Frequently Asked Questions and Answers for Tobacco Regulatory Science Small Grant Program for New Investigators (R03)

RFA-OD-15-004 (R03)
Updated April 4, 2017

Application Requirements

1. Am I ineligible for New Investigator (NI) status if I was the PD/PI for a (single-project) research award?

   A. NI status is only applicable if you have not yet competed successfully for a substantial NIH independent research award. For a list of awards that are excluded from consideration as "independent research," see the definition of New Investigators. Note, however, that this funding opportunity announcement (FOA) **also** excludes from consideration individuals who have received a Small Grant (R03) or an Exploratory/Developmental Research Grant Award (R21) funded through the Food and Drug Administration (FDA) Center for Tobacco Products (CTP), or are in the Research Award Phase of a Pathway to Independence Award (R00) funded by the FDA CTP. This includes the following awards:

   - Pathway to Independence Award-Research Phase (R00)
   - Small Grant (R03) Support in Tobacco Regulatory Science
   - Exploratory/Developmental Grant (R21) in Tobacco Regulatory Science

   B. Investigators who have questions about eligibility should contact the Scientific/Research Contact listed in Section VII. Agency Contacts of the FOA.

2. Do I lose my eligibility for an R03 under this RFA if I am awarded an R01 (or another substantial NIH independent research award) after I submit my application to this RFA?

   A. Yes. The New Investigator (NI) status for an application is initially based on investigator status on the date the application is successfully submitted to the NIH. However, NI status will be reassessed for any pending application after peer review and prior to consideration for award. A PI will lose NI status immediately upon receipt of any substantial NIH research grant. As such, receipt of an R01 prior to the Notice of Award for this RFA would make you ineligible.

3. Can I confirm my status as a New Investigator (NI)?

   A. Yes, you are able to see whether you are currently designated as a New Investigator in your eRA Commons account. NI status is determined automatically by the functionality built into eRA Commons, based on the investigator's record of receiving NIH grants. For instructions on getting an eRA Commons Account, which is required before submitting an application, see question I.9 in the NIH FAQs regarding NIH New and Early-Stage Investigator policies.

4. I am a New Investigator, but this designation does not appear when I view the grant folder in the NIH Commons. How can I correct the information?

   A. The first step in making sure that you are correctly designated as a New or Early-Stage Investigator is to go into your NIH Commons Profile and make sure the Profile screens indicate that you are a New Investigator. If you believe that your designation doesn't reflect your current New Investigator status, you can send a note to the eRA

Commons helpdesk to request a correction of the New Investigator status for the submitted application.

5. Do I need a research mentor to apply for this R03?
   A. No, this is an independent research award.
6. Are foreign institutions eligible to apply?
   A. No, foreign institutions are **not eligible** for this RFA.
7. Are foreign individuals eligible to apply as PIs for this RFA?
   A. The intent of this RFA is to develop a cadre of new investigators in the early stages of establishing independent careers in tobacco regulatory research. Foreign individuals are eligible to apply, but must demonstrate that the proposed research can directly contribute to the U.S. FDA's regulatory authority over the manufacture, marketing, and distribution of tobacco products. Individuals must also demonstrate that they will be employed by an eligible institution for the full award period of the grant.
8. Is there a budget cap on R03 applications?
   A. Yes. R03 budgets submitted to this funding announcement are limited to $75,000 in direct costs per year.
9. Should applications be submitted electronically or through paper?
   A. Applications must be submitted electronically. Applicants should follow the instructions in the SF424 (R&R) Application Guide, including Supplemental Grant Application Instructions, except where instructed in this funding opportunity announcement to do otherwise.
10. Am I required to submit a letter of intent?
    A. A letter of intent is not required, and it does not enter into the review process. However, it allows for NIH staff to estimate the potential review workload and plan the review. Investigators are encouraged to communicate with NIH scientific contacts to discuss their research ideas and specific aims prior to submitting applications, as all proposed research-specific aims must be within the regulatory authority of the FDA CTP in order to be deemed responsive to this FOA. Applications that are non-responsive will not be reviewed.

