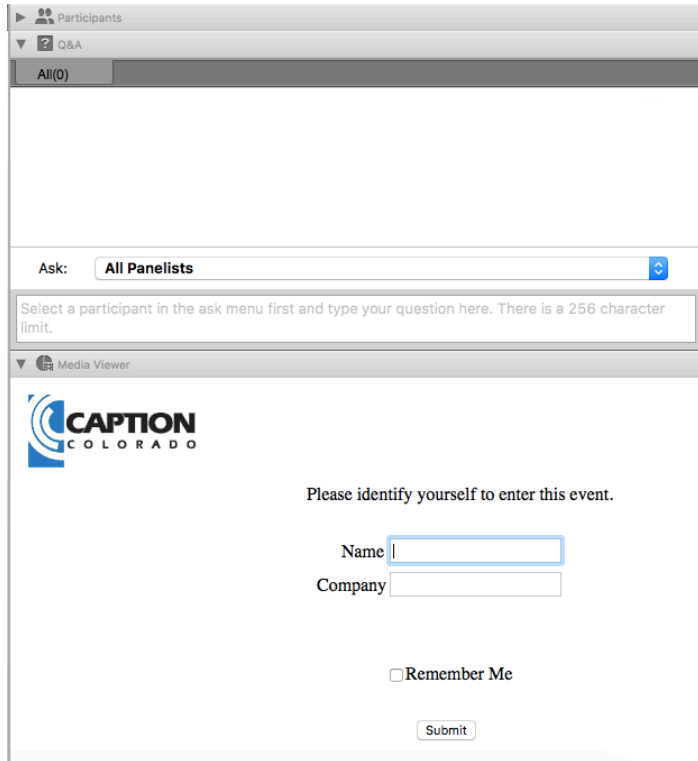


Reducing Overscreening for Breast, Cervical and Colorectal Cancers among Older Adults

PA-17-109 (R21), PA-17-110 (R01)

Healthcare Delivery Research Program
Division of Cancer Control and Population Sciences

Using WebEx and webinar logistics



The screenshot displays the WebEx interface with two main panels. The top panel is the Q&A section, which includes a 'Participants' header, a 'Q&A' dropdown menu, and a list of participants currently showing 'All(0)'. Below this is an 'Ask:' dropdown menu set to 'All Panelists'. A text input field is provided for questions, with a note: 'Select a participant in the ask menu first and type your question here. There is a 256 character limit.' The bottom panel is the 'Media Viewer' section, featuring the 'CAPTION COLORADO' logo and a registration form. The form asks the user to 'Please identify yourself to enter this event.' and includes input fields for 'Name' and 'Company', a 'Remember Me' checkbox, and a 'Submit' button.

- Submit questions at any time during the presentation. Type into the Q&A feature on the right of the interface and press “submit”
 - Closed captioning is available by selecting the Media Viewer Panel on the right hand side of your screen
- To connect to the live audio, we recommend having the system call you. Enter your telephone number (include area code) and select “Call Me” OR dial in to the session at:
 - **Conference #:**
 - **Access Code:**
- This webinar is being recorded

Webinar presenter

Erica S. Breslau, Ph.D., M.P.H.

Program Director

Healthcare Delivery Research Program

National Cancer Institute

Email: *Erica.Breslau@nih.gov*

Outline

- Background
- Funding Announcement Details
- Questions
 - Questions about specific aims or grant application details will not be addressed

Background

*Reducing Overscreening for Breast, Cervical and
Colorectal Cancers among Older Adults*

PA-17-109(R21), PA-17-110 (R01)

NCI DCCPS organizational structure

Division of Cancer Control
and Population Sciences (DCCPS)

Healthcare
Delivery
Research
Program (HDRP)

Behavioral
Research
Program (BRP)

