RARE DISEASES CLINICAL RESEARCH NETWORK (RDCRN)

POLICIES AND PROCEDURES

Updated: November 19. 2024

RARE DISEASES
CLINICAL RESEARCH NETWORK

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NETWORK OVERVIEW

The Rare Diseases Clinical Research Network (RDCRN) consists of Rare Diseases Clinical Research Consortia (RDCRCs), a Data Management and Coordinating Center (DMCC), a Coalition of Patient Advocacy Groups (CPAG) and cooperative partners from the National Institutes of Health (NIH).

The RDCRCs, the DMCC, and their Principal Investigators (PIs) for the current funding cycle starting in 2019 are located at the following institutions:

Abbreviation	Consortium	Name
BBD	Brittle Bone Disorders Consortium	Brendan Lee, MD, PhD *Baylor College of Medicine, Houston, TX*
BVMC	Brain Vascular Malformation Consortium	Helen Kim, PhD University of California, San Francisco
CEGIR	Consortium of Eosinophilic Gastrointestinal Disease Researchers	Marc E. Rothenberg, MD, PhD *Cincinnati Children's Hospital Medical Center, Cincinnati, OH*
CPIC	Congenital and Perinatal Infections Rare Diseases Clinical Research Consortium	David Kimberlin, MD *The University of Alabama at Birmingham, Birmingham, AL*
DC	Dystonia Coalition	Hyder A. Jinnah, MD *Emory University, Atlanta, GA*
DSC	Developmental Synaptopathies Consortium	Mustafa Sahin, MD, PhD *Boston Children's Hospital, Boston, MA*
FCDGC	Frontiers in Congenital Disorders of Glycosylation Consortium	Eva Morava-Kozicz, MD, PhD *Mount Sinai School of Medicine of New York University, New York, NY*
GDMCC	Genetic Disorders of Mucociliary Clearance Consortium	Stephanie Davis, MD Thomas Ferkol, MD *University of North Carolina Children's Hospital, Chapel Hill, NC*
GLIA-CTN	The Global Luekodystrophy Initiative Clinical Trials Network	Adeline Vanderver, MD *Children's Hospital of Philadelphia, Philadelphia, PA*
INC	Inherited Neuropathies Consortium	Michael E. Shy, MD *University of Iowa, Iowa City, IA*

LDN	Lysosomal Disease Network	Chester B. Whitley, MD *University of Minnesota Twin Cities, Minneapolis, MN*
MGNet	Rare Disease Network for Myasthenia Gravis	Henry Kaminski, MD *The George Washington University, Washington DC*
NAMDC	North American Mitochondrial Disease Consortium	Michio Hirano, MD *Columbia University Medical Center, New York, NY*
NEPTUNE	Nephrotic Syndrome Rare Disease Clinical Research Network	Matthias Kretzler, MD *University of Michigan, Ann Arbor, MI*
PC	Porphyrias Consortium	Robert J. Desnick, MD, PhD *Mount Sinai School of Medicine of New York University, New York, NY*
PHEFREE	Hyperphenylalaninemia Disorders Consortium	Cary Harding, MD *Oregon Health and Science University, Portland, OR*
PIDTC	Primary Immune Deficiency Treatment Consortium	Jennifer Puck, MD *University of California, San Francisco, CA* Christopher Dvorak, MD *University of California, San Francisco, CA* Elie Haddad, MD *University of Montreal, Montreal, QC, Canada*
UCDC	Urea Cycle Disorders Consortium	Andrea Gropman, MD *Children's National Medical Center, Washington DC*
VCRC	Vasculitis Clinical Research Consortium	Peter A. Merkel, MD, MPH *University of Pennsylvania, Philadelphia, PA*
DMCC	The Data Management and Coordinating Center	Eileen C. King, PhD Maurizio Macaluso, MD, DrPH Michael Wagner, PhD *Cincinnati Children's Hospital Medical Center, Cincinnati, OH*

The RDCRCs intend to advance the diagnosis, management, and treatment of rare diseases. Each RDCRC promotes highly collaborative, multi-site, patient-centric, translational and clinical research. Each RDCRC must conduct a Natural History Study. Additionally, each RDCRC studies outcome measures including those that address unmet clinical trial readiness needs that will move the field of research forward from its current state. Each RDCRC targets at least three rare diseases, disorders, syndromes, condition or manifestations (referred to in this document as rare diseases).

RDCRCs may address clinical trial readiness by supporting studies that validate clinical research tools such as biomarkers or clinical outcome assessment measures that are relevant to the design and conduct of clinical trials. Clinical trial readiness studies may also propose to expand the knowledge of disease natural history necessary for

clinical trial design, and can include characteristics for stratification or determining inclusion and exclusion criteria; the stage of disease progression that may be responsive to treatment; and data needed for determining sample size through power calculations. The use of animal models is out of scope. The RDCRCs are to provide an outstanding environment for the career enhancement of the next generation of rare diseases researchers. In addition, patient and stakeholder (parent, caregiver, support, and advocacy group) experiences, perspectives, needs and priorities must be meaningfully incorporated into decisions and activities of the RDCRC.

The DMCC facilitates and supports the activities of each RDCRC along with trans-network activities that broadly facilitate the advancement of rare disease research via four Cores: 1) Administrative; 2) Data Management; 3) Clinical Research and; 4) Engagement and Dissemination.

