**Pre-Application Webinar Research Consortium for** Improving Management of Symptoms During and Following Cancer Treatment (IMPACT) (U24, UM1) **Outcomes Research Branch** Healthcare Delivery Research Program

**Division of Cancer Control and Population Sciences** 

NIH NATIONAL CANCER INSTITUTE

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https://healthcaredelivery.cancer.gov/about/orb/

## Webinar presenter

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## **Webinar Outline**

- I. Background and Scope of the Problem
  - Cancer Moonshot<sup>sm</sup> Initiative
  - Cancer Symptom Management Research
- II. Goals of the Requests for Applications (RFA)
  - Consortium: UM1 Research Centers
    - U24 Coordinating Center
- **III.** Application Requirements

# IV. Questions

# Background & Scope of the Problem

Beau Biden Cancer Moonshot<sup>s</sup> Initiative Blue Ribbon Panel Recommendation

# **Beau Biden Cancer Moonshot<sup>SM</sup> Initiative**

**GOAL:** Accelerate progress in preventing, diagnosing, and treating cancer by accomplishing a decade's worth of work in 5 years



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\$1.8 billion in funding for Cancer Moonshot Initiatives over the next 7 years



**RECOMMENDATION:** Minimize cancer treatment's debilitating side effects

 Accelerate the development of guidelines for routine monitoring and management of patient-reported symptoms to minimize debilitating side effects of cancer and its treatment

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

#### Cancer-related symptom burden is substantial

- Patients experience multiple symptoms concurrently
- Symptoms are often inadequately treated

### **Poorly controlled symptoms contribute to:**

- Nonadherence, treatment delays and discontinuation
- Emergency room visits and unscheduled hospitalizations
- Impaired physical and social functioning
- Poor quality of life
- Lower rates of return to work and impaired ability to work

## **Major Barriers to Effective Symptom Control**

#### Symptoms are not systematically assessed and reported

- Patient-reported outcomes (PROs) are not used in many practice settings
- When integrated, PRO reports do not always facilitate clinical decisionmaking

#### Symptoms are not adequately managed

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- Providers are unfamiliar with existing clinical practice guidelines
- Resources for symptom management not identified or used

#### Lack of systematic efforts to translate research into practice

• RCTs show benefits of integrated symptom assessment and reporting



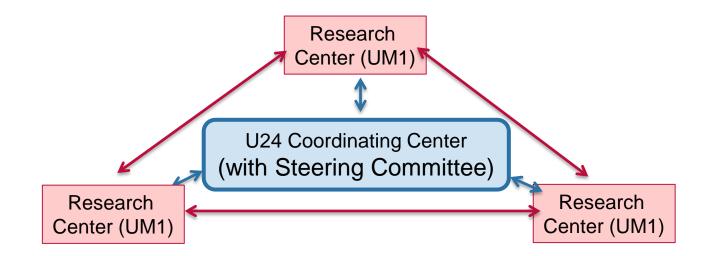
## Goals of the RFA

Improving Management of Symptoms During and Following Cancer Treatment (IMPACT)

#### **Create a Research Consortium to:**

- Develop scalable, transferable, and sustainable symptom management systems to monitor and address common cancer symptoms
- Rigorously examine impact on symptom control, functioning, treatment delivery, and healthcare utilization
- Using consortium-wide data, evaluate effects across:
  - Symptoms
  - Cancer continuum
  - Minority and medically underserved populations
- Produce findings and materials for wider implementation

#### **Overview of the Research Consortium**



Two RFAs to Support four Cooperative Agreement grants

- UM1 Research Centers
- U24 Coordinating Center

#### GOAL: Deploy and Evaluate Integrated Symptom Management System for Cancer Care

- Implement integrated systems into routine clinical practice;
- Verify whether adoption of integrated systems can reduce the harmful effects of poorly controlled symptoms;
- Create the foundation for effective, scalable and sustainable symptom management approaches in routine cancer care.

