NCI Webinar:
Cancer Moonshot℠ Funding Opportunities Related to Inherited Cancer Syndromes

October 11, 2018, 11:00 a.m. - 12:00 p.m. EDT

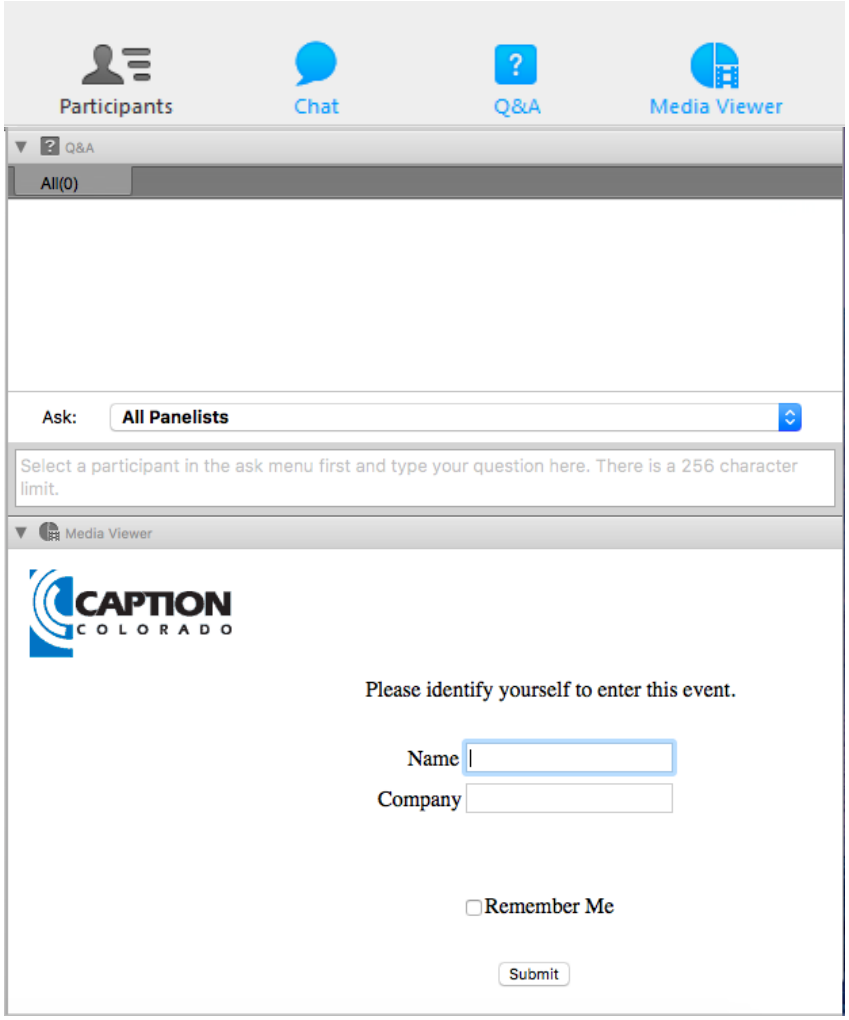
Erica S. Breslau, Ph.D., M.P.H.
Healthcare Delivery Research Program

Nonniekaye Shelburne, C.R.N.P., M.S., A.O.C.N.
Epidemiology and Genomics Research Program

Wendy Nelson, Ph.D., M.P.H.
Behavioral Research Program

RFA-CA-19-017, RFA-CA-19-001

Using WebEx



- All lines will be in listen-only mode
- Make sure icons are selected for them to appear as a drop down option
- Submit questions at any time during the presentation. Type into the Q&A panel on the right hand side of the interface and press “send”
- Closed captioning is available by selecting the Media Viewer Panel on the right hand side of your screen
- If you have questions or feedback following the presentation, please contact nci.brpwebinars@icf.com

Webinar Agenda

Blue Ribbon Panel Recommendations

RFA-CA-19-017

Approaches to Identify and Care for Individuals with Inherited Cancer Syndromes

RFA-CA-19-001

Communication and Decision Making for Individuals with Inherited Cancer Syndromes

NIH Clinical Trial Requirements

Recommendations

A. Establish a network for direct patient involvement

Identify therapeutic targets to overcome drug resistance through studies that determine the mechanisms that lead cancer cells to become resistant to previously effective treatments.

