Major Changes to NIH & AHRQ Submissions with Human Subjects

Get Ready, Get Set, Apply Early.

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Presented 12/6/2017 – 12/12/2017
Objectives for Today

• What is changing and when?
  – Tools (SPS Web, Grants.Duke, NIH Instructions, NIH Annotated Forms Set, NIH Fillable Form)

• What should you do to prepare?

• Review of specific changes
  – Data elements
  – Attachments

• Resources for you and your PIs
## What is changing and when – Part 1

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<th>You must use...</th>
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<tr>
<td><strong>On or before January 24, 2018:</strong></td>
<td><strong>FORMS-D application package</strong></td>
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<td>• Applications with due dates on/before January 24, 2018</td>
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<td>• Applications submitted under <a href="#">NIH Late Policy</a> 2-week window of consideration for intended due dates on/before January 24, 2018</td>
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<td>• Applications submitted by February 7, 2018 under NIH <a href="#">Continuous Submission Policy</a> for January 7, 2018 AIDS intended due date</td>
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<td><strong>On or after January 25, 2018:</strong></td>
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<td>• Applications submitted early for intended due dates on/after January 25, 2018</td>
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<td>• All application types (New, Resubmission, Renewal, Revision)</td>
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### What is Changing – Part 2

**NIH and AHRQ APPLICATIONS for**

#### All Research Involving Human Participants

- New data fields and attachments required
- **MOST** Funding Opportunity Announcements (FOAs) are being reissued
  - Clinical Trials Not Allowed
  - Clinical Trial Optional
  - Clinical Trial Required

#### Research that Meets the NIH Definition of a Clinical Trial

- Clinical trial-specific FOAs
- **Many** new data fields and attachments required.
How are these applications changing?

• Up to 45 new data elements
  • Range from Y/N buttons, to drop down menus, to free text
  • Entered in SPS
• Up to 14 new stand-alone attachments
  • Attached in Grants.Duke
• Clinical Trials require the most new data elements and attachments
• This is for each study, and there could be multiple studies – even within a single R01.
What tools can help you gather and submit this information?

- SPS Web (for fields and data) and Grants.Duke (for attachments) are ready and available.
- The NIH Human Subjects Study “fillable form” is expected to be the most efficient way to collect the necessary information in the right formats.

Let’s take a look at the NIH Fillable Form...
The NIH Fillable Forms

- **PHSHumanSubjectsAndClinicalTrialsInfo-V1.0.pdf** is for the application level
  - Includes the detailed Study Record **HumanSubjectsStudy-V1.0.pdf** fillable form for study level information

- The Study Record provides a single place that identifies all data fields, text entries, drop downs, and attachments that may be required for each study

- **To access the NIH Fillable Forms, go to:**
  https://medschool.duke.edu/research/research-support-offices/office-research-administration/forms (scroll down to Additional Resources → NIH fillable forms)

  TIP: If pdf doesn’t open properly, select “Open With Different Viewer” and choose Adobe; or try opening with a different browser.
Where might (some of) this information come from?

**IN CURRENT PRACTICE**

- Attachments:
  - Protection of Human Subjects
  - Inclusion of Women and Minorities
  - Inclusion of Children
- Research Strategy
- Appendix:
  - Clinical Protocol
  - Consent Form(s)
- Enrollment Table(s)

**IN “FORMS E” PRACTICE**

- Attachments (Grants.Duke):
  - Protection of Human Subjects
  - Inclusion of Women, Minorities & Children
  - Data and Safety Monitoring Plan
  - Recruitment & Retention Plan
  - Study Team
  - Timeline
  - Dissemination Plan (clinicaltrials.gov)
  - Statistical Design and Power
- Field Entries (SPS Web)
  - Eligibility Criteria, ages, etc.
  - Brief Summary (5K) & Narrative (32K)
  - Outcome Measures, Interventions, etc.
  - Etc.
- Appendix: Consent Form(s) may be allowed; other content depends on FOA
- Enrollment Table(s): Distributed by study
Wow. Who will collect and enter all this?

• Workflow is likely to vary unit by unit.
• What is your (your unit’s) workflow now? Will that process work given the new information to enter? What other resources do you have?
• Researchers (PI, Clinical Research Coordinators, or others) will have to provide data, information, and attachments (Hint: use NIH fillable form to collect!).
• PI, pre-award dept. grant administrator, or delegate could complete the SPS Web entries and/or upload the Grants.Duke attachments.
How will we know what is needed?

