



| NCDR®

National Cardiovascular Data Registry

RESEARCH POLICIES AND PROCEDURES

April 2019 | Version 2.1

(Formerly the Investigator's Guide to NCDR® Research)



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CARDIOLOGY®

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*The mission of the American College
of Cardiology and the American
College of Cardiology Foundation
is to transform cardiovascular care
and improve heart health.*

Dear Investigator:

Welcome to the National Cardiovascular Data Registry (NCDR®) Research Network. The NCDR is the American College of Cardiology's (ACC) suite of data registries designed to help hospitals and private practices measure and improve the quality of cardiovascular care they provide. Since its inception in 1997, the NCDR has expanded to include eight hospital-based registries and two outpatient registries. More than 2,000 hospitals and 4,000 outpatient providers participate in the registries. This participant base, coupled with a growing patient population, allow the NCDR Research Network to pose critical questions pertaining to cardiovascular health care and its delivery.

We welcome research proposals from a variety of individual investigators and groups, as well as government agencies and industry representatives. All proposals undergo rigorous scientific review and those that make it through the review process are then considered for analysis. While the majority of studies are supported by external funding, the NCDR does supply funding for a limited number of studies each year. Competition for NCDR support is steep and final decisions must consider available resources and each registry's agenda for strategic research.

We welcome your participation in NCDR Research and encourage you to use these policies and procedures throughout the research process.

Sincerely,

Fred Masoudi, MD, MSPH, FACC
Chief Science Officer
Chair, NCDR Management Board

William J. Oetgen, MD, MBA, FACC
Executive Vice President
Science, Education and Quality Division

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1 | OVERVIEW

NCDR DATA REGISTRIES

The NCDR data registries focus on clinical characteristics, processes of care, and outcomes in high impact cardiovascular conditions or procedures.

HOSPITAL REGISTRIES

- **AFib Ablation Registry™**: Patients undergoing atrial fibrillation (AFib) ablation procedures. This registry captures data to assess prevalence, demographics, acute management and outcomes.
- **CathPCI Registry®**: Patients undergoing diagnostic catheterization and/or percutaneous coronary intervention (PCI).
- **Chest Pain - MI Registry™**: (Formerly the ACTION Registry®): Acute myocardial infarction (AMI) patients and patients with acute coronary syndromes.
- **ICD Registry™**: Patients receiving implantable cardioverter defibrillators (ICDs) and cardiac resynchronization therapy (CRT) devices.
- **IMPACT Registry®**: Pediatric and adult patients with congenital heart disease who undergo diagnostic and interventional catheterizations.
- **LAAO Registry™**: Patients undergoing left atrial appendage occlusion (LAAO) procedures. This registry captures data to assess real-world procedural outcomes, short- and long-term safety, comparative effectiveness and cost effectiveness.
- **PVI Registry™**: Patients undergoing lower extremity peripheral arterial catheter-based interventions. This registry also includes data collection for carotid artery stenting (CAS) and carotid endarterectomy (CEA).
- **STS/ACC TVT Registry™**: Patients undergoing aortic and mitral transcatheter valve replacement and repair procedures. This registry includes longitudinal follow-up of outcomes after hospital discharge, including vital status and quality of life.

OUTPATIENT REGISTRIES

- **Diabetes Collaborative Registry™**: Longitudinal view of the presentation, progression, management, and outcomes of patients with diabetes.
- **PINNACLE Registry®**: Outpatients with coronary artery disease, hypertension, heart failure and atrial fibrillation.

HUMAN SUBJECT RESEARCH AND THE NCDR

In operating the NCDR, the ACC understands the importance of protecting human research subjects. The ACC has signed a Federal-Wide Assurance with the Department of Health and Human Services that requires all human subject research to be conducted in compliance with the Common Rule (45 CFR 46). The ACC has designated Advarra (formerly Chesapeake) as its institutional review board (IRB) of record. Each registry has submitted a protocol to the IRB, which governs all human subject research conducted by that registry.

All registry protocols on file have currently been granted a waiver of informed consent. ACC staff will evaluate all projects to ensure that the research proposed is consistent with the protocol on file for the registry. In the event that ACC staff determines a research proposal is outside the protocol scope, they will work with the investigator to outline the best course of action. If the project requires a separate protocol and IRB review, the ACC will generate a cost estimate to cover related expenses. If separate approval is required, it must be obtained prior to the commencement of research. Questions concerning the College's Human Research Subject Protection Program should be directed to cvquality@acc.org.

2 | CUSTOM NCDR DATA ANALYTIC REQUESTS

NCDR custom analytics is a service that offers interested parties the opportunity to gain a broad understanding of issues, including safety, effectiveness and quality. *Ad hoc data analytic requests are not hypothesis-based and are not intended for oral or poster presentations, manuscripts in peer-review publications, or other public release of information.*

PURPOSE OF CUSTOM ANALYTICS

The purpose of requesting custom analytics is to obtain descriptive and/or univariate statistics, trending, and/or data comparisons. The dataset is based on analysis of (HIPAA-compliant) limited data sets and often requested by NCDR participants, government officials, industry and consulting groups.

Examples of custom analytic requests include:

- Trends in device or medication usage
- Enhanced comparisons between individual NCDR participant data and NCDR aggregate data
- Use of descriptive statistics to answer clinical quality questions

CUSTOM ANALYTIC REQUEST FEES

Custom data analytic request fees depend on the complexity of the request. For questions or additional information, please contact: NCDResearch@acc.org.

SUBMITTING A CUSTOM ANALYTIC REQUEST

To request custom NCDR analytics, please complete the Data Request Form in [Appendix H](#) and submit to NCDResearch@acc.org. A member of the NCDR staff will contact the client upon reviewing the request.

3 | RESEARCH PROPOSAL APPLICATIONS

NCDR RESEARCH AND PUBLICATIONS OVERVIEW

As part of its mission, the NCDR encourages the submission of Research Proposal Applications (RPA) from individual researchers and organizations interested in improving the care of patients with cardiovascular disease by analyzing registry data and publishing the results in peer-reviewed journals. These guidelines were developed to provide investigators an overview of the NCDR research and publications process, from submission of a research proposal to publication of a manuscript. **Principal investigators are required to adhere to these guidelines** when preparing proposals, abstracts and manuscripts.

RPAs are hypothesis-driven, and the results often appear in abstracts, oral or poster presentations, marketing material or peer-reviewed research journals. Analyses for RPAs are based on HIPAA-compliant limited data sets and are performed by NCDR-approved data analytic centers (DAC).

CHOOSE THE APPROPRIATE REGISTRY FOR YOUR RESEARCH

The Data Collection Forms (DCF) and Data Dictionaries for each of our registries are posted on the [NCDR website](#). As ideas are developed for a research proposal, investigators should review the appropriate DCF and related dictionary to confirm that the registry collects the data needed for the study.

**See [Appendix B](#) to review additional information pertaining to NCDR datasets.*

RULE OUT OVERLAP

Investigators are required to determine whether a topic has been previously studied before moving forward with a new research proposal. Registry-specific listings of published manuscripts, presented abstracts, and unpublished works in progress are posted in the “[Resources and Supplemental Documentation](#)” section within the online [NCDR Research Management System](#), or on the [NCDR website](#). Typically, research proposals that substantially overlap with existing work are not reviewed or approved. Contracted RPAs that pose an issue in terms of overlap will be navigated on a case-by-case basis, but in general, contracted RPAs take precedence.

RESEARCH PROJECT VOLUME (THE “RULE OF TWO”)

The College has a philosophy that nurtures up-and-coming investigators and strives to ensure equity and analytic access to all researchers. The “Rule of Two” was implemented to uphold this philosophy and states that a principal investigator may **not have more than two active proposals ongoing at the same time** in the NCDR pipeline. An active proposal is one that has been submitted to NCDR for Committee review but has not yet resulted in the publication of a manuscript to a peer-reviewed journal. For example, if a principal investigator has submitted two proposals for review, both need to go through the appropriate process before submitting another proposal. If both RPAs are approved and move forward to analysis, the investigator cannot submit another RPA until at least one of the ‘active’ proposals have resulted in a manuscript publication.

ONE MANUSCRIPT PER RESEARCH PROPOSAL APPLICATION

NCDR policy states that only one manuscript may be produced from each approved RPA. If multiple manuscripts are desired, then separate RPAs must be submitted. Also, principal investigators may not request additional analyses that extend beyond the scope of the original RPA. Grants, industry, or other projects that expect to produce multiple

manuscripts will be examined on a case-by-case basis, but under no circumstance is one individual permitted to have more than two manuscripts in-progress.

RPAS WITH DIRECT COMPARISONS OF MEDICAL PRODUCTS

Proposals that focus on comparative effectiveness and/or safety of medical products (e.g., drugs and devices), as well as those that propose comparisons among generic categories of devices (e.g., drug-eluting vs. bare-metal stents or ICD vs. CRT), are allowed for submission. RPAs in which the analysis of an individual manufacturer or brand is not a crucial component of the proposal can be submitted and reviewed via the standard pipeline process as described above.

Proposals in which manufacturer or brand analysis is the central focus and integral to the scientific validity and novelty of the proposal will generally not be reviewed via the standard pipeline. This is because NCDR has a longstanding relationship with the U.S. Food and Drug Administration (FDA) to assess product safety and effectiveness with respect to specific manufacturer/brand, as part of the core mission of NCDR programs (above and beyond research proposals).

DATA ANALYSIS FOR APPROVED RESEARCH

The NCDR has contractual agreements with participating hospitals that allow NCDR-approved Data Analytic Centers (DAC) to work with NCDR data. After Committee approval of an RPA, NCDR staff will notify the designated DAC and a due date for analysis completion will be agreed upon. DAC staff will contact the principal investigator within several weeks of receiving the proposal to schedule the initial phone call for discussion of the analytic plan. During preparation of drafts, the statistician assigned to work on the proposal will review tables and statistics and will be available to provide assistance as necessary.

PREPARING TO SUBMIT A RESEARCH PROPOSAL APPLICATION

Investigators interested in applying for **NCDR funding** are required to review:

- [4 | NCDR Funded Research](#)
- [7 | Research Proposal Application Publication Requirements](#)
- [8 | Responsibilities of the Principal Investigator](#)

Investigators who have secured **external funding** are required to review:

- [5 | Externally Funded Research](#)
- [7 | Research Proposal Application Publication Requirements](#)
- [8 | Responsibilities of the Principal Investigator](#)

Investigators interested in obtaining a **letter of support** are required to review:

- [5 | Externally Funded Research](#)
- [6 | Letter of Support for Grant Funded Research](#)
- [7 | Research Proposal Application Publication Requirements](#)
- [8 | Responsibilities of the Principal Investigator](#)

4 | NCDR FUNDED RESEARCH

The NCDR supports a limited number of proposals for retrospective, observational research each year. Competition for NCDR support is steep and final decisions must consider available resources and each registry's agenda for strategic research.

