

NeuroNEXT Network

Standard Operating Procedure (SOP)

Network Coordinating Center Capacity

Version 3.0

SOP NN GA 108

Originators: NeuroNEXT CCC and DCC Personnel

Reviewed and Approved by:

Signature and Date: <i>Christopher S. Coffey</i> <small>Electronically signed by: Christopher S. Coffey Reason: I approve this document Date: Feb 23, 2024 13:49 CST</small>	23-Feb-2024
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SOP: NN GA 108 Version No.: 3.0 Issue Date: 01Mar2024 Effective Date: 15Apr2024	NETWORK COORDINATING CENTER CAPACITY	Supersedes Document Version : 2.0 Effective Date : 08Apr2023
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Signature and Date:

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24-Feb-2024

Name and Title: Dixie J. Ecklund, RN MSN MBA (DCC Associate Director)

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11-Mar-2024

Name and Title: Joan Ohayon, RN, MSN, CRNP, MSCN (NINDS, NeuroNEXT Program Official)

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1. POLICY

The CCC and DCC, in collaboration with NINDS, will evaluate and determine the Network Coordinating Center capacity for evaluating proposals, assisting Protocol Principal Investigators (PPIs) with protocol design/development and grant applications, and implementing funded studies. The capacity for the Coordinating Centers to perform their designated activities will continue to be evaluated on an ongoing basis, and the number, size, and complexity of future studies that are funded under the Network may be adjusted as necessary.

The CCC and DCC will evaluate Network Coordinating Center capacity in relation to the following criteria:

A. Number of proposals in the grant application phase

Applicants may submit proposals to NINDS on a rolling basis. In consultation with the CCC and DCC, the NINDS may evaluate and “batch” concept proposals and release them to the CCC/DCC for development within agreed upon timeframes, as needed.

B. Size and scope of studies being conducted

Studies conducted within the Network may be Phase I gene-based studies or Phase II trials, which can vary quite substantially in size and scope. In some rare disease there may be the potential to conduct a Phase II/III study if the premise is supported by NINDS. Phase I gene-based studies, and Phase II/III studies would potentially be even more complex and require additional resources. For the purposes of determining Network Coordinating Center capacity and resource allocation requirements, proposed studies are classified according to their size and complexity. The following factors must be considered when evaluating size and scope of proposed studies:

- Study Phase (Phase 1, Phase II or Phase II/III)
- Number of subjects screened/enrolled
- Number of participating sites
- Length of study
- Intensity of visit schedule
- Complexity of intervention, including:
 - Drug distribution
 - Route of administration
 - Laboratory requirements
- Complexity related to outcome assessments, including:
 - Number of assessments
 - Requirements for EDC programming
 - Site training/certification
 - Study monitoring
- Complexity related to vendors, including:
 - Number of vendors

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- Site training/certification requirements
- Requirements for data downloads
- Impact on study monitoring
- Safety considerations, including:
 - Known risks associated with intervention
 - FDA regulated or IND/IDE exempt
- Extent and complexity of secondary and exploratory outcomes, including:
 - Number of secondary and exploratory outcomes
 - Types of analysis required for these outcomes.

Metrics and other criteria that are used to classify proposed studies as “small” or “large” are presented in Attachment B.

C. Resources required from the CCC and DCC to conduct “small” and “large” studies:

The CCC and DCC infrastructure grants provide salary support for Network activities and some oversight of study-related activities. If a proposed study is characterized as “small” based on the criteria described in Attachment B and falls below a minimal threshold (e.g. traditional Phase II, non-interventional, surveillance /biomarker study with minimal data collection and no requirement for study monitoring), the CCC and DCC staff efforts may be assessed and reduced accordingly. If a proposed study is characterized as “large” based on the criteria described in Attachment B and falls above a maximum threshold for size or scope, the CCC and DCC staff efforts may be assessed and increased accordingly. Not including faculty and leadership effort, effort is allocated toward studies as described in the Attached Network Capacity Worksheet.

D. Studies conducted concurrently within the Network

Funding for study specific Network Coordinating Centers personnel is included in each study grant, as such the Network can sustain multiple concurrent funded studies. However, all pre-award activities (proposal development through receipt of funding award) are funded through infrastructure grants awarded separately to the Network Coordinating Centers.

2. SCOPE

This SOP has been developed to be in alignment with federal regulations and Good Clinical Practices (GCP) as set forth in the 2016 Integrated Addendum to ICH E6(R1): Guideline for Good Clinical Practice E6(R2). The policies and procedures described in this SOP apply to the NeuroNEXT Clinical Coordinating Center (CCC) and Data Coordinating Center (DCC) within the context of their oversight and advisory roles for the NeuroNEXT Network, and to all NeuroNEXT investigators, staff, subcontractors, or other entities associated with the NeuroNEXT Network who manage, oversee, and conduct research regulated by FDA and/or applicable review committees.

