# Hindsight is 2020: Lessons Learned from Cancer and Aging Researchers on Submitting a NIH Grant
# October 5, 2020

## Webinar Questions and Answers

### Panelists:

**Michael Irwin, M.D.**
*Vice-Chair of Research, Department of Psychiatry and Biobehavioral Sciences*
*Cousins Distinguished Professor of Psychiatry and Biobehavioral Sciences*
*Distinguished Professor of Psychology, UCLA College of Letters and Sciences*
*UCLA Geffen School of Medicine*

**Supriya Mohile, M.D., M.S.**
*Professor of Medicine and Surgery*
*Director of the Geriatric Oncology Clinic*
*James Wilmot Cancer Institute*
*University of Rochester*

**Kerri Winters-Stone, Ph.D.**
*Elnora Thompson Distinguished Professor*
*Oregon Health & Science University School of Nursing*
*Co-leader, Cancer Prevention and Control Program*
*OHSU Knight Cancer Institute*

1. **Can the panelists offer advice on how to build connections with medical oncologists who are working with cancer patients/survivors? These folks are critical gatekeepers to launching this type of work, but they are busy and can be difficult to connect with.**

   **Michael Irwin**: As I understand, the NCI Comprehensive Cancer Center model is inclusive of research on psychosocial and behavioral issues related to cancer patients and survivorship. Knowing this, I reviewed the scope of behavioral research being done at the UCLA Jonsson Comprehensive Cancer Center (JCCC), identified areas of opportunity, and set up a meeting with the JCCC Director. She was so enthusiastic about the proposal that she arranged a meeting with Dr. Ganz, who was Director of the Survivorship Program. I had already met with Dr. Ganz, but the additional encouragement from the JCCC Director catalyzed our conversation and collaborative partnership in the form of a seed grant to the JCCC, which was funded. This has led a programmatic line of research funded by multiple R01 awards and the recruitment of several additional faculty to the JCCC focused on behavioral issues and cancer.

**Supriya Mohile**: I strongly recommend having a champion in medical oncology to partner with you in research for your work. The “buy-in” may need to come from a more senior oncologist, but beneficial partnerships can occur with fellows in training, advanced practice practitioners, nurses and others. All academic cancer centers and most community oncology programs have team meetings with oncology faculty and trainees. A partner in oncology can help you get time at this meeting to present your study or idea. Always include any partners on your grants as co-investigators and on manuscripts and publications. This helps to demonstrate partnerships for the future and is of interest to oncologists.

**Kerri Winters-Stone**: In my experience, there are a couple of ways you can do this. One is to try to get a short meeting with one of the oncologists, just 15-20 minutes to introduce yourself and learn more about their work/specialty. Most people will give you 15-20 minutes of their time, but 30-60 minutes can feel like a lot if someone doesn't know you; often you don't need that long if you are prepared.

Another option is to try to see if you can attend local tumor boards or multidisciplinary clinic meetings where they discuss cases and/or studies. If you just ask to observe and listen, at least you'll have a physical presence and it might be easier to approach a provider after that. Plus, you'll be much more informed about how the clinic runs (they can be quite different cultures, formats, etc.).

2. **Does anyone have ideas about networking and developing connections in the age of COVID? Meetings seem like they will be virtual for the next year. Any options besides cold emails?**

**Michael Irwin**: During the present time, the option that most, if not everyone, is using is an introductory email.

**Supriya Mohile**: Yes, this is very hard for all of us. Look for groups like Cancer and Aging Research Group (CARG) [NIH Grant] or deprescribing networks that allow for networking to occur within their infrastructures. CARG, for example, has “cores” of smaller teams where investigators can present their ideas for feedback. Through these smaller forums you can meet others. Many training and mentoring programs are including networking sessions as part of their virtual meetings.

**Kerri Winters-Stone**: Asking for a short video or phone meeting in an email can be a better way to get to know a provider. Have a purpose to your meeting and be prepared. Attending virtual events, some of which offer video networking, can also be helpful.

3. **What suggestions do you have for demonstrating to reviewers the gap in knowledge regarding the long-term effects of cancer treatment on trajectories of aging, and the novelty of doing so, when some perceive this as a well-known phenomenon?**

   **Michael Irwin**: There is striking individual variability in those trajectories of accelerated aging in association with cancer treatment and diagnosis. Such variability may be due to modifiable factors, which can be targeted to mitigate risk of aging-related morbidity. In our group, we have focused on insomnia and depression, given their effects on aging processes. Our preliminary data show that these effects are exaggerated in cancer survivors.

   **Supriya Mohile**: There are some really well-done overarching reviews from the NCI (see Guida et al., 2019; Guida et al., 2020) that highlight the gaps. Summarizing the gaps from literature, then linking this to a priority from a funder, can help.

   **Kerri Winters-Stone**: Sometimes you can acknowledge that there have been advancements in a field to appease the reviewers, but then be very specific about what knowledge is not yet known and why this is a problem in clinical practice. I got this a lot with exercise in cancer survivors, since some reviewers feel that we already know exercise is good, so why study it anymore? I had to point out that while this is true, there are key gaps in the context of cancer survivorship - like efficacy for a never been tested outcome specifically relevant to cancer or to test different amounts of exercise in people with cancer, since less exercise than what is good for someone without cancer might be enough for someone with cancer. You have to convince them with your command of the literature and importance of the gap.

4. **Have you had different success applying to NIA vs NCI? How do you frame your proposal when submitting to NIA or NCI, when your research is at the intersection?**

   **Michael Irwin**: Both NCI and NIA are highly receptive to projects focused on accelerated aging, and the fit of the project should be discussed with program officers from each NIA and NCI.

   **Supriya Mohile**: This is the beauty of cancer and aging research in that there are multiple options for your work! Talk to the program officers and look for specific announcements. Often studies can go to either institute, and it depends on priorities of the institute at the time. I have grants from both NCI and NIA.

   **Kerri Winters-Stone**: I've only included NIA as a possible dual funder, with NCI as primary. I have been told that NIA thinks that cancer studies are NCI's domain and that they are more interested in cancer in the context of multi-morbidity. But, talking with a program officer could be really helpful here.

5. **How do you feel about bridging population level data with experimental data, and what are the challenges?**

   **Michael Irwin**: This is an excellent opportunity, but my experience both as an applicant and as member/chairperson of an Integrated Review Group (IRG), is that this proposition may not readily lead to a proposal that is highly scored, due in part to the complexity of design for both levels of analysis and the limitations of application preparation.