RESEARCH AND PUBLICATIONS PIPELINE

The Research and Publications (R&P) pipeline is the portal through which individuals and organizations can submit research proposals based on the analysis of NCDR data. These proposals are reviewed for scientific merit and undergo a competitive approval process for NCDR funding.

Figure 1: Overview of the NCDR R&P pipeline process



RESEARCH PROPOSAL APPLICATION SUBMISSION DEADLINES

Each NCDR registry has its own R&P Subcommittee that meets two times per year to review new RPAs. Deadlines for RPA submission can be found on the [NCDR Research Calendar](#). Any RPAs received after the posted deadline will be reviewed at the subsequent meeting. Extensions will not be granted. Since due dates are publicly posted, it is expected that interested investigators will abide by these dates.

SUBMITTING A RESEARCH PROPOSAL APPLICATION

Research proposals are submitted electronically through the online [NCDR Research Management System](#). An ACC username and password are required to log in. There are a variety of resources available on the website to assist in navigating the system.

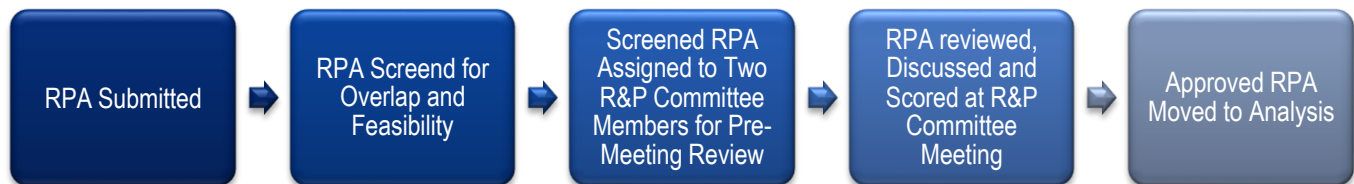
**Please note that the individual identified on the RPA as the “Primary Author” is considered the research team’s Principal Investigator (PI).*

Once a proposal is submitted online and subsequently processed, an email is sent that contains the assigned RPA ID number. This ID number should be used in the subject line of all email correspondences pertaining to that RPA.

RESEARCH PROPOSAL APPLICATION REVIEW

Figure 2 provides an overview of the RPA review and approval process for NCDR-funded proposals.

Figure 2: RPA Review and Approval



INITIAL SCREENING

All submitted RPAs undergo an initial screening process by R&P staff, committee chairs and the assigned DAC to evaluate for overlap, feasibility, priority, and the “Rule of Two”. RPAs that are deemed inappropriate to move forward will not receive committee review and applicants will be informed of the justification for this decision.

RPAs that are deemed appropriate to move forward will first be evaluated by two R&P Committee members (pre-meeting review), and then the entire committee at the next scheduled meeting, using the following criteria:

- **Significance:** The extent to which the project, if successfully carried out, will make an original and important contribution to the field.
- **Feasibility:** The likelihood that the proposed work can be accomplished in the project period by the investigators, and via an analysis that uses data from the fields suggested in the proposal.
- **Methodology:** The extent to which the conceptual framework, design, methods and analyses are properly developed, well-integrated and appropriate to the aims of the project. The review process strives to ensure that methods appropriate for observational research are employed, and that framing of questions, analyses and results will be in terms that describe “association” rather than those which assume that statistical association in observational studies imply causation.
- **Overall Score:** Committee members provide an overall score of the RPA, based on a ten-point scale.
- **Comments:** Committee members and primary reviewers (the two members who performed the pre-meeting reviews) provide specific comments.

COMMITTEE DECISIONS

Approved RPAs: If a proposal is passed approved by the R&P Committee, it will move forward to analysis at the assigned DAC. At this time, the principal investigator will be asked to review and sign the NCDR Terms and Conditions Letter which describes the roles and responsibilities of the principal investigator. See the section below, *Data Analysis for Approved RPAs*, for more information on the analysis process.

Revise & Resubmit: If a proposal is not approved, but scores high enough to warrant further consideration after completion of suggested revisions, the principal investigator may be invited to resubmit the proposal online within a

specified timeframe (usually 30 days). A letter addressing reviewer comments may also be submitted and is highly encouraged.

Declined RPAs: RPAs that are declined by the committee should not be revised and resubmitted.

The table below provides the analysis process for NCDR Funded RPAs that are approved by the R&P Committee:

Table 1: Analysis Process for Approved NCDR Funded RPAs

| Steps | Assumptions |
|--|---|
| 1 Resubmit final RPA to NCDR | <ul style="list-style-type: none"> Once an RPA is approved, the principal investigator should make revisions, if feasible, to the RPA based on comments from the committee's review. The revised RPA should be sent to NCDR R&P staff and the DAC. If there are no comments, the existing RPA will be considered the final version. The principal investigator must communicate the following to all co-investigators: the background, hypothesis, intended tables, figures, summary statistics and testing in the RPA based upon the R&P committee review and comments. |
| 2 DAC receives the revised RPA; statistician may write a draft of the statistical analysis plan | <ul style="list-style-type: none"> If needed, the statistician will contact the principal investigator to discuss any outstanding questions or issues. |
| 3 Statistician and DAC staff member discuss the analysis plan with the principal investigator | <ul style="list-style-type: none"> A conference call with the principal investigator is scheduled to discuss the draft analysis plan. The statistician will finalize the analysis plan according to the revisions discussed during the conference call. The principal investigator is responsible for circulating the final analysis plan among the co-investigators listed on the manuscript draft, which generally includes the investigators listed on the approved RPA. If an abstract is to be written, the statistician will prepare and send a reduced statistical report to the principal investigator. |
| 4 Statistician prepares and sends the results of the data analysis to the principal investigator | <ul style="list-style-type: none"> The data analysis contains all of the information specified in the analysis plan (e.g., information, summary data, and statistical tests). The principal investigator should plan to prepare the first draft of the manuscript with the set of data included in the data analysis, with no additional analyses until after the first draft of the manuscript is reviewed by all co-authors and the R&P committee. |
| 5 Principal investigator sends an email to NCDR and DAC to acknowledge receipt of analysis plan and data analysis | <ul style="list-style-type: none"> The principal investigator is required to send an email to NCDR R&P staff and the DAC confirming receipt of analyses. |

6

Primary author writes the first manuscript draft in a timely manner, usually within one month of receiving the results of the data analysis

- First draft of the manuscript is circulated by the principal investigator to the DAC, then to all co-authors and NCDR.
- All manuscripts must be ready for submission to a journal within four months of receiving the initial data analysis. This includes review by the DAC and co-authors, in addition to NCDR R&P review and approval.

Investigators are encouraged to use the checklist in [Appendix J](#) throughout the research process.

5 | EXTERNALLY FUNDED RESEARCH

Investigators may wish to use NCDR data in larger, more complex research projects. These projects include funding outside of NCDR, such as federal grants, foundation grants, task orders, industry support or even the investigator's own departmental or institutional funding. Review of these RPAs occur via a separate mechanism involving NCDR leadership, as well as separate contractual and financial agreements to support a set number of aims to move forward to manuscripts.

Externally funded projects are accepted on a rolling basis and may be submitted at any time. Investigators with external funding are required to complete an Externally Funded RPA Form ([Appendix I](#)) and should submit the completed form to NCDRresearch@acc.org.

Investigators are also encouraged to use the checklist in [Appendix K](#) throughout the research process.

SCIENTIFIC AND STRATEGIC REVIEW AND APPROVAL

Externally funded research proposals are **required** to go through Scientific and Strategic (S&S) Committee review and approval. The NCDR has contractual agreements with hospitals and practices that require that there be scientific oversight of all NCDR data and any related research. The S&S Committee ensures that externally funded proposals have scientific merit, are performed with credible partners, and lend value to the NCDR.

Approval by NCDR does not constitute approval by governing bodies for the proposed external data source. The investigator must work with those organizations directly for any necessary approvals. Only after the research proposal is approved by the S&S Committee, the budgeting and contracting process may commence.

EXTERNALLY FUNDED RESEARCH OVERSIGHT

In an effort to support authors through the NCDR research process, Dr. Frederick Masoudi, Chair of the NCDR Management Board, designates an ACC member to provide oversight, which includes subject matter expertise and guidance on NCDR requirements. Upon receiving S&S Committee approval, the designated NCDR staff member will provide the investigator with the ACC member's name and contact information.

BUDGETING AND CONTRACTING

BUDGET

NCDR staff provides a budget to the investigator only after S&S Committee approval is granted and bids are received from the DACs. Research proposal budgets begin at \$25,000.00 and costs are dependent on the complexity of the request. Investigators should be prepared to answer the following questions prior to receiving a budget from NCDR staff:

1. What is the funding source? (*industry, grant, etc.*)
2. Has the funding been secured? (*if no, please indicate when it is expected to be available*)
3. Is the timing of the funding flexible? (*if no, please specify the timeframe*)
4. Are there any deadlines for spending the funding? (*if yes, please specify*)

CONTRACT

Except as otherwise agreed by, ACC's policy requires that the research proposal contract be between the investigator's institution and the ACC. Investigators should be prepared to answer the following questions prior to receiving a contract from NCDR staff:

1. What entity will be doing the contracting? (*investigator's organization, funding sponsor, etc.*)
2. Who is the contracting department point of contact?
 - Name
 - Phone Number
 - Email Address

**Please note that the contracting process can last several weeks or months.*

DATA ANALYSIS

Unless otherwise approved, all data analyses are to be performed by an NCDR-approved DAC. The DAC will be selected based on the registry data used in the analysis and the DAC's capacity to perform the work. The DAC provides the investigator with aggregated analytical tables, per the statistical analytic plan outlined in the investigator's RPA.

A kickoff call will be scheduled between NCDR staff, the investigator and the DAC upon contract execution. During the call, NCDR staff will provide an oversight of the NCDR Research Policies and Procedures handbook and the DAC will review the analytic plan with the investigator. DACs are typically given 14 weeks to complete the analysis unless otherwise stated. NCDR staff will check-in with the DAC and investigator as the project progresses to ensure timelines are met.

