

Accelerating Colorectal Cancer Screening and follow-up through Implementation Science

(ACCSIS, Second Wave)

Pre-Application Funding Opportunity Announcement (FOA) Webinar

RFA-CA-19-018

Using WebEx and Webinar Logistics

- All lines will be in listen-only mode
- Make sure icons are selected for them to appear as a drop down option
- Submit questions at any time during the presentation. Type into the Q&A panel on the right hand side of the interface and press “send”

Webinar Presenters

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Webinar Overview

1. Background

- Cancer MoonshotSM Initiative
- Colorectal Cancer Screening

2. Requests for Applications (RFA)

UG3/UH3 ACCSIS Second Wave

Exploratory/Developmental Research Projects

3. Select Application Information

4. Questions

Beau Biden Cancer MoonshotSM Initiative

- In 2016, NCI convened Blue Ribbon Panel (BRP) to provide recommendations for Beau Biden Cancer MoonshotSM Initiative.
- Make a decade's worth of progress in cancer research in five years; increase collaborations; share data
- BRP charged with assessing state-of-the-science in specific areas and identifying research opportunities that could lead to significant advances in understanding cancer and how to intervene.



<https://www.cancer.gov/research/key-initiatives/moonshot-cancer-initiative>

BRP Implementation Science Working Group Report

Recommendation:

- Conduct implementation research to accelerate the adoption and deployment of sustainable, evidence-based cancer prevention and screening interventions at multiple levels and in different clinical and community settings.
- **High priority areas** included colorectal cancer (CRC) screening.



<https://www.cancer.gov/research/key-initiatives/moonshot-cancer-initiative/blue-ribbon-panel>

Problem: Low Rates of CRC Screening

- Colorectal cancer (CRC) is the second leading cause of cancer deaths in the U.S.
- Low rates of CRC screening contribute to high CRC mortality rates.
- Current CRC screening rate in the U.S. is below 50%.
- National goals for CRC screening rate are 70.5% to 80% (Healthy People 2020, National Colorectal Cancer Roundtable).
- Rates for appropriate CRC follow-up and referral-to-care are also low.

Increasing CRC Screening

- Many evidence-based tests, interventions, and strategies demonstrated to reduce CRC-related mortality, including CRC screening, follow-up, and referral-to-care.
- CRC screening **tests** (e.g., fecal occult blood testing [FOBT], guaiac-fecal occult blood test [gFOBT], fecal immunochemical test [FIT], flexible sigmoidoscopy, and colonoscopy)
- Evidence-based **interventions** (e.g., NCI's Research-Tested Interventions Program [RTIPs])
- **Implementation strategies** (e.g., supervision, technical assistance, coaching, payment/financing)

Multilevel Interventions to Increase CRC Screening

- Multilevel intervention: Interventions that address two or more levels of change; conceptualize and measure interplay between levels
- Levels:
 - Patient (e.g., access to care, fear of results)
 - Provider (e.g., limited shared decision-making skills, lack of time)
 - Clinic/System/Organizational-level (e.g., poor organizational culture or climate, conflicts in incentives)
- *A priori* hypotheses informed by existing literature and relevant frameworks, models, or theories.

Multilevel Interventions

CRC Screening & Follow-Up Practices

- FOBT*
- gFOBT
- FIT*
- Flexible Sigmoidoscopy
- Colonoscopy

- Guideline-concordant Follow-up

Implementation Strategies

Examples:

Outreach/Media Navigation
Health IT supports
Pat/Prov Reminders
Workflow Changes
Staff Training
Innovative Funding Models

Targets:

Patient
Provider
Team
Organization
Community

Community and Healthcare Settings

Contexts:

Primary Care Clinics
Community Centers
Integrated Health Systems
Technology Platforms
Home

Strata:

FQHCs
Metropolitan Areas
Health Systems
Rural Settings
(State or County approaches)

*FOBT=Fecal occult blood test; FIT=Fecal Immunochemical Test

Overview of ACCSIS Program

- UG3/UH3 ACCSIS First Wave Research Projects
 - *RFA-CA-17-038; 3 awarded, now expired*
- **UG3/UH3ACCSIS Second Wave Research Projects**
 - **RFA-CA-19-018; active**
- U24 ACCSIS Coordinating Center
 - *RFA-CA-17-039; 1 awarded, now expired*
- **Cooperative Agreements**
 - NIH/NCI staff have scientific involvement

UG3/UH3 ACCSIS Second Wave Research Projects: *Research Objectives*

- **Expected Characteristics (see RFA for full list)**
 - Target population of individuals for whom CRC screening rates are below or well-below national standards.
 - Addresses cancer health disparities.
 - **Cover sufficient geographic region to have impact***.
 - **Not wholly contained within one healthcare delivery system***.
 - Appropriate selection of multilevel interventions.
 - Process and outcome data at two or more levels, three or more time points, and at minimum 9-month follow-up time point.
 - Outcome data includes (but not limited to) CRC screening rates and CRC follow-up rates (for positive screens).
 - Encouraged to incorporate elements of pragmatic trials ([PRECIS-2](#)).
 - Encouraged to collect qualitative and quantitative data.

