

**Department Of Health and Human Services
Public Health Service
National Institutes of Health
National Advisory Neurological Disorders and Stroke Council**

**Summary of Meeting¹
May 20, 2026**

The National Advisory Neurological Disorders and Stroke (NANDS) Council was convened for its 229th meeting on May 20, 2026, in person and via Zoom. Dr. Amy Adams, Acting Director of the National Institute of Neurological Disorders and Stroke (NINDS), served as Chairperson.

In accordance with Public Law 92-463, the meeting was:

Open: May 20, 2026: 10:00 a.m. to 3:14 p.m. for the review and discussion of
program development, needs, and policy; and
Closed: June 30, 2026 for the consideration of individual grant applications.

Council members present: Ms. Amy Brin Dr. Robert Brown, Jr. Dr. Jane Larkindale Dr. Jin-Moo Lee Dr. John Maunsell Dr. Louise McCullough Dr. Hank Paulson	Ex officio members present: Dr. Stuart Hoffman
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Council Roster (Attachment 1)

NINDS employees and members of the public in attendance (Attachment 2)

The meeting was held virtually via Zoom.

OPEN PORTION OF THE MEETING

I. Call to Order and Opening Remarks

Dr. Amy Bany Adams, Acting Director, NINDS

Dr. Adams welcomed Council members, visitors, and staff to the 229th meeting of the National Advisory Neurological Disorders and Stroke (NANDS) Council.

¹ For the record, it is noted that members absent themselves from the meeting when the Council is discussing applications (a) from their respective institutions or (b) in which a real or apparent conflict of interest might occur.

II. Report of the Director, Division of Extramural Activities, NINDS

Dr. Andrea Meredith, Director, Division of Extramural Activities, NINDS; Executive Secretary, NINDS

A. Approval of Council Minutes – Dr. Meredith requested and the Council voted to approve the February 11, 2026 and March 10, 2026 Council meeting minutes.

B. The following future Council meeting dates were confirmed:

Tuesday, June 30, 2026

Wednesday and Thursday, September 9-10, 2026

Wednesday and Thursday, February 10-11, 2027

Wednesday and Thursday, May 19-20, 2027

Wednesday and Thursday, September 8-9, 2027

C. Other Items

Staffing – Dr. Meredith reviewed recent extramural personnel changes, including new hires, retirements, and departures.

Funding Opportunities – Dr. Meredith reported that NINDS had 83 funding opportunities and nine Highlighted Topics.

Expedited Review Process – In advance of each Council meeting, a subset of Council members are asked to approve a certain number of grant applications. This expedited review process focuses on applications with scores for which there are no unresolved issues. During this Council round, there were 55 applications eligible to be expedited. Dr. Meredith thanked Council members Dr. Lee, Dr. Adams, and Dr. McCullough for their review of these applications.

Extramural Announcements – All extramural announcements were posted to the NINDS Electronic Council Book (ECB).

III. Report of the Acting Director, NINDS

Dr. Amy Adams, Acting Director, NINDS

NIH and NINDS Leadership Updates – Dr. Adams reported several leadership changes across NIH. NIH Director, Dr. Jay Bhattacharya, has performed the delegable duties of CDC Director since February 2026 while the CDC nominee, Dr. Erica Schwartz, awaits Senate confirmation. [Dr. Elizabeth Armstrong](#), who previously served as Executive Secretariat at the Food and Drug Administration (FDA), has joined NIH as Chief of Staff to the NIH Director. [Dr. Jonathan Green](#) was named Chief Executive Officer (CEO) of the NIH Clinical Center, the world's largest hospital dedicated to clinical research. Dr. Green previously directed the NIH Office of Human Subjects Research Protections since 2018. Dr. Adams noted that NIH currently has 15 open Institute and Center Director positions, 3 of which recently closed (NINDS, the National Heart, Lung, and Blood Institute [NHLBI], and the National Institute of Arthritis and Musculoskeletal and Skin Diseases [NIAMS]). Additionally, a number of Deputy Director positions have been opened and more are anticipated to open soon. Dr. Adams also announced the Dr. Bruce Reed's retirement as Acting Director of the Center for Scientific Review (CSR); [Dr. Ray Jacobson](#) will serve in his place until a permanent Director is named.

