## Big bucks for autism research

United States autism researchers are facing the happy prospect of needing to swell their numbers to take advantage of substantial new funding to investigate the condition. Much of the money is a result of the Children's Health Act, a law passed by Congress in 2000, which, among other things, calls for the creation of five new autism research centers by 2003.

The first two centers funded under the program—Yale University and the University of North Carolina—will split \$19 million over the next five years. The money represents a large addition to current National Institutes of Health (NIH) funding for autism research, which totaled \$56 million last year.

The new centers will build on existing autism research at both institutions by funding several new studies on diagnostic and treatment strategies. For example, researchers at Yale recently found that autistic individuals seem to use the same brain regions whether looking at faces or other objects, whereas normal individuals use different areas of the brain when looking at faces (*Arch. Gen. Psychiatry.* 331, 57;2000).

Other recent research has focused on identifying genetic factors. "There are sev-

eral chromosome regions that have been identified as likely to contain genes involved in autism," says Ami Klin, an associate professor of child psychiatry at Yale and one of the two investigators who will head up that university's new center. But Klin cau-

tions that "the best models of autism predict that we're going to have from maybe five or six to maybe twenty or thirty different genes involved in the condition," so progress on identifying genes may be slow. All five of the new centers are expected to collect genetic data from patients, which may speed the hunt.

Ironically, Congress may have been spurred to spend more money on the condition by one of the most controversial aspects of autism research: whether the incidence of the condition is increasing. Some epidemiological studies support a rise, but critics have argued that improved awareness and diagnosis may account for much of the change (Nature Med. 7, 645; 2001).

Accelerating research to address these issues, though, requires more than an act

of legislation. In order to lay the necessary groundwork, the program that is estab-

Advance Autism Research and Treatment (STAART), has proceeded in two steps. First, the NIH gave one-year grants to six institutions to help make them

competitive

autism research. Those insti-

lishing the centers, called Studies to

tutions and others could then apply for the much larger five-year grants that will actually establish the new centers. "The bottleneck nowadays is how to have enough scientists who are clinicians as well as scientists ... in order to both care for patients and do research," says Klin. She adds, "we need more people trained in the field" to take full advantage of the new funding.

Alan Dove, Philadelphia

## More rare disease money

Although devastating to the families involved, Huntington disease is "rare," affecting 4-10 people per 100,000. Lou Gehrig's disease (amyotrophic lateral sclerosis) and Tourette syndrome are other examples of rare diseases, research into which is challenging because of difficulty in gaining access to patients, and because there is little economic incentive for the pharmaceutical industry to develop drugs for small populations. But thanks to two new companion bills passed by the US House of Congress last month, funding for the development of drugs and treatments for rare, or "orphan," diseases is set to rise.

If ratified by the Senate, the "Rare Diseases Act of 2002" would establish a permanent Office for Rare Diseases at the National Institutes of Health (NIH). The office was created administratively in 1993, but not authorized by law, and has functioned primarily as a clearinghouse of information about rare diseases and disorders.

The new legislation would provide the Office with \$24 million annually for the next four years, enabling it to make grants to establish regional Centers of Excellence. Diane Dorman, spokesperson for the National Organization of Rare Disorders, a major lobby group for patients with rare diseases, says "These [rare disease] populations are so small it is hard to develop relationships with clinical researchers. The centers will increase

## McClellan nominated to head FDA

In a choice that may satisfy a diverse array of competing interests, the Bush adminis-

tration has finally nominated a director for the US Food and Drug Administration (FDA). If the Democrat-controlled Senate approves the nomination, Mark McClellan, a physician and economist who is currently the president's top advisor on health policy, will fill a key science regulation post that has been vacant for almost two years.

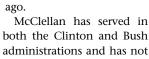
The FDA has broad authority over drugs, medical devices, animal feeds, veterinary

products and the majority of foods sold in the United States. It regulates products accounting for 20% of American consumer spending, and has 10,000 staff members and an annual budget of \$1.7 billion.

For the past 20 months, the White House has insisted that a physician should head the agency, while pharmaceutical industry groups have lobbied against nominees who might seek to toughen

regulations. Senate Democrats further constrained the nomination, saying they

would reject any candidate with strong ties to industry. And the debate has been inflamed by anti-abortionist groups who want to rescind the approval of the abortifacient mifepristone, better known as RU-486, which has been used in over 100,000 medical abortions since its approval two years



publicly expressed any position on the status of mifepristone. He has no links to the pharmaceutical industry. Carl Feldbaum, president of the Biotechnology Industry Organization, says: "From Dr. McClellan's educational background and experience in medicine, healthcare, and economic policy, he appears to be an exceptional candidate."

Alan Dove, Philadelphia



Nominee to please everyone?