

0:04

Hi there everyone.

0:06

Welcome to our program on Expanded opportunities for peripheral neuropathy, Researchers for 2023.

0:13

My name is Lindsey Kolbert, I'm the Executive Director of the Foundation for Peripheral neuropathy and I just wanted to thank you again for joining us today.

0:22

Before we go ahead and get started, just a few logistical matters. We are recording this presentation.

0:28

The recording link will be e-mailed to you probably within the next day or so, and we're also going to have it uploaded on the foundation for peripheral neuropathy's website.

0:38

If you have any questions at all during this program, I encourage you to submit your questions through the questions box in the dashboard.

0:47

We're going to try to answer as many and all of the questions that are pertinent to this topic at the end of the presentation. So, feel free to just submit those questions, and we'll go ahead and address them at the end.

0:58

At any time, if you're having any trouble hearing us, or having trouble with the audio on your computer, just know that you can dial in from your phone.

1:07

Those dial in instructions can be found in the same e-mail that you used to login today.

1:13

And now I'm pleased to present and introduced our guest speaker today, doctor Cecilia do pass shame. She currently serves as the program Manager for the Peer Reviewed Medical Research Program, also known as the PRM RP.

1:29

Within the congressionally directed medical research programs, US.

1:33

Army Medical Research and Development command, doctor ... provides strategic co-ordination for the execution and management of PRM ARPI Congressional appropriation.

1:44

As the program manager, she is responsible for executing the PRM RFPs entire program life cycle, including investment strategy, development and funding opportunities, overseeing review of research proposals, and analysis of ... accomplishments. At this time, I'm going to turn it over for her program and thank you again for participating Cecilia.

2:08

Hi, everyone. It's such a pleasure to be here today. So, thank you so much for attending.

2:12

Like, Lindsey said, I'm going to present some funding opportunities that we have available for PR and Murphy. I hope that this webinar is useful to you. And you can always feel free to reach out to me with questions if you have some, either at the end of the Q&A, or you can reach out to me directly.

2:31

Next slide, please.

2:34

So, in this webinar, we're gonna give you an overview of ..., the organization where PRP Stanton.

2:41

I'm going to talk a little bit about our program cycle and the review process That's very important for the reviewer proposals that we're going to receive. So, it's good to have a good understanding of how the cycle works.

2:52

Then I'm going to talk about specifics about bureau MRP because each program at C D MRP is different. So I'm gonna give you some pointers as to what is important for ... our funding opportunities and how to apply to them. And I'm going to close off with additional resources and tips and strategies for success.

3:12

So, we always like to start a presentation with the vision and mission of our organization.

3:18

Our vision is really to transform healthcare through innovative and impactful research and I'd like to emphasize these towards innovative and impactful. This is something that you'll hear throughout this presentation. And it really is what differentiates us from other funding organizations. And we do that by responsibly managing collaborative research that discovers develops and delivers healthcare solutions to service members, veterans, and the American public. And, again, this is a very broad audience, service, members, veterans, and the American public, and it's really meant to be inclusive of many of the research that we are able to fund.

3:53

Next slide, please.

3:56

This is what we call the Star Graph, or PR, and Marketing for a C J. Markey is the who, the what, the where, and the how. So, we started by Congress in 19 92. Really, it was the result of grassroots efforts, people that went on the lobby that went to **** too bad for funds. And we started off with the breast cancer program, so those were the advocacy that first stood up the organization. That was our first program and we have steadily grown since then. We aim to fund innovative and impactful biomedical research. We are very comfortable with risks.

4:30

So, we aim to fund research that, probably other funding organizations, that metric and different than the perception that we have from the public, really, we can fund research that's conducted

throughout the world, not just United States international research. And international performing organizations are very welcome to apply.

4:51

And How we do this, it's what our director likes to call our secret sauce, It's through the two tier review process, and that involves scientists, clinicians, and consumers, And this is what I'm going to spend the majority of the, this presentation talking about.

5:05

Next slide.

5:08

So here are some of the hallmarks of our organization.

5:10

I think it's important to understand what we stand for, how we conduct our business, once you're applying for us, the most important thing is that Congress Ads, targeted research funds to the DOD budget. So, we do not solicit these funds. It's not in the president's budget. These funds are added at the end by Congress, We'd like to fund high impact, high innovative research. Like I mentioned before, that other funding organizations might feel a little, that it's a little bit too risky to invest in. We aim to avoid duplication, We're very proud of the platform that we have. We have a collaboration with the VA? A collaboration with the NIH. And we aim to look forward to fund proposals that are not duplicated, right? So this is very big for us. We will, during negotiations look at the proposal see if there is any duplication of funds. And we will not fund proposals that are duplicative either a scientifically even if their scientific overlap or even budgetary overlap.

