

## **RFA-DP-23-002 IBD NOFO**

### **Questions from Potential Applicants and CDC Responses**

**Question 1:** Is the IBS grant open to individuals as well?

**Answer:** Eligibility information can be found in Section III. Eligibility Information Section III, 1. Eligible applicants and Section III 8. Eligible Individuals (Project Director/Principal Investigator) in Organizations/Institutions, provide specific information on eligible applicants.

**Question 2:** Are current awardees eligible?

**Answer:** Yes, current awardees are eligible.

**Question 3:** I see that the LOI due date is Dec 8, 2022 while the full application due date is Jan 9, 2023. Is the LOI submission a mandatory step? After the LOI is submitted, can the application proceed immediately to submit a full application? / or alternatively is an invitation required for full application submission?

**Answer:** Section IV.3. Letter of Intent, of the NOFO says that although a letter of intent is not required, is not binding, and does not enter into the review of a subsequent application, the information that it contains allows CDC staff to estimate the potential review workload and plan the review.

The NOFO does not require an invitation to apply.

**Question 4:** I see that the purpose of this NOFO includes: “2. Translate scientific knowledge on IBD...to enhance IBD management...”. In addition to the examples listed for “patients self-management and integrated clinical care”, could research for the advancement of a novel therapeutic intervention for ulcerative colitis be of interest? (e.g. preclinical toxicology to advance regulatory approval of a new therapy)

**Answer:** This NOFO will support epidemiologic research to examine the natural history of IBD, address gaps in social and psychological factors that contribute to IBD, assess health disparities among IBD-affected persons, and identify effective IBD management strategies. Findings will be used to support public health practice, including enhancing clinical and self-management strategies, promoting healthcare provider’s awareness and education, and tailoring interventions to address health disparities.

Proposed activities should reflect the purpose of the NOFO as stated on pages 1 and 2. The purpose of this NOFO is to:

1. conduct epidemiological studies to examine IBD’s natural history, social and psychological factors contributing to IBD, health disparities, and effectiveness of management strategies through multidisciplinary partnerships and collaborations with healthcare providers and researchers specific to IBD.

2. translate the scientific knowledge on IBD by conducting and evaluating activities for patients and providers to:

- increase awareness and education to improve time to diagnosis and beginning of effective disease management,
- enhance IBD management (e.g., patients' self- management, integrated clinical care) to improve overall health and quality of life, and
- address health disparities (e.g., race and ethnicity), including social determinants impacting outcomes, through tailored interventions to improve IBD diagnosis, management, and outcomes.

**Question 5:** Regarding the 2nd objective "Conduct and evaluate activities for patients and providers to enhance IBD management (e.g., patients' self-management, integrated clinical care), increase patient and provider awareness and education, and address health disparities (e.g., race and ethnicity)", we were wondering if a pragmatic trial of an innovative tool to support patient self-management and enhanced monitoring of patient symptoms would be considered responsive to the RFA. Specifically, we would adapt a tool that has a strong evidence base for improving outcomes and reducing health disparities in other chronic conditions and test the effectiveness of the adapted tool in patients with IBD.

Would this be the sort of idea you are looking for with this objective, or is the CDC more interested in activities to increase patient and provider awareness and education?

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