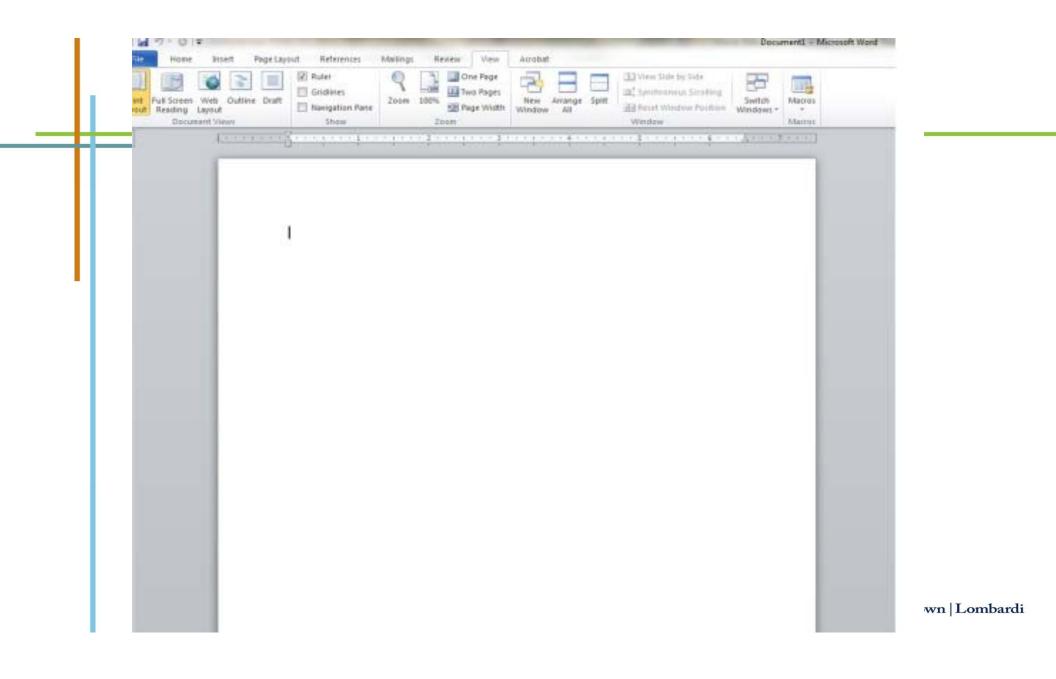
Putting It All Together: How to Get Started When Staring at a Blank Screen



Kristi D. Graves



#### **Ask for Examples**

Principal InvestigatorProgram Director (Last, First, Mustle) Graves, Kristl, D.

#### 1. THE CANDIDATE

A. Candidate's Background. My predoctoral research focused on improving medical patients' quality of life and health behavior change and included a meta-analysis on mechanisms of improvement in psychosocial interventions with cancer patients (Graves, 2003) and two randomized clinical trials, one for my Master's thesis

#### PrincipalinversigatorProgram Devotor (Last, Pint, Missile)' Graves, Kristi, D.

research questions and facilitate transdisciplinary collaboration; (2) refine m behavioral principles to cancer control research in genomics; (3) improve my re skills; and (4) learn how to effectively translate and disseminate research findin consider the social, ethical, economic, and legal implications of genetic research

(focused on improving depression in cardiac rehabilitation patients) and an and a second seco social cognitive quality of life intervention for women with breast o graduate training I also collaborated on two community-based intercancer risk by improving diet and physical activity (Winett et al., 1995) risk behaviors among high-risk youth (Sikkema et al., 2005). To exter an NCI National Research Service Award individual postdoctora guidance of my Sponsor, Dr. Michael Andrykowski at the Universi didactic, research, and clinical experiences in cancer prevention and c a randomized controlled comparison of expressive writing versus the s dissertation. The study aimed to improve quality of life outcomes in and linguistic outcomes from expressive writing (Graves, Owen, et a experience through my involvement in other research studies as a team. Specifically, I collaborated on studies of individuals at risk for c et al., 2007; Kelly, Graves et al., 2007), cancer survivorship (Graves behavioral interventions with patients. For example, I served as a co study of women's responses to abnormal ovarian cancer screening. this project highlighted the role of family history in psychological and t tests. Through this project, I became increasingly interested in the it psychological and behavioral outcomes for individuals diagnosed with

