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| This document is provided to potential applicants for informational purposes only and should not be submitted as a letter of intent for the 2023 Strategic Research Grant: Hypopnea Scoring Criteria. Applications will only be accepted through the [AASM Foundation Grant Request](https://www.GrantRequest.com/SID_5880) online portal. Please refer to the [AASM Foundation Grant Request User Access Guide](https://foundation.aasm.org/wp-content/uploads/sites/2/2018/03/AASM-Foundation-Grant-Request-Account-Access-Guide.pdf) for guidance on setting up an account. |

**About This Grant**

The AASM Foundation is committed to improving patient-centered diagnosis and care for people with sleep disorders. To ensure that there is a continued advancement in effective diagnosis and care of people with sleep disorders, the AASM Foundation provides research funding through the Strategic Research Grant. This grant is investigator-initiated and supports high-impact research projects aimed at addressing gaps in knowledge that impact the ability to provide optimal, patient-centered, cost-effective diagnosis and care for people with sleep disorders.

This AASM Foundation research grant is supported by the American Academy of Sleep Medicine.

This is a focused request for applications (RFA) open to projects that will **retrospectively** analyze data to evaluate the impact of diagnosis and treatment of obstructive sleep apnea (OSA) based on the hypopnea scoring criteria utilized in adult patients. Currently, the AASM Scoring Manual includes two rules for scoring hypopneas in adults:

***Recommended Rule***

Score a respiratory event as a hypopnea if ALL of the following criteria are met:

#### a. The peak signal excursions drop by ≥30% of pre-event baseline using nasal pressure (diagnostic study), PAP device flow (titration study), or an *alternative* hypopnea sensor (diagnostic study).

#### b. The duration of the ≥30% drop in signal excursion is ≥10 seconds.

#### c. There is a ≥3% oxygen desaturation from pre-event baseline or the event is associated with an arousal.

***Acceptable Rule\****

Score a respiratory event as a hypopnea if ALL of the following criteria are met:

#### a. The peak signal excursions drop by ≥30% of pre-event baseline using nasal pressure (diagnostic study), PAP device flow (titration study), or an *alternative* hypopnea sensor (diagnostic study).

#### b. The duration of the ≥30% drop in signal excursion is ≥10 seconds.

#### c. There is a ≥4% oxygen desaturation from pre-event baseline.

\*Currently, the rule required in Medicare coverage determinations.

Using different criteria for scoring hypopnea can change the determinations made about diagnosis when assessing patients suspected to have OSA. In 2018, the AASM published a position statement, titled [*Polysomnography for Obstructive Sleep Apnea Should Include Arousal-Based Scoring*](https://jcsm.aasm.org/doi/pdf/10.5664/jcsm.7234)*,* which asserts the importance of recognizing respiratory events leading to arousal. Accounting for both oxygen desaturations and arousals, can help more definitively rule out the presence of OSA in patients with symptoms of excessive daytime sleepiness, fatigue, insomnia, or other neurocognitive symptoms. Not accounting for arousal-based scoring may lead to a lack of proper diagnosis of OSA, misclassification of OSA severity, or misidentification of another sleep disorder or medical disorder.

The AASM Hypopnea Scoring Rule Task Force held a series of meetings to help identify gaps in research that would strengthen the evidence base for how outcomes are impacted when utilizing the AASM *Recommended* hypopnea scoring criteria in adults compared to other hypopnea scoring criteria. It was determined that assessing the benefit of treatment in patients diagnosed with OSA based on the *Recommended* hypopnea scoring rule, but not diagnosed using the *Acceptable* hypopnea scoring rule, is important.

There are several data sets available from previous large OSA studies performed, patient registries, and large health systems that have potential to be reanalyzed to provide additional information. This request for applications is specifically for projects that will perform retrospective analysis of existing data sets to assess the impact of treatment in patients with OSA who qualify for treatment using the *Recommended* hypopnea scoring criteria but not the *Acceptable* scoring criteria. Analyses of interest in this OSA population include:

* + Studies that assess differences in outcomes of interest, including sleepiness, quality of life, daytime function, excess mortality as well as neurocognitive, metabolic, and/or cardiovascular outcomes.
  + Studies that assess and compare outcomes in subpopulations of patients (e.g., sex, age, race/ethnicity).
  + Studies that evaluate the association between untreated OSA and comorbidities (e.g., depression, hypertension).

**This letter of intent is due no later than October 24, 2022 by 11:59 pm Eastern time.**  
  
We encourage potential applicants to contact us early in the application process with questions. Eligibility questions may need to be reviewed by a member of the AASM Foundation Executive Committee, so please allow for at least a 1-week response time for eligibility questions. For all other inquiries, please allow a minimum of two business days for a response. Please note that questions received within 48 hours of the application deadline may not be answered before the deadline.

