AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT						CT ID NO.	PAGE O	F PAGES
2. AMENDMENT/MODIFICATION NO. 3. EFFECTIVE DATE				4. REQUISITION/PURCHASE RI	EQ. NO.	5. PROJECT NO.	(if applicable	
002		Jan	17, 2006					
6. ISSUED BY	С	ODE		7. ADMINISTERED BY (if other	erthan Item 6	5) (CODE	
National Institutes of Health National Heart, Lung, and Blood Rockledge II, Room 6114 6701 ROCKLEDGE DR MSC 79 BETHESDA MD 20892-7902		•						
8. NAME AND ADDRESS OF CONTRACTOR	(No., street, count	ty, Stat	te and ZIP Code)		(✓)			CITATION NO.
Recipients of RFP NHLBI–HR–06–08 Long-term Oxygen Treatment Trial (LOTT) – Data Coordinating Center (DCC)						9B. DATED (S	I—HR—06 EE ITEM 13) ary 17, 200 ON OF CONTRA	06
						10B. DATED (S	FF ITFM 13)	
CODE FACILITY CODE						702. 37.123 (6.		
The above numbered solicitation is amended a				ENDMENTS OF SOLICITAT	IONS			
	2 e to the solicitation a FIED MAY RESULT IN legram or letter make DATA (if required) ITEM APPLIE DIFIES THE (copie nd amer I REJEC ss refere	es of the amendment ndment numbers. F, TION OF YOUR OFF nce to the solicitation	t; (b) By acknowledging receipt of the ALLURE OF YOUR ACKNOWLEDGMEER. If by virtue of this amendment in and this amendment, and is received. DIFICATIONS OF CONER NO. AS DESCRIBE	nis amendment NT TO BE REC you desire to clo red prior to the	on each copy of the e EIVED AT THE PLACI nange an offer already opening hour and dat ORDERS,	E DESIGNATED y submitted, su te specified.	D FOR RECEIPT uch change
B. THE ABOVE NUMBERED CONTRA SET FORTH IN ITEM 14, PURSUA C. THIS SUPPLEMENTAL AGREEMEN	NT TO THE AUTH	IORITY	OF FAR 43.103(b).	such as chan	ges in paying office	ə, appropriatio	on data, etc.)
D. OTHER (Specify type of modificat	ion and authority)							
E. IMPORTANT: Contractor	is not,	lis ro	auired to sign this	s document and return	conic	es to the issuing of	fice	
14. DESCRIPTION OF AMENDMENT/MODI			•					
Note: A picture of the Contract size. Except as provided herein, all terms and condition. 15A. NAME AND TITLE OF SIGNER (Type of the Contract size).	eting Officer	's sig	gnature is on	A or 10A, as heretofore chang 16A. NAME AND TITLE OF C Joanne Deshler	B. of this	nchanged and in fo	ull force and	
15B. CONTRACTOR/OFFEROR		15C	. DATE SIGNED	Contracting Officer, I		ancn	16C. [DATE SIGNED
				BY	/s/		_ 1/1	7/2006
(Signature of person authorized to	o sian)	1		(Signature of	Contracting	Officer)	1/1	1/2000

1. The first sentence of item #14 on page 11 is incomplete. Words are missing after the phrase 'for the'. The information in this sentence may or may not be important but clarification would be helpful.

Item 14 should read:

Final Limited Access Data Set: The contractor shall provide a final limited access data set with full documentation. The data set shall include all phenotypic and outcome data for all subjects with reductions and redactions only as needed to ensure subject privacy. The data set and documentation shall be prepared in accordance with the NHLBI Limited Access Data Clause: http://www.nhlbi.nih.gov/resources/deca/policy.htm.

2. On page 11 (#7 and #8), NHLBI requests a CD or DVD copy of all pages of the Study and Public websites. Is NHLBI requesting all pages of the final websites at the time of delivery or all pages, including copies of old pages that have been updated during the study be delivered?

The receipt date for deliverable 7 and 8 is March 19, 2007. This date was chosen to reflect items that will be completed prior to implementation of Phase II. The CD or DVD should include all pages of the final product. A copy of draft versions of these deliverables are not required on CD or DVD.

3. What is the purpose of the public web site? It appears that the information to be provided on the public web site should be available through www.clinicaltrials.gov. If content on the web site is to be used for subject recruitment, does the content need to be approved by the IRBs at each RCC before it can be posted? If so, we anticipate substantial difficulties in updating the website in a timely manner.

As noted in C.1. the public web site will provide information about the trial to prospective research subjects and the lay public. This information shall include a summary of study aims, design, schedule, and eligibility criteria; a listing of the RCCs with contact information; and a link to the NHLBI public web site. As you indicate there may be other options available for notifying the public of this study. These options can be addressed in your technical proposal as part of your technical approach.

A trial must be approved by an IRB prior to posting at www.clinicaltrials.gov. While there is no requirement to have IRB approval at each participating site prior to completing the content for the web page, a contract site that has not obtained IRB approval will not be allowed to recruit subjects.

4. Does NHLBI plan to have centralized reading of spirometry or other tests to provide some quality control of assessments conducted at the RCCs? If so, should resources for these central reading sites be included in the DCC proposed budget?

There is no requirement in the solicitation to have a central reading site for spirometry or other LOTT procedures. If you believe that a central site is the best approach to achieve quality control you would want to address this as part of your technical approach.

5. On page 6, part 12d, the RFP states that the Medical Monitor shall attend all DSMB meetings and on page 56, part 12, the 1st paragraph states that the PI and two "additional staff will attend the DSMB meetings. For budgeting purposes, is the Medical Monitor considered one of the two additional staff, or should the DCC budget include travel for a total of 4 individuals to DSMB meetings?

For cost proposal purposes you should plan on having the PI, Medical Monitor and 2 additional staff shall attend biannual meetings of the DSMB, which will last 1 day and be held in Bethesda, MD. If during discussions it decided that the number of attendees should be less than four you will be asked to remove the excess travel costs.

6. Is the DCC responsible for designing and implementing data management systems for substudies funded through other sources and for analyses of data from those studies? If so, does NHLBI have a sense of the number and size of such studies that should be used for DCC budgeting purposes?

As indicated on page 7 of the solicitation, "d. The DCC shall work with the SC in the writing of Manual of Operations chapters that detail the methods, procedures, and operations of **substudies** approved for implementation by the NHLBI." The DCC will not be responsible for designing, implementing or data management of **ancillary** studies.

Substudies are considered part of the overall program, whereas ancillary studies fall outside of the program. Typically, an ancillary study will be proposed by an investigator that wants access to LOTT samples or data and has funding from another source. In this case the Steering Committee would either approve or deny access to the LOTT samples or data. Whereas a substudy, is part of the LOTT and funding is included in the contract price. The DCC will be responsible for the design and data management associated with the LOTT substudies.

7. For budgeting purposes, should we assume that all subcommittee face-to-face meetings are held in conjunction with Steering Committee meetings?

For proposal preparation purposes you should assume that the Subcommittee will meet in conjunction with the Steering Committee and as needed by conference calls.