



Community Advisory Committee (CAC) Application Form



Scan the QR Code
for more info



Recruiting for Community Advisory Committee (CAC)

Ideally, you will identify and invite individuals and community organizations that as a collective bring a comprehensive understanding of the health and social issues of the community, the principles of study design, and appreciation of the relevance and potential health impacts of research. Often, investigators, researchers, and many others equate “community” with people living with HIV and/or STBBI’s; however, there are also others who identify as community members. A potential list includes, but is not limited to:

- People living with HIV;
- People living with STBBIs;
- Those from AIDS service organizations and other community-based organizations;
- Staff at community health centres and public health agencies/departments; and
- People who identify with the population under study (e.g. caregivers, chosen/biological family, friends).

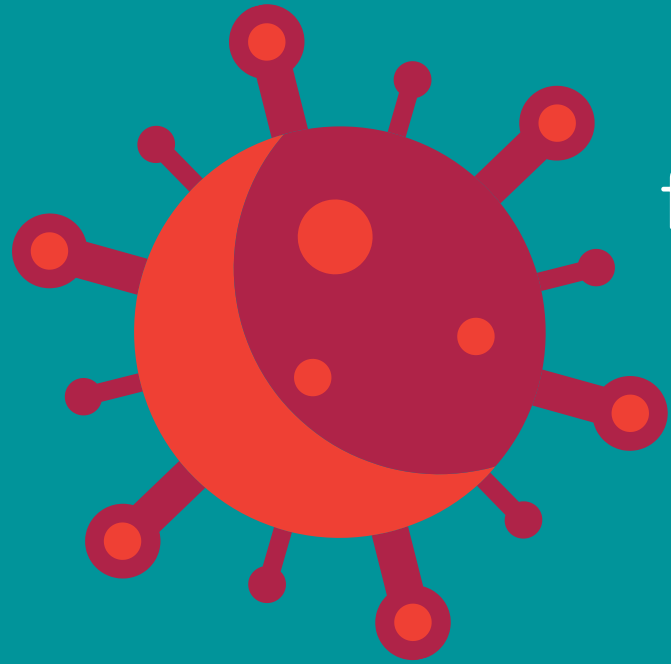
There are many perspectives within any community. To ensure a greater breadth of input, undertake broad outreach to different individuals, groups and agencies, and consider the social determinants of health (e.g., income, education, stigma and discrimination), and how these can influence health and perspectives on a research issue. In order to create a team that respects different perspectives, engage with community members and investigators who are willing to be educated about different points of view that they themselves cannot represent.

How Do I Engage the Community?

Community organizations may be national, provincial/regional and local. A number of people at risk for or living with HIV/STBBIs work as expert research consultants. Some researchers regularly attend community-based events and conferences in order to develop relationships with, and a deeper understanding of, the populations they work with and study. You could also consider soliciting referrals from investigators/researchers, conduct literature searches, or reflect on previous working relationships.

Send interested individuals the CAC registraion form. Applications will be reviewed by CLT. CAC enrollment is always open, and there is no maxiumum amount of CAC members at any one time.

What is the CIHR Pan-Canadian Network for HIV and STBBI Clinical Trials Research (CTN+)?



CTN+ builds upon the CIHR Canadian HIV Trials Network (CTN) originally established in 1990 as a cornerstone of the federal AIDS strategy, and now encompasses all STBBIs. With four Scientific Think Tanks and five Regional Teams, our Network facilitates and supports high-quality, investigator-driven clinical trials and innovative non-interventional research in a range of clinical areas.

Regional Teams

Each Regional Team is made up of researchers, clinicians, Indigenous team members, and people with lived experience. Their expertise informs the Network's research priorities, special initiatives, and knowledge translation efforts.

- British Columbia & Yukon
- Prairies (Alberta, Saskatchewan and Manitoba)
- Ontario
- Quebec
- Atlantic (New Brunswick, Newfoundland and Labrador, Nova Scotia and PEI)



Once informed by regional teams, local partners, and people with lived and living experiences, these projects are then facilitated by our Scientific Think Tanks, who provide scientific and methodologic support to CTN+ projects. From idea development to sharing results, our Community-Centred Knowledge Hub works with researchers, communities, and knowledge users to ensure CTN+ research answers the right questions, in the right way, for the greatest possible impact.

