Program Announcement

Department of Defense (DOD) Congressionally Directed Medical Research Programs

Prostate Cancer Research Program (PCRP)

Clinical Trial Award

Funding Opportunity Number: W81XWH-08-PCRP-CTA

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I. HELPFUL INFORMATION

A. Contacts

1. Program announcement, proposal format, or required documentation: To view all funding opportunities offered by the Congressionally Directed Medical Research Programs (CDMRP), perform a Grants.gov basic search using the CFDA Number 12.420. Submit questions as early as possible. Response times will vary depending upon the volume of inquiries. Every effort will be made to answer questions within 5 working days.

Phone: 301-619-7079

Fax: 301-619-7792

Email: cdmrp.pa@amedd.army.mil

2. eReceipt system: Questions related to pre-application components through the CDMRP eReceipt system should be directed to the eReceipt help desk, which is available Monday through Friday from 8:00 a.m. to 5:00 p.m. Eastern time.

Phone: 301-682-5507

Website: https://cdmrp.org

Email: help@cdmrp.org

3. Grants.gov contacts: Questions related to submitting applications through the Grants.gov (http://www.grants.gov/) portal should be directed to Grants.gov help desk. Deadlines for proposal submission are 11:59 p.m. Eastern time on the deadline date. Therefore, there is an approximate 3-hour period during which the Grants.gov help desk will NOT be available. Please plan ahead accordingly, as the CDMRP help desk is not able to answer questions about Grants.gov submissions.

Phone: 800-518-4726, Monday through Friday, 7:00 a.m. to 9:00 p.m. Eastern time

Email: support@grants.gov

Grants.gov will notify Principal Investigators (PIs) of changes made to this Program Announcement and/or Application Package ONLY if the PI clicks on the "send me change notification emails" link and subscribes to the mailing list on the Opportunity Synopsis Page for this announcement. If the PI does not subscribe and the Application Package is updated or changed, the original version of the Application Package may not be accepted.

B. National Technical Information Service

The technical reference facilities of the National Technical Information Service (www.ntis.gov) are available for the purpose of surveying existing knowledge and avoiding needless duplication of scientific and engineering effort and the expenditure thereby represented. All other sources should also be consulted to the extent practical for the same purpose.

C. Commonly Made Mistakes

- Not obtaining or confirming the organization's DUNS number well before the proposal deadline.
- Not obtaining or confirming the organization's registration with the Central Contractor Registry well before the proposal submission deadline.
- Failing to request "send me change notification emails" from Grants.gov.
- Not contacting HELP DESKS until just before or after deadlines.
- Not completing the pre-application submission before the mandatory pre-application deadline (i.e., pre-application remains in draft status).
- Using an incorrect Grants.gov application package to submit a proposal through Grants.gov. Each Program Announcement/Funding Opportunity requires a specific application package.
- Uploading attachments into incorrect Grants.gov forms.
- Attaching files in the wrong location on Grants.gov forms.
- Submitting attachments that are not PDF documents, except for the R&R Subaward Budget Attachment(s) Form.
- Exceeding page limitations.
- Failing to submit a proposal 48-72 hours before the deadline so that Grants.gov can provide notification of errors and allow for resubmission of application package.
- Failing to submit proposal by submission deadline.

II. FUNDING OPPORTUNITY DESCRIPTION

A. Program History and Objectives

The PCRP was established in fiscal year 1997 (FY97) to promote innovative research focused on eradicating prostate cancer. Appropriations for the PCRP from FY97 through FY07 totaled $810 million (M). The FY08 appropriation is $80M.

The overall goal of the FY08 PCRP is to find and fund innovative, high-impact research relevant to the prevention, detection, diagnosis, and/or treatment of human prostate cancer. Specifically, the PCRP seeks to:

- Support innovative research by individual investigators in multiple disciplines;

- Sponsor multidisciplinary team science to bring together diverse expertise and approaches that will accelerate the conquest of prostate cancer;
- Fund translational research to promote the bench-to-bedside-to-bench transition between basic and clinical science;
- Foster the next generation of prostate cancer investigators through mentored research and training; and
- Promote research into prostate cancer health disparities, including, but not limited to, race and ethnicity, socioeconomic status, access to health care, insurance status, age, geography, and cultural beliefs.

B. Award Description

The PCRP Clinical Trial Award mechanism was introduced in FY01. Since then, 71 proposals have been received and 16 have been recommended for funding.