- Detailed NIH SF424 Application Guide (use hotlinks or Ctrl-F to search)
- NIH’s “Annotated Forms Set” provides guidance, but is not fillable
- Your PI’s Funding Opportunity Announcement (FOA)
- What work will be proposed?

Let’s take a closer look at the first three of these...
Three Key Resources:

• **Detailed SF424 Application Guide** -- Click on Human Subjects in Table of Contents to go to detailed instructions for these new requirements; use hotlinks or Ctrl-F to search.

  [Link](https://grants.nih.gov/grants/how-to-apply-application-guide/forms-e/general-forms-e.pdf)

• **Annotated Forms Set** -- Provides at-a-glance guidance regarding character limits and “system enforcement”, but is not fillable and does not describe content expected. For content instructions, see the SF424 Guide.


• **Funding Opportunity Announcement (FOA)** – E.g., For R01s, there are 2 new FOAs (PA-18-345Clinical Trial Required; and PA-18-484 Clinical Trial Not Allowed); PA-16-160 now set to expire 1/24/2018. Note new review criteria for FOAs that allow/require clinical trials.
What Should I Do To Prepare?

- **Poll your faculty**
  Who plans to submit for January 25 or later a grant application that includes human subjects research (even exempt)?

- **Communicate with faculty**
  Remind them that submission requirements for NIH or AHRQ are changing dramatically for projects with human subjects.

- **Submit early**
  Recommend to faculty that they should plan to submit **ONE WEEK BEFORE** the actual deadline.
  - Adjust SPS routing to accommodate earlier planned submission date
  - This will ensure necessary new data is entered and attachments developed and uploaded, with Grants.Duke check
  - Gives time for electronic submission to have hiccups, or for the NIH system to reject and the application to be corrected and resubmitted and/or the eRA Commons Help Desk to be engaged.

- **Update your Proposal Data Collection Tool**
  Do you have a tool for collecting proposal information for SPS initiation? **UPDATE IT** to include the new Protocol Notebook/IRB information.
Q1: These changes fully apply to which funders?

Q2: What is the first deadline to which these changes and Forms E apply?

Q3: Do these changes apply to new, renewal, and/or resubmission applications?

Q4: Are all NIH and AHRQ mechanisms affected by these changes?

Q5: Will SPS Web and Grants.Duke be ready, allowing system-to-system submission of these applications?

Q6: Are both the SF424 guidelines and the FOA needed to correctly complete these requirements?
A1: NIH and AHRQ
A2: January 25, 2018
A3: Yes, these changes apply to all
A4: Yes, all mechanisms are affected by these changes
A5: Yes, they are ready now
A6: Yes, both SF424 and the FOA are needed
Let’s take a closer look

• What is human subjects research and what is the NIH definition of a clinical trial?
• What is required, exactly?
• How will this work in the fillable form, SPS Web, and Grants.Duke
Human Subjects vs. Clinical Trial

- NIH distinguishes studies as Human Subjects (HS) vs. Clinical Trials (CT)
- Human studies that are classified as ‘clinical trials’ have the most demanding requirements
- Critical to choose the correct FOA and to accurately define study at beginning of process in SPS Web to ensure that necessary fields and attachment rows are available in Grants.Duke

FAQ AND >60 CASE STUDIES regarding the application of the Clinical Trials Definition: https://grants.nih.gov/grants/policy/faq_clinical_trial_definition.htm
How does the NIH define a Clinical Trial?

Does the study...

✓ Involve one or more human participants?

✓ Prospectively assign human subject(s) to intervention(s)?

✓ Evaluate the effect of the intervention(s) on the participant(s)?

✓ Effect to be evaluated a health-related biomedical or behavioral outcome?

If YES to all of these, it is a Clinical Trial.

Learn more and find case studies at: https://grants.nih.gov/policy/clinicaltrials/definition.htm
These are big changes. How do they affect my pre-award work?

• New (but limited!) information for the application (i.e., the unique SPS Record) is required for routing.

• This new, limited information (on IRB tab) is now required for routing for ALL SPS records.

• Detailed information for each study goes on new SPS Web “Studies” tabs for NIH/AHRQ SPS records.
  • These are fully editable throughout INIT, PNCA, PCA, RFC, and AS status.
  • When status is INIT or RFC, Study Information can be partially entered and saved.
  • When status is PNCA, PCA, or AS, any entered Study Information must be error-free to route OR to Save.

• Study Information in SPS Web enables Grants.Duke attachments and impacts their associated validations/checks.
What is required for routing?

Main Notebook, Sponsor Tab

This field auto-populates if FOA entered is only for dates on or after Jan 25, 2018.

