

# Obstetric-Fetal Pharmacology Research Center (OPRC): Pre-Application Webinar

Preparing to submit a U54 Application for OPRC (RFA-HD-14-013)

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Zhaoxia Ren, MD, PhD

Obstetric and Pediatric Pharmacology and Therapeutics Branch,  
NICHD



*Eunice Kennedy Shriver* National Institute  
of Child Health and Human Development

# Outline

- Request for Applications (RFA) Overview (Dr. Zhaoxia Ren)
  - Background
  - Timelines
  - RFA Purpose
  - Requirements RFA Overview
- Review of Applications (Dr. Sherry Dupere)
- Q & A Session (Dr. Zhaoxia Ren)

# Background

- Reissue of RFA for Obstetric-Fetal Pharmacology Unit (OPRU) Network
- New grant mechanism (U54) with specialized Centers (OPRCs)
- Emphasis on translational/basic mechanistic studies

# Timeline for the RFA-HD-14-013

- Letter of Intent: November 9, 2014
- Receipt Date: December 9, 2014
- Peer Review: March 2015
- Council Review: May 2015
- Earliest Start Date: July 2015

# Letter of Intent

- Draft OPRC Title
- RFA ID
- Principal Investigator with contact information
- Other Key Personnel
- Participating Institutions
- (Optional: Brief description of projects)

# Eligibility

- Principal Investigator (PI)
  - Serves as the Center Director of the OPRC
  - Should be an established investigator with MD or PhD degree and record of external funding
  - PharmD or other doctoral degrees with expertise in clinical research and capability of enrolling patients or strong basic science research background and experience in the field

# Purpose of the RFA

- Support specialized centers (OPRCs) for:
  - Multidisciplinary basic and translational research in obstetric-fetal pharmacology and therapeutics
  - Collaborative clinical pharmacological research in pregnant women
  - Training of investigators in basic/translational and/or clinical research of obstetric pharmacology

# Goal of the OPRCs

- Advance knowledge in obstetric pharmacology to improve the safety and effectiveness of drug treatment of diseases/conditions in women during pregnancy



# Requirements of a U54 Application

- Components of the OPRC
  - Administrative Core
    - Training Program
  - Research Projects
    - Basic/Translational Research
    - Clinical Research
    - Pilot Project (optional)
  - Logistic Coordinating Core (Optional)

See RFA for detailed description of each component

# Page Limitations

- Overall: 12 pages
- Administrative Core: 12 pages
- Research Projects:
  - Clinical Concept Proposal: 6 pages
  - Basic/Translational Research: 6 pages
  - Pilot Project: 6 pages
- Logistic Coordinating Core (LCC):  
6 pages

# Award Budget

- Total direct costs no more than \$530,000 per year
  - Administrative Core
    - Must include \$30,000 per year for training
    - Up to \$50,000 per year for one or more pilot projects in year 01 and 02
- Logistic Coordinating Core
  - Total budget no more than \$150,000 per year
  - One Center will be awarded for the OPRCs

# Review of Applications

- Peer review by an ad hoc review committee
- Organized by NICHD Scientific Review Branch
- Special instructions given to reviewers
- Review criteria for each component of the OPRC
- See RFA for all review criteria

# Question & Answer Session

1. Will there be an open competition for a centralized DCC?

*No. There will be no centralized DCC for the OPRCs.*

2. We are interested in including a LCC component but have concerns about the review of LCC. If the LCC component scores poorly, would that affect an overall OPRC application score?

*The LCC component will receive separate review and score that will count for overall impact score for the application. (Dr. Sherry Dupere will cover details in her presentation)*

3. Will multiple PIs be considered a strength or limitation given the complexity of the different core components of the grant?

*Multiple PIs are allowed in this RFA. Applicants should management and coordination plan as well as PIs' commitment to the centers/project.*

# Question & Answer Session

4. For clinical research project, will the proposal include clinical pharmacology studies to collect outcomes on efficacy and safety (Phase I or II) or large studies to evaluate efficacy and safety (Phase III)?