Clients requesting access to NCDR data are required to review and adhere the External Access to NCDR Data Policy in [Appendix G](#).

PUBLICATIONS

All externally funded publications (e.g. abstract, poster, manuscript, etc.) are **required** to be reviewed and approved by the relevant Research & Publications (R&P) Committee. Investigators are expected to adhere to the guidelines found in section [7| Publication Requirements](#).

For questions or additional information, please contact: NCDRresearch@acc.org.

6 | LETTER OF SUPPORT FOR GRANT FUNDED RESEARCH

Investigators applying for grant funding for projects that utilize NCDR data are often asked to submit a Letter of Support (LOS) from NCDR Leadership. The LOS process can last approximately three to four months, so it is important that investigators plan accordingly. **It is important the Investigator reaches out to the Research Studies Team Lead as soon as he/she considers using NCDR data for a grant application so that the feasibility of the request relative to the grant submission timeline can be assessed.**

Prior to submitting the LOS request to NCDR, investigators are strongly encouraged to review the LOS process flow, detailed in Figure 3.

TYPES OF SUPPORT

PROVISIONAL LETTER OF SUPPORT

If a requestor is only able to provide limited project information, the ACC may, at its own discretion, provide a **provisional** LOS. This LOS is provisional pending a detailed, scientific review of the complete study protocol by an ACC Scientific Peer Review Panel.

Provisional LOS requirements include:

- ✓ Cover Letter to ACC Specifying the Request*
- ✓ Externally Funded RPA Form ([Appendix I](#))
- ✓ Letter of Support Request Form ([Appendix L](#))
- ✓ High-Level Protocol Summary

**See Table 2 for additional details*

FULL LETTER OF SUPPORT

If a requestor's protocol is complete, he or she is eligible to receive a **full** LOS from the ACC pending a detailed, scientific review of the complete study protocol by an ACC Scientific Peer Review Panel.

Full LOS requirements include:

Initially:

- ✓ Cover Letter to ACC Specifying the Request*
- ✓ Externally Funded RPA Form ([Appendix I](#))

Once the study has passed the Scientific and Strategic Review:

- ✓ Letter of Support Request Form ([Appendix L](#))
- ✓ Complete Study Protocol

**See Table 2 for additional details*

Upon receipt of the complete study protocol and Letter of Support Request Form, the ACC will convene a Scientific Peer Review Panel that will evaluate the project and make a recommendation for approval. If approved, the investigator will be granted a full LOS.

REQUIRED DOCUMENTATION

Investigators interested in submitting a request for a provisional or full LOS must submit the required documentation (listed in the applicable sections above) to NCDRresearch@acc.org.

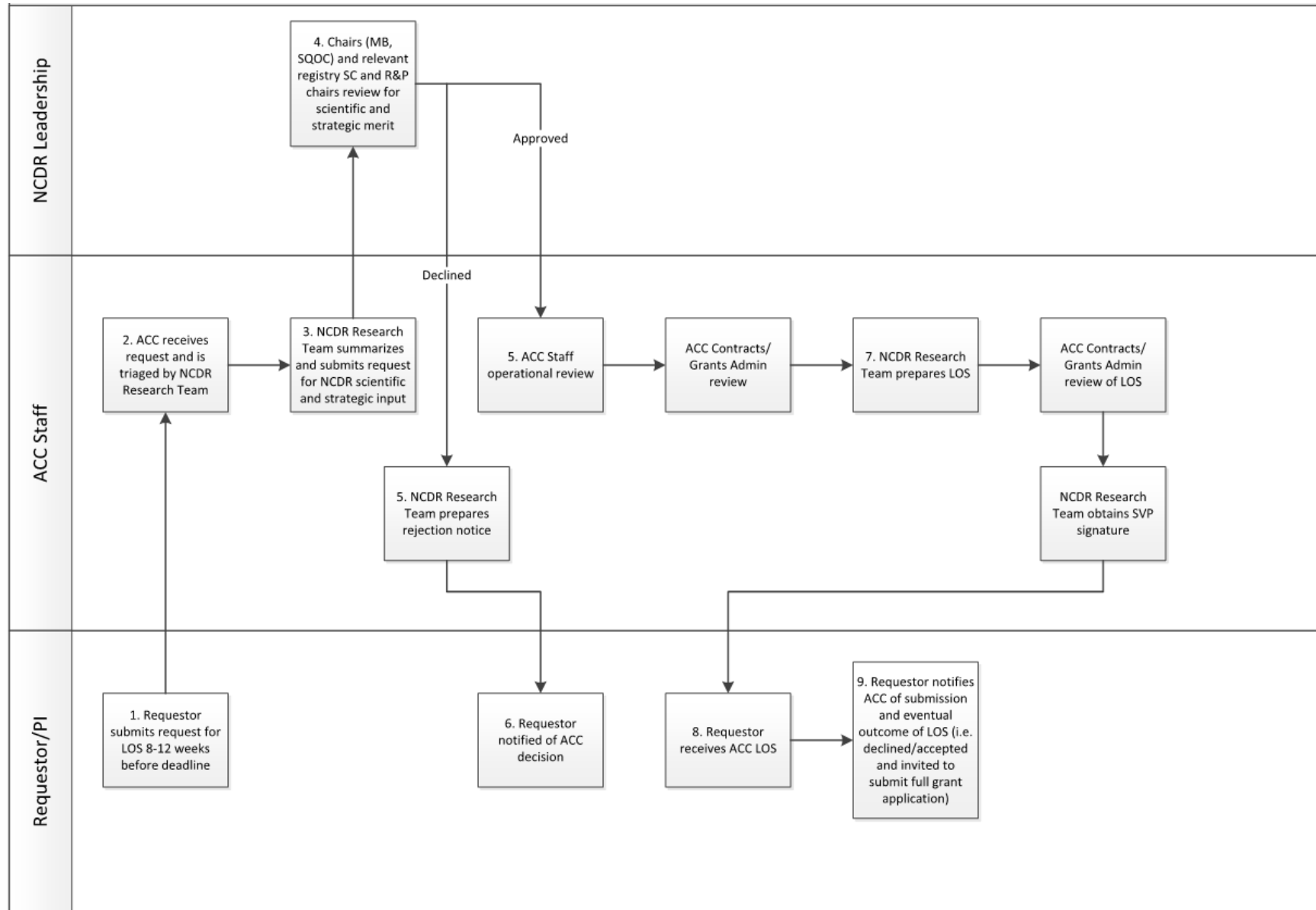
The table below outlines the required level of detail the investigator should include in his/her submission to ACC:

Table 2: Required LOS Documentation

| Required Documentation | |
|---|--|
| Cover Letter to ACC Specifying the Request | <p><i>At a minimum, the cover letter should address the following:</i></p> <ul style="list-style-type: none"> • What specific activity is the ACC being asked to support? • What are the expectations of the ACC regarding providing data? • What is the total expected duration of the ACC's commitment to the project? |
| Externally Funded RPA Form Appendix I | <ul style="list-style-type: none"> • Registry name and authors • Title of research proposal • Hypothesis and/or statement of intent • Background/significance • Inclusion and exclusion criteria • Data requested, including primary outcomes and covariates • Brief statistical analysis plan • Source and description of funding |
| Letter of Support Request Form Appendix L | <ul style="list-style-type: none"> • Date of request • Principal investigator • Title of project • RFA/PA/FOA number • Application due date • PI's internal deadline • Co-investigator(s) • Key personnel (if any) • Research administration contact • Proposed data linkage (if any) • Description of the external data source to be linked to the NCDR • Research and publications |
| High-Level Protocol Summary Or Complete Study Protocol | <p><i>At a minimum, the following should include the following:</i></p> <ol style="list-style-type: none"> A. Specific aims B. Research strategy <ol style="list-style-type: none"> 1. Significance 2. Innovation 3. Approach C. Limitations and alternative approaches D. Timelines and milestones, expected measurable outcomes and deliverables E. Dissemination plan F. Bibliography |

For questions or additional information, please contact: NCDRresearch@acc.org.

Figure 3: Letter of Support Process Flow



7 | PUBLICATION REQUIREMENTS

Regardless of the funding mechanism, the principles of scientific oversight (RPA review, feasibility, appropriate methodology, etc.) **apply to all NCDR research**. In addition, **all abstracts, posters, PowerPoint presentations, manuscripts or any publicly disseminated information using or referencing NCDR data must undergo review by the related R&P Committee for that registry**. If the proposal relates to more than one R&P Committee, NCDR will determine the lead committee for managing these processes. No other bodies or groups may supplant the review and approval responsibilities of the relevant NCDR R&P Committee.

PUBLICATION PREPARATION

Refer to the Brand and Style Guide in [Appendix D](#) for detailed information on NCDR branding guidelines for abstracts, presentations and manuscripts. This guide includes information on the correct use of “NCDR” (abbreviated vs. spelled out), registry names, partner and sponsor statements, disclaimers, and slide and poster templates.

Please keep in mind the following:

- All publications (i.e. abstracts, presentations, manuscripts, etc.) must be **reviewed and approved** by the corresponding R&P Committee before submission to a scientific conference or journal. One round of Committee review is standard; however, exceptions can occur if reviewers ask for substantive changes in a draft. In that case, R&P chairs may ask for a second round of review after the changes have been made.
- If more than two rounds of revision are needed, and review does not lead to an approval, there will be further adjudication and resolution. In rare cases of disapproval that cannot be resolved, the final decision (regarding any publication) lies with the NCDR officers.
Please note that review and approval must occur **before the abstract or manuscript is submitted to the conference or journal. If an abstract or manuscript is submitted prior to approval, the NCDR will require the author to withdraw the submission; this may also result in immediate termination of the RPA.*
- A statistician from an NCDR-approved DAC will review tables and statistics and be available to assist principal investigators in drafting statistical methods sections. Drafts cannot be submitted for NCDR R&P review until **after** accuracy is verified by the analytic center staff. The principal investigator will incorporate comments from the statistician when preparing the draft that is submitted for NCDR R&P review.
- A change in principal investigator does not reset timelines or due dates.
- Principal investigators are responsible for choosing the journal for manuscript submission.

ABSTRACTS

It is widely accepted within the research community that the process of manuscript publication often includes the initial publication of an abstract. DACs and principal investigators should discuss the option of producing an abstract, and then target a specific scientific conference for submission.