NINDS Budget – Dr. Adams said that the NINDS base appropriation has been held flat since 2023,

although funding for congressionally mandated special initiatives has fluctuated over time. The [President's fiscal year \(FY\) 2027 budget](#) proposed a 7.25 percent reduction to the NINDS appropriation. The FY2027 budget request also proposed restructuring across NIH, including a proposed consolidation of the National Institute of Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA). Dr. Adams noted that NINDS would not be consolidated. The proposal also called for 100 percent multi-year funding of all competing research project grant (RPG) awards and an additional \$100 million to support replication and reproducibility efforts. She emphasized that the budget was a proposal, with final funding set through the congressional appropriations process.

Dr. Adams described NINDS's approach to multi-year funding, which obligates the full cost of an award upfront in its first year. She reported that NINDS used approximately 38 percent of its competing RPG pool for multi-year funding in FY2025 and FY2026, compared to 9 percent in FY2023 and FY2024. NINDS would focus its multi-year funding on smaller two-year awards (e.g., R03 and R21), phased awards, and select R01s in special initiatives. NINDS does not fund multi-year direct foreign awards, small business awards, fellowships, or high-risk clinical trials. Dr. Adams invited Council input on whether multi-year funding should be extended to early stage investigators, considering the potential benefits (such as increased stability) and unintended consequences (such as the potential for reduced institutional support).

Dr. Adams reminded the Council that, under the [NIH unified funding strategy](#), NINDS would no longer operate under a payline. She anticipated NINDS would continue funding a similar number of awards at a similar success rate as the previous year. She noted that flat appropriations, rising research costs, and increased multi-year funding have reduced the number of RPGs that NINDS is able to support. She shared concerns heard across the community about the potential consequences of funding instability, which impacted not only investigators but also their staff, institutions, entire areas of neuroscience research, and the next generation of scientists. NINDS would remain committed to supporting the neuroscience research ecosystem; funding as many investigators as possible; ensuring that resources are being used effectively; and communicating with the research community through Notices of Funding, Highlighted Topics, and Strategic Research Priority documents. Dr. Adams described NINDS's selective approach to Highlighted Topics, explaining that it would be used as a communication tool to signal an area with both a portfolio gap and dedicated resources in a particular area. She emphasized that NINDS remained interested in research areas outside of Highlighted Topics and encouraged investigators to reach out to their Program Directors.

Dr. Adams reported that, despite the six-week government shutdown at the beginning of FY2026, NINDS had nearly caught up on grant issuance, surpassing the prior year's pace in both the number of grants and total dollars awarded. She thanked NINDS staff for their efforts and dedication.

NINDS Program Updates – Dr. Adams announced the establishment of a new Advisory Council on Parkinson's Research, Care, and Services (ACPRCS) under the [National Plan to End Parkinson's Act](#), signed into law on July 2, 2024 and sponsored by Representative Emmanuel Bilirakis and former Representative Jennifer Wexton. The ACPRCS will assess the landscape of federal Parkinson's research and develop a national plan. The [first meeting](#) was scheduled for June 29, 2026.

Dr. Adams recognized NINDS staff for their extensive congressional engagement and public

briefings, observing the ongoing enthusiasm and support from Congress and the advocacy community. She also thanked NINDS staff for their outreach efforts with the broader community. She highlighted upcoming meetings, including the [Neuroinfectious Disease Workshop on June 4-6, 2026](#); [Curing the Epilepsies Conference on June 8-10, 2026](#); the [BRAIN Initiative Investigator Meeting on August 11-13, 2026](#); and the Annual NINDS Nonprofit Forum on August 14, 2026. She also shared an upcoming [virtual workshop](#) co-organized by NINDS, the National Institute on Aging (NIA), and the National Institute of Allergy and Infectious Diseases (NIAID), which would review evidence that shingles (herpes zoster) vaccination was associated with a more than 20 percent risk reduction in dementia diagnoses.

Dr. Adams reported on scientific progress across NINDS. The [Brain Oxygen Optimization in Severe TBI Phase-3 \(BOOST-3\) trial](#), a randomized clinical trial comparing two strategies for monitoring and treating traumatic brain injury (TBI) in the intensive care unit (ICU), recently showed encouraging findings in a recent interim analysis in which the first 826 participants had crossed an efficacy boundary. She highlighted several scientific accomplishments within the NINDS Intramural Research Program, which would be presented in greater detail later in the meeting. Dr. Adams also congratulated [Dr. Bryan Traynor](#) of NIA on his award of the Breakthrough Prize in Life Sciences for the 2011 discovery of the most common genetic cause of amyotrophic lateral sclerosis (ALS) and frontotemporal dementia.

