Linking the Provider Recommendation to Adolescent HPV Vaccine Uptake Q&A

How does funding work for PARs?
PARs describe areas of special interest for NCI. This one is reviewed separately because of the range of expertise needed. Successful applications are funded from the overall NIH budget for research. Money is not set aside for these applications.

Could you please share the link to view the members of the SEP for this announcement?
To protect reviewer confidentiality, the roster is aggregated with other small panels in the same Integrated Review Group at the Center for Scientific Review. Each summary statement for this PAR includes a link that that aggregated roster.

What is the name of the special review panel?
The review panel is ZRG1 HDM-D (58) or "Linking provider recommendations to adolescent HPV vaccination." But you should not need to request that SEP. All applications to the PAR should be assigned to that review group.

Should we request the special review panel?
You should not need to request the special emphasis panel. All applications to this PAR should be assigned to the SEP.

Do the percentiles for each mechanism – R21, R01, and R03 – compete with other NCI submitted grants for different PARs and investigator initiated calls?
Applications to this announcement are percentiled against "CSR all," or an aggregation of all applications considered by a review committee, during that review cycle, and conducted by the Center for Scientific Review. As part of the overall NIH grants budget, yes, they could be said to be competing with other NCI submitted grants for different PARs and investigator initiated applications.

What does "early investigator" and "1st time" R01 do for you in the scoring process?
These terms are defined by NIH and their impact is determined by individual institutes and centers (including NCI). NIH policy is described here. https://grants.nih.gov/policy/early-investigators/index.htm

How broadly defined is "primary care provider"?
For the purposes of this announcement, a primary care provider is someone who can recommend the HPV vaccine in a clinical setting where the vaccination can be given during the same visit.

If you are proposing to develop and assess the effectiveness of an intervention that is aimed at 2 levels – the provider and practice setting – is that acceptable for this FOA?
Maybe. This announcement requires R01s and R21s to conceptualize and measure at all three levels, patient/parent, provider, and setting. It does NOT require intervention at all three levels. Note: the R03 only requires conceptualization and measurement at two of the three levels.

Is there a preference in this PAR for proposals that include 2+ delivery systems over proposals that only involve one system?
No.

Is it acceptable to include 9 and 10 year olds in addition to 11 and 12 year olds per vaccine label?
Yes, as long as the primary focus of the study is on the 11 and 12 year olds.

What would be considered an appropriate control group for an evaluative study?
Generally, NIH does not provide guidance on study design.

Is it necessary to address completion of the vaccine series?
No. This announcement is to promote research to understand the multilevel factors that link the provider's recommendation to vaccine uptake. So series completion is not a primary focus.

For a researcher that has extensive clinical expertise with HPV-related cancer, has a quality improvement projects but not published manuscripts on HPV vaccination (no pilot data), would it be better to submit an R21 or and R03?
The right mechanism depends more on the scientific question than on the investigator's qualifications. The investigative team should have all the needed expertise, but the PI does not have to have it all.

What if you want to work in a state that has a high vaccine uptake but there is a vulnerable group in that state (ethnic minorities) that have low vaccines uptakes?
If more local data are available to define a group with low uptake rates, the fact of higher overall uptake in that state is irrelevant. The purpose is to study uptake in clinical settings with low uptake.

Regarding IRB human subjects protections, if we have participating clinics that are concerned about PHI, would it be acceptable for them to conduct the data analysis internally without disclosing the data?
The reviewers, with more detailed information, would make this assessment.