Principal investigators should monitor meetings of interest and their respective abstract submission deadlines. When the abstract draft is finalized, including review by the assigned statistician at the DAC as well as co-authors, it should be submitted for R&P review via the online [NCDR Research Management System](#). [The NCDR Research Calendar](#) provides specific submission dates for R&P review that correspond with the major scientific conferences each year. In general, these R&P deadlines **are 3-4 weeks prior to a scientific conference abstract submission deadline**. If a conference is not listed

on the calendar, the abstract draft must be submitted for R&P review, at the very latest, three weeks prior to that conference's abstract submission deadline.

Upon completion of R&P review, the principal investigator then incorporates reviewer feedback into a revised abstract before submission to the conference. If the abstract is accepted for presentation, principal investigators must notify NCDR staff and specify the presentation type (poster, oral, etc.).

NCDR staff will provide templates for presentation use, which can also be accessed and downloaded through the [NCDR Research Management System](#) (under the "[Resources and Supplemental Documentation](#)" section). Principal investigators are encouraged to adhere to NCDR formatting for all abstract presentations (see the Style Guide in [Appendix D](#)) and should send the final presentation to the DAC and NCDR R&P Team for a last review and approval **no later than three weeks** before the conference.

For poster presentations, final NCDR approval must be granted before printing. NCDR does not provide support for costs relating to presentation and publication of abstracts. Principal investigators should bear in mind that abstract preparation does not alter the timeline for manuscript submission, which is four months after delivery of the data analysis.

MANUSCRIPTS

Similar to the process for abstracts described above, when a manuscript draft is finalized (including review by the DAC and co-authors) and is ready for journal submission, the principal investigator submits the draft for R&P review through the online [NCDR Research Management System](#). **R&P review of manuscripts usually takes 3-4 weeks.** The principal investigator then incorporates any Committee feedback into a revised manuscript before submitting to the desired journal.

Investigators are required to submit their manuscript to a journal within four months of receiving the analytic output. The four-month timeline for manuscript production and submission ensures that data reported are up to date, and that the analysis stays within resource constraints. Again, principal investigators are encouraged to adhere to NCDR formatting rules for all manuscripts (see the Style Guide in [Appendix D](#)). NCDR does not provide support for costs pertaining to publication of manuscripts. The table below outlines barriers to manuscript completion and the NCDR's corresponding policies.

Table 3: Barriers to Manuscript Completion and Submission

| Barrier | Policy |
|--|--|
| Results of the data analysis are not adequate to support the hypothesis, and subsequently affect the ability to write a manuscript. | The principal investigator, after conferring with the DAC, should notify the DAC and NCDR research of their intention not to proceed, and include the justification for this decision. |
| Principal investigator has not communicated updates or has not responded to repeated requests for updates. | If the principal investigator does not reply after repeated inquiries, the project will either be closed or reassigned. This is a last resort, and occurs if, after two email messages, one phone call, and one certified letter, there is still no reply from the principal investigator. |

| | |
|---|--|
| Manuscript draft has not been developed or submitted within an adequate timeframe. | When manuscript development does not meet targeted goals, NCDR staff will contact the principal investigator to provide assistance as needed. If manuscript development continues to lag, a date for next steps in the development process will be targeted (e.g., submission for NCDR R&P review; journal submission after review; de novo submissions following rejection from a journal). If the new date is not met, NCDR staff will work with the chair of the R&P Subcommittee and the senior author to determine new lead authorship. |
| Resubmission to another journal has not occurred within two months. | In such cases, principal investigators will be required to submit an explanation for the delay in resubmitting their manuscript to another journal. |
| Approval is not obtained prior to submission of abstract or paper | The paper will be withdrawn; NCDR staff will consider if termination of the RPA is appropriate. |

ACKNOWLEDGING THE LIMITATIONS OF OBSERVATIONAL DATA

Investigators may be inappropriately inclined to infer that associations in observational data imply a causal effect. It is essential that principal investigators acknowledge that observed associations in non-randomized studies (such as those conducted using registry data) cannot be construed as definitively causal. While associations may be due to cause/effect, no method can eliminate the possibility of bias, chance, or confounding.

In general, causal language should be avoided in abstracts and manuscripts, and wording should be consistent with the Editors of the HEART Group Journals' *Statement on Matching Language to the Type of Evidence Used in Describing Outcomes Data* (See [Appendix A](#); JACC 2012; 60:2420), and the sister paper behind this editorial: Payal Kohli, MD and Christopher P. Cannon, MD. *The Importance of Matching Language to Type of Evidence: Avoiding the Pitfalls of Reporting Outcomes Data*. Clin. Cardiol. 35, 12, 714–717 (2012).

Authors may want to reference the NCDR's data quality program from the following paper: Messenger JC, Ho KL, Young CH, et al. *The National Cardiovascular Data Registry (NCDR) Data Quality Brief: The NCDR Data Quality Program in 2012*. J Am Coll Cardiol. 2012 Oct 16;60(16):1484-8.

Additional considerations include limited outcomes data and variations in commitment and quality of data collection. See below for several examples of how to describe constraints of data:

- An unequal geographic distribution of participating hospitals leads to selection bias, which limits the proportion of the Acute Coronary Syndrome population that was evaluated during the period described by this study.
- NCDR-participating facilities vary in terms of the types and number of procedures they provide. This variability can impact on the data that are accrued.
- The extent and types of data each NCDR registry collects varies, and authors will need to address this limitation within the context of their research study.
- NCDR inpatient data are collected during acute hospitalizations, and authors may need to address this constraint if their analysis is focused on in-hospital-stay data.

Suggested language for referencing the NCDR data as a source in the methodology section as well as the limitations section with citations is located in [Appendix F](#).

CITATION OF NCDR'S IRB

The College has designated Advarra (formerly Chesapeake) as its internal institutional review board (IRB) of record (see also *Human Subject Research and the NCDR*). If an investigator's RPA is within the scope of the NCDR protocol on file, and she/he wishes to cite this IRB in their manuscripts (in general, this is not required), the following format should be used:

A waiver of written informed consent and authorization for this study was granted by Advarra.

ADHERENCE TO EMBARGO POLICIES

Content of manuscripts and abstracts is considered confidential and embargoed until publication. The ACC has policies governing embargoes and the disclosure of scientific research results contained in late-breaking clinical trial presentations and abstracts. The premature unauthorized disclosure of embargoed results and/or data in any format constitutes a breach of the embargo policy. Authors, presenters, reviewers, committee members, members, company sponsors, and/or anyone who violates the embargo policies shall be subject to ACC's disciplinary procedures and sanctions related to embargo violations. The policies are available on the [ACC website](#).

The NCDR has a policy regarding external access to NCDR research undergoing peer review, which is located in [Appendix G](#). Investigators preparing for abstract presentation should familiarize themselves with the Common Statement on Prior Publication Policy (<http://www.hsr.org/hsr/information/authors/ppublication.jsp>).

PROMOTION OF SELECTED MANUSCRIPTS AND ABSTRACTS

When a manuscript or abstract has been accepted for publication (e.g. when the paper reaches "in press" status), the principal investigator may be asked by the ACC's marketing and communications team to provide the following:

- **A completed NCDR Manuscript Communications Strategy Questionnaire.** When requested, the form will be used to promote the article on the ACC website, to summarize findings in other ACC communications channels, and when applicable, in the development of a press release or comments to the media (handled by ACC's media relations team). After the embargo has lifted, the marketing and communications team will promote the findings of the research through appropriate vehicles.
- **Advance notice of publication date.** It is the principal investigator's responsibility to inform the NCDR staff of online and print publication dates. Principal investigators should notify the NCDR staff the same day a publication date is communicated by the publication or journal.
- **A draft of the article.** Please forward any drafts received to the NCDR staff. Embargoes will be honored, and drafts will only be used in the development of promotional and media messaging.
- **PowerPoint slides summarizing the research and findings.** Authors who are preparing oral presentations with slides should plan to submit them within one week of presentation. All slides must be created using the NCDR PowerPoint template and must include the following statement in the second slide position:

"This research was supported by the American College of Cardiology's National Cardiovascular Data Registry (NCDR). The views expressed in this presentation represent those of the author(s), and do not necessarily represent the official views of the NCDR or its associated professional societies identified at CVQuality.ACC.org/NCDR."

Please do not use university or other logos on slide sets and avoid the use of pharmaceutical/medical device brand names. Appropriate rights from the publisher for any graphs, charts, or other visuals taken from the published article should also be obtained.

NCDR papers in various stages of manuscript development and publication acceptance are regularly reviewed internally by ACC for promotion planning. Decisions regarding the specific plan for each NCDR research paper are based on a number of factors and specific tactics are not guaranteed. There are three potential avenues for promotion of research findings: 1) promotion to NCDR participants, 2) promotion to ACC members, and/or 3) promotion to trade or mainstream media outlets. Promotions to NCDR participants and ACC members include mentions in “News and Views” (NCDR’s monthly e-newsletter) and other applicable ACC member e-newsletters, news stories on [ACC.org](https://acc.org) and promotion across ACC’s [various social media channels](#).

Decisions about coverage on [ACC.org](https://acc.org) and other ACC member vehicles (e.g., newsletters, blogs, social media outlets, etc.) are made on a case by case basis. News covered on [ACC.org](https://acc.org) is determined through an independent editorial process, and NCDR recommendations for coverage are advisory in nature and coverage cannot be guaranteed.

If a paper is determined to be “newsworthy,” which means it is determined to be of interest to trade or mainstream media outlets, the ACC media team will either prepare a press release or conduct less formal outreach to individual outlets. If a press release is prepared, the media will contact the author for comments and/or consult the author questionnaire if the author has completed and submitted one.

Timely completion of the NCDR Manuscript Communications Strategy Questionnaire and notification of a manuscript’s acceptance by a journal for publication are important sources of information to help the media team determine the potential news value of the study and for developing a promotion plan.

COLLABORATING WITH OTHER ORGANIZATIONS ON MEDIA

Each author’s affiliated organization or university is welcome to distribute their own press release when a paper is published. If those organizations would like to consult with the ACC media team, they are welcome to at any time. The ACC media staff requests advance notice and a copy of the release to allow for coordination of media promotion and embargo times, to ensure the release correctly portrays the ACC and its registries, and to allow the ACC to anticipate questions from media that may arise as a result of the release.

