234th Meeting of the
National Diabetes and Digestive and Kidney Diseases Advisory Council

National Institute of Diabetes and Digestive and Kidney Diseases
National Institutes of Health
Department of Health and Human Services

Virtual - Held virtually using web-based collaboration/meeting tools

I. CALL TO ORDER and ANNOUNCEMENTS
Dr. Griffin Rodgers

Dr. Griffin Rodgers, Director, National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), called to order the 234th meeting of the NIDDK Advisory Council at 1:00 p.m. on July 1st, 2026, via a virtual meeting. The meeting was conducted using a two-tiered webinar format. The panelist tier included NIDDK Advisory Council members and NIDDK staff members who presented during the meeting. The attendee tier was available via a live stream to the public and allowed them to view and listen to the meeting.

ATTENDANCE – COUNCIL MEMBERS PRESENT

Dr. Richard Blumberg	Dr. Jacquelyn Maher
Dr. Arthur Burnett	Dr. Aylin Rodan
Dr. John Carethers	Dr. Elizabeth Seaquist
Dr. Peng Ji	Dr. Hunter Wessels
Ms. Neicey Johnson	

Ex-officio Members:
Dr. David D'Alessio
Dr. Cindy Davis
Dr. Ian Stewart

Also Present:
Dr. Griffin Rodgers, Director, NIDDK and Chair of the NIDDK Advisory Council
Dr. Karl Malik, Executive Secretary, NIDDK Advisory Council
Dr. Gregory Germino, Deputy Director, NIDDK
Dr. William Cefalu, Director, Division of Diabetes, Endocrinology and Metabolic Diseases, NIDDK
Dr. Stephen James, Director, Division of Digestive Diseases and Nutrition, NIDDK
Dr. Robert Star, Director, Division of Kidney, Urologic, and Hematologic Diseases, NIDDK

Speakers:
Dr. Thomas Eggerman, NIDDK
Dr. Mary Evans, NIDDK
Dr. Susan Mendley, NIDDK

Dr. Rodgers stated that the purpose of the meeting was to consider applications submitted for the May 2026 Council round that did not have summary statements available in time for the May 13th Council meeting due to the peer-review backlog resulting from the government shutdown earlier in the fiscal year. Around 40% of the applications that were submitted for the May 2026 Council round were to be reviewed at this meeting.

Dr. Rodgers reminded the Council that this was Dr. Ian Stewart's final Council meeting. Dr. Stewart has served on the Council as an Ex-Officio member representing the Department of Defense for almost a decade (since July of 2016). He thanked him for his many years of service on the NIDDK Advisory Council. Dr. Stewart's perspectives and the incredibly thoughtful advice have been of great benefit to NIDDK and National Institutes of Health (NIH).

In Memoriam

Dr. Rodgers noted that Dr. Phillip Gorden, former Director of NIDDK, passed away.

- Dr. Gorden was an internationally renowned physician-scientist whose career at the NIH spanned more than five decades, leaving an enduring legacy in endocrinology, diabetes research, and biomedical leadership. After earning his undergraduate and medical degrees from Harvard University and completing his residency in internal medicine at Columbia-Presbyterian Medical Center, he joined the NIH in 1966 as a U.S. Public Health Service officer and investigator in the predecessor institute to NIDDK. His early research transformed the understanding of insulin biology, including discoveries involving the insulin receptor, insulin resistance, and proinsulin, which laid the foundation for advances in diabetes diagnosis and treatment. Dr. Gorden served as NIDDK Director from 1986 to 1999, providing visionary leadership during a period of remarkable scientific growth for the Institute. Under his leadership, NIDDK launched landmark multicenter clinical studies, including the Diabetes Control and Complications Trial, the Modification of Diet in Renal Disease Study, and the Diabetes Prevention Program, and expanded research Centers in diabetes, kidney, digestive, nutrition, obesity, and cystic fibrosis. Following his tenure as Director, Dr. Gorden returned to the laboratory and clinic, continuing his research on rare disorders of insulin resistance and lipodystrophy. His work ultimately led to the first FDA-approved leptin replacement therapy for generalized lipodystrophy, exemplifying his lifelong commitment to translating laboratory discoveries into patient care. Dr. Gorden was a gifted mentor, clinician, and leader who trained generations of physician-scientists and was admired for his scientific rigor, humility, compassion, and unwavering dedication to patients. Dr. Gorden's influence on NIDDK and NIH will continue through the many investigators, clinicians, trainees, and colleagues whose careers he shaped, and through the countless patients whose lives have been improved by the research he championed.