Overall, the DMCC's role within the RDCRN is threefold, with each function of equal importance. The DMCC:

- Provides clinical research and data management support to the individual RDCRCs.
- Coordinates activities across the RDCRN and helps establish an identity for the network as a rare diseases resource.
- Serves as a conduit of information related to the rare diseases research being conducted within the network to both the research community and the general public.

NIH Partners

The Rare Diseases Clinical Research Network is funded by the Division of Rare Diseases Research Innovation (DRDRI) in the National Center for Translational Sciences (NCATS), the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), the National Institute of Neurological Disorders and Stroke (NINDS), the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), the National Heart, Lung and Blood Institute (NHLBI), the National Institute of Dental and Craniofacial Research (NIDCR), the National Institute of Allergy and Infectious Diseases (NIAID), the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), the National Institute of Mental Health (NIMH) and the Office of Dietary Supplements (ODS).

NETWORK POLICIES

Change of Policy or Procedure

Requests can be made to change a policy or procedure at any time, but a written recommendation will need submitted and approved prior to implementation.

Procedures:

- To change a **policy**, a written recommendation of proposed change should be sent to the Joint Leadership Team (JLT).
- The JLT will review and discuss the proposed change.

- If the JLT supports the change, the proposed changes will be sent to the Network Steering Committee (SC) for approval.
  - If the JLT does not support the change, requestor will be informed that no change will be made to the policy.

- To change a **procedure,** a written recommendation should be sent to the DMCC for consideration.
- DMCC will review and discuss proposed changes with the JLT.
- With consultation from the JLT, the DMCC and NCATS Program Officer will make a final determination of proposed change.
  - If request is not approved, requestor will be informed that no change will be made to the procedure.

Steering Committee

The Network Steering Committee (SC) is composed of:

- RDCRC Principal Investigator(s) (PI)
- Chair(s) of the Coalition of Patient Advocacy Groups (CPAG)
- The PI(s) of the DMCC
- NIH Program Director(s)/Scientist(s) from participating institutes

The Network SC will:

- Identify scientific and policy issues that need to be addressed at the Network level
- Identify broad issues in the field of rare diseases research that can be addressed by the Network
- Review and approve all RDCRN-wide policies
- Ensure dissemination of program data, career enhancement schedules and other materials to the wider scientific community

Operations of the RDCRN SC:

- The SC will have monthly web conferencing calls.
- The SC will meet in person or virtually 1-2 times per year.
- The minutes for all SC discussions will be documented and posted on the RDCRN web site (viewable to SC members).
- The voting members of the RDCRN include the PI(s) of each RDCRC (each RDCRC has one collective vote), the PI(s) of the DMCC (the DMCC has one collective vote), the Chair(s) of the CPAG (one collective vote), the RDCRN NIH Program Director and the NIH IC Project Scientists (collectively this group has one vote).
- A quorum of the RDCRN SC comprises 75% of the voting members.
- Procedures for the election of the SC chairs can be found in Election of RDCRN Steering Committee Chairperson.

The RDCRN Joint Leadership Team (JLT) will serve as the Executive Committee of the RDCRN and will be comprised of the RDCRN SC Chairs, the CPAG Chairs, the DMCC PIs, and the NCATS Program Officer. The JLT will meet on a

monthly basis to hold strategic discussions regarding the RDCRN functioning and will make Executive decisions. In addition, the JLT will discuss any issues that have been escalated and will identify solutions to be discussed with the RDCRN SC and/or the CPAG SC.

RDCRN Network Committees

RDCRN committees can be assembled as needed to facilitate network business in a variety of areas and will include representation from consortia and patient advocacy groups (PAGs). Each committee will develop a charter that includes the objectives for the committee and the charter will be reviewed and approved by the JLT. Components of the charter include:

- Mission and objectives
- Key Stakeholders
- Committee membership i.e. member type (Consortium members [PIs, PMs, Study Staff, Trainees], PAG members, NIH Program Staff, etc.)
- Milestones
- Approach
- Communication plan
- Risks/Challenges

A charter template can be found in Box. Committee objectives must help to achieve the research mission of RDCRN.

When a committee has met its objectives, the committee may be dissolved or the charter updated with additional objectives. If a committee is no longer needed, the committee chair should write a proposal to the Joint Leadership Team (JLT) recommending dissolution of the committee. The JLT will discuss the proposal and notify the committee chair of the approval/denial of dissolution. Each committee will have a Chair or co-Chairs. Committees meet at a frequency determined by the committee Chair(s). If a committee has co-chairs, one co-chair must be identified to be the point of contact for communication purposes. Every 2 years, the JLT will review the committee activities to determine if the committee is making progress towards its objectives. If not, the JLT will recommend changes which may include the replacement of the committee chairs.

RDCRN committees have the authority to form sub-committees to address specific issues which may include members from outside of the "parent" committee. Each subcommittee will have a chair(s) and will develop a charter including objectives and deliverables of the sub-committee. The charter will be reviewed and approved by the chair(s) of the "parent" committee. Once the sub-committee has met its objectives, the chair of the sub-committee will write a proposal to the "parent" committee chair(s) recommending dissolution of sub-committee. RDCRN committees will include members of the RDCRCs, PAGs, DMCC, and NIH. The size of a committee or sub-committee may vary and it is not expected that each RDCRC will contribute a member to all committees or sub-committees.

Administrative support for each RDCRN committee (and subcommittee) will be provided by the DMCC. The following table outlines the responsibilities for the DMCC and Committee.