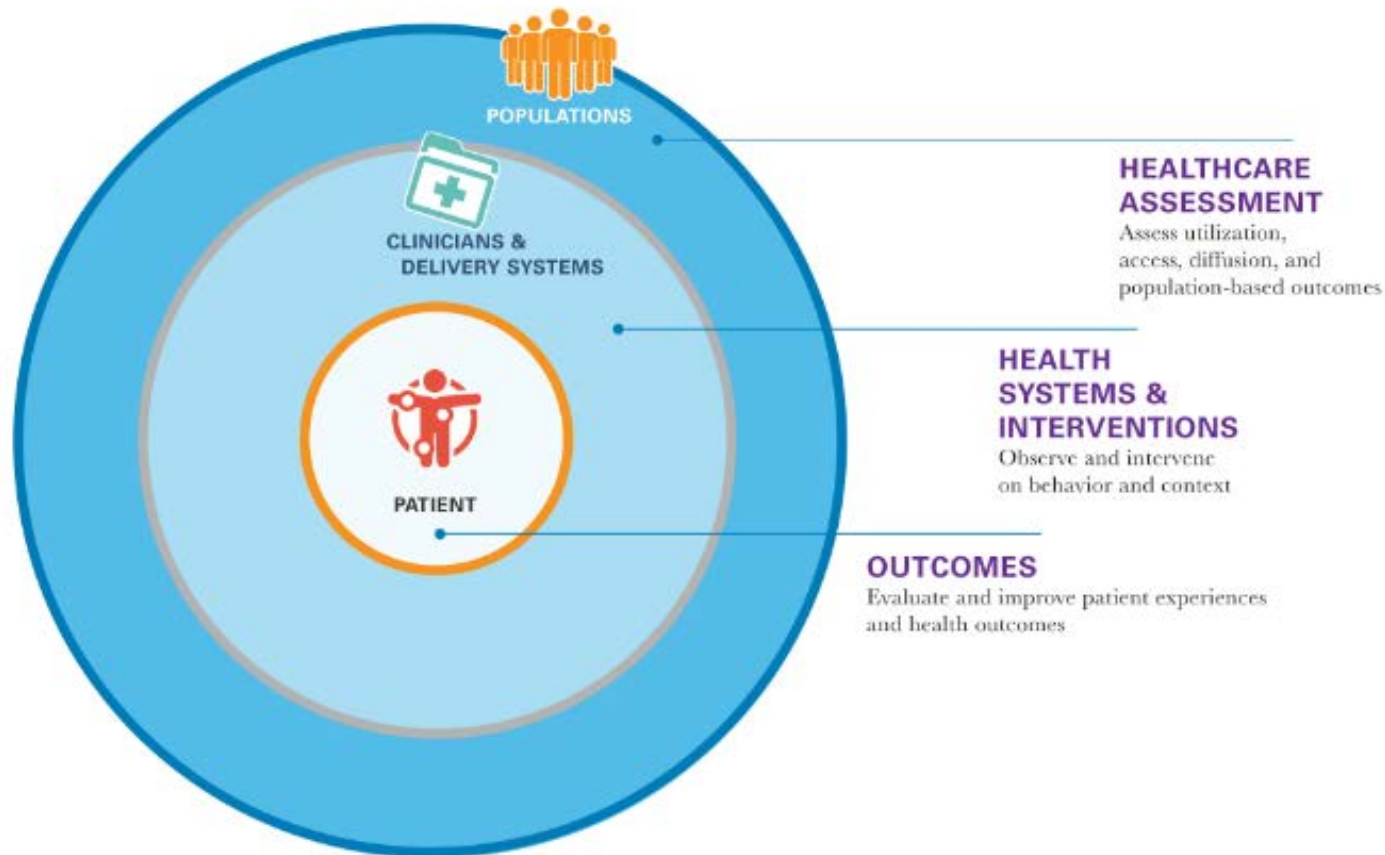
Epidemiology
and Genomics
Research
Program (EGRP)

Surveillance
Research
Program (SRP)

<https://healthcaredelivery.cancer.gov>

HEALTHCARE DELIVERY RESEARCH PROGRAM

Advancing innovative research to improve the delivery of cancer-related care



How NCI funds grants

- Although most of our portfolio consists of investigator-initiated (unsolicited) grants, HDRP also supports grant applications in specific areas of interest
 - **Requests for Applications (RFA)**
 - Identifies the specific receipt date(s), the estimated amount of funds earmarked for the initiative, the number of awards likely to be funded, and any specific criteria for scientific peer review; applications received in response to a particular RFA are reviewed by an Institute's Scientific Review Group
 - **Program Announcements (PA)**
 - Most PA applications are submitted with a standing receipt date and are reviewed with all other applications received at that time using standard peer-review processes
 - **Program Announcement (PAR)**
 - Program announcements with special receipt, referral, and/or review considerations