FOA selection must match project’s needs for Clinical Trial allowed.
What is required for routing?

Protocol Notebook

New content on IRB tab.
Protocol Notebook content for routing

If Yes to Human Subjects

Clinical Trial Questions

* Will human participants be involved at any performance site?  
* Will any participants be prospectively assigned to an intervention?  
* Is any study designed to evaluate the effect of the intervention on any participants?  
* Is the effect that will be evaluated a health-related biomedical or behavioral outcome?  
* Does this research involve more than one study?  
  * Does at least one of the studies fit all 4 criteria shown above?  
  This research meets the definition of a Clinical Trial.

If it counts as a Clinical Trial and it is not delayed onset, new requirements are VERY different.

Exemption selection

If NO to Human Subjects & YES to human specimens, now need a justification (attachment) that it is not Human Subjects Research.
Let’s take a look at SPS Web

• Log in to SPS Web.

• Set up “Main” notebook, Sponsor Tab – Select S2S as “yes”, and choose and enter FOA number. If the FOA has options for both Forms D and Forms E (i.e., never allowed human subjects research), select the appropriate one based on your application due date.

• This entry must be correct as it determines (in part) what sections are allowed and required.
  • If a clinical trial is to be proposed, the FOA must explicitly either allow or require Clinical Trials
  • Remember nearly all FOAs for NIH and AHRQ are being re-issued or adjusted to enable Forms E; do not rely on an older FOA without checking.

• Go to Protocol Notebook, IRB Tab, and enter new human subjects “intake” information.
In SPS Web, REMEMBER:

• Double check the FOA for all applications.
• The Protocol Notebook/IRB Tab information is the same for all funders and is required for routing for all funders and all deadlines.
• The detailed Studies Notebook/Study Tab information only applies to NIH and AHRQ for deadlines on or after January 25.
  • Behaves similarly to the current/old Enrollment Tab.
• Enrollment data may be needed for other funders, and is accessible through the Studies Notebook/Study Tab.
Q1: Which sponsors are following the new requirements?

Q2: What is the first deadline to which these changes and Forms E apply?

Q3: Do these changes apply to new, renewal, and/or resubmission applications?

Q4: Will you need to double check to be sure your PI is using the right FOA for applications due on or after January 25, 2018?

Q5: Is the information required for routing in SPS changing for all sponsors, or just for NIH and AHRQ?
A1: NIH and AHRQ
A2: January 25, 2018
A3: Yes, these changes apply to all
A4: Yes
A5: All sponsors
That takes care of routing.

Let’s take a closer look at the new Study information –

What it is, how to get it and where to enter it.
Sections for Study Information

1. Basic Info
2. Study Population
3. Protection & Monitoring Plans
4. Protocol Synopsis
5. Other Clinical Trials Attachments
Sections for Study Information

1. Basic Info
2. Study Population
3. Protection & Monitoring Plans
4. Protocol Synopsis
5. Other Clinical Trials Attachments
Section 1 – Basic Information

• Required for all Human Subjects research (NIH & AHRQ)
• Clinical Trial questions appear again as distinct items for this particular study (as opposed to the Project as a whole)
• Exemption categories*
  • NIH will continue to use Exemptions 1-6, but changes will be coming in the future to include Exemptions 7, 8.

Items with (*) have additional information in Appendix slides.
NIH is not yet utilizing the new Exemptions or the new definitions.
Behaves similarly to the current Enrollment Tab

Still have option of Delayed Onset Study; justification attachment now required (explain why study info not yet available); include in this attachment a dissemination plan (for entry into ClinicalTrials.gov) and/or single IRB plan, if applicable
As is true now, each Study in an application has to have a unique title. Short Title is Duke-specific; NIH application bookmark uses “Study 1”, etc.

The information here is entered for the specific STUDY, not the entire project or application.
Sections for Study Information

1. Basic Info
2. Study Population
3. Protection & Monitoring Plans
4. Protocol Synopsis
5. Other Clinical Trials Attachments
Section 2 – Study Population

• Required for all Human Subjects research (unless Exemption #4)
• Many data elements aligned with ClinicalTrials.gov reporting
• New data elements, including date of planned enrollment
• New Attachment: Recruitment & Retention Plan*
• New Attachment: Study Timeline*
• Newly combined Attachment: Inclusion of Women, Minorities, and Children
### NIH Fillable Form Snapshot

**Section 2 - Study Population Characteristics**

2.1. Conditions or Focus of Study

Add New Condition

2.2. Eligibility Criteria

2.3. Age Limits

<table>
<thead>
<tr>
<th>Minimum Age</th>
<th>Maximum Age</th>
</tr>
</thead>
</table>

