Pre-Application Webinar for RFA-CA-24-030

Limited Competition: NCI National Clinical Trials Network – Network Group Operations Centers (U10 Clinical Trial Required)

NIH NATIONAL CANCER INSTITUTE

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Agenda

1. *Overview of Application for RFA*
2. *Eligibility for Organizations & PDs/PIs*
3. *Multi-Component Application (Components/Cores)*
4. *Review Criteria & Scoring*
5. *Budget Issues*
6. *Data Management & Sharing Plan*
7. *Terms of Award*

Application Overview

- Application Due Date: Feb. 24, 2025 (earliest submission Jan. 24, 2025)
- Limited Competition (Clinical Trial Required) – Renewals only
- Modular Format for U10 Cooperative Agreement with 3 Cores
  - **Multi-Project (M) Instructions in the How to Apply - Application Guide**
  - **Human Subjects & Clinical Trials form: Delayed Onset Study/Studies** as research anticipated within period of award, but definite plans not yet known & cannot be described in application
    - Since multiple delayed onset studies anticipated, include together in a **single delayed onset study entry with "Multiple Delayed Onset Studies" as the title of record** (Studies Plan, Justification & Dissemination Plan)
- Project Period: 6 years
  - Planned project period from 3-1-2026 to 2-29-2032
- Just-in-Time information, if applicable, will be required
  - Updates to "Other Support" & Human Subjects Protection Training for Key Personnel

Eligible Organizations

- **Only** current recipients/subrecipients (including 2nd tier subrecipients) with substantial role in the existing NCTN Group Operations Center under RFA-CA-17-056 are eligible to apply
  - Substantial role may be defined as employing one or more of the existing multiple PD/PIs, receiving a substantial (25% or more) amount of the current award, or employing a significant number of the staff required to support existing infrastructure
- Organization applying for an NCTN Group Operations Center award **cannot** apply for a NCTN Statistics & Data Management Center for the same project period
- Foreign components, as defined in NIH Grants Policy Statement, allowed
  - US State Department approval **required** for all ex-US full member sites for new project period prior to award (includes ex-US non-member collaborators) with transition period to allow for time to do this anticipated **only for existing** ex-US member/non-members)

Eligible Program Directors (PD) / Principal Investigators (PIs)

- Individual designated as a PD/PI for an NCTN Group Ops Center **must not** be designated as a PD/PI for any NCTN key component listed below:
  - NCTN Group Statistics & Data Management Centers;
  - Canadian Collaborating Clinical Trials Network
  - NCTN Lead Academic Participating Sites
  - NCTN Radiotherapy and Imaging Core Services Center (IROC)
  - NCTN Group Integrated Translational Science Centers

- PD/PI for an NCTN Group Ops Center **can**, if appropriate, be Key Personnel for associated NCTN Group Statistics & Data Management Center and/or NCTN IROC but **not** on applications for other RFAs listed above or on applications for **another** NCTN Group Operations Centers.

Multi-Component Application for NCTN Operations Ctr RFA

- Application is designed around 4 Main Components
  - Overall
  - Administrative Core
  - Clinical Trials Development Core
  - Member Site Core
- Each component has a specific page limit and may or may not have required Attachments
- No Appendix Material should be provided in any component

Overall Component

- SF424 (R&R) Cover
- PHS 398 Cover Page Supplement
- Research & Related Other Project Information **(include Project Narrative in this component)**
- Project/Performance Site Locations
- Research & Related Senior/Key Person Profile
- Budget **(only budget this component is estimated Project Funding section of SF424 (R&R) Cover)**
- PHS 398 Research Plan
  - Specific Aims / Research Strategy / **Resource Sharing Plan in this component, IF applicable** / **Other Plan(s) which includes the Data Management & Sharing Plan for the entire application** / **Appendix (No appendix material is allowed given delayed onset for trials)**
- PHS Human Subjects & Clinical Trials Information **w/ PHS Assignment Request Form**

All Other Components

- SF424 (R&R) Cover
- PHS 398 Cover Page Supplement
- Research & Related Other Project Information
  - Human Subjects / Vertebrate Animals / **Project Narrative (Do NOT Complete as this is included only in the "Overall" component** / Other Attachments
- Project/Performance Site Locations
- Research & Related Senior/Key Person Profile
- Budget
- PHS 398 Research Plan:
  - Specific Aims / Research Strategy / **Data Safety Monitoring in Admin Core only / For Resource Sharing Plan, IF applicable, only provide information in the OVERALL Core only / Appendix (No appendix material is allowed given delayed onset for trials)**
- PHS Human Subjects and Clinical Trials Information (Admin Core only, if possible)
  - **We believe the PHS Inclusion Enrollment Report will not be required** as part of the application since the human subjects study will be entered as a "Delayed Onset" study