Deliverable	DMCC Responsibilities*	Committee Responsibilities
Group Meetings	Assist with scheduling, provide Zoom link, send meeting appointment	Start and facilitate meeting
Meeting Agendas	Provide template	Develop and send agenda for meetings
Meeting Minutes	Capture minutes	Deciphering action items from minutes
Steering Committee Report	Provide template and general guidance related to progress for SC report	Draft content and progress for report
Manage Documents	Create folder and grant access in box, etc.	Manage, create documents, etc.
	*if no group member volunteers to cover these deliverables	

For a current list of committees, committee members, meeting times, minutes, and resources, credentialed users can visit the RDCRN Committees folder in Box.

Special Interest Groups

Special Interest Groups (SIG) can be formed if there is sufficient network-wide interest in a specific topic. To initiate a SIG, at least one chair-person must be identified and a draft charter should be shared with the JLT. The JLT will evaluate the charter to ensure existing SIGs are not already addressing this area of interest, mitigating any potential for duplication of efforts. If there is support to move forward by the JLT, the draft charter will be discussed at an RDCRN SC meeting and a vote will be held to approve the formation of the SIG.

SIG updates will be shared during the RDCRN SC meetings at least once a year. The DMCC will provide administrative support, if requested, as is done for the committees. The SIG will be dissolved once the work of the SIG is completed and/or the interest in the SIG is no longer evident as evaluated by the JLT. Dissolution of a SIG will follow the same process as specified for the committees.

Network-wide surveys/workshops/events initiated by Committees

If any committee (including subcommittees or SIGs) wants to send a network-wide survey, host a virtual workshop/event, the committee chair(s) will send a proposal to the JLT specifying the purpose/objectives of the survey and a draft of the survey questions for their review and approval prior to sending the survey.

Meeting Code of Conduct

The RDCRN is dedicated to maintaining an inclusive, safe, and respectful environment for everyone attending or participating in events such as annual meetings, webinars, and other events. We do not tolerate harassment of

people in any form, and we empower all participants in our community to actively engage in creating a friendly and safe environment for all.

As an attendee, presenter, researcher, sponsor, or guest at RDCRN events or programs organized by RDCRN, we expect everyone will:

- Embrace RDCRN's diverse community of professionals, and be inclusive of all audiences in presentations, demonstrations, and conversations
- Exercise consideration and respect toward all persons in their speech and actions
- Encourage and contribute to productive scientific discourse. Refrain from demeaning, discriminatory, or harassing behavior, speech, and imagery
- Seek advice from NIH staff if you have questions

Protocol Development

Guideline: Protocols will be developed by investigators within the RDCRCs. RDCRCs may use the RDCRN protocol template (available on Box) or a suitable equivalent that has been approved by the ICs.

Protocol Numbering Convention

Guideline: Because of the number and variety of research protocols in the RDCRN, the management of protocols by DMCC and NIH requires file versioning and protocol numbering standards.

Procedures:

- Each protocol is assigned a unique number at time of initial receipt at DMCC.
- Each protocol in the network has a 4-digit number. The first 2 digits represent the consortium and the last 2 digits represent the protocol number, starting with 01, that is assigned by the DMCC in order of receipt.
    - Pilot protocols or projects that are funded by the pilot core of the U54 grant should also be assigned a 4-digit number, regardless if the protocols or projects are reviewed by the DMCC and/or built in the DMCC REDCap and/or if deemed non-human subjects research.
        - A copy of all protocols or project summaries should be sent to the DMCC for archival purposes.
            - Protocols or project summaries should include the title of the project, investigator, and specific aims.
- The Study Chair is responsible for all modifications/changes to the protocol.
- After NIH approval of a protocol (including protocol amendments), the DMCC will insert the "NIH Approved" watermark and will store the NIH approved document in Box.
- The DMCC will host the RDCRN Protocol Registry that will include information, such as protocol number, title, PI, IRB approval status, etc.

- The consortia will be prompted to update information in the protocol registry database on a regular basis.

The following list provides the 2-digit numbers assigned to each consortium:

- 51 - Urea Cycle Disorders Consortium*
- 52 - Rett Syndrome, MECP2 Duplications, and Rett-related Disorders Consortium
- 53 - Clinical Investigations of Neurologic Channelopathies
- 54 - Bone Marrow Failure Consortium
- 56 - Glycogen Storage Disease Consortium
- 55 - Vasculitis Clinical Research Consortium*
- 57 - Rare Lung Disease Consortium
- 58 - Rare Thrombotic Disease Consortium
- 59 - Genetic Disorders of Mucociliary Clearance Consortium*
- 60 - Cholestatic Liver Disease Consortium
- 61 - Autonomic Rare Diseases Clinical Research Consortium
- 62 - Brain Vascular Malformation Consortium*
- 63 - Dystonia Coalition*
- 64 - Rare Kidney Stone Consortium
- 65 - Chronic Graft Versus Host Disease Consortium
- 66 - Inherited Neuropathies Consortium*
- 67 - Lysosomal Disease Network*
- 68 - Nephrotic Syndrome Study Network*
- 69 - Primary Immune Deficiency Treatment Consortium*
- 70 - Sterol and Isoprenoid Diseases Consortium
- 71 - Salivary Gland Carcinomas Consortium
- 72 - Porphyrias Consortium*
- 73 - Clinical Research Consortium for Spinocerebellar Ataxias
- 74 - North American Mitochondrial Disease Consortium*
- 77 - Brittle Bone Disorders Consortium*
- 78 - Consortium of Eosinophilic Gastrointestinal Disease Researchers*
- 79 - Developmental Synaptopathies Consortium*
- 80 - Clinical Research in ALS and Related Disorders for Therapeutic Development*
- 81 - Advancing Research and Treatment for Frontotemporal Lobar Degeneration
- 82 - Myasthenia Gravis Rare Disease Network*
- 83 - Hyperphylalanimia Disorders Consortium*
- 84 - Frontiers in Congenital Disorders of Glycosylation Consortium*
- 85 - The Global Leukodystrophy Initiative Clinical Trials Network*
- 86 - Congenital and Perinatal Infections Rare Diseases Clinical Research Consortium*