*Increased emphasis in reissuance

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UG3/UH3 ACCSIS Second Wave Research Projects: *Research Objectives*

- **Two-Phase Projects**
 - Cooperative agreements granted for UG3 Planning-Exploratory Phase
 - Evaluation of milestone achievement may lead to approval for continuation to UH3 Implementation Phase.
- **UG3 Planning-Exploratory Phase**
 - Pilot test and assess multilevel intervention.
 - Refine multilevel intervention based on pilot data.
 - Trans-ACCSIS collaboration during UG3 phase
- **UH3 Implementation Phase**
 - Use experimental or quasi-experimental design to test impact of multilevel intervention on rates of CRC screening, follow-up, and referral-to-care.
 - Integrate locally-developed, innovative approaches to increase rates of CRC screening, follow-up, and referral-to-care.

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UG3/UH3 ACCSIS Second Wave Research Projects: *Research Strategy*

1. Background and Significance

- Define target population.
- Justify and explain rationale for selection of target population.
- Justify and explain rationale for selection and size of geographic region.

2. Preliminary Data

- Summarize preliminary data used to inform selection of multilevel intervention components.
- Summarize collaboration with stakeholders.
- Summarize relevant literature informing selection of multilevel intervention.

3. Approach (see announcement for details)

- UG3 Planning-Exploratory Phase
- UH3 Implementation Phase

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ACCSIS Coordinating Center: RTI, Sujha Subramanian PI

- **Scientific Responsibilities**
 - Assist Research Projects (e.g., pilot testing, refining, assessing multilevel interventions; technical assistance; guidance on methods).
 - Coordinate collaboration across Research Projects (e.g., selection, harmonization, collection, and analysis of common data elements).
 - Support Research Projects in identification of local practices.
 - Synthesize and share main findings and lessons learned.
- **Administrative Processes,**
- **Common Data Elements**
- **Evaluation of Locally-Developed Innovative Approaches**
- **Data Sharing and Dissemination**

RFA expired but text still visible online –
search “ACCSIS Coordinating Center

UG3/UH3 ACCSIS Second Wave Research Projects: *Award Information*

- **Funds Available:**
 - \$3M in FY 2019 to fund an estimated 3-4 awards
- **Budget and Effort (Direct Costs):**
 - UG3: \$500,000
 - UH3: \$800,000/year
 - Designated PD/PI *must commit a minimum of 1.8 person-months effort per year* to the project. The PD/PI person-months effort cannot be reduced in later years of the award.
 - Must include travel budget for annual meetings.
- **Award Project Period:**
 - UG3: 1 year
 - UH3: 4 years

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Resource Sharing Requirements

- Utilizing the provision outlined in the 21st Century Cures Act, NCI has established a data sharing policy for projects that are funded as part of the [Beau Biden Cancer MoonshotSM Initiative](#) that requires applicants to submit a Public Access and Data Sharing Plan that:
 - (1) Describes their proposed process for making resulting Publications and to the extent possible, the Underlying Primary Data immediately and broadly available to the public;
 - (2) If applicable, provides a justification to NCI if such sharing is not possible. NCI will give competitive preference and funding priority to applications with a data sharing plan that complies with the strategy described [here](#). The data sharing plan will become a term and condition of award.

Application Dates

- **Application Due Date**
 - February 11th, 2019 by 5pm local time of applicant organization
 - One-time submission, no late applications
- **Optional Letter of Intent**
 - Sarah Kobrin: sarah.kobrin@nih.gov
- **Scientific Review**
 - April-May 2019
- **Earliest Start Date**
 - September 2019

Select Additional Information

- Research Strategy is limited to 30 pages.
- Eligibility:
 - Non-domestic (non-U.S.) Entities (Foreign Institutions) *are not* eligible to apply. Non-domestic (non-U.S.) components of U.S. Organizations *are not* eligible to apply. Foreign components, as [defined in the NIH Grants Policy Statement](#), are not allowed.
- Resubmissions allowed but not required

Resources

- Recording of webinar
 - Posted on our website: *Forthcoming*
- Moonshot/BRP Websites
 - <https://www.cancer.gov/research/key-initiatives/moonshot-cancer-initiative>
 - <https://www.cancer.gov/research/key-initiatives/moonshot-cancer-initiative/blue-ribbon-panel>
- RFA: <https://grants.nih.gov/grants/guide/rfa-files/RFA-CA-19-018.html>

Questions?

Please type your question in the Q&A section on WebEx

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U.S. Department of Health & Human Services
National Institutes of Health | National Cancer Institute

<https://healthcaresdelivery.cancer.gov/media/>

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