Status of Peer-Review Meetings

Dr. Rodgers explained that the Center for Scientific Review (CSR) made modifications to its peer-review processes due to delays caused by the government shutdown this past fall. CSR is closer to being "caught up" but is not yet fully recovered. To complete October

2026 Council round reviews on time, CSR will continue with the current modified practice to reduce the number of applications that are discussed where:

- The top 1/3 of applications will be discussed, the middle 1/3 will be designated "competitive but not discussed" and available to Institutes and Centers for funding consideration, and the lowest 1/3 of applications will be designated as "not competitive and not discussed."

CSR will also continue to use a bulleted format to generate the Resume of Discussion for the applications discussed. With these procedures, CSR intends to meet usual summary statement deadlines for the upcoming October Council round, meaning that all summary statements should be available by September 30th. Starting with the January 2027 Council round (fall/early-winter 2026 review meetings), the percentage of applications discussed will return to ~50%; the "competitive but not discussed" category will be discontinued. The bullet format used for the Resume of Discussion in summary statements will remain. CSR will meet standard summary statement deadlines for the January 2027 Council round.

II. FUTURE COUNCIL DATES

Dr. Griffin Rodgers

Dr. Rodgers told Council that the next meeting is scheduled for Wednesday, October 28, 2026, and will be held virtually. The 2027 and 2028 Council dates are listed on the agenda and on the NIDDK Council Website.

III. ANNOUNCEMENTS

Dr. Karl Malik

Confidentiality

Council members are reminded that material furnished for review purposes and discussion during the closed portion of this meeting is considered confidential. The content of discussions taking place during the closed session may be disclosed only by the staff and only under appropriate circumstances. Any communication from investigators to Council members regarding actions on an application must be referred to the Institute. Any attempts by Council members to handle questions from applicants could create difficult or embarrassing situations for the members, the Institute, and/or the investigators.

Conflict-of-Interest

Advisors and consultants serving as members of public advisory committees, such as this Council, may not participate in situations in which any violation of conflict-of-interest laws and regulations may occur. Responsible NIDDK staff shall assist Council members to help ensure that the member does not participate in and is not present during review of applications or projects in which, to the member's knowledge, any of the following has a financial interest: the member, or his or her spouse, minor child, partner (including close professional associates), or an organization with which the member is connected.
To ensure that a member does not participate in the discussion of, nor vote on, an application in which he/she is in conflict, a written certification is required. A statement

is provided for the signature of the member, and this statement becomes a part of the meeting file.

After today's meeting, Council members will be sent a statement regarding conflict-of-interest in their review of applications. Each Council member should read the statement carefully, electronically sign it, and then return the signed statement by email to Devon Drew (Committee Management Officer) or to Dr. Karl Malik within one day.

At Council meetings when applications are reviewed in groups without discussion, that is, by "en bloc" action, all Council members may be present and may participate. The vote of an individual member in such instances does not apply to applications for which the member might be in conflict.

Multi-campus institutions of higher education: An employee may participate in any particular matter affecting one campus of a multi-campus institution of higher education, if the employee's financial interest is solely employment in a position at a separate campus of the same multi-campus institution, and the employee has no multi-campus responsibilities.

