NRG ONCOLOGY

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Date Issued: February 19, 2018
Submission Due Date: April 16, 2018
Reply to: Boparaik@nrgoncology.org

Summary
NRG Oncology NCORP solicits PILOT projects addressing NRG NCORP Cancer Care Delivery Research (CCDR) priorities.

PILOT projects will provide data informing future CCDR concepts. Specifically, researchers should use this funding to develop a competitive CCDR concept for rapid review by the NRG CCDR Steering Committee (and ultimately the NCI NCORP CCDR SC). The committee limits funding eligibility to NRG Oncology Members conducting research within an NCORP Community or Minority Site. CCDR is a multidisciplinary science that seeks to improve clinical outcomes and patient well-being by intervening on patient, clinician, and organizational factors that influence care delivery. Competitive pilot application would address/affirm study implementation feasibility and portability to diverse community-based practices (e.g., seamless study integration into pre-existing clinical workflows). Additionally, the application must include an NRG rostered clinician as a study team member; the rostered clinician is poised to affirm the study's clinical relevance/impact to cancer care delivery or patient outcomes. Consistent with our core grant objectives, CCDR funding priorities are:

- Implementation and dissemination interventions related to guideline based care: examples include:
    - Use of tumor DNA sequencing prior to prescribing targeted therapies(<1/4 of CCDR practices report routine use)
    - Integrating patient-reported outcomes into clinical practice (extends survival)
    - Early palliative care (~15% survival improvement at one year)
    - Telehealth (<1/3 of CCDR practices report using for care)
- Patient-reported outcomes (PROs) related to symptom management: The CCDR committee will prioritize proposals including the PRO-CTCAE in NRG NCORP trials, and improve compliance and data capture. The CCDR committee also encourages studies employing technology or apps to standardized PRO variables across EHR, registry, and claims data systems.
- Patient, clinician, or organizational factors that portend cardiotoxicity and management of late effect of systemic therapies:
- Survivorship and surveillance intervention innovations addressing
    - Geographic disparities (e.g., Urban- rural)
    - Race, gender, cultural disparities evidenced in guideline/standard-based care, or preference-sensitive care.
- Randomized controlled trials comparing the effectiveness of interventions projecting benefits comparable to drugs

The committee caps study budgets at $50,000 contingent upon NRG Oncology's receipt of the Notice of Award from the Division of Cancer Prevention. The committee may award up to two projects, and awarded projects should commence not later than September 1, 2018 and conclude December 31, 2019. **The CCDR Committee will not issue carry over funds and requires an interim progress report within 6 months. Principal Investigators are also required to complete progress reports at the end of the project period**. The Committee will prioritize PIs from **Institutions allowing total award to fund research (and waiving in-directs).**

Background

The NCI encourages clarity regarding how health care system structures, processes, and available resources facilitate and/or hinder cancer care quality, especially given health care's rapidly changing landscape. The emerging field of cancer care delivery research (CCDR) considers the relationship between organizational structures and processes, care delivery models, financing and reimbursement, health technologies, and health care provider and patient knowledge, attitudes, and behaviors influence cancer care quality, cost, and access and ultimately the health outcomes and well-being of patients and survivors. Moreover, CCDR investigators are particularly encouraged to develop studies addressing cancer care disparities. Clinicians should also be actively engaged in the CCDR design and conduct, as they possess critical insights regarding care delivery processes and clinical outcomes. This is especially important in complex intervention studies, where research design and data collection occur at multiple levels. Involving front-line clinicians in study design and implementation strengthens external validity and yields important insights about intervention feasibility and acceptability. (Kent el al., 2014; Geiger et al., 2016).

Additionally, the Institute of Medicine (IOM) report, *Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis* provides a conceptual framework for NRG Oncology's CCDR program [1]. Thus, the NRG Oncology NCORP seeks pilot projects testing improvements in quality, access, and value-for-money in cancer care delivery.

Instructions for Applicants

Interested investigators should **submit a 5 *page* proposal to** Karan Boparai Boparaik@nrgoncology.org **by 5pm ET, Monday, April 16, 2018,**. Proposals should:

- Describe the project, including summary of specific aims
- **Clarify how the project will advance a subsequent CCDR concept.**
- Outline requested NRG Oncology resources (i.e. biospecimen materials, statistical support, etc)
- Identify project Investigators and their affiliation
- Provide Timeline [not included in the 5 page limit]
- Include the PI's NIH biosketch [not included in the 5 page limit]
- Provide a Detailed budget [not included in the 5 page limit]

Submit applications to:

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215-717-2758

Direct scientific questions to NRG NCORP Co-Chairs:

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References:

1. Kent EE, Mitchell SA, Castro KM, et al. Cancer Care Delivery Research: Building the Evidence Base to Support Practice Change in Community Oncology. *Journal of Clinical Oncology*. 2015;33(24):2705-2711. doi:10.1200/JCO.2014.60.6210.
2. Geiger AM, Smith AS, Kobrin SC,Taplin SH. Enhancing Healthcare Delivery Research at the National Cancer Institute. http://www.ajmc.com/printer?url=/journals/evidence-based-oncology/2016/october-2016/enhancing-healthcare-delivery-research-at-the-national-cancer-institute
3. Institute of Medicine. Delivering high-quality cancer care: Charting a new course for a system in crisis. Washington, DC: The National Academies Press, 2013.