2.4. Inclusion of Women, Minorities, and Children

Add Attachment | Delete Attachment | View Attachment

2.5. Recruitment and Retention Plan

Add Attachment | Delete Attachment | View Attachment

2.6. Recruitment Status

2.7. Study Timeline

Add Attachment | Delete Attachment | View Attachment

2.8. Enrollment of First Subject

Inclusion Enrollment Report(s)

Add Inclusion Enrollment Report

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Note that the NIH fillable form has data fields and attachments together. These are separated in Duke’s system – SPS Web for data fields, Grants.Duke for attachments.
SPS Web: List of Studies Tab

Study Population Characteristics

Conditions or Focus of Study

+ Add Study Condition

Eligibility Criteria

15,000 character limit

Age Limits

Minimum Age: 0

Maximum Age: 0

Recruitment Status

Enrollment of First Subject

Enrollment Report(s)

+ Add Enrollment Report
Inclusion Enrollment Report

1. * Using an Existing Dataset or Resource  
   □ Yes  □ No

2. * Enrollment Location Type  
   □ Domestic  □ Foreign

3. Enrollment Country(ies)

4. Enrollment Location(s)

5. Comments

List of Countries & Enrollment Locations are new!
New!

SPS Web: List of Studies Tab

Enrollment Report 1

* Using Existing Dataset or Resource?  ○ Yes  ○ No

* Location Type
Country(ies)
Location(s)

Comments

* Enrollment Type  ○ Planned  ○ Cumulative (actual)  ○ Both
# NIH Fillable Form Snapshot

## Planned

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<th>Racial Categories</th>
<th>Ethnic Categories</th>
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## Up to 20 Inclusion Enrollment Reports allowed per study.

## Cumulative (Actual)

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Report 1 of 1

[Previous Report]

Delete Report

[Next Report]
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**Up to 20 Inclusion Enrollment Reports allowed per study.**
Sections for Study Information

1. Basic Info
2. Study Population
3. Protection & Monitoring Plans
4. Protocol Synopsis
5. Other Clinical Trials Attachments
Section 3 – Protection & Monitoring

• **Protection of Human Subjects** attachment
  • Required for all Human Subjects Research
  • Required elements – *minor changes*
    – Risks to Human Subjects
    – Adequacy of Protection Against Risks
    – Potential Benefits
    – Importance of Knowledge to be Gained
  • **Recruitment** now to be described in separate attachment (Section 2, Recruitment & Retention Plan).
Section 3 – Single IRB Requirement

- For applications proposing to conduct non-exempt human subjects research at multiple domestic sites using the same protocol
  - Not applicable IF
    - The work is exempt from Federal Regulations AND/OR
    - The application is career development, training or fellowship
- Policy applies to both Human Subjects and Clinical Trials
- If yes, attach a plan describing use of a single IRB (sIRB) and/or justification for exception*
- Find out early if this will apply to your application so contact can be made with the IRBs and $$ budgeted.
Section 3 – Data and Safety Monitoring Plan (DSMP)

• As now, this attachment is required for all Clinical Trials
• Optional if Human Subjects and not clinical trial
• Required elements are defined*
• If Clinical Trial, must answer question about whether a Data and Safety Monitoring Board (DSMB) is proposed
Section 3 – Study Team

• New Attachment: **Overall Structure of the Study Team**

  • Required for Clinical Trials; optional for Human Subjects only
  • Overview of organizational structure of the study team, particularly at administrative sites, data coordinating sites, enrollment/participating sites, and any separate lab/testing centers.
  • Do not include team members’ individual professional experiences (i.e., Biosketch information).
  • ORD suggests an organizational chart showing titles (+ roles) + names so reviewers can cross-reference Biosketches and Budget Justifications.
Section 3 - Protection and Monitoring Plans

3.1. Protection of Human Subjects

3.2. Is this a multi-site study that will use the same protocol to conduct non-exempt human subjects research at more than one domestic site?

☐ Yes  ☐ No  ☐ N/A

If yes, describe the single IRB plan

3.3. Data and Safety Monitoring Plan

3.4. Will a Data and Safety Monitoring Board be appointed for this study?

☐ Yes  ☐ No

3.5. Overall Structure of the Study Team
**Multi-site domestic studies with same protocol?**

* Is this a multi-site study that will use the same protocol to conduct non-exempt human subjects research at more than one domestic site?  
* Will a Data and Safety Monitoring Board be appointed for this study?