IV. CONCEPT CLEARANCE

Dr. Rodgers then turned to Concept Clearance by Council, a step required before Institutes and Centers can publish Notices of Funding Opportunities (NOFOs). To streamline the process, concept summaries were provided to Council members for review before the meeting. Cleared concepts will be made publicly available on the NIDDK website. He then introduced each speaker.

Division of Diabetes, Endocrinology, and Metabolic Diseases Concepts (DEM)

Dr. William Cefalu introduced the first two concepts. NIH is streamlining the landscape for NOFOs and the application process. This will affect the major P30 Center programs across NIDDK. For example, the Diabetes Research Centers are a congressionally mandated program that has been a catalyst for diabetes research for over 50 years. This has been an individual funding opportunity but will be grouped with other Centers going forward. There are 18 Diabetes Research P30 Core Centers. Another example is the Cystic Fibrosis Research and Translation (CFRT) Centers that are also congressionally mandated and promote basic and clinical research for cystic fibrosis, an autosomal recessive disease involving bicarbonate and chloride transport, affecting lungs, pancreas, liver, intestines, and kidney. There are 7 CFRT Centers. The Centers for Diabetes Translation Research comprise 7 P30 Centers, each individually funded to support type 2 diabetes translational research across the full continuum. The Silvio O. Conte Digestive Disease Research Core Centers (DDRCCs) are a congressionally mandated program that has enhanced digestive and liver disease research for more than 40 years. There are 17 DDRCCs. The Nutrition Obesity Research Centers (NORCs) are a congressionally mandated program that supports nutrition and obesity research across the translational spectrum, from basic to clinical and health services research, with 11 P30 Centers. The plan is to combine these five Center initiatives into a single NIDDK-parent P30 NOFO, NIDDK Disease Research and Translational Core Centers. However, each Center has its own budget and mission.

NIDDK Disease Research and Translational Core Centers (P30 Clinical Trial Optional)
Dr. Thomas Eggerman

This initiative concept is for NIDDK Disease Research and Translational Core Centers (P30 Clinical Trial Optional), which aim to consolidate five (5) NIDDK P30 Core Center grants under a single Request for Application (RFA), given that many have elements in common, including an Administrative Core, Cores providing services needed by the members, and a Pilot and Feasibility Program. Overall, the P30 Core Centers are part of an integrated biomedical and translational research program that supports our research on cystic fibrosis, diabetes, nutrition, obesity, and liver and digestive diseases. They enhance multidisciplinary collaboration, rigor, reproducibility, replication, and research cost efficiencies at institutions that already have a large established research base in one of the above-focused areas within NIDDK's mission. They also provide a rich mentoring environment for trainees and early-stage investigators. The P30 Centers accomplish their purpose by providing a Pilot and Feasibility Grant Program, an Enrichment program, and, importantly, shared access to the services of Cores. Core Services reflect the research needs of the Center and may include research consultation along with services involving cell or other models, planning, analysis, hands-on services, access to expensive specialized equipment, and other technical resources shared by Center members and operated or overseen by recognized experts.

NIDDK Multi-Purpose Resource-Related, Multi-Component Research Services Centers Cooperative Agreement (U2C - Clinical Trial Optional)
Dr. Mary Evans

The purpose of this program is to continue supporting nationally accessible Centers that provide core services or programs relevant to the NIDDK research communities focused on metabolism, diabetes, nutrition, and obesity. These Center programs include the Mouse Metabolic Phenotyping Centers Consortium, the Center for Engagement in Diabetes Research program, and the NORCs Research Resource Center. These Centers are designed to improve rigor, reproducibility, efficiency, coordination, outreach, career development, and/or access to advanced capabilities for researchers across the NIDDK research community. Applications may include an optional Pilot and Feasibility Program when justified by programmatic need.

Council Questions and Discussion
Dr. Rodgers, moderator

Comment from Council: *Regarding the single NOFO for the five Centers, will the number of Centers remain the same?*

Dr. Eggerman said that the funding available would determine the number of Centers. Only top scorers will be funded. The intent is to fund the same number of Centers with similar budgets.

