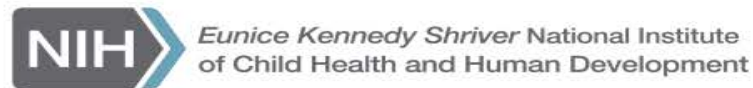


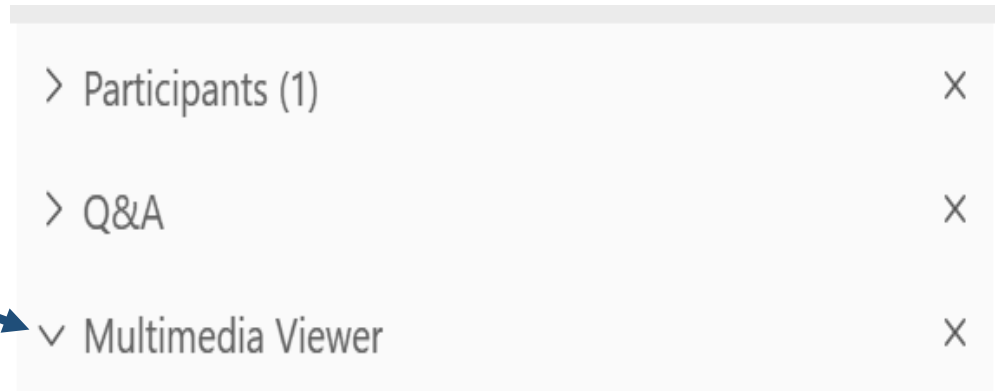
Medical Rehabilitation Research Resource (P2C; Clinical Trial Optional)

RFA-HD-20-004



Closed-Captioning

- Closed-Captioning is being provided today.
- To view the captioning, click on the drop-down arrow in front of, “Multimedia Viewer, which is located on the right-hand side of your screen.
- Live captioning will then appear in the Multimedia Viewer panel.





Agenda

- Introduction and WebEx Overview – 5 minutes
- Program History – 5 minutes
- Program Overview – 15 minutes
- Review procedure and application deadlines – 10 minutes



NCMRR/NICHD Team & Collaborating ICs

- Overview and Application: Alison Cernich, Ph.D.
- Point of Contact: Ralph Nitkin, Ph.D.
- Peer Review: Sherry Dupere, Ph.D.
- Grants Management: Bryan Clark, M.B.A.
- Collaborators/Co-sponsors:
 - Merav Sabri, Ph.D. (National Center for Complementary and Integrative Health)
 - Daofen Chen, Ph.D. (National Institute of Neurological Disorders and Stroke)
 - Tiffani Lash, Ph.D. and Selia Selimovic, Ph.D. (National Institute of Biomedical Imaging and Bioengineering)
 - Lana Shekim, Ph.D. (National Institute on Deafness and other Communication Disorders)
 - Lois Tully, Ph.D. (National Institute of Nursing Research)



Background

- Provides access to collateral expertise and state-of-the-art resources in specific research domains to the national community of rehabilitation researchers
- Mentoring, collaborations, and key pilot funding
- Evolution of successful rehabilitation infrastructure program with active turnover of programs and representation across rehabilitation research spectrum
- Funding from NCMRR with other participating NIH Institutes
- **GOAL: Improve number and quality of rehabilitation research applications across the NIH Institutes**



Phase 1 (2000-2005)	Phase 2: 2005-2010	Phase 3: 2010-2015	Phase 4: 2015-2020
<p>Geographical focus</p> <p>4 Centers</p> <p>\$4 million per year total costs</p>	<p>Expertise focus</p> <p>Expanded to include courses and webinars, mentoring and collaborations, pilot funding, and documenting impact</p>	<p>Encouraged specific scientific domains, promoted active turnover</p> <p>Cofunded with NINDS and NIBIB</p> <p>Supported 7 Centers</p> <p>Coordinating Center done on a volunteer basis</p>	<p>Targeted FOA for scientific mechanisms</p> <p>Transferred to P2C mechanism</p> <p>Active turnover</p> <p>Cofunded with NINDS and NIBIB</p> <p>Supported 6 Centers</p> <p>NCMRR funded a Coordinating Center</p>

Funding History



Medical Rehabilitation

- Includes support and treatment for chronic conditions such as stroke, brain or spinal cord injury, orthopedic and joint conditions, developmental and degenerative disorders, cardiovascular and pulmonary rehabilitation, and support for cancer survivors.
- Explore research at various levels: reducing pathophysiology, minimizing physical impairments, enhancing functional recovery, promoting learning and adaptation, preventing secondary complications, reducing disability and societal barriers, and enhancing overall health and quality of life for people dealing with chronic conditions.
- Research across these domains requires the integration of biological, engineering, and socio-behavioral approaches to understand the basis of chronic conditions, potential secondary complications, restorative therapies, and the interaction of the individual with his/her environment.
- A multidisciplinary approach to these goals is fundamental to medical rehabilitation practice.



