

# NIH Updates and Changes for 2016

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# Rigor and Transparency in Research

For due dates on or after January 25, 2016 for Research Grants

To enhance reproducibility of research findings through increased scientific rigor and transparency.

- ▶ Updates to research strategy instructions
  - ▶ **Significance**  
Describe the scientific premise for the proposed project, including consideration of the strengths and weaknesses of published research or preliminary data crucial to the support of your application.
  - ▶ **Approach**  
Describe the experimental design and methods proposed and how they will achieve robust and unbiased results.
  - ▶ Explain how relevant biological variables, such as sex, are factored into research designs and analyses for studies in vertebrate animals and humans.
- ▶ Reviewers will consider additional rigor and transparency questions when reviewing applications.

See [NOT-OD-16-011](#) and [NOT-OD-16-012](#).

May 25, 2016, applies to Fellowship and Training grant applications.

# Definition of Child

For due dates on or after January 25, 2016

- ▶ Redefining the age of a child for the purposes of NIH's inclusion policy to individuals under 18 years old instead of under 21 years old.
- ▶ Note: This change does not apply to AHRQ applications.

See [NOT-OD-16-010](#).

# Vertebrate Animals

For due dates on or after January 25, 2016

Removing redundancy with Institutional Animal Care and Use Committee review

Changes include:

- ▶ Updated guidance on criteria to be addressed (description of procedures; justifications; minimization of pain and distress; and euthanasia)
- ▶ A description of veterinary care is no longer required
- ▶ Justification for the number of animals has been eliminated
- ▶ A description and justification of the method of euthanasia is required only if the method is not consistent with AVMA Guidelines for the Euthanasia of Animals

See [NOT-OD-16-006](#).

# Inclusion Enrollment Form

For due dates on or after **May 25, 2016**.

- ▶ Adding an optional PHS Inclusion Enrollment Report form.
- ▶ The new form, with additional study descriptors, will replace the current Planned Enrollment Report and Cumulative Inclusion Enrollment Report form.
- ▶ More details about these updated forms will be released this spring.

# Data Safety Monitoring Plans

For due dates on or after May 25, 2016.

- ▶ Required for Clinical Trials.
- ▶ Use of a separate attachment will emphasize its importance and facilitate systematic enforcement of its presence.

(Previously part of human subjects protection narrative.)

# Assignment Request Form

For due dates on or after May 25, 2016.

- ▶ Adding an optional Assignment Request Form
- ▶ Will provide a consistent way to collect application referral information, including:
  - ▶ Awarding component (NIH institute) assignment preference
  - ▶ Study Section preference
  - ▶ List of potential reviewers in conflict, and why
  - ▶ List of scientific expertise needed to review the application

See NOT-OD-16-008.



# New Font Guidelines

For due dates on or after May 25, 2016.

- ▶ Providing additional flexibility regarding the fonts allowed in PDF attachments included in grant applications.
- ▶ Text in PDF attachments must follow these minimum requirements:
  - ▶ Font size: must be 11 points or larger
  - ▶ Smaller text in figures, graphs, diagrams and charts is ok as long as it is legible.
  - ▶ Type density: must be no more than 15 characters per linear inch (including characters and spaces)
  - ▶ Line spacing: must be no more than six lines per vertical inch
  - ▶ Text Color: must be black (color text in figures, graphs, diagrams, charts, tables, footnotes and headings is acceptable as long as it is legible)
- ▶ Some PDF converters may reduce font size. The final PDF document must comply with the font requirements.
- ▶ The following fonts are recommended:
  - ▶ Arial, Garamond, Georgia, Helvetica, Palatino Linotype, Times New Roman, Verdana
- ▶ Legibility is of paramount importance. Applications that include PDF attachments that do not conform to the minimum requirements listed above may be withdrawn from consideration.

See NOT-OD-16-009.

# Review Appendix Policy

NIH is currently reevaluating and a policy change will be issued this spring.

The current policy:

- ▶ Not to be used to circumvent page limits
- ▶ Materials Allowed in the Appendix
  - ▶ Up to 3 of the following types of publications
    - ▶ Manuscripts and/or abstracts accepted for publication but not yet published.
    - ▶ Published manuscripts and/or abstracts only when a free, online, publicly available journal link is not available.
  - ▶ Patents materials directly relevant to the project.
  - ▶ Surveys, questionnaires, data collection instruments, clinical protocols, and informed consent documents as necessary.

# Review NIH Resubmit Policy

Following an unfunded resubmission, applicants may submit the same idea as a new application for the next appropriate due date.

- ▶ NIH will not assess the similarity of the science in the new application to any previously reviewed submission when accepting an application for review.
- ▶ Applies to all NIH Funding Opportunity Announcements (FOAs) that allow resubmissions.

[NOT-OD-14-074](#), for application due dates after April 16, 2014.

The NIH will not accept duplicate or highly overlapping applications under review at the same time. NIH will not review:

- ▶ a new application that is submitted before issuance of the summary statement from the review of an overlapping new or resubmission application.
- ▶ a resubmission application that is submitted before issuance of the summary statement from the review of the previous new application.

[NOT-OD-09-100](#)

# NIH Common Data Elements

- ▶ NIH encourages the use of common data elements (CDEs) in clinical research, patient registries, and other human subject research.
- ▶ Improves data quality and opportunities for comparison and combination of data from multiple studies and with electronic health records.
- ▶ NINR Common Data Elements
  - ▶ Symptom Science
  - ▶ Pain, Fatigue, Sleep, Affective-mood, Affective-anxiety, Affective-well being, Cognitive, Demographics

# Application Compliance

- ▶ “To be fair to all concerned NIH needs to consistently apply standards for application compliance.”
- ▶ NIH may withdraw any application during the receipt, referral and review process that is not compliant.
- ▶ Examples:
  - ▶ Biosketch does not conform to the required format
  - ▶ Including inappropriate materials
  - ▶ Application submitted as new but containing elements of a resubmission or renewal application.

