ME/CFS Common Data Elements Project Frequently Asked Questions

A. Description of the ME/CFS CDE initiative

1. Where is there background information on the NINDS CDE Project?

   The Learn tab on the NINDS CDE Website is a resource for this information, specifically the Project Overview and Tutorials.

2. Why have NIH and CDC undertaken the ME/CFS CDE effort? What value is it anticipated to deliver?

   The goal for the project is to have faster and more efficient study start-ups, better data sharing, and data mining. This is part of a larger NIH Roadmap for sharing data across studies. Please see publication for more information. The CDC is also working towards standardized epidemiological data.

3. How is the CDE initiative organized?

   The ME/CFS working group is divided into 11 subgroups to develop recommendations. The full working group roster includes all subgroups and is available on the NINDS Website as part of the public review package.

4. Who has been involved in the CDE initiative? What types of participants? Are there representatives from all fields?

   Please see the working group roster in the Public Review package, which includes each committee member's institutions and/or affiliation. Note that each subgroup has a patient advocate on it.

   a. What role have the patients/patient advocates played on these subgroups?

      Their role is to participate alongside the investigators and comment on documents as they were being developed.

   b. Have patients and patient advocates been involved in the development of CDEs for other diseases, either within NINDS or other institutes? If not, why not?

      There has not been a deliberate representation of patient advocates prior to the ME/CFS CDEs, beyond giving recommendations during the public review period. However, there have been several members of disease working groups who, besides having an expertise in the field, have also been a patient or advocate. After seeing the benefits of patient advocate input, NINDS now makes a more concerted effort for their representation

(e.g., the Cerebral Palsy Oversight Committee being created will include patient advocates).

5. How will the ME/CFS CDEs be validated?

   It takes time and use of the CDEs to evaluate their usefulness. Based on experience with prior CDEs, research conducted over at least 3-5 years will gather data on the use of CDEs as well as other measures. Refinements to CDEs will be an ongoing process.

6. When will the first version be released and how will that be communicated to researchers?

   Release is scheduled for late February 2018 and will be announced on the NINDS CDE website and via email blast. We will also promote the CDEs through conference presentations, posters, and eventually a journal publication.

7. What are the expectations for investigators to use the ME/CFS CDEs in research? For instance, is it considered during review of grant requests?

   It is anticipated that the CDEs will be adopted for ME/CFS research and public health studies. NINDS strongly encourages researchers who receive funding from the Institute to use these common data elements (CDEs) in their clinical research. Researchers who receive funding from NINDS are asked to use the CDEs in their case report forms (CRFs) and data management systems whenever possible. For clinical trials and large epidemiological studies (PAR-13-281), the NINDS strongly encourages researchers who receive funding from the Institute to use the NINDS Common Data Elements (CDEs) available on this site, or document how they will ensure their data collection is compatible with the CDEs. Investigators should use the common definitions and the standardized case report forms and other instruments identified by the CDE Project. The CDE Project has developed uniform formats by which clinical data can be systematically collected, analyzed and shared across the research community. Please see Terms of Award for more information.

8. What is the overall timeline of the different phases of the ME/CFS CDE initiative?

   The typical disease development process/timeline which is also included in project information on the website and in the project overview slides is about 12-18 months in total.

B. Public comment on the CDEs

9. When is the public comment period?

   Public Review comments will be collected from December 15, 2017 to January 31, 2018.

10. Who (what types of people) will NIH ask to give input and what kind of input is NIH looking for during public comment?

This is a collaborative project with CDC. NINDS and CDC are looking for any type of comment applicable to the measures and instruments being recommended. Anyone can provide comment as the public review packet is posted to a publicly available website. We ask that reviewers first look at areas in which they have the most expertise to comment. The summary documents (at the beginning of each subgroup file) are a good place to review if reviewing the whole packet would take too long.

11. How will public comment be accepted?

    Feedback will be accepted via email to NINDSCDE@emmes.com and through the feedback link. Comments can be sent in the text of an email, in the provided template response spreadsheet or via annotations within the documents.

12. Who is responsible for reviewing the public comment and modifying CDEs as needed? Who makes the final decision?

    Comments received during public review will be brought to the ME/CFS working group. They will review and determine if changes will be made. Responses are sent as needed to the reviewer who has made the comments.

C. Management of ME/CFS CDEs over time

13. How will changes be made to the CDEs once the first version is released?

    After the first version is released, an oversight committee (OC) will be created. The OC will review updates to the CDEs, usually on an annual basis. Typically, membership is 8-10 individuals from both the original working group and new members. Clinicians, researchers and patient advocates will be on the OC.

14. Who requests them and how are those changes processed?

    Anyone can submit feedback at any time through the website or by emailing NINDSCDE@emmes.com. Proposed changes will be brought to the OC for review.

15. Who has the decision-making authority to approve recommended changes?

    The OC as described above.

D. Integration with NIH Data Management and Coordinating Center (DMCC)

16. How does the CDE initiative fit with the Data Management and Coordinating Center (DMCC) funded through the recent NIH RFA?

The ME/CFS research conducted at the ME/CFS Collaborative Research Centers and coordinated by the DMCC will utilize the ME/CFS CDEs. The NIH funded studies will be utilizing the CDEs when appropriate for their studies and there will be mapping from the study to the CDEs recommended.

17. Will the DMCC use these CDEs as their baseline or are they going to establish their own standards?

    Yes, they will use the CDEs.

18. Explain the varying roles of the DMCC and the ME/CFS CDE advisory committee in the evolution of the ME/CFS CDEs?

    The DMCC will not develop CDEs, but will utilize the ME/CFS CDEs developed by this initiative. The DMCC will harmonize and organize data collection, storage, analysis and distribution across the ME/CFS CRCs.

E.<u>Case definition</u>

19. What case definition or definitions are being used as part of the CDE initiative? Is the CDE initiative intended to achieve consensus on the case definition? If not, why not now and when will this be done?

    - In the absence of an agreed upon research case definition (or at least inclusion/exclusion criteria), how do we ensure that ME/CFS study cohorts include only people with ME/CFS?
    - How will the CDE initiative help address problems with lack of standardization if common inclusion and exclusion criteria are not agreed to since lack of consistency on these criteria is one of the biggest sources of heterogeneity across studies?

    Researchers conducting the studies using CDEs will determine the case definition and enrollment criteria that best fit their research objectives. The CDEs are methods of collecting data in a standardized manner. The working groups include members with knowledge of current commonly used case definitions and characteristics of ME/CFS that require measurement. The intention is that CDEs will be applicable independent of the research case definition.

    Quality of the research depends on expertise of researchers as well as those involved in peer review. Careful attention to matching case definition and enrollment criteria to research objectives will be required. Use of CDEs will allow researchers to understand the heterogeneity in study participants, and more data is needed to evaluate the impact of case definition, methods of applying case definition and disease-specific factors (such as co-morbid conditions, medications, duration of illness, etc.).