Question and Answers from the Applicant Information Forum
RFA-DK-01-029
Polycystic Kidney Disease Clinical Trials Network
6707 Democracy Boulevard, Room 701
Tuesday, October 9, 2001, 1:00-3:00 p.m.

The following are questions asked by the attendees at the forum and answers provided by Josephine P. Briggs, M.D., Director, Division of Kidney, Urologic, and Hematologic Diseases (DKUHD); Robert Hammond, Ph.D., Director, Division of Extramural Activities, NIDDK; Paul L. Kimmel, M.D., Diabetic Nephropathy and HIV Program Director, DKUHD; and John W. Kusek, Ph.D., Clinical Trials Program, DKUHD.

Clarification of responses to individual questions may be obtained by calling Dr. Kusek at (301) 594-7735.

Eligibility Requirements

Q: Can an investigator participate in more than one application? For example, could a physician in one application serve as a clinical expert for an application for a Data Coordinating Center?

A: An individual cannot act as the Principal Investigator for both a Participating Clinical Center (PCC) and the Data Coordinating Center (DCC). The concern is that the Principal Investigator could have access to unmasked data as well as other conflicting roles and responsibilities. If an applicant chooses to be on two applications in this manner, the applicant should indicate this on each application and which position would be accepted in the event that both grants are funded.

Recruitment of Study Participants

Q: Can a physician enter into an agreement with more than one applicant to refer patients?

A: Yes, there is no intent to restrict one physician or a group of physicians to referring patients to only one application.

Q: Do the baseline and follow-up measurements of study participants need to be completed at the PCCs, or can these individuals be seen at distant sites?

A: The Request for Application (RFA) asks that participants be measured at baseline and entered into the trial at participating clinical sites. However, there is no specific review criterion that follow-up measurements must be done at the PCCs. If this approach is not feasible, applicants should be prepared to discuss how uniform measurements at various sites will be made and how data quality control will be maintained at the different sites. In the same way, all PCCs should be prepared to clearly document their ability to oversee

the quality of the measurements made throughout the study. The participants can also use satellite centers that enter into an agreement with the applicants' institution.

Study Design and Implementation

Q: Will data from the Consortium for Radiologic Imaging Studies of Polycystic Kidney Disease (CRISP) be available to applicants who are not members of that consortium?

A: Preliminary data from CRISP have been published in the *Journal of the American Society for Nephrology* (*JASN*) and will also be presented at the upcoming American Society for Nephrology meeting. Since this initiative is relatively new, the CRISP initiative does not yet have follow-up information to address the suitability of radiological measures as outcomes for the trial(s) proposed in the RFA.

Q: The RFA suggests that one of the outcomes might be radiological. How should applicants assess radiological outcomes?

A: This type of outcome is only set forth as an example in the RFA. It is up to the applicant to decide what kinds of outcomes are appropriate for their proposed trial(s). If the applicant would like to present information on radiological outcomes on the application, he or she should feel free to do so; otherwise, more traditional outcomes may be used instead.

Q: Are there specific guidelines for the timing and order of the pilot and feasibility studies and the full-scale interventional trial?

A: The applicant determines the specifics of the timeline. Since funding for this application is for 7 years, there is a certain degree of flexibility in how the applicant chooses to structure the planning and implementation of these studies.

Q: Will the applicant be able to incorporate results from the pilot studies into the design of the interventional trial?

A: Again, the approach is up to the applicant. The applicant should ensure that the main goals of the RFA are addressed. If an applicant wants to propose a certain course of action that might be unconventional, then it is recommended that the applicant create a separate section explaining the deviation from the RFA.

Review Process

Q: Is there a possibility that a referring physician on an application could act as a reviewer for another application?

A: In certain cases, it is possible to obtain waivers for minor conflicts of interest. Under no circumstance could the Principal Investigator of an application also act as a reviewer.

Q: What are the major review criteria for this application? Is a specific protocol important?

A: The major criteria for assessing the applications are the ability of the PCCs to recruit patients and the competence and experience of the individuals involved in the trial. Since the final protocol for both the pilot and feasibility studies are developed by the Steering and Planning Committee, the protocol proposed in the application may not be the one implemented in the actual study.

Q: Is geography a factor in this application?

A: To ensure a broad range of patients in terms of their geographical distribution, the location of the PCCs is also taken into consideration in making funding decisions, but only after all of the applications are considered by the Initial Review Group.

Budget Concerns

Q: Use of such outcomes as the rate of decline in the glomerular filtration rate (GFR), seems costly given the budgetary restrictions in the RFA. Is there any room in the budget to allow for the higher costs associated with tests like the GFR?

A: The RFA calls for the development of interventional trials that are simple with outcomes of clinical relevance to the patient. While everyone involved would be pleased to have a larger budget, the fact remains that the proposals must be in line with the budget listed in the RFA. A proposal that is too costly should be redesigned to fit within the budget guidelines.

Q: Does the budget allow for the purchase of computer hardware?

A: We expect that part of the DCC's budget will include computer hardware for the PCCs.