Dr. Cefalu added that this has been a concern, but the plan is to continue funding at previous levels for each specific Center.

Comment from Council: *Given that each of the Centers have varied missions and requirements, how will this be communicated to applicants?*

Dr. Eggerman agreed that this will be challenging. The communication plan has not been finalized. It will be vital to communicate when the funding opportunity announcement is available. The plan is to keep the funding deadlines the same as before, but new proposed Centers may struggle to meet these new deadlines.

Dr. Rodgers reminded Council that all Institutes and Centers (ICs)' websites are being consolidated into a central communication program. Since the opportunity to promote this on NIDDK's current website is not available, they plan to amplify this message with the leadership of relevant professional societies. He also asked Council members to mention these changes in the relevant settings. He acknowledged that the first round would be challenging. Furthermore, the plan is to fund these Centers at previous levels.

Comment from Council: *Will there be competition among the different Centers in the future?*

Dr. Eggerman said that is not the intent. Dr. Cefalu said that each Center has a different mission and that it is unlikely that a translational Center would compete directly with a diabetes Center. The expectation is that with the single-parent NOFO, there will be challenges. Those Centers that wish to apply as new Centers may face greater barriers.

Comment from Council: *Will there be common review groups, and will these reviewers be expected to review different Centers, and how will the differences in budgets and milestones be communicated to the reviewers?*

Dr. Eggerman said that CSR has been involved as this NOFO has progressed, but nothing specific has been decided regarding how the review will take place.

Dr. Malik said that science would guide the assignment of reviewers, and reviewers with expertise in those areas would review the applications. Given the consolidation at CSR, it’s unclear whether the review process has been finalized yet.

Comment from Council: *What is the purpose or rationale behind this consolidation?*

Dr. Rodgers stated that Dr. Lorsch presented at the prior Council meeting. His rationale was that the goal is to reduce the number of NOFOs and use NIH-wide parent NOFOs and the new Highlighted Topics. The challenge is that many variables have changed simultaneously. This includes the need to simplify, combine, and consolidate these NOFOs.

Dr. Cefalu added that the goal of NIDDK is to advance science as much as possible. For areas that don't need a dedicated funding opportunity, they are using Highlighted Topics to draw investigator-initiated applications instead. Where infrastructure-heavy work like Centers genuinely requires a NOFO, that route is still being pursued. This allows the Institute to follow the mandate to reduce funding opportunities while staying true to science and not interrupting progress.

Dr. Star added that it might be helpful to think of these changes as a house, where each Center or program is its own room, and each room used to have its own door and entry rules. Now the Institute has been told that they can't have 15 separate doors. They are aiming to get down to two, though there's pressure to go to just one. The rooms themselves will remain separate and distinct as before, but the number of doorways leading into them will be limited.

Dr. James commented that the broader context here is philosophical: the view that NIH funding has relied too much on top-down, RFA-driven approaches, and that this effort is part of an attempt to move away from that.

Comment from Council: *Given that the review process is now fully at CSR, what can NIDDK, and the Council do to ensure the right expertise is selected to review applications in the future?*

Dr. Malik said that in the past, reviews of NIDDK's RFAs and Centers were handled in-house in a more boutique way. Now there's much more standardization through CSR, which has both benefits and drawbacks. Standing review panels bring consistency but lose tailored connection to reviewers for each specific application. NIDDK can suggest names for panel consideration, but the review itself remains independent, with the scientific review officer responsible for assembling the panel and ensuring CSR has the right expertise to evaluate the applications.

Dr. James mentioned that one way the Council can support the review process is by encouraging colleagues to volunteer for review panels. This is the biggest problem facing Scientific Review Officers when creating review panels.

Dr. Rodgers stated that previously CSR had volunteer opportunities on their website, but that like NIDDK, their website would be combined with the main NIH website.