D. Build a national cancer data ecosystem

for sharing and researchers, able to

Accelerate the development of guidelines for routine monitoring and management of patient-reported symptoms to minimize debilitating side effects of cancer and its treatment.

G. Expand use of proven cancer prevention and early detection strategies

Reduce cancer risk and cancer health disparities through approaches in development, testing and broad adoption of proven prevention strategies.

evolves from a precancerous lesion to advanced cancer.

J. Develop new cancer technologies

Develop new enabling cancer technologies to characterize tumors and test therapies.

G. Expand use of proven cancer prevention and early detection strategies

Reduce cancer risk and cancer health disparities through approaches in development, testing and broad adoption of proven prevention strategies.

www.cancer.gov/brp

Precision Prevention & Early Detection WG

Cancer Prevention & Early Detection in Individuals at High Risk

Recommendation:

- Sponsor initiatives to improve the current state of genetic counseling and testing, prevention, early detection, and knowledge landscape for those with an inherited cancer predisposition.

Strategies:

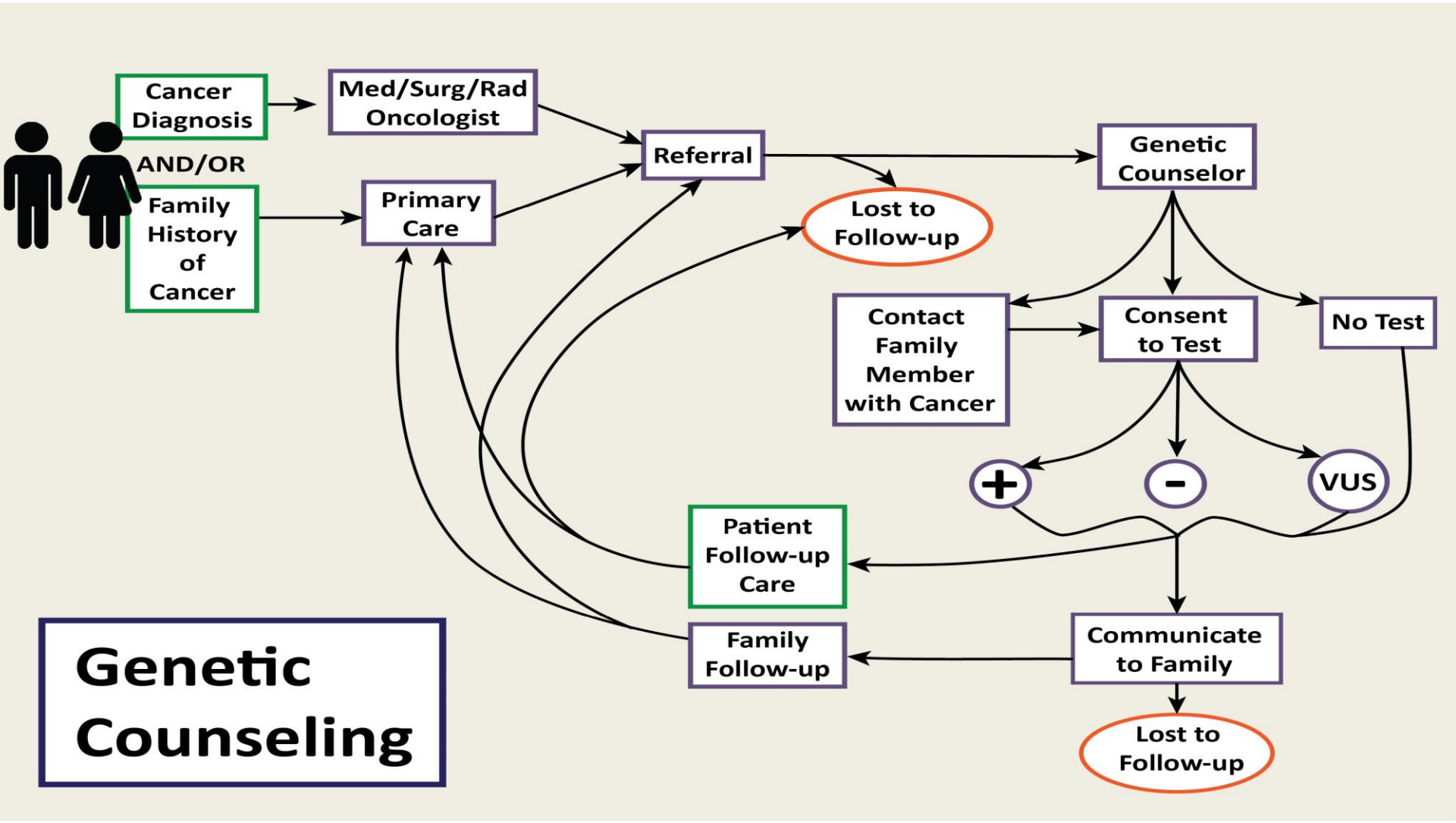
- Increase case ascertainment for probands and at-risk relatives
- Improve the delivery and uptake of evidence-based services
  - Genetic counseling
  - Preventive & early detection services
  - On-going surveillance
  - Genetic risk communication and health decision making

