File Ref. No. BDRM/IICT/R&D/002/24-25; Dt: 29-10-2024

CPPP Tender ID: 2024_CSIR_212898_1

Minutes of Pre-Bid Conference (PBC) held on 12-11-2024 for proposed procurement of "IDENTIFYING CONTRACT RESEARCH ORGANIZATION (CRO) FOR CONDUCTING AN ACADEMIC CLINICAL TRIAL"

Chairpersons / Members of the Outsourcing Committee were present during PBC including domain experts present during PBC:-

1. Dr. A.G. Rao, Chairman
2. Dr. D. Shailaja, Chair, BDRM, Member
3. Dr. Pravin Likhar, Member
4. COSP or a representative, Member
5. COA or a representative, Member
6. COFA or a representative, Member
7. Dr. Sudhakar Bansod, Convenor
8. Dr. Haridas Rode, Member
9. IO Dr. Sandip B. Bharate

Representatives of the following firm attended the PBC:

1. M/S Laila Nutraceuticals (Mr. Ravi Kumar)
2. M/S Vivo Bio Tech Ltd (Ms. Jyothika Vanamali)
3. M/S Abiogenesis Clinpharm Private Limited (Mr. Sanket Sawant)
4. M/S Ayurlife Health Solutions (Dr. Venkatesh)

The following points were discussed during the PBC:

Query raised by M/s. Laila Nutraceuticals, and response of CSIR-IICT:

Query-1: The study duration and the number of visits are not specified. We propose an intervention period of 7 days with 3 key study visits:
Visit 1: Screening; Visit 2: Randomization/Baseline; Visit 3: Follow-up on Day 8

Response: The intervention will be over 14 nights (once in a day, before the sleeping time) followed by two-week follow-up assessments postintervention (day 7 and 14 after intervention)

Query-2: It is suggested to incorporate the term "randomized" in both the study title and the study design section to clearly reflect the randomization process.

Response: Agreed.

Query 3: The indication can be modified to "To enhance sleep quality and overall sleep health" or "To enhance self-reported sleep issues"

Response: Agreed.

Query 4: We recommend including the NIH's guide to healthy sleep as general sleep tips for all participants. This can help standardize sleep hygiene practices across the study.

Response: Agreed.

Query 5: It should be clarified whether this study is purely academic or if there is any commercial interest involved. This distinction is important for understanding conflict of interest and publication considerations. As the Pittsburgh Sleep Quality Index (PSQI) is copyrighted, it can be used free of charge for non-commercial, academic clinical research and educational purposes

Response: It is an academic / proof-of-concept clinical trial.

Query 7: The specific version of the PROMISE questionnaire should be indicated in the study protocol (e.g., 8bSF, 4a, 6a, 8a, etc.). Based on the study objectives, we recommend using PROMISE 8bSF, as it appears to be the most appropriate version for this research context.

Response: Agreed. PROMISE 8bSF it to be used.

Query 8: It is mentioned that sleep quantity will be assessed through a sleep diary card filled out by participants. However, the specific details of this diary (e.g., CSDM or another established sleep diary) are currently missing. Clarification is needed on the type of sleep diary to be used for the study.

Response: Any of the standard sleep diary such as Concensus Sleep Diary (CSDM) or National Sleep Foundation Sleep (NSFS) Diary is to be used.

Query 9. We would like to suggest for considering options such as sleep tracking devices (e.g., Fitbit or Oura Ring) as part of the study. These tools could potentially provide more objective, real-time data on sleep (quantity and quality) and may enhance the accuracy of the results.

Response: Yes, the sleep tracking device is required. The Wristband Bracelet Sleep Tracker is included now.

Query raised by M/s. Abiogenesis Clinpharm Private Limited, and response of CSIR-IICT:

1. Percentage of drop-out to considered: Our recommendation would be minimum 15%
   Response: Agreed. Now the total number of volunteers in the study is increased to 110 with percentage of drop-out upto 15%.

2. How many centres to be enrolled in the study

   Response: Number of centers can be between 2-4.

3. Whether both government and private centres should be selected

Response: It can be a mix of both.

4. Would the list of sites be suggested by IICT.

   Response: CRO / the quoting firm has to be select the site.

5. Total clinical duration for each subjects

   Response: 10-days of intervention followed by 2 weeks of follow-up.

6. No of subject visits and follow up expected

   Response: Visit 1: Screening; Visit 2: Randomization/Baseline; Visit 3 & 4: Follow-up on Day 7 and 14.