NINDS Rigor and Reproducibility – Dr. Adams reflected on NINDS’s long-standing commitment to advancing rigor and reproducibility. She highlighted notable advances in this commitment, including a 2011 NINDS notice on enhanced rigor, the [2012 NINDS Preclinical Reporting Workshop](#), the 2016 establishment of the [NINDS Office of Research Quality](#) led by Dr. Shai Silberberg, the [2022 NINDS Community 4 Rigor training initiative](#), and the [2023 NINDS Rigor Champions Prize](#). She announced Dr. Silberberg’s retirement, recognized his championship for rigor, and said that Dr. Devon Crawford and Dr. Mariah Hoyer will continue this work as NIH establishes a new office within the Office of the Director.

IV. Discussion of Director’s Report

A Council member asked for clarification on the NINDS budget, specifically the distinction between the two appropriation categories. Dr. Adams explained that one reflected the NINDS base appropriation and the other reflected the NINDS total appropriation, which included congressionally mandated special initiatives.

Council members discussed NINDS’s approach to multi-year funding. One Council member compared NINDS’s long-standing practice of not extending multi-year funding to early stage investigators with the NIH Director’s stated support for early stage investigators as one rationale for multi-year funding. Dr. Adams responded that some of the other Institutes had chosen to open multi-year funding to early stage investigators, noting that there could be different reasonable approaches for operationalizing policy. She asked for the Council’s input on whether to reconsider NINDS’s approach. Council members advised against a change, suggesting that new investigators could face challenges managing a large influx of funding all at once. For instance, laboratories could be slow to establish, the lack of experience managing a large budget could leave investigators vulnerable if funds were overspent, and institutions might be discouraged from providing startup packages. Council members also noted that an annual funding structure provided guardrails that

could help sustain early stage investigators and support the broader research ecosystem over the long term.

V. Concept Clearance

Dr. Mike Freed, NIH Office of the Director (on detail from the National Institute of Mental Health)

Dr. Freed presented an NIH-wide concept put forward by the NIH Office of the [Director's Division of Program Coordination, Planning, and Strategic Initiatives \(DPCPSI\)](#) and developed in close collaboration with NINDS, particularly Dr. Crawford.

Research to Improve Reproducibility and Replicability in Biomedical and Behavioral Sciences.

The goals of the concept were to 1) replicate and reproduce important scientific findings across the translational spectrum, prioritizing those on which foundational knowledge and clinical decisions depend; 2) establish and evaluate institutional practices and policies that incentivize replication and reproducibility research and recognize the individual investigators and research teams who conduct it; and 3) develop rigorous methods, user-relevant metrics, and implementable tools to measure, evaluate, and reward open and unbiased science.

Discussion

Two Council members had reviewed the concept in advance and offered their feedback before the discussion was open to the full Council. Dr. Larkindale supported the first goal, but expressed concern about the second and third goals. Specifically, she questioned whether establishing and evaluating institutional practices was an appropriate role for NIH, particularly given current funding constraints. She also asked whether the concept risked diverting resources toward re-examining established, rigorous science. Dr. Paulson agreed that rigor, transparency, and reproducibility were fundamental to good science, but found the concept's success metrics unclear, particularly the criterion for aligning organizational incentives. He suggested that the concept supplement rather than draw funding away from novel science. Dr. Freed emphasized that the concept was intended to draw ideas from the research community through investigator-initiated applications, funded through standard mechanisms and evaluated by peer review, and that institutional incentives were meant to be studied rather than set as policy.

Council members recognized the potential value in the concept, particularly as a dedicated mechanism for replicating early-stage translational findings that might not otherwise compete well in standard review. They also raised concern that the concept combined two distinct efforts: studying the science of rigor and reproducibility, and reproducing specific scientific findings. They cautioned that an open-ended aim of reproducing findings, particularly the replication of large clinical trials, could consume substantial resources and sideline research on rigor itself. Council members agreed that more clarity was needed on the concept's goals and success metrics before they could approve it. Dr. Freed responded that the concept was meant to be economical and practical, and that funding decisions would be made by Institute and Center Directors after peer review. Dr. Adams emphasized that discovery would remain a priority for NINDS and added that a dedicated funding opportunity would allow reproducibility-focused proposals to be reviewed against comparable applications rather than competing with discovery research.