Precision Prevention & Early Detection WG

Cancer Prevention & Early Detection in Individuals at High Risk

Background:

- Inherited susceptibility to cancer accounts for ~ 10% of all cancers
- Existing under-utilization of cancer genetic counseling & testing
- Cancers are associated with multiple genetic syndromes
- Increasing complexity of genetic testing over the past 2 decades
  - From single gene to multi-gene panel tests and tumor sequencing
- Knowledge gaps in effective messaging of complex and uncertain genomic information


Cancer Diagnosis
Med/Surg/Rad Oncologist
AND/OR
Family History of Cancer
Primary Care
Referral
Lost to Follow-up
Genetic Counselor
Contact Family Member with Cancer
Consent to Test
No Test
+
-
VUS
Patient Follow-up Care
Family Follow-up
Communicate to Family
Lost to Follow-up
Genetic Counseling

RFA-CA-19-017

Approaches to Identify and Care for Individuals with Inherited Cancer Syndromes

Purpose: To increase case ascertainment and appropriate follow-up care, optimizing the delivery of evidenced-based healthcare for individuals at high risk of cancer due to an inherited genetic susceptibility

RFA-CA-19-017: Approaches to Identify and Care for Individuals with Inherited Cancer Syndromes

AIMS:

1. Develop and test strategies to increase case ascertainment and follow-up of hereditary cancers through different approaches
2. Develop, test and adopt evidence-based health care delivery models for hereditary cancer prevention and detection
3. Test sustainable implementation strategies across at least two health care settings representing diverse populations
4. Study the behavioral and psychosocial outcomes of counseling and testing on at-risk individuals and the impact on their follow-up care
5. Identify how the healthcare delivery approaches can be sustained

RFA-CA-19-017: Approaches to Identify and Care for Individuals with Inherited Cancer Syndromes

- **U01: Cooperative Agreement**
  - Assistance mechanism with substantial NCI programmatic involvement
  - Each funded application will be assigned 2 NCI Program Directors
  - Steering Committee:
    - Non-voting body
    - Share challenges/successes and findings
    - Include meeting travel funds in application budget

Application Due Date: January 9, 2019

- **Funding**
  - NCI intends to commit $4.0 million (total costs) in FY2019
  - Fund up to 4 awards
  - Applications limited to no more than 5 years
  - Length and budget are project specific; must reflect proposed science
  - No Awaiting Receipt of Application (ARA) necessary

RFA-CA-19-017: Approaches to Identify and Care for Individuals with Inherited Cancer Syndromes

- **Clinical Trial Required**

- **Multi-PD/PI (investigator) Required**
  - PI expertise needs to represent the scientific components of the proposal
  - Review criteria for multi-PD/PI:
    - Do the investigators have complementary and integrated expertise; are their leadership approach, governance and organizational structure appropriate for the project?

