

POLYCYSTIC OVARY SYNDROME RESEARCH UNDERFUNDING CONTINUES

Adrianna N. Tilton¹, Sarah Ottey², William Patterson², Ricardo Azziz^{1,3,4}

1. Dept. of Obstetrics & Gynecology, Heersink School of Medicine, University of Alabama at Birmingham, Birmingham, AL, USA
2. PCOS Challenge: The National Polycystic Ovary Syndrome Association, Atlanta, GA, USA
3. Dept. of Healthcare Organization & Policy, School of Public Health, University of Alabama at Birmingham, Birmingham, AL, USA
4. Dept. of Health Policy, Management, and Behavior, School of Public Health, University at Albany, SUNY, Rensselaer, NY, USA

Background: Polycystic Ovary Syndrome (PCOS) is a highly prevalent endocrine disorder affecting women, with a worldwide prevalence of 4% to 20%, depending on diagnostic criteria. The National Institutes of Health (NIH) is the largest, single funding agency in the world; it invests nearly \$45 billion annually in biomedical research. In a prior study of NIH funding from 2006 to 2015, we determined that PCOS, compared with rheumatoid arthritis (RA), tuberculosis (TB), and systemic lupus erythematosus (SLE), was relatively underfunded despite similar degrees of morbidity and similar or lower mortality and prevalence. Since then, significant efforts to enhance public and government recognition of PCOS have been undertaken. We hypothesized that these efforts would result in greater funding for PCOS research by the NIH.

Objective: The purpose of this study was to assess relative NIH research funding for PCOS from 2016 to 2022 as compared to RA, TB, and SLE during the same period.

Materials and Methods: Using the NIH Research Portfolio Online Reporting Tools, we searched for all research funds awarded by the NIH for PCOS, RA, TB, and SLE from 2016 to 2022. We performed an analysis using statistical software to compare relative funding for each disease.

Results: Mean funding per year for PCOS from 2016 to 2022 was \$31.84 million versus \$262.40 million, \$66.10 million, and \$420.43 million for RA, TB, and SLE, respectively. In comparison, in our prior study of 2006 to 2015, the mean yearly funding for PCOS was \$21.51 million versus \$45.44 million, \$77.38 million, and \$60.95 million for RA, TB, and SLE, respectively. From 2016 to 2022, there were 533 funding awards originating from 16 institutes and centers (ICs) for PCOS, 44.8% of which were provided by the National Institute of Child Health and Human Development (NICHD). Alternatively, funding for RA, TB, and SLE was awarded from 27, 36, and 27 ICs, respectively. In comparison, our 2006-2015 data indicated that the NIHCD provided 68.4% of NIH funding for PCOS research.

Conclusion: Our data suggest that PCOS research continues to be relatively underfunded considering its prevalence, economic burden, metabolic morbidity, and negative impact on quality of life. However, since 2016, national mobilization efforts such as PCOS Awareness Month and the NIH's expansion in women's health research may have helped increase funding modestly compared to prior fiscal years. There has also been an increase in the number of ICs that provide PCOS research funding, with a simultaneous decrease in the proportion of funding provided for PCOS research by the NICHD. Nonetheless, there remains a need for greater education of funding centers, elected officials, the scientific community, and the general public regarding this important disorder.

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References:

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