Summary of Main Components – RFA-CA-24-030

U10 Main Component	Page Limit	Sub-sections for Research Strategy	Attachments (or Plans) for Component
Overall	30	A: Significance B: Innovation C: Approach D: Progress Report	No Attachments Other Plan(s): Data Management & Sharing Plan
Administrative Core	12	A: Leadership & Structure B: Mgt & Collaborations	#1: Auditing Policy #2: COI Policy #3: DSMB Members (+DSMB policy if no other area to attach)
Clinical Trials Development Core	12	A: Trials Develop Program B: Operational Mgt	#1: Key Leadership #2: Important Trial Primary Science Achievements #3: Other Important Trial Achievements #4: Operational Timelines for Trial Development #5: Operational Timelines for Trial Conduct #6: Operational Timelines for Trial Completion
Member Site Core	12	No sub-sections	#1: Accrual All NCTN Trials by Phase by GROUP Members #2: Accrual All NCTN Trials by Cancer & Phase by GROUP Members #3: Accrual to All GROUP-LED NCTN Trials by Cancer & Phase #4: Accrual by GROUP Canadian Members (credited to CCTG) #5: On-Site Auditing Summary for GROUP Member Sites #6: GROUP Constitution & By-Laws for Site/Investigator Members

Summary Special Issues on Components - RFA-CA-24-030

- Data Management & Sharing Plan should be provided **only** in "Overall" component
- Data Safety Monitoring Plans/DSMB Policy should be provided **only** in the "Administrative Core" component; if there is no other place to put the DSMB Policy, it should be included following the DSMB Members in Attachment #3
- Human Subjects and Clinical Trials Information form with a single "Delayed Onset Study" record should be provided **only** in the "Administrative Core" component if possible; we believe the PHS Inclusion Enrollment Report will not be required as part of the application since the study will be entered as a "Delayed Onset" study
- Resource Sharing Plan(s), if applicable, should be provided **only** in the "Overall" Component
- **No** Appendix Materials allowable under the research plans of any component, including the "Overall" component
- Although the Data Management & Sharing Plan and Data Safety Monitoring Plans/Policy must be provided in the application, prior to funding of an award, these plans (and any updates to the plans) must be reviewed & approved by NCI DCTD/CTEP program staff prior to funding an award

Summary Special Issues on Components - RFA-CA-24-030 (continued)

- The Project Narrative is required **only** for the "Overall" component (as per the RFA, it should not be included in any other components)

- Key Personnel and Performance Sites for each component should follow the instructions in the RFA/User Guide for NIH Grant applications
  - The "Member Site" component is the section in which all the Group's participating sites that enroll patients on trials should be listed

Special Issues for Accrual for RFA-CA-24-030

- Unique # patients enrolled on a trial over the reporting period regardless of whether the patient underwent screening on study only or screening and intervention
- Accrual should come only from NCTN Trials open between 3-1-2019 & 8-31-2024 - list of trials will be provided on CTEP website with Pre-application Webinar slides
- Biospecimen collection is NOT considered accrual for this application (this effectively excludes 4 pediatric “studies” (ABTR04B1, ANBL00B1, AREN03B2, & APEC14B1)
- No attachments report on biospecimen collection as that is reviewed under the Tumor Banking Grant (an average estimate for “per-case management funding” is only provided in the application budget in the Member Site Core)

Special Issues for Accrual for RFA-CA-24-030 (continued)

Attachment #4 Related to Canadian Member Accrual in Member Site Core:

- This Attachment allows the US Network Group to show reviewers the accrual from its Canadian Members on trials the it LEADS but for which the accrual was credited to the Canadian Collaborating Clinical Trials Network because the CCTG participated (and may have held a CTA). Applicants can use this information to address review criteria related to collaboration within/across the Network.

