SUPPORTING STATEMENT

Part A

Online Submission Form for Supplemental Evidence and Data for Systematic Reviews for the Evidence-based Practice Center Program

Reinstatement without change of a previously approved ICR
(OMB No. 0935- 0231)

Agency of Healthcare Research and Quality (AHRQ)

Table of contents

A. Justification....3
1. Circumstances that make the collection of information necessary....3
2. Purpose and use of information....5
3. Use of Improved Information Technology....6
4. Efforts to Identify Duplication....7
5. Involvement of Small Entities....8
6. Consequences if Information Collected Less Frequently....8
7. Special Circumstances....8
8. Federal Register Notice and Consultation outside the Agency....8
9. Payments/Gifts to Respondents....9
10. Assurance of Confidentiality....9
11. Questions of a Sensitive Nature....9
12. Estimates of Annualized Burden Hours and Costs....9
13. Estimates of Annualized Respondent Capital and Maintenance Costs....10
14. Estimates of Annualized Cost to the Government....10
15. Changes in Hour Burden....11
16. Time Schedule, Publication and Analysis Plans....11
17. Exemption for Display of Expiration Date....11
List of Attachments....12

A. Justification

1. Circumstances that make the collection of information necessary

The mission of the Agency for Healthcare Research and Quality (AHRQ) set out in its authorizing legislation, The Healthcare Research and Quality Act of 1999 (see http://www.ahrq.gov/hrqa99.pdf), is to enhance the quality, appropriateness, and effectiveness of health services, and access to such services, through the establishment of a broad base of scientific research and through the promotion of improvements in clinical and health systems practices, including the prevention of diseases and other health conditions. AHRQ shall promote healthcare quality improvement by conducting and supporting:

1. research that develops and presents scientific evidence regarding all aspects of health care;

2. the synthesis and dissemination of available scientific evidence for use by patients, consumers, practitioners, providers, purchasers, policy makers, and educators; and

3. initiatives to advance private and public efforts to improve healthcare quality.

Also, AHRQ shall conduct and support research and evaluations, and support demonstration projects, with respect to (A) the delivery of health care in inner-city areas, and in rural areas (including frontier areas); and (B) health care for priority populations, which shall include (1) low-income groups, (2) minority groups, (3) women, (4) children, (5) the elderly, and (6) individuals with special health care needs, including individuals with disabilities and individuals who need chronic care or end-of-life health care.

Summary of Reinstatement:
This Information Collection Request is for a reinstatement, without change, of the "Online Submission Form for Supplemental Evidence and Data for Systematic Reviews for the Evidence-based Practice", OMB No. 0935-0231, last approved on November 22, 2022 for three years. AHRQ is requesting a new expiration date, 3 years from approval of the ICR.

This is an ongoing activity of AHRQ's Evidence-based Practice Center (EPC) Program.

AHRQ's EPC Program develops evidence reports on topics relevant to clinical and other health care organization and delivery issues—specifically those that are common, expensive, and/or significant for the Medicare and Medicaid populations. For example recent reviews have focused on clinical conditions, such as "Cervical Degenerative Disease Treatment: A Systematic Review"[1]; health delivery topics such as "Postpartum

[11] Selph SS, Skelly AC, Jungbauer RM, Brodt E, Blazina I, Philipp TC, Mauer KM, Dettori J, Atchison C, Riopelle D, Stabler-Morris S, Fu R, Yu Y, Chou R. Cervical Degenerative Disease Treatment: A Systematic Review. Comparative Effectiveness Review No. 266. (Prepared by the Pacific Northwest

Care up to 1 Year After Pregnancy: A Systematic Review and Meta-Analysis"[2]; and specific technologies such as "Blood-Based Tests for Multiple Cancer Screening: A Systematic Review."[3] These evidence reports include systematic reviews, technical briefs, and rapid reviews; and provide an essential foundation from which to understand what we know from existing research and what critical research gaps remain. These reports and reviews are based on rigorous, comprehensive syntheses and analyses of the scientific literature on topics. EPC reports and assessments emphasize explicit and detailed documentation of methods, rationale, and assumptions. EPC reports are conducted in accordance with an established policy on financial and nonfinancial interests. These scientific syntheses may include meta-analyses.