Grant mechanisms – R21 and R01

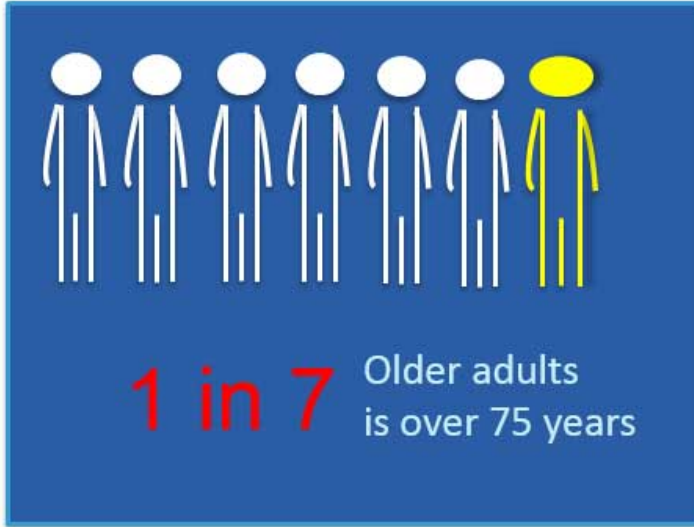
NIH Exploratory/Developmental Grant (R21)	NIH Research Project Grant (R01)
<ul style="list-style-type: none">▪ Supports new, exploratory, and developmental research projects▪ Sometimes used for pilot and feasibility studies▪ Preliminary studies are discouraged▪ Combined budget for direct costs for the two-year project period usually may not exceed \$275,000▪ Up to 2 years funding	<ul style="list-style-type: none">▪ Support a discrete, specified, and circumscribed research project▪ Most commonly used grant program▪ No specific dollar limit<ul style="list-style-type: none">▪ Advance permission required for \geq\$500K direct costs in any year▪ 3-5 years funding

Funding Announcement Details

*Reducing Overscreening for Breast, Cervical and
Colorectal Cancers among Older Adults*

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Older Americans

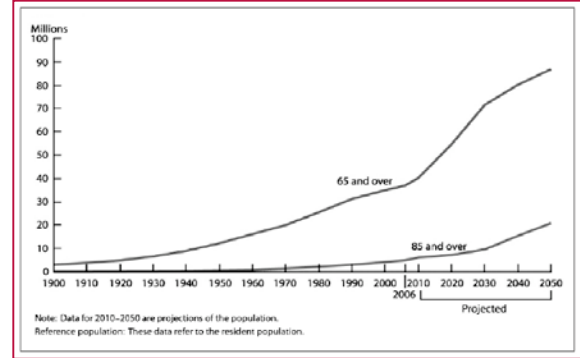


We keep living longer

Population 75 years

10% in 2010

20% in 2050



Cancer

2nd Leading cause of death

Understudied

Older 75+ and oldest old 85+



There is no single point at which a person becomes “older”

Older Americans

Chronological age is an arbitrary and inaccurate measure

Individual variability in age-related health changes

Focus on older adults

- Maximize health and well-being while minimizing preventable morbidity and mortality
- Screening harms may exceed benefits
- Guidelines include age limit above which screening is discouraged

