Instructions – FY2025 Assembly/Committee Projects

NEW – JOINT ATS/ERS APPLICATION

To submit a joint ATS/ERS application please go the ERS/ATS Joint Application Website at: https://www.ersnet.org/science-and-research/development-programme/ers-clinical-practice-guidelines-statement-and-technical-standards-in-collaboration-with-other-societies/.

The following instructions have been designed to assist you in completing the FY2025 New-Joint ATS/ERS Project Application. Additionally, please use the **ERS Task Force Guidelines** to assist you in completing this application.

Below are detailed instructions for each section of the FY2024 Joint ATS/ERS Project application. Please be sure to read them carefully and have them available as you work on your application. If you have any questions or encounter any technical problems, please contact Miriam Rodriguez at: mrodriguez@thoracic.org or at 212-315-8639. Applications must be submitted electronically on the ERS Application Website. For any questions on ERS rules and processes, please feel free to contact Natalia Mikhaylova (natalia.mikhaylova@ersnet.org) or guidelines_statements@ersnet.org. The deadline for submissions is **July 31, 2024 at 11:59pm Eastern Standard Time. Late submissions will not be accepted.** All Joint ATS/ERS Applications must be submitted electronically via joint platform at: https://www.ersnet.org/science-and-research/development-programme/ers-clinical-practice-guidelines-statement-and-technical-standards-in-collaboration-with-other-societies/

The instructions have been designed to correspond with the sections in the application. To review a detailed explanation for section I in the application you will review section I in the instructions.

Some fields in the beginning of the application are self-explanatory and will not need clarification, in those cases you will see the corresponding field with only the name of the field listed.

Section 1 General Project Information

1.1 Project Title – Insert title of joint project

1.2 Project Type – Select one of the ATS/ERS Joint Project types *Please note the following: All products or works, whether in writing or in another form, that are created partly or completely with the assistance of funding provided by the leading society will be the intellectual property of the leading society exclusively, unless otherwise stipulated in writing by the leading society. Recipients agree, as a condition of receipt of funding, that the leading society owns the copyright and all other rights to these products or works.*

1.3 -1.8 Contact Information

Section 2 Categories

- **ATS –** Select 1 primary sponsoring Assembly, and, if appropriate, 1 Committee or Section.
- **ERS –** Select your ERS Sponsoring Assembly and your main disease domains.

Section 3 Proposed Participants

3.1 Project Chairs Senior/Early Career Chairs – There are two columns where you will enter information for the ERS Project Chair and the ATS Project Chair

Involvement of proposed members of the ad-hoc committee will be pending completion of Conflict-of-Interest forms and, if necessary, resolution of all Conflicts of Interest. Proposed members will need to submit disclosures only when the project is approved in concept. (Projects may not commence until January 2025, pending final approval by the ATS Board of Directors and the ERS Executive Committee in December 2024).

3.2 Proposed List of Expert Members

List the contact information for each of your experts and to add additional experts click on the "add expert" Button.

3.3 Inclusivity of panel

The diversity of the panel, in terms of gender, age, ethnicity, country representation and field of expertise is an important criterion that will be taken into consideration by the reviewers. As it is a joint ERS/ATS Task Force it is recommended to have a good balance in representation of both US and EU experts. Pan-European diversity is strongly encouraged among EU experts.

Section 4 Project Description

4.1 Project Description – Provide a detailed description of the proposed project the detail should include the following components:

4.2 Specific questions to be addressed (CPG only): What are the specific questions that you aim to cover in your guideline relevant to daily clinical practice. Questions should be structured in PICO format. While it is expected that the initial set of questions will

undergo revision and refinement, applicants are encouraged to be as specific as possible about each one of the PICO elements.

4.3 PICO Questions (CPG only)

It is recommended that there are not more than 6 Pico questions. If there is a need for more than 6 PICO questions you must justify the need.

4.4 Non-ATS or ERS activities in this area are you aware of any other projects that pertain to your proposal submission topic outside of ATS/ERS being developed under your proposed topic.