6:15

This is an Equal Opportunity Program and Equal Opportunity Organization. This is very important, our funding opportunities. They're publicly announced and competed so anyone can apply. You don't need to be part of a special group, have a special Lynn. And with that, I will just add that different than the NIH, we do not, we can't work with performers to tailor their proposals to our solicitations. This is something, like I said, we we try to keep a transparency, and we are not, we avoid providing any competitive advantage to anybody that's eligible to apply to us. We follow the National Academy of Medicine recommended model for application review. This was suggested and recommended to us, was the organization stood up. And we have followed that since then. Which involves our two tier review process. And the inclusions are consumers and all in all levels of review.

7:10

With that, we can say that consumers are really the true north of fear of the CDM marquee. They participate throughout the process and they are the foundations of our program. So how your proposal impacts them and directly impacts them is very important. Keep in mind that they will have an equal vote as scientists reviewers for your proposals and even the programmatic panel. So they are really why this organization stands these are the folks that go to the hilt you back for the funds.

7:38

So we aim to fun research that not only advances science but also impacts patients with the flexibility of the way that the funds are appropriated to us. We can adapt each program's vision

and investment strategy very easily and very rapidly. So if there's a new need in the field, we are able to release funding opportunities that target that.

8:03

Like I said, we have funding flexibility. So one of the things that's important that's really appealing to many investigators that our funds are obligated upfront. So we do not have limited up your budget commitments. It's with the budget that you submit to us with your proposal. That's what's going to be funded. It will be funded in its entirety. So there are no risk of having your funds cut throughout other.

8:29

The continuation of your project would that we do not have a mechanism because we are here to meet congressional intent. We do not have a mechanism to fund continue funding. So every proposal is going to be a new proposal. For my program, for instance, the topic areas very annually, so we can't put out a mechanism just like the NIH. That's just a continuation of what you have had been previously funded bytes.

8:57

And, again, with our two tier review process, we do not have a pay line.

9:02

Our funding recommendations: they are based on portfolio composition. We have a second panel that's composed of individuals that's different than the peer review panel. And they are the ones that are going to be looking at all the proposals and looking at relative impact technical merit of those proposals based on the pool of the best meritorious proposals that we receive.

9:23

Um, we are very transparent and accountable to our stakeholders. We This is something that, again, it's, it's one of the hallmarks of the organization. Everything that we have funded is on our website. Our website is very comprehensive. I do admit sometimes it can be a little bit clunky. It takes us a while to update, but this is something that it, at, whatever we have funded, you have access to that. So, I do encourage you to take a look at previously funded proposals there on our website. So, you can see the type of research that has been funded by us. And lastly, we have the lowest management cost of all funding organization. This is something that we're very proud of, because this allows us to maximize the research dollars that we are able to invest in research.

10:08

Next slide, please.

10:10

So, like I said, see, the MRP is congressionally directed medical research programs. We don't have only this program, Bureau MRP, we have several other programs. This is a snapshot of the FY 23 appropriation. We received 35 programs on this fiscal year and what I have highlighted there is the Peer Review Medical Research Program. And you can see we have 370 million and it is the largest program of the organization, but it's also the program that has the majority of topic areas, and just peer reviewed medical and peer reviewed cancer. They're the only two programs that have topic areas that are assigned to us by Congress. But this is very important, and I will explain this in detail in further slides.

10:54

Next slide.

10:55

Alright. So, now, I'm going to talk a little bit about the cycle and how we do the review of our proposals. All the way started from when we release our funding opportunities and to award closeout. I'm going to focus much more on the left side, because it's more pertinent to the audience that we have here today. You will see there that are all our programs start with a vision setting meeting and that's a meeting where we include stakeholders, we include consumers, I personally reach out to several of the advocacy groups they're assigned to us as topic areas, right that align to those topic areas to get a sense of what's needed that year.

11:34

So when we received the appropriation we can actually solicit for what's going to impact the the patients the most. Then we release our funding opportunities keeping in mind that we can only released these funding opportunities once we have an appropriation wants to build. Once the bill is signed so that sometimes when we are in the continuing resolution really tightens up our timeline because we also have a bureau to execute those funds. So, we tried to maximize to leave the most amount of time that we can for researchers to apply keeping in mind that we have to allow ourselves enough time. So we can go through all to all the other milestones that you see listed there, which involve pre application, the application receipt. Peer review, and programmatic working. So, there are two things that I would like to emphasize on this slide.

12:24

The first one you see there, on the left, the programmatic panel in, brown, there.

12:30

And you can see that they will have input on all levels of the review process. Our programmatic panel is listed on our website. I encourage you and invite you to go and take a look. Each program has their own programmatic panels.

12:43

So if you click under peer MRP you will see the individuals that actually make up this panel and this is very important because these are going to be the folks that are ultimately going to be recommending for funding or proposals.