*Indicates funded consortia for the fourth funding cycle of RDCRN

ClinicalTrials.gov

Guideline: All studies that meet submission guidelines as stated in the Final Rule for Clinical Trials Registration and Results Information Submission (42CFR Part 11) must be submitted to ClinicalTrials.gov. NIH provided a checklist that can be used by investigators to determine if studies need to be submitted to ClinicalTrials.gov. The checklist can be found here: https://prsinfo.clinicaltrials.gov/ACT_Checklist.pdf . The checklist should be used to determine study requirements. Each consortium will assume leadership in registering studies on ClinicalTrials.gov in accordance with the guidelines.

An investigator may decide to submit a study that is not strictly required to be submitted to the ClinicalTrials.gov website. All studies that are submitted to ClinicalTrials.gov must be maintained within the website including posting results in accordance with applicable regulations and policies.

Additional resources related to CinicalTrials.gov can be found at the following links:

https://www.federalregister.gov/documents/2016/09/21/2016-22129/clinical-trials-registration-and-results-information-submission

https://prsinfo.clinicaltrials.gov/FinalRuleChanges-12Dec2016.pdf

Process:

- When a study has been approved by NIH, the consortium will add the study description and other information required for registering the study on https://www.ClinicalTrials.gov.
- The following language regarding ClinicalTrials.gov will be included in all informed consent documents:
  - For studies activated on or after 3/7/12 that meet the legal definition of studies required to be registered on ClinicalTrial.gov per FDAAA 801 requirements, the following language regarding ClinicalTrials.gov will be included in all informed consent documents verbatim: "A description of this clinical trial will be available on http://www.ClinicalTrials.gov, as required by U.S. Law. This Web site will not include information that can identify you. At most, the Web site will include a summary of the results. You can search this Web site at any time."
  - For all other Network studies, the following language or other similar language approved by the institution's IRB that indicates the study is registered on ClinicalTrials.gov will be included in informed consent documents: "A description of this study will be available on http://www.ClinicalTrials.gov. This website will not include information that can identify you. At most, the website will include a description of the study or a summary of the results. You can search this website at any time."
- The submission should be reviewed and updated, including posting applicable results to ct.gov, according to applicable regulations and policies.
  - FDAAA 801 Requirements
  - HHS Final Rule on Clinical Trials Registration and Results Information Submission

- NIH Policy on the Dissemination of NIH-Funded Clinical Trial Information.

RDCRN Websites

Photos for use on RDCRN-hosted websites can either be selected from a stock photo account or provided by a consortium's administrative core.

NCATS has provided a stock photo account for the RDCRN's use in selecting images to appear on the RDCRN network and consortium websites. The Data Management and Coordinating Center team is available to help consortia with photo selection. Please reach out to rd.dmcc@cchmc.org to discuss that process.

Consortia that prefer to provide their own photos for use on websites are asked to adhere to the following policies:

1. Patient photos
   - Authentic patient photos are welcome on the RDCRN websites. Please note that any photos in which patients are identifiable are considered to contain protected health information (PHI). The consortium's administrative coordinating center (admin core) must obtain a signed photo release from those identifiable in a photo before an image may be used on an RDCRN website. The admin core should:
     - Follow its host institution's policies on photo releases
     - Maintain a record of connected photos used on websites to signed releases

2. Professional headshots
   - The admin core can request and provide professional headshots from individuals as desired for "Meet the Team" or other static web pages. The admin core should:
     - Collect photos from individuals and provide them to the DMCC team.
     - Ask individuals providing photos to check with their institution's media office and confirm that they have permission to provide the photo for use on the consortium's website.

3. Group photos
   - Posed group photos featuring 5 or more people do not require individually signed photo releases. Notice/knowledge regarding how the photo(s) may be used is recommended when photos are taken.

Publications

All materials (promotional materials, publications and internet sites) related to the RDCRN program must include a statement acknowledging that the consortium is part of RDCRN and an acknowledgement of NIH Cooperative Agreement Award (or grant) support. The verbiage should also acknowledge the DMCC in supporting the research activities of the RDCRN.

The following verbiage is recommended to be included in manuscripts for acknowledging the DMCC support for RDCRN related research projects.

All RDCRN consortia are supported by the network's Data Management and Coordinating Center (DMCC) (U2CTR002818). Funding support for the DMCC is provided by the National Center for Advancing Translational Sciences (NCATS) and the National Institute of Neurological Disorders and Stroke (NINDS).

Each consortium should work with their funding Institute for the specific text that is required in acknowledging the funding of their consortium. The DMCC has provided examples for each consortium saved in Box.

