

October 21, 2021

Walter J. Koroshetz, M.D.
Director, National Institute of Neurological Disorders and Stroke
National Institutes of Health

RE: Questions for trans-NIH ME/CFS working group tele-briefing

Dear Dr. Koroshetz,

We look forward to receiving ME/CFS program updates and engaging with the National Institutes of Health's (NIH) upcoming telebriefing on Friday, October 22, 2021. We respectfully request that the trans-NIH ME/CFS team address these questions during your update for the community.

We are concerned about the lack of tangible progress the trans-NIH ME/CFS working group has made for people with ME/CFS. People with ME cannot be expected to wait until after NIH's Long COVID/PASC initiatives (e.g. RECOVER) have been completed for possible "hoped for breakthroughs" or "spillover benefits" for ME/CFS.

We request that the upcoming telebriefing please address the following ME/CFS questions:

1. **Define timetable for ME/CFS strategic plan:** NIH previously adopted the 2019 NANDS report recommendation to develop a strategic plan for ME/CFS, but no progress on this action item has been reported. When will NIH initiate the strategic planning process to accelerate ME/CFS research? Given the lack of integration of ME/CFS research into initiatives like RECOVER, what is the trans-NIH ME/CFS working group doing to ensure ME/CFS research is not treated as an afterthought and pursued in an ad-hoc manner?
2. **[RECOVER] ME/CFS patient identification and evaluation not incorporated:** We are concerned that the RECOVER initiative does not have appropriate methods to accurately identify ME/CFS cases in Long COVID cohorts and to periodically evaluate patients for the emergence of ME/CFS over time. How will the RECOVER protocol specifically address these issues? Will modern case definitions requiring PEM be used?
3. **[RECOVER] Missing ME/CFS comparator groups:** We understand that the RECOVER initiative does not include disease comparator groups such as ME/CFS. This is a huge missed opportunity to accelerate understanding of both ME/CFS and Long COVID. Recent infection-triggered ME/CFS cases could be compared to Long COVID cases. Can you explain why such comparators are not being used?
4. **[RECOVER] Missing ME/CFS knowledge, expertise, and experience:** We are concerned that the RECOVER initiative, and PASC more broadly, is not adequately incorporating the knowledge on disease pathology, expertise, and experience gained in studying and treating ME/CFS to accelerate progress for Long COVID. Please explain

explicitly how RECOVER and PASC are building on ME/CFS knowledge, expertise, and experience?

5. **Expedite clinical treatment trials for ME/CFS:** Given that the RECOVER initiative lacks an accurate ME/CFS patient identification protocol, ME/CFS comparator groups, and ME/CFS knowledge, expertise, or experience, it seems unlikely that the data collected in RECOVER's first phase would lead to clinical trials of treatments for ME/CFS (in Long COVID or non-Long COVID cases). What will NIH do in parallel to the work of the RECOVER initiative to ensure expedited development of tangible, patient-centered outcomes for people with ME/CFS, such as clinical trials of repurposed drugs currently being used in the treatment of ME/CFS?
6. **NIH ME/CFS funding stalled:** Despite promises of action from NIH leadership, we have not seen a substantial rise in either the number of ME/CFS researchers or the scale of NIH funding for ME/CFS. We know the NIH is planning another RFA for the CRCs. But what is keeping the NIH from issuing RFAs to drive *more* investigators into the field and to encourage investigation in specific areas of interest for ME/CFS?
7. **No ME/CFS consensus case definition:** NIH and CDC have previously claimed that not enough is known to specify what definition(s) should be used in ME/CFS research or even that PEM should be required. As a consequence, any definition, even problematic ones like Fukuda can be used. This is a huge problem especially now with Long COVID research. What is NIH doing to drive consensus across the field of ME/CFS research?

Sincerely,

Julia Miele
Executive Director
#MEAction

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Chief Executive Officer
Solve M.E.

CC: Vicky Whittemore, NINDS; Joe Breen, NIAID