12:56

The second thing that I would like to note is the timeline there, so you can see by the time that we receive the appropriation and we go through all these milestones that are listed here until we get the funding recommendations. And the investigator receives his his notification letter. It can take several months, right? So, when you submit a proposal to us, the funds will not, you will not receive the funds before than let's say, nine months to a year. That is pretty much standard. And it the way because we are congressionally assign each year, we can't really plan in advance or released the funding opportunity, so it does take a while for you to receive. So, keep that in mind when you're drafting your statement of work, when you're drafting all the attachments that are needed to submit to give yourself a buffer for that.

13:44

Next slide.

13:49

So, I'm going to talk about the two tier review process, I think, I have in broad strokes, I have given you a little bit of an overview of what it is. It's really a partnership between peer review and programmatic review, where we try to get the benefits of the peer review. Really filter out

what those scientific proposals that have the most scientific merit, so the highest scoring ones, and those are the ones that are going to go to the second level of review. With the, ultimately, we will make the funding recommendations. So, it's really a partnership between these two, is making sure that we can also fulfill congressional intent and the goals set forth by each program. Next slide.

14:31

So, talking about peer review, I think investigators are very familiar with peer review. It is it's an evaluation that's made that's based on technical merit of an ideal proposal so you will have a list of criteria that we are evaluating you against the, the this criteria. They are listed all and our funding opportunities keeping in mind that they vary between each program they vary between each fund.

14:57

one thing that's important is that because of our topics can change because of just the fluidity of our programs, we do not have a standing panels. So, we're not the NIH, we don't have a Center for scientific review, our proposals. They are reviewed by partners, by contractors, by us, that they set up these panels and recruit the best scientists to review, and the scientists that have the expertise to review, the proposals that were submitted.

15:27

And The Identities of the applicants, between applicants and reviewers and program staff, just a communication between them, that's that's something that we disallow, like I said, we did not want to provide a competitive advantage to any applicant, If you have, there's a next Click There, that's the only one, the list of our peer review participants.

15:53

It's also published on our website, but we do that for previous years. This is a good way for you to go in and have an idea of the folks that are being recruited as part of this peer review. So for previous years, you will have that you will not know, for this year, who was evaluating your proposal until we close the cycle and then we released that again.

16:14

Next slide.

16:17

So now, for the second level of review, which is programmatic review, we are here now evaluating It's based on a comparison between the best proposals that we wish, and here, these individuals. These are folks that are familiar with the program, with the program goals, with how we have to meet congressional intent. And they are making these recommendations based mostly on relative impact relative innovation and the list of criteria that they will be evaluating. Your proposal is also listed in our program. And so like I said, there is no pay line. It's not necessarily the highest scoring proposal that we had from scientific review, that's going to be recommended for fun.

16:58

Keeping in mind again, that consumers. Clinicians, it is, there's all levels of expertise included in the programmatic panel, and we also add some ad hoc reviewers depending on the size of the program. So we can make sure that we are bringing all the expertise that's necessary to refute them. The outcome would be then the funding recommendations.

17:21

Next slide, please.

17:24

So again, I just want to really highlight and emphasize this: that our consumers, they are the foundation of CDM, or B these are the folks that went to the Hill that are really advocating for these funds. So we want to make sure that they are included. We want to make sure that they can participate and they have a voice, and they are involved in all cycles all the way from there are very important stakeholder for us. So all the way when we're drafting our our funding opportunities during prescreening, programmatic review, and peer review, they are included in all levels of review.

17:58

Next slide, please.

18:01

So now I'm going to focus on the peer reviewed Medical Research Program, which is the program that, I think most of you, are interested in, logged in today, to listen about our funding opportunities. Next slide.

18:15

So, ... started in 19 99, so it was a few years later, after that first program. And we received from Congress: a direction to really support our language is different than other programs. It is very broad, but we do have, it says to support research of clear scientific merit, indirect, relevance to military health. And we will discuss this in a little bit more detail, but we can only do that in specified topic areas.

18:43

These topic areas, they vary year from year, but it is by law, it is mandated that the researcher must really address one of these topic areas. Next slide.

18:57

So, like I said, each year with our appropriation, we received the language to fund research the most meritorious research in these topic areas. This is an example for FY 23 which cycle that we're working now. We have 50 total topic areas.

19:11

Now, like I said, some of these topic areas very it is a compilation of efforts between either lobbying and then. But Congress ultimately, puts this topic area so it's conch, but it's a congressional decision, to put them, to add them, or to remove some years. Every year. We have some variation on them. In blue there, it's listed all the new topic areas for FY 23 And in green, we have topic areas that were not part of the program that were previously part of the program. They did not make it to the bill on FY 22 and now they're making a return and an example of that would be scleroderma Tuberculosis. Next slide.