The RDCRN Publication Policy ensures that appropriate persons in the RDCRN, NIH, and Consortium are informed about consortium-specific activities, advances, and publications in order to provide appropriate review and oversight, without prolonging the publication process or burdening staff at the NIH or DMCC with unnecessary reviews. This policy also ensures that the DMCC grant is acknowledged when data are collected in RDCRN to acknowledge the DMCC support of the research activities of all consortia in the network. This acknowledgement of the DMCC grant also helps the DMCC to maintain a complete up-to-date list of all RDCRN publications and facilitates inclusion of these publications in the DMCC annual progress report.

The RDCRN Publication Policy stipulates that a RDCRC has the following responsibilities:

1. Each RDCRC will address definitions and policies for authorship within their consortium. Definitions should include specific publication types, and definition of authorship types and roles. Polices will address author responsibilities and procedures for timely consortium review for quality assurance.

2. Each RDCRC is responsible to ensure that the manuscript content and format meets accepted scientific standards, and that appropriate NIH regulations are followed. Adherence to NIH Public Access Policy requires scientists to submit final peer-reviewed journal manuscripts that arise from NIH funds to the digital archive PubMed Central upon acceptance for publication. The NIH Public Access Policy applies to any manuscript that:
   - Is peer-reviewed;
   - And, is accepted for publication in a journal on or after April 7, 2008;
   - And, arises from:
     - Any direct funding[1] from an NIH grant or cooperative agreement active in Fiscal Year 2008 or beyond, or;
     - Any direct funding from an NIH contract signed on or after April 7, 2008, or;
     - Any direct funding from the NIH Intramural Program, or;
     - An NIH employee.

     [1] "Direct" funding means costs that can be identified specifically with a particular sponsored project, or that can be directly assigned to such activities relatively easily with a high degree of accuracy.

When awardees list a publication in the progress report publication list of an RPPR or a renewal application, they are claiming that the publication directly arises from that award and the awardee is responsible for the public access compliance of the listed publications.

See NIH Public Access Policy details at https://publicaccess.nih.gov/policy.htm

It is the responsibility of the author to ensure that the publication is submitted to PubMed Central. Instructions related to the submission process can be found at http://publicaccess.nih.gov/

3. Each RDCRC will ensure that sponsors and RDCRN (including the DMCC) are appropriately acknowledged.

4. Each RDCRC will notify the NIH Project Scientists from their funding institutes, the DMCC, and the NCATS Program Officer when the manuscript has been accepted for publication.

5. Publications that describe the RDCRN and its functions, objectives and outcomes (that are not focused on a specific protocol or Consortium), require approval of the RDCRN Steering Committee.

These policies are equally applicable to press releases and abstracts.

Data Sharing

The National Institutes of Health (NIH) has supported data collection from participants in numerous clinical trials and epidemiologic studies as part of approved protocols under the Rare Diseases Clinical Research Network (RDCRN). These data constitute an important scientific resource. It is the view of the NIH that their full value can only be realized if they are made available, under appropriate terms and conditions consistent with the informed consent signed by individual participants, in a timely manner to the rare diseases community and the largest possible number of qualified investigators.

The National Institutes of Health (NIH) has issued a final NIH Policy for Data Management and Sharing (DMS Policy) effective January 25, 2023 “to promote the management and sharing of scientific data generated from NIH-funded or conducted research. This Policy establishes the requirements of submission of Data Management and Sharing Plans (hereinafter Plans) and compliance with NIH Institute, Center, or Office (ICO)-approved Plans. It also emphasizes the importance of good data management practices and establishes the expectation for maximizing the appropriate sharing of scientific data generated from NIH-funded or conducted research, with justified limitations or exceptions. This Policy applies to research funded or conducted by NIH that results in the generation of scientific data.” The Final NIH Policy for Data Management and Sharing can be accessed here: https://grants.nih.gov/grants/guide/notice-files/NOT-OD-21-013.html

Many NIH Institutes and Centers (ICs) have specific data sharing policies. A table listing data sharing policies in effect at NIH can found at the following link and it includes policies at the NIH, IC, division, and program levels that apply to broad sets of investigators and data: https://www.nlm.nih.gov/NIHbmic/nih_data_sharing_policies.html

Three data sharing policies of particular note to the RDCRN are highlighted below. Each policy relates to the transfer of data into a NIH - governed repository. These policies do not include tissues or specimens collected in RDCRN studies.

The Genomic Data Sharing Policy expects that large-scale genomic research data from NIH-funded studies involving human specimens, as well as non-human and model organisms, will be shared through a publicly available data repository. All studies with human genomic data should be registered in dbGaP, and the data should be submitted to an NIH-designated data repository. Non-human data may be submitted to any widely used data repository.

The NDAR Grantees Data Sharing Policy states that all data resulting from autism-related NIH-funded research involving human subjects are expected to be submitted to the National Database for Autism Research (NDAR), along with appropriate supporting documentation to enable efficient use of the data.

Informed consents for RDCRN studies should include consent for sharing the data without personal identifiers with the scientific community for research purposes. Data sets without an informed consent permitting use by non-study researchers will be placed in the RDCRN repository only if the institutional review board (IRB) has approved a waiver of informed consent.

Any publications arising from use of data should include reference(s) to relevant publications from the original investigators, if appropriate, and should in all cases acknowledge the RDCRN data repository as the source of the data and acknowledge the depositing investigators of the utilized data.