- **Foreign Applicants**
  - Foreign institutions/components are <u>not</u> eligible
  - RFA goal is to test U.S. models of care delivery

RFA-CA-19-017: Approaches to Identify and Care for Individuals with Inherited Cancer Syndromes

All applications MUST:

- Develop, test and adopt strategies to ↑ case ascertainment and follow-up care
- Improve evidence-based healthcare delivery for those with an inherited susceptibility to cancer across the continuum of healthcare
- Focus on multiple hereditary cancer syndromes
- Include at least 2 different healthcare settings representing underserved and diverse populations
- Compare more than one strategy (may include usual care)
- Focus on implementation and sustainability of interventions

RFA-CA-19-017: Subjects Selection & Scope

- Responsive applications **must** address ascertainment, genetic testing and follow-up care of either/both:
  - Cancer population approach
    - Patients with active cancer or a history of cancer
    - Family members (cascade testing)
  - Population-based approach
    - At-risk individuals
    - Family members (cascade testing)

- Applications **must** address the totality of care to include methods to ascertain individuals with an inherited cancer susceptibility and provide coordination of follow-up care

RFA-CA-19-017: Study setting

- RFA Goal: to demonstrate what method(s) work(s) across various groups and healthcare settings
- A one-size fits all approach across all populations and settings may not obtain the desired case ascertainment and follow-up.
- Responsive applications **must** include different settings & populations
  - Multiple care settings - academic center with affiliated community sites or disadvantaged urban, rural setting, etc.
    - Utilizing a primary care network that includes several counties or states
  - Multiple populations - race/ethnicity, socioeconomic status, age, etc.
    - Comparing strategies across pediatric, AYA and adult populations
    - Comparing strategies across socioeconomic groups

RFA-CA-19-017: Study strategies

- **Comparative strategies**
  - May be tested in any of the following:
    - Case ascertainment component
    - Follow-up care component
    - In both

- **Outcome measures**
  - Must be adequate to determine an increase in case ascertainment

    AND

  - Must be adequate to asses improvements in follow-up care

RFA-CA-19-017: Implementation and Sustainability

- Study findings should lead to sustainable implementation of care delivery models at study completion
  - Consider testing methods obtainable via insurance or nation, state, local or private programs
  - Develop care models that are/will be sustained by the workforce

- If genetic testing or workforce costs are included in the grant budget:
  - Justify why the services cannot be covered otherwise
  - Describe how service will be sustained after grant funding has ended

near-term translational potential

RFA-CA-19-017 Specific Review Criteria

- **Significance**
  - Near-term translational potential

- **Study Design**:
  - **Address the Cancer Moonshot Public Access Pilot Program**
  - Submit a Public Access and Data Sharing Plan:
    - Describe process for making publications and de-identified underlying primary data immediately and broadly available to the public
    - Justify if such sharing is not possible
  - RFA requires data coordination and sharing with existing resources at and supported by NIH

Research *NOT* supported by RFA-CA-19-017

Studies that propose to develop or validate:

- Genetic testing panels
- Risk models
- Risk prediction tools
- Decision making tools
- New markers of risk

