Informational Webinar for RFA-20-028

NIH HEAL Pain Management Effectiveness Research Network: Clinical Trial Planning and Implementation

Webinar Logistics

- All attendees will be muted during the webinar. You can send questions through the chat box and we will answer them after the presentation.
- Please ask your questions in Q&A box.
- If you wish to protect confidential information, you can email your question to the appropriate Program Officer after the webinar.
- https://painconsortium.nih.gov/Funding_Research/NIH-HEAL-Effectiveness-Research-Program-Pain for today's slides, updated FAQs and more.

Informational Webinar for RFA-20-028

NIH HEAL Pain Management Effectiveness Research Network: Clinical Trial Planning and Implementation

11:05 am: Overview of the NIH HEAL Initiative - Linda Porter, NINDS

11:20 am: HEAL Pain Management Effectiveness Research Network: Infrastructure and services – Jane Atkinson, NCATS

11:40 am: HEAL Pain Management Effectiveness Clinical Trials: FOA - Linda Porter, NINDS

11:55 pm: Q&A session – All

12:30 pm Adjourn – earlier if we run out of questions

The NIH HEAL Initiative is a trans-NIH effort to improve prevention and treatment strategies for opioid misuse and addiction and to enhance pain management

Opioid Use Disorder

- Expand therapeutic options for addiction, overdose prevention & reversal
- Develop new or improved prevention and treatment strategies for addiction
- Optimize effective treatment strategies for opioid addiction
- Enhance treatments for infants with NAS and NOWS

Pain Management

- Understand neurobiological underpinnings of chronic pain
- Accelerate the discovery & preclinical development of non-addictive treatments for pain
- Accelerate non-addictive treatments for pain through the clinical trial pipeline
- Establish best pain management strategies for acute and chronic pain management

www.nih.gov/heal-initiative

National Institute of Neurological Disorders and Stroke

NIH HEAL Initiative: Preclinical & translational research

Human-based screening platforms and animal model screening platforms to advance investigational drugs and devices for new targets

Preclinical Screening Platform

- In vitro screening
- In vivo pain models

Biomarker Discovery, Validation, and Implementation

Enhance targeting and reduce invasiveness of therapeutic devices

NIH HEAL Initiative: Clinical Research

Early Phase Pain Investigation Clinical Network and Partnership

- Incentivize, accelerate early safety/efficacy trials
- Compounds and devices from industry and academia
- Well-defined pain conditions with high-unmet need

Back Pack Pain Research Consortium

- Link abnormalities to patient-reported symptoms and function
- Technology for discovery, diagnostics, and treatment
- Trials for drugs, devices, complementary approaches
- Patient-centered algorithms to predict optimal treatment

Pain Management Effectiveness Research Networks and Trials

- Details to follow

Pragmatic & Implementation Studies for Management of Pain to Reduce Opioid Prescribing

- Large-scale pragmatic trial or implementation science studies
- Embedded into health care systems
- Electronic records of the health care system
- Focus on non-pharmacological approaches

Integrated Approach to Pain and Opioid Use in Hemodialysis Patients

- Evaluate integrated care
- Assessment/treatment co-morbid conditions & risk factors with opioids
- Enhance electronic health records to capture data

NIH

Program Goals

To support clinical trials to test the comparative effectiveness of existing therapies for prevention or management of pain while reducing risk of addiction

Specific to this FOA:

- This FOA will prioritize the following areas of interest to generate evidence-based pain management best practices for treatment strategies in the primary care, emergency department, hospital or dental setting in use of existing medications or devices for specific pain conditions. The following are high priority research areas:
  - acute and chronic pain management in primary care, emergency rooms, hospitals, and dental clinics;
  - chronic overlapping pain conditions;
  - best practices for effective analgesics when appropriate;
  - pain management in individuals at risk of or with OUD;
  - pain management in those with co-occurring mental health disorders; and
  - non-cancer pain management in persons with medical comorbidities.

NIH HEAL Pain Management Effectiveness Research Network: Clinical Trial Planning and Implementation

What is Effectiveness Research?

The conduct and synthesis of research comparing the benefits and harms of different interventions and strategies to prevent, treat and monitor pain conditions in "real world" settings

What interventions are of interest to NIH?

Strategies might include safe use of medications, including appropriate use of opioids, biologics, devices or delivery systems, or multimodal approaches in controlled trials. Research testing behavioral interventions to manage pain will not be considered as high priority projects since several funded HEAL trials are studying the effectiveness of behavioral pain management interventions.