8 | RESPONSIBILITIES OF THE PRINCIPAL INVESTIGATOR

The principal investigator is responsible for the following:

1. Ensure the integrity of the work from conception to published manuscript.
2. Communicate all expectations in a timely manner.
3. Establish and communicate with co-authors about timeline expectations for completion of the manuscript.
4. Obtain, from all investigators and DAC statisticians, timely approval of manuscript, presentation and abstract drafts prior to submitting to NCDR for R&P review.
5. Manage all communications with NCDR and DAC staff and respond in a timely fashion.
6. Oversee the completion of any changes required during NCDR R&P review of abstract, presentation and manuscript drafts.
7. Determine an appropriate listing of co-authors. NCDR encourages the principal investigator to follow International Committee of Medical Journal Editors guidance regarding identification of co-authors^{1,2}, specifically:
 - *“Authorship credit should be based on 1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; 2) drafting the article or revising it critically for important intellectual content; and 3) final approval of the version to be published. Authors should meet conditions 1, 2, and 3.*
 - *All persons designated as authors should qualify for authorship, and all those who qualify should be listed.*
 - *Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content.”*
 - In determining who to list as co-authors, the primary author should consider individuals involved in:
 - RPA concept and design
 - Abstract and manuscript writing
 - Data analysis and/or interpretation
 - Literature search
 - Critical review
8. Ensure that all co-authors receive and review this document, including updated versions as they are released.
9. Create an “Acknowledgements” section in the manuscript, if needed. Since NCDR does not permit inclusion of ‘honorary’ authors as co-authors, the principal investigator may consider including an acknowledgements section to cite contributors who do not meet the criteria for authorship, but whose assistance the authors would like to acknowledge. Examples of those who might be cited in a listing of acknowledgements include:
 - A person who provided purely technical help or writing assistance;
 - A mentor who provided only general support;
 - Colleagues, reviewers and staff who do not qualify as authors;
 - Groups of persons who have contributed materially to the paper but whose contributions do not justify authorship.

The acknowledgement should disclose the identity of the individual, his or her organizational affiliation, and the function or contribution to the paper (e.g., “served as scientific advisor,” or “critically reviewed the research application proposal”). Financial and material support should also be acknowledged. The principal investigator is responsible for allowing individuals identified in the acknowledgement section opportunity to review the draft and consent to being listed on the paper prior to submitting the final draft to NCDR.

10. Provide the names of all co-authors and individuals cited in the acknowledgement section to NCDR at the time of NCDR R&P review of the abstract or manuscript. The principal investigator should also provide the names of any individuals who met the criteria for authorship or acknowledgement, but who declined to be included. This identification is an important step in ensuring transparency in the NCDR peer review process, managing potential conflicts of interest, and assigning R&P subcommittee reviewers. No individual should appear in the author panel or acknowledgement section for an abstract presentation or published article that has not been disclosed to NCDR.

The overarching goal of the primary author is journal submission within four months of the date upon which the analysis is completed, and submission to a journal not more than two months after NCDR R&P review is complete.
11. Allow co-authors and individuals listed under the acknowledgements section sufficient time to review and respond to the final draft prior to submission to R&P review. In general, it is good practice to give co-authors a minimum of one week and a maximum of two weeks for reviews of manuscripts, and a minimum of three business days for review of abstracts.
 - Co-authors and individuals listed under the acknowledgements section must be timely with reviews and responses. Occasionally, individuals are not able to meet stated timeline expectations for reviews set by the principal investigator. When an individual notifies the principal investigator regarding conflicts that will prevent timely review and response, the principal investigator should grant reasonable requests for extension (generally not longer than two additional weeks for manuscripts). If the principal investigator has not received any response from an individual or acknowledgement of receipt of a draft for review, the principal investigator should attempt to reach the individual via another communication mechanism (e.g., call the individual if the draft was sent via e-mail), and should allow the individual up to three business days to respond or request an extension. If the individual still has not responded, the principal investigator should remove the individual from the author panel or acknowledgement section, and should communicate this information, including the name of the individual and contribution to the paper or abstract, to the NCDR at the time the final draft is submitted for review.
 - If co-authors submit comments after a draft has been reviewed by the NCDR R&P committee and approved for journal submission, the principal investigator may add the individual back into the author panel or acknowledgement section without informing the NCDR. If the individual recommends substantive changes to the approved draft, the principal investigator must update NCDR and wait for a final dispensation regarding whether to proceed with presentation or publication.
12. Allow sufficient time for NCDR R&P review.

COMMUNICATIONS WITH NCDR & JOURNAL EDITORS

When the analysis is complete, the principal investigator is responsible for the following activities:

NCDR R&P Review: NCDR policy states that the R&P Committee must review the final manuscript (or abstract) draft before submission to a journal (or scientific session). This approach allows the best and most accurate review prior to journal submission, while also minimizing the time committee members must devote to review of drafts. Principal investigators are responsible for uploading the final draft to the [NCDR Research Management system](#) for R&P review.

Initial submission to a Journal or Scientific Session: Submitting the final, NCDR-reviewed draft to a journal or scientific session. Once submitted, the principal investigator will notify NCDR, and include the name of the journal/scientific session, the date upon which the submission was made, and a copy of the submitted draft.

Revisions of submitted manuscripts: If the journal requests revisions to the manuscript, the principal investigator is responsible for informing the author group and biostatisticians, making revisions as needed, and resubmitting to that journal. It is also the principal investigator's responsibility to ensure that revision of a manuscript remains within the scope of the initial RPA, uses the same dataset, and does not create overlap with any RPA in process. If there are questions with regard to these issues, principal investigators must notify NCDR staff for formal evaluation.

*Each approved RPA is expected to produce
a single manuscript*

De Novo Submissions: If the manuscript is not accepted at the journal to which it was initially submitted (referred to as de novo submission #1), the principal investigator is responsible for communicating this information to the author group and biostatisticians, forwarding them copies of any reviewer comments, revising as needed, and moving forward to a second de novo submission within one to two months of a rejection.

NCDR R&P Status Updates: Inform NCDR the manuscript status. Informing staff at the DAC is not a substitute for informing NCDR staff. The principal investigator is responsible for, and required to, provide regular updates to NCDR staff, including:

- Using the ID Number of the RPA upon which the manuscript is based (add this ID number to the subject line of e-mailed updates and all other communications regarding your proposal);
- Providing a brief status report on progress in writing the manuscript;
- Providing an expected date of completion;
- Naming a journal targeted for publication.

Publication: When a manuscript is accepted for publication (or an abstract for presentation), the principal investigator is responsible for the following:

- **Notification of acceptance:** Upon acceptance, informing NCDR of the date of acceptance and projected date of publication, if known. Remember that informing staff at the DAC is not a substitute for informing NCDR staff. In the case of abstracts, the type of presentation (e.g., poster or oral presentation) is also needed.
- **Working with the ACC Marketing and Communications Team:** Upon acceptance, the principal investigator is responsible for working with the ACC Marketing and Communications team as needed.
- **Providing the Published Paper:** Sending NCDR a PDF of the published paper, once the edited version of the paper is posted online or is in print in hard copy. When an abstract is presented, sending NCDR a copy of the poster or slide presentation.

9 | CONCLUSION

This NCDR Research Policies and Procedures handbook represents years of knowledge gained from administering a robust research program. The information provided is intended to assist investigators in navigating the unique data obtained through the patient outcomes registry programs, as well as processes established to ensure appropriate direction and oversight of research activities. The appendices contain additional information about NCDR registries. ACC staff and NCDR volunteer members welcome any comments and questions you may have as you consider pursuing research endeavors with the ACC.

BIBLIOGRAPHY

1. International Committee of Medical Journal Editors. Publication Ethics: Sponsorship, Authorship, and Accountability. Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication, Updated April 2010. www.icmje.org.
2. Steneck NH. *Introduction to the Responsible Conduct of Research*, U.S. Department of Health Services Office of Research Integrity, August 2007. A free copy of this document is available in a variety of formats at the Dept. of Health and Human Services: Office of Research Integrity, at: <https://ori.hhs.gov/ori-introduction-responsible-conduct-research>.

APPENDIX A: ADDITIONAL REFERENCES AND HELPFUL LINKS

1. National Institutes of Health, Office of the Director. Guidelines for the ethical conduct of research. 4th edition, May 2007. Available online at <http://www.nih.gov>.
2. National Institutes of Health: Office of Research Integrity. Promoting Integrity Through “Instructions to Authors”: A Preliminary Analysis. M.D. Sheetz. Available free online (PDF) at: http://ori.hhs.gov/images/ddblock/instructions_authors.pdf.
3. Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publications. International Committee of Medical Journal Editors. Reader note: The ICMJE does not publish print copies of the current Uniform Requirements. The official and most current document is freely available to the public at on the ICMJE website: <http://www.icmje.org/>.
4. National Institutes of Health: Research Involving Human Subjects: <http://grants.nih.gov/grants/policy/hs/>.
5. Academy Health is a nationally-recognized organization whose focus is health services and related policy research. They offer excellent training and professional resources at: <http://www.academyhealth.org/index.cfm>.
6. Payal Kohli, MD and Christopher P. Cannon, MD. The Importance of Matching Language to Type of Evidence: Avoiding the Pitfalls of Reporting Outcomes Data. Clin. Cardiol. 35, 12, 714–717 (2012).
7. The Heart Group. Statement on Matching Language to the Type of Evidence Used in Describing Outcomes Data. JACC. Vol. 60, No. 23, 2012.

APPENDIX B: DATASETS AND LINKED DATA INFORMATION

DATASETS AND DATA COLLECTION FORMS

Current data collection forms and data dictionaries are posted on the [NCDR website](#). Related launch dates for each data collection form are provided in the table below.