RFA-CA-19-001

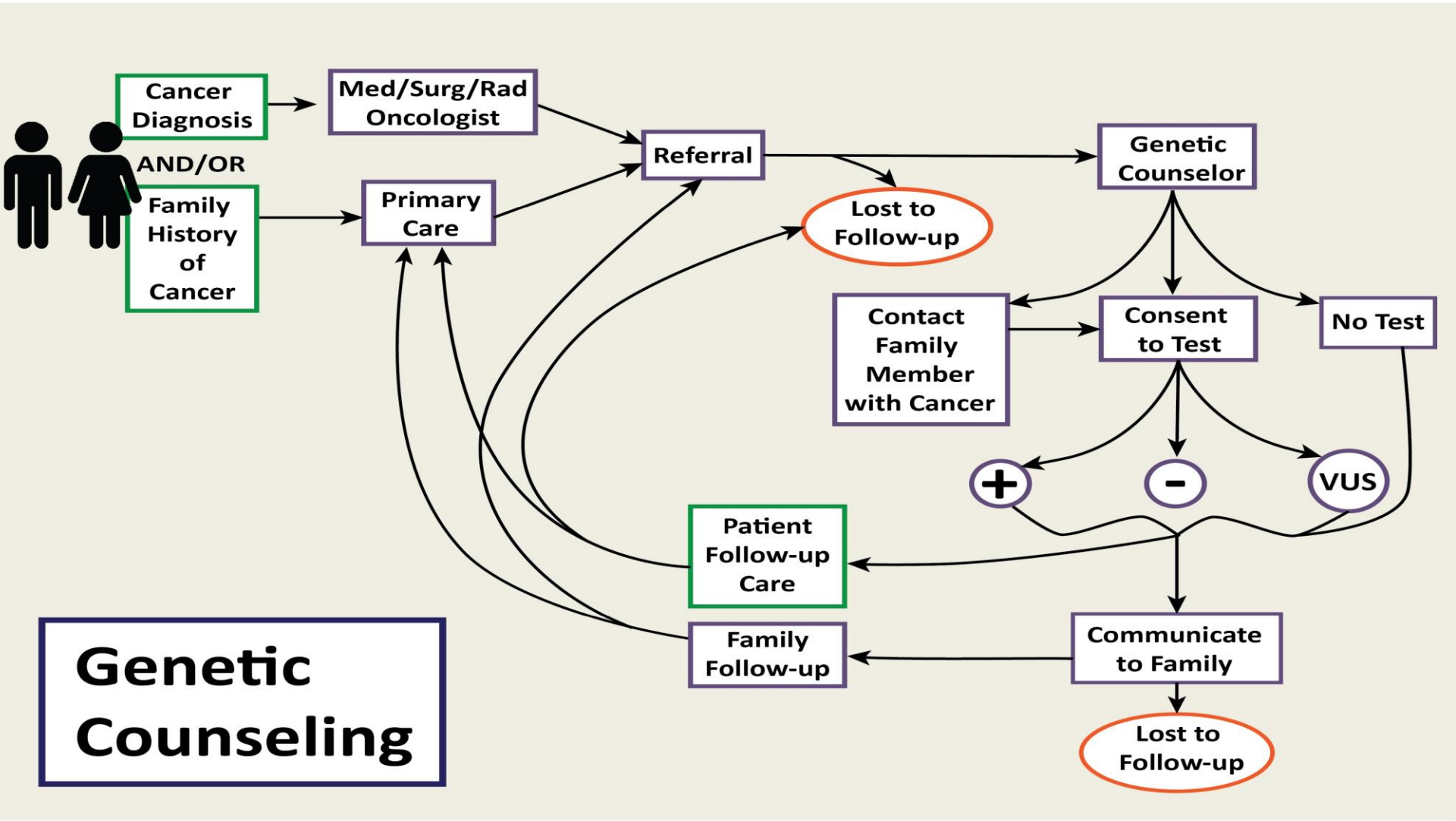
Communication and Decision Making for Individuals with Inherited Cancer Syndromes

Purpose: To develop, test, and evaluate interventions and implementation approaches, or adapt existing approaches, to improve patient/provider/family risk communication and decision making for individuals and families with an inherited susceptibility to cancer.

RFA-CA-19-017: Communication and Decision Making for Individuals with Inherited Cancer Syndromes

Foster and Advance Scientific Efforts Focused on:

1. technological, verbal, and written communication approaches to genetic counseling and testing that promote understanding of genetic risk and help guide clinical management decisions
2. communication approaches for cancer risk disclosure to family members who may be at risk for cancer due to an inherited cancer syndrome
3. communication strategies for the return of an uninformative test result
4. tailored communication strategies that address the unique needs of underserved populations (e.g., low income, the uninsured, minority, rural, low literate, low numerate, non-English speaking)
5. decision-making tools and techniques that promote understanding of risk and informed risk management decisions


Cancer Diagnosis
Med/Surg/Rad Oncologist
AND/OR
Family History of Cancer
Primary Care
Referral
Lost to Follow-up
Genetic Counselor
Contact Family Member with Cancer
Consent to Test
No Test
+
-
VUS
Patient Follow-up Care
Family Follow-up
Communicate to Family
Lost to Follow-up
Genetic Counseling

RFA-CA-19-001: Communication and Decision Making for Individuals with Inherited Cancer Syndromes

Background

- Communication is essential to understanding risk and managing uncertainty
- Understanding risk is influenced by many factors (e.g., cognitive biases, cultural beliefs, personal illness experiences, family history of cancer)
- Communication strategies are needed to:
  - Promote guideline-concordant genetic testing and follow-up healthcare
  - Facilitate disclosure of genetic test results to family members
  - Improve the counseling process for the return of an uninformative test result (e.g., variant of uncertain significance)

