

# National Data Streams Q&A

For any remaining questions, contact [nds@sphn.ch](mailto:nds@sphn.ch)

## General questions

1	How do NDS differ from the Driver projects of the previous phase, which should have resulted in FAIR data as a basis for broad research?
	<p>NDS are more mature than Driver projects mainly in the sense that they require:</p> <ol style="list-style-type: none"> <li>1) a solid baseline of pre-existing datasets and infrastructures on which the NDS can build (an NDS should not start from scratch).</li> <li>2) a focus on data reusability (during and after NDS funding) and sustainability (a sustainability concept should outline what NDS elements can outlive NDS funding)</li> <li>3) a data management plan ensuring adherence to the FAIR criteria from the beginning (projects cannot start before data interoperability has been ensured, and close collaboration with the DCC is required from the application preparation phase onwards),</li> <li>4) a lighthouse research project in addition to infrastructure development, and the possibility of nested research projects during and after the NDS funding</li> </ol>
2	We would have liked to apply to the NDS call but probably need more time to enlarge the consortium. According to what you said, we should not apply. Thus, to which call could we apply? Will there be additional NDS calls in the coming years?
	SPHN and PHRT will release more calls in the coming years, but not another call for NDS. More information to follow on the SPHN and PHRT websites.
3	What about translational research? Are omics data from disease models (i.e. cell types, model organisms) in the scope of PHRT/NDS?
	Omics data from disease models are not excluded per-se, but should be used to complement human data.
4	Can there be an NDS project without a PHRT part? Is it possible to have two science PHRT parts for one NDS project?
	Yes, an NDS project can solely be funded by SPHN or by PHRT if it fulfills all requirements. While the amount that can be received for one NDS is max. CHF 2.5 million from SPHN and PHRT each, complementary third-party funded projects (e.g., via SNSF) are welcome to contribute to NDS as data providers or in research collaborations. Complementary PHRT- or SPHN-funded projects

	need to be discussed on a case-by-case basis. Overlap and synergies between projects must be clearly defined and stated transparently in the NDS proposal.
5	<p>Often, hospitals or institutions are participating in more than one consortium (as previous SPHN/PHRT applications) and those consortiums used a common platform or system within the hospital for: data access, data anonymization, data sharing and communication.</p> <ul style="list-style-type: none"> <li>- If a hospital will participate in more than one application for the NDS, can a technical co-applicant be in more than one application, due to the above issue?</li> <li>- Can an application target more than one clinical question (e.g., merges previous consortium) to unify the application to focus more on the platform and data sharing?</li> <li>- Must all previous consortia be merged into one NDS application?</li> </ul>
	<ul style="list-style-type: none"> <li>- Regarding the first question: yes, co-applicants can be part of multiple NDS.</li> <li>- Yes, multiple clinical questions can be part of an NDS. An NDS can also focus, for instance, on a type of data.</li> <li>- No. Consortium composition does not follow strict rules; it is up to the (main) applicant(s) to design an NDS-specific consortium. The NDS grant will be administered independently of other grants from the same or similar consortium.</li> </ul>
6	Is there the possibility to schedule an individual meeting with one of you to discuss if data from our Swiss-wide cohort study is suitable and if application makes sense in our case?
	Please contact <a href="mailto:nds@sphn.ch">nds@sphn.ch</a> to discuss feasibility questions or <a href="mailto:dcc@sphn.ch">dcc@sphn.ch</a> for data questions.
7	Can the slides be shared via an Email list?
	For the slides, please see the webinar recording on YouTube: <a href="https://www.youtube.com/watch?v=tniVgWbaKYI">https://www.youtube.com/watch?v=tniVgWbaKYI</a>
8	What type of institutional commitment do you need at this point of the call?
	<p>Templates for support letters from host institutions of applicants that request SPHN funding, as well as for data and service providers can be found on <a href="https://sphn.ch/services/funding/nds/">https://sphn.ch/services/funding/nds/</a>.</p> <p>A more binding commitment letter is needed only at the stage of submission of full proposals.</p>
9	Where can a template for the outline proposal can be found?
	All application documents can be found here <a href="https://sphn.ch/services/funding/nds/">https://sphn.ch/services/funding/nds/</a>
10	Did I understand it correctly that only one big lighthouse Project will be funded? Or will Driver Projects will be funded as in the years before?
	An NDS indeed includes a lighthouse project – but encompasses many more elements. This NDS call is not the same as a Driver call. SPHN will release more focused calls in the future.