The EPC Program supports AHRQ's mission by synthesizing and disseminating the available research as a "science partner" with private and public organizations in their efforts to improve the quality, effectiveness, and appropriateness of health care. The EPC Program is a trusted source of rigorous, comprehensive, and unbiased evidence reviews for stakeholders. The resulting evidence reports are used by Federal and State agencies, private-sector professional societies, health delivery systems, providers, payers, and others committed to evidence-based health care. These end-users may use EPC Program evidence reports to inform policy decisions, clinical practice guidelines, and other healthcare decisions.

This activity, Online Submission Form for Supplemental Evidence and Data for Systematic Reviews for the Evidence-based Practice Center Program, seeks to answer the following research question:

1. Are there research studies or other information that can promote the comprehensiveness of AHRQ Evidence-based Practice Center Program evidence reviews?

This research has the following goals:

1. Use research methods to gather knowledge on the effectiveness and harms of certain treatments and healthcare delivery processes and models for medical conditions, both published and unpublished, to evaluate the quality of research studies and the evidence from these studies.

Evidence-based Practice Center under Contract No. 75Q80120D00006.) AHRQ Publication No. 24-EHC001. Rockville, MD: Agency for Healthcare Research and Quality; November 2023. DOI: .https://doi.org/10.23970/AHRQEPCCER266

[22] Saldanha IJ, Adam GP, Kanaan G, Zahradnik ML, Steele DW, Danilack VA, Peahl AF, Chen KK, Stuebe AM, Balk EM. Postpartum Care up to 1 Year After Pregnancy: A Systematic Review and Meta-Analysis. Comparative Effectiveness Review No. 261. (Prepared by the Brown Evidence-based Practice Center under Contract No. 75Q80120D00001.) AHRQ Publication No. 23-EHC010. PCORI Publication No. 2023-SR-01. Rockville, MD: Agency for Healthcare Research and Quality; June 2023. DOI: .https://doi.org/10.23970/AHRQEPCCER261

[33] Kahwati LC, Avenarius M, Brouwer L, Crossnohere NL, Doubeni CA, Miller C, Siddiqui M, Voisin C, Wines RC, Jonas DE. Blood-Based Tests for Multiple Cancer Screening: A Systematic Review. Systematic Review. (Prepared by the RTI International–University of North Carolina at Chapel Hill Evidence-based Practice Center under Contract No. 75Q80120D00007.) AHRQ Publication No. 25-EHC033. Rockville, MD: Agency for Healthcare Research and Quality; May 2025. DOI: https://doi.org/10.23970/AHRQEPCSRMULTIPLE.

2. Promote the use of evidence in healthcare decision making to improve healthcare and health

3. Identify research gaps to inform future research investments

The Institute of Medicine (now National Academies of Sciences, Engineering, and Medicine) standards for quality systematic reviews include an assessment of publication bias through the identification of unpublished studies. This is an important source for bias which could affect the nature and direction of research findings. Identifying and including the results of these additional unpublished studies may provide a more complete and accurate assessment of an intervention's effect on outcomes. An important way to identify unpublished studies and data is through providing an opportunity for the public to share this information, including medical device manufacturers, pharmaceutical companies, and other intervention developers.

The proposed project involves a broad-based stakeholder email and an additional posting a notice in the federal register for selected review topics to reach relevant medical device manufacturers, pharmaceutical companies and other intervention developers and increase awareness of the opportunity to submit unpublished studies or other scientific information to the EPC Program website, with one portal per systematic review topic. Because research on each topic must be completed in a timely manner in order for it to be useful, the collections are never ongoing—there is one portal and collection per topic. Investigators in the EPC Program will review the information and note whether additional studies from the SEADS submissions will be included in the review. They will assess potential risk of bias from both published and unpublished studies if they are relevant to the review and include in the analysis. AHRQ believes this is needed for transparency and to maintain rigor of the evidence review. In addition, it may improve the response and submission rates of industry stakeholders by informing the healthcare community of the impact of potential bias on the research conclusions, and for healthcare decision making.

