave, consequences to the kidney research workforce of the future.

First, KUH discontinued the KUH T32 program due to its perceived shortcomings. Before reevaluating the KUH T32 program, making the decision to discontinue the program, and developing the KUH U2C-TL1 program, **KUH did not engage fully with the kidney community (including ASN)**. In May 2019, Anupam Agarwal, MD, FASN, helped KUH organize a meeting on "best practices" for the T32 program; in November 2019, NIDDK posted a "concept paper" on its website that hinted at the shift away from the T32 program to Institutional Network Awards for Training. Although Dr. Agarwal was ASN President-Elect in 2019, he was not representing the society in these discussions. Despite helping to organize the meeting, Dr. Agarwal was as surprised by KUH's decision to replace the T32 program with the KUH U2C-TL1 as the broader kidney research community, the academic nephrology community, and ASN.

Citing its independent role as a government agency, KUH declined repeated requests by ASN to discuss suspending or delaying the decision to change from the T32 program to the KUH U2C-TL1 program. (**Appendix A** includes additional information concerning these exchanges.) Contradictory to both legal opinion and official government guidance, KUH declined ASN's invitations to meet with the kidney research community—including the academic nephrology community—before initiating the momentous decision concerning the decades-old T32 training program. The program was the lifeblood for many nephrology training programs.

According to an analysis by ASN's legal counsel of a series of “myth-busting” memoranda issued by the White House Office of Management and Budget (OMB) on engaging with external partners, the government's access to current, accurate information from external partners is critical for agencies (such as KUH) to conduct their business. In fact, OMB encourages agencies to seek “early, frequent, and constructive engagement with industry,” which would include organizations like ASN in this context.

If KUH does not favor one organization over another (such as providing one group with more non-public information than another) and preserves an occasion for all interested parties to respond to any particular opportunity, KUH has broad discretion to engage with external partners. As a medical specialty society, ASN will never apply for any T32 or KUH U2C-TL1 funding. However, the society could provide the unvarnished perspective of the kidney research community, including the academic nephrology community. This response to NIDDK's RFI on the KUH U2C-TL1 program highlights ASN's ability to provide such constructive criticism on behalf of its members, leadership, and staff.

Instead, KUH proceeded without feedback from the kidney research community, including Americans living with kidney diseases, patient advocates, and patient organizations like NKF. Consistent with the recognition that clinical research is better and more relevant when patients are fully engaged in the development process, as KUH revisits training for the kidney research workforce, ASN urges the division to engage in meaningful partnership with the broad kidney research community.

Second, one of KUH's reasons for dissolving the KUH T32 program was its determination that the program had not sufficiently expanded the pool of future R award recipients. The new standard for the KUH U2C-TL1 program is assessing whether a former trainee is conducting any research in its broadest sense, R award funded or not. As such, **KUH's new metric for evaluating the KUH U2C-TL1 program will inevitably portray the KUH U2C-TL1 program much more favorably compared to the T32 program (and the higher standard it was forced to meet).**

This is a false comparison. Moreover, before terminating the T32 program, KUH should have assessed whether a former trainee is conducting any research in its broadest sense, R award funded or not. This evaluation would have either caused KUH to realize that the T32 program was more successful than the division perceived or established a baseline comparison for the KUH U2C-TL1 program.

Third, **KUH's decision to force alignment of kidney, benign urology, and benign hematology training is unnatural and not grounded in science.** This approach does not align logically from a training or scientific perspective, as it requires distinct resources, support systems, and timelines. This forced alignment also discourages potential collaborations with investigators in areas that may have more natural content and/or scientific and methodological overlap with nephrology, including immunology, cardiology, endocrinology, rheumatology, oncology, and transplantation. Reviewers have criticized the inclusion of some prominent scientists as mentors because their primary interest has not been related to kidney, urology, or non-malignant hematology even though their science is directly relevant to future innovation in nephrology and hence important for ultimate patient benefit.