<b>11</b>	Is a clinical trial with patients a suitable design for this call?
	A CT including routine clinical data could be possible as embedded research project. The basic design of the NDS must focus on data-driven research approaches, FAIR data and sustainable infrastructures.
<b>12</b>	Until when can an NDS start?
	Preferably as soon as possible after 1.6.22. Note that SPHN will be dissolved by the end of 2025. Please contact the MO if a start after 1.7.22 is foreseen.
<b>13</b>	Where can additionally required forms specifying human samples and pathogen use etc. be found?
	These files are available at MySNF (see NDS call document for specific link).
<b>14</b>	Can new cohorts be financed by NDS funding?
	Unfortunately, SPHN funding cannot be used to fund new cohorts.
<b>15</b>	What are measurable outcomes of the sustainability concept?
	For outline proposals, mainly convincingly explaining the added value (for whom) of NDS elements is relevant.

### Questions on consortium composition, networking, and applicant eligibility

<b>16</b>	Is there a platform to create and/or join an existing consortium to ensure the most collaborative national project?  Is there an open database of applicants and their topics, to check if there are possibilities for collaborations to avoid two or more applicants applying for the same topic (i.e. interventional Cardiology)?
	We invite all potential applicants to join the SPHN LinkedIn group to find and be found by potential consortium members. <a href="https://www.linkedin.com/groups/8579798/">https://www.linkedin.com/groups/8579798/</a> In addition, participants have received a participants list.
<b>17</b>	What about the international consortia? Data from outside Switzerland? Can they be a part of SPHN and NDS?
	Under certain circumstances (e.g., no Swiss research group can provide the respective know-how), it is possible to include research groups located in a foreign country as associated applicants. Associated applicants located in countries outside of Switzerland are however not

	<p>eligible to receive funding from SPHN and PHRT. Please contact the SPHN Management Office to discuss specific cases.</p> <p>Data from outside SPHN are compatible with BioMedIT. Access from international researchers to BioMedIT would be a challenge but solvable (contact <a href="mailto:dcc@sphn.ch">dcc@sphn.ch</a>).</p>
<b>18</b>	<p>Do you have an estimate on a reasonable number of co-applicants and/or associated applicants?</p>
	<p>The appropriate number of applicants depends on many factors like scope, available funding, expertise, geographic distribution, etc. of the NDS and must be determined by the applying consortium.</p>
<b>19</b>	<p>Are non-profit foundations (such as for example the SCQM for rheumatic diseases, <a href="http://www.scqm.ch">www.scqm.ch</a>) considered a private partner or can they act as associated partner? In the latter case, would they be eligible for SPHN funding of up to 20%?</p>
	<p>Non-profit organizations can be considered associated applicants and should, in general, be eligible to receive funding. Please contact SPHN/PHRT to inquire about specific organizations. As a general rule, costs for all associated applicants combined should not exceed 20% of the total grant from SPHN.</p>
<b>20</b>	<p>Could you please publish possible collaborative partners on the PHRT website ASAP?</p>
	<p>Please see the catalogue of service units/specialized research groups and workshop participant list that has been sent to workshop attendees. The catalogue will be expanded with additional collaboration partners – see the NDS website.</p> <p>For networking purposes, all interested parties are invited to join the SPHN LinkedIn group and find or be found by potential collaborators. <a href="https://www.linkedin.com/groups/8579798/">https://www.linkedin.com/groups/8579798/</a></p>
<b>21</b>	<p>Can NDS consortia span only one city or one hospital?</p>
	<p>Preferably not. The «national» character of any NDS will be an evaluation criterium.</p>
<b>22</b>	<p>Can SSPH+ be a main applicant?</p>
	<p>Main applicants must be employed as faculty (or equivalent) for the entire duration of the project at a Swiss higher education institution, but other entities (such as SSPH+) can associate with a main applicant.</p>