The Clinical Trial Award supports rapid execution of Phase 0/I, Phase I, Phase I/II, or Phase II clinical trials with the potential to have a significant impact on prostate cancer prevention, detection, diagnosis, or treatment. Studies in a broad range of areas related to prostate cancer clinical management and care will be accepted under this mechanism, including but not limited to:

- Evaluations of novel drugs, biologics, or devices
- Survivorship
- Diet
- Quality of life
- Psychosocial interventions
- Behavioral studies

Exploratory clinical trials (Phase 0)[1] may be submitted, but they must be accompanied by a Phase I clinical trial (Phase 0/I). PIs must clearly specify in their proposals which type of clinical trial, Phase 0/I, Phase I, Phase I/II, or Phase II, is being proposed. Please refer to http://www.clinicaltrials.gov/ for definitions and descriptions of each type of clinical trial. Each proposal must include only one clinical trial. PIs are encouraged to pursue correlative studies that accompany their trials. PIs conducting correlative studies must describe in detail the study aims, procedures or methods, and plans for data management and analysis, including an appropriately powered statistical plan.

[1] Phase 0 trials focus on the preliminary assessment of product in human subjects. These trials are typically exploratory trials with no therapeutic or diagnostic intent that use very small numbers (<10) of subjects (e.g., screening studies, microdose studies).

It is expected that the intervention, drug, or device to be used in the proposed trial will be available in sufficient quantities and ready for clinical trials at the time that the award is made. Further, it is expected that the clinical trial will be initiated within 12 months of the award date. Note that Investigational New Drug (IND)/Investigational Device Exemption (IDE) approvals, if applicable, should be in process or completed before submission of an application to this mechanism. ***If IND/IDE approval is not received by April 30, 2009, the Government reserves the right to not fund the award.*** Funding from this award mechanism cannot be used for preclinical research studies.

Important aspects of the Clinical Trial Award are:

- The protocol must include a named study coordinator who will guide the protocol through local institutional review board (IRB), US Army Medical Research and Materiel Command (USAMRMC), and other regulatory approval processes, coordinate activities from all sites participating in the trial, and coordinate volunteer accrual.
- IND or IDE approvals, if applicable, should be in process or completed before submission of the proposal to the Clinical Trial Award mechanism. IND or IDE approval must be received by April 30, 2009.
- The clinical trial should have a potentially high impact.
- The clinical trial must have clearly defined and appropriate endpoints.
- Proposals must clearly indicate how accrual goals will be achieved.

Please note that all DOD-funded research involving human subjects and human biological substances must be reviewed and approved by the USAMRMC's Office of Research Protections, Human Research Protection Office (HRPO) in addition to local IRBs. The HRPO is mandated to comply with specific laws and directives governing all research involving human subjects that is conducted or supported by the DOD. These laws and directives are rigorous and detailed and will require information in addition to that supplied to the local review board. Allow a minimum of 6 months for regulatory review and approval processes for studies involving human subjects.

C. Eligibility

PIs at all academic levels (or equivalent) are eligible to submit proposals.

Refer to the Application Instructions, Appendix 1, for general eligibility information.

D. Funding

Funding for a Clinical Trial Award can be requested for up to $750,000 for direct costs for up to a 3-year performance period plus indirect costs as appropriate.

Within the guidelines provided in the Application Instructions, funds can cover:

- Salary

- Research supplies
- Equipment
- Clinical costs
- Travel to scientific/technical meetings
- Travel between collaborating institutions

PIs should also budget for travel to a pre-award meeting/protocol workshop at Fort Detrick, Maryland. At a minimum, it is expected that the PI and Clinical Research Coordinator will attend the pre-award meeting, although up to three individuals may attend. Justification must be provided if additional personnel are included in the travel budget.

In addition, funding must be requested for the PI to travel to the next PCRP IMPaCT (Innovative Minds in Prostate Cancer Today) Meeting (tentatively scheduled for 2010).

The CDMRP expects to allot approximately $2.7M of the $80M FY08 PCRP appropriation to fund approximately two to three Clinical Trial Award proposals, depending on the quality and number of proposals received. Funding of proposals received in response to this Program Announcement/Funding Opportunity is contingent upon the availability of Federal funds for this program.

E. Award Administration

Clinical Trial Awards cannot be transferred to another institution. A change in PI will not be allowed for the Clinical Trial Award except under extenuating circumstances that will be evaluated on a case-by-case basis and at the discretion of the Grants Officer, provided that the intent of the award mechanism is met.

Refer to the Application Instructions, Appendix 5, for general award administration information.