RFA-CA-19-001: Communication and Decision Making for Individuals with Inherited Cancer Syndromes

- **U01: Cooperative Agreement**
  - Assistance mechanism with substantial NCI programmatic involvement
  - Each funded application will be assigned 2 NCI Program Directors
  - Steering Committee:
    - Non-voting body
    - Share challenges/successes and findings
    - Include meeting travel funds in application budget

Application Due Date:
January 9, 2019

- **Funding**
  - NCI intends to commit $5.0 million (total costs) in FY2019
  - Fund up to 5 awards
  - Applications limited to no more than 5 years
  - Budgets limited to $600,000 DC/year; must reflect proposed science
  - No Awaiting Receipt of Application (ARA) necessary

RFA-CA-19-001: Communication and Decision Making for Individuals with Inherited Cancer Syndromes

- **Clinical Trial Optional**
- **Single or Multi-PD/PI (investigator) Allowed**
- **Foreign Applicants**
  - Foreign institutions are not eligible
  - Foreign components are allowed
- **Study Design**
  - **Address the Cancer Moonshot Public Access Pilot Program**
  - Submit a Public Access and Data Sharing Plan:
    - Describe process for making publications and de-identified underlying primary data immediately and broadly available to the public
    - Justify if such sharing is not possible

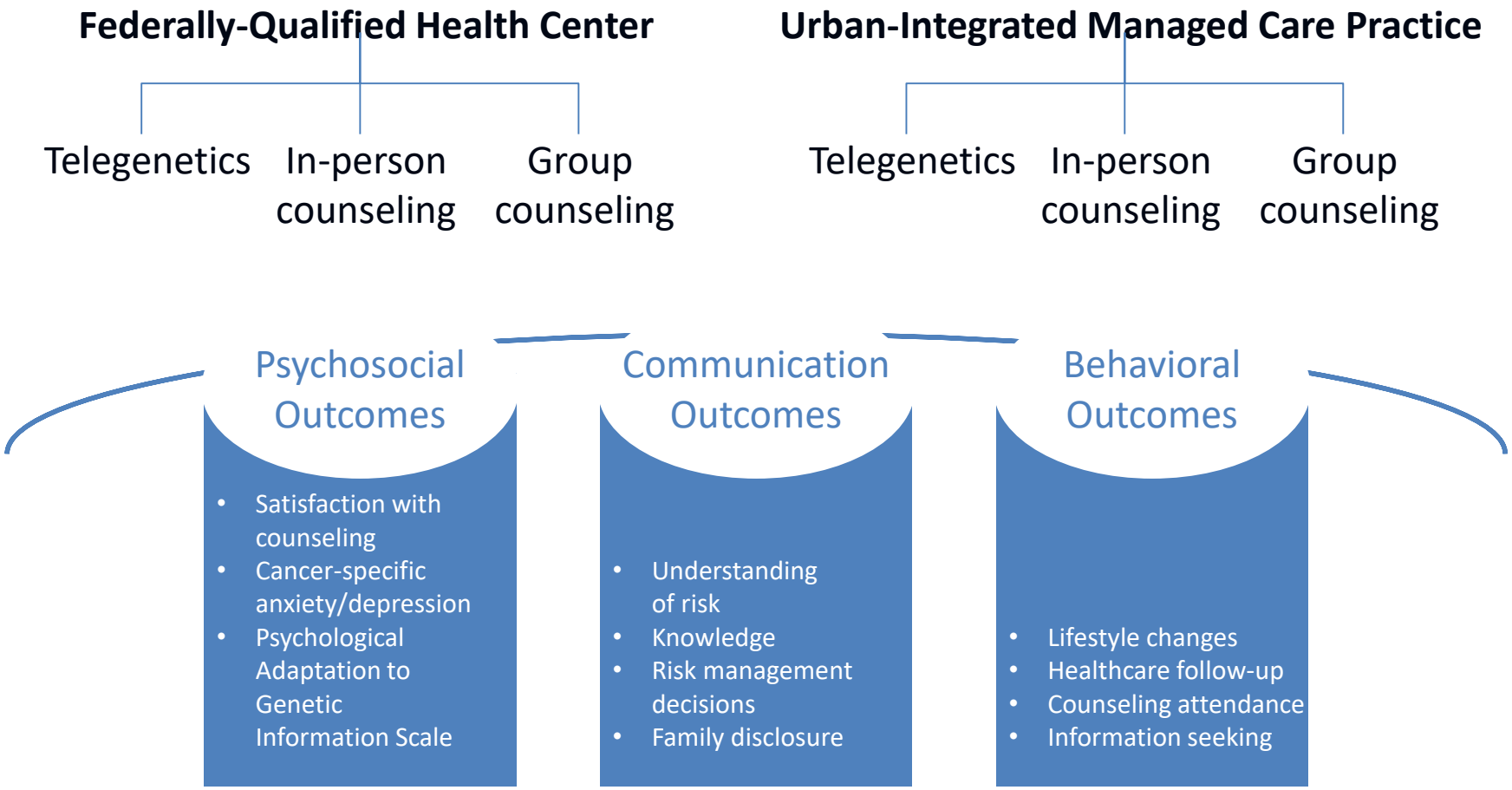
RFA-CA-19-001: RFA Considerations

- Studies of all inherited cancer syndromes are encouraged
- Applicants are encouraged to focus broadly on hereditary cancer syndromes
- Studies should focus on individuals who have cancer or who are at risk of cancer due to a known or suspected inherited cancer syndrome
- Applicants are encouraged to conduct clinical trials
- Applicants are encouraged to focus on a variety of clinical settings and counseling methods

RFA-CA-19-001: Examples of Research Projects

Develop, test, evaluate, and implement interventions, or improve existing interventions that:

- Implement technology that can enhance genetic counseling, understanding of genetic risk, and risk management decision making
- Communicate uninformative or uncertain genetic test results
- Facilitate disclosure of genetic information to family members
- Help individuals manage the uncertainty surrounding genetic risk estimates or uninformative genetic test results