Each consortium is expected to maintain a data sharing policy that describes internal and consortium-specific data sharing procedures. The Consortium's policy shall be reviewed by the DRDRI, NIH Institute program staff and the DMCC.

The DMCC has developed a Data Sharing Policies Guidance Document that can be found here.

Additional information on NIH Data Sharing requirements:
NIH Guide: FINAL NIH STATEMENT ON SHARING RESEARCH DATA

Licensing for Data Collection Instruments

The DMCC will build data collection instruments into REDCap databases, as provided by consortia. If measures require additional licensing, the consortium is responsible for the cost and for ensuring they are compliant with the licensing agreement. Some data collection instruments may be available in the REDCap Shared Library that is

publicly available, which the DMCC may use to import into a REDCap database. However, the consortium holds the responsibility for ensuring they have the proper licensing and permission to use the instrument.

NETWORK PROCEDURES

Election of RDCRN Steering Committee Chairperson

Guideline: The position of Chairperson (hereafter, "Chair") of the Steering Committee of the Rare Diseases Clinical Research Network (RDCRN) will be selected by the membership of the Steering Committee as one of the responsibilities set forth in the RFA-TR-18-020. In addition, a first Co-Chair and a second Co-Chair will be selected by membership of the Steering Committee.

Principles:

1. The terms for Chair, first Co-Chair, and second Co-Chair will be Jan 1 – Dec 31. When an individual is selected for second Co-Chair, he/she is committing to a three year total commitment.

2. The term of the position of Chair will be 1 year in duration. The first Co-Chair will work closely with the Chair during the 1 year term of the Chair. It is expected that the first Co-Chair will assume the position of Chair the following year. In the event the first Co-Chair cannot fulfill the responsibilities of Chair, a new first Co-Chair will be selected by the membership of the Steering Committee. The second Co-Chair will assume the position of first Co-Chair the following year.

3. The individuals holding the positions of Chair, first Co-Chair, and second Co-Chair must be a current member of the RDCRN Steering Committee.

4. The Chair, first Co-Chair, and second Co-Chair must be a Principal Investigator of one of the RDCRN Consortia.

5. The elections require a vote by the Steering Committee.

6. A quorum of the voting members of the RDCRN Steering Committee must vote in each election if a new Chair or either Co-Chair is to be selected. Results from elections involving less than a quorum will be disregarded and cannot be used to elect a new Chair or Co-Chairs.

Procedure:

1. Names of individuals proposed to serve as second Co-Chair of the RDCRN Steering Committee (hereafter "Nominees") will be solicited from the Steering Committee Members (hereafter “Members”) prior to the conclusion of the term of office of the current Chair. The names of Nominees will be submitted in writing or

by electronic mail directed to the DMCC. If a new Chair or first Co-Chair is to be selected because either is unable to fill his/her responsibilities, the process below will be followed to identify nominees.

2. The DMCC will confirm the nominations with the Nominee to ensure their acceptance. All eligible Nominees will be offered an opportunity to confirm or decline.

3. An electronic ballot will be prepared by the DMCC and will include the names of all eligible Nominees who confirmed their acceptance.

4. The electronic ballot will be sent to all voting RDCRN Steering Committee Members by e-mail. The DMCC will re-contact and, if necessary, use an alternative method to contact any Member that fails to respond.

5. The DMCC will tally the votes and will inform the RDCRN NCATS Program Officer regarding the results. In elections in which there are two or more Nominees on the ballot, if one Nominee receives a simple majority (i.e., more than 50 percent) of the votes, then she/he will be selected as the new second Co-Chair. If not, then the vote will be considered a "primary" election and a "secondary" election will be conducted.

6. If a secondary election is needed, the names of the Nominees whom equally received the most votes from the primary Election will be selected and their names placed on a second ballot.

7. The secondary ballot will be sent by e-mail to all voting RDCRN Steering Committee Members as described in Step 3 (above).

8. All Members will cast their vote using the secondary ballot as described in Step 4 (above).

9. Votes will be tallied as described in Step 6 (above). If one Nominee receives a simple majority of the votes, then she/he will be selected as the new second Co-Chair. If not, the results of the election process will be discussed at the next monthly RDCRN Steering Committee meeting and further steps will be considered.

10. The NIH NCATS Program Officer and DMCC will announce the elected second Co-Chair to the members of Steering Committee.

11. The newly elected Nominee will take over as second Co-Chair at the Steering Committee meeting in January following the election.

For elections occurring at the end of the funding cycle, where the grant year ends in the middle of the calendar year, the elected co-chairs will remain for the duration of the calendar year as long as their consortium is funded in the next cycle. If any co-chair's consortium does not get funded, the SC may operate with two co-chairs until the next calendar year or an ad hoc election could take place.

RARE DISEASES
CLINICAL RESEARCH NETWORK

Addition of New Sites to an RDCRC

Guideline: Many of the RDCRCs find that they would like to add additional sites (sites not included in grant application) to their consortium for a variety of reasons. To add additional sites, the Consortium's funding source must be agreeable to the addition, or the consortium may seek third party funding. The NIH must be assured that the site has and will have, for the duration of the award, the resources it needs to be an effective participant. Re-budgeting of Consortium funds is allowed, but must be consistent with the expected resources needed to support all sites.