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**Human Subjects Study 1 - Small Calcium Trial**

<table>
<thead>
<tr>
<th>Section</th>
<th>View</th>
<th>Attach</th>
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<tbody>
<tr>
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<tr>
<td>Dissemination Plan</td>
<td>View</td>
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<tr>
<td>Other Clinical Trial Attachment 1</td>
<td>View</td>
<td></td>
</tr>
</tbody>
</table>
Sections for Study Information

1. Basic Info
2. Study Population
3. Protection & Monitoring Plans
4. Protocol Synopsis
5. Other Clinical Trials Attachments

Section 4 is REQUIRED for Clinical Trials and NOT ALLOWED for Human Subjects Studies that are not a Clinical Trial.
Section 4 – Protocol Synopsis

• Required for Clinical Trials only

• New Element: Brief Summary
  • Description of objectives, including the primary & secondary endpoints
  • Limited to 5,000 characters
  • Text entry or copy and paste
  • **Plain text only** – tables and special formatting and characters won’t be retained
Section 4 – Protocol Synopsis, cont.

• New Element: Study Design*
  • Study’s Primary Purpose (drop down/enter)
  • Narrative study description
    • Limited to 32,000 characters
    • Plain text only – tables and special formatting and characters won’t be retained
  • Interventions*
Section 4 - Protocol Synopsis

4.1. Brief Summary

4.2. Study Design

4.2.a. Narrative Study Description

4.2.b. Primary Purpose

4.2.c. Interventions

<table>
<thead>
<tr>
<th>Intervention Type</th>
<th>Name</th>
<th>Description</th>
</tr>
</thead>
</table>

Add New Intervention
### SPS Web: List of Studies Tab, Protocol Synopsis Section

<table>
<thead>
<tr>
<th>Brief Summary</th>
<th>5000 character limit (plain text only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study Design</td>
<td>32,000 character limit (plain text only)</td>
</tr>
</tbody>
</table>

**Primary Purpose**

**Interventions**

- **Type**
- **Name**
- **Description**

**Add Study Intervention**

- **Treatment**
- **Prevention**
- **Diagnostics**
- **Supportive Care**
- **Screening**
- **Health Services Research**
- **Basic Science**
- **Device Feasibility**
- **Other**

- **Drug (including placebo)**
- **Device (including sham)**
- **Biological/Vaccine**
- **Procedure/Surgery**
- **Radiation**
- **Behavioral (…)**
- **Genetic (…)**
- **Dietary Supplement (…)**
- **Combination Product**
- **Diagnostic Test**
- **Other**

**Up to 20 Interventions allowed per study.**
Section 4 – Protocol Synopsis, cont.

• New Element: Study Design* continued
  • Study Phase (drop down)
    • Still answer separately if it is an NIH-defined Phase III Clinical Trial
  • Intervention Model (drop down)
  • Masking (Y/N with follow-up question)
  • Allocation (drop down)
NIH Fillable Form Snapshot

4.2.d. Study Phase
Is this an NIH-defined Phase III clinical trial? [ ] Yes [ ] No

4.2.e. Intervention Model

4.2.f. Masking
[ ] Yes [ ] No
[ ] Participant [ ] Care Provider [ ] Investigator [ ] Outcomes Assessor

4.2.g. Allocation

Early Phase 1 (or Phase 0)
Phase 1
Phase 1/2
Phase 2
Phase 2/3
Phase 3
Phase 4
Other

Single Group
Parallel
Cross-Over
Factorial
Sequential
Other

N/A
Randomized
Non-Randomized
SPS Web: List of Studies Tab – “Smart” Entries

Study Phase

Is this an NIH-defined Phase III clinical trial?  
- Yes  
- No

Intervention Model

Will the study use masking?  
- Yes  
- No

Allocation Type
SPS Web: List of Studies Tab – “Smart” Entries

Study Phase

Is this an NIH-defined Phase III clinical trial?  ○ Yes  ○ No

Intervention Model

Will the study use masking?  ○ Yes  ○ No
   ○ Participant  ○ Care Provider  ○ Investigator  ○ Outcomes Assessor

Allocation Type
Section 4 – Protocol Synopsis, cont.

• New Element: **Outcome Measures***
  • For each primary, secondary, other outcome (up to 50)
  • Name, type, time frame, and a description of up to 999 characters

• New Attachment: **Statistical Design and Power**
  • Describe for each outcome measure identified in the above field
Section 4 – Protocol Synopsis, cont.