19:50

So for our strategic purposes and how we, we decide to run this program and make a five year plan, a 10 year plan, and really execute the strategy and division that we have, which pertains to the Program Office to do that. We allocate these topic areas in different buckets that you see there, and these buckets, they align with the major areas of research, right? So, we have a book, it's from autoimmune to respiratory health, rare diseases conditions. And we do this in a way,

that it makes our peer reviewing our programmatic review much more cohesive. We are evaluating those topic areas based on a panel of experts that have that type of background, and we're also looking at them in a very similar fashion, right. We're looking at autoimmune disease, as opposed to comparing, and let's say, celiac disease, with pulmonary fibrosis. So, this is something that is part of our strategic plan and our investment strategy. Next slide, please.

20:54

So, how do we execute, or what's, the first thing that we have to do, is release our funding opportunities, And these are determined by, like, I said, the programmatic panel, our stakeholders, We see what's needed, and we tried to death. The most of the funding opportunities that will bring the science that's needed for that year.

21:12

This year for pure MRP, we have six funding opportunities you can see there they go all the way from Discovery Award, which is very innovative concepts, we go to team science, and all the way to our clinical trials, which are very competitive field trials. They do not have a direct cost limit. So it's something that the research community really appreciates and we receive a lot of support.

21:38

I'm going to talk a little bit more detail about each one of these mechanisms. I think it's important for you in your proposal to understand the intent behind these award mechanisms. And if we can go to the next slide.

21:52

So, let's start off with the first three. So you will see that the first one is the Discovery Award.

21:57

The intent of this award mechanism is really to bring that high risk, that innovative idea research. The direct cost limit is 200 K, so we are not looking here for preliminary data. We are looking for something for a brand new idea, that you don't even have to be in the field, to actually get funding for this, OK?

22:19

And eligibility for all of these award mechanisms are listed there.

22:25

And this is really, we're looking for that game, changing that idea.

22:29

The intent of this award mechanism, which is something that it's we try to really highlight for the research community. It's not a smaller award, It is not a portion of an RO one. We're looking for a brand new idea, something that will change paradigm. That will shift the way that we're doing things that are still very early and very mature, but that with some seed funding, that will actually bring it to the next level.

22:57

Our next award mechanism is the investigator initiated award, And we have two options there. It's one point six million for direct cost. If you come as a single investigator, you have the option under this award mechanism to partner with another investigator, that would be a partner API option. You see they're GPIO, and the direct cost for that is two million.

23:17

And really what we're looking from this partnership, if you choose to go that route, you have to really there's going to be a statement in your proposal that's going to really stay to us why this partnership is necessary. What are you achieving with this partnership that you wouldn't achieve on your own?

23:32

We can support from basic science all the way to translational. And what this is the the award mechanism that mostly relates to an RO one of the NIH. But again, here we're looking for impact.

23:47

Even if it is mechanistic studies, something that will impact how in the future, you should be able to articulate how that will impact patient care.

23:55

Our next award mechanism is the Technology Therapeutic Award. We have two funding levels. This is a broad driven award mechanism, OK, so the fund, the first for the funding level, depends on where you are on the development and the funding level to. We expect that by the end of that you will be able to have an IND submitted with the FDA.

24:16

We are looking here to really bring products we can fund pre-clinical work, toxicity studies, GMT production.

24:25

So this is really a product driven Now, you see there at the bottom letter of intent is required for these mechanisms.

24:32

So, whether you apply for PR MRP or for any other program at CJ Market Our application process is a two step process. You will either need to submit a letter of intent or a pre proposal, OK, and then you will invite your full propose.

24:47

There's a major difference between this. The Letter of Intent is really something that we use it for our administrative purposes.

24:54

As I mentioned before, we do not have standing panels, so we need to know ahead of time before you submit your full proposal.

25:01

What topic area are addressing? A few highlights of your proposal.

25:05

This is a one page document that, that we require. So, you can, so we can start, Sandy is setting up our, our review pack.

25:15

OK, and what I would like to emphasize here is that this is not optional.

25:20

So, keep that in mind, because many times you receive a full proposal from a researcher that did not submit a letter, and unfortunately, we cannot.

25:31

So, for all our mechanisms are going to have to submit a letter of intent or every proposal, the other larger mechanisms they require pre proposal. I'm going to talk about them on the next slide. But for these, a letter of intent is sufficient. Next slide, please.

25:52

So, here, we have our larger award mechanisms. So I'm going to start by the Focus Program Award. This is a team science. We want to see several groups of researchers come together to address an overarching challenge.

26:07

The direct cost limit for that is seven point two million.

26:10

This is also, this has Macmini needs in the field. It's a very popular mechanism, and it's a way to bring multi-disciplinary research for a topic areas that actually require expertise on several other areas.

26:25

Then we have our clinical trial. The clinical trial, you can apply to us in two phases. The first one would be the planning phase. You can, that's an option that you have to apply. And here we go.

26:36

Commit to giving you 500 K so you can finalize your approvals.

26:43

Get any regulatory documentation that you need from your, from the IRB approvals that you need from the IRB, regulatory, final regulatory documentation, from the FDA. And, then, we will fund the full clinical trial as an option, once you have achieved the milestones set forth in the Planning phase, alright?