*The OPRC clinical research only include phase I and/or II studies, not phase III studies.*

5. What is role of the LCC PI in the OPRC? Can the LCC PI be involved in OPRC studies?

*The LCC is not a DCC and only provides coordination and logistic services and will not provide statistical services. The PI of the LCC will not participate in any of the OPRC studies.*

# Question & Answer Session

6. Does the write up of a pilot research project go in the admin core or in the research project?

*The write up of a pilot project should be an independent research project and separated from the admin core. However, budget of the pilot project is under the admin core budget.*

7. Whether a psychiatrist as Director would be seen as competitive with a strong Ob and Pharm team?

*A psychiatrist would be eligible, but the reviewers might indeed consider someone with ObGyn or PharmD credentials to be better qualified. So, it might be a good idea to have that expertise on the team – either as Multiple PI(s) or co-investigator(s).*

# Question & Answer Session

8. Page limits for the Admin Core, which documents are included in the 12 page limits?

*The 12 page limit only includes research plan and does not count for other information such as the cover page, budget, biosketches, etc.*

9. Will there be capitation funds offered for patient costs that are outside the annual direct costs or not part of the Center's annual direct cost cap?

*With an U54 mechanism, there will not be capitation funds usually managed by DCC. The costs for proposed clinical studies/trials should be included in the budget of clinical component of the Center.*



# Question & Answer Session

10. Is there another DCC identified for the next cycle?

*No, there will be no DCC for the next cycle under this RFA (U54)*

11. For each application, the total direct cost budget cannot exceed \$530,000 per year. If we choose to apply for the LCC, is the budget allowance for the LCC (\$150,000) above the \$530,000 or would \$530,000 still be the budgetary cap?

*The budget for LCC (\$150K) is a separate budget and does not count for the (\$530K) total DC for the OPRC.*

# Question & Answer Session

I2. Should our budget include the estimated costs of conducting the proposed research projects?

*Yes.*

I3. If yes, should this include the cost to conduct the project at our site or for all sites within the ORPCs?

*The estimated costs are for your proposed research projects and should not include the costs for other sites.*

I4. Is there an expectation for a project focused on fetal /newborn pharmacology in the OPRCs?

*The proposal could study the fetal/newborn but should focus on pregnant women.*

# Question & Answer Session

15. What can the required 30K for training support ?

*The required 30K allotted for training support will cover expenses related to training (similar to budget for a training grant).*

16. If someone is 20% on Admin Core, can that person have additional percent effort on the scientific projects or other cores? Is there a max per person?

*There is no max per person in efforts for the Center Director as long as his/her total efforts not exceed 100%. A Center Director can also serve as a PI or co-PI on other projects of the OPRC.*

# Question & Answer Session

17. How will the data management/statistical support be accommodated, by site by project proposed or centrally at NICHD?

*Each site will provide its own data management and statistical analysis service to the studies proposed by the site.*

18. The direct cost cap is \$530,000. When developing a budget for this proposal, are costs of a proposed logistics core excluded in the total direct cost calculation to determine whether the budget is over or under the cap?

*Similar to #11*

19. If a pilot project is proposed, are the costs exclusive of the direct cost cap calculation?

*The budget for pilot project (\$50K) is included in the Admin Core budget*

# Question & Answer Session

20. What are the page limitations of the pilot project research plan?

*6 pages*

21. Must the clinical project and the translational project run concurrently for the entire 5 year project period?

*The clinical and translational projects can run concurrently but should not run more than 5 years.*

22. Does the translational project have to be approved by the steering committee prior to implementation or do we assume that if our center wins a spot in the OPRC that the translational project will be funded?

*The translational project does not need the steering committee's approval for implementation.*

# Questions

- Scientific and Research Program
  - Zhaoxia Ren, MD, PhD
  - 301-402-9340
  - [zren@mail.nih.gov](mailto:zren@mail.nih.gov)
- Review
  - Sherry Dupere, PhD
  - 301-451-3415
  - [duperes@mail.nih.gov](mailto:duperes@mail.nih.gov)
- Grants Management
  - Bryan S. Clark, MBA
  - 301-435-6975
  - [clarkbl@mail.nih.gov](mailto:clarkbl@mail.nih.gov)

All slides will be posted at NICHD website:

<https://www.nichd.nih.gov/about/org/der/branches/opptb/Pages/overview.aspx>



*Eunice Kennedy Shriver* National Institute  
of Child Health and Human Development