To achieve the goals of this project the following data collection will be implemented:

- **Online Submission Form** (Attachment B). This information is collected for the purposes of providing supplemental evidence and data for systematic reviews (SEADS). The online submission form (OSF) collects data from respondents on their name, organization name, description of the submission, medical condition, intervention, and email address. For the purposes of meta-analyses, trial summary data from missing and unidentified studies are sought. For the purposes of constructing evidence tables and quality ratings (e.g. on public reporting of cost measures or health information exchange), data can vary (e.g., URLs, study designs, and consumer-mediated exchange forms). Information on both completed and ongoing studies are requested. Submitters may alternatively email their submission to the AHRQ EPC mailbox at epc@ahrq.hhs.gov.

The EPC Program currently uses broad- based email announcement to stakeholders (Attachment A) and in some cases an additional Federal Register notice (Attachment C), to allow the public to know about each topic, and the opportunity to submit scientific information. In 2024, the Program opened 18 SEADS portals on the Effective Health Care website with a corresponding Federal Register notice. 72% (13/18) of all SEADS portals received a response; and all received research material considered for inclusion in the review. This experience has prompted continuation of this proposed project.

The proposed project does not duplicate other available sources of this information. Available study registries and databases may not be complete to sufficiently inform the Program's research.

This study is being conducted by AHRQ through its contractor, Portland VA Research Foundation with website assistance from another contractor Riva Solutions, pursuant to AHRQ's statutory authority to conduct and support research on healthcare and on systems for the delivery of such care, including activities with respect to the quality, effectiveness, efficiency, appropriateness and value of healthcare services and with respect to quality measurement and improvement. 42 U.S.C. 299a(a)(1) and (2).

2. Purpose and Use of Information

The purpose of SEADS submissions is not to collect generalizable data, but to supplement the published and grey literature searches EPC investigators are conducting. Furthermore, considering the evidence and data included in responses collected from industry stakeholders, an assessment pertaining to the completeness of the evidence-base will be produced. This, AHRQ believes, will increase the value of AHRQ's research reviews to end-users and potentially provide stakeholders a better understanding of how their submissions are used.

The EPC Program currently uses broad- based email announcement to stakeholders and through AHRQ listserves (Attachment A), and in some cases an additional Federal Register notice (Attachment C) to allow the public to know about each topic, and the opportunity to submit scientific information. AHRQ plans to conduct one SEADS collection per topic. Up to twenty-four topics per year with SEADS portals are anticipated; over the past 3 years the number of SEADS portals has ranged from 10-19; with an average range of 0-11 potential respondents per topic. The EPC Program does not anticipate more than 40 topics per year with SEADS portals.

3. Use of Improved Information Technology

The Effective Health Care website houses information and documents specific to the EPC Program. Through this website, documents are shared with the public, and give stakeholders the opportunity to comment on interim documents, such as the proposed scope of a product and a draft report. The Effective Health Care website would also serve as a gateway for the electronic submission of information and materials (SEADS), allowing access to an online submission form (OSF; see Attachment B) upon the finalization the research scope for the individual topics. Submitters using the SEADS

OSF will be the public, including industry stakeholders and investigators involved in the sponsoring of studies on interventions and healthcare strategies related to the topics investigated by the Program. The responses and submissions are intended to be included in statistical analyses used to evaluate the different treatment options or healthcare processes for patients.

The information can be uploaded as a MS Word document, PDF, Excel, or as a ZIP file, which potentially reduces the burden on the submitter. A portal will be open for at least four weeks for each topic. If the interventions under study include devices, generic drugs, or poorly defined interventions (such as non-drug, health delivery interventions) a Federal Register notice will be posted, and this period will coincide with the Federal Register Notice. The OSF is not a questionnaire.

From a range of fields concerning the submitter and their information, there will be only one required field in the OSF in addition to any files they wish to upload. The required field is the submitter's name. Submitters may choose to include additional details, such as their e-mail, organization name. The submitter may provide an email address to receive acknowledgement of their submission.

In addition to electronic submission of SEADS through the Effective Health Care Program website, respondents may also e-mail the EPC Program their files directly.

Guidance for the OSF includes details about what type of information would be most helpful to the EPC Program. It states that this is a voluntary submission. Submitters are informed that the contents of all submissions will be made available to the public upon request. All SEADS are reviewed by AHRQ and the EPC investigator team.