27:02

We will need to assess this, the budget for the planet face in the clinical trial. So, this is something that you will have to submit, we need to know to what we are committing in case, we actually do end up funding the option or, you can come in as a full clinical trial for that. You will need ready to have your ... at hand. The ... needs to be approved. This is not the mechanism for some someone that still needs amendments for IND.

27:29

But the advantage of this, we are willing to take your idea. Or if it, it can be, this is why you don't put a direct cost, the mature clinical trials, some trials might cost three million. Sometimes, some trials might cost 10 million. So, we really want, We're looking here at the idea and, at the budget, what is it necessary for you to complete that?

27:49

Both of these award mechanisms require a brief proposal, and then you will either receive an invite or a non invite later, OK, and we do this. We have mixed feelings about this. The community has mixed feelings about this. They would rather sometimes just submit a full proposal, but we do this, because these are very complex proposals. They have more than 100

pages, we're going to request for lot of attachments. So, we don't want the researcher to go through all the hoops of drafting that long document, when the programmatic panel doesn't have an intention of funding it.

28:28

So, the main idea is to really minimize the burden on the PI, and to just invite the ones that really have a chance of competing that e'er, and that meets the needs of, of our program. A pre proposal is usually a four page document. We're going to ask you a few things, and all that is described in their funding opportunities. I'm going to show you where to find it.

28:53

But, we're just asking you to briefly tell us what you're gonna do, keep in mind, that the programmatic banner will be reviewing that proposal, and they will be the ones making a determination, whether or not you invited. So, again, I encourage you to take a look at those individuals, speak in a little bit broader terms, Make sure that the impact, the military relevance, is clearly articulated on their, also, so you can get an invitation to submit your full proposal. Invitation doesn't mean that you're going to be funded, it means that we are interested in looking at.

29:25

And our last award mechanism, this is very new this year for Aramark gets the first year that we're putting it out there. I'm very excited for this. I think we're meeting a niche that we weren't really able to fund before. Here, with this award mechanism, we're looking to receive all clinical research and clinical trials that are really non FDA regulated. We have a lot of topic areas that are looking to mental health, sometimes. apps, so this is something that we, We created this, so they wouldn't have to compete directly with the traditional clinical trials with biological interventions for this award mechanism, the lifestyle and health and behavioral health interventions, We're only require, again, a Letter of intent. So, you will not need to wait for an invitation to submit, but we do, Again, as I mentioned, for our administrative purposes, we do need a letter of intent.

30:17

Next slide.

30:21

So, for all these funding opportunities that are listed for all the 6, 3 things are required.

30:28

First one is the Military Health State. This is an attachment that you will submit to us that will be only reviewed by the programmatic panel.

30:36

And, with this, I encourage you to really apply a lot of grants, mid ship, and state, and clearly articulate how your research aligns with military health.

30:51

We have some examples there. It's included there, like dual use capacity that would benefit the civilian population, and needs related to military health, some aspects, or target, or some aspects of the disease that have direct relevance to military health. This doesn't apply to all our topic area.

31:08

Some of our topic areas are disqualifying for military service, so this really depends on which topic area we apply.

31:17

And also, one of the things that I want to highlight, this group is also the contribution to your family readiness of service members. Sometimes, even if you have a family, a family member with a disease or a condition, they that really affects mission readiness. So that's a good way also, of tie in your military health state. I will say that the advocacy groups can be a huge resource for you on this. They are the ones that also of drafted language how the language was written. So the topic area was included under pure MRP.

31:52

So I do encourage you to reach out to the Advocacy groups to get some examples of how this was of the language that was used. So, again, like I mentioned, the proposals, they must address one of the PRM, or be topic areas. And one of the PRM Arby's, Portfolio Specific Strategic Goals, which I'm going to discuss in the next couple of slides.

32:18

So, here we have, this is just an example of the neuroscience portfolio strategic goals. Like I said, all our topic areas they're allocated in this larger buckets, right?

32:28

And peripheral neuropathy was allocated to the neuroscience workforce, each of these buckets that you see that you saw on my previous slide.

32:36

Each one, each one of them has strategic goals that we developed, and we devised with advocacy groups with all our stakeholders of the programmatic panel, making sure that we were able to solicit the research.

32:48

That would best meet the needs of the topic areas that were saturates the strategic goals they align, and the continuum of care you can see there. They were elegant it also under the continuum of care. Foundational studies, prevention, diagnosis. And you can see that they are very broad, and they are abroad for a reason. We did not want to exclude any of the topic areas, but still ask for the research that, that we really need.

33:12

And so, each ward, in those strategic goals, they really point to something that we're looking at so carefully make sure that your topic area is using one of these goals, and how it is really addressing the schools, all applications that come to us. They must address one strategic goal in one topic area. They're brought, you can use it as mix and match. Some of these goals are going to be more for other topic areas in that bucket. But some of these goals are very broad, where you can see your research with it under any one of them.