Principles:

- The Consortium's funding institution's approval are required before any sites may be added to a RDCRC whether they receive funds from the Consortium or not.
- NCATS DRDRI must be notified of the request for adding new sites prior to submitting for approval from the funding institution in order to identify any logistical hurdles to adding the site.
- Once approval is given by NIH, the RDCRC PI is responsible for informing the DMCC.
- Each Consortium's protocols, web pages, and internal lists should reflect only approved sites.
- Consortium Sites are considered part of the RDCRN and Consortium. Consortium Sites are expected to recruit patients as well as participate in other RDCRN and Consortium activities, including participating in network meetings. (Alternatively, consortia may add Recruitment Sites, whose role is limited to recruitment for select protocols.)
- Sites must agree to policies, procedures, and standards of the Network and active participation in the Consortium, including, but not limited to, data sharing, standards utilization, remote data capture, participating in Consortium meetings and network meetings as appropriate, network committee participation, training, web site content development, and participation of patient advocacy groups.
- Addition of Consortium Sites has significant implications for the Network and for the DMCC. The Network requires a cohesive and dedicated set of Consortia with whole-hearted commitment from all sites.

Procedure:
The RDCRN New Consortium Site Addition Request Form is posted on the RDCRN Members Web Site here. The Consortium PI with the PI of the proposed site must complete and submit the request form to the NCATS RDCRN Program Director, the funding Institute's Program Staff, and the DMCC Project Manager. The request should be signed by both the Consortium PI and the proposed site PI. The RDCRN Program Director will lead review of the request in consultation with appropriate stakeholders and will provide a response to the Consortium PI.

Addition of New Patient Advocacy Group to an RDCRC

If RDCRCs would like to add additional Patient Advocacy Groups (PAG), not included in the initial grant application, the below steps should be completed.

Procedure:

- Consortium PI approval is required before any PAGs may be added to a RDCRC.
- Consortium should notify the RDCRN Program Officer and consortium program officer.
- Consortium should submit a request to add a new PAG through the RDCRN Help Desk by emailing support@rdcrn.org or by submitting a form via this link: https://rdcrn.atlassian.net/servicedesk/customer/portal/1/group/1/create/10
    - The request will initiate the process for the PAG to be added to the CPAG mailing list and added to the consortium website.
    - The request must include the following information:
        - Full PAG name:
        - PAG acronym:
        - Alternate PAG name & acronym (if any):
        - Short description of the PAG, similar to this style/length:
            - Supports Charcot-Marie-Tooth patients and their families with dedicated actions and research to increase awareness and quality of life.
        - Image file of PAG logo:
        - Main point of contact name and email:
        - This is a list of the disease(s) that [Consortium Name] studies. Please tell us which disease(s) your PAG addresses:
            - [Consortium Disease X]
            - [Consortium Disease Y]
            - [Consortium Disease Z]
- The DMCC will fulfil the request and notify the consortium via the RDCRN Help Desk once the information has been added.

Protocol Review Process

Each RDCRN protocol follows a standard review process. Consortium Project Managers should send protocols and related consents/assents to the DMCC for review prior to sending to the DSMB, NIH, and IRB. The DMCC PM should be copied in all correspondence with the NIH regarding the protocol review since the PM will provide the 'NIH Approved' watermark. The review process applies for initial protocol submissions, as well as amendments. The DMCC will not officially approve any regulatory documents, but will provide helpful guidance based on best practices. The DMCC will add approved protocols to the RDCRN Protocol Registry (when it becomes available) and

prompt the RDCRC periodically for updates (e.g., on enrollment status or clinicaltrials.gov status). A detailed review process can be found here.

Investigators of pilot protocols should contact their NIH Program Official to determine if a review by the DMCC is necessary. If a DMCC review is deemed unnecessary, the DMCC should still be copied in correspondence with NIH for watermarking purposes. The pilot protocol review process can be found here.

Administrative supplement protocols do not require DMCC review, unless the DMCC is responsible for the database build and data management of the study. If a protocol needs reviewed, it will follow the process for standard protocols as listed above.

Manual of Operations

Guideline: A Manual of Operations (MOO) is required for each RDCRN study with more than one enrolling site. A MOO is encouraged for each RDCRN study with one enrolling site.

Process:

1. Study Chair or research affiliate drafts the initial version of the MOO. (Templates are available on Box.)
2. If requested, DMCC reviews the MOP and provide comments.
3. The study team approves the document.

Database Builds

The RDCRN DMCC will build and maintain any study database that is funded by the RDCRN U54, including pilot projects, if requested by the investigator.

For administrative supplement awards or other award mechanisms, a conversation should occur between the consortium and DMCC as early as the application process regarding data management support. If DMCC services are being requested, consortia may be required to allocate funding for data management support, but will be agreed and decided upon on a case-by-case basis.

Database Access

Read/Write Access across Multiple Sites

Study personnel who have write/edit access for site-level data for all sites participating in a study must have the written authorization from the protocol PIs at each site to have write/edit access to their site-level data. To ensure that this written authorization is in place, the protocol must include a statement specifying the role(s) of the individual with such access. The specific individual(s) fulfilling that role must be included on the Delegation of Authority log at the site where the individual(s) requiring write/edit access are based.

Global Unique Identifier (GUID)

The NIH Centralized GUID is the identification convention that is strongly encouraged to be utilized by consortia as it allows for data to be associated with a research participant without exposing or transferring personal identifiable information and allows for combining data for individual participants across protocols within and external to RDCRN studies.

Using the GUID is not a requirement for consortia, but protocol language and guidance on how to obtain GUIDs can be found in Box - (protocol language) and (guidance).