## **Required Components: Study Design**

- Deploy integrated symptom assessment and management system in clinical practices using implementation science principles
- Use a randomized design to test system impact on **patient outcomes**, **cancer treatment delivery**, and **healthcare utilization**
- Measure extent of adoption and contributors to success
- (Conduct in a 5-year project)

### **<u>Required</u>**: Integrated symptom monitoring and management

- Address common symptoms
  - Include at least pain or fatigue (others relevant for cancer types proposed)
  - Provide point of care clinical decision support and care-coordination based on the presence and severity of symptoms
  - Account for patient, provider, and practice characteristics, regarding proposed changes in clinical practice

## **Required Components: Patient Population & Healthcare Delivery**

- Demonstrate in **under-resourced settings**, diverse patient populations
- Address multiple points on cancer continuum
  - i. Treatment with curative intent
  - ii. Treatment without curative intent
  - iii.Survivorship (post-treatment)
- Measure extent of adoption and contributors to success

#### **Required: Informatics**

- Symptoms must be collected via electronic data capture, integrated with EHRs
- One, uniform electronic platform must be used for all clinical practices in the Research Center, with a fully operational EHR
- Data must be collected in formats that allow for sharing across funded Research Centers

- GOAL: Coordinate and support efforts of the Research Centers funded under the UM1
- Main responsibilities:
  - **1.** Consortium coordination
  - 2. Ensure standardized, harmonized, data collection across research centers
  - **3.** Establish processes for pooled analyses
    - Capacity for data storage/security
    - Capacity for integrated databases
    - Plans for analytic approaches
    - Experience coordinating large databases

#### **Additional Required Components**

- Provide an overview of Coordinating Center's role in the Consortium
- Highlight unique approaches that show effective and innovative ways to coordinate multi-institutional, transdisciplinary research
- Describe approaches to Consortium coordination, oversight of a Steering Committee, and any relevant working groups

Required to comply with Resource Sharing Plan policy, specified under 21st Century Cures Act and the Beau Biden Cancer Moonshot<sup>SM</sup> Initiative

## Grant mechanisms: U24 and UM1 Cooperative Agreements

Cooperative Agreement for Resource-	Cooperative Agreement for Research
Related Research Projects	Project with Complex Structure
(U24)	(UM1)
<ul> <li>Support for research projects aimed at improving resources to serve biomedical research</li> </ul>	• Supports large-scale research activities with complicated structures (e.g. research consortia or clinical networks)
<ul> <li>Substantial federal programmatic staff</li></ul>	<ul> <li>Substantial federal programmatic staff</li></ul>
involvement in research activities	involvement in research activities
Plans for 1 Award	Plans for 3 Awards
<ul> <li>Direct costs cannot exceed \$375,000</li></ul>	<ul> <li>Direct costs cannot exceed \$1,120,000</li></ul>
per year	per year
<ul> <li>Project period: maximum 5 years</li> </ul>	<ul> <li>Project period: 5 years</li> </ul>

# **Application Requirements**

## **Application requirements**

#### • UM1 Research Strategy must cover:

- A. Overview of the Proposed Center
- B. Administrative Unit
- C. Research Design and Implementation Unit
- D. Data Management, Statistics, and Informatics Unit

#### U24 Research Strategy must cover:

- A. Coordinating Center Overview
- B. Plans and Approaches to Basic Coordinating Center Functions

## **Application requirements: Review**

- One-time submission
- Special emphasis panel
- Please note and address the Special Review Criteria in both RFAs
- Letter of Intent: to Ashley Wilder Smith (smithas@mail.nih.gov)
  - UM1: Required
  - U24: Recommended

Read the FOAs very carefully!

- <u>RFA-CA-17-042</u> (UM1) <u>RFA-CA-17-043</u> (U24)
- Application Due Date:



- Letter of Intent: 30 days prior (December 17, 2017)
- Start the process early! Allow time for registration in the System for Award Management, eRA Commons, and Grants.gov



- Today's webinar and FAQ will be posted on our website: <u>https://healthcaredelivery.cancer.gov/media</u>
- Connect with us early!
- Check the FOA for contact information

# **Questions?**

# Please type your questions in the Q & A section on WebEx

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