As a result, such a forced training environment programmatically compels collaborations in areas of limited overlap while simultaneously constricting exploration of many other rich interdisciplinary research avenues. In essence, for reasons not grounded in science, this mandate discourages natural collaborations that could better position current trainees for future interdisciplinary success.

Fourth, the expanded scope to include pre-doctoral students (and even some undergraduates) serves as an opportunity to engage with more junior members of the research community and to foster an interest in kidney research as a career. However, **KUH's decision to mandate combined training for pre- and postdoctoral students (as well as undergraduates) under a single program is overly ambitious and places further strains on limited resources.** Paradoxically—and indicative of the confusion KUH has unintentionally sown—even some reviewers of U2C-TL1 applications have critiqued grant submissions on this very point of over-ambitiousness *despite* KUH mandating pre- and post-doctoral integration. It would have been far more effective had KUH separated funding mechanisms for each category of trainees.

Fifth, KUH intended the U2C-TL1 program to foster new research collaborations, enhance training opportunities, and create new pathways, especially for trainees at smaller institutions that partner with larger institutions. However, **participating institutions find it challenging to balance the needs and strengths of each partner in the KUH U2C-TL1 application while also ensuring that one institution (particularly the largest or most research-focused) does not dominate the allocation of resources and available trainee spots.** KUH has many other levers to engage for spurring collaborative science, and training in collaborative science, without the risky gambit of the U2C-TL1 concept.

Additionally, smaller institutions often depend on larger institutions to invite them to join applications to participate in a KUH U2C-TL1 program. When this invitation is not extended, smaller institutions are left with few options, limiting potentially high-yield training opportunities for the next generation of kidney researchers and scientists.

Sixth, the outcomes of the U2C-TL1 program have been disappointing. **The forced, unnatural collaboration among kidney, benign urology, and benign hematology training have limited the opportunity to submit competitive KUH U2C-TL1 applications to an exceedingly small number of large institutions in the geographically affluent and large metropolitan regions of the United States.** Although KUH did not require geographic proximity for creating the academic networks that the KUH U2C-TL1 program encourages, KUH rewarded proximity with greater funding likelihood.

Accordingly, what occurred under the KUH U2C-TL1 program is a concentration of research training opportunities in large institutions in a few large geographic centers (16 sites across 12 primarily coastal states), thereby restricting access to research training opportunities and limiting diversity and innovation in training programs at the expense of smaller, less affluent institutions that either are not within the central geographic area or are not welcomed as partners by larger institutions.

By contrast, in fiscal year 2019, before the transition to the KUH U2C-TL1 program, the T32 program supported kidney research training at 32 sites across 20 states. From an advocacy perspective, fewer participating states will make it much harder for ASN and the rest of the kidney community to convince Congress to provide more support to NIDDK for kidney research. Moreover, KUH's unwillingness to engage the kidney community before making this change inhibits the community's ability to answer reasonable questions from members of Congress who are hearing complaints from frustrated constituents.

Seventh, the KUH U2C-TL1 program's grouping by metropolitan area was conceptually designed to encourage interactions among institutions and trainees at a local level. **Substantive peer-to-peer interactions remain lacking, however, despite the KUH U2C-TL1 program's forced investment in creating new local architecture.** It is not clear how NIDDK is evaluating the results of building these large, but largely vacant, local "homes" for trainees.

Eighth, **by emphasizing that bigger is better, the KUH U2C-TL1 program has failed to recognize the value of a heterogeneity of training options for future independent researchers.** Smaller institutions and training programs often offer more individualized mentorship and more focused opportunities. Much like higher education, where some students thrive at large universities and others at small colleges, diversity of training settings is key to broadening the research workforce. In this setting, "bigger-is-better" is a fallacy, particularly among clinical researchers whose networks may operate differently than basic science researchers. The concentration of funding for KUH U2C-TL1 programs to a small number of historically affluent large institutions is *de facto* discriminatory to a vast proportion of the United States, especially areas where support for education, research and healthcare development is limited.

