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

https://healthcaredelivery.cancer.gov
Using WebEx and webinar logistics

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Webinar presenter

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National Cancer Institute
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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

HEALTHCARE ASSESSMENT
Assess utilization, access, diffusion, and population-based outcomes

HEALTH SYSTEMS & INTERVENTIONS
Observe and intervene on behavior and context

OUTCOMES
Evaluate and improve patient experiences and health outcomes
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

<table>
<thead>
<tr>
<th>NIH Exploratory/Developmental Grant (R21)</th>
<th>NIH Research Project Grant (R01)</th>
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<tbody>
<tr>
<td>• Supports new, exploratory, and developmental research projects</td>
<td>• Support a discrete, specified, and circumscribed research project</td>
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<td>• Sometimes used for pilot and feasibility studies</td>
<td>• Most commonly used grant program</td>
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<tr>
<td>• Preliminary studies are discouraged</td>
<td>• No specific dollar limit</td>
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<tr>
<td>• Combined budget for direct costs for the two-year project period usually may not exceed $275,000</td>
<td>• Advance permission required for ≥$500K direct costs in any year</td>
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<td>• Up to 2 years funding</td>
<td>• 3-5 years funding</td>
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For more information: grants.nih.gov/grants/funding/funding_program.htm#RSeries
Funding Announcement Details

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

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

1 in 7 Older adults is over 75 years

We keep living longer

Population 75 years

10% in 2010
20% in 2050

Cancer
2\textsuperscript{nd} Leading cause of death

Understudied
Older 75+ and oldest old 85+

11
There is no single point at which a person becomes “older”

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

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

- Breast (n=8271): 62% 50%
- Cervical (n=19,458): 53% 38%
- Colorectal (n=14,873): 57% 47%

Bellizzi & Breslau, 2012; Schonberg & Breslau, 2015
Healthcare system complexities that contribute to overscreening

Payers, Policy Makers
Financial rewards
Culture

Patients
Beliefs
Overestimate

Overscreening

Clinicians
Overstate benefits
Minimize risks

Healthcare System
Service variation
Multiple delivery systems
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

Healthcare System (Organizations)

Providers, Clinical Teams (People)

Patients and Caregivers (People)

Intra-Level Information Flow: Test Delivery and Screening Follow-up

Inter-Level Information Flow: Test Delivery and Screening Follow-up

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 adults, the following research approaches may be undertaken:

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

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<th>R21 Mechanism</th>
<th>R01 Mechanism</th>
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- Describe forces that drive overscreening
- Develop 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://healthcaredelivery.cancer.gov/media

- Connect with your HDRP Program Director, Dr. Breslau early!
  - Check the FOA for contact information
  - Staff listing: https://healthcaredelivery.cancer.gov/about/staff
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Questions

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Thank you!

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