• New Element: **Subject Participation Duration** (describe, 255 characters)

• New Attachment: **FDA-regulated intervention*** (if “Yes” to “Will the study use an FDA-regulated intervention?”)

• New Attachment: **Dissemination Plan*** (re: ClinicalTrials.gov)
## 4.3. Outcome Measures

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type</td>
</tr>
<tr>
<td>Time Frame</td>
</tr>
<tr>
<td>Brief Description</td>
</tr>
</tbody>
</table>

**Add New Outcome**

## 4.4. Statistical Design and Power

## 4.5. Subject Participation Duration

## 4.6. Will the study use an FDA-regulated intervention?  
- [ ] Yes  
- [ ] No

**4.6.a. If yes, describe the availability of Investigational Product (IP) and Investigational New Drug (IND)/Investigational Device Exemption (IDE) status**

## 4.7. Dissemination Plan
### SPS Web: List of Studies Tab, Protocol Synopsis, cont.

#### Outcome Measures

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Type</td>
<td></td>
</tr>
<tr>
<td>Timeframe</td>
<td></td>
</tr>
<tr>
<td>Description</td>
<td></td>
</tr>
</tbody>
</table>

Can add up to 50 outcomes

- **Primary**
- **Secondary**
- **Other**

If “Yes”, then attachment row appears in Grants.Duke for FDA description

---

**Remember:** Use the **Annotated Forms**, the **SF424 Guidelines**, and the **specific FOA** to know what is required for your PI’s application.

Annotated form often says, “Required for clinical trial study unless otherwise noted in opportunity.”
Sections for Study Information

1. Basic Info
2. Study Population
3. Protection & Monitoring Plans
4. Protocol Synopsis
5. Other Clinical Trials Attachment

- Recruitment And Retention Plan
- Study Timeline
- Protection of Human Subjects
- Data Safety Monitoring Plan
- Study Team Structure
- Statistical Design and Power
- Dissemination Plan
  - Other Clinical Trial Attachment 1
Section 5 – Other Clinical Trial Attachments

• New Attachment: **Other Clinical Trial-Related Attachment**
  • Behaves in Grants.Duke just like “Other Attachment Item 12”
  • Max of 10 PDFs, specified by FOA

• Required/permitted:
  • for Clinical Trials **only if specified in FOA**
  • Do **NOT** include for other Human Subjects research or application will be rejected

• Prohibited for Career Development & Fellowship applications
  • If included in K or F, application will be rejected
Let’s take a closer look at Grants.Duke
Grants.Duke snapshot


Click here to go to SPS Web
Grants.Duke snapshot

**Delayed Onset Study 1 - Multiple delayed onset calcium studies**

- Delayed Onset Study Justification

**Human Subjects Study 1 - Small Calcium Trial**

- Inclusion of Women, Minorities and Children
- Recruitment And Retention Plan
- Study Timeline
- Protection of Human Subjects
- IRB Plan for Multiple Domestic Site Non-Exempt Research
- Data Safety Monitoring Plan
- Study Team Structure
- Statistical Design and Power
- Dissemination Plan
- Other Clinical Trial Attachment 1

Justification attachment now needed for Delayed Onset Study

= new attachments

SLIGHTLY MODIFIED
Attachment Reminders:

• Each Attachment must be a pdf, with page size of 8.5” x 11”.
• Each Attachment must have a unique file name.
• Each file name must be no more than 50 characters including spaces AND the file extension (.pdf). Efficient examples:
  • Fusion_SpecificAims_1116-final.pdf
  • Fusion_ResearchStrategy_final1.pdf
  • Fusion-Study1_DissemPlan_final.pdf ; Fusion-Study1_FDA_final.pdf
  • Fusion-Study2_DissemPlan_final.pdf ; Fusion-Study2_FDA_final.pdf

• Be very careful if using placeholder files!!
• The new attachments do not have page limits, but the new text entries generally have character limits.
Important Points

• Most FOAs will be re-issued; do not rely on old FOA numbers.

• “FORMS-E” **MUST** be used for applications for due dates on/after January 25, 2018 and **CANNOT** be used for earlier due dates.

• Correct human subjects / clinical trial information and attachments must be included or the application will not be able to be submitted / will be rejected before review.

• Circumventing the new requirements will result in the application (if it makes it through) **not being reviewed**.
Tips for Success

- Applications require greater detail than before.
- There can be multiple “studies” per application, each of which will require these things.
- Includes information PIs might be familiar with, but now required for application and in very different formats and places.
- If you have a tool for collecting proposal info from your faculty, be sure to update it to include new requirements.
- Use NIH fillable form to collect data and to direct development of necessary attachments and text entries.
- Enter information into SPS Web and Grants.Duke.
- Plan Well and Submit Early! There is no last-minute save.
Q1: Where will data fields be entered, drop-downs selected, and yes/no questions be answered?

