

**Panel I: Increasing construct and predictive validity of preclinical research on cognitive enhancement in schizophrenia.** Example questions:

What are the costs and benefits of adapting tasks with construct specificity and validity?

Do we expect to discover drugs that preferentially improve particular cognitive domains?

What strategies should be considered for improving the sensitivity of tasks to the effects of candidate cognitive enhancers? Is there a sensitivity-validity trade-off?

What other factors are important for the success of a cognitive paradigm in a drug-discovery setting

Throughput, Reliability, Sensitivity, Apparatus/Personnel FTEs?

At what stage (if any) is it beneficial to use a disease model -

Target discovery? Screening or 'validation' of novel treatments?

Does the disease model increase the validity or sensitivity of the assay (or both)?

## **Panel II: Partnering among Academia, Industry and Government to develop treatments for cognitive deficits in psychiatric disease**

The Goal: preclinical research to validate and optimize assays of the cognitive, motivational and social processes affected in schizophrenia

- What are the biggest barriers to obtaining funding for this research?
- How can partnerships across industry, academic and NIH intramural scientists be fostered?