

**Defense Health Program
Department of Defense Epilepsy Research Program
Funding Opportunities for Fiscal Year 2018 (FY18)**

The FY18 Defense Appropriations Act provides \$7.5 million (M) to the Department of Defense Epilepsy Research Program (ERP) to explore the causative links between traumatic brain injury (TBI) and epilepsy, with the hope that, one day, post-traumatic epilepsy (PTE) will be preventable. As directed by the Office of the Assistant Secretary of Defense for Health Affairs, the Defense Health Agency (DHA) J9, Research and Development Directorate manages the Defense Health Program (DHP) Research, Development, Test, and Evaluation (RDT&E) appropriation. The managing agent for the anticipated Program Announcements/Funding Opportunities is the Congressionally Directed Medical Research Programs (CDMRP).

The ERP is providing the information in this pre-announcement to allow investigators time to plan and develop applications. FY18 ERP Program Announcements and General Application Instructions for the following award mechanisms are anticipated to be posted on the Grants.gov website in May 2018. **Pre-application and application deadlines will be available when the Program Announcements are released.** This pre-announcement should not be construed as an obligation by the Government.

Applications should also address at least one of the ERP FY18 Focus Areas. An application that proposes research outside of the FY18 Focus Areas is acceptable, as long as the applicant provides a strong rationale. The Focus Areas will be mechanism-specific.

The ERP FY18 Focus Areas are as follows:

Epidemiology: Epidemiological characterization of PTE following TBI, which may include:

- Risk factors such as demographics, genetic factors, organic head injury factors, or type of insult
- Differentiation of PTE and Psychogenic Non-Epileptic Seizures (PNES)
- Outcomes including latency to epilepsy, morbidities and comorbidities, and mortality
- Pre-existing conditions including psychological and psychiatric risk factors
- Treatment

Markers and Mechanisms: Identifying markers or mechanisms (via clinical prospective or preclinical models) that address PTE, which may include the following:

- Early detection
- Diagnosis
- Prognosis
- Morbidity
- Comorbidity
- Mortality
- Risk stratification

Note: Research considering the development of new models or better characterization of existing etiologically relevant models for PTE, including repetitive TBI, could be considered under this Focus Area.

Longitudinal Studies: Studies of the natural evolution of PTE, which may include the following:

- Seizure frequency and severity
- Comorbidities (e.g., depression, functional deficits, sleep disorders, major illness)
- Latency between injury and PTE
- Mortality
- Treatment
- Quality of life of individuals with PTE

Longitudinal Risk Factors Award

The Principal Investigator must be an independent investigator at or above the level of Assistant Professor (or equivalent). Investigators must have a patient cohort identified.

Intent: To facilitate high-impact, systematic, cohort-based research investigating the natural evolution of PTE from TBI.

- Responsive to the Longitudinal Focus Area Only.
- Preliminary data are required.
- Must describe how the inter-relationship between TBI and PTE will be assessed or characterized.
- Must describe the nature of the cohort (military, etc.)
- Must describe the study outcomes to be captured.
- Must describe the nature of the TBIs within the study cohort.
- Requires a Biostatistician.
- Applications that develop interdisciplinary teams or consortia as part of the support plan for executing the research are encouraged.
- Research considering a pharmacologic intervention is specifically discouraged under this mechanism.
- Maximum funding of \$2,500,000 for direct costs (plus indirect costs).
- Maximum period of performance is 4 years.
- Indirect costs may be proposed in accordance with the institution's rate agreement.

<http://cdmrp.army.mil/pubs/press/2018/18erppreann>

Idea Development Award

Level I: The Principal Investigator must be at or above the level of postdoctoral fellow (or equivalent), but below the level of Assistant Professor (or equivalent).

Level II: The Principal Investigator must be an independent investigator at or above the level of Assistant Professor (or equivalent).

Intent: To solicit research to understand the magnitude and underlying mechanisms of PTE, especially in Service members and Veterans, while also benefitting the civilian community.

- Level I is intended to support high-risk or high-gain research from researchers at or above the level of a post-doctoral fellow (or equivalent).
- Level II is intended to support a more mature, hypothesis-driven research project.

The following Focus Areas are open to both Levels I and II:

- Epidemiology

- Markers and Mechanisms
- Longitudinal Studies
- **Preliminary data, while not required, are encouraged for both levels.**

Research considering a pharmacologic intervention is specifically discouraged under this mechanism.

Level I:

- Maximum funding of \$300,000 for direct costs (plus indirect costs).
- Maximum period of performance is 2 years.
- Indirect costs may be proposed in accordance with the institution's rate agreement.

Level II:

- Maximum funding of \$500,000 for direct costs (plus indirect costs).
 - Maximum period of performance is 3 years.
- Indirect costs may be proposed in accordance with the institution's rate agreement.

A pre-application is required and must be submitted through the electronic Biomedical Research Application Portal (eBRAP) at <https://eBRAP.org> prior to the pre-application deadline. All applications must conform to the final Program Announcements and General Application Instructions that will be available for electronic downloading from the [Grants.gov](https://www.grants.gov) website. The application package containing the required forms for each award mechanism will also be found on Grants.gov. A listing of all CDMRP funding opportunities can be obtained on the Grants.gov website by performing a basic search using CFDA Number 12.420.

Applications must be submitted through the Federal Government's single-entry portal, [Grants.gov](https://www.grants.gov). Submission deadlines are not available until the Program Announcements are released. For email notification when Program Announcements are released, subscribe to program-specific news and updates under "Email Subscriptions" on the eBRAP homepage at <https://eBRAP.org>. For more information about the ERP or other CDMRP-administered programs, please visit the CDMRP website (<http://cdmrp.army.mil>).

Point of Contact:

CDMRP Public Affairs

301-619-9783

usarmy.detrick.medcom-cdmrp.mbx.cdmrp-public-affairs@mail.mil