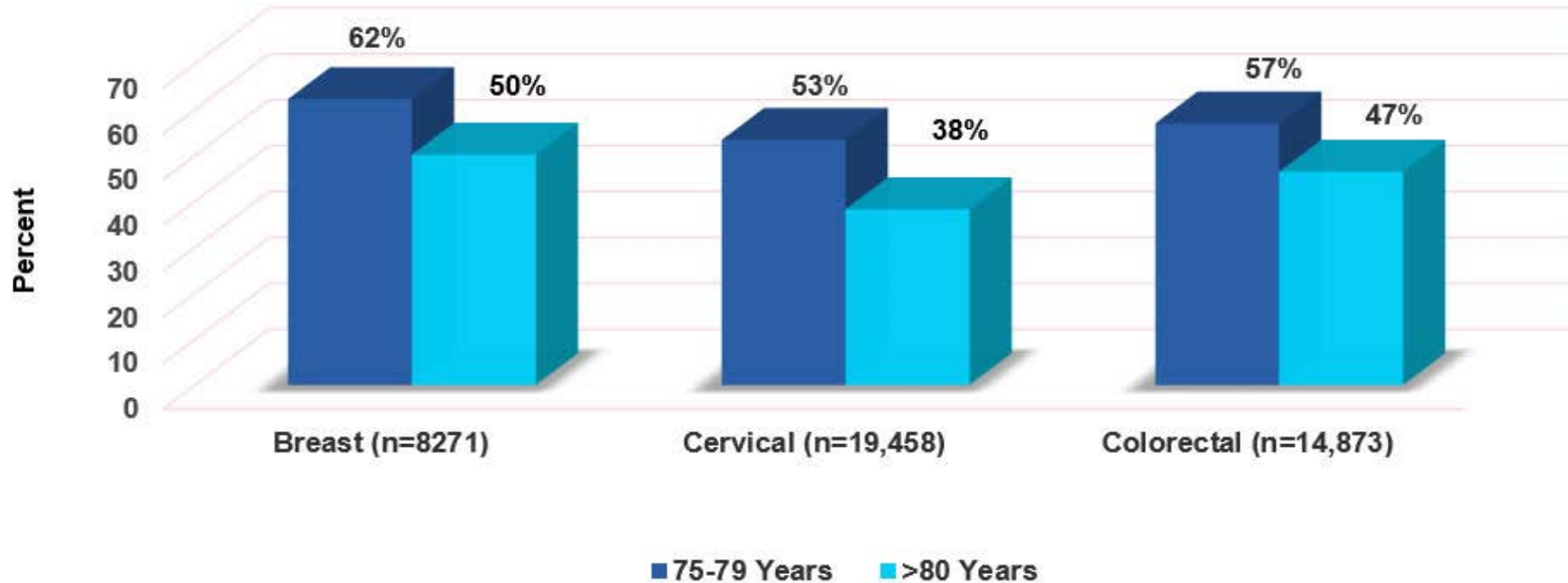
Overscreening: Defined by USPSTF

Breast	Cervical	Colorectal
<u>Insufficient</u> to assess the balance of benefits and harms in average risk women 75+	<u>Against</u> screening in women 65+ who have had adequate prior screening and are not at high risk	<u>Selective</u> screening in adults 76-85 years of age, accounting for patient's overall health and prior screening history
<i>I Recommendation:</i> <i>Patients should understand uncertainty</i>	<i>D Recommendation:</i> <i>Discourage use of this service</i>	<i>C Recommendation:</i> <i>Offer to patients depending on individual circumstances</i>
		<u>Against</u> screening in adults 85+
USPSTF 2016		<i>D Recommendation:</i> <i>Discourage use of this service</i>

