Pre-Application Webinar

Optimizing the Management and Outcomes for Cancer Survivors Transitioning to Follow-up Care

RFA-CA-19-035

(R01 Clinical Trial Required)

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May 3, 2019
Using WebEx and Webinar Logistics

- All lines will be in listen-only mode
- Closed captioning is available by selecting the Media Viewer Panel
- Submit questions at any time during the presentation. Type into the Q&A Panel and select Host
- A moderator will ask the question on your behalf
- This webinar is being recorded
Webinar Presenter
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Healthcare Delivery Research Program

RFA concept developed in collaboration with:

- Margaret Farrell, MPH, RD
- Andrew Freedman, PhD
- Lisa Gallicchio, PhD
- Paige Green, PhD; MPH, FABMR
- Li Zhu, PhD
- Paul Jacobsen, PhD
- Ashley Wilder Smith, PhD, MPH
Overview

1. Background
2. Goals of the Request for Applications (RFA)
3. Application Requirements
4. Questions
Background
Lost in Transition

Cancer Control Continuum

Prevention → Screening → Diagnosis → Treatment → Survivorship

Survivor

Transition period following active treatment

Survivorship Care After Active Treatment

Prevention/surveillance of recurrence and new cancers

Surveillance/management of effects of cancer and its treatment

Health promotion/preventive care

Models of Post-Treatment Survivorship Care

- Oncology Team Led
- Multidisciplinary Survivorship Clinic
- Shared Care
Challenges to Successful Follow-up Care for Survivors

- Unclear who is responsible for specific components of care
- Lack of communication and coordination between providers
- Ongoing provider education on new treatments needed
- Limited evidence that survivorship care plans improve survivor outcomes


Goals of the RFA
Purpose of RFA-CA-19-035

- Solicit applications that develop and test models of care for adult survivors of cancer who are transitioning from active treatment to follow-up care
- Focus on enhancing communication, collaboration, and coordination among oncology and non-oncology providers to improve cancer survivor outcomes

**NIH Research Project Grant (R01)**

- Supports a discrete, specified, and circumscribed research project
- Most commonly used grant program
- 3-5 years of funding
- PIs strongly encouraged to present preliminary data to support proposed aims
Applications Considered Responsive

- **Adult-onset** cancers post active cancer treatment
- Patients whose follow-up care (at least in part) can be transitioned to providers other than those who provided active treatment
- Collaboration among *oncology* and *non-oncology* providers
- More than one domain of follow-up care:
  - Recurrence and second cancers
  - Physical and psychological effects
  - Health promotion/prevention
- Multi-level intervention: *at least 2 levels*; patient, provider, practice/org
Applications Considered Responsive (continued)

- Period **following** completion of active treatment
- Address scalability and sustainability
- Investigator team including oncology and non-oncology providers
- Include meaningful endpoints:
  - Patient-centered outcomes
  - Healthcare utilization
  - Care quality
  - Cost of care
Additional Considerations

Applications strongly encouraged (but not required) to focus on:

- Needs of minority or medically underserved survivors
- Survivors receiving care in community settings
- Samples of survivors that include more than one cancer type
Applications Considered Non-Responsive

- Observational research only
- Interventions focused only on patient/survivor
- Cancer patients on chronic/long-term therapies
- Advanced cancer patients or those with metastatic disease
- Program evaluations of existing models of care
- Survivorship care plan provision only
- Pediatric cancer survivor populations (please see RFA-CA-19-033)
Application Requirements

- Receipt date: June 28, 2019
- Letter of intent to Michelle Mollica (michelle.mollica@nih.gov) due May 28, 2019
- Applications reviewed by Special Emphasis Panel
- Please note and address special review criteria:
  - How strong is the team in terms of representation of oncology specialty providers and other health care professionals (e.g., PCP, NP, PA, other specialist provider)?
  - How well has the applicant addressed the potential for scalability and sustainability in the development, design, and testing of the proposed intervention?
Application Requirements: Clinical Trials

- NIH requirements for clinical trials research applications were updated in January 2018. Please note the following policies:
  - Application form now consolidates all Human Subjects and Clinical Trial related information into one place and also expands information required for clinical trials applications (FORMS-E)
  - Investigators and staff must receive training in Good Clinical Practice
  - All sites participating in multi-site studies research will use a single IRB
  - All NIH-funded clinical trials are expected to register and submit results to Clinicaltrials.gov

- Information about the NIH Clinical Trial Requirements: https://grants.nih.gov/policy/clinical-trials.htm
Application Requirements: Budget

- Budget should reflect the actual needs of the proposed project
- May not exceed $500K in direct costs per year
- Awardees are asked to budget funds for at least two investigators to attend an annual investigator meeting
Resources

- Access and data sharing plans required for projects funded as part of the Cancer Moonshot: https://www.cancer.gov/research/key-initiatives/moonshot-cancer-initiative/funding/public-access-policy
- Webinar and FAQ will be posted on our website: https://healthcaredelivery.cancer.gov/media
- Connect with us early: Scientific contact: Michelle Mollica; michelle.mollica@nih.gov
Questions?
Please type your questions in the Q & A section on WebEx

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