Q2: Where will new attachments be uploaded?

Q3: Both the SF424 guidelines and the FOA are needed to determine what is actually required for each application – what else do you need to know?

Q4: What single tool will allow collection of all necessary information in a single place?

Q5: If the required information is not entered and attachments not uploaded correctly and completely, what are the risks?
A1: SPS Web
A2: Grants.Duke
A3: What work is being proposed
A4: NIH Fillable Form
A5: The application will be rejected
“Office Hours” Help Sessions

• For faculty, research administrators, and other staff
• Each will feature a variable range of “experts”, including Research Development, Research Administration, Regulatory, Clinical Research, etc.
• Sessions to be held twice weekly until Feb 20
• Currently at Medical Center Library, 212E
• Times and Locations are posted on ORA website
Key Resources:

- Detailed **SF424 Application Guide** (use hotlinks or Ctrl-F to search):

- **Annotated Forms Set** (provides guidance, but is not fillable):

- **Fillable Forms Set**:
  https://medschool.duke.edu/research/research-support-offices/office-research-administration/forms (and scroll down; if pdf doesn’t open properly after clicking, select “Open With Different Viewer” and choose Adobe; or try opening with a different browser)

- Grants.Duke & SPS Questions?
  **ORA** – your regular contact or gcmail@mc.duke.edu for campus-side investigators
NIH Resources on the new Requirements

• High-level Summary of Form Changes in FORMS-E Application Packages:

• NIH’s 9-minute overview video of the changes:
  https://www.youtube.com/watch?v=nz9NWFhYOG8

• Annotated Forms Set: https://grants.nih.gov/grants/how-to-apply-application-guide/resources/annotated-form-sets.htm

• NIH Forms E notice (includes relevant links):
NIH Resources for PIs on Clinical Trials

• The PI’s Program Officer


• Changes in Clinical Trial Requirements for Grants and Contracts: https://grants.nih.gov/policy/clinical-trials.htm
Duke resources for RAs

- SPS/Grants.Duke – Office of Research Administration – your usual contact or gcmail@mc.duke.edu if not SOM/SON

- Complex research grants – Duke SOM Office of Research Development: joanna.downer@duke.edu & martha.payne@duke.edu

- ORA website “Forms” section for fillable forms, annotated forms, and (soon) Word templates containing NIH instructions for attachments and long text fields – https://medschool.duke.edu/research/research-support-offices/office-research-administration/forms (scroll down)
Duke Resources for PIs

- Investigator questions/triage – researchinitiatives@duke.edu
- ORA Website “Forms” section (see previous slide)

For help with….

- Recruitment & Retention Plan – Duke CTSI Recruitment Innovation Center: studyrecruitment@duke.edu
- sIRB - Duke Health IRB: minna.pak@duke.edu; jody.power@duke.edu
- FDA-regulated intervention – Office of Regulatory Affairs and Quality (Amanda Parrish, Dir.): ORAQ@duke.edu
- Dissemination Plan and Outcomes - DOCR ClinicalTrials.gov team: DOCR-ctgov@dm.duke.edu
We are here to help!

Administrative Questions
Office of Research Administration
gcmail@mc.duke.edu

Investigator Questions
Office of Research Initiatives
researchinitiatives@duke.edu

Complex Grants
SOM Research Development Team
joanna.downer@duke.edu and martha.payne@duke.edu
Appendix / Resources For Specific Topics

- Good Clinical Practice
- Single IRB
- New Application Forms
- Clinical Trial Review Criteria
- Registration & Reporting
- Clinical Trial FOAs
If the NIH definition is met, the PI has a Clinical Trial...

• Even if...
  