Furthermore, competition with T32s funded by other NIH Institutes—such as the National Cancer Institute (NCI) and National Heart, Lung, and Blood Institute (NHLBI)—discourages collaborations across kidney, urology, and hematology. For example, successful benign hematology programs can still obtain funding for their trainees via a T32 from NHLBI, and, as a result, have little incentive to participate in a KUH U2C-TL1 application that would force them to relinquish a T32 that, as currently configured, is not required to be shared with urology and nephrology.

Ninth, **in contrast, programs to train the next generation of kidney researchers and scientists lack significant alternative federal funding mechanisms to consider.** This discrepancy forces the academic nephrology community to participate in the KUH U2C-TL1 program with no other options. Ironically, the KUH training affiliation was launched within NIDDK in 2021 for apparent budgetary reasons, but the emerging result has been an unwieldy program that deemphasizes kidney-specific training and diverts sorely needed resources away from the next generation of kidney researchers and scientists, particularly fellows, who are the closest to embarking on independent scientific careers.

Despite the significant contribution of the kidney component to the KUH portfolio, KUH has significantly diminished training in kidney research under the KUH U2C-TL1 mechanism. Unfortunately, KUH declined ASN's request for data regarding the number of trainees in kidney research under the KUH U2C-TL1 compared to the prior T32 program. Given the marked decline in training programs (from 32 to 16), the kidney research community reasonably estimates that the number of trainees in kidney research is likewise markedly decreased and likely at an all-time low.

Tenth, **the KUH U2C-TL1 mechanism is simultaneously rewarding programs that lack a track record of providing the environment and resources required to produce independent investigators while undermining programs that had proven success under the T32 program.** By disregarding past success, KUH places previously successful programs at a disadvantage, resulting in a reduction in support and the loss of accumulated expertise in nephrology training in the process. The forced integration across kidney, urology, and hematology severely disadvantages those programs that may be particularly strong in a single area (such as kidney research) but now can no longer fund trainees to conduct research unless they identify multiple other programs both in kidney and across other disciplines that can participate as partners in the program. KUH has placed a large and unnecessary burden on formerly thriving kidney research training programs.

Eleventh, the unintended disenfranchisement of many worthy smaller training programs is even manifesting at the level of application submission. Simply put, **the application process for the KUH U2C-TL1 program places an enormous administrative burden on the applicant institutions, a significant disincentive when compared to the potential funding payline.** Few organizations are equipped to apply, let alone execute what KUH envisions in its notice of funding opportunity (NOFO). Unlike the previous T32 programs, the KUH U2C-TL1 requires considerable resources for administrative and core costs. These large administrative core costs are effectively diverting sorely needed funds from supporting research by trainees. Administering a KUH U2C-TL1 is complicated by KUH's mandate to be multi-disciplinary and multi-institutional.

And twelfth, **the current KUH U2C-TL1 program is severely underfunded given its overly ambitious scope, creating further undue burden on institutions.** The reality that institutions must substantially subsidize the program with financial support for trainees (such as stipend and tuition support above the cap) perpetuates inequalities among kidney research training programs. Moreover, restrictive rules on allowable costs hinder the support of trainees from underrepresented backgrounds.

Perhaps unforeseen by KUH, the combined approach across kidney, urology, and hematology increases the challenge of advocating in Congress for increased funding for kidney research because the urology and hematology communities are also separately advocating for other NIH institutes—particularly NCI and NHLBI—to help support additional training in their specialties. As has been stated previously, the academic nephrology community currently lacks such options within NIH.

Also summarized in **Appendix A**, ASN is on record with NIDDK regarding its deep concerns about the KUH U2C-TL1 program when the concept was first announced in 2020. In the years since, the academic nephrology community has overwhelmed ASN with complaints that the current structure of the KUH U2C-TL1 program poses significant challenges and disadvantages to the kidney research community, jeopardizing the research workforce of the future. Despite KUH's best efforts and intentions, the KUH U2C-TL1 program restricts collaboration to important but limited areas, diminishes dollars for actual training, and distorts national resource allocation, ultimately hindering scientific progress in these critical fields. Simultaneously, the KUH U2C-TL1 diminishes advocacy efforts to support kidney research at NIDDK.