- Address the needs of low literate/low numerate individuals who have cancer or who are at risk of cancer due to a known or suspected inherited cancer syndrome


Federally-Qualified Health Center
Telegenetics
In-person counseling
Group counseling
Urban-Integrated Managed Care Practice
Telegenetics
In-person counseling
Group counseling
Psychosocial Outcomes
Satisfaction with counseling
Cancer-specific anxiety/depression
Psychological Adaptation to Genetic Information Scale
Communication Outcomes
Understanding of risk
Knowledge
Risk management decisions
Family disclosure
Behavioral Outcomes
Lifestyle changes
Healthcare follow-up
Counseling attendance
Information seeking

RFA-CA-19-001: Evaluation Criteria

- Facilitate understanding of genetic risk and delivery of genetic counseling, and improve clinical management decisions
- Include racially/ethnically, socioeconomically, and geographically diverse populations, including medically underserved groups (e.g., minority, rural, low-income, low literate, non-English speaking)
- Address disparities in communication related to genetic counseling and testing, and risk management decision making
- Focus on a variety of clinical settings and counseling methods
- Demonstrate interdisciplinary collaborations
- Demonstrate evidence of research productivity and impact of publications

	RFA-CA-19-017	RFA-CA-19-001
Mechanism	U01 Cooperative Agreement	U01 Cooperative Agreement
Clinical trial requirement	Clinical trial **required**	Clinical trial **optional**
Leadership	**Multiple** PI/PD required	**Single or multiple** PI/PDs allowed
Aims	Strategies to increase case ascertainment and follow-up	Interventions and approaches to improve communication and decision making
Populations of interest	➢ General Population ➢ Patients with cancer ➢ At risk family members	➢ Patients with cancer ➢ At risk family members
Study requirements	➢ Test strategies across **at least 2** health care settings ➢ Address **at least 2** inherited cancer syndromes ➢ Represent underserved and diverse populations	➢ Test strategies in **at least 1** health care setting ➢ **All** inherited cancer syndromes are of interest ➢ Represent underserved and diverse populations
Scientific Contact(s)	Nonniekaye Shelburne Erica Breslau	Wendy Nelson


NIH
Clinical Trials
NIH Clinical Trial
Requirements

New Clinical Trial Requirements (Jan 2018)

