1.0 PURPOSE
This document provides the requirements for the development, submission, review, and approval of concept proposals (CPs).

2.0 SCOPE
The procedures outlined in this SOP apply to ACTG and non-ACTG investigator-initiated proposals for new ACTG research studies and for substudies not included in the original CP of a parent protocol.

NOTE: There is no ACTG Network Coordinating Center (NCC) support, including scheduling and support of conference calls, for the development of CPs.

3.0 DEFINITIONS
3.1 Concept proposal (CP): Research proposal from an ACTG or non-ACTG investigator submitted for approval for development as an ACTG protocol.

3.2 ACTG Investigator: An investigator supported by an ACTG Network-affiliated CTU or CRS or an ACTG consortium partner funded through the Network Leadership Group to support the ACTG; an investigator not supported by an ACTG Network-affiliated CTU or CRS but who serves as a member on a scientific committee and/or protocol team; non-industry representative who serves as a consultant and contributes to the ACTG research effort.

3.3 Non-ACTG Investigator: An investigator who is not an ACTG member, but rather with industry, a non-ACTG institution, or a US or foreign research agency.

3.4 Scientific Committee (SC): ACTG review committee that is either a Transformative Science Group (TSG) or Collaborative Science Group (CSG) or subcommittee of a Transformative Science Group or the Scientific Agenda Steering Committee (SASC).

4.0 RESPONSIBILITIES
4.1 Investigators
- Review the ACTG scientific agenda outlining the current research objectives of the network (available on the ACTG website).
- May consult with the SASC/SC for input regarding research ideas prior to developing a CP, if necessary. (If significant Statistical and Data Analysis Center [SDAC] resources will be required for design or development of the NWCS, the SDAC or ACTG Network Leadership may request pre-review by the relevant SC and/or the SASC prior to SDAC commitment of these resources.)
- Indicate what elements of the scientific agenda are to be addressed by the proposed study in the rationale section of the CP.
- Develop and submit a proposal using the CP format (see Appendix I).
4.2 Statistical and Data Analysis Center (SDAC)
  • Provides statistical input if contacted by the investigator.

4.3 NCC Proposals Coordinator
  • Receives and processes the CP; initiates the CP review process.
  • Communicates with proposing investigator/s and relevant SC support staff.

4.4 SC
  • Conducts scientific review, provides input as primary or secondary reviewer, and renders a decision to forward to the SASC for approval, to disapprove, or to defer the CP.
  • Provides scientific input on study ideas through informal consultative reviews prior to CP submission, when requested by the investigators.
  • Confirms team leadership recommendations for approved CPs.

4.5 SASC Chair
  • Identifies and designates which SC serves as primary (and secondary, when applicable) reviewer of the CP.

4.6 SASC
  • Reviews and, on the basis of input from the primary and secondary reviewers, renders a final decision to approve, disapprove, or defer the CP.

5.0 PROCEDURES

5.1 Submission
   Investigators
   • Draft the CP using the format provided in Appendix I, adhering to the specified page limit. If a protocol developed by a collaborating group or network is being submitted for consideration by the ACTG, the document may be used instead of a CP but should include a schema or abstract.
   • May develop their own sample size estimate or work with an SDAC statistician. If a referral is needed for statistical consultation and input, an email is sent to sdac.concept@sdac.harvard.edu with an outline of the proposal (or a draft copy if available).
   • Electronically submit the completed CP submission form (preferably in Microsoft Word) via the ACTG Proposal Submission System at https://submit.actgnetwork.org/.

   NCC Proposals Coordinator
   • Reviews the CP to ensure that all required elements are included. If the document is missing information, returns the CP to the investigators for completion.
   • Assigns the CP, in consultation with the SASC Chair, to a SC and distributes it to the SC, SC Steering Committee, and SASC Coordinator as well as the proposing investigators.

5.2 Review
   SC
   • Performs a scientific review of the CP and determines whether to recommend to the SASC for protocol development, defer making a decision pending availability of additional information or changes in study design, or disapprove the proposal.
• If the SC supports the CP for protocol development, the SC Coordinator submits the review to the SASC. In the case of multiple SCs designated to review the CP, secondary SC reviews will be distributed to the SASC along with the primary SC review or as they become available.
• If the SC does not support the CP for protocol development or defers a decision, the review is not forwarded to the SASC. Instead, the SC Coordinator sends the review comments to the proposing investigators.
• Upon completion of an informal consultative review, the SC may provide written review comments to the investigators, if deemed necessary.

SASC
• Reviews the SC-supported CP to determine the relative scientific priority of the proposal within the context of the network research agenda, potential overlap with other studies, study feasibility, and possible barriers to development or implementation (e.g., study drug or funding issues, patient recruitment issues). The SASC makes the decision to approve, disapprove, or defer a decision to allow the investigator/s to make major revisions or address critical outstanding issues. The SASC Coordinator sends the decision to the proposing investigators.