Scientific Think Tanks

Our Think Tanks act as science accelerators, facilitating innovative pan-Canadian trials informed by our regional teams and people with lived and living experiences, ensuring they are well-designed, address priority research questions, are inclusive of diverse participants, and have adequate statistical power to produce actionable evidence.

Prevention & Testing

This Think Tank develops and evaluates biomedical and psychosocial interventions and novel implementation strategies to test for and prevent STBBIs, including HIV.



Treatment & Management

This Think Tank optimizes treatment strategies for people living and aging with HIV and STBBIs to promote long-term engagement in care, reduce comorbidities, and improve quality of life.

Cure & Immunotherapies

This Think Tank develops and tests targeted immunotherapies and therapeutic vaccines to decrease viral reservoirs and find cures for HIV and hepatitis B, and vaccines for syphilis, HPV, and hepatitis C.



Methods

The Methods Think Tank advances innovative methods to ensure CTN+ studies are well designed, address priority questions, and have adequate statistical power to produce actionable evidence, and that successful models of care can be scaled up in real-world setting

What are the CAC's Roles & Responsibilities?

The CAC is a broadly representative group of people from across Canada who are living with HIV/STBBIs and/or representing organizations fighting the epidemic. This committee reviews all protocols and informed consent forms submitted to the Network and makes recommendations to the Steering Committee (SC). It also advises the Scientific Review Committee and CTN+ Investigators and informs the SC about the research priorities and concerns of people living with HIV or other Sexually Transmitted Blood Borne Illnesses (STBBIs)

The CTN+ Community Advisory Committee (CAC) is a key component of CTN+ operations. Since its first meeting in May 1993, CAC has guided and shaped the work of the CTN, with representation on the Steering Committee (SC) and the Scientific Review Committee (SRC). CAC has reviewed hundreds of trials, and continues to play an active role in the conduct of clinical research into HIV and related co-infections in Canada.

CAC supports the CTN+ to act in the best interest of the community. In some instances, for example, when a study is peer-reviewed at CIHR or the U.S. National Institutes of Health (NIH), CAC is the only CTN+ committee that reviews a submitted study in advance of the Steering Committee. It becomes up to CAC to ensure that CTN+ guidelines, such as reimbursement of childcare and transportation costs, are applied, and that the protocol and Informed consent form (ICF) reflect the Canadian context when studies have been reviewed outside of Canada. CAC also assesses the importance of the proposed study vis-à-vis priorities within the HIV community at large.

CAC members do much more than review informed consent forms (ICFs); they act as informal knowledge brokers, connecting individuals and communities of people living with and affected by HIV with Canadian HIV researchers. CAC members provide input on concepts at CTN+ meetings, liaise between community and researchers, provide ideas on recruitment for specific studies, and participate in knowledge translation activities such as co-authoring journal articles and conducting workshops on clinical trials. Individual CAC members may choose to join research teams which are of particular interest to them, on their own time.

Within CAC, there are learning opportunities for CAC members to understand clinical research, and to review protocols and informed consent forms. In turn, CAC members teach researchers and postdoctoral fellows about the importance of community in research and of the ideas and values that community brings to research.

Some examples of teaching opportunities include:

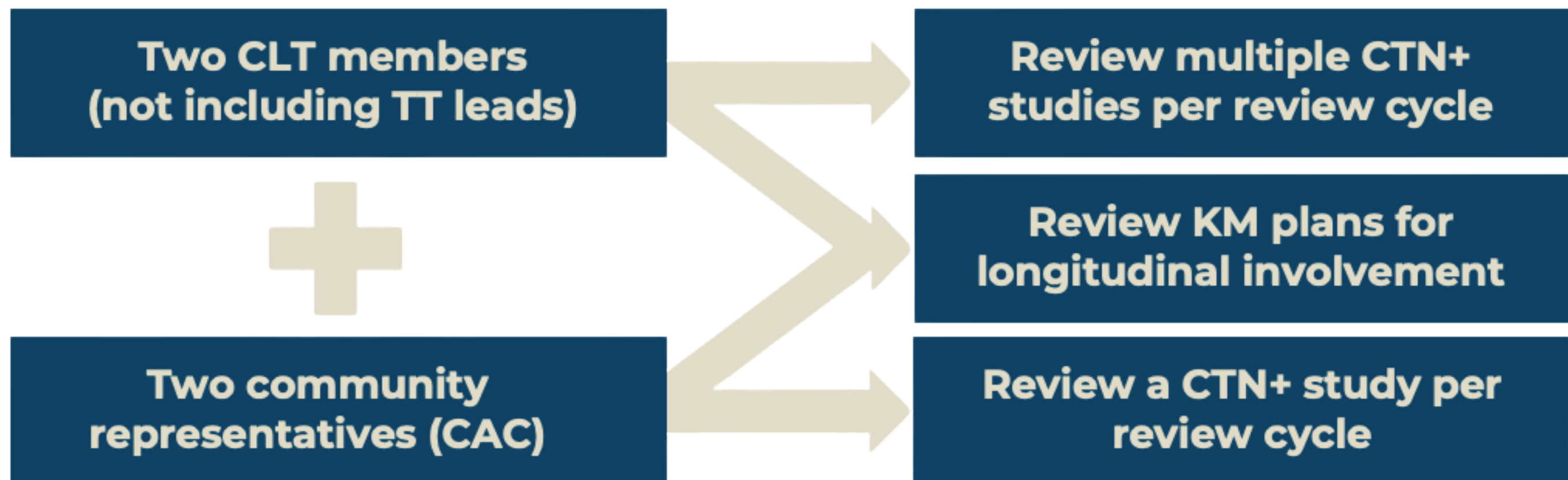
- During virtual meetings, postdoctoral fellows attend to learn about how community reviews studies
- During Regional and Think Tank break-out sessions, CAC members provide input on the values that community brings to research
- Opportunities to present on clinical trial workshops at other community events

Some examples of formal learning opportunities include: (Also see below)

- Orientation session for new CAC members
- Regular presentations by experts on emerging areas of research
- Participation at workshops
- GCP guidelines and other online modules are available to all CAC members
- Registration in the Community Science Champion Program (launching Spring 2026)

In addition to the above structured sessions, there are opportunities for CAC members to connect informally with CTN+ postdoctoral fellows and researchers.

What is the Study Review Process?



Review Cycle

- There will be several studies reviewed in each cycle. Reviews will be virtual.

Community Review Panel

- Reviewers: 2 CLT members (excluding TT community leads to avoid conflicts) and 2 CAC members selected based on subject-matter relevance or lived experience.
- The four reviewers conduct an independent review of the application using the CAC Review Criteria.

Joint Review Meeting

- Two CLT and two CAC reviewers will participate in a virtual meeting with the Scientific Review Committee.
- Community reviewers will share their assessment of whether the study meets the CAC Review Criteria, which evaluates alignment with community priorities and principles.

Ongoing Involvement

- These four reviewers will remain engaged throughout the study lifecycle:
 - Supporting recruitment and retention strategies
 - Reviewing KM products
 - Participating in end-of-grant KT activities

Community Review Panel Selection and Matching

- CLT Co-Leads will assign two CLT and two CAC members to a study lifecycle.
- CAC members are selected based on their experience in the subject matter, lived experience, or alignment with the study population.
- The Regional KM Liaisons will develop the CAC registry to support equitable matching.

Training and Onboarding

All Community Representatives receive onboarding and ongoing training on:

- Community Advisory Committee (CAC) roles and expectations
- Canada Good Clinical Practice (GCP)
- Responsible Conduct of Research (RCR)
- Anti-oppression and trauma-informed approaches
- Ethical and culturally appropriate research practices
- Access to the Community Science Champion Program (when launched)

Compensation

The CTN+ provides a small honoraria for reviews and travel expenses to meetings. For more information on honoraria, please see the [Community Compensation Guidelines here](#).