Table 4: Data Collection Forms and Related Launch Dates

| NCDR Registry Version ^{1,2} | Content/Focus ³ | Launch Date |
|---|--|-------------|
| AFib Ablation Registry | Procedure-Based (Atrial fibrillation catheter ablation procedures) | |
| V 1.0 | | 2016 |
| CathPCI Registry⁴ | Procedure-Based (Diagnostic coronary angiography, percutaneous coronary intervention procedures) | |
| V 2.x | | 2002 |
| V 3.x | | 2005 |
| V 4.x | | 2009 |
| V 4.4 | | 2015 |
| V 5.0 | | 2018 |
| Chest Pain - MI Registry (formerly the ACTION Registry) | Disease-Based (STEMI, NSTEMI) | |
| V 1.x | | 2007 |
| V 2.x | | 2008 |
| V 2.4 | | 2015 |
| V 3.0 | | 2018 |
| Diabetes Collaborative Registry | Disease-Based (Diabetes type I and II, pre-diabetes) | |
| V 1.0 | | 2015 |
| V 1.3 | | 2017 |
| ICD Registry | Procedure-Based (Implantable cardioverter defibrillators) | |
| V 1.x | | 2005 |
| V 2.1 | | 2011 |
| V 2.2 | | 2016 |
| IMPACT Registry | Procedure-Based (Congenital heart disease) | |
| V 1.x | | 2010 |
| V 2.0 | | 2016 |
| LAAO Registry | Procedure-Based (Left atrial appendage occlusion procedures) | |
| V 1.0 | | 2016 |
| V 1.1 | | 2017 |
| V 1.2 | | 2018 |
| PINNACLE Registry | Disease-Based (Coronary artery disease, hypertension, heart failure, diabetes, atrial fibrillation) | |
| V 1.x | | 2008 |

| | |
|-------|------|
| V 1.4 | 2015 |
| V 1.5 | 2016 |

| | |
|---------------------|--|
| PVI Registry | Procedure-Based (Lower extremity peripheral vascular interventions, carotid artery stenting, carotid endarterectomy procedures) |
|---------------------|--|

| | |
|-------|------|
| V 1.0 | 2016 |
|-------|------|

| | |
|-----------------------------|--|
| STS/ACC TVT Registry | Procedure-Based Transcatheter aortic valve replacement and repair |
|-----------------------------|--|

| | |
|-------|------|
| V 1.x | 2011 |
| V 2.0 | 2014 |
| V 2.1 | 2016 |

¹Analyses are based upon discharge date within a given date range.

²The letter x designates minor changes that may occur within the lifespan of a given version of a registry's Data Collection Form.

³Limited data sets (HIPAA-compliant) may vary slightly from the data cited in a given Data Collection Form.

⁴Not all CathPCI Registry participants submit all cardiac catheterization data, which may impact the feasibility of research proposals focused on cardiac catheterizations.

QUARTERLY SUBMISSIONS AND CALL FOR DATA SCHEDULE

HIPAA-compliant limited data sets are uploaded from the NCDR data warehouse to the contracted DACs on a quarterly basis. These uploads constitute refreshed datasets based on submissions received from registry participants by a call for data submission deadline. Participants may submit a new quarter's worth of data by this deadline as well as re-submit previous quarters of data going back as far as the launch of the current version. A sample Call for Data schedule is included in [Appendix E](#).

DATA QUALITY REPORTS

Each Data Quality Report – commonly referred to as a "DQR" – is prepared after data files are submitted to the NCDR. Participants use their data collection tool software to create a submission file which is uploaded to the [NCDR website](#). After uploading, the data in the file are automatically assessed for errors (e.g. accuracy) and completeness. Passing the DQR ensures well-formed data and a statistically significant submission.

- **Assessment:** Data meets the NCDR-defined submission threshold for each data element (e.g., coding for Diabetes in CathPCI Registry needs to be answered 100 percent of the time; coding for CABG date only needs to be answered 80 percent of the time).
- **Completeness:** Data meets the NCDR-defined thresholds for composites of data elements. For instance, in the CathPCI Registry, 100 percent of all elements in Composite A (also known as Core Elements) must meet their thresholds; 90 percent of the elements in Composite B (also known as Supporting Elements) must meet the threshold.

HIPAA-compliant limited data sets include data that pass both assessment and completeness ("green light" DQR status) and data that pass assessment but fail completeness ("Yellow light" DQR status). DQR status is applied to the entire quarterly submission, not just individual patient records.

INTERNATIONAL DATASETS

Although NCDR registries do have participants from U.S territories, as well as countries outside the U.S., only U.S. data are included in the data set used for outcomes reporting and research.

CMS DATA LINKAGE OVERVIEW

The NCDR captures patient demographics, procedural details, and facility and physician information, which provides insight into clinical practice patterns and patient outcomes. However, additional detail on the sequence of care and events occurring post-discharge are not available through the NCDR. The ACC has centralized the linking of NCDR data with Centers for Medicare and Medicaid Services (CMS) administrative claims data to allow for long-term follow-up. The combined NCDR-CMS dataset allows researchers to evaluate the predictors of hospital compliance with optimal discharge planning, patient adherence to those protocols, and resulting patient outcomes such as mortality and re-hospitalization.

The STS/ACC TVT Registry and the LAAO Registry, however, follow a different process and thus, have fewer claims files available for research. The three sections below (NCDR-CMS Linked Data, LAAO Registry-CMS Linked Data, and STS/ACC TVT Registry-CMS Linked Data) outline the specific files available for each registry.

NCDR–CMS LINKED DATA

NCDR data have been deterministically linked to CMS data. The NCDR-CMS linkage is updated annually with the most recently available CMS data.

Research studies that wish to leverage the NCDR-CMS linked data **must fall under the scope of the ACC’s research study protocol that was approved by CMS**. The ACC’s study protocol focuses on the impact of pre-procedural, peri-procedural, and post-hospitalization treatment patterns on short-term re-hospitalizations and mortality among Medicare beneficiaries.

Table 5 includes the claims files available for the following registries:

- CathPCI Registry
- Chest Pain-MI Registry
- Diabetes Collaborative Registry
- ICD Registry
- PINNACLE Registry
- PVI Registry

Table 5: CMS Research Identifiable Files

| CMS Research Identifiable Files | Years Available |
|---|------------------------|
| Inpatient Claims (IC) | 2012-2016 |
| Outpatient Claims (OC) | 2012-2016 |
| Skilled Nursing Facility (SNF) | 2012-2016 |
| Home Health Agency (HHA) | 2012-2016 |
| Hospice | 2012-2016 |
| Carrier File | 2012-2016 |
| Durable Equipment File (DME) | 2012-2016 |
| Part D Drug Event File (PDE) | 2012-2016 |
| Master Beneficiary Summary File (BSF) Base, chronic conditions, and cost and utilization segments | 2012-2016 |
| Master Beneficiary Summary File (MBSF) NDI segment | 2012-2016 |
| Part D drug, plan, prescriber, and pharmacy characteristics | 2012-2016 |
| Part D formulary characteristics | 2012-2016 |

LAAO REGISTRY–CMS LINKED DATA

In an effort to support the National Coverage Determination (NCD) for left atrial appendage closure (LAAC) procedures, the ACC entered into an agreement with CMS to receive claims data for patients enrolled in the LAAO Registry. The data is updated on a bi-annual basis and is deterministically matched.

Please refer to Table 6 for the list of files available for research.

Table 6: CMS Research Identifiable Files for the LAAO Registry

| CMS Research Identifiable Files | Years Available |
|--|------------------------|
| Inpatient Claims (IC) | 2016-2018 |
| Carrier File | 2016-2018 |
| Master Beneficiary Summary File (BSF) | 2016-2018 |
| Part D | 2016-2018 |

STS/ACC TVT REGISTRY–CMS LINKED DATA

In an effort to support the NCD for transcatheter aortic valve replacement (TAVR) procedures, the ACC entered into an agreement with CMS to receive claims data for patients enrolled in the STS/ACC TVT Registry. The data is updated on a bi-annual basis and is deterministically linked.

Please refer to Table 7 for the files available for research.

Table 7: CMS Research Identifiable Files for the STS/ACC TVT Registry

| CMS Research Identifiable Files | Years Available |
|--|------------------------|
| Inpatient Claims (IC) | 2010-2018 |
| Carrier File | 2010-2018 |
| Master Beneficiary Summary File (BSF) | 2010-2018 |

APPENDIX C: NCDR RESEARCH PROPOSAL APPLICATION FREQUENTLY ASKED QUESTIONS

NCDR RESEARCH PROPOSAL APPLICATION FREQUENTLY ASKED QUESTIONS (FAQ'S)

1. Where do I find a listing of the data elements and related dictionaries?

You will find the data elements and data dictionaries posted for each registry on the [NCDR website](#). Be sure to review these documents before starting an RPA. Ask yourself if the NCDR collects the data needed for the study you are proposing. If not, you will need to reconsider your plan.

2. How do I avoid overlap between what I am proposing and what is already published or underway at NCDR?

Please visit the [NCDR website](#) to find links for registry-specific listings of manuscripts, abstracts, and unpublished projects. Reviewing these lists will help avoid overlap with other projects already in the pipeline. Note that the RPA form requires that an investigator do this before submitting an RPA.

As an RPA is prepared, the Rule of Two must be considered, which applies across all NCDR registries. If two proposals are submitted, investigators will need to wait for those to go through review before submitting additional proposals. If both proposals are approved and move forward to analysis, another proposal cannot be submitted until at least one of those proposals has resulted in a manuscript that has been submitted to a peer-reviewed journal for possible publication.

3. The institution where I am doing my fellowship training is not a member of NCDR. Will I be able to use the NCDR database for research?

NCDR participation is not required to engage in research that is based upon analysis of NCDR data. In fact, the ACC no longer asks about participation on RPAs.

4. Do I receive the raw data or is data analyzed by a NCDR designated team?

Proposals that are approved to move forward are assigned to one of the NCDR's contracted DACs. The DAC, in turn, will contact the principal investigator to discuss the analytic plan. Once the initial analysis is complete, the DAC will send the results to the principal investigator. It is expected that investigators will produce a final manuscript (including input from all co-authors and statisticians, and review by NCDR) and be ready to submit to a journal within four months of the date upon which the analysis was delivered.

5. How do I enter my RWI (Relationship with Industry) through ACC's website?

You can enter or update your RWIs through the ACC's Disclosure System, <http://disclosures.acc.org>. You will be asked a series of questions about any relationships you may have with various entities. If you answer "yes" to any of the questions, the system will ask you to complete information regarding the relationship(s). If you have problems with the website, please call our toll-free number for assistance: (800) 253-4636. If you are not a member, please also call our toll-free number for assistance. Normal business hours are Monday thru Friday, 9:00 AM to 5:00 PM EST.

6. Are there financial costs associated with using NCDR databases (from protocol submission until publication)?

The NCDR supplies funding for a set number of research studies per year. However, if an applicant has his or her own source of funding, it should be noted on the application (at the funding source question). Applicants with their own source of funding will receive a separate review process and may apply at any time.

7. How do I submit my RPA form and is there an application fee?

Submit your RPA through the NCDR Research Management System, which can be accessed at <http://rp.acc.org/>. This website also contains many useful documents under the “[Resources and Supplemental Documentation](#)” section, including a brief overview of how to use the system, as well as user guides to assist investigators when navigating the system. No fee is required when submitting an RPA.