Cloud Environment Access

In collaboration with NCATS' technical team, the DMCC makes many tools available to the consortia in a secure, collaborative and cloud-based computational environment. In order to gain access to the RDCRN and the cloud environment, users should request an RDCRN account. The DMCC PM will work with the consortium PM to vet users for all tools prior to creating accounts and granting access. Once the account is created, users will login using their institutional credentials (InCommon federation) or through login.gov. Instructions on how to request an account and login can be found here.

A list of tools that can be used by consortia can be found here.

Branding Guidelines

RDCRN Brand Guidelines have been developed to provide guidance on how and when to use the RDCRN and consortium logos. Guidelines, logos, and templates can be found in the Brand Central folder on Box.

RDCRN Contact Registry

Website: www.rdcrn.org/registry

The RDCRN DMCC maintains an IRB-approved and HIPAA compliant RDCRN Contact Registry. The RDCRN Contact Registry collects and maintains the contact information of individuals who want to receive information about rare diseases research and learn about opportunities to participate in research. It allows patients and others to connect with research teams and patient advocacy groups focused on particular diseases. The RDCRN Contact Registry supports dissemination of information relevant to the RDCRN community. It also offers RDCRN investigators and patient advocacy groups access to data that will help them assess the feasibility of conducting a proposed study.

No research may be conducted under the DMCC RDCRN Contact Registry protocol. If researchers would like to conduct surveys with Contact Registry participants, they will need a separate IRB-approved protocol and the project will need to be reviewed by the RDCRN Contact Registry Oversight Committee (see next section).

A participant can join the RDCRN Contact Registry if the individual is 18 years of age or older and have a rare disease, are a caregiver for someone with a rare disease, or are an unaffected individual. A participant can join the RDCRN Contact Registry by reading the online RDCRN Contact Registry information sheet and completing an online registration form on the RDCRN website (see link above). Registrants will receive a confirmation of their registration via email from the DMCC.

Information collected in the RDCRN contact registry includes name, email address, postal address, phone number, diagnosis, birth date, sex, and ethnicity. Participants will also be asked to provide the relevant information that allows the DMCC to generate the NIH centralized GUID. This includes entering first name at birth, middle name (if applicable), last name at birth, city of birth, country of birth, and birth date. Participants are informed that entering this information is optional. In addition, participants can select RDCRN Consortia and Patient Advocacy Groups with whom they want their contact information shared. Consortia or PAGs who want to receive data from the Contact Registry will need to execute a Data Use Agreement with the DMCC and data will be shared on an agreed upon schedule via RDCRN Box.

Participants enrolled into the previous RDCRN contact registry at the previous DMCC located at the University of South Florida (USF) could opt to share their contact data with an RDCRN consortium that studied their condition(s). RDCRC PIs can request a data file from USF that includes the data from the contact registry hosted at USF. The current DMCC has received a waiver of consent from the IRB for the transfer of data to the new RDCRN Contact Registry from previously consented contact registry participants whose data were at USF. Participants will be notified using the available contact information (e.g. email, phone) of the transfer of their contact information to the currently funded RDCRN DMCC. Participants can opt out of future participation in the RDCRN Contact Registry by sending an email to the DMCC. Data from participants who do not respond with an opt-out request will remain in the registry. If we receive a bounce-back email after an import, the data will be deleted.

Contact information from other registries can be imported into the RDCRN Contact Registry. Local IRB approval for the other registry may be required to allow the sharing of the existing participant contact information. Participants will be notified using the available contact information (e.g. email, phone) of the transfer of their contact information to the currently funded RDCRN DMCC. Participants can opt out of future participation in the RDCRN

Contact Registry by sending an email to the DMCC. Data from participants who do not respond with an opt-out request will remain in the registry.

RDCRN Contact Registry Oversight Committee

The Contact Registry Oversight Committee is comprised of the three RDCRN Steering Committee Chairs, the Coalition of Patient Advocacy Group (CPAG) co-chairs, the NCATS Program Officer, and the three DMCC co-PIs, DMCC project management representative.

To submit a proposal to the Oversight Committee, a form is available on the Members Landing Page. Information to be submitted for include name, title of project, purpose of project, target audience, IRB overseeing project, consortium or PAG affiliation, and protocol and survey documents. The Oversight Committee DMCC PM will initially vet requests for completeness and route them to committee members for review. Once proposals are reviewed, committee members will submit their determination via an electronic review form. Once a final determination is made on the request, the submitter of the proposal will be notified via email on the outcome and next steps.

The Committee will meet on an agreed upon basis to discuss and prioritize requests to use the RDCRN Contact Registry. The Oversight Committee will also monitor the rate at which participants are contacted to reduce the risk of overburdening the participants.

Requests for IRB approved study advertisements to be sent to Contact Registry participants affiliated with a consortium will not need Oversight Committee Review. The submission form will allow the requestor to select type of submission (research study or advertising material) and will prompt requestor to specify timeline and frequency of sending. The Consortium PI will be made aware of the request. The DMCC Contact Registry PM and PIs will review the advertising materials to determine if the material is appropriate to send to Registry participants.

Proposals submitted by consortium investigators and/or PAG members will be sent to the affiliated consortium PI prior to going to the Oversight Committee to ensure consortium leadership is aware and agreeable to the proposed project. Any project that is requesting DMCC services for their project and/or wants to survey a population that is outside of the submitter's disease category or consortium, must be reviewed by the Oversight Committee.