## Infrastructure / BioMedIT questions

<b>23</b>	Will clinical data warehouses be funded through separate mechanisms (as in the previous SPHN projects), or will they need to be budgeted within specific NDS proposals?
	While the basic infrastructure of Clinical Data Warehouses (CDWs) at university hospitals (UHs) is funded by the infrastructure implementation funding of SPHN (i.e., collaboration agreements with university hospitals), cost for provision of data (extraction, formatting, and transfer, according to the SPHN interoperability framework including data-encoding standards) must be carried by NDS funding. Please contact the locally responsible persons early on to discuss the requirements, timelines and costs. Basic CDW infrastructure at non-university hospitals is not funded by SPHN.
<b>24</b>	BioMedIT Network data usage is based on general consent, or does it fit also dynamic consent principles ?
	Consent management – be it general or dynamic – is the responsibility of the hospitals and NDS consortia, not of BioMedIT. Currently, dynamic consent has not yet been implemented.
<b>25</b>	Are the costs to be planned for using BioMedIT infrastructure after 2024 already being defined?
	Since the central funding of BioMedIT is currently also limited to the end of 2024, a full cost calculation should be done for the use of BioMedIT after 2024. Price lists of BioMedIT Services are on the web ( <a href="https://ethz.ch/content/dam/ethz/associates/services/Service/IT-Services/files/sla/sla-scientific-compute-clusters.pdf">https://ethz.ch/content/dam/ethz/associates/services/Service/IT-Services/files/sla/sla-scientific-compute-clusters.pdf</a> ) or available on request at the nodes.
<b>26</b>	Will exchange of data between projects be possible on BioMedIT? This was challenging in the first phase, but would be important for re-use of data.
	Data reuse is an important milestone of every NDS and should thus be made possible. However, the exchange of data between ongoing projects is a rather rare use case and solutions will be developed on an individual basis.
<b>27</b>	Currently, the most urgent limitation for parametrization/structuring of big clinical data is the lack of consensus on the required framework and the underestimation of human resources required for data transfer into databases and their monitoring/validation. How will these limitations be addressed by NDS projects?
	The SPHN Interoperability Framework provides the basic consensus and must be adhered to and supported by the NDS. A close collaboration with the DCC and the local CDWs is mandatory. It's the responsibility of the applicants to allocate sufficient resources to these tasks.
<b>28</b>	Does the RDF support object-oriented, recursive data structure?
	Yes, RDF supports both object-oriented and recursive data structures. In RDF, classes and properties can inherit from multiple parents as well as subclasses can extend their superclasses.

	Creating custom types is possible. Recursive Data Structures are possible, e.g., list of lists or a tree of trees.
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## Data questions

<b>29</b>	How is data quality assured (QA) and how is data quality controlled (QC) in the NDS?
	It is the responsibility of the NDS to develop a data management plan for quality assurance and control, in line with the SPHN interoperability framework. Applicants are strongly advised to contact the DCC when preparing their application. Please see the following website for the SPHN interoperability framework: <a href="https://sphn.ch/2021/05/20/rdf-ication-of-semantic-framework/">https://sphn.ch/2021/05/20/rdf-ication-of-semantic-framework/</a>
<b>30</b>	Is there a QA/QC in place in terms of clinical usefulness and not just in terms of data format?
	No. The quality controls offered in the realm of the SPHN interoperability framework are in relation to the data specifications. Quality with regards to clinical usefulness must be done on the project level.
<b>31</b>	Is it continuous data flow or stepwise data transfers?
	Technically, it is stepwise data transfers.
<b>32</b>	In many cases, data used in the framework of the “lighthouse research project” will not be covered by the general consent, i.e. an extra ethics committee approval will be necessary (covering many sites across Switzerland). Is such an approval a prerequisite for an application (i.e. must be pre-existing) or can it be part of a project milestone?
	Approvals by ethics committees are required for the first instalment to be released (within 3 months of official project start) – but they are not required yet for the outline/full proposals or the NDS to start.
<b>33</b>	How are datasets accessible to others? Who has access to the data? Is there some sort of access control?
	Data on BioMedIT is subject to BioMedIT security measures. Datasets on BioMedIT are handled in isolated project spaces or tenants and are only accessible to authorized users. The PI defines the user-crowd and technical as well as organizational measures make sure that no unauthorized users can access the data. More information on BioMedIT can be found here: <a href="https://pubmed.ncbi.nlm.nih.gov/32570566/">https://pubmed.ncbi.nlm.nih.gov/32570566/</a>
<b>34</b>	For omics data - there are not too many standardized workflows nor are there benchmarking studies to define such workflows. It's hard to see how these will be defined upfront.
	Please contact the omics platforms directly to answer this question.
<b>35</b>	Is there a catalogue of clinical diagnoses that were verified during the first phase of SPHN now available? Just hospital coded diagnoses (eg. ICD10) are of low quality for research because also influenced by DRG and economical reasons.

	Unfortunately, here is not such catalogue available.
<b>36</b>	For building data interoperability (RDF, LOINC etc): to which degree do applicants have to invest in data interoperability - what part is supported by SPHN platforms or Universities?
	Any contribution of a NDS to further (and sustainable) data interoperability and data standardization is a strong asset in the application process. SPHN will primarily provide support for RDF ( <a href="https://sphn.ch/2021/05/20/rdf-ication-of-semantic-framework/">https://sphn.ch/2021/05/20/rdf-ication-of-semantic-framework/</a> ). Please contact DCC when preparing your application to discuss these matters directly with them.
<b>37</b>	Is clinical text (e.g., discharge summaries) being considered as a relevant aspect of the data to be handled by the planned platform? Unstructured data (text) requires typically a different set of competences to be used effectively compared with structured data.
	It is the responsibility of the applicants to define the scope, use cases and means to make the data FAIR. While clinical text can be one source of information, enrichment with quantitative/analytical data is a requirement.
<b>38</b>	Is it possible to export Excel file from an existing database to feed the NDS database network and regularly update it?
	This strongly depends on the agreed format for data transfers. If the setting allows it, csv files for data export could be an option.

### Funding/financial questions

<b>39</b>	Can I introduce third party funding already at application? I have private business representatives on my consortium.
	Yes, this can be indicated in the budget under “third-party funds”. When envisioning collaborations with private businesses, you’re advised to contact the NDS office in advance ( <a href="mailto:nds@sphn.ch">nds@sphn.ch</a> ). Please also see chapter 7.1.4 of the call document.
<b>40</b>	Can you expand on the matching funds required? Does the salaries and time of the researchers count as 'in kind' matching funds? Thank you.
	Yes, salaries and time of researchers paid from the institution's operating budget count as “in kind” matching funds (NB, this is only a requirement for SPHN funding). See also call document, chapter 8.1., Appendix A4, and the SPHN Funding Regulations (incl. provisions about the use of competitive infrastructure or research grants as own contribution).
<b>41</b>	Is it possible to use NDS IT experts to develop an PRO App as a part of the project?
	App development can be financed by NDS funding (but SPHN-“internal” IT experts (DCC) will not be available for this purpose). Contact the DCC for more information.

<b>42</b>	Does the grant cover salaries for technical human resources?
	Yes
<b>43</b>	Does the grant cover hardware acquisition?
	Yes
<b>44</b>	Does PHRT allow the funding of an applicant's own position in a TT call? This is, e.g., relevant for Senior Scientists.
	In principle, yes – if the faculty is co-applicant, and, preferably, PHRT only funds part of the position.