Questions and Answers from the Applicant Information Forum
RFA-DK-02-013
Multicenter Clinical Trial of Focal Glomerulosclerosis
In Children and Young Adults
6707 Democracy Boulevard, Room 701
Tuesday, October 9, 2001, 3:00-5:00 p.m.

Questions in the following sections were asked by attendees at the Applicant Information Forum. Answers were provided by Josephine B. 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., Director, Diabetic Nephropathy and HIV Program, DKUHD; and John W. Kusek, Ph.D., Deputy Director, Clinical Trials Program, DKUHD.

Clarification of responses to individual questions may be obtained by calling either Dr. Kusek at (301) 594-7735 or Dr. Kimmel at (301) 594-7713.

Eligibility Requirements

Q: Can a physician be involved in both a Regional Clinical Coordinating Center (RCCC) and the Data Coordinating Center (DCC)?

A: Applicants for the RCCC may be included as investigators in applications for the DCC. However, if both applications are funded, the applicant must chose whether he/she will lead an RCCC or participate in the activities of the DCC.

Q: Is it possible for an investigator to be part of more than one application?

A: Yes. We ask that the duplication be noted on each application, as well as what roles the individual would play in the event that both applications are funded.

Q: Are applications from clinics in Canada and Mexico accepted?

A: Yes, the RFA allows applications from institutions throughout North America.

Recruitment of Study Participants

Q: Can a physician establish an agreement with more than one applicant for the referral of patients?

A: Yes, there is no intent to restrict one physician or a group of physicians to referring patients for only one application. The focus of this grant is patient recruitment; therefore, wide referral networks are encouraged.

Q: Is it a requirement that all participants be seen at the RCCCs?

A: It is not mandatory that all trial participants be seen at RCCCs. The applicant should describe an alternative plan for making baseline and follow-up measurements if they will be conducted offsite. The Principal Investigator is responsible for implementation of these procedures at all sites used for patient recruitment and follow-up.

Q: Can a non-nephrotic patient with focal glomerulosclerosis be included in this study?

A: The Steering and Planning Committee will decide on the specific protocol for the trial, including explicit inclusion and exclusion criteria. It is anticipated that prior to finalizing the study protocol the Steering and Planning Committee will consider other criteria for entry into the trial (i.e, steroid-resistant patients). At this time, the recommendation is to comply with the RFA. If an applicant would like to make a case for such patients, he or she should clearly delineate in a separate section of the application the rationale for including non-nephrotic patients. It is important not to lose sight of the RFA guidelines. Thus, specialized cases should not become the focus of the study.

Q: The RFA appears to limit the number of patients one RCCC can recruit to 100 per center. What if a particular RCCC can recruit 200 patients?

A: There is a fixed budget amount for the RCCCs, and applicants from RCCCs should aim to stay within those guidelines. If applicants would like to include extra participants, they should be clear about how these patients fit into the budget. Reviewers will assess the capacity of the RCCCs to carry out their proposed trial. Once a grant is awarded, funds may be channeled from one RCCC to another if that center shows an ability to recruit more patients.

Study Design and Implementation

Q: What are the definitions of "children" and "young adults"? Are there specific inclusion criteria or upper age limits to separate these two groups?

A: The RFA is intentionally silent on this issue to allow the applicant to choose certain clinical or biological criteria relevant to the investigation. First, there is no logical reason to arbitrarily assign age distinctions. Second, there is a concern that providing a strict age definition might have the effect of limiting sample size.

Q: The RFA is silent about the issue of biopsies. Can this tool be used in the investigation?

A: Biopsies are not a requirement in this application. Investigators may include biopsies in the experimental design if they desire.

Q: Will any adjustments be made to the budget to accommodate a potentially expensive method, such as serial biopsies?

A: The budget for this trial is limited. The investigator should develop a protocol within the financial guidelines of the RFA. It should be noted that the Steering and Planning Committee will determine the final clinical trial protocol. Therefore, the protocol suggested in a particular application may not be the one eventually used.

Q: How should the applicant develop inclusion and exclusion criteria? If these are too narrow, the sample might be too homogenous.

A: This issue is always of concern to the Steering and Planning Committee. The applicant must design the best study possible given the guidelines in the RFA.

Q: Are there opportunities for any mechanistic or basic science studies in this application?

A: No. The budget does not provide for any basic research because this study focuses on clinical issues.

Q: What about ancillary studies involving basic science research?

A: The NIDDK is establishing a central repository for samples collected in this trial and in other studies. Although no funding is available in this grant for ancillary studies, applicants are encouraged to discuss how they could make samples available for this repository. Investigators will also be able to submit investigator-initiated grant applications to address basic research questions.

Q: Can the same clinical protocol be submitted by an RCCC and the DCC?

A: Yes, because the purpose of each center is slightly different. The focus of the RCCC is on patient recruitment, intervention, and follow-up, whereas the emphasis of the DCC is on the collection, analysis, and storage of the data.

Q: How remote can patient recruitment sites be within an RCCC?

A: Distance is not a primary criterion. The Principal Investigator should outline how protocol implementation will be overseen at these remote sites.

Review Process

Q: Is the referring physician on an application precluded from acting as a reviewer?

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

Q: Will the reviewers consider the relative percentage of adults versus children in the sample population as a factor in the application?

A: The age distribution of the proposed clinical trial population is not a review criteria. However, the Initial Review Group may consider this issue within the context of judging the scientific merit of the trial proposed. Applicants should clearly delineate by age group the intended target population for this 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 RCCC is also taken into consideration when funding decisions are made. However, geographic considerations are made only after all of the applications have been scored. The location of the DCC is not a factor in the application as long as the institution is in North America.