Following discussion, the Council considered four possible motions: approve, approve with modifications, disapprove, or defer. The Council moved to defer the concept, requesting clarity on

its objectives and success metrics, and a clearer distinction between its two efforts: the science of rigor and reproducibility versus the reproduction of findings. Dr. Meredith said that a deferral did not require a formal Council vote, and that the concept would be reviewed again at the June 2026 Council meeting.

VI. State of Intramural Program

Dr. Jeffrey Diamond, Scientific Director, NINDS

Personnel – Dr. Diamond reviewed a number of recent leadership departures including Dr. Walter Koroshetz, Dr. Ann Poduri, Dr. Nina Schor, Dr. Lauren Reoma, and Dr. Yang Fann. He also reviewed the departures of several faculty members including Dr. Desmond Brown, Dr. Carsten Bönnemann, Dr. Ariel Levine, Dr. Michael Ward, and Dr. Alex Chesler. He announced the passing of [Dr. Mark Hallett](#), a longtime and influential member of the NINDS community.

Recognitions – NINDS marked its 75th anniversary with a staff appreciation day, attended by former NINDS Directors Dr. Story Landis and Dr. Koroshetz. Dr. Diamond congratulated Dr. Derek Narendra for earning tenure, as well as several other faculty and trainees who had received recognition for their academy elections, lectureships, and awards.

Recruitment – Dr. Diamond announced that, despite a constrained budget, the Intramural Program was recruiting for a number of positions, including an investigator in the Neuroimmunology Branch, three positions in the Surgical Neurology Branch, an Animal Program Director, and a tenure-track investigator in systems neuroscience.

Operational Challenges – Dr. Diamond reported a range of operational challenges, noting that many of the same challenges had also impacted the extramural research community. Staff reductions had decreased administrative capacity, increased the workload of remaining staff, and negatively impacted staff morale. Additionally, some positions for the Board of Scientific Counselors had been slow to fill. Reductions in force (RIFs) across purchasing and contracting offices had produced long procurement delays and the centralization efforts intended to compensate for the lost capacity were underway, but not yet complete. Hiring had slowed due to limits on hiring contractors, new HHS approval procedures, and an increasing burden in renewing term appointments. He noted that a restriction on hiring researchers from countries designated as “of concern,” such as China, also impacted NINDS. Although travel restrictions put in place in early 2025 had been partially lifted, there were still limitations on foreign travel and meeting attendance. There were also barriers to campus access for foreign speakers and patients. Communications capacity had been reduced, including the elimination of the NINDS communications team, a consolidation of NIH websites, higher-level clearance requirements for some presentation materials, and limits on the use of social media to communicate scientific findings.

Scientific Advances – Dr. Diamond announced that scientific productivity had continued to rise despite operational constraints, with publications doubling over the past decade. Dr. Diamond attributed this productivity to increased collaboration across research teams. He highlighted several recent scientific advances: a [blood-based biomarker to predict ALS](#) (Dr. Sonja Scholz), a [phase 3 trial of tolebrutinib](#) for non-relapsing secondary progressive multiple sclerosis (Dr. Daniel Reich), a [secreted fatty acid binding protein that mediated glial lipid clearance](#) in *Drosophila* (Dr. Quan Yuan), evidence that [dying is related to molecular progression distinct from aging](#) (Dr. Ed

Giniger), and evidence that [dynamic dural sinuses support meningeal immunity](#) (Dr. Dorian McGavern).

Discussion

Council members commended the Intramural Program's scientific productivity and staff resilience under challenging conditions. Dr. Diamond credited the program's staff, investigators, and fellows for their commitment.