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3. ROLES AND RESPONSIBILITIES

The CCC and DCC leadership team will communicate with NINDS leadership on an ongoing basis regarding the pipeline of proposal submissions, applications and funded projects to review network capacity issues that may arise. These communications may also be used by the External Oversight Board (EOB) convened by NINDS to oversee this project.

The EOB and NEC may evaluate the Network capacity proposals presented by the CCC, DCC, and NINDS leadership teams and offer strategies as to align goals between the FOA and the funding capabilities.

4. APPLICABLE REGULATIONS AND GUIDELINES

FDA FDAAA 801 - Food and Drug Administration Amendments Act of 2007

5. REFERENCES TO OTHER APPLICABLE SOPs

- NN GA 105 Vendor Selection and Agreements
- NN SS 401 Site Selection and Qualification
- NN SS 402 Site Initiation Visits and Site Training
- NN SS 403 Routine Monitoring Visits
- NN SS 404 Site Performance Monitoring
- NN SS 405 Study Closeout Visits
- NN PM 502 Clinical Trial Budget Development
- NN PM 504 Investigational Site Staff Training
- NN PM 505 Investigational Product Management
- NN PM 506 Site Invoicing and Payments
- NN SM 601 Central Institutional Review Board (CIRB) Reliance Process
- NN SM 603 Subject Eligibility and Enrollment
- NN BIO 902 Statistical Analysis Plan Development
- NN DM 1003 Case Report Form Development

6. ATTACHMENTS AND REFERENCES

- NN GA 108 – A Document History
- NN GA 108 – B Definitions of “Small” and “Large” NeuroNEXT Studies

7. TERMS AND ABBREVIATIONS

The following terms and abbreviations are used in this document:

- CCC Clinical Coordinating Center at Massachusetts General Hospital
- CSS Clinical Study Site

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DCC	Data Coordinating Center at The University of Iowa
EOB	External Oversight Board
FTE	Full-time Equivalent
GCP	Good Clinical Practice
NEC	NeuroNEXT Executive Committee
NIH	National Institutes of Health
PPI	Protocol Principal Investigator
SOP	Standard Operating Procedure

8. SPECIFIC PROCEDURES

A. Network Capacity Evaluation

#	Who	Task	Attachment/ Reference	Related SOP
1.	CCC and DCC	Assess overall Network Coordinating Center capacity and present potential strategies for optimization of Network efficiency to NINDS, the NEC, and the EOB for review.		
2.	CCC and DCC	Provide NEC members with periodic updates on Network Coordinating Center capacity to facilitate new proposal reviews.		
3.	CCC and DCC	Evaluate each new proposal to determine the appropriate study “size” based on criteria defined above and in Attachments B-D. After sample size and overall study design has been determined, communicate the determination to the NEC.		
4.	CCC and DCC PIs	Evaluate the CCC/DCC recommendation of study size based on criteria listed above and in Attachments B-D. Communicate to applicable NeuroNEXT PPIs any requirements for additional funding that are to be included in study-specific grant applications.		
5.	NINDS	May review CCC/DCC proposals for optimization of Network efficiency with regard to Network Coordinating Center capacity.		
6.	NINDS	“Batch” new proposals that are submitted to the Network as needed based upon Network Coordinating Center capacity.		
7.	EOB	May review proposals for optimization of Network efficiency and provide guidance on alignment of Network goals and funding capabilities.		

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Attachment NN GA 108 - A. Document History

NeuroNEXT Network Standard Operating Procedure (SOP) Network Coordinating Center Capacity SOP NN GA 108					
Version	Description of Modification	Reason or Justification for Modification	Issue Date	Effective Date	Reviewer(s)
1.0	New	N/A	21Sep2016	21Oct2016	N/A
2.0	Updated “1996 ICH E6 Consolidated Guidance” to “2016 Integrated Addendum to ICH E6(R1): Guideline for Good Clinical Practice E6(R2)”. Updated signature block to accommodate for electronic signatures. Additional minor updates throughout.	Updates for v2.0	22Feb2023	08Apr2023	Catherine Gladden
3.0	Minor edits for clarity	Periodic review	01Mar2024	15Apr2024	Preeti Paul

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Attachment NN GA 108 – B. Definitions of “Small” and “Large” NeuroNEXT Studies

Network Capacity Worksheet

PI Name: [insert PPI name]

Date: [insert date form completed]

The CCC and DCC will evaluate the “network capacity” with relation to:

- Number of proposals in the application phase
- Size and scope of studies being conducted

The following must be considered when evaluating size and scope of studies:

- Phase of study (Phase I gene-based; Phase II; or Phase II/III)
- Number of subjects screened/enrolled
- # of participating sites
- Length of study
- Intensity of visit schedule
- Complexity of intervention, including:
 - Drug distribution
 - Route of administration
 - Laboratory requirements
- Complexity of outcome assessments, including:
 - Number of assessments
 - Requirements for EDC programming
 - Site training/certification
 - Study monitoring
- Complexity of vendors, including:
 - Number of vendors
 - Requirements for data downloads
 - Site training/certification
 - Study monitoring

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- Safety considerations, including:
 - Known risks associated with intervention
 - FDA regulated or IND/IDE exempt
- Extent and complexity of secondary and exploratory outcomes, including:
 - Number of secondary and exploratory outcomes
 - Types of analysis required for these outcomes

For the purposes of the Network, we will define “small and “large” studies based on these criteria.