33:49

This is just a continuation. We'd, like I said, we're looking at the continuum of care. So we showed foundational. Prevention. Here, we have treatment and epidemiology. So, these are the studies that we're looking for.

34:14

Cecilia. This is Lindsey.

34:16

We just lost audio on you nally now I got you OK, alright perfume could you maybe restate what you just said over the last 10 to NaN I apologize.

34:31

It was after I switched to this slide.

34:34

It was just right around that. Yeah, so if you could, if you could restart, I'm sorry, thank you. Ride. No, absolutely.

34:41

So this is just a continuation of the previous slide. And like I said, all these are our strategic goals for the neuroscience portfolio. They were developed under the continuum of care. So here you see for treatment and therapy them ecology.

34:54

Like I said, these goals, they're broad, they're abroad for a reason. They are meant to be used as like, some sort of a mix and match between the topic areas and the strategic goals that you have for these portfolios, But really pay attention to each individual word that we have there, because it does hint, it does imply what it is, the type of research that we are trying to bring it.

35:16

Some of these goals might be a little bit more specific. That's because we needed a goal that's clearly stated what we're looking for, for some topic areas, but most of them, like I said, they are broad. You will see that your research can fit under any one of them.

35:32

I do encourage you to just, like I said, how well you are addressing this. This goal is going to be a criteria that you're going to be evaluated against. So, do articulate how you are addressing this goal. This is something that's very important.

35:49

When you start working on your proposal.

35:52

Next slide.

35:58

This is just another example of the infectious disease. I think I thought that I had removed that, so we can skip it. It's, but with this, I can actually, this is this, I can actually point out that each of our strength of our portfolios have their own strategic goals. All right.

36:15

Next slide.

36:19

Next slide.

36:22

So, we spoke a little bit about how our peer review works, and here, I'm just going to emphasize this specific points, or PRA Mark. Like I said, each funding opportunity will have their peer review criteria, and you can see if you can click one more time on this slide.

36:39

You will see an example of our peer review criteria. For one of our funding opportunities, this is probably the investigator initiated.

36:46

There's a list there of scored criteria that the peer reviewers are going to be evaluating your proposal against. So it's research strategy and feasibility, impac, transition plan, regulatory strategy and personnel. Under each one of them, you're going to have a sub bullets that clearly explain how you will be valuable.

37:06

So, a good way, one of the tips that we'd like to give our investigators is really just start your proposal here. If you don't know where to start your proposal, start here. Make sure that everything that you write addresses each one.

37:18

That's another tip that we have, is asked for a colleague that, that knows the work, to evaluate it and see how well your score, and how well you're articulating all of the criteria that we are, that you are being.

37:35

Now keep in mind that for each program, for each funding opportunity, for each one of those six that I shared with you, they're going to have their own right. We don't, we can't use the same criteria to evaluate a clinical trial that we, we would use for discovery. And many times, here, there are listed in decreasing order of importance for some reward mechanisms. Research strategy and feasibility is not even one of the first ones out there. We're looking much more at innovation and impact. So, keep in mind that you are hitting those points when you are before you submit your proposal.

38:08

Next slide.

38:11

And here, I'm listing the criteria that the programmatic review, the programmatic penner we'll be looking at.

38:17

So, basically, there's this a little bit more success, and they are looking at the adherence to the intent of the award mechanisms, the relevance to the topic areas, the relevance to the strategic goals that I just described, the relevance to military health. This is why your military health statement is very important.

38:32

In our portfolio composition we need to make sure that we're filling in the gaps that we are still not funding. So this is why sometimes the most meritorious proposal is not going to be the scientifically meritorious proposal, is not going to be the one recommended.

38:48

We have a panel of reviewers that are going to be looking at the program's intent and how they are trying to meet congressional intent.

38:58

Next slide.

39:00

So, like I mentioned, our programmatic panel is actually listed in our website. And I really do. I know I've said it several times, but I really do encourage you to go and take a look at the individuals that are composing this panel.

39:13

Next slide here is just, you can feel free, Lindsay, to distribute the slides. It's just a table that summarizes which award mechanisms have a letter of intent, which award mechanisms have a pre proposal? You can see, the majority of our, of our mechanisms just have a letter of intent, due dates on that. So, the first one that is fast approaching is March 29th, or a discovery award, and then your full application would be do several weeks later, right. And we do that, like I said, just start standing up our peer review. That's the only two award mechanisms that require a pre proposal is going to be our focus program order clinical trial. The due dates are written there, and you will know if you were invited or not to submit by June 17.

40:01

Next slide.

40:04

And here I'm just going to close off this briefing with some additional tips, some resources that you can find on our website that many people find it very useful for a successful application. Next slide.

40:20

So, if I can leave you with just one of these, this 40 minute presentation with just one tip, or it will be, read the announcement carefully, OK. I know that our program announcements, they're long, they're lengthy, but they are long and lengthy for a reason. Like I said, we do not work with investigators to tailor their research.