7. Data Management: Should we consider EDC or Paper CRFs

   Response: Electronic Data Capture (EDC)

8. Safety Management: Would the CRO be responsible for end-to-end safety reporting and management

   Response: Yes, the CRO will be responsible for end-to-end safety reporting and management

9. List of Lab evaluation that the subjects will have to go through at the screening

   Response: Yes, the basic Lab tests such as CBC, KFT, LFT, urine test as a part of inclusion criteria are required.

10. Would local lab suffice or we need to engage a central lab

    Response: NABL accredited lab to be used.

11. Insurance to be included in the budget

    Response: Yes, it should be part of the budget.

12. Submission of both the technical and price bid will be through e-Tender Central Public Procurement Portal (CPPP) of Government of India *http://etenders.gov.in*.

    Response: Yes, the bid submission should be done through CPPP portal only.

Query raised by M/s. Ayurlife Health Solutions, and response of CSIR-IICT:

Query 1. Clarity on the use of As the Pittsburgh Sleep Quality Index (PSQI) is required as it is a copyrighted. The sponsor will have to give declaration.

Response: Yes, declaration will be given to the CRO after the award of the work order.

Query 2. Are there any safety concerns about the topical application of the essential oil. Information will be required for ethical committee approval.

Response: Yes, the sponsor will provide necessary information.

Query 3: Information about the duration of the study and number of times the intervention to be used in a day should be mentioned.

Response: Yes. It is included now in the corrigendum.

M/S Vivo Bio Tech Ltd did not have any specific query related to this tender.

Points clarified by CSIR-IICT Team during PBC:

The representatives of the participating firm/further informed that they do not have any issue or suggestion with respect to other points of tendered specifications and related requirements given in the tender document. Participating bidders have been informed that points raised by them during PBC will be examined by CSIR-IICT's **Outsourcing Committee** constituted for the purpose of outsourcing the studies and **post PBC changes** in tendered specifications and requirements to be agreed after due consideration of the same by the committee, **if any**, will be uploaded in **CPPP** as part of **revised/amended tendered specifications** along with CSIR-IICT website www.iict.res.in on or before **19-11-2024**. All bidders are requested kindly to take a note of the changes, if any, in tendered specifications subsequent to **PBC** held today, i.e. 12-11-2024 before they start submitting their online bids through CPPP.

(Dr. Haridas Rode)
Member

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IO

(Dr Sudhakar Bansod)
Convenor

(Sri. Pravin Likhar)
Member

(Dr. D. Shailaja)
Chair, BDRM

COSP/ or representative

COFA/ or representative

COA/ or representative

(Dr A.G. Rao)
Chairman

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The following changes have been made to the tender specifications following the PBC held on 12.11.2024. The original specifications remain as such (except minor edits as specified below); however, in response to the queries raised during the PBC, a few additional points have been included in the study synopsis.

Heading	Specifications	Additional point included in the specifications/ study synopsis
Title:	An investigator blind, Multicenter, Prospective, Clinical Study to Evaluate the efficacy and safety of Kashmir Lavender (*Lavandula angustifolia*) oil in healthy adult human subjects.	**Title is revised as** "An investigator blind, Multicenter, Prospective, **Randomized** Clinical Study to Evaluate the efficacy and safety of Kashmir Lavender (*Lavandula angustifolia*) oil in healthy adult human subjects."
Indication	To improve quality and quantity of sleep	**Indication is revised as** "To enhance self-reported sleep issues"
Objectives:	**Primary Objective:** To evaluate the efficacy of Kashmir Lavender (*Lavandula angustifolia*) oil in healthy adult human subjects having Inadequate sleep hygiene **Secondary Objective:** To assess the safety of Kashmir Lavender (Lavandula angustifolia) oil in healthy adult human subjects having Inadequate sleep hygiene	**No change**
Study Product:	Kashmir Lavender (*Lavandula angustifolia*) oil	**No change**
Dose and Mode of Administration	Lavender oil sprayed on the pillow or any other mode of delivery (Sponsor will finalize the delivery mode)	The intervention will be over 14 nights (once in a day, before the sleeping time) followed by two-week follow-