B. Career Goals and Objectives: Scientific Biography. My inte training in cancer genetics. In May of 2005, I joined the Cancer Con Cancer Center (LCCC) as a postdoctoral fellow to serve as Project awarded to Marc Schwartz, Ph.D. One study focuses on long-term outcomes following genetic testing for BRCA1/2 breast cancer susc second study is a multi-site randomized non-inferiority trial comparin standard in-person genetic counseling for BRCA1/2 (R01CA108933and exposure to internationally-recognized scientists brought to LCCC Turnor Biology Speakers Series led to an interest in how one's attitud cancer risk impacts use of genetic counseling and testing. In pursuit (

through a competitive LCCC Institutional Research Grant from th

differences between moderate risk Caucasian and African American

#### SPECIFIC AIMS

Hispanic/Latino women (Latinas) are diagnosed at younger ages and with more advanced breast cance compared to non-Hispanic white women.<sup>1</sup> Latinas diagnosed with breast or ovarian cancer may carry BRCA or BRCA2 (BRCA1/2) mutations at higher rates than all groups other than Ashkenazi Jewish women.<sup>2</sup> BRCA1/2 mutations significantly increase lifetime risk of breast and ovarian cancer.<sup>4</sup> The United State Preventive Services Task Force recommends BRCA1/2 genetic counseling for women with significant personal or family histories.<sup>5</sup> BRCA1/2 testing is most informative when it begins with a person diagnosed with cancer. For most at-risk individuals, genetic counseling services are covered by Medicaid, private insurance and under the Affordable Care Act.<sup>7</sup> Increasing appropriate genetic counseling uptake is a Healthy People 2020 priority. At-risk Latinas participate in genetic counseling and testing at strikingly lower rates than at-risk non-Hispani white women.<sup>9,10</sup> The low rate of uptake is concerning given the risk in the population combined with available risk management strategies that significantly reduce cancer morbidity and mortality among BRCA1/2 carriers.<sup>1</sup> Unfortunately, the traditional model of physician referral to individually-based, in-person genetic counseling does not appear to reach the majority of at-risk Latinas, including at-risk Latina breast cancer survivors.<sup>1</sup> Reasons for the disparate uptake of genetic counseling and testing among Latinas likely include less awareness of and access to genetics services; insurance, language and cultural barriers; concerns over emotional responses to testing and competing demands and priorities.12-19

Few studies have developed and tested interventions to improve awareness of, attitudes toward and uptake or genetic counseling for diverse Latina cancer survivors at increased risk of carrying a *BRCA1/2* mutation.<sup>15,2</sup> Many at-risk, less acculturated Latinas have low awareness of genetic causes of cancer and few receive care from specialized high-risk clinics.<sup>12,15</sup> When access-, linguistic- and financial-related barriers to counseling testing and follow-up care are removed, at-risk Mexican-American women used genetic services at high

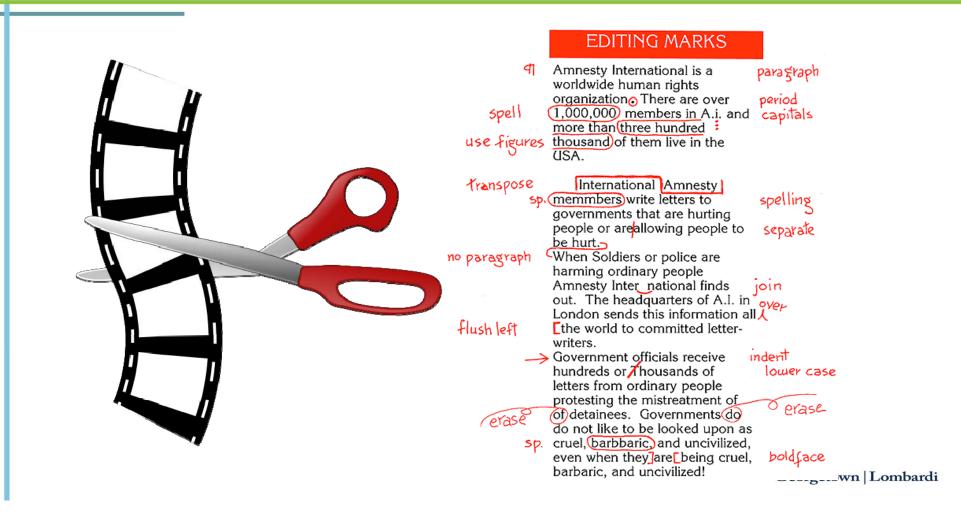
### Look to the Literature

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# Talk to Colleagues



### Don't (Over) Think, Just Write



## Cut and Paste from <u>Your</u> Prior Work

- Be aware of copyright issues!
- Consider adapting study timelines, measure tables, conceptual figures, etc.





### **Seek Input as Ideas Come Together**

- IdeaLab
- 5 in 5 (5 minutes with 5 slides) for initial feedback
- Mock Grant Reviews