Purpose

- Purpose: Create a national network of research centers that will provide the broader rehabilitation research community with access to state-of-the-art collateral expertise in biomedical, behavioral, and/or psychosocial fields relevant to current opportunities in medical rehabilitation
 - Includes provision of research resources, mentored collaborative opportunities, didactic interactions, consultations, and pilot funding
 - Local institutional activities related to technique development, adaptation, and validation can be supported
- The applying Center may propose to take on the overarching role of a network coordinating center and facilitate promotion of the infrastructure program, web portal development, trans-Center coordination, and outcomes of the network



Specific Areas of Research Interest

- Pediatric Rehabilitation
- Personalized Medicine Approaches
- Family, Caregiver, and Community Support
- Implementation and Dissemination Research
- Clinical Trial Design and Combinatorial Therapies
- Technology to Track Real-World Outcomes
- *Additional areas may be proposed, provided they can be justified as unique, state-of-the-art, teachable, and specifically relate to the 2016 [NIH Research Plan on Rehabilitation Research](#)



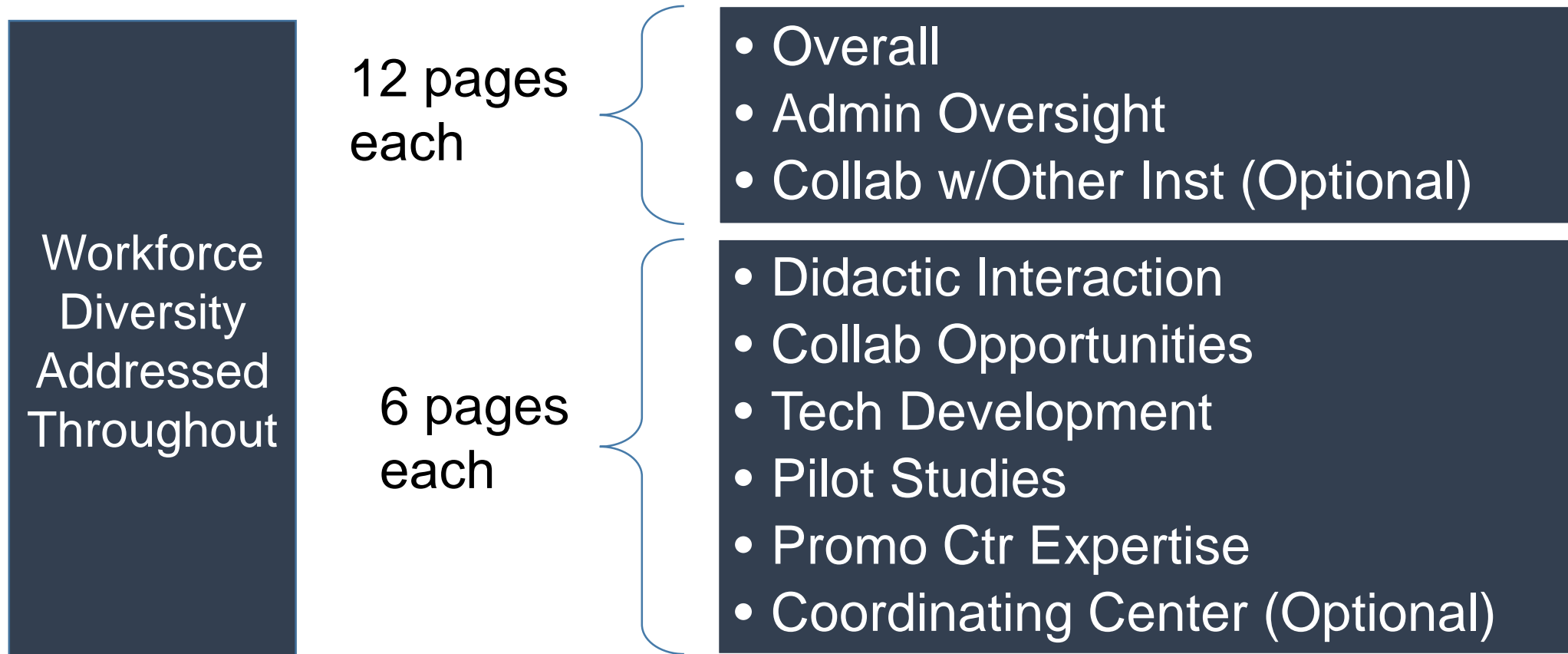
Award Information

- New and Renewing Applications are allowed
- Clinical Trials-Optional
- Funds Available: \$6,950,000
- Number of Awards: 6 potential (dependent on merit, funds available, and relevance to participating NIH ICs)
- Budget: Direct costs of \$750K per year; coordinating center up to \$250K per year
- Project period: 5 years



Content and Form of Application

All page limitations described in the SF424 Application Guide and the Table of Page Limits must be followed. The page limits are maximum and could be much less than specified.





Overall Research Plan

- Proposed research domain(s), expertise, key resources, and strategies to promote opportunities to the larger research community
 - Objectives
 - Impact
 - Explanation of how it builds on institutional expertise/resources
 - Scope of center and approach
 - Target scientists of training and what background would be needed to benefit
- Letters of support for the Center as a whole
- Resource Sharing Plan and Data Sharing Plan



Components

- Do not require a project narrative
- Do require the applicant to indicate
 - Types of subjects (human or animal)
 - Performance site
 - Senior/key personnel for each core (with biosketch)
 - Letters of Support specific to the section
 - Resource/data sharing plan
 - Clinical Trial
 - Budget

Didactic
Interactions

Mentored
Collaboration

Techniques
Development

Pilot Studies

Promoting
Center
Expertise

Center
Collaborations
(Optional)



Administrative Oversight