		up assessments postintervention (day 7 and 14 after intervention)
Sample size	The primary endpoint will be mean scores of sleep quality surveys (Pittsburgh Sleep Quality Index [PSQI]. Based on previous studies, we expect a mean difference of 1.8 between the treatment and placebo groups, with a standard deviation of 2.4. To detect this difference with 90% power and a significance level of 0.05 (one sided), a sample size of 102 participants overall is required, including 10% dropout rate. Since the subjects are randomized in 2: 1 ratio in this study, around 68 subjects will be randomized to test arm and 34 subjects to placebo arm. Overall, a sample size of 102 subjects will be required to achieve a minimum PP population of 93 subjects.	Sample size is changed from 102 subjects to 110 with the consideration of upto 15% dropout rate. The number of study centers can be between 2-4.
Study Population	**Inclusion Criteria** 1. Healthy Male and female participants ≥18 to ≤ 65 years of age 2. Participants had self-reported sleep issues due to inadequate sleep hygiene (difficulty falling asleep, frequent awakenings during the night, or daytime sleepiness), 3. Weight not less than 50 kg for male and 45 kg for female and BMI 18.50 to 30.00 kg/m2 [both inclusive]. 4. Subjects whose screening laboratory values, vital signs are within the normal limits; or if not, considered by physician/principal investigator to be of no clinical significance. 5. Participant able to read, understand and sign informed	• NIH's guide to be used to assess the sleep hygiene practices across the study. • The basic Lab tests such as CBC, KFT, LFT, urine test as a part of inclusion criteria are required. • All lab tests to be done in NABL accredited lab

	consent form. 6. Ready to follow study protocol till study completion	
	Exclusion Criteria 1. Subjects who have night shift work, or use of prescription sleep medications 2. Hypersensitivity to active ingredients of investigational product and any related chemical substances or to any of the excipients in the formulation. 3. Nasal allergy, nasal pathology (history of bleeding/active bleeding) and nasal infections 4. Refusal for the procedure 5. Known history or presence of the following: a) Cardiovascular, pulmonary, metabolic, hepatic, renal, hematological, gastrointestinal, ocular, endocrine (including diabetes), immunologic, dermatologic, venereal, neurological, musculoskeletal or psychiatric disease/disorder. b) Asthma, urticaria or other allergic reactions after taking any medication. c) Alcohol dependence, alcohol abuse or drug/chemical abuse (marijuana [THC], cocaine, morphine, benzodiazepines, barbiturates and amphetamine) for past one year. 6. Respiratory system dysfunction (rhinorrhea, nasal polyps) or respiratory tract infection 7. Subjects with difficult airway and obstructive sleep apnea	

	syndrome 8. Pregnant women and breast-feeding mother's 9. Female of child bearing potential refusing use of contraceptive methods 10. Any other condition that precludes adequate understanding, cooperation, and compliance with study procedures or any condition that could pose a risk to subject's safety, as per the investigator's judgment.	
Study Design	A single blind multicentre, prospective clinical study	*Revised as:* "A single blind multicentre, prospective **randomized** clinical study"
Study Procedure	A health check-up will be done for these participants at screening visit after obtaining informed consent. Participants will be explained about the dosing. The investigational product will be issued as per randomisation and the product will be self sprayed on pillow (or other mode of delivery, as decided by the sponsor) by the participant before going to sleep. The signs of nasal irritation (stingy and scratchy nose, watering of nose and eyes) will be noted in diary card. Sleep score (PSQI) will be noted by the participant.	• PROMISE 8bSF questionnaire to be used for each participant. • Standard sleep diary such as Consensus Sleep Diary (CSDM) or National Sleep Foundation Sleep (NSFS) Diary is to be used. • The Wristband Bracelet Sleep Tracker to be used for each participant to monitor the sleep parameters. • Data management it to be done by electronic data capture (EDC)
Study Endpoints	**Primary efficacy endpoints** • Change in mean scores of sleep quality surveys (Pittsburgh Sleep Quality Index [PSQI] from baseline to end of study **Secondary efficacy end points** • Change in PROMIS total score from baseline to end of study • Change in sleep quantity	

	between groups based on the sleep diary from baseline to end of study (Total time in bed, Total time asleep, Times awakened, Fell asleep easily) **Safety end point** 1. Percentage of subjects with adverse events (AEs), serious adverse events (SAEs) and AEs leading to discontinuations.	
Statistical Analysis	All the continuous data will be described using descriptive statistics n, mean, SD, median, minimum and maximum. All categorical data will be assessed using number (n) and percentage (%). A descriptive analysis comparing the adverse events in both the treatment groups will be performed.	

All the other tender terms remain unchanged. Bidders may please submit their bids accordingly.

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