*Please note this application CANNOT be modified once submitted. Please review your work carefully prior to submitting. Please review your work carefully prior to submitting. Once submitted, it will be reviewed by staff for completeness. The AASM Foundation reserves the right to make the appropriate determination for incomplete applications.*

**Face Page**

*\*Required before final submission*

**Principal Investigator***\**

*Complete the information for the applicant.*

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| --- | --- | --- | --- | --- | --- | --- |
| Prefix | First Name | | Last Name | | Degree/Credentials | |
| Position Title | | | Email | | | Phone |
| AASM Member Number  *If you currently do not have an AASM member number, enter "N/A"* | | | | | | |
| Institution | | | | | | |
| Address | | | | | | |
| City | | State | | Zip Code | | |

**Sponsoring Organization***\**

*Provide information for the sponsoring organization.*

**Sponsoring Institution Contact**

*This should be an authorized representative from the University's Sponsored Projects, Grants Management Office or Research Administration Office (excluding departmental officials such as the Departmental Chair or Division Chief).*

|  |  |  |
| --- | --- | --- |
| Prefix | First Name | Last Name |
| Position Title | Phone | Email |

**Project Information***\**

*Provide information about the project that the applicant is seeking funding for.*

**Strategic Research Grant Category**

*Category I is for those applicants seeking funding for projects up to $250,000 and covers a project period of up to three years.*

*Category II is for those applicants seeking funding for projects up to $100,000 and covers a project period of up to two years.*

*Category III is for those applicants seeking funding for projects up to $50,000 and covers a project period of up to one year.*

* Strategic Research Grant: Category I
* Strategic Research Grant: Category II
* Strategic Research Grant: Category III

**Length of Project Period (in whole months)**

**Project Title**

**Brief statement describing how the proposed project aligns with this request for applications.**

*Up to 300 words.*

**Project Personnel**

*\*Required before final submission*

*Instructions: Project personnel include the principal investigator, mentor(s) and key personnel. National Institutes of Health (NIH) format biosketches and other support pages are required for the principal investigator and mentor(s). NIH format biosketches and other support pages are optional for key personnel.*

***NIH Biosketch****samples can be found here:*[*NIH Sample Biosketch Templates*](https://grants.nih.gov/grants/forms/biosketch.htm)*. Applicants are required to use the current version of the NIH Biosketch Biographical Sketch Format Page.****NIH Other Support Page****format information can be found here:*[*NIH Other Support Page Format*](https://grants.nih.gov/grants/forms/othersupport.htm) *In the Other Support Page, please provide information about all other active support for the principal investigator, mentor(s) and key personnel. This should include overlap statements indicating budgetary, scientific or effort overlap between proposed project and current/pending projects. Overlap statements are required. If no overlap exists between the active projects listed on the Other Support page and the proposed project, please indicate "Overlap: None" on the Other Support Page. Applicants are required to use the current version of the NIH Other Support Format Page.*

**Biosketch and Other Support for Principal Investigator**

**Biosketch for Principal Investigator\***

*Upload Biosketch for Principal Investigator.*

*Formatting Requirements: Limited to 5 pages.*

**Other Support Page for Principal Investigator\***

*Upload Other Support Page for Principal Investigator.*

*Formatting Requirements: No page limit.*

**Biosketch and Other Support for Mentor(s)**

**Biosketch(es) for Mentor(s)\***

*Upload Biosketch(es) for Mentor(s) as one document.*

*Formatting Requirements: Limited to 5 pages per biosketch.*

**Other Support Page for Mentor(s)\***

*Upload Other Support Page for Mentor(s).*

*Formatting Requirements: No page limit.*

**Key Personnel**

Please identify the key personnel for this project. Key personnel include co-investigators and others who contribute to the scientific development or execution of the project in a substantive, measurable way, whether or not they receive compensation.

1. **Key Personnel #1**

|  |  |  |  |
| --- | --- | --- | --- |
| Prefix | First Name | Last Name | Degree/Credentials |
| Position Title | | Institution | |
| E-mail | | | |
| Project Role | | | |

1. **Key Personnel #2**

|  |  |  |  |
| --- | --- | --- | --- |
| Prefix | First Name | Last Name | Degree/Credentials |
| Position Title | | Institution | |
| E-mail | | | |
| Project Role | | | |

1. **Key Personnel #3**

|  |  |  |  |
| --- | --- | --- | --- |
| Prefix | First Name | Last Name | Degree/Credentials |
| Position Title | | Institution | |
| E-mail | | | |
| Project Role | | | |

1. **Key Personnel #4**

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| --- | --- | --- | --- |
| Prefix | First Name | Last Name | Degree/Credentials |
| Position Title | | Institution | |
| E-mail | | | |
| Project Role | | | |

1. **Key Personnel #5**

|  |  |  |  |
| --- | --- | --- | --- |
| Prefix | First Name | Last Name | Degree/Credentials |
| Position Title | | Institution | |
| E-mail | | | |
| Project Role | | | |

**Biosketch(es) for Key Personnel**

*Upload the Biosketch(es) of all Key Personnel listed above as one document.*

*Formatting Requirements: Limited to 5 pages per key personnel.*

**Other Support Page(s) for Key Personnel**

*Upload the Other Support Page(s) for all Key Personnel listed above as one document*

*Formatting Requirements: No page limit per key personnel.*

**Letter of Intent**

*\*Required before final submission*

The AASM Foundation requests that prospective applicants submit a letter of intent (LOI) prior to submission of a grant application for the Strategic Research Grant. LOIs are competitive and reviewed by the AASM Foundation Executive Committee to ensure that the proposed research is responsive to the topic of interest listed in the Strategic Research Grant request for applications.