- **RFA-CA-19-017**: Clinical Trial Required
- **RFA-CA-19-001**: Clinical Trial Optional

- **Policy Impacts whether you need to:**
  - Respond to a **clinical trial-specific FOA**
  - Address additional **review criteria** specific for clinical trials
  - **Register and report** your clinical trial in ClinicalTrials.gov

NIH Clinical Trial Definition

Does your study…

- ✓ Involve one or more **human subjects**?
- ✓ **Prospectively assign** human subject(s) to intervention(s)?
- ✓ Evaluate the **effect of intervention(s)** on the human subject(s)?
- ✓ Have a **health-related biomedical or behavioral outcome?**

If "yes" to ALL of these questions, your study is considered a clinical trial

Clinical Trial Specific Review Criteria

- Significance
  - Rationale for needing a clinical trial
- Investigator
  - Leadership expertise and experience sufficient to organize, manage and implement clinical trial
- Innovation
- Approach
  - Study design must include adequate outcome measures
  - Human subjects protection sufficient
  - Consent and assent appropriate
- Environment
- Study Timeline & Milestones
  - Feasible and accounts for start-up, enrollment and follow-up assessments

Be sure your application addresses the review criteria appropriately

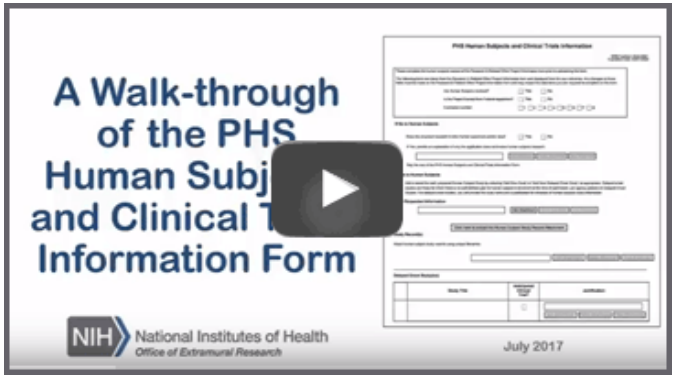
New Application Packages (FORMS-E)

Due Dates after January 25, 2018

FORMS-E Application Package 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



https://grants.nih.gov/policy/clinical-trials/new-human-subject-clinical-trial-info-form.htm

Registering & Reporting NIH-funded Clinical Trials

https://www.clinicaltrials.gov/

Who: All clinical trial applications requesting support for a trial that will be initiated on/after January 18, 2017

What: Register and report the results of trials in ClinicalTrials.gov

When:

- Register the trial no later than 21 days after enrolling the first subject
- Update clinical trial record at least every 12 months
- Submit summary results to the Protocol Registry System no later than a year after clinical trial completion date

https://grants.nih.gov/policy/clinical-trials/reporting/steps.htm

Single Institutional Review Board (sIRB) Policy for Multi-site Research

Domestic, multi-site, non-exempt human subjects research studies will require a single IRB of record

Key Dates

- Applications submitted after January 25, 2018

Application

- Must include a plan for the use of a single IRB
- sIRB webinar slides, video recording and Q&As available via link below

https://grants.nih.gov/policy/clinical-trials/single-irb-policy-multi-site-research.htm

Grant Appendix Materials

Allowed

- Blank data collection forms, blank survey forms and blank questionnaire forms -- or screenshots thereof
- Simple lists of interview questions
- Blank informed consent/assent forms

Protocols – NOT ALLOWED

FORMS-E includes:

- Eligibility Criteria
- Recruitment and Retention Plan
- Study Timeline
- Data Safety and Monitoring Plan
- Study Summary (5000 characters) & Description (32,000 characters)
- Interventions
- Outcome Measures & Dissemination Plan

https://grants.nih.gov/grants/guide/notice-files/NOT-OD-18-126.html

Questions?

- To submit questions, type into the Q&A feature on the right of the interface and press “submit.”
- After the webinar, a list of Frequently Asked Questions will be posted online at https://healthcaredelivery.cancer.gov/media/inherited.html.

NATIONAL CANCER INSTITUTE

www.cancer.gov

www.cancer.gov/espanol