JDRF IMPROVING LIVES. CURING TYPE 1 DIABETES.

Australian Type 1 Diabetes Clinical Research Network

Request for Applications - Trials

Expression of Interests

Disease Modifying Therapies (Immune Therapies and Beta Cell Preservation Strategies)

Click Here to Apply

September 2022

Funder	Juvenile Diabetes Research Foundation (JDRF)
Funding category	Clinical Trials (CTs)
Funding field	Type 1 Diabetes (T1D) Disease Modifying Therapies (Immune therapies and beta cell preservation strategies)
Budget	As per proposed budget, subject to review and funding availability
Submission deadline	Applications can be submitted any time of the year. Funding decisions will be announced twice a year in April and December.

Contents

About JDRF

JDRF leads the global fight against type 1 diabetes (T1D) by funding research to improve lives and find cures for those with the disease and find cures.

Our mission is to accelerate life-changing breakthroughs to cure, prevent and treat T1D and its complications. We connect the leading individuals in every discipline, industry, and organisation with a single focus of eradicating T1D. With over 50 years of investment in the best researchers, we support an innovative pipeline of research from the earliest stages through to clinical trials of new treatments, devices, and therapies. Alongside this, we advocate for greater access or financial support so that everyone living with T1D can access life-changing new therapies.

Type 1 Diabetes Clinical Research Network (T1DCRN) in Australia and New Zealand

The Australian Type 1 Diabetes Clinical Research Network (T1DCRN) is a national framework that supports the most promising T1D research and clinical trials. To date, T1DCRN initiatives have supported more than 300 researchers across 70 institutions, connecting approximately 2,500 Australians with the latest research, treatments, and technologies. The sharp focus on patient benefit is a unique dimension of the T1DCRN and this patient-centric approach provides a platform to accelerate therapies and amplify research impact. To fulfil its mission, in the next three years the T1DCRN aims to build on prior achievements and increase the impact of T1D research via expansion of its scientific priorities. These new research directions will bring new talent, knowledge, and collaborations across relevant disciplines to the field of T1D to address critical research questions pertaining to T1D risk and heterogeneity. The new phase of the T1DCRN aims to:

- Increase the volume and impact of Australian type 1 diabetes clinical research, while investing in large-scale prevention and screening initiatives
- Support “bench to bedside” research and ensure researchers have the required supporting tools and policy environment
- Nurture current and future research leaders in T1D while attracting bright new talents

The program has a track record of successful implementation of major, collaborative programs (Figure 1). Through identification of gaps and needs as well as a wide range of consultations and partnerships, in the last few years, the T1DCRN has strategically supported national translational programs that address early diagnosis, prevention, new therapies and capacity building. Notably, with the overarching goal of identifying children at risk of T1D, thus preventing the onset of clinical diabetes, capturing data, providing clinical trial platforms, and accelerating the pace of translation by embedding outcomes into clinical care, the T1DCRN respectively funds:

- The Environmental Determinants of Islet Autoimmunity Study (ENDIA) - an Australian prospective pregnancy cohort study investigating the environmental triggers responsible for the autoimmune process that leads to type 1 diabetes
- Type1Screen (T1S) - a program which offers antibody testing to children and young adults to determine if they are at risk of developing type 1 diabetes

- Type 1 Diabetes National Screening Program, a General Population Screening pilot (GPS) - an Australia wide autoantibody screening program. Its objective is to identify those in the population who are in the early, preclinical stage of T1D, who will benefit most from taking part in clinical trials of therapies that aim to slow or prevent the onset of the disease
- Australasian Diabetes Data Network (ADDN), an Australia and New Zealand Type 1 registry capturing patient data across clinical networks and,
- The JDRF Global Centre of Excellence in Diabetes Research (CoE) – focused on implementation science and building Australia's infrastructure and human capital in 2021.