       Suggested content of letter of intent:

       - Descriptive title of proposed activity
       - Name(s), address(es), and telephone number(s) of the PD(s)/PI(s)
       - Names of other key personnel
       - Participating institution(s)
       - Number and title of this funding opportunity
       - Specific aims

11. Where do I send the letter of intent?
    A. The letter may be sent by email to: TRSP@mail.nih.gov

       Or by regular mail to:

       Tobacco Regulatory Science Program
       Office of Disease Prevention
       6100 Executive Boulevard
       Room 3B01, MSC 7530

Bethesda, MD 20892-7530 (Use Rockville, MD 20852 for Express Mail)
Tel: 301-451-7464
Fax: 301-480-2230

12. Can I resubmit an application that was not funded in the previous cycle?
    A. Yes. The PI could resubmit an application to the next cycle. It is highly recommended that you address all issues and concerns raised in the summary statement from the peer review.
13. Does the application have a page limit?
    A. Yes. All page limitations described in the SF424 Application Guide and the Table of Page Limits must be followed.
14. How do I know if my application is responsive to this funding opportunity announcement (FOA)?
    A. This is a critical question, as ***each of the specific aims*** in the application must meet the following criteria to be considered responsive:

    - Address one or more of the 10 interest areas listed in the FOA.
    - Fall within the scope of the FDA CTP's regulatory authority. As such, applicants are strongly encouraged to contact the scientific research contacts listed in the FOA for feedback about responsiveness prior to submitting an application. Upon receipt, applications will be **evaluated for responsiveness** by the Food and Drug Administration Center for Tobacco Products and participating NIH Institutes. **Only applications that are within the scope of the ten areas listed in the FOA and the FDA CTP's regulatory authority will be reviewed.** Your application title, abstract, and specific aims are used to make this determination, so it is important that you are clear about your proposed scientific aims and how they may potentially inform the CTP's regulatory authority. Staff reviewing your application will refer to other parts of the application if responsiveness is unclear based on title, abstract, and specific aims. If your application is deemed responsive, it will undergo scientific peer review by experts convened specifically for this FOA (by the NIH Center for Scientific Review). If your application is deemed non-responsive, it will be withdrawn prior to evaluation of its scientific merit, i.e., peer review.

15. The FDA CTP has regulatory authority over the manufacture, marketing, and distribution of tobacco products. What are some examples of these authorities?
    A. The Family Smoking Prevention and Tobacco Control Act gave the FDA responsibility and authority to, among other things:

    - Restrict cigarettes and smokeless tobacco retail sales to youth.
    - Restrict the sale and distribution of tobacco products, including advertising and promotion, as appropriate to protect public health.
    - Review modified risk tobacco products, such as those marketed for use to reduce harm, prior to their introduction to the market.
    - Adjust warning labels for cigarettes and smokeless tobacco products in order to promote greater public understanding of the risks of tobacco use.
    - Establish standards for tobacco products (for example, setting limits on harmful and potentially harmful constituents and nicotine levels) as appropriate to protect the public health.

- Review new tobacco products prior to their introduction to the market.

For more information, see "Overview of the Family Smoking Prevention and Tobacco Control Act" at: https://www.fda.gov/downloads/tobaccoproducts/labeling/rulesregulationsguidance/ucm336940.pdf

16. What are the research interest areas for this funding opportunity announcement ?
    A. This FOA is focused on the following ***ten*** FDA CTP interest areas. ***Only*** applications proposing research projects/pilots relevant to one or more of these ***ten*** areas will be considered for funding:
        1. Nicotine dependence threshold among youth and adults and impact of nicotine reduction on tobacco product use behavior (e.g., topography, compensation, switching, multiple use, initiation, cessation, relapse)
        2. Cigar (small, large, cigarillos) initiation, use (including transitions to other tobacco products and multiple use), perceptions, dependence, and toxicity
        3. Smokeless tobacco initiation, use (including transitions to other tobacco products and multiple use), perceptions, dependence, and toxicity
        4. E-cigarettes initiation, use (including transitions to other tobacco products and multiple use), perceptions, dependence, and toxicity
        5. Other tobacco product (e.g., hookah, pipes, dissolvables) initiation, use (including transitions to other tobacco products and multiple use), perceptions, dependence, and toxicity
        6. The impact of tobacco product characteristics, (e.g., ingredients, constituents, components, additives such as flavors, and labeling and marketing) on initiation, especially among youth and other vulnerable populations
        7. Toxicity thresholds for any of the 20 harmful and potentially harmful constituents identified in the March 2012 Guidance for Industry http://www.fda.gov/TobaccoProducts/GuidanceComplianceRegulatoryInformation/ucm297752.htm
        8. Computational/mathematical modeling and simulation and/or statistical modeling of the public health impact of FDA/CTP regulation of potential modified-risk tobacco products, e.g., product standards, communications regarding risks of tobacco products
        9. Consumer perceptions of tobacco products including the impact of labeling and marketing
        10. Effective communication strategies regarding harmful and potentially harmful constituents and risks of tobacco products.