VII. NIH Strategic Plan for Disability Health Research FY26-FY30

Dr. Theresa Cruz, Director, National Center for Medical Rehabilitation Research, NICHD

Dr. Adele Doperalski, Program Director, Division of Neuroscience, NINDS

Mr. Adam Politis, Senior Advisor for Disability Health Research, Division of Program Coordination, Planning, and Strategic Initiatives, NIH

Dr. Lumy Sawaki-Adams, Program Director, Division of Clinical Research, NINDS

Mr. Politis and Dr. Cruz presented the inaugural [NIH Strategic Plan for Disability Health Research](#), released on March 26, 2026. Mr. Politis noted that more than one in four Americans has a disability and that NIH had invested more than \$619 million in disability research in FY2024. He cited major milestones in disability health research including the 2022 report from the [NIH Advisory Committee to the Director Subgroup on Individuals with Disabilities](#), the [2023 designation of people with disabilities](#) as a population with health disparities, and 2024-2025 establishment of the DPCPSI's coordinating structure for disability health research. That structure included the [Disability Health Research Program](#), the [Disability Health Research Coordinating Committee](#), and the [Council of Councils Disability Health Research Working Group](#). The plan was developed with input from NIH Institutes, Centers, and Offices (ICOs) and from disability communities.

Dr. Cruz summarized the plan's framework, organized by four cross-cutting themes (whole-person health, inclusion of people with disabilities in research, interdisciplinary collaboration, and technology) and four goals (research, workforce, resources and infrastructure, and stewardship). Each goal was supported by several objectives. Dr. Cruz invited Council members to review the plan for more details. Mr. Politis outlined the next steps, which included a community engagement plan to guide how NIH collaborates with community partners, resources and best practices for investigators and NIH staff, a Highlighted Topic and Challenge to stimulate disability health research, and partnerships across the ICOs.

Dr. Doperalski described the NINDS disability research portfolio, totaling more than \$109 million in FY2024. The portfolio extended across the research cycle, from investigator-initiated basic science through clinical trials and translation. She noted that the emphasis on translating mechanistic insights into interventions that restore function across motor, cognitive, and sensory impairments aligned with the NINDS mission to reduce the burden of neurological disease.

Discussion

Dr. Hoffman, representing the Department of Veterans Affairs, asked whether other federal agencies focused on rehabilitation and disability were also involved in the development of the plan. Mr. Politis responded that NIH also coordinated with agencies such as the [Administration for Community Living's National Institute on Disability, Independent Living, and Rehabilitation Research](#) and the [Interagency Committee on Disability Research](#).

VIII. Report from the HEAL Pain Strategic Research Priorities Working Group

Dr. Michael Oshinsky, Director, NINDS Office of Preclinical Pain Research

Dr. Oshinsky provided an annual update on the [NIH Helping to End Addiction Long-term \(HEAL\) Initiative](#), focusing on its pain research portfolio. He noted that HEAL was jointly led by Dr. Nora Volkow (NIDA) for the opioid use disorder component and Dr. Amy Adams (NINDS) for the pain component. Since 2018, the HEAL Initiative had invested more than \$4 billion across 18 NIH Institutes and Centers, approximately \$1.5 billion of which had been dedicated to pain research. Both the overall amount of NIH pain research funding and the number of pain researchers had grown by about 30 percent since HEAL's launch, outpacing growth in NIH research funding in general.

He reported [progress across every stage of the research cycle](#), including a target-validation program that had validated more than 50 non-opioid pain targets and produced 13 patent filings; a translational devices program that had launched 11 clinical trials, including a closed-loop deep brain stimulation system for treatment-resistant chronic pain; a clinical trial portfolio spanning more than 100 trials across 38 states, anchored by the [BACPAC back pain consortium](#); and a biomarker program that had submitted its first FDA letter of intent for a digital biomarker for chronic musculoskeletal pain. He noted that HEAL's small-business investment had helped those companies attract more than \$687 million in private financing—evidence that the HEAL Initiative had helped de-risk a field that had been long avoided by private capital.

Dr. Oshinsky reported that the HEAL Initiative's 2018 goals had been met and that the initiative had refreshed its pain research priorities for the next five years. Drawing on input from meetings, workshops, a request for information, other researchers, and people with lived experience of pain, a [working group](#) developed [10 research priorities and 5 core principles](#) spanning the research continuum from human pain biology and biomarkers to new treatments, workforce development, and efforts to reduce health disparities in pain research.