NIH HEAL Pain Management Effectiveness Research Network: Clinical Trial Planning and Implementation

Trials funded through RFA-NS-20-028 will be incorporated into the existing Pain Management Effectiveness Research Network. NIH seeks additional trials that are distinct from on-going pain management trials.

Where can I find a list of HEAL trials and other pain trials that are ongoing?

Applicants should review the NIH HEAL website at https://heal.nih.gov/funding/awarded and the Patient-Centered Outcomes Research Institute website https://www.pcori.org/research-results to avoid submitting a trial that overlaps significantly with other on-going trials testing methods to manage pain.

RFA-NS-20-028 Trial Innovation Network (TIN) Resources

TIN will provide these resources to all awardees:

- Single IRB services for the trial if the applicant wishes;
- Assistance with execution of the Master Clinical Trial Agreements with clinical sites;
- Developing final study protocol with study team;
- Finalizing recruitment and retention plans with investigators before trial initiation;
- Providing support for study design, statistical analyses and interpretation of results for manuscripts and publications;
- Developing associated trial documents, e.g.,
  - Manual of Procedures
  - Standard Operating Procedures
  - Case report forms
  - Training materials for study personnel
- Training clinical site investigators and staff for individual trials.
  - Training areas include, but are not limited to, regulatory requirements, Good Clinical Practice (GCP), adverse event reporting, human subject protections, informed consent, and NIH policies and procedures;

No letters of support are needed for TIN resources.

Trial Innovation Network (TIN) Resources provided to awardees (con't.)

- Developing/ maintaining data management system for data collection, storage and adverse event reporting;
- Providing randomization support;
- Providing support for clinical operations and monitoring, project management, trial implementation, from study start-up through additional site selection as needed, enrollment, site management, study monitoring and close out. This includes assistance finding additional CTSA Program hub sites if needed in the UG3 and UH3 phase to meet enrollment goals;
- Monitoring and assisting with enrollment and retention;
- Preparing reports for Data and Safety Monitoring Boards; and
- Providing logistics for face to face meetings.

No letters of support are needed for TIN resources.

Do not include data management costs in the UG3/ UH3 budget.

Budget guidance for all applications

- Budgets may not exceed $500,000 in direct costs for the UG3 year and $1,000,000 in direct costs for the UH3 years.
- No costs should be included for the data coordination center, clinical coordination center or single IRB (if using the TIN single IRB).
- Study costs for study team and a trial statistician who will work with the TIN statisticians should be included.
- Costs to clinical sites for enrollment and evaluation of participants or costs such as core laboratory costs, biospecimen shipping costs or costs for acquiring study agents should be included as study costs.
- Costs at the clinical sites must be budgeted on a per-subject or per-procedure basis.
- Specimens collected beyond those needed for the study or remaining at the close of study will be shipped and stored in the NIH HEAL common repository. Costs for shipping to the repository should be included in the budget. Costs for long-term storage in the HEAL repository will be covered through HEAL funds.
- Travel costs should include:
  - Costs for the investigator team to travel to an annual face to face meeting of the Program Steering Committee during the planning phase.
  - Costs for an annual one-day, in-person study investigator meeting for up to 6 persons from the investigator team.