17. Are the ten research questions in the RFA listed in order of priority to the FDA, or are they of equal priority?
    A. The research questions are not listed in priority order. They are of equal priority to the FDA CTP.
18. May researchers include foreign populations in their proposed research?
    A. Foreign populations may be included if the product under study is the same as the one(s) used in the United States. Results from foreign populations must be relevant to the U.S. population and U.S. regulation of tobacco.
19. In general, what areas of research are **not within the FDA CTP's regulatory authority**?

A. The Family Smoking Prevention and Tobacco Control Act gives the FDA the authority to regulate the manufacture, marketing, and distribution of tobacco products to protect public health and to reduce tobacco use by youth. In general, the CTP's regulatory authorities do NOT extend to the following:

- Setting tax rates for tobacco products.
- Regulating therapeutic products, such as those marketed to treat tobacco dependence.
- Setting clean indoor air polices.

20. Is a research proposal that investigates the mechanisms and/or etiology of tobacco-related disease responsive?

A. It depends. Mechanistic and or etiologic research is largely relevant to disease prevention or treatment, neither of which is within the CTP's regulatory authority, so would not be considered responsive. These types of research may in some cases be responsive, but only if the outcomes of the research inform the mandate of the FDA CTP. For example, research comparing the mechanistic processes or underlying disease etiology of different tobacco products or their constituents may be considered responsive. As such, it is important to discuss your research concept with an NIH Scientific Contact.

21. Is a treatment intervention study designed to compare the effectiveness of various tobacco products on tobacco cessation considered responsive?

A. No. The CTP's regulatory authority does not extend to regulating therapeutic uses of tobacco products as this authority rests with other Centers within the FDA. Examples of research projects that would be considered responsive include an observational study to examine the natural history of whether participants quit smoking cigarettes while using a different tobacco product, and assessing if communications regarding the health consequences of using tobacco products have an impact on usage rates.***** In many of its key regulatory areas, the CTP is charged with assessing the impact of tobacco products on the health of the population as a whole, taking into account both users of tobacco products and persons who do not currently use tobacco products. The CTP also takes into account the increased or decreased likelihood that existing users of tobacco products will stop using such products, and considers the increased or decreased likelihood that those who do not use tobacco products will start using such products.

**** The examples provided above are illustrative and should not be viewed as definitive or comprehensive.***

22. Is a treatment intervention study designed to compare the effectiveness of various tobacco products on tobacco cessation considered responsive?

A. No. The CTP's regulatory authority does not extend to the development or evaluation of interventions designed to promote cessation. Although a section of the Tobacco Control Act addresses medications to treat tobacco dependence (Sec. 918), this section of the Tobacco Control Act is under the authority of the FDA's Center for Drug Evaluation and Research.

**** The examples provided above are illustrative and should not be viewed as definitive or comprehensive.***

23. Is a research proposal in which the primary outcome informs treatment of disease considered responsive?

No. The CTP does not regulate products intended for the treatment of disease, for example, pharmacotherapy for treatment of cancer or emphysema, or screening, physical activity, or dietary interventions for heart disease. *

**** The examples provided above are illustrative and should not be viewed as definitive or comprehensive.***

24. Is a research proposal in which the primary outcome identifies differential effects of various tobacco products on disease risk, incidence, or progression of disease considered responsive?*

    A. Yes. This proposal identifying differential effects of various tobacco products on disease would be responsive. Examples* might include:

    - Pulmonary function-testing outcomes following use of various combustible tobacco products
    - Oral manifestations following use of various tobacco products, especially new and emerging tobacco products.