8. How soon will I be notified of the outcome?

After an RPA is submitted, NCDR staff will process it and applicants will receive an email confirmation containing a unique ID number. For NCDR-funded proposals, processing usually occurs right after an RPA submission deadline, or about 10 weeks prior to the next R&P Committee meeting. Dates for all RPA submission deadlines and R&P Committee meetings are posted on the [NCDR Research Calendar](#). Applicants are typically notified of the outcome of their submissions within six weeks after a committee meeting. For externally funded proposals, processing usually occurs within a few weeks of receiving the RPA in the online system.

9. How can I connect with other investigators interested or experienced in working with NCDR data for research purposes?

ACC has established a networking forum on LinkedIn. ACC in Touch has expanded to include the NCDR Research Network Subgroup, created for physicians, researchers, and other individuals interested in cardiovascular research. The group serves as a forum for the exchange of ideas, networking and discussions centering around cardiovascular research findings and opportunities to conduct research based on NCDR data.

To join, go to [LinkedIn Groups](#), search for “NCDR Research Network” and click the “Join Group” button. Once you have joined the NCDR Research Network community, you will also be accepted into its parent group, the American College of Cardiology, if you are not already a member.

10. How do I submit an externally funded research proposal that links NCDR data to an external data source?

Investigators may complete the Externally Funded Research Proposal Application Form¹, located in [Appendix I](#), and email it to ncdrresearch@acc.org. The NCDR will follow up with investigators to initiate the process for evaluating the request. Externally funded research requests for linking the NCDR with an external data source requires additional information and documentation that will be provided to the investigator by the NCDR upon receipt of their preliminary proposal.

APPENDIX D: NCDR BRAND AND STYLE GUIDE FOR RESEARCH AND PUBLICATIONS



NCDR[®]
NATIONAL CARDIOVASCULAR DATA REGISTRY

NCDR Brand and Style Guide for Research and Publications

NCDR branding guidelines must be followed in all written communications, including research manuscripts, abstracts, posters, and presentation slides.

I. Correct Use of “NCDR” in Abbreviated vs. Spelled Out Form

- Use of “ACC’s NCDR” or “NCDR” is preferred over individual registry names in manuscript and abstract titles.
- NCDR as an acronym is preferred over the spelled-out form (National Cardiovascular Data Registry) in manuscript and abstract titles.
- Upon first reference in the body of manuscripts and abstracts, the spelled-out form followed by the abbreviation in parentheses is appropriate, “National Cardiovascular Data Registry (NCDR).”

II. Correct Use of Registry Names

- Authors are required to use the appropriate registry name, as shown below, whenever the name is used. As stipulated by branding and partner guidelines, there are no acceptable abbreviations for NCDR registries.
 - ❖ AFib Ablation Registry
 - ❖ CathPCI Registry
 - ❖ Chest Pain - MI Registry
 - ❖ Diabetes Collaborative Registry
 - ❖ ICD Registry
 - ❖ IMPACT Registry
 - ❖ LAAO Registry
 - ❖ PINNACLE Registry
 - ❖ PVI Registry
 - ❖ STS/ACC TVT Registry (“TVT Registry” may be used after first reference)
- Authors may refer to a registry as “the registry” once the full name has been established in a document.
- When referring to a risk model or analysis of a registry’s data in a research paper, do not refer to the risk model or data as that of NCDR. Rather, specify the name of the registry whose data were used in the analysis/risk model. Example: *The CathPCI Registry model for risk-adjusted mortality (RAM; v 4.0 data) was used to assess...*

III. Partner and Sponsor Statements

At the end of the manuscript draft (before the References section), authors should insert the following statement to describe the registry on which their research is based:

- **Chest Pain-MI Registry** is an initiative of the American College of Cardiology with partnering support from the American College of Emergency Physicians.
- **CathPCI Registry** is an initiative of the American College of Cardiology with partnering support from the Society for Cardiovascular Angiography and Interventions.
- **Diabetes Collaborative Registry** is an initiative of the American College of Cardiology, American Diabetes Association, American College of Physicians and Joslin Diabetes Center. The registry is sponsored by AstraZeneca (Founding Sponsor) and Boehringer Ingelheim Pharmaceuticals, Inc.
- **IMPACT Registry** is an initiative of the American College of Cardiology with partnering support from the Society for Cardiovascular Angiography and Interventions, and the American Academy of Pediatrics.
- **PINNACLE Registry** is an initiative of the American College of Cardiology. Bristol-Myers Squibb and Pfizer Inc. are Founding Sponsors of the PINNACLE Registry.
- **PVI Registry** is an initiative of the American College of Cardiology with partnering support from the Society for Cardiovascular Angiography and Interventions.
- **STS/ACC TVT Registry** is an initiative of The Society of Thoracic Surgeons and the American College of Cardiology.

IV. NCDR Disclaimer for Abstracts and Manuscripts

Authors must include the following disclaimer in their abstract presentations:

PowerPoint Presentations:

This research was supported by the American College of Cardiology's National Cardiovascular Data Registry (NCDR). The views expressed in this presentation represent those of the author(s), and do not necessarily represent the official views of the NCDR or its associated professional societies identified at CVQuality.ACC.org/NCDR.

Poster Presentations:

This research was supported by the American College of Cardiology's National Cardiovascular Data Registry (NCDR). The views expressed in this poster represent those of the author(s), and do not necessarily represent the official views of the NCDR or its associated professional societies identified at CVQuality.ACC.org/NCDR.

Authors must incorporate the following disclaimer statement within their manuscript:

This research was supported by the American College of Cardiology's National Cardiovascular Data Registry (NCDR). The views expressed in this manuscript represent those of the author(s), and do not necessarily represent the official views of the NCDR or its associated professional societies identified at CVQuality.ACC.org/NCDR.

V. Use of NCDR Slide and Poster Templates

PowerPoint slide and poster templates have been developed for authors who are visually presenting NCDR research findings. To ensure NCDR branding guidelines are followed and logos are used in accordance with ACC branding policy, authors are required to use ACC approved templates.

APPENDIX E: SAMPLE CALL FOR DATA SCHEDULE

HOW TO READ THE CALL FOR DATA SCHEDULE:

1. Quarter: Defined by the Discharge Timeframe or timeframe of follow-up (if applicable).
2. Patients Discharged: Patients with discharge or follow-up dates falling within each defined timeframe should be entered into the associated quarter. *Note: When editing/adding data for a previous quarter, the data for that quarter must be resubmitted to the DQR.*
3. Data Submission Deadline: The last day data can be submitted in order to be included in the Outcome Report for the quarter.

| Call for Data | Discharge/Follow-up Timeframe | Data Submission Deadline 11:59PM EST |
|---------------|-------------------------------|---|
| Q1 | Jan 1, 2019 - Mar 31, 2019 | July 1, 2019 |
| Q2 | Apr 1, 2019 - June 30, 2019 | Sept 30, 2019 |
| Q3 | July 1, 2019 - Sept 30, 2019 | Jan 10, 2020 |
| Q4 | Oct 1, 2019 - Dec 31, 2019 | Apr 15, 2020 |

APPENDIX F: SUGGESTED LANGUAGE FOR NCDR METHODS AND LIMITATIONS

NCDR REGISTRY-WIDE

METHODS

The American College of Cardiology operates the National Cardiovascular Data Registry (NCDR), a comprehensive, outcomes-based cardiovascular quality improvement program encompassing both in-patient and ambulatory clinical registry programs. The NCDR programs use clinical data for the development and assessment of performance and quality metrics, quality improvement programs, and peer-reviewed outcomes research. The methods and quality metrics implemented in the NCDR have been published previously^{1,2}.

Data are captured electronically and submitted into a secure, centralized database. NCDR programs include robust data quality processes, including an independent audit program³. Details of NCDR data elements and definitions and participating sites are available on [NCDR's website](#). A waiver of written informed consent and authorization for this study was granted by Advarra.

LIMITATIONS

NCDR programs are voluntary; however, individual sites may participate based upon requirements from external stakeholders, such as regulators or insurance payers. Thus, the data and related study results reflect the centers/practices participating and may not be generalizable to larger U.S. or non-U.S. practice. Although sites are expected to submit comprehensive data for all patients meeting registry inclusion criteria, some eligible patients may not be included. While applied research can improve care and clinical decision-making, observational data are subject to unmeasured confounding. However, demographic, clinical, treatment, procedural, and institutional data elements are available to adjust for potential confounding.

1. Rumsfeld JS, Dehmer GJ, Brindis RG. The National Cardiovascular Data Registry: Its' Role in Benchmarking and Improving Quality. *U.S. Cardiology* 2009; 6:11-15.
2. Masoudi FA, Ponirakis A, Yeh RW, Maddox TM, Beachy J, Casale PN, Curtis JP, De Lemos J, Fonarow G, Heidenreich P, Koutras C, Kremers M, Messenger J, Moussa I, Oetgen WJ, Roe MT, Rosenfield K, Shields TS, Spertus JA, Wei J, White C, Young CH, Rumsfeld JS. Cardiovascular Care Facts: A Report from the National Cardiovascular Data Registry – 2011. *J Am Coll Cardiol*. 2013; 62:1931-1947.
3. Messenger JC, Ho KK, Young CH, et al. The National Cardiovascular Data Registry (NCDR) Data Quality Brief: the NCDR Data Quality Program in 2012. *J Am Coll Cardiol*. 2012 Oct 16;60(16):1484-8.

APPENDIX G: EXTERNAL ACCESS TO NCDR DATA

Policy: The American College of Cardiology Foundation (ACCF) and its partner societies direct research activities under the National Cardiovascular Data Registry (NCDR) programs. A key component of these research activities is the peer review process. To facilitate peer review, the ACCF established Research and Publications (R&P) Subcommittees for each of the NCDR registry programs to develop and oversee processes designed to 1) maintain the autonomy and independence of the investigator(s); 2) provide reviews of research proposals, abstracts, and manuscripts that are timely, thorough, constructive, free from personal or organizational bias, and maintain the need for confidentiality; and 3) appropriately represent to the public the integrity of the ACCF and its NCDR partner societies in directing research.

The R&P peer review process takes into consideration many scientific factors, including the appropriate use of research methods; accuracy of calculations and application of logic; support for conclusions by evidence presented; consultation/citation of relevant literature; quality of research proposed or presented; and significance of proposed or presented research in contributions to the field of cardiovascular medicine. These processes are consistent with externally recognized standard-setting bodies in the conduct of health care research, including the U.S. Department of Health Services Office of Research Integrity.