Dr. Oshinsky asked the Council for guidance on 1) how HEAL could better engage with neurologic disorder communities where pain is common but understudied, 2) how the HEAL Pain programs could make it easier for investigators outside traditional pain research to use HEAL resources, and 3) what incentives could encourage neurologic disorder communities to adopt common pain measures and contribute interoperable data to the HEAL Data Ecosystem.

Discussion

Council members commended the continued growth of the HEAL Pain program. A Council member asked about biomarkers for pain and opioid use disorder. Dr. Oshinsky responded that the program considered signatures—combinations of biomarkers found in blood or tissue—rather than single markers. The Council member also asked what the program had accomplished in terms of genetic studies. Dr. Oshinsky said that several HEAL programs were incorporating multi-omics, including genetics and proteomics, and would welcome studies to better understand the genetic basis of pain burden in neurological conditions.

Council members offered ideas for raising the visibility of the HEAL Pain program. They suggested presenting the HEAL Pain portfolio directly to specific disease communities. For example, there were several community pathways specific to TBI, such as the American Congress of Rehabilitation

Medicine (ACRM) and the TBI Model Systems. They also suggested holding mini-symposia at subspecialty conferences and meetings. Another Council member noted that some investigators without a track record in pain research might be hesitant to apply, suggesting that HEAL encourage these investigators to apply in collaboration with basic or translational pain specialists.

IX. NINDS Small Business Program

Dr. Emily Caporello, Director, NINDS Small Business Program

Dr. Caporello introduced the [NINDS Small Business Program](#), which uses the federal Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR) programs to fund the development of drugs, devices, diagnostics, digital health technologies, and research tools across the NINDS mission. NINDS provides approximately \$100 million in small business funding each year, making it the largest single source of seed funding for neuroscience companies. She reported that the statutory authorization for the SBIR and STTR programs had lapsed from October 2025 until its reauthorization in April 2026, during which NIH had allowed its small-business funding opportunities to expire. Going forward, most SBIR and STTR proposals would be solicited through new NIH parent funding opportunities. Dr. Caporello noted that NINDS had received a record 706 applications in FY2025, with a funding success rate of 5.9 percent.

A central goal of the program is to de-risk early-stage neurological technologies toward readiness for private investment and commercialization, bridging the funding gap the field calls the “valley of death.” To assess how well the program met this goal, the program team traced every SBIR and STTR award NINDS made between 2008 and 2016 (502 awards supporting 415 technologies across 306 companies) and found that approximately 3 of every 10 awards had produced a commercialized product. Commercialization rates varied by technology type from more than half of research and clinical tools to 35 percent of medical devices and 1 percent of drug therapies (a percentage consistent with industry benchmarks). The 306 companies had raised more than \$15 billion in private follow-on funding (approximately 36 times the \$420 million NINDS had awarded those companies), though much of it was concentrated in a small number of large licensing and acquisition deals.

Dr. Caporello demonstrated the program’s bench-to-bedside success by highlighting CND Life Sciences, whose [skin-based Syn-One Test for Parkinson’s disease](#) grew from NINDS-funded research to SBIR-funded clinical validation. The company had since raised more than \$18 million in private investments and performed its 50,000th test in November 2025.

The program had requested feedback from alumni and conducted more than 100 interviews with investors and industry partners to identify gaps in later-stage support. Dr. Caporello highlighted some of the new efforts to address these gaps, such as the Embedded Entrepreneur Program (piloted under the HEAL Initiative), which funds SBIR-supported companies to bring in business experts and pursue private partnerships. Every company in the initial cohort of this program had since raised private funding. Dr. Caporello closed by noting that 120 products had emerged from the NINDS small-business program.

Discussion

A Council member asked about the difference between the program’s “Dolphin Tank” and a “Shark Tank.” Dr. Caporello answered that the Dolphin Tank was a friendlier collaboration in which

companies help each other refine their pitches before presenting to investors. Another Council member asked whether NINDS retained intellectual property or financial claims from the companies it funds. Dr. Caporello confirmed that it did not and said that there were long-standing laws to protect companies' intellectual property. She noted that these laws helped attract small businesses to the program.