    **** The examples provided above are illustrative and should not be viewed as definitive or comprehensive.***

25. What types of biomarker research may be appropriate for FDA CTP funding?

    A. Proposals identifying biomarkers of specific tobacco product exposure and/or disease and those with the potential to differentiate exposure of differing tobacco products could be considered responsive.

    Examples***** include:

    - Biomarkers to measure exposure to new and emerging tobacco products
    - Biomarkers of disease (e.g., cancer, cardiovascular disease, pulmonary disease, reproductive and developmental effects) that can be associated with specific measures of tobacco exposure
    - Development of a nonclinical biomarker of disease coupled to traditional toxicology and/or pharmacology studies to provide a relevant framework for the regulatory application
    - Studies linking biomarkers of disease in nonclinical models that translate to biomarkers that are measurable in the clinical setting
    - Magnitude of changes in biomarkers that translates into clinically meaningful impacts on human health outcomes.

    Biomarker research may fall within the scope of one or more of the ten interest areas, depending on the intended use of the biomarker. However, there is research that will remain outside of FDA CTP authorities such as biomarker research, for which the primary focus is to inform treatment.

    **** The examples provided above are illustrative and should not be viewed as definitive or comprehensive.***

26. What types of research on nicotine and/or nicotinic receptors are appropriate for consideration of funding by the CTP?

    A. If the research provides information on outcomes such as motor activity, memory, or neuronal responses to particular ligands, the research is likely not appropriate. Research

to rapidly screen tobacco constituents for activity at the nicotinic receptor to determine their dependence potential would be considered responsive.**

**** The examples provided above are illustrative and should not be viewed as definitive or comprehensive.***

27. Are studies on the impact of state and local tobacco control policies responsive?
    A. It depends upon the specific policies being examined, and whether they fall under the purview of the FDA CTP. Studies evaluating the impact of a tobacco tax increase are not responsive, as the CTP does not have regulatory authority regarding tax rates on tobacco products. Similarly, the CTP does not have authority over the sale of tobacco cessation medications, so, for example, a study evaluating the effectiveness for tobacco cessation of providing free nicotine replacement therapy would not be considered responsive. Studies evaluating the impact of a tobacco advertising restriction, a ban on the sale of flavored tobacco products, or restrictions on the sale of single serving products, however, may be considered responsive.**

    **** The examples provided above are illustrative and should not be viewed as definitive or comprehensive.***

28. Are public opinion polls about tobacco regulations responsive to FDA CTP regulatory authorities?
    A. Unlike state or local policymaking, where public support can be an important factor in the adoption and implementation of policies, public opinions cannot be used to support federal regulations.
29. Is the CTP interested in graphic health warning research given that the U.S. government did not seek Supreme Court review of the court decision that blocked the implementation of graphic health warnings on cigarette packages and advertising?
    A. The FDA is committed to funding and conducting research on graphic health warnings so that it may fulfill its statutory requirement to issue a rule requiring graphic health warnings on cigarette packages and advertisements. Of particular interest would be research to provide further evidence that graphic health warnings are effective, to inform the development of new graphic health warnings, or to inform the development of methods for assessing the effectiveness of graphic health warnings. This research may be conducted using the images proposed by the FDA in June 2011, images used internationally, or new images.
30. Are studies on the impact of state and local tobacco control policies responsive?
    A. It depends upon the specific policies being examined, and whether they fall under the purview of the FDA CTP. Studies evaluating the impact of a tobacco tax increase are not responsive, as the CTP does not have regulatory authority regarding tax rates on tobacco products. Similarly, the CTP does not have authority over the sale of tobacco cessation medications, so, for example, a study evaluating the effectiveness for tobacco cessation of providing free nicotine replacement therapy would not be considered responsive. Studies evaluating the impact of a tobacco advertising restriction, a ban on the sale of flavored tobacco products, or restrictions on the sale of single-serving products, however, may be considered responsive.**
31. Will more weight be assigned in the review for applications that address more than one of the ten priority areas?
    A. No. Reviewers will be looking to see if the research question is addressed adequately and appropriately. When approaching which research questions to answer, it is

recommended that investigators think about what scientific evidence the FDA would need to support a product review process or regulatory decision.

