PATHOGENESIS TEAMS Answered Questions

1. Will the RFA be reviewed within a standing study such as HCCS?
    a. Applications in response to this RFA will be reviewed in a Special Emphasis Panel within the Center for Scientific Review's Infectious Diseases and Immunology B (IDIB) IRG.

2. Are macaque SIV study settings within the scope of this RFA?
    a. Yes, this RFA welcomes applications that involve work with material from people with HIV or animal models for HIV, such as the SIV model.

3. Can a mucosal vaccine be added to mitigate GI pathogenesis using the SIV rhesus model?
    a. If you use the vaccine as a tool to interrogate pathological processes, then it may be applicable. If you are unsure how well your project fits the intent of the RFA, please reach out to the Program Officers listed in the RFA.

4. Other than the HIV scientists, who should the second scientists be?
    a. The RFA requires at least one PI with expertise in HIV science and one PI with expertise in an area of pathobiology, pathophysiology, and/or metabolism. The latter PI should have demonstrable expertise relevant to the end organs, tissues, or processes being studied. For example, a project interrogating mechanisms underlying HIVAN should have a PI with expertise in kidney physiology/pathophysiology; one related to GI immune homeostasis should have a PI with expertise in mucosal immunology; one dealing with diabetes should have demonstrable expertise in diabetes. This individual may have participated in HIV expertise previously, but her or his primary expertise should be related to the end organ, tissue, or process under interrogation.

5. Do the MPIs have to have significant differences in the expertise to apply together?
    a. Yes, although some overlap is allowed. There must be enough complementary HIV expertise as well as expertise in NIDDK-relevant physiology, pathobiology, or metabolism to mechanistically interrogate physiological processes at the level of detail required by the RFA. Remember, NIDDK developed this RFA to build multidisciplinary teams for a greater in-depth interrogation. Therefore one PI should have primary expertise in HIV science and another should have primary expertise within the various tissues, organs, or processes so as to promote synergy. If there are questions regarding the MPI makeup for your specific application, please reach out to the Program Officers listed in the RFA.

6. Can the RFA cover HIV comorbidities and complications in the pediatric population or youth?
    a. Yes, as long as the scientific scope is within NIDDK's mission. Projects may focus on a pediatric population, other age groups, or people with HIV across the lifespan.

7. How do you evaluate the teams under Approach when presenting preliminary data?
    a. You may want to consider how a specific aspect of the approach benefitted from the MPI team. You need to provide a brief description of how each PI contributes to the preliminary data (which, for example, could be with design, with execution, or with interpretation). We want to know how everyone works together and the generation of the preliminary data is one way to judge that. Likewise, the MPI leadership plan has additional instructions, specific for the RFA, that will be used by peer reviewers to judge how well the PIs work together.