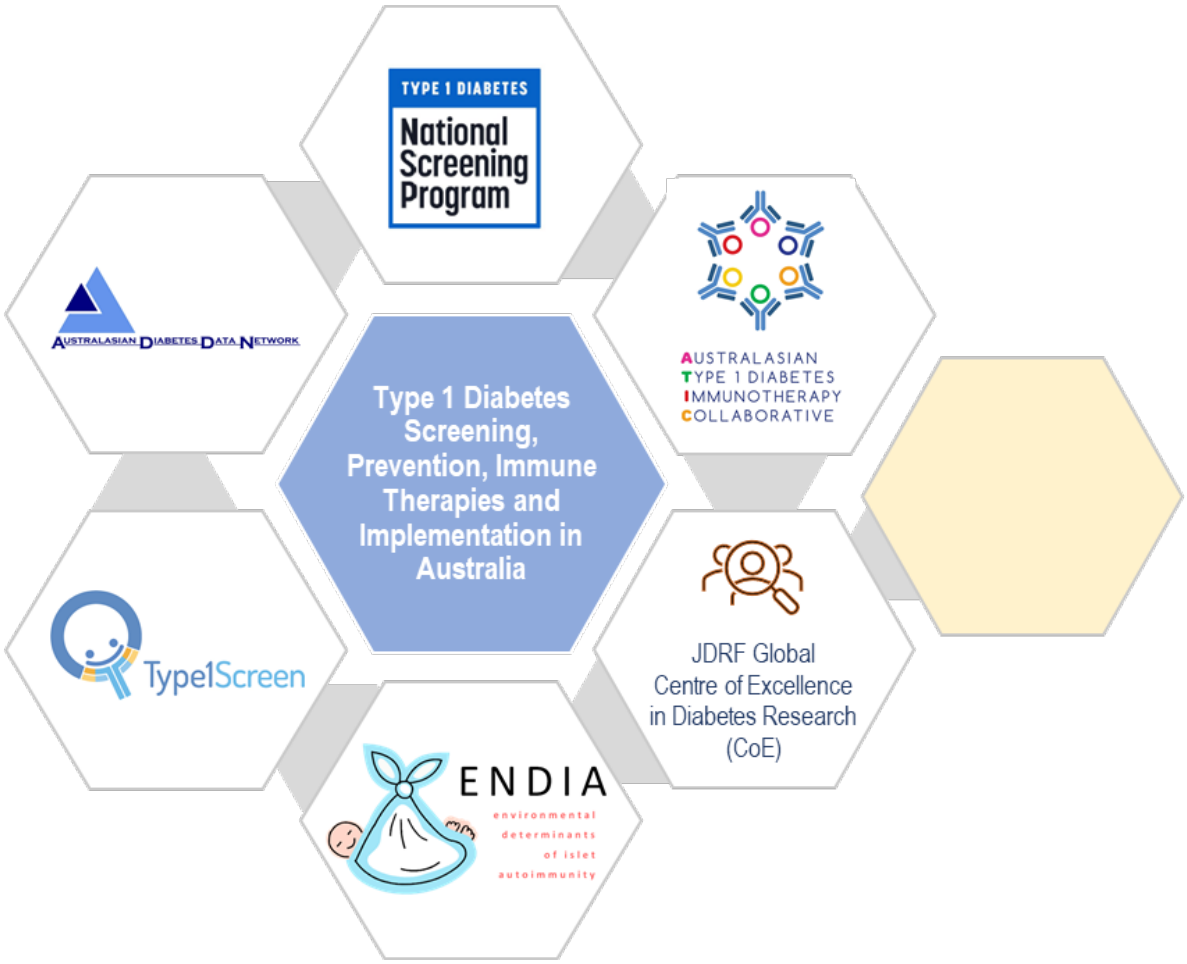

Figure 1. JDRF programs have been strategically implemented to provide the infrastructure needed to interconnect for optimal and faster outcomes.

- Australasian Type 1 Diabetes Immunotherapy Collaborative (ATIC) - a highly interconnected consortium run by leading Australian immunologists and endocrinologists. It represents a platform that has the capacity to facilitate the conduct of clinical trials according to international standards, thereby strengthening Australia's reputation as a preferred site.

Together, these platforms and networks offer a wealth of readily available data, experience and knowledge which can be leveraged for patient benefit.

Objective and scope of the RFA

Disease modifying immune therapies (DMTs) can impact various stages of T1D by preventing insulin dependence in those at risk for developing T1D (Stages 1 and 2), maintaining or increasing insulin production in those recently diagnosed or living with established T1D (Stage 3) and restoring insulin independence in these populations (Stage 3).

The **objective** of this Request for Applications (RFA) is to support clinical trials that are key to advancing the field of disease modifying therapies and have the capacity to improve the lives of individuals living with T1D at each disease stage.

The **goal** of this RFA is to build capacity and increase the number of clinical trials investigating DMTs via a dual approach: by enabling Australia's participation in international trials and by supporting the most promising local clinical trials.