- Aims: Strategy for administrative oversight including roles, responsibilities, and procedures. Includes
 - Evaluation component
 - Formation of an independent advisory board (not specified people but areas of expertise/perspective)
- Research Strategy: Includes administrative organization, plan for interface with the community including promotion of resources, dealing with competing demands on facilities, quality control, responsiveness, and documentation of effectiveness and impact on medical rehabilitation.
- Include methods to collaborate with other infrastructure centers.



Coordinating Center (Optional)

- Aims: This is an additional role to serve as the coordinating center of the network; this section is optional!
 - Maintenance of the central web portal
 - Promotion of the overall program in a variety of settings
 - Promotion/coordination of trans-center activities
 - Hosting/documentation of periodic teleconferences among the centers
 - Documentation of overall infrastructure outcome data
- Research strategy: Document the above activities and strategies to achieve them.



Review Criteria

- Applicants reviewed on their ability to provide access to unique resources and expertise that are particularly relevant to the broad field of medical rehabilitation research
 - Quality of the resources and expertise
 - Unique nature of the research opportunities and mentored collaborations
 - Proposed strategies for promoting, teaching, and supporting research opportunities
 - Leveraging of resources
 - Administrative vision
 - Management/prioritization
 - Promotion of a diverse workforce



Grants Management Information

- Budget is specified for overall center and each subcomponent
 - Caps are imposed for Pilot Studies (\$150,000 per year) and Techniques Development (\$100,000 per year)
 - Pilot studies should be prioritized for sites outside of the funded Center and will generally be accomplished with subcontracts
 - Collaborations with Other Institutes would be accomplished by subcontract; consider cost benefit of these
- Additional funds are available for the optional Coordinating Center subcomponent
- Any clinical trials will require prior approval by NIH prior to initiation
- No cost sharing is required in this mechanism



Key Dates

- Open Date: May 27, 2019
- Letter of Intent Due Date (not required): May 27, 2019
- Application Due Date: June 27, 2019
- Scientific Merit Review: November 2019
- Advisory Council Review: January 2020
- Earliest Start Date: April 2020



Questions



Question and Answer Session

- Phones will remain muted. ***Please do not unmute your phone line.***
- Please use the Q&A Panel at the right-hand side of your screen to type in your questions.
- Click on the drop down arrow that appears before 'Q&A'.
- The Q&A Panel will expand.
- Type your question into the blank box and click "send" (circled to your right).

