

March 12, 2025

Matthew J. Memoli, MD, MS
Acting Director
US National Institutes of Health
9000 Rockville Pike
Bethesda, MD 20892

Dear Dr. Memoli:

I write on behalf of the American Society of Transplant Surgeons (ASTS) to express deep concern regarding potential reductions in indirect costs associated with NIH funding and to underscore the significant impact such cuts would have on transplant research. ASTS is a medical specialty society representing approximately 2,000 professionals dedicated to excellence in transplantation surgery. Our mission is to advance the art and science of transplant surgery through patient care, research, education, and advocacy. As surgeon-scientists dedicated to advancing transplantation through both clinical practice and research, we have witnessed firsthand how indirect cost funding is essential to the infrastructure that supports groundbreaking discoveries and their translation into patient care.

US Global Leadership in Transplantation

The United States has long been a global leader in transplantation, with NIH funding playing a crucial role in sustaining this position. The impact of NIH-funded research extends beyond the U.S., shaping transplantation policies and practices worldwide. Reducing indirect cost recovery would weaken the infrastructure that supports innovative research, jeopardizing our leadership in the field and diminishing the impact of American scientific contributions on global transplant medicine.

Furthermore, a reduction in indirect costs could exacerbate differences in investigator access to funding for transplantation research by disproportionately affecting institutions with fewer alternative funding sources. This would threaten the breadth of ideas and approaches necessary for solving some of the most pressing challenges in transplantation, including increasing access to organ transplantation and optimizing long-term graft survival.

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Indirect Costs Sustain Vital Research Infrastructure

Transplant research is inherently complex, requiring a multidisciplinary approach that integrates surgical expertise, immunology, genomics, bioengineering, next generation technologies and long-term patient monitoring. These investigations rely on robust institutional infrastructure—core facilities, cutting edge equipment, regulatory compliance teams, specialized research personnel, and administrative support, all of which are funded through indirect costs. Without adequate indirect cost recovery, institutions will struggle to maintain the critical infrastructure necessary for these high-impact studies.

For example, research in transplant immunology, biomarker discovery, and precision medicine heavily depends on core laboratory services, biorepositories, and sophisticated imaging and computational platforms. These resources are not directly funded by grants but are made available through institutional support that is sustained by indirect costs. A reduction to 15% in these funds would compromise access to these vital resources, slowing the pace of discovery and innovation.

Impact on Translational Research and Clinical Trials

Translational research in transplantation bridges the gap between basic science and clinical application, ensuring that new therapies reach patients efficiently and safely. NIH-funded transplant research has led to transformative advances such as desensitization protocols, immunosuppressive regimen optimization, and xenotransplantation strategies. These breakthroughs require significant infrastructure, including clinical trial offices, regulatory compliance teams, and biostatistical support— all of which depend on indirect costs.

Cutting indirect costs would disproportionately impact the ability of transplant centers to conduct high-quality clinical trials, as institutions may be forced to divert funds from these essential support systems. This would slow the development of novel therapies for transplant patients and limit access to cutting-edge treatments.

Conclusion

We are currently in the renaissance of transplantation and research is at a pivotal moment, with advances in immunology, bioengineering, and precision medicine poised to revolutionize the field. However, these innovations depend on strong institutional support systems that are sustained through indirect costs. Reducing

indirect cost recovery would undermine the very foundation of transplant research, slowing progress, limiting patient access to novel therapies, and weakening the U.S.'s leadership in transplantation science.

We urge the NIH to recognize the essential role of indirect costs in sustaining high-impact transplant research and to reject any proposals that would cut these funds. Protecting indirect cost recovery is not just an investment in research infrastructure, it is an investment in the future of transplantation and the patients whose lives depend on continued scientific innovation.

Thank you for your time and consideration. I welcome the opportunity to further discuss this critical issue and its implications for transplant research.

Sincerely,



Ginny L. Bumgardner, MD, PhD, FACS