Making Three Recommendations for Moving Forward

As noted in this letter, the KUH U2C-TL1 program has produced some successes, although these successes are outweighed by the limitations of this program. ASN congratulates KUH on establishing closer collaborations within some metropolitan areas, including pre-doctoral students and undergraduates to move earlier in the research pathway for trainees, placing an increased focus on basic research, and encouraging increased collaboration in the research community.

Overall, however, the KUH U2C-TL1 program is a failing experiment. For the sake of the next generation of kidney researchers and scientists—as well as for the longer-term health of people with or at-risk for kidney diseases who will benefit from talented and well-trained researchers in the kidney field—KUH must recognize and address this reality.

It is conceivable that the creators of the KUH U2C-TL1 program may desire five to 10 years of program implementation before deciding how to modify mechanisms for supporting kidney research training. Nephrology training in the United States is already in dire circumstances. Adding a low-yield/high-burden grant mechanism that severely limits the kidney community's ability to train future researchers and scientists worsens the very challenge KUH hoped to address via the KUH U2C-TL1 program. The kidney research community and ASN—including the academic nephrology community—are gravely concerned that the KUH U2C-TL1 program has already continued for too long. Eroding the next generation of a truly national and representative kidney research workforce at a moment when the emerging advances in kidney science and medicine are creating unprecedented opportunities for a turnaround in nephrology trainee interest seems ill-advised at best.

To help address this situation, ASN recommends that NIDDK:

- Increase the accessibility of the KUH U2C-TL1 program by removing the requirements that the program be multi-institutional and that the program span kidney, benign urology, and benign hematology. By removing the multi-institutional and interdisciplinary requirements, the KUH U2C-TL1 program would experience an increase in the number of eligible programs beyond the major geographic regions and allow institutions to leverage their strengths.
- Reestablish the nephrology T32 program while continuing to fund current KUH U2C-TL1 cohorts. Applicant institutions should be afforded the opportunity to evaluate what funding mechanism allows them to best train the next generation of researchers and scientists in each of KUH's three domains.

- Utilize existing programs to extend vital networking and professional development activities for kidney research trainees. KUH was correct to identify shortcomings of the T32 for providing this necessary networking and professional development infrastructure, but ASN strongly believes existing programs could be better utilized. For example, the training cores in NIH Clinical and Translational Science Awards (CTSA) program are already accomplishing this goal for patient-oriented and translational researchers.

Concluding with One More Recommendation

In closing, the kidney research community's experience with the KUH U2C-TL1 program has raised serious questions about NIH's approach to supporting kidney research. As part of NIDDK's 75th anniversary in 2025, ASN recommends that NIH recognize that kidney, urology, and hematology should no longer be combined in one division. It is neither understandable nor acceptable that NIDDK supports separate divisions for a) Diabetes, Endocrinology, and Metabolic Diseases and b) Digestive Diseases and Nutrition but does not support a separate division for kidney diseases.

The kidney community's experience with the KUH U2C-TL1 program has underscored the fundamental unfairness, inappropriateness, and difficulties of NIDDK's structural approach to kidney diseases. The 37,000,000 Americans living with kidney diseases—and their need for prevention and targeted treatments—deserve more, as does the federal government, which dedicates an estimated 1% of its annual budget to providing kidney care.

On behalf of Americans living with kidney diseases, the kidney research community, the academic nephrology community, and ASN's members, leadership, and staff, thank you for this invitation to comment on NIDDK's KUH U2C-TL1 program. Recognizing our shared commitment to improve the training, increase the retention, and accelerate the success of early-stage investigators, ASN urges KUH to engage the entire community—particularly patients, researchers, and the academic nephrology community—to consider the intended and unintended consequences of the KUH U2C-TL1 program.