III. TIMELINE FOR SUBMISSION AND REVIEW

Proposal submission is a two-step process consisting of (1) pre-application submission and (2) proposal submission. ***Pre-application submission is a required first step.***

- **Pre-application Submission Deadline: 5:00 p.m. Eastern time, June 11, 2008**
- **Proposal Submission Deadline: 11:59 p.m. Eastern time, July 2, 2008**
- **Peer Review: September 2008**
- **Programmatic Review: November 2008**

Awards will be made approximately 4 to 6 months after receiving the funding notification letter, but no later than September 30, 2009.

IV. SUBMISSION PROCESS

Proposal submission is a two-step process consisting of (1) a pre-application submission through the CDMRP eReceipt system (https://cdmrp.org/) and (2) a proposal submission through Grants.gov (http://www.grants.gov/).

Submission of the same research project to different award mechanisms within the same program or to other CDMRP programs is discouraged. The Government reserves the right to reject duplicative proposals.

A. Step 1 – Pre-Application Components and Submission

The pre-application consists of the components discussed below. All pre-application components must be submitted electronically through the CDMRP eReceipt system by ***5:00 p.m. Eastern time on the pre-application deadline***. Refer to the Application Instructions for detailed information.

1. Proposal Information
2. Proposal Contacts
3. Collaborators and Conflicts of Interest
4. Letter of Intent Narrative

B. Step 2 – Proposal Components and Submission

Proposal submission will not be accepted unless a pre-application was submitted by the pre-application deadline. Proposals must be submitted electronically by the Authorized Organizational Representative through Grants.gov (www.grants.gov). No paper copies will be accepted.

Each proposal submission must include the completed Grants.gov application package of forms and attachments identified in www.grants.gov for the US Army Medical Research Acquisition Activity program announcement. In addition to the specific instructions below, please refer to the Application Instructions for detailed requirements of each component.

The package includes:

1. **SF-424 (R&R) Application for Federal Assistance Form**
2. **Attachments Form**
   - Attachment 1: Clinical Protocol (no page limit)

     The Clinical Protocol is the main body of the proposal and must address the required components described in the Application Instructions, Appendix 8.
   - Attachment 2: Supporting Documentation

- References Cited
- Acronyms and Symbol Definitions
- Facilities & Other Resources
- Description of Existing Equipment
- Publications and/or Patent Abstracts (five-document limit)
- Letters of Institutional Support
- Letters of Collaboration (if applicable)
- Intellectual and Material Property Plan (if applicable)

- Attachment 3: Technical and Public Abstracts
- Attachment 4: Statement of Work
- Attachment 5: Impact Statement

  State explicitly how the proposed work will, if successful, have an impact on prostate cancer, and how the expected results of the proposal will contribute to the goals of conquering prostate cancer and advancing research on the prevention, detection, diagnosis, or treatment of the disease.
- Attachment 6: Federal Agency Financial Plan (if applicable)

3. Research & Related Senior/Key Person Profile (Expanded)

- PI Biographical Sketch
- PI Current/Pending Support
- Key Personnel Biographical Sketches
- Key Personnel Current/Pending Support

4. Research & Related Budget Form

- Budget Justification

5. Research & Related Project/Performance Site Location(s) Form

6. R&R Subaward Budget Attachment(s) Form (if applicable)

V. INFORMATION FOR PROPOSAL REVIEW

A. Proposal Review and Selection Overview

All proposals are evaluated by scientists, clinicians, and consumer advocates using a two-tier review process. The first tier is a scientific peer review of proposals against established criteria for determining scientific merit. The second tier is a programmatic review that compares submissions to each other and recommends proposals for funding based on scientific merit and

overall goals of the program. Additional information about the two-tier review process used by the CDMRP may be found at http://cdmrp.army.mil/fundingprocess

The peer review and program review processes are conducted confidentially and anonymously to maintain the integrity of the merit-based selection process. Each tier of review requires panelists to sign a non-disclosure statement attesting that proposal and evaluation information will not be disclosed outside the panel. Violations of the non-disclosure statement can result in the dissolving of a panel(s) and other correcting actions. Correspondingly, institutional personnel and PIs are prohibited from contacting persons involved in the proposal review process to gain protected evaluation information or to influence the evaluation process. Violations of this prohibition will result in the administrative withdrawal of the institution's proposal. Violations by panelists or PIs that compromise the confidentiality or anonymity of the peer review and program review processes may also result in suspension or debarment of their employing institutions from Federal awards.

The Government reserves the right to review all proposals based on one or more of the required attachments or supporting documentation (e.g., Impact Statement).