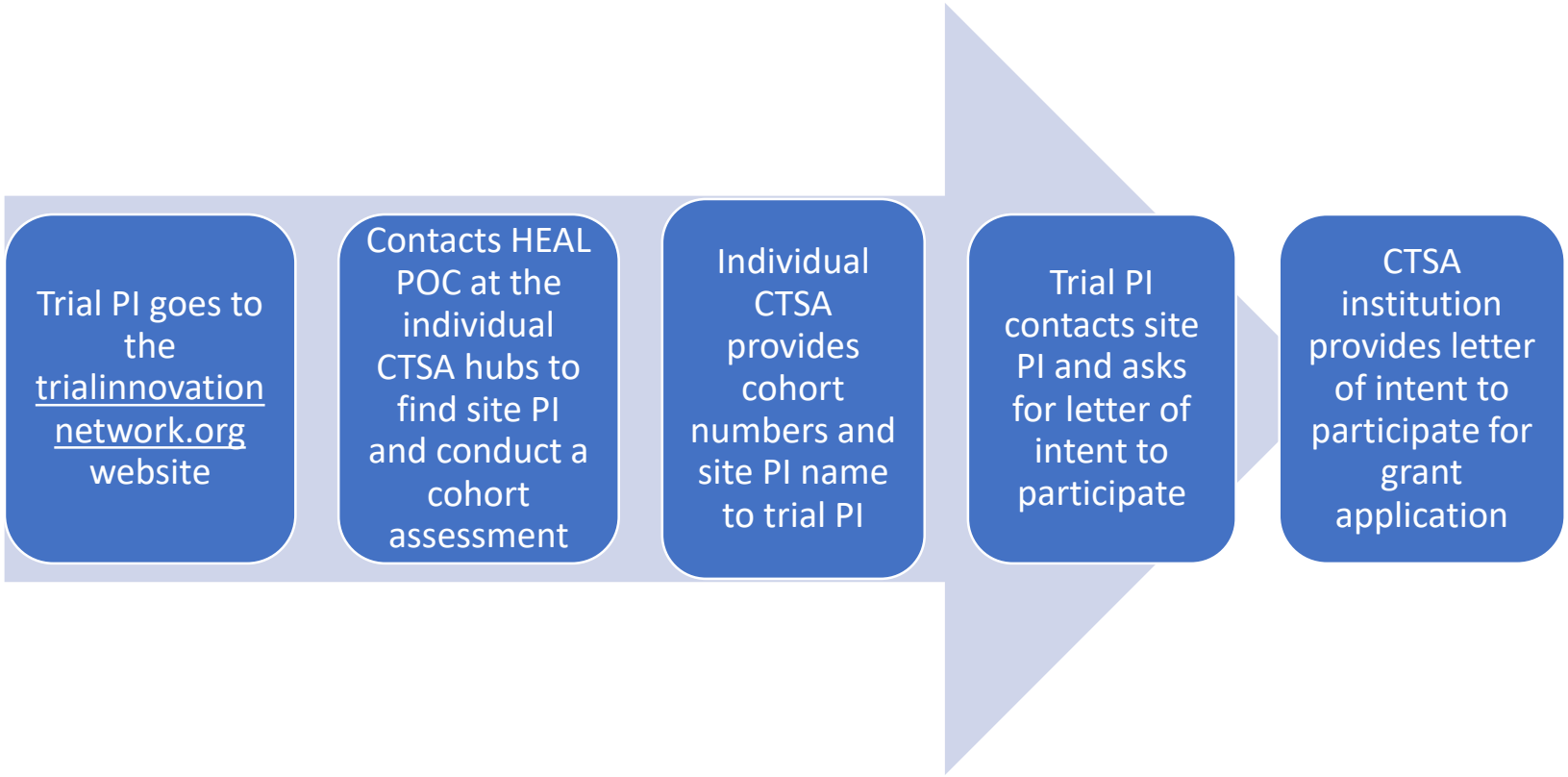
Summary Budget Guidance for Applicants

Activity	Costs Included in applications
Enrollment and evaluation of participants	Yes
Core Laboratory Costs	Yes
Shipping	Yes
Acquiring study agents	Yes
Costs for collection, analysis, storage of biospecimens during trial	Yes
Shipping to central HEAL repository during or at end of study	Yes
Costs for long-term storage of biospecimens in central HEAL repository	No
Data coordinating center	No
Clinical Coordinating Center	No
Single IRB costs if using TIN single IRBs	No
Travel costs	Yes

Identifying CTSA clinical sites if needed

- Final date for grant submission: March 24, 2020, (see RFA-NS-20-028).
- Process for contacting individual CTSA sites
  - Determine number of participants to be enrolled.
  - Determine number of potential participants at applicant's institution and institutions of any co-investigators.
  - Identify HEAL Point of Contacts (POC) at individual CTSA hubs to determine size of potential cohorts (see trialinnovationnetwork.org)
  - Determine whether CTSA hub wishes to participate in the trial (see next slide) and ask for a letter of intent for application.

HEAL Pain Management ERN CTSA site identification process



National Center for Advancing Translational Sciences

CTSA Trial Innovation Network:

CTSA clinical and translational Science Awards

General information:

https://ncats.nih.gov/ctsa/projects/network

Information relevant to this FOA:NIH HEAL Initiative Pain Management ERN

https://trialinnovationnetwork.org/heal-pain-ern-other-heal-foas/

Things you need to know:

Due to the timing of the HEAL Pain Management ERN FOA and to avoid any conflicts of interest, the Trial Innovation Network (TIN) will not accept proposals requesting initial consultations for RFA-NS-20-028.