Again, thank you for the opportunity to provide comments for NOT-DK-24-018. To discuss this letter further and ASN's offer to help KUH however possible, please contact Ryan Murray, ASN Senior Manager of Policy and Government Affairs, at murray@asn-online.org or (202) 400-2485.

Sincerely,



Deidra C. Crews, MD, ScM, FASN
President



April 29, 2020

Robert A. Star, MD
Director
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National Institutes of Health
9000 Rockville Pike
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Dear Dr. Star:

On behalf of the American Society of Nephrology (ASN), thank you for the National Institute of Diabetes and Digestive and Kidney Diseases' (NIDDK's)—particularly the NIDDK Division of Kidney, Urologic, & Hematologic Diseases' (KUH's)—commitment to advancing kidney research. ASN commends this support given the significant burden on the 850 million people around the world, including approximately 37 million Americans, afflicted with kidney diseases.

Earlier this month, NIDDK published two notices (NOT-DK-20-023, NOT-DK-20-024) announcing KUH will no longer participate in the traditional National Institutes of Health (NIH) National Research Service Award (NRSA) T32 Program. The changes announced by NIDDK in these notices will significantly impact the 40 programs currently funded under the T32 mechanism.

Given the gravity, adverse impact, and unforeseen consequences of these unexpected changes, a large number of ASN's more than 21,000 members have contacted the society to articulate their concerns regarding NIDDK's recent announcement. The ASN Policy and Advocacy Committee discussed these concerns, identified approaches to address them, and asked the ASN Council (which is the society's governing body) to submit these recommendations directly and formally to you; we do so with every conviction and earnestness.

On behalf of the ASN members and leadership as well as the broader kidney research community, ASN recommends that NIDDK consider:

- Providing bridge funding to programs that were/are in the process of competitive renewals to the Parent T32. This funding is necessary in enabling the transition for many programs, especially those that have already identified fellows.
- Articulating its rationale for limiting the number of eligible programs to fewer, larger Institutional Network Awards. The two notices from NIDDK came as a complete surprise to the nephrology community for at least four reasons. First, the T32 program has been the NIH-supported workhorse in the training of physician-scientists/scientists in nephrology, having been in existence for several decades. While a greater success is always to be desired for any training program, the T32s have had a long track record of success, serving as an early career robust scientific network for those who have become productive investigators and leaders contributing to advancements in nephrology. Thus, to abruptly

sunset this program without either an explanation or the provision of any leeway or time for programs to accommodate the adverse consequences of this decision is puzzling.

Second, the larger Institutional Network Awards have, unlike the T32s, no track record. Thus, some explanation needs to be given why it is felt by NIDDK that this vehicle will prove more successful than the T32s.

Third, the fact there will be fewer Institutional Network Awards than there are T32s implies that the number of individuals that will be trained through this new vehicle will be fewer than those trained by T32 programs. As is widely recognized, there is an unmistakable unpredictability in forecasting which research trainee will not only ultimately pursue a research career, but also prove successful at it. Thus, limiting the number of research trainees in nephrology raises the real concern that the current crisis we face - the declining ranks of successful scientists in nephrology and declining recruitment of more junior scientists - would be exacerbated.

Finally, the status of T32 programs has gone unchanged for other specialties raising the question why nephrology was singled out and subjected to an undue burden.

- Giving ASN an opportunity to provide further input to NIDDK as the institute drafts the Funding Opportunity Announcement to invite applications for Institutional Network Awards for Research Training. ASN offers to serve as a resource to NIDDK in helping to address the firestorm caused by the two notices that were issued earlier this month.

ASN applauds and thanks you for NIDDK's ongoing commitment to and support for kidney research, a commitment and support we fervently share. To discuss this letter, ASN's recommendations, or the society, please contact ASN Executive Vice President Tod Ibrahim at tibrahim@asn-online.org or 202-640-4676.

Sincerely,



Anupam Agarwal, MD, FASN
President

cc:

Tracy L. Rankin, PhD, MPH
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