Information Related to Trials that are Officially Co-Led:

- There are a few NCTN trials that are co-led by more than 1 Group (i.e., official co-management of the conduct of the trial).
- Accrual and efforts on these trials for the Group that is not the "Lead" Operations / Statistics & Data Mgt Center" for the trial can be listed as a separate line item at the bottom of the accrual attachment & referred to in the text to address review criteria related to collaboration within/across the Network

Special Issues for Accrual & Timelines: RFA-CA-24-030

Accrual in Attachments #1 & #2 in Member Site Core is reported in 2 main table types:

- One for large screening trials of Lung-MAP, A151216 (ALCHEMIST-Screen), and EAY-131 (Adult MATCH)
- One all other trials
- This directive is not applicable for pediatric application

OEWG timelines reported in Attachment #4 excludes 3 PMI trials:

- ComboMATCH and myeloMATCH
- Will add into this exclusion to the iMATCH pilot (although more limited than the other full PMI trials had long negotiations for biomarker(s)

Special Note on Inclusion of Children: RFA-CA-24-030

- Any NCTN Group can lead a network-wide AYA trial (i.e., NCTN AYA trial) and all Groups must offer participation to their sites. In addition, if an Adult Group leads an NCTN AYA trial, the Group must ensure appropriate monitoring for the patient population and must ensure that membership on their DSMB can provide appropriate oversight for such a trial
- NIH policy requires children are included in all human subjects research conducted or supported by the NIH, unless there are clear and compelling reasons not to include them as described at: http://grants.nih.gov/grants/funding/children/children.htm
  - *For cancer clinical research, Network Groups conducting research in adult cancers can provide a rationale for not including children because the majority of children with cancer in the US are already accessed by a Network Group devoted to pediatric cancer research, so that requiring inclusion of children in the proposed adult trials would be both difficult and unnecessary (since the research question is already being addressed in children by the pediatric network) as well as potentially counterproductive since fewer children would be available for the pediatric Network study if other studies were required to recruit and include children.*

General Comment on Review Criteria for RFA-CA-24-030

- This review criteria for this NOFO/RFA are related to the "research strategy" the NCTN Group plans to employ for each of the 4 components for multiple delayed onset studies.

- Some of the standard NIH review criteria, however, for RFAs with a "Clinical Trial Required" designation remain and may be interpretated as applying to 1 specific trial being proposed. However, additional review criteria language was included in the NOFO/RFA to stress the intent of this RFA (research strategy for development & conduct for multiple delayed onset trials over the course of the project period).

- Although applicants may reference the types of trials that the Group may pursue or have pursued and how those decisions are made in its research strategy, applicants should **not** propose new/specific trials for review in the application as intent of the RFA is to evaluate the research strategy for delayed onset studies.

Review Criteria & Scoring for RFA-CA-24-030

- Reviewers will review the entire application (all components & sections).
- Reviewers assess the application against the Review Criteria in the RFA.
- Reviewers will provide an overall impact score for the entire application. In addition, reviewers will also provide individual "criterion scores" for the Overall application but not for the other components.
- All other components of the Network (i.e., Administrative Core, Clinical Trials Development Core, and Member Site Core) will be evaluated but each will receive only an overall “adjectival” rating.

Budget Issues for RFA-CA-24-030

"Overall" Component:

- The only budget information included in the Overall component is the Estimated Project Funding section of the SF424 (R&R) Cover. Budgets should be provided for a 6-year project period.
    - *A budget summary in the Overall section of the assembled application image in eRA Commons compiled from detailed budget data collected in the other components will be generated upon submission.*

Other Components:

- Budgets are required for each of the other Components of the Application (i.e., Administrative, Clinical Trials Development, & Member Site Cores). Budget for each Core should be as representative as possible (e.g., capitation in the Member Site Core) with general cross-cutting budget items located in the Administrative Core.

Budget Issues for RFA-CA-24-030 (continued)

- Total budget for the Operations Center should be appropriate to support a reasonable level of total patient accrual (i.e., patient enrollment numbers by types of accrual) anticipated using the prior funding period as a guide.
  - *However, in the budget narrative of the Administrative Core, the applicant can explain how the level of non-capitation infrastructure support required across the various Cores is modified by the complexity of the trials being supported in addition to the number of patient enrollments by accrual type (e.g., a higher level of infrastructure support may be needed for more complex trials).*

- Funds for tumor banks, correlative science research, and/or reference laboratories are **not** supported under the NCTN Program and should not be included in the application, only for potential needed coordination. Also, NCI does not support costs associated with routine patient care as budget expense under the NOFO/RFA.