B. Review Criteria

1. Peer Review: All proposals will be evaluated according to the following criteria, which are presented in decreasing order of importance.

- **Trial Design**
  - How the scientific rationale and preliminary data, including critical review and analysis of the literature and laboratory and preclinical evidence, support the proposed trial and its feasibility.
  - How well the aims, hypothesis(es) or objectives, experimental design, methods, data collection procedures, and analyses are developed.
  - How the logistical aspects of the proposed clinical trial (e.g., communication plan, data transfer and management, and standardization of procedures) are adequate.
  - How the recruitment, informed consent, and screening processes for volunteers will be conducted.
  - Whether the inclusion, exclusion, and randomization criteria are adequate.
- **Clinical Impact**
  - How this study, if successful, could affect the treatment and/or management of the disease.
  - How this study, if successful, could affect the magnitude and scope of potential clinical applications.

- **Intervention, Drug, or Device**
  - The appropriateness of the intervention, drug, or device to be tested in the clinical trial.
  - The availability and purity of the substance to be used in the clinical trial (if applicable).
  - Documentation that an IND/IDE has been submitted (if applicable).
- **Feasibility**
  - The feasibility of the proposed clinical study.
  - The plans for addressing unanticipated delays (e.g., slow accrual) and completing the proposed study within the performance period.
  - The availability of volunteers for the clinical trial, the prospect of their participation, and the likelihood of volunteer attrition.
  - The progress toward obtaining local IRB approval of the clinical protocol and informed consent form.
- **Statistical Plan (as appropriate for phase of study)**
  - How the statistical plan, including sample size projections and power analysis, is adequate for the trial and all proposed correlative studies.
  - The consistency of the data analysis plan with the study objectives.
- **Ethics and/or Regulatory Issues**
  - How the ethical considerations, information privacy, and assessment of risks and benefits of participation in the clinical trial will be addressed.
  - The plan for dealing with adverse events, which should include named agencies or offices to be notified in this event and point of contact information.
  - The plans for data disposition during and after the clinical trial.
  - The procedures for protocol modifications during the course of the study.
  - The plans for data and safety monitoring.
- **Personnel**
  - How the clinical trial team's background and expertise are appropriate to accomplish the proposed work (i.e., statistical expertise, expertise in the disease, and clinical trials).
  - The appropriateness of the levels of effort for successful conduct of the proposed work.
- **Environment**
  - The evidence of an appropriate scientific environment, clinical setting, and the accessibility of institutional resources to support the clinical trial at each

participating center.

- Whether the clinical trial requirements are supported adequately by the accessibility to facilities and resources (including collaborative arrangements).
- The institutional commitment from each participating institution.

- **Budget**
  - How the budget is appropriate for the proposed research.

2. Programmatic Review: Criteria used by programmatic reviewers to make funding recommendations that maintain the program's broad portfolio include:

- Ratings and evaluations of the peer reviewers,
- Programmatic relevance,
- Relative impact,
- Program portfolio balance, and
- Adherence to the intent of the award mechanism.

Scientifically sound proposals that best fulfill the above criteria and most effectively address the unique focus and goals of the program will be identified by Integration Panel (IP) members and recommended for funding to the Commanding General, USAMRMC.

VI. COMPLIANCE GUIDELINES

Compliance guidelines have been designed to ensure the presentation of all pre-applications and proposals in an organized and easy-to-follow manner. Peer reviewers expect to see a consistent, prescribed format. Failure to adhere to formatting guidelines makes documents difficult to read, may be perceived as an attempt to gain an unfair competitive advantage, and may result in preapplication or proposal rejection. **Pre-applications or proposals missing required components as specified in the Program Announcement/Funding Opportunity may be administratively rejected.**

The following will result in administrative rejection of the entire proposal:

- Clinical Protocol is missing.
- Margins are less than specified in the formatting guidelines.
- Print area exceeds that specified in the formatting guidelines.
- Spacing is less than specified in the formatting guidelines.
- Budget and/or budget justification are missing.
- FY08 IP members are included in any capacity in the pre-application process, the proposal, budgets, and any supporting document. A list of the FY08 IP members may be found at http://cdmrp.army.mil/research

For any other sections of the pre-application or proposal with a defined page limit, pages exceeding the specified limit will be removed and not forwarded for peer review.

Material submitted after the submission deadline, unless specifically requested by the Government, will not be forwarded for peer review.

Proposals that appear to include plagiarized information will be administratively withheld from further consideration pending institutional investigation. The institution will be requested to perform the investigation and provide those findings to the Grants Officer for a determination of the final disposition of the application.