4.5 Rational for ATS/ERS Involvement: Describe the impact of the problem on ATS and ERS members.

Section 5 Methodology

5.1 Describe the methodology that will be used to achieve project Objectives:

The methodology you plan to use to search the literature, grade the evidence, and formulate recommendations. (For additional information about ATS guidelines, including the GRADE methodology and ATS policy guidelines for development of official documents, go to the documents area of the website at: http://www.thoracic.org/statements/document-development/ .

5.2 Who will perform the systematic reviews? (for Clinical Practice Guidelines Only)

We encourage project teams to identify and make use of recently published high quality systematic reviews performed by others. However, it is required that one or more members of the team have first-hand experience performing (and publishing) systematic reviews. Applicants are encouraged to recruit qualified individuals with adequate time to help perform systematic reviews. These may include junior members. If project teams cannot identify and individual to lead the systematic review one will be appointed for you. Please note in this test box.

5.3 Methodological Experience

If your project team has identified a Methodologist please list experience, i.e., Publications or CV.

5.4 Confirm that you have completed module A for all document developers or module B for document developers of a Clinical Practice Guideline.

All applicants who have or will have an official document as part of their Assembly/Committee project must:

- Complete either module A or B. A set of educational vignettes on document development have been created and are available on the ATS website at: http://www.thoracic.org/statements/document-development . All document developers will need to review and complete these vignettes prior to submission of a new or renewal project proposal.

- Obtain Documents Development and Implementation Committee (DDIC) approval IF your document is NOT a Clinical Practice Guideline and you plan to include 1 or more RECOMMENDATIONS FOR PATIENT CARE (diagnosis and/or treatment).

Section 6: Timetable

Tentative timetable for project completion - Please refer to ATS Document Guidelines for development process of ATS official Documents. List each function separately. Functions may include:

- Kick-off calls and Meetings
- Zoom Meetings
- Meetings - Please note that all full day, "face to face" committee meetings or workshops **MUST** be held in conjunction with the ATS International Conference or ERS Congress. Options for full day meetings are Friday or Saturday immediately prior to the Conference or Congress
- Literature Searches
- Writing Sub-groups
- Draft of Document
- Reviews, etc.
- Expected Project Completion Date

Important: the maximum duration of a TF is 2 years

Section 7: Patient input

Indicate whether patient involvement is required

Section 8: Budgets

Budgets will be determined by each Society if your proposal is approved.

- ATS will contact the chairs upon approval of the project to define project needs.
- ERS budget please indicate your needs in the Budget section of the application form. Note that the final amount might be adjusted according to ERS rules.

8.2 Meetings –can only take place at the ERS and ATS Conferences. Limited travel funds are available.

8.3 External Support not provided by panelist

8.3.1 Medical Librarian – You may use a medical librarian to assist in literature searches to achieve an evidence-based result

8.3.2 – Outsorcing of PICO question (Clinical Practice Guidelines only) – You may outsource the completion of 1 or 2 PICO questions to an external company.

8.3.3 Administrative support - Please indicate your needs for administrative support, if any.

8.4. Other Budget Needs – any item not included in the budget template is considered other and must have a justification attached to the request.

Section 9: Supporting documents

9.1 Please upload reference letter(s) from relevant ERS Assembly(ies) - contact the relevant Assembly Head listed on our website: https://www.ersnet.org/the-society/assemblies-and-groups/. Should you need support from the ERS office to establish contact with relevant officers, please contact guidelines_statements@ersnet.org. ERS recommends that the Assembly Head is aware of project in advance. We request that you join a reference letter stating that he/she was approached beforehand and had the opportunity to provide his/her input to the proposal.