Division of Kidney, Urologic, and Hematologic (KUH) Diseases Concepts

Dr. Star gave a brief overview of the KUH National Resource Core Center Program. KUH has five congressionally mandated Centers in kidney, urology, hematology, polycystic kidney disease, and pediatric nephrology. These Centers have different needs from DEM. One reason is that there are fewer Centers (3-6) per community. These Centers are outward-facing and open to the research community. They are encouraged to develop and share unique research resources and avoid redundancy.

He said that this is pushing consolidation of ideas KUH had already been experimenting with across hematology, urology, and now kidney, digestive, and diabetes into a single pathway faster than they would have on their own. They are still working hard to keep those five program areas distinct. There will likely be an announcement process, timing not yet determined, signaling when each area, like hematology, opens up, with the others following in subsequent cycles.

KUH Resource Core Centers and Central Coordinating Hub
Dr. Susan Mendley

The Division of Kidney, Urology, and Hematology (KUH) Diseases will host the KUH Resource Core Centers, which will house all Centers' programs, activities, and resources. Each Center is designed to advance national research efforts by sharing unique research resources (e.g., data, reagents, models, tools, services, expertise) with the broader community. The Resource Core Centers are expected to work collaboratively with a Central Coordinating Hub to form a national network. There will be five to six Centers programs combined under this initiative.

Council Questions and Discussion
Dr. Rodgers, moderator

Comment from Council: *Will this example serve as the model that all Centers will be expected to follow going forward, so that expectations become standardized and every Center takes on more of a national character, as you've described here?*

Dr. Star said that this is only for KUH, and DEM will remain separate.

Dr. Mendley added that the KUH Centers have been moving towards a centralized model anyway; this is just accelerating that process.

There being no further questions or comments from Council, Dr Rodgers proceeded to request a motion for concurrence with the concepts presented. The motion was made and seconded, and the concepts approved by Council vote.

V. CLOSED SESSION OF THE COUNCIL

This portion of the meeting was closed to the public, in accordance with the determination that it concerned matters exempt from mandatory disclosure under Sections 552(b)(4) and 552(b)(6), Title 5, U.S. Code, and Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2).

Members absented themselves from the meeting during 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. Members were asked to sign a statement to this effect.

CONSIDERATION OF REVIEW OF GRANT APPLICATIONS

A total of 969 grant applications (697 primary and 272 dual), requesting support of $534,818,943 were reviewed for consideration at the July 1, 2026 meeting. No additional Common Fund applications were presented to Council at the meeting held on July 1, 2026 and NIDDK did not conduct a second-level review through expedited concurrence.

This is in addition to the 1,585 grant applications (1,168 primary and 417 dual) requesting support of $682,897,653 and 1,918 Common Fund applications requesting $4,388,219,546 that were approved for consideration at the May 13, 2026 Council meeting.

VI. ADJOURNMENT

Dr. Rodgers expressed appreciation on behalf of the NIDDK to the Council members, presenters, and other participants. He thanked the Council members for their valuable input. There being no other business, the 234th meeting of the NIDDK Advisory Council was adjourned at 1:52 p.m. on July 1, 2026.

I hereby certify that, to the best of my knowledge, the foregoing summary minutes are accurate and complete.

Rodgers, Griffin (NIH/NIDDK) [E]
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Griffin P. Rodgers, M.D., M.A.C.P.
Director, National Institute of Diabetes and Digestive and Kidney Diseases, and
Chairman, National Diabetes and Digestive and Kidney Diseases Advisory Council

KARL F. MALIK -S
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Date: 2026.08.03 09:14:24 -04'00'

Karl F. Malik, Ph.D.
Director, Division of Extramural Activities, National Institute of Diabetes & Digestive & Kidney Diseases, and
Designated Federal Official/Executive Secretary, National Diabetes and Digestive and Kidney Diseases Advisory Council