See NOT-OD-15-095

# New NIH Attachment - Authentication of Key Biological and/or Chemical Resources

For due dates on or after January 25, 2016.

- ▶ Part of the NIH Rigor and Transparency Initiative
- ▶ Required PDF attachment related to the authentication of key biological and/or chemical resources.
- ▶ Briefly describe methods to ensure the identity and validity of these resources.
- ▶ Key resources may or may not be generated with NIH funds and:
  - 1) may differ from laboratory to laboratory or over time
  - 2) may have qualities and/or qualifications that could influence the research data
  - 3) integral to the proposed research.
- ▶ Example: cell lines, specialty chemicals, antibodies, and other biologics.
- ▶ Do not include standard laboratory reagents - buffers and other common biologicals or chemicals.
- ▶ Information in this section must focus only on authentication and/or validation of key resources to be used in the study; all other methods and preliminary data must be included within the research strategy.
- ▶ Applications identified as non-compliant with this limitation will be withdrawn from the review process (see [NOT-OD-15-095](#)).

May 25, 2016, applies to Fellowship and Training grants.

# Research Performance Progress Reports- Rigor and Transparency

For due dates on and after January 25, 2016.

- ▶ RPPR will be expected to emphasize rigorous approaches taken to ensure robust and unbiased results.
- ▶ For any NIH grant that funds research or training in research.
- ▶ Reporting on rigor in RPPR will help NIH:
  - ▶ Implement and evaluate the policy for both current and new awards.
  - ▶ Prepare non-competing renewals for the next competitive renewal.

See [NOT-OD-16-011](#)

# NIH Biosketch Clarifications

- ▶ URL for a publication list is optional and, if provided, must be to a government website (.gov) like **My Bibliography**
- ▶ Allowing publications (peer-reviewed and non-peer-reviewed) and research products to be cited in both the personal statement and the contributions to science sections
- ▶ Graphics, figures and tables are not allowed
- ▶ Section A: Personal statement - describe your role and qualifications. Include up to 4 publications.
- ▶ Section C: Describe up to 5 contributions to science. Each contribution can have up to 4 publications.

See NOT-OD-16-004



# Grant Application Due Dates and Late Applications

- ▶ Applications are on time if an error free application is successfully submitted to Grants.gov by 5 p.m. local time on the due date.
- ▶ When due dates fall on a weekend or Federal holiday, they are extended to the next business day.
- ▶ New Investigators (not previously RO1 funded) have a next cycle resubmission option, an extra month to submit
  - only applies to RO1 for the standard due dates (NOT-OD-11-057).
- ▶ **Late applications** are accepted if:
  - ▶ A system issue with grants.gov (or Assist) that does not allow you to submit on time
    - ▶ CFRS will contact the appropriate system support to document and confirm your issues and work with the eRA Help Desk to resolve the problem.
    - ▶ Application submitted after the deadline must include a cover letter documenting the confirmed system issues, Help Desk ticket numbers, and the action(s) taken to resolve the issue(s).
- ▶ In rare cases, late applications will be accepted within 1-2 weeks of due date.
  - ▶ Late submission is not granted in advance
  - ▶ NIH will consider acceptance on a case-by-case basis
  - ▶ Submit an explanatory letter (emergency, death in immediate family, large scale natural disaster)

See NOT-OD-11-035

# Clinical Trials.gov Requirement

- ▶ Added text to clarify that results reporting is still required after the period of performance has ended.
- ▶ Section 801 of the Food and Drug Administration Amendments Act (FDAAA 801) requires Applicable Clinical Trials to be registered within 21 days of enrollment of the first participant.
- ▶ The International Committee of Medical Journal Editors and other journals require registration of clinical trials prior to enrollment of the first participant.
- ▶ Reporting information is submitted as four separate modules:
  - ▶ Participant Flow, Baseline Characteristics, Outcome Measures and Statistical Analyses, and Adverse Events

# NIH Changes to Post Award Policies

- ▶ November 2015, NIH issued a new Grants Policy Statement

<http://grants.nih.gov/grants/policy/nihgps/index.htm>

- ▶ Major Changes include:

- ▶ Able to reduce effort during a no cost extension without NIH prior approval
- ▶ Clarified policies for the inclusion of women and children. Strong justification must be provided for applications proposing to study only one sex.
- ▶ Any change in research procedures that result in an increased human subject risk requires NIH prior approval.
- ▶ Invention disclosures and related reports must be submitted electronically through iEdison.gov

# Material Transfer Agreement (MTA)

- ▶ Agreement between CWRU and a third party, and managed by CWRU Tech Transfer Office
  - ▶ Outlines the rights and responsibilities of the parties
  - ▶ Who has rights for further distribution of the materials
  - ▶ Ability to publish results
  - ▶ Send the completed MTA form and a brief narrative of your research protocol to Tech Transfer
- ▶ Andrew Jarrell, Licensing Associate, Technology Transfer Office (368-1401)
  - ▶ Will facilitate the process between you and the contractual entity
  - ▶ Can take 2-3 weeks
  - ▶ Complete at the same time as IRB
  - ▶ You will receive a final Uniform Biological Material Transfer Agreement (UBMTA)  
For your regulatory binder and a copy to IRB

# Dahms Clinical Research Unit

- ▶ Previous services such as blood draws, sample processing and storage were funded by the CTSA
- ▶ Recent funding reduction has led to increase in cost of services
- ▶ Contact the DCRU asap to get a price quote for your study.

Any Questions?