32. On what basis are applications selected for funding?
    A. Applications will be selected for funding based on scientific merit, current research priorities, availability of funds and FDA CTP current research priorities.
33. Which NIH Institute/Center (IC) will manage my award?
    A. It depends on the nature and scope of the research projects proposed. Applicants may request assignment to a particular Institute in their cover letter, but the NIH will make the final determination regarding Institute assignment.
34. Are the reporting requirements for these awards the same as other NIH grants?
    A. No. An Interim Report will be due every six (6) months following the project start date, as well as the annual progress report and all reports at the time of grant close-out. It is critical that CTP funds be used only to support research that is responsive to the FDA's authority to regulate the manufacture, marketing, and distribution of tobacco products. Any proposed change in scope or specific aims requires pre-approval.
35. Are policies and procedures different for these awards?
    A. Yes. This includes exclusion from Streamlined Noncompeting Award Procedures (SNAP) and all carryover requests requiring prior approval.
36. Some researchers are under limitations with respect to accepting funds from the tobacco industry. How will these FDA research awards be funded?
    A. As mandated in the Tobacco Control Act, the FDA is authorized to collect fees from tobacco product manufacturers and importers for its activities related to the regulation of the manufacture, distribution, and marketing of tobacco products. Although the tobacco user fees are specified in statute, Congress must actually appropriate the funds before the FDA can obligate them. The tobacco industry has no control over CTP funding decisions. The FDA uses some of these funds to award research grants.
37. What will be the availability of confidential information obtained by the FDA, for example, product and constituent reporting?
    A. Several laws govern the confidentiality of tobacco product information submitted to the FDA, including sections 301(j) and 906(c) of the Federal Food, Drug, and Cosmetic Act (FD&C Act), the Trade Secrets Act, and the Freedom of Information Act, as well as the FDA's implementing regulations. The FDA's general regulations concerning the public availability of FDA records are contained in 21 CFR Part 20. Regarding the reporting of constituents, the FD&C Act requires tobacco product manufacturers and importers to report quantities of harmful and potentially harmful constituents (HPHCs) in tobacco products or tobacco smoke by brand and sub-brand. The FD&C Act also directs the Agency to publish a list of HPHCs by brand and by quantity in each brand and sub-brand, in a format that is understandable and not misleading to a layperson.
38. If a scientific study proposes to make ANY change to a commercialized tobacco product (e.g., manipulating the size of the product; putting the tobacco product in different colored packaging), then an investigational tobacco products (ITP) request is recommended by the FDA (Reference: Draft Guidance Use of Investigational Tobacco Products). What information is required in the ITP request?
    A. The information needed in an ITP request may vary depending on the proposed ITP and the type of study. The FDA needs to determine whether the product is a tobacco product, whether the tobacco product is within our current jurisdiction, whether the

tobacco product is an ITP, and whether the study products will be provided to human subjects. For example, if one makes a change in labeling of a commercially marketed tobacco product and it will not be used by human subjects, no ITP request is needed. If one makes a change in labeling of a commercially marketed tobacco product and there will be actual use by human subjects, then the FDA recommends that an ITP request come to the CTP for review, but it is likely that chemistry, engineering, and manufacturing will not be needed. If you have questions about ITP, please contact Debbie Cordaro (debbie.cordaro@fda.hhs.gov).

39. Is there any guarantee that all strengths and varieties of reduced nicotine cigarettes will be made available by the NIDA Drug Supply Program?

    A. Investigators are encouraged to consult with NIDA's Nicotine Research Cigarettes Drug Supply Program to determine availability of reduced nicotine cigarettes: http://www.drugabuse.gov/nicotine-research-cigarette-drug-supply-program.

NIH-FDA Tobacco Regulatory Science Program Web site: http://prevention.nih.gov/tobacco/