4. Efforts to Identify Duplication

The EPC Program currently uses a broad-based stakeholder email and Federal Register notice to allow the public to know about ongoing topics and the opportunity to submit scientific information. While the Program has worked with representatives from the Food and Drug Administration (FDA) when part of a stakeholder panel, and attempted to obtain publicly available information from relevant FDA resources, because the information submitted to the FDA is proprietary information, it may be heavily redacted and limit its usefulness. Moreover, the Electronic Freedom of Information Act (eFOIA) of 1996 means that FDA materials like drug approval packages are readily available only after 1996. Thus, a standard FOIA is required for those studies completed up to 1996. However, FOIA request are described on FOIA.gov to take about a month for simple requests and much longer for more complicated requests. Since the systematic reviews conducted by EPCs are on a short schedule to ensure their prompt use in healthcare settings, additional time for FOIAs are likely not practical.

Additional factors limiting the usefulness of FDA resources are that the FDA only conducts approvals for pre-marketing studies with specific labeling most reliably available for primary efficacy outcomes. This leaves out information on post-marketing studies, off-label uses, and many secondary efficacy outcomes. For these data,

ClinicalTrials.gov is an important resource. However, it is only recently that results are required to be uploaded in addition to the trials being registered on ClinicalTrials.gov. Furthermore, studies subject to regulation by the FDA, such as investigational device exemptions, are not required to be registered on ClinicalTrials.gov; and if these studies fail regulatory testing, such as futility analyses, the FDA will not make their outcomes or circumstances available to the public on their website since the device has likely not been approved.

The passing of Section 801 of the Food and Drug Administration Amendments Act (FDAAA 801) in September of 2007 means that results of trials conducted before this date are not required to be posted on ClinicalTrials.gov. Thus, identified trials on ClinicalTrials.gov older than this date without results would likely require FOIAs as well and, in reference to the statement two paragraphs above, this is not a highly viable option due to time constraints.

5. Involvement of Small Entities

This activity does not intend to intentionally involve nor exclude or impact any small entities. The process used to collect data is designed to minimize the burden on all respondents. The OSF for SEADS includes one required field in addition to the submission of any scientific material. These field is the name. This is the minimum required information.

6. Consequences if Information Collected Less Frequently

This is a one-time collection for each topic. If this collection is not conducted, it will negatively impact the scientific rigor and comprehensiveness of the research. Moreover, this research is intended to inform clinician and patient decision-making in healthcare, guidance in clinical practice, and healthcare policy. An incomplete assessment of the evidence due to the absence of runs the risk of biasing these decisions, and negatively impacting health outcomes for individuals and future research investments by researchers and research funders.

7. Special Circumstances

A particular manufacturer may develop an intervention that is used for multiple topics, or related topics. If this arises an effort will be made to check previous submissions on related topics.

This request is consistent with the general information collection guidelines of 5 CFR 1320.5(d)(2). No special circumstances apply.

8. Federal Register Notice and Outside Consultations

8.a. Federal Register Notice

As required by 5 CFR 1320.8(d), notice was published in the Federal Register on September 19 on page 45212 for 60 days (see Attachment D). AHRQ did not receive any comments.

8.b. Outside Consultations

AHRQ will consult with outside consultants on general and specific areas of the OSF. The consultants AHRQ has identified are:

- Amanda Borsky, PhD (Veterans Health Administration)
- Jennie Dalton, MPH (Patient Centered Outcomes Research Institute)

9. Payments/Gifts to Respondents

No payments or gifts to respondents will be given.

10. Assurance of Confidentiality

Data will be kept private to the extent allowed by law. Individuals and organizations will be assured of the confidentiality of their replies under Section 944(c) of the Public Health Service Act. 42 U.S.C. 299c-3(c). That law requires that information collected for research conducted or supported by AHRQ that identifies individuals or establishments be used only for the purpose for which it was supplied.

11. Questions of a Sensitive Nature

This activity does not entail questions of a sensitive nature.

12. Estimates of Annualized Burden Hours and Costs

Exhibit 1 presents estimates of the reporting burden hours for the data collection efforts. Time estimates are based on pilot testing of materials and what can reasonably be requested of respondents. The number of respondents listed in "Number of respondents" of Exhibit 1 reflects a projected upper range response rate per SEADS portal multiplied by the anticipated upper limit of number of SEADS portals per year, based on historical information over the past 3 years.

Online Submission Form: A form for submitting scientific evidence and data related to medical interventions sponsored by organizations and individuals such as pharmaceutical companies and independent researchers. The form has one required field in addition to uploading a document: the submitter's name.