“Small” study			“Large” study		
Phase of Study	Phase II		Phase of Study	Phase I or Phase II/III	
Sample Size	<=100		Sample Size	>100	
# of sites	<=15		# of sites	>15	
Length of Study	2 years or less		Length of Study	Greater than 2 years	
Visit schedule	<= 12 visits		Visit schedule	>12 visits	
Complexity of intervention <ul style="list-style-type: none"> • Route of administration • Drug distribution • Laboratory requirements 	Simple		Complexity of intervention <ul style="list-style-type: none"> • Route of administration • Drug distribution • Laboratory requirements 	Complex	
Complexity of outcome assessments <ul style="list-style-type: none"> • # of assessments 	Simple		Complexity of outcome assessments <ul style="list-style-type: none"> • # of assessments 	Complex	•

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“Small” study			“Large” study		
<ul style="list-style-type: none"> • Training/Cert requirements • Requirement for EDC programming • Monitoring impact 			<ul style="list-style-type: none"> • Training/Cert requirements • Requirement for EDC programming • Monitoring impact 		
Vendor Complexity <ul style="list-style-type: none"> • # of vendors • Training/Cert requirements • Frequency of data downloads • Monitoring impact 	Simple	•	Vendor Complexity <ul style="list-style-type: none"> • # of vendors • Training/Cert requirements • Frequency of data downloads • Monitoring impact 	Complex	•
Safety Considerations <ul style="list-style-type: none"> • Known risks • FDA regulated or exempt 	Minimal risk	•	Safety Considerations <ul style="list-style-type: none"> • Known risks • FDA regulated or exempt 	More than minimal risk	•
Extent of secondary and exploratory outcomes <ul style="list-style-type: none"> • Number • Type of analysis 	Minimal	•	Extent of secondary and exploratory outcomes <ul style="list-style-type: none"> • Number • Type of analysis 	Extensive	•
Total checked =			Total checked =		

The CCC and DCC pre-award team will make an initial review of criteria which will be confirmed by the CCC and DCC PIs. If a study is evaluated as meeting > 5 of 10 of the criteria within the “small” study category, it will be considered a small study. Alternatively, if it meets ≥ 5 of the 10 criteria within the “large” study category, it will be considered a large study. Additional adjustments may be made to the budget as needed.

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- Resources required from the CCC and DCC to conduct “small” and “large” studies:

The CCC and DCC infrastructure grants provide salary support for network as well as some oversight of study-related activities. If there is a study that is characterized as a “small” study, based on the criteria above, which falls below a minimal threshold (e.g. Phase II, non-interventional, surveillance /biomarker study with minimal data collection and no requirement for study monitoring), the CCC and DCC staff efforts may be assessed and reduced accordingly. If a proposed study is characterized as “large” based on the criteria described in Attachment B and falls above a maximum threshold for size or scope, the CCC and DCC staff efforts may be assessed and increased accordingly. Not including faculty and leadership effort, current funding results in effort allocated towards studies as below:

DCC	Small Study effort	Large Study effort	CCC	Small Study effort	Large Study effort
DCC IT	0.35 FTE	0.5 FTE	CCC Project Manager	0.50 FTE	1.0 FTE
DCC Data Management	0.5 FTE	0.5 FTE	CCC Assistant Project Manager	0.50 FTE	1.0 FTE
DCC Biostat	0.4 FTE	0.5 FTE	CCC Grant Administrator	0.25 FTE	0.25 FTE
DCC Protocol Coordinator/Study Monitor	0.5 FTE	1.0 FTE	CCC Administrative Assistant	0.25 FTE	0.25 FTE
			Quality Assurance	0.25 FTE	0.50 FTE
Total FTE	1.75 FTE	2.5 FTE		1.75 FTE	3.0 FTE

Length of grant and recruitment:

Total participants =

Number of participating sites =

Startup =

Recruitment =

Follow up=

Close out=

Screen failure rate

Length of Participants" active" on the study=

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Study Design and Outcomes

Study Title

Objectives

Primary aim of the trial:

Secondary aims:

Hypothesis:

Design and Outcomes









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Final Audit Report

2024-03-11

Created:	2024-02-22
By:	Tania Leeder (tleeder@mgb.org)
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Document page count:	12
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Supporting files page count:	0

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-  Document emailed to Marianne Chase (mchase@mgh.harvard.edu) for signature
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-  Email viewed by Marianne Chase (mchase@mgh.harvard.edu)
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