9.3 Chairs conflict of interest and confidentiality form fully completed and signed - to access the form, please visit our webpage and download the form entitled "Conflict of interest and confidentiality form" https://www.ersnet.org/science-and-research/development-programme/

9.4 CV of members who will perform the methodological tasks

9.5 The lay summary (1 page max, font size 12 pts Arial or Times New Roman) - this should be a brief summary of the proposed research (e.g. rationale, background, expected outputs/outcomes, long-term impact), also highlighting where the fellowship fits in with the applicant's previous background and career development goals. This document is different from the scientific Project Description you submitted for your fellowship, as the lay summary should be written in plain English and in a such way that a non-scientist can easily understand the aims, outcomes and potential relevance to future practice (e.g. patients). Should it be useful, applicants can find several websites with some advice on writing lay summaries, including guidance from Breathe, NIHR and Elsevier. The Hemingway App is also useful to check and simplify writing.

ATS Conflict of Interest Disclosure

Disclosure and management of potential conflicts of interest (COI) Conflicts of interest(COI) are direct personal financial or intellectual relationships with a company that has a business interest in the subject matter of the project. Disclosure and management of COI is an integral part of ATS project development because COI can lead to biased generation or assessment of evidence and misinform healthcare decision makers. Medical professional societies are obliged to rigorously manage potential COI, particularly in the

development of official documents that affect health care. Therefore, the ATS requires that:

a. For all proposed projects, ATS must have on file (by time of consideration of this application) an up-to-date disclosure of any potential conflicts of interests (COI) of the proposed project chair or co-chair relevant to the project's subject matter. Disclosure-to-ATS occurs through the annual online disclosure form available at the ATS COI Website(https://convey.aamc.org/) Please note:

    - If you filed a disclosure form previously due to another ATS activity (such as the International Conference), please return to the ATS COI Website to revise your disclosure to make sure that the scope of your disclosures there includes anything relevant to the project you are proposing here.
    - If you haven't yet completed the COI form or have any COI related questions, please contact John Harmon at ethicsoffice@thoracic.org or 212-315-8611.

b. All projects intended to result in an ATS clinical practice guideline (CPG) must meet additional conditions outlined in the ATS Policy for Management of Financial Conflicts of Interest in the Development of ATS Clinical Practice Guidelines. These include:
    - Once a project has been accepted-in-concept by ATS, all prospective panel members must disclose and allow ATS to consider all relevant COI prior to the onset of guideline development, and must also allow ATS to consider any potentially relevant new commercial relationships that arise during guideline development.
    - Some COI are prohibited for all members of an ATS CPG panel, including the chair or co-chairs. These include direct financial relationships with relevant companies (exclusive of research funding and data and safety monitoring board activities), such as: investment in relevant companies by the panelist or panelist's life partner (exclusive of general mutual funds); participation on a relevant scientific advisory committee; consulting; non-CME speaking engagements and participation in speaker bureaus; providing expert testimony for a relevant company or law firm representing a relevant company; employment by a relevant company; a current professional relationship with or investment in a company involved in the manufacture or distribution of tobacco products.
    - Some COI are acceptable for members of a CPG panel, including the chair or co-chairs, but will need to be managed during development (i.e., the conflicted individuals may participate in discussions about the evidence, but must be excluded from formulating, voting on, writing and grading recommendations related to their COI). Manageable conflicts include: relevant research funding paid to the participant's institution; participation on a data safety monitoring board relevant to the subject matter;

relationships that are unrelated to the guideline's subject matter but involve a relevant company, such as participation on an unrelated research advisory committee, unrelated consulting, unrelated non-promotional speaking, and unrelated expert testimony.

- The chair (if only one) or the majority (i.e. > 50%) of co-chairs and the majority of CPG panel members must be free from relevant conflicts of interest.
- Throughout the period of CPG development and for one year after publication, all CPG panel members should refrain from speaking activities related to the subject matter that involve payments by industry directly to the speaker.
- CPG project applicants that have questions about these requirements can contact John Harmon at ethicsoffice@thoracic.org or 212-315-8611 for assistance.

Chair Acknowledgement

Submission of application constitutes Electronic Signature. Electronic Signatures are considered binding.