Exhibit 1. Estimated annualized burden hours

Form Name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Online Submission Form (OSF)	200	1	15/60	50
Total	**200**	**1**	**15/60**	**50**

Exhibit 2. Estimated annualized cost burden

Form Name	Total burden hours	Average hourly wage rate*	Adjusted Hourly Wage Rate**	Total cost burden
OSF	50	$74.49	$148.98	$7449
Total	**50**	**$74.49**	$148.98	**$7449**

***Occupational Employment Statistics, May 2024 National Occupational Employment and Wage Estimates United States, U.S. Department of Labor, Bureau of Labor Statistics.
http://www.bls.gov/oes/current/oes_nat.htm#b29-0000

**The Adjusted Hourly Rate was estimated at 200% of the hourly wage.

[a]Based on the mean wages for *Public Relations and Fundraising Managers, 11-2030*, the occupational group most likely tasked with completing the OSF.

13. Estimates of Annualized Respondent Capital and Maintenance Costs

There are no direct costs to respondents other than their time to participate in the study.

14. Estimates of Annualized Cost to the Government

The total cost of this data collection to the government is $15,770 per year; $13,039 in contract costs and $2731 in government personnel costs. The data collection is a one-time collection per topic. Exhibit 3 shows a breakdown of the total cost and annualized cost for the data collection by the website contractor. Exhibit 4 shows a breakdown of the government personnel costs related to this data collection effort.

Exhibit 3. Estimated Total and Annualized Cost

Cost Component	**Total Cost (over 3 years)**	**Annualized Cost (assuming 20 SEAD/year)**
Project Development	NA	NA
Data Collection Activities	$36,000	$12,000
Data Processing and Analysis	NA	NA
Publication of Results	NA	NA
Project Management	$3,118	$1039
Total	$39,118	$13,039

Exhibit 4. Federal Government Personnel Cost

AHRQ Position	% Time	Hourly Rate	Adjusted Hourly Rate*	Annualized Cost
GS-14	0.01%	$68.27	$136.54	$2731

Annual salaries based on 2025 OPM Pay Schedule for Washington/DC area: https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2025/general-schedule/
**The Adjusted Hourly Rate was estimated at 200% of the hourly wage.

15. Changes to Collection of Information Requirements, Burden, and Collection of Information Instruments

There are no changes to information requirements or burden hours, however the last submission did not include burden cost for the public.

16. Time Schedule, Publication and Analysis Plans

Exhibit 5 Idealized Data Collection Timeline for Each SEADS

Description (in chronological order)	**Due Date**
Final protocol of research review posted on EHC website	
Open SEADS submission portal	Within 3 days of final protocol
Send broad-based email	Concurrent with portal opening
Post Federal Register notice (if needed)	Within 2 weeks of portal opening
Close SEADS submission portal	4 weeks after SEADS submission portal opened
Alert EPC investigator team of portal closure	Within 2 days of portal closure
Data analysis	4-8 months after portal closure
Final report (AHRQ publication)	7-9 months after portal closure

Publication Plan:

Research review results will be disseminated through a peer-reviewed publication under the auspices of the AHRQ EPC Program.

Analysis Plan:

Provided any data submitted by intervention sponsors is not redundant and is useful for the purposes of either meta-analysis or evidence tables, the EPC investigator team will include it in the research review.

Exhibit 6. SEADS Collection and Analysis Plans

Instrument	When administered and to whom	Analysis sub-goal	Analysis plan
SEADS Email (Attachment A)	▪ Within 3 days of final protocol posting on EHC website ▪ Email listserve recipients	None	None
Online Submission Form (Attachment B)	▪ Within the 4-week submission portal timeline which begins the day the email is sent ▪ Intervention sponsors	Tabulate the number of responses	▪ Meta-analyses ▪ Evidence tables

17. Exemption for Display of Expiration Date

AHRQ does not seek this exemption.

List of Attachments:

Attachment A -- Supplemental Evidence and Data for Systematic Reviews Email

Attachment B -- Online Submission Form for Supplemental Evidence and Data on the Effective Health Care website

Attachment C -- Sample Federal Register Notice for a Supplemental Evidence and Data for Systematic Reviews

Attachment D – 60 Day Federal Register Notice