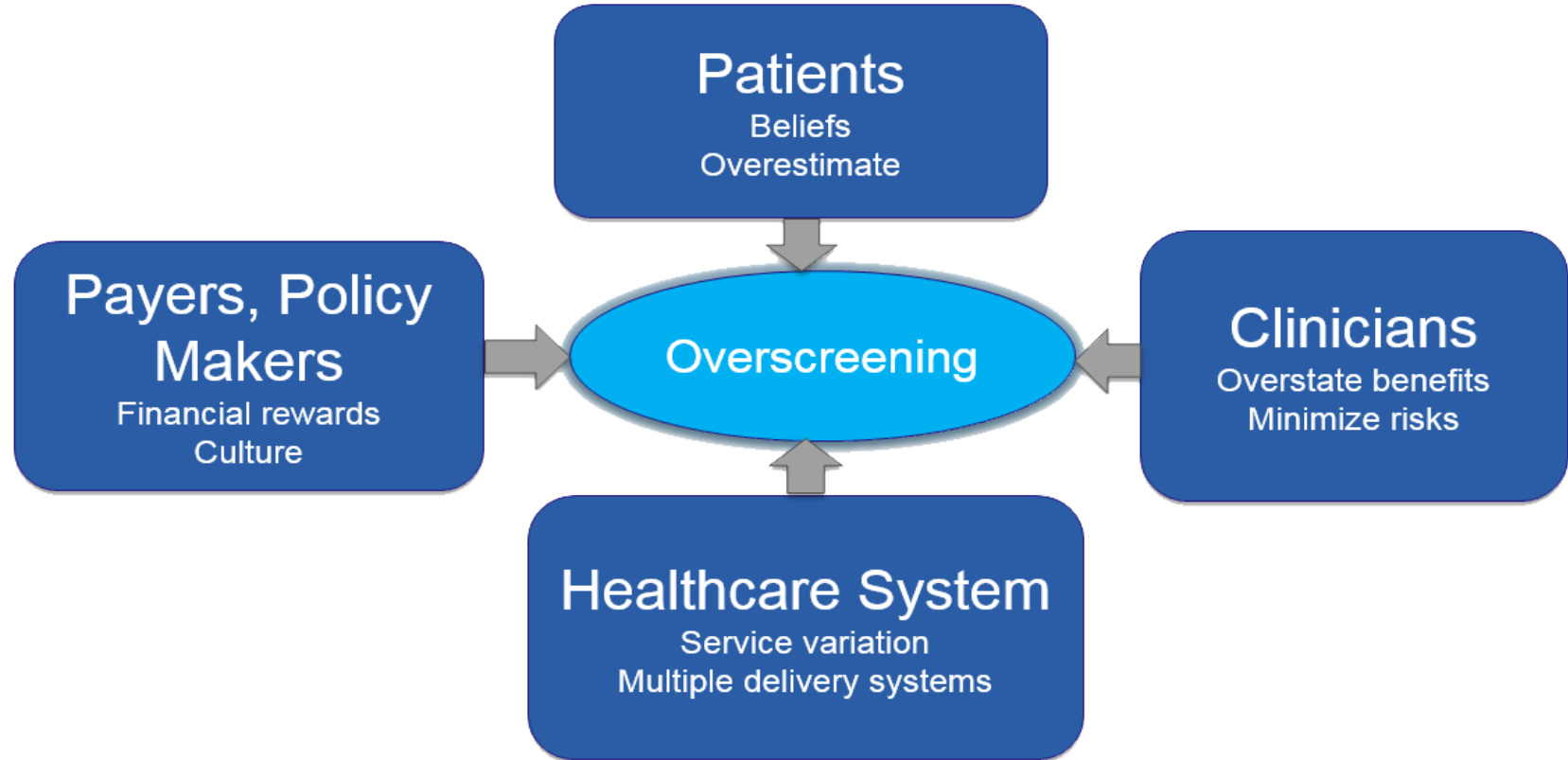
Overscreening : Definition

- ***Overscreening:*** Based on the United States Preventive Services Task Force (USPSTF) evidence-based guidelines for breast, cervical and colorectal cancers, overscreening will be defined as the following:
 - Routine breast cancer screening in average-risk women aged 75 years and older.
 - Any cervical cancer screening in average-risk women aged 65 years and older.
 - Routine colorectal cancer screening in men and women aged 75 years and older.
 - Any colorectal screening in men and women aged 85 years or older.

Overscreening by age



Healthcare system complexities that contribute to overscreening



Multilevel Intervention: Definition

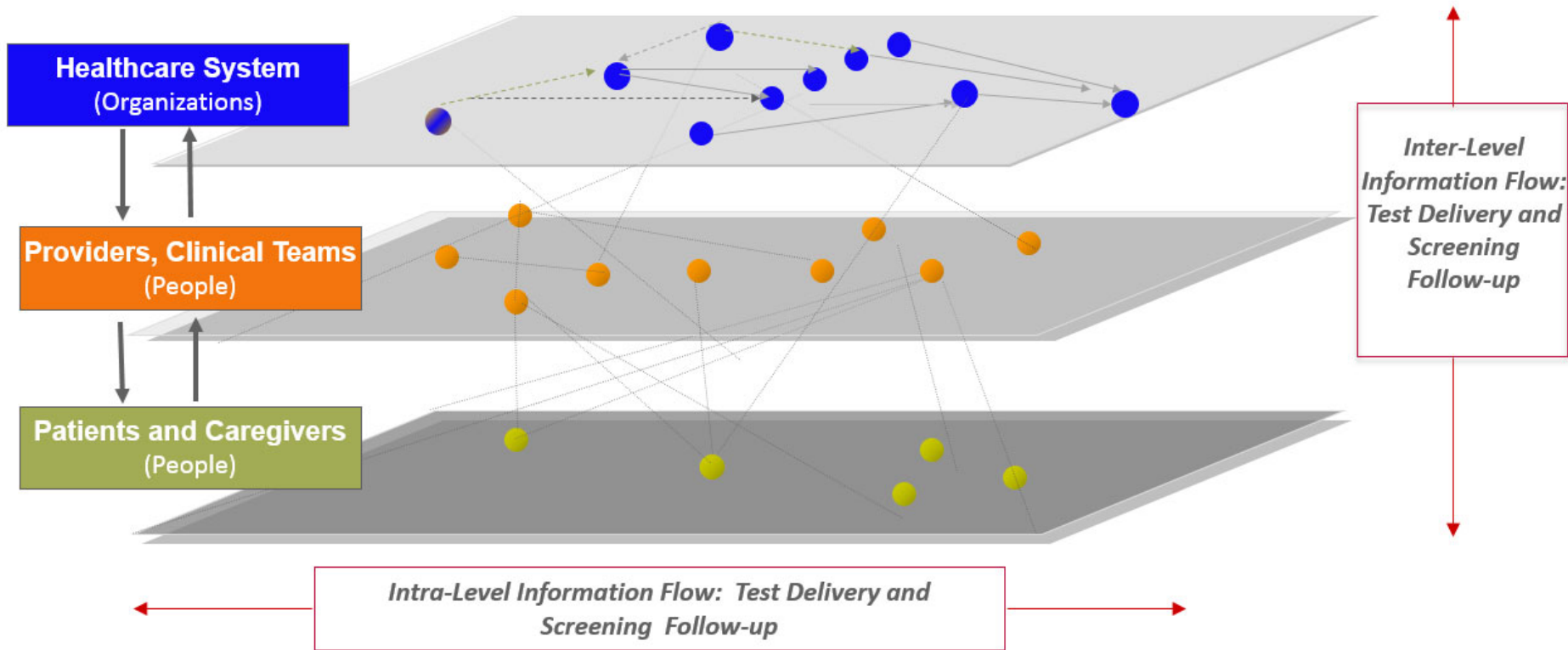
An intervention at two or more levels of individuals, clinical teams, healthcare institutions and/or community settings that measures outcomes at three or more of these levels.

