Improving the Reach and Quality of Cancer Care in Rural Populations
(R01 Clinical Trial Required)
RFA-CA-18-026
Using WebEx and webinar logistics

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Webinar presenters

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  Division of Cancer Control & Population Sciences, NCI

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  Health Disparities Research Coordinator
  Division of Cancer Control & Population Sciences, NCI
  ss688k@nih.gov
Outline

- Introduction

- Background
  - Why a request for funding announcement (RFA)

- RFA Details
  - Goals and scope of RFA
  - Application dates
  - Resources

- Questions
  - Questions about specific aims will not be addressed
As mortality from cancer has fallen overall, rural-urban disparities have grown larger.
Healthy People 2020 target: Reductions in overall cancer mortality rate
(preliminary results, objective C-1)

![Graph showing the trend of cancer mortality rates in metropolitan and non-metropolitan areas from 2007 to 2023.]

**Metropolitan areas:** national target rate met in 2013

**Non-metropolitan areas:** National target projected to be met in 2022

**METHODS:** The average annual percent change (AAPC) was calculated based on 2007–2016 mortality rates using the National Cancer Institute Joinpoint software. The nonmetropolitan trend was extended from the 2016 mortality rate until it crossed the target, assuming a constant AAPC.
RFA Goals

To reduce the burden of cancer and improve the quality of cancer care in rural areas among low-income and/or underserved populations.

Focus on two types of applications:

1. Observational research that includes pilot testing of intervention to understand and address predictors of cancer care/treatment and outcomes in rural low-income and/or underserved populations; OR
2. Intervention research to address known predictors of cancer care/treatment and outcomes in rural low-income and/or underserved populations.
Focus: Observational Studies

Observational studies – WITH PILOT TESTING include

• understanding and
• addressing the predictive and/or mediating role of social determinants of health, barriers to care, and treatment

At least ONE aim that is pilot testing an intervention

Budget - Not to exceed $400k direct cost in any year

Not focused on issues related to recruitment and retention of participants to clinical trials
Focus: Intervention Studies

Most existing interventions – most not ready for implementation

So, proposals should seek to develop, adapt, and/or implement, and test interventions

Less than $500k direct cost in any year

_Not focused on issues related to recruitment and retention of participants to clinical trials_
FOA parameters

Requirements

• Use the Rural Urban Continuum Code (RUCC), USDA – ERS, 2013

• Low Income
  • Justify that the population being served is low income
    https://aspe.hhs.gov/poverty-guidelines

Other issues to consider
• Can use other definitions of rural in addition to RUCC
## Required Definition – Rural Urban Continuum Code - USDA 2013


<table>
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<tr>
<th>Code</th>
<th>Definition</th>
<th>$k$ in US</th>
<th>$N$ in SEER</th>
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<tbody>
<tr>
<td>1</td>
<td>Counties in metro areas of 1 million+ population</td>
<td>472</td>
<td>54,360,203</td>
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<tr>
<td>2</td>
<td>Counties in metro areas of 250,000 to 1 million population</td>
<td>395</td>
<td>17,963,604</td>
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<td>3</td>
<td>Counties in metro areas of &lt;250,000 population</td>
<td>369</td>
<td>6,104,298</td>
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<td>4</td>
<td>Urban population of 20,000+, adjacent to a metro</td>
<td>217</td>
<td>1,845,954</td>
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<tr>
<td>5</td>
<td>Urban population of 20,000+, not adjacent to a metro</td>
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<td>1,374,217</td>
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<td>6</td>
<td>Urban population of 2,500 to 19,999, adjacent to a metro</td>
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<td>2,427,381</td>
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<td>7</td>
<td>Urban population of 2,500 to 19,999, not adjacent to a metro</td>
<td>434</td>
<td>1,736,695</td>
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<td>8</td>
<td>All rural or &lt;2,500 urban population, adjacent to a metro</td>
<td>220</td>
<td>415,639</td>
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<td>9</td>
<td>All rural or &lt;2,500 urban population, not adjacent to a metro</td>
<td>425</td>
<td>492,659</td>
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Examples of activities covered

Barriers to accessing health services (e.g., financial hardships, such as being underinsured or uninsured; shortage of physicians; oncology specialists; distance from treatment facilities; no personal vehicle and/or lack of access to public transportation to reach services; place/built environment; prejudice/discrimination)

Evaluation of natural experiments, programs, and policies to improve care and access to treatment services in rural areas that may interact with the implementation of the intervention and potentially influence effectiveness

Role of social determinants of health, including socioeconomic factors, cultural differences that influence trust in and attitudes toward institutions, medical providers, and government-sponsored programs
Examples of activities covered (cont.)

Limitations in information technology that may limit access to patient portals, telehealth, or other proposed strategies to improve patient-provider communication and care in rural communities.

IT-enabled, team-based care delivery models that could improve the delivery of guideline-concordant, high-quality cancer care among rural populations (e.g., studies of innovative care delivery interventions using telemedicine and other technologies or novel strategies designed to deliver comprehensive, coordinated, high-quality cancer-related care to rural low-income and/or underserved populations).

Improve primary/specialty collaborative care to enhance the dissemination of state of the art cancer care and follow-up.
Collaborations

- Among cancer control research community and research communities that are less likely to be involved in such research, including demographers, geographers, transportation researchers, economists, and sociologists

- Relevant community stakeholders and rural health care delivery partners

- With organizations and programs with experience or infrastructure (e.g., telemedicine, social, clinical and behavioral health services) designed to address other health or social problems in rural populations
Clinical Trials and FORMS-E

FORMS-E Application Packages is **REQUIRED** (including new Human Subjects and Clinical Trials form)

**PHS Human Subjects and Clinical Trials Information Form**

- Consolidates information from multiple forms
- Incorporates structured data fields
- Collects information at the study-level

Be sure you are using the correct application forms.

Resources for clinical trials

Website on Clinical Trial Requirements:
https://grants.nih.gov/policy/clinical-trials.htm

Training Resources:
https://grants.nih.gov/policy/clinical-trials/training-resources.htm

- Slides
- Human Subjects/Clinical Trials Questionnaire
- Videos
- Training opportunities
# Page limit for R01

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<tr>
<td>Research Strategy</td>
<td>12</td>
</tr>
<tr>
<td>Biographical Sketch (each)</td>
<td>4</td>
</tr>
</tbody>
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Please contact: Shobha Srinivasan – ss688k@nih.gov, when you have the ONE page specific aims!
Application Alignment with Review Criteria

Review Criteria
- Significance
- Investigators
- Innovation
- Approach
- Environment

Application Sections
- Research Aim & Purpose
- Bio-sketches
- Research Strategy
- Research Methods & Analysis
- Resources
Important Dates

- Letter of intent/earliest submission date: August 19, 2018
- Application Due Date: September 19, 2018 by 5 p.m.
- Scientific merit review: November/December 2018
- Advisory council review: May 2019
- Earliest start date: July 2019
- Start the process early! Read the RFA very carefully!
Resources

- Today’s webinar and FAQ will be posted on our websites:
  - https://cancercontrol.cancer.gov/research-emphasis/rural.html
  - https://healthcaredelivery.cancer.gov/media

- Connect with RFA Program Contact early!

  Shobha Srinivasan, PhD
  Health Disparities Research Coordinator, Division of Cancer Control & Population Sciences, NCI
  ss688k@nih.gov
Additional resources

https://cancercontrol.cancer.gov/research-emphasis/rural.html

Improving Health Research on Small Populations: Proceedings of a Workshop (January, 2018)
Questions?

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

Shobha Srinivasan, PhD
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