Divergence from the established R&P peer review processes and policies can have unintended negative consequences, and, therefore, is significantly limited. Requests to allow external access to NCDR data must be submitted to the NCDR for consideration, and decisions are made on a case-by-case basis but remaining in compliance with R&P peer review processes and policies. External access is defined as access to information from the point of a research proposal application (RPA) submission through publication of final results, and may include requests both from within the ACCF and the professional society registry partners that are external to the R&P process (e.g., policy, marketing, communications, etc.) or external to ACCF (e.g., funding agency reviews, professional societies, industry, etc.).

Requests must be submitted in writing stating the need and intended purpose(s) for access, the mechanism or processes by which external access will be managed, the proposed timelines, resources, and appropriate assurances of confidentiality. Any decision to allow external access must be unanimously approved by the NCDR Management Board Chair, the NCDR Chief Science Officer, the NCDR Science and Quality Oversight Committee Chair, and the Chairs of the relevant registry Steering Committee and R&P Subcommittee. If a decision is made to allow external access, individuals involved in the request may be required to provide information and assurances to ensure transparency and confidentiality are maintained, as well as compliance with the established NCDR R&P peer review processes and policies. If data analysis is performed by the individuals requesting access, the analytic plan for any publication using NCDR data is **required** to be reviewed by an NCDR-approved data analytic center. This ensures the data being presented is both valid and reliable. Additionally, the NCDR strongly encourages the individual to include a member of the data analytic center team when conducting the analysis, as they offer subject matter expertise and guidance.

Questions concerning the external access to NCDR research policy or the R&P process should be directed to NCDRresearch@acc.org.

Version: 1.2

Effective Date: 4/22/2019

APPENDIX H: DATA REQUEST FORM

DATA REQUEST FORM

This Data Request Form is to be completed for custom analytic requests that are *not* intended to support oral or poster presentations, manuscripts in peer review publications or other public release of information. Please complete the form below and e-mail to NCDRresearch@acc.org.

| CONTACT INFORMATION | |
|------------------------------|--|
| Requestor Name: | |
| Anticipated Collaborator(s): | |
| Requestor's Organization: | |
| Requester's Address: | |
| Requester's City: | |
| Requester's State: | |
| Requester's Zip Code: | |
| Telephone Number: | |
| E-mail Address: | |

Please select the NCDR registry/ies relevant to this request:

- | | |
|---|--|
| <input type="checkbox"/> AFib Ablation Registry™ | <input type="checkbox"/> IMPACT Registry® |
| <input type="checkbox"/> CathPCI Registry® | <input type="checkbox"/> LAAO Registry™ |
| <input type="checkbox"/> Chest Pain – MI Registry™ | <input type="checkbox"/> PINNACLE Registry® |
| <input type="checkbox"/> Diabetes Collaborative Registry® | <input type="checkbox"/> PVI Registry™ |
| <input type="checkbox"/> ICD Registry™ | <input type="checkbox"/> STS/ACC TVT Registry™ |

PURPOSE OF REQUEST

Please state the purpose of this request. Providing as much detail as possible will help expedite the processing of your request.

INTENDED USE OF DATA

Please state the intended use of data. If data are to be used for internal research purposes, please attach a copy of your study protocol that includes background, methods, and references.

SCOPE OF REQUEST

At a minimum, please provide the following details to define the scope of your request: inclusion/exclusion criteria, list of variables (go to the Registry website and review the available variables - <https://cvquality.acc.org/>) and time period to be analyzed, preferred statistical methods, specify any sub-groups, special categorizations, pre-defined ranges, etc.

SOURCE OF FUNDING

Please provide a brief explanation of the source and description of funding that will pay for this request (e.g., grant, industry, etc.).

FORMAT SPECIFICATION

Please select your preferred output format:

- ☐ MS Excel Spreadsheet(s)
- ☐ Aggregated Analytic Data Tables in ASCII text format
- ☐ Other (specify):

Please note: The HIPAA Privacy Rule states the Minimum Necessary Standard applies when using or disclosing protected health information (PHI). The ACC takes reasonable steps to limit the use or disclosure of, and requests for, PHI to the minimum necessary to accomplish the intended purpose.

APPENDIX I: EXTERNALLY FUNDED RESEARCH PROPOSAL APPLICATION FORM



NCDR[®]

NATIONAL CARDIOVASCULAR DATA REGISTRY

EXTERNALLY FUNDED RESEARCH PROPOSAL APPLICATION (RPA) FORM

Return the completed form to NCDRresearch@acc.org and use the following in the subject line: New **Insert Registry Name** Externally Funded RPA

A. REGISTRY AND AUTHORS

1. NCDR Registry:
2. Primary Author's Name:
3. Primary Author's Institution:
4. Collaborator Name(s) and Institution(s) (optional):

B. TITLE OF RESEARCH PROPOSAL

C. HYPOTHESIS AND/OR STATEMENT OF INTENT

Provide a brief statement (**maximum 1–2 sentences**) describing the proposal's main hypothesis. Limit to no more than two aims.

D. BACKGROUND/SIGNIFICANCE

Provide a brief statement (**maximum 1 paragraph**) describing the background and significance of the proposed research.

E. INCLUSION AND EXCLUSION CRITERIA

Briefly describe the proposal's patient and/or hospital inclusion and exclusion criteria.

F. DATA REQUESTED, INCLUDING PRIMARY OUTCOMES AND COVARIATES

Please utilize the appropriate registry's data collection form as a reference to delineate groups for comparison, list the primary and secondary outcomes of interest for this proposal and requests for modeling these outcomes, any covariates of interest, and any of the main variables that may need to be considered (e.g., for adjustment) in the analysis.

G. BRIEF STATISTICAL ANALYSIS PLAN

Provide a brief (no more than 1 paragraph) description of the proposed statistical methodology that could be considered for your proposal based on the data requested above.

H. SOURCE AND DESCRIPTION OF FUNDING

Provide a brief explanation of the source of funding (e.g., grant, industry, etc.)

APPENDIX J: NCDR FUNDED RESEARCH CHECKLIST

SUBMITTING AN RPA

- ☐ Read the NCDR Research Policies and Procedures
- ☐ Choose the appropriate [registry](#) for your research
- ☐ Rule out [overlap](#)
- ☐ “[Rule of Two](#)” (confirm you have no more than two active proposals in the R&P pipeline)
- ☐ Create and submit new RPA on [NCDR Research Management System](#) (ensure to select NCDR Funded under funding source)

PUBLICATIONS

- ☐ Refer to the Brand and Style Guide in [Appendix D](#) prior to drafting a publication (i.e. poster, abstract, or manuscript, etc.).
Templates can be accessed and downloaded through the [NCDR Research Management System](#) (select the “[Resources and Supplemental Documentation](#)” link under “User Resources”).
- ☐ Submit the draft publication to the appropriate NCDR staff via the online [NCDR Research Management System](#).
- ☐ Submit the publication to the desired conference or journal and notify the appropriate NCDR staff upon acceptance/rejection.

APPENDIX K: EXTERNALLY FUNDED RESEARCH CHECKLIST

PREPARING AN RPA

- ☐ Read the NCDR Research Policies and Procedures
- ☐ Choose the appropriate [registry](#) for your research
- ☐ Rule out [overlap](#)
- ☐ Confirm you have no more than two active proposals in the R&P pipeline (["Rule of Two"](#))

SUBMITTING AN RPA

- ☐ Complete the NCDR Externally Funded RPA Form in [Appendix I](#).
Submit the form to NCDRresearch@acc.org and use the following text in the subject line:

New [Insert Registry Name] Externally Funded RPA

- ☐ Be prepared to provide NCDR staff with the following information upon request:
 - ✓ Funding source
 - ✓ Timing of funding (i.e. is there a specific date the funds will become available) / deadlines
 - ✓ Entity responsible for contracting
 - ✓ Point of contact at the contracting organization

**NCDR staff will submit the RPA to the Scientific and Strategic (S&S) Committee once all required documents are provided. S&S Committee approval must be granted prior to moving forward.*

RPA ANALYSIS

- ☐ Provide the designated NCDR staff with availability for a kickoff call.
- ☐ Provide monthly project updates to the designated NCDR staff upon receipt of statistical analysis.

PUBLICATIONS

- ☐ Refer to the Brand and Style Guide in [Appendix D](#) prior to drafting a publication (i.e. abstract, poster, manuscript, etc.).
Templates can be accessed and downloaded through the [NCDR Research Management System](#) (select the ["Resources and Supplemental Documentation"](#) link under "User Resources").
- ☐ Submit the draft publication to the appropriate NCDR staff via email or the online [NCDR Research Management System](#).
- ☐ Submit the publication to the desired conference or journal and notify the appropriate NCDR staff upon acceptance/rejection.

APPENDIX L: LETTER OF SUPPORT REQUEST FORM

Investigators are required to attach any corresponding documentation when submitting the Letter of Support Request Form to NCDRresearch@acc.org. Please refer to Section [6 | Letter of Support for Grant Funded Research](#) for additional details.

| | |
|--|---|
| Date of Request | ___ / ___ / ____ |
| Principal Investigator <i>Attach Biosketch</i> | |
| Title of Project | |
| RFA in Response to Provide RFA, PA or FOA Number | |
| Application Due Date | ___ / ___ / ____ |
| PI's Internal Deadline | ___ / ___ / ____ |
| Co-Investigator(s) <i>Attach Biosketch(es)</i> | |
| Key Personnel (if any) <i>Attach Biosketch(es)</i> | |
| Institutional Review Board (IRB) | Is the prime organization obtaining IRB approval for this study? |
| Research Administration Contact | Name: Phone number: Email address: |
| Proposed Data Linkage (if any) <i>Describe the external data source to be linked to the NCDR</i> | What dataset(s) are proposed to be linked to NCDR data and who are they owned by? Does the external data source contain any direct or indirect patient identifiers? What is the proposed approach for linking? Is there a longer-term sustainability plan for the linked database? |
| Governance/Ownership of Resulting Linked Database (if applicable) | Where will the resulting linked database reside? Who will own the linked database? Who will have access to the linked database? How long will the linked database exist? |
| Additional Consortium/Contractual Agreements (if any) <i>Indicate if any additional agreements will be required with third parties</i> | |
| Research and Publications | Anticipated number of manuscripts: <i>Please note: the requestor must submit a Research Proposal Application (RPA) for every manuscript</i> What research and publication policies from your institution or the granting agency apply to this study? |