Multiple levels : Definition

Levels include:

- **Individual:** Patients, caregivers and family members, providers.
- **Clinical team:** Two or more providers including primary and specialty care, support staff.
- **Healthcare institution:** Collection of primary and specialty care providers and support staff, medical facilities, and organizational structures.
- **Community setting:** Environments in which the process of delivering healthcare reflects approaches followed by providers whose primary responsibilities are patient care (e.g., Federally Qualified Health Centers).

Complexity of healthcare delivery



W.H. Rouse, 2010

Funding announcement: Aims

1. Identify the modifiable drivers of overscreening among older adults, clinicians and healthcare institutions
2. Develop and test interventions to improve overscreening outcomes for older adult; and
3. Support large-scale implementation of effective programs and practices that reduce overscreening among older adults

To reduce overscreening in older adult the following research approaches may be undertaken

R21 Mechanism PA-17-109

- Describe forces that drive overscreening
- Develop interventions

R01 Mechanism PA-17-110

- Conduct in-depth multi-level analysis of factors that drive overscreening
- Test multi-level interventions

Study characteristics

R21 Mechanism PA-17-109

- Mixed methods
- Describe individual health values or goals in light of organizational determinants to encourage ways to reduce overscreening
- Intervention: provider:patient strategies to improve communication with uncertainty

R01 Mechanism PA-17-110

- Experimental, quasi-experimental design, large observational studies that develop and test multilevel factors that drive overscreening
- Test prognostic indicators to assess who should/not be screened with integrated EHR's
- Intervention: Concentrate on system level incentives or innovative technology between different provider specialties

Potential study topics to improve overscreening

Utilization

- Communication tools adapted for clinical practice to inform decisions about risk and benefits of screening.

Adherence

- Novel technologies readily adopted into practice to inform value-based screening decisions.

Delivery

- Real-time virtual consults between primary and multi-specialty care with complex adults that reduce duplicate referrals, unnecessary testing.

Study outcomes

Primary Outcome

- Decrease the proportion of older adults who are overscreened

Measure Outcomes

- Based in healthcare delivery settings
- Must involve at least *two levels* of healthcare system
- Account for interactions that occur *between* levels

Read the funding announcement carefully!

- **PA-17-109 (R21); PA-17-110 (R01)**
- Open Date (Earliest Submission Date): **May 16, 2017**
- Application Due Dates: **Standard submission dates apply**
- Letter of Intent Due Date: **Not applicable**

Read the funding announcement carefully!

- Earliest Start Date: **Standard dates apply**
- Expiration Date: **01/08/2020**
- Start the process early! Allow time for registration in the System for Award Management, eRA Commons, and Grants.gov

Resources

- Today's webinar and FAQ will be posted on our website: <https://healthcaresdelivery.cancer.gov/media>
- Connect with your HDRP Program Director, Dr. Breslau early!
 - Check the FOA for contact information
 - Staff listing: <https://healthcaresdelivery.cancer.gov/about/staff>

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healthcaresdelivery.cancer.gov



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Questions

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Thank you!

Erica S. Breslau, Ph.D., M.P.H

Erica.Breslau@nih.gov