This RFA will assist JDRF to identify and support the conduct of nationally and globally collaborative clinical trials in T1D. More specifically, the RFA will aim to:

- Provide Australian individuals at risk or/and living with T1D with increased opportunities to access novel therapies.
- Provide an avenue for Australian researchers to conduct first in man studies, hence expediting translation of newly identified therapies into treatment choices for T1D patients and individuals at risk.
- Foster collaborative trials nationally and internationally between health care professionals and the industry thus increasing the number of clinical trials on offer as part of clinical care approaches.

Priority areas

JDRF are seeking Expressions of Interest (EOI) for clinical trial proposals with the focus on testing new as well as generic or proprietary drugs that could be repurposed onto T1D treatments targeting the immune system to prevent the onset, progression or/and complications of T1D.

Proposed clinical trials may focus on testing combination therapies to increase their efficacy, including combining new T1D therapies with multiple repurposed therapies, testing treatments that are beneficial to either a group of T1D patients or testing treatments that are effective to the entire patient population living with T1D.

EOIs can be submitted by both non-profit and for-profit institutions for funding to enable testing immune targeted therapeutic candidates (alone or in combination) for T1D at Australian clinical trial sites. Priority will be given to trials aimed at first in man proof of concept or/and safety studies for early intellectual property generated in Australia as well as trials testing new therapies supported by strong preclinical evidence and/or clinical observations currently being conducted internationally. JDRF will also consider applications to fund trials arising from past and present funded research or/and or pre-clinical work. Specifically, we are seeking EOIs on clinical trials focusing on:

- Targeted therapies aimed at altering the immune system to prevent destruction of insulin-producing β cells (i.e., antigen-specific therapies that provide a targeted approach towards

inducing peripheral immune tolerance without leading to systemic immune inhibition and associated complications).

- Approaches directed at other T1D autoimmunity induced pathologies such as inflammation.
- Testing small-molecules or/and monoclonal antibodies with established efficacy and safety profiles in other diseases, designed to specifically inhibit molecular pathways leading to the onset of autoimmunity.
- Combination of two or more immune therapies or combination of immune therapies with β cell survival therapies.
- Combination of immune and β cell regenerative therapies.

Collaborative proposals are *strongly encouraged*, as are those that will bring leveraged investment to the T1DCRN. Applicants can include proposals to serve as a new Australian site for international T1D studies or ongoing trials.

Exclusion criteria

Laboratory-based research studies that are not part of mechanistic studies linked to a proposed clinical trial or observational cohort studies are excluded from this call.

EOIs will also be excluded from further consideration if at any time during the assessment process JDRF or the review panel determines a proposal or parts of it to:

- Be duplicates (as opposed to expanding) a current or planned trial (either in Australia or overseas).
- Lacks sufficient multidisciplinary and cross-institutional collaboration or national representation.
- Lacks a clearly articulated hypothesis and clear impact.

Eligibility

EOIs submitted in response to this RFA must demonstrate they meet the following eligibility criteria:

- Alignment with the JDRF T1D clinical trial priority areas (see above).
- Relevance of the trial to the goals and objectives of this RFA.
- An indication that the trial fills a clear disease modifying therapies knowledge gap.
- Cost effectiveness (*Please note that JDRF does not cover the cost of the drug being tested).*

Principal Investigators (PIs) and Co-PIs (Co Principal Investigator) must hold a Ph.D., an M.D., or an equivalent academic degree.

PIs must be affiliated with an Australian university, hospital, research institute, or other comparable institutions which may include a for-profit entity. Collaborators may be affiliated with institutions outside of Australia.

All Australian based investigators and respective institutions as well as international investigators working collaboratively with an Australian counterpart are eligible to apply.

Internationally based investigators are also eligible to participate in funded trials, provided they have a collaborator affiliated with an Australian administering institution.

Funding

JDRF may fund one or more clinical trials annually depending on funding availability. Funding request shall not exceed 3 years.

- JDRF will also consider funding investigator-initiated trials that are an extension of work previously or currently supported by JDRF or newly developed clinical trial proposals.
- Evidence of institutional commitment in the form of matched institutional or industry funding and resources is highly desirable and will be marked favourably in the review process.
- Biotechnology and pharmaceutical companies, or partnerships between industry and academia will be *prioritised*. It is expected that adequate information outlining the roles and responsibilities of the industry partner and contractual nature of the collaboration, including but not limited to aspects such as data ownership, commercialisation, data access and intellectual property, is provided.

Please note that grants awarded by JDRF Australia through the T1DCRN are listed on the Australian Competitive Grants Register. As such, indirect costs can be recovered through Research Block Grants funding. JDRF Australia will not provide funding for indirect costs, including basic facilities and equipment, organisational overheads and/or infrastructure costs. These must not be included in the budget request.