The LOI should be no more than three pages (excluding references). Figures and general tables are allowed and will be included in the three-page limit. The LOI must include the following:

1. **Descriptive Title of Proposed Research**
2. **Research Domain and Topic Responsiveness**

* *Explain how the proposed research is responsive to the research domain and topic listed in the RFA.*

1. **Specific Aims**

* *State the goals of the proposed research, the comparators (if applicable), and the expected outcomes.*

1. **Background**

* *Describe the evidence gap(s) by referencing systematic review(s), guidelines, and other previously published data.*

1. **Significance**

* *Describe the potential for the study to advance the field of sleep medicine.*

1. **Approach**

* *Describe the overall approach to be used to accomplish the specific aims.*

1. **Study Design:** *Briefly describe the study design.*
2. **Study Population and Setting:** *Specify the study population and the settings.*
3. **Comparators (if applicable):** *List the options compared and provide evidence of efficacy or wide use for these interventions.*
4. **Outcomes:** *Describe the outcomes representing the population of interest.*
5. **Diversity, Equity, and Inclusion**

* Describe how the planned research has considered diversity, equity, and inclusion in the proposed study population; alternately, provide any scientific or ethical reasons for limiting diversity, equity and inclusion in the proposed study population.

1. **Investigator and Key Personnel**

* *Provide the experience and expertise of the investigator(s) and key personnel needed to conduct the research.*

1. **References** *(not included in page limit)*

**Formatting Requirements:**

* **Header:** Include the Principal Investigator’s full name on every page in the top-left corner
* **Font**: Times New Roman 11 pt or 12 pt font; figures, tables, and captions may have 8 pt font
* **Spacing:** Single
* **Margins:** No less than 0.50 inches. (The header may fall within the top margin, but the body text may not begin closer than a half-inch from the edge of the page.)
* **Page numbers:** Consecutive
* **Page limit:** Three pages (excluding references)
* **File format:** Word or PDF
* **References:**Suggest all references as in-text citations using AMA citation style, but other citation styles are accepted

**Demographic Questionnaire**

The following questionnaire is **OPTIONAL** for all applicants and is not considered part of the 2023 Strategic Research Grant: Hypopnea Scoring Criteria letter of intent. Applicant responses are not used in the decision-making process and will not be provided to reviewers.

**How will the information be used?**

• The data collected will be used to help us understand the diversity of applicants and to inform the development of targeted equity and diversity efforts in the sleep field.

• The information provided may be shared publicly as part of aggregated data on the combined pool of AASM Foundation applicants and grant recipients.

**Will my individual responses be kept confidential?**

• Your individual responses will not be shared with grant reviewers or be used by AASM Foundation leadership to make funding decisions.

• AASM Foundation staff and leadership agree to maintain confidentiality of all application information. The information provided may be shared publicly as part of aggregated data on the combined pool of AASM Foundation applicants and grant recipients. The AASM Foundation will take the utmost measures to ensure confidentiality and security of the information provided.

**Demographic Questions**

1. **Age (select one)**

* 20-24 years
* 25-29 years
* 30-34 years
* 35-39 years
* 40-44 years
* 45-49 years
* 50-54 years
* 55-59 years
* 60-64 years
* 65-69 years
* 70-74 years
* 75-79 years
* 80-84 years
* 85 years and over
* Prefer not to respond

1. **Race and Ethnicity (check all that apply)**

* Black/African American/African
* Asian/Asian American/Pacific Islander
* White/Caucasian/European
* Latino/Latina/Latinx/Hispanic
* Native American/American Indian/Indigenous
* Other
* Don’t Know
* Prefer not to respond

**If you selected “Other” in question 2, please provide details:**

1. **Gender Identity (select one)**

* Female
* Male
* Non-binary
* Transgender
* Agender/Gender-Neutral
* Don’t Know
* Prefer not to respond

1. **Sexual Orientation (select one)**

* Lesbian or Gay
* Straight, that is, not lesbian or gay
* Bisexual
* Other
* Don’t Know
* Prefer not to respond

**If you selected “Other” in question 4, please provide details:**

1. **Disability (select one)**

* Person with a disability
* Person without a disability
* Don’t Know
* Prefer not to respond

1. **Disadvantaged Background (select all that apply)**

* Were or currently are homeless
* Were or currently are in the foster care system
* Were eligible for the Federal Free and Reduced Lunch Program for two or more years
* Have/had no parents or legal guardians who completed a bachelor’s degree
* Were or currently are eligible for Federal Pell grants
* Received support from the Special Supplemental Nutrition Program for Women, Infants and Children as a parent or child
* Grew up in one of the following areas: a) a U.S. rural area, as designated by the Health Resources and Services Administration Rural Health Grants Eligibility Analyzer, or b) a Centers for Medicare and Medicaid Services-designated Low-Income and Health
* Other disadvantaged background
* None of the above apply
* Prefer not to respond

**If you selected “Other” in question 6, please provide details:**