The Trial Innovation Network (TIN) will provide data coordination services, clinical coordination services, single IRB functions, biostatistical support, and recruitment and retention support for awarded studies. Those submitting applications in response to RFA-NS-20-028 do not need to request these resources or include costs for these resources in their budgets.

The TIN will work with the broad consortium of Clinical and Translational Science Awards (CTSA) Program hubs and other sites identified by awardees to implement studies.

Given the compressed timeframe to prepare an application in response to RFA-NS-20-028 and the expected high volume of cohort discovery requests, the TIN will not accept formal requests for Trial Innovation Network electronic health record (EHR)-based cohort assessments for this RFA using the traditional TIN proposal form. Instead, applicants to RFA-NS-20-028 seeking CTSA Program hub clinical sites for pain clinical trials should contact the HEAL CTSA Program point of contact (POC) directly (see below). This person will provide information about local pain expertise and approximately how many participants might be available for a trial at their site.

Other factors to note

- This FOA may NOT be used for applications that propose testing interventions to establish initial efficacy of drugs, devices or biologics for approval by the Food and Drug Administration (FDA).
- Applicants must include a milestone plan as a separate attachment.
  - Separate milestones must be included for the UG3 planning phase and the UH3 trial implementation phase.
- Applicants must include a schedule of events as a separate attachment.

National Center for Advancing Translational Sciences

Other factors to note (con't)

- Trial implementation phase can be up to four years.
- It is expected that each trial will be overseen by a Data and Safety Monitoring Board.
- Read the RFA carefully, including the review criteria.
- Note the governance structure outlined in the Terms and Conditions.

National Center
for Advancing
Translational Sciences

NIH HEAL Pain Management Effectiveness Research Network: Clinical Trial Planning and Implementation

What if my proposal is not a fit?

EPPIC
early phase efficacy and safety trials

PRISM
pragmatic trials in health care settings

SIREN
trials in emergency room settings

non-HEAL solicitations

Anticipated RFA NS-20-028 Timeline

Receipt date	**March 24, 2020**
Review date	**TBD**
Award date	**September 2020**
Begin planning year	**October 2020**
Annual ERN meeting	**November 2020***

***approximate date**

Trans-NIH-HEAL Pain Research Networks

- Kick off meeting
- PRO data base
- Common data elements
- Central Data Repository
- Biospecimens

Overview of Cooperative Agreements

- Used when substantial programmatic involvement is anticipated between the federal agency and the recipient
- Supports the recipients' activities through a partnership role
- The primary role and responsibilities reside with the awardees
- The Cooperative Agreement Terms and Conditions of Award in the FOA outlines the roles and expectations of the PD/PI and NIH Program Staff

Resources

NIH Pain Consortium Webpage

Information for applicants RFA NS -20-028

https://painconsortium.nih.gov/Funding_Research/NIH-HEAL-Effectiveness-Research-Program-Pain

Informational Webinar for RFA-20-028

NIH HEAL Pain Management Effectiveness Research Network: Clinical Trial Planning and Implementation

Questions on the FOA

Linda L. Porter, PhD, NINDS
301-435-7572
porterl@ninds.nih.gov

Questions on the Network

Jane C. Atkinson, DDS, NCATS
301-827-6031
jatkinso@mail.nih.gov

Questions for Institutes and Centers

Lanay Mudd, PhD, NCCIH
301-594-9346
lanay.mudd@nih.gov

Alexis Bakos, PhD, MPH, RN, NCI
240-276-6609
alexis.bakos@nih.gov

Soundar Regunathan, PhD, NIAAA
301-443-1192
soundar.regunathan@nih.gov

Chuck Washabaugh, PhD, NIAMS
301-594-5055
washabac@mail.nih.gov

Susan Marden, PhD, RN, NICHD
301-435-6838
mardens@mail.nih.gov

Will M. Aklin, PhD, NIDA
301-827-5909
aklinwm@nida.nih.gov

Dena Fischer, DDS, MSD, MS
NIDCR
301-594-4876
dena.fischer@nih.gov

Matthew Rudorfer, PhD
NIMH
301-443-1111
mrudorfe@mail.nih.gov

Benyam Hailu, MD, MPH
NIMHD
301-594-8696
benyam.hailu@nih.gov

Jeremy Brown, MD, NINDS
301-827-8375
Jeremy.brown@nih.gov

Lois A. Tully, PhD, NINR
301-594-5968
tullyla@mail.nih.gov

Questions?

Please submit using the Webex **Q&A box**