Consent for co-funding

JDRF actively seeks co-funding opportunities with other funding bodies. With consent from the applicant, JDRF Australia may share the application and information pertaining to the assessment with other relevant parties. Refusal of the applicant to consent will not influence funding decisions made by JDRF Australia.

Selection process and criteria

EoIs will be reviewed based on strength of scientific rationale, appropriateness of patient population, adequacy of study design, agent availability and budget. The top ranked EOIs will be shortlisted, PIs will be notified of the outcome via e-mail and will be invited to submit a full proposal. The review process of the full-length applications will be tailored based on the trial status and site location:

- Where a clinical trial is an already approved international trial that lists Australia as a news site, JDRF may ask for ranking, critiques, and recommendations, including those provided by relevant Human Research and Ethics Committees, of the initial review process and use the recommendations in its decision-making process.
- Proposals which, at the time of submission to JDRF have not been scientifically reviewed, will be subjected to expert review against the following criteria:

Appropriateness (25%)

- Clear indication of the trial being built upon ethical principles (i.e., informed consent, first do not harm and beneficial outcomes that outweigh the risks for all participants).
- Adequate supporting evidence of how the proposed intervention might work and its underpinning mechanisms.
- Clarity of the research question in terms of the targeted population, intervention, comparator, and outcomes.
- Whether the study design is fit for the research question.

Significance of research outcomes (30%)

- If the aims of the application are achieved, how will this lead to changes in the health system?
- What will the impact of the results be on the T1D community?
- Does this research have the potential to further build clinical capacity to increase national and international collaboration, especially collaboration within other major JDRF funded programs?

Feasibility (25%)

- Whether a feasibility assessment provided by the investigative team is indicative of successful completion of the trial
- The scientific environment in which the trial will be conducted is adequate (the proposed trial takes advantage of unique features of the research environment or employs useful collaborative arrangements)
- Does the research team have the capacity and are there adequate resources to undertake this project?
- An indication that sufficient candidates that meet the inclusion criteria trial likely to achieve recruitment in the desirable timeframe.
- Are all significant risks identified and appropriate mitigation steps outlined?

Stakeholder engagement (20%)

- Is there adequate national representation in the investigative team and is the proposed work appropriate to the expertise of the investigator(s) and other researchers?
- Are all relevant stakeholders engaged at the appropriate stages of the proposed trial?
- Are other JDRF initiatives, such as ADDN, T1S, and CoE effectively engaged?

The top ranked EOIs will be shortlisted, PIs will be notified of the outcome via e-mail and will be invited to submit a full proposal.

Note: All trials that are to be conducted under the ATIC umbrella must undergo pre-selection processes described within its Clinical Trial Prioritisation Framework.

Publications, Data and Biological Sample Sharing

The T1DCRN is committed to the timely publication and dissemination of all information and materials developed under T1DCRN funding. Additionally, the T1DCRN is committed to the sharing of bio-samples with the wider research community. The recipient of this award must agree to this principle and must take reasonable steps in order to make available all generated project materials for publication and wider dissemination as well as facilitate availability of collected bio-samples as described in JDRF Australia's Policy on Data and Biosample Sharing.

Sharing of data and bio-samples must be supported by clear policies and guidelines, as well as mechanisms to satisfy this requirement. A Data Sharing Plan will be outlined in the Funding Agreement and must be completed by the Lead Principal Investigator(s) for each clinical trial proposal.

Progress reports will be required as outlined in the Funding Agreement between the administering institution and JDRF. In line with the Australian Government funding agreement for the Initiative, recipients may be required to participate in a Review at any time as required.

Submission Instructions

EOIs for Clinical Trials must be submitted directly to JDRF using the online grants management system RMS360 (http://jdrf.smartsimple.us). Applications must be completed using templates provided in RMS360 where requested and all asterisked fields in RMS360 must be completed.

Shortlisted EOIs will be required to submit a full proposal. JDRF staff will contact applicants of successful EOIs regarding next steps.
Information submitted as part of the application is collected and stored in accordance with the JDRF Privacy Policy.

All parties involved in or associated with an application must declare at the date of submission any Conflict of Interest that exists or is likely to arise in relation to any aspect of the application. JDRF Australia's Network Conflict of Interest policy is available on the JDRF Website.

EOI Submission Checklist

Primary information is to be provided as follows:

1. Research Plan *(maximum 4 pages; use template)*
2. Bio-sketches - use NIH (National Institutes of Health) or JDRF template

Contact Details

For inquiries relating to the alignment of your proposal to this RFA and submission requirements please consult:

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