



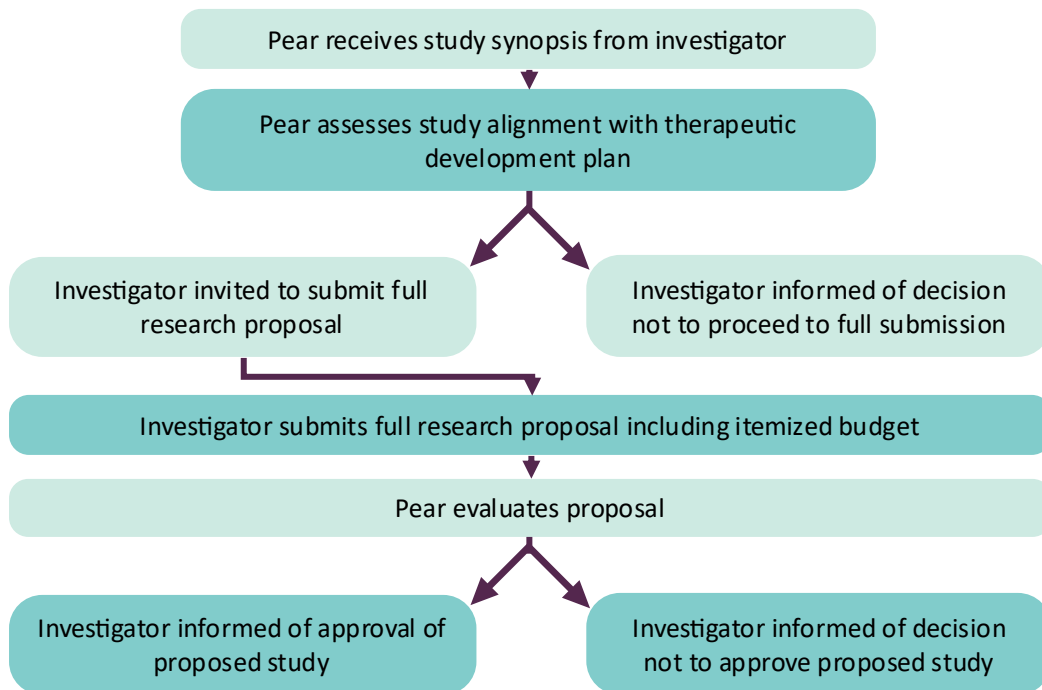
# Research Proposal Submission Guide

The Pear Therapeutics (“Pear”) scientific steering committee (SSC) seeks to support research that furthers our mission of pioneering the use of prescription digital therapeutics (PDTs) for the treatment of serious diseases/conditions. The SSC welcomes proposals from all investigators interested in incorporating PDTs into their research program

Pear requires an initial study synopsis submission for review. Pear medical staff will review the study synopsis. Details regarding necessary materials for the initial study synopsis submission are available below. Following review, Pear will communicate a decision to proceed or to decline the proposal to the submitting investigator.

If a decision to proceed is made, a member of the Pear team will contact the submitting investigator to discuss and a full research proposal may be requested. Details regarding necessary materials for the full research proposal are available below. Following review, Pear will communicate a decision to proceed or to decline supporting the research proposal to the submitting investigator.

### SUBMISSION PROCESS OVERVIEW



## STUDY SYNOPSIS SUBMISSION

Pear requests a study synopsis as the initial application for support. To submit the study synopsis, select the “Apply for Pear Therapeutics Support” link on the Pear Research website and select “Study Synopsis” as the submission type in the linked form. The study synopsis submission is intended to provide sufficient information for preliminary assessment of the proposal. Principal investigator information and a brief overview of study components are required for submission of the study synopsis form. A confirmation email will be sent upon completion of the form. Pear medical staff will review the study synopsis and communicate a decision to proceed or to decline the proposal to the submitting investigator.

The following information will be requested in the Study Synopsis form:

<b>Principal investigator information</b>	Name, Email, Phone, Institution, Address
<b>Pear Therapeutics contact</b>	
<b>Study type</b>	Investigator-initiated study or collaborative research study
<b>Prescription digital therapeutic</b>	reSET, reSET-O, Somryst
<b>Study title</b>	
<b>Study description</b>	Brief narrative description of intended approach
<b>Study population(s)</b>	Brief description of the study participants
<b>Outcome measure(s)</b>	Primary, secondary, and important exploratory endpoints
<b>Impact</b>	Assess the potential importance of the proposed study
<b>Funding currently in place?</b>	Yes/No
<b>Support requested from Pear Therapeutics</b>	Support (eg, financial or product) requested from Pear Therapeutics
<b>Investigator Bio(s)</b>	Document upload to include personal statement, contact information, department and laboratory websites, and administrative contact information (if available)

## FULL RESEARCH PROPOSAL SUBMISSION

Pear may request additional information in the form of a full research proposal following study synopsis review. To submit the full research proposal, select the “Apply for Pear Therapeutics Support” link on the Pear Research website and select “Full Research Proposal” as the submission type in the linked form. The full research proposal should be prepared in advance and uploaded as a single file.

The following information is required for review of a full research proposal:

### RESEARCH PLAN

**Background:** provide a summary of previous research sufficient to allow readers to understand the premise and importance of your proposed research

**Study objective(s):** provide the objective(s) of the proposed research

**Study design and estimated timeline:** include estimated start date and consort flow diagram if appropriate

**Approach:** include a comprehensive description of your methods, patient selection, and patient allocation if appropriate

**Outcomes and statistical design:** describe primary, secondary, and important exploratory endpoints, and your approach to analysis

**Sample:** include sample size and method used to determine the size of the proposed sample

**Population:** define the characteristics necessary for participant inclusion/exclusion

**Recruitment plan:** describe the intended recruitment plan and estimated timeline

**References**

### FOR EACH INVESTIGATOR PROVIDE

**Personal statement:** biography including past efforts and unique qualifications for the proposed study

**Contact information:** phone number(s) and email address

**Address**

**Website(s):** department and laboratory website(s)

## FACILITIES AND OTHER RESOURCES

**Facilities:** provide location(s) available to support the study

**Resources:** materials and equipment available to support the study

Financial support requested (if any) and intended use of funds

Product support requested

**Institutional review board (IRB):** Will this study use an institutional or centralized IRB?

Is an approved IRB protocol in place?

## DISSEMINATION

Describe intended activities that would enhance awareness of the proposed study within the scientific and lay communities

Please do not consider any request approved until you have received written documentation from Pear that your application has been approved for funding, including all of the required paperwork. Any expenses incurred prior to receiving written support of the program by Pear are taken at your own risk.

Each request submitted is evaluated on individual merit, and previous support by Pear does NOT guarantee future support. If you have any questions regarding the status of your request please contact your MSL or contact [Pear\\_Research@peartherapeutics.com](mailto:Pear_Research@peartherapeutics.com)

Please be aware that Pear receives more requests than can be funded and we regret that we cannot accommodate every request. However, your submission will receive fair and thorough review. In return, please take time to consider how your program fits within the therapeutic areas of interest for Pear and the established regulations, laws and guidelines before submitting a request.