Budget Issues – Administrative Core for RFA-CA-24-030

- **PD/PI Effort Commitment:** Minimal effort commitment for the Contact PI/PD must be 1.8 person-months per year. Effort commitment for other PDs/PIs (if multiple PIs) must be a minimum of 1.8 person-months per year. These effort commitments cannot be reduced in later years of the award.

- **Travel Expenses:** Applicants must budget travel funds as per the RFA for NCTN-related meetings.

- **Alterations/Renovations:** Costs for alterations and renovations are **not** allowable under the NCTN Program.

- **Other Expenses:** Applicants must include in the budget appropriate expenses to cover support for the Data Safety Monitoring Board activities and auditing activities.

Budget Issues – Clinical Development Core for RFA-CA-24-030

- Applicants may include funding to cover QA/QC functions associated with clinical trials **when approved** by NCI/DCTD in protocols such as central pathology review to confirm diagnoses, central review/reads of radiographic images, study team review to determine protocol compliance with dose administration & dosage modification of agents, and study team review of adequacy of protocol-specified surgical procedures (e.g., review of operative notes, study-specific surgical forms, and pathology reports) by the NCTN Group study team.

- NCTN Group Operations Center budgets should **not** include scientific services related to development of innovations in advanced imaging or radiotherapy treatments unless it is a specific, essential component of the NCTN Group's overall research strategy and it was explicitly funded for a NCTN Group in the previous funding period/award (i.e., ECOG-ACRIN for Imaging; NRG for RT treatments).

Budget Issues – Member Site Core for RFA-CA-24-030

- Budgeting for “per-case” capitation should follow the instructions in the NOFO/RFA for estimated total cost for each accrual type
  - IND-Exempt Intervention Treatment Trial: $3,700 and Non-CTEP IND Trial: $4,200
  - CTEP IND Intervention Treatment Trial: $5,000
  - Primary Imaging Base Intervention Trial: $1,350
  - Screening Only on Tx/Primary Imaging Trials: $700 (pt does not go onto intervention of trial)
  - One Biospecimen Collection “Package”/Patient: $600 (for Tx & Primary Imaging Trials)

- **Please Note:** "Per-case management" funding may be provided out of Member Site Core capitation budget for collections of radiologic images (not costs of the actual imaging) but **only** for NCI DCTD/CTEP approved integral and/or integrated imaging studies embedded in NCTN trials and the collection must be coordinated through IROC

- Per-case management" funding may be provided for biospecimens collected for NCI DCTD/CTEP approved integral and/or integrated studies in embedded NCTN trials as well as for optional biospecimen collections for future unspecified research if approved by NCI/DCTD.

Budget Issues (Special): Member Site Core for RFA-CA-24-030

- **Additional Capitation for the Pediatric Network Group Member Sites**
  - For select high-performance pediatric sites based on the overall level of patient accrual **since they are not eligible for the adult NCTN Lead Academic Participating Sites awards**. This additional funding is calculated to provide an estimated, additional, total cost of between $1,600 to $2,700 to selected sites per intervention accrual. This must be based on a specific algorithm with justification for distributing this infrastructure support over a broader range of sites

- **Additional Capitation for Unreimbursed Imaging for Primary Imaging Trials**
  - Capitation funding to cover data management and imaging costs for complex imaging used in primary imaging trials (above the base intervention per-case amount described above) would be provided to all NCTN participating sites by the 1 Network Group Ops Center which has a NCTN Program approved specialty focus in this area.

Data Management & Sharing Plan for RFA-CA-24-030

- The Data Management & Sharing Plan to be provided with the application submitted in response to this NOFO/RFA should adhere to the Data Management and Sharing requirements as outlined in the NIH Grants Policy Statement

- An optional format page for preparing this required plan in applications subject to the Data Management and Sharing (DMS) and/or Genomic Data Sharing (GDS) policies can be accessed at: Data Management and Sharing Plan Format Page

- NCI DCTD/CTEP will be providing a prototype of an acceptable Data Management & Sharing Plan to those organizations under this Limited Competition RFA in conjunction when the transcript of the Pre-Application Webinar is posted on CTEP's website (targeted for within 2 weeks after the webinar)

Terms of Award for RFA-CA-24-030

- In addition to standard terms of award under NIH Grant Policy, the RFA sets out other Terms of Award

- These terms are set out explicitly in the Cooperative Agreement Terms and Conditions of Award in the NOFO/RFA

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