40:39

There's this program announcement, just me, it has been, it has been reviewed by several layers, it has been reviewed by lawyers, It has every information that you need there.

40:50

I understand it can be a little bit tedious. Many of our researchers, they read the first four pages, and they're like, OK, I got this. I got the intent of the award mechanism, but I encourage you to read every little footnote with with care, because you will find all the information that you need there.

41:07

And again, like I said, keep in mind the program, and to keep in mind the strategic goals of your portfolio that you're applying. If you have several, if you have different research, that you are aiming to apply to. Another portfolio, that's not the neuroscience portfolio, as I showed you, there are other strategic goals. So keep in mind and make sure that you clearly articulate that, and that you are hitting all the notes that you need to hit with the review criteria that are listed in the program announcement.

41:35

Next slide.

41:38

So, we spoken about this, the relevance impact. I really want to say this, it's very important that you articulate free of jargon, right, because keeping in mind that you're going to have consumers on the panel.

41:52

So, proposed solutions that are going to be important to solve problems in the field that actually impact patients clearly articulate translate ability. Even if you're looking at mechanistic studies that be fun and their IRA, how will this work? make a difference? Innovation is huge. We want to fund something new. We are comfortable with high risk, you're comfortable with high risk ideas.

42:18

So clearly articulate the rationale why you're proposing this, and why this is needed.

42:24

And feasibility, this is not something that I need to really hit on the team of, of seasons scientists. Research strategies, The feasibility is what's most evaluated at the NIH. You're more comfortable articulating that, but don't forget to also hit the notes. They're keeping in mind that we we will have, depending on the award mechanisms, are going to have clinicians, and they will look at all that review criteria that I mentioned.

42:54

Next slide.

42:57

So planning and timeline, very important.

43:02

Um, absent a huge disaster of nature, absent a hurricane earthquake, the DOD does not provide a group.

43:11

I know that it is in the field. I know that many, many organizations after they reach their deadline, they did for a week or two. This will not happen with it.

43:24

The few times I've seen it happen because we had to provide mitigation for a hurricane instilled. That wasn't a law that we were allowed to date.

43:36

So, keep that in mind.

43:37

You will have to submit your proposal, your letter of intent, ..., which is our platform, or system, and then you will have to submit your, your proposal.

43:49

Many of you are going to be working with the business office in your organization, so keep that in mind. Sometimes.

43:59

Do not meet with the last minute. I can tell you.

44:03

Therefore, it is hard for several proposals. one minute after the deadline, we are not allowed.

44:10

So, do not leave.

44:15

And Grant, Right?

44:16

Like I said, that goes a long way. You're going to clearly articulate irrelevant your ad to help you with that.

44:25

And keeping in mind, you will see throughout our program, or funding opportunity.

44:30

The programmatic panel, they do not receive all attachments, right?

44:34

They are going to count heavily on the summary statement, so that the goal of the programmatic panel is not to re review the science, it is really with a summary statement, they will only receive a few of the attachments. So make sure that on those attachments that's written, that's going to be reviewed by the programmatic panel that you are hitting the notes with the criteria that they are looking for.

44:56

OK, next slide.

45:00

And I just want to say like I said on our website there's plenty of information available. You can take a look at our program books. We have highlights. You can see we have research highlights, consumer highlights. Not only Porphyrimaki for other programs but if you go into if you click on peer MRP you will be able to find meant a lot of information. And I think just by reading them you will get a sense of what the organization stands for and what it is that we're looking for.

45:28

We have a webinar series that are posted on their website. Researchers find it very helpful. I know you have this webinar here from me today, but those are a little bit more broad, you know, directed for mechanisms in general. So, I do think it's worth taking a look at. Next slide.

45:47

Like I said, here are webinars that we have listed. You have one there, Team Science, Funding Opportunity.

45:54

This is not specific Procurement B, but it will give you a lot of good tips on how to improve your proposal, especially if you're applying for our Team Science award, which is our focus program award. Next slide.

46:11

On our website as well, there is an icon there that you can see I highlighted there in yellow that you can sign up for our listserv. and, ..., and you can also do that through ..., and this will, once

you click on that, you'll be able to choose which programs you want to receive information. This is a very good way for you to keep informed, what's going out, what, when our funding opportunities might be released, sometimes you release a pre-announcement, if we have time, if our timeline permits. But, you will, you will, surely be notified of when our funding opportunities with these. So this is a good place for you to really subscribe, and start receiving the information that we put out there.

46:53

Next slide.

46:57

And here I'll pause, and I am ready to take questions. I hope that this was useful to you. And like I said, if you don't, if you can't send a question today, feel free to contact me at Lindsay can share my e-mail.

47:09

Yes, thank you so much, Cecilia. We actually don't have any questions that have come in through this through your program. I'll give it another minute or so just to see if anyone has any outstanding questions that we can address.