X. Javits Neuroscience Investigator Award Policy Update

Dr. Andrea Meredith, Director, Division of Extramural Activities, NINDS; Executive Secretary, NINDS

Dr. Meredith explained that NINDS was consolidating its funding opportunities, shifting toward NIH parent announcements. As such, NINDS needed to reexamine its funding mechanisms. She noted that the NINDS R35 Research Program Award was paused, while a new, broader NIH parent R35 was under development. Both the R35 and the R37, [the Javits Neuroscience Investigator Award](#), had historically supported similar established investigators. Javits was congressionally established in 1983 and provides two additional years of funding to highly accomplished investigators (with more than 10 years of NINDS funding and a record of scientific leadership) nominated by NINDS Program Directors from a pool of highly meritorious R01 applications.

Dr. Meredith presented a proposal to cap the Javits award at one per investigator, noting that repeat recipients represented only about 7 percent of awards made since 1999. She emphasized that a cap would help NINDS fund as many meritorious investigators as possible. She asked the Council to consider whether eligibility should be broadened to include first-time NINDS grantees or those with fewer than 10 years of NINDS funding, specifically weighing the benefit of a wider applicant pool against the Javits award's current standing as a prestigious recognition of service and accomplishment.

Discussion

Council members expressed support for capping the Javits award at one per investigator, but did not support extending eligibility to first-time investigators in order to maintain its prestige. Some Council members were open to considering accomplished investigators with approximately 10 years of service. Dr. Meredith noted the Council's consensus and indicated that the related R35 discussion would be revisited in the September 2026 Council meeting. Council members talked about some of the constraints that early investigators might face, including length of time and potential disincentives. Other Council members talked about the R35 as a more person-based award that did not require specific aims. Dr. Meredith added that NINDS would bring comparative data to the September meeting, including budget information from other Institutes.

XI. Adjournment

The open session of the meeting was adjourned at 3:14 p.m., on Wednesday, May 20, 2026.

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



Amy Bany Adams, Ph.D. Chairperson
National Advisory Neurological Disorders and Stroke Council
Acting Director
National Institute of Neurological Disorders and Stroke



Andrea Meredith, Ph.D. Executive Secretary
National Advisory Neurological Disorders and Stroke Council
Director, Division of Extramural Activities
National Institute of Neurological Disorders and Stroke

These minutes will be formally considered by the Council at its next meeting. Corrections or notations will be incorporated in the minutes of that meeting.

National Advisory Neurological Disorders and Stroke (NANDS) Council
Spring 2026 Meeting
May 20, 2026
Attachment 1

Amy Bany Adams, Ph.D. (Chairperson)
Acting Director, National Institute of
Neurological Disorders and Stroke
National Institutes of Health
Bethesda, MD 20892
(Ex Officio member)

Amy E. Brin, MSN, MA, PCNS-BC* (2025)
Executive Director/CEO
Child Neurology Foundation
Lexington, KY 40508

Robert H. Brown, Jr., M.D., D.Phil.* (2025)
Director Program in Neurotherapeutics
University of Massachusetts Chan Medical
School
Worcester, MA 01655

Jane Larkindale, D.Phil. (2026)
Vice President PepGen Inc.
Cambridge, MA 02142

Jin-Moo Lee, M.D., Ph.D., FAHA (2026)
Andrew B. & Gretchen P. Jones
Professor, Department of Radiology Professor,
Department of Biomedical Engineering
Professor, Division of Biology and Biomedical
Sciences Washington University School of
Medicine
St. Louis, MO 63110

John H.R. Maunsell, Ph.D.* (2025)
Albert D. Lasker Professor
Department of Neurobiology
University of Chicago
Chicago, IL 60637

Louise D. McCullough, M.D., Ph.D. (2025)
Professor and Chair
Department of Neurology
McGovern Medical School
University of Texas Health Science Center at
Houston
Houston, TX 77030

Henry L. Paulson, M.D., Ph.D. (2026)
Lucile Groff Professor of Neurology Department
of Neurology University of Michigan
Ann Arbor, MI 48109

Terms end July 31 of the designated year.

**Serving on an administrative extension to
participate in the Spring 2026 Council Meeting*

Ex Officio Members

Jayanta Bhattacharya, M.D., Ph.D.
Director
National Institutes of Health
Bethesda, MD 20892

Robert F. Kennedy, Jr., J.D.
Secretary
Department of Health and Human Services
Washington, DC 20201

Stuart Hoffman, Ph.D.
Senior Health Science Officer for TBI
Office of Research and Development
Department of Veterans Affairs
Washington, DC 20003

Terry Rausch, Ph.D.
Director, Medical Research and Development
Department of Defense
Falls Church, VA 22042

Executive Secretary

Andrea Meredith, Ph.D.