SC/SASC Review Outcomes
• The SASC may put an approved CP on hold pending confirmation of availability of study product or resolution of other major issues. After consulting with the SC, the SASC notifies the investigators.
• A deferred CP will be withdrawn if there is no subsequent action taken to move it forward within the 4 months following the decision by the SC/SASC.

5.3 CP Post-SC/SASC Approval

ACTG NCC
• Assigns and announces the protocol number.
• Consults with SDAC regarding the statistician assigned to the protocol.
• Distributes a protocol team formation letter to the protocol chairs.
• Forwards the approved CP to the DAIDS Enterprise System (DAIDS-ES) for an ID number.
• Ensures that an up-to-date ACTG Financial Disclosure form for each member of the core protocol team is on file at the ACTG NCC.
• Assigns a clinical trials specialist (CTS) for protocol development.

6.0 REFERENCES

SOP ACTG-107, ACTG Network-Specific Financial Disclosure and Conflict of Interest Procedures

7.0 INQUIRIES

Questions and comments regarding these procedures may be directed to the NCC Proposals Coordinator at ACTGProposals@s-3.com.
Appendix I: ACTG Concept Proposal (CP) Requirements

The CP must be no longer than 5 pages and in Arial 11-point font (preferably in Microsoft Word), and must be submitted electronically via the ACTG Proposal Submission System at https://submit.actgnetwork.org/. All essential materials for review must be included within the page limit. CP reviewers may or may not choose to review supporting materials (e.g., published articles or data) attached as appendices.

Note: The term “participant” is to be used instead of “subject” or “patient” in all network studies, including concept proposals.

| STUDY TITLE | Descriptive title of the proposed clinical trial. |
| PROPOSING INVESTIGATOR | Name, title, institution/ACTG CRS, address, telephone number, and email address of the proposing investigator/s. |
| PROPOSED TEAM MEMBERS | Protocol Chair: |
| | Protocol Vice Chair: |
| | Protocol Virologist: |
| | Protocol Immunologist: |
| | Protocol Pharmacologist: |
| | Investigators: |
| | Note: No more than three investigators (e.g., one chair and two vice chairs; two chairs and one vice chair) may be recommended for protocol chair and vice chair. Other members of the proposing team may be recommended for protocol investigators or –ologists. |
| STUDY RATIONALE | A concise but brief discussion of the rationale for the potential clinical trial, including an explanation of why the study is needed and why it should be conducted by the ACTG. The rationale should also include relevant background information to support the proposed trial and a brief review of any other studies completed or being conducted in the field that address the proposed hypothesis(es). Brief information on the incidence of the primary endpoint(s) in similar populations (e.g., mean and standard deviation, hazard ratio, proportions) and differences to be detected within or between arms must be provided. |
| HYPOTHESIS | The hypothesis(es) to be tested should be clearly stated and will be incorporated into the protocol document. |
**PRIMARY OBJECTIVE(S) AND ENDPOINT(S)**
An overview of the primary objective(s) and endpoint(s) of the proposed clinical trial. Important secondary objectives (e.g., intensive PK, immunologic assays, and adherence) should also be listed.

**STUDY POPULATION**
A brief description of the participant population to be studied including a brief discussion of any specific inclusion/exclusion criteria that may affect the rate of enrollment.

**PLANS FOR ENROLLMENT OF WOMEN**
A brief description of plans for inclusion of women in the study.

**PLANS FOR ENROLLMENT OF MINORITIES**
A brief description of plans for inclusion of minorities in the study.

**STUDY DESIGN**
A brief description of the proposed design, including type of study (e.g., pilot, phase I), duration of treatment, randomization, stratification, etc. This section must describe how the critical research question(s) posed will be answered. A schematic diagram of the study design may be added to improve clarity and understanding.

**TREATMENT REGIMENS**
Outline the regimens (or intervention), including drugs and doses (broken down by arms, if applicable), and specify the duration of treatment.

**SAMPLE SIZE ESTIMATE**
Focusing on the primary objective(s), provide a brief “statistical considerations” section that includes hypotheses to be tested by or between arms, if applicable; anticipated effect size(s); targeted Type I and II errors; statistical test(s) to be used; anticipated loss or other exclusions if any. Provide an approximate target sample size to be developed by the proposing team or in consultation with an SDAC statistician. If a referral is needed for statistical consultation and input, an email is sent to sdac.concept@sdac.harvard.edu with an outline of the proposal (or a draft copy if available). While not required, a table indicating sample sizes or power for a range of outcomes may be helpful.

**LENGTH OF PARTICIPANT FOLLOW-UP**
Provide an estimate of study duration.
NEW AND/OR UNIQUE ASSAY/TECHNOLOGY

If applicable, discuss any new and/or unique assay or technology that will be necessary for conduct of the proposed clinical trial, and specify whether it is available commercially.

EXTERNAL SUPPORT/COLLABORATION/ FUNDING

If known, discuss any anticipated collaboration with and/or funding support from industry or other programs or institutes within the NIH.

REFERENCES

List all relevant publications in support of this proposal.