47:24

But I found it to be an extremely thorough presentation, so I'm actually not surprised that we don't have too many questions.

47:32

Um, this is Mark B, I just type something into our chat.

47:38

I thought it might be good also to talk a little bit about how an individual can become a peer reviewer for PRM RFP, if they're not going to submit an application.

47:48

Great. Mark, thank you so much for reminding me of that. Sure.

47:51

So, let's start. I know that this is not the audience for that, but we do take an reviewers, either consumer reviewers or peer reviewers, for the consumer reviewers. If you want to be part of peer review, there's an icon on our website that you can just submit an application.

48:09

If you are, if you would like to be a scientist, a scientific peer reviewer, that is something that I can also, definitely, you can, you can reach out to me and I will route your name. Like I said, We are not the ones. We don't do our peer review in house, but I will Roger, need to, the, to my colleagues, that are, are, standing up, those panels, and I'll express your interest, and they are the ones responsible for Betty.

48:34

But, still, it's something that I think it's, if not, at least, it's a great opportunity for you to see the types of discussions that go behind these panels.

48:46

Um, and if anyone's interested, they can also reach out directly to me, because then I co-ordinate that application process as well. So, I just wanted to make note of that, that we're, we're also

actively involved in helping to recruit peer reviewers and get them in line for, for those types of reviews.

49:09

And I remember when I was gonna say, I lost my train of thought there.

49:14

So, forth, if you are submitting or something to become a peer reviewer, I know it's a catch 22, right? Because you're not going to be able to submit a proposal that year.

49:24

But sometimes if you have a proposal in the making and you don't know what you're going to submit for a couple of years now this is a great opportunity for you to be a part of it and we can actually ensure that we have the appropriate expertise on those panels. And you can see that your colleagues are actually going to be reviewing your proposals.

49:46

Great, thank you Cecilia. We did have a question that came in while you were saying a little bit more about the peer review process. But someone is curious. Does the CD MRP recognize MPI applications?

50:03

MPI do you mind, spelling out the acronym?

50:07

The acronym was not spelled out in the question. So, perhaps, the individual who typed it in can quickly clarify.

50:15

Oh, multiple PI, so what do you guys recognize when there are more than one principal investigator?

50:23

So, as I mentioned, we have our Team science and those are going to be we can have several co PIs, right?

50:31

However, it's still under one award, you will receive one vehicle to fund you, OK, now, we can fund the other projects separately, but it's still under one award mechanism. And I know I'm emphasizing, this is a lot of bureaucracy, but it does make a difference.

50:47

The only award mechanism that we offer, a co PI, it's not multiple PI, it's a co PI, is the investigator initiated awards that you will have two separate awards.

50:58

It's going to be an award for one PI and then it's going to be an award for the second Now, like I said, the team science, it is you're just going to have one prime PI, So if you're looking for different notices, if you're looking for different vehicles to fund one PR or the other, that would have to be the investigator initiated awards.

51:21

OK, and Another person just wanted to confirm it and their understanding was correct based off of your conversation from earlier That there is no Program officer at the CDE MRP, is that correct?

51:36

No. We have several program, especially a program like ...

51:40

MRP, we have We have a team of 10 12 science officers that work with me.

51:48

But the problem is when we have our funding opportunities released and we have open funding opportunities, we cannot tailor your investigation. We can answer specific questions about your budget proposal, so, Oh, should I write the goal, like this Should I put This, Is my timeline. This is not because, like I said, we try to not foster competitive advantage, this is not something that we can do.

52:12

However, as soon as your award is recommended for funding, throughout the period of performance of your award, there is going to be reports and reviews. And you will have a you'll have a science officer. Which is the program officer that's going to be a really shepherding through, and answering all your questions.

52:29

Does that answer the question?

52:31

I think so, yes. It does, thank you.

52:34

Great, Well, Cecilia, thank you so very much for this presentation for everyone that's watching live or similarly watching us later, when the recording gets sent out within the next day or so. We're also going to make sure that the slide deck is available.

52:50

And if any questions do arise, feel free to reach out either directly to Cecilia, directly to me, at the foundation for peripheral neuropathy. And I'd be happy to help route accordingly.

53:03

I also want to extend my gratitude to Mark V. He is fantastic and helps a lot with the foundation's advocacy efforts. So Mark, thank you for joining us and for also asking that one question.

53:18

To get us kicked to get us started. Right.

53:21

If I can get in one more word to researchers that are listening to this, please do apply for this funding.

53:27

There's a lot of work that is done on the advocacy end by our grassroots patients, families to get this condition renewed every year in the Defense Appropriations Act. So we need the scientific community to apply for these grants. So thank you.

53:44

100%. Thank you, Mark. And again, thank you everyone for joining us today, and we'll look forward to getting those applications in and getting some more research funded for peripheral neuropathy.

53:56

Thank you, everyone.

53:58

Thank you.