Director, Division of Extramural Activities

National Institute of Neurological Disorders and
Stroke

National Institutes of Health

Bethesda, MD 20892

National Advisory Neurological Disorders and Stroke (NANDS) Council
May 20, 2026, Meeting
Attachment 2

NINDS employees present for portions of the meeting included:

Sidhat Abeywickrama	Alexandra Fang	Miriam Leenders
Mariam Afzal	Carlos Faraco	Quynh Ly
Heather Allison	Nicole Farhat	Tim Lyden
Crystal Anderson	Jessica Forbes	Dina Lyon
Ram Arudchandran	Michael Freed	Heidi Matos
Herson Astacio	Lauren Friedman	Marguerite Matthews
Taryn Aubrecht	Lina Garcia	Sean McCarthy
Hibah Awwad	Hermon Gebrehiwet	Amber McCartney
Julia Bachman	Annette Gilchrist	Linda Mcgavern
Farah Bader	Marie Gill	Carolina Mendoza-Puccini
Linda Bambrick	Jordan Gladman	Andrea Meredith
Jennifer Barnes	Gabriel Gonzales	Daniel Miller
Jen Beierlein	Tom Greenwell	D.P. Mohapatra
Pat Bellgowan	Brooks Gross	Jill Morris
Naomi Booker	Rogers Gross	Tanya Moxley
Francesca Bosetti	Amelie Gubitz	Paul Myers
Chris Boshoff	Mohamed Hachicha	John Ngai
Joseph Bruder	Kristi Hardy	Joan Ohayon
Roger Campbell	Jill Harper	Oreisa Oneil
Emily Caporello	Adam Hartman	Leslie Osborne
Emily Carifi	Brian Haugen	Michael Oshinsky
Stacey Chambers	Janet He	Marcy Pape
Chi Chang	Lanier Heyburn	Tatiana Pasternak
Daofen Chen	Rebecca Hommer	K. Paul Rezaizadeh
Ben Churn	Mariah Hoye	Michele Pearson
Carolyn Conlin	Nina Hsu	Adam Politis
Christopher Conrad	Grace Hwang	Pragya Prakash
Devon Crawford	Smriti Iyengar	Nia Pree
Theresa Cruz	Scott Janis	Rebecca Price
Cheryl Cudzilo	Felicia Johnson	Michele Pucak
Adi Cymerblit-Sabba	Kari Johnson	Shamsi Raeissi
William Daley	Jenny Kim	Shanta Rajaram
Alexander Denker	Aaron Kinchen	Srikanth Ranganathan
Vedangi Desai	Jeffrey Kopsick	Nagarajan Rangarajan
Neel Dhruv	Svetlana Kotliarova	Yogendra Raol
Jeff Diamond	Doe Kumsa	Alva Recinos
Sara Dodson	Pascal Laeng	Matthew Rice
Adele Doperalski	Christine Lam	Robert Riddle
Argenia Doss	Nick Langhals	Xing Rong
William Etti	Crystal Lantz	Becky Roof
Judy Fabrikant	Crystal Lee	Conference Room

Sara Sameni
Joshua Sanchez
Cheryse Sankar
Lumy Sawaki-Adams
Alisa Schaefer
Gretchen Scott
Mengge Shan
Shalini Sharma
Kelly Sheppard
Frank Shewmaker
Arvind Shukla
Shai Silberberg
Tjerignimin Silue
Shardell Spriggs
Sudha Srinivasan
Valerie Stoehr
Tao Sun
Zachary Sweet
Elizabeth Sypek
Thomas Taetzsch
Amir Tamiz
Carol Taylor-Burds
Shruthi Thomas
Join Time
Katie Tipton
Natalie Trzcinski
Amy Tsou
William Tyler
Lauren Ullrich
George Umanah
Nsini Umoh
Ursula Utz
Oleksandr Vedmid
Claudio Villalobos
Tish Weigand
Rachel Weinberg
Vicky Whittemore
Shellie Wilburn
Sarah Woller
Alynda Wood
Clinton Wright
Patrick Wright
Guangying Wu
Xiling Yin
Arlene Zheng