  • The PI/team is studying healthy participants
  
  • The study does not have a comparison group (e.g., placebo or control)
  
  • The study has only one intervention
  
  • The study is utilizing a behavioral intervention

FAQ AND >60 CASE STUDIES regarding applying the Clinical Trials Definition: https://grants.nih.gov/grants/policy/faq_clinical_trial_definition.htm
Exemptions

• The new Common Rule will
  • change the Exemptions
  • Current Exemption 3 will be removed, and a new Exemption 3 put in its place
  • Exemptions 7 and 8 will be added (these options will appear on NIH annotated and fillable forms) BUT
  • NIH and AHRQ have stated they will not use the new exemption definitions, and therefore SPS Web shows only current Exemptions 1-6.
Recruitment & Retention Plan

• Required unless either/both apply:
  - Selected only Exemption 4
  - Answered “No” to “Does the study involve human participants?” question

• Address:
  - planned recruitment activities
  - proposed engagement strategies for retention

HELP FROM
Recruitment Innovation Center
studyrecruitment@duke.edu
Study Timeline

• Required unless either/both apply:
  • Selected only Exemption 4
  • Answered “No” to “Does the study involve human participants?” question

• Provide a description or diagram describing the study timeline

• General (e.g., "one year after notice of award"), and should not include specific dates

• Beyond this, NIH not dictating format/categories
sIRB Plan – Required Elements

• How you will comply with the NIH Policy on the Use of sIRB for Multi-Site Research: https://grants.nih.gov/grants/guide/notice-files/NOT-OD-16-094.html

• Name of IRB that will serve as the sIRB of record

• Indicate that all identified participating sites have agreed to rely on the proposed sIRB and that any sites added after award will rely on the sIRB

• How communication between sites and the sIRB will be handled

• All sites will sign an authorization/reliance agreement that will clarify the roles and responsibilities of the sIRB and participating sites (note: do not include authorization/reliance agreement(s) in application)

• Which institution or entity will maintain records of agreements/plans

• For studies with legal-, regulatory-, or policy-based claims for exception, indicate that review by sIRB will not be possible for some/all sites, and include a specific citation to the relevant law, policy, or regulation.
Duke Health IRB as sIRB

• Duke Health IRB has considerable experience serving as the IRB of Record (sIRB)
• Contact IRB to verify ability to serve as sIRB
• Duke Health IRB can provide Support Letter to serve as sIRB or state that we will rely on another site as the sIRB
• Use of SMARTIRB reliance agreement: https://smartirb.org/

HELP FROM
IRB TEAM
minna.pak@duke.edu
jody.power@duke.edu
Data and Safety Monitoring Plan (DSMP) – Required Elements

• Framework for safety monitoring and what info will be monitored
• Frequency of monitoring, plans for interim analysis, stopping rules
• The process by which Adverse Events (AEs), Serious Adverse Events (SAEs), and Unanticipated Problems will be managed and reported
• The individual(s) or group responsible for monitoring & advising the appointing entity. A number of options for monitoring are possible, including but not limited to monitoring by:
  • PI
  • Independent safety monitor/designated medical monitor
  • Independent Monitoring Committee or Safety Monitoring Committee
  • Data and Safety Monitoring Board (DSMB) – required for some types of Clinical Trials
Study Design

• Narrative Study Description
  • Describe plans for assignment of participants and delivery of interventions
  • Show that methods are appropriate given plans for assignment, delivery, and data collection/analysis
  • Additional info at Research Methods Resources webpage: https://researchmethodsresources.nih.gov/
  • Limited to 32,000 characters

• Interventions field for each intervention (up to 20)
  • Intervention type (drop down menu)
  • Intervention name (up to 200 characters)
  • Intervention description (up to 1,000 characters)
Outcome Measures

• Complete “Outcome Measures” fields for each primary, secondary, and other important measures
• May have >1 primary outcome measure
• Add up to 50 outcome measures
• Enter:
  • Name
  • Type (dropdown – Primary, Secondary, Other)
  • Timeframe (e.g., baseline, post-treatment)
  • Description
    • Describe metric if not included in outcome measure name
    • Up to 999 characters

HELP FROM
DOCR
CT.GOV Team
docr-ctgov@dm.duke.edu
**FDA-Regulated Intervention**

- Attachment required if answered “Yes” to “Will the study use an FDA-regulation intervention?” question
- Describe availability of Investigational Product (IP), and Investigational New Drug (IND)/Investigational Device Exemption (IDE) status (include IND/IDE number, if available)
- Describe interactions to date with the FDA
- Note: The awarding component may request consultation with the FDA and the IND/IDE sponsor about the proposed clinical trial after peer review and prior to award

HELP FROM ORAQ Team
orraq@dm.duke.edu
Dissemination Plan

- Explain plan to ensure that:
  - Trial is registered and results reported in ClinicalTrials.gov
  - Consent documents include statement relating to ClinicalTrials.gov
  - Institution has policy to ensure reporting is in compliance
- If delayed onset study, include ClinicalTrials.gov dissemination plan in “Delayed onset study justification”

HELP FROM
DOCR
CT.GOV Team
docr-ctgov@dm.duke.edu