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(Mon) 1 August 2011

Memorandum

To: Trialists

Fr: Curt Meinert

Re: Estimates of local costs of data sharing

   I sent a note last week asking for cost estimates for mandated HIH data sharing. The table below gives the estimates provided.

Person	$	Hrs
A	110	15,000
B	144	19,000
C	150	19,800
D	152	20,000
E	267	35,200
F	287	36,432
G	371	49,000
E	1,070	149,900

One person (person E) is represented twice because the person provided two estimates; one if data sharing is built into the design at the outset ($35,200) and another if data sharing is an add-on effort at the end of the trial ($149,900). The person provided estimates based on FTEs. Using the cost of $234,900 per FTE (median salary plus fringe benefits plus supplies and equipment plus F&A) to convert to dollars leads to the two figures cited. Five persons estimated hours spent on the various activities and then multiplied by the $132 per hour figure given in the 25 July memo to get total cost. Another person guesstimated the total cost and came to hours of effort by dividing cost by $132.

   No doubt the cost could be reduced by less checking, but is that wise? Probably not from the perspective of reputation of the coordinating center and of the study if errors are made in making deposits.

   It is apparent, regardless how you cut it, that deposit is not cheap, to say nothing about how the effort involved syphons away effort from more pressing study activities.

   The NIH policy statement on data sharing recognizes that costs can be included in funding requests or can be requested at the end of the study if not included in the budget.

Applicants may request funds in their application for data sharing. If funds are being sought, the applicant should address the financial issues in the budget and budget justification sections. ... Investigators facing considerable delays in the preparation of the final dataset for sharing should consult with the NIH program about how to manage this situation, such as requesting a no-cost extension.

Whether funding agencies will stand for figures of $20,000 or more in asking budgets is an open question. As is usually the case, jobs appear easier from afar than up close and personal. That, no doubt, is why we are bowled over when our plumber tells us it will cost $250 dollars to fix that leaky faucet. You come to realize the price is a bargain only if you try to fix the leak yourself!

In any case, what do you do when there is no money left for depositing? (No-cost extensions are viable only so long as there are unexpended monies remaining.) That is the question before us in a trial finished several years ago now with the NIH demanding deposit. Who does one see